



January 1, 2010

Dear PCOT Membership:

The Board of Directors of PCOT have executed a PPO contract with Independent Medical Systems (IMS). This contract will replace the previous access through PCOT and TRHA. The contract should be a seamless transition without any gap in participation. If you are not sure you are participating, please sign the below contract and return to the PCOT.

A summary of the contract is attached with a client list. This partnership collectively represents over 50,000 employees. Other helpful information is also attached for your convenience. Their website is [www.imsppo.com](http://www.imsppo.com)

Please indicate your practice's plans to participate in this PPO by checking the boxes below. This response should be mailed to PCOT, 1130 Doctor's Drive, Ste. B, Tyler, Texas 75701 or faxed to the attention of PCOT at 903-526-2320. Your prompt attention to this matter will be appreciated. Please return to the PCOT by February 30, 2010.

Sincerely,

Brenda Shepherd, MBA, CPC, CPCS

Executive Director

☐ Yes, our practice will accept these fees and all physicians in the practice will participate in the PPO plan with IMS.

☐ No, our practice does not wish to participate in the PPO plan with IMS.

Date: \_\_\_\_\_ Practice Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Tax I.D. No. \_\_\_\_\_

Printed Physician Name(s): \_\_\_\_\_

1310 Doctor's Drive, Ste. B Tyler, Texas 75701  
903-526-3268 or 1-888-248-1907 Fax: 903-526-2320  
[info@pcot.org](mailto:info@pcot.org) [www.PCOT.org](http://www.PCOT.org)

		<b>Physicians Contracting Organization of Texas</b>	
		<b>Contract Review Worksheet</b>	
		Date:	10-16-2009 BLS
<b>Background Information</b>			<b>Notes</b>
1	Payor Name, Organizational Status	<b>Independent Medical Systems (IMS)</b>	
2	Type of Organization	PPO	
3	Type Product (any ERISA Plans?)	PPO, ERISA, TPA	
4	Background Due Diligence, OIG Exclusion, TDI	No records found	
	Number of covered lives	50,000	
5	Major Employers; Clients	Assurant; Boon Chapman; Caprock HC; Federal Assist; First Choice Adm; Gilsbar TPA; GlobalCare; Guaranty Trust and Life; Starmark; Strategic Claims; Total Plan Services; Trustmark; World Insurance; Valley Baptist Healthplans; University Fidelity Life; Pan American	
6	Hospital affiliations	ETMC; Lifecare Hospital of South Texas; North Point Surgical Center; Doctors Hospital at Renaissance;	
7	Laboratory affiliations	CPL; Lab Corp; Quest	
8	Benefit plan description (Covered Services defined)	PPO; HMO; TPA; Self Funded plans	
9	Provider procedure manual	Reviewed	
10	References/ Notes	<a href="http://www.imsppo.com">www.imsppo.com</a>	
<b>Terms</b>			<b>Notes</b>
** 11	PCOT Agency Status defined	yes	
12	Each party responsible for their own acts	yes	
	Indemnify and hold harmless	yes	
	Arbitration & mediation non binding	Binding; In the county where medical care was rendered	
** 13	No assignment without consent (Silent PPO)	must have contractual relationship	
14	No all products clauses	amended to NOT include WC; Auto liability, Discount Arrangements	
15	No marketing w/o consent	Directory only	
** 16	Credentialing delegated	yes; delegated to PCOT	
** 17	Members can not be terminated w/o cause	w/o cause; 90 day notice by either party. Term physician only when welfare of patient is jeopardized	
** 18	Adequate grievance process	yes; cause of breath within 30 days; appeal prior to any action	
19	Modifications must be mutually accepted	yes	
** 20	Access and confidentiality reasonable	yes: HIPAA	
21	Members may charge for requested medical records	yes per Texas law; TMB guidelines to be followed as a maximum	
22	Governed by Texas Law, Smith Co. preferred	yes; in county where the medical care was rendered	
** 23	Max liability insurance required 200,000/ 600,000	yes	
** 24	Term: 1 year max	yes	
25	Auto renewal	yes	
** 26	Termination w/o cause not > 90 days	yes	
27	Termination Tail reasonable	per Texas Law	
28	HIPAA language--code sets	yes	
<b>Billing/ Compensation</b>			<b>Notes</b>
29	Claims processor (payor) identified	yes	
** 30	Claims paid < 30 days (or comply with SB418)	yes	
31	Penalty for non timely payment (Predetermined)	yes	
32	Payment to Non-Physician Providers	yes	
33	Standard filing form (CMS 1500) acceptable; electronic file	yes	
34	Right to coordination of benefits payments	yes	
35	Retroactive adjustments within 90 days	no; per Texas Law of 180 days	
36	Enrollee identification process specified	yes	
** 37	Complete fee schedule	E&M 140% of current ROT MC; PCP- 150% of current ROT MC; Specialist- 160% of current ROT MC; Anesthesia \$60.00 per unit	
	Non Specified	yes; 70 % of usual billed charges	
	PT,OT,ST,NP,PA	85% of provider fee schedule	
	Workers Comp	n/a	
	Meets PCOT Minimum Criteria	yes	
38	Fee schedule fixed for contract period	per current year of Rest of Texas Medicare	
39	Fee schedule review & increase at renewal (auto escalate)	set per contract; evergreen renewal	
40	New CPT Code Changes/Updates effective January 1st	April 1st; prior to April 1st- By Report	
<b>Notes</b>			



