

**AMENDMENT FIFTEEN TO THE
AMENDED AND RESTATED MEDICAL SERVICES AGREEMENT
BETWEEN
VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION
AND
COUNTY OF VENTURA**

This Amendment Fifteen to the Amended and Restated Medical Services Agreement (“this Agreement”) is made this 31st day of December 2022 (the “Effective Date”) by and between VENTURA COUNTY MEDI-CAL MANAGED CARE COMMISSION (dba Gold Coast Health Plan), a California public agency, hereinafter referred to as “PLAN”, and COUNTY OF VENTURA, hereinafter referred to as “Specialist Physician”, a group of physicians each of whom is licensed to practice medicine in the State of California pursuant to California Business and Professions Code, Division II, Chapter 5, Section 200 et seq., each of whom is eligible to participate in and certified to provide services under the California Medi-Cal (Medicaid) program, and each of whom meets applicable requirements under Titles XVIII and XIX of the Social Security Act. Plan and Specialist Physician are also collectively referred to as “Parties”.

RECITALS

WHEREAS, the Parties entered into this Agreement on July 1, 2018; and

WHEREAS, Section 10.2 of this Agreement provides for amending this Agreement; and

WHEREAS, the Parties desire to amend this Agreement to provide for certain changes in their obligations thereunder and to enter into this Amendment Fifteen to document those mutually agreed to changes;

NOW THEREFORE, the Parties hereto expressly agree as follows:

1. This Agreement shall be extended for an additional six (6) month period, commencing as of the Effective Date and shall remain in effect until 11:59 PM on June 30, 2023.

2. All other terms and conditions of the Agreement shall remain unchanged and except as expressly modified by this Amendment Fifteen, this Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the Parties have caused this Amendment Fifteen to be executed and effective as of this December 31, 2022.

HOSPITAL:

COUNTY OF VENTURA
(Ventura County Medical Center and
Santa Paula Hospital)

PLAN:

VENTURA COUNTY MEDI-CAL
MANAGED CARE COMMISSION
(dba Gold Coast Health Plan)

Executed by:

Executed by:

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____