

**AMENDMENT TO THE
ANTHEM BLUE CROSS
MEDI-CAL MANAGED CARE PROGRAM
ECM / CS PROVIDER AGREEMENT**

This AMENDMENT to the Anthem Blue Cross Medi-Cal Managed Care Program Enhanced Care Management (ECM) / Community Supports (CS) Agreement (“AGREEMENT”) is effective **04/01/2022** between Blue Cross of California dba Anthem Blue Cross and Affiliates (jointly and severally “ANTHEM”) and **County of Placer dba Placer County** (PROVIDER).

RECITALS

- A. ANTHEM and PROVIDER have previously entered into the above referenced AGREEMENT whereby PROVIDER agrees to provide certain services to ANTHEM Members. The AGREEMENT, as amended, remains in full force and effect.
- B. Pursuant to Section 9.1 of the AGREEMENT, the parties now desire to amend the Agreement to provide the following changes to the AGREEMENT.

THEREFORE, IT IS AGREED:

- I. Exhibit A, Provider Reimbursement, of the AGREEMENT is deleted in its entirety and replaced by the attached Exhibit A, Provider Reimbursement, which is incorporated herein by reference.
- II. Exhibit B, Covered Services, of the AGREEMENT is deleted in its entirety and replaced by the attached Exhibit B, Covered Services, which is incorporated herein by reference.
- III. Notwithstanding the date of execution, unless otherwise referenced, this Amendment shall be effective **04/01/2022**.
- IV. Upon acceptance by the parties, this AMENDMENT, effective on the first date specified above, will become a part of the AGREEMENT, and all provisions of the AGREEMENT not specifically inconsistent herewith will remain in full force and effect.

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IN WITNESS WHEREOF, the parties hereto have executed this Amendment to the AGREEMENT as signed below.

**BLUE CROSS OF CALIFORNIA
dba ANTHEM BLUE CROSS**

County of Placer dba Placer County

By: _____
Signature

By: _____
Signature

Michael Piellucci _____
Please Print

Please Print

Regional Vice-President _____
Title

Title

Date

Date

Tax ID: **94-6000527** _____

EXHIBIT A

PROVIDER REIMBURSEMENT

Medi-Cal

Reimbursement for authorized Housing Transition Navigation Service and Housing Tenancy and Sustaining Services shall be as outlined below:

Community Support Type	Billing Code	Modifier	Unit to bill	Anthem Payment Method	Rate
Housing Transition Navigation Service	H0043 H2016	U6 U6	Per Diem Per Diem	Bundled PMPM = 1 flat rate per month for both codes Provider must submit all encounters	\$475.00
Housing Tenancy and Sustaining Services	T2040 T2041 T2050 T2051	U6 U6 U6 U6	15 min. incr. 15 min. incr. Per Diem Per Diem	Bundled PMPM = 1 flat rate per month for all codes Provider must submit all encounters	\$490.00

Reimbursement for all other authorized Health Services shall be at one hundred percent (100%) of the attached ANTHEM Medi-CAL Proprietary Fee Schedule (Fee Schedule) per county.

Provider shall accept the above reimbursement for services or the Provider's billed amount, whichever is less as payment in full for those Covered Services provided to Members. Anthem may update or adjust the Fee Schedule from time to time upon ninety (90) days prior written notice to Provider.

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EXHIBIT B
COVERED SERVICES

PROVIDER shall indicate which CS will be rendered and which ECM population of focus will be served. Provider shall render services and be compensated in the counties (service area) listed in Exhibit C. Anthem may add counties in Exhibit C, to Provider's service area upon thirty (30) days written notice to Provider.

Insert check mark indicating which CS services provider will render under this agreement:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly (RCFE) and Adult Residential Facilities (ARF)
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically Supportive Food/Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

Insert check mark indicating which of the ECM populations of focus provider will render services to under this agreement:

- High utilizers (Adults)
- Individuals experiencing homelessness, including chronic homelessness
- Adults & Children/Youth transitioning from incarceration
- Adults with Serious Mental Illness or Substance Use Disorder
- Adults at risk for institutionalization, eligible for long-term care
- Nursing facility residents who desire to return to living in the community
- Children or youth