4055 International Plaza Ste 605
Fort Worth, TX 76109
P: (817) 484-6274
F: (817) 420-9661

Plan Participation Checklist Information

VERY IMPORTANT INFORMATION

Please review the following information for full understanding of the plan participation checklist (PPCL).

1. Submissions are submitted 10 days after board approval for initial and recredentialed providers.
2. The networks take generally 30-180 days to load the providers to the network and obtain effective dates.
3. We do not advise you see patients until you have received your effective date.
4. Use consistent and carefully reviewed checklists if you are participating in a group with multiple providers to ensure that all provider opt-ins/opt-outs match.
5. Every TIOPA member is required to have an individual PPCL per practicing tax id.
6. Providers are loaded to TIOPA contracts as an individual tied to the Tax ID (TIN). When verifying, please use provider's NPI and not the group. *You do not have a group contract*.
7. Please wait a minimum of 6 months before making any changes to your opt-in/out selections. Doing so earlier can cause loading or termination delays from the network.
8. BCBS PIDS, Medicare PTANs and Medicaid proof of enrollment are required before being submitted to those networks.
    - Obtaining these IDs is the responsibility of the provider/provider office.
    - However, please make the selection that you wish to participate in if enrollment is pending; these will be marked as PRV ACT RQD (provider action required) in your WebView portal.
9. Extra Services: *Extra services are available for an additional fee to obtain these IDs on behalf of the provider.*
    Medicare Enrollment: PTAN enrollments/reassignments for new and existing practices.
    BlueCross Blue Shield: Assistance with PIDs for one of Texas's largest carriers.
    Medicaid Enrollment: Enrollment for TMHP Medicaid for new practices/providers.
    CAQH Proview Management: Setup and management of CAQH Proview profiles..
10. You are allowed 2 revisions of the PPCL per fiscal year (Oct 1 – Sept 30), after the minimum waiting period of 6 months for initial providers. If more than 2 revisions are required, then a fee of $350 will be required.
11. Changes to the PPCL should be completed on our website at tiopa.org/provider-resources (click Plan Checklist updates).
12. Networks require certain hospital privileges, call coverage at in-network hospitals, or referral requirements of in-network providers to be in network, along with separate letters that must be reviewed and signed.

I have read and understand the above information.

Provider Name:

_____

Group Name:

_____

Printed Name:

_____

Date:

_____

Signature

_____

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PLAN PARTICIPATION CHECKLIST

☐ **CHANGES AS MARKED** ☐ **No changes required (for reappointment only)**

Provider Name: _____ Provider NPI: _____

Provider CAQH# _____ Provider Type: | ☐ PCP | ☐ SPC | ☐ BH | ☐ Chiro/PT/OT/SLP |

Legal Business Name:_____ Tax ID:_____

Please select Opt In or Opt Out on all options listed below and return with your application. If there is no selection the plan is defaulted to *Opt Out* and will not be sent for participation. **Note: Opting in does not guarantee acceptance in plan.**

COMMERCIAL PRODUCTS

- **Aetna Commercial Plans**
  Includes but not limited to PPO, HMO, EPO, Meritain Health, and Walmart.
  Requires signed Provider Addendum and Hospital letter
  Note: See new attached Aetna opt in sheet.

- **Blue Cross Blue Shield of Texas - (BCBSTX only - this is not Anthem BCBS)**
  Requirements:
  - Provider is required to obtain a BCBSTX Provider ID with every Tax ID.
  - Requires signed hospital coverage letter and hospital privileges for most

  Requires BCBSTX Provider Record ID:_____

  ☐ Opt In – Blue Advantage HMO [BAV][Exchange]
  ☐ Opt In – Blue Essentials HMO [HMO] [Access, Health Select & TRS]
  ☐ Opt In – Blue Premier [HMH]
  ☐ Opt In – Blue Choice PPO [BCA] [EPO, POS, Federal, & TRS]
  ☐ Opt In – High Performance Network [HPN]
  ☐ Opt In – MyBlue Health HMO [BFT]
  ☐ Opt Out

- **Cigna Healthcare of Texas**
  Includes but not limited to HMO, POS, PPO, Open Access Plus (Tier II).
  Requirements:
  - Signed **Election to Participate Addendum** and **Hospital Coverage Letter**.

  Constraint: You cannot opt into **LocalPlus** without Commercial.

