

**THIS MANUAL CONTAINS A REQUIRED DISCLOSURE CONCERNING
HMO BLUE® TEXAS CLAIMS PROCESSING PROCEDURES**

HMO Blue® Texas Physician and other Professional Provider Provider Manual

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Note:

Physicians and other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group must contact the IPA/Medical Group for instructions regarding referral and precertification process, contracting and claims related questions. Additionally, Physicians or other Professional Providers who are not part of a capitated IPA/Medical Group but who provide services to a member whose PCP is contracted/affiliated with a capitated IPA/Medical Group must also contact the applicable IPA/Medical Group for instructions. Physicians or other Professional Providers who are contracted/affiliated with a capitated IPA/Medical Group are subject to that entity's procedures and requirements for Physician or other Professional Provider complaint resolution.

Proprietary Information	<p>The material contained in this Provider Manual is proprietary information and is intended for the exclusive use of participating HMO Blue Texas Physicians & other Professional Providers. The information is current as of publication but may be amended from time to time, as provided for in the HMO Blue Texas Provider Agreements.</p>
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Welcome to the HMO Blue® Texas Network

**HMO Blue
Texas
Network
Objective**

The HMO Blue Texas Network is composed of physicians, health care professionals, hospitals, facilities and ancillary providers that have contracted with Blue Cross and Blue Shield of Texas, a division of Health Care Service Corporation ("HMO Blue Texas").

**Information
Provided
in this
Provider
Manual**

This Provider Manual has been created for Network Physicians/ Professional Providers. The member identification (ID) card furnishes information about HMO Blue Texas that Physicians/ Professional Providers need to serve their HMO Blue Texas members effectively. Give special attention to the member ID number. Each card has a toll-free number to call for information and assistance. Obtaining the correct information will save your staff time and effort.

This manual will assist you in the day-to-day administration of the HMO Blue Texas Network, providing needed information including:

- Characteristics of the health benefit plans
- Instructions for obtaining patient eligibility information
- Referral authorization
- Inpatient Certification

This manual has been developed to provide pertinent information about HMO Blue Texas. Updates to this manual will be provided periodically, when changes occur.

Modifications

HMO Blue Texas may amend this Agreement or may modify the Provider Manual where such amendment or modification is materially adverse to Physician, other Professional Provider or Medical Group and is not required by the applicable laws only upon ninety (90) days prior written notice to Physician, other Professional Provider or Medical Group. Physician, other Professional Provider or Medical Group may terminate this Agreement by giving written notice of such termination to Physician, other Professional Provider or Medical Group within thirty (30) days of its receipt of such notice of amendment or modification, effective no earlier than the end of such amendment or modification notice period unless within sixty-five (65) days following the date of such amendment or modification notice HMO Blue Texas gives written notice to Physician, other Professional Provider or Medical Group that it will not carry into effect such amendment or modification. Physician's, other Professional Provider's or Medical Group's failure to give notice of termination to HMO Blue Texas within thirty (30) days of its receipt of such notice of amendment or modification shall constitute agreement to and acceptance of such amendment or modification by Physician, other Professional Provider or Medical Group.
