

**SIXTH AMENDMENT TO THE
ANTHEM BLUE CROSS
FACILITY AGREEMENT**

This Amendment is to the Facility Agreement ("Agreement") dated April 1, 2013, and entered into between Blue Cross of California doing business as Anthem Blue Cross (hereinafter referred to as "Anthem") and County of Ventura, owner and operator of Ventura County Medical Center and Santa Paula Hospital (hereinafter "Facility") and is incorporated into the Agreement as follows:

BASE PROVISIONS

**ARTICLE VIII
TERM AND TERMINATION**

1. Provision 8.1 is hereby deleted in its entirety and replaced with the following:
 - 8.1 Term of Agreement. The Agreement, with an original effective date of April 1, 2013 shall be amended effective at 12:01 AM on June 1, 2023 the "Effective Date") and shall continue in effect for a term of three (3) years ("Initial Term"), unless otherwise terminated as provided herein.
2. Provision 8.2 is hereby deleted in its entirety and replaced with the following:
 - 8.2 Termination Without Cause. At any time, either party may terminate this Agreement without cause with such termination to be effective on or after the expiration date of the Initial Term or any renewal term that may then be existing, by giving at least one hundred eighty (180) days prior written notice of termination to the other party prior to the completion of the Initial Term or renewal term, as applicable. Thus, the effective date of any termination of this Agreement without cause cannot be prior to May 31, 2026, which is the date of expiration of the Initial Term.

RATE SHEET

3. The existing Rate Sheet(s) is deleted in its entirety and replaced with the attached revised Rate Sheet(s).

Except as expressly set forth herein, nothing contained herein shall be construed to modify the Agreement. To the extent this Amendment conflicts with any provision of the Agreement, this Amendment shall control.

Each party to this Amendment warrants that it has full power and authority to enter into this Amendment and the person signing this Amendment on behalf of either party warrants that he/she has been duly authorized and empowered to enter into this Amendment.

THE EFFECTIVE DATE OF THIS AMENDMENT IS: June 1, 2023

FACILITY LEGAL NAME: COUNTY OF VENTURA

By:	_____ Signature, Authorized Representative of Facility(s)	_____ Date
Printed:	<u>Barry L. Zimmerman</u> Name	<u>HCA Director</u> Title
Address	<u>Hall of Administration L #4615, 800 S. Victoria Avenue</u> Street	<u>Ventura</u> <u>CA</u> <u>93009</u> City State Zip
Tax Identification Number (TIN):	<u>956000944</u>	
Medicare Number:	<u>050159</u>	
Facsimile Number:	<u>805-677-5116</u>	
Phone Number:	<u>805-677-5105</u>	

Blue Cross of California doing business as Anthem Blue Cross

By:	_____ Signature, Authorized Representative of Anthem	_____ Date
Printed:	<u>John Pickett</u> Name	<u>Regional Vice President, Provider PSO</u>
Address	<u>21215 Burbank Blvd., 2nd Floor CA9302-L02B</u> Street	<u>Woodland Hills</u> <u>CA</u> <u>91367</u> City State Zip

