

**AGREEMENT BETWEEN THE SOUTH DAKOTA STATE EMPLOYEE GROUP
HEALTH PLAN AND SIOUX FALLS SPECIALTY HOSPITAL FOR COMPENSATION
METHODOLOGY**

The parties, **THE SOUTH DAKOTA STATE EMPLOYEE GROUP HEALTH PLAN**, (herein referred to as the "State"), and **SIOUX FALLS SPECIALTY HOSPITAL**, [REDACTED] methodology for Sioux Falls Specialty Hospital is as stated below.

A. Term of Agreement:

1. Year One (1) will be the period August 1, 2014 through June 30, 2015.
2. Year Two (2) will be the period July 1, 2015 through June 30, 2016.

B. Inpatient Compensation Methodology:

1. Inpatient is defined as an admission of 24 hours or greater. Charges for readmission for related reason(s) within 72 hours will be included in reimbursement computation with original admission.
2. All charges related to an inpatient admission will be used to compute compensation.

3. [REDACTED] Reimbursement Methodology:

- a. Reimbursement shall be equal to the [REDACTED] multiplied by a [REDACTED]
- b. Charges for State members at the Hospital, with exceptions noted below, shall be reimbursed on [REDACTED]
- c. The [REDACTED] and shall be utilized effective for admissions during the Year One (1) of this Agreement, from August 1, 2014 through June 30, 2015.
- d. The [REDACTED] and shall be utilized effective for admissions during Year Two (2) of this Agreement, from July 1, 2015 through June 30, 2016.
- e. For all inpatient admission claims for reimbursement, member contribution for co-payments, deductibles, or coinsurance amounts, if any, will be computed prior to the plan's payment to achieve this amount.
- f. Charges for implants or appliances will be payable at [REDACTED] outlined above. Facility will submit [REDACTED]
- g. [REDACTED]

1.) The percentage of reimbursement for [REDACTED] may be subject to possible modification to a maximum increase of [REDACTED] (See Section B.8.).

h. [REDACTED] and reimbursed under Paragraph 3.a. of this Agreement.

4. Member Contributions for Inpatient Services:

a. The Hospital is responsible to collect from the member their appropriate contribution amount.

b. The Hospital will accept member and State compensation as payment in full for the admission and will not balance bill or attempt to collect from the State's member any amount in excess of the calculated compensation.

5. Outliers:

a. An Outlier is defined as admissions with extraordinarily high costs when compared to other cases in the same MS-DRG.

b. A Cost Outlier claim will occur when the billed charges for an admission exceeds [REDACTED]. The State will reimburse the Hospital the [REDACTED].

1.) The Cost Outlier maximum of [REDACTED] [REDACTED] [REDACTED] (See Section B.8.).

c. A Cost Outlier claim will occur when the billed charges for an admission exceeds [REDACTED] [REDACTED] billed charges in excess of [REDACTED].

1.) The Cost Outlier maximum of [REDACTED] [REDACTED] [REDACTED] (See Section B.8.).

6. Outpatient, Observation Room, and ER Services:

a. In cases where the observation room, ER stay equals or exceeds 24 hours or longer, hospital reimbursement will be according to Paragraph B.

b. [REDACTED]

- c. The percentage of reimbursement for Outpatient, Observation and ER Cases [REDACTED] may be subject to possible modification to a maximum increase of [REDACTED] in Year Two (2) of the contract if the Charge Master is modified (See Section B.8.).
- d. For all outpatient claims for reimbursement, member contribution for co-payments, deductibles, or coinsurance amounts, if any, will be computed prior to the plan's payment to achieve this amount. The Hospital is responsible to collect from the member their appropriate contribution amount as required in the current Summary Plan Description. The Hospital will accept member and State compensation as payment in full for the outpatient services and will not balance bill or attempt to collect from the State's member any amount in excess of the calculated compensation.
- e. Outpatient procedures outlined in Attachment II will be reimbursed per the fee schedule.
- f. Charges for [REDACTED] will be payable at [REDACTED] Facility will submit a [REDACTED]
- g. Outpatient or infusion drugs provided by the Hospital to State Plan members shall be reimbursed at the following rates:

Therapeutic Class

- Hemophilia Agents
- Immune Globulins
- Growth Hormones
- Hepatitis Interferons
- MS Agents
- Osteo/RA Agents
- Red/White Cell Stimulators
- Hormone Therapies
- Lysosomal Therapies
- Injectable Oncologic Agents (brand)
- PAH Therapies

[REDACTED]

7. MRI – CT Technical Services:

- a. MRI technical services shall be reimbursed at [REDACTED] per scan for the term of the contract if performed in the Hospital. Hospital will collect appropriate co-payments, deductibles, or co-insurance amounts for MRI technical services as applicable. Hospital will not balance bill members, or attempt to collect any amounts in excess of the fees outlined above.
 - 1.) State will pay [REDACTED] the most medically complex scan completed in one day, State will pay [REDACTED] the fixed fee for each of the following MRI's performed on the same day.

b. CT technical services shall be reimbursed at [REDACTED] per scan for the term of the contract if performed in the Hospital. Hospital will collect appropriate co-payments, deductibles, or co-insurance amounts for CT technical services as applicable. Hospital will not balance bill members, or attempt to collect any amounts in excess of the fees outlined above.

