

Amendment 2014-1

Medi-Cal Medical Services Agreement Between San Mateo Health Commission d/b/a Health Plan of San Mateo And San Mateo Medical Center

This Amendment to the Medi-Cal Medical Services Agreement is made this 1st day of January, 2014, by and between the San Mateo Health Commission, a public entity, hereinafter referred to as "PLAN", and the County of San Mateo, San Mateo County Health System, San Mateo Medical Center hereinafter referred to as "COUNTY."

Recitals

WHEREAS, PLAN and COUNTY have entered into an agreement effective September 9, 2008 for the delivery of Covered Services to PLAN's Medi-Cal members; and

WHEREAS, PLAN maintains a Medi-Cal Services Contract with the State of California, Department of Health Care Services; and

WHEREAS, PLAN's contract with the State of California, Department of Health Care Services, has been amended for consistency with Welfare & Institutions Code § 14301.5;

NOW, THEREFORE, PLAN and HOSPITAL hereby agree as follows:

New Subsection 6.1.3

Section 6 of the Agreement, "Payments and Incentives", is amended to include a new subsection 6.1.3, to read:

"6.1.3 New Adult Expansion

In addition to the Guaranteed Payment, the PLAN shall pay COUNTY seventy-five percent (75%) of the rate range increases provided to the PLAN pursuant to Welfare & Institutions Code § 14301.5 by the State of California, Department of Health Care Services, with respect to New Adult Expansion Members in the Medi-Cal program as additional payments to COUNTY for providing and making available public health system services to Medi-Cal enrollees of PLAN. The rate range increases shall be paid to COUNTY within thirty (30) days of receipt from the State."

Effective Date

This amendment shall be deemed effective as of January 1, 2014.

Incorporation of Agreement Rights, Duties and Obligations

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

PLAN:

By: 

Signature

Name: Ron Robinson

Title: Director Finance

Date: 3.19.14

COUNTY:

By: _____

Signature

Name: _____

Title: President, Board of Supervisors, San Mateo County

Date: _____