



EXTENDED LETTER OF AGREEMENT

DATE: 12/05/2023

PROVIDER INFORMATION:

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Provider Name:	El Dorado County Public Health	NPI:	1427272459	Tax ID:	946000511
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COMMENTS/NOTES:

Letter of Agreement (LOA) for authorized medically necessary services for all Health Plan of San Joaquin (HPSJ) members. The LOA is valid for dates of service January 1, 2024, through June 30, 2024.

This Letter of Agreement ("LOA") is made and entered into this day January 1, 2024 ("Effective Date"), by and between Health Plan of San Joaquin ("HPSJ") and County of El Dorado, Health and Human Services Agency, Division of Public Health. This agreement shall set forth the terms for the reimbursement of Authorized Services provided to any eligible properly referred HPSJ members.

This agreement 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	Administration of 1 nasal or oral vaccine years of age with counseling	MediCal
90471	Administration of 1 vaccine	MediCal
90460	Administration of first vaccine or toxoid component through 18	MediCal
90474	Administration of nasal or oral vaccine	MediCal
96160	Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument	MediCal
90472	Administration of vaccine (2 or more)	MediCal

90461	Administration of vaccine or toxoid component through 18 years of age with counseling	MediCal
81025	Beta-HCG, urine, qual	MediCal
87210	Cervical wet mount	MediCal
54050	Chemoablation, condyloma, penis, simple	MediCal
58301	Contraception, device intrauterine, removal	MediCal
56501	Destruction of vulva lesion(s)	MediCal
99173	Eye chart testing of visual acuity of both eyes	MediCal
99000	Handling of lab specimen	MediCal
92551	Hearing screening	MediCal
85018	Hemoglobin measurement	MediCal
99387	Initial new patient preventive medicine evaluation, age 65 years and older	MediCal
99212	Low level established patient office visit	MediCal
99202	Low level new patient office visit	MediCal
99211	Minor level established patient office visit	MediCal
99213	Moderate level established patient office visit	MediCal
99203	Moderate level new patient office visit	MediCal
99214	Moderate-high level established patient office visit	MediCal
99204	Moderate-high level new patient office visit	MediCal
99201	New patient office or other outpatient visit, typically 10 minutes	MediCal
H0033	Oral medication administration, direct observation	MediCal
86580	Purified Protein Derivative test	MediCal
90782	Therapeutic, prophylactic or diagnostic injection (specify material injected); subcutaneous or intramuscular	MediCal

86480	Tb test cell immune measure i.e., QuantiFERON®-TB Gold Plus	MediCal
81002	Urinalysis, manual test	MediCal
81025	Urine pregnancy test	MediCal
36415	Venipuncture	MediCal
86382	Viral neutralization test to detect viral antibody level i.e., rabies	MediCal
99455	Work-related or medical disability examination	MediCal
	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	MediCal
NOTES: LOA is for all medically necessary 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 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.

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

COUNTY OF EL DORADO

Signature

Signature

Print Name
Authorized Officer for San Joaquin County Health Commission

Print Name

Title

Title

Date

Date

Confidential Information: This fax is intended only for the individual to whom it is addressed. If you are not the intended, do not read, copy, or distribute this information. If you have received this in error, please contact the HPSJ Privacy Officer at (209) 942-6300