

**SECOND AMENDMENT TO AGREEMENT FOR
ATTENDING PHYSICIAN, UROLOGY SERVICES**

This Second Amendment to the “Agreement for Attending Physician, Urology Services” effective November 14, 2022 (“Agreement”), is made and entered into by the COUNTY OF VENTURA, a political subdivision of the State of California, hereinafter sometimes referred to as COUNTY, including its Ventura County Health Care Agency (referred to collectively as “AGENCY”), and Central Coast Men’s Health, Inc., a duly licensed physician or duly formed California Professional Corporation (“CONTRACTOR”).

Agreement

The parties hereby agree that the referenced Agreement is amended effective January 1, 2024, as follows:

A. Article 7 Section 16 shall be replaced in its entirety with the following:

16. Documentation by CONTRACTOR – For services provided by CONTRACTOR, CONTRACTOR shall complete documentation in the AGENCY electronic health record system within four (4) days after providing such services. CONTRACTOR acknowledges that AGENCY will rely upon this documentation in billing third party payers for their services.

B. The Agreement, subject to all necessary budgetary approvals by the Ventura County Board of Supervisors, shall be extended through December 31, 2024. Then, unless either party gives notice of its intent not to renew at least ninety (90) days prior to the renewal date, and subject to the receipt of all necessary budgetary approvals by the Ventura County Board of Supervisors, the Agreement shall then be extended for two (2) additional period of one (1) year.

C. Attachment I shall be replaced in its entirety with the attached Attachment I.

D. Attachment II shall be replaced in its entirety with the attached Attachment II.

Except as expressly amended herein, all other terms and conditions of the Agreement shall remain unchanged.

IN WITNESS WHEREOF, the parties hereto execute this Second Amendment on the dates written below:

CONTRACTOR:
Central Coast Men’s Health, Inc.

Dated: 12/27/2023

DocuSigned by:
Steven Mills, M.D.
DFFB684D9BC44BA...
Steven Mills, M.D., President

Dated: 12/29/2023

AGENCY:

DocuSigned by:
Samantha Crostic
By: B37B0499A20642F...
PURCHASING AGENT or DESIGNEE

ATTACHMENT I
RESPONSIBILITY OF CONTRACTOR

It is mutually agreed that CONTRACTOR shall have the following responsibilities under the direction of the Chief Medical Officers of HOSPITAL and AMBULATORY CARE.

1. AGENCY shall appoint CONTRACTOR as Attending Physician, Urology Services.
2. CONTRACTOR shall participate in the patient management of the urology program at HOSPITAL and shall have the following responsibilities:
 - A. Collaborate with the DEPARTMENT Director and other urology attending physicians to provide adequate and appropriate physician coverage for all urology services 24 hours per day, 7 days per week, 365 days a year, through a system of primary and secondary call with a response time of no more than thirty (30) minutes. Such services shall include, but not be limited to:
 - i. Inpatient Hospital based urology services, including consultation, treatment, and follow-up consultations, as requested and mutually agreed by CONTRACTOR, DEPARTMENT Medical Director, and the Chief Medical Officer of HOSPITAL.
 - ii. Outpatient adult and pediatric urology clinic coverage at HOSPITAL's clinic site(s). Clinic coverage shall include, at a minimum, one (1) half-day clinic per month. The clinic schedule shall be mutually agreed by CONTRACTOR and the AMBULATORY CARE Chief Medical Officer. Clinic half-days shall be defined as a minimum of four (4) hours of clinical patient care beginning at 8:00 a.m. to 12 p.m. or 1:00 p.m. to 5 p.m.
 - iii. Urology surgery services, as mutually agreed by CONTRACTOR, DEPARTMENT Medical Director, and the Chief Medical Officer of HOSPITAL.
 - iv. Lithotripsy services at Santa Paula Hospital.
 - v. Emergency room urology coverage and consultation.
 - vi. Consulting urology services for physician staff and resident staff.
 - vii. Teaching of urology services to physicians and resident staff.
 - viii. Participation in both formal as well as informal urology education programs sponsored by HOSPITAL and any of its ancillaries or other agencies.
 - B. To assist in the development of and follow written policies and procedural guidelines applicable to the DEPARTMENT which are in accord with current requirements and recommendations of the State of California and the Joint Commission.

