

Contract Cover Sheet

Section 1 - To be completed by Provider Services/Contracting ONLY

JUL 18 2013

☒ New Provider

☐ Existing Provider

☒ New Contract ☐ Amendment ☐ Other

MHC

Contract Entity St. Mary Apple Valley Medical Center

Effective Date of Contract: 7/15/2013

TAX ID: 95-1914489

Sent Date:
(If hand delivered enter delivery date)

7/11/2013

Received Date:
(returned for countersignature)

7/15/2013

County: ☐ Los Angeles ☒ Inland Empire ☐ Sacramento ☐ San Diego

Contract Type: ☐ Group/IPA ☐ PCP ☒ Hospital ☐ Ancillary ☐ Specialist

For Group/IPA or PCP: Click to Select Tier Enrollment Level

Contract Negotiator: Milaine Isaac
☐ Other

Product Lines & Rates

☒ MEDI-CAL

☐ PMPM
☐ % Medi-Cal FFS*
☐ % Medicare FFS*

*Default Comp.:
☒ CUSTOM (refer to contract)

☒ CalConnect (Integrated Duals)

☐ PMPM
☐ % Medi-Cal FFS*
☐ % Medicare FFS*

*Default Comp.:
☒ CUSTOM (refer to contract)

Other: CFAD Informational Only

☐ PMPM
☐ % Medi-Cal FFS*
☐ % Medicare FFS*

*Default Comp.:
☐ CUSTOM (refer to contract)

Rate Change: ☐ YES ☒ NO If yes, overall increase: %

Configuration Required: ☒ YES ☐ NO

Is Contract/Amendment for all Products: ☒ YES ☐ NO If no, provide explanation:

Has the MHC Contract/Amendment template been modified: ☒ YES ☐ NO If yes, attach redline version indicating all changes

☒ Contract Proofing Checklist fully completed and attached

(N/A for Settlements/Amendments that do not require both parties signature)

Provider Services & Contracting Sign-Off:

Contract Negotiator or Manager:

Contracting Director:



SECTION 2 - To be completed by Contract Administration ONLY

CATS Tracking Number:

Contract sent to Molina signatory for countersignature:

Contract received fully executed:

CCRF sent to MHC BA department (if applicable):

CCRF completed/closed (if applicable):

PIM Notified (if applicable):

PIM Update Completed and returned to Contract Admin (if applicable):

BA returned CCRF back to Contract Admin (if applicable):

Update appropriate Master List (IPA, Primary Care, Specialty, Hospital,

Return one contract back to Provider with welcome letter:

Contract Uploaded to CAD SharePoint:

Contract Uploaded to Emptoris:

Emptoris Contract ID:

☒ YES, Date:

☒ YES, Date:

☒ YES, Date:

☒ YES, Date:

☒ YES, Date:

☐ YES, Date:

☒ YES, Date:

☒ YES, Date:

☒ YES, Date:

☒ YES, Upload Date:

☒ YES, Upload Date:

14914
7/29/13
7.30.13
7.30.13
8.1.13
N/A
N/A
9.3.13
9.4.13
9.11.13
9.9.13
9.9.13

Cover Sheet Reviewed By: Shelvin Allen

Contract Administration Manager: Melissa

Notes:

7/18/13
7/29/13

Contract Proofing Checklist

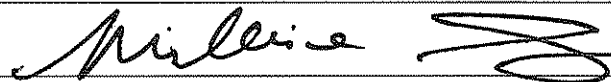
CONTRACT
ENTITY: St. Mary Apple Valley Medical Center **EFFECTIVE DATE:** 7/15/2013
TAX ID: 95-1914489
CONTRACT TYPE: ☐ IPA ☐ PCP ☒ Hospital ☐ Specialty ☐ Ancillary

For New Agreements/ Model K's – All verifications are required (1-18) unless noted otherwise.
For Amendments – Items 1-11 are required unless noted otherwise.
For all other documents, refer to Contract Proofing Checklist - Verification Reference Sheet for listing of required verifications by document type.

