**MCO applications for licensed providers**

Dear Provider,

In order to have you in-network with the various insurance companies, we need you to complete the following list of applications. Please print, complete, and sign as indicated. Then provide your printed documentation to this office. We will review the application, scan and submit it to the MCO.

Passport:

1. Click here to access and complete the [Passport Adding a Practitioner Form](https://www.transformationsllc.net/wp-content/uploads/2012/06/Adding_a_Practitioner_Form.pdf) and the [Provider demographic form.](https://www.transformationsllc.net/wp-content/uploads/2012/06/Practice_Demographic_Form.pdf)
2. Submit the form to Passport.Credentialing@Passporthealthplan.com

Humana Caresource:

1. Complete [the Initial Provider Data Form](https://www.transformationsllc.net/wp-content/uploads/2012/06/provider-typable-Initial_Cred_Form_CAQH_KY__2form.pdf). Print and hand write the email address in the top right corner for tlloyd@transformationsllc.net
2. Attach at an updated resume
3. A copy of your license
4. A copy of professional liability insurance
5. And this copy of the [w-9 form](https://www.transformationsllc.net/wp-content/uploads/2012/06/tax-form.pdf).
6. [CAQH Requst form](https://www.transformationsllc.net/wp-content/uploads/2012/06/caqh-application.doc)
7. Mail to richard.ballard@beaconhs.com

MHNet: [click here](file:///C%3A%5CUsers%5CUser%5CDownloads%5CKY_Contract_Packet_08-04-14%20%282%29.pdf) to access the application. Please use this [w-9 form](https://www.transformationsllc.net/wp-content/uploads/2012/06/tax-form.pdf) rather the one in the packet as it is already signed for Transformations.

1. Email to jmingus@mhnet.com and jmingus@aetna.com

Wellcare:

1. Provider completes the [Areas of Specialty Form](https://www.transformationsllc.net/wp-content/uploads/2012/06/BEHAVIORAL_HEALTH_AREAS_OF_SPECIALIZATION_FORM.CORE_.11-2009.doc)
2. On Transformations stationary, write a letter to Wellcare giving permission to load the provider to Transformations Hope for Today’s Families LLC, dba as Transformations. Include on the letter the provider’s name, CAQH number(if available) and the provider’s NPI #. Include Transformations’ tax identification number. [Click here to access letter](https://www.transformationsllc.net/wp-content/uploads/2012/06/load-request-on-letterhead.doc).
3. Include a Transformations [W-9 form](https://www.transformationsllc.net/wp-content/uploads/2012/06/tax-form.pdf).
4. Scan and email to: stephen.mccarter@wellcare.com and elizabeth.durham1@wellcare.com