

BLUE CROSS BLUE SHIELD OF MICHIGAN

MEDICARE ADVANTAGE PPO PROVIDER AGREEMENT NON-HOSPITAL FACILITY ATTACHMENT

This Blue Cross Blue Shield of Michigan Medicare Advantage PPO Non-Hospital Facility Attachment ("Attachment") is entered into by Blue Cross Blue Shield of Michigan ("BCBSM") and the facility ("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

- a. In consideration of the provision of Covered Services provided to Medicare Members by Provider in accordance with this Attachment, Provider shall be compensated an amount equal to the lesser of Provider's billed charges or BCBSM's MA PPO Payment Rate(s) for the applicable service and provider type. Any reimbursement modifications will be subject to the requirements for contract modifications set forth in 7.3 of the Agreement.

2. 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. In order to be eligible for reimbursement for special services, Provider must be an approved CMS facility. Special services, as defined by CMS, include but are not limited to VAD Distribution Therapy, Carotid Stenting, Bariatric Surgery, PET Scans for Oncology, Lung Volume Reduction and/or a Transplant Center. The list of special services will be automatically updated as determined by CMS.

- c. 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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