

AMENDMENT 4
to
CENCAL HEALTH PHYSICIAN SERVICES PROVIDER AGREEMENT

FEDERALLY QUALIFIED HEALTH CENTER OR RURAL HEALTH CLINIC

This Amendment 4 is entered into by and between **County of Santa Barbara**, an organization approved by the State Department of Health Services as a Federally Qualified Health Center (FQHC) (hereinafter referred to as "County") and **Santa Barbara San Luis Obispo Regional Health Authority**, dba **CenCal Health**, a body corporate and politic, (hereinafter referred to as "CenCal Health"). (County and CenCal Health jointly are the "parties".)

RECITALS

- A. CenCal Health's predecessor, Santa Barbara Regional Health Authority ("Authority") and County entered into a certain Physician Services Provider Agreement, Federally Qualified Health Center or Rural Health Clinic ("Agreement") which included any and all of Exhibits A-C, Attachment 1, and the Provider Manual, and Amendments that were effective January 1, 2007, November 1, 2007, and January 1, 2009 pursuant to which Provider is to deliver certain medical services to CenCal Health Members through December 31, 2011.
- B. County received from CenCal Health the 2009 Amendment To CenCal Health Physician Services Provider Agreement, Federally Qualified Health Center Or Rural Health Clinic ("2009 Amendment") which was to be effective January 1, 2009, which was not executed.
- C. County has expressed an interest to begin drafting a new Agreement between the parties rather than go forward with the 2009 Amendment proposed by CenCal Health. In the interim, the parties will execute this Amendment 4 in order to set forth new Capitation rates and to increase funding of the PCP Incentive Fund.
- D. The Agreement will be amended by replacing Subsection 5.1 of Section 5 of Exhibit A and Attachment A-2 of Exhibit A, PROTOCOLS FOR PRIMARY CARE PHYSICIANS - County of Santa Barbara ("County"), dated January 1, 2008.

NOW, THEREFORE, the parties agree as follows:

1. The above Recitals are true and correct.
2. Subsection 5.1, Guaranteed Payment for Class I Members and Acceptance of Guaranteed Payment of Section 5, Payments and Incentives for Case Managed Members, of Exhibit A is deleted in its entirety effective January 1, 2009, and is replaced as follows:

5. PAYMENTS AND INCENTIVES FOR CASE MANAGED MEMBERS

5.1 Guaranteed Payment for Class I Members and Acceptance of Guaranteed Payment

CenCal Health shall pay to County a monthly sum called the "Guaranteed Payment". This Guaranteed Payment shall be eighty percent (80%) until December 31, 2008, and commencing January 1, 2009, shall be either eighty percent (80%) or sixty percent (60%), as indicated in writing by County. The

“selected percentage” shall be whichever percentage is of more benefit to County and is allowable under State requirements. The Guaranteed Payment shall be the selected percentage of the full Capitation rate allocated to Primary Care Services and adjusted by eligibility category. The full Capitation rate is specified in §1-C of Attachment A-2 or A-2.1, and the selected percentage will be paid to County by the fifteenth (15th) day of each month, excepting Saturdays, Sundays and holidays. The full Capitation rate is specified in §1-C of Attachment A-2 or A-2.1, and the selected percentage will be paid to County by the fifteenth (15th) day of each month, excepting Saturdays, Sundays and holidays. This full Capitation rate allocated to Primary Care Services may be increased, but not decreased, unilaterally by CenCal Health to be applicable to services rendered during a specified period. The Guaranteed Payment will be calculated according to the total number of eligible Class I Members (adjusted for eligibility category, Special Case Members, and age and sex if appropriate) assigned to Clinics for the calendar month. County shall receive notice each month of those Members who are entitled to receive Covered Services from or through its Clinics and for whom County has been paid the Guaranteed Payment. County is expected to authorize Covered Services and cause its Clinics to render necessary Primary Care Services (as specified in Attachment A-1) to Class I Members in exchange for the monthly Guaranteed Payment. County does not receive fee-for-service reimbursement for the capitated services.

3. The Agreement is amended by deleting in its entirety Attachment A-2 of Exhibit A, Protocols for Primary Care Physicians, dated January 1, 2008 and replacing it with Attachment A-2 and A-2.1 of Exhibit A, Protocols for Primary Care Physicians, dated and effective August 1, 2009.
4. Except as amended by this Amendment, the Agreement will remain in full force and effect.

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective on the date executed by County.

SANTA BARBARA SAN LUIS OBISPO
REGIONAL HEALTH AUTHORITY
dba CENCAL HEALTH

By: _____
Chief Executive Officer

Date

APPROVED AS TO FORM:

Caitlin Larsen, Director of Legal Affairs

IN WITNESS WHEREOF, the parties have executed this Amendment to be effective on the date executed by County.

