Contract Application

Keystone First
Family of Health Plans

Contract type: ☐ Medicaid ☐ Medicare ☐ CHC	☐ **W9 Attached** (signed within last 180 days)	
Provider type: ☐ PCP ☐ Specialist — provide type:	☐ Ancillary ☐ Facility	
Legal entity name:		
Group NPI:	Group TIN:	
Contracting contact name:	Phone:	Email:
Credentialing contact name:	Phone:	Email:

Practice locations	Practice name (as it will appear in directory)	Address (street, city, state, ZIP)	County	Telephone number	Fax number	*MAID	**MC ID
Primary							
Location #2							
Location #3							
Location #4							
Location #5							
Location #6							

Email to **provider.contracting@keystonefirstpa.com** or fax to **215-863-5472.**

*Enrollment in the PA Medical Assistance Program is required in our Medicaid Product. If you are not enrolled and do not have PPID, we cannot credential you for participation. If you need to enroll, please call the Department of Human Services (DHS) at **1-800-537-8862**.

Enrollment in Medicare is required in our Medicare Product. If you are not enrolled and do not have a Medicare ID, we cannot contract or credential for participation. If you need to enroll, please complete the online PECOS application through the Centers for Medicare & Medicaid Services (www.cms.gov > Become a Medicare Provider or Supplier**).

Confirm Group/Solo TIN/EIN # (9 characters): _____

First name	Last name	MI	Degree	Specialty	CAQH Reg. # (list N/A if provider is not registered)	Individual NPI # (10 characters)	PPID #*	Practice location (insert practice #)

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Questions (complete all that apply):
How are you submitting claims? CMS 1500 or UB04?
Do you have valid PAMA ID#s for your group and all providers at ALL your service/office locations?
How many providers are you looking to credential with our plans?
Are you billing J codes?
Are you billing Adult Immunizations/Vaccinations and/or VFC Immunizations?
Which type(s) of therapy do you provide? PT, ST, OT?
Which places of service do you evaluate and treat patients?
Do you provide or prescribe DME?
Radiology Services – Do you bill Total Component? Technical Component? Reading Component?
Radiology Equipment – Please provide certifications for all imaging equipment.
Laboratory Services – Please provide a copy of the CLIA.
Urgent Care – Please provide a copy of the Urgent Care Accreditation Certification.
FQHC/RHC – Please provide the current PPS letter for each location.
Addiction Medicine – Are you a DHS recognized Center of Excellence?
Addiction Medicine – Do you bill G9012?
Addiction Medicine – Do you provide Medication-Assisted Treatment?
Oral Surgery – What do you bill? CPT, CDT, or both?

Internal only		
# of provider in region:	Adequacy met? ☐ Yes ☐ No ☐ N/A	
Justification:		
Manager name:	Approved/Denied:	Date:

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7/19/2023

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