

UW Medicine Contracted Payors List

| Plan Types: | |
|--|---|
| HMO and EPO (Self-funded HMO) | Member is assigned to a PCP. Referrals and pre-authorizations are generated by the PCP for speciality services. |
| POS (Point of Service Plan) | PCP may refer member for services & member has option to self refer. If member self-refers they have more out-of-pocket expenses. Payment to the provider is the |
| PPO (Preferred Provider Organization) | The member is not assigned to a PCP. The member may choose any provider contracted with their plan. Some plans allow members to choose non-contracted provider but the member would have higher out-of-pocket expenses. |
| PAR (Participating Provider) | The member may go to any provider contracted (PAR=participating) with the insurance plan. |
| Indemnity Plan | The provider provides the service, bills for the service, and is paid. There aren't too many of these types of plans left. |

| Referral Policy: | |
|--|---|
| ***UWAMC PCP (Internal) | When a UWAMC PCP refers to a UWAMC Specialist, a copy of the consultation form/referral does not need to be sent to the plan. |
| Non-UWAMC PCP to UWAMC Specialist | UWAMC Specialist must have a referral from a non-UWAMC PCP in order to be paid for their services. |

| Payor | Plan/Lines of Business | Plan Notes | Referral? | Pre-Auth? | Pmt Type | Plan Type | Contract Type | UWP Contract | UWMC Contract | HMC Contract | IP/OP Svcs | Usual Referral Requirements |
|---|-----------------------------------|--|---|-----------|----------|-----------|---|--|--|--|------------|-----------------------------|
| Aetna (formerly Aetna US Healthcare of WA & formerly NYLCare) | | | | | | | | | | | | |
| | Aexcel | Limited specialty network | | | | | N/A | No Contract | No contract | No Contract | | |
| | Aexcel Plus | Limited specialty network with opt out benefit | | | FFS | | No contract - but pts can self refer to UWP specialists | No Contract- but pts can self refer to UWP specialists | No Contract- but pts can self refer to UWP specialists | No Contract- but pts can self refer to UWP specialists | | |
| | Aetna Choice POS II | (formerly Open Access QPOS) | | | | | PCP, Specialty Services | | | | | |
| | Healthfund | | | | | | PCP, Specialty Services | | | | | |
| | Elect Choice | | ***UWAMC Internal Referral Policy | | FFS | EPO | PCP, Specialty Services | Yes | Yes | Yes | IP/OP | Plan |
| | | Mental Health - call member services | | | | | | | | | | |
| | Managed Choice | | PCP may refer. Patient may also self-refer but at higher cost to patient. | | FFS | POS | PCP, Specialty Services | Yes | Yes | Yes | IP / OP | Plan |
| | Open Access Elect Choice | | | | | | PCP, Specialty Services | | | | | |
| | Open Access Managed Choice | | | | | | | | | | | |

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|---|--|--|---|-----------|----------|----------------|---|--------------|---------------|--------------|-----------|-----------------------------|
| | Open Choice | | Patient may choose provider. No PCP assignment, no referral. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP/OP | Plan |
| | Patriot - Commercial HMO | | UWAMC Specialist must have referral from PCP. | | FFS | HMO | Specialty only | Yes | Psych only | Yes | IP / OP | Plan |
| | | Mental Health - call member services, not all UWAMC MH providers contracted | | | FFS | Mental Health | Individual Mental Health Specialists contract | Yes | Yes | Yes | IP | Plan |
| | QPOS (Quality Point of Service) | | PCP may refer. Patient may also self-refer but at higher cost to patient. | | FFS | POS | Specialty only | Yes | Psych only | Yes | IP / OP | PCP / Plan |
| | | Mental Health - call member services. | | | | | | | | | | |
| | Traditional Choice | | Patient may choose provider. No PCP assignment, no referral. | | FFS | Indemnity Plan | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan ? |
| | US Access | | PCP may refer. Patient may also self-refer but at higher cost to patient. | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | Mental Health - call member services | | | | | | | | | | |
| Affordable Medical Network (Healthcare COMPARE) see First Health | | | | | | | | | | | | |
| Alliant Health Plan GHC (Group Health Cooperative) & VM (Virginia Mason Medical Center) Plans | | | | | | | | | | | | |
| | Alliant Select | | | | | | | | | | | |
| | | GHC PCPs | UWAMC Specialist must have referral from GHC PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | VM PCPs | UWAMC Specialist must have referral from VM PCP. | | FFS | HMO | Specialty only | Yes | No | No | IP / OP | PCP / Plan |
| | Alliant Plus | | | | | | | | | | | |
| | | GHC PCPs | UWAMC Specialist must have referral from GHC PCP. | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | VM PCPs | UWAMC Specialist must have referral from VM PCP. | | FFS | POS | Specialty only | Yes | No | No | IP / OP | PCP / Plan |

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|---|----------------------------|---|---|-----------|----------|--------------|----------------|--------------|---------------|--------------|-----------|-----------------------------|
| | | Self-referred, uses First Choice Health Network | | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | Self / Plan |
| America's Health Plan -see United Payors and United Providers | | | | | | | | | | | | |
| Basic Health Plan (BHP) UWAMC Participates as PCPs see Premera Blue Cross, Molina and Regence Blue Shield (except in King Cty & except for Snohomish resident linked to UWPN clinics in Woodinville and Shoreline) | | | | | | | | | | | | |
| Beech Street (uses First Choice Health Network) | | | | | | | | | | | | |
| | | | Patient may choose provider. No PCP assignment, no referrals. | | FFS | National PPO | | | | | | |
| Blue Cross Blue Shield Federal Employees Program (FEP) Premera Blue Cross processes hospital fees Regence BlueShield processes pro fees | | | | | | | | | | | | |
| Blue Cross Blue Shield (BCBS) National Transplant Network | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Blue Cross Blue Shield of Oregon -see Regence Blue Shield | | | | | | | | | | | | |
| Blue Cross of Washington and Alaska - see Premera Blue Cross | | | | | | | | | | | | |
| Blue Shield - for members in the state of Washington see Regence Blue Shield. | | | | | | | | | | | | |
| Boeing Traditional Medical Plan -see Regence Blue Shield | | | | | | | | | | | | |
| Champus /ChampVA - Standard Champus (for CHAMPUS' managed care plan see TriCare) | | | | | | | | | | | | |
| | Traditional indemnity plan | | | | FFS | Indemnity | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| CHIP (Children's Health Insurance Program) | | | | | | | | | | | | |