1.) State will pay [REDACTED] for the most medically complex scan completed in one day, State will pay [REDACTED] of the fixed fee for each of the following CT's performed on the same day.

8. Charge Master Changes:

Hospital shall notify State in writing 60 days prior to implementation of any significant charge increase to the Hospital's Charge Master. A significant charge increase shall be considered as one having an aggregate impact of [REDACTED] or more to the Charge Master. For payments made by State to Hospital under this Agreement which are based on a percentage of charge methodology, State will recognize Hospital's charge increase up to a maximum charge increase of [REDACTED] annually. State will be entitled to decrease the fixed percentage of charge that State has agreed to pay under this Agreement to reflect an increase to Hospital's Charge Master that exceeds [REDACTED] as described above. State may implement the change in fixed percentage of charge without Hospital's approval by providing an amendment showing the new fixed percentage of charge payment rate and the effective date of such rate. The change in the fixed percentage charge payment rate will be calculated as follows: (Payment rate percentage as agreed in the applicable fee schedule) multiplied by [REDACTED] then divided by [REDACTED]

EXAMPLE:

Agreed upon percentage of billed charges: [REDACTED]

Maximum allowed increase: [REDACTED]

Actual Charge Master increase by Hospital: [REDACTED]

Calculation: [REDACTED]

C. Transfers and Readmissions:

1. Transfer of a patient from the Hospital to another acute care hospital shall be reimbursed using the same rules as CMS reimburses for Medicare patients.
2. The MS-DRG payment is intended to cover expenses necessary to treat the illness associated with the patient's acute care stay. The Hospital shall combine into one claim situations in which the patient is admitted to the Hospital on the same day of discharge.
3. The Hospital shall combine into one claim situations in which the patient is readmitted to the Hospital for related services within 72 hours of discharge.

D. Coding, MS-DRG and CPT Assignment and Dispute Resolution:

1. The Hospital shall code anticipated MS-DRG claims and must comply with the informational requirements established in the UB-92 National Uniform Billing Data Element Specifications dated August 6, 1996 and amended periodically through July 6,

2000. Only ICD codes reflecting conditions that affect the treatment or extend the length of stay will be used in compensating the MS-DRG. The plan reserves the right to modify MS-DRG designation if a review of the hospital record does not document treatment of coded diagnoses (ICD) codes. The Grouper to be used will be the current CMS version as of the date of patient admission.

2. The Hospital shall code outpatient, observation room, and ER cases with applicable procedure codes from the Current Physicians' Current Procedural Terminology manual.
3. The State's third party contractor(s), currently Health Management Partners (HMP), has the right to review all documentation regarding proposed coding and MS-DRG assignments prior to payment if possible. If the documentation is not available prior to the required payment date, HMP has the right to review such documentation after payment is made and make changes to the MS-DRG assignment consistent with the provisions of the UB-92 National Uniform Billing Data Element Specifications within 90 days of receipt of the documentation. The State or its third party contractor(s) shall have the right to inspect and audit the accuracy of payment for services up to one (1) year from the date in which payment was sent to the Hospital. Hospital shall have one (1) year from the receipt of payment to inspect and audit reimbursement for services. Both parties agree that after their specific one (1) year timeframe, payments shall be considered final.
4. The Hospital may dispute any changes to an MS-DRG assignment and appeal the decision of Health Management Partners (HMP) to the State by written notice and by providing documentation supporting their appeal within 90 days of receipt of HMP's decision. The State will review the dispute and make a decision on the Hospital's appeal within 90 days of receipt. If the Hospital disagrees with the State's decision they may further appeal within 180 days by providing written documentation outlining why the change in MS-DRG assignment is not proper to the South Dakota Quality Improvement Organization (QIO). Either the State or the Hospital may request an in-person hearing before the QIO. The decision of the QIO shall be final disposition of the appeal. The losing party shall pay QIO-billed charges. The State or its third party contractor(s) shall not recoup payment for disputes regarding changes to an MS-DRG assignment until such time the appeal process or time frame, as stated within this section, has been exhausted.