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## Provider Search

**Search Results** Search Criteria: All Facilities within 35 miles of 75701. Search Again

Name	Address	Specialty	Distance
EAST TEXAS MEDICAL CENTER TYLER	1000 S BECKHAM AVENUE TYLER, TX 75701 (903) 597-0351	HOSPITAL	0.00
WONG	1000 S BECKHAM AVENUE TYLER, TX 75701 (903) 597-0351	RADIOLOGY/DIAGNOSTICS	0.00
CASEY	1000 S BECKHAM AVENUE TYLER, TX 75701 (903) 597-0351	RADIOLOGY/DIAGNOSTICS	0.00
CLARKE	1000 S BECKHAM AVENUE TYLER, TX 75701 (903) 597-0351	RADIOLOGY/DIAGNOSTICS	0.00
MCDONNELL	1000 S BECKHAM AVENUE TYLER, TX 75701 (903) 597-0351	RADIOLOGY/DIAGNOSTICS	0.00
BELDEN	1000 S BECKHAM AVENUE TYLER, TX 75701 (903) 597-0351	RADIOLOGY/DIAGNOSTICS	0.00
ETMC SPECIALTY HOSPITAL	1000 S BECKHAM AVE FL 5 TYLER, TX 75701 9035963600	HOSPITAL	0.00
HOMELINK	1000 S FLEISHEL TYLER, TX 75701 8004821993	DURABLE MEDICAL EQUIPMENT	0.00
QUEST DIAGNOSTICS	1009 E 2ND ST TYLER, TX 75701 9035977848	LABORATORY	0.00
LABORATORY CORPORATION OF AMERICA	1040 S FLEISHEL AVE STE 3 TYLER, TX 75701 9035937985	LABORATORY	0.00

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Name	Address	Specialty	Distance
BENNETT	501 SOUTH RAGSDALE JACKSONVILLE, TX 75766 (903) 541-5000	RADIOLOGY/DIAGNOSTICS	26.01
CAMPBELL	501 SOUTH RAGSDALE JACKSONVILLE, TX 75766 (903) 541-5000	RADIOLOGY/DIAGNOSTICS	26.01
HOMELINK	411 E RUSK ST JACKSONVILLE, TX 75766 8004821993	DURABLE MEDICAL EQUIPMENT	26.01
EAST TEXAS MEDICAL CENTER QUITMAN	117 NORTH WINNSBORO STREET QUITMAN, TX 75783 (903) 763-4505	HOSPITAL	33.36
ETMC HOME HEALTH NORTH-QUITMAN	611 EAST GOODE STREET QUITMAN, TX 75783 9037633181	HOME HEALTH CARE	33.36
ETMC HOME HEALTH-NORTH-QUITMAN	611 EAST GOODE ST, BOX 495 QUITMAN, TX 75783 9037633181	HOME HEALTH CARE	33.36
ETMC HOME HEALTH-NORTH- QUITMAN	611 EAST GOODE ST, BOX 495 QUITMAN, TX 75783 9037633181	HOME HEALTH CARE	33.36
EAST TEXAS MEDICAL CENTER REGIONAL HOSPITAL	611 EAST GOODE STREET QUITMAN, TX 75783 (903) 763-3181	HOME HEALTH CARE	33.36
LINCARE INC.	914 EAST GOODE ST QUITMAN, TX 75783 9037630874	HOME HEALTH CARE	33.36

