

MHW Contracting/Configuration Approval Form – Standard FFS

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| Configuration Priority | High <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Low <input type="checkbox"/> |
| Type | Contract <input type="checkbox"/> Amendment <input type="checkbox"/> Other Document <input type="checkbox"/> Provider Update <input type="checkbox"/> |
| Provider Name | University of Washington Medical Center |
| TIN | 91-6001537 |
| Provider Roster | Submitted <input type="checkbox"/> Not Yet Submitted <input type="checkbox"/> Expected Date of Receipt: |
| Application Received | HDO <input type="checkbox"/> WPA <input type="checkbox"/> |

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|---|--|---------------|-------------------------------|
| FFS Rates (include changes in rates or participation status) | Rate Change?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Reason: | | |
| | Existing QNXT Contract?: Yes <input checked="" type="checkbox"/> No, Submitted to PS Analyst for Creation <input type="checkbox"/> | | |
| | Date New QNXT Contract Submitted | | Date New QNXT Contract Loaded |
| | | | |
| BH | | Contract Name | |
| BH+ | | Contract Name | |
| HO | | Contract Name | |
| SCHIP | | Contract Name | |
| MA-SNP/MA | | Contract Name | |
| Aged, Blind, SSI et al | | Contract Name | |

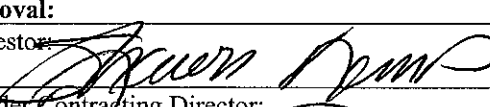
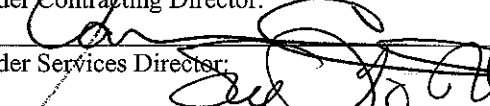
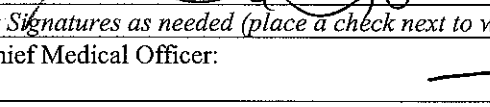
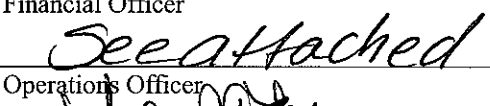

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|-----------------------------|---|
| Key Language Changes | No <input checked="" type="checkbox"/> Standard Changes <input type="checkbox"/> Nonstandard Changes Below <input type="checkbox"/> |
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Notes (List Key Changes- See instructions below for sample of key changes): NO CHANGES TO RATES.

Provider has agreed to maintain the current contract rates for contract year 2009-2010; Version 14.1 at a conversion factor of \$7, 250.

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| Committee or Exec. Approval Date | 6/2/09 | Committee or Exec Name | Jennifer Freeman & Laurel Lee via e-mail |
| Legal Approval Date (If applicable) | | Legal Staff Name | |

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|-----------------------------------|---|---|--|
| Effective Date of Contract | 7/1/09 | | |
| Retroactivity? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Claims Reprocessing Required?: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| Approval: | |
| Requestor:  | Date: 6/10/09 |
| Provider Contracting Director:  | Date: 6/10/09 |
| Provider Services Director:  | Date: 6/10/09 |
| <i>Other Signatures as needed (place a check next to whose is needed):</i> | |
| <input type="checkbox"/> Chief Medical Officer: _____ | Date: _____ |
| <input type="checkbox"/> Director of Provider Information: _____ | Date: _____ |
| Chief Financial Officer: <i>See attached approval</i> | Date: _____ |
| Chief Operations Officer:  | Date: 6/10/09 |
| President:  | Date: 6/16/09 |

Amendment to Molina Healthcare of Washington, Inc. (Formerly Qualmed Washington Healthplan, Inc.) Hospital Agreement

Molina Healthcare of Washington, Inc. (MHW) (formerly QualMed Washington Health Plan, Inc. (QM)), and University of Washington Medical Center (Hospital), entered into a Hospital Agreement (Agreement) under which Hospital provides Healthcare Services to MHW Members.

Whereas, during the course of the Agreement there have been additions of new lines of business and company changes in ownership, and

Whereas, MHW and Hospital desire to continue their relationship and wish to amend the Agreement to change the reimbursement rates set forth and be bound by the terms and conditions hereof.

Now therefore, MHW and Hospital agree as follows:

1. The following definition is added to the agreement in its entirety:

“Washington Medicaid Integration Partnership (WMIP)” means the program established by DSHS to allow clients who receive benefits under the Supplemental Security Income (SSI) Program to enroll for benefits provided by a health care plan.

2. Attachment A of the Agreement is deleted and replaced in its entirety with the new Attachment A attached hereto and incorporated herein by this reference.
3. MHW acknowledges to Hospital that the WMIP line of business includes Hospital and specialist services only and does not include primary care services. Further, MHW will use its best efforts to utilize the existing contracted WMIP specialist provider network in Snohomish County for WMIP members prior to referral to Hospital.
4. MHW and Hospital agree that reimbursement rates contained within this Amendment are effective July 1, 2009 to June 30, 2010. Both parties agree to use their best efforts to enter into a new contract utilizing Health Plan’s newest contract template, effective no later than October 1, 2009 and negotiate mutually acceptable terms.