E. Utilization Review:

1. The Hospital will comply with the applicable Utilization Review requirements of the State. See Attachment 1.
2. The State is entitled to conduct Utilization Review as it relates to the State's current Utilization Review Organization (URO).
3. When requested by the member or State, the Hospital will provide a copy of the scan to subsequent facilities or providers supplying additional medical services to the member.

F. Patient Responsibility:

1. For MS-DRG claims, the patient's liability shall be determined using the lesser of the

MS-DRG payment or the Hospital's billed charges.

2. For excluded MS-DRG claims, MS-DRGs reimbursed on a per diem, outpatient, or observation room, the applicable discount for covered services rendered to and incurred by eligible members of the State shall be granted before copayments, deductibles, and coinsurance due from the individual member and balance due by the plan from the payer are determined.
3. The Hospital shall be responsible to collect all copayments, deductibles, coinsurance, and charges for non-covered services from the State's members as required in the current Summary Plan Description.
4. For all claims, member contribution for co-payments, deductibles, or coinsurance amounts, if any, will be computed prior to the plan's payment to achieve the patient responsibility amount.

G. Confidentiality:

1. Neither party, nor their respective agents will, directly or indirectly, make any public or private disclosure or announcement, without the prior written consent from the other party, of the fact or content of any discussions, negotiations, or written agreements adopted with respect to the Participation Agreement or addenda attached thereto, to any third party, individual, or entity except for necessary disclosures to regulatory agencies of the State of South Dakota or the federal government, the parties' respective agents who shall be advised of the confidential nature of the discussions and negotiations, and disclosures necessary for employer, enrollee, and public promotional information as to participating provider status. This includes terms, rates and payment methodology used in this Agreement.
2. The State's Network provider is not allowed to use the terms of this or any other independently negotiated State contract in an attempt to leverage the Hospital for better contract rates.

H. Medical Records Access:

The Hospital shall agree to provide access to the State or its third party contractor(s) all medical records and documentation for the purpose of utilization review, claims coding, or case management.

I. Compliance with Federal and State Law:

1. The Hospital and the State will comply with HIPAA (Health Insurance Portability and Accountability Act), as codified at 42 U.S.C. § 1320d, 45 CFR Parts 160 and 164, the Health Information Technology Act of 2009, as codified at 42 U.S.C.A. prec. § 17901 ("HITECH Act"), and any current and future regulations promulgated under HIPAA or, the HITECH Act during the terms of this Agreement, and all other applicable Federal, State and local laws, regulations, ordinances, guidelines, permits and requirements applicable to providing services under this Agreement and each shall be solely responsible for obtaining current information on such requirements.

2. Both parties shall report to each other, within 72 hours, any breach in confidentiality the party becomes aware of. Both parties also agree to mitigate in good faith, and to the extent practicable, any harmful effect resulting from the breach in confidentiality. Such a breach would allow either party to terminate the contract for cause and take any other actions deemed appropriate.
3. Both parties shall ensure that all appropriate safeguards are implemented to protect the confidentiality, integrity, and availability of the electronic protected health information (EPHI) created, received, maintained, or transmitted on behalf of State under 45 CFR §164.314 (a)(2)(i)(A), and to ensure that any agent, including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect any EPHI (Consultant/Provider) received, consistent with the executed Business Associate Agreement which is attached hereto.
4. Hospital assures the State that all medical professionals utilized in the provision of services herein are appropriately licensed under applicable state law and performing all services within the scope of their license to members of the State's Employee Group Health Plan or South Dakota Risk Pool.

J. Funding Out:

This Agreement depends upon the continued availability of appropriated funds and expenditure authority from the Legislature for this purpose. If for any reason the Legislature fails to appropriate funds or grant expenditure authority, or funds become unavailable by operation of law or federal funds reductions, this Agreement will be terminated by the State. Termination for any of these reasons is not a default by the State nor does it give rise to a claim against the State.

K. Severability and Termination:

In the event that any court of competent jurisdiction shall hold any provision of this Agreement unenforceable or invalid, such holding shall not invalidate or render unenforceable any other provision hereof. This Agreement may be terminated by either party hereto upon ninety (90) days written notice, and may be terminated by the State or the Hospital for cause at any time, with or without notice.

L. Hold Harmless:

Hospital agrees to indemnify and hold the State of South Dakota, its officers, agents and employees, harmless from and against any and all actions, suits, damages, liability or other proceedings that may arise as the result of performing services hereunder. This section does not require Hospital to be responsible for or defend against claims or damages arising from errors or omissions of the State, its officers, agents or employees or from the errors or omissions of third parties that are not officers, employees or agents of Hospital, unless such errors or omissions resulted from the acts or omissions of Hospital. Nothing in this contract is intended to impair the insurance coverage of Hospital or any subrogation rights of Hospital's insurers.

