



### LCPN Beverly Health Plan Contract Participation

Dear Provider,

Members of the LCPN Beverly participate in the following health plans:

- **MassGeneral Brigham Health Plan Commercial**
- **Blue Cross Blue Shield of Massachusetts Commercial**
- **Cigna**
- **Harvard Pilgrim Health Care**
- **Humana Medicare Advantage PPO**
- **Fallon Navicare SCO Dual Eligible 65+ (Specialists ONLY)**
- **Tufts Commercial**
- **Tufts Health Public Plans**
- **Tufts Medicare Preferred**
- **Wellpoint**
- **WellSense MassHealth ACO**

\*Please reference the NEPHO Health Plan Participation by Payor for a breakdown of products per health plan.

As a member of the LCPN Beverly, you have the option as an individual physician (or as part of your practice, depending on practice requirements) to participate in the below list of health plans.

**Please check which of the optional health plans below you would like to participate in (if you do not select an option, you will be deemed as participating):**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Fallon Atrius MassHealth (Specialists ONLY)</b>                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>WellSense Clarify (QHP Silver, Bronze, Gold and Platinum)</b>                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Commonwealth Care Alliance SCO</b>  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Commonwealth Care Alliance One Care</b>   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Medicare Accountable Care Organization (Applicable to New Tax ID applicants ONLY)</b> |

Please confirm you will be enrolled in the Mass Health Network through your practice: Y / N  
Provider the practice MassHealth PIDSL: \_\_\_\_\_

If you are unsure of any product participation, please be sure to ask the office manager at the practice for guidance and/or if there are specific expectations at the practice level.

Please confirm Electronic Funds Transfer (EFT) option has been or will be set up with each health plan for reimbursement purposes.

Yes	No
—	—

Thank you,  
LCPN Beverly Enrollment Team

Provider Name: \_\_\_\_\_

Practice: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attention New Practices:**

The Beth Israel Lahey Health Accounts Payable preferred payment method is electronic, by ACH. A blank form is attached. We are recommending you complete and submit to the Burlington mailing address directly, BILH Accounts Payable Department PO Box 3026 Burlington, MA 01803, along with a copy of a voided check.

### SUPPLIER ACH ENROLLMENT FORM

In an effort to enable suppliers to receive payment more expeditiously BILH provides ACH as a payment option. This form is for enrollment in the ACH/CTX program and will enable you to receive ACH payments, along with payment related information provided in addendum records (CTX820FED format). Funds will settle two days after payment is made.

Supplier Information			
Name:		BILH use only:	
		Supplier #:	BIL:
Address:	City:	State:	Zip:
Contact Name:	Title:	E-Mail:	Phone:
Check One:	New Account set up <input type="checkbox"/>	Change to Existing Account	<input type="checkbox"/>

NOTE: ACH Format is CTX820FED

Financial Institution Information			
Name:			
Address:	City:	State:	Zip:
Routing Number (9 digits):			
Account Name:			
Account Number:			
Account Type (check one):			
Checking <input type="checkbox"/>		Savings <input type="checkbox"/>	

Supplier Authorization		
Authorized By (signature):		Date:
Authorized By (printed):		Title:
Phone:	Fax:	E-Mail:

Please complete and sign this form then mail it along with a copy of a voided check or deposit slip to:

BILH  
Accounts Payable Department  
PO Box 29  
Hooksett, NH 03106

Check here if you are interested in sending invoices to BILH via EDI

For questions regarding ACH or EDI, contact APDDirectDeposit@Lahey.org