



BlueCross BlueShield
of Texas

HHSC Exclusive Provider Organization RFP
Letter of Intent to Contract
RFP No. 529-08-001

LETTER OF INTENT

This Letter of Intent (LOI) is subject to verification by the Texas Health and Human Services Commission (HHSC). BCBSTX is proposing to participate in the CHIP and CHIP Perinatal EPO Programs.

This LOI confirms the intent of the undersigned to enter into contract discussions with BCBSTX, for the provision of services to CHIP EPO members and CHIP Perinatal EPO members enrolled with BCBSTX. Signing this LOI **does not obligate** the Health Care Provider, Medical Group or Facility to sign an Amendment to the Managed Care Agreement with BCBSTX for the provision of services to CHIP EPO members and CHIP Perinatal EPO members.

A contract amendment to your current PPO/POS Managed Care Agreement with BCBSTX will be formalized if BCBSTX is awarded the contract by HHSC. The reimbursement rate for CHIP EPO network providers is 100% of the then current year Texas Medicaid Fee Schedule.

Please acknowledge your intent to participate by signing this non-binding LOI and returning it via fax to (877) 726-4399 or via the enclosed, self-addressed, postage pre-paid envelope by Friday, August 29, 2008. Do not return the completed LOI to HHSC. An administrator or other verifiable signature authority may sign the LOI. This LOI will apply to all health care providers operating under the same tax identification number.

This is to warrant, represent and certify to Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, that I am authorized to execute this LOI on behalf of the tax identification owner (Health Care Provider, Medical Group, Facility).

Authorized Signature

Printed Name and Title

Date

Provider Name:

Business or Group Name (if different):

Business Address:

TIN/FEIN:

BCBSTX Signature

M. Shannon Stansbury, Vice President, Network Management
Printed Name and Title

Date