  ☐ Opt In – Commercial
  ☐ Opt In – IFP Exchange Plan [Prerequisites: Commercial Opt In & Privileges at HCA or JPS Hospital]
  ☐ Opt In – LocalPlus [North TX] [Narrow Network] [Closed to most providers] [Prerequisites: Commercial]
  ☐ Opt Out

- **Contigo Health (fka Three Rivers Provider Network) – PPO**
  ☐ Opt In
  ☐ Opt Out

- **Envolve Vision – FOR OPTICAL PROVIDERS ONLY**
  ☐ Opt In
  ☐ Opt Out

- **EVRY – PPO**
  ☐ Opt In
  ☐ Opt Out

DISCLAIMER:
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COMMERCIAL PRODUCTS (CONT)

- **FirstHealth - PPO**
  - ☐ Opt In
  - ☐ Opt Out

- **Galaxy Health Network – PPO & MSC**
  - ☐ Opt In
  - ☐ Opt Out

- **Healthcare Highways – PPO**
  - ☐ Opt In
  - ☐ Opt Out

- **HealthSmart Preferred Care – ACCEL, Health Payors, PPO**
  - ☐ Opt In
  - ☐ Opt Out

- **Imagine Health – PPO - DFW Only**
  Includes Providers Direct Health
  - ☐ Opt In
  - ☐ Opt Out

- Imperial - Exchange
  - ☐ Opt In
  - ☐ Opt Out

- **Independent Medical Systems (IMS) – PPO**
  - ☐ Opt In
  - ☐ Opt Out

- **Molina Healthcare – Exchange**
  - ☐ Opt In
  - ☐ Opt Out

- **Claritev (formerly MultiPlan) – PPO**
  - ☐ Opt In
  - ☐ Opt Out

- **National Preferred Provider Network (NPPN) – PPO**
  - ☐ Opt In
  - ☐ Opt Out

- **Nexcaliber – PPO**
  - ☐ Opt In
  - ☐ Opt Out

- **Nomi Health Network - Commercial**
  - ☐ Opt In
  - ☐ Opt Out

- **Oscar – Exchange**
  - ☐ Opt In
  - ☐ Opt Out

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COMMERCIAL PRODUCTS (CONT)

- **Prime Health Services – Group Health**
  - ☐ Opt In
  - ☐ Opt Out
- **Private Healthcare Systems (PHCS) – PPO**
  - ☐ Opt In
  - ☐ Opt Out
- **Provider Select Inc – PPO**
  - ☐ Opt In
  - ☐ Opt Out
- Scott & White Health Plan - Commercial - Includes select products (e.g., HMO, PPO, POS, ASO, TRS); See website for full list.
  Requirements
  - Baylor hospital privileges or a signed hospital coverage letter, and
  - Board certification.
  - Supervising & admitting physicians must be an in-network participating provider.

  ☐ Opt In
  ☐ Opt Out
- **Superior Ambetter – Exchange**
  - ☐ Opt In – Commercial [Exchange]
  - ☐ Opt In – Value [Narrow Network] [Exchange]
  - ☐ Opt Out
- **TRICARE - Active & Retired Military** No Chiropractors - Includes 4Life, Prime, Select
  Requirements
  - TRICARE Certification

  ☐ Opt In
  ☐ Opt Out
- **TriWest – Administered by BCBS - Veterans**
  Requirements:
  - Must have proof of patient needing care for eligibility. (Please send patient member information)

  Requires BCBSTX Provider Record ID: _____

  ☐ Opt In
  ☐ Opt Out
- **USA Managed Care Organization (USAMCO) – PPO**
  - ☐ Opt In
  - ☐ Opt In – LoneStar Athletic Injury
  - ☐ Opt Out
- XO Health - Commercial
  - ☐ Opt In
  - ☐ Opt Out

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WORKERS COMPENSATION PRODUCTS

WC=Workers Compensation |NWI = NonSubscriber Work Injury |AUTO = Auto Injury |IME = Independent Medical Exam

☐ I wish to OPT OUT of ALL Workers' Compensation plans

- **CareWorks – WC, NWI**
  - ☐ Opt In
  - ☐ Opt Out
- **Contigo Health (fka Three Rivers Provider Network) – WC**
  - ☐ Opt In
  - ☐ Opt Out
- **CorVel Corporation – Auto, NWI & WC**
  - ☐ Opt In
  - ☐ Opt Out
- **Coventry – Auto, WC**
  - ☐ Opt In
  - ☐ Opt Out
- **Galaxy Health Network – NWI**
  - ☐ Opt In
  - ☐ Opt Out
- **HealthSmart Preferred Care – WC**
  - ☐ Opt In
  - ☐ Opt Out
- **Claritev (formerly MultiPlan) – WC, Auto**
  - ☐ Opt In
  - ☐ Opt Out
- **Prime Health Services Inc**
  - ☐ Opt In – Auto
  - ☐ Opt In – IME
  - ☐ Opt In – WC
  - ☐ Opt Out
- **Procura/Optum – WC, Fed WC, Auto**
  - ☐ Opt In
  - ☐ Opt Out

