

Committed to patient advocacy. Quality healthcare. Independent physicians.

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

January 13, 1999

To All PCOT Providers

Ladies and Gentlemen:

On January 12, 1999, the PCOT's Board of Directors signed a contract with USA Managed Care Organization, Inc. USA Managed Care Organization is a Texas corporation for PPO Networks.

The purpose of this letter is to provide information on the fee schedule between USA Managed Care Organization, Inc. 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 USA Managed Care Organization, Inc. 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.

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

Please indicate your practice's plans to participate in the USA Managed Care Organization 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 February 13, 1999.

Sincerely,

|         | Shepherd, MBA ive Director   |  |  |
|---------|--|--|--|
|         | Yes, our practice will accept these fees and all physicians in the practice will participate in the USA Manage Care Organization Contract. |  |  |
|         | No, our practice does not wish to participate in the USA Managed Care Organization contract.   |  |  |
|         | Yes, our practice will accept the fees for Work Related Injury/Illness program (USA WIN) .   |  |  |
|         | No, our practice does not want to participate in the Work Related Injury/Illness program. ( USA WIN).                                      |  |  |
| Date:   | Practice Name:   |  |  |
| Authori | ized Signature:  |  |  |
|         | ), 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



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July 13, 2000

To All PCOT Providers

Ladies and Gentlemen:

At the request of USA MCO, the PCOT's Board of Directors signed an addendum to the USA Managed Care Organization PPO contract to include Medicare Select per the request of several PCOT physicians.

The purpose of this letter is to provide contract information on the Medicare Select option in the USA Managed Care contract. Please review all terms prior to acceptance.

The Medicare Select fee schedule is 80% (eighty) of the Medicare allowable. The hospitals that participate in the Medicare Select are ETMC-Tyler; ETMC Cancer; UTHC-Tyler; ETMC-Athens; ETMC- Wood County; and ETMC-Rusk. Attached is a client list for the East Texas area. The Provider Relations number is 800-872-0820.

Please indicate your practice's plans to participate in this addendum to the USA Managed Care PPO for Medicare Select by checking one of the boxes below. This response should be mailed to PCOT, 935 S. Baxter, Suite 101, Tyler, Texas 75701 or faxed to 903-526-2320. Your prompt attention to this matter will be appreciated. Please return to the PCOT by August 31, 2000.

Sincerely,

Daniel Chamberry AMD A

|         | ve Director   |  |  |
|---------|---|--|--|
|         | Yes, our practice will accept these fees and all physicians in the practice will participate in the Medicare Select contract.  No, our practice does not wish to participate in the Medicare Select contract. |  |  |
|         |   |  |  |
| Date:   | Practice Name:  |  |  |
| Authori | zed Signature:  |  |  |
| Tax I.D | . No.   |  |  |

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## **USA Managed Care Organization Contract Summary**

| CATEGORY             | RESPONSE   |
|----------------------|--|
|                      |  |
|                      | 60th percentile of Medicode (MDR) minus 10%;         |
|                      | Anesthesia \$49.50/unit. BR or RNE = 90% of billed   |
|                      | charges. Work related claims paid at 95% of state's  |
|                      | allowable fees. If reimbursement meets or exceeds    |
| FEE SCHEDULE         | billed charges, a 10% courtesy discount is applied.  |
|                      | Only statewide numbers available - 1,162,878;        |
|                      | Texas Auto Dealers Assoc has approx. 350             |
| COVERED LIVES        | members in Smith County                              |
| IDENTIFICATION       | USA logo on member's card                            |
|                      | Texas Automobile Dealers Association; Harris         |
|                      | Methodist Health Plan, Inc., American Fidelity       |
|                      | Assurance Co; American National Insurance Co; El     |
|                      | Chico Restuarants, Inc., Federated Mutual            |
|                      | Insurance; Jefferson Life Insurance Co; Philadelphia |
| MAJOR CLIENTS        | American Life Ins.                                   |
| HOSPITALS IN NETWORK | ETMC and UTHSC                                       |
| MISCELLANEOUS        | Delegated credentialing to PCOT                      |
|                      | Blind/Silent PPO language added                      |
|                      | Definition of medical necessity added                |
|                      | 4. Physician has the right to deny negotiated rates  |
|                      | after 30 days of completed claim and 90 days of a    |
|                      | disputed claim and seek billed charges               |
|                      | Reimbursement of copying medical records at          |
|                      | \$.10 per page                                       |
|                      | Definition of prudent layperson for emergency        |
|                      | care added   |
|                      | 7. Exhibit A - Cost Containment Guidelines           |
|                      | 8. HCFA 1500 for claims filing                       |
|                      | No specified filing limit                            |
|                      | 10. Orientation manuals have been requested and      |
|                      | will be available in February                        |