



*Committed to patient advocacy.
Quality healthcare. Independent physicians.*

Recipient of the
Best Practice Management Award
for 2001 by the IPA Association of
America

February 25, 1999

To All PCOT Practices

Ladies and Gentlemen:

On February 24, 1999, the PCOT's Board of Directors signed a contract with Galaxy Health Network, a PPO network organized under the laws of the State of Texas.

The purpose of this letter is to provide information on the fee schedule between Galaxy Health Network and PCOT. Since PCOT is in the process of revising its fee schedule, it will be necessary for each practice to opt-in/opt-out of the Galaxy Health Network contract. The format of the following fee schedule is changed to allow an expanded list to be distributed for review. If you need additional fee information, please contact the PCOT office at 903-526-3268. The Provider Relations number is 800-975-3322.

Please review the attached summary, sample fee schedule and client list.

Please indicate your practice's plans to participate in the Galaxy Health Network contract by checking one of the boxes below. This response should be mailed to PCOT, P.O. Box 132716, Tyler, Texas 75713 or faxed to 903-526-2320. Your prompt attention to this matter will be appreciated. Please return to the PCOT by March 25, 1999.

Sincerely,

Brenda Shepherd, MBA
Executive Director

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Galaxy Health Network contract.

_____ No, our practice does not wish to participate in the Galaxy Health Network contract.

_____ Yes, our practice will accept the fees for Workers Compensation.

_____ No, our practice does not wish to participate in the Workers Compensation.

Date: _____ Practice Name: _____

Authorized Signature: _____

Tax I.D. No. _____

Printed Physician Name(s):

935 S. Baxter, Suite 101 Tyler, Texas 75701
903-526-3268 or 1-888-248-1907 Fax: 903-526-2320
info@pcot.org www.PCOT.org

Galaxy Health Network Contract Summary

CATEGORY	RESPONSE
FEE SCHEDULE	70th percentile of Medicode (MDR); Anesthesia \$50.00/unit. BR or RNE = 85% of billed charges. Workers Compensation reimbursement at 100% of state fee schedule
COVERED LIVES	Smith County = 3750; Wood County = 725; Anderson County = 1200; Gregg County = 2625; Rusk County = 1100; Upshur County = 775; Henderson County = 1450; Van Zandt County = 950; Total Lives = 12,575
IDENTIFICATION	Galaxy Health Network on back of member's card
MAJOR CLIENTS	American National Insurance Co.; Anthem Health; Bankers Life and Casualty; Citizens Bank of Henderson; Collin Street Bakery; Commerce National Bank; East Texas Bancshares; East Texas Fabrication; East Texas Seals; Guaranty National Bank; Jefferson Life Ins.; Jefferson Pilot Network; Mutual of Omaha; Provident Life and Accident; Texas Society of CPA's; Union Bankers Life; Woodmen Life
HOSPITALS IN NETWORK	Trinity Mother Frances Hospital; University of Texas Health Science Center; Tyler Rehabilitation
MISCELLANEOUS	1. Utilization management guidelines follow nation URAQ guidelines
	2. Claims processing and payment procedures on the back of the member ID card
	3. Claims must be submitted within 90 days from DOS
	4. If clean claim is not paid within 45 days, physician has the right to collect billed charges
	5. Follows TSBME guidelines for copying of medical records
	6. Delegated credentialing to PCOT
	7. If payor does not abide by terms of agreement, the physician has the right to terminate that individual payor. The payor will have 30 days to "cure" the breach
	8. Required language added: Silent/Blind PPO; Prudent layperson for emergency care; medical necessity; transition of care after termination
	9. Previous access through The Regional Healthcare Alliance-TMFH