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|---|--|---|--|---|----------|---------------|--|----------------------------|---------------|--------------|-----------|-----------------------------|
| | FFS Option | Please verify member is on the FFS Option. | Patient may choose provider. No PCP assignment. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| | Molina HealthPlan of WA | | see Molina CHIP | | FFS | HMO | PCP, Specialty Services | Yes | Yes | Yes | | |
| | Premera Blue Cross | | see Premera CHIP | | FFS | HMO | PCP, Specialty Services | Yes | Yes | Yes | | |
| | Community Health Plan of WA (CHPW) CHIP | | UWAMC Specialist must have referral from CHPW PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Group Health CHIP, Regence CHIP | | UWAMC Specialist must have referral from the Plan's non-UWAMC PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| Cigna Behavioral Health (formerly MCC) | | | | | | | | | | | | |
| | Mental Health | Contact Member Services, not all UWAMC providers contracted. | | | FFS | Mental Health | Selected individual Mental Health professionals only | Yes, select providers only | No | No | | |
| CIGNA Healthcare (uses First Choice Health Network) | | | | | | | | | | | | |
| | Mental Health | All lines of business use Cigna Behavioral Health | Contact Member Services | | | | | | | | | |
| | Vision services | All lines of business use Vision Service Plan | Contact Member Services | | | | | | | | | |
| | Network/GPPO (Managed Care) | | Member may be assigned to our PCPs. UWAMC Specialist must have referrals from both internal & external PCPs. | All Inpatient stays see list of other services. | FFS | HMO | PCP, Specialty Services | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Open Access | | PCP may refer. Patient may also self-refer but at higher cost to patient. | All Inpatient stays see list of other services. | FFS | POS | PCP, Prim/Spec | Yes | Yes | Yes | | |
| | CIGNA HealthCare POS Medical Plan | | PCP may refer. Patient may also self-refer but at higher cost to patient. | All Inpatient stays see list of other services. | FFS | POS | PCP, Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |

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|--|---|--|---|-----------------------|-----------|---------------|---------------------------|--------------|---------------|--------------|-----------|-----------------------------|
| | CIGNA HealthCare PPO Medical Plan | | Patient may choose any of our providers. No PCP assignment. No referral required. | No Pre-Auth Necessary | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | PCP / Plan |
| Cigna Healthsource | | | | | | | | | | | | |
| | If uses First Choice, we are contracted. See First Choice | | | | | | | | | | | |
| | If uses PHCS, no contract | No Contract | | | | National PPO | No Contract | No | No | No | | |
| Clark United Providers - see Columbia United Providers | | | | | | | | | | | | |
| Columbia United Providers (formerly Clark United Providers) see Multiplan PPO Network | | | | | | | | | | | | |
| Community Health Plan of WA (CHPW) | | | | | | | | | | | | |
| | BHP Basic Health members enrolled with CHPW BHP | | UWAMC Specialist must have referral from CHPW PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | CHIP Children's Health Insurance Program members enrolled with CHPW CHIP | | UWAMC Specialist must have referral from CHPW PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | | |
| | HO Healthy Options clients enrolled with CHPW HO | | UWAMC Specialist must have referral from CHPW PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP |
| | PEBB State Employees enrolled with CHPW | | UWAMC Specialist must have referral from CHPW PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| Coventry Health Care (Termination notice issued. Term date 9/13/02.) SCCA does have a contract. | | | | | | | | | | | | |
| | Transplant | | | | Case Rate | PPO | Transplant Specialty only | No | No | No | IP / OP | Plan |
| Eye Care Washington | | | | | | | | | | | | |
| | This is a "rented network" for Ophthalmology/Optometry, select physicians covered, including Dr. Chen | Call Member Services, not all UWAMC providers contracted. | | | FFS | Vision | Vision Specialist only | Yes | No | No | | |
| Federal Employees Program (FEP) -see Blue Cross Blue Shield Federal Employees | | | | | | | | | | | | |
| First Choice Health Network | | | | | | | | | | | | |
| | Mental Health | No Contract. Call member services | | | | Mental Health | No Contract | No | No | No | | |

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|--|---|---|-----------|-----------|-----------|-------------------------------------|---------------------------------|----------------|---------------|--------------|----------------|-----------------------------|--------------------|
| | Organ Transplant | All lines of business have access | | | Case Rate | Transplant | Organ Transplant Specialty only | Yes, Case Rate | Yes | No | IP / OP | Plan | |
| | Bone Marrow Transplant (BMT) | All lines of business have access | | | | BMT | BMT Specialty only | Yes, SCCA | Yes, SCCA | No | | | |
| | PPO Product | | | | FFS | National PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan | |
| | Northwest Hospital/Cardiac | | | | | Cardiac | Cardiac Specialty | Yes-preferred | Yes | No | | | |
| First Choice Health PLAN | | | | | | | | | | | | PCP / Plan | |
| No longer available as of 12/31/03 | | | | | | | | | | | IP / OP | | |
| First Health Network (formerly Affordable Network) rented network | | | | | | | | | | | | | |
| | See id card, could be the Affordable network or another PPO network | | | | FFS | National PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan | |
| | MD's, PhD's, MSW approved to provide services | | | | FFS | Mental Health | Mental Health | Yes | No | No | | | |
| Formost Specialty Network | | | | | | | | | | | IP / OP | Plan | |
| Transferring to BDG Emergis/Multiplan | | | | | | | | | | | | | |
| | Reinsurance | | | | | Transplant / NICU / Cardiac Surgery | Specialty only | Yes | Yes | No | IP / OP | Plan | |
| Government Employees Hospital Association (GEHA) -see ID card for network | | | | | | | | | | | | IP / OP | Self / Plan |
| | if NPPN/First Choice | | | | FFS | National PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan | |
| | if PHCS | No Contract | | | | National PPO | No Contract | No | No | No | IP / OP | Self / Plan | |
| | Both Networks | Uses LifeTrac for transplant | | | | | | | | | | | |
| Government-Wide Service Benefits Plan -see Blue Cross Blue Shield Federal Employees Program (FEP) | | | | | | | | | | | | | |
| Great West HealthCare | PPO, POS & HMO | | | | | | | | | | | | |
| | One Health Plan POS Product | PCP may refer - patient may also self-refer | | | FFS | POS | PCP, Specialty Services | Yes | Yes | No | IP / OP | PCP / Plan | |
| | One Health Plan PPO Product | Patient may choose provider. No PCP assignment. | | | FFS | PPO | Prim/Spec | Yes | Yes | No | IP / OP | Plan | |
| | One+ HMO Product | UWAMC Specialist must have a | | | FFS | HMO | PCP, | Yes | Yes | No | IP / OP | PCP / Plan | |
| Great West HealthCare (formerly Great) | | | | | | | | | | | | | |
| Green Springs -See Magellan Health Service | | | | | | | | | | | | | |

