

Provider: Huntsville Hospital
TIN: 63-0845288
Effective: 11/1/2012

101 Sivley Road Southwest
Huntsville, AL 35801
(256)265-1000

Hospital agrees to accept the following rates as payment in full for services provided:

- I. **Inpatient Services:** A rate equal to 85% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the Hospital's inpatient state fee, including but not limited to the stop-loss provisions in the event the state fee includes a stop-loss*. Rates do not include any Physician fees unless billed by the Hospital.

Medical devices listed under revenue codes 274, 275, 276 or 278 for inpatient and outpatient services shall be paid additionally at 55% of billed charges if the charge for the device exceeds \$500.00. For devices under \$500.00, no additional discounts apply.

- II. **Outpatient Services:** A rate equal to 90% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge. The calculation for the AlaMed outpatient rate shall be inclusive of all methods of calculation in the Hospital's outpatient state fee, including but not limited to the stop-loss provisions in the event the state fee includes a stop-loss*. Rates do not include any Physician fees unless billed by the Hospital.

Medical devices listed under revenue codes 274, 275, 276 or 278 for inpatient and outpatient services shall be paid additionally at 55% of billed charges if the charge for the device exceeds \$500.00. For devices under \$500.00, no additional discounts apply.

- III. **Physician Clinics and Services:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 103% of the BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.
- IV. **Outpatient Physical Therapy:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

*Note: To calculate the AlaMed rate, first calculate the state rate, and then apply the applicable discount.