

EXHIBIT C COMPENSATION

- I. Ancillary Provider agrees that it shall accept the rates listed in the compensation contained in this Exhibit are all inclusive in accordance with Medicare payment guideline as payment in full for Covered Services pursuant to Article V.

Vought Health shall pay Ancillary Provider the rates below less any Copayments or deductibles, if applicable for Medicare product line.

For all pre-authorized Services, Vought Health shall pay Ancillary Provider at the following fee schedule in Exhibit C-1, less any applicable Copayments and/or deductibles.

- II. All claims and services may be subject to retro-review by the Utilization Management Committee. In the event that an error is made in the compensation payment, resulting in an overpayment to Ancillary Provider, Vought Health reserves the right to adjust subsequent compensation to offset overpayment.

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EXHIBIT C-1

COMPENSATION – INJECTABLES AND INFUSION THERAPY

I. Covered Pharmacy Services and Fee Schedule

Covered Services shall include medications as well as the items and services listed below:

(i) Administrative Services

- Coordination of benefits with other insurers
- Verification of insurance eligibility and extent of coverage
- Obtaining certificates of medical necessity and other required documentation
- Obtaining prior authorizations
- Patient financial services, billing and account collection activities
- Licensure and regulatory compliance
- Maintenance and storage of medical and reimbursement records
- Inventory and facility maintenance
- Patient education materials

(ii) Pharmacy Professional Services

(a) Dispensing

- Medication profile set-up and drug utilization review
- Monitoring for potential drug interactions
- Sterile compounding USP <797>
- Pharmacokinetic dosing
- Patient counseling as required under OBRA 1990

(b) Pharmacy Professional Services

- Development and implementation of pharmaceutical care plans
- Patient/caregiver education
- Review and interpretation of patient laboratory results
- Removal, storage and disposal of infectious waste
- Maintaining accreditation requirements
- Maintaining insurance requirements (e.g. liability), including compliance with all state and federal regulations related to minimum insurance coverage

(iii) Care Coordination

- Patient admission
- Clinical staff availability 24 hours/day, 7 days/week for questions and/or problems
- Delivery of medication and supplies to patient's home or designated alternate site

(iv) Supplies

- Reusable, disposable infusion pumps, flushes, alcohol swabs, gauzes, tape, syringes, needles, filtered needles, administration kits, IV start kits and dressing change kits

II. Average Wholesale Price (AWP)

For all drugs dispensed pursuant to this Agreement, "AWP" shall mean the Average Wholesale Price of the dispensed drug, as identified by its unique National Drug Code ("NDC") and published by Thompson Redbook (the "AWP Source"), as of the date of service.

Ancillary Provider shall not charge Vought Health any applicable delivery fee.
Ancillary Provider shall include HCPCS and NDC on claim form.

III. Returned or Unused Goods

Delivery schedule for all drugs and solutions shall be based upon the orders of the prescribing physician and the stability of the prescribed medication. All member-specific drugs and solutions will be charged at the time of preparation and no credits will be allowed for any returned or unused goods.

IV. Multiple Therapies

Members receiving more than one therapy within the same therapy classification shall be billed using the appropriate S code for the most frequently administered therapy as the Primary Therapy. The following modifiers shall be used with the appropriate S Code(s) for the Second and Third Therapies.

| Service | HCPCS Code |
|----------------|------------------------------|
| Second Therapy | Therapy S Code + SH Modifier |
| Third Therapy | Therapy S Code + SJ Modifier |

V. Non Listed Services

Covered services not listed above, and non-standard supplies & equipment will be reimbursed at Invoice Cost. Invoice must be submitted with Claim.

It is understood that procedure code(s) listed on this agreement will automatically convert to the correct/new procedure codes that best applies to those services. It is the responsibility of the Ancillary Provider to bill using the proper coding for services rendered.

Ambulatory Infusion Center Modifiers

| Modifier | Description |
|----------|---|
| SS | Home Infusion Services Provided In the Infusion Center of the IV Therapy Provider , will be modified as follows. Per diem S-code(s) and nursing code(s) will be modified with SS and the site of service code will be 12 (Home) when <u>all</u> infusion services are being provided in Ancillary Provider's Ambulatory Infusion Center. Nursing code(s) only will be modified with SS and the site of service code will be 12 (Home) when nursing support is provided in Ancillary Provider's Ambulatory Infusion Center for a member who is otherwise receiving infusion services in the home. |

Alpha-1 Proteinase Inhibitor

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Alpha-1 Proteinase Inhibitor infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9346 | Alpha-1 Proteinase Inhibitor | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Anti-Coagulation Therapy - Continuous

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Anticoagulation infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9336 | Anti-Coagulation Therapy - Continuous | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Anti-Emetic Therapy – Continuous or Intermittent

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes continuous or intermittent Anti-Emetic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9351 | Anti-Emetic Therapy – Continuous or Intermittent | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Anti-Infective Therapies (Antibiotics/ Antivirals/ Antifungals)

