Provider Participation Agreement

This Provider Participation Agreement ("Agreement") is entered into as of August 4, 2025 (the "Effective Date"), by and between TrustInsure, Inc., a health insurance company organized under the laws of the State of Massachusetts, with its principal place of business at [Insert Address] ("TrustInsure" or "Payer"), and HealthFirst Healthcare, a licensed provider of healthcare services with its principal place of business at [Insert Address] ("Provider" or "HealthFirst").

WHEREAS, TrustInsure operates managed healthcare benefit plans ("Plans") and desires to arrange for the provision of healthcare services to individuals enrolled in its Plans ("Members"); and

WHEREAS, Provider desires to provide such healthcare services to Members under the terms and conditions set forth herein;

NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein, the parties agree as follows:

# 1. DEFINITIONS

* Covered Services: Healthcare services reimbursable under this Agreement that are medically necessary and provided to Members.
* Member: An individual enrolled in a TrustInsure health plan entitled to receive Covered Services.
* Clean Claim: A complete, legible, and accurate claim that contains all required data elements and complies with industry standards.
* Fee Schedule: A list of CPT/HCPCS codes with associated reimbursement amounts agreed upon in this Agreement.
* Medical Necessity: Health services that are clinically appropriate, evidence-based, and not primarily for the convenience of the patient or provider.
* Emergency Services: Healthcare services for a medical condition manifesting acute symptoms of sufficient severity that the absence of immediate medical attention could result in serious jeopardy.
* Primary Care Services: Services provided by general practitioners, internists, pediatricians, or family practitioners acting as a Member’s primary point of entry into the healthcare system.
* Utilization Management: Processes to evaluate the medical necessity, appropriateness, and efficiency of the use of healthcare services, procedures, and facilities.
* Credentialing: Verification of licensure, education, training, experience, and competence prior to participation in the TrustInsure network.

# 2. SCOPE OF SERVICES

* Primary care and preventive health services
* Management of chronic conditions and patient education
* Urgent care and minor procedures performed in the office setting
* In-house diagnostic testing (blood work, urine analysis, cultures)
* Radiographic imaging (chest, extremities, abdominal X-rays)
* Immunizations and vaccines as per CDC guidelines
* Referral coordination to specialists as needed
* Electronic medical record (EMR) documentation compliant with CMS and HIPAA standards

# 3. PROVIDER OBLIGATIONS

* Maintain valid licensure and certification in the State of Massachusetts.
* Participate in TrustInsure’s credentialing and re-credentialing programs.
* Provide access to Members in accordance with TrustInsure’s access standards (e.g., urgent visits within 24 hours).
* Maintain accurate and confidential medical records per HIPAA and 42 CFR Part 2 requirements.
* Comply with TrustInsure’s policies regarding clinical quality, utilization management, and patient satisfaction.
* Cooperate with TrustInsure during audits, grievance resolution, and peer review processes.
* Immediately notify TrustInsure of any material change in licensure, staff privileges, or legal investigations.

# 4. COMPENSATION AND BILLING

* Provider shall be reimbursed per the Fee Schedule (Appendix B) for Covered Services rendered to Members.
* Provider shall submit claims electronically in accordance with HIPAA standard formats (837P/837I).
* Claims must be submitted within ninety (90) days of the date of service unless otherwise agreed.
* TrustInsure shall process and remit payment for clean claims within thirty (30) days of receipt.
* Provider shall not bill Members beyond applicable cost-sharing amounts (copays, deductibles).
* Coordination of Benefits (COB) must be followed when Members have secondary insurance coverage.
* TrustInsure reserves the right to audit, adjust, or deny claims that do not meet documentation or medical necessity requirements.

# 5. UTILIZATION MANAGEMENT

* Provider shall comply with all prior authorization requirements as published by TrustInsure.
* Emergency services shall not require prior authorization.
* TrustInsure shall provide notice of approval or denial within 72 hours for urgent care requests and within 14 days for routine requests.
* Provider may appeal adverse determinations through TrustInsure’s utilization review appeal process.

# 6. QUALITY ASSURANCE AND COMPLIANCE

* Provider agrees to participate in TrustInsure’s quality improvement initiatives and performance benchmarking programs.
* Medical records are subject to periodic review to ensure compliance with quality standards.
* Provider must cooperate with corrective action plans if deficiencies are identified.
* Provider shall comply with all applicable federal and state laws including HIPAA, HITECH, and ACA mandates.
* Record retention shall be no less than ten (10) years or as required by applicable law.

