

### EXTENDED LETTER OF AGREEMENT

DATE: 10/01/2025

#### PROVIDER INFORMATION:

Contact:	Kyle Fliflet	Phone:	530-621-6374	Fax:	530-642-0892
Provider Name:	County of El Dorado on behalf of Health and Human Services Agency, Public Health Division	NPI:	1427272459	Tax ID:	94-6000511
E-mail:	Kyle.Fliflet@edcgov.us				

#### COMMENTS/NOTES:

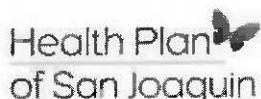
Extended Letter of Agreement (LOA) between **County of El Dorado on behalf of Health and Human Services Agency, Public Health Division** authorizes medically necessary services for all Health Plan of San Joaquin (HPSJ)/ Mountain Valley Health Plan (MVHP) members. The LOA is valid for dates of service **January 1, 2026 to December 31, 2026**. The parties shall have the option to extend the term for up to two (2) additional one (1) year terms after the initial term through **December 31, 2028**. The option to extend shall be subject to County Contract Administrator approval.

This Extended Letter of Agreement ("LOA") is made and entered into this day **January 1, 2026** ("Effective Date"), by and between Health Plan of San Joaquin (HPSJ)/ Mountain Valley Health Plan (MVHP) and **County of El Dorado on behalf of Health and Human Services Agency, Public Health Division**. This LOA shall set forth the terms for the reimbursement of Authorized Services provided to any eligible properly referred HPSJ/MVHP members. This LOA shall commence as of the date services are first rendered to member and shall continue for the duration of this authorization and any extensions or modifications thereof. Provider agrees to accept the following reimbursement rate(s) as payment in full for services rendered on the date of service outlined above.

#### COMPENSATION RATES

Properly Authorized, Medically Necessary, Medi-Cal Covered Services/Codes.

CPT/HCPC	SERVICE DESCRIPTION	NEGOTIATED RATE
90473	Immunization administration by intranasal or oral route; one vaccine (single or combination vaccine/toxoid)	100% Medi-Cal Fee Schedule
90471	Administration of 1 vaccine	100% Medi-Cal Fee Schedule
90460	Administration of first vaccine or toxoid component through 18	100% Medi-Cal Fee Schedule
90474	Administration of nasal or oral vaccine	100% Medi-Cal Fee Schedule
96160	Administration of patient-focused health risk assessment instrument (e.g., health hazard appraisal) with scoring and documentation, per standardized instrument,	100% Medi-Cal Fee Schedule
90472	Administration of vaccine (2 or more)	100% Medi-Cal Fee Schedule
90461	Administration of vaccine or toxoid component through 18 years of age with counseling	100% Medi-Cal Fee Schedule



81025	Beta-HCG urine, qual	100% Medi-Cal Fee Schedule
87210	Cervical Wet Mount	100% Medi-Cal Fee Schedule
54050	Chemoablation, condyloma, penis, simple	100% Medi-Cal Fee Schedule
58301	Contraception, device intrauterine, removal	100% Medi-Cal Fee Schedule
56501	Destruction of Vulva Lesion (s)	100% Medi-Cal Fee Schedule
99173	Eye Chart testing of visual acuity of both eyes	100% Medi-Cal Fee Schedule
99000	Handling of Lab Specimen	100% Medi-Cal Fee Schedule
92551	Hearing Screening	100% Medi-Cal Fee Schedule
85018	Hemoglobin Measurement	100% Medi-Cal Fee Schedule
99387	Comprehensive preventive medicine evaluation and management service for new patients, emphasizing the in-depth assessment involved in preventive care age 65 years and older	100% Medi-Cal Fee Schedule
99212	Established patient office or other outpatient visit, 10-19 minutes	100% Medi-Cal Fee Schedule
99202	E/M New Patient Office Visits	100% Medi-Cal Fee Schedule
99211	Office or other outpatient visit for the evaluation and management of an established patient that may not require the presence of a physician	100% Medi-Cal Fee Schedule
99213	Established patient office or other outpatient visit, 20-29 minutes	100% Medi-Cal Fee Schedule
99203	New patient office or other outpatient visit, 30-44 minutes	100% Medi-Cal Fee Schedule
99214	Established patient office or other outpatient visit, 30-39 minutes	100% Medi-Cal Fee Schedule
99204	New patient office visit, 45-59 minutes.	100% Medi-Cal Fee Schedule
99201	Office or other outpatient visit for the evaluation and management of a new patient	100% Medi-Cal Fee Schedule
H0033	Oral medication administration, direct observation	100% Medi-Cal Fee Schedule
86580	Purified Protein Derivative Test (PPD)	100% Medi-Cal Fee Schedule
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected): subcutaneous or intramuscular.	100% Medi-Cal Fee Schedule
86480	TB test cell immune measure i.e, QuantiFERON® TB Gold Plus	100% Medi-Cal Fee Schedule
81002	Urinalysis, manual test	100% Medi-Cal Fee Schedule

