

**THIRD AMENDMENT**  
**VENTURA COUNTY HEALTH CARE PLAN**  
**HOSPITAL SERVICES AGREEMENT**

This Amendment to the Hospital Services Agreement effective September 1, 2017 ("AGREEMENT"), is made and entered into by and between the County of Ventura ("COUNTY"), as owner and operator of the Ventura County Health Care Plan ("VCHCP"), and Dignity Health, d/b/a St. John's Regional Medical Center and St. John's Hospital Camarillo ("HOSPITAL").

The parties agree that the Agreement is amended effective September 1, 2023 as follows:

- A. The AGREEMENT is hereby extended through August 31, 2026, subject to all necessary budgetary approvals by the Ventura County Board of Supervisors, or unless terminated by either party as provided in the Agreement.
- B. Exhibit C, Compensation for Services, 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: Barry L. Zimmerman

Title: \_\_\_\_\_

Title: Health Care Agency Director

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Business Address:**

Dignity Health  
3400 Data Drive, 3<sup>rd</sup> Floor  
Rancho Cordova, CA 95670  
Attn: System Senior Vice President  
Payer Strategy and Relationships

**Business Address:**

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

# Ventura County Health Care Plan

## Exhibit C

### Compensation for Services Rendered at St. John's Regional Medical Center and St. John's Hospital Camarillo Effective September 1, 2023

			Effective Date		
			9/1/2023	9/1/2024	9/1/2025
Inpatient Service Category	Codes	Rate Type	All Products	All Products	All Products
General Acute	Rev 111, 121, 131, 141, 151	PER DIEM			
OB Monitoring	Rev 112, 122, 132, 142, 152	PER DIEM			
ICU/CCU	Rev 201-203, 207-212, 219	PER DIEM			
DOU	Rev 206, 214	PER DIEM			
NICU2	Rev 172	PER DIEM			
NICU3	Rev 173	PER DIEM			
NICU4	Rev 174	NONE			
Nursery / Border Baby	Rev 170, 171, 179	PER DIEM			
CV Surgery (Adult & Ped)	DRG 215-238				
Neurosurgery	DRG 20-33,37-39,52-53, 56-103				
Major Joint Replacements	DRG 40-42, 453-462, 466-486, 489-517, 551-556, 616-618, 906				
PTCA w/ Cath	See Attachment C-1 for qualifying ICD-10				
PTCA w/ Ablation	See Attachment C-1 for qualifying ICD-10				
PTCA	DRG 247-251				
OB Normal	DRG 767-768, 774-775; Rev 112, 122, 132, 142, 152				
OB C-Section	DRG 765-766; Rev 112, 122, 132, 142, 152				
SUB-ACUTE/SNF	Rev 190-199	PER DIEM			

Acute Rehab	Rev 118, 128, 138, 148, 158	PER DIEM			
General Acute, Med/Surg (Pediatric)	Rev 113, 123, 133, 143, 153	PER DIEM			
Hyperbaric (Paid in addition to per diem)	Rev 413	% of CBC			
Therapeutic Cath Lab					
Cardiac Cath (2 days)					
Lithotripsy	Rev 790	CASE RATE			
Repeat Lithotripsy	Rev 790	CASE RATE			
Lap Chole (1 day)		CASE RATE			
Unlisted Inpatient Services		% of CBC NTE			
Inpatient Cardiac Stop Loss		1st Dollar SL -- % Billed Charges T-hold			
Inpatient Stop Loss		1st Dollar SL -- % Billed Charges T-hold			

Outpatient Service Category	Codes	Rate Type	All Products	All Products	All Products
Outpatient Surgery	CPT 10000-69999 Not Listed Below	Billed Charges			
		NTE			
Lap Chole		Case Rate			
ER	Rev 450-452, 459; CPT 99281-99285	% of Billed Charges			
		NTE			
Initial Evaluation	CPT 97161-97168	Per Visit			
Treat Modalities	CPT 97010-97545	Per Visit			
Imaging, MRI/MRA, Ultrasound, Nuclear Medicine, Mammo	Rev 320-329, 3430-341, 400-403, 610-618	Billed Charges			
		NTE			
PET / CT / CT Angiography	Rev 350-359, 404	Billed Charges			
		NTE			
Radiation Therapy	Rev 330, 333, 339	Billed Charges			
		NTE			
Infusion Therapy Visit	Rev 260-269, 280-289, 335	Billed Charges			
		NTE			
Wound Therapy		Billed Charges			

	CPT 97597-97598, 97602, 97605, 87606-97608, 97610	NTE			
Hyperbaric Services	Rev 413	Billed Charges			
Lithotripsy	Rev 790	Per Visit			
Cardiac Cath	CPT 93503-93505, 93530-93533, 93563-93568, 93451-93462, 0281T, 0291T, 0292T, 0293T, 0294T	Per Case			
Cardiovascular Thoracic	CPT 33010 - 37799	Billed Charges			
		NTE			
Diagnostic Lab & Pathology	CPT 80000-89999	Billed Charges			
Non-Surgical Other OP		Billed Charges			
		NTE			
Surgical - Other Unlisted Procedures	See Attachment C-2 for qualifying Unlisted Codes	Billed Charges			
		NTE			
Observation	Rev 762				

  

Exclusions: Inpatient & Outpatient	Codes	Rate Type	All Products	All Products	All Products
Implants & Prosthetics	Rev 274-279	% Billed Charges			
		T-hold			
Pharmaceuticals	Rev 630-636; Rev 343-344 with A9606 or A9584 (Xofigo & DATScan)	% Billed Charges			
		T-hold – per drug			

### **INPATIENT AND OUTPATIENT EXCLUSIONS:**

Carve-Out Services and Supplies. The following items pay separately, and are not included in the above per diem and case rates:

Implanted devices billed under revenue codes 274, 275, 276 and 278

Drugs billed under revenue code 630-636, and HCPCs A9606 and A9584 (Xofigo and DATScan).

