



STATEMENT OF WORK
Revenue Integrity Analysis Services

This statement of work ("SOW") begins on the Services Start Date set forth below and is governed by the Master Services Agreement executed on September 26, 2023, between the County of Ventura ("CLIENT") and CorroHealth, Inc. ("CH") ("Agreement"). All capitalized terms not defined in this SOW have the definitions provided in the Agreement.

Services to be provided:	Revenue Integrity Analysis Services
Services Start Date (unless otherwise agreed by the Parties):	January 1, 2024
Services Effective Period:	1 year
Fees:	At the fees provided in the Fee Schedule attached as Exhibit 1

The following terms and conditions are in addition to the terms and conditions in the Agreement. If these terms are inconsistent with the Agreement, these terms govern CH'S provision of the Services listed in this SOW. Upon the Services Start Date of this SOW, the December 14, 2015 PARA Service Agreement shall automatically terminate.

1. Services.

- a. Provision of Services. CH shall provide those services as more specifically described in Exhibit 1 (the "Services"), attached hereto and incorporated herein by reference.
- b. Access to Systems; Working Days. To the extent applicable, CH may elect to provide Services at any time of any day, and CLIENT must provide CH constant access to CLIENT's systems unless CLIENT provides 7 days' advance notice of interruption. CH observes the following holidays: New Year's Day, Martin Luther King Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve Day, and Christmas Day. When a holiday falls on a Saturday, it is observed the preceding Friday. When a holiday falls on a Sunday, it is observed the following Monday. CH reserves the option to work on weekends and holidays. CLIENT may require that CH perform Services on a weekend or holiday work, but CLIENT must schedule weekend or holiday work 30 days in advance.

- 2. Services Effective Period.** CH will begin providing Services on the date listed in the "Services Start Date" box above. The Services Effective Period will be subject to the termination provisions of the Agreement.

County of Ventura	CorroHealth, Inc.
By:	By:
Name:	Name: Scott Tudor
Title:	Title: CFO
Date:	Date:

EXHIBIT 1
SCHEDULE OF SERVICES

CH shall provide the following services to Provider at the fees indicated:

SERVICES		FEE
1	<p><i>Revenue Integrity Program (PRIP)</i></p> <p>The PRIP solution incorporates a web-based system with hospital experienced subject matter experts to provide the following services:</p> <ul style="list-style-type: none"> • Charge master coding (CPT/HCPCS and revenue code) annual desk review • Charge master quarterly CMS update process • Annual CMS/Medi-Cal/CPT update • Annual market pricing opportunity analysis, net and gross analysis (the net and gross analysis <i>excludes</i> physician fee schedule market-based pricing review) • 100 Outpatient claim annual audit to review charge capture and coding accuracy • Monthly testing of remits to review claim denials • Quarterly Department meetings via phone or web for ancillary departments, inter-hospital • Monthly Compliance and Business Office inter-hospital meetings via phone or web • Web based resource for pricing, coding and compliance opinions • Weekly newsletter of CMS updates • Daily bulletin board posting of Medi-Cal and FI/MAC updates • Provide an online price estimator, with EDI interfacing, CCI checking and ABN creation 	<p>\$2,916 per month, beginning on January 1, 2024</p>
2	<p><i>Price Transparency Tool – Quarterly Maintenance</i></p> <p>CH will provide quarterly maintenance for the price transparency tool including housing, updates, storage, maintenance and support for information displaying on the Provider’s website for the Share of Cost Price Estimator Widget previously developed by CH for Provider.</p>	<p>\$2,300 per calendar quarter, beginning on January 1, 2024</p>
3	<p><i>Price Transparency Tool – Contract loading</i></p> <p>Loading payer contracts into the Price Transparency tool. First 10 contracts included if PROVIDER is a current Market Based Pricing facility.</p>	<p>\$125.00 per contract</p> <p>(not to exceed 20 contracts per year (January 1, to December 31))</p>