VENTURA COUNTY MEDICAL CENTER - 050159, 005687																			
PCS RATE SHEET - IND1, NCX3																			
Effective 06/01/2023 - 05/31/2024																			
Effective 06/01/2024 - 05/31/2025																			
Effective 06/01/2025 - 05/31/2026																			
Anthem Use Only																			
MED ID	Tax ID	Facility Name	Effective Date	Service Type	Services	Method of Reimbursement	Rate 1	Rate 2	Rate 3	Rate 1	Rate 2	Rate 3	Rate 1	Rate 2	Rate 3	Criteria	Priority Score	NST	IRF
050159	956000944	Ventura County Medical Center	6/1/2023	COB	COB Percent	Price [] % of Secondary Liability										N/A	996	NST010	IRF077
050159	956000944	Ventura County Medical Center	6/1/2023	Miscellaneous	Chargemaster	Average Annual Increase %										Refer to Section 4 of this PCS	995	NSTK01	IRF280
050159	956000944	Ventura County Medical Center	6/1/2023	Miscellaneous	Midnight/24 Hour Rule/48 hour rule	FACILITY EXEMPT FROM MIDNIGHT & 24 HR RULES										N/A	995	NSTNR1	IRF148
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	IP Implants	If Total EBC for this NST > OR = \$ ____ Price ____ % Up to \$ ____ Max										Revenue code 0274-0276 OR 0278	894	NSTP81	IRF459
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	IP Trauma	Price \$ ____ Case Rate For 1ST ____ Days, \$ ____ Per Diem Rate Thereafter										Revenue Codes: 0681, 0682, (Subject to Article II)	893	NSTU99	IRF416
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Pediatrics	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue codes: 0113 or 0123 or 0133 or 0143 or 0153	816	NSTJ82	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Neonatal Intensive Care Unit [NICU] (Levels III - IV)	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue Code: 0174, subject to Article II of the PCS	815	NST397	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Intensive Care (ICU)	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue Codes: 0200-0204, 0207-0209	805	NST389	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Intermediate CC	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue code 0214	800	NSTP98	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Telemetry	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue code 0206	798	NSTJ83	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Level II Neonatal Intensive Care Unit (Intermediate Care)	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue Code: 0173, subject to Article II of the PCS	750	NST641	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Maternity Care (C-Sec)	Price \$ ____ Case Rate For 1ST ____ Days, \$ ____ Per Diem Rate Thereafter										ICD-10 codes : 10D00Z0 - 10D00Z2 AND Normal OB or Complicated OB Diagnoses	730	NSTH4X	IRF416
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Maternity Care (Normal)	Price \$ ____ Case Rate For 1ST ____ Days, \$ ____ Per Diem Rate Thereafter										ICD-10 codes : 0Q820ZZ, 0Q834ZZ, 0W8NXZZ, 10D07Z3 - 10D07Z8, 10E0XZZ, 10J07ZZ, 10S0XZZ-10S07ZZ, 10R00ZC, 10R03ZC, 10R04ZC, 10R07ZA, 10R07ZC, 10R08ZA, 10R08ZC, 0UQC0ZZ, 0UQC8ZZ, 0UQ90ZZ, 0DQP0ZZ - 0DQPRZZ, 0DQR0ZZ-0DQR4ZZ, 0TQB0ZZ - 0TQB8ZZ, 0TQDXZZ-0TQD8ZZ, 0TQD7ZZ, 0UQG8ZZ - 0UQG8ZZ, 0UQM8ZZ, 0UQM0ZZ, 0WQN8ZZ AND Normal OB or Complicated OB Diagnosis	725	NSTH3X	IRF416
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Level I Surveillance [I.E., Special Care Nursery/Continuing Care]	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue Code: 0172, subject to Article II of the PCS	725	NST692	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	General Nursery/Boarder Baby	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue Codes: 0170, 0171, or 0179, subject to Article II of the PCS	700	NSTR61	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Chemical Dependency Inpatient	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue Codes: 0116, 0126, 0136, 0146, 0156 AND DRG 894-897 OR DRG 894-897	675	NSTJ69	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Psychiatric Inpatient Care	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue Codes: 0114, 0124, 0134, 0144, 0154 AND DRG 880-887 OR DRG 880-887	670	NSTJ68	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Crofab	PAY @ ____ % OF INVOICE COST										Revenue code: 636 AND HCPCS J7999, J0840 or J0841	586	NSTJ66	IRF426
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	Hemodialysis IP	Price Lesser of \$ [] Per Diem or eligible billed charges										Revenue codes: 800 or 804 or 809	586	NSTJ81	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Inpatient Services	General Acute Care (not otherwise specified)	Price Lesser of \$ [] Per Diem or eligible billed charges										All Acute IP Services not otherwise specified	585	NST323	IRF051
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	OP Implants	If Total EBC for this NST > OR = \$ ____ Price ____ % Up to \$ ____ Max										Rev Code 0274 - 0276 or 0278	569	NSTL85	IRF459
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Maternity ABC	Case Rate \$ [] per Admission/Global										Normal or Complicated OB diagnosis AND HCP 59400, 59409-59410, 59412, 59510, 59514-59515, 59610, 59612, 59614, 59618, 59620, 59622	540	NSTH81	IRF003
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Crofab	PAY @ ____ % OF INVOICE COST										Revenue code: 636 AND HCPCS J7999, J0840 or J0841	539	NSTJ67	IRF426
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 9 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	504	NSTX89	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 8 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	502	NSTX88	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 7 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	500	NSTX87	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 6 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	490	NSTX86	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 5 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	480	NSTX85	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 4 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	380	NSTX84	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 3 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	350	NSTX83	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	OP ER Trauma	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Revenue Codes: 0681, 0682 AND Emergency Room Services	337	NSTZ29	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 2 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	324	NSTX82	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Emergency / Urgent Care - Blended	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Revenue Codes: 0450 - 0459, 0516, 0526, 0700 or HCPCS/CPT 99281 - 99285, 99291, G0380 - G0384	322	NSTE04	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Surgery Group 1 Global Rate	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Anthem assigned surgical groupings	314	NSTX81	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Blood	Case Rate [] % of Eligible Billed Charges not to exceed \$ []										Revenue Codes: 0380 - 0399 or CPTs: P9070-P9071, P9073, P9016 -P9017, P9019- P9023, P9031 - P9040, P9043 - P9048, P9050 - P9060, P9010 - P9011, P9099 OR CPTs:- 36430 AND revenue code 0391	300	NSTR15	IRF011
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Pharmaceuticals	Fee Schedule Price Lesser of [] % of Eligible Billed Charge or [] % of FS										Anthem Blue Cross Fee Schedule	281	NSTYW1	IRF096
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Infusion Therapy Visit	Case Rate \$ [] Per Date of Service										Revenue Codes: 0263-0269, 0280-0289, 0331-0332, 0335 or CPT/HCPCS codes: 0342T, 36430, 36511-36516, 96365-96376, 96401-96402, 96405-96406, 96409, 96411, 96413, 96415-96417, 96446, 96450, C8957, Q0081, M0239, M0243, M0245, M0240, M0220, M0222	278	NSTY94	IRF336
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Global Laboratory, Radiology and Diagnostic Services	Fee Schedule Price Lesser of [] % of Eligible Billed Charge or [] % of FS										Anthem Blue Cross Fee Schedule	276	NST489	IRF096
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Laboratory, Radiology and Diagnostic Services	Fee Schedule Price Lesser of [] % of Eligible Billed Charge or [] % of FS										Anthem Blue Cross Fee Schedule	275	NST355	IRF096
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Physical Therapy	Case Rate \$ [] Per Discipline, Per Date of Service										Revenue Codes: PT Rev: 0977, 042X, AND required CPT/HCPCS coding	255	NSTSG5	IRF481
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Speech Therapy	Case Rate \$ [] Per Discipline, Per Date of Service										Revenue Codes: ST Rev: 0979, 044X AND required CPT/HCPCS coding.	254	NSTSG6	IRF481