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Name	Address	Specialty	Distance
HOMELINK	3700 W WAY ST TYLER, TX 75703 8004821993	DURABLE MEDICAL EQUIPMENT	3.49
HOMELINK	12012 CR 283 E WHITEHOUSE, TX 75791 8004821993	DURABLE MEDICAL EQUIPMENT	8.07
HOMELINK	14222 COUNTY ROAD 420 TYLER, TX 75704 8004821993	TRANSPORTATION	9.54
ETMC REHABILITATION CENTER HIDE A WAY	16911 VILLAGE LAKE DR LINDALE, TX 75771 9038827055	PHYSICAL MEDICINE & REHABILITATION	15.44
RACE	203 NACOGDOCHES ST STE 350 JACKSONVILLE, TX 75766 9035866841	PHYSICAL MEDICINE & REHABILITATION	26.01
RACE	203 NACOGODCHES, STE 350 JACKSONVILLE, TX 75766 9035866841	PHYSICAL MEDICINE & REHABILITATION	26.01
HOMELINK	213 E COMMERCE JACKSONVILLE, TX 75766 8004821993	DURABLE MEDICAL EQUIPMENT	26.01
NUMED IMAGING CENTERS, INC. - JACKSONVILLE	314 S RAGSDALE ST JACKSONVILLE, TX 75766 9035898164	CLINIC	26.01
A DIAGNOSTIC RADIOLOGY NETWORK FACILITY	314 S RAGSDALE ST JACKSONVILLE, TX 75766 9035898164	RADIOLOGY/DIAGNOSTICS	26.01
EAST TEXAS MEDICAL CENTER JACKSONVILLE	501 SOUTH RAGSDALE JACKSONVILLE, TX 75766 (903) 541-5000	HOSPITAL	26.01

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Name	Address	Specialty	Distance
KAPILIVSKY	1001 S 10TH ST STE G MCALLEN, TX 78501 9569942909	RADIOLOGY/DIAGNOSTICS	0.00
VALLEY REGIONAL MRI CENTER	1200 S COL ROWE BLVD STE 1B MCALLEN, TX 78501 9566309444	RADIOLOGY/DIAGNOSTICS	0.00
LASTRA	1200 S COL ROWE BLVD STE 1B MCALLEN, TX 78501 9566309444	RADIOLOGY/DIAGNOSTICS	0.00
ALFONSO	1200 S COL ROWE BLVD STE 2B MCALLEN, TX 78501 9566860507	RADIOLOGY/DIAGNOSTICS	0.00
RADIOLOGY ASSOCIATES OF MCALLEN	1200 S COL ROWE BLVD STE 2B MCALLEN, TX 78501 9566860507	RADIOLOGY/DIAGNOSTICS	0.00
SOUTH TEXAS CENTER SCAN CENTER	1200 S COL ROWE BLVD STE 2B MCALLEN, TX 78501 9566860507	RADIOLOGY/DIAGNOSTICS	0.00
VALLEY IMAGING ASSOCIATES	1200 S COL ROWE BLVD STE 2B MCALLEN, TX 78501 9566860507	RADIOLOGY/DIAGNOSTICS	0.00
FAROLAN	1200 S COL ROWE BLVD STE 2B MCALLEN, TX 78501 9566860507	RADIOLOGY/DIAGNOSTICS	0.00
TUMAKAY	1200 S COL ROWE BLVD STE 2B MCALLEN, TX 78501 9566860507	RADIOLOGY/DIAGNOSTICS	0.00
LINCARE INC.	1220 N 10TH ST MCALLEN, TX 78501 9566820911	HOME HEALTH CARE	0.00

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Name	Address	Specialty	Distance
VALLEY MEDICAL DEPOT	5510 S JACKSON RD EDINBURG, TX 78539 9566826769	DURABLE MEDICAL EQUIPMENT	9.26
LABORATORY CORPORATION OF AMERICA	912 S CLOSNER BLVD BLDG E EDINBURG, TX 78539 9563837711	LABORATORY	9.26
HOMELINK	5313 S MCCOLL RD EDINBURG, TX 78539 8004821993	HOME HEALTH CARE	9.26
HOMELINK	2552 W TRENTON RD EDINBURG, TX 78539 8004821993	HOME HEALTH CARE	9.26
HOMELINK	3207 W ALBERTA RD EDINBURG, TX 78539 8004821993	DURABLE MEDICAL EQUIPMENT	9.26
HOMELINK	3502 W ALBERTA RD EDINBURG, TX 78539 8004821993	DURABLE MEDICAL EQUIPMENT	9.26
HOMELINK	4801 W UNIVERSITY DR EDINBURG, TX 78539 8004821993	DURABLE MEDICAL EQUIPMENT	9.26
HOMELINK	1415 W FREDDY GONZALEZ DR EDINBURG, TX 78539 8004821993	TRANSPORTATION	9.26
LABCORP EDINBURG S CLOSNER BLVD	912 S CLOSNER BLVD EDINBURG, TX 78539 9563837711	LABORATORY	9.26
QUEST DIAGNOSTICS	2723 W TRENTON EDINBURG, TX 78539 9566837620	LABORATORY	9.26

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**Search Results** Search Criteria: All Facilities within 35 miles of 78501. [Search Again](#)

