THIRD AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
LABORATORY CORPORATION OF AMERICA

THIS THIRD AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20_____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and LABORATORY CORPORATION OF AMERICA hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an agreement ("Original Agreement") for professional services on September 28, 2010, for the term of July 1, 2010 through June 30, 2013, for a maximum obligation of $915,000; and

WHEREAS, on December 10, 2013, our Board approved a first amendment to the agreement extending the term of the agreement through December 31, 2014, increasing the maximum obligation by $397,500 to a new maximum of $1,312,500.

WHEREAS, on December 9, 2014, our Board approved a second amendment to the agreement extending the term of the agreement through December 31, 2015, and decreasing the maximum obligation by $531,738 to a new maximum of $780,762.

WHEREAS, it is now necessary and the mutual desire and intent of the parties hereto to amend the agreement a third time increasing the maximum obligation by $275,000 to a new maximum of $1,055,762 and extending the term of the agreement to June 30, 2017.

WHEREAS, the parties wish to amend and clarify that Original Agreement.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Paragraph 3. Payments is hereby deleted and replaced with the Paragraph 3. Payments below:

   In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A3,"

County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B3." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed ONE MILLION FIFTY-FIVE THOUSAND SEVEN HUNDRED SIXTY-TWO DOLLARS ($1,055,762).

2. Paragraph 4. Term and Termination is hereby deleted and replaced with the Paragraph 4. Term and Termination below:

   Subject to compliance with all terms and conditions, the term of this agreement shall be from July 1, 2010 through June 30, 2017.

   This agreement may be terminated by Contractor, the Chief of the Health System or his/her designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

   In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this agreement shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the agreement. Such payment shall be that portion of the full payment which is determined by comparing the work/services completed to the work/services required by the agreement.

3. Exhibit A2 is hereby deleted and replaced with the Exhibit A3 attached hereto.

4. Exhibit B2 is hereby deleted and replaced with the Exhibit B3 attached hereto.

5. All other terms and conditions of the Original Agreement between the County and Contractor shall remain in full force and effect.

SIGNATURE PAGE TO FOLLOW

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands to this third amendment.

COUNTY OF SAN MATEO

By:_____
President, Board of Supervisors
San Mateo County

Date:_____

ATTEST:

By:_____
Clerk of Said Board

LABORATORY COPORATION OF AMERICA

Lida Rogge
Contractor's Signature LIDA ROGGE, VP

Date: 12/21/15

EXHIBIT A3 – SERVICES
LABORATORY CORPORATION OF AMERICA
FY 2010 – 2017

In consideration of the payments set forth in Exhibit "B3", Contractor shall provide the following services:

I. Services

Contractor shall provide clinical laboratory services and phlebotomy services for the Behavioral Health & Recovery Services (herein after referred to as "Mental Health") and Correctional Health Services (herein after referred to as "Correctional Health") Divisions of the San Mateo County Health Department as described in this Exhibit A3. All services shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, titles, rules, and regulations, including the Clinical Laboratory Improvement Act (CLIA) of 1998 and its subsequent amendments, and Title 17, Section 2505, of the California Code of Regulations.

Required services shall include specimen collection, specimen transport, clinical laboratory analysis, laboratory and specimen collection supplies, phlebotomy services, test reporting, utilization review, quality assurance, and access to Contractor's patient service centers within San Mateo County.

A. Required Services

1. Clinical laboratory analysis

a. Clinical laboratory services shall include, but not be limited to, the following areas: chemistry, drug testing, hematology, serology, and blood counts associated with Clozapine and Clozaril groups. Test methodologies must meet or exceed industry standards. Laboratory analysis shall be conducted by licensed staff.

b. Clinical testing services shall include those tests listed in Contractor's current Directory of Services, which is incorporated by reference herein, and such additional services as County and Contractor agree to in writing. The Directory of Services may be modified from time to time by Contractor. Any such modification notwithstanding, Contractor shall provide services as described in this Agreement.

c. Laboratory analysis of specimens collected from the ordering service sites shall be ordered by:

1) Mental Health staff or subcontractor psychiatrists or psychiatric nurse practitioners;
2) Correctional Health Services staff.

d. Quality of analytical results must be monitored by: proficiency testing, routine quality control surveillance, blind submission programs, and inspection and self-assessment programs. Evidence of successful completion of these quality control activities will be made available to County upon written request.

e. Contractor shall notify County in writing within three (3) business days of the loss of license to provide laboratory services for any facility whereby such services are provided for County.

2. Laboratory Test Orders

a. Contractor shall detail specimen order labeling requirements (e.g. required data, label size, bar codes) for orders received via paper, electronic, or telephone.

b. Contractor shall accept routine and STAT orders via a mutually agreed paper form or via electronic HL7 interface from the BHRS Information system. Contractor will provide copies of current order forms and HL7 order specifications, including GT1, IN1, and FT1 messages. Contractor will detail requirements and options for test cancellation.

c. Contractor shall accept STAT orders via telephone from authorized County staff with a mutually agreed upon minimum information set. Contractor will provide copies of current requirements and policy.

d. Contractor will detail minimum billing information set needed with order to meet the requirements of Sections detailed below.

3. Test Reporting

a. Contractor shall send the laboratory test results to the corresponding Mental Health or Correctional Health Services site via teleprinter or fax, and on a secure

website. Contractor shall have the ability to send laboratory test results via HL7 electronic interface, including "test not performed" results the order was electronically generated by the County. If a service is ordered by a contracted provider for a San Mateo County Medi-Cal insured client who is not served at one of the described sites, the results shall be sent directly to that contracted provider. Laboratory test results shall include, at a minimum, the following:

1) Patient's name (last, first, middle);
2) Patient's date of birth (MM/DD/YY);
3) CPT codes and description of test ordered;
4) Name of the provider ordering the test;
5) Test results;
6) Seven digit patient Identification number (CH patients), or patient identification number (MH clients); and
7) Any other data elements required from the HL7 implementation guide.

b. Contractor shall provide a hard copy of the test results to each Mental Health site or Correctional Health Services facility within twenty-four (24) hours from receipt of specimen for most routine assays ordered, with the exception of cytology, microbiology and selected tests from Attachment C. Contractor shall provide cytology results within five (5) business days of receipt of specimen.