M. Independent Contractor:

While performing services hereunder, Hospital is an independent contractor and not an officer, agent, or employee of the State of South Dakota.

N. Notice:

Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth below. Notices shall be given by and to **Tom Steckel, Director of Employee Benefits** on behalf of the State, and by and to **Scott Morstad, Chief Financial Officer**, on behalf of Hospital, or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail, or, if personally delivered, when received by such party.

State:

Tom Steckel
Director of Employee Benefits
Bureau of Human Resources
500 East Capitol Avenue
Pierre, SD 57501

Hospital:

Scott Morstad
Chief Financial Officer
Sioux Falls Specialty Hospital
600 South Cliff Avenue
Sioux Falls, SD 57104

O. Modification:

This Agreement may not be assigned without the express prior written consent of the both parties. This Agreement may not be amended except in writing, which writing shall be expressly identified as a part hereof, and be signed by an authorized representative of each of the parties hereto.

P. Insurance:

The Hospital, at all times during the term of this Agreement, shall obtain and maintain in force insurance coverage of the types and with the limits as follows:

1. Commercial General Liability Insurance:

Hospital agrees to maintain occurrence based commercial general liability insurance or equivalent form with a limit of not less than \$3,000,000.00 for each occurrence. If such insurance contains a general aggregate limit it shall apply separately to this Agreement or be no less than two times the occurrence limit.

2. Professional Liability Insurance:

Hospital agrees to procure and maintain professional liability insurance or miscellaneous professional liability insurance with a limit not less than \$3,000,000.00.

3. Workers' Compensation Insurance:

Hospital shall procure and maintain workers' compensation and employers' liability insurance as required by South Dakota law.

Upon request from the State, Hospital shall furnish the State with properly executed Certificates of Insurance which shall clearly evidence all insurance required in this Agreement. Failure to secure and maintain such insurance in sufficient amounts to cover any and all claims arising hereunder shall constitute a material breach of this Agreement.

Q. Contract Renewal:

By March 31, 2016, representatives of the Hospital and the State will have made good faith efforts to meet and review progress and make recommendations for any further mutual modifications to this Agreement or mutually agreed upon additional addendum.

R. South Dakota Law Controlling:

This Agreement shall be governed by and construed in accordance with the laws of the State of South Dakota. Any lawsuit pertaining to or affecting this Agreement shall be venued in Circuit Court, Sixth Judicial Circuit, Hughes County, South Dakota.

S. Property and Numbers:

The Hospital will not use State equipment, supplies, or facilities. The Hospital will provide the State with its Employer Identification Number, Federal Tax Identification Number, or Social Security Number upon execution of this Agreement. The Hospital will provide the State with its Certificate of Authority issued by the South Dakota Secretary of State upon execution of this Agreement.

T. Reporting:

Hospital agrees to report to the State any event encountered in the course of performance of this Agreement which results in injury to any person or property, or which may otherwise subject Hospital, or the State of South Dakota or its officers, agents or employees to liability. Hospital shall report any such event to the State immediately upon discovery.

Hospital's obligation under this section shall only be to report the occurrence of any event to the State and to make any other report provided for by their duties, this Agreement, or applicable law. Hospital's obligation to report shall not require disclosure of any information subject to privilege or confidentiality under law (e.g. attorney-client communications). Reporting to the State under this section shall not excuse or satisfy any obligation of Hospital or report any event to law enforcement or other entities under the requirements of any applicable law.

U. Debarment:

The Hospital certifies that neither Hospital nor its principals are presently debarred, suspended, proposed for debarment or suspension, or declared ineligible from participating in transactions by the federal government or any state or local government department or agency. Hospital further agrees that it will immediately notify the State if during the term of this Agreement, Hospital or its principals become subject to debarment, suspension or ineligibility from participating in transactions by the federal government, or by any state or local government department or agency.

V. Records Inspection and Retention:

The State, through any authorized representative, will have access to and the right to examine and copy all records, books, papers or documents related to services rendered under this Agreement. The Hospital will retain all books and records related to the services performed for a period of not less than the greater of any applicable federal law retention requirement or six years following termination of this Agreement.

W. Supersession:

All other prior discussions, communications and representations concerning the subject matter of this Agreement are superseded by the terms of this Agreement, and as except as specifically provided herein, this Agreement constitutes the entire agreement with respect to the subject matter hereof.

