AHCCCS
Arizona Health Care Cost Containment System

CONTRACT AMENDMENT

1. AMENDMENT #:	2. CONTRACT #:	3. EFFECTIVE DATE OF AMENDMENT:	4. PROGRAM:
1	YH13-0008-10 Transplant Services	December 1, 2015	DHCM
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: **Lucile Salter Packard Children's Hospital** **725 Welch Road** **Palo Alto, Ca 94304**			
6. PURPOSE: To Remove and Replace contract page 3 *"Transplant Types Covered by this Contract,"* Strike Language from *Covered Services*, Remove *Evaluations* in its Entirety, Add *Evaluation* under *All Other Solid Organ Transplants...*, and Add Excel Spreadsheets with Rates and Component Descriptions.			

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

A. *Transplant Types Covered by this Contract,* page 3, is hereby Removed in its Entirety and Replaced with the attached "Contract Page 3," hereby incorporated into this contract.

B. The first sentence of *Covered Services*, 2.3.3, page 5, is modified to strike *"excluding the transplant evaluation"* as indicated below:

"Covered services under this contract are limited to transplants, ~~excluding the transplant evaluation~~, and transplant related component services only through day sixty (60) post-transplant surgery or date of discharge from the acute care facility whichever is later."

C. *Evaluations*, page 6, is hereby Removed in its Entirety.

D. The following language is hereby added to *All Other Solid Organ Transplants (refer to the AMPM for a list of covered transplants)*, page 6:

Evaluation — *Includes the testing and procedures performed by the Contractor in either an inpatient or an outpatient setting required by the Contractor to determine if the member is a candidate for a transplant.*

E. The attached five (5) Spreadsheets from the Excel file entitled "Rate Sheets for amendment #1 to LPCH 12152015" are hereby added to Attachment B of the contract and are hereby incorporated into the contract.

NOTE: Please sign, date and return one scanned copy to: *Jennifer.Roberts@azahcccs.gov*

Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL AGREEMENT NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT. **IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.**	
9. NAME OF CONTRACTOR/PROVIDER: **Lucile Salter Packard Children's Hospital**	**10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM**
SIGNATURE OF AUTHORIZED INDIVIDUAL:	SIGNATURE:
TYPED NAME: **Dana Haering**	TYPED NAME: **Meggan Harley, CPPO, MSW**
TITLE: **Chief Financial Officer**	TITLE: **Procurement and Contracts Manager**
DATE: 1/5/16	DATE: 12/17/2015

For and in consideration of the terms and conditions set forth herein, the parties agree as follows:

1. Transplant Types Covered by this Contract.

Contractor elects to cover the following types of transplants (mark Yes or No for each type of transplant in addition to marking A for adult cases only, P for pediatric cases only, or B to provide services for both adult and pediatric members):

Transplant Type	A = Adult Cases Only P = Pediatric Cases Only B = Both Adult and Pediatric	Contractor Elects to Provide Service (Mark Yes or No)
Autologous Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)		No
Allogeneic Related Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)		No
Allogeneic Unrelated Hematopoietic Stem Cell (bone marrow, peripheral blood or cord blood) Transplant (HSCT)		No
Autologous Tandem		No
Allogeneic Related Tandem		No
Allogeneic Unrelated Tandem		No
Total Body Irradiation		No
Heart		No
Heart and Lung	P	Yes
Liver (cadaveric donor)	P	Yes
Liver (live donor)	P	Yes
Kidney (cadaveric donor)		No
Kidney (live donor)		No
Lung (single and double)	P	Yes
Pancreas After Kidney		No
Simultaneous Pancreas/Kidney		No
Simultaneous Liver/Kidney		No
Intestine only (cadaveric donor)	P	Yes
Intestine only (live donor)	P	No
Intestine with Liver (cadaveric donor)	P	Yes
Intestine with Liver (live donor)	P	No
Intestine with Pancreas	P	No
Intestine with Liver and Pancreas (live donor)	P	No
Intestine with Liver and Pancreas (cadaveric donor)	P	Yes

LUCILE SALTER PACKARD CHILDREN'S HOSPITAL
PEDIATRIC DOUBLE LUNG TRANSPLANT CONTRACT (includes single lung) (PDL)
EFFECTIVE 12/01/2015 THROUGH 9/30/2016
TRANSPLANT FACILITY ID# 355075

COMPONENTS	ALL INCLUSIVE RATE
EVALUATION (Inpatient or outpatient) - If completed as an inpatient it requires the facility to split bill for the one or two days to complete the testing if member remains in the facility after testing is completed.	**35% of billed charges**
PREP AND TRANSPLANT	**$250,000.00**
FOLLOW UP CARE - From day 1 post transplant through day 30 or a portion thereof	**$100,000.00**
FOLLOW UP CARE - From day 31 post transplant through day 60 or a portion thereof	**$50,000.00**
TOTAL	**$400,000.00**

Outlier Threshold

Lung cases will be reimbursed at case rate unless total billed charges for components PREP AND TRANSPLANT and FOLLOW UP CARE through day 60 exceed the Outlier Threshold. Then all charges over the Outlier Threshold will be reimbursed at 35% of billed charges.	**$1,140,000.00**	Days 61+ through date of discharge will be reimbursed at 35% of billed charges.