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WORKERS COMPENSATION PRODUCTS

WC=Workers Compensation |NWI = NonSubscriber Work Injury |AUTO = Auto Injury |IME = Independent Medical Exam

☐ I wish to OPT OUT of ALL Workers' Compensation plans

- Sedgwick - Workers Comp
  - ☐ Opt In
  - ☐ Opt Out
- **The Reny Company – NWI**
  - ☐ Opt In
  - ☐ Opt Out
- **TowerExtrusions LLC – Employee Health Plan**
  - ☐ Opt In
  - ☐ Opt Out
- **USA Managed Care Organization – WC**
  - ☐ Opt In
  - ☐ Opt Out

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MEDICARE ADVANTAGE (MA) PRODUCTS

A Medicare PTAN enrollment letter or PECOS Enrollment print Out is ***required*** before being submitted to the following plans. It is the responsibility of the provider to complete the required reassignment of benefits with CMS for each practicing TIN. Note: Medicare issues PTANs by county localities (Dallas, Tarrant, Harris, Travis, Jefferson, Brazoria, Galveston, and Rest of the State [Other]), so you may have more than one PTAN. TIOPA offers extra services to help. Visit tiopa.org/provider-resources/extra-services for more information.

Medicare PTAN(s)_____

- ☐ PTAN PENDING – forward to provider.relations@tiopa.org upon receipt
- ☐ I have attached my PTAN enrollment letter.
- ☐ **I wish to OPT OUT of ALL Medicare plans**

- **Aetna Health - Medicare Advantage**
  Requires signed Individual Provider Addendum & Enrollment in Commercial Plans.
  Please Use Aetna opt in sheet

- **American HealthPlan of TX – Medicare Advantage ISNP**
  - ☐ Opt In
  - ☐ Opt Out

- **Blue Cross Blue Shield of Texas - Medicare Advantage (BCBSTX only - this is not Anthem BCBS)**
  Requires BCBSTX Provider Record ID: _____
  - ☐ Opt In – Medicare Advantage HMO
  - ☐ Opt In – Medicare Advantage PPO
  - ☐ Opt Out

- **ChoiceCare (Humana) – Medicare Advantage – DFW Only**
  - ☐ Opt In – Medicare Advantage HMO – [Closed to PCP's]*
  - ☐ Opt In – Medicare Advantage PFFS
  - ☐ Opt In – Medicare Advantage PPO
  - ☐ Opt Out

  * Specialists Only: This Medicare Advantage HMO product is limited to specialists only. PCPs are not eligible to opt in for this line of business.

- **Cigna Healthcare – Medicare Advantage - No Pediatrics**
  - ☐ Opt In – Medicare Advantage HMO
  - ☐ Opt In – Medicare Advantage PPO
  - ☐ Opt In – TrueChoice Medicare PPO
  - ☐ Opt Out

- **Claritev (formerly MultiPlan) - Medicare Advantage Wrap**
  - ☐ Opt In
  - ☐ Opt Out

- **Molina – Medicare Advantage HMO & D-SNP**
  - ☐ Opt In
  - ☐ Opt Out

- **Provider Partners Health Plan - ISNP**
  - ☐ Opt In
  - ☐ Opt Out

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- **Scott & White Health Plan - Medicare Advantage HMO & PPO**
  Requires Baylor privileges or signed hospital coverage letter & Board Certification
  Supervising and admitting physicians must be in-network.

  ☐ Opt In
  ☐ Opt Out

- **Texas Independence Health Plan - Med Adv - ISNP**

  ☐ Opt In
  ☐ Opt Out

- **Wellcare – Medicare Advantage**
  Includes TexanPlus & Allwell

  ☐ Opt In
  ☐ Opt Out

- **WellPoint (fka Amerigroup) - Medicare Advantage**
  Includes but not limited to Medicare Advantage HMO & Medicare Advantage SNP

  ☐ Opt In
  ☐ Opt Out

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MEDICAID PRODUCTS

A Medicaid proof of enrollment letter or TMHP PEMS screenshot is ***required*** before being submitted to the following plans. It is the responsibility of the provider to complete the required enrollment for each location at the practicing TIN. If you plan to bill the provider at multiple locations, the provider needs to be enrolled at all locations in TMHP PEMS.

TIOPA offers extra services to help. Visit tiopa.org/provider-resources/extra-services for more information.