SERVICES		FEE
4	<p><i>Price Transparency Tool – Eligibility Interfacing</i></p> <p>EDI interface to allow real-time eligibility verification.</p>	\$1.00 per successful query.
5	<p><i>Price Transparency Tool – Custom Package Building</i></p> <p>Eight (8) hours of CH’s staff time is included in the core Price Transparency Tool additional hours requested by County will be billed at \$125.00 per hour</p>	<p>\$125.00 per hour</p> <p>(not to exceed 24 hours per year (January 1, to December 31))</p>
6	<p><i>Price Transparency Tool – Custom Programming</i></p> <p>Custom programming may be requested by Provider and Provider will be billed for any updates to the widget desktop website. Prior to any additional services being billed, CH will provide Provider with a written estimate of expected hours for approval.</p>	<p>\$125.00 per hour</p> <p>(not to exceed 24 hours per year (January 1, to December 31, 2024))</p>
7	<p><i>Onsite/Remote Meetings / Detailed Report</i></p> <p>CH will conduct three (3) days of onsite interactive discussion annually with all revenue generating department managers to review each active charge line item for correct code use, charge capture and compliant charge practices.</p> <p>CH to provide each facility an agenda prior to any scheduled onsite meetings for review and completion of time requirements by department. Within 4 weeks after the onsite meeting, CH will provide a detailed department charge master review reports identifying CH recommended changes.</p>	<p>\$6,750 per year, billed at \$562.50 per month, beginning January 1, 2024</p>
8	<p><i>CH Laboratory Services Data Collection - Federal:</i></p> <p>GOAL: This project supports complying with Medicare’s Private Payor Data Collection and Reporting Program requirements for non-patient laboratory services rendered in the period January 1 through June 30, 2019.</p> <p>Payment data will be collected by matching 837 electronic claim files on a line-by-line basis with 835 electronic remittance data to generate line item payment data in a format that will support Medicare reporting requirements for non-patient services reported on the 014X Type of Bill (TOB).</p>	<p>processing of claims at the rates of \$0.10 per electronic claim (837) and \$0.10 per electronic claim within each remittance file (835) (includes unpacking and matching of 837/835s, assistance with worksheet with</p>

	SERVICES	FEE
	<p>Any claims which are not matched by 835 remittances will be listed on the database to enable the client to manually develop remittance information for claims data that was not available in an electronic 835 files submitted.</p> <p>PROCESS/DELIVERABLES: Using the client's electronic claim and remittance data, CH will identify the of 014X type of bill (TOB) claims that were paid by commercial payors within the period January 1 through June 30, 2019, and match that claims data to 835 electronic remittance data.</p> <p>Once the 837 and 835 data are available on the CH Data Editor, CH will provide an estimate of its charge for generating the line item payment data required.</p> <p>CH will process the data to configure it into a format which will support reporting to Medicare. Clients will manually complete the unmatched claims (from non-electronic remittances) to fully satisfy mandatory Medicare reporting requirements.</p> <p>CH will upload to the CH Data Editor an Excel spreadsheet with the detail of all commercial payor TOB 14X claim lines identified by HCPCS code, including the HCPCS, the allowable charge, amount paid, and patient liability data to the extent available within the remittance files supplied by the client.</p> <p>In addition, the spreadsheet will include line items from any commercial 14X claims which are not matched to electronic remittance data; this will serve as a worklist for the client's manual development of payment rate data from paper remittances.</p> <p>The client is responsible for uploading the final work product to Medicare's CLFS Data Collection System. (See CMS CLFS-Data- Collection-System-User-Guide for instructions on reporting.)</p> <p>DATA REQUIREMENTS:</p> <ul style="list-style-type: none"> 837 electronic Claims files – covering dates of service 1/1/2019 through 6/30/2019; client may limit to 014X bill type(s) only or submit all claims within the period for CH evaluation; 	<p>unmatched or non-EDI claims and creating the Excel spreadsheet, including subsequent processing of claims and remits)</p> <p>Estimated number of claims: 835: 20,000 837: 20,000</p>

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	<ul style="list-style-type: none"> 835 electronic Remit files – for claims DOS 1/1/2019 through 6/30/2019 <p>Or</p> <ul style="list-style-type: none"> As an alternative to supplying 837 claim files, the client may supply a Excel workbook list of claims submitted to commercial payors on the 14X TOB which may have been paid during the January 1, 2019 through June 30, 2019 period, which list should include 14x claims with open balances as of 12/31/18. This list may be used in lieu of the 837 claim files provided that it is complete and delivered timely to CH. The fields on the list must include: 1) Billing NPI; 2) Type of Bill; 3) Account #; 4) Claim ID (if different from account #); 5) Patient Name; 6) Service Date; 7) Total Charges; 8) Payor Name; 9) Bill Date, and 10) If available, the date primary payment was posted. 835 electronic Remit files – for claims DOS 1/1/2019 through 6/30/2019 <p>Additional information on these services is available at: CH's Lab Payment Reporting Analytical Services</p>	
9	<p><i>CH Laboratory Services Data Collection– Federal – Supplemental Assistance</i></p> <p>Any revisions and/or late/supplemental data submission for Excel spreadsheet.</p>	<p>\$125 per hour</p> <p>(not to exceed 40 hours per year (January 1, to December 31))</p>
10	<p><i>Pharmacy Pricing Update Services</i></p> <p>GOAL: The purpose of the CH Pharmacy Pricing Update is to create a rational, cost-based pharmacy markup using the concepts according to the information presented in the CH Pharmacy Pricing Process (enclosed).</p> <p>The project focuses on creating a cost-based pharmacy markup that remains sensitive to self-administered and over-the-counter drugs and compensates for additional use of resources to meet the revenue goals of the organization.</p> <p>PROCESS/DELIVERABLES:</p> <p>CH will complete the following:</p>	<p>\$1,225 per month beginning on January 1, 2024</p>