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|---|---|--|--|-----------|-----------|---------------------|----------------|----------------|---------------|--------------|------------|-----------------------------|
| Group Health Cooperative (GHC) Group Health NW | | | | | | | | | | | IP / OP | PCP / Plan |
| | Heart Transplants | All GHC lines of business can access this contract | | | Case Rate | Organ Transplant | Specialty only | Yes, Case Rate | Yes | No | | PCP / Plan |
| | Kidney & Kidney/Pancreas Transplants | All GHC lines of business can access this contract | | | Case Rate | Organ Transplant | Specialty only | Yes, Case Rate | Yes | No | | PCP / Plan |
| | Liver Transplants | All GHC lines of business can access this contract | | | Case Rate | Organ Transplant | Specialty only | Yes, Case Rate | Yes | No | | PCP / Plan |
| | Lung Transplants | All GHC lines of business can access this contract | | | Case Rate | Organ Transplant | Specialty only | Yes, Case Rate | Yes | No | | PCP / Plan |
| | Oral Medicine (TMJ) | All GHC lines of business can access this contract | | | FFS | Oral Medicine (TMJ) | Specialty only | No | Yes | No | | |
| | Prenatal Diagnosis | All GHC lines of business can access this contract | | | Case Rate | Prenatal Diagnosis | Specialty only | Yes | Yes | No | OP | PCP / Plan |
| | Inpt. Psych | All GHC lines of business can access this contract | | | FFS | Mental Health | Specialty only | Yes | Yes | Yes | IP | N / A |
| | Rehabilitation Services | All GHC lines of business can access this contract | | | Per Diem | Rehab | Specialty only | Yes | Yes | Yes | IP | N / A |
| | Alliant Select-GHC PCP | | UWAMC Specialist must have referral from Group Health PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Alliant Plus-GHC PCP | | | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | BHP Basic Health members enrolled with GHC BHP | | UWAMC Specialist must have referral from GHC PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | CHIP Children's Health Insurance Program members enrolled with GHC CHIP | | UWAMC Specialist must have referral from GHC PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | | |
| | HO Healthy Options clients enrolled with GHC HO | | UWAMC Specialist must have referral from GHC PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP |
| | HMO | | | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Medicare | | | | FFS | Medicare Risk | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Medicare Psychiatric Services | | | | FFS | Medicare Risk | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Medicare Rehabilitation Services | | | | FFS | Medicare Risk | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | PEBB 2003 (King County) | PEBB State Employees | | | FFS | PEBB | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |

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| | Options Classic-GHC PCP | | | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Options Prime-GHC referral | | | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Options Medicare-GHC PCP | Medicare Risk. Only GHC providers can be PCPs. | | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| Guardian | | | | | | | | | | | IP / OP | Self / Plan |
| | | | | | | | | | | | IP / OP | Self / Plan |
| Healthcare Management Administrators (HMA) | | | | | | | | | | | | Self / Plan ? |
| | PPO-uses First Choice Health Network | | | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | | Self / Plan ? |
| | Preferred PPO-uses Regence | | | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | | Self / Plan ? |
| HealthNet Federal Services - see Tricare | | | | | | | | | | | | |
| Health Payors Organization | | | | | | | | | | | IP / OP | Self / Plan |
| | National PPO | | | | FFS | National PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| Health Washington/Boeing-see First | | | | | | | | | | | | |
| Healthy Options (HO) UWAMC Participate as PCPs see Molina and Premera Blue Cross | | | | | | | | | | | | |
| Indian Health Service (IHS) Portland | | | | | | | | | | | IP / OP | Plan |
| | | | | | FFS | | Specialty only | Yes | Yes | Yes | IP / OP | Plan |
| Indian Health Service (IHS) Alaska | | | | | | | | | | | IP / OP | Plan |
| | | *Letter of Agreement (LOA) | | | FFS | | Specialty only | No | No | No | IP / OP | Plan |
| John Alden | | | | | | | | | | | IP / OP | Plan |
| | | | | | FFS | | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| KPS Health Plans (Kitsap Physician Services) - uses First Choice Health Network | | | | | | | | | | | | |
| Labor & Industries Washington | | | | | | | | | | | | |
| | General Services | | | | FFS | | Specialty only | Yes | Yes | Yes | | |
| | Pain Services | | | | Case Rate | | Specialty only | Yes | Yes | No | | |
| | Labor & Industries-other states-non-WA | | | | FFS | | Specialty only | Yes | Yes | Yes | IP / OP | Plan |
| LifeTrac Transplant Network | | | | | | | | | | | | |
| | Organ Transplant | | | | Case Rate | Organ Transplant | Specialty only | Yes, Case Rate | Yes | No | IP / OP | Plan |
| | Bone Marrow Transplant (BMT) | | | | | BMT | Specialty only | Yes, SCCA | Yes, SCCA | No | | |