☐ Medicaid Enrollment PENDING – forward to provider.relations@tiopa.org upon receipt

☐ I have attached my TMHP proof of enrollment

☐ I wish to OPT OUT of ALL Medicaid/CHIP plans

- **Aetna BetterHealth – Medicaid**
  Requires signed Individual Provider Addendum
  - ☐ Opt In – CHIP
  - ☐ Opt In – Star
  - ☐ Opt In – Star Kids
  - ☐ Opt Out

- **Blue Cross Blue Shield of Texas – Medicaid**
  Requires BCBS Provider Record ID: _____
  - ☐ Opt In – CHIP
  - ☐ Opt In – Star
  - ☐ Opt In – Star Plus
  - ☐ Opt In – Star Kids
  - ☐ Opt Out

- **Cook Children's Health Plan – Medicaid** - Board Certification Required
  Six-county service area which includes Tarrant, Denton, Parker, Wise, Hood and Johnson.
  - ☐ Opt In – CHIP
  - ☐ Opt In – Star
  - ☐ Opt In – Star Kids
  - ☐ Opt Out

- **Molina Healthcare – Medicaid**
  - ☐ Opt In – CHIP
  - ☐ Opt In – Star
  - ☐ Opt In – Star Plus
  - ☐ Opt In – Star Plus MMP
  - ☐ Opt Out

- **Superior Health Plan – Medicaid**
  - ☐ Opt In – CHIP
  - ☐ Opt In – Foster Care
  - ☐ Opt In – Star
  - ☐ Opt In – Star Plus
  - ☐ Opt In – Star Plus MMP
  - ☐ Opt Out

- **WellPoint (fka Amerigroup) – Medicaid**
  - ☐ Opt In – CHIP
  - ☐ Opt In – Star
  - ☐ Opt In – Star Plus
  - ☐ Opt In – Star Kids
  - ☐ Opt Out

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Aetna Healthcare - Commercial & Medicare Advantage

Request participation with Aetna through TIOPA's delegated contracts where eligible.

1 Provider Information

Provider Name *

NPI *

Legal Business Name *

TIN *

2 Plans Requested

- [ ] **Commercial Plans** (HMO, PPO, EPO)
- [ ] **AWH (THR) Whole Health**
  - DFW only, requires Commercial
- [ ] **Medicare Plans**
  - Requires Commercial
- [ ] **Medicare Advantage Prime**
  - DFW only, requires Commercial

3 Eligibility Self-Check

All 5 required

- [ ] Not telemedicine-only; physical location exists
- [ ] Not hospital-based; has physical location
- [ ] Coverage: 16 hrs hours per week minimum
- [ ] Located in one service area only (see step 4)
- [ ] Currently Board Certified in specialty

Initial to attest *

All five must be checked for eligibility.

4 Service Area

Please choose one service area:

- ( ) DFW North Texas
- ( ) Houston
- ( ) Austin
- ( ) San Antonio

Eligible Counties: North TX · South TX

Note: Participation with Aetna is limited to one contracted service area - based off your primary location. Aetna does not allow dual participation under multiple TINs at the same physical address; if two TINs operate at the same location, you must select one TIN for Aetna participation at that site.

5 NP / PA Acknowledgement

Select one (if applicable)

- ( ) I am a NP/PA joining a group practice.
  - SP: same specialty and in-network at the same location.
- ( ) I am an independent Nurse Practitioner.
  - SP: in-network and of the same specialty.
- ( ) Non-Applicable

Initial to acknowledge *

Disclaimer: By opting into plans you are agreeing to terminate any existing direct agreement or other IPA Affiliations. Please carefully make your selections and verify if you are wishing to keep your existing agreements.

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United HealthCare

CLARIFICATION OF TIOPA's ROLE REGARDING UHC CONTRACT & OPT IN FORM

TIOPA Does NOT Hold the Contract With UHC. United Healthcare contracts directly with providers and NOT TIOPA per UHC policies.

TIOPA's Relationship with UHC:

- TIOPA is delegated for credential verification and ongoing monitoring per regulatory guidelines.
- TIOPA has NO Control over obtaining UHC effective dates.
- TIOPA is NOT involved in WellMed contracting (enroll via UHC).

- How TIOPA Members Can Contract with UHC (after Opt-In):
  - – Joining UHC Network
  - – Reach out to UHC for network issues/effective dates.
  - – Enroll with WellMed, Managed Medicare, Medicaid, etc (Guide).
  - – Access UHC fee schedules.
  - – Check participation status.

Contracting with ANY and ALL United Healthcare Products

TIOPA does NOT hold the health plan agreement with UHC. They contract directly with you. They delegate credential verification/monitoring to TIOPA.

