

**AMENDMENT NO. 1
TO STATEMENT OF WORK NO. 9**

This AMENDMENT NO. 1 TO STATEMENT OF WORK NO. 9 ("Amendment") is made as of June 1, 2024 (the "Amendment Effective Date"), between United HealthCare Services, Inc., a Minnesota corporation with offices at 9900 Bren Road East, Minnetonka, MN 55343 ("UHS"), on behalf of itself and its affiliates, and CPESN USA ("Vendor") with reference to the following facts:

- A. UHS and Vendor previously have entered into that certain Master Services Agreement dated December 1, 2020 (the "Agreement").
- B. UHS and Vendor previously have entered into that certain Statement of Work No. 9 dated June 1, 2023 (the "SOW")
- B. UHS and Vendor now desire to amend the Agreement as set forth below in this Amendment.

In consideration of the mutual promises and covenants set forth in this Amendment, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties agree as follows:

1. DEFINITIONS

Terms defined in the Agreement shall have the same meaning when used in this Amendment.

2. AMENDMENT

2.1 Term and Termination

Section 10.1 of the SOW is amended and restated to read as follows:

"10.1 This SOW will commence on the SOW Effective Date and remain in effect through May 31, 2026, (the "SOW Term"), unless earlier terminated as provided for in the Agreement. The parties may renew this SOW with a mutually agreed upon amendment to this SOW for each renewal term."

2.2 Exhibit A: Payment Schedule

Exhibit A: Payment Schedule of the SOW is amended and restated with the attached Exhibit A: Payment Schedule attached to this amendment.

2.3 Invoicing and Payment

Section 9.2 of the SOW is amended and restated to read as follows:

"9.1 *Invoice and Payment.* Vendor will send to Customer a "Medical Services Report" in thirty (30) days of each month's end which will include a list of all completed Medical Services within the previous month, including detail of overall Program activity, indicating which Participating Pharmacy completed the Medical Service and whether such Medical Service is eligible for payment based on the terms of this SOW and in accordance with Exhibit B Billing Guidance. Medical Service Reports will be sent to Customer using the established SFTP connection.

9.2.1 Vendor will invoice Customer using the established SFTP connection once monthly, in arrears, for work performed under this SOW. The invoice will include detail of overall program activity plus a breakdown of Pharmacy Care Plans received by Participating Pharmacy.

9.2.2 Vendor will notify Customer program lead via electronic mail when invoice is available.

9.2.3 Customer shall remit payment within thirty (30) days of receiving the invoice from vendor.

NO OTHER CHANGES. Except as specifically amended by this Amendment (and any other amendments executed by the parties pursuant to Section 10 of the Agreement, the Agreement is unmodified and shall remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment by their duly authorized representatives in one or more counterparts, each of which will be deemed an original, effective as of the Amendment Effective Date.

**UNITED HEALTHCARE SERVICES, INC.,
ON BEHALF OF ITSELF AND ITS AFFILIATES**

CPESN USA, LLC


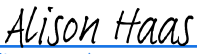
By: <u></u> <u>Barb Avery (Jun 24, 2024 15:55 CDT)</u> (Authorized Signature)	By: <u></u> <u>Alison Haas (Jun 24, 2024 16:36 EDT)</u> (Authorized Signature)
Name: <u>Barb Avery</u> (Print or Type)	Name: <u>Alison Haas</u> (Print or Type)
Title: <u>Director</u>	Title: <u>Director, Value Based Contracting</u>
Date: <u>06/24/2024</u>	Date: <u>06/24/2024</u>

Exhibit A: Payment Schedule

Payment will be remitted at the rates listed in Tables 1-3 based off the submission of an eCare Plan until such time that the applicable CPT/HCPCS codes become available. When applicable CPT/HCPCS codes become available, payment will be administered via CPT/HCPCS code instead of eCare Plan for invoicing under this contract. Additional CPT/HCPCS codes (or SNOMED codes) may be utilized based on mutual agreement between Vendor and Customer in writing via electronic mail.

