BLUE CROSS BLUE SHIELD OF MICHIGAN

MEDICARE ADVANTAGE PFFS PROVIDER AGREEMENT
FEDERALLY QUALIFIED HEALTH CENTER FACILITY ATTACHMENT

This Blue Cross Blue Shield of Michigan Medicare Advantage Private Fee For Service ("PFFS") Federally Qualified Health Center Facility Attachment ("Attachment") is entered into by Blue Cross Blue Shield of Michigan ("BCBSM") and the Federally Qualified Health Center ("Provider") listed on the signature document to the Agreement.

WHEREAS Provider desires to participate in BCBSM's Medicare PFFS Network for the purpose of providing health care services to BCBSM Medicare 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 PFFS 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. <u>Covered Services</u>

a. BCBSM will determine Provider's payment rate in accordance with the requirements of the Affordable Care Act and Medicare Federally Qualified Health Center Prospective Payment System (PPS) method of reimbursement.

b. Claims submitted for influenza and pneumococcal vaccines will be considered as informational only and will be paid as part of a cost/settlement process, which is more fully described in the MA PFFS Provider Manual. Claims for influenza and pneumococcal vaccines must be billed in order to be eligible for reimbursement pursuant to the settlement process.

2. <u>Miscellaneous</u>

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 PFFS 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.