

## EXHIBIT A

### HOSPITAL SERVICES – GROUP COMMERCIAL CONTRACT and MEDICARE

In Accordance with Section 2.1, Hospital Services include all hospital services provided by HOSPITAL and include, but are not limited to, those specified below: **CODES: 1** – Provided by HOSPITAL; **2** – Arranged by HOSPITAL; **N/A** – Not Available.

HOSPITAL SERVICES	CODE	HOSPITAL SERVICES	CODE	HOSPITAL SERVICES	CODE
<b>MEDICAL SERVICES</b>		<b>SPECIAL SERVICES</b>		<b>PEDIATRIC SERVICES</b>	
Medical/Surgical Acute Care Services		Burn Care Unit		Pediatric Acute Care	
Medical/Surgical Intensive Care Unit		Chemotherapy		Pediatric Intensive Care	
Step-down/Transitional Care Unit		Gastrointestinal Laboratory		Pediatric Oncology	
Other:		Hemodialysis - Inpatient		Pediatric Surgery	
<b>ANCILLARY SERVICES</b>		Hemodialysis –Outpatient		Other:	
Electrocardiography		Hyperbaric Chamber Services		<b>PERINATAL/DELIVERY SVCS</b>	
Electroencephalography		Immunosuppressed (AIDS) Unit		Labor/Delivery Room Services	
Electromyography		Infusion Therapy		Alternative Birthing Center	
Pharmacy Services		Nuclear Medicine		Newborn Nursery Care	
Respiratory Therapy		Oncology Services		Neonatal Intermediate Care II	
Clinical Laboratory		Outpatient Respiratory Therapy Prgm		Neonatal Continuing Care III	
Clinical Pathology		Peripheral Vascular Lab		Neonatal Intensive Care IV	
Autopsy Service		Pulmonary Therapy Services		Amniocentesis	
Blood Bank		Other:		Certified Nurse Midwife Program	
Blood Collection and Processing		<b>SURGICAL SERVICES</b>		Extracorporeal Memb. Oxygenation (ECMO)	
Histocompatibility Laboratory		Abortion, Therapeutic		Fetal Treatment (In-utero Therapy)	
Microbiologic Services		Arthroscopic Surgery		In-Vitro Fertilization Program	
Organ Bank		Cystoscopy Service		Obstetrics, High Risk/Pre-term Labor	
Other:		Dental Surgery		Other:	
<b>DIAGNOSTIC/RADIOLOGY SVCS</b>		Gynecologic Surgery		<b>BEHAVIORAL HEALTH SVCS</b>	
Computerized Tomography (CT) Scan		Laparoscopic Surgery		Biofeedback Therapy	
Magnetic Resonance Imaging (MRI)		Laser Surgery		Chemical Dependency – Adult	
Positive Emission Tomography (PET)		Lithotripsy		Chemical Dependency – Adolescent	
Other:		Ophthalmologic Surgery		Outpatient – Adult	
<b>RADIATION THERAPY</b>		Orthopedic Surgery		Outpatient – Adolescent	
Cobalt Therapy		Otolaryngologic Surgery		Psych Locked Unit – Adult	
Gamma Knife		Plastic Surgery		Psych Locked Unit – Adolescent	
Megavoltage Radiation Therapy		Podiatric Surgery		Inpatient Care - Adult	
Radiation Oncology		Thoracic Surgery		Inpatient Care – Adolescent	
Radium Therapy		Urologic Surgery		Psychopharmacological Therapy	
Therapeutic Radioisotopy		Vascular Surgery		Recreational Therapy	
Other:		Other:		Residential Care – Adult	
<b>EMERGENCY SERVICES</b>		<b>TRANSPLANT SERVICES</b>		Residential Care – Adolescent	
IV – Standby Emergency Med		Bone Marrow Transplant		Other:	
III – Basic Emergency Med		Peripheral Stem Cell Marrow Transplant		<b>HOME HEALTH SERVICES</b>	
II – Comp Emergency Med		Corneal Transplant		Home Health Aid Services	
I – Designated Trauma Center		Heart Transplant		Home I.V. Therapy Services	
Urgent Care Center		Heart/Lung Transplant		Home Nursing Care	

Paramedic Base Station		Kidney Transplant		Home Occupational Therapy	
Helipad		Kidney/Pancreas Transplant		Home Physical Medicine	
Radioisotope Decontamination Room		Liver Transplant		Home Medical Social Worker	
Other:		Other:		Home Speech Therapy	
<b>REHAB/LONG-TERM CARE</b>		<b>CARDIOLOGY SERVICES</b>		Other:	
Physical Medicine		Coronary Care Unit		<b>OTHER SERVICES</b>	
Cognitive Rehabilitation		Cardiac Catheterization Lab		Adult Day Health Care	
Occupational Therapy		Percut. Trans. Coronary Angio. (PTCA)		Ambulatory Surgery Services	
Speech Therapy		Cardiovascular Surgery		Hospice	
Spinal Cord Rehabilitation		Cardiac Rehabilitation Program		Outpatient Clinic Services	
Skilled Nursing Unit		Diagnostic Radioisotope		Other:	
Other:		Electrophysiology (EPS)			

\*\* HOSPITAL will provide HiLabs Health with an updated Services Inventory upon request.

\* Inpatient Only

## EXHIBIT C-1 COMPENSATION – GROUP COMMERCIAL CONTRACT

Hospital agrees that it shall accept the rates below as payment in full for Covered Services pursuant to Article V.

