



P.O. Box 10697  
 San Rafael, CA 94912  
 www.mhn.com

Amendment IV

**AMENDMENT TO THE  
 ADMINISTRATIVE SERVICES AGREEMENT  
 BETWEEN  
 MHN SERVICES  
 AND  
 COUNTY OF EL DORADO  
 GROUP #6179**

The Administrative Services Agreement effective the 1st day of July, 2005, ("Agreement") by and between **MHN SERVICES** ("MHN"), a California corporation, and **COUNTY OF EL DORADO** ("Client") is hereby amended by both Parties.

**RECITALS**

WHEREAS, in order to continue their existing relationship, the Parties desire to amend the Agreement;

NOW THEREFORE, in consideration of the premises, terms, and conditions set forth herein, the Parties agree to amend the Agreement as follows:

1. Section 4, "Compensation of MHN", paragraph 4.1, shall be deleted and replaced with:

**"4.1** In consideration of the services to be provided hereunder, Client shall pay to MHN the following fees, due and payable on or before the first day of each month during the term hereof, amounts equal the following:

For Subscribers without Dependents, Client shall pay to MHN five dollars and sixty-two cents (\$5.62) for Behavioral Healthcare Services per Subscriber per month.
For Subscribers with one (1) Dependent, Client shall pay to MHN eleven dollars and twenty-four cents (\$11.24) for Behavioral Healthcare Services per Subscriber per month.
For Subscribers with two (2) or more Dependents, Client shall pay to MHN sixteen dollars and thirty-four cents (\$16.34) for Behavioral Healthcare Services per Subscriber per month

Rates are due and payable on or before the first day of each month during the term hereof. In the event that Client fails to forward the compensation payment by the due date, Client shall pay MHN a late payment penalty of one percent (1%) per month on all monies outstanding past the due date. Capitation payments are due in advance of the first day of the month to cover the services for that month. If the compensation payment is not received by MHN as set forth above, MHN may send a Written Notice of Termination effective on the last day of the month for which full payments were received. The Client may automatically reinstate the Agreement by remitting, within fifteen (15) days of the date of Written Notice of Termination, all outstanding invoiced compensation payments to MHN."

2. Section 5, "Term and Termination", paragraph 5.1 shall be deleted and replaced with:

**"5.1** This Agreement shall commence upon 1st day of July, 2010, (the "Effective Date"), and shall continue in effect for a period of one (1) year, following which it shall be automatically extended for periods of one (1) year thereafter, subject to 4.2, unless either party terminates this Agreement in writing at least sixty (60) days prior to the end of the term, or unless it is otherwise terminated in accordance with the provisions hereof."

3. Exhibit 1.9 "Covered Services", shall be deleted and replaced with the attached updated Exhibit 1.9.
4. All provisions of the Agreement and any written Amendment thereto, not inconsistent herewith, shall remain in full force and effect.
5. This Amendment shall be effective July 1, 2010.

IN WITNESS WHEREOF, the Parties have executed this Amendment on the dates indicated below.

"Client"

**COUNTY OF EL DORADO-INTEGRATED**  
 330 Fair Lane  
 Placerville, CA 95667

"MHN"

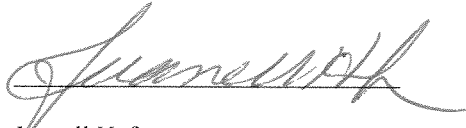
**MHN SERVICES**  
 2370 Kerner Boulevard  
 San Rafael, CA 94901

By: \_\_\_\_\_

Name: Norma Santiago

Title: Chairman, Board of Supervisors

Date: \_\_\_\_\_

By: 

Name: Juanell Hefner

Title: President

Date: 8-24-10

**MHN Managed Care Benefit Plan Design**

Account Name	County of El Dorado- Managed Care	Plan Code	058
Account Number	006179	Plan Code Effective Date	
Client Benefit Description	Blue Shield PPO	Plan Code Revision Date	7/1/10
Parity Type	Federal	Out Patient OON Claims Based On	MAA
HSA Plan?	No	MAA/HIAA Standard Tier?	Standard
		MAA/HIAA Percentile	90%
Combined with Medical Benefits	Deductible; Lifetime Max; Out of Pocket Max	In Patient OON Claims based on	
CDA Applies	Yes	Episode of Care Definition	