The Amendment is in addition to, and does not replace or supersede, the Agreement between MHW and Hospital filed with MHW. All conditions and provisions of the Agreement, except as specifically modified herein, shall remain binding. If there is any ambiguity or inconsistency between the documents not specifically addressed in this amendment, the original Agreement shall be operative and enforced.

In Witness whereof, the parties hereto have executed this Amendment by their officer's thereunto duly authorized.

University of Washington Medical Center
1959 NE Pacific Street
Seattle, WA 98195

Signed: _____

Print Name

Title

TIN

Date

Stephen P. Zieniewicz

Executive Director

062609

Molina Healthcare of Washington, Inc.
21540 30th Drive SE, Suite 400
Bothell, WA 98021

Signed: _____

Print Name

Title

Date

Glen H. Bogner

President

7/16/09

Attachment A
Contracted Rates: Healthy Options, Basic Health, Basic Health Plus, State Children's Health Insurance Program and Washington Medicaid Integration Partnership

The effective date for this Attachment A is July 1, 2009 to June 30, 2010.

Inpatient Services

For Healthy Options, Basic Health Plus, State Children's Health Insurance Programs and Washington Medicaid Integration Partnership Members, reimbursement shall be the lesser of billed charges or the following, less any deductibles, co-payments or payments due from third parties. Unless specifically stated otherwise in the Agreement or Provider Manual, billing and reimbursement policies will adhere to Washington State Department of Social and Health Services (DSHS) rules.

MHW will reimburse Hospital for Inpatient Services provided under this Agreement under the APDRG methodology by applying Version 14.1 MAA PPS-6 weights, to a base rate of seven thousand two hundred fifty dollars (\$7,250.00) per inpatient discharge. For those APDRG's with a relative weight of zero (0), MHW will reimburse Hospital at its Medicaid Inpatient Ratio of Costs-to-Charges (RCC) of fifty two and eight tenths percent (52.8%). Health Plan shall pay acute physical medicine and rehabilitation services at a per diem of one thousand eighteen hundred and twenty-eight dollars (\$1,828.00) and psychiatric services at a per diem of one thousand eleven hundred and sixty-six dollars (\$1,166.00).

High Cost/Low Cost Outlier: MHW will apply MAA high cost/low cost outlier criteria as follows:

Low Cost Outlier - to qualify as a low cost outlier, (a) the allowed charges must be less than or equal to ten percent of the applicable APDRG payment or (b) \$450.00, whichever is greater. These cases are exempt from the APDRG reimbursement methodology and are reimbursed under the RCC methodology.

High Cost Outlier - to qualify as a high-cost outlier: (a) the allowed charges must exceed a threshold of three (3) times the applicable APDRG payment or (b) \$33,000, whichever is greater.

MAA determines reimbursement for high cost outlier cases using the applicable APDRG payment plus seventy-five percent (75%) of the hospital's RCC rate applied to the allowed charges that exceed the high outlier threshold. (% of RCC x amount exceeding outlier threshold) + APDRG payment

For Basic Health Members:

Eighty-five percent (85%) of the Hospital's billed charges in place at time of service less any deductibles, co-payments or payments due from third parties.

Outpatient Services

For Healthy Options, Basic Health Plus, State Children's Health Insurance Programs and Washington Medicaid Integration Partnership Members:

One hundred percent (100%) of the Hospital's DSHS Outpatient payment rate in place at the time of delivery of services. This Outpatient payment rate shall be applied for all Outpatient Services, except for those which are reimbursed according to specific DSHS fee schedules as they exist now or may be modified in the future. According to DSHS WAC 388-550-6000, services currently reimbursed on a specific fee schedule include:

1. Laboratory Services
2. Imaging Services
3. EKG/ECG/EEG and other diagnostics
4. Physical therapy
5. Occupational therapy
6. Speech/language therapy
7. Synagis
8. Sleep studies

For Basic Health Members:

Eighty-five percent (85%) of Hospital's billed charges in place at the time of service less any deductibles, co-payments or payments due from third parties.

Outpatient Professional Services:

For Healthy Options, Basic Health Plus, State Children's Health Insurance Members and Washington Medicaid Integration Partnership:

For such services billed on a CMS form 1500 or its successors under the Hospital's tax identification numbers, reimbursement shall be the lesser of billed charges or one hundred percent (100%) of the amount that would be received by accepting Washington DSHS professional providers payment rates, including place of service guidelines in place at the time services are rendered.

For Basic Health Members:

For such services billed on a CMS form 1500 or its successors under the Hospital's tax identification numbers, reimbursement shall be eighty five percent (85%) of billed charges in place at the time of service less any deductibles co-payments or payments due from third parties.