HiLabs Health shall pay Hospital the rates below less any Copayments and deductibles.

TYPE OF SERVICE	REVENUE CODE	PROCEDURE CODE ICD-9 (IP) / CPT (OP) / HCPC	MS DRG	REIMBURSEMENT TYPE	ATTACHMENT DAYS	ADDITIONAL DAYS	RATE				
							PSJMC	PHCMC	PTMC	PLCMMCT	PLCMMCSP
INPATIENT SERVICES											
MEDICAL/SURGICAL/PEDS	100, 101, 110, 111, 113, 117, 119, 120, 121, 123, 127, 129, 130, 131, 133, 137, 139, 140, 141, 143, 147, 149, 150, 151, 153, 157, 159, 160, 164, 167, 169			PER DIEM			\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
INTERMEDIATE CARE (TELEMETRY/DOU)	206, 214, 204			PER DIEM			\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
INTENSIVE CARE: MICU/SICU/PICU/CCU/ICU	200, 201, 202, 203, 207, 208, 209, 210, 211, 212, 213, 219			PER DIEM			\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
ACUTE REHAB	118, 128, 138, 148, 158		945, 946	PER DIEM			\$2,500	\$2,500	\$2,500	N/A	\$2,500
SUB ACUTE - LEVELS I, II	190, 191, 192			PER DIEM			N/A	N/A	N/A	N/A	N/A
SUB ACUTE - LEVELS III, IV	193, 194, 199			PER DIEM			N/A	\$1,500	N/A	N/A	\$1,500
SUB ACUTE - VENT/TRACH	194, 199	31.1, 31.21, 31.29, 96.7, 96.71, 96.72		PER DIEM			N/A	\$2,000	N/A	N/A	\$2,000

SUB ACUTE - NON VENT	194, 199	w/o 31.1, 31.21, 31.29, 96.7, 96.71, 96.72		PER DIEM			N/A	\$1,500	N/A	N/A	\$1,500
NURSERY (In-House w/Mother)	170, 171, 179			PER DIEM			\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
BOARDER BABY (Baby discharged after mother) /MULTIPLE BIRTH PER INFANT	170, 171, 179			PER DIEM			\$1,500	\$1,500	\$1,500	\$1,500	\$1,500
NEONATAL INTENSIVE CARE UNIT (NICU) - LEVEL II	172			PER DIEM			\$6,000	\$6,000	\$6,000	\$6,000	N/A
NEONATAL INTENSIVE CARE UNIT (NICU) - LEVEL III	173			PER DIEM			\$6,000	\$6,000	\$6,000	\$6,000	N/A
NEONATAL INTENSIVE CARE UNIT (NICU) - LEVEL IV	174			PER DIEM			\$6,000	\$6,000	\$6,000	\$6,000	N/A
PSYCHIATRIC	114, 124, 134, 144, 154		885	PER DIEM			N/A	N/A	N/A	N/A	\$1,200
CHEMICAL DEPENDENCY - DETOX	116, 126, 136, 146, 156		894, 895, 896, 897	PER DIEM			N/A	N/A	N/A	N/A	\$1,500
CHEMICAL DEPENDENCY - REHAB	128		894, 895, 896, 897	PER DIEM			N/A	N/A	N/A	N/A	\$1,500
MATERNITY CARE: VAGINAL DELIVERY	112, 122, 132, 142, 152	72.0, 72.1, 72.21, 72.29, 72.31, 72.39, 72.4, 72.51, 72.52, 72.53, 72.54, 72.6, 72.71, 72.79, 72.8, 72.9, 73.22, 73.51, 73.59, 73.6, 75.5, 75.51, 75.52, 75.61, 75.62, 75.69	767, 768, 774, 775	PER DIEM			\$4,000	\$4,000	\$4,000	\$4,000	\$4,000
MATERNITY CARE: C-SECTION DELIVERY	112, 122, 132, 142, 152	74.0, 74.1, 74.2, 74.4, 74.99	765, 766	PER DIEM			\$4,000	\$4,000	\$4,000	\$4,000	\$4,000

