

Dear Provider,

Thank you for your consideration in joining our network. We are a provider centric organization whose focus is to ensure providers are successful as healthcare transform to value based care.

With the implementation of Meaningful Use (MU) requirements in 2010, the administrative burdens for providers to care for our patients have increased exponentially. Unfortunately, the payment for services (i.e., with MU bonus and rate adjustments with MIPS/MACRA) for these administrative functions have lagged.

The survival of independent healthcare providers in this environment has been more challenging each year. In 2013, many of our colleagues formed a full risk IPA, called Van Lang IPA with a narrow network. We've since built up a close relationship with many payers, hospitals, surgery centers, PCPs, specialists, ancillary and post-acute care providers in all parts of Houston.

We are leveraging our experience in administering a full risk IPA to empower physicians to transform healthcare and focus on the healthcare experience of our providers and patients. We want to bring our positive experience in the practice of value-based operations to more providers in the Texas market. The adage "relationship matters" has not changed. To be successful, we need to partner with like-minded physicians who will engage with us for patient care coordination, which ultimately improves the care of our patients.

Respectfully,

TEACO Provider Network

## JOINING TEACO is as easy as 1-2-3

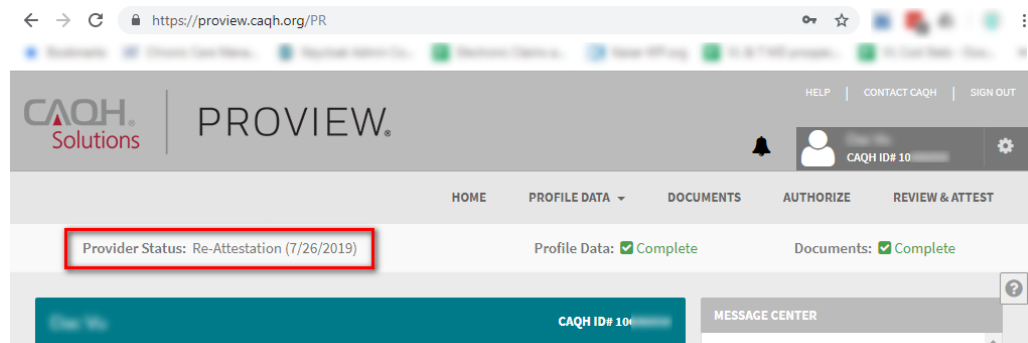
Email Information to [credentialing@teacoprovidernetwork.com](mailto:credentialing@teacoprovidernetwork.com)

1. Please have an authorized individual sign our TEACO Participation Agreement. This can be done electronically.
2. Provide us your Name & CAQH Number
  - a. Name \_\_\_\_\_
  - b. DOB \_\_\_\_\_
  - c. CAQH # \_\_\_\_\_
3. Sign in to CAQH at <https://proview.caqh.org/Login/>
  - a. Check that attestation has been completed in the last 90 days, and
  - b. Allow data to be accessed by any organization that requests

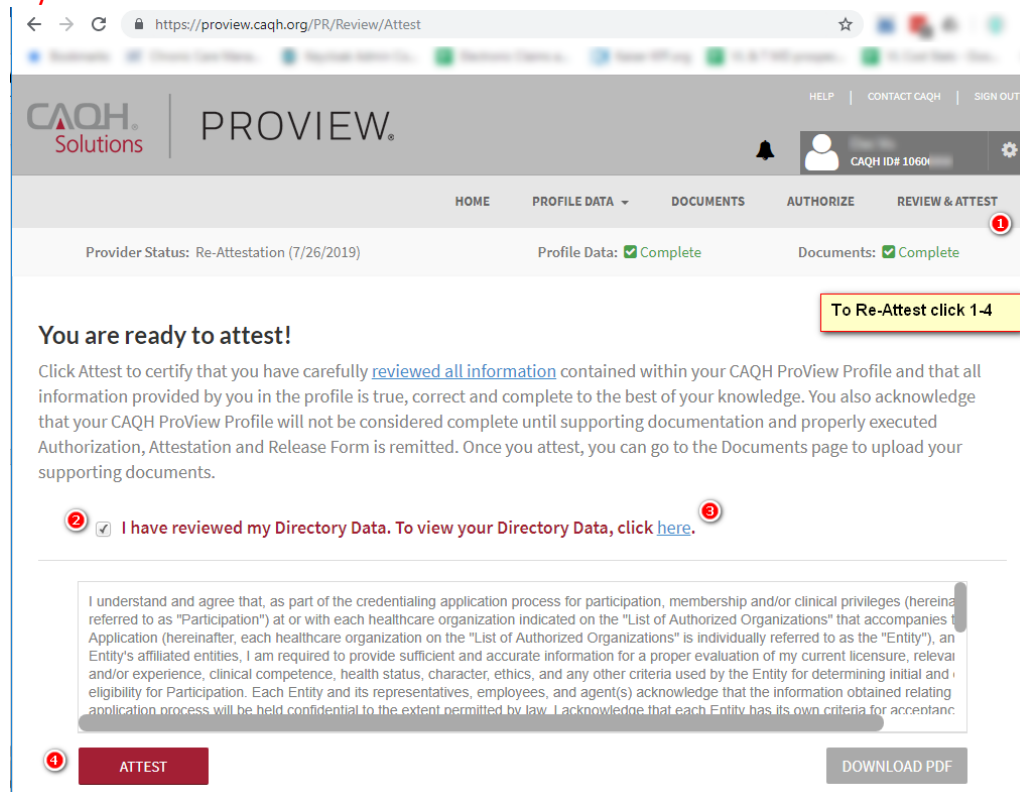
Sign in to CAQH at <https://proview.caqh.org/Login/>

