

**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: Barry L. Zimmerman _____
Name Title HCA Director

Address Hall of Administration L #4615, 800 S. Victoria Avenue _____
Street City State Zip Ventura CA 93009

Tax Identification Number (TIN): 956000944 _____

Medicare Number: 050159 _____

Facsimile Number: 805-677-5116 _____

Phone Number: 805-677-5105 _____

Blue Cross of California doing business as Anthem Blue Cross

By: _____
Signature, Authorized Representative of Anthem Date

Printed: John Pickett _____
Name Title Regional Vice President, Provider PSO

Address 21215 Burbank Blvd., 2nd Floor CA9302-L02B _____
Street City State Zip Woodland Hills CA 91367

VENTURA COUNTY MEDICAL CENTER - 050159, 005687
PCS RATE SHEET - IND1, NCX3

MED ID	Tax ID	Facility Name	Effective Date	Service Type	Services	Method of Reimbursement	Effective 06/01/2023 - 05/31/2024			Effective 06/01/2024 - 05/31/2025			Effective 06/01/2025 - 05/31/2026			Criteria	Anthem Use Only		
							Rate 1	Rate 2	Rate 3	Rate 1	Rate 2	Rate 3	Rate 1	Rate 2	Rate 3		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.