

**Primary Care Physician
Medi-Cal Medical Services Agreement**

Amendment 2005-01

This Agreement is made this 1st day of March 2005, by and between **San Mateo Medical Center & Clinics**, a Physician Group duly licensed to practice in the State of California and certified to provide services under the California Medi-Cal Program (hereinafter referred to as "PCP") and the San Mateo Health Commission (hereinafter referred to as "PLAN")

RECITALS

WHEREAS, PLAN and PCP have previously entered into an Agreement;

WHEREAS, Section 7.7 of Attachment A of said Agreement provides for amending such Agreement; and

WHEREAS, The San Mateo Health Commission has adopted its operating budget for CFY 2005 which requires amending Attachment C of the Agreement.

NOW THEREFORE, PLAN and PCP hereby agree as follows:

Paragraph One – Attachment C, Full Capitation Rates

Attachment C is amended to read:

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Amendment to Primary Care Physician Agreements for CFY 18 Full Capitation Rates

ATTACHMENT C
 FULL CAPITATION RATES
 FOR REGULAR CASE MANAGED BENEFICIARIES

Pool Allocations Effective 3/1/05
 PCP Rates Effective 3/1/05

Beneficiaries' Aid Category	Primary Care Capitation		Referral	Hospital Inpatient	Other & Outpatient	Pharmacy	Total Capitation	
	Regular Rate	Extended Hrs. Rate					Regular Rate	Extended Hrs. Rate
FOR REGULAR CASE-MANAGED MEMBERS:								
Public Assistance								
Aged	\$5.36	\$5.85	\$10.02	\$43.02	\$19.67	\$175.91	\$253.98	\$254.47
Blind	8.67	9.49	49.76	31.85	97.77	217.75	405.80	406.62
Disabled	13.83	15.18	34.41	97.55	67.60	168.09	381.48	382.83
Family	10.35	11.33	10.39	33.26	20.41	13.08	87.49	88.47
Medically Needy No SOC								
Aged	9.83	10.76	19.32	53.01	37.96	105.06	225.18	226.11
Blind	29.05	31.83	13.83	64.87	27.22	233.76	368.72	371.50
Disabled	29.05	31.83	54.55	262.72	107.19	190.64	644.15	646.93
Family	16.94	18.58	17.83	76.40	35.04	22.53	168.74	170.38
Medically Indigent Children No SOC	13.35	14.63	11.26	47.47	22.13	10.85	105.06	106.34
Refugees	10.35	11.33	24.26	33.26	47.68	14.92	130.47	131.45
Percent of Poverty	13.11	14.43	9.26	35.88	18.18	5.72	82.15	83.47

Notes:

1. Capitation rates will be adjusted for age/sex cost differences where deemed appropriate.
2. The Primary Care Physician is paid ninety percent (90%) of the "Primary Physician Capitation" amount monthly (the "Guaranteed Payment") for each member on the Primary Care Physician's Case Management list. Attachment D specifies services covered by this payment.
3. "Referral" includes costs associated with claims by Non-Primary Care Physicians.
4. "Hospital Inpatient" includes costs associated with claims by acute care hospitals for inpatient services.
5. "Other and Outpatient" includes costs associated with all Medi-Cal Covered Services not included under "Primary Care", "Referral", "Hospital Inpatient", or "Pharmacy".
6. Payment for extended PCP office hours shall be made to the Primary Care Physician for maintaining eight (8) additional office hours per week, in any combination of weekday evenings after 6:00 p.m. and weekends.

3/1/2005 - PCPRates
 Feb. 28, 2005

Paragraph Two – Waive 45 Day Provision

By signing this Amendment, both parties mutually agree to waive the 45 day notice requirement for contract amendments as provided for in Section 1375.7 of the California Health and Safety Code.

Paragraph Three – Effective Date

This Amendment shall be effective March 1, 2005.

Paragraph Four – Incorporation of Agreement Rights, Duties and Obligations

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

SAN MATEO HEALTH COMMISSION

Date: 4-6-05

By: Michael W. Murray

Name: San Mateo Medical Center & Clinics

Date: _____

By: _____

Richard S. Gordon

Title: President, Board of Supervisors
San Mateo County

PCP Group Amendment 2005-01.03012005

ATTEST: _____
Clerk of Said Board

Date: _____