- Check attestation is in last 90 days and
- Enable data to be accessed by any organization that requests

Check attestation date:



If you need to re-attest:



Sign in to CAQH at <https://proview.caqh.org/Login/>

- Check attestation is in last 90 days and
- Enable data to be accessed by any organization that requests

## Screen 1 of 2: Authorization Setting

CAQH Solutions

PROVIEW

[HELP](#) | [CONTACT CAQH](#) | [SIGN OUT](#)

[HOME](#)
[PROFILE DATA](#)
[DOCUMENTS](#)
[AUTHORIZE](#)
[REVIEW & ATTEST](#)

Provider Status: Re-Attestation (7/26/2019)

Profile Data: Complete

Documents: Complete

AUTHORIZATION SETTING

ORGANIZATIONS

### ORGANIZATIONS

This page lists all the organizations that have requested authorization to view your CAQH ProView self-reported information.

ORGANIZATION	AUTHORIZE	VIEWING YOUR DATA
United Healthcare	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Humana/ChoiceCare	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Amerigroup Corporation	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Amerigroup	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
Community Health Choice	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
BCBSIL   BCBSMT   BCBSNM   BCBSOK   BCBSX	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
American Specialty Health, Inc.	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Prime Health Services, Inc.	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
VAN LANG IPA	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
Care Improvement Associates of MD	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Private Healthcare Systems, Inc.	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Great-West	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Coventry Health Care/First Health Network	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Centers for Medicare and Medicaid Services	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Aetna	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
WellCare (Comprehensive Health Management, Inc)	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
Molina Healthcare, Inc.	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No
CIGNA / Great-West Healthcare	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	Yes
Anthem Blue Cross Blue Shield/Wellpoint Military Care	<input checked="" type="radio"/> Authorize <input type="radio"/> Do not Authorize	No

AUTHORIZATION SETTING

CAQH will release your self-reported and attested information for all current and future requesting organizations.

2

[Change Settings](#)

## Screen 2 of 2: Authorization Setting

CAQH Solutions
PROVIEW.

HELP | CONTACT CAQH | SIGN OUT

HOME
PROFILE DATA
DOCUMENTS
AUTHORIZE
REVIEW & ATTEST

Provider Status: Re-Attestation (7/26/2019)
Profile Data: Complete
Documents: Complete

AUTHORIZATION SETTING
ORGANIZATIONS

### AUTHORIZATION SETTING

Healthcare organizations using CAQH ProView require your authorization to access your self-reported and attested information to conduct processes, such as, credentialing, provider directory updates and claims processing. By selecting one of the authorization options below, you are granting these organizations access to your self-reported and attested information.

When a healthcare organization subscribes to your data, should CAQH automatically authorize access?

1
Yes. Release my data to any organization that requests access.
RECOMMENDED

No. Ask me to review each organization's request.

☒ I hereby authorize the release of my full set of CAQH ProView self-reported information as indicated above.

2
SAVE

TERMS OF SERVICE
PRIVACY
CAQH.ORG

© 2019 CAQH. All rights reserved.