The teleprinter shall remain the property of Contractor or Contractor's vendor, as the case may be. Contractor shall repair and maintain equipment. Necessary replacement as a result of normal wear and use shall be the responsibility of Contractor or its vendor.

c. Abnormal results will be clearly highlighted by Contractor on the test results. Upon request, Contractor will provide County with a list of Contractor's predetermined "critical values" and all "critical value" results will be reported to the ordering facility within four (4) hours from release of test result via telephone call to ordering facility. In addition, Contractor, upon request will supply a list of "alert values" as identified and mutually agreed upon between County and Contractor. "Alert value" results

shall be provided via telephone call by the Contractor to the ordering facility by the next business day.

d. STAT test results shall be reported to the ordering facility within four (4) hours of receipt of specimen at testing facility via telephone call to ordering facility.

e. Contractor shall provide routine reports customarily provided by Contractor without additional charge when requested by the Behavioral Health and Recovery Services Medical Director or designee or the Correctional Health Services Manager or designee. Other special reports about laboratory data may be generated by Contractor for the price and by the terms mutually agreed to by Contractor and the Medical Director or designee and/or the Correctional Health Services Manager or designee.

f. Web-base test result reporting

Preliminary and final patient test results shall be available to County providers through the Contractor Web-based service.

4. Specimen Transportation

Contractor shall provide specimen transport services as described in paragraphs I.B.1. and I.C.1., respectively, of this Exhibit A3.

5. Specimen Collection Supplies

Supplies for the collection, preservation and transportation of specimens will be provided by Contractor to all ordering facilities. These include, but are not limited to: needles, specimen tubes/slides, collection and preservation equipment. Centrifuges will be provided by Contractor on a loan basis for preparation of specimens sent to a Contractor facility subject to signature of Contractor's Equipment Loan Acknowledgement. Contractor shall provide the supplies required for specimen collection for the types of laboratory analyses described in this Agreement. Such supplies shall be used solely for the purposes identified within this Exhibit A3.

Contractor shall provide a description of specimen and handling requirements to each ordering facility. Changes and updates in specimen requirements will be communicated by Contractor to County in writing prior to changes being implemented.

6. Phlebotomy Services

Contractor shall provide phlebotomy services by certified phlebotomists at Mental Health clinic sites and at Correctional Health Services sites, as described in Paragraph I.B.2. and Paragraph I.C.2., respectively, of this Exhibit A3.

B. Mental Health Services

Contractor shall provide phlebotomy and laboratory services for San Mateo County Mental Health Plan ("Mental Health"), which includes indigent clients and San Mateo County clients with, but not limited to, the following types of insurance coverage: Medi-Cal, Health Plan of San Mateo ("HPSM") Healthy Families, HPSM Healthy Kids, HPSM HealthWorx, and/or HPSM Care Advantage and other coverages as identified in Attachment A ("Participating Health Plans") as the same may be updated from time to time by Contractor. Laboratory services will be ordered by Mental Health or contractor psychiatrist(s) or psychiatric nurse practitioner(s) for the management of mental health conditions. Mental Health Services sites include those sites listed below. Additional clinical sites may be added by Mental Health during the term of this Agreement, as needed.

1. Specimen Transport Services

Contractor shall provide specimen transport services by staff trained in the handling of laboratory specimens, including documentation of chain of custody of specimens. Contractor shall provide specimen pickup routinely at each Mental Health Services facility pursuant to the schedule listed below. Transportation service and delivery of specimens to Contractor's sites shall be available once per day, Monday through Friday, at a regularly scheduled time, or as negotiated for each Mental Health site. Pick-up service from the mental health centers where blood is drawn or urine samples collected shall be provided. Additional, STAT, and late pickups at the designated sites and others will be provided Monday through Sunday as needed. Contractor's STAT couriers will arrive at the requesting facility within two (2) hours of request; all other nonscheduled pickups will be accommodated within eight (8) hours of request.

Mental Health Services Sites	
Site	**Address**
North County Mental Health Center	375 89th Street, Daly City
Central County Mental Health Center	1950 Alameda de las Pulgas, San Mateo
South County Mental Health Center	802 Brewster Avenue, Redwood City
Community Counseling Center	2415 University Avenue, East Palo Alto
Coastside Mental Health Center	225 S. Cabrillo Highway, Ste 200A, Half Moon Bay
Caminar/CLC	2600 South El Camino Real, Suite 100, San Mateo
Canyon Oaks Youth Center	400 Edmonds Road Redwood City
Bruce-Badilla Board & Care Home	344 Frankfort Street, Daly City

2. Phlebotomy Services

   a. Contractor shall provide phlebotomy services by certified phlebotomists at Mental Health clinic sites during regular clinic hours for a minimum of 14.5 hours of phlebotomy service per week as scheduled in the following table. Phlebotomists will provide efficient and empathetic service. New phlebotomists will receive four (4) hours of training in working with mental health clients. Training will include four (4) hours of training provided by Mental Health staff.

   b. The phlebotomists will perform only duties and services directly related to the collection of blood and urine samples to be tested by Contractor, obtaining billing information for Contractor's use, and completing the appropriate test request forms. The Services will be provided by Contractor to the extent allowed by applicable laws and regulations and in accordance with Contractor's then-current policies, procedures, and guidelines. County agrees not to request or permit the phlebotomist to perform any other duties or services. The County shall not ask the phlebotomist to enter or perform Services in an Isolation Ward, Infectious Disease Area or

any other area which is restricted by virtue of the diseases which are or may be present. The phlebotomist shall serve as the exclusive employee of Contractor and shall in no way serve or act as an employee, contractor or agent of County. County agrees to notify Contractor promptly if it reasonably feels that the phlebotomist is not performing the duties and services hereunder in a satisfactory manner. County agrees that Contractor may perform random unannounced visits for the purpose of monitoring the phlebotomist's compliance with the terms of this Agreement and applicable laws and regulations.

c. County shall indicate the entity responsible for payment of Services rendered on the requisition submitted to Contractor. If County indicates that County is responsible for payment, Contractor will bill County at the rates set forth in Attachment C. If County indicates that a third party is responsible for payment, Contractor, in accordance with legal and regulatory requirements, agrees to bill the responsible party as set forth in Exhibit B3, Section III.B.2., for services performed under this Agreement.