- C. To assist in the development of, update and maintain HOSPITAL’s Family Medicine Residency Program curriculum for teaching of urology practice and procedures to the resident physician staff in preparation for their practice as family physicians, and to assure that residents are appropriately supervised during their provision of all urology services and that curriculum objectives are fulfilled.
 - D. To assist in the development of educational programs for other allied health professional personnel such as nurse practitioners, nurses, and technicians.
 - E. To represent HOSPITAL within the medical community as Attending Physician, Urology Services.
 - F. To provide appropriate patient care in accordance with the Quality Assurance and Utilization Review plans of HOSPITAL.
 - G. To assure that effective peer review of urology services is being conducted according to Medical Staff guidelines.
 - H. To assist in cost savings strategies while maintaining high performance in the provision of urology services at HOSPITAL.
3. CONTRACTOR shall cooperate with and assist other members of the Medical Staff of HOSPITAL in preparation of clinical reports for publication and CONTRACTOR will use his best efforts to enhance the reputation of the Medical Staff in the field of unusual or interesting studies made on their service.
 4. CONTRACTOR shall comply with the policies, rules and regulations of AGENCY subject to the state and federal laws covering the practice of medicine, and shall comply with all applicable provisions of law relating to licensing and regulations of physicians.
 5. CONTRACTOR's time will be allocated in approximately the following manner:

Hospital Services	0%
Patient Services	100%
Research	0%
Teaching	0%

TOTAL	100%

CONTRACTOR will maintain, report, and retain time records, in accordance with the requirements of federal and state laws, as specified by AGENCY. In particular, CONTRACTOR shall report on a monthly basis the specific hours of service provided to AGENCY for a selected one (1) week period during that month. The allocation of CONTRACTOR’s time may be modified at any time at the discretion of the HOSPITAL Chief Medical Officer.

6. CONTRACTOR agrees to treat patients without regard to patients' race, ethnicity, religion, national origin, citizenship, age, sex, preexisting medical condition, status or ability to pay for medical services, except to the extent that a circumstance such as age, sex, preexisting medical condition or physical or mental handicap is medically significant to the provision of appropriate medical care to the patient.

By this Agreement, AGENCY contracts for the services of CONTRACTOR, as a physician, and CONTRACTOR may not substitute service by another physician without written approval of the HOSPITAL Chief Medical Officer.

ATTACHMENT II
COMPENSATION OF CONTRACTOR

1. Call Services: CONTRACTOR shall be paid for call based on the following table below:

Urology Call Coverage		
Day	Call Coverage Description	Compensation Per Day
Weekday	Monday - Friday, 5:00 PM-7:00 AM	\$700
Weekend/ Holidays	Saturday 7:00 AM through Monday 7:00 AM; Holidays 24 hours.	\$1,500

CONTRACTOR shall track and prepare a monthly detailed summary of activities performed to include a work log, schedule of days worked, or patients seen, as applicable. CONTRACTOR shall attach a monthly schedule from the AMiON system of the call days worked to the monthly invoice. Details relevant to tasks performed shall be reviewed and approved by the HOSPITAL Chief Executive Officer or HOSPITAL Chief Medical Officer on a monthly basis and attached to the monthly invoice.

