

Instructions for completing the Inclusive Health Amendment

- Print and review the following Amendment.**
- The effective date of the Amendment will be assigned by MedCost.**
- Complete the information on Page 4 and 5 in its entirety. MedCost is unable to process the Amendment without this information.**
- Return the signed Amendment to MedCost via fax or e-mail for immediate processing. MedCost will send confirmation upon receipt of faxes and e-mails.**
- If you are unable to fax or e-mail the signed Amendment, please mail to Adrienne Golding at the address shown below.**
- MedCost will execute the Amendment and return a copy for your records.**
- More information about Inclusive Health (NCHIRP) is available on the “Fact Sheet” at www.medcost.com/inclusivehealth.htm.**

Thank you!

If you have any questions regarding Inclusive Health, please contact:

Adrienne N. Golding, Provider Network Representative
MedCost, LLC
165 Kimel Park Drive
Winston-Salem, NC 27103
P. 336-774-4216
F. 336-970-2183
agolding@medcost.com

NORTH CAROLINA HEALTH INSURANCE RISK POOL
dba
INCLUSIVE HEALTH

Amendment to MedCost, LLC Agreement

This Amendment, pursuant to terms set for in the MedCost Agreement, amends the following provisions effective _____ (to be assigned by MedCost).

I. Agreement to include the North Carolina Health Insurance Risk Pool dba Inclusive Health (herein after referred to as “NCHIRP”) Program:

- The NCHIRP was enacted by the General Assembly of North Carolina Session Law 2007-532, House Bill 265, Chapter 58, Article 50, Part 6. Review the Bill in it’s entirety at:
<http://www.ncga.state.nc.us/Sessions/2007/Bills/House/HTML/H265v11.html>
- Provider agrees to be a Participating Provider for the NCHIRP program.
- Provider agrees to accept and treat NCHIRP Eligible Persons and to provide Medically Necessary Covered Services to NCHIRP Eligible Persons in accordance with the terms of this Amendment.
- The reimbursement rates for NCHIRP Eligible Persons are as follows:
 - 100% of current year Medicare for those services covered by Medicare. The Medicare rates shall be updated no later than April 1 of each year.
 - For services not covered by Medicare and where Medicare has an established RVU; the Medicare conversion factor will be applied to the RVU.
 - For outpatient facility services not covered by Medicare the reimbursement rate will be derived by using the applicable inpatient MS-DRG for the services provided.
 - HCPCS codes J3490 and J9999 will be allowed at forty percent (40%) of Provider’s usual charge.
 - For services that do not fall into the reimbursement rates defined above Provider agrees to accept fifty percent (50%) of usual charge.

Providers rendering medical care to NCHIRP Eligible Persons shall accept payment of the amount established in this section, including any applicable deductible, coinsurance, or co-payment amounts, as payment in full for services rendered. Payer will follow reimbursement guidelines as defined by CMS in effect at the time of service.

- Provider agrees that except for applicable Deductibles, Co-payments or Coinsurance, in no event, including but not limited to non-payment, Payer insolvency, or breach of this Amendment, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any direct or indirect recourse for Covered Services against a NCHIRP Eligible Person, a person acting on such NCHIRP Eligible Person's behalf, or a third party including but not limited to subrogation and workers' compensation carriers. Provider agrees that it is Provider's obligation, to collect applicable NCHIRP Eligible Persons Deductibles, Co-payment, and Coinsurance, if any, as well as fees for non-Covered services. Provider may not collect fees for non-Covered services unless prior to rendering the service, Provider obtains the written authorization of the Eligible Person, such authorization referencing the specific services and/or supplies to be provided, containing the NCHIRP Eligible Persons acknowledgment that such services and/or supplies may not be covered by his or her Plan, and indicating the NCHIRP Eligible Persons agreement to pay for such services and/or supplies apart from his or her Plan. Provider further agrees to provide Payer with a copy of any and all such written authorizations upon request.
- Payments made to Provider under this Amendment for Covered Services to NCHIRP Eligible Persons are made from NCHIRP funds. Provider agrees to comply with all applicable State laws, regulations and instructions throughout the initial and any renewal terms of this Amendment and, further, agrees to comply with all of the contractual obligations outlined in Provider's MedCost Agreement.
- Provider agrees to bill for services rendered to NCHIRP Eligible Persons by submitting to Payer an itemized bill showing actual charges for services rendered on a CMS-1500, UB-04 or other applicable claim form acceptable to Payer, or if submitted electronically, through means acceptable to Payer. Provider further agrees that bills will be prepared in accordance with applicable Medicare billing and coding rules.
- Provider agrees to make referrals and admissions of NCHIRP Eligible Persons only to NCHIRP Participating Providers, except in cases of Emergency Medical Conditions or as specifically authorized by Payer.
- Provider agrees to supply Medicare provider identification number on Attachment I of this Amendment.
- The initial term of this Amendment shall commence on the effective date hereof and shall continue for one year (twelve months) from the effective date. Thereafter, this Amendment shall automatically renew for successive terms of one (1) year each, unless either party terminates the Amendment as provided below.