Contact UHC (melissa_boyd@uhc.com) for:

- UHC contract questions.
- Network questions (networkhelp@uhc.com).
  - – Fee schedule requests
  - – General contracting (use One Healthcare ID for Network Help)
  - – Network availability & product participation
  - – Provider/contract load status
  - – WellMed contracting & enrollment
- UHC portal, claims, prior auth, eligibility/benefits: sign into UHC Provider Portal to chat with a service advocate.

Demographic Updates:

Step 1: Submit changes via TIOPA Provider Resources (addresses, phone, TIN, etc.).

Step 2: Update your CAQH profile to match TIOPA submissions.

United Healthcare Links:

- Join Our Network
- Eligibility & Benefits
- Prior Auth
- Provider Forms
- CAQH ProView
- 2024 UHC Admin Guide
- One Healthcare ID
- Claims & Billing
- Contract with WellMed

By checking Opt In, I understand that TIOPA will only submit the credentialing data for enrollment, but it is the provider/group's responsibility to execute the contract and use uhcprovider.com for network status. Your TIOPA WebView Portal will read "CRED COMPLETE" once it has been submitted.

By checking Opt Out, I understand that I am solely responsible for submitting a direct contract request to UHC.

☐ Opt In - Commercial Plan
☐ Opt In - Medicare Plans [Closed to most Providers.]
☐ Opt In - Medicaid Plans [Closed to most Providers.]
☐ Opt Out

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T.I.O.P.A., INC.
Effective Date: 12/15/2001

INDIVIDUAL PROVIDER ADDENDUM

The undersigned health care provider ("Provider"), a member of T.I.O.P.A., Inc. ("Entity"), has and does hereby designate Entity as his/her attorney-in-fact for the purposes of negotiating, consenting to and executing the IPA Agreement (the "Agreement"), between Aetna U.S. Healthcare of North Texas Inc. ("Company") and Entity and any documents related to amendments to the Agreement. Terms capitalized herein but not otherwise defined shall have the meanings ascribed to them in the Agreement.

Provider hereby acknowledges that Provider has reviewed the Agreement (a copy of which has been made available to Provider by Entity), under which Entity, on behalf of Provider, agrees to provide Covered Services to Members enrolled in the Plans. Plans include any health benefit product or plan issued, administered, or serviced by Company or one of its Affiliates, including, but not limited to, HMO, preferred provider organization, indemnity, Medicaid, Medicare and Worker's Compensation. Such Agreement must comply with all applicable provisions of the Assurance of Voluntary Compliance between Company and the Texas Attorney General ("AVC"). Provider hereby agrees to be bound by the terms and conditions of the Agreement, including, without limitation, compliance with the Participation Criteria applicable to Provider, the applicable provisions of the AVC, and all applicable Company rules, policies and procedures.

Provider hereby agrees that in the event: (i) Provider ceases to be a member of Entity; (ii) the Agreement expires or is terminated for any reason; (iii) the Entity is dissolved; (iv) a voluntary or involuntary bankruptcy or a proposed settlement of outstanding debts under applicable reorganization or insolvency laws is filed by or against Entity, a receiver is appointed or Entity makes an assignment for the benefit of creditors; or (v) the Entity otherwise ceases to exist, either voluntarily or involuntarily (each, a "Triggering Event"), the terms of the Agreement shall, at Company's option, survive with respect to Provider for the first six (6) months after such Triggering Event, in which case Provider shall continue to provide services to Members in accordance with the terms of the Agreement during said nine (6) month period. Provider agrees to take any and all actions necessary to effectuate the intent of this paragraph, including executing an individual agreement for participation in Company's provider network if so requested by Company.

IN WITNESS WHEREOF, the undersigned has executed this Individual Provider Addendum as of this ___ day of _____, 20 __, intending to be legally bound hereby.

PROVIDER: _____

PRINTED NAME: _____

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Aetna Whole Health Narrow Network EPO

Specialists must have privileges with at least one Aetna EPO network facility.

Please check below facilities in which you have privileges

COLLIN

- ☐ Childrens Medical Center Plano
- ☐ Texas Health Hospital Frisco
- ☐ Methodist Richardson Medical Center
- ☐ Methodist Richardson Medical Center
- ☐ Texas Health Presbyterian Hospital Plano
- ☐ Texas Health Presbyterian Hospital Allen
- ☐ Methodist McKinney Hospital

COOKE

- ☐ North Texas Medical Center
- ☐ Muenster Memorial Hospital

DALLAS

- ☐ Texas Scottish Rite Hospital for Crippled Children
- ☐ Children's Medical Center of Dallas
- ☐ Methodist Dallas Medical Center
- ☐ Methodist Charlton Medical Center
- ☐ Texas Health Presbyterian Hospital Dallas
- ☐ UT Southwestern University Hospital - Clements
- ☐ UT Southwestern University Hospital
- ☐ UT Southwestern University Hospital
- ☐ Methodist Hospital for Surgery
- ☐ Methodist Rehabilitation Hospital
- ☐ Methodist McKinney Hospital

