

ASPA PAYOR PARTICIPATION ATTACHMENT

Please Review the list of Payor Below. Should you wish to make any changes, i.e. add or drop a plan please indicate below. If you do not wish to make any changes to the plans you are currently active with you do not need to fill out this form.

PLEASE NOTE: If you have changed practices all plans you were contracted with prior to the change will follow you. If you are adding a 2nd Tax ID you will need to fill out a new ASPA PAYOR PARTICIPATION ATTACHMENT FORM. If you do not wish to remain on the same plans you will need to indicate this below.

ACPN- AMERICA’S CHOICE PROVIDER NETWORK	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS ADVANTAGE DISCOUNT CARD	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS DIRECT PRIMARY CARE MEDICAL HOME	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS GYN –WELL WOMEN SERVICES	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS IMMUNIZATION CENTER FOR HEALTH PASS AND CARE PLUS PLANS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS PEDICATRIC SERVICES	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ALIERA HEALTHPASS PLUS/PREMIUM (PCP & URGENT CARE)	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
AMERIPLAN HEALTH & MEDICAL PLANS OF AMERICA	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
AZ COMPLETE HEALTH	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
AZ COMPLETE HELATH AHCCCS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
AZ COMPLETE HEALTH ALLWELL	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
AZ COMPLETE HEALTH AMBETTER	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
BANNER UNIVERSITY		CLOSED PANELS	<input type="checkbox"/>	DROP
CORVEL AUTO MEDICAL	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
CORVEL PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
CORVEL WORKERS COMPENSATION	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
EVERMED – “PCP ONLY”	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
FORTIFIED AUTO MEDICAL PLAN	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
FORTIFIED PROVIDER NETWORK	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
FORTIFIED WORKERS COMPENSATION	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
GALAXY HEATHCARE PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
GALAXY HEATHCARE DISCOUNT CARD	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
GALAXY WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTH CHOICE AHCCCS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTH CHOICE GENERATIONS MEDICARE	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART ACCEL	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART HPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HEALTHSMART WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
HUMANA CHOICECARE NETWORK PPO		CLOSED PANELS	<input type="checkbox"/>	DROP
HUMANA MEDICARE PPO		CLOSED PANELS	<input type="checkbox"/>	DROP

INTEGRATED HEALTH PLAN AUTO MEDICAL PLAN	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
INTEGRATED HEALTH PLAN DISCOUNT SAVINGS CARD	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
INTEGRATED HEALTH PLAN PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
INTEGRATED HEALTH PLAN WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 MAGELLAN AHCCCS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 MULTIPLAN AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTI PLAN MEDICARE ADVANTAGE PLANS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTI PLANS PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTIPLAN VALUE POINT ACCESS CARD PROGRAM	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
MULTIPLAN WORKERS COMP.	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 PRIME HEALTH SERVICES IME PROGRAM	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PRIME HEALTH SERVICE PERSONAL INJURY NETWORK	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PRIME HEALTH SERVICE PPO, AUTO, WORKERS COMP.	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PRIME HEALTH SERVICES TELEMEDICINE PROGRAM FOR WC	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 PROVIDER NETWORK OF AMERICA AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER NETWORK OF AMERICA PRIMARY	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER NETWORK OF AMERICA SUPPLEMENTAL	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
PROVIDER NETWORK OF AMERICA WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 PROVIDER SELECT INC.	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 THREE RIVERS PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 TRICARE (Health Net Federal Services)	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 UPMC	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 USA AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
USA MANAGED CARE – PPO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
USA WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
 ZELIS HEALTHCARE AUTO	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE MEDICAID	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE MEDICARE	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE PRIMARY PLAN	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE SUPPLEMENTAL PLANS	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE TRICARE	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP
ZELIS HEALTHCARE WORKERS COMP	<input type="checkbox"/>	ADD	<input type="checkbox"/>	DROP

PLEASE NOTE – ASPA's plans retain the right to refuse a provider access to participate under the ASPA contract. ASPA will make every effort to assist you in this process; we recommend that if you are transitioning from a direct contract or another network into an ASPA contract, that you should contact the plan prior to contacting ASPA to make sure they will allow the transfer. Please send copies of any correspondence to ASPA regarding your request to the plan.

PRINT PROVIDER NAME

PROVIDERS AHCCCS Number

PROVIDERS Medicare Number

PROVIDER SIGNATURE

DATE

PROVIDERS TAX ID

** This form must have a provider's signature in order to be completed for processing. If no signature is present plans will not be notified of the above changes

COMPLETED W-9 MUST BE ATTACHED.

NOTE: YOUR ADDRESS ON YOUR W-9 MUST MATCH YOUR BILLING ADDRESS.