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Antibiotic/ Antiviral/ antifungal infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9494 | Anti-Infective Therapy (Not Otherwise Classified) | \$75.00 |
| S9500 | Every 24 hours | \$75.00 |
| S9501 | Every 12 hours | \$75.00 |
| S9502 | Every 8 hours | \$75.00 |
| S9503 | Every 6 hours | \$75.00 |
| S9504 | Every 4 hours | \$75.00 |
| S9497 | Every 3 hours | \$75.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Anti-Spasmotic Therapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Anti-Spasmotic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9363 | Anti-Spasmotic Therapy | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Anti-Tumor Necrosis Factor

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Anti-Tumor Necrosis Factor infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9359 | Anti-Tumor Necrosis Factor (e.g. Remicade®) | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Chelation Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Chelation infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9355 | Chelation Therapy (e.g. desferal) | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Chemotherapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Chemotherapy infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9330 | Chemotherapy, Continuous | \$60.00 |
| S9331 | Chemotherapy, Intermittent | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Continuous Insulin

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Insulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9353 | Insulin Therapy – Continuous | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Corticosteroid

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Corticosteroid infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9490 | Corticosteroid | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Diuretic Therapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Diuretic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9361 | Diuretic Therapy | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Enzyme Replacement Therapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Enzyme Replacement infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9357 | Enzyme Replacement Therapy (e.g. imiglucerase) | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Epoprostenol Sodium Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes uninterrupted, long-term, controlled rate Intravenous or Subcutaneous infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9347 | Epoprostenol Sodium Therapy | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Hydration Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Hydration infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9374 | 1.0 liter of solution | \$60.00 |
| S9375 | > 1.0 liters to 2.0 liters | \$60.00 |
| S9376 | > 2.0 liters to 3.0 liters | \$60.00 |
| S9377 | > 3.0 liters | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Immunoglobulin Therapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Immunoglobulin infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9338 | Immunoglobulin Therapy (IVIG) | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Inotropic Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Inotropic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9348 | Inotropic Therapy (e.g. Dobutamine) | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Miscellaneous Infusion Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Miscellaneous infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9379 | Miscellaneous Infusion Therapy | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Pain Management

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Pain Management infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9325 | Pain Management Therapy -- Unspecified | \$60.00 |
| S9326 | Continuous | \$60.00 |
| S9327 | Intermittent | \$60.00 |
| S9328 | Implanted Pump Management | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Tocolytic Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Tocolytic infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9349 | Tocolytic Therapy | \$60.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Total Enteral Nutrition

| Code | Description | Rate |
|--|---|---------------|
| Per Diem includes Enteral Nutrition infusion therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9340 | Oral Administration | \$6.00 |
| S9341 | Via Gravity | \$17.00 |
| S9342 | Via Pump | \$25.00 |
| S9343 | Via Bolus | \$8.00 |
| HCPCS & NDC | All Drugs and Enteral Formula | AWP-15% |
| HCPCS | Digestive Tract Access Devices and NOC Supplies (i.e. MIC-Key Replacement Kits, Farrell Valves, etc.) | *Invoice Cost |

* Invoice must be submitted with Claim.

Total Parenteral Nutrition (TPN)

The items included in a standard TPN formula and included in the Per Diem are limited to:

- Non-specialty amino acids (e.g., Aminosyn, FreeAmine, Travasol)
- Concentrated dextrose (e.g., D10, D20, D40, D50, D60, D70)
- Sterile water
- Electrolytes (e.g., CaCl₂, KCL, KPO₄, MgSo₄, NaAc, NaCl, NaPO₄)
- Standard multi-trace element solutions (e.g., MTE4, MTE5, MTE7)
- Standard multivitamin solutions (e.g., MVI-13)
- Added trace elements not from a standard multi-trace element solution (e.g. chromium, copper, iodine, manganese, selenium, zinc)
- Added vitamins not from a standard multivitamin solution (e.g. folic acid, vitamin C, vitamin K)

The following items are not included in the TPN Per Diem and will be coded and reimbursed separately:

- Lipids (e.g., Intralipid, Liposyn)
- Specialty amino acids for renal failure (e.g., Aminoess, Aminosyn-RF, NephroAmine, RenAmin)
- Specialty amino acids for hepatic failure (e.g., HepatAmine)
- Specialty amino acids for high stress conditions (e.g., Aminosyn-HBC, BranchAmin, FreeAmine HBC, Trophamine, Glutamine)
- Specialty amino acids with concentrations of 15% and above when medically necessary for fluid restricted patients (e.g., Aminosyn 15%, Novamine 15%, Clinisol 15%)
- Products serving non-nutritional purposes (e.g., insulin, iron dextran, Pepcid, Sandostatin)

Note: Depending on stability and practice, some of the products listed above are compounded into the TPN in the pharmacy, while others are dispensed separately for injection into the TPN in the home.

