Provider Participation Agreement

This Provider Participation Agreement ("Agreement") is entered into as of August 4, 2025 (the "Effective Date"), by and between UnityCare Insurance Co., a health insurance company organized under the laws of the State of California, with its principal place of business at [Insert Address] ("UnityCare" or "Payer"), and Pinnacle Health Systems, a licensed multi-specialty provider group and diagnostic center with its principal place of business at [Insert Address] ("Provider" or "Pinnacle").

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

WHEREAS, Pinnacle Health Systems has the clinical infrastructure and personnel to provide a broad scope of services including primary care, specialty care, advanced diagnostic imaging, and interventional services to Members under the terms set forth herein;

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

# 1. DEFINITIONS

* Advanced Imaging Services: Services involving non-invasive imaging techniques including CT, MRI, PET, and Nuclear Medicine.
* Ancillary Services: Services that support diagnosis and treatment such as pathology, radiology, physical therapy, and pharmacy services.
* Covered Services: All medically necessary services and procedures listed in Appendix A, provided by Provider to Members and reimbursed by UnityCare.
* Member: An individual enrolled in a UnityCare benefit plan eligible to receive Covered Services under this Agreement.
* Clean Claim: A claim submitted with complete, accurate coding and necessary documentation in accordance with billing guidelines.
* Fee Schedule: The reimbursement rates attached as Appendix B, which may be amended in writing by UnityCare.
* Credentialing: The process through which UnityCare verifies Provider qualifications, licensure, and scope of practice.
* Medical Necessity: Services deemed essential based on clinical guidelines, appropriateness, and efficiency of resource use.
* Utilization Review: Procedures used by UnityCare to evaluate medical necessity, appropriateness, and efficiency of Covered Services.

# 2. SCOPE OF SERVICES

* Primary care and preventive services including annual wellness exams, vaccinations, and screenings.
* Internal medicine, cardiology, endocrinology, neurology, orthopedics, dermatology, and other specialty consultations.
* Outpatient procedures and minor surgical interventions in a clinical setting.
* Advanced diagnostic imaging services including CT, MRI, PET scans, and nuclear medicine.
* On-site clinical laboratory services including CBC, lipid panel, metabolic panel, and microbiology cultures.
* Rehabilitative therapies including physical therapy and occupational therapy.
* Behavioral health evaluations, psychiatric consultations, and counseling services.
* Telehealth services using HIPAA-compliant audio/video platforms for eligible Covered Services.
* Chronic disease management programs including diabetes, hypertension, COPD, and CHF monitoring.
* Care coordination, case management, and referral services.

# 3. PROVIDER OBLIGATIONS

* Maintain licensure, certification, and accreditation in accordance with the laws of the State of California.
* Participate in UnityCare’s credentialing and quality assurance programs, including annual recredentialing.
* Comply with all utilization management, prior authorization, and concurrent review protocols.
* Provide services without discrimination and in compliance with Member rights under applicable law.
* Utilize evidence-based clinical guidelines for diagnosis and treatment.
* Cooperate with UnityCare in claims audits, peer review, and investigations of complaints or grievances.
* Ensure timely and complete medical record documentation for each Member encounter.

# 4. COMPENSATION AND BILLING

* Provider shall be reimbursed per the Fee Schedule in Appendix B for all Covered Services rendered to Members.
* Provider shall submit Clean Claims within ninety (90) days of the date of service.
* UnityCare shall process and remit payment for Clean Claims within thirty (30) days of receipt.
* UnityCare shall provide electronic remittance advice (ERA) and explanation of benefits (EOB) per transaction.
* Provider shall not balance bill Members for any amounts exceeding UnityCare's reimbursement, except Member cost-sharing obligations.
* Provider agrees to comply with Coordination of Benefits (COB) procedures when Members have secondary coverage.
* In cases of overpayment, UnityCare reserves the right to recover funds within 180 days from the date of payment.

# 5. UTILIZATION REVIEW

* Provider shall adhere to UnityCare's prior authorization and concurrent review protocols.
* Authorization requirements for high-cost services (e.g., MRI, CT, PET, inpatient admissions) must be followed.
* Emergency services are exempt from prior authorization.
* Utilization decisions shall be made based on medical necessity and industry-standard guidelines (e.g., MCG, InterQual).
* Provider may appeal any denial of services using UnityCare’s internal review process.

# 6. COMPLIANCE AND CONFIDENTIALITY

* Provider shall comply with all applicable federal and state laws including HIPAA, HITECH, ACA, and California Health and Safety Code.
* Medical records must be retained for at least ten (10) years or as otherwise required by law.
* Provider shall execute and comply with UnityCare’s Business Associate Agreement (BAA).
* All Member information is confidential and must be protected under applicable privacy laws.
* Provider shall notify UnityCare within five (5) business days of any breach, subpoena, or investigation.

# Appendix A: Covered Services – CPT/HCPCS Codes

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| CPT/HCPCS Code | Description |
| 99213 | Office Visit, Established Patient |
| 99396 | Preventive Visit, Age 40–64 |
| 70450 | CT Head/Brain without contrast |
| 70553 | MRI Brain with and without contrast |
| 74177 | CT Abdomen and Pelvis with contrast |
| 72148 | MRI Lumbar Spine without contrast |
| 93000 | Electrocardiogram |
| 80053 | Comprehensive Metabolic Panel |
| 85025 | Complete Blood Count (CBC) with differential |
| 87086 | Urine Culture |
| 71020 | Chest X-Ray, 2 views |
| 97001 | Physical Therapy Evaluation |
| 96127 | Behavioral/Mental Health Screening |
| 99441 | Telephone Evaluation and Management, 5-10 min |
| 99457 | Remote Physiologic Monitoring Treatment Mgmt |

# Appendix B: Reimbursement Fee Schedule – USD

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| CPT/HCPCS Code | Reimbursement Amount (USD) |
| 99213 | $90.00 |
| 99396 | $150.00 |
| 70450 | $320.00 |
| 70553 | $720.00 |
| 74177 | $680.00 |
| 72148 | $650.00 |
| 93000 | $35.00 |
| 80053 | $40.00 |
| 85025 | $25.00 |
| 87086 | $28.00 |
| 71020 | $50.00 |
| 97001 | $85.00 |
| 96127 | $15.00 |
| 99441 | $35.00 |
| 99457 | $58.00 |

# Signature Page

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

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| UNITYCARE INSURANCE CO. | PINNACLE HEALTH SYSTEMS |
| By: Michael Tran Title: EVP of Network Operations Date: August 4, 2025 | By: Dr. Evelyn Carter Title: President & CMO Date: August 4, 2025 |
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