2. Clinic Coverage: CONTRACTOR shall be paid a flat fee of seven hundred dollars (\$700) per half-day clinic coverage set forth in Attachment I, paragraph A, subparagraph ii. Provision of services to fewer than ten (10) patients per clinic shall be prorated at the rate of seventy dollars (\$70) per patient. No proration shall occur if AGENCY provides less than ten (10) patients per half-day clinic. Provision of services to more than ten (10) patients per clinic shall be included in the flat fee above. CONTRACTOR shall track and prepare a monthly detailed summary of activities performed to include a work log, schedule of days worked, or patients seen, as applicable. Details relevant to tasks performed shall be reviewed and approved by the AMBULATORY CARE Chief Executive Officer or AMBULATORY CARE Chief Medical Director on a monthly basis and attached to the monthly invoice.
3. Surgical Procedures: CONTRACTOR shall have the ability to earn compensation based on Work Relative Value Units (“Work RVUs”). Work RVUs are mutually agreed to be those Work RVUs defined by Centers for Medicare and Medicaid Services (CMS), Area 17, and published in the Federal Register, for work performed by the physician, exclusive of advanced practice providers and using Current Procedural Terminology (CPT) code modifiers as appropriate. Work RVUs used in this calculation shall be updated and become effective once the data is issued by Medicare and AGENCY’s reporting systems are updated.

CONTRACTOR shall receive compensation, calculated and paid monthly, for Work RVUs related to surgeries, elective cases, hospital consultations and other services provided by the CONTRACTOR with the prior approval of the HOSPITAL Chief Medical Officer. Work RVUs shall be paid at a rate of sixty dollars (\$60) per work RVU. Calculation of total Work RVUs shall take place within thirty (30) days following the end of each month.

Reports of Work RVU performance will be produced centrally as defined by AGENCY and will be distributed to CONTRACTOR. In the event that said Work RVU reports are not available in a timely manner and through no fault of CONTRACTOR, CONTRACTOR shall receive an estimated payment based on manual calculations of Work RVUs for urgent surgical procedures and HOSPITAL consultations. Said payment shall be adjusted upon receipt of Work RVU data and payment adjustment, whether up or down, shall be made as soon as the data is available. Any repayment due to AGENCY shall be made within thirty (30) days of reconciliation of actual data.

4. To receive payments, CONTRACTOR must submit an invoice, within thirty (30) days of the end of the month of provision of service, to AGENCY. The invoice must set forth the date of service, description of services, number of hours, hourly rate, total amounts due for the month, name, address, taxpayer identification number, and signature. Invoices received more than thirty (30) days after the provision of service may be denied by AGENCY as late. AGENCY shall pay the compensation due pursuant to the invoice within thirty (30) days after receipt of a timely invoice.
5. If CONTRACTOR is under suspension from the Medical Staff or fails to report on a monthly basis the specific hours of service provided to AGENCY for a selected one (1) week period each month at the time payment is due, or if CONTRACTOR has not fully completed the proper documentation of the services provided, according to the bylaws and the rules and regulations of the Medical Staff of HOSPITAL, then monthly payment shall be withheld until the respective suspensions(s) are lifted, the documentation completed, or payment is authorized by the HOSPITAL Chief Executive Officer or HOSPITAL Chief Medical Officer. The AGENCY shall pay no interest on any payment which has been withheld in this manner.
6. The compensation specified above shall constitute the full and total compensation from AGENCY for all services, including, without limitation, administrative, teaching, research, if required under this Agreement, and professional, to be rendered by CONTRACTOR pursuant to this Agreement. Inpatient attending rounds compensation is considered to be included within the compensation for surgical services.
7. Should AGENCY discover an overpayment made to CONTRACTOR, the overpayment amount shall be deducted from future payments due to CONTRACTOR under this Agreement until the full amount is recovered. Should deduction from future payments not be possible, CONTRACTOR shall repay any overpayment not deducted within thirty (30) days of demand by AGENCY.