| Code | Description | Rate |
|---|--|----------|
| Per Diem includes administrative services, professional pharmacy and compounding services, care coordination, and all standard medical supplies and equipment (Lipids, Specialty Amino Acid Formulas, drugs and nursing visits coded separately). | | |
| S9365 | TPN 1.0 liter of solution | \$105.00 |
| S9366 | TPN > 1.0 liters to 2.0 liters | \$145.00 |
| S9367 | TPN > 2.0 liters to 3.0 liters | \$160.00 |
| S9368 | TPN > 3.0 liters | \$170.00 |
| B4185 | Parenteral nutrition solution, per 10 grams lipids | \$12.00 |
| HCPCS & NDC | All Drugs not part of a Standard TPN Formula: Specialty Amino Acid Formulas, Additional Trace Elements, Additional Vitamins, Drugs for Non-Nutritional Purposes; as well as Diluent, Solution, Heparin, Saline, Sterile Water, etc. If not part of Standard TPN Formula. | AWP-15% |

Aerosolized Drug Therapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes aerosolized drug administration therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9061 | Aerosolized Drug Administration Therapy | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Anti-Coagulation Therapy - Intermittent

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Intermittent Anti-Coagulant injectable therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9372 | Anti-Coagulation Therapy – Intermittent | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Anti-Emetic Therapy - Intermittent

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes Intermittent Anti-Emetic injectable therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9370 | Anti-Emetic Therapy – Intermittent | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Miscellaneous Injectable Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Miscellaneous injectable therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9542 | Miscellaneous Injectable Therapy | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Hemotopoietic Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes Hemotopoietic injectable therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9537 | Hemotopoietic Hormone Therapy (Erythropoietin, G-CSF, Neupogen) | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Growth Hormone Therapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes injectable Growth Hormone therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9558 | Growth Hormone Therapy | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Interferon Therapy

| Code | Description | Rate |
|---|---|---------|
| Per Diem includes injectable Interferon therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9559 | Interferon Therapy | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Hormonal Therapy

| Code | Description | Rate |
|--|---|---------|
| Per Diem includes injectable Hormone therapy; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (<i>drugs and nursing visits coded separately</i>). | | |
| S9560 | Hormonal Therapy (e.g. Leuprolidem Goserelin) | \$35.00 |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

Home Nursing Visit Services

| Code | Description | Rate |
|-------|--|--------------------|
| 99601 | *High-tech RN services – per visit (up to 2 hours) | \$120.00 per visit |
| 99602 | *High-tech RN services – each additional hour | \$65.00 per hour |
| S5522 | **Catheter Insertion, PICC, nursing only | \$275.00 |
| S5523 | **Catheter Insertion, Midline, nursing only | \$185.00 |

A visit is defined as a personal contact for the purpose of providing a covered health service, and is considered to be up to 2 hours in length, thereafter, hourly rates apply.

* Time recorded and reimbursed is for all nursing activities necessary for a nurse visit – preparation, travel, time in the home, documentation, post-visit reporting, follow-up activities, etc.

**** Note:** PICC and midline insertion procedures are coded and reimbursed separately in addition to the time required for other home infusion/specialty drug administration services coded with 99601 and 99602. During a single visit, only one PICC or midline insertion procedure is coded and reimbursed even if multiple attempts are needed for successful insertion. If multiple insertion procedures are performed during separate visits, each is coded and reimbursed separately.

Catheter Care & Insertion Supplies

| Code | Description | Rate |
|--|---|------------------|
| <i>Coding Procedure: Catheter care/ maintenance Per Diems (S5498, S5501 & S5502) are coded and reimbursed when catheter care is provided as a stand-alone therapy, or during days not covered under the Per Diem of another therapy. Catheter maintenance supplies (S5517 & S5518) are coded and reimbursed per kit.</i> | | |
| S5498 | *Simple (Single lumen) | \$ 10.00 |
| S5501 | *Complex (more than one lumen) | \$ 12.00 |
| S5502 | Implanted Access Device | \$12.00 |
| S5517 | Supplies for restoration of catheter patency/de-clotting | \$ 50.00 per kit |
| S5518 | Supplies for catheter repair | \$ 40.00 per kit |
| HCPCS & NDC | All Drugs including diluent, solution, heparin, saline, sterile water, etc. | AWP-15% |

* Catheter Care/ Maintenance Per Diems are coded and reimbursed only when catheter care is provided as a stand-alone therapy, or during days not covered under the Per Diem of another therapy.

*** Nutritional Assessment**

| Code | Description | Rate |
|-------|--|----------|
| S9470 | Nutritional Counseling, Pharmacist/Dietitian Visit | \$ 95.00 |

***Nutrition Assessment Definition:** A nutritional assessment is a comprehensive approach to defining nutritional status that uses medical, nutrition, and medication histories; physical examination; anthropometric measurements; and laboratory data. Further, it includes the organization and evaluation of information to declare a professional judgment. Follow-up nutritional assessments evaluate the patient's progress in meeting nutrition goals by evaluating the response to nutrition support using medical, nutrition, and medication data; physical examination; anthropometric measurements; and may include follow-up laboratory data. Such assessments also evaluate the member's ability to transition to a less invasive nutrition support regimen, if possible, or to optimize the current regimen.

All Other Injectables

| Code | Description | Rate |
|-------------|-----------------------|---------|
| HCPCS & NDC | All Other Injectables | AWP-15% |

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