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INSTRUCTIONS
PLAN PARTICIPATION CHECKLIST
VERY IMPORTANT INFORMATION

Please take careful consideration before filling out the Plan Participation Checklist. Once you have made your selections, and sent the document to us, our Provider Relations team will submit the information to the payors. It generally takes 30 - 180 days to be loaded to the payors. If you are adding a provider to your group, PLEASE refer to the PPCL the established providers use. Please utilize the PPCL of the established providers as a guide for the new provider's PPCL. If not, it can cause inconsistencies in plan participation within the group. Subsequently, PPCL corrections are often submitted too quickly after the initial PPCL has been processed, which causes issues and backlogs in the loading process. **It is important to wait a minimum of 6 months before making changes to plan participation by sending us another PPCL.** To avoid this, take the time to make careful selections on the initial PPCL, keeping a selection template at the practice level, and reading all checklist instructions, bylines, and participation criteria thoroughly.

If you are pending a Medicare PTAN and/or Medicaid TPI but plan to accept Medicare Advantage and Medicaid managed care plans in the future, **please make your selections for these plans on your initial checklist.** Once we receive your Medicare PTAN and/or Medicaid TPI we will automatically enroll you in the plans you selected.

To establish valuable organization with the networks, and maintain your revenue cycle we recommend you make minimal changes. For this reason, we are limiting our members to a maximum of 2 plan changes per fiscal year October 1 – September 30. If you need to change your plan participation more than 2 times in a fiscal year, there is a \$350 charge to process each additional change. Please note this does not include new plan offerings when we send out opt-in forms with solicitations.

I have read, and I understand the information above.

Group Name _____

Provider Name _____
Group Admin or _____
Provider _____
Signature _____

Date _____

PLEASE NOTE CHANGES AS MARKED ☐

PLAN PARTICIPATION CHECKLIST

Provider Name: _____ Provider NPI: _____

Provider CAQH#: _____ Provider Specialty: _____

Group Association: _____ TIN: _____

**Please select Opt-in or Opt-out on all options listed below and return with your application.
If a plan does not have an Opt-in/Opt-out box checked it defaults to Opt-out and will not be sent for enrollment.**

COMMERCIAL PRODUCTS

- **Aetna Commercial Plans (All or nothing)**
Includes, but not limited to – Choice POS, Elect, HMO, Open Choice PPO, Meritain Health, & Walmart.
(Must sign & return enclosed Individual Provider Addendum)
☐ Opt In
☐ Opt Out
- **Aetna THR Joint Venture EPO (Narrow Performance Network)**
Requires specific hospital privileges or return covering letter for NP/PA.
(Must be enrolled under the commercial plans with TIOPA to qualify)
☐ Opt In
☐ Opt Out
- **Blue Cross and Blue Shield of Texas**
(Must have BCBS Record ID associated with the current TIN to participate)
Provider BCBS Record ID # _____
☐ Opt In – Blue Choice PPO (Includes EPO, Federal Employees Benefit Plan, POS, and TRS ActiveCare)
☐ Opt In – Blue Essentials HMO (Includes Blue Essential Access, Health Select, and TRS ActiveCare)
☐ Opt In – Blue Advantage HMO (Exchange product)
☐ Opt In – Blue Premier
☐ Opt Out
- **Bright Health Management Inc.**
(Must complete & return Bright Health Hospital Letter – Uses Medical City & Methodist Facilities)
☐ Opt In – Texas Standard Plan
☐ Opt Out
- **ChoiceCare PPO Humana**
☐ Opt In
☐ Opt Out
- **Cigna Healthcare of Texas, Inc (All or nothing)**
Includes, but not limited to – HMO/OAS/Network, PPO, Open Access Plus. Providers cannot just enroll in Local Plus.
(Must complete & return CIGNA Election to Participate addendum & Cigna Hospital Letter).
☐ Opt In
☐ Opt In – Local Plus – (Narrow network at discretion of Cigna for enrollment, no guarantee.)
☐ Opt Out
- **Cigna Healthcare North Texas Provider Select Plan**
☐ Opt In – Tier I – Network participation at discretion of Cigna for enrollment, no guarantee.
☐ Opt In – Tier II – Rolled into the OAP product, if opted into.
☐ Opt Out
- **Coventry/First Health – PPO**
☐ Opt In
☐ Opt Out