	<b>In Network</b>	<b>Out of Network</b>
Concurrent Review IS required	Yes	Yes
Discharge Planning IS required	Yes	Yes
Post Service Review Required Component	All	
Post Service Review Required LOC	In Patient; Residential; Day Treatment; Partial Hospitalization; IOP	
Flexing Type		
Exclusions	MHN Standard - SF Library	
Managed Care Protocols		

**Mental Health**

**Out Patient**

Out Patient MH/SUD Benefits ARE Combined No  
 Out Patient IN & ON Benefits ARE combined  
 Out Patient Ind & Group Max Combined

	<b>In Network</b>	<b>Out of Network</b>
Out Patient Copay Individual		
Out Patient Copay Group		
Out Patient Co-Pay IS Tiered	No	No
Out Patient Individual Coinsurance	20%	40%
Out Patient Group Coinsurance	20%	40%
Out Patient Coinsurance Is Tiered	No	No
Out Patient Individual Visit Max		
Out Patient Group Max Sessions		

**In-Patient**

In Patient MH/SUD Benefits ARE combined No  
 In Patient IN & ON Benefits are Combined

	<b>In Network</b>	<b>Out of Network</b>
In Patient Benefit Basis	Per Day	Per Day
In Patient Co-Pay		
In Patient Co-Pay Max		
In Patient Co-Pay Max # of Days		
In Patient Coinsurance	20%	40%
In Patient Admit /Episode \$ Max		
In Patient Day Max		
In Patient Days per EPISODE Max		
In Patient Episodes per Lifetime		

**Mental Health Alternate Level of Care**

In Patient Acute Care & ALC Max Combined

	<b>In Network</b>	<b>Out of Network</b>
ALC Type	All	All
ALC Applies To	In Patient	Inpatient
ALC Co-Pay		
ALC Coinsurance	20%	40%
ALC Co-Pay/Coinsurance Per		
ALC Day Max		

**Mental Health ALC Notes**

**Lifetime Maximums**

Lifetime Max In & Out of Net Combined Yes

Lifetime Max Includes  
Lifetime Max

**In Network**  
All Services

**Out of Network**  
All Services

**Lifetime Max Notes** LTM = \$2 million In-net/OON combined

**Prior Authorization**

Prior Authorization Required  
Prior Auth Out Patient Penalty  
Prior Auth Out Patient Max  
Prior Auth In Patient Penalty  
Prior Auth In Patient Max

**In Network**  
Yes  
Pay at non-panel

**Out of Network**  
Yes  
none

**Prior Authorization Notes**

Pre-auth required - \$500 penalty for no pre-auth on IP services (In-net or OON) Pay at non-panel for OP services

**Mental Health Benefit Notes**

Federal Parity = unlimited visits

**Substance Use Disorder**

**Out Patient**

Out Patient IN & ON Benefits Combined  
Out Patient Ind & Group Max Combined  
Penalty for not completing SA

**In Network**

**Out of Network**

Out Patient Copay Individual  
Out Patient Copay Group  
Out Patient Co-Pay IS Tiered  
Out Patient Individual Coinsurance  
Out Patient Group Coinsurance  
Out Patient Coinsurance IS Tiered  
Out Patient Individual Visit Max  
Out Patient Group Max Sessions

No  
20%  
20%  
No

No  
40%  
40%  
No

**In-Patient**

In Patient Rehab & Detox are combined No  
In Patient IN & ON Benefits Combined

**In Network**  
Per Day

**Out of Network**  
Per Day

In Patient Benefit Basis  
In Patient Co-Pay  
In Patient Co-Pay Max  
In Patient Co-Pay Max # of Days  
In Patient Coinsurance  
In Patient Admit /Episode \$ Max  
In Patient Day Max  
In Patient Days per EPISODE Max  
In Patient Episodes per Lifetime

20%

40%

**Substance Use Disorder**

**Alternate**

**Level of Care**

In Patient Acute Care & ALC Max Combined

**In Network**  
All  
In Patient

**Out of Network**  
All  
Inpatient

ALC Type  
ALC Applies To  
ALC Co-Pay  
ALC Coinsurance  
ALC Co-Pay/Coinsurance Per  
ALC Day Max