Name	Address	Specialty	Distance
HOMELINK	8104 W EXPRESSWAY 83 MISSION, TX 78572 8004821993	DURABLE MEDICAL EQUIPMENT	7.23
PERFORMANCE THERAPEUTICS	2502 W FREDDY GONZALEZ DR EDINBURG, TX 78539 9563811600	PHYSICAL THERAPY/OCCUPATIONAL THERAPY	9.26
RADIOLOGY ASSOCIATES OF NORTHSIDE	2614 CORNERSTONE BLVD EDINBURG, TX 78539 9569941752	RADIOLOGY/DIAGNOSTICS	9.26
CORNERSTONE OPEN MRI CENTER	2616 CORNERSTONE BLVD EDINBURG, TX 78539 9569941736	RADIOLOGY/DIAGNOSTICS	9.26
HOMELINK	3037 W ALBERTA RD EDINBURG, TX 78539 8004821993	DURABLE MEDICAL EQUIPMENT	9.26
MANOHAR	3125 CENTER POINTE DRIVE EDINBURG, TX 78539 9566839300	PHYSICAL MEDICINE & REHABILITATION	9.26
LIFECARE HOSPITALS OF SOUTH TEXAS	333 W FREDDY GONZALEZ DR EDINBURG, TX 78539	HOSPITAL	9.26
NORTH POINT SURGICAL CENTER (SCOA)	4702 S MCCOLL RD EDINBURG, TX 78539 9569949770	HOSPITAL	9.26
WILSON	5419 S MCCOLL RD EDINBURG, TX 78539 9566185959	PHYSICAL MEDICINE & REHABILITATION	9.26
DOCTORS HOSPITAL AT RENAISSANCE	5501 SOUTH MCCOLL ROAD EDINBURG, TX 78539 (956) 661-7100	HOSPITAL	9.26

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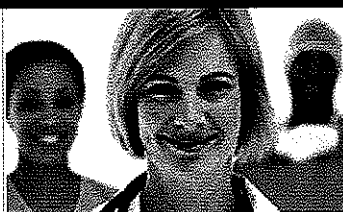


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**Search Results** Search Criteria: All Facilities within 35 miles of 75686. Search Again

Name	Address	Specialty	Distance
ETMC REHABILITATION CENTER PITTSBURG	133 JEFFERSON ST PITTSBURG, TX 75686 9038561839	PHYSICAL MEDICINE & REHABILITATION	0.00
EAST TEXAS MEDICAL CENTER HOME HEALTH NORTH - PITTSBURG	208 LAFAYETTE ST PITTSBURG, TX 75686 9038566554	HOME HEALTH CARE	0.00
HOMELINK	312 LAFAYETTE PITTSBURGH, TX 75686 8004821993	DURABLE MEDICAL EQUIPMENT	0.00
EAST TEXAS MEDICAL CENTER PITTSBURG	414 QUITMAN STREET PITTSBURG, TX 75686 (903) 856-6663	HOSPITAL	0.00
EAST TEXAS MEDICAL CENTER HOME CARE PITTSBURG	925 NORTH GREER BOULEVARD PITTSBURG, TX 75686 (903) 856-6554	HOME HEALTH CARE	0.00
ETMC HOME HEALTH NORTH- PITTSBURG	925 NORTH GREER BOULEVARD PITTSBURG, TX 75686 (903) 856-6554	HOME HEALTH CARE	0.00
HOMELINK	312 LAFAYETTE PITTSBURGH, TX 75686 8004821993	HOME HEALTH CARE	0.00
HOMELINK	PO BOX 1138 MOUNT PLEASANT, TX 75456 8004821993	DURABLE MEDICAL EQUIPMENT	11.03
HOMELINK	107 WEST 20TH ST MOUNT PLEASANT, TX 75455 8004821993	DURABLE MEDICAL EQUIPMENT	11.07
LINCARE INC.	1629 W 16TH STREET MT. PLEASANT, TX 75455 9035750855	HOME HEALTH CARE	11.07

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## Provider Search

**Search Results** Search Criteria: All Facilities within 35 miles of 75686. Search Again

Name	Address	Specialty	Distance
AMERICAN HOMEPATIENT	522 A EAST LOOP 281 LONGVIEW, TX 75605 9032950818	DURABLE MEDICAL EQUIPMENT	32.42
HOMELINK	4362 HWY 259 N LONGVIEW, TX 75605 8004821993	HOME HEALTH CARE	32.42
HOMELINK	470 E LOOP 281 LONGVIEW, TX 75605 8004821993	HOME HEALTH CARE	32.42
HOMELINK	472 E LOOP 281 LONGVIEW, TX 75605 8004821993	DURABLE MEDICAL EQUIPMENT	32.42
HOMELINK	1809 GILMER RD LONGVIEW, TX 75604 8004821993	DURABLE MEDICAL EQUIPMENT	34.27
HOMELINK	2002 GILMER RD #6 LONGVIEW, TX 75604 8004821993	DURABLE MEDICAL EQUIPMENT	34.27
HOMELINK	210 ENTERPRISE ST STE C LONGVIEW, TX 75604 8004821993	DURABLE MEDICAL EQUIPMENT	34.27
HOMELINK	1809 GILMER RD LONGVIEW, TX 75604 8004821993	HOME HEALTH CARE	34.27
HOMELINK	210 ENTERPRISE ST LONGVIEW, TX 75604 8004821993	DURABLE MEDICAL EQUIPMENT	34.27