DENTON

- ☐ Texas Health Presbyterian Hospital Denton
- ☐ Cook Children's Medical Center - Prosper
- ☐ Methodist McKinney Hospital
- ☐ Texas Health Presbyterian Hospital Flower Mound

ERATH

- ☐ Texas Health Harris Methodist Hospital Stephenville

ELLIS

- ☐ Methodist Midlothian Medical Center
- ☐ Ennis Regional Medical Center

GRAYSON

- ☐ Texoma Medical Center
- ☐ Methodist McKinney Hospital

GREGG

- ☐ Shreveport VAMC

HOOD

- ☐ Lake Granbury Medical Center

HUNT

- ☐ Hunt Regional Medical Center

JOHNSON

- ☐ Texas Health Hospital Mansfield
- ☐ Texas Health Harris Methodist Hospital Cleburne

KAUFMAN

- ☐ Texas Health Presbyterian Hospital Kaufman
- ☐ Methodist McKinney Hospital

ROCKWALL

- ☐ Texas Health Presbyterian Hospital Rockwall

SOMERVELL

- ☐ Glen Rose Medical Center

TARRANT

- ☐ Texas Health Specialty Hospital Fort Worth
- ☐ Methodist Southlake Medical Center
- ☐ Texas Health Arlington Memorial Hospital
- ☐ Texas Health Harris Methodist Hospital Azle
- ☐ Texas Health Harris Methodist Hospital Hurst-Euless-Bedford
- ☐ Texas Health Harris Methodist Hospital Fort Worth
- ☐ Cook Children's Medical Center
- ☐ Texas Health Huguley Hospital Fort Worth South
- ☐ Texas Health Harris Methodist Hospital Southwest Fort Worth
- ☐ Fort Worth VA Clinic
- ☐ Methodist Mansfield Medical Center
- ☐ Texas Health Harris Methodist Hospital Southlake
- ☐ USMD Hospital at Arlington, L.P.
- ☐ Texas Health Harris Methodist Hospital Alliance
- ☐ Texas Health Heart & Vascular Hospital Arlington
- ☐ Children's Southlake Specialty Care
- ☐ Methodist McKinney Hospital

WISE

- ☐ Wise Health System

☐ **I do not currently have privileges at an Aetna EPO Network facility listed above. Should hospitalization of an Aetna EPO Network patient become necessary, I will refer the member to an Aetna EPO network physician or hospitalist for admission to an Aetna EPO Network facility.**

Name of admitting Physician/Hospitalist group:_____

Provider Printed Name:_____

Provider Signature:_____

Date:_____

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BCBS Hospital Privileges Exceptions

These specialties DO NOT require hospital privileges:

Allergy/Immunology
Blood Banking & Transfusion Medicine
Child Abuse Pediatrics
Dermatology
Gerontology
Medical Genetics
Medical Toxicology
Neurodevelopmental Disabilities
Nuclear Medicine
Occupational & Environmental Medicine
Ophthalmology
Osteopathic Manipulative Medicine
Pediatric Allergy & Immunology
Pediatric Dermatology
Pediatric Ophthalmology
Podiatry
Radiation Oncology
Retail Health
Urgent Care

These specialties require hospital privileges, but can use a covering letter:

Adolescent Medicine
Child & Adolescent Psychiatry
Developmental-Behavioral Pediatrics
Family Practice
General Practice
Geriatric Medicine
Internal Medicine
Pediatrics
Physical Medicine & Rehabilitation
Preventive Medicine
Psychiatry

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*All other specialties **must** have hospital privileges at an In-Network BCBS hospital. **The coverage letter is not accepted.***

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BlueCross BlueShield
of Texas

HOSPITAL COVERAGE LETTER

Please accept this correspondence as confirmation that since I do not have active admitting privileges at a participating network hospital (in the applicable BCBSTX provider network(s) in which I participate), with the exception of medical emergencies, my practice will be confined to outpatient care.

I hereby agree and attest, that if non-emergency hospitalization is necessary, I will refer BCBSTX subscriber/member care to a participating physician or hospitalist (in the applicable BCBSTX provider network) who has active admitting privileges at a participating network hospital (in the applicable BCBSTX provider network).