3030 N. Central Ave. Suite 1106, Phoenix, AZ 85012

Telephone: 602.265.2524

www.azspa.com

Updated 9-22-20

ARIZONA STATE PHYSICIANS ASSOCIATION

Provider Agreement Attachment

NEW ASPA PLAN CONTRACT **HealthSmart Complete – Commercial PPO** **Effective June 1, 2021**

Background:

ASPA has entered into a contract with Centene for their new HealthSmart Complete product. This a national Commercial PPO product, separate from any local Centene products or any current HealthSmart products.

Centene is currently in the process of building a new Nationwide Commercial Preferred Provider Organization (PPO) Network, HealthSmart Complete. As a wholly-owned subsidiary of Centene, HealthSmart is one of the largest third party administrators in the country and is the premier provider of customizable and scalable health plan solutions for self-funded employers.

The compensation schedule (“Compensation Schedule”) sets forth the maximum reimbursement amounts for Covered Services provided by Contracted Providers to Covered Persons enrolled in a Commercial Product

Reimbursement:	PCP/Specialist	110% of Medicare Current
	Mid-Level Health Professional	80% of Physician rates
	Drugs and Biologicals	100% of Medicare Current
	Anesthesia Services	\$62.00 per 15 minute unit

Rental Equipment. Rented equipment will be allowed at rental rate up to purchase price. Once purchase price has been reached, equipment will have been considered a fully purchased item.

If there is no established payment amount on the current Medicare fee schedule or a gap fill fee source is not available for a Covered Service provided to a Covered Person, Payor may establish a payment amount to apply in determining the Allowed Amount. Until such time as Payor establishes such a payment amount, the maximum compensation shall be 25% of Allowable Charges.

Complete the information below for **each** provider and **fax to ASPA at 623-999-1055**. If you have any questions please call ASPA 602-265-2524, ext. 210.

Yes _____ I want to Participate with all **HealthSmart Complete PPO Products**

No _____ I do not want to Participate with HealthSmarat Complete PPO Products

Provider Signature _____ Date _____

Please Print Name: _____ Tax ID # _____

Specialty _____ Contact Email: _____

3030 N. Central Ave., Suite 1106, Phoenix, Arizona 85012
(602) 265-2524 FAX: 623-999-1055

ASPA | Connected Community

Independent physicians working together for a healthier community

HELPING INDEPENDENT PHYSICIANS TO STAY INDEPENDENT!

ASPA Connected Community – Clinically Integrated Network

BACKGROUND:

ASPA is a messenger-model IPA. ASPA created ASPA-Connected Community (ASPA CC), which is a wholly-owned affiliate of ASPA. The ASPA CC was created as an additional option for ASPA Members to participate in a clinically integrated network, physician owned and governed, formed to make available new payor agreements and programs that reward participants financially for delivering value-based services. Our goal is to effectively manage all patients attributed to us by a payor through clinical alignment. ASPA CC will help its members clinically cooperate with other physicians and practitioners in the delivery of care for the patients we manage. ASPA includes all specialties, outpatient facilities, and other ancillary services outside the hospital system setting. ASPA CC will leverage our network to pursue multiple value-based payer contracts in which ASPA-Connected Participating Providers may participate. In pursuit of this strategy, ASPA-Connected is delivering enabling technology, care management and other services that allows Participating Providers to share clinical data and initiate coordination of care across ASPA CC.

To participate with this contract, participating practitioners must agree to:

- Cooperate with ASPA CC to meet any compliance, reporting and quality reporting requirements
- Follow established protocols and pathways established/adopted by ASPA CC
- Cooperate with terms of contracted participation with all payors – Commercial, AHCCCS, Medicare Advantage or MSSP-provider chooses to participate
- If you so choose to participate in the MSSP contract you must be a participating provider with Medicare
- Is an active in good standing Member of ASPA, or other ASPA CC Collaborative Network
- Provider understands and agrees that his/her initial and continued participation as an ASPA CC Provider under this Agreement is contingent upon meeting and complying credentialing standards
- Participate in meeting

For most contracts you will continue to be reimbursed fee for service, however, these opportunity may bring **additional** monies through shared savings and other incentive payments based on meeting quality measures. Reporting will be required as achievement of targets and quality measures based on Medicare (CMS) /AHCCCS or commercial payor, is necessary, however, participants will have the assistance of ASPA CC, our connecting technology and care management program to help achieve these goals. Shared Savings will be based on the ability to improve on the quality measures required by this contract, and reducing the overall cost of care.

Please fax back to ASPA at (602) 265-3289. A Completed current W-9 Must be attached.

Yes ___ I agree to participate in ASPA Connected Community (a complete contract packet will be sent out to my attention for review, and only by signing that contract am I obligated to participate)

No ___ I do not want to participate in this contract.

Please Print Provider's Name: _____ Tax ID # _____ Date _____

Provider Signature _____ **Specialty** _____

Providers NPI # _____ Phone: _____ Email: _____

Helping the Independent Provider stay Independent!

The ASPA Connected Community LLC is an ASPA offering. www.ASPAConnectedCommunity.com
Contact us for more information: 602-265-2524 or 800.522.9616 or via email at connie@azspa.com