

## Contract Summary Form

Master Agreement for Provision of Medical Safety Net Program Clinic Services

### SUMMARY OF SIGNIFICANT CHANGES

1. Non-standard language provision – Mutual indemnification language has been inserted into the Indemnification and Insurance Paragraph of the Agreement, as reviewed and approved by County Counsel and Risk Management. See Risk Management Waiver Attachment L to ASR #18-000926.

### SUBCONTRACTORS

**This contract does not currently include subcontractors or pass through to other providers.**

### CONTRACT OPERATING EXPENSES

#### **I. PAYMENTS TO CONTRACTING CLINICS**

A. Upon approval of Clinic Claims, with the exception of Clinic Claims for dental services, the Intermediary shall reimburse these claims at one hundred percent (100%) of the estimated CalOptima rate, less required co-payments to be collected by CONTRACTOR.

B. Claims for dental services shall be reimbursed at most recent version of State Medi-Cal (Denti-Cal) rates, less required co-payments to be collected by CONTRACTOR.

C. Required co-payments to be collected by CONTRACTOR are as follows:

1. CONTRACTOR shall collect a sixty dollar (\$60) co-payment from MSN Enrollees for each clinic visit.

a. If CONTRACTOR offers laboratory and/or radiology services and these services are provided on the same day as the Clinic Services, CONTRACTOR shall collect only the Clinic Services co-payment.

b. If CONTRACTOR offers laboratory and/or radiology services and these services are provide on a different day than the Clinic Services, CONTRACTOR shall also collect a co-payment from MSN Enrollees also receiving these services as follows:

1) \$45 for laboratory services (including blood draw if lab samples are sent off site)

2) \$65 for radiology services

2. Regardless of the number of services or visits provided in a single day, only one (1) co-payment may be collected per day for services provided at CONTRACTOR's facility.

D. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Payments to Contracting Clinics Paragraph of this Exhibit B to the Agreement.

## **II. PAYMENTS FOR OUTPATIENT PHARMACY SERVICES**

A. If CONTRACTOR elects to be an outpatient pharmaceutical provider, CONTRACTOR shall bill COUNTY's Pharmacy Benefits Manager and shall be reimbursed at rates to be negotiated by COUNTY with said Pharmacy Benefits Manager.

B. Only products identified on the MSN formulary shall be reimbursed. Products available over the counter shall not be reimbursed, including those products for which the prescribed dosage can be achieved through an increased dosage of an over the counter medication.

C. Unless otherwise directed by ADMINISTRATOR, all pharmacy claims shall be submitted electronically to COUNTY's Pharmacy Benefits Manager.

D. CONTRACTOR and ADMINISTRATOR may mutually agree, in writing, to modify the Payments for Outpatient Pharmacy Services Paragraph of this Exhibit B to the Agreement.