

Open Enrollment For Physician Reviewers

EXHIBIT A APPLICATION

The Health and Human Services Commission (“**HHSC**”) will accept an Application that only reflects an answer of: (a) “**Yes**” to Eligibility Requirements 2.1 through 2.7 in section 2 and the Service Requirements in section 3; and (b) “**No**” to Minimum Requirements 2.8 through 2.10, and section 4.1 of this Application. HHSC may, in its sole discretion, reject an Application if a response to any question in section 3 (“**Other Information**”) is “**No**.”

For the purpose of this Open Enrollment (“**OE**”), an awarded Contractor must be either (a) an individual physician licensed to practice medicine in the state of Texas, in accordance with the provisions of Chapter 155, License to Practice Medicine, of the Texas Occupations Code; or (b) a Texas legal or professional entity organized by licensed Texas physicians under the Texas Business Organizations Code, Chapters 152, 301, 302 or 304. If responding as a Texas legal or professional entity, Applicant must identify the physician or physicians associated with the entity that will provide the services required under this OE; no persons other than those expressly identified by Respondent will be eligible to provide services unless agreed upon through an executed contract amendment.

Instructions.

- (a) Answer all question in section 1, Applicant Information. If responding as a Texas legal or professional entity, Applicant must identify the Provider or Providers associated with the entity that will provide the services required under this OE (see section 4.4 of this Application); no persons other than those expressly identified by Applicant will be eligible to provide services unless agreed upon through an executed contract amendment.
- (b) Applicant must circle the applicable bolded word to the sections relating to “**Eligibility Requirements,**” “**Service Requirements,**” and “**Other Information.**” If a response to a question under section 4 (“**Other Information**”) is a “**Yes,**” you must submit on a separate attachment any explanations, descriptions, or information related to that matter.
- (c) You must submit a copy of your active license in good standing with the Texas licensing board associated with your respective area of health professional specialization. Please insert the word “**Copy**” prominently across each license.
- (d) You must provide a listing and a brief description of any network provider agreements or management positions, both past and current, you have or had with any Medicaid managed care entity.
- (e) You may also submit in an attachment any information to support why you are well qualified to perform the services for the Office of Inspector General
- (f) A completed Application must be timely received by the Point of Contact (see OE section 1.2), along with your résumé and current curriculum vitae, if applicable, and other documents identified in this Application and the OE.

Except as otherwise stated, as used below, “you” means a Provider, or Providers through a Texas legal or professional entity that will provide services under a resultant contract.

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1. APPLICANT INFORMATION

(1) Legal name of Applicant	(2) Business Name (if different than legal name)
(3) Identify all state of Texas boards or commissions that issued the license, credential, registration, or other form of authorization for your Provider category type.	
(4) Primary business address	(5) Primary phone number
(6) Email address	If a Texas legal or a professional entity, please provide a point of contact

2. ELIGIBILITY REQUIREMENTS

Eligibility Requirement 2.1. Are you a physician in accordance with the provisions of Chapter 155, License to Practice Medicine, of the Texas Occupations Code?

Response to Eligibility Requirements 2.1: **Yes or No**

Eligibility Requirement 2.2. Do you have a minimum of five years' clinical practice experience in your respective medical specialty after having completed a postgraduate training program in the U.S. or Canada recognized by the Texas Medical Board ("TMB") under 22 TAC § 163.1 (Definitions)?

Response to Eligibility Requirements 2.2: **Yes or No**

Eligibility Requirement 2.3 Are you eligible to receive **federal** or **state** funds (e.g. not debarred or not excluded or terminated from a Medicaid or Medicare program)? For the purpose of this Eligibility Requirement, "you" includes a physician, or physicians through a Texas legal or professional entity.

Response to Eligibility Requirement 2.3: **Yes or No**

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Eligibility Requirement 2.4. Are you already, or are you willing to become, an "active" business entity as listed in the Texas Comptroller of Public Accounts database (<https://comptroller.texas.gov/purchasing/vendor/information.php>)? For the purpose of this Eligibility Requirement, "you" includes a physician, or physicians through a Texas legal or professional entity.

Response to Eligibility Requirement 2.4: **Yes or No.**

Eligibility Requirement 2.5. Are you in good standing with the state of Texas medical licensing board, the TMB?

Response to Eligibility Requirement 2.5: **Yes or No.**

Eligibility Requirement 2.6. Do you accept the terms of the OE number HHS0008709 and all attachments/exhibits to the OE, including the Data Use Agreement? For the purpose of this Eligibility Requirement, "you" includes a physician, or physicians through a Texas legal or professional entity.

Response to Eligibility Requirement 2.6: **Yes or No**

Eligibility Requirement 2.7. Do you agree to the fee, payment, and volume, usage and compensation provisions described in section 3.3 of the OE? For the purpose of this Eligibility Requirement, "you" includes a physician, or physicians through a Texas legal or professional entity.

Response to Eligibility Requirement 2.7: **Yes or No**

Eligibility Requirement 2.8. Have you been subject to disciplinary or adverse actions or have you been required to obtain additional continuing education that is above and beyond what is required for licensure or sanction requirement made by the TMB?