#	QA		VERIFICATIONS QA1 Performed By Provider Services & Contracting QA2 Performed By Contract Administration
	1	2	
	✓	✓	
1	✓	✓	Non-Emptoris Contract and/or Non Standard Provisions: <input type="checkbox"/> YES-approval documentation attached ✓ NO
2	✓	✓	Minimum of one complete set of original agreements/amendments are signed by provider.
3	✓	✓	No unauthorized changes to contract language entered by provider, e.g., strike-out, white-out, other annotations.
4	✓	✓	Contract Cover Sheet attached. And, if applicable: Product Lines and Rates information matches w/contract.
5	✓	✓	Attached a copy of the cover letter sent with proposed agreement to provider, and any other key correspondence for contract file as provided by Provider Contracting & Services.
6	✓	✓	Non Standard Compensation negotiated: <input type="checkbox"/> YES-approval documentation attached ✓ NO (N/A for amendments that do not contain compensation section).
7	✓	✓	BA approved draft review of contract: ✓ YES-approval documentation attached <input type="checkbox"/> NO (N/A for unilateral amendments).
8	✓	✓	Product/Programs and Compensation Schedule are consistent - rates have been negotiated for all designated lines of business, and vice versa. (N/A for amendments that do not contain this section).
9	✓	✓	All pages of Compensation Schedule are initialed (N/A for amendments that do not contain this section).
10	N/A	<input type="checkbox"/>	Disclosure Form is fully completed and signed. (N/A for amendments that do not contain this section).
11	✓	<input type="checkbox"/>	Negotiated product line(s) is consistent with provider type and/or physician practice restrictions. (N/A for amendments that do not contain Product Lines section).
12	N/A	<input type="checkbox"/>	Provider Identification Sheet is fully completed and signed.
13	N/A	<input type="checkbox"/>	Certificate of Ownership is fully completed and signed.
14	N/A	<input type="checkbox"/>	W-9 attached / Legal Entity Name is the same on W-9, Agreement, and Cover Sheet & Proofing Checklist.
15	N/A	<input type="checkbox"/>	CPPA/HDO Application(s) submitted to Credentialing Dept (if applicable): Date submitted: 10/4/2011 # of apps: 1
16	N/A	<input type="checkbox"/>	Provider Data Form (PDF) and/or Group Roster attached (New Agreements - PCP & Specialists).
17	N/A	<input type="checkbox"/>	Hospital/facility privileges consistent with contracted network of hospitals/facilities (New Agreements- PCP & Specialists).
18	N/A	<input type="checkbox"/>	Hospital privileges consistent with PDF and credentialing form (New Agreements-Direct PCP & Specialists).
19	N/A	<input type="checkbox"/>	Due Diligence IPA Pre-contractual Application complete and submitted to Provider Compliance Department (IPA only). Date submitted:

All required verifications performed as indicated above.
QA 1 – Contract Negotiator or Manager

(Signature and date):

 7/16/2013

QA 2 – Contract Administration

(Signature and date):

 7/18/13

***FOR CONTRACT ADMINISTRATION USE ONLY (for rejection only)**
☐ QA REJECTION By: _____ Date: _____

Rejection Reason:

Approved By Contract Administration Manager:

**AMENDMENT TO
MOLINA HEALTHCARE OF CALIFORNIA
HOSPITAL SERVICES AGREEMENT**

This Amendment to the Hospital Services Agreement (the "Amendment") is entered into by and between Molina Healthcare of California ("Health Plan"), and **St. Mary Medical Center – Apple Valley** ("Provider"), with respect to the following facts:

RECITALS

- A. The parties have previously entered into that certain Hospital Services Agreement dated **September 1, 2011** (the "Agreement").
- B. The parties hereby agree to amend the Agreement in accordance with the terms and conditions of this Amendment.