SIoux FALLS SPECIALTY HOSPITAL

SOUTH DAKOTA STATE EMPLOYEE HEALTH PLAN

Scott Morstad

Signature
Scott Morstad
Chief Financial Officer

Laurie R. Gill

Signature
Laurie R. Gill
Commissioner, Bureau of Human Resources

11-5-2014

Date

11-12-14

Date

Division Director *Tom Slebo 11/12/14*

Legal *eeat*

Health Management Partners (HMP) 1.866.330.9886 • www.hmpsd.com

ADMISSIONS

- Surgical, maternity, non-surgical, (medical)
- Skilled nursing
- Rehabilitation
- Hospice
- Transplant services
- Out-of-State provider services
- Out-of-network services
- Observation services
- Mental health
- Chemical dependency, including partial Residential Day

Tier 1

Bariatric Services

- Weight Reduction Surgery Lap-band, Gastric Sleeve and Roux-en-Y

Cardiac

- Balloon Angioplasty
- Cardiac Catheterization
- Heart Bypass Surgery
- Pacemakers

Gastroenterology

- Colonoscopy (does not apply to preventive colonoscopies)
- Gallbladder
- Hernia Repair
- Upper GI and/or Endoscopies

Orthopedic

- Back & Neck Surgery (including spinal fusion)
- Total Knee Replacement
- Total Hip Replacement

Renal Care

- Dialysis
- Kidney Transplants

OTHER SERVICES

- Surgical procedures performed in the outpatient department of ambulatory surgical centers, hospitals, or specialty hospitals- Vertebroplasty, Epidural Blocks, Kyphoplasty, SCS trial & implantation
- MRI, MRA, CTA, CT Scans, and PET Scans
- Genetic Testing
- Cardiac self-management training and education
- Home health services, including home intravenous, pain management, and hospice
- Ambulatory infusion
- Rehabilitation
- Chelation therapy
- Transplant services
- Observation services
- Physical therapy, occupational therapy, or speech therapy
- Maternity ultrasounds
- Temporomandibular Joint Syndrome (TMJ) treatment

Durable Medical Equipment (DME)

- Any DME Exceeding \$1000
- Apnea Monitors
- Compression pumps
- Continuous Passive Motion Device

Durable Medical Equipment (DME) Continued

- CGMS (continuous glucose monitoring system)
- CPAP, CPAP with humidifier, Bi-PAP (continuous positive airway pressure)
- Custom made braces over \$1000
- Electrical stimulation for urinary / bowel incontinence
- Feeding pump (initial supply only for pump and kit)
- Hospital beds
- Insulin pumps
- Neuromuscular electrical stimulators
- Negative pressure wound therapy pump
- Osteogenic stimulator (bone growth stimulator)
- Oximeters
- Oxygen, to include the oxygen carrier
- Percussors
- Pressure relief mattress
- Prosthetics
- SAD lites (seasonal affective disorder)
- Speech Devices
- Suction pumps
- TENS (transcutaneous electrical nerve stimulator)
- Terbutaline pumps
- Uterine monitor
- Ventilators
- Wheelchairs for purchase

Out-of-State Pre-authorizations

- Inpatient & Outpatient Services
- For pre-authorization of services, providers should contact HMP at www.preauthonline.com. Requests for out-of-network referrals must be made prior to receiving care from the provider in order for you to receive the highest level of benefits (75%/25%).

Facilities

An out-of-state pre-authorization is required prior to services being received from these facilities.

Emergency Care

When traveling out-of-state and emergency services are required, a call to HMP must be made within 48 hours to retro-authorize an in-patient admission.

Dependents Residing In Other States

There are no changes to pre-authorization requirements for dependents (college students) residing in other states.

Requests for out-of-state care will be declined if the patient care can be provided safely and cost effectively in South Dakota. Out-of-network benefits (65%/35%) will be applied to services received out-of-state if out-of-state care is not pre-authorized by HMP.

Out of Country Pre-Authorization

If you are traveling out of the country and need pre-authorization, please place a collect call to 1.605.333.0200.

For pre-authorization requirements, visit <http://benefits.sd.gov>, click Active Employee, scroll over Forms/Documents, and click Summary Plan Descriptions.

