

Contracting with Health Share

Pathways

How to Apply

If you are a behavioral health or substance use disorder provider, meet the criteria described in our [Contracting Opportunities](#) document, and are interested in being considered for the Health Share Pathways network, please:

1. Review the [Health Share Provider Manual](#) to ensure your services comply with statutory and practice requirements required by Health Share. You may also review our [Behavioral Health Fee Schedules](#) for additional information regarding reimbursement.
2. Complete the following Health Share Provider Interest Form that corresponds to your Provider type:
 - a. Organizational Provider Information Form ([Fillable PDF](#))
 - b. Organizational Provider Information Form ([Fillable Word document](#))

If you are applying as an organization, please use the [Organizational Provider Information Form](#).

If you are a solo practitioner, please use the [Solo Practitioner Provider Information Form](#).

- Solo Practitioner Provider Information Form ([Fillable PDF](#))
- Solo Practitioner Provider Information Form ([Fillable Word document](#))

You may submit the completed form and W9 via email to Providers@healthshareoregon.org or via FAX to 503-459-5749, Attn: Contracts and Network Management.

Health Share will review provider interest forms on a regular basis. Providers will be contacted only if additional information is needed.

Please be aware that completing a Provider Information Form does not guarantee network participation.