




[VBHS Home](#)
[Services](#)
[About Us](#)
[Ways to Give](#)
[Employment](#)
[Find a Physician](#)
[Valley Baptist Harlingen](#)
[Valley Baptist Brownsville](#)
[Who We Are](#)



[<< Back](#)

Managed Care Contracting

Valley Health Care Network manages 22 contracts in which member physicians may participate.

Beech Street (PPO)

Any code not listed will be reimbursed at 80% of billed charges. Fee schedule available upon request

Blue Bell Creameries (direct employer contract)

Fees are February 1996 MDR 60 for primary care and February 1996 MDR 80 for Specialists and Ob/Gyn. Harlingen has 17 employees units - approximately 50 covered lives.

CHIP (Children's Health Insurance Program)

Fees for CHIP are Medicaid. To be a CHIP provider you must also be a Texas True Choice provider.

Coastal Comp Health Networks (PPO)

Fee schedule is February 1998 MDR 60 for Primary Care and February 1998 MDR 80 for Specialists.

First Health (PPO)

The fee schedule is based on 2004 Medicare RBRVS and is adjusted for market circumstances. Fee schedule available upon request.

Galaxy Health Network (PPO)

The fee schedule is Feb-98 MDR 60 for Primary Care and Feb-98 MDR 80 for Specialists. Unlisted codes will be reimbursed at 80% of billed charges.

Great-West Healthcare

(PPD, POS & Open Access product only)

Reimbursement is 150% of the Medicare Fee Schedule, except for OV/Consults, Pathology, Radiology and Laboratory; the reimbursement is 140% of the Medicare Fee Schedule. Anesthesia is reimbursed at \$50 per unit. Providers will be compensated for covered services the lesser of: 1.) company's current fee schedule; or 2.) 80% billed charges.

Health Smart Preferred Care, Inc. (PPO)

The lesser of: 80% of billed charges or 150% of 2004 St. Anthony's RBRVS on an aggregate basis. Covered procedures not listed or given a RBRVS value will be reimbursed at 80% of billed charges.

Health Smart Preferred Care, Inc. (HPN)

The lesser of: 70% of billed charges or 135% of 2004 St. Anthony's RBRVS on an aggregate basis. Covered procedures not listed or given a RBRVS value will be reimbursed at 70% of billed charges.

Services

[Medical Services](#)
[Insurance Services](#)
[Community Outreach](#)
[Senior's Services](#)
[Wellness Services](#)
[Educational Services](#)
[Medical Professionals](#)
[Spiritual Services](#)

Related Links

[Medical Services](#)
[Membership](#)
[Delegated Credentialing](#)
[PMI Workshops](#)
[PMI Consulting Services](#)
[E-Tools](#)
[Group Purchasing](#)
[Answering Services](#)
[Legal Representation](#)
[UpToDate](#)
[Pay for Performance](#)
[EMR Funding](#)
[Contact Us](#)
[Medical Professionals](#)

Interplan Health Group (PPO)

Services shall be reimbursed at a rate of the lesser of 90% of billed charges or 145% of the RBRVS allowable. For all unlisted procedures, reimbursement shall be 80% of the provider's usual and customary billed charges. Anesthesia services will be reimbursed at \$45.00/unit.

National HealthCare Alliance (PPO & EPO)

The fee schedule is 1997 RBRVS at 170% for surgical, 185% non-surgical, 155% medical. Pathology is MDR 50 and Anesthesiology is \$49.49 ASA. The PPO & EPO contracts and fee schedules are the same. Codes not listed will be reimbursed at 85% of billed charges.

ppoNEXT (PPO) (formerly Medical Control)

The fee schedule is February 1999 MDR 60 for Primary Care and February 1999 MDR 70 for Specialists. For unlisted procedures the reimbursement will be 85% of billed charges.

Texas Municipal League (PPO)

The fee schedule is August 1998 MDR 60 for primary care and August 1998 MDR 70 for Specialists; or 85% of billed charges, whatever is less.

Texas True Choice (PPO)

The fee schedule is based on 140% of the Current Year RBRVS schedule for E&M (90000), Radiology (70000), and Path/Lab (80000) Codes. Surgical (1000-69999) Codes are reimbursed at 165% of the Current Year RBRVS. Anesthesia Codes as reimbursed at 85% of Billed Charges. Immunizations, HCPCS and Codes without an allowable assigned are reimbursed at 75% of billed charges. Note: Covers Mutual of Omaha plans with BISD.

Three Rivers Provider Network

Services will be reimbursed at 80% of billed charges.

UniCare (PPO)

The fee schedule is based on the 2002 Medicare fee schedule. E&M 140%, Ob/Gyn 180%, Surgery 200%. UniCare will allow the lesser of 85 % of billed charges or the maximum allowable under the fee schedule, whichever is less.

Multi Plan (PPO) (formerly UP & UP)

Service will be reimbursed at 90% of billed charges.

USA Managed Care Organization (PPO)

Fee schedule is based on St. Anthony's Relative Values for Physicians using a conversion factor for physician specialties. Procedure codes not included in fee schedule will be reimbursed at 85% of billed charges.

Valley Baptist Health Plans (HMO)

Fee schedule is the lesser of billed charges or 150% 2004 Medicare RBRVS for E/M Codes, 170% for all other codes. Pathology and Radiology professional fees will be paid at 100% of 2004 Medicare RBRVS to include all HCPCS and "J" codes.

Valley Baptist Health Plans (PPO)

(formerly Heritage Health Group)

Fee schedule is the lesser of billed charges or 150% 2004 Medicare RBRVS for E/M Codes, 170% for all other codes. Pathology and Radiology professional fees will be paid at 100% of 2004 Medicare RBRVS to include all HCPCS and "J" codes.

Valley Advantage (HMO)

Reimbursement is 100% of the current Medicare Fee Schedule and If applicable, CMS quarterly bonus payment according to the current HPSA guidelines

Veterans Administration

100% of Medicare - "Rest of Texas Rates" with no patient deductible or co-insurance.

Terms of Use and Privacy Guidelines

2007 Valley Baptist Health System