# HEALTH PLAN OF CALIFORNIA

CARDIOVASCULAR SURGERY		35.0, 35.02, 35.03, 35.04, 35.1, 35.11, 35.12, 35.13, 35.14, 35.2, 35.21, 35.22, 35.23, 35.24, 35.25, 35.26, 35.27, 35.28, 35.31, 35.32, 35.33, 35.34, 35.35, 35.97, 35.98, 35.99, 36.03, 36.1, 36.11, 36.12, 36.13, 36.14, 36.15, 36.16, 36.17, 36.19, 36.2, 36.31, 36.32, 36.33, 36.34, 37.24, 37.31, 37.32, 37.33, 37.35, 37.36, 37.37, 37.41, 37.49, 37.51, 37.52, 37.53, 37.54, 37.55, 37.6, 37.91, 37.99, 38.04, 38.05, 38.06, 38.07, 38.14, 38.34, 38.44, 38.64, 38.84, 39.0, 39.1, 39.21, 39.22, 39.23, 39.24, 39.25, 39.26, 39.52, 39.54, 39.65, 39.71, 39.72, 39.73, 39.74, 39.75, 39.76, 39.79, 39.99, 38.26, 35.05, 35.06, 35.07, 35.08, 35.09, 39.77, 39.78	216, 217, 218, 219, 220, 221, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238	CASE RATE	6	LOC	\$34,000	\$34,000	\$34,000	\$34,000	\$34,000
ANGIOPLASTY / PTCA W OR W/O INSERTION OF A STENT		00.61, 00.62, 00.63, 00.64, 00.65, 00.66, 35.96, 36.06, 36.07, 36.09, 39.5, 00.40, 00.41, 00.42, 00.43, 00.45, 00.46, 00.47, 00.48, 36.03, 17.53, 17.54, 17.55, 17.56	246, 247, 248, 249, 250, 251	CASE RATE	2	LOC	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
CARDIAC PACEMAKER IMPLANTATION / REPLACEMENT OF PACEMAKER DEVICE		00.50, 00.53, 37.8, 37.81, 37.82, 37.83, 37.85, 37.86, 37.87, 37.89, 17.81	242, 243, 244, 258, 259, 260, 261, 262	CASE RATE	2	LOC	\$12,000	\$12,000	\$12,000	\$12,000	\$12,000
CV EXTRACTION, INSERTION, REPLACEMENT & REVISION OF LEADS		37.7, 37.71, 37.72, 37.73, 37.74, 37.75, 37.76, 37.77, 37.78, 37.79, 00.56, 00.57, 00.52, 37.95, 37.97	242, 243, 244, 258, 259, 260, 261, 262	CASE RATE	2	\$3,500	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
AICD GENERATOR OR LEAD IMPLANTATION /REPLACEMENT/OR AICD LEAD INSERTION		00.51, 00.54, 37.94, 37.95, 37.96, 37.97, 37.98, 00.52, 37.95	222, 223, 224, 225, 226, 227, 245, 265	CASE RATE	4	LOC	\$34,000	\$34,000	\$34,000	\$34,000	\$34,000

CARDIAC CATHETERIZATION		37.21, 37.22, 37.23, 88.52, 88.53, 88.54, 88.55, 88.56	286, 287	CASE RATE	1	LOC	\$7,500	\$7,500	\$7,500	\$7,500	N/A
NEUROINTERVENTIONAL: INTRACRANIAL VASCULAR PROCEDURES W/MCC			20	CASE RATE	8	LOC	\$90,000	N/A	N/A	N/A	N/A
NEUROINTERVENTIONAL: INTRACRANIAL VASCULAR PROCEDURES W/CC			21	CASE RATE	8	LOC	\$75,000	N/A	N/A	N/A	N/A
NEUROINTERVENTIONAL: INTRACRANIAL VASCULAR PROCEDURES W/O MCC OR CC			22	CASE RATE	6	LOC	\$55,000	N/A	N/A	N/A	N/A
NEUROINTERVENTIONAL: STROKE-MECHANICAL RETRIEVAL W/MCC			23	CASE RATE	7	LOC	\$60,000	N/A	N/A	N/A	N/A
NEUROINTERVENTIONAL: STROKE-MECHANICAL RETRIEVAL W/O MCC			24	CASE RATE	6	LOC	\$45,000	N/A	N/A	N/A	N/A
NEUROINTERVENTIONAL: ANEURYSM COILING W/MCC			25	CASE RATE	6	LOC	\$34,000	N/A	N/A	N/A	N/A
NEUROINTERVENTIONAL: ANEURYSM COILING W/CC			26	CASE RATE	6	LOC	\$25,000	N/A	N/A	N/A	N/A

NEUROINTERVENTIONAL: ANEURYSM COILING W/O MCC OR CC			27	CASE RATE	3	LOC	\$18,000	N/A	N/A	N/A	N/A
CAROTID ARTERY STENT W MCC			34	CASE RATE	4	LOC	\$35,000	\$35,000	\$35,000	\$35,000	\$35,000
CAROTID ARTERY STENT W CC			35	CASE RATE	2	LOC	\$22,000	\$22,000	\$22,000	\$22,000	\$22,000
CAROTID ARTERY STENT W/O CC/MCC			36	CASE RATE	2	LOC	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000
BARIATRIC SURGERY: (Includes Gastric Bypass, Lap Bands, Open Procedures, & Laparoscopic Gastric Procedures)		44.31, 44.32, 44.38, 44.39, 44.5, 44.68, 44.69, 44.95, 44.96, 44.97, 44.98, 44.99, 45.91, 44.99, 45.9, 43.89, 43.82	619, 620, 621	CASE RATE	6	LOC	\$30,000	N/A	N/A	N/A	N/A
MAJOR JOINT PROCEDURES: HIP/KNEE		00.70, 00.71, 00.72, 00.73, 00.80, 0.81, 0.82, 0.85, 0.86, 0.87, 81.51, 81.52, 81.53, 81.54, 00.83, 00.84, 81.21, 81.22, 81.55, 81.40, 81.42, 81.43, 81.47, 84.15, 84.16, 84.17, 84.18	461, 462, 466, 467, 468, 469, 470	CASE RATE	4	LOC	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
MAJOR JOINT PROCEDURES: ANKLE/FOOT/THIGH		81.56, 84.26, 84.27, 84.28, 81.11, 81.12, 81.13, 81.14, 81.15, 81.16, 81.17, 81.18, 81.49, 81.57, 81.59, 81.94, 81.95, 84.12, 84.13, 84.14	461, 462, 469, 470	CASE RATE	4	LOC	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000



