



## Healthcare Provider Group Participation Agreement

THIS AGREEMENT is effective on \_\_\_\_\_ and is made between Medical Network One, PC., dba MedNetOne Health Solutions, (hereinafter “MNO”), a Michigan professional corporation and \_\_\_\_\_ a Michigan health care organization (hereafter “HCO”).

MNO is an organization of primary care physicians, specialist physicians, and other health care professionals who are dedicated to quality and the cost-effective delivery of health care services. MNO offers certain employers, insurers, and other entities access to the MNO network of participating physicians and other health care professionals. In consideration of the mutual promises set forth below, MNO and HCO agree as follows:

1. Subject to the terms and conditions of this Agreement, HCO joins as a participating member of MNO and agrees to abide by all policies and procedures adopted by MNO now and hereafter.
2. HCO shall accept patients and provide services which are within the HCO's area of practice to patients, subject to the terms and provisions of this Agreement and each Payor's Agreement. HCO shall not discriminate against enrollees on any basis prohibited by state or federal law or regulation.
3. Unless MNO notifies HCO of a different procedure applicable to a Payor, HCO agrees to participate with each Payor and/or with each Initiative which meets the minimum benchmark participation criteria established by MNO, unless HCO elects not to participate with a given Payor or an Initiative by giving MNO written notice in the manner and within the time specified by MNO. HCO acknowledges that MNO does not guarantee that HCO will be offered the opportunity to participate in each Payor under contract to MNO or with each Initiative. HCO agrees to be bound by the terms and conditions of any agreements made by MNO with a Payor, together with the Payor's applicable terms of participation, policies and procedures.
4. MNO shall use its reasonable efforts to negotiate acceptable agreements with Payors, all in accordance with the Messenger Model.
5. MNO shall act as a liaison among participating HCOs and Payors in order to carry out the terms and conditions of the Payor Agreements. MNO shall promptly inform HCO of the terms and conditions of the Payor Agreements in which HCO has agreed to participate.
6. To the extent delegated to MNO by Payors, MNO shall provide enrollment, credentialing, medical management, and claims processing services on behalf of HCO. Otherwise, these services will be provided by the Payors. MNO shall be responsible for the general operation of MNO.
7. HCO shall submit claims or encounters for healthcare services electronically within the time period required by a Payor to the Payor or the Entity responsible for an Initiative. HCO acknowledges that failure to timely submit claims or encounters as required by a Payor may render such claims not payable.

8. HCO agrees that claims or encounters for services rendered to enrollees will be paid to HCO directly by a Payor.
9. Unless otherwise provided by a Payor, HCO shall forever look solely to each Payor for compensation for services covered by the Payor. HCO shall not bill, charge, collect a deposit from, seek compensation from, or have any recourse against an enrollee, except to the extent that any copayments deductibles or coinsurance are permitted by the Payor to be collected by Physician from the enrollee.
10. HCO shall maintain professional liability insurance with minimum limits of coverage as required by a Payor or MNO; shall provide evidence of such coverage to a Payor or MNO when requested; and shall notify both a Payor and MNO immediately of any material changes in coverage. During and following termination of the term of this Agreement, HCO shall indemnify, defend and hold harmless MNO and its shareholders, directors, officers, employees, agents and attorneys from all liability, damages, claims, amounts, costs and expenses (including reasonable attorneys' fees arising from the furnishing of medical services by HCO and any amounts which a Payor asserts are payable to it by HCO.
11. HCO agrees to participate fully in any enrollment, credentialing, peer review, quality improvement, medical management, utilization review, care management, care coordination, member grievance programs, or other professional programs established by MNO or a Payor and to accept the procedures and corrective action plans as established by MNO or a Payor, subject to all appeal and due process rights as may be provided by each Payor or MNO.
12. HCO healthcare professionals shall maintain in good standing all required state and federal licenses, registrations, certifications, and/or hospital staff membership and other privileges as required by a Payor or MNO to render services to enrollees, and shall comply with all applicable laws and regulations.
13. The term of this Agreement shall remain in effect unless and until terminated as follows:
  - a. By HCO or MNO for any reason or no reason by providing the other party with ninety (90) days' notice in writing.
  - b. By HCO or MNO immediately upon a material breach of any term or condition of this Agreement, subject to applicable MNO appeal procedures.
14. Termination of the term of this Agreement shall not relieve HCO of any obligations to enrollees currently receiving treatment and of all obligations which have accrued as of termination or which survive termination. HCO shall cooperate with MNO, Payor and enrollees for the appropriate transfer of enrollees to another physician which may be necessitated by termination.
15. HCO and MNO agree to maintain confidentiality of enrollees' medical records and related information, enrollment information and financial terms of this Agreement and shall not release any such information except in compliance with applicable legal requirements or the written consent of a party.