- After the initial term, this Amendment may be terminated by either party for the convenience of the terminating party with no fewer than 90 days prior written notice to the other. During the initial term or any successive term, this Amendment may be terminated at any time, by either party, with cause, upon providing notice of intention to terminate due to material breach of this Amendment and allowing the breaching party no fewer than thirty (30) days to cure, failing which the non-breaching party may terminate immediately upon notice to the breaching party, MedCost may also immediately terminate or suspend any Provider (meaning an individual provider within a group, facility, hospital, etc.) from providing services to NCHIRP Eligible Persons without affecting continuation of this Amendment (a) for failure of a Provider to meet the credentialing standards of MedCost, (b) if Provider no longer has admitting privileges, if such privileges are needed to provide their usual primary or specialty service.
- This Amendment may be assigned by MedCost to the NCHIRP with thirty (30) days prior written notice to provider.
- The MedCost Provider Manual does not apply to this program. Please refer to Attachment II for the NCHIRP Provider Administrative Guidelines.

II. No Other Provisions Affected

No other provisions of the Agreement are affected by this Amendment.

PLEASE COMPLETE THE FOLLOWING:

Practice/Organization Name: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

Tax ID: _____

PRACTICE/ORGANIZATION

MEDCOST, LLC

Signature

Signature

Printed Name

Melodee R. Lewis

Printed Name

Title

Manager, Network Management

Title

Date

Date

ATTACHMENT II

NCHIRP Provider Administrative Guidelines

- **File Claims to:**
 - EDI:** Payer ID 35182
 - Mail:** CoreSource
PO Box 2920
Clinton, IA 52733-2920

- **When and How to Contact CoreSource**
 - Contact CoreSource at www.coresource.com or 1-866-665-2117
 - Confirm eligibility and check benefits
 - Obtain Pre-certification
 - Check the status of a claim
 - Request assistance on claims issues
 - Ask general administrative questions
 - Ask for EDI assistance

- **When and How to Contact MedCost, LLC**
 - Contact MedCost at www.medcost.com or 1-800-824-7406
 - Verify provider participation status
 - Download a current credentialing application

- **Benefit Plan Summary:** For a complete copy of the Summary of Benefits, follow the links below:
 - **Inclusive Health State Plan Option:**
<http://www.nchirp.org/stateoption/index.htm>

 - **Inclusive Health Federal Plan Option:**
<http://www.nchirp.org/federaloption/coverage.htm>

- **Patient Identification:** Sample identification cards attached

Inclusive Health State Option ID card

<p>Member</p> <p>North Carolina Health Insurance Risk Pool, Inc. Group #: 5040</p> <p>Member Name: INCLUSIVE HEALTH Member ID: 09063462C</p>	<p>Medical Plan</p> <p style="text-align: right;">INCLUSIVE HEALTH www.inclusivehealth.org Member: 866.665.2117</p> <p>Copays: OV \$20/Spec \$40/ER \$150/UC \$40 In-Net Ded \$1,000/Coins \$2,000</p> <p>Pharmacy Plan</p> <p>RxBIN: 800004 PCN: 008126 RxGRP: 10001365</p> <p style="text-align: right;">MEDTRAK <i>Pharmacy & Services</i> www.medtrakrx.com Member: 800.771.4648 Pharmacist: 800.771.4648</p>
<p>Medical Claims Submission</p> <p>EDI: Payer ID 35182 Mail: INCLUSIVE HEALTH P.O. Box 2920 Clinton, IA 52733-2920</p> <p>Services outside North Carolina: The plan will consider charges at the applicable Medicare reimbursement rate. You may be responsible for the difference between the Inclusive Health payment and the provider's billed amount.</p>	<p>Eligibility</p> <p>To confirm eligibility, verify benefits or check the status of a claim, contact us at 866.665.2117 or visit our website at www.inclusivehealth.org.</p> <p>This card does not guarantee eligibility or payment.</p> <p>Care Management</p> <p>PRE-CERTIFICATION REQUIRED Call 800.480.6658 for authorization. You or your physician are responsible to call:</p> <ul style="list-style-type: none"> • 15 days prior to all non-urgent care elective admissions • Within 48 hours or the next business day of an urgent care admission • Prior to home healthcare services <p>Failure to call may result in a reduction of benefits.</p>

Inclusive Health Federal Option ID card

<p>Member</p> <p>North Carolina Health Insurance Risk Pool, Inc. Group #: 5340</p> <p>Member Name: TEST PLAN THREE Member ID: 13157839C</p>	<p>Medical Plan</p> <p style="text-align: right;">INCLUSIVE HEALTH FEDERAL OPTION www.inclusivehealth.org Member: 866-665-2117</p> <p>Copays: OV \$20/Spec \$40/ER \$150/UC \$40 In-Net Ded \$3,500/Coins \$6,000</p> <p>Pharmacy Plan</p> <p>RxBIN: 800004 PCN: 008126 RxGRP: 10001417</p> <p style="text-align: right;">MEDTRAK <i>Pharmacy & Services</i> www.medtrakrx.com Member: 800.771.4648 Pharmacist: 800.771.4648</p>
<p>Medical Claims Submission</p> <p>EDI: Payer ID 35182 Mail: INCLUSIVE HEALTH P.O. Box 2920 Clinton, IA 52733-2920</p>	<p>Eligibility</p> <p>To confirm eligibility, verify benefits or check the status of a claim, contact us at 866.665.2117 or visit our website at www.inclusivehealth.org.</p> <p>This card does not guarantee eligibility or payment.</p> <p>Care Management</p> <p>PRE-CERTIFICATION REQUIRED Call 800.480.6658 for authorization. You or your physician are responsible to call:</p> <ul style="list-style-type: none"> • 15 days prior to all non-urgent care elective admissions • Within 48 hours or the next business day of an urgent care admission • Prior to home healthcare services <p>Failure to call may result in a reduction of benefits.</p>