

## REIMBURSEMENT RECOVERY PROGRAM (RRP)

This Agreement is made between **Healthcare Affiliates, Inc. (HAI)**, located at 1 Vale Rd. Suite 200, Bel Air, MD 21014, and **Hospital Name (Hospital)**, provider number ##-####, located at hospital's address.

1. Purpose. The purpose of this agreement is to authorize the participation of the Hospital in HAI's Reimbursement Recovery Program (RRP).

2. Duties of HAI. HAI agrees to:

- 2.1 Implement strategies that will increase third party payments to the Hospital.
- 2.2 Perform the RRP expeditiously as possible with minimal Hospital staff involvement.
- 2.3 Pay any implementation cost associated with the HAI strategy.

3. Duties of Hospital. HOSPITAL agrees to:

- 3.1 Provide access to certain records, as appropriate for years \_\_\_\_\_ through \_\_\_\_\_.
- 3.2 Pay a consulting fee to HAI based upon additional funds actually received by (or credited to) Hospital from the RRP as follows:

\_\_\_% of recovery for Disproportionate Share Adjustment.

\_\_\_% for High Percentage ESRD.

\_\_\_% for Area Wage Index Impact Project

3.2.1 Such fees shall be payable to HAI only when and as such payments are actually received by (or credited to) the Hospital, whether during the cost-reporting year, at the end of such year, upon a tentative settlement, or upon a final settlement for that cost-reporting year.

4. Confidential or proprietary information.

4.1 During the development or implementation of the RRP, Hospital may acquire confidential or proprietary information relating HAI's method or procedure of reviewing the Hospital's entitlement to the additional reimbursement. The Hospital agrees to retain all such information in trust for the sole benefit of the Hospital, and shall under no circumstance use or disclose any such information at any time, either for its own benefit (unless HAI is compensated per 3.2 above) or the benefit of a third party, whether before or after termination of this agreement, without the prior consent of HAI.

4.2 The obligation of Hospital under the provisions of 4.1 above shall be limited to a period of three (3) years from the date of execution of this agreement.

The parties hereto enter this Agreement as of the date set forth below.

**HOSPITAL NAME**

**HEALTHCARE AFFILIATES, INC.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Michael R. Matejevich, President

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date