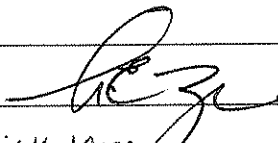
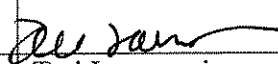
Now, therefore, in consideration of the promises, covenants and warranties stated herein, Health Plan and Provider agree as follows:

- 1. Attachment D (Compensation Schedule) is hereby deleted in its entirety and replaced with a new Attachment D (Compensation Schedule) as attached hereto and incorporated herein.
- 2. Use of Defined Terms. Terms utilized in this Amendment shall have the same meaning set forth in the definitions of the Agreement.
- 3. Full Force and Effect. Except as specifically amended by this Amendment, the Agreement shall continue in full force and effect.
- 4.

IN WITNESS WHEREOF, the undersigned parties hereby agree to this Amendment as of the date first set forth above.

St. Mary Medical Center – Apple Valley

Molina Healthcare of California

Provider Signature		Molina Signature	
Signatory Name (Printed)	Rick Iqbal	Signatory Name (Printed)	Teri Lauenstein
Signatory Title (Printed)	VP, Contracting	Signatory Title (Printed)	Vice President, Plan Chief Operations Officer
Signatory Date	7/11/2013	Signatory Date	7/29/13

ATTACHMENT D

Compensation Schedule

St Mary Medical Center – Apple Valley
Effective July 15, 2013 – July 14, 2014

Health Plan agrees to compensate Provider for Clean Claims for Covered Services rendered to Members, in accordance with programs as specified in Attachment C, on a fee-for-service basis, at the lesser of; (i) Providers allowable charges or (ii) the amounts set forth below, less any applicable Member co-payments, deductibles, co-insurance, or amounts paid or to be paid by other liable third parties, if any.

SERVICE DESCRIPTION	MEDI-CAL	MEDICARE
INPATIENT SERVICES		
Medical/Surgical/Pediatrics	\$1700 per diem	100% DRG
DOU/Telemetry	\$1700 per diem	
NICU II, III, IV / ICU /CCU	\$2200 per diem	
OB Normal Delivery	\$2900 2 day case rate, LOC thereafter	
OB C-Section Delivery	\$4000 3 day case rate, LOC thereafter	
NICU I / Boarder Baby	\$450 per diem	
Cardiac Catheterization – 1 day then LOC	\$2500 1 day then LOC	
Cardiac Pacemaker Implant	\$4000 1 day then LOC	
Cardiac Surgery (1-6 day case rate) then LOC	\$14,000 case rate	
Angioplasty/PTCA	\$2850 2 day case rate then LOC	
Additional days	LOC	
OUTPATIENT SERVICES		
Emergency Room / All other Outpatient Services	100% Medi-Cal Fee Schedule	100% Medicare Fee Schedule
Outpatient Surgery	100% Medi-Cal Fee Schedule	100% APC
Unlisted Procedures	30% of Medicare	30% of BC
Exclusions: Inpatient Implants – Revenue Codes 275, 276,278	Implants with billed charges >= \$10,000 shall be reimbursed at 40% of billed charges not to exceed \$50,000 per implant.	Implants with billed charges >= \$10,000 shall be reimbursed at 40% of billed charges not to exceed \$50,000 per implant.

During the initial term of July 15, 2013 – July 14, 2014, neither party may terminate this Agreement without cause. Thereafter, either party may terminate this Agreement pursuant to Section 4.2 – Termination without cause, by giving to the other party at least ninety (90) days written notice of termination. The termination shall become effective the first day of the month following the expiration of the notice period.

ARTICLE ONE - NOTATIONS

- 1.1 Capitalized terms utilized in this Attachment, which are not otherwise defined in this Attachment, if any, shall have the same meaning set forth in the definitions to this Agreement.
- 1.2 Unless otherwise set forth above, the stipulated Hospital Provider payment rates shall apply to all Professional Clean Claims submitted by Hospital Providers.