- **Evry PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Friday Health Plan – Exchange PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Galaxy Health Network (All or nothing)**
Includes – PPO, & Medical Savings Card
 - ☐ Opt In
 - ☐ Opt Out
- **Healthcare Highways Healthplan PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Health EZ – The City of Crowley Employee Benefit Plan**
For Johnson & Tarrant Counties
 - ☐ Opt In
 - ☐ Opt Out
- **Healthscope Benefits, Inc - DART- (All Commercial)**
 - ☐ Opt In
 - ☐ Opt Out
- **Healthsmart Preferred Care**
 - ☐ Opt In – ACCEL
 - ☐ Opt In – GEPO
 - ☐ Opt In – HPO (Health Payors)
 - ☐ Opt In – PPO
 - ☐ Opt Out
- **Imagine Health – PPO**
Requires privileges at a Baylor facility
 - ☐ Opt In
 - ☐ Opt Out
- **Independent Medical Systems (IMS) – PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Molina Healthcare – Exchange Network**
 - ☐ Opt In
 - ☐ Opt Out
- **Multiplan Network**
 - ☐ Opt In
 - ☐ Opt Out
- **National Preferred Provider Network (NPPN) – PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Nexcaliber PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Oscar --- All Products**
Oscar will only except ODs if you are Therapeutic Optometrists
Uses Medical City & Methodist Facilities
 - ☐ Opt In
 - ☐ Opt Out

- **Prime Health Services, Inc.**
 - ☐ Opt In – Group Health
 - ☐ Opt Out
- **Private Healthcare Systems, Inc. (PHCS)**
 - ☐ Opt In – PPO
 - ☐ Opt Out
- **Provider Select, Inc. – PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Scott & White Health Plan -- BSWQA NOT INCLUDED**
Includes – HMO, PPO, POS, ASO, Medicare Advantage, & TRS.
(Must have privileges at a BSW facility OR complete & return the attached BSW admitting letter..)
 - ☐ Opt In
 - ☐ Opt Out
- **Stone Mountain Risk PPO**
Must complete & return Stone Mountain Hospital letter
Uses Dallas Medical Center & Dallas Regional Medical Center
 - ☐ Opt In – Hospital Narrow Network PPO
 - ☐ Opt Out
- **Superior Ambetter Exchange**
 - ☐ Opt In
 - ☐ Opt Out
- **Three Rivers Provider Network – PPO**
 - ☐ Opt In
 - ☐ Opt Out
- **Tricare (Humana Military)**
Includes – Champ VA, Life, Prime, & Select
(Must be Tricare Certified, and complete & return the Opt In/Out form)
 - ☐ Opt In
 - ☐ Opt Out
- **TriWest**
(Must have BCBS Record ID associated with the current TIN to participate)
 Provider BCBS Record ID # _____
 - ☐ Opt In
 - ☐ Opt Out
- **United Healthcare Commercial**
Including, but not limited to – Charter, Choice, Core, Navigate, Nexus, Select, UMR & GEHA
 - ☐ Opt In
 - ☐ Opt Out
- **USA Managed Care Organization**
 - ☐ Opt In – PPO
 - ☐ Opt In – LoneStar Athletic Injury Network PPO
 - ☐ Opt Out

WORKERS' COMPENSATION PRODUCTS

☐ I WISH TO OPT OUT OF ALL WORKERS COMPENSATION PLANS

- **CareWorks (fka Rockport Healthcare Group)**

- ☐ Opt In – Workers' Compensation
- ☐ Opt In – NWI
- ☐ Opt Out

- **Corvel Healthcare (All or nothing)**

Includes – Auto, Non-Subscriber Work Injury, & Workers' Comp

- ☐ Opt In
- ☐ Opt Out

- **Coventry/First Health**

With the enrollment in Coventry you will automatically be enrolled in the following networks: Caramor Network (DBA: Avidel Medical Management); Conduent Care Solutions TX HCN; First Health TX HCN; Genex/American Airlines Group Network; Genex Health Care Network; Hartford Workers Compensation Health Care Network.

