



## PRACTICE INTAKE FORM

Thank you for taking the time to fill out the practice information form.

If you have any questions, please call (303)320-2073.

Practice Name (as shown on W9)

What do patients call your practice (dba)?

### Practice Manager

Name (First & Last)

Email Address

### Primary Practice Address

Street Address

City

State

Zip Code

County

Phone Number

Fax Number

Office Email Address (if different than Manager)

Secondary (and Additional, if applicable) Practice Location(s)

Billing Address (where claims are sent)

Remittance Address (where correspondence and reimbursements should be sent)

Is there anything else about the practice RMG should know?



**2019 INSURANCE CONTRACT SELECTION**

<b><u>PRACTICE NAME:</u></b>	<b><u>DATE:</u></b>
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<b><u>AETNA</u></b>	<b><u>JOIN PRACTICE HEALTH CONTRACT</u></b>	<b><u>OPT-OUT</u></b>
<ul style="list-style-type: none"> <li>• PPO; EPO; HMO</li> <li>• Medicare Advantage HMO; Medicare Advantage PPO</li> <li>• Medicare Prime HMO; Medicare Prime PPO</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Worker’s Compensation</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

<b><u>ANTHEM</u></b>	<b><u>JOIN PRACTICE HEALTH CONTRACT</u></b>	<b><u>OPT-OUT</u></b>
<ul style="list-style-type: none"> <li>• WellChoice (PPO)</li> <li>• BlueCard (PPO)</li> <li>• PPO; Indemnity; FEP</li> <li>• CU High Deductible (PPO)</li> <li>• HMO</li> <li>• Blue Priority (HMO)</li> <li>• Pathway (HMO); Pathway Network</li> <li>• Pathway X (HMO)</li> <li>• Mountain Enhanced X</li> <li>• Mountain Enhanced</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Medicare Advantage (HMO)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

<u>CIGNA</u>	<u>JOIN PRACTICE HEALTH CONTRACT</u>	<u>OPT-OUT</u>
<ul style="list-style-type: none"> <li>• HMO; HMO Plus; HMO Select; Open Access Plus; Choice Fund OA Plus</li> <li>• PPO; OA Plus; Open Access Plus; Choice Fund PPO; Choice Fund OA Plus with Carelink</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COFINITY</u>	<u>JOIN PRACTICE HEALTH CONTRACT</u>	<u>OPT-OUT</u>
<ul style="list-style-type: none"> <li>• PPO</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<u>CO ACCESS</u>	<u>JOIN PRACTICE HEALTH CONTRACT</u>	<u>OPT-OUT</u>
<p><b><u>*Must provide copy of Medicaid Enrollment Approval Letter*</u></b></p> <ul style="list-style-type: none"> <li>• CHP+</li> <li>• CHP+ State Managed Care Network (SMCN)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COVENTRY FIRST HEALTH</u>	<u>JOIN PRACTICE HEALTH CONTRACT</u>	<u>OPT-OUT</u>
<ul style="list-style-type: none"> <li>• PPO</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Worker's Compensation</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

<u>HUMANA</u>	<u>JOIN PRACTICE HEALTH CONTRACT</u>	<u>OPT-OUT</u>
<ul style="list-style-type: none"> <li>• CHCPPO; Humana Select; Humana Premier</li> <li>• NPOS</li> <li>• PPO Open Access</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Medicare Advantage PPO; Medicare Advantage HMO</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

<u>MULTIPLAN/PHCS</u>	<u>JOIN PRACTICE HEALTH CONTRACT</u>	<u>OPT-OUT</u>
<ul style="list-style-type: none"> <li>• MultiPlan PPO (Complimentary Network)</li> <li>• ValuePoint</li> <li>• PHCS PPO (Primary Network)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• VA (Veterans Administration)</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

<u>ROCKY MOUNTAIN HEALTH PLANS</u>	<u>JOIN PRACTICE HEALTH CONTRACT</u>	<u>OPT-OUT</u>
<ul style="list-style-type: none"> <li>• ASO</li> <li>• HMO</li> <li>• PPO</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>

