

## BLUE CROSS BLUE SHIELD OF MICHIGAN

### MEDICARE ADVANTAGE PPO PROVIDER AGREEMENT RURAL HEALTH CLINIC ATTACHMENT

This Blue Cross Blue Shield of Michigan Medicare Advantage PPO Rural Health Clinic Attachment ("Attachment") is entered into by Blue Cross Blue Shield of Michigan ("BCBSM") and the clinic ("Provider") listed on the Signature Document.

Whereas Provider desires to participate in BCBSM's Medicare Advantage PPO Program for the purpose of providing health care services to BCBSM Medicare Advantage PPO Members ("Members");

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged by the parties, Provider and BCBSM agree to the following terms and conditions of participation in BCBSM's MA PPO Network:

#### **REIMBURSEMENT:**

Compensation paid by BCBSM in each category noted below shall be net of (i.e. less) any Copayment required from the Member according to the Medicare Benefit Contract as well as any payment made by or that is the primary responsibility of a third party under coordination of benefit provisions.

1. **Covered Services** (billed on a UB-04 or its electronic equivalent)
  - a. BCBSM will determine Provider's payment rate based on documentation of Provider's Medicare RHC per-visit rate, namely Provider's most recently received RHC per-visit rate letter from CMS.
  - b. BCBSM will pay Provider one hundred one percent (101%) of the above-referenced Medicare RHC per-visit rate less the applicable patient co-payment, which will be payable by the Member.
  - c. Provider agrees to provide BCBSM with its updated RHC per-visit rate letter within 30 days of receipt from CMS. Provider's payment rates will be adjusted only in accordance with the updated RHC per-visit rate letter, the first of the following month, after thirty (30) days of its receipt by BCBSM.
  - d. There will be no retroactive pricing and claim adjustments.
2. **Provision of Information**
  - a. Provider agrees to no less than annually, submit to BCBSM, copies of its latest filed and latest approved (settled) Medicare cost reports.

- b. BCBSM will treat as confidential any information and data submitted under this section to the extent that such information is not generally publicly available through any other means, including freedom of information requests submitted to the fiscal intermediary.

**3. Miscellaneous**

- a. BCBSM reserves the right to exclude Covered Services from reimbursement by the establishment of limited specialty networks for such services. BCBSM will provide notice of such excluded services as required under this Agreement.
- b. Provider agrees to participate in BCBSM's incentive, gainsharing or quality improvement programs. Notice of incentive, gainsharing or quality improvement programs will be provided in advance of the implementation of any such programs.

This Attachment shall become part of the BCBSM Medicare Advantage PPO Provider Agreement. This Attachment is enforceable under the terms and conditions contained herein and, in the event of a conflict between the language of this Attachment and the Agreement, the language of the Attachment shall prevail with respect to the services and benefits to be rendered.

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