d. Each party to this Agreement acknowledges that no representation, inducement, promise or agreement, orally or otherwise, has been made by any party, which is not embodied herein, and no other agreement, statement or promise relating to specimen collection services not contained in this Agreement shall be valid or binding.

e. Contractor shall be responsible for the storage, removal and disposal of medical waste generated by the specimen collection services provided hereunder

f. Phlebotomists shall have a minimum of one (1) year of phlebotomy experience.

g. Phlebotomy services shall be overseen by a Clinical Licensed Scientist (CLS). Phlebotomists shall receive ongoing evaluation and competency assessments.

h. Contractor shall conduct twice-yearly satisfaction surveys of County clients and staff regarding phlebotomy services. Results of those surveys shall be provided to the County.

i. Contractor will provide phlebotomy collection supplies for the scheduled sites. Contractor shall provide phlebotomy services on-site at the Mental Health clinics listed in the following table. Service times, locations and volumes may be adjusted in response to Mental Health needs by mutual written consent of County and Contractor.

j. Phlebotomy and laboratory services shall be provided at Contractor Patient Service Centers as needed.

k. Contractor shall provide phlebotomy coverage for times when Contractor's regularly scheduled phlebotomists are absent. Phlebotomists providing such coverage must have the same training and receive the same evaluation and competency assessment as regularly scheduled phlebotomists. In the event that Contractor is or expects to be temporarily unable to provide all or a portion of the phlebotomy coverage, Contractor shall make all commercially reasonable efforts to provide County with a minimum of two (2) weeks notice of such anticipated interruption of phlebotomy coverage.

Sites	**Phlebotomy Hours**
Central County Mental Health 1950 Alameda de la Pulgas San Mateo, CA	Tuesdays, 8:30-10:00am Wednesdays, 8:30-10:00am Thursdays, 8:30-10:00am
South County Mental Health 802 Brewster Redwood City, CA	Tuesdays, 8:30-11:00am Wednesdays, 8:30-11:00am Wednesdays, 2:30-3:30pm
Community Counseling 2415 University Ave. East Palo Alto, CA	Fridays, 9:00-10:00am
North County Mental Health 375 89th Street Daly City, CA	Monday, 9:00-10:30am Thursdays, 8:30-10:30am
Caminar/CLC 2600 South El Camino Real, # 100 San Mateo, CA	1st Tuesday, 10:30-11:30 2nd Tuesday, 10:30-11:30
Canyon Oaks Youth Center 400 Edmonds Road Redwood City, CA	1st Tuesday, 6:30-7:30 Last Tuesday, 6:30-7:30

3. Use of Contractor's Patient Service Centers

Mental Health clients who have laboratory services ordered by Mental Health or subcontractor psychiatrists and psychiatric nurse practitioners may also go to Contractor's Patient Service Centers for their laboratory service needs.

C. Correctional Health Services

Contractor shall provide phlebotomy and laboratory services for Correctional Health Services for inmates at the sites listed below. Phlebotomy services shall be provided during times as noted below. Different times and sites may be negotiated as necessary by mutual written consent of County and Contractor.

Site	Phlebotomy Hours
Maguire Correctional Facility, 300 Bradford Street Redwood City	Monday, Wednesday, Friday 6:00 - 8:00am
Women's Correctional Facility 1590 Maple Street Redwood City	Tuesday, Thursday 6:00 – 7:00am

1. Specimen Transport Services

Contractor shall provide specimen transport services by staff trained in the handling of laboratory specimens, including documentation of chain of custody of specimens. Contractor shall provide specimen pickup routinely at each Correctional Health Services facility pursuant to the following listed schedule. Transportation service and delivery of specimens to Contractor's sites shall be available once per day, Monday through Friday, at a regularly scheduled time, or as negotiated for each Correctional Health Services site. Pick-up service from the Correctional Health Services sites where blood is drawn or urine samples collected shall be provided. Additional, STAT, and late pickups at the designated sites and others will be provided Monday through Sunday as needed. Contractor's STAT couriers will arrive at the requesting facility within two (2) hours of request; all other nonscheduled pickups will be accommodated within twenty-four (24) hours of request.

Correctional Health Site	Frequency of Pickup	
Maguire Correctional Facility	As requested	Monday-Sunday
Women's Correctional Center	As requested	Monday-Sunday

2. Phlebotomy Services

a. The contractor shall provide phlebotomy services by a certified phlebotomist at the above specified Correctional Health sites and times. All phlebotomists working within Correctional Health Services must pass a security clearance by the San Mateo County Sheriff. New Phlebotomists will receive three (3) hours of training working with incarcerated persons and security provided by Correctional Health Services.

b. The phlebotomists will perform only duties and services directly related to the collection of blood and urine samples to be tested by Contractor, obtaining billing information for Contractor's use, and completing the appropriate test request forms. The Services will be provided by Contractor to the extent allowed by applicable laws and regulations and in accordance with Contractor's then-current policies, procedures, and guidelines. County agrees not to request or permit the phlebotomist to perform any other duties or services. The phlebotomist shall serve as the exclusive employee of Contractor and shall in no way serve or act as an employee, contractor or agent of County. County agrees to notify Contractor promptly if it reasonably feels that the phlebotomist is not performing the duties and services hereunder in a satisfactory manner.

c. County shall pay Contractor for the collection of specimens at the rate set forth in Attachment C.

d. Each party to this Agreement acknowledges that no representation, inducement, promise or agreement, orally or otherwise, has been made by any party, which is not embodied herein, and no other agreement, statement or promise relating to specimen collection services not contained in this Agreement shall be valid or binding.

e. County shall be responsible for the storage, removal and disposal of medical waste generated by the specimen collection services provided hereunder.

f. Phlebotomists shall have a minimum of one (1) year of phlebotomy experience.

g. Phlebotomy services shall be overseen by a Clinical Licensed Scientist (CLS). Phlebotomists shall receive ongoing evaluation and competency assessments.

h. Contractor shall conduct twice-yearly satisfaction surveys of County clients and staff regarding phlebotomy services. Results of those surveys shall be provided to the County.

i. Contractor will provide phlebotomy collection and other lab supplies including but not limited to wound culture and urine collection supplies.

j. Contractor shall provide phlebotomy coverage for times when Contractor's regularly scheduled phlebotomists are absent. Phlebotomists providing such coverage shall have the same training and receive the same evaluation and competency assessment as regularly scheduled phlebotomists. In the event that Contractor is or expects to be temporarily unable to provide all or a portion of the phlebotomy coverage, Contractor shall make all commercially reasonable efforts to provide County with a minimum of two (2) weeks notice of such anticipated interruption of phlebotomy coverage.

