

## Exhibit A

### Raintree Professional Revenue Cycle Management Services

#### 1.1. Raintree RCM will provide the following Revenue Cycle Management Services:

- 1.1.1. Raintree RCM does not perform any coding services, including, without limitation, assigning codes of medical diagnoses and using ICD codes, classifying medical procedures, using CPT codes, or linking ICD and CPT codes in any claim for medical services to any payer or any other coding activities. RCM will provide feedback on payer guidelines and codes that are being denied.
- 1.1.2. Raintree RCM will submit Customer claims daily. Claims containing errors from the pre-bill should be reviewed by Customer and worked daily. Raintree RCM will assign billing exceptions for the Customer to review. RCM requires the Customer to review these claims daily and correct or provide any missing information so that the claims can be filed in a timely manner.
- 1.1.3. Raintree RCM team works rejections daily and attempts to collect on each claim. The ability to collect on a rejected claim often hinges on the Customer's responsiveness. Raintree RCM requires for timely attention to claims along with daily completion of the claims assigned to Customer. Customer must review claim rejections within two to three business days.
- 1.1.4. Payment Posting and Claims Processing:
  - 1.1.4.1. Post payments: Raintree RCM will enter and post all payments received electronically or through scanned submission to Raintree RCM offices. Raintree RCM require that payments are posted within two to three business days of the receipt of a remit. This will vary based on the volume and completeness of the remit. Raintree RCM will enter and post exactly what the remittance detail indicates. This includes the transfer of balances to the next responsible party and claim denial codes.
  - 1.1.4.2. E-Remits: Raintree RCM will review payers regularly to make sure to take advantage of any ERA opportunities and Raintree RCM will send the needed paperwork to Customer for signature. It is Customer's responsibility to ensure the accuracy of this paperwork prior to submission and RCM requires a signature to verify the completeness of all necessary paperwork and return it to Raintree RCM in a timely manner.
  - 1.1.4.3. Manual payment entry: Raintree RCM will receive payments via the secure Raintree document management system. This system allows safe transfer of information, provides Customer with valuable historical information for balancing payments back to a source (usually a bank statement/NACHA file), and offers search capabilities across paper documents. Any payments received at the Customer's office are required to be scanned and uploaded to this secure site to start the entry process. Access to all Customer lockbox accounts is required. Raintree RCM will then balance the batches submitted. It is the responsibility of the Customer to enter payments collected by Customer at the time of service on the patient account.
- 1.1.5. Collection Services:
  - 1.1.5.1. Statements and Collections: The patient collection cycle begins with a statement. Statement and collection letters are sent only for balances totaling at least \$10.00. Patient balances on statements that are over thirty days will receive "Second Notice/Past Due" warnings. Patient balances on statements over sixty days will receive a "2nd Notice" warning. Patient balances over ninety days will receive a 10-day letter, and if the patient does not contact Raintree RCM within ten days the balance will be adjusted off as bad debt, and a CDM will be supplied to the Customer.
  - 1.1.5.2. Patient phone calls: Our support specialists are available to assist patients with general billing questions from 7 a.m. to 4 p.m. PST. A Customer-specific number will be provided to you once your statement and collections setup is complete. This number will be included on your statements and collection letters and will allow our team to quickly identify your patients when they contact the billing office. Any internal documentation should direct patient billing inquiries to this number. There will be no regular coverage on holidays and weekends. Holidays currently in effect are New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving, Day after Thanksgiving, and Christmas Day. If additional holidays are added, the Customer will be duly informed.
  - 1.1.5.3. Generate patient statements each month. Lien patients will also have monthly statements sent to the attorney of record.
  - 1.1.5.4. Raintree RCM will contact the Customer to discuss any collection problems with patients when appropriate and practical to do so. Customer may make special requests regarding handling of specific accounts.
  - 1.1.5.5. Assign all COL3 patient accounts to the Customer to review for collections. Any COL3 that has been assigned to the Customer to review that has not been resolved will be written off to bad debt