# 7. TERM AND TERMINATION

This Agreement shall commence on August 4, 2025, and continue for an initial term of three (3) years. Thereafter, it shall automatically renew for successive one (1) year terms unless terminated as follows:

* Without cause: Either party may terminate with ninety (90) days prior written notice.
* For cause: Immediate termination upon material breach, fraud, insolvency, or loss of licensure.
* Upon termination, Provider shall cooperate to ensure continuity of care for any Members under active treatment for a period of up to ninety (90) days.

# Appendix A: Covered Services – CPT/HCPCS Codes

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| --- | --- |
| CPT/HCPCS Code | Description |
| 99213 | Office Visit, established patient |
| 99395 | Periodic preventive visit, age 18-39 |
| 90471 | Immunization administration (1 vaccine) |
| 90658 | Influenza virus vaccine |
| 85025 | Complete blood count with differential |
| 80053 | Comprehensive metabolic panel |
| 80061 | Lipid panel |
| 81001 | Urinalysis, automated with microscopy |
| 87086 | Urine culture, bacterial |
| 71020 | Chest X-ray, 2 views |
| 73030 | X-ray of shoulder |
| 73610 | X-ray of ankle |
| 36415 | Venipuncture, blood draw |
| 90460 | Pediatric immunization administration |
| 90715 | Tdap vaccine |
| 90686 | Influenza vaccine, quadrivalent |

# Appendix B: Fee Schedule – Reimbursement Rates (USD)

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| --- | --- |
| CPT/HCPCS Code | Reimbursement Amount (USD) |
| 99213 | $85.00 |
| 99395 | $130.00 |
| 90471 | $25.00 |
| 90658 | $18.00 |
| 85025 | $22.00 |
| 80053 | $35.00 |
| 80061 | $40.00 |
| 81001 | $15.00 |
| 87086 | $28.00 |
| 71020 | $45.00 |
| 73030 | $50.00 |
| 73610 | $47.00 |
| 36415 | $10.00 |
| 90460 | $28.00 |
| 90715 | $55.00 |
| 90686 | $32.00 |

# Signature Page

IN WITNESS WHEREOF, the parties hereto have executed this Provider Participation Agreement as of the Effective Date.

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| --- | --- |
| TRUSTINSURE, INC. | HEALTHFIRST HEALTHCARE |
| By: Jane Mclane Title: SVP Date: August 4, 2025 | By: John Doe Title: CEO Date: August 4, 2025 |
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# Appendix C: Medicare and Medicaid Requirements

If Provider furnishes services to Members enrolled in Medicare Advantage or Medicaid Managed Care plans administered by TrustInsure, Provider agrees to comply with all applicable federal and state laws and regulations, including but not limited to:

* Compliance with Title XVIII and Title XIX of the Social Security Act, including Sections 1128, 1156, and 1877.
* Access to records by CMS, HHS, OIG, and applicable state Medicaid agencies for audit and oversight purposes.
* Retention of records for a minimum of ten (10) years or longer if required by law.
* Timely submission of encounter data and participation in risk adjustment validation audits.
* Adherence to Medicaid and Medicare beneficiary protections including nondiscrimination, grievance resolution, and prior authorization timelines.

# Appendix D: Telehealth Services

Provider may furnish Covered Services to Members using synchronous or asynchronous telehealth modalities, including video and telephone consultations, subject to the following requirements:

* Provider must use HIPAA-compliant platforms unless otherwise waived under federal or state guidance.
* Telehealth visits must be appropriately documented in the Member’s medical record, including modality used and patient consent.
* Reimbursement for telehealth shall be at parity with in-person visits when medically appropriate, subject to applicable coding and billing guidelines (e.g., CPT 99441-99443, 99212-99215 with -95 modifier).
* Provider shall comply with TrustInsure's Telehealth Coverage Policy and applicable CMS guidance.

# Appendix E: Capitation and Alternative Payment Models (APMs)

For select contracts, TrustInsure and Provider may mutually agree to implement a capitation arrangement or other alternative payment model (APM). Terms for such arrangements shall be documented in a separately executed amendment. Key principles include:

* Monthly per-member-per-month (PMPM) payments for defined services in lieu of fee-for-service reimbursement.
* Responsibilities for care coordination, utilization management, and outcomes reporting.
* Shared savings or risk-sharing agreements tied to quality metrics and total cost of care.
* Periodic reconciliation and true-up processes for over/underutilization against actuarial benchmarks.