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| Managed Care Inc. | | | | | | | | | | | | |
| | National PPO - no contract | No Contract | | | | PPO | No Contract | No | No | No | IP / OP | Plan |
| Magellan Health Services | | | | | | | | | | | | |
| | Mental Health - no contract | No Contract | | | | Mental Health | No Contract | No | No | No | | |
| Managed Behavioral Health | | | | | | | | | | | | |
| | Regence Selections and Regence BHP use this network | | | | | Mental Health | Specialty only | Yes | No | No | | |
| Managed Health Network (MHN) - mental health | | | | | | | | | | | | |
| | TRICARE-formerly Foundation PsychCare | MHN ceases to be contract holder as of 5/31/04 - See TriWest | | | FFS | Mental Health | Specialty only | Yes | Yes | No | IP / OP | HC Finder |
| | Healthcare Management Center | Teamsters use this plan. | | | FFS | Mental Health | Specialty only | Yes | Yes | No | | |
| Medicaid | | | | | | | | | | | | |
| | Non-managed care Medicaid patients | | Patient may choose any provider who accepts Medicaid | | FFS | Medicaid | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| Medicare | | | | | | | | | | | | |
| | Medicare | | | | | Medicare | Prim/Spec | Yes | Yes | Yes | IP / OP | |
| | Medicare HMO Referrals | see ID card, then specific plan | | | FFS | Medicare Risk | Specialty only | Yes, with referral | Yes, with referral | Yes, with referral | IP / OP | PCP / Plan |
| | Medicare Select Supplements | see ID card, then specific plan | | | FFS | Medicare Supplement | Prim/Spec | Yes, if no limitations | Yes, if no limitations | Yes, if no limitations | IP | |
| | Medicare Supplements | | | | FFS | Medicare Supplement | Prim/Spec | Yes | Yes | Yes | IP / OP | |
| Medical Partners NW Group | | | | | | | | | | | | |
| Medical Service Corp.of Eastern WA-see | | | | | | | | | | | | |
| Metropolitan Clinic of Counseling (MCC)- See Cigna Behavioral Health | | | | | | | | | | | | |
| Molina Healthplan of Washington | | | | | | | | | | | | |
| CHRMC is not contracted with Molina | | | | | | | | | | | | |
| | Organ Transplant | All lines of business can access transplant contract | | | Case rate | Organ Transplant | Specialty only | Yes, Case rates | Yes | No | | |
| | Bone Marrow Transplant (BMT) | All lines of business can access transplant contract | | | Case rate | BMT | Specialty only | Yes, Case rates | Yes | No | | |
| | BHP Basic Health members enrolled with Molina BHP | Members were disassigned 12/31/04 - As of 6/1/03 established members including those recently disassigned may re-establish with their PCP. | No referral necessary since UWAMC Specialists are contracted providers. | All Inpatient stays see list of other services. | FFS | HMO | PCP and Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |

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| | CHIP Children's Health Insurance Program members enrolled with Molina CHIP | | | | | | | | | | | |
| | | Members assigned to UWAMC PCPs | Referrals only necessary to non-Molina contracted providers. | All Inpatient stays see list of other services. | FFS | HMO | PCP and Specialist | Yes | Yes | Yes | | |
| | | Members assigned to Non-UWAMC PCP | No referral necessary since UWAMC Specialists are contracted providers. | All Inpatient stays see list of other services. | FFS | HMO | Specialty only | Yes | Yes | Yes | | |
| | HO Healthy Options clients enrolled with Molina HO | | | | | | | | | | | |
| | | Members assigned to UWAMC PCPs | Referrals only necessary to non-Molina contracted providers. | All Inpatient stays see list of other services. | FFS | HMO | PCP and Specialist | Yes | Yes | Yes | | |
| | | Members assigned to Non-UWAMC | No referral necessary since | All Inpatient stays | FFS | HMO | Specialty | Yes | Yes | Yes | | |
| Multicare Health System -capitated physician group | | | | | | | | | | | | |
| Multiplan PPO Network (thru FCHN) | | | | | | | | | | | IP / OP | Plan |
| Mutual of Omaha (uses First Choice Health Network) | | | | | | | | | | | IP / OP | Plan |
| | Organ Transplant- Terminated as of 02/10/01 | All lines of business access through First Choice Health Network | | | Case Rate | Organ Transplant | Specialty only | Yes, SCCA | Yes, SCCA | No | | |
| | Mutual of Omaha HMO | | | | FFS | HMO | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| | Mutual of Omaha PPO | | | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| National Preferred Provider Network-NPPN (rented network) As of 12/31/03 no longer part of FCHN. No contract | | | | | | | | | | | IP / OP | Plan |
| NorthwestOne formerly Integrated Network Systems (INS) see Interplan Health Terminated 09-09-01 | | | | | | | | | | | IP / OP | Plan |
| One Health Plan - see Great West Health | | | | | | | | | | | | |
| | One Health Plan POS Product | PCP may refer - patient may also self-refer | | | FFS | POS | PCP, Specialty Services | Yes | Yes | No | IP / OP | PCP / Plan |

UW Medicine Contracted Payors List

| Payor | Plan/Lines of Business | Plan Notes | Referral? | Pre-Auth? | Pmt Type | Plan Type | Contract Type | UWP Contract | UWMC Contract | HMC Contract | IP/OP Svs | Usual Referral Requirements |
|--|--|--|---|-----------|----------|-----------|-------------------------|--------------|---------------|--------------|-----------|-----------------------------|
| | One Health Plan PPO Product | Patient may choose provider. No PCP assignment. | | | FFS | PPO | Prim/Spec | Yes | Yes | No | IP / OP | Plan |
| | One+ HMO Product | UWAMC Specialist must have a referral from both UWAMC PCPs and outside PCPs. | | | FFS | HMO | PCP, Specialty Services | Yes | Yes | No | IP / OP | PCP / Plan |
| Options Health Care This is a <u>V</u> irginia <u>M</u> ason Medical Center (VM) / <u>G</u> roup <u>H</u> ealth <u>C</u> ooperative | | | | | | | | | | | | |
| Options Classic | | | | | | | | | | | | |
| | | GHC PCPs | UWAMC Specialist must have referral from GHC PCP. | | FFS | POS | Specialty only | Yes | Yes | Yes | | |
| Options Prime | | | | | | | | | | | | |
| | | GHC Network Selected GHC PCPs | UWAMC Specialist must have referral from GHC PCP. | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | VM Network Selected-VM PCP | UWAMC Specialist must have referral from VM PCP. | | FFS | POS | Specialty only | Yes | No | No | IP / OP | PCP / Plan |
| | | First Choice Network Selected-No PCP required | | | FFS | POS | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| | | Out-of-Network Option Selected | | | FFS | POS | Specialty | Yes | Yes | Yes | IP / OP | Plan |
| Options Prime-Medium | | | | | | | | | | | | |
| | | GHC Network Selected GHC PCPs | UWAMC Specialist must have referral from GHC PCP. | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | VM Network Selected VM PCPs | UWAMC Specialist must have referral from VM PCP. | | FFS | POS | Specialty only | Yes | No | No | IP / OP | PCP / Plan |
| | | First Choice Network Selected-No PCP required | | | FFS | POS | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| | | Out-of-Network Option Selected | | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | Plan |
| Options Health Care Medicare Plans I | | | | | | | | | | | | |
| | | GHC's PCPs have Medicare Risk contract | UWAMC Specialist must have referral from GHC PCP. | | FFS | POS | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | VM's PCPs have Medicare Risk contract | UWAMC Specialist must have referral from VM PCP. | | FFS | POS | Specialty only | Yes | No | No | IP / OP | PCP / Plan |
| Out-Of-State Plans | | | | | | | | | | | IP / OP | Plan |
| Blue Card Program | | | | | | | | | | | | |
| | Blue Cross only plans-see Premera Blue Cross and patient id card for specific product | | | | FFS | | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |

