

EXHIBIT A

MEDICARE ADVANTAGE COMPENSATION SCHEDULE

Reimbursement to Provider for all authorized Durable Medical Equipment items shall be seventy percent (60%) of prevailing Medicare allowable with the following exceptions:

- Power Mobility Devices, repairs and accessories shall be reimbursed at seventy percent (70%) of prevailing Texas Medicare allowable.
- Nebulizers (E0570) purchase at \$120.00
- Enteral nutrition reimbursed at one hundred percent (100%) of the prevailing Texas Medicare allowable. Per diems & registered dietitian visit rates are:
 - Enteral per diem is \$12.00
 - Dietitian visit is \$90/visit
- Respiratory Therapy Medications
Reimbursed at 100% Medicare allowable
- Respiratory Therapy visit reimbursed at \$100/visit.
- Diabetic supplies are excluded from this contract.
 - a. Prior authorization from HealthSpring is required for all services over \$150 of Medicare allowable.
 - b. Each item of service shall be identified by the Medicare recognized service code.
 - c. Provider is responsible for collecting all applicable Cost-sharing amounts. The amount of authorized Cost-sharing shall constitute a credit on the reimbursable fee.
 - d. Both Facility and HealthSpring recognize that during the effective dates of this Agreement, in accordance with provisions of The Budget Control Act (BCA) of 2011, or through similar subsequent or replacement legislation (collectively, "Budget Control Legislation"), CMS may implement reductions to the Medicare Program payment calculations ("Sequestration").

In the event CMS implements Sequestration relative to Medicare Program payments, it is agreed by both parties that the rates payable under this Exhibit A shall adjusted by an amount proportionally equal to the Sequestration adjustment mandated by the Budget Control Legislation

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