Purchase Document Information

VC00028743

CT 3300FY2*000000000497

Contract Year Term - 01/01/24-12/31/24 and any

Contract Year thereafter

2nd Amendment

Compensation Type	Attachment II Item Number	Contract Year	Contract Year	Contract Year
		ENCUMBRANCE	INCREASE or <DECREASE>	TOTAL ENCUMBRANCE
Clinic Coverage	1	\$ 83,200	\$ (49,600)	\$ 33,600
Call Coverage	2	\$ 78,000	\$ (41,000)	\$ 37,000
Surgical Procedures	3	\$ 38,475	\$ (18,475)	\$ 20,000
Total		\$ 199,675	\$ (109,075)	\$ 90,600

Certificate Of Completion

Envelope Id: 3E36C70A36E44242B8A8837084CD865C	Status: Completed
Subject: Complete with DocuSign: Central Coast Men's Heath, Inc. - K8974, A2, CT 3300FY23000000000497	
Type of document: Amendment	
Type of Invoice: OTHER	
Source Envelope:	
Document Pages: 8	Signatures: 2
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Daniela Pickens
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	800 S. Victoria Avenue
	#L4615
	Ventura, CA 93009
	Daniela.Pickens@ventura.org
	IP Address: 157.145.220.3

Record Tracking

Status: Original	Holder: Daniela Pickens	Location: DocuSign
12/20/2023 3:06:43 PM	Daniela.Pickens@ventura.org	
Security Appliance Status: Connected	Pool: StateLocal	
Storage Appliance Status: Connected	Pool: Carahsoft OBO County of Ventura	Location: DocuSign

Signer Events

Steven Mills, MD.
 stevemills@ccmenshealth.com
 MD
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 DFFB684D9BC44BA...
 Signature Adoption: Pre-selected Style
 Using IP Address: 47.148.63.180

Timestamp

Sent: 12/20/2023 3:12:14 PM
 Viewed: 12/22/2023 12:57:59 PM
 Signed: 12/27/2023 4:44:41 PM

Electronic Record and Signature Disclosure:

Accepted: 12/22/2023 12:57:59 PM
 ID: 1fa0a32f-36ba-46ca-bbee-f4e0b1ba1bb9

Samantha Crostic
 sam.crostic@ventura.org
 Senior Buyer
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 B37B0499A20642F...
 Signature Adoption: Uploaded Signature Image
 Using IP Address: 47.144.46.21

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 Signed: 12/29/2023 4:14:46 PM

Electronic Record and Signature Disclosure:

Accepted: 12/29/2023 4:13:18 PM
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In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Cecilia Castanon Cecilia.Castanon@ventura.org Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/27/2023 4:44:42 PM
Candance Mcdonald candace.mcdonald@ventura.org Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/27/2023 4:44:42 PM
VCMC Accounts Payable VCMC.AccountsPayable@ventura.org Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/27/2023 4:44:43 PM
Cecilia Castanon Cecilia.Castanon@ventura.org Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/29/2023 4:14:47 PM
Candance Mcdonald candace.mcdonald@ventura.org Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/29/2023 4:14:47 PM
VCMC Accounts Payable VCMC.AccountsPayable@ventura.org Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 12/29/2023 4:14:48 PM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	12/20/2023 3:12:14 PM
Envelope Updated	Security Checked	12/27/2023 9:44:47 AM
Envelope Updated	Security Checked	12/29/2023 4:08:35 PM
Certified Delivered	Security Checked	12/29/2023 4:13:18 PM
Signing Complete	Security Checked	12/29/2023 4:14:46 PM
Completed	Security Checked	12/29/2023 4:14:48 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Carahsoft OBO County of Ventura:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: Catherine.Bek@ventura.org

To advise Carahsoft OBO County of Ventura of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at Catherine.Bek@ventura.org and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request paper copies from Carahsoft OBO County of Ventura

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to Catherine.Bek@ventura.org and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Carahsoft OBO County of Ventura

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to Catherine.Bek@ventura.org and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

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Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

By selecting the check-box next to ‘I agree to use electronic records and signatures’, you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify Carahsoft OBO County of Ventura as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by Carahsoft OBO County of Ventura during the course of your relationship with Carahsoft OBO County of Ventura.