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|---|---|--|-----------|-----------|----------|-----------|---------------|--------------|---------------|--------------|-----------|-----------------------------|
| | Blue Shield only plans-see Regence Blue Shield and patient id card for specific product | | | | FFS | | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| | Combined Blue Cross Blue Shield Plans (except Oregon) can submit to either Premera or Regence | | | | FFS | | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| Out-Of-State PacifiCare Plans retroactively terminated to 8/1/99 | | | | | | | | | | | | |
| PacifiCare Behavioral Health Retroactively terminated to 8/1/99 | | | | | | | | | | | | |
| PacifiCare of Washington No contract - retroactively terminated to 8/1/99. Retroactively terminated to 8/1/99. Please note: Pacificare uses LifeTrac for organ transplants. We are contracted with LifeTrac. So, Pacificare members undergoing organ transplants using LifeTrac are considered contracted for the organ transplant and related services. | | | | | | | | | | | | |
| PacifiCare of Washington / Secure Horizons Letter of Agreement in effect for 100% of Medicare allowable | | | | | | | | | | | | |
| Signature Freedom Not contracted - there is an out of network benefit. Includes a deductible and requires members to pay 30%, plus any charges above the allowed amount. | | | | | | | | | | | | |
| Pacific Medical Center (PacMed) Contract termination October 2001. | | | | | | | | | | | | |
| PEBB State Employees Benefits UWAMC participates with Uniform Medical Plan for primary care services and various other plans for specialty services | | | | | | | | | | | | |
| Premera Blue Cross | | | | | | | | | | | | |
| | BHP Basic Health members enrolled with Premera BHP | Premera is dropping BHP coverage as of 5/31/04 | | | | | | | | | | |

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| Payor | Plan/Lines of Business | Plan Notes | Referral? | Pre-Auth? | Pmt Type | Plan Type | Contract Type | UWP Contract | UWMC Contract | HMC Contract | IP/OP Svs | Usual Referral Requirements |
|--|---|---|---|--|--------------------|-------------|-------------------------|--|--|--|-----------|-----------------------------|
| | | Premera BHP members assigned to UWAMC PCPs | ***UWAMC Internal Referral Policy | DOS Pre 2/1/02 (206) 520-5613 As of 2/1/02 1-800-344-2227 | CAP 2001, FFS 2002 | HMO | PCP, Specialty Services | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | Premera BHP members assigned to Non-UWP PCP | UWAMC Specialist must have referral from Non-UWAMC PCP. | 1-800-344-2227 for IP admit or Organ Transplant services | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | CHIP Children's Health Insurance Program members enrolled with Premera CHIP | Premera is dropping BHP coverage as of 5/31/04 | | | | | | | | | | |
| Premera CHIP members assigned to UWAMC PCPs | ***UWAMC Internal Referral Policy | DOS Pre 2/1/02 (206) 520-5613 As of 2/1/02 1-800-344-2227 | FFS | HMO | PCP and Specialist | Yes | Yes | Yes | | | | |
| Premera CHIP members assigned to Non- | UWAMC Specialist must have | 1-800-344-2227 for IP admit or Organ | FFS | HMO | Specialty | Yes | Yes | Yes | | | | |
| | Dimensions | | | | | | | | | | | |
| | Dimensions Foundation | Limited network PPO type plan | No | | FFS | PPO | | No | No | No | | |
| | Dimensions Foundation Plus | Limited network PPO type with out-of-network (OON) benefits | No | | FFS | PPO | | No <i>but there are OON benefits except for Preventive services</i> | No <i>but there are OON benefits except for Preventive services</i> | No <i>but there are OON benefits except for Preventive services</i> | | |
| | Dimensions Heritage (formerly Prudent Buyer) | PPO on Dimensions Claims platform | No | | FFS | PPO | | Yes | Yes | Yes | | |
| | Dimensions Heritage Plus | PPO on Dimensions Claims platform with OON benefits | No | | FFS | PPO | | Yes | Yes | Yes | | |
| | Dimensions Access | No longer offered. Replaced by Heritage | | | FFS | PPO | | Yes | No | No | | |
| | Dimensions Global | Includes all contracted and non-contracted providers | No | | FFS | Traditional | | Yes | Yes | Yes | | |
| Federal Employees Program (FEP) see Blue Cross Blue Shield Federal Employees Program (FEP) | | Premera Blue Cross processes hospital fees, Regence Blue Shield processes pro fees. | | | | | | | | | IP / OP | Self / Plan |
| | **HealthPlus PCP contract termed 12/31/01, specialist contract continues | | | | | | | | | | | |