SPINAL SURGERIES (e.g. - Spinal Fusion, Refusion of Spine, Fusion or Refusion of More than one vertebrae)		81.0, 81.01, 81.02, 81.03, 81.04, 81.05, 81.06, 81.07, 81.08, 81.3, 81.31, 81.32, 81.33, 81.34, 81.35, 81.36, 81.37, 81.38, 81.39, 81.62, 81.63, 81.64	28, 29, 30, 453, 454, 455, 456, 457, 458, 459, 460, 471, 472, 473, 31, 32, 33, 490, 491	CASE RATE	4	LOC	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000
ARTIFICIAL DISC INSERTION - Disc Repair (w/ Graft/Prosth) / Disc Repair Other / Replacement of Spinal Disc		80.53, 80.54, 84.6, 84.61, 84.62, 84.63, 84.64, 84.65, 84.66, 84.67, 84.68, 84.69	28, 29, 30, 31, 32, 33, 490, 491	CASE RATE	4	LOC	\$55,000	\$55,000	\$55,000	\$55,000	\$55,000
LAPAROSCOPIC PROCEDURE: LAPAROSCOPIC CHOLECYSTECTOMY		51.23, 51.24	417, 418, 419	CASE RATE	3	LOC	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000
ROBOTIC ASSISTED PROCEDURES		17.41, 17.42, 17.43, 17.44, 17.45, 17.49		CASE RATE	2	LOC	\$35,000	N/A	N/A	\$35,000	N/A
ENDOSCOPIC RETROGRADE CANNULATION OF PANCREATIC DUCT ("ERCP")		51.1, 51.11, 51.14, 52.93	435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446	CASE RATE	4	LOC	\$18,000	\$18,000	\$18,000	\$18,000	\$18,000
RADIOFREQUENCY ABLATION		4.20, 37.34	246, 247, 248, 249, 250, 251	CASE RATE	2	LOC	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
ELECTROPHYSIOLOGY STUDIES ("EPS")		37.26, 37.27	246, 247, 248, 249, 250, 251	CASE RATE	2	LOC	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
IP TRAUMA	208, 681, 682, 683, 684, 689, 459	Bill Coded with: Admit Type 5 (Trauma Admission)	SEE FOOTNOTE #2	% BILLED CHARGES			N/A	75%	N/A	N/A	N/A



HYSTERECTOMY		68.31, 68.39, 68.41, 68.49, 68.51, 68.59, 68.61, 68.69, 68.71, 68.79, 68.8, 68.9, 68.24, 68.25	734, 735, 736, 737, 738, 739, 740, 741, 742, 743	CASE RATE	2	LOC	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
STOP LOSS: (SEE FOOTNOTE #3 FOR COMPLETE STOP LOSS DEFINITION)				ATTACHMENT LEVEL			\$300,000	\$300,000	\$300,000	\$300,000	\$300,000
STOP LOSS: (SEE FOOTNOTE #3 FOR COMPLETE STOP LOSS DEFINITION)				STOPLOSS % BILLED CHARGES			75%	75%	75%	75%	75%
OUTPATIENT SERVICES											
EMERGENCY ROOM	450, 451, 452, 456, 459			% BILLED CHARGES			65% Charges NTE \$3,000	65% Charges NTE \$3,000	65% Charges NTE \$3,000	65% Charges NTE \$3,000	65% Charges NTE \$3,000
OP LAPAROSCOPIC GASTRIC RESTRICTIVE DEVICE (e.g. - Lap-Band)	360, 361, 490, 499, 750, 759	43770, 43771, 43772, 43773, 43774, 43775, 43644, 43645		CASE RATE	1		\$9,000	\$9,000	\$9,000	\$9,000	\$9,000
OP PACEMAKER		33202, 33203, 33206, 33207, 33208, 33210, 33211, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33222, 33223, 33224, 33225, 33226, 33233, 33234, 33235, 33236, 33237, 33238, 33240		CASE RATE	1		\$5,400.00	\$5,400.00	\$5,400.00	\$5,400.00	\$5,400.00
OPAICD		33249, 33240, 33241, 33243, 33244, 33215, 33216, 33217, 33218, 33220		CASE RATE	1		\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00	\$7,500.00
OP ANGIOPLASTY (PTCA)		92980, 92981, 92982, 92984, 35450, 35452, 35458, 35460, 35471, 35472, 35475, 35476, 61630, 75962, 75964, 75966, 75968, 75978, 92995, 92996, 92997, 92998, G0290, G0291		CASE RATE	1		\$5,400	\$5,400	\$5,400	\$5,400	\$5,400