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Name	Address	Specialty	Distance
HOMELINK	107 WEST 20TH ST MOUNT PLEASANT, TX 75455 8004821993	DURABLE MEDICAL EQUIPMENT	0.00
LINCARE INC.	1629 W 16TH STREET MT. PLEASANT, TX 75455 9035750855	HOME HEALTH CARE	0.00
ETMC HOME HEALTH-NORTH-MT PLEASANT	1805 N JEFFERSON, STE 300 MT. PLEASANT, TX 75455 9035779860	HOME HEALTH CARE	0.00
ETMC HOME HEALTH- NORTH-MT. PLEASANT	1805 N JEFFERSON, STE 300 MT. PLEASANT, TX 75455 9035779860	HOME HEALTH CARE	0.00
ETMC HOME HEALTH NORTH-MT. PLEASANT	1805 N JEFFERSON AVE STE 300 MT PLEASANT, TX 75455 9035779860	HOME HEALTH CARE	0.00
EAST TEXAS MEDICAL CENTER HOME HEALTH NORTH - MT. PLEASANT	1805 N JEFFERSON AVE STE 300 MT PLEASANT, TX 75455 9035779860	HOME HEALTH CARE	0.00
BOATNER	1901 N JEFFERSON AVE MT PLEASANT, TX 75455 9035725316	RADIOLOGY/DIAGNOSTICS	0.00
CLIFFORD	1901 N JEFFERSON AVE MT PLEASANT, TX 75455 9035725316	RADIOLOGY/DIAGNOSTICS	0.00
CLIFFORD	1901 N JEFFERSON AVE MT PLEASANT, TX 75455 9035725316	RADIOLOGY/DIAGNOSTICS	0.00
DOW	1901 N JEFFERSON AVE MT PLEASANT, TX 75455 9035725316	RADIOLOGY/DIAGNOSTICS	0.00

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Name	Address	Specialty	Distance
EAST TEXAS MEDICAL CENTER CLARKSVILLE	3000 HIGHWAY 82 WEST CLARKSVILLE, TX 75426 (903) 427-3851	HOSPITAL	31.65
ETMC HOME HEALTH-NORTH-CLARKSVILLE	3000 WEST MAIN STREET CLARKSVILLE, TX 75426 9034276470	HOME HEALTH CARE	31.65
ETMC HOME HEALTH NORTH-QUITMAN	BOX 1270 HWY 82 WEST CLARKSVILLE, TX 75426 9034276470	HOME HEALTH CARE	31.65
ETMC HOME HEALTH- NORTH-CLARKSVILLE	BOX 1270 HWY 82 WEST CLARKSVILLE, TX 75426 9034276470	HOME HEALTH CARE	31.65
EAST TEXAS MEDICAL CENTER HOME CARE CLARKSVILLE	HIGHWAY 82 WEST CLARKSVILLE, TX 75426 (903) 427-6470	HOME HEALTH CARE	31.65

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Name	Address	Specialty	Distance
ETMC HOME HEALTH-NORTH-PITTSBURG	208 LAFAYETTE STREET PITTSBURG, TX 75644 9038566554	HOME HEALTH CARE	29.48
EAST TEXAS MEDICAL CENTER HOME CARE GILMER	711 NORTH TITUS GILMER, TX 75644 (903) 645-7341	HOME HEALTH CARE	29.48
EAST TEXAS MEDICAL CENTER GILMER	712 N WOOD STREET GILMER, TX 75644 (903) 841-7100	HOSPITAL	29.48
ETMC REHABILITATION CENTER GILMER	712 N WOOD STREET GILMER, TX 75644 (903) 841-7100	PHYSICAL MEDICINE & REHABILITATION	29.48
GREEN	712 N WOOD STREET GILMER, TX 75644 (903) 841-7100	RADIOLOGY/DIAGNOSTICS	29.48
ETMC HOME HEALTH-NORTH-GILMER	914 WEST TYLER ST GILMER, TX 75644 9038434320	HOME HEALTH CARE	29.48
ETMC HOME HEALTH NORTH-GILMER	914 WEST TYLER ST GILMER, TX 75644 9038434320	HOME HEALTH CARE	29.48
EAST TEXAS MEDICAL CENTER HOME CARE GILMER	914 W TYLER ST GILMER, TX 75644 9038434320	HOME HEALTH CARE	29.48
ETMC HOME HEALTH- NORTH- GILMER	914 W TYLER ST GILMER, TX 75644 9038434320	HOME HEALTH CARE	29.48
HOMELINK	2502 W MAIN ST CLARKSVILLE, TX 75426 8004821993	DURABLE MEDICAL EQUIPMENT	31.65

