

TIS CONTRACTS – APRIL 27, 2010

ACCOUNTABLE / INTERPLAN HEALTH GROUP
ADVANTRA FREEDOM/COVENTRY PFFS
AETNA [HMO, POS, PPO]
AETNA FISERV / ASA (AETNA SIGNATURE ADMINISTRATORS PPO)
AETNA HARRINGTON
AETNA MEDICARE ADVANTAGE PPO
AETNA MEDICARE PFFS
AETNA WAUSAU
AMERIGROUP (***DR OFC MUST OBTAIN PREAUTH#**)
ANY ANY ANY PLAN (UNIVERSAL HEALTHCARE) PFFS
BCBS [PPO & POS]
BCBS HMO BLUE
BCBS TRADITIONAL
BEECHSTREET
BRAVOHEALTH
CCN/CHOICE CARE/HUMANA
CHAMPUS/TRICARE – HUMANA MILITARY
CHOICE CARE
CIGNA [PPO]
CIGNA [HMO, OAP, NETWORK/FLEXCARE]
CIGNA PASSIVE PPO => INDEMNITY
CORVEL (WorkComp)
COVENTRY ADVANTRA
EMPLOYERS HEALTH NETWORK PPO
EVERCARE
FIRST HEALTH (**COVENTRY**)
FIRST HEALTH (**UNLESS THE EMPLOYER OPT OUT OF USING THR HOSP**)
FRESENIUS MED CARE HP
GALAXY HEALTHCARE
GM SOUTHWEST
GREATWEST HEALTHCARE
HEALTHSMART
HEALTHSPRING MEDICARE ADVANTAGE PPO
HUMANA
HUMANA GOLD CHOICE PFFS (**PCP REFERRAL REQUIRED!!**)
HUMANA MEDICARE ADVANTAGE CHOICE PPO (**PCP REFERRAL REQUIRED!!**)
MEDICAID **TRADITIONAL**
MEDICAID STAR TYPE: AETNA MEDICAID, [UNICARE MEDICAID **til 5/1/10**]
MEDICARE
MEDICARE PFFS
MULTIPLAN
PACIFICARE Commercial HMO, EPO, PPO
PACIFICARE Medicare Advantage
PACIFICARE OPTIONS PPO
PHCS
POLY AMERICA
PPO NEXT (NOW “BEECHSTREET”)

PREFERRED CARE (EASTMAN KODAK) PFFS
PRINCIPAL EDGE NETWORK
SECURE HORIZONS MEDICARE PFFS (PACIFICARE)
STERLING OPTION 1 PFFS
TODAY'S OPTIONS PFFS
TEXAS TRUE CHOICE PPO
TEXAS TRUE CHOICE ***STAR***
TEXAS TRUE CHOICE STAR/FISERV NTWK
TRICARE / CHAMPUS / HUMANA MILITARY
UHC (**EXCLUDING "HCA AFFILIATE"**))
UHC THR EMPLOYEES
UNICARE (CLASSIC & PERFORMANCE) ONLY UNTIL 5/1/10
UNIPRISE (UHC CONTRACT FOR THR EMPLOYEES)
USA MANAGED CARE ORGANIZATION
WC CERTIFIED

****NOTE: MEDICARE PFFS PLANS (REPLACEMENTS) SUCH AS "WELLCARE" MUST BE PRE-CERTIFIED BY PHYSICIANS' OFFICES PRIOR TO PT SERVICE DATE, AS WELL AS MEDICAID PLAN "AMERIGROUP". PLUS MOST OF THEM REQUIRE PCP REFERRALS AS WELL PRIOR TO DATE OF SERVICE.***

****WORKERS COMP INFO IS NECESSARY: DOI, ADJ NAME & PH#, CLAIM#, INS CO NAME & CLMS ADDRESS & PH#, EMPLOYER NAME/ADDRESS/PH#, AND PRECERT # AND A FAXED LETTER IF AVAILABLE PLEASE.***

****SCHOOL ACCIDENT POLICY INFO ALSO IS NEEDED: STUDENT SCHOOL NAME, POLICY #, CLAIMS FORMS, INS CO NAME/CLMS ADDRESS/PH#.***