DAKOTACARE: Provider submit prior authorization request at www.dkc-pa.com

COX-2 Inhibitors Step Therapy

Step One: naproxen, diclofenac, meloxicam
Step Two: CELEBREX®

Glaucoma Step Therapy

Step One: latanoprost, XALATAN®, TRAVATAN Z®
Step Two: ZIOPTAN®

Lyrice Step Therapy

Step One: gabapentin
Step Two: LYRICA®, SAVELLA®, CYMBALTA®

Osteoporosis Step Therapy

Step One: alendronate, ibandronate
Step Two: ACTONEL®, ATELVIA®, BINOSTO®

SSRI/SNRI Step Therapy

Step One: venlafaxine ER/IR, fluoxetine, sertraline, escitalopram, citalopram
Step Two: PRISTIQ®, VIIBRYD®, DESVENLAFAXINE®, BRINTELLIX®, FETZIMA®

Zetia/Statin Step Therapy

Step One: simvastatin, pravastatin, lovastatin, atorvastatin
Step Two: ZETIA®, VYTORIN®, LESCOL XL®, SIMCOR®

DAKOTACARE: Provider submit prior authorization request at www.dkc-pa.com

Medications requiring Preauthorization under **Pharmacy Benefits**:

- | | | | |
|-------------------------------------|-------------------|-----------------------------|---------------------------|
| • Actimmune® | • Gilenya® | • Letairis® | • Sucraid® |
| • Adcirca® | • Growth Hormones | • Myalept® | • Symlin® |
| • Adempas® | - Humatrope® | • Noxafil® | • Tanzeum® |
| • Ampyra® | - Norditropin® | • Neudexta® | • Tecfidera® |
| • Antifungal Nasal Compounds | • Hizentra® | • Nuvigil® | • Thalomid® |
| • Aubagio® | • Humira® | • octreotide (Sandostatin®) | • Tracleer® |
| • Bydureon® | • Interferons: | • Olysio® | • Tyvaso® |
| • Byetta® | - Avonex® | • Opsumit® | • Ventavis® |
| • Carbaglu® | - Betaseron® | • Orenicia SQ® | • Victoza® |
| • Cimzia® | - Extavia® | • Orenitram® | • Victrelis® |
| • Compounded Prescriptions (>\$350) | - Infergen® | • Otezla® | • Vimizim® |
| • Copaxone® | - Intron A® | • Pradaxa® | • Weight Loss Medications |
| • Eliquis® | - Pegasys® | • Promacta® | • Xarelto® |
| • Enbrel® | - PegIntron® | • Provigil® (modafinil) | • Xeljanz® |
| • Exjade® | - Rebif® | • Ravicti® | • Xenazine® |
| • Ferriprox® | • Incivek® | • Revatio® | • Zavesca® |
| • Firazyr® | • Juxtapid® | • Samsca® | • Zyvox® |
| • Forteo® | • Kalydeco® | • Simponi® | |
| • Gattex® | • Kineret® | • Sovaldi® | |
| | • Korlym® | • Stelara® | |
| | • Kuvan® | | |

Medications requiring Preauthorization under **Medical Benefits**:

- | | | |
|-----------------------------------|--------------------|-----------------|
| • Actemra® | • Ilaris® | • Soliris® |
| • Alferon N® | • Immune Globulins | • Somatuline® |
| • Amevive® | • Kalbitor® | • Supprelin LA® |
| • Arcalyst® | • Krystexxa® | • Synagis® |
| • Benlysta® | • Myobloc® | • Tysabri® |
| • Berinert® | • Naglazyme® | • Vivitrol® |
| • Botox® | • Orenicia® | • Vpriv® |
| • Cerezyme® | • Prolia® | • Xeomin® |
| • Cinryze® | • Remicade® | • Xeomin® |
| • Dysport® | • Remodulin® | • Xgeva® |
| • Elelyso® | • Revatio® Inj. | • Xiaflex® |
| • Entyvio® | • Rituxan® | • Xolair® |
| • Epoprotenol (Flolan®), Veletri® | • Sandostatin LAR® | |

South Dakota State Employee Group Health Plan
 Fee Schedule for OP Procedures
 Attachment #2

CPT Code	Description	Fee Schedule Amount 08-06-14 to 06-30-15	Fee Schedule Amount 07-01-15 to 06-30-16
19101	Breast Excision	[REDACTED]	[REDACTED]
19120	Breast Excision	[REDACTED]	[REDACTED]
19125	Breast Excision	[REDACTED]	[REDACTED]
19301	Breast Excision	[REDACTED]	[REDACTED]
19302	Breast Excision	[REDACTED]	[REDACTED]
19303	Breast Excision	[REDACTED]	[REDACTED]
19305	Breast Excision	[REDACTED]	[REDACTED]
19318	Breast Excision and/or Reconstruction	[REDACTED]	[REDACTED]
19350	Breast Excision and/or Reconstruction	[REDACTED]	[REDACTED]
19370	Breast Excision and/or Reconstruction	[REDACTED]	[REDACTED]
19371	Breast Excision and/or Reconstruction	[REDACTED]	[REDACTED]
29806	Arthroscopy of the Shoulder	[REDACTED]	[REDACTED]
29807	Arthroscopy of the Shoulder	[REDACTED]	[REDACTED]
29822	Arthroscopy of the Shoulder	[REDACTED]	[REDACTED]
29824	Arthroscopy of the Shoulder	[REDACTED]	[REDACTED]
29826	Arthroscopy of the Shoulder	[REDACTED]	[REDACTED]
29827	Arthroscopy of the Shoulder	[REDACTED]	[REDACTED]
29870	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29874	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29875	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29876	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29877	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29879	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29880	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29881	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29882	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29883	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29884	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29885	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29886	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29887	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29888	Arthroscopy of the Knee	[REDACTED]	[REDACTED]
29889	Arthroscopy of the Knee	[REDACTED]	[REDACTED]

