



September 26, 2017

To All PCOT Practices

Ladies and Gentlemen:

On September 21, 2017, the PCOT's Board of Directors executed a contract with Molina Healthcare of Texas, Inc a network for Medicare Advantage , Medicaid managed plans, Medicare-Medicaid program and Health Insurance Marketplace.

The Medicare Advantage is including, but not limited to, Molina Medicare Options, Molina Medicare Options Plus, and any other Medicare Advantage programs the health plan offers in the future.

The Medicaid Managed plans including, but not limited to, STAR, STAR+PLUS, STAR KIDS, CHIP, CHIP Perinate, CHIP RSA, and any other Medicaid program they offer in the future.

The Medicare-Medicaid program is including, but not limited to the STAR+PLUS Medicare-Medicaid program.

The Health Insurance Marketplace is including, but not limited to Molina Marketplace.

Please see the attached summary of terms of this contract. Molina will set an effective date after opt-ins are submitted.

Please indicate your practice's plans to participate in this Molina contract by checking one of the boxes below for the health plan. **Please make sure to check "yes" or "no" for ALL options.** This response should be faxed to PCOT at 903-526-2320.

Sincerely,

Jennifer Roach
Executive Director

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Molina contract for Medicare Advantage

_____ No, our practice does not wish to participate in the Molina contract for Medicare Advantage.

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Molina contract for Managed Medicaid.

_____ No, our practice does not wish to participate in the Molina contract for Managed Medicaid.

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Molina contract for the Medicaid-Medicare program.

_____ No, our practice does not wish to participate in the Molina contract for the Medicaid-Medicare program.

_____ Yes, our practice will accept these fees and all physicians in the practice will participate in the Molina Marketplace contract.

_____ No, our practice does not wish to participate in the Molina Marketplace contract.

Date: _____ Practice Name: _____

Authorized Signature: _____

Tax I.D. No. _____ Printed Physician Name(s): _____

ATTACHMENT B
COMPENSATION SCHEDULE

- 1.1 **Compensation for Medicaid and CHIP.** Health Plan agrees to compensate Provider on a fee-for-service basis for Covered Services provided in accordance with the Medicaid and CHIP Product, that are determined by Health Plan to be payable and submitted on a Clean Claim, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) at an amount equivalent to one hundred percent (100%) of the allowable rate under the applicable Medicaid Fee-For-Service Program fee schedule set forth by the State of Texas, in effect on the Date of Service. In the event that there is no payment rate in the Texas Medicaid Fee-For-Service Program fee schedule as of the Date of Service, Covered Services determined by Health Plan to be payable and submitted on a Clean Claim will be paid on a fee-for-service basis, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) an amount equivalent to the Medicare Fee-For-Service Program allowable payment rate set forth by CMS (adjusted for locality or geography), as of the Date of Service.

Notwithstanding the above, in no event will payment for any Covered Service exceed an amount equivalent to the Medicare Fee-For-Service Program allowable payment rate set forth by CMS (adjusted for locality or geography), as of the Date of Service.

Provider agrees to the above reimbursement and participation in Medicaid and CHIP:

Provider Signature: *Jonathan P. Chapman* **Date:** 7/24/17

- 1.2 **Compensation for Medicare Advantage.** Health Plan agrees to compensate Provider on a fee-for-service basis for Covered Services provided in accordance with the Medicare Advantage Product, that are determined by Health Plan to be payable and submitted on a Clean Claim, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) at an amount equivalent to one hundred percent (100%) of the Medicare Fee-For-Service Program allowable payment rates (adjusted for place of service or geography), as of the Date of Service. The Medicare Fee-For-Service Program allowable payment rate deducts any cost sharing amounts, including, but not limited to, co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties that would have been deducted if the Member were enrolled in the Medicare Fee-For-Service Program.

Provider agrees to the above reimbursement and participation in Medicare Advantage:

Provider Signature: *Jonathan P. Chapman* **Date:** 7/24/17

- 1.3 **Compensation for Medicare-Medicaid Program.** Health Plan agrees to compensate Provider on a fee-for-service basis for Covered Services provided in accordance with the MMP Product, that are determined by Health Plan to be payable and submitted on a Clean Claim, at the lesser of: (i) Provider's billed charges; or (ii) pursuant to the methodology described below.

Provider will receive an amount equivalent to one hundred percent (100%) of the Medicare Fee-For-Service Program allowable payment rates (adjusted for place of service or geography) as of the Date of Service, and any portion, if any, that the Medicaid agency or Medicaid managed care plan would have been responsible for paying if the Member was enrolled in the Medicare Fee-For-Service Program. The Medicare Fee-For-Service Program allowable payment rate deducts any cost sharing amounts, including, but not limited to, co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties that would have been deducted if the Member were enrolled in the Medicare Fee-For-Service Program.

In the event the Provider bills for Services covered by Medicaid or that are primary to Medicaid, but not Medicare, Health Plan agrees to compensate Provider on a fee-for-service basis for such Covered Services provided that are determined by Health Plan to be payable and submitted on a Clean Claim, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) at an amount equivalent to the Medicaid Fee-For-Service Program allowable payment rates set forth by the State of Texas in effect on the Date of Service.

Provider agrees to the above reimbursement and participation in Medicare-Medicaid (MMP) Program:

Provider Signature: Stanley P. Thompson

Date: 7/24/17

- 1.4 **Compensation for Health Insurance Marketplace.** Health Plan agrees to compensate Provider on a fee-for-service basis for Covered Services provided in accordance with the Health Insurance Marketplace Product, that are determined by Health Plan to be payable and submitted on a Clean Claim, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) an amount equivalent to one hundred percent (100%) of Medicare Fee-For-Service Program allowable payment rate (adjusted for locality or geography), as of the Date of Service. In the event that there is no payment rate in the Medicare Fee-For-Service Program fee schedule as of the Date of Service, Covered Services determined by Health Plan to be payable and submitted on a Clean Claim will be paid on a fee-for-service basis, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any, at the lesser of: (i) Provider's billed charges; or (ii) an amount equivalent to one hundred percent (100%) of the allowable rate under the applicable Medicaid Fee-For-Service Program fee schedule set forth by the State of Texas, in effect on the Date of Service.

Notwithstanding the above, in no event will payment for any Covered Service exceed an amount equivalent to the Medicare Fee-For-Service Program allowable payment rate (adjusted for locality or geography), as of the Date of Service.

Provider agrees to the above reimbursement and participation in Health Insurance Marketplace:

Provider Signature: Stanley P. Thompson

Date: 7/24/17