Stop Loss Payment. When a single patient stay results in Stop Loss Eligible Charges (SLEC) (billed charges minus charges for implants and high cost drug carve-out services) equal to or greater than the Stop Loss Threshold (SLT) amount specified above, payment shall be [REDACTED] of the SLEC amount for the single patient stay.



## **OTHER TERMS:**

1. Pre-Admission Testing and Procedures. Hospital's payment for its costs pertaining to a Member's diagnostic testing and procedures occurring within three (3) days of an elective admission is included in the compensation for inpatient services.
2. Delayed Treatment Days. VCHCP's payment obligation shall be waived for each day added to a Member's length of stay solely resulting from (i) the unavailability of operating or procedure room space, (ii) rescheduling of surgery or procedures for space-related reasons, (iii) inadequate nursing procedure, (iv) suboptimal planning, sequencing or management of medical care or discharge arrangements when such is the responsibility of Hospital, or (v) the failure to obtain timely necessary ancillary or diagnostic services when such is the responsibility of Hospital. Hospital shall neither bill nor otherwise hold Member liable for any such charges. Written communication will be provided to the hospital regarding such situations. Notwithstanding the foregoing, if the above listed delays are not the sole cause for an extended length of stay (e.g., the Member required additional Covered Services and would have still been an inpatient on the extended days at issue, or VCHCP's other contracted providers were not available or able to accept the Member to provide necessary Covered Services, VCHCP's payment obligation shall not be waived.
3. Disposition Days. VCHCP's payment obligation for a Member shall end as of the date specified for discharge in a Member's chart or the date specified by VCHCP in a prior written notice to Hospital and its Member indicating services will no longer be covered as of a future date. If the Member's discharge is delayed because of failure of VCHCP's discharge planning to resolve post-discharge placement problems which are part of a Member's Covered Services, VCHCP shall be financially responsible to pay Hospital for each additional day at the applicable Exhibit C rate for bed level occupied by the Member. Hospital may hold a Member liable for charges for a continued stay if the Member elects to stay after notification by VCHCP of financial liability for services provided beyond a future date as specified in the notice.
4. Pharmacy or Other Supplies on Discharge. If Hospital is so licensed and provides home-going medication or provides other medical or surgical supplies to patients upon discharge, Hospital will provide member with a three (3) day supply of any necessary medication and supplies.
5. NICU/Neonatal Services. Except in the case of multiple births, while the mother is an inpatient of the Hospital, VCHCP will pay a NICU/Neonatal rate only for a neonate placed in a licensed Level 2, 3 or 4 unit. VCHCP will pay a Level 1 unit (nursery) rate following the date of the mother's discharge from the Hospital.

6. Charge Description Master. Hospital and VCHCP agree that Hospital's Charge Description Master (CDM) will not increase by more than five percent (5%) per fiscal year beginning in 2024. In the event Hospital's CDM increases more than five percent (5%) in the aggregate per fiscal year, Hospital will notify VCHCP no less than thirty (30) days in advance of such increase. Hospital and VCHCP will subsequently re-index all payment rates impacted and all associated percent of charge reimbursement payment rates in order to hold the impact of the CDM increase for the fiscal year at five percent (5%) for the contract term (including but not limited to stop loss threshold and exclusion threshold rates, if applicable).

## Exhibit C

### Attachment C-1 Qualifying ICD10 PTCA

PTCA w/ Cath			PTCA w/ Ablation		
ICD 10:			ICD 10:		
4A020N6	B206YZZ	B2011ZZ	02563ZZ		
4A023N6	B2160ZZ	B201YZZ	02573ZZ		
4A020N7	B2161ZZ	B2100ZZ	025K3ZZ		
4A023N7	B216YZZ	B2101ZZ	025L3ZZ		
4A020N8	B2000ZZ	B210YZZ	02B63ZZ		
4A023N8	B2001ZZ	B2110ZZ	02B73ZZ		
B2040ZZ	B200YZZ	B2111ZZ	02BK3ZZ		
B2041ZZ	B2010ZZ	B211YZZ	02BL3ZZ		
B204YZZ	B2011ZZ	B2000ZZ			
B2140ZZ	B201YZZ	B2001ZZ			
B2141ZZ	B2100ZZ	B200YZZ			
B214YZZ	B2101ZZ	B2010ZZ			
B2050ZZ	B210YZZ	B2011ZZ			
B2051ZZ	B2110ZZ	B201YZZ			
B205YZZ	B2111ZZ	B200YZZ			
B2150ZZ	B211YZZ	B201YZZ			
B2151ZZ	B2000ZZ				
B215YZZ	B2001ZZ				
B2060ZZ	B200YZZ				
B2061ZZ	B2010ZZ				

## Exhibit C

### Attachment C-2 Qualifying Unlisted OP Surgery Codes

#### CPT Codes OP Unlisted Surgery

15999	31599	43999	55899
17999	31899	44238	58578
19499	32999	44799	58579
20999	33999	44899	58679
21089	36299	44979	58999
21299	37501	45499	59897
21499	37799	45999	59898
21899	38129	46999	59899
22899	38589	47379	60659
22999	38999	47399	60699
23929	39499	47579	64999
24999	39599	47999	66999
25999	40799	48999	67299
26989	40899	49329	67399
27299	41599	49659	67599
27599	41899	49999	67999
27899	42299	50549	68399
28899	42699	50949	68899
29799	42999	51999	69399
29999	43289	53899	69799
30999	43499	54699	69949
31299	43659	55559	69979