# CENTRAL HEALTH PLAN OF CALIFORNIA

OP CARDIAC CATH		93451, 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93462, 93463, 93464, 93501, 93503, 93510, 93511, 93514, 93524, 93526, 93527, 93528, 93529, 93530, 93531, 93532, 93533, 93563, 93564, 93565, 93566, 93567, 93568		CASE RATE	1		\$6,700	\$6,700	\$6,700	\$6,700	\$6,700
OP LAP CHOLE		47562, 47563, 47564, 47570		CASE RATE	1		\$6,000	\$6,000	\$6,000	\$6,000	\$6,000
OP ARTHROSCOPY		29800, 29804, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29830, 29834, 29835, 29836, 29837, 29838, 29840, 29843, 29844, 29845, 29846, 29847, 29850, 29851, 29855, 29856, 29860, 29861, 29862, 29863, 29866, 29870, 29871, 29873, 29874, 29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29891, 29892, 29894, 29895, 29897, 29898, 29899, 29900, 29901, 29902, 29999, S2300, G0289, S2112, 29904, 29905, 29906, 29907, 29914, 29915, 29916, 29867, 29868		CASE RATE	1		\$5,400	\$5,400	\$5,400	\$5,400	\$5,400
AMBULATORY SURGERY (NOT OTHERWISE IDENTIFIED)	360, 361, 369, 480, 481, 490, 499, 750, 759	SEE NOTE #9 FOR ADDITIONAL APPLICABLE CPT CODES		CASE RATE	1		65% Charges NTE \$5,500	65% Charges NTE \$5,500	65% Charges NTE \$5,500	65% Charges NTE \$5,500	65% Charges NTE \$5,500
OP ELECTROPHYSIOLOGY EVALUATION/STUDY		93619, 93620, 93621, 93622, 93624, 93600, 93602, 93603, 93610, 93612, 93615, 93616, 93642, 93660, 93609, 93613, 93618, 93623, 93631, 93640, 93641, 93650, 93651, 93652, 93662		CASE RATE	1		\$4,500	\$4,500	\$4,500	\$4,500	\$4,500
OP STEREOTACTIC BIOPSY		77031, 61750, 61751, 63615		CASE RATE	1		\$1,500	\$1,500	\$1,500	\$1,500	\$1,500

OP MAMMOGRAPHY: DIGITAL SCREENING	403	G0202, 77057		PER SCAN			\$120	\$120	\$120	\$120	\$120
OP MAMMOGRAPHY: DIAGNOSTIC, BILATERAL	401	G0204, 77056		PER SCAN			\$130	\$130	\$130	\$130	\$130
OP MAMMOGRAPHY: DIAGNOSTIC, UNILATERAL	401	G0206, 77055, S8080		PER SCAN			\$100	\$100	\$100	\$100	\$100
OP REFERENCE LAB PREFERRED PAYMENT APPLICABLE CODES	300, 301, 302, 303, 304, 305, 306, 307, 309, 310, 311, 312, 314, 319	SEE NOTE #8 FOR APPLICABLE CODES		% MEDICARE PHYSICIAN FEE SCHEDULE			150%	150%	150%	150%	150%
OP PHYSICAL THERAPY	420, 421, 422, 423, 424, 429	97039, 97001, 97002, 97005, 97006, 97010, 97012, 97014, 97016, 97018, 97022, 97024, 97026, 97028, 97032, 97033, 97034, 97035, 97036, 97110, 97112, 97113, 97116, 97124, 97139, 97140, 97150, 97530, 97532, 97533, 97535, 97537, 97542, 97545, 97546		PER VISIT			\$120	\$120	\$120	\$120	\$120
OP SPEECH THERAPY	440, 441, 442, 443, 444, 449	70371, 92506, 92507, 92508, S9152, V5362		PER VISIT			\$120	\$120	\$120	\$120	\$120
OP OCCUPATIONAL THERAPY	430, 431, 432, 433, 434, 439	97003, 97004		PER VISIT			\$120	\$120	\$120	\$120	\$120
OP RESPIRATORY THERAPY	410, 412, 413, 419	S5180, S5181		PER VISIT			\$120	\$120	\$120	\$120	\$120
OP CT	350, 351, 352, 359			PER SCAN			\$450	\$450	\$450	\$450	\$450
OP MRI/MRA	610, 611, 612, 614, 615, 616, 618, 619			PER SCAN			\$650	\$650	\$650	\$650	\$650

OP PET	404			PER SCAN			\$1,400	\$1,400	\$1,400	\$1,400	\$1,400
OP TRAUMA	459, 681, 682, 683, 684, 689	Bill Coded with: Admit Type 5 (Trauma Admission)	SEE FOOTNOTE #2	% BILLED CHARGES			N/A	75%	N/A	N/A	N/A
OP OTHER SERVICES	ALL OUTPATIENT SERVICES, EXCEPT FOR THOSE OTHERWISE REIMBURSED IN THE OUTPATIENT RATES PER ABOVE.			% BILLED CHARGES			65% Charges NTE \$7,000	65% Charges NTE \$7,000	65% Charges NTE \$7,000	65% Charges NTE \$7,000	65% Charges NTE \$7,000
NEW IP & OP HOSPITAL SERVICES/NEW TECHNOLOGIES: (SEE FOOTNOTE #5 FOR DEFINITION)				% BILLED CHARGES			65%	65%	65%	65%	65%
EXCLUSIONS (INPATIENT & OUTPATIENT) - SEE FOOTNOTE #10 FOR DEFINITION											
EXCLUSIONS: IMPLANTS	274, 275, 276, 278			% BILLED CHARGES			55%	55%	55%	55%	55%
EXCLUSIONS: DIALYSIS	800, 801, 802, 803, 804, 809, 880, 881, 889	90935, 90937, 90940, 90945, 90947, G0257	685	% BILLED CHARGES			55%	55%	55%	55%	55%
EXCLUSIONS: DME	290, 291, 292, 293, 294, 299			% BILLED CHARGES			55%	55%	55%	55%	55%

EXCLUSIONS: BLOOD/BLOOD PRODUCTS	380, 381, 382, 383, 384, 385, 386, 387, 389, 390, 391, 392, 399			% BILLED CHARGES			55%	55%	55%	55%	55%
EXCLUSIONS: PHARMACEUTICALS	250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 634, 635, 636, 637			% BILLED CHARGES			55%	55%	55%	55%	55%
OBSERVATION (< 24 HOURS)	760, 761, 762, 769			% BILLED CHARGES			35%	35%	35%	35%	35%
OBSERVATION (>24 HOURS)	760, 761, 762, 769	(SEE FOOTNOTE #4 FOR DEFINITION)		% BILLED CHARGES			35%	35%	35%	35%	35%
FOOTNOTES											

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**NOTE #1: COMPENSATION FOR SERVICES PAYABLE AT MEDICARE ALLOWABLE**

**PAYMENT FOR HOSPITAL SERVICES**

PLAN shall reimburse HOSPITAL for authorized COVERED SERVICES provided hereunder and listed below, at 100% of current year Medicare allowable total reimbursement amount.