16. This Agreement contains the full and complete agreement of the parties relative to its subject matter. This Agreement may be amended only by a written agreement signed by both parties, except that MNO may unilaterally amend this Agreement by providing written notice of amendment to HCO which shall become effective unless before then HCO gives MNO written notice of termination within the time specified in the notice of amendment. This Agreement shall be governed by the laws of the State of Michigan.

**IN WITNESS, WHEREOF**, the duly authorized officers and representatives of MedNetOne Health Solutions and the HCO have executed this Agreement the dates set forth below.

**SIGNATURES:**

\_\_\_\_\_  
Signature of HCO or  
Authorized Representative

\_\_\_\_\_  
Signature of CEO  
Medical Network One

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Participating Messenger Model  
Healthcare Professional Categories**

**Check All That Apply:**

Primary Care Physician (Internist, Family Practitioner, Pediatrician)

Advanced Practice Providers (Primary Care and Specialty Care)

Specialty Physician (all others)

Behavioral Health Specialist

Pharmacist

Other Healthcare Professional (specify category below)

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Please complete **Attachment I - Healthcare Provider Group List** of the HCO employed healthcare professionals that will participate in the contracting initiatives of MedNetOne through this Agreement.

## List of Payers

Payor	Check Plans Your Group Wishes to Participate In	Plan Type
Aetna Better Health Medicaid		Medicaid HMO
Aetna Commercial		Commercial
Aetna Medicare Advantage		Medicare Advantage
AmeriHealth Caritas VIP Care Plus		Medicare/Medicaid
BCBSM Medicare Plus Blue		Medicare Advantage
BCBSM PGIP		BCBSM
BCBSM PPO		Commercial
BCBSM Traditional		Commercial
BCN Advantage		Medicare Advantage
BCN HMO      Capitation                      Fee For Service		Commercial
Beacon Health Options		Mental Health Carve Out
Blue Cross Complete		Medicaid HMO
Cigna		Commercial
Cofinity		Commercial
Community Care Associates		MI HealthChoice
HAP HMO		Commercial
HAP Medicaid (CareSource)		Medicaid HMO
HAP Medicare Advantage		Medicare
HAP MI Health Link		Medicare/Medicaid
HAP PPO		Commercial
HAP Preferred		Commercial
Humana		Medicare Advantage
Humana ChoiceCare		Medicare Advantage
McLaren Health Advantage		Medicare Advantage
McLaren Health Plan		Commercial

McLaren Health Plan Healthy Michigan		Medicaid HMO
McLaren Medicaid		Medicaid HMO
McLaren Medicare Supplement		Medicare Supplement
Meridian Health Plan Medicaid		Medicaid HMO
MeridianCare		Medicare Advantage
MeridianChoice		Exchange
MeridianComplete		Medicare/Medicaid
Michigan Complete Health		Medicare/Medicaid
Molina Marketplace		Commercial
Molina Medicaid		Medicaid HMO
Molina Medicare Choice Care		Medicare Advantage
Molina Medicare Complete Care		Medicare/Medicaid
MultiPlan/PHCS/FirstHealth/Beechstreet		Commercial
Optum Behavioral Health		Mental Health Carve Out
Priority Healthy MI		Medicare/Medicaid
Priority Health HMO		Commercial
Priority Health Medicaid		Medicaid HMO
Priority Health Medicare Advantage		Medicare Advantage
Priority Health POS		Commercial
Priority Health PPO		Commercial
United Healthcare		Commercial
United Healthcare Community Health Plan		Medicaid HMO
United Healthcare Medicare Advantage		Medicare Advantage

**BCBSM PGIP PARTICIPATION ATTESTATION**

\_\_\_\_\_ wishes to participate in the BCBSM Physician Group Incentive Program (PGIP) through Medical Network One effective \_\_\_\_\_.

As part of the PGIP requirements it is understood that:

A PCP can participate with only one physician organization (PO or PHO)

Any decision made now or in the future regarding population health and PGIP participation may affect other pay for performance programs including care management and PCMH incentive payments

Please select one of the following:

Wish to participate in BCBSM PGIP through Medical Network One

Do not wish to participate in BCBSM PGIP

Do not wish to participate in BCBSM PGIP through Medical Network One

Currently affiliated with \_\_\_\_\_ and wish to participate in BCBSM PGIP through Medical Network One

Please complete **Attachment I - Healthcare Provider Group List** of all physicians, advanced practice providers and other healthcare professionals who should be added to BCBSM PGIP.

\_\_\_\_\_  
Physician Name or Organization Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

### Attachment I Healthcare Provider Group List

First Name	Last Name	Degree	NPI	Specialty	PCP/SPEC



## **Required Processing Items**

Healthcare Provider Group Participation Agreement

Signed BCBSM PGIP PARTICIPATION ATTESTATION

Signed Business Associate Agreement (BAA)

Completed Group Credentialing and Enrollment Application

Completed Provider Credentialing and Enrollment Application

Data Sharing Agreement

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