## 1.2. The Customer is responsible for:

- 1.2.1. Credentialing, Legal Requirements, and Contracting
- 1.2.2. Providing Raintree RCM with current valid copies of provider licenses and credentials, including but not limited to Medicare Certification.
- 1.2.3. Annually checking the Medicare Exclusion List for all current and future employees.
- 1.2.4. Meeting all contractual obligations with Plans and/or Payors, including Medicare, with respect to provider credentialing, facility certification, documentation, and standards of care.
- 1.2.5. Meeting all legal and ethical standards of care as explicitly stated in applicable state and federal laws governing the provision of health services by the Customer.
- 1.2.6. Meeting all HIPAA regulations applicable to the Customer.
- 1.2.7. Providing copies of all contracts and MCO (Managed Care Organization) grids relevant to accounts assigned to Raintree RCM for purposes of complete payment determinations by Raintree RCM.
- 1.2.8. Providing Accurate and Timely Patient Information, Insurance Verification/Authorizations, and Lien Documentation
- 1.2.9. Providing complete and accurate registration (new patient set-ups).
  - 1.2.9.1. Completing error-free New Patient Set-ups, with attention to the following details
  - 1.2.9.2. Correct Current Procedure Terminology (CPT) Codes
  - 1.2.9.3. Diagnosis code(s) (ICD-10) and description.
  - 1.2.9.4. Date of Injury.
  - 1.2.9.5. NPIs (UPINs) of referring physician.
  - 1.2.9.6. All care must be medically necessary and properly documented in the chart for inclusion on billing slips.
  - 1.2.9.7. Insurance Authorization Form (for both primary and, when applicable, secondary insurance).
  - 1.2.9.8. Copy of Insurance Card (Enlarged to ~120%, front and back).
  - 1.2.9.9. Copy of Current Referral
  - 1.2.9.10. If there is a break in service of more than 30 days during the course of patient care for a given diagnosis, benefits must be re-verified or re-authorized.
  - 1.2.9.11. Informing the patient about coverage and limitations and answering as many questions as possible up front.
  - 1.2.9.12. Obtaining patient signatures on all insurance forms, assignment forms, personal injury forms and worker's compensation lien forms as appropriate. A signature is required on the Insurance Authorization Form for the following statements:
    - 1.2.9.12.1. Release of Records.
    - 1.2.9.12.2. Assignment of Benefits.
    - 1.2.9.12.3. Payment Guarantee.
- 1.2.10. Following state specific Worker's Compensations rules, guidelines, and laws.
- 1.2.11. Filing and amending liens for worker's compensation patients when required.
- 1.2.12. Monitoring the number of visits provided to the patient against the authorization and/or coverage limits with the aim of involving the patient in all continued treatment decisions that may increase out-of-pocket expenses.
  - 1.2.12.1. Where Worker's Compensation is involved, gaining the adjustor's authorization prior to providing care. This includes both visit and dollar amount limitations whether determined by a managed care contract or by a patient's policy.
  - 1.2.12.2. Obtaining authorization on worker's compensation cases for additional time. Additional time, defined as time past the standard 60 minutes, must have explicit authorization from the adjustor. Time may be approved at 90, 105 and 120 minutes.
    - 1.2.12.2.1. For Worker's Compensation multiple body parts need to be authorized by the same adjustor for the same date of injury.
    - 1.2.12.2.2. In general, Raintree RCM does not attend worker's compensation or settlement conferences. However, in extraordinary circumstances Raintree RCM may be retained for a negotiated fee on a case-by-case basis.
- 1.2.13. Identifying liens upon intake, attorney information collected, and a signed, executed lien form completed. Liens should not be accepted for deductibles, co-payments, or co-insurance amounts.
- 1.2.14. Providing Timely and Complete Patient and Insurance Payment Information Including all "Zero Pay" Correspondence All payment/non-payment deposit and documentation must be received within 3 business days of deposit. All documents must be scanned and uploaded to this secure site to start the entry process. Customers shall commit to the following:
  - 1.2.14.1. Complete deposits for each deposit date in a separate batch with its own payment batch header. Including a daily NACHA file. This will assist you with the end-of-month balancing process.
    - 1.2.14.1.1. Customer does not have to include any remits that are being received through an ERA
  - 1.2.14.2. Scan patient and insurance payments into separate batches for each deposit date.
  - 1.2.14.3. Scan all remit data, including zero pay remits, to ensure all claims are processed correctly.