(Please print legibly)

Provider's Name: _____

Provider's Signature: _____

Provider's NPI #: _____

Date: _____

BCBSTX Provider Networks Include:

1) BlueChoice® PPO
2) Blue Medicare Advantage (PPO)
3) HMO Blue® Texas
4) Blue Advantage HMO℠
5) Blue Community HMO
6) Medicaid (STAR) and CHIP

Note: *If you are unsure of the participation status in a specific BCBSTX provider network, for yourself, another physician, hospitalist, or hospital, please contact your local BCBSTX Provider Relations office by fax, phone, or you may use our online provider finder at https://public.hcsc.net/providerfinder/search.do?*

Provider Relations Office	FAX Number	Telephone Number
Austin	512-349-4853	512-349-4847
Corpus Christi	361-852-0624	361-878-1623
Dallas	972-766-2231	972-766-8900 / 800-749-0966
El Paso	915-496-6614	915-496-6600
Houston, Beaumont, East Texas	713-663-1227	713-663-1149 / 800-637-0171
Lubbock, Amarillo	806-783-4666	806-783-4610
Midland, Abilene, San Angelo	432-620-1428	432-620-1406
San Antonio	361-852-0624	361-878-1623

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Revised 04/24/2013

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Fort Worth, TX 76109
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CIGNA ELECTION TO PARTICIPATE

This Election to Participate ("Election") confirms the undersigned health care provider's (who is referred to as "You") agreement to provide Covered Services to Participants under the Provider Group Services Agreement between Cigna Healthcare of Texas Inc ("Cigna") and TIOPA, Inc. ("Group") ("Group Agreement") You acknowledge that You wish to be a "Represented Provider" under the Group Agreement for so long as that Group Agreement is in effect You understand that your participation under this Election will become effective upon notice from Cigna or Group and shall continue until termination of this Election. You understand that your participation under this Election may continue beyond termination of the Group Agreement as specified below

1. **Covered Services.** You will provide Covered Services to Participants within the scope of your health care practice and in accordance with the applicable terms and conditions of the Group Agreement, the Administrative Guidelines and this Election.

2. **Payment.** You will accept as full payment due from Payor for rendering Covered Services the amounts specified and payable by Group or Payor, as applicable, under Your agreement with Group. You may not seek reimbursement from Cigna or any other Payor for such Covered Services and will look solely to Group for payment of Covered Services if payments for Covered Services under the Group Agreement are directed to the Group.

3. **Participant Hold Harmless for Covered Services.** Under no circumstances, including, without limitation, the termination of the Group Agreement or this Election, the non-payment by Payor or Group or Payor's or Group's insolvency will You seek payment for covered Services provided pursuant to this agreement from any Participant or persons acting on their behalf. This provision shall not prohibit collection of applicable Copayments, Coinsurance or Deductibles in accordance with the terms of the applicable Benefit Plan. You agree that this provision survives the termination of this Election for Covered Services rendered prior to the termination of the Election, regardless of the cause giving rise to termination and shall be construed to be for the benefit of the Participant. You agree that this provision supersedes any oral or written contrary agreement now existing or hereafter entered into between You and a Participant or persons acting on their behalf.

4. **Compliance with Applicable Law/Regulatory Addenda.** You will provide Covered Services in accordance with applicable law. One or more regulatory Addenda may be attached to the Group Agreement setting out provisions that are required by law with respect to Covered Services rendered to certain Participants (i.e. Participants under an insured plan). Those provisions are incorporated by reference into this Election and shall apply to the extent required by law and as specified in such Addenda.

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5. **Termination of Group Agreement.** In the event that the Group Agreement terminates, this Election will also terminate unless Cigna chooses to continue this Election. If Cigna chooses to continue this Election, You will continue to provide Covered Services in accordance with the terms of the Group Agreement, the Administrative Guidelines and this Election until this Election is terminated under the Termination of Election provision below, and You will be reimbursed directly for Covered Services in accordance with the terms of the Group Agreement.

6. **Termination of Election.** Cigna may terminate this Election at any time upon prior written notice if You no longer maintain the licenses required to perform Your duties under the Election, You are disciplined by any licensing, regulatory, accreditation organization, or any other professional organization with jurisdiction over You or You no longer satisfy Cigna's credentialing requirements. In addition, Cigna or You may terminate this Election at any time upon 60 days' prior written notice.

7. **Limited Superseding Effect.** For so long as it is in effect, this Election supersedes any and all other agreements between You and Cigna (or any of its affiliates) regarding provision of Covered Services to Participants with respect to those Benefit Plans covered by the Group Agreement.

8. **Notices.** During the term of the Group Agreement, any notices to You under this Election will be effective if provided to the Group as specified in the Group Agreement. After termination of the Group Agreement, Cigna will notify You in accordance with the terms of the Group Agreement but at Your address set forth below.

9. **Defined Terms.** Capitalized terms used in this Election that are not specifically defined herein shall have the meaning provided in the Group Agreement.

