

ATTACHMENT D / HEALTH CARE PROVIDER FEE SCHEDULE

1. Hospital Connectivity Fee

(a) Hospital Connectivity Fee Calculation

Participant's Annual Percentage Amount shall equal Participant's total net patient revenue divided by the total net patient revenue of all licensed acute care hospitals and critical access hospitals in West Virginia. This Annual Percentage Amount shall be calculated using the Uniform Financial Reports filed by Participant and all West Virginia acute care and critical access hospitals with the West Virginia Health Care Authority for their fiscal year ending in 2015.

All Participants in the WVHIN, regardless of the level of service, will pay an Annual Hospital Connectivity Fee which shall equal its Annual Percentage Amount times One Million Dollars (\$1,000,000.00). For example, if the Participant's Annual Percentage Amount equals 4%, then its annual Hospital Connectivity Fee shall be \$40,000.00.

Invoices for the Annual Hospital Connectivity Fee will be mailed by the WVHIN in two equal semiannual installments in January and July.

(b) Payment Terms

Payment is due within sixty (60) days of date of invoice. For any amounts covering services provided for less than a full semiannual period of six (6) months, the Hospital Connectivity Fee will be pro-rated accordingly.

(c) Late Payment Fees

Participant is subject to late charges in the amount of 1.5% of the outstanding amount for payment received more than fifteen (15) days beyond the net thirty (30) day term, plus an additional 1% of outstanding amounts per month past due.

2. Ambulatory, Long-Term Care, and Other Providers

There shall be no charge to the participant for WVHIN services until further notice.

3. Changes to Fee Schedule

Any modification to the approach or calculation used in developing the fee schedule will be subject to the provisions of the participation agreement.