- 1.2.14.4. Scan all insurance correspondence separate from a deposit batch upon receipt.
- 1.2.14.5. Scan all virtual credit card EOBs and receipts after your practice has processed the payment.
- 1.2.15. Submitting a completed daily income posting record form, with accompanying insurance company EOBs, RAs, PAs, etc., copies of patient checks, or credit card reconciliations no less than 3 business days. All ERA's will be posted daily with the date of deposit on the remit. For any checks/remits that do not have an EOB attached at time of posting will be posted and the required EOB will be requested from the Customer.
- 1.3. Submitting Customer correspondence regarding assigned patient accounts to Raintree RCM no less than 3 business days from receipt.

#### **1.4. Operating Policies/General Responsibilities**

- 1.4.1. Raintree will stay current on issues affecting Medical Reimbursement, including Correct Coding Initiative Edits
  - 1.4.1.1. Procedural Coding and Modifier Changes
  - 1.4.1.2. Worker's Compensation Coding System and Changes
  - 1.4.1.3. Medicare – Local Medical Review Policies (LMRP) or Local Carrier Decisions (LCD)
  - 1.4.1.4. Patient Insurance Verification
  - 1.4.1.5. Indemnity Plans
- 1.4.2. Raintree RCM will bill up to two insurance companies per patient as a courtesy to the patient; patient is always responsible for the bill. Changes in the patient's insurance policies during the course of patient care may necessitate billing up to two additional policies.
- 1.4.3. All arrangements must be relayed in writing on a Special Financial Arrangement Form to Raintree RCM. Raintree RCM reserves the right to charge 7% of the amount of the discount for retroactive discounts.
- 1.4.4. Patients are responsible for paying the "Patient Amount Due" on their statement each month or pay according to the payment plan they signed. This payment plan will be sent to them with their first statement from Raintree RCM if set-up at the initial visit.
- 1.4.5. If patients need an exception to the fee schedule, e.g., a discount, then the Customer must communicate the agreed terms to Raintree RCM on a Special Financial Arrangement prior to treatment or no later than the second visit. Otherwise, these amounts may be subject to the unreported amounts of collection fees if later treated as bad debt on a CDM. It is important to identify these special situations up front; exceptions will be discussed with the Customer by Raintree RCM management.
- 1.4.6. Any patient or insurance company inquiries regarding statements, insurance payments or billing problems must be referred to Raintree RCM. Customer will be notified of any significant issues and involved in any decisions beyond standard operating procedures.
- 1.4.7. Pre-billing errors: Raintree RCM team will submit Customer claims daily. Claims containing errors from the pre-bill should be reviewed by Customer's staff and worked daily. Raintree RCM will assign billing exceptions for Customer's to review and correct. All assigned claims are expected to be worked daily and correct or provide any missing information so that the claims can be filed in a timely manner.
- 1.4.8. Claim rejections: Raintree RCM team works rejections daily and attempts to collect on each claim. Our ability to collect on a rejected claim often hinges on the Customer's responsiveness. To that end, RCM requires timely attention to claims along with daily completion of the claims assigned to Customer. Raintree RCM requires that claim rejections are reviewed within two to three business days by Customer. If Customer manages rejections, Raintree RCM requires the same turnaround.
- 1.4.9. If a patient receives payment from an insurance company when benefits were assigned to Customer, the full amount is immediately due and payable. If payment is not received within ten days of being notified by Raintree RCM, then progressive action will start.
- 1.4.10. Raintree RCM has authority to negotiate payment plans with patients.
- 1.4.11. Patient balances on statements that are over thirty days will receive "Second Notice/Past Due" warnings. Patient balances on statements over sixty days will receive a "Final Notice" warning. Patient balances over ninety days will receive a 10-day letter, and if the patient does not contact Raintree RCM within ten days the balance will be adjusted off as bad debt, and it will be recommended that the account be sent to collections.
- 1.4.12. All patient accounts sent to collections must have approval in writing by the Customer on a Collection Decision Memo (CDM).
- 1.4.13. Patients may make payments on their accounts by mail or in person to Customer. Payments may be in cash, check, money order, or credit card (if applicable). Checks are always made payable to Customer, except in the case of "formal collections accounts". Formal collection account payments would be paid to the collection agency. All collections account income must be posted to a Daily Income Posting Record and sent to Raintree RCM within said time frame.
- 1.4.14. Two party checks that require endorsement by Customer and patient, but that are sent to the patient, are not considered paid until endorsed by the patient and received by Customer.
- 1.4.15. Customer and Raintree RCM bill a patient's insurance company as a courtesy. Patients are ultimately responsible for co-insurance, co-payments, deductibles, and non-covered items.
- 1.4.16. Raintree RCM will consult with Customer to determine bad check policy including fees and new terms of payment.