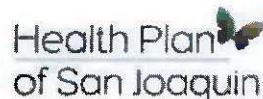


<b>81025</b>	<b>Urine pregnancy test</b>	<b>100% Medi-Cal Fee Schedule</b>
<b>36415</b>	<b>Venipuncture</b>	<b>100% Medi-Cal Fee Schedule</b>
<b>86382</b>	<b>Viral neutralization test to detect viral antibody level i.e, rabies</b>	<b>100% Medi-Cal Fee Schedule</b>
<b>99455</b>	<b>Work Related or Medical Disability Examination</b>	<b>100% Medi-Cal Fee Schedule</b>
	<b>CA Medical Drug Formulary as relevant to treatment authority of the County Health Officer including those classifications related to contraception as approved by CA PACT</b>	<b>100% Medi-Cal Fee Schedule</b>

**NOTES:**

**LOA is for all Medi-Cal authorized services only.**

Payment will be subject to member's copayments and deductibles. Additional procedures or services not specifically listed above are considered inclusive and will not have separate reimbursement. Unless otherwise negotiated above, surgeries that are defined as incidental to the primary procedure will not be reimbursed.



Please note:

1. Negotiated Rate does not guarantee payment, since claims are subject to Member(s)' eligibility at the time services are rendered, medical necessity review, contract limitations and exclusions.
2. Provider **MUST** obtain authorization for all non-emergency services prior to providing services to Member. Failure to receive prior Authorization will result in nonpayment. No additional services and/or charges will be reimbursed to Provider.
3. Provider agrees to refund any overpayments. Payment to Provider identified as overpayment and/or claim payment made in error can be automatically deducted from future payments to Provider.
4. Please submit claims to the address listed on the member's identification card.
5. Provider shall be reimbursed the lesser of the amounts specified in any other agreement between HPSJ and PROVIDER.
6. Provider will look solely to HPSJ for payment of authorized services and will not under any condition bill or seek payment from Member, with the exception of co-payments, deductibles, or non-covered services.
7. An LOA does not constitute an executed Contract with HPSJ.
8. If Provider has a separate agreement with HPSJ, all other terms and conditions of that agreement will remain in effect unless specifically changed by the terms of this LOA.

**Contract Administrator:** The County Officer or employee with responsibility for administering this Agreement is Kyle Fliflet, Deputy Director, Public Health Division, HHSA, or successor.

Please indicate your acceptance of these terms by signing below and returning the completed document to the HPSJ Contracting Department fax at 209-942-6384.

**HEALTH PLAN OF SAN JOAQUIN/ MOUNTAIN  
VALLEY HEALTH PLAN**

By:

DocuSigned by:  
  
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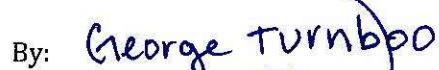
Name: Liz Le

Title: Chief Operations Officer

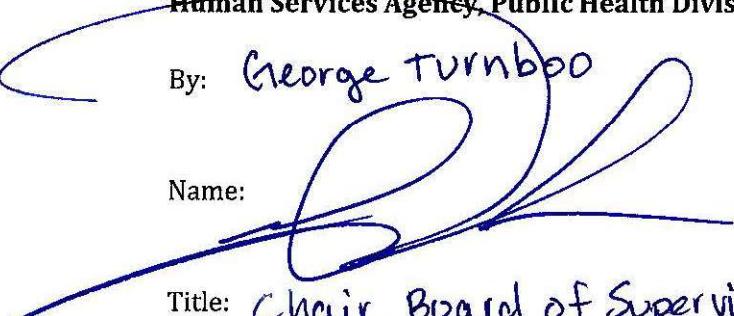
Date: 12/3/2025

**County of El Dorado on behalf of Health and  
Human Services Agency, Public Health Division**

By:



Name:

Title:   
Chair, Board of Supervisors

Date:   
12/2/25