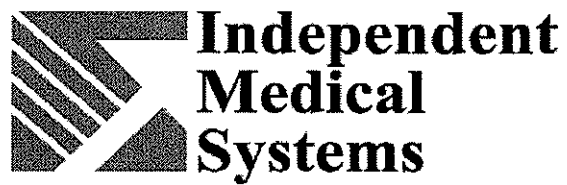
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IMS Payor List

Allied National  
Allied TPA  
American Medical and Life Insurance  
America's Choice Healthplans  
Assurant  
AXA Assistance  
Best Doctors  
Boon Chapman  
Caprock Healthplans  
Coris USA  
Cornerstone Preferred Resources  
El Paso First Health Plans  
Europe Assistance  
Federal Assist  
First Choice Administrators  
Gilsbar TPA  
Global Excel Management  
GlobalCare, Inc.  
Group and Pension Administrators  
Guaranty Trust and Life  
Hammernan and Gainer, Inc.  
HMA, Inc.  
Innovative Administrative Services  
National Marketing and Administration TPA  
Olympus Managed Healthcare  
One World Assist  
RH Administrators  
SOS International  
Starmark Insurance  
Strategic Claims  
TeamChoice  
Total Plan Services Inc.  
Travel Insurance Co-op  
Trustmark Insurance  
Valley Baptist Healthplans, Inc.  
World Insurance

Texas  
50,000

University Fidelity Life  
Pan American



# **Provider Reference Manual**

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## Introduction

Welcome to Independent Medical Systems, Ltd (IMS) a Texas Preferred Provider Organization (PPO) that includes one of the state's largest and fastest growing networks. IMS' network of healthcare providers includes more than 28,000 physicians, 5,000 ancillary providers, and 325 facilities. As one of the oldest state wide networks IMS has been operating since 1989 serving Insurers , Third Party Administrators (TPA), Self-Funded Employers and Union Trust Funds.

This manual is designed to aid in your orientation as a new IMS network provider. The following is a guide for office personnel to follow when your practice or facility treats IMS covered individuals. A covered individual is any person eligible to receive care, treatments and supplies for which payment is available pursuant to a contract offered by an IMS Payor.

At IMS we realize that the key to our success is our strong commitment to positive relationships with our network providers. To strengthen these relationships we provide you with a fast and friendly way to view the most up to date information on the Provider Section of our website at <http://www.imsppo.com>. You may also request a current copy of our most recent list of Payors by calling the IMS Provider Relations Department at 1-800-853-7003.



## IMS at a Glance

- IMS is a PPO network consisting of facilities, physicians and ancillary healthcare providers contracted to provide medical services.
- Pre-certification is typically not required for most in-office procedures. However, surgeries, non-emergency admissions, and high cost diagnostics generally do require pre-certification as described in the Medical Management Section on page 7.
- IMS network Payors offer benefits to covered individuals who seek medical care outside of the network (out-of-network benefits). However, there are strong financial incentives for covered individuals to see in-network providers.
- IMS assumes NO cost risk for treatment such as capitation, risk pools, etc. Payment is issued by the insurance company, self-funded employer or third party administrator.
- IMS credentials and re-credentials all network providers. IMS has established and updates from time to time its credentialing criteria for all categories of providers it accepts into its Network.
- IMS client contracts are with the claim payors. IMS is not an insurer, guarantor or payor of claims and is not liable for any payment of claims submitted by the provider to IMS or any IMS payor.



## Reimbursement and Billing

Covered individuals should be registered according to your normal patient registration process. Whenever possible - and dependent on your system's capability - the registering of patients should include the covered individual's administrator and Payor information, with the IMS information as secondary. Please remember, IMS is a network and never the Payor. This helps to apply payments more quickly and accurately. Additionally, having the covered individual's employer and administrator names will enable your IMS Provider Relations Representative to assist you more effectively with any problem resolution.

IMS Payors furnish covered individuals with a means of identifying themselves as covered under a contract. Methods of identification include, but are not limited to, identification cards; affixing the IMS logo to identification cards; or a telephone number to call for verification of the covered individual's eligibility. Always contact the IMS Payor to obtain eligibility and benefit information before rendering services. Please note that confirmation of eligibility does not guarantee payment. Benefit restrictions may apply. Be sure to notify covered individuals of restrictions identified when contacting the IMS Payor.

