

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 the new HealthSmart Complete product. This a national Commercial PPO product, separate from any local Centene products or any current HealthSmart products.

HealthSmart Complete will be administered by HealthSmart, not Centene, Corp. or the local plan.

Our target client for this commercial PPO product are ASO & Self Insured Health Plans Employers and groups using Private Exchanges, Public Sector Client Base; State Employees, City and County Municipalities, College/university students, Union members and Tribal members.

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 HealthSmart Complete PPO Products

Provider Signature _____ Date _____

Please Print Name: _____ Tax ID # _____

Specialty _____ Contact Email: _____