*Inpatient Acute services (IPPS)* – 100% of Medicare IPPS payment inclusive of DRG, Operating Outlier, Operating DSH, Capital Outlier, and Capital DSH payments.

*Outpatient services* – 100% Medicare OPPS/Fee Schedule including Outlier payments and other add-ons required of MA health plans by CMS. Codes payables as specified in Medicare Addendum "B" will be paid under this arrangement.

*Skilled Nursing Services (SNF PPS)* – Shall be paid 100% of Medicare Resource Utilization Group (RUG) payments.

*Rehabilitation Services (IRF PPS)* – Shall be paid under the Medicare Case Mix Group (CMG) system, including outlier payments, Low Income Patient (LIP) adjustment and other add-ons required of MA health plans by CMS and Inpatient Rehabilitation Facility (IRF) for Rehab patients.

Subject to the foregoing, PLAN shall use the ground rules established by Medicare to adjudicate claims to be paid to HOSPITAL. HOSPITAL shall accept the payments set forth above from PLAN as payment in full with respect to such services. HOSPITAL will bill Enrollees directly for any applicable Copayment and this amount will be deducted from the calculated reimbursement due to Hospital from Health Plan. Such amounts shall be retained by HOSPITAL.

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**NOTE #2: TRAUMA**

*INPATIENT:* Defined as all inpatient services provided to a patient who is either seen in the Emergency Department, or admitted under the care of the hospital based trauma team or trauma physician. The case must meet the trauma care criteria as defined and documented by the Los Angeles County Trauma guidelines. If a trauma event, as defined by the Los Angeles County Trauma guidelines, results in an admission, the claims for the entire admission, including any outpatient trauma services, if applicable, will be paid at the inpatient trauma rate. Claims for Trauma patients admitted under admit type 05 who are "drive by" or arrive without advance notification and subsequently require activation of the trauma team, which meet LA County criteria for Trauma, shall be paid at the Trauma rate for the entire admission.

*OUTPATIENT:* Defined as all outpatient services provided to a patient who is either seen in the Emergency Department, or under the care of the hospital based trauma team or trauma physician. The case must meet the trauma care criteria as defined and documented by the Los Angeles County Trauma protocols. If a trauma event, as defined by the Los Angeles County Trauma guidelines, does not result in an admission, all claims, including claims for services provided in the emergency department, will be paid at the outpatient trauma rate. Claims for Trauma patients admitted under admit type 05 who are "drive by" or arrive without advance notification and subsequently require activation of the trauma team, which meet LA County criteria for Trauma, shall be paid at the Trauma rate for the entire admission.

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**NOTE #3: STOPLOSS**

2ND Dollar, with exclusions: In the event Hospital's Billed Charges, including exclusions, exceed \$(SEE ABOVE) (The "Attachment Level"), payer will pay Hospital the level of care per diems and/or applicable case rate(s) for Billed Charges leading up to the Attachment Level, plus \$(SEE ABOVE)% ("Stoploss Percentage") of Total Billed Charges in excess of the Attachment Level. Stoploss applies for the entire episode of care for all inpatient admissions involving transfers from acute to sub-acute levels of care. For the purposes of inpatient Stoploss threshold calculations and reimbursements, Trauma as stated herein shall be excluded and reimbursed separately in accordance with the rates per Exhibit C-1.

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**NOTE #4: OBSERVATION**

Observation status is limited to twenty-four hours. Within twenty-four hours of admission to observation status, Payor shall require a physician order for an inpatient stay or discharge from observation status. In the event a patient is admitted as an inpatient from the observation ward, observation charges shall be excluded from the inpatient fee schedule entirely and shall be paid in addition to the inpatient rate. In the event a patient's stay is extended past twenty-four hours in observation, reimbursement will be at applicable inpatient rates and observation charges shall be excluded from the inpatient fee schedule entirely and shall be paid in addition to the inpatient rate.

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**NOTE #5: NEW HOSPITAL SERVICES**

In the event that Hospital adds a new service which is not identified on Hospital Services Inventory, per Exhibit A, as of effective date of Agreement, and, not otherwise covered under the terms of this Agreement, ("New Hospital Service"), the following shall prevail: (i) Hospital shall notify (HEALTH PLAN) in writing of its intent to utilize the New Hospital Service no less than thirty (30) calendar days prior to the intended use of such New Hospital Service (NOTICE DATE). The parties shall meet and negotiate in good faith to establish a rate for this New Hospital Service. In the event the parties are unable to agree to a rate during that thirty (30) calendar day period, such services shall be reimbursed at \$(SEE ABOVE)% of billed charges, except that discrete new services that are elective in nature are not considered part of the Hospital Service Inventory and shall require approval by the Health Plan's Medical Director. New Hospital Services utilized prior to the NOTICE DATE shall be paid at the Med/Surg rate. All other terms of this Agreement shall apply to the New Hospital Service.