All plans have admission review requirements through their Medical Management programs. Non-emergency admissions must be pre-certified at least two (2) days prior to admission. Emergency, urgent, and maternity admissions must be certified no later than the next business day following admission. An emergency is defined as follows:

A sudden unexpected illness or injury which requires the immediate care and attention of a qualified physician, and which, if not treated immediately, would jeopardize or impair the health of the Member or represent a serious threat to the life or limb of a Member.

If you have any difficulty locating Medical Management phone numbers, please contact IMS' Customer Service Department, which should be able to provide you with the appropriate number. This information is listed either by administrator/insurer or by employer/union. The member group medical ID card is the best reference for this information. You should have this information available before calling Customer Service at 800-853-7003.

Compensation is determined by the terms of the network participation agreement between the provider and IMS. As a preferred provider, you agree to submit to the IMS Payor (whether primary or secondary) a timely, clean claim for services rendered to covered individuals. All claims should be submitted with your regular billing rates using industry standard coding guidelines. Claims must be submitted to the address found on the covered individual's ID Card using a current appropriate claim form. Please be sure to review the explanation of benefits (EOB) form sent to you by the IMS Payor to determine the amount billable to the covered individual. At the time of the visit, you may collect any co-payment or encounter fee specified in the covered individual's contract. Following the receipt of an EOB, you may bill for deductibles and co-insurance, if any, as specified in the covered individual's contract, and/or payment for non-covered care. Covered individuals can not be billed for the difference between your total billed charges and the IMS negotiated rate.



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## **Provider Appeal Process**

If the provider receives a payment or denial of benefits that they disagree with, they should follow the normal channels to appeal the payment or denial. The first step would be to contact the Payor directly through their member service call center (telephone number would be displayed on the member's ID card). The provider should express the reason they feel the claim was not adjudicated properly and ask for a verbal response from the Payor. If the claim was partially or totally denied due to pre-certification reasons, the provider may need to also contact the Utilization Review Department/vendor directly.

This first level of appeal may satisfy the provider and end the appeals process for this claim. If the provider still feels that the payment or denial is unjustified, they should follow the second level appeals process and submit a written letter directly to the Payor's appeals/grievance department. They would need to state the specific facts they are disputing, and indicate that they have already filed a first level appeal. The provider should expect that a written appeal might take approximately thirty (30) days to receive a response. Depending on the circumstances of the claim the provider should allow the Payor adequate time to perform a full investigation of all the issues.

At any time during the appeals process, the provider may contact its Provider Relations Representative. If the provider is filing a second level appeal, copies should also be sent to IMS.

Certain appeal processes may vary from time to time due to the specific line of business and Payor to which they are appealing.



## Medical Management

### How Medical Management Is Performed In Each Group.

IMS' clients provide their own Medical Management programs. The program may be proprietary to the client or contracted to a vendor. Programs are not standardized, but the following represents the features that will be encompassed. IMS anticipates that its contracted providers will cooperate with our clients' Medical Management programs.

Certifying treatment with the Medical Management program does not guarantee payment for services rendered. Certifications are subject to retrospective review and approval and in cases where multiple procedures are performed, be sure to confirm benefit eligibility from the IMS Payor for each procedure.

### Typical Medical Management Programs

Medical Management will frequently include each of the following medical cost management programs:

- A nurse call center available during normal business hours.
- Inpatient review encompassing medical, surgical, psychiatric, substance abuse and rehabilitation care.
- Hospital pre-Admission review for non-emergencies.
- Post admission review for urgent and emergency admissions.
- Concurrent/continued stay review.
- Discharge planning, in cases where appropriate.
- Screening and referral to large case and disease management programs.
- Managed Second Surgical Opinion Program.
- Steerage to appropriate PPO and ancillary providers.

### Inpatient Admission Review

All inpatient admissions must be reviewed for medical necessity. Scheduled admissions should be reviewed at least seventy two (72) hours in advance of the admission. Urgent or emergency admissions must be reviewed the next business day following admission.

The admission review process should be initiated by the hospital or the physician. Many programs will, however, involve the covered individual regarding the options and alternatives available under the client's benefit plan. In many instances the review nurse will assign an initial expected length of stay, which will be determined from a clinical database.

A concurrent review process will be based on a schedule determined by the initial assigned length of stay, or the judgment of the nurse reviewer as to the appropriate follow-up intervals. Concurrent review will be conducted either with the hospital UR department, the floor nurse, or the attending physician. In all instances the nurse reviewer will need to determine the discharge day and its appropriateness.