Response to Eligibility Requirement 2.8: **Yes or No**

Eligibility Requirement 2.9. Have you been the subject of a legal proceeding challenging your professional competence in which a judgment or finding was made against you? For the purpose of this Eligibility Requirement, "you" includes a physician, or physicians through a Texas legal or professional entity.

Response to Eligibility Requirement 2.9: **Yes or No**

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Eligibility Requirement 2.10. Are there any legal impediments to you conducting business in the state of Texas? For the purpose of this Eligibility Requirement, “you” includes a physician, or physicians through a Texas legal or professional entity.

Response to Eligibility Requirement 2.10: **Yes or No**

3. MEDICAL SERVICE REQUIREMENTS

3.1 Do you agree to perform the following services for HHSC:

- 3.1.1 Review all medical records, as applicable, in a timely manner as described by the resultant contract in your area of expertise?
- 3.1.2 Render opinions as to the reasonableness, appropriateness, and necessity for the services provided; whether or not the treatment in question meets the applicable standard of care; and about the factual observations of your review?
- 3.1.3 State your opinions and observations in writing in an expert witness report?
- 3.1.4 If required, testify in person, by deposition, or both, upon reasonable notice, in all legal proceedings related to your services performed under the resultant contract?
- 3.1.5 Discuss with OIG legal counsel and other OIG employees work assignments, findings, opinions and all matters ancillary to record reviews or testifying, or both, subject to receiving reasonable notice as described by the resultant contract?

Response to 3.1, Service Requirements: **Yes or No**

4 OTHER INFORMATION

4.1 In the past ten years, have you:

- 4.1.1 Been subject to professional license restrictions or hospital credential committee findings or orders, or both, related to professional competence or conduct, in Texas or elsewhere?

Yes or No

- 4.1.2 Been subject to disciplinary or adverse actions, or both, relating to your professional services? For the purpose of this Minimum Qualification, “you” includes a Texas legal entity.

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Yes or No

- 4.1.3 Been the subject of a lawsuit? For the purpose of this Minimum Qualification, “you” includes a physician, or physicians through a Texas legal or professional entity.

Yes or No

- 4.1.4 Been arrested, convicted, or otherwise the subject of criminal proceedings?

Yes or No

- 4.2 Do you have relevant experience with professional or peer case reviews, or both?

Yes or No

- A. If “Yes” from an individual respondent, how many years of experience? _____years.

- B. If “Yes” from a Texas legal entity respondent, identify the number of years’ experience in the résumé with curriculum vitae of each participating physician.

- 4.3 Do you have experience with providing professional testimony in the context of an administrative hearing or other adversarial proceeding? **Yes or No**

- A. If “Yes” from an individual respondent, how many years of experience? _____years.

- B. If “Yes” from a Texas legal entity respondent, identify the number of years’ experience in the résumé with curriculum vitae (“CV”) of each participating physician.

- 4.4 Do you have experience with providing professional testimony in the context of an administrative hearing or other adversarial proceeding? **Yes or No**

- If “Yes” from an individual respondent, how many years of experience? _____years.

- If “Yes” from a Texas legal entity respondent, identify the number of years’ experience in the résumé with curriculum vitae of each participating physician.

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4.5 Are you applying as an individual or a Texas legal or professional entity?

5. ADDITIONAL CONTRACTOR WARRANTY AND CERTIFICATIONS

5.1 By submitting this Application, you warrant that:

- A. All background information provided to HHSC-OIG by you is complete, current, and accurate;
- B. You are certified by one or more of the following boards: the American Board of Medical Specialties; the American Osteopathic Association Bureau of Osteopathic Specialists; the American Board of Oral and Maxillofacial Surgery; and other boards that are acceptable to the HHSC-OIG in the specialty or specialties you have identified in section 5.2 (A) of this Application.
- C. You will deliver the services described in the resultant Contract in a manner that represents high standards of professional quality as described in section 5.3.3 of the Notice of Open Enrollment (relating to Performance Measures).
- D. You are not a former or retired employee of HHSC, or that you have not been terminated from employment or retired from HHSC more than one year before the effective date of the awarded Contract.

5.2 By submitting this Application, you certify that:

- A. You are licensed, registered, or certified as a physician and, when required by HHSC-OIG, are also board certified in the following specialty or specialties:

License Number: _____

Expiration Date of License: _____

Specialty: _____

Named of Board Certifying Organization: _____

Expiration Date of Certification: _____

- B. You do not have personal or business interests that present a conflict of interest with respect to the project and resulting contract. It is your responsibility to notify HHSC-OIG immediately if a conflict or apparent conflict of interest arises at any time throughout the life of a contract, if awarded; and
- C. You have complied with all state of Texas and federal laws and regulations relating to the hiring of former state employees, and, if applicable, you have disclosed all prior state employment in an attachment to this Application.

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I hereby certify that the information provided in this Application and supporting attachments, if any, are accurate.

Applicant Name: _____

Signature: _____

Title: _____

Date of Signature: _____