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| Payor | Plan/Lines of Business | Plan Notes | Referral? | Pre-Auth? | Pmt Type | Plan Type | Contract Type | UWP Contract | UWMC Contract | HMC Contract | IP/OP Svcs | Usual Referral Requirements |
|---|---|---|---|--|----------------------------|-----------|--------------------|-----------------|-----------------|-----------------|------------|-----------------------------|
| | | **HealthPlus members may no longer choose a UWAMC PCP - contract termed 12/31/01 | | | CAP 2001 Termed 2002 | HMO | No PCP contract | No PCP contract | No PCP contract | No PCP contract | IP / OP | PCP |
| | | HealthPlus members assigned to Non-UWAMC PCP - UWAMC Specialist contract continues in 2002 | UWAMC Specialist must have referral from PCP. | 1-800-344-2227, option 4 or 6 for IP admit or Organ Transplant services | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP |
| | | HealthPlus terminated their contract with FEP 12/31/01. | | | | | | | | | | |
| | HO | Premera is dropping BHP coverage as of 5/31/04 | | | | | | | | | | |
| HO Mental Health - see Regional Support Network - Invalid as of June 1, 2004. Premera is dropping HO business. | | | | | | | | | | | | |
| | | Premera HO members assigned to UWAMC PCPs | ***UWAMC Internal Referral Policy | DOS Pre 2/1/02 (206) 520-5613 As of 2/1/02 1-800-344-2227 | CAP pre-2002, FFS 2002 | HMO | PCP and Specialist | Yes | Yes | Yes | | |
| | | Premera HO members assigned to Non-UWAMC PCP | UWAMC Specialist must have referral from Non-UWAMC PCP. | 1-800-344-2227 for IP admit or Organ Transplant services | FFS | HMO | Specialty only | Yes | Yes | Yes | | |
| | LifeWise | | | | | | | | | | | |
| | Lifewise Health Plan of Oregon | | Patient may choose provider. No PCP assignment. | Yes, 1-800-722-3372 | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Plan |
| | Lifewise Health Plan of Washington | Administered by NorthStar Administrators - PhDs are not PAR | Patient may choose provider. No PCP assignment. | 1-800-344-2227, option 4 or 6 for IP admit or Organ Transplant services | FFS | PPO/PAR | Prim/Spec | Yes | Yes | Yes | | |
| | Premera (formerly MSC of Eastern WA) | | | | | | | | | | | |
| | | Preferred Reinstated as of 01/01/01 | Patient may choose provider. No PCP assignment. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| | | Participating Reinstated as of 01/01/01 | Patient may choose provider. No PCP assignment. | | FFS | Indemnity | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| | NorthStar Administrators | | | | | | | | | | | |

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| Payor | Plan/Lines of Business | Plan Notes | Referral? | Pre-Auth? | Pmt Type | Plan Type | Contract Type | UWP Contract | UWMC Contract | HMC Contract | IP/OP Svcs | Usual Referral Requirements | |
|---|---|---|---|---|----------|---------------------------------|--------------------|--------------------|--------------------|--------------------|------------|-----------------------------|--|
| | (formerly NCAS) | ZKB is the alpha Prefix on ID card | Patient may choose provider. No PCP assignment. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | | | |
| | Participating- Traditional including new individual plans for 2001 | PhDs are not PAR | Patient may choose provider. No PCP assignment. | 1-800-344-2227, option 4 or 6 for IP admit or Organ Transplant services | FFS | Indemnity PAR | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan | |
| | Preferred (Prudent Buyer) including new individual plans for 2001 | Prudent Buyer members are being rolled over to Heritage Dimensions | Patient may choose provider. No PCP assignment. | 1-800-344-2227, option 4 or 6 for IP admit or Organ Transplant services | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan | |
| Private Health Care Systems (PHCS) | | | | | | | | | | | IP / OP | Self / Plan | |
| | General Services | No Contract | | | | PPO | No Contract | No | No | No | IP / OP | Self / Plan | |
| | Heart and Liver Transplant | Termination notice issued effective 11/13/2002. | | | FFS | Heart and Liver Transplant only | Specialty only | Yes, Case Rate | Yes | No | | | |
| | Bone Marrow Transplant (BMT) | No Contract | | | FFS | BMT | No Contract | No | No | No | | | |
| ProAmerica Managed Care -see United Health Care Managed Care | | | | | | | | | | | | | |
| PRO Behavioral Health | | | | | | | | | | | | | |
| | Outpatient Mental Health | Molina no longer uses this network. | | | FFS | Mental Health | Specialty only | Yes | No | No | | | |
| Providence Health Plan of Oregon | | | | | | | | | | | IP / OP | PCP / Plan | |
| | No Contract | | | | | HMO/POS | No Contract | No Contract | No contract | No contract | IP / OP | PCP / Plan | |
| Puget Sound Physicians Association (PSPA) -capitated physician group, out of business 7/2000 | | | | | | | | | | | | | |
| QualMed of Oregon -uses First Choice Health Network | | | | | | | | | | | | | |
| | | | | | FFS | HMO/POS | Specialty | | | | | | |
| QualMed (see Molina Healthcare of WA) | | | | | | | | | | | | | |
| Regence Blue Shield | | | | | | | | | | | IP / OP | Self / Plan | |
| | Asuris | Similar to United NW Services-Rental network | | | | | FFS | Yes | Yes | Yes | | | |
| | Boeing Traditional Commercial Medical Plan | | | | | | | | | | | | |