The Concurrent Review process is initiated by the nurse reviewer. The covered individual may be too ill to be discharged and should not have the burden of notifying the nurse reviewer as well. The nurse reviewer also works with provider personnel to assist in assessing the covered individual's condition, especially in those cases that can change rapidly, such as a covered individual admitted for acute abdominal pain. Contact with the floor nurse can offer the most up-to-date information regarding the covered individual's condition without disrupting the physician. However, it should be noted, in the majority of cases the physician is the individual contacted in reference to the covered individual's condition.

Clinical Review Criteria is derived from one of the following sources:

### **Large Case and Disease Management**

Large Case and Disease Management encompass both catastrophic and chronic care management. Each requires a different approach, but the common thread is that each must have a case manager as the interventionist.

Large Case and Disease Management services are designed to maximize healthcare dollars by seeking the most cost and care effective environment and services for the covered individual. Programs will vary slightly by client. Case Managers seek to affect quality of life, quality of care, and cost of care. Care is coordinated across multiple providers, and special discharge arrangements may be made by the Case Manager. Most importantly, the covered individual and family are involved in the decision-making process from the onset, because covered individuals with chronic or catastrophic illnesses are not solely affected; the entire family is touched by these circumstances.

Covered individuals appropriate for case management are identified through the Pre-Admission Review process, Concurrent Review process, and Medical Information Helpline, as well as through claims processing or client notification, for those covered individuals who have either not come through the utilization review process and/or who have expensive, chronic outpatient care.

Ongoing monitoring is performed to ensure that quality and frequencies of services are appropriate. The ongoing review will also provide information in the event that revisions are required to the original recommendations regarding items such as level of care or frequency of care. Case management may be applied to any type of admission.

Case Managers are heavily involved from the date of authorization (this will come from IMS' client or the administrator of the covered individual's benefit plan), in the development of a treatment plan. They speak with the physician and work in a cooperative manner with both the physician and family members involved.

The Case Managers are both nurses and physician assistants who have expertise in a multitude of specialties; all have extensive clinical experience in their particular specialty. Case Managers are familiar with local resources and utilize specialist Case Managers, such as Certified Rehabilitation Nurses for spinal cord or head injury covered individuals and Neonatal Practitioners for premature babies. The covered individual and family are involved in the decision-making process from the onset, because covered individuals with chronic or catastrophic illnesses are not solely affected; the entire family is touched by these circumstances.



## **Managed Second Surgical Opinion Program**

Client medical plans will generally pay for a needed second surgical opinion. At any time, a covered individual may obtain a voluntary second surgical opinion, and a third surgical opinion in the case of a disagreement between the first and second opinion.

In most instances the medical plan will contain a program to encourage use of second surgical opinions. The majority of plans will have a managed second surgical opinion program, which means that the need for a second surgical opinion will be determined by the nurse reviewer at the time that the admission review is done. If the nurse reviewer determines that a second surgical opinion is needed, then the admission will not be certified until the opinion is obtained.

Some plans will have a published list of procedures for which it is necessary to obtain a second surgical opinion. The lists will vary from client to client, and it would not be possible for a provider to have all the lists. Information regarding the second opinion is provided at the time that the admission is certified. The covered individual must have presented evidence that a second surgical opinion has been obtained.

## **Optional Outpatient Review Programs**

Certain clients will elect to purchase outpatient review programs. Typically, these programs will review ambulatory surgery performed in the same-day surgery unit of the provider or in a free-standing surgi-center. In addition, most programs will review higher cost diagnostics procedures such as MRIs and CT Scans. Some clients will have a defined list of procedures to be reviewed, and others will review all outpatient procedures done by the provider. As with second surgical opinions, it will not be possible to provide a list of procedures for each client.

IMS' clients will expect notification at least 48 hours in advance of a planned admission. Notification within 24 hours or the next working day following an emergency admission is preferred. Pre-certification numbers are available on the covered individual's ID cards. For assistance in locating those numbers, please contact IMS' Customer Service at 800-853-7003

If the covered individual requires laboratory, radiology or home health care services, IMS has developed an extensive ancillary network consisting of laboratories, radiology service sites and home health care providers. Please be aware that some of our clients have specific rules regarding laboratory services and may only cover lab work performed by specific providers. This information is typically outlined on the covered individual's ID card. When these types of services are required, IMS requests that preferred providers refer covered individuals to an ancillary provider within the IMS PPO network. For assistance in finding other IMS PPO providers or assistance for referral purposes and or questions, contact the Provider Relations Department toll-free at 800-853-7003.



## Appeals Process for Care Management Decisions

The appeals process may vary by the Payor's Medical Management program and/ or as mandated by state or federal law. In the event you or a covered individual do not agree with a non-certification determination made under the Medical Management program, you or the covered individual have the right to appeal the determination in accordance with the IMS Payor's Medical Management program appeals process. To obtain details of the IMS Payor's Medical Management program appeals process, please contact the appropriate IMS Payor.

