

**AMENDMENT TWO  
TO THE  
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION  
PROVIDER SERVICES AGREEMENT - COMMUNITY SUPPORTS**

This Amendment Two (the "Amendment") to the existing Provider Services Agreement – Community Supports between the parties, as amended (the "Agreement"), is made and entered into by and between VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (dba Gold Coast Health Plan), (hereinafter referred to as "PLAN"), and COUNTY OF VENTURA (hereinafter referred to as "PROVIDER").

**WHEREAS**, PLAN and PROVIDER entered into the Agreement to be effective January 1, 2023;

**WHEREAS**, PLAN and PROVIDER now desire to amend the Agreement expanding the scope of Clean Claim submission requirements to include invoices;

**NOW, THEREFORE**, the parties hereto expressly agree as follows:

1. The effective date of this Amendment shall be December 1, 2023.
2. Section 2.11.a. **Payment Requirements**, is hereby deleted in its entirety and replaced with the following:
  - a. **Submitting Claims.** Provider shall submit to Health Plan claims for Community Supports rendered to Members. Provider will obtain, complete and submit all claims on a CMS-1500 form, invoice (with prior approval from Health Plan which shall describe the Community Support services to be submitted on an invoice), or successor form along with evidence of prior authorization (if required) in accordance with Health Plan policies and procedures, or submit in ANSI ASC x 12n 837 EDI format through Health Plan's electronic transfer for all services rendered to Members including capitated services. With Health Plan's approval, Provider may also submit claims in other mutually acceptable formats, in accordance with DHCS guidance. Claims shall include any and all medical records pertaining to the claim if requested by Health Plan or otherwise required by Health Plan's policies and procedures. Except as otherwise provided by law or provided by government sponsored program requirements, any claims that are not submitted by Provider to Health Plan within one hundred and eighty (180) days of providing the Community Supports that are subject of the claim shall not be eligible for payment, and Provider hereby waives any right to payment therefor.
3. All other terms and conditions of the Agreement, as amended, shall remain unchanged.

**THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK**

**IN WITNESS WHEREOF**, the parties have duly authorized and caused their respective officers to execute this Amendment as of the dates set forth below.

**PROVIDER**

COUNTY OF VENTURA

*Executed by:*

  
Signature

Barry Zimmerman

Printed Name

Health Care Agency Director

Title

5-14-24

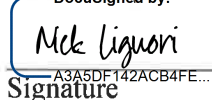
Date

TIN:95-6000944

**PLAN**

VENTURA COUNTY MEDI-CAL MANAGED  
CARE COMMISSION (dba Gold Coast Health  
Plan)

*Executed by:*

  
Signature

Nick Liguori

Printed Name

Nick Liguori, CEO

Title

May 29, 2024 | 11:39:00 PDT

Date

TIN: 27-3197163