Table 1: Patient Evaluation & Management Service Codes and Rates

<u>Service</u>	<u>CPT Code</u>	<u>SNOMED Code</u>	<u>Rate</u>
E&M 15-19 min (new)	99202	Moderate intensity (qualifier value): 4901000175103	\$73.84
E&M 30-34 min (new)	99203	Moderate intensity (qualifier value): 4901000175103	\$114.84
E&M 5-9 min (established)	99211	Light intensity (qualifier value): 450501000124104	\$23.24
E&M 10-19 min (established)	99212	Moderate intensity (qualifier value): 4901000175103	\$57.72
E&M 20-29 min (new)	99213	Moderate intensity (qualifier value): 4901000175103	\$93.46
MTM first 15 min (new)	99605	Coordination of medication regime (procedure): 1156697002	\$53.48
MTM first 15 min (established)	99606	Medication reconciliation (procedure): 430193006	\$32.94
MTM each additional 15 min	99607	Optimization of medication (procedure): 713838004	\$16.68
Medication Administration	96372	Injection of therapeutic agent: 28289002	\$14.55
Counseling, Individual (FTF only) 30 min	99402	n/a	\$46.33
Counseling, Individual (FTF only) 45 min	99403	n/a	\$63.45
Counseling, Individual (FTF only) 60 min	99404	n/a	\$80.82

Table 2: Point of Care Testing Service Codes and Rates

<u>Service</u>	<u>CPT Code</u>	<u>SNOMED Code</u>	<u>Rate</u>
Influenza	87804	Serologic test for Influenza A virus (procedure): 2731000; Serologic test for Influenza B virus (procedure): 88823001	\$14.28
COVID	87426	Measurement of severe acute respiratory syndrome coronavirus 2 antigen (observable entity): 1240471000000102	\$38.13
RSV	87807	Respiratory syncytial virus swab (procedure): 313274005	\$14.28
Influenza/COVID	87428	Nasopharyngeal swab for virology received (situation): 441366006	\$63.59
Influenza/COVID/RSV	87637	Nasopharyngeal and oropharyngeal swab (specimen): 433801000124107	\$142.63
Strep A	87880	Microbial identification kit, rapid strep method (procedure): 89634005	\$14.28
Urinary Tract Infection	81001	Suspected UTI: 314940005	\$3.95
Blood Glucose	82947	Glucose measurement, blood, test strip (procedure): 104686004	\$4.89
Hemoglobin A1c	83036	Hemoglobin A1c measurement (intervention): 43396009	\$12.09
Lipid Panel	80061	Lipid panel (procedure): 16254007	\$16.70
Hepatitis C	86803	Hepatitis C screening (procedure): 413107006	\$17.79
HIV	87806	Human immunodeficiency virus screening (procedure): 171121004	\$29.34
B12 levels	82607	B12/folate level (procedure): 395144002	\$18.78

Table 3: Telehealth Originating Site Codes and Rates

<u>Service</u>	<u>HCPSC Code</u>	<u>SNOMED Code</u>	<u>Rate</u>
Telehealth Originating Site	Q3014	Site of care (environment): 43741000	\$29.96

Exhibit B: UHC Telehealth Program Billing Guidance

<u>Service</u>	<u>Pharmacy Service Limits</u>
A1c	> 8%; every 3 months < 8%: every 6 months Screening: 1 time per year
Glucose	May screen up to 4 times per month
Lipids	Patients with hypercholesterolemia, lipid panel up to every 3 months Preventive screening: 1 time per year
HIV	Preventive screening: as needed if considered high risk population
Hepatitis C	Preventive screening: every 3 months if considered high risk population. No previous screening: 1 time
MTM	1 time per month for first 15 min (Code: 99605 or 99606) for established or new patient for baseline and up to 3 times of 15 additional minutes (Code: 99607), which is up to 1 hour of total MTM time
Medical Administration	Depending on injections eligible for pharmacy staff administration and patient needs, up to 4 times per month (weekly basis at max.)
POCT for Influenza, RSV, Influenza/COVID or Influenza/COVID/RSV	1 time per month
POCT for COVID-19	4 times per month
POCT for Strep A	2 times per month
POCT for Urinary Tract Infection	2 times per month