ALL OTHER SUB-NETWORKS REQUIRE ADDITIONAL STEPS TO JOIN THE NETWORK AS DETAILED ON THEIR SEPARATE WEBSITES, INCLUDING BUT NOT LIMITED TO: AIG TX HCN, AIG Productivity Edge TX HCN-CHCWC, Broadspire, Coventry Workers' Comp Network, Employers Managed Provider Network, Gallagher Bassett, Liberty Health Care Network, Sedwick, Texas Star Network, Travelers, United Airlines TX HCN-CHCWC, Zenith Health Care Network, & Zurich Services.

- ☐ Opt In – Auto
- ☐ Opt In – Workers' Compensation
- ☐ Opt Out

- **Galaxy Health Network – Non-Subscriber Work Injury**

- ☐ Opt In
- ☐ Opt Out

- **Healthsmart Preferred Care – Workers' Compensation**

- ☐ Opt In
- ☐ Opt Out

- **MultiPlan – Workers' Compensation**

- ☐ Opt In – Auto
- ☐ Opt In – Workers' Compensation
- ☐ Opt Out

- **Prime Health Services, Inc.**

- ☐ Opt In – Auto
- ☐ Opt In – IME
- ☐ Opt In – Workers' Compensation
- ☐ Opt Out

- **The Reny Company – Non-Subscriber Work Injury**

- ☐ Opt In
- ☐ Opt Out

- **Texas Healthcare Foundation – Non-Subscriber Work Injury**

- ☐ Opt In
- ☐ Opt Out

- **Three Rivers Provider Network – Workers' Compensation**

- ☐ Opt In
- ☐ Opt Out

- **USA Managed Care Organization – Workers' Compensation**

- ☐ Opt In
- ☐ Opt Out

MEDICARE ADVANTAGE PRODUCTS

MUST submit a Medicare/PTAN enrollment letter to TIOPA before being submitted to any Medicare plan. Providers must apply for and maintain PTAN initial enrollments and revalidations. Unless you opt to have TIOPA obtain and maintain the PTAN for you at an additional fee.

Individual PTAN(s) associated with TIN _____ ☐ I WISH TO OPT OUT OF ALL MEDICARE PLANS

- **Aetna – Medicare Advantage – HMO and PPO**

(Must sign and return enclosed Individual Provider Addendum)

- ☐ Opt In – Medicare Advantage
- ☐ Opt In – Prime Medicare Advantage
- ☐ Opt Out

- **Amerigroup Medicare Advantage (Amerivantage)**

(Includes, but not limited to – Amerivantage HCOP—Texas Medicare Advantage Dual Coordination Plus, HMO – Traditional HMO, HMO SNP – Chronic Care Medicine, ISNP – Care To You, PPO – Choice PPO Medicare Network, SNP – Special Needs Plan)

- ☐ Opt In
- ☐ Opt Out

- **Blue Cross Medicare Advantage**

(Must have/keep CAQH updated before enrollment approval)

Provider BCBS Record ID # _____

- ☐ Opt In – Medicare Advantage HMO
- ☐ Opt In – Medicare Advantage PPO
- ☐ Opt Out

- **Bright Health Management Inc.**

(Must complete & return Bright Health Hospital Letter – Uses Medical City & Methodist Facilities)

- ☐ Opt In – Medicare Advantage
- ☐ Opt Out

- **Care N Care Medicare Advantage – HMO and PPO**

HMO include Southwestern Select HMO for Tarrant and Johnson Counties

- ☐ Opt In
- ☐ Opt Out

- **Choice Care Network by Humana – Medicare Advantage**

- ☐ Opt In – Medicare Advantage HMO (For Specialists only NO PCPs)
- ☐ Opt In – Medicare Advantage PFFS
- ☐ Opt In – Medicare Advantage PPO
- ☐ Opt Out

- **Cigna Medicare Advantage (fka HealthSprings)**

Pediatrics not eligible for CHS MA

HMO Counties Currently – Collin, Dallas, Denton, Johnson, Parker, Hood, Wise, and Tarrant

PPO Counties Currently – Collin, Dallas, Denton, Johnson, Tarrant

- ☐ Opt In – Medicare Advantage PPO
- ☐ Opt In – Medicare Advantage HMO
- ☐ Opt In – Traditional Medicare PPO (No Gatekeeper)
- ☐ Opt Out

- **Global Health HMO Medicare Advantage**

- ☐ Opt In
- ☐ Opt Out

- **Imperial Insurance Company of TX – Medicare Advantage**

- ☐ Opt In
- ☐ Opt Out

- **Molina – Medicare Advantage Options**

- ☐ Opt In
- ☐ Opt Out

- **Scott & White Medicare Advantage HMO**

(Must have privileges at a BSW facility OR complete & return the attached BSW admitting letter.)

