

SAMPLE CONTRACT SUMMARY FORM

PAYOR NAME

Item	Description	Section/page
Payor Name	HAPPY HEALTH PLAN	Page 1
PO'D PROVIDER, INC. Party, TIN	PO'd Provider and all affiliated locations 66-6666666	Page 1 Sec 4.14 pg. 6
Effective Date	April 1, 2008	Page 1
PO'D PROVIDER, INC. Contact	Jim Hammond jimh@actionhealthcare.com	
Payor Contact	John Johnson john.Johnson@happyhealth.com 602-555-5555	
Term	27 month initial term (years one and two). Annual renewals thereafter	5.1 pg. 6
Termination Clause	W/O cause 90 days notice, not during initial term	5.2 pg. 6
Renegotiation Date	Prior to April 1, 2010	5 pg. 6
Product Types	Any payor with permission from HAPPY HEALTH PLAN to access agreement. Very broad. In and out of network benefits.	1.12 pg. 1 4.11 pg. 6
UR/Authorizations	Per Admin Guidelines and Payment Policies	2.1 pg. 2 2.4-2.6 pg. 2
Timely Filing	180 Days from DOS	4.1 pg. 4
Claims Turn-around	30 days. Late pmts subject to interest per AZ law	4.1 pg. 4 MA addendum 12
Claims Appeal	Must notify within 180 days of pmt or EOB per dispute resolution process.	4.2 pg. 5
Offset/Refund	For Pt. Collection errors, HAPPY HEALTH PLAN may offset after 2 weeks. Other overpayments may be offset	4.7 pg. 5 4.8 pg. 5
Assignment "Successors"	Only with written mutual consent. Unilateral FBO HAPPY HEALTH PLAN successor. PO'D PROVIDER, INC. may assign to subsidiaries	6.7 pg. 9 6.8 pg. 9
Insurance Levels	Gen and Prof liability insurance \$1M/\$3M	2.3 pg. 2
Indemnification	Not addressed	
Amendment	No change w/o prior written consent. Material changes must be communicated with 90 days notice. PO'D PROVIDER, INC. may elect to terminate	6.6 pg. 9 6.5 pg. 9
Rates	Commercial – Exhibit A 1& 2 Medicare Advantage – Exhibit B	See Exhibits A&B
Steerage	HAPPY HEALTH PLAN will not steer based on rates.	2.9 pg. 3 5.2 pg. 6
Dispute Resolution	Per Admin Guidelines, then Arbitration	6.3, 6.4 pg. 8
COB	Standard, per Admin Guidelines	4.10 pg. 6

Other Notes: Admin Guidelines include Provider Reference Manual. HAPPY HEALTH PLAN req to give notice of material changes (2.4 and 6.5). Medicare compliance checklist not completed. (pg. 21)

Non-Medically nec svcs can be billed to Pt. only w/prior written agreement (4.6).