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**NOTE #6: ADJUSTMENTS RESULTING FROM CHARGEMASTER INCREASES**

In the event of a cumulative increase in Hospital's Charge Master, during any twelve (12) month period that exceeds or falls short of the Charge Master "Modification Allowance", reimbursement rates (% of Billed Charges, Stoploss Thresholds, and Exclusion Thresholds) will be adjusted to neutralize the impact of the Charge Master equal to the "Modification Allowance". Such change shall be effective as of the effective date of the most recent modification to Hospital's Charge Master and shall be applied to all successive rate periods thereafter, and shall be calculated as follows:

**EXAMPLE ASSUMPTIONS:**

Charge Master Modification Allowance: 10%

Actual Charge Master Increase: 15%

Current % of Billed Charges: 55.0%

Current Stoploss Threshold: \$200,000

Current Exclusion Threshold: \$1,000

Example (% of Billed Charges Reimbursement):

$$\{[(1 + \text{Modification Allowance}) / (1 + \text{Actual Charge Master Increase})] \times (\text{Current \% of Billed Charges})\} = \text{Adjusted \% of Billed Charges}$$

$$\{(1 + 0.10) / (1 + 0.15)\} \times (55.0\%) = 52.6\%$$

Example (Stoploss Threshold):

$$\{[(1 + \text{Actual Charge Master Increase}) / (1 + \text{Modification Allowance})] \times (\text{Current Stoploss Threshold})\} = \text{Adjusted Stoploss Threshold}$$

$$\{(1 + 0.15) / (1 + 0.10)\} \times (\$200,000) = \$209,091$$

Example (Exclusion Threshold):

$$\{[(1 + \text{Actual Charge Master Increase}) / (1 + \text{Modification Allowance})] \times (\text{Current Exclusion Threshold})\} = \text{Adjusted Exclusion Threshold}$$

$$\{(1 + 0.15) / (1 + 0.10)\} \times (\$1,000) = \$1,045$$

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**NOTE #7: PHYSICIAN FEES**

Physician Fees are excluded from this fee schedule entirely and billed separately by the physicians on a HCFA 1500 or successor form.

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36415, 36416, 80047, 80048, 80050, 80051, 80053, 80055, 80061, 80069, 80074, 80076, 80100, 80101, 80102, 80103, 80104, 80150, 80152, 80154, 80156, 80157, 80158, 80160, 80162, 80164, 80166, 80168, 80170, 80172, 80173, 80174, 80176, 80178, 80182, 80184, 80185, 80186, 80188, 80190, 80192, 80194, 80195, 80196, 80197, 80198, 80200, 80201, 80202, 80299, 80400, 80402, 80406, 80408, 80410, 80412, 80414, 80415, 80416, 80417, 80418, 80420, 80422, 80424, 80426, 80428, 80430, 80432, 80434, 80435, 80436, 80438, 80439, 80440, 80500, 80502, 81000, 81001, 81002, 81003, 81005, 81007, 81015, 81020, 81025, 81050, 81099, 82000, 82003, 82009, 82010, 82013, 82016, 82017, 82024, 82030, 82040, 82042, 82043, 82044, 82045, 82055, 82075, 82085, 82088, 82101, 82103, 82104, 82105, 82106, 82107, 82108, 82120, 82127, 82128, 82131, 82135, 82136, 82139, 82140, 82143, 82145, 82150, 82154, 82157, 82160, 82163, 82164, 82172, 82175, 82180, 82190, 82205, 82232, 82239, 82240, 82247, 82248, 82252, 82261, 82270, 82271, 82272, 82274, 82286, 82300, 82306, 82307, 82308, 82310, 82330, 82331, 82340, 82355, 82360, 82365, 82370, 82373, 82374, 82375, 82376, 82378, 82379, 82380, 82382, 82383, 82384, 82387, 82390, 82397, 82415, 82435, 82436, 82438, 82441, 82465, 82480, 82482, 82485, 82486, 82487, 82488, 82489, 82491, 82492, 82495, 82507, 82520, 82523, 82525, 82528, 82530, 82533, 82540, 82541, 82542, 82543, 82544, 82550, 82552, 82553, 82554, 82565, 82570, 82575, 82585, 82595, 82600, 82607, 82608, 82610, 82615, 82626, 82627, 82633, 82634, 82638, 82646, 82649, 82651, 82652, 82654, 82656, 82657, 82658, 82664, 82666, 82668, 82670, 82671, 82672, 82677, 82679, 82690, 82693, 82696, 82705, 82710, 82715, 82725, 82726, 82728, 82731, 82735, 82742, 82746, 82747, 82757, 82759, 82760, 82775, 82776, 82784, 82785, 82787, 82800, 82803, 82805, 82810, 82820, 82926, 82928, 82930, 82938, 82941, 82943, 82945, 82946, 82947, 82948, 82950, 82951, 82952, 82953, 82955, 82960, 82962, 82963, 82965, 82975, 82977, 82978, 82979, 82980, 82985, 83001, 83002, 83003, 83008, 83009, 83010, 83012, 83013, 83014, 83015, 83018, 83020, 83021, 83026, 83030, 83033, 83036, 83037, 83045, 83050, 83051, 83055, 83060, 83065, 83068, 83069, 83070, 83071, 83080, 83088, 83090, 83150, 83491, 83497, 83498, 83499, 83500, 83505, 83516, 83518, 83519, 83520, 83525, 83527, 83528, 83540, 83550, 83570, 83582, 83586, 83593, 83605, 83615, 83625, 83630, 83631, 83632, 83633, 83634, 83655, 83661, 83662, 83663, 83664, 83670, 83690, 83695, 83698, 83700, 83701, 83704, 83718, 83719, 83721, 83727, 83735, 83775, 83785, 83788, 83789, 83805, 83825, 83835, 83840, 83857, 83858, 83861, 83864, 83866, 83872, 83873, 83874, 83876, 83880, 83883, 83885, 83887, 83890, 83891, 83892, 83893, 83894, 83896, 83897, 83898, 83900, 83901, 83902, 83903, 83904, 83905, 83906, 83907, 83908, 83909, 83912, 83913, 83914, 83915, 83916, 83918, 83919, 83921, 83925, 83930, 83935, 83937, 83945, 83950, 83951, 83970, 83986, 83987, 83992, 83993, 84022, 84030, 84035, 84060, 84061, 84066, 84075, 84078, 84080, 84081, 84085, 84087, 84100, 84105, 84106, 84110, 84112, 84119, 84120, 84126, 84127, 84132, 84133, 84134, 84135, 84138, 84140, 84143, 84144, 84145, 84146, 84150, 84152, 84153, 84154, 84155, 84156, 84157, 84160, 84163, 84165, 84166, 84181, 84182, 84202, 84203, 84206, 84207, 84210, 84220, 84228, 84233, 84234, 84235, 84238, 84244, 84252, 84255, 84260, 84270, 84275, 84285, 84295, 84300, 84302, 84305, 84307, 84311, 84315, 84375, 84376, 84377, 84378, 84379, 84392, 84402, 84403, 84425