- ☐ Opt In
☐ Opt Out

- **WellCare by Allwell**

- ☐ Opt In
☐ Opt Out

- **United Healthcare Medicare Advantage**

**** At this time, UHC is not enrolling PCPs in the Medicare Advantage products. We are not sure when this will change. Please to continue to opt-in if this is a product you are interested in because geographical regions are also considered. Including, but not limited to - Dual Complete, Care Improvement Plus, AARP, WellMed.**

- ☐ Opt In
☐ Opt Out

MEDICAID PRODUCTS

MUST submit a Medicaid/TPI enrollment letter to TIOPA before being submitted to any Medicaid plan. Providers must apply for and maintain TPI initial enrollments and revalidations. Unless you opt in to have TIOPA obtain and maintain your TPI for you at an additional cost.

Individual TPI(s) associated with TIN _____

☐ I WISH TO OPT OUT OF ALL MEDICAID & CHIP PLANS

- **Aetna Better Health Medicaid**

(Must sign & return enclosed Individual Provider Addendum)

- ☐ Opt In – CHIP
- ☐ Opt In – Star
- ☐ Opt In – Star Kids
- ☐ Opt Out

- **Amerigroup Texas, Inc.**

- ☐ Opt In – CHIP
- ☐ Opt In – Star
- ☐ Opt In – Star Plus
- ☐ Opt In – Star Kids
- ☐ Opt In – Star Plus + MMP (Medicare/Medicaid Dual)
- ☐ Opt Out

- **Blue Cross & Blue Shield of Texas Medicaid**

- ☐ Opt In – CHIP
- ☐ Opt In – Star
- ☐ Opt In – Star Plus
- ☐ Opt In – Star Kids
- ☐ Opt Out

- **Cook Children's Health Plan**

Open to Existing Groups ONLY, and limited to the following counties: Denton, Hood, Johnson, Parker, Tarrant, & Wise. Any enrollments in other counties are at the discretion of Cook Children's Health Plan. (Must have/keep CAQH updated before enrollment approval)

- ☐ Opt In – CHIP
- ☐ Opt In – Star
- ☐ Opt In – Star Kids
- ☐ Opt Out

- **Cigna Star Plus (fka Healthspring)**

This plan has transitioned to Molina Star Plus, and Molina Star Plus MMP as of 1/1/2022
You will need to opt into Molina to continue seeing these patients.

- **Molina Healthcare**

- ☐ Opt In – CHIP
- ☐ Opt In – Star
- ☐ Opt In – Star Plus
- ☐ Opt In – Star Plus + MMP (Medicare/Medicaid Dual)
- ☐ Opt Out

- **Superior Health Plan**

- ☐ Opt In – CHIP
- ☐ Opt In – Foster Care
- ☐ Opt In – Star HMO
- ☐ Opt In – Star Plus
- ☐ Opt In – Star Plus + MMP (Medicare/Medicaid Dual)
- ☐ Opt Out

- **United Healthcare Medicaid**

At this time UHC Medicaid is closed, enrollment is solely at the discretion of UHC

- ☐ Opt In
- ☐ Opt Out

PLAN CHECKLIST ADDENDUM

NEW SOLICIATIONS FOR FISCAL YEAR 21-22

These plans have been recently added to our available options for opt in and were sent as a solicitation after finalization of the application packets. We need an indication on these plans if you wish to opt in or out of the new plans.

- **Superior Ambetter Value**

Solicitation window: 04/01/2022-04/22/2022

Contract effective date: 05/01/2022

- ☐ Opt In
☐ Opt Out

- **Provider Partners Health Plan – ISNP**

Solicitation window: 05/24/2022-06/15/2022

Contract effective date: 01/01/2022

- ☐ Opt In
☐ Opt Out