

AGREEMENT FOR SERVICES #101-129-P-E2010
AMENDMENT I

This Amendment I to that Agreement for Services #101-129-P-E2010, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "COUNTY") and County of Sacramento; (hereinafter referred to as "CONTRACTOR").

R E C I T A L S

WHEREAS, CONTRACTOR has been engaged by COUNTY to provide laboratory testing to supplement the El Dorado Health Services Department – Public Health Division Laboratory services, in accordance with Agreement for Services #101-129-P-E2010, dated July 20, 2010, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to amend Article III – Compensation; and

WHEREAS, the parties hereto have mutually agreed to amend and replace Exhibit A of said Agreement;

NOW THEREFORE, the parties do hereby agree that Agreement for Services #101-129-P-E2010 shall be amended a first time as follows:

1) Article III shall be amended in its entirety to read as follows:

Article III. Compensation for Services: For services provided herein, COUNTY agrees to pay CONTRACTOR quarterly in arrears and within forty-five (45) days following COUNTY's receipt and approval of itemized invoice(s) pursuant to Sections 3.01 through 3.04.

The total not-to-exceed amount of this Agreement is \$30,000.

Section 3.01 Medi-Cal Claims: CONTRACTOR shall submit Medi-Cal claims for laboratory tests conducted for Medi-Cal eligible COUNTY patients, providing all information required for submission of such claims is provided to CONTRACTOR at the time the sample is submitted for testing. CONTRACTOR shall indicate such Medi-Cal claims as "no charge to COUNTY" on the quarterly itemized invoice.

Section 3.02 Charges: Charges will be based on a fee per test, as listed in Exhibit A (amended), attached hereto and incorporated by reference herein. Specimens submitted for other laboratory

tests not listed on Exhibit A (amended), but specifically requested in writing by COUNTY and performed by CONTRACTOR shall be reimbursed at actual cost to CONTRACTOR.

Section 3.03 Shipping and Handling Fees: All shipping and handling fees shall be paid by COUNTY, including those pre-authorized by COUNTY and incurred by CONTRACTOR. Shipping and handling fees shall be identified on itemized invoice(s) submitted to COUNTY.

Section 3.04 Third-Party Laboratory Services: All tests submitted to CONTRACTOR that require referral to a third-party laboratory for analysis will be pre-authorized in writing by COUNTY, and billed to COUNTY at the actual cost billed to CONTRACTOR by the third-party laboratory that performed the analysis, plus appropriate shipping and handling fees. These charges shall be itemized on the quarterly invoice.

- 2) Exhibit A - Sacramento County Current Fee Schedule shall be replaced in its entirety by Exhibit A (amended) - Sacramento County Fee Schedule, attached hereto and incorporated by reference herein.

Except as herein amended, all other parts and sections of that Agreement #101-129-P-E2010 shall remain unchanged and in full force and effect.

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: 
 Neda West, Director
 Health Services Department

Dated: 8-26-10

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IN WITNESS WHEREOF, the parties hereto have executed this first Amendment to that Agreement for Services #101-129-P-E2010 on the dates indicated below, the latest of which shall be deemed to be the effective date of this Amendment.

-- COUNTY OF EL DORADO --

By: _____
Norma Santiago, Chair
Board of Supervisors
"COUNTY"

Dated: _____

ATTEST:
Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

By: _____ Date: _____
Deputy Clerk

-- COUNTY OF SACRAMENTO --

By: *G. Trochet*
Glennah Trochet, M.D., Health Officer
Department of Health & Human Services
"CONTRACTOR"

Dated: 9/22/10

EXHIBIT A (amended)
Sacramento County Fee Schedule

Service	Fee
Bacteriology	
Culture, Pathogen ID and Drug Susceptibility (Urine, Wound, Respiratory)	\$47.00
Bordetella pertussis PCR	\$108.00
Haemophilus ducreyi Culture Screen	\$25.00
Identification-Culture	\$50.00
Drug Susceptibility	\$40.00
Blood Lead Screen	\$30.00
Chlamydia Amplified Nucleic Acid Screen	\$42.00
Enteric Primary Culture and Identification	\$40.00
Enteric Pathogen Identification Confirmation (TITLE 17)	No Charge
Gonorrhea Amplified Nucleic Acid Screen	\$42.00
Gonorrhea Primary Culture	\$17.00
Herpes	
Direct DFA	\$25.00
Culture and DFA	\$42.00
HIV	
Oral Fluid Antibody Screen, EIA and Confirmation of Positives	\$20.00
Serum Antibody Screen, EIA and Confirmation of Positives	\$17.00
Oral Fluid Western Blot Confirmation	\$50.00
Serum IFA Confirmation	\$50.00
Molecular PCR Identification	\$70.00
Mycology	
Primary Culture with Yeast or Fungus Identification	\$40.00
Coccidioides Accuprobe	\$50.00
Identification (Yeast or Fungi)	\$50.00
Occult Blood Screen	\$14.00
Parasitology	
Screen	\$50.00
Cryptosporidium Acid Fast Screening	\$20.00
Pinworm Screen	\$17.00
Malaria Confirmation (TITLE 17)	No Charge
Arthropod or Worm Identification	\$30.00
Rabies DFA	\$55.00
Rubella Antibody Screen	\$17.00
Streptococcus Screen and Identification	\$18.00
Syphilis	
Antibody Screen	\$12.00
Quantification	\$18.00
TPPA	\$20.00
FADF	\$25.00
Tuberculosis	
Smear, Concentration, and Culture	\$40.00
Direct TB probe of Primary Specimen	\$65.00
Identification, using biochemicals	\$75.00
Identification, using genetic probes	\$50.00
Quantiferon Gold TB Blood Screening Test	\$45.00
Drug Susceptibility	\$87.00
Varicella-Zoster	
Antibody Screen	\$17.00
Direct DFA	\$25.00
West Nile Virus	
EIA	\$16.00
IFA Confirmation	\$43.00
Water Coliform Present/Absent	\$25.00
Additional – H1N1 testing	No Charge