20%

40%

**Substance Use Disorder ALC Notes**

<b>Lifetime Maximums</b>			
Lifetime Max In & Out of Net Combined	Yes	<b>In Network</b>	<b>Out of Network</b>
Lifetime Max Includes Lifetime Max		All Services	All Services
<b>Lifetime Max Notes</b>	LTM = \$2 million In-net/OON combined		
<b>Prior Authorization</b>			
Prior Authorization Required		<b>In Network</b>	<b>Out of Network</b>
Prior Auth Out Patient Penalty		Yes	Yes
Prior Auth Out Patient Max		Pay at non-panel	
Prior Auth In Patient Penalty		\$500	\$500
Prior Auth In Patient Max			
<b>Prior Authorization Notes</b>	Pre-auth required - \$500 penalty for no pre-auth on IP services (In-net or OON) Pay at non-panel for OP services		
<b>Substance Use Disorder Benefit Notes</b>	Federal Parity = unlimited visits		

<b>Detox</b>			
<b>Out Patient</b>			
Out Patient IN & ON Benefits Combined			
Out Patient Ind & Group Max Combined			
Penalty for not completing SUD			
		<b>In Network</b>	<b>Out of Network</b>
Out Patient Copay Individual			
Out Patient Copay Group			
Out Patient Co-Pay Is Tiered		No	No
Out Patient Individual Coinsurance		20%	40%
Out Patient Group Coinsurance			
Out Patient Coinsurance Is Tiered		No	No
Out Patient Individual Visit Max			
Out Patient Group Max Sessions			
<b>In-Patient</b>			
In Patient Rehab & Detox area combined	No		
In Patient IN & ON Benefits Combined			
		<b>In Network</b>	<b>Out of Network</b>
In Patient Benefit Basis		Per Day	Per Day
In Patient Co-Pay			
In Patient Co-Pay Max			
In Patient Co-Pay Max # of Days			
In Patient Coinsurance		20%	40%
In Patient Admit /Episode \$ Max			
In Patient Day Max			
In Patient Days per EPISODE Max			
In Patient Episodes per Lifetime			
Lifetime Max In & Out of Net Combined	Yes	<b>In Network</b>	<b>Out of Network</b>
Lifetime Max Includes Lifetime Max		All Services	All Services
<b>Lifetime Max Notes</b>	LTM = \$2 million In-net/OON combined		
<b>Prior Authorization</b>			
Prior Authorization Required		<b>In Network</b>	<b>Out of Network</b>
Prior Auth Out Patient Penalty		Yes	Yes
Prior Auth Out Patient Max		Pay at non-panel	
Prior Auth In Patient Penalty		\$500	\$500
Prior Auth In Patient Max			

**Prior Authorization Notes**

Pre-auth required - \$500 penalty for no pre-auth on IP services (In-net or OON) Pay at non-panel for OP services

**Detox Benefit Notes**

Federal Parity = unlimited visits

**Deductible**

Deductible In & Out of Network Combined  
Deductible based on

Yes  
Calendar Year

	<b>In Network</b>	<b>Out of Network</b>
Deductible applies to	All Services	All Services
Deductible Component	All	All
Deductible Individual Amount	\$200	\$200
Deductible Individual +1 Amount		
Deductible Family Amount	\$400	\$400

**Deductible Notes**

**Out of Pocket Maximums**

OOP In & Out of Network Combined

Yes

	<b>In Network</b>	<b>Out of Network</b>
OOP Max Applies to	Inpatient; Outpatient; Coinsurance	Inpatient; Outpatient; Coinsurance
OOP Component	All	All
OOP Individual Amount	\$1,000	\$1,000
OOP Individual +1 Amount		
OOP Family Amount	\$2,000	\$2,000

**OOP Max Notes**

Excludes deductible

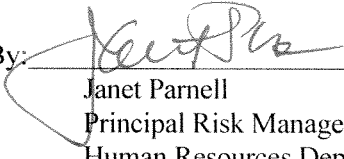
**Pass Through Sessions**

Pass Thru Sessions Available  
Pass Thru Session Component  
Pass Thru Sessions Per  
Pass Thru Session #

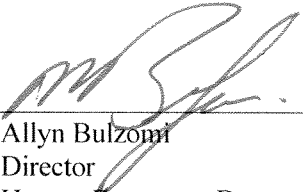
**Administrator:** The County Officer or employee with responsibility for administering this Agreement is Janet Parnell, Principal Risk Management Analyst, Human Resources, Risk Management Division, or successor.

**Entire Agreement:** This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

**Requesting Contract Administrator Concurrence:**

By:  \_\_\_\_\_ Dated: 8/16/10  
Janet Parnell  
Principal Risk Management Analyst  
Human Resources Department, Risk Management Division

**Requesting Department Head Concurrence:**

By:  \_\_\_\_\_ Dated: 8/16/10  
Allyn Bulzoni  
Director  
Human Resources Department