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| Payor | Plan/Lines of Business | Plan Notes | Referral? | Pre-Auth? | Pmt Type | Plan Type | Contract Type | UWP Contract | UWMC Contract | HMC Contract | IP/OP Svs | Usual Referral Requirements |
|-------|--|--|---|-----------|----------|-----------|--|--------------|---------------|--------------|-----------|-----------------------------|
| | | Mental Health Services see Value Options | Patient may choose provider. No PCP assignment. | | FFS | PAR/PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| | BHP Basic Health members enrolled with Regence BHP | Effective 01/01/2004, Regence has withdrawn from King and Snohomish counties. UWP is no longer contracted as PCPs. | UWAMC Specialist must have referral from Non-UWAMC PCP. | | FFS | | Specialty services only as of 01/01/04 | Yes | Yes | Yes | | |
| | | Regence BHP members assigned to Non-UWP PCP | UWAMC Specialist must have referral from Non-UWAMC PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | | BHP Mental Health Services see Managed Behavioral Health | | | | | | | | | | |
| | CHIP Children's Health Insurance Program clients enrolled with Regence CHIP | Effective January 2004, Regence is no longer participating in HO in King. | UWAMC Specialist must have referral from Regence PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Federal Employees Program (FEP) -see Blue Cross Blue Shield Federal Employees Program (FEP) | Regence Blue Shield processes pro fees, Premera Blue Cross processes hospital fees. | | | | | | | | | IP / OP | Self / Plan |
| | FourFront | | Patient may choose provider. No PCP assignment | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | | |
| | HO Healthy Options clients enrolled with Regence HO | Effective January 2004, Regence is no longer participating in HO in King. | UWAMC Specialist must have referral from Regence HO PCP. | | FFS | HMO | Specialty only | Yes | Yes | Yes | IP / OP | PCP / Plan |
| | Preferred Plan | | Patient may choose provider. No PCP assignment. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| | RegenceCare -formerly HMO Washington | Product discontinued as of 12/31/04 | | | | | | | | | | |
| | Selections (including individual plan) | | PCP may refer. Patient may also self-refer but at higher cost to patient. | | FFS | POS | PCP, Prim/Spec | Yes | Yes | Yes | IP / OP | PCP / Plan |

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| Payor | Plan/Lines of Business | Plan Notes | Referral? | Pre-Auth? | Pmt Type | Plan Type | Contract Type | UWP Contract | UWMC Contract | HMC Contract | IP/OP Svs | Usual Referral Requirements |
|---|---|---|--|--|----------|---------------|---------------------|--------------|---------------|--------------|-----------|-----------------------------|
| | | Mental Health Services through Regence Blue Shield except for Boeing non-represented members use Magellan | | | | Mental Health | | | | | | |
| | Standard Participating | | Patient may choose provider. No PCP assignment. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| | United Northwest Services | This network is no longer sold | Patient may choose provider. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| Regence Blue Shield Idaho Plans (submit | | | | | | | | | | | | |
| Regence Blue Cross Blue Shield of Oregon plans (submit claims as you would for Regence Blue Shield of WA) UWP Sponsor # 987 | | | | | | | | | | | | |
| Regional Support Network (RSN) | | | | | | | | | | | | |
| | Medicaid and Healthy Options | UWAMC mental health professionals | Medicaid and Healthy Options | | | POS | No contract | No | No | No | | |
| Secure Horizons-see PacifiCare - Letter of | | | | | | | | | | | | |
| Senior Partners-not offered by Premera in | | | | | | | | | | | | |
| Sound Health Network-see First Choice Health Network | | | | | | | | | | | | |
| State of WA L&I | | | | | | | | | | | | |
| | Pain Services | | | | FFS | | Specialty only | Yes | Yes | No | | |
| Sterling Option | | | | | | | | | | | | |
| | Medicare Supplement - no contract | No contract - however by accepting a Sterling option patient, you are | | | | | No contract | No | No | No | | |
| Superior Vision Services, Inc | | | | | | | | | | | | |
| | Vision | Contact Member Services, not all UWAMC providers contracted. | | | FFS | | Selected Physicians | Yes | No | No | | |
| Tricare - HealthNet | | | | | | | | | | | | |
| | Mental Health Services must go through the Managed Health Network (MHN) | Effective June 1, 2004 Transferred to Triwest - MHN no longer contractor for mental health | | | | Mental Health | | | | | | |
| | Military Facility PCP | | UWAMC Specialist must have referral from Military Facility PCPs. | | FFS | HMO | Specialty only | Yes | Yes | No | IP / OP | PCP / Plan |
| | TriCare Extra | | PCP may refer. Patient may | | FFF | PPO | PCP, | Yes | Yes | No- but | IP / OP | HC Finder |
| | TriCare Prime | | | | FFS | | | | | | | |
| | | UWP PCP | Members may be assigned to our PCPs. All referrals must be approved by HCF | Yes, through Health Care Finders (HCF) | FFS | HMO | PCP, Prim/Spec | Yes | Yes | No | IP / OP | PCP / Plan |
| | | Non UWP PCP | UWAMC Specialist must have | | FFS | HMO | Specialty | Yes | Yes | No | IP / OP | PCP / Plan |

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|--|-------------------------------|---|--|--|----------|------------------|-------------------------|--------------|--------------------------|--------------------------|------------|-----------------------------|
| | TriCare Senior Prime | Medicare | | | FFS | | Specialty | Yes | Yes | No | IP / OP | PCP/ Plan |
| | TriCare for Life | Medicare Supplement | | | FFS | | Prim/Spec | Yes | Yes | Yes | | |
| | TriCare Standard | | | | FFS | Indemnity | Prim/Spec | Yes | Yes | Yes | IP / OP | HC Finder |
| Tricare - TriWest/Regence | | | | | | | | | | | | |
| Effective June 1, 2004 | | | | | | | | | | | | |
| | Military Facility PCP | | UWAMC Specialist must have referral from Military Facility PCPs. | | FFS | HMO | Specialty only | Yes | In contract negotiations | In contract negotiations | IP / OP | PCP / Plan |
| | TriCare Extra | | PCP may refer. Patient may also self-refer but at higher cost to patient. | | FFF | PPO | PCP, Specialty Services | Yes | In contract negotiations | In contract negotiations | IP / OP | HC Finder |
| | TriCare Prime | | | | FFS | | PCP, Specialty Services | Yes | In contract negotiations | In contract negotiations | | |
| | | UWP PCP | Members may be assigned to our PCPs. All referrals must be approved by HCF | Yes, through Health Care Finders (HCF) | FFS | HMO | PCP, Prim/Spec | Yes | In contract negotiations | In contract negotiations | IP / OP | PCP / Plan |
| | | Non UWP PCP | UWAMC Specialist must have | | FFS | HMO | Specialty | Yes | In contract | In contract | IP / OP | PCP / Plan |
| | TriCare Senior Prime | Medicare | | | FFS | | Specialty | Yes | In contract | In contract | IP / OP | PCP/ Plan |
| | TriCare for Life | Medicare Supplement | | | FFS | | Prim/Spec | Yes | In contract | In contract | | |
| | TriCare Standard | | | | FFS | Indemnity | Prim/Spec | Yes | In contract | In contract | IP / OP | HC Finder |
| Uniform Medical Plan (WA State Health Care Authority) | | | | | | | | | | | | |
| | PEBB 2004 | PEBB - State Employees Benefits | Patient may choose provider. No PCP assignment, no referral. | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| | Organ Transplant | | | | | Organ Transplant | Specialty only | Yes, FFS | Yes | No | | |
| | Bone Marrow Transplants (BMT) | | | | | BMT | Specialty only | Yes, FFS | Yes | No | | |
| | Mental Health | call member services | | | | Mental Health | | | | | | |
| | UMP neighborhood | No Contract - Pilot program. Can get referrals for participating UMP Neighborhood PCPs. | | | | | No contract | No contract | No contract | No contract | IP / OP | PCP or Plan |
| United HealthCare of Washington, Inc. | | | | | | | | | | | | |
| | Organ Transplant | Most plans use United Resource Network | | | | Organ Transplant | Specialty only | | | | | |
| | BMT | Most plans use United Resource Network | | | | BMT | Specialty only | | | | | |
| | Mental Health | Most plans use United Behavioral Health | | | | Mental Health | | | | | | |