D. All Program Administration

1. Service Coordination

Contractor shall have a designated customer service representative who will have scheduled quarterly meetings with the Mental Health Medical Director or a designated Mental Health representative and scheduled monthly meetings with the Correctional Health Services Director. These meetings shall include a review of the activities within the scope of the laboratory services contract, including technical and administrative issues, to assure smooth coordination and problem resolution.

2. Customer Service

a. Contractor shall provide and maintain a list of current contact information for the following service areas:
   1) Phlebotomy supplies;
   2) Billing services;
   3) Reordering supplies;

4) Laboratory medical director; and
5) Customer service representative.

b. Contractor shall make available customer service and technical assistance by telephone twenty-four (24) hours per day. Contractor shall make available a toll free telephone number for Contractor Customer Service Center to each ordering facility. The Customer Service Center shall provide information regarding: test results, status of test in progress, specimen and special handling requirements, fees or billing information, and procedures for adding additional tests to specimens already submitted. Technical assistance that is not handled directly shall be provided in a professional manner within one (1) working day.

c. Contractor shall provide quality laboratory services for the Mental Health and Correctional Health clients. Appropriately licensed and certified professional staff shall conduct laboratory analysis. Contractor shall provide to county a description of its standard quality control programs for laboratory and phlebotomy services.

3. Quality Assurance

Contractor must be able to assure quality phlebotomy and laboratory services for the Mental Health and Correctional Health clients. The contractor will provide a quality control program and meet CLIA guidelines as well as state and local regulations. Quarterly Contractor clinical laboratory QA reports shall be provided to Mental Health Services upon written request.

The Contractor quality assurance program will include quarterly on-site inspections of Mental Health phlebotomy services and consultation to staff. Inspection recommendations and Quality control audits shall be provided to County upon written request. Quality assurance activities related to phlebotomy services shall include, but not be limited to:

a. Annual competency review

b. Twice annual distribution and collection of phlebotomy customer services satisfaction surveys

4. Contractor shall meet regulatory deadlines for compliance with all Health Insurance Portability Accountability Act (HIPAA) requirements.

II. ADMINISTRATIVE REQUIREMENTS

A. Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records as required by applicable state and federal laws, titles, rules, and regulations, including the Clinical Laboratory Improvement Act (CLIA) of 1998 and its subsequent amendments, and Title 17, Section 2505, of the California Code of Regulations.

B. Compliance Plan and Code of Conduct

Contractor will annually read and be knowledgeable of the compliance principles contained in the BHRS Compliance Plan and Code of Conduct located at http://smchealth.org/bhrs-documents. In addition, Contractor will assure that Contractor's workforce is aware of compliance mandates and informed of the existence and use of the BHRS Compliance Improvement Hotline (650) 573-2695.

Contractor is required to conduct, complete and maintain record of annual compliance training by all staff serving or accessing PHI of BHRS clients. Contractor may utilize BHRS Confidentiality trainings located at http://smchealth.org/bhrs/providers/ontrain.

C. Cultural Competency

Contractor shall use good faith efforts to translate health-related materials in a culturally and linguistically appropriate manner. At least once per year and upon request, Contractor shall provide to County copies of Contractor's health-related materials in English and as translated.

D. Ineligible Employees

BHRS requires that Contractors identify the eligibility status to bill for Medi-Cal services of ALL employees, interns or volunteers prior to hiring and on an annual basis thereafter. These records should be maintained in the employee files. This process is meant to ensure that any person involved with delivering services to clients of BHRS or involved in Medi-Cal billing or oversight are not currently excluded, suspended, debarred or have been convicted of a criminal offense as described below.

The Contractor must notify BHRS Quality Management (by completing the BHRS Critical Incident Reporting form, Policy #93-11 and faxing to 650-525-1762) should a current employee, intern or volunteer be identified as ineligible to bill Medi-Cal services. Contractors are required to screen for ineligible employees, interns and volunteers by using the following websites:

1. Office of Inspector General
   Contractor may not employ any persons deemed an Ineligible Person by the Office of the Inspector General in the provision of services for the County through this Agreement. Any employee(s) of Contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County of San Mateo clients or operations. An "Ineligible Person" is an individual who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility. Ineligibility may be verified by checking: http://exclusions.oig.hhs.gov/.

2. California Department of Health Care Services

Contractor providing state funded health services may not employ any persons deemed an Ineligible Person by the California Department of Health Care Services (DHCS) in the provision of services for the County through this Agreement. Any employee(s) of Contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who has been (1) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (2) suspended from the federal Medicare program for any reason. Ineligibility may be verified by checking: http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp. Once there, scroll down to the bottom of the page and click on Medi-Cal Suspended and Ineligible Provider List (Excel format). The list is in Alphabetical order. Search by the individual's last name.

E. Availability and Accessibility of Service

Contractor shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees, if the Contractor also serves enrollees of a commercial plan, or that are comparable to the hours the Contractor makes available for Medi-Cal services that are not covered by the County or another Mental Health Plan, if the Contractor serves only Medi-Cal clients.

1. PERFORMANCE OBJECTIVES

a. Mental Health Services
Ninety-two percent (92%) of monthly electronic tape billing data files deliveries will be made within ninety (90) days of the end of the month.

b. Correctional Health Services
A minimum of ninety-five percent (95%) of results of routine tests with a twenty-four (24) hour turn-around result time will be provided within twenty-four (24) hours of receipt of specimen.