Business Analyst/Configuration

CCRF Cover Sheet

*CCRF Description: St Mary Medical Center – Apple Valley

*CCRF Owner: Milaine Isaac

Region/Dept: ☐LA ☐SD ☒IE ☐SAC ☐BA ☐Admin/Other

*Date Received in Business Applications: 07-18-13

*Review Completion Date by Suma: 07-22-13

*Submission Date to MHI Configuration: 07-22-13

*CCRF Tracker Info:

*MC/HF # 26635 *M-Care# 26636 *TCIM# _____

*MHI E.T.A. 8-5-13 *MHI E.T.A. 8-5-13 *MHI E.T.A. _____

*Ext. E.T.A. _____ *Ext. E.T.A. _____ *Ext. E.T.A. _____

*ARF Ref# _____

*MHI Configuration Completion Date: PROD. 08-01-13 MAPD 7-31-13

*PROD.- Submission to PIM: _____ *PIM Completion Date: _____

*MAPD- Submission to PIM: _____ *PIM Completion Date: _____

*Submission to MHC Cont Admin: 9-3-13

*MHI Configuration Analyst(s): Wendy S. Jennifer Ebinger

*Type of Update: Contracts

*LOB: ☒M-CAL ☐H-FAM ☒MAPD ☐LA-CARE ☐DUAL ☐LIHP

*Category: ☐New ☐Amendment ☐Clean-Up ☐Other

*BA Signature: [Signature] *BA QA Completion Date: 8-19-13

*TCIM/ARF Validated by submitter: _____ *Date Validated: _____

*Impact: ☒Quality ☐Financial



JUL 18 13

Received

Configuration Change Request Form (CCRF)**Section I – General Information**

State: CA

LOB: Medicaid

Other: MMOP; CFAD

Effective Date of Change: July 15, 2013

Priority of Request: High

Section II – Type of Request

Request Type: Contracts

Other:

Nature of Request: RETROACTIVE

Explanation for Retroactive Request:

Section III – Request Description

Description of Proposed Change:

Please see attached Amendment for St. Mary Apple Valley Medical Center (TIN#95-1914489). Attached is the revised Compensation Schedule. Only terms changed are Med/Surg Per Diem; DOU/Telemetry Per Diem and Inpatient Exclusions. We also removed Healthy Families LOB from Compensation Schedule. All other rates/terms remain the same as current.

Section IV – Required Information for Benefit Requests

Benefit Plan name:



Configuration Change Request Form (CCRF)

Section V – Required Information for Contract Requests

Contract name:

QMXCT09400 - HOSP - PAR - MC - ST MARY MED CTR APPLE VALLEY
QMXCT09230 - CA - HOSP - PAR - ST MARY MED CTR

Does the contract change require changes to Provider affiliation? No

What is the net result of contract changes on finalized claims? No impact

Section VI – Required Information for Fee Schedule Requests

Number of Fee Schedule requests in this CCRF:

Fee Schedule name:

QNXT Name	Excel File Name

Section VII – Required Information for MRDT Requests

MRDT Table name:

QNXT Name	Excel File Name

Section VIII – Required Approvals

Health Plan Primary Approval:

Date: 7/14/2013

Health Plan Secondary Approval:

Date: 7/22/13

Section IX – Exception Approvals

CFO Approval:

Date: 7/18/2013

Corporate Sr Executive:

Date:

Jon Doyle

From: Wendy Sgaggero
Sent: Tuesday, August 13, 2013 6:55 AM
To: Jon Doyle; Heak Keo; MHC BA Department
Cc: Wendy Sgaggero
Subject: RE: CLOSURE REQUEST: CCRF 26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

A retro report has been ran for this request and returned no results.

Any further questions please let me know.

Thanks!!!!