VENTURA COUNTY MEDICAL CENTER - 050159, 005687																				
PCS RATE SHEET - IND1, NCX3																				
							Effective 06/01/2023 - 05/31/2024			Effective 06/01/2024 - 05/31/2025			Effective 06/01/2025 - 05/31/2026				Anthem Use Only			
MED ID	Tax ID	Facility Name	Effective Date	Service Type	Services	Method of Reimbursement	Rate 1	Rate 2	Rate 3	Rate 1	Rate 2	Rate 3	Rate 1	Rate 2	Rate 3	Criteria	Priority Score	NST	IRF	
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Respiratory Therapy	Case Rate \$ [] Per Discipline, Per Date of Service										Revenue Codes: RT: 0976, 041X AND required CPT/HCPCS coding.	253	NSTSG7	IRF481	
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Outpatient Occupational Therapy	Case Rate \$ [] Per Discipline, Per Date of Service										Revenue Codes: OT Rev: 0978, 043X AND required CPT/HCPCS coding.	252	NSTSG8	IRF481	
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Other Hospital Services	Lesser of [] % of PBP1 Fee Schedule OR [] % of Eligible Billed Charges										Refer to Section 3 of this PCS	150	NSTP25	IRF411	
050159	956000944	Ventura County Medical Center	6/1/2023	Outpatient Services	Other Hospital Services	[] % of Eligible Billed Charges										Refer to Section 3 of this PCS	100	NST356	IRF001	

(1) Based on the introduction of new codes, the deletion of codes or changes in technology, Anthem reserves the right to update the procedure codes included in this rate.

(2) With respect to the coding criteria, in the event of a conflict between the provider manual and the PCS, the PCS shall govern.