

READY to Join?

HERE'S WHAT COMES NEXT

1 Join Our Network!

- ✓ Visit [CareSource.com/Arkansas-provider](https://www.caresource.com/Arkansas-provider).
- ✓ Fill out the **New Health Partner Contract Form**.

Here are some helpful tips!

If at any time you have a question, please reach out to our Provider Call Center at **1-833-230-2100**.

Saving

To save your information and complete the form later, check the box Request Additional Time and then click Save (the Save button appears after you click Request Additional Time). You will receive an email reminder to complete your form.

Need More Time?

Request Additional Time

(NOTE: You may Save this form as incomplete. The system will send you an e-mail with a link that will grant you access to complete the form at a later time).

NOTE: Requesting additional time will remove the requirement to attach the required matching W-9, Debarment and other forms at this time, as well as remove the required fields for submission, requiring only the Submitter Information Section to be completed. The additional forms and data will still be required at the time of your final submission.

**Important – this application will time out after inactivity. If you need to walk away or take care of other business please remember to Save first!

General Information section

Fill out the **Group Information** to share information about your group and contact information. Under **Group Information**, remember to add your Medicare ID if applicable and all applicable Medicaid Number(s).

Group Information

IRS Name *

Doing Business As *

WebSite URL Address *

Please Select TaxID or SSN

Are you an Atypical Provider?

NPI Number

Medicare Number *

Medicaid Number *

Medicaid State

AR

It is **very important** that if you have multiple Medicaid IDs and/or sites that these are all captured for our Provider Directory. While you have to add at least one site to this form, you are able to attach a spreadsheet with all additional locations and IDs.

Also note: If you provide services in Arkansas counties that you do NOT have a physical location in but would like to be searchable, please use the “Add Counties” box to add all counties that you can provide Medicaid services to.

Please Add Counties

Add

Please Add Counties

County

ALL

ARKANSAS

ASHLEY

BAXTER

BENTON

BOONE

BRADLEY

Add

Remove

Add

Remove



Providers section

Fill out the **Common Address for Re-Use** section to populate address information for each provider. To add a provider to the application, click **Add** and fill the details. Continue to select **Add** for each provider.

This section can also be used to enter in Individuals more than once that have more than one Medicaid ID.

Don't forget! In the Practice Details section, be sure to fill in your CAQH number so we can start the credentialing process.

Attaching Required Documentation and Submitting

Before submitting, you must attach a copy of all W-9's and the Disbarment Form. The Disbarment Form can be found from the link on the page. This section will also allow you to add additional documentation such as roster or other documents.

Submitting

Once you have entered all required information, the Submit button will appear. Click on Submit to complete the process. **Make sure you have entered in information in all fields with an (*) or else the form will not submit.**

2 Contract Processing

After you submit the **New Health Partner Contract Form**, the system will let you know that your application was submitted successfully. Once CareSource PASSE has received your information, a Contract Administrator will contact you with a copy of your CareSource PASSE contract and applicable attachments for signature.

Once CareSource PASSE receives your signed contract, please allow up to 60 days for completion of the onboarding process. If we have questions or need additional information, you will receive an email or a Credentialing Coordinator will contact you.

Note: If you are an MD or DO, or will be credentialing an MD or DO for your organization with CareSource PASSE, we will need the "CCVS Organization-Specific: Authorization and Release" filled out for each MD and/or DO you are submitting to be credentialed by CareSource PASSE.

3 You're a CareSource PASSE Health Partner

After the contracting, credentialing and onboarding process is complete, you're in! You will receive a letter welcoming you to the CareSource PASSE network. The welcome letter will contain your effective date and CareSource PASSE Provider ID Number. Bookmark and frequently check our Updates & Announcements for information about ongoing trainings and Network Notifications. Access it via **CareSourcePASSE.com** > Providers> Tools & Resources > Updates & Announcements

4 Provider Portal Registration

We want to make it easy for you to do business with us 24 hours a day, 7 days a week. The Provider Portal is a secure online that will help you manage claims, case management, prior authorizations and more. Visit **providerportal.caresource.com**.

You will need your CareSource PASSE Provider ID Number, provided in your CareSource PASSE welcome letter after you complete your onboarding process, in order to create an account.