

**Amendment No. 1 to  
Ventura County Contract No. 8645**

The County of Ventura (County) and SysInformation Healthcare Services, LLC dba 1st Credentialing hereby agree that the agreement identified as Ventura County Contract No.8645 previously entered into by the parties is amended, effective July 1, 2022, as follows:

1. Replace Exhibit "A" in its entirety with the attached Exhibit "A" (July 1, 2022).

All other terms and conditions of the Contract, as amended, remain the same.

**Client: County of Ventura**

**SysInformation Healthcare Services, LLC dba 1st  
Credentialing**

By: \_\_\_\_\_

By: \_\_\_\_\_

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

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

## **Exhibit A (July 1, 2022)**

### **Objective:**

Contractor will be responsible for all third-party payor enrollment, revalidations, and maintenance for all providers billing under County TIN (tax identification number). County contracts with approximately 650 medical, dental, and behavioral health providers, including mid-levels providers. Contractor will implement repeatable processes for establishing, updating, renewing, and maintaining the various systems required for provider enrollment with all third-party payors. Additionally, Contractor will establish lines of communication with each third-party payor to ensure enrollment information is timely transmitted, received, and updated as required. Finally, Contractor will assist County in developing and implementing enrollment policies and procedures for the Health Care Agency (HCA) to ensure requirements, including regulatory requirements, are being met.

### **Contractor Responsibilities:**

1. Contractor will initiate and maintain, in a system selected and maintained at the sole expense of Contractor, a complete enrollment/credentialing file for each County provider to satisfy the requirements for third-party payors, government plans/programs, managed care plans, IPA (Individual Practice Association) contract affiliations and hospital/facilities affiliations at which such individuals are or will be enrolled/credentialed. Contractor will ensure reasonable security measures, consistent with industry standards, are maintained for all Contractor maintained systems and access to provider sensitive information is available on an as needed basis only.
2. Contractor will work directly with County Medical Staff office, HCA management, hospital and ambulatory care management, as well as providers, to maintain HCA facility and provider CAQH accounts, Medicare accounts, Medi-Cal accounts, CCS paneling, or other accounts as necessary to ensure provider information is accurate for all third-party payors. Contractor is responsible for maintaining communication records for all additions or changes and will validate the information with the County before providing it to third-party payors as required.
3. Contractor will maintain a County location file for the purpose of the Provider billing roster information required by 3<sup>rd</sup> party payors. Contractor may be required to maintain multiple rosters with specific information as requested by payor.
4. Contractor will timely complete all applications, reapplications, and other information on behalf of providers (where applicable) and submit them to the designated person at County for signature accompanied by requests to County for payment payable to the appropriate credentialing entity. The fully completed and signed application will be sent to the appropriate credentialing entity with a complete credentialing package for processing.
5. Contractor will provide change of address and/or adding of new address service as needed for all third-party payors.
6. Contractor will communicate to all payors provider or location updates (additions, deletions, updates) as required by each payor. The communication may be via a “provider billing roster” or real time updates as accepted by the payor. The timing and method of communication to each payor will adhere to the request of each payor. Large payors may

require information to be provided multiple times to different divisions depending on products (Medicare Advantage, PPO, HMO, etc...) supported.

7. Contractor will complete and submit, any enrollment audit documents requested by payors. This includes but is not limited to: Health Industry Collaboration Effort, Inc. (HICE) audits and quarterly/annual reporting, delegated credentialing annual audits, and annual provider validation audits/reports. Large payors may require information to be provided multiple times to different divisions depending on products (Medicare Advantage, PPO, HMO, etc...) supported.
8. Contractor will communicate to County any changes to the Medicare, Medi-Cal, CAQH, or other processes affecting the enrollment process that may impact the scope of Contractor's work.
9. All work performed under this Contract shall be completed domestically with the following exceptions: data entry into CAQH, Availity, and other commercial insurance systems and web-portals, follow-up with payors and review information from payors for accuracy based on information provided by County, and roster data entry for review by domestic team. Medicare and MediCal applications must be completed by US based Contractor employees.
10. Contractor will provide bi-weekly or weekly reports with status on all projects/tasks being performed by Contractor.

#### **County Responsibilities:**

County is responsible for cooperating with Contractor in provision of services and for providing the following to Contractor:

1. Establish regular bi-weekly meetings between Contractor and HCA departments to include hospital and ambulatory care leadership, Medical Staff management, and billing managers, to review enrollment issues and progress.
  - a. Additional ad hoc meetings will be scheduled as needed
2. Provide, or assist Contractor in obtaining provider information required to for enrollment or recredentialing applications. This includes, but is not limited to, provider name, address, national provider identifier, renewed and new licenses, malpractice insurance certification, Drug Enforcement Agency license, any other state or local licenses, specialty board certifications, and CAQH account information.
3. Provider work location and schedule as needed for rosters.
4. Requests for new contracts and new facilities with which to enroll. County is responsible for determining which new contracts and new facilities are enrolled, not Contractor.
5. List of insurance companies, managed care plans, and hospitals/facilities, with which to enroll on an ongoing basis, including current status and contact information.
6. Any changes to tax identification numbers, other identifying numbers, and practice locations.
7. Other documents and information, as needed for enrollment.

8. Pay for any enrollment application fees required by state or federal government, or third-party payors.
9. Any changes to the preceding information.

**COMPENSATION SCHEDULE:**

Service	Cost
New Application Fee – per provider per insurance application – explain discount rate if available	\$131.60 per provider \$112.80 per provider if over 30 providers
Existing Provider – linking to new carrier – also identify additional charges for group/County-wide linking	\$61.00 per provider per insurance application
Maintenance Fee for Provider in the various systems – explain breakdown of fees if not a monthly amount for all systems	\$9,400.00 monthly for up to 650 providers. \$23.50 monthly for each provider over 650
Change of Address Fee	\$530.16 per address per TIN
Onboarding or start-up fee	\$44.18 per new provider added in a month
Other fees – explain rate and when the charges would occur.	\$61.00 hourly rate for other projects/work

Additionally, Contractor will be reimbursed for travel and expenses incurred by Contractor personnel in accordance with County's expense reimbursement policy (Administrative Manual).

The Contract not-to-exceed amount is five hundred fifty thousand dollars (\$550,000).

Payment terms are net thirty (30) days, in arrears for services and expenses rendered and upon the receipt of valid and correct invoices. Invoices are to be sent to the following address:

[VCMC.AccountsPayable@ventura.org](mailto:VCMC.AccountsPayable@ventura.org)

Or

VCMC Accounts Payable  
800 South Victoria Ave., L #4610  
Ventura, CA 93009