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|---|--|--|-----------|-----------|----------|------------------|--|---------------------------|----------------|-------------------------------|-------------------|-----------------------------|
| | Choice | | | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP / OP | PCP or Plan |
| | Choice Plus | | | | FFS | POS | PCP, | Yes | Yes | Yes | IP / OP | PCP or Plan |
| | PPO | | | | FFS | PPO | Prim/Spec | Yes | Yes | Yes | IP/OP | PCP or Plan |
| | Select | | | | FFS | EPO | PCP, Prim/Spec | Yes | Yes | Yes | IP / OP | PCP or Plan |
| | Select Plus | | | | FFS | POS | PCP, Prim/Spec | Yes | Yes | Yes | IP / OP | PCP or Plan |
| United Behavioral Health | Mental Health | Contact Member Services, not all UWAMC providers contracted. | | | FFS | Mental Health | Selected Individual Mental Health professionals only | Yes-select providers only | Yes, Inpatient | No | UWMC-IP UWP-OP | Plan |
| United Payors and United Providers (acquired America's Health Plan) This is a "rented network" | | | | | | | | | | | | |
| | PPO | | | | FFS | PPO | Prim/Spec | Yes | Yes | Yes for America's Health Plan | IP / OP | Self / Plan |
| | Organ Transplant | | | | | Organ Transplant | Specialty only | Yes, FFS | Yes | No | | |
| | BMT | Bone Marrow Transplants (BMT) | | | | BMT | Specialty only | Yes, FFS | Yes | No | | |
| | Mental Health | call member services | | | | Mental Health | Specialty only | | | | | |
| United Resource Network | | | | | | | | | | | | |
| | Transplant | | | | | Transplant | Specialty | Yes, SCCA | Yes, SCCA | No | | |
| UW Student & Graduate Appointee Insurance Plans (see Welfare & Pension Admin Service) | | | | | | | | | | | | |
| Value Options (formerly Value Behavioral Health) | | | | | | | | | | | | |
| | Mental Health - Regence Boeing Traditional uses this network | | | | | Mental Health | Specialty only | Not contracted | No | No | | |
| Vantage PPO | | | | | | | | | | | | |
| Veteran's Administration -gov't agency will default to Medicare reimbursement | | | | | | | | | | | | |
| | General Services Referrals | | | | FFS | | Specialty only | Yes | Yes | Yes | IP / OP | VAMC |

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|---|--|--|---|-----------|----------|---------------------|--------------------|--------------|---------------|--------------|------------|-----------------------------|
| | Uniformed Services Health Plan | | | | FFS | | Specialty only for | Yes | Yes | Yes | IP / OP | |
| | Lung transplants | | | | | Transplant | Specialty | Yes | Yes | No | | |
| Virginia Mason/Group Health - see Alliant Health Plans or Options Health Care - This | | | | | | | | | | | | |
| Virginia Mason Medical Center | | | | | | | | | | | | |
| | Employee Medical Plan (No | | | | | | Specialty | No | No | No | IP / OP | PCP / Plan |
| | Alliant-VM PCP | | | | FFS | | Specialty | Yes | No | No | IP / OP | PCP / Plan |
| | Options-VM PCP | | | | FFS | | Specialty | Yes | Yes | No | IP / OP | PCP / Plan |
| Vision Service Plan | | | | | | | | | | | | |
| | Vision-Molina use this vendor. Select HMC providers are participating. | No Contract- Except Molina has made an exception for HMC | | | | | No Contract | No | No | No | | |
| WSHIP (WA State Health Insurance Pool) | | | | | | | | | | | | |
| | Indemnity Commercial Plan | No Contract | | | FFS | | No Contract | No | No | No | | Self |
| | Commercial PPO-uses First Choice Health Network | | | | FFS | PPO | Prim / Spec | Yes | Yes | Yes | | PCP / Plan |
| | Medicare Select Supplement | | | | FFS | Medicare Supplement | | Yes | Yes | Yes | | |
| Welfare & Pension Admin Service, Inc. | | | | | | | | | | | | |
| | For non-UW Student & Graduate Appointee Insurance, see First Choice | | | | | | | | | | | Self / Plan |
| | For UW Student & Graduate Appointee Insurance | Underwritten by Reliance | | | FFS | | Prim/Spec | Yes | Yes | Yes | IP / OP | Self / Plan |
| Wenatchee Valley Clinic | | | | | | | | | | | | |
| | | | | | FFS | | Specialty only | Yes | No | No | | |
| Weyerhaeuser Company | | | | | | | | | | | | |
| | Travel Medicine Services | | | | | | Specialty only | Yes | No | No | | |
| Wilson and Paschall network | | | | | | | | | | | | |
| | | | Referral required from Wilson & Paschall office in OR | | FFS | | Specialty only | No | No | No | IP / OP | Plan |
| Zenith Administrators (uses First Choice | | | | | | | | | | | | |
| | | | | | FFS | | Prim / Spec | Yes | Yes | Yes | IP / OP | Plan |