



February 23, 2020

AMENDMENT TO CONTRACT

To All PCOT Practices

Ladies and Gentlemen:

On February 18, 2020, the PCOT's Board of Directors executed a contract with HealthSpring Life & Health Insurance Company, a network for Medicare Advantage. Please see the attached summary of terms of this contract.

Please indicate your practice's plans to participate in this HealthSpring MA PPO plan contract by checking one of the boxes below for the health plan. 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 HealthSpring contract for Medicare Advantage PPO.

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

Date: _____ Practice Name: _____

Authorized Signature: _____

Tax I.D. No. _____

Printed Physician Name(s)

Physicians Contracting Organization of Texas		
Contract Review Worksheet		
JRR 2-15-2020		
Background Information		
1	Payor Name, <u>Organizational</u> Status	Cigna Healthspring; Healthspring Life & Health Insurance Co.
2	Type of Organization	Medicare Advantage PPO
3	Type Product	Medicare Advantage PPO
4	Background Due Diligence, OIG Exclusion, TDI	no reports
5	Number of covered lives, major employers	n/a-starts in 2021 for Medicare Advantage
6	Hospital affiliations	UT Health; Longview Regional
7	Laboratory affiliations	
8	Benefit plan description (Covered Services defined)	Medicare Advantage PPO
9	Provider procedure manual	
10	References/ Notes	Must notify with a 60 day written notice if planning to close practice to new patients
		Must notify covered person of the cost of non-covered services prior to rendering services and obtain a signed statement
	Formulary	
Terms		
** 11	PCOT Agency Status defined	yes
12	Each party responsible for their own acts	yes
	Hold Harmless and Indemnification language	yes
	Arbitration & mediation non binding	Non Binding
** 13	No assignment without consent (Silent PPO)	No assignment by IPA without prior written consent;
14	No all products clauses	
15	No marketing w/o consent	
** 16	Credentialing delegated	yes
** 17	Members can not be terminated w/o cause	Can be termed without cause by health plan or provider by giving PCOT at least 90 days written notice, Art V
** 18	Adequate grievance process	yes
19	Modifications must be mutually accepted	IPA must object within 30 days of notice of amendment
** 20	Access and confidentiality reasonable	yes
21	Members may charge for requested medical records	no-may not charge; Art 8.3
22	Governed by Texas Law, govered in county where care was recd	Follows Federal and State Laws
** 23	Max liability insurance required 200,000/ 600,000	200,000/600,000 min
** 24	Term: 1 year max	remain in effect for 2 years from the beginning of the contract; auto renew after that
25	Auto renewal	yes for one year periods; Art 7.1
** 26	Termination w/o cause not > 90 days	Can be termed without cause by health plan or provider by giving PCOT at least 120 days written notice, Art X 10.2
27	Termination Tail reasonable	yes
28	HIPAA language--code sets	yes
Billing/ Compensation		
29	Claims processor (payor) identified	yes
** 30	Claims paid < 30 days (or comply with SB 418)	yes
31	Penalty for non timely payment (Predetermined)	yes
32	Payment to Non-Physician Providers	
33	Standard filing form (HCFA 1500) acceptable; electronic	yes
34	Right to coordination of benefits payments	yes
35	Retroactive adjustments within 90 days	Must follow CMS for Medicare
36	Enrollee identification process specified	yes; ID card with Network ID
** 37	Complete fee schedule	Medicare Advantage - 105% to PCPs, 100% to Specialist, 85% to Allied Health (minus 2% reduction due to sequestration)
	Non Specified	
	Meets PCOT Minimum Criteria	
38	Fee schedule fixed for contract period	follow Medicare updates quarterly
39	Fee schedule review & increase at renewal (auto escalt	No
40	New CPT Code Changes/Updates effective January 1st	follow CMS guidelines
Miscellaneous Comments/Notes		