

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

ARIZONA STATE PHYSICIANS ASSOCIATION

Provider Agreement Attachment

NEW ASPA PLAN CONTRACT

Imperial Health – Marketplace Plan

Effective April 1, 2021

Background:

ASPA has entered into a contract with Imperial Health Insurance Company for their new Arizona Marketplace Plan.

Imperial Health Insurance Company is licensed to provide coverage to members who have purchased coverage through the health insurance marketplace made available by the Affordable Care Act.

Plan will reimburse is as follows:

105% of prevailing Medicare for **primary care** providers

105% of prevailing Medicare for **Cardiology, Dermatology, Gastroenterology, Internal Medicine, OB/GYN, Pediatrics, Pediatric Cardiology, Orthopedics**

110% of prevailing Medicare for **Colorectal, Oncology, General Surgery, Rheumatology, Hematology, Otolaryngology,**

95% of prevailing Medicare for **Physical Medicine & Rehab, Plastic Surgery, Pain Management**

120% of prevailing Medicare for **Perinatology** **80%** of prevailing Medicare for **Ophthalmology**

65% of prevailing Medicare for **Laboratory Services** **75%** of prevailing Medicare for **Radiology Services**

100% of prevailing Medicare for **Pharmaceuticals, DME**

80% of prevailing Medicare for **Physician Extenders** (Nurse Practitioners and Physician Assistants)

50% of billed charges for **By Report/Unlisted Codes**

Case rate of **\$2000.00** for the following **Obstetric Services** (CPT 59400, 59510, 59610, 59618)

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. Please attach a current W-9 form.

Yes _____ I want to Participate with all **Imperial Health Marketplace Plan**

No _____ I do not want to Participate with Imperial Health Marketplace Plan

Provider Signature _____ Date _____

Please Print Name: _____ Tax ID # _____

Group NPI _____ Specialty _____

Contact Email: _____

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

(602) 265-2524 FAX: 623-999-1055

ARIZONA STATE PHYSICIANS ASSOCIATION

Provider Agreement Attachment

NEW ASPA PLAN CONTRACT

Imperial Health – Medicare Advantage Plan

Effective April 1, 2021

Background:

ASPA has entered into a contract with Imperial Health Insurance Company for their new Medicare Advantage product.

Imperial Health Insurance Company is licensed, as a health maintenance organization and/or insurer in the state of Arizona and has a contract with the Centers for Medicare & Medicaid Services (“CMS”) to offer Medicare Advantage (“MA”) Plans in the State.

Plan will reimburse ASPA Providers directly as follows:

100% of prevailing Medicare for primary care providers

105% of prevailing Medicare for specialist providers

80% of prevailing Medicare for Physician Extenders (NP and PA)

50% of billed charges for By Report/Unlisted Codes

*Each AWW to be reimbursed at FFS rate per Medicare rate - ASPA Providers will receive a **\$100 incentive** payment for each **AWW** completed during the Plan Year - • ASPA Providers to receive an additional incentive payment for each AWW completed based on timeliness of completion as follows:

*(Payout to occur no later than 6/30/2022 for 2021 dates of service)

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. Please attach a current W-9 form.

Yes _____ I want to Participate with all **Imperial Health Medicare Advantage Plan**

No _____ I do not want to Participate with Imperial Health Medicare Advantage Plan

Provider Signature _____ Date _____

Please Print Name: _____ Tax ID # _____

Group NPI _____ Medicare # _____

Specialty _____ Contact Email: _____

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

ARIZONA STATE PHYSICIANS ASSOCIATION

Provider Letter of Intent Attachment

NEW ASPA PARTNERSHIP CONTRACT Prospect Medical Systems Effective July 1, 2021

Background:

ASPA has entered into a contract with Prospect Medical Systems, a national IPA to allow our Members access to contracts which are value based, and ASPA does not have current access to. Providers will be able to choose which plans they want to participate in (Opt-In). Example of possible plans: SCAN; Cigna; Aetna; Bright Health; United and Wellcare.