*** END OF EXHIBIT A ***

EXHIBIT B3 – PAYMENTS AND RATES
LABORATORY CORPORATION OF AMERICA
FY 2010 – 2017

In consideration of the services provided by Contractor in Exhibit A3, County shall pay Contractor as described in this Exhibit B3. All payments under this Agreement must directly support services specified in this Agreement.

I. Agreement Maximum – All Services

A. Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the combined sum of ONE MILLION FIFTY-FIVE THOUSAND SEVEN HUNDRED SIXTY-TWO DOLLARS ($1,055,762) for services provided to Mental Health Services and Correctional Health Services for the term of this Agreement.

B. Mental Health Services

1. Maximum Obligation

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of THREE HUNDRED TWENTY-EIGHT THOUSAND SEVEN HUNDRED SIXTY-TWO DOLLARS ($328,762) for services provided to Mental Health Services as described in Exhibit A3 of this Agreement. This refers to the amount due from the County by means of invoice and does not include third party payments (i.e. Medicare, Medi-Cal and other third party payments). Services shall be billed on a fee-for-service basis. Mental Health Services Division shall be billed based on the fees set forth in Attachment C. Billed costs shall be inclusive of supplies, transport service, analysis of specimens, technical assistance, and any other services or supplies required for the provision of laboratory services as described in Exhibit A3 of this agreement.

2. Contractor shall charge the fees as set forth in Attachment C.

C. Correctional Health Services

1. Maximum Obligation

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than the sum of SEVEN HUNDRED TWENTY-SEVEN THOUSAND DOLLARS ($727,000) for services provided to Correctional Health Services as described in Exhibit A3 of this Agreement. Services shall be billed on a fee-for-service basis. Correctional Health Services shall be billed according to the fees set forth in Attachment C. Billed costs shall be inclusive of supplies, transport service, analysis of specimens, technical assistance, and any other services or supplies required for the provision of laboratory services as described in Exhibit A3 of this agreement.

2. Contractor shall charge the fees set forth in Attachment C.

II. Fee Schedule – All Services

Prices for tests shall be as established in Attachment C incorporated by reference herein.

III. Additional terms

A. All Services

1. The Chief of the Health System is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than $25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions. Such modifications and changes shall be made upon mutual written agreement of County and Contractor.

2. Budget modifications may be approved by the Chief of the Health System or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.

3. If County finds that performance is inadequate, at the County's discretion, a meeting may be called to discuss the causes for the performance problem, and this Agreement may either be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 4 of this Agreement.

4. In the event this Agreement is terminated prior to June 30, 2017, the Contractor shall be paid for services already provided pursuant to this Agreement.

5. In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

6. County anticipates revenues from various sources to be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for any period of this Agreement, the maximum payment obligation and/or payment obligations for specific services may be reduced at the discretion of the Chief of the Health System or designee.

B. MENTAL HEALTH SERVICES

1. Contractor shall maintain separate accounts for each Mental Health service site. Information from separate accounts shall be provided as agreed upon by Contractor and Mental Health. Accounts may be added or deleted as requested by Mental Health Services. Additional accounts may be added for individual Mental Health contract providers, as requested by Mental Health Services.

2. Billing

   Contractor shall bill County or applicable parties for all tests performed on behalf of clients, as described below.

   a. For clients receiving services at Mental Health clinics, third party billing information will be provided to the contractor via printed labels. Contractor shall be responsible for collection of third party billing information from clients who receive services at contractor laboratory sites. County shall be responsible for promptly providing Contractor with required diagnosis code information.

   b. Costs for services provided at the request of Mental Health for clients who are indigent shall be billed directly to County.

c. Services for clients who have Medi-Cal, Health Plan of San Mateo ("HPSM") Healthy Families, HPSM Healthy Kids, HPSM HealthWorx, and/or HPSM Care Advantage insurance coverages shall be billed directly to the HPSM. Services for clients with Medi-Cal coverage that were not requested by Mental Health shall be billed to the HPSM.

d. Services for Medicare covered clients will be billed to Medicare to their respective Medicare providers.

e. Contractor is responsible for billing for all tests performed on behalf of clients who are insured by HPSM and those private insurance companies listed on Attachment A – Participating Health Plans.

f. County has no financial responsibility for services provided to beneficiaries of HPSM or where there is a responsible third party payor as listed on Attachment A, unless Contractor is unable to obtain payment from any third party due to County's failure to provide the information required in this Agreement or as a result of County's failure to follow applicable rules or regulations, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement.

g. Contractor is responsible for the collection of applicable share of cost, deductibles and co-payments for clients with third-party insurance coverage.

h. For services that cannot be billed by one of the options described above, Contractor shall bill the County. Under no circumstances shall Contractor bill clients directly for services, except for applicable share of cost, deductibles and co-payments as described in III.B.2.g., above, of this Exhibit B3.

3. Medi-Cal funding Source Change

At the time of signing of this Agreement, categorical funding for BHRS clients with Medi-Cal coverage is being provided to BHRS from the State Department of Mental Health. It is anticipated that, as of or near to July 1, 2010, this categorical funding will not be provided directly to BHRS, but will be provided through the HPSM.

4. Invoices and Electronic Tape Billing Data File

a. Contractor shall provide a monthly customized electronic tape billing data file in an ASCII format. This file shall include costs for all laboratory test services performed under this Agreement for Mental Health Services, as referenced in Exhibit A3, for those charges to be billed directly to County. These electronic tape billing data files shall include only those data elements identified in Attachment D. These electronic tape billing data files are due within twenty (20) days from the end of the service month, and shall be submitted via email to both:

Doreen Avery, Business Systems Manager at davery@smcgov.org, and
Kathleen Luisotti, at kluisotti@smcgov.org.

Payment for services shall be contingent upon timely receipt of electronic tape billing data files. These electronic tape billing data files will serve as the monthly invoice for billing. Files received more than thirty (30) days late shall be subject to a payment penalty as described in Paragraph III.B.4. of this Exhibit B3.

b. Payment shall not be made for services that are invoiced more than six (6) months after the date of service.

5. Payment Penalty

A payment penalty will be imposed for the late delivery of the electronic tape billing data files, as defined in Paragraph III.B.4. of this Exhibit B3. The monthly payment due to Contractor from County for services provided to Mental Health Services shall be reduced by ten percent (10%) from the original invoiced amount for every thirty (30) day period past the due date in which delivery of the electronic tape billing date file does not occur.