South Dakota State Employee Group Health Plan
 Fee Schedule for OP Procedures
 Attachment #2

31254	Nasal/Sinus Endoscopy	NASAL/SINUS ENDO-OR; W/PART ETHMO	
31255	Nasal/Sinus Endoscopy	NASAL/SINUS ENDO-OR; W/TOT ETHMO	
31256	Nasal/Sinus Endoscopy	NASAL/SINUS ENDO-OR-W/MAXIL ANTROS;	
31267	Nasal/Sinus Endoscopy	NASAL/SINUS ENDO-OR-W/MAXIL ANTROS; W/TISS REMOV	
31276	Nasal/Sinus Endoscopy	NASAL/SINUS ENDO-OR-W/FRONT EXPLOR W/WO TISS REM	
31287	Nasal/Sinus Endoscopy	NASAL/SINUS ENDO SURG W/SPHENOIDOTOMY	
31288	Nasal/Sinus Endoscopy	NASAL/SINUS ENDO W/SPHENOIDOT; REMOV TISS-SINUS	
31622	Bronchoscopy	BRONCHOSCOPY; DIAGNOSTIC	
31623	Bronchoscopy	BRONCHOSCOPY; W/BRUSHING/PROTECTED BRUSHINGS	
31624	Bronchoscopy	BRONCHOSCOPY; W/BRONCHIAL ALVEOLAR LAVAGE	
31625	Bronchoscopy	BRONCHOSCOPY; W/BX	
31628	Bronchoscopy	BRONCHOSCOPY; W/TRANS BRONCH LUNG BX W/WO	
31629	Bronchoscopy	BRONCHOSCOPY; W/TRANS BRONCH NEEDLE ASPIR BX	
31635	Bronchoscopy	BRONCHOSCOPY; W/REMOV FB	
31643	Bronchoscopy	BRONCHOSCOPY; W/PLCMT CATH RADIOELEMENT APPLIC	
42820	Tonsillectomy	TONSILLECTOMY & ADENOIDECTOMY; UNDER AGE 12	
42821	Tonsillectomy	TONSILLECTOMY & ADENOIDECTOMY; AGE 12/OVER	
42825	Tonsillectomy	TONSILLECTOMY PRIM/SECNDRY; UNDER AGE 12	
42826	Tonsillectomy	TONSILLECTOMY PRIM/SECNDRY; AGE 12/OVER	
43235	Upper GI	UGI ENDO;	
43239	Upper GI	UGI ENDO; W/BX 1/MX	
43242	Upper GI	UGI ENDO; W/US GUID FINE NEEDLE ASP/BX	
43244	Upper GI	UGI ENDO; W/BAND LIG ESOPH &/OR GASTRIC VARICES	
43245	Upper GI	UGI ENDO; W/DILAT OUTLET-OBSTRUC ANY METHD	
43246	Upper GI	UGI ENDO; W/DIRECTED PLCMT PERQ GASTROSTOMY TUBE	
43247	Upper GI	UGI ENDO; W/REMOV FB	
43248	Upper GI	UGI ENDO; W/INSRT GUIDE WIRE-DILAT ESOPHAGUS	
43249	Upper GI	UGI ENDO; W/BALLOON DILAT ESOPHAGUS (<30MM DIAM)	
43250	Upper GI	UGI ENDO; W/REMOV TUMOR/POLYP/LES-HOT BX FORCEPS	
43251	Upper GI	UGI ENDO; W/REMOV TUMOR/POLYP/OTHER LES-SNARE	
43258	Upper GI	UGI ENDO; W/ABLAT LES NOT AMENABLE TO CAUT/SNARE	
43259	Upper GI	UGI ENDO; W/ENDO ULTRASOUND EXAM	
45378	Colonoscopy	COLONOSCOPY FLEX-PROX SPLEN FLEX; DX (SEP PRO)	
45380	Colonoscopy	COLONOSCOPY FLEX-PROX SPLEN FLEX; W/BX 1/MX	
45382	Colonoscopy	COLONOSCOPY FLEX-PROX SPLEN FLEX; W/CONTRL BLEED	
45383	Colonoscopy	COLONOSCOPY FLEX; W/ABLAT LES NOT AMENABLE-SNARE	
45384	Colonoscopy	COLONOSCOPY FLEX; REMOV TUMOR/LES HOT BX FORCEPS	