Prospect Medical, a highly successful IPA, by leveraging best practices, and results-driven administrative services to manage patients under risk arrangements with health plans/CMS. They focus on helping doctors manage financial risk relationships with health plans to maximize the healthcare dollar. Founded more than 25 years ago, Prospect Medical has demonstrated its ability to responsibly and effectively manage healthcare costs without compromising quality of care. Leveraging healthcare risk expertise and administrative services, Prospect Medical can deliver value to your patients while ensuring that the healthcare services are delivered in the right setting, at the right time. Visit ProspectMedical.com for more information.

Why participate with Prospect Medical in HMO contracts?

•Continue practicing independent medicine •Tap into new payment models, taking more risk from health plans •Grow your practice •Reduce office administrative work

Example of what Prospect will reimburse ASPA Providers directly as follows:

PCP: Tiered Per member, per month (PMPM) capitation

Monthly member enrollment between 1-50 = \$40.00 PMPM or enrollment 51+ = \$45.00 PMPM

Specialist: 90-100% of Medicare **Urgent Care:** All-inclusive Case rate or 80-95% Medicare

Radiology: 85% of Medicare **Physical Therapy/OT/Speech:** \$45-50 Case rate per visit

Home Health; DME; Audiology; Nutrition: 80% of Medicare

Ambulatory Surgery Center: 80% of Medicare ASC **Orthotic & Prosthetics:** 65% of Medicare

PLEASE NOTE: This Letter of Intent **will not** opt you into any of the plans offered by Prospect. You will have the opportunity to opt in to a plan as they come up for offering. This Letter of Intent is to give Prospect an idea of what our network can offer.

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. Please attach a current W-9 form.

Yes _____ I intend to Participate with **Prospect Medical plan contracts**

No _____ I do not want to Participate with Prospect Medical

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



Clinically Integrated Network (CIN) Participation Interest Form

ASPA Wellvana is a wholly owned subsidiary of ASPA and Wellvana Health developed and designed to contract with payors for value-based agreement. The ASPA CIN was 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. The CIN will help its members clinically cooperate with other physicians and practitioners in the delivery of care for the patients we manage. Our network of participating primary care physicians and specialists will engage with multiple value-based payer contracts in which Participating Providers may participate. In pursuit of this strategy, our network is delivering enabling technology, care management and other services allowing Participating Providers to share clinical data and initiate coordination of care across our network.

To participate in the CIN, participating practitioners must agree to:

- Cooperate with ASPA and Wellvana Health staff to meet any compliance, reporting and quality reporting requirements
- Follow established protocols and pathways established / adopted by ASPA Wellvana
- Cooperate with terms of contracted participation with applicable payors – Commercial, AHCCCS, Medicare Advantage or Accountable Care Organization (ACO) arrangement-provider chooses to participate
- If you so choose to participate in the ACO arrangement, you must be a participating provider with Medicare
- Is an active in good standing Member of ASPA Wellvana, or other ASPA Collaborative Network
- Provider understands and agrees that his/her initial and continued participation as an ASPA Wellvana CIN Provider under the Provider Participation Agreement (PPA) is contingent upon meeting and complying credentialing standards
- Active participation in meetings and / or electronic communications

What happens next?

- 1) You will be contacted by a Wellvana Health representative requesting application and supporting documentation
- 2) Your entity will be presented to our ASPA Wellvana CIN Board for review and approval
- 3) A copy of the ASPA Wellvana Provider Participation Agreement (PPA) will be presented for signature
- 4) ASPA Credentialing representative will contact you for additional requests for credentialing verification purposes

Election Interest:

Yes, I am interested in joining the ASPA Wellvana Clinically Integrated Network (CIN).

No, I do not wish to participate at this time.

Practice Name: _____ Tax ID: _____

Authorized Signature: _____ Date: _____

Authorized Contact Name: _____ Phone: _____

Email: _____

Please return this form with a current W9 and an updated provider roster to ASPA Wellvana:

Fax: (602) 265-3289 or via **Email: networkservices@wellvana.com**

Contact us for more information contact us directly at (928) 388-5771