

Letter of Interest (LOI) Submission Form

Programs (please select all that apply):

	Fallon Health-Atrius Health Care Collaborative (excluding PCPs) ACO*
	Berkshire Fallon Health Collaborative (excluding PCPs) ACO*
	Fallon 365 Care (excluding PCPs, OBs) ACO*
	Fallon Health Community Care
	Fallon Medicare Plus HMO**
	NaviCare (over 65) SCO*/**
	Summit ElderCare (PACE) (excluding PCPs, to include dental)**

*Medicaid enrollment is required to participate in these programs. **Medicare enrollment is required to participate in these programs.

Note: All fields are required:

Provider name/Group name:		
Provider NPI:		Group NPI:
Provider practice address(es):		
Phone:	Fax:	Email:
PCP: Y / N	Specialty(ies):	
Practice/provider(s) are affiliated with:		
Hospital affiliations:		
Contact person/name:		Phone:
Fax:	Email:	

Please submit this form, along with any additional information such as the HCAS provider enrollment form and W-9 forms, to AskFCHP@fallonhealth.org for consideration. Please allow approximately four to six weeks for a Contract Manager to review. Should Fallon Health wish to move forward with an agreement, a Contract Manager will contact you. Should the network be sufficient for services requested, you will receive notice.

Fallon Health's vendor partners

Fallon Health collaborates with several vendor partners. To express interest in joining the network please reach out to the following vendors directly:

American Specialty Health

(Chiropractor) 1-800-848-3555

<https://www.ashlink.com>

Care Centrix

(Sleep Management) 1-888-497-5337

<https://www.carecentrixportal.com>

Carelon Behavioral Health (formerly Beacon Health

Options) 1-888-421-8861

<https://www.carelonbehavioralhealth.com>

DentaQuest

1-855-873-1283 <https://www.dentaquest.com>

(Note: MassHealth ACO Dental go to MassHealth directly at <https://www.masshealth-dental.net/>)

EyeMed

(Routine eye exams) 1-888-581-3648

<https://eyemed.com/en-us/provider>