<u>UNITED HEALTHCARE</u>	<u>PRACTICE HEALTH TO INITIATE</u>	<u>OPT-OUT</u>
<p><b>*Practice Health DOES NOT have a group agreement but can INITIATE credentialing for a DIRECT CONTRACT.*</b></p>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of TIN Owner:	TIN:
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## **MESSENGER MODEL CONTRACTING METHODOLOGY**

Physicians, like any other business in the U.S., are subject to state and federal antitrust laws, which are intended to prohibit physician practice groups from working together to set reimbursement rates. Under the law, practice groups working together is considered to be collusion and anti-competitive. Accordingly, to meet the requirements of current antitrust laws, Independent Practice Associations (IPAs) that have not achieved full clinical integration routinely use a "Messenger Model" when working with a health plan/payor to determine a medical group's reimbursement rate. The definition of a clinically integrated network (CIN) is a network of interdependent healthcare facilities and providers that work collaboratively to develop and sustain clinical initiatives through evidence and data driven care. PH is not currently considered a CIN.

If you chose to designate PH as your agent for purposes of identifying and soliciting offers from payors, PH will act as the messenger between your group and the health plan. In this role, we may only deliver information from you to the payor regarding the reimbursement that you are willing to accept and the response from the payor to you. RMG does not "negotiate" the reimbursement in any way. Rather, it only acts as the go-between to deliver the messages between the payor and the group. The following information about the Messenger Model is important to remember:

- Each physician or physician group will be required to provide PH with a minimum fee that you or your group will accept for all managed care contracts. This rate should reflect your ideal minimum reimbursement and is the rate that will be initially communicated to the health plan during the negotiation process.
- In reaching your proposed fee, it is critical that you not discuss reimbursement levels with other physicians or practice groups. Doing so may be a violation of federal law.
- We are prohibited by law from disclosing to you any information about other individual physician's or practice group's minimum reimbursement rates or what a particular health plan has agreed to pay another physician or practice group.
- Similarly, your reimbursement request will not – and cannot – be shared with other physicians, including the PH Board of Directors.
- Once PH has your information, we will communicate to the health plan the number of physician participants that will be participating in the health plan's proposed fee schedule.
- If the health plan's proposed fee schedule meets your minimum reimbursement rate, then a contract will be formed with the health plan.
- Even if a health plan's proposed fee schedule falls below the acceptable range for reimbursement for your practice, the proposed fee schedule will be sent to you. If the health plan's proposed fee schedule does not meet your minimum requirements, you will still be given the opportunity to accept or reject any and all contract offers from the health plan.

If you have questions, please contact Practice Health at (303) 320-2073.

**INSTRUCTIONS:**

Please indicate below, an acceptable minimum reimbursement rate for each health plan. PH requires either a Physician or Practice Administrator to sign this form for each minimum rate requested in order for PH to engage in the messenger model process with the identified health plan. This will be the rate that is initially communicated to the health plan below during the messenger model process. You will have the opportunity to accept or reject any contract offers from the health plan in the event that the health plan responds with a rate lower than the acceptable minimum reimbursement rate.

Minimum rate requirements may be submitted for each physician or for the practice as a whole. If the practice would like to request different rates from each health plan, please provide one (1) form per health plan.

**Health Plan or Network:** \_\_\_\_\_

I hereby agree to:

**PERCENTAGE OF MEDICARE RBRVS (specify % below)**

**OTHER**

➤ CPT specific rates, case rates, global rates, etc.

	<b>MINIMUM MEDICARE RBRVS PERCENTAGE</b>
<b>Example:</b>	125% of 2014 RBRVS
<b>HMO:</b>	
<b>PPO:</b>	
	<b>MINIMUM RATE</b>
Global OB/Vaginal (59400)	
Global OB/C-Section (59510)	
CPT code(s):	
Other (please specify):	

**PHYSICIAN/PRACTICE NAME:** \_\_\_\_\_

**SIGNATURE (Physician/Practice Administrator):** \_\_\_\_\_