

# Contracting with Health Share Pathways:

## How to Apply

If you are a mental 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:

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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:

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

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

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](#))

3. You may submit the completed form, W9, and COA (if applicable) via email to [Providers@healthshareoregon.org](mailto: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. If you have been seeing Health Share members without being approved to do so by the member's respective Behavioral Health Plan care coordinator, services may not be reimbursed and, per OAR 410-120-1280, the member may not be billed.