- 1.4.17. Customer is responsible for verifying coverage on ALL plans and tracking prior approvals and insurance limits. This information is entered in software in the appropriate fields (TVBEN) Raintree RCM requires copies of cards, prescriptions, signed payment schedule, signed claim forms, and any other pertinent information to be uploaded into the patient file
- 1.4.18. Patients who want bills sent to them instead of billing insurance are responsible for full payment each month.
- 1.4.19. Worker's Compensation Insurance Authorization
  - 1.4.19.1. Customer will call for authorization on all cases, even if the referring physician states they obtained authorization.
  - 1.4.19.2. Customer will track the number of visits authorized and used. Customer will call to re- authorize all treatment for patients who bring in new prescriptions after returning to their physician.
  - 1.4.19.3. Customer is responsible for identifying the correct procedure codes to be billed to Workers Compensation for the maximum benefit payable.
  - 1.4.19.4. Customer is solely responsible for filing all Workers Compensation liens. Raintree RCM does not handle Workers Compensation liens (green liens).
- 1.4.20. Personal Injury Cases
  - 1.4.20.1. Patients are in this category if any of the following exists:
    - 1.4.20.1.1. Injury resulted from an accident in which they consider another party responsible.
    - 1.4.20.1.2. An attorney wants copies of bills/medical records.
    - 1.4.20.1.3. The patient wants Raintree RCM to bill any insurance other than health insurance.
    - 1.4.20.1.4. The patient says they will be settling with a non-health insurance company in the future even if they are having Raintree RCM bill their health insurance.
  - 1.4.20.2. If the patient is not going to make payments until their case settles, the patient and their attorney must sign lien forms.
  - 1.4.20.3. No information will be released to the attorney of record until they sign and return the lien form.
  - 1.4.20.4. Customer will call the insurance company and verify to who and when payment will be made, and verify policy limits and amounts already used.
  - 1.4.20.5. Payment is due in full within five days of receiving the settlement checks. No exceptions. All questions regarding balance due should be directed to Raintree RCM. Customer must approve any discount in writing. If the patient or attorney has any questions refer them to Raintree RCM.
  - 1.4.20.6. Raintree RCM must receive copies of all signed lien forms.
  - 1.4.20.7. Raintree RCM will not bill any party other than the patient for unpaid balances until they receive a completely executed lien form. This means the patient owes their balance monthly just like the regular Indemnity Insurance payments, and all rules apply.
  - 1.4.20.8. Checks made payable to more than one party require endorsement by all parties.
  - 1.4.20.9. If a patient's settlement does not cover the balance of the patient's bill, Raintree RCM may establish payment plans or negotiate reductions. Owners or authorized Customer personnel may be consulted in cases where a discount of greater than 35% occurs and/or the Payment per Visit (PPV) is less than \$80 (assumes single injury patient), or in other questionable cases.
- 1.5. The following are needed for Customer set-up:
  - 1.5.1. Business Information:
    - 1.5.1.1. Legal Name
    - 1.5.1.2. Fictitious Business Name Statement (d.b.a. Name) [if applicable]
    - 1.5.1.3. Employer Identification Number
    - 1.5.1.4. W-9 Form
  - 1.5.2. Facility Information: Name, Address, City, State, Zip, Phone, Fax, Email, Web Page
  - 1.5.3. Payment Address: If different than facility address
  - 1.5.4. Provider Information: Copies of professional licenses for all licensed personnel
  - 1.5.5. Office Contacts: List of key personnel, first and last names, e-mail addresses, etc.
  - 1.5.6. Contract Information:
    - 1.5.6.1. Medicare Group/Individual Numbers, B/S Number, Listing of Managed Care Contracts, Copies of Contracts
    - 1.5.6.2. Referral Information: List of top 25 referring physicians with National Provider Identifiers (NPIs, formerly UPINs)
    - 1.5.6.3. Fee Schedule: Medicare conversion factors or existing fee schedule. Consultation available.