LUCILE SALTER PACKARD CHILDREN'S HOSPITAL
PEDIATRIC HEART and LUNG TRANSPLANT CONTRACT (PHL)
EFFECTIVE 12/01/2015 THROUGH 9/30/2016
TRANSPLANT FACILITY ID# 355075

COMPONENTS	ALL INCLUSIVE RATE
EVALUATION (Inpatient or outpatient) - If completed as an inpatient it requires the facility to split bill for the one or two days to complete the testing if member remains in the facility after testing is completed.	**35% of billed charges**
PREP AND TRANSPLANT	**$192,906.00**
FOLLOW UP CARE - From day 1 post transplant through day 30 or a portion thereof	**$110,929.00**
FOLLOW UP CARE - From day 31 post transplant through day 60 or a portion thereof	**$42,259.00**
TOTAL	**$346,094.00**

Outlier Threshold

**Heart cases will be reimbursed at case rate unless total billed charges for components PREP AND TRANSPLANT and FOLLOW UP CARE through day 60 exceed the Outlier Threshold. Then all charges over the Outlier Threshold will be reimbursed at 35% of billed charges.	**$988,829.00**	Days 61+ through date of discharge will be reimbursed at 35% of billed charges.

LUCILE SALTER PACKARD CHILDREN'S HOSPITAL
PEDIATRIC LIVER (PLV)
Pediatric liver only with living or cadaveric donor
EFFECTIVE 12/01/2015 THROUGH 9/30/2016
TRANSPLANT FACILITY ID# 355075

COMPONENTS	ALL INCLUSIVE RATE
EVALUATION (Inpatient or outpatient) - If completed as an inpatient it requires the facility to split bill for the one or two days to complete the testing if member remains in the facility after testing is completed.	35% of billed charges
PREP AND TRANSPLANT	~~$200,000.00~~ $210,000 (MS)
FOLLOW UP CARE - From day 1 post transplant through day 30 or a portion thereof	$170,000.00
FOLLOW UP CARE - From day 31 post transplant through day 60 or a portion thereof	$10,000.00
TOTAL	~~$380,000.00~~ $390,000 (MS)

Outlier Threshold

Liver cases will be reimbursed at case rate unless total billed charges for components PREP AND TRANSPLANT and FOLLOW UP CARE through day 60 exceed the Outlier Threshold. Then all charges over the Outlier Threshold will be reimbursed at 35% of billed charges.	$1,150,000.00	Days 61+ through date of discharge will be reimbursed at 35% of billed charges.

LUCILE SALTER PACKARD CHILDREN'S HOSPITAL
PEDIATRIC INTESTINAL TRANSPLANT CONTRACT (PVC)
Multi-visceral cadaveric donor (intestine, liver, pancreas en bloc)
EFFECTIVE 12/01/2015 THROUGH 9/30/2016
TRANSPLANT FACILITY ID# 355075

COMPONENTS	ALL INCLUSIVE RATE
EVALUATION (Inpatient or outpatient) - If completed as an inpatient it requires the facility to split bill for the one or two days to complete the testing if member remains in the facility after testing is completed.	**35% of billed charges**
PREP AND TRANSPLANT	**$368,708.00**
FOLLOW UP CARE - From day 1 post transplant through day 30 or a portion thereof	**$358,144.00**
FOLLOW UP CARE - From day 31 post transplant through day 60 or a portion thereof	**$28,736.00**
TOTAL	**$755,588.00**

Outlier Threshold

**Multi visceral cases will be reimbursed at case rate unless total billed charges for components PREP AND TRANSPLANT and FOLLOW UP CARE through day 60 exceed the Outlier Threshold. Then all charges over the Outlier Threshold will be reimbursed at 35% of billed charges.	**$2,000,000.00**	Days 61+ through date of discharge will be reimbursed at 35% of billed charges.

LUCILE SALTER PACKARD CHILDREN'S HOSPITAL
PEDIATRIC INTESTINAL TRANSPLANT CONTRACT (PCB)
Single organ, and/or intestine cadaveric donor
EFFECTIVE 12/01/2015 THROUGH 9/30/2016
TRANSPLANT FACILITY ID# 355075

COMPONENTS	ALL INCLUSIVE RATE
EVALUATION (Inpatient or outpatient) - If completed as an inpatient il requires the facility to split bill for the one or two days to complete the testing if member remains in the facility after testing is completed.	35% of billed charges
PREP AND TRANSPLANT	$200,000.00
FOLLOW UP CARE - From day 1 post transplant through day 30 or a portion thereof	$175,000.00
FOLLOW UP CARE - From day 31 post transplant through day 60 or a portion thereof	$45,000.00
TOTAL	$420,000.00

Outlier Threshold

Intestinal cases will be reimbursed at case rate unless total billed charges for components PREP AND TRANSPLANT and FOLLOW UP CARE through day 60 exceed the Outlier Threshold. Then all charges over the Outlier Threshold will be reimbursed at 35% of billed charges.	$1,150,000.00	Days 61+ through date of discharge will be reimbursed at 35% of billed charges.