South Dakota State Employee Group Health Plan
 Fee Schedule for OP Procedures
 Attachment #2

47562	Laproscopy - Cholecystectomy	LAP SURG; CHOLECYSTECTOMY	[REDACTED]
47563	Laproscopy - Cholecystectomy	LAP SURG; CHOLECYSTECTOMY W/CHOLANGIOGRAPHY	[REDACTED]
47579	Cholecystectomy	UNLISTED LAP PROC-BILIARY TRACT	[REDACTED]
49505	Hernia Repair	REPR INITING HERNIA 5 YR/MORE; REDUCTIBLE	[REDACTED]
49650	Laproscopy - Hernia Repair	LAP SURG; REPR INITIAL INGUINAL HERNIA	[REDACTED]
58558	Hysteroscopy	HYSTEROSCOPY SURG; W/SAMP/POLYPECT W/WO D&C	[REDACTED]
58550	Laproscopy - Oviduct/Ovary	LAP SURG; W/ VAG HYSTERECTOMY	[REDACTED]
58660	Laproscopy - Oviduct/Ovary	LAP SURG; W/LYSIS ADHES (SEPART PROC)	[REDACTED]
58661	Laproscopy - Oviduct/Ovary	LAP SURG; W/REMOV ADNEXAL STRUCT (PART/TOT)	[REDACTED]
58662	Laproscopy - Oviduct/Ovary	LAP SURG; W/FULG/EXCIS LES-OVARY/PERITONEUM	[REDACTED]
63030	Back Surgery - Laminotomy	LAMINOT W/DECOMP; 1 INTERSPACE LUMB	[REDACTED]
64718	Neuroplasty	NEUROPLASTY &/OR TRANSPOSIT; ULNAR NERV @ELBOW	[REDACTED]
64719	Neuroplasty	NEUROPLASTY &/OR TRANSPOSIT; ULNAR NERV @WRIST	[REDACTED]
64721	Neuroplasty	NEUROPLASTY &/OR TRANSPOSIT; MEDIAN@CARPAL TUNNEL	[REDACTED]
66984	Removal of Cataract	EXTRACAPSULAR CATARACT REMOV W/INSRT IOL PROSTH	[REDACTED]
69436	Tympanostomy	TYMPANOSTOMY GENANES	[REDACTED]

**AMENDMENT TO THE AGREEMENT BETWEEN THE SOUTH DAKOTA STATE
EMPLOYEE GROUP HEALTH PLAN AND SIOUX FALLS SPECIALTY HOSPITAL
FOR COMPENSATION METHODOLOGY**

AMENDMENT made and entered into the 23rd day of June, 2016, by and between **The South Dakota State Employee Health Plan under the Auspices of The Bureau of Human Resources, a state agency, of 500 East Capitol Avenue, Pierre, South Dakota 57501-5070,** (the "State") and **Sioux Falls Specialty Hospital** having its principal office in Sioux Falls, South Dakota (the "Hospital").

The State hereby enters into this Amendment to the Agreement for services with the Hospital in consideration of and in pursuant to the terms and conditions set forth herein.

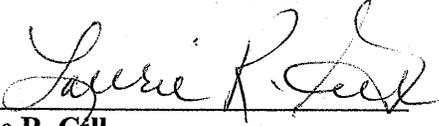
A. Term of Agreement:

2. Year Two (2) will be the period July 1, 2015 through December 31, 2016.

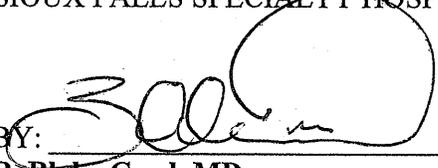
All provisions, covenants, and agreements made in the original Agreement, and not explicitly modified by this Amendment shall remain in full force and effect.

In Witness Whereof, the parties signify their agreement by the signatures affixed below.

SOUTH DAKOTA STATE
EMPLOYEE HEALTH PLAN

BY: 
Laurie R. Gill
Commissioner, Bureau of Human Resources

SIOUX FALLS SPECIALTY HOSPITAL

BY: 
R. Blake Curd, MD
Chief Executive Officer

(DATE) 7-13-16

(DATE) 08/21/16

Division Director

Legal

 7/12/16

ecw