

FIFTH AMENDMENT
VENTURA COUNTY HEALTH CARE PLAN
HOSPITAL SERVICES AGREEMENT

This Amendment to the Hospital Services Agreement effective October 27, 2011 ("AGREEMENT"), is made and entered into by and between the County of Ventura ("COUNTY"), dba Ventura County Health Care Plan ("VCHCP" or "PLAN"), and Simi Valley Hospital and Health Care Services ("HOSPITAL").

The parties agree that the Agreement is amended effective January 1, 2025 as follows:

- A. The AGREEMENT is hereby extended through December 31, 2025, subject to all necessary budgetary approvals by the Ventura County Board of Supervisors. Then, unless either party gives notice of its intent not to renew at least thirty (30) days prior to the renewal date, and subject to the receipt of necessary budgetary approvals by the Ventura County Board of Supervisors, the AGREEMENT shall then be extended for up to one (1) additional period of one year.
- B. Exhibit C, Schedule of Reimbursement, is deleted and replaced in its entirety with the attached revised Exhibit C.

Except as expressly amended by this Amendment, all other terms and conditions of the AGREEMENT shall remain in full force and effect.

FOR HOSPITAL:

FOR COUNTY:

Name: _____

Name: Theresa Cho, MD

Title: _____

Title: Health Care Agency Director

Signature: _____

Signature: _____

Date: _____

Date: _____

Business Address:

Adventist Health Simi Valley
2975 N. Sycamore Dr.
Simi Valley, CA 93065
Attn: Vice President, Managed Care

Business Address:

Ventura County Health Care Plan
2220 E. Gonzales Road, Suite 210-B
Oxnard, CA 93036
Attn: Dee Pupa

**EXHIBIT C
SCHEDULE OF REIMBURSEMENT**

HOSPITAL SERVICE	BASIS FOR PAYMENT	PAYMENT RATE 1/1/2025 – 12/31/2025	PAYMENT RATE 1/1/2026 – 12/31/2026
Inpatient Services:			
Medical/ Surgical	Per Diem	████	████
Intermediate ICU (DOU) Revenue Codes 0206, 0214	Per Diem	████	████
ICU / CCU Revenue Codes 0200-0204, 0207- 0210, 0212, 0219	Per Diem	████	████
NICU II Revenue Code 0172	Per Diem	████	████
Normal Vaginal Delivery	Case Rate, up to 2 days then LOC	████	████
Cesarean Section	Case Rate, up to 2 days then LOC	████	████
Newborn Boarder Baby Revenue Codes 0170, 0171, 0179	Per Diem	████	████
Implants	If aggregate billed charges for revenue codes 0274-0278 exceed █████	████	████
High cost pharmaceuticals	If aggregate billed charges for revenue codes 0634-0636 exceed █████	████	████
Stop-loss threshold amount and related percentage of billed charges	* If aggregate billed charges are equal to or greater than ████ (Year 1), ████ (Year 2) then percentage of billed charges	████	████
<p>Stop-loss threshold is to be increased by the same percent and effective at the same time as HOSPITAL's overall annual charge master increase. HOSPITAL is required to provide notification to VCHCP at least 30 days in advance of the effective date of its annual charge master increase.</p> <p>*Stop-loss threshold amounts for Year 1 and Year 2 are already included in the amounts set above and are based on the HOSPITAL's prior annual charge master increases of █████</p>			
Outpatient Services:			
Emergency Department	Percentage of Billed Charges	████	████
Other Outpatient Services (lab, x-ray, PT/OT, same day surgery, and any other outpatient service not otherwise identified in the Agreement.)	Percentage of Billed Charges	████	████