6. Contractor shall not submit a claim to, demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any laboratory or related administrative services provided under this contract except to collect other third-party health insurance coverage, share of cost and co-payments, as applicable. The Contractor shall not hold beneficiaries liable for debts in the event that the County becomes insolvent, for costs of covered services for which the State does not pay the County, for costs of covered services for which the State or the County does not pay the Contractor, for costs of covered services provided under this or other contracts, referral or other arrangement rather than from the County, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.

7. Claims Certification and Program Integrity

   a. To the extent applicable to a reference clinical laboratory and to the extent required by the authority referenced in this Paragraph III.B.6.a., Contractor shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604, 438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.

   b. Contractor shall use reasonable commercial efforts to ensure that claims submitted in connection with this Agreement are accurate and comply with applicable terms of this Agreement. Services shall be offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability and the services included in the claim were actually provided to the beneficiary.

c. Except as provided in Paragraph II.A. of Exhibit A3 relative to medical records, Contractor agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. Contractor agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives, and/or the County.

C. CORRECTIONAL HEALTH SERVICES

1. Invoicing

a. Contractor shall bill directly to Correctional Health Services for laboratory services performed. Invoices shall be submitted in hard copy and in conformity with usual and customary billing methods. Invoices shall be sent to: Director, 300 Bradford Street, Redwood City, CA 94063.

b. Monthly invoices shall include the following data elements: Patient Identification Number, if provided by County, Test Date, Billed Price, Service Name, and Client Name. Invoices shall include all services performed during the month being invoiced.

c. Contractor shall maintain two separate accounts for each Correctional Health Services site. Information from separate accounts shall be provided as agreed upon by Contractor and Correctional Health Services.

*** END OF EXHIBIT B ***

ATTACHMENT C

Test Code	Test Name	Fee
000604	Cl+K+Na	$ 4.35
000810	Vitamin B12 and Folate	$ 18.40
001016	Calcium, Serum	$ 3.70
001024	Phosphorus, Serum	$ 3.70
001032	Glucose, Serum	$ 3.70
001040	BUN	$ 3.70
001057	Uric Acid, Serum	$ 3.70
001065	Cholesterol, Total	$ 3.70
001073	Protein, Total, Serum	$ 3.70
001081	Albumin, Serum	$ 3.70
001099	Bilirubin, Total	$ 3.70
001107	Alkaline Phosphatase, S	$ 3.70
001115	LDH	$ 3.70
001123	AST (SGOT)	$ 3.70
001149	Thyroxine (T4)	$ 4.75
001156	T3 Uptake	$ 4.20
001172	Triglycerides	$ 3.70
001180	Potassium, Serum	$ 3.70
001198	Sodium, Serum	$ 3.70
001206	Chloride, Serum	$ 3.70
001214	Bilirubin, Total/Direct, Serum	$ 4.02
001222	Bilirubin, Direct	$ 3.70
001321	Iron and TIBC	$ 8.70
001339	Iron, Serum	$ 3.70
001362	Creatine Kinase,Total,Serum	$ 3.70
001370	Creatinine, Serum	$ 3.70
001396	Amylase, Serum	$ 5.55
001404	Lipase, Serum	$ 4.75
001503	Vitamin B12	$ 10.00
001529	Carotene, Beta	$ 18.15
001537	Magnesium, Serum	$ 5.00
001545	ALT (SGPT)	$ 3.70
001560	Ceruloplasmin	$ 6.60
001578	Carbon Dioxide, Total	$ 3.70
001818	Glucose, Plasma	$ 3.70
001917	G-6-PD, Quant, Blood and RBC	$ 40.45
001925	HDL Cholesterol	$ 4.75

Test Code	Test Name	Fee
001958	GGT	$ 3.70
001974	Thyroxine (T4) Free, Direct, S	$ 7.90
002014	Folate (Folic Acid), Serum	$ 8.40
002030	Aldolase	$ 5.55
002139	CEA	$ 13.40
002188	Triiodothyronine (T3)	$ 13.40
002253	AFP, Serum, Tumor Marker	$ 10.80
003004	Creatinine Clearance	$ 8.40
003012	Creatinine, 24-Hour Urine	$ 6.85
003038	Urinalysis, Routine	$ 3.95
003053	Porphobilinogen, Qn, Random Ur	$ 37.05
003079	Myoglobin, Urine	$ 16.55
003277	Protein Total, Qn, 24-Hr Urine	$ 4.75
003376	Glucose, Quantitative, Urine	$ 5.55
003384	Urinalysis (No Micro)	$ 3.70
004020	DHEA-Sulfate	$ 17.60
004036	Pregnancy Test, Urine	$ 8.15
004051	Cortisol	$ 10.00
004226	Testosterone, Serum	$ 15.00
004234	Metanephrines, Frac, Qn, 24-Hr	$ 27.60
004259	TSH	$ 24.45
004283	Luteinizing Hormone(LH), S	$ 12.60
004309	FSH, Serum	$ 12.60
004416	hCG,Beta Subunit, Qnt, Serum	$ 10.00
004465	Prolactin	$ 14.20
004515	Estradiol	$ 23.90
004556	hCG,Beta Subunit,Qual,Serum	$ 7.90
004598	Ferritin, Serum	$ 7.65
004804	Calcium, Ionized, Serum	$ 10.00
005009	CBC With Differential/Platelet	$ 6.85
005017	CBC, No Differential/Platelet	$ 6.85
005041	Hemoglobin	$ 4.50
005199	Prothrombin Time (PT)	$ 3.70
005207	PTT, Activated	$ 3.70
005215	Sedimentation Rate-Westergren	$ 5.00
005280	Reticulocyte Count	$ 6.85
005300	Hematopath Consultation, Smear	$ 26.10
006015	Antibody Screen	$ 7.90
006031	Antistreptolysin O Ab	$ 5.00
006049	ABO Grouping and Rho(D) Typing	$ 13.70