**NOTE #8: REFERENCE LAB PREFERRED PAYMENT RATE APPLICABLE CODES**

92980, 92981, 92982, 92984, 93501, 93503, 93505, 93508, 93510, 93511, 93514, 93524, 93526, 93527, 93528, 93529, 93530, 93531, 93532, 93533, 0016T, 0017T, 0048T, 0050T, 0051T, 0052T, 0053T, 0054T, 0055T, 0062T, 0063T, 0071T, 0072T, 0075T, 0076T, 0077T, 0078T, 0079T, 0080T, 0081T, 0084T, 0092T, 0095T, 0098T, 0099T, 0100T, 0101T, 0102T, 0123T, 0124T, 0126T, 0155T, 0156T, 0157T, 0158T, 0163T, 0164T, 0165T, 0166T, 0167T, 0168T, 0169T, 0170T, 0171T, 0172T, 0176T, 0177T, 0183T, 0184T, 0186T, 0190T, 0191T, 0192T, 0193T, 0195T, 0196T, 0200T, 0201T, 0205T, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T, 0219T, 0220T, 0221T, 0222T, C9716, C9724, C9725, C9726, C9727, C9728, G0104, G0105, G0120, G0121, G0127, G0166, G0173, G0186, G0247, G0251, G0256, G0259, G0260, G0269, G0289, G0290, G0291, G0293, G0339, G0340, G0341, G0342, G0343, G0364, G0392, G0393, G0412, G0413, G0414, G0415, S2054, S2115, S2118, S2152, S2350, S2351, S2400, S2401, S2402, S2403, S2404, S2405, S2409

**NOTE #9: ADDITIONAL APPLICABLE SURGICAL CPT CODES**

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**NOTE #10: EXCLUSIONS**

Separate reimbursement for exclusions are applicable to both Inpatient and Outpatient services reimbursed at Per Diems, Case Rates (including OP Surgery), and NTE's including STOPLOSS. Exclusions do not apply to TRAUMA services reimbursed at a % of billed charges.

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**EXHIBIT C-2**  
**COMPENSATION – MEDICARE CONTRACT**

Hospital agrees that it shall accept the rates below as payment in full for Covered Services pursuant to this Agreement.

HiLabs Health shall pay Hospital the rates below less any Copayments and deductibles.

**I. Inpatient Services:**

For Inpatient Services, HiLabs Health shall pay Hospital at one-hundred ten percent (110%) of current Medicare DRG's, including Operating and Capital Outlier and Disproportionate Share payments, CMS approved New Technology pass through amounts, and Factor 8 components if approved and paid by CMS, less any applicable Copayments and/or deductibles.

**II. Outpatient Services:**

**A. Surgery:**

For Outpatient Surgery, HiLabs Health shall pay Hospital at one-hundred ten percent (110%) of current APC rates, less any applicable Copayments and/or deductibles.

**B. Emergency Services:**

For Emergency Services, HiLabs Health shall pay Hospital at one-hundred ten percent (110%) of current Medicare rates, less any applicable Copayments and/or deductibles.

**C. Other Outpatient Services:**

For all other Outpatient Services, HiLabs Health shall pay Hospital at one-hundred ten percent (110%) of current Medicare rates, less any applicable Copayments and/or deductibles.

**III. Trauma:**

For Trauma Services, HiLabs Health shall pay Hospital seventy percent (70%) of Hospitals billed charges for the first seven (7) days of Covered Services. Thereafter, \$2,800 per diem shall apply.

**IV. Exclusions:**

Implantable items are excluded from the entire reimbursement schedule above (inpatient, outpatient, trauma and sub-acute) and shall be paid at fifty percent (50%) of Hospital's billed charges.