**EXHIBIT 1-A**

**Compensation Schedule - Medicaid (Version 1)**

Health Plan agrees to compensate Provider for Clean Claims for Covered Services rendered to Members, in accordance with Health Plan’s programs participation, on a fee-for-services basis, at the lesser of; (i) Provider’s allowable charge description master rate, or (ii) the amounts set forth below, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any:

1. **Hospital Services:**

**Inpatient Services:**

[Ninety percent (90%) - two hundred fifty percent (250%)] of the Provider’s State of Washington Medicaid Fee-For-Service Program Inpatient payment rates in place at the time of delivery of services as known by Health Plan. Rates shall be updated and made retroactively effective to the 1st of the month in which Health Plan learns of Provider’s revised rate be that through its own research or notification from Provider or State.

**Outpatient Services:**

[Ninety percent (90%) - two hundred fifty percent (250%)] of the Provider’s State of Washington Medicaid Fee-For-Service Program Outpatient payment rate in place at the time of delivery of services. This Outpatient payment rate shall be applied for all Outpatient Services, except for those which are reimbursed according to specific State of Washington Medicaid Fee-For-Service Program fee schedules as they exist at the time services are rendered.

Notwithstanding the above, in no event will payment for any Covered Service exceed an amount equivalent to the Medicare Fee-For-Service Program allowable payment rate set forth by CMS (adjusted for locality or geography), as of the date of service.

If there is no payment rate achieved in the above methodologies, reimbursement shall be paid at [thirty to one hundred percent (30-100%)] of billed charges.

1. **Professional Services:**

**Hospital & Clinic Based:**

For Covered Services billed under one of Provider’s tax identification numbers, reimbursement shall be at [ninety percent (90%) - two hundred fifty percent (250%)] of the State of Washington Medicaid Fee-For-Service Program fee schedule in effect on the date of service.

Notwithstanding the above, in no event will payment for any Covered Service exceed an amount equivalent to the Medicare Fee-For-Service Program allowable payment rate set forth by CMS (adjusted for locality or geography), as of the date of service.

If there is no payment rate achieved in the above methodologies, reimbursement shall be paid at [thirty to one hundred percent (30-100%)] of billed charges.