Test Code	Test Name	Fee
006056	ABO Grouping	$ 6.85
006064	Rh Factor	$ 6.85
006072	RPR	$ 5.00
006189	Mononucleosis Test, Qual	$ 8.40
006197	Rubella Antibodies, IgG	$ 8.40
006379	T pallidum Ab (FTA-Ab)	$ 10.80
006395	Hep B Surface Ab	$ 8.95
006478	Toxoplasma gondii Ab, IgG, Qn	$ 37.05
006502	Rheumatoid Arthritis Factor	$ 5.55
006510	HBsAg Screen	$ 6.85
006627	C-Reactive Protein, Quant	$ 6.85
006668	Anti-Smooth Muscle/Mitochond.	$ 86.90
006676	Thyroid Peroxidase (TPO) Ab	$ 8.40
006684	Thyroid Antibodies	$ 18.65
006685	Thyroglobulin Antibody	$ 10.25
006692	Antithyroglobulin Ab	$ 10.25
006694	Thyroglobulin, Serum	$ 12.10
006705	Thyroglobulin by IMA	$ 12.10
006718	Hep B Core Ab, Tot	$ 7.90
006726	Hep A Ab, Total	$ 7.90
006734	Hep A Ab, IgM	$ 10.50
007039	Arsenic Exposure Profile, Ur	$ 47.55
007054	Ammonia, Plasma	$ 12.35
007187	Carbon Monoxide, Blood	$ 13.40
007237	Ethanol, Urine	$ 35.45
007260	Valproic Acid (Depakote),S	$ 13.40
007336	Theophylline, Serum	$ 13.40
007393	Nortriptyline (Aventyl), Serum	$ 18.90
007401	Phenytoin (Dilantin), Serum	$ 12.35
007419	Carbamazepine(Tegretol), S	$ 13.40
007476	Amitriptyline (Elavil), Serum	$ 19.95
007609	Doxepin (Sinequan), Serum	$ 23.40
007625	Lead, Blood (Adult)	$ 11.05
007708	Lithium (Eskalith), Serum	$ 6.85
007740	Acetaminophen (Tylenol), S	$ 22.05
007773	Mercury, Urine	$ 43.60
007823	Phenobarbital, Serum	$ 14.45
007856	Primidone (Mysoline), Serum	$ 25.20
007989	Diazepam (Valium), Serum	$ 23.40
008540	Gram Stain	$ 8.70

Test Code	Test Name	Fee
008623	Ova + Parasite Exam	$ 14.70
008629	Ova + Parasite Exam, Urine	$ 14.70
008649	Aerobic Bacterial Culture	$ 12.35
008847	Urine Culture, Routine	$ 8.95
009100	Pap Smear, 1 Slide	$ 16.55
010272	EBV Nuclear Antigen Ab, IgG	$ 17.85
010322	Prostate-Specific Ag, Serum	$ 13.40
010389	Triiodothyronine,Free,Serum	$ 23.10
012005	RPR, Rfx Qn RPR/Confirm TP-PA	$ 5.00
012708	Sjogren's Ab, Anti-SS-A/-SS-B	$ 24.95
013664	Protein,Total,Urine	$ 4.75
013672	Creatinine, Urine	$ 6.85
015602	Bilirubin, Total, Neonatal	$ 3.70
016881	Hep B Core Ab, IgM	$ 10.00
017996	Ethanol, Blood	$ 24.95
024778	BUN+Creat	$ 4.02
028142	CBC, Platelet; No Differential	$ 4.50
038120	Prenat Infect Dis Ab, IgG, Qn	$ 142.30
042045	TgAb+Thyroglobulin,IMA or LCMS	$ 10.25
042060	TgAb+Thyroglobulin,IMA or RIA	$ 10.25
042100	Thyroglobulin Reflex Profile	$ 10.25
070001	Testosterone, Serum, LC/MS/MS	$ 15.00
070482	Haloperidol (Haldol), Serum	$ 17.85
071282	Amphetamine Confirmation, Ur	$ 38.60
071290	Barbiturate Confirmation, Ur	$ 38.60
071308	Benzodiazepine Confirmation,Ur	$ 38.60
071316	Cannabinoid Confirmation, Ur	$ 38.60
071324	Cocaine Metabolite Confirm,Ur	$ 38.60
071456	Opiate Confirmation, Urine	$ 38.60
071464	Phencyclidine, Confirm, Urine	$ 38.60
074401	Amphetamine Screen, Urine	$ 8.70
074567	Propoxyphene Confirmation, Ur	$ 38.60
083824	Panel 083824	$ 9.45
083870	Panel 083870	$ 9.45
096164	Isohemagglutinin Titer	$ 35.80
096230	EBV Ab VCA, IgG	$ 16.55
096248	EBV Early Antigen Ab, IgG	$ 16.55
096339	Anti-dsDNA Antibodies	$ 13.40
096727	Cytomegalovirus (CMV) Ab, IgM	$ 45.45
096925	T-Lymphocyte Helper/Suppressor	$ 406.35

Test Code	Test Name	Fee
100768	Glom Filt Rate, Estimated	$ 3.70
102004	Gestational Glucose Tolerance	$ 14.45
102277	Gest. Diabetes 1-Hr Screen	$ 5.55
104018	Cortisol - AM	$ 10.00
120832	Troponin I	$ 27.60
121679	Hgb Frac. Profile	$ 17.60
123836	Lipid Cascade w Graph	$ 6.30
140050	Microalbumin, 24 hr Urine	$ 6.30
140659	HCV Antibody	$ 24.45
140749	Thyroid Stim Immunoglobulin	$ 55.15
143404	Cancer Antigen (CA) 15-3	$ 15.75
144045	HCV Antibody reflex to NAA	$ 24.45
144065	HCV Ab w/Rflx to Alternate Ab	$ 24.45
160101	Hepatitis B Core Ab W/Reflex	$ 7.90
161000	Panel 161000	$ 9.45
161455	Anti-Jo-1	$ 19.95
162289	H. pylori IgG, Abs	$ 17.85
162388	Antineutrophil Cytoplasmic Ab	$ 22.05
163147	HSV Type 2-Specific Ab, IgG	$ 24.45
163402	Gliadin IgG/IgA Ab Prof, EIA	$ 27.60
164806	HSV, IgM I/II Combination	$ 22.05
164855	Antinuclear Antibodies Direct	$ 7.90
164880	Antinuclear Ab Reflex Cascade	$ 7.90
180098	Chlamydia/GC Amplification	$ 57.55
180803	Aerobic Cult, Extend Incubat	$ 12.35
182877	QuantiFERON In Tube	$ 60.65
183016	Cryptococcus Antigen, CSF	$ 38.15
183025	Cryptococcus Antigen, Serum	$ 38.15
183048	Crypto Ag, CSF, Rebaseline	$ 38.15
183060	Crypto Ag, Serum, Rebaseline	$ 38.15
183194	Chlamydia/GC Amplification	$ 57.55
183616	Chlamydia/GC NAA, Confirmation	$ 57.55
188078	Chlamydia trachomatis, NAA	$ 25.50
188080	Chlamydia, Conjunctiva, NAA	$ 25.50
188086	Neisseria gonorrhoeae, NAA	$ 32.05
188130	Strep Gp B Culture	$ 43.05
188132	Strep Gp B NAA	$ 82.70
188135	Strep Gp B Culture+Rflx	$ 43.05
188139	Strep Gp B NAA+Rflx	$ 82.70
188672	Ct/GC NAA, Rectal	$ 57.55