From: Wendy Sgaggero
Sent: Thursday, August 01, 2013 9:23 AM
To: Jon Doyle; Heak Keo; MHC BA Department
Cc: Veronica Gutierrez; Allan Saena; Wendy Sgaggero
Subject: CLOSURE REQUEST: CCRF 26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

This request has been completed; contract has been updated per CCRF .

Please review these changes in production and advise if any changes are needed.

HOSP - PAR - MC - ST MARY MED CTR APPLE VALLEY (QMXCT09400) CCRF 26635.

The other contract mentioned in this CCRF - QMXCT09230 - CA - HOSP - PAR - ST MARY MED CTR, has NOT been updated.

Any questions please let me know.

Thanks !!!

From: Heak Keo
Sent: Monday, July 22, 2013 8:44 PM
To: Wendy Sgaggero; Allan Saena; Veronica Gutierrez; Jennifer Ebinger; MHC BA Department
Subject: CCRF tracking#26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

Hello

CCRF tracking#26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

Thank you

Heak Keo
Molina Healthcare of California
MHC- Health Plan Ops
MHC- Applications Analyst I
200 Oceangate, Long Beach, CA. 90802- Suite #100

Heak Keo

From: Amy Harman
Sent: Wednesday, July 31, 2013 10:39 AM
To: Heak Keo
Cc: MHC BA Department; Deletha Foster
Subject: RE: CCRF tracking#26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

Categories: Red Category

Routing back to you Heak in Workflow. Closure email:

Updated custom contract CA - HOSP - PAR - ST MARY MED CTR, QNXT #QMXCT09230 to reflect the updated contract reimbursement for implants billed with rev codes 275,276,278. Configured it to pay at 40% of billed up to \$50,000; however it will pend for manual review for the analyst to determine if the billed charges are \$10,000 or over (they will then okay the edit and allow it to process) or under \$10,000 and bundle the line into the DRG. All other items in the contract are the same.

Amy Harman
MHI Configuration - Medicare

From: Heak Keo
Sent: Tuesday, July 30, 2013 3:36 PM
To: Amy Harman
Cc: MHC BA Department; Deletha Foster
Subject: RE: CCRF tracking#26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

Hi Amy

Yes, that is correct and you will have to pend the contract term for Manual review if claim is greater or equal to 10,000.

Thanks

Heak Keo
Molina Healthcare of California
MHC- Health Plan Ops
MHC- Applications Analyst I
200 Oceangate, Long Beach, CA. 90802- Suite #100
P: 562-499-6191 Ex: 127692/ Fax: 562-951-1500

From: Amy Harman
Sent: Tuesday, July 30, 2013 12:48 PM
To: Heak Keo
Cc: MHC BA Department; Deletha Foster
Subject: FW: CCRF tracking#26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

Hi Heak,

I'm working on CCRF 26636 and had a question. For the inpatient implants, what should happen if they bill for less than \$10,000? Is it being implied that they should bundle into the DRG payment? I just wanted to note that in the contract term in case the question arises.

Exclusions: Inpatient Implants -- Revenue Codes 275, 276, 278	Implants with billed charges >= \$10,000 shall be reimbursed at 40% of billed charges not to exceed \$50,000 per implant.	Implants with billed charges >= \$10,000 shall be reimbursed at 40% of billed charges not to exceed \$50,000 per implant.
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Thanks for the clarification!

Amy Harman
MHI Configuration - Medicare

From: Heak Keo
Sent: Monday, July 22, 2013 5:44 PM
To: Wendy Sgaggero; Allan Saena; Veronica Gutierrez; Jennifer Ebinger; MHC BA Department
Subject: CCRF tracking#26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

Hello

CCRF tracking#26635(MC) & 26636 (MMOP) - St Mary Medical Center - Apple Valley - due date 8-5-13

Thank you

Heak Keo
Molina Healthcare of California
MHC- Health Plan Ops
MHC- Applications Analyst I
200 Oceangate, Long Beach, CA. 90802- Suite #100
P: 562-499-6191 Ex: 127692/ Fax: 562-951-1500