Provider Name

_____

Tax ID Number

_____

Address Line 1

_____

Address Line 2

_____

Email

_____

Date

_____

Signature

_____

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CIGNA HOSPITAL COVERAGE LETTER

I have privileges at a participating* hospital below (Check all that apply):

- ☐ Baylor Scott & White Health System Hospitals
- ☐ Children's Medical Health System Hospitals
- ☐ Christus Trinity Mother Frances Hospitals
- ☐ Cook Children's Medical Center
- ☐ Corpus Christi Medical Center
- ☐ Covenant Medical Centers
- ☐ East Texas Medical Center
- ☐ Good Shepherd Health Network
- ☐ HealthSouth Rehabilitation Hospitals
- ☐ Kindred Hospitals
- ☐ LifeCare Hospitals
- ☐ Longview Regional Medical Center
- ☐ Medical City Hospitals & Clinics
- ☐ Methodist Health System Hospitals
- ☐ Midland Memorial Hospital
- ☐ Odessa Regional Medical Center
- ☐ Palo Pinto General Hospital
- ☐ Parkland Memorial Hospital
- ☐ Paris Regional Medical Center
- ☐ Star Medical Center
- ☐ St. David's Facilities & Clinics
- ☐ Texas Health Resources Hospitals
- ☐ Texas Scottish Rite Hospitals
- ☐ Texoma Medical Center
- ☐ UMC Health System Hospitals
- ☐ USMD Hospitals
- ☐ UT Southwestern Medical Center

*in-network hospitals can change at any time https://hcpdirectory.cigna.com/web/public/consumer/directory

☐ I do not currently have privileges at a Cigna participating hospital. Should hospitalization of a Cigna patient become necessary, I will refer the member to a Cigna in-network physician for admission to a network hospital.

Name of admitting physician/hospitalist group who admits for you

_____

Provider Signature

_____

Provider Printed Name

_____

Date

_____

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Scott&White HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

Hospital/Facility Privilege Form

Scott & White Health Plan (SWHP) requires members to receive services at SWHP contracted facilities in non-emergent situations.

If you do not provide your services in or do not have hospital privileges at a facility contracted with the SWHP, it is required that you refer SWHP members to a physician who will admit your SWHP members to a contracted facility. For outpatient services, you are also required to utilize SWHP facilities. Specialist physicians that perform services in a hospital must perform these at a SWHP contracted facility.

Hospitals, lab, radiology/imaging facilities, and ambulatory surgical centers contracted with SWHP are listed on our website at www.swhp.org. Select “Find a Provider” at the bottom of the page or under the “Menu” section. Then select appropriate Plan type, enter doctor or facility name and/or city or zip, then select a specialty from the drop down box.

Section A - Provider this form is for

Provider name _____ NPI (10 digits) _____

☐ Provider has SWHP hospital privileges and admits own patients.

Section B - Admitting/Referring Physician (if no to above)

Admitting Physician name _____ NPI (10 digits) _____

Attestation & Signature

I have reviewed the SWHP contracted facilities on the website referenced above and agree to refer SWHP members to a SWHP contracted facility in all non-emergent situations.

Date _____ Provider Signature _____

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Guidelines for Transitioning IPA Affiliation

For providers moving from another IPA or Direct contract to TIOPA's delegated contract

TIOPA cannot submit your enrollment to networks until we receive:

From another IPA: (1) Your termination request sent to current IPA, and (2) Prior IPA's written confirmation showing the effective termination date(s). **From Direct contract:** Draft termination letter addressed to payor - send to TIOPA, not the payor.

Transitioning from Another IPA

1. **Contact your current IPA immediately.** Send a termination request specifying which plans/networks you're leaving and your desired effective date. Set the date to allow 90 days from when TIOPA will submit enrollments.
2. **Obtain confirmation from current IPA.** Get an email or letter from them confirming your termination request and stating the effective termination date(s).
3. **Submit both documents to TIOPA.** Email your termination request and the IPA's written confirmation to provider.relations@tiopa.org. TIOPA needs both documents before Board presentation and before we can submit you to networks.

> Without these documents, payers may report you're still active with another IPA and reject your enrollment under TIOPA.

Transitioning from Direct Contract

1. **Draft a termination letter to the payor (do not send).** State your direct contract should be terminated as you're transitioning to TIOPA's delegated contract. Emphasize the transition must occur without any lapse in coverage to avoid issues for patients and their care.
2. **Email the draft to TIOPA.** Send to provider.relations@tiopa.org. We'll submit it with your enrollment so termination and activation occur simultaneously.

Questions? Email provider.relations@tiopa.org