Test Code	Test Name	Fee
188698	Ct/GC NAA, Pharyngeal	$ 57.55
188706	Ct NAA, Rectal	$ 25.50
188714	Ct NAA, Pharyngeal	$ 25.50
188730	GC NAA, Rectal	$ 32.05
188748	GC NAA, Pharyngeal	$ 32.05
202945	Prenatal Profile I	$ 48.70
205500	Bilirubin Fraction, Neonatal	$ 4.02
225920	Protein Elec + Interp, Serum	$ 11.05
235945	Varicella Zoster Abs, IgG/IgM	$ 90.60
270461	Finger/Heel Stick	$ 6.00
270466	Stat Service	$ 11.05
302085	Comp. Metabolic Panel (12)	$ 7.25
303754	Electrolyte Panel	$ 4.67
303755	Hepatic Function Panel (6)	$ 5.32
303756	Lipid Panel	$ 6.30
303758	Basic Metabolic Panel (7)	$ 5.64
310900	Comp. Metabolic Panel (13)	$ 7.58
322000	Comp. Metabolic Panel (14)	$ 7.90
322744	Hepatitis Panel (4)	$ 51.80
322755	Hepatic Function Panel (7)	$ 5.64
322758	Basic Metabolic Panel (8)	$ 5.96
322777	Renal Panel (10)	$ 6.61
333427	Microscopic Examination	$ 3.00
349829	TSH Rfx on Abnormal to Free T4	$ 24.45
361946	Lipid Cascade	$ 6.30
377069	UA with Culture Reflex	$ 3.70
480640	PSA (Reflex To Free) (Serial)	$ 17.85
503880	Thyroglobulin (TG-RIA)	$ 14.60
503905	Thyroglobulin by RIA	$ 12.10
505008	Helper T-Lymph-CD4	$ 33.10
550070	HCV RT-PCR, Quant (Graph)	$ 151.20
550296	HCV RT-PCR, Quant	$ 151.20
550420	RNA, Real Time PCR (Graph)	$ 118.15
550466	Quant, RNA PCR	$ 118.15
550515	HCV RT-PCR, Quant	$ 151.20
550713	HCV RNA NAA Qualitative	$ 128.90
550850	HCV RNA NAA Qualitative	$ 123.55
551610	HBV Real-Time PCR, Quant	$ 248.10
700070	Methadone Confirmation, Urine	$ 38.60
706440	Clozapine (Clozaril), Serum	$ 38.60

Test Code	Test Name	Fee
706465	Clomipramine, Serum	$ 22.05
706887	Fluphenazine (Prolixin), Serum	$ 33.10
706961	Methylmalonic Acid, Serum	$ 49.65
712570	Opiates Conf (GC/MS)	$ 38.60
716563	Risperidone (Risperdal), Serum	$ 27.60
716803	Carbamazepine-10,11 Epoxide	$ 43.60
716928	Oxcarbazepine (Trileptal),S	$ 11.05
717009	Lead, Blood (Pediatric)	$ 28.90
738526	ToxASSURE Select 13 (MW)	$ 125.00
789120	789120 10+Alc-Bund	$ 27.60
790350	Mephedrone, MDPV, Methylone	$ 131.25
790600	Compliance Drug Analysis, Ur	$ 150.00
790742	Synthetic Cannabinoids, Urine	$ 58.00
791704	Bld Drugs of Abuse 8+Alc, WB	$ 158.30
794370	Drug Profile, Ur, 9 Drugs	$ 19.95
808514	Venlafaxine (Effexor)	$ 82.70
910339	Litholink CMP14+P	$ 8.22
977709	CBC/Diff Ambiguous Default	$ 6.85
996660	Drawing Fee	$ 6.00
996662	Draw Fee (Fingerstick)	$ 6.00
997401	Capillary Draw	$ 6.00
998085	Venipuncture	$ 6.00
998205	Vendor Phlebotomy Fee	$ 6.00
998807	Blood Drawing	$ 6.00
S00001	Sensitivity Organism #1	$ 8.40
S00002	Sensitivity Organism #2	$ 8.40
S00003	Sensitivity Organism #3	$ 8.40
S00004	Sensitivity Organism #4	$ 8.40
S00005	Sensitivity Organism #5	$ 8.40

For the Services ordered by County and performed by Contractor that are not set forth above, County agrees to pay the fees set forth in Contractor's current Professional Fee Schedule, as modified from time to time by Contractor, less a fifty-five percent (55%) discount on all discountable items.

Attachment D
Monthly Invoice Billing Field Layout

1. Client Number
2. Claim Status Code
3. Date of payment or adjustment
4. Adjustment reason code
5. Specimen number
6. LabCorp assigned test number
7. Date specimen was collected
8. Test description on invoice
9. Test price
10. Ordering Physician Name
11. Patient Name
12. Patient Number
13. Patient Sex
14. Patient DOB
15. CPT Code
16. ICD9 Code
17. Other
18. Other Payor Paid