



Texas Association of Health Plans

Texas Association of Health Plans

1001 Congress Ave., Ste. 300

Austin, TX 78737

512-476-2091

Fax: 512-476-2870

[Texas Association of Health Plans \(TAHP\)](#)

MEMBERSHIP APPLICATION FORM

The Texas Association of Health Plans represents Health Maintenance Organizations operating in Texas and other related health care entities. Attached is an application for membership with the Texas Association of Health Plans (TAHP). TAHP has the following membership categories:

- Operational
- Associate/Affiliate
- Individual

Please choose from one of the categories described.

In addition, TAHP has several standing committees depending on your membership. Please fill out the sections with the contact name and contact information for the committees for your plan.

Checks can be made payable to the Texas Association of Health Plans.

If you have any questions, please feel free to call Patti Doner at 512-476-2091 or pdoner@tahp.org.

Texas Association of Health Plans

MEMBERSHIP APPLICATION FORM

The following company hereby makes application to become a member of the Texas Association of Health Plans and agrees to abide by the Bylaws of the organization. The TAHP membership year runs July 1 through June 30.

Return application & payment to: TAHP, 1001 Congress Ave., Ste. 300, Austin, Texas 78701

COMPANY INFORMATION

Company Name: _____

Company Address: _____

City: _____ **State:** _____ **ZIP:** _____ **Web address:** _____

Phone: _____ **Fax:** _____

Primary Contact: _____ **Title:** _____

Email: _____ **Contact Phone Number:** _____

TAHP membership dues may be an allowable tax deduction as an ordinary and necessary business expense. By law, portions of membership dues allocated to the function of lobbying are not deductible. The percentage of your dues which may be deducted is 40%.

MEMBERSHIP CATEGORIES (check appropriate)

- Operational:** Membership available to HMOs and Insurance Companies licensed by the state of Texas. Applicant must provide the following:

Dues: CALCULATION METHOD

- | | |
|---|-----------------|
| <input type="checkbox"/> HMO single or limited service HMOs | \$5,000 |
| <input type="checkbox"/> HMO Tier 1 - 25,000 enrollees or less, single or limited service HMO flat rate | \$13,000 |
| <input type="checkbox"/> Insured PPO Tier 1 - 45,000 covered lives or less flat rate | \$13,000 |
| <input type="checkbox"/> HMO Tier 2 - 25,001 to 100,000 enrollees flat rate | \$28,000 |
| <input type="checkbox"/> HMO Tier 3 membership from 100,001 and above flat rate | \$43,000 |
| <input type="checkbox"/> Insured PPO Tier 3 membership 200,001 and above covered lives flat rate | \$43,000 |

MEMBERSHIP CATEGORIES cont. (check appropriate)

- Associate/Affiliate:** Membership available to all other managed care companies and companies that provide products to HMOs, including BHO's or who maintain an interest in the healthcare field. Applications to be approved by the TAHP Board. Associate/Affiliate members are not entitled to vote in association matters. **Dues: \$5,000**

- Individual:** Membership available to companies who provide services to HMOs or who maintain an interest in the HMO field. Applications for Individual membership must be approved by the TAHP Board of Directors. Please supply company literature along with application and dues payment. Individual members are not entitled to vote in association matters. **Dues: \$1,500**

FOR OPERATIONAL MEMBERSHIP, PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION:

(Please list the name of the individuals and the committees you wish them to participate on, and if you would like them to receive the TAHP electronic weekly newsletter.)

Contact Name: _____ Title: _____
Phone: _____ Email: _____
Board Member: ___ CHIP/Medicaid: ___ Commercial Issues: ___ Friday Facts News: ___

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Phone: _____ Email: _____
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Board Member: ___ CHIP/Medicaid: ___ Commercial Issues: ___ Friday Facts News: ___

Contact Name: _____ Title: _____
Phone: _____ Email: _____
Board Member: ___ CHIP/Medicaid: ___ Commercial Issues: ___ Friday Facts News: ___

**FOR ASSOCIATE AND INDIVIDUAL MEMBERSHIP, PLEASE
PROVIDE THE FOLLOWING CONTACT INFORMATION:**

(Please list the name of the individuals you wish to receive the TAHP electronic weekly newsletter.)

Contact Name: _____ Title: _____
Phone: _____ Email: _____
Board Member: ___ CHIP/Medicaid: ___ Commercial Issues: ___ Friday Facts News: ___

Contact Name: _____ Title: _____
Phone: _____ Email: _____
Board Member: ___ CHIP/Medicaid: ___ Commercial Issues: ___ Friday Facts News: ___

Contact Name: _____ Title: _____
Phone: _____ Email: _____
Board Member: ___ CHIP/Medicaid: ___ Commercial Issues: ___ Friday Facts News: ___

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TAHP

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