SERVICES		FEE
	<ul style="list-style-type: none"> Identify pharmacy items that are not marked up per Hospital's mark up policy based on cost Load the Hospital's internal data (i.e. cost data, markup, cdm, and quantities) in the CH Data Editor Identify market opportunity Perform a gross revenue impact Establish a proposed markup Prepare an item-specific detailed spreadsheet of proposed changes Provide a full write-up of techniques and findings DATA <p>REQUIREMENTS:</p> <ul style="list-style-type: none"> Current CDM Account Header and Transactions – 12 months of history Detailed Pharmacy Data Pharmacy Markup Schedules <p>Additional information on these services is available at: CH Pharmacy Pricing Update</p>	
11	<p><i>Supply Pricing Update Services</i></p> <p>GOAL: The purpose of the CH Supply Pricing Update is to create a rational, cost-based materials management markup using the concepts according to the information presented in the CH Supply Pricing Process (enclosed).</p> <p>The project focuses on creating a cost-based supply markup that remains sensitive to implants and compensates for additional use of resources to meet the revenue goals of the organization.</p> <p>PROCESS/DELIVERABLES:</p> <p>CH will complete the following:</p> <ul style="list-style-type: none"> Identify supply items that are not marked up per Hospital's mark up policy based on cost Load the Hospital's internal data (i.e. cost data, markup, CDM, and quantities) in the CH Data Editor Identify market opportunity Perform a gross revenue impact Establish a proposed markup 	<p>\$1,225 per month beginning on January 1, 2024</p>

SERVICES		FEE
	<ul style="list-style-type: none"> • Prepare an item-specific detailed spreadsheet of proposed changes • Provide a full write-up of techniques and findings <p>DATA REQUIREMENTS:</p> <ul style="list-style-type: none"> • Current CDM • Account Header and Transactions – 12 months of history • Detailed Materials Data • Materials Markup Schedules 	
12	<p>Physician Fee Schedule – Market Based Pricing Services</p> <p>GOAL:</p> <p>To maximize practice net revenue by ensuring the individual charges are priced at market rates and the charges cover all contracted fee schedules.</p> <p>PROCESS / DELIVERABLES (PHYSICIAN FEE SCHEDULE – MARKET BASED PRICING):</p> <p>CH will provide a proposed pricing methodology based on the following data points:</p> <ul style="list-style-type: none"> • Medicare Fee Schedule (Global Non-Facility or Clinical Lab Fee Schedule) • Physician Fee Reference Pricing data (3rd party provider of geographically adjusted commercial physician fee pricing data by zip code) • Medicare 1500 claim data (Physician Supplier Detail file) • Physician Clinic current price (Charge master file) <p>CH will incorporate the Clinic’s managed care contracts terms/fee schedules in the model to ensure all prices are above published fee schedules.</p> <p>CH will incorporate the pricing model decisions with the Clinic’s revenue and usage data to predict gross revenue impact of all price changes.</p>	<p>\$1,225 per month beginning on January 1, 2024</p>

SERVICES		FEE
	<p>DATA REQUIREMENTS:</p> <ul style="list-style-type: none"> • Practice charge master – data table • Managed care contract(s) fee schedule – Excel format • Managed care contract(s) – payment pages from the contracts (optional) – scanned or PDF format • Revenue and usage statistics – (optional) data table) 	
13	<p>Chargemaster Management Support Services</p> <p>GOAL: To ensure all charge master duties below are completed as needed and/or help in areas of need upon written request. These services will be provided via CH's Virtual Chargemaster Management program.</p> <p>PROCESS / DELIVERABLES:</p> <p>CH to perform the following charge master duties remotely:</p> <ol style="list-style-type: none"> 1. Provide a "virtual" Chargemaster Analyst who will use remote access to County's Cerner system to: <ol style="list-style-type: none"> a. Assist department managers in creating new CDM line items; b. Recommend coding, pricing, and revenue code assignment updates to new and existing line items; c. Update the Cerner chargemaster to implement any County-approved updates within Cerner (both test and production environment); 2. Analyze and recommend optimal charge capture for service lines, including surgical services, (level/blocks versus individual service pricing); 	<p>(January 1, to December 31)) beginning on January 1, 2024</p> <p>Initial Set-up and Installation at \$175 per hour - Estimated hours - 30</p> <p>CDM Consultant at \$155 per hour - Estimated hours - 350</p>

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	<p>3. Implement County-approved annual pricing updates (may incur one-time scripting fee for larger quantities of line items);</p> <p>DATA REQUIREMENTS:</p> <p>Establish a secure connection to the hospital system and to all required revenue cycle software systems.</p>	

In addition to the fees described above, travel and expenses will be charged to CLIENT, not to exceed \$2,500 per year (January 1 to December 31). Reimbursement for travel and expenses are to be in accordance with Provider's expense reimbursement policy (Administrative Manual).

CH will adhere to the CLIENT expense reimbursement policy. During the course of the engagement, CH will bill monthly for services based upon the actual fees and project-related travel and expenses incurred. Payment terms are net thirty (30) days from the receipt of a valid invoice.