COUNTY OF SANTA BARBARA

ATTEST:
MICHAEL F. BROWN
CLERK OF THE BOARD

Chair, Board of Supervisors

By: _____
Deputy

Date: _____

APPROVED AS TO FORM:
DENNIS MARSHALL
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:
ROBERT W GEIS, CPA
AUDITOR-CONTROLLER

By: _____
Deputy County Counsel

By: _____
Deputy

APPROVED
MICHELE MICKIEWICZ, MPH
INTERIM DIRECTOR
PUBLIC HEALTH DEPARTMENT

APPROVED AS TO FORM:
RAY AROMATORIO
RISK PROGRAM ADMINISTRATOR

By: _____
Interim Director

By: _____
Risk Program Administrator

ATTACHMENT A-2
PAYMENT ADDENDUM

SECTION 1-C *FULL CAPITATION RATES
 CLASS 1 SBHI MEMBERS FOR COUNTY
 JANUARY 1, 2009 – JUNE 30, 2009

(1) Aged and Blind; no adjustment for age and sex	<u>Aged</u>	<u>Blind</u>
1. PUBLIC ASSISTANCE	\$8.51	\$25.05
2. MEDICALLY NEEDY	\$9.74	\$64.91
	<u>Male</u>	<u>Female</u>
(2) Disabled		
<u>Ages:</u>		
Less than 1	\$19.24	\$19.24
1-4	19.24	\$19.24
5-14	16.51	13.76
15-19	16.51	13.76
20-44	11.28	22.16
45-64	15.54	23.46
65+	2.08	2.08
(3) Family		
<u>Ages:</u>		
Less than 1	21.12	20.87
1-4	11.98	11.98
5-14	6.56	8.70
15-19	6.56	8.70
20-44	10.39	15.92
45+	16.34	20.22
(4) Medically Needy: Disabled		
<u>Ages:</u>		
Less than 1	40.37	44.68
1-4	44.68	44.68
5-14	28.83	44.68
15-19	28.83	44.68
20-44	27.39	43.25
45-64	32.86	43.25
65+	6.92	7.50

***County is paid the selected percentage of this amount monthly (the “Guaranteed Payment”). Attachment A-1 of the Agreement specifies services covered by this payment.**

ATTACHMENT A-2, § 1-C January – June 2009 (continued, page 2)

	<u>Male</u>	<u>Female</u>
(5) Medically Needy: Family		
<u>Ages:</u>		
Less than 1	\$27.33	\$26.40
1-4	19.97	20.29
5-14	9.88	10.19
15-19	9.88	10.19
20-44	12.43	17.59
45+	16.88	25.82
(6) Medically Indigent Child		
<u>Ages:</u>		
Less than 1	24.60	15.97
1-4	14.01	14.89
5-14	8.98	10.51
15-19	8.98	10.51
20-44	9.53	15.86
45+	19.68	19.68
(7) Refugees		
<u>Ages:</u>		
Less than 1	19.09	18.86
1-4	11.35	10.84
5-14	5.93	7.85
15-19	5.93	7.85
20-44	9.39	14.41
45+	14.78	18.29
(8) BCCTP		
<u>Ages:</u>		
Less than 1	40.37	44.68
1-4	40.37	44.68
5-14	28.83	44.68
15-19	28.83	44.68
20-44	27.39	43.25
45-64	32.86	43.25
65+	6.92	7.50
(9) SBHI CCS		
<u>Ages:</u>		
Less than 1	61.23	60.51
1-4	36.38	34.74
5-14	19.02	25.25
15-19	19.02	25.25
20-21	30.14	50.29

County is paid the selected percentage of this amount monthly (the “Guaranteed Payment”). Attachment A-1 of the Agreement specifies services covered by this payment.

ATTACHMENT A-2.1
PAYMENT ADDENDUM
SECTION 1-C *FULL CAPITATION RATES
CLASS 1 MEMBERS FOR COUNTY
JULY 1, 2009

(1) Aged and Blind; no adjustment for age and sex	<u>Aged</u>	<u>Blind</u>
Public Assistance	\$6.98	\$21.09
Medically Needy	\$7.98	\$54.72
	<u>Male</u>	<u>Female</u>
(2) Disabled		
<u>Ages:</u>		
Less than 1	\$16.53	\$16.53
1-4	16.53	16.53
5-14	14.17	11.79
15-19	14.17	11.79
20-44	9.68	19.01
45-64	13.35	20.16
65+	1.78	1.78
(3) Family		
<u>Ages:</u>		
Less than 1	17.21	17.02
1-4	10.25	9.77
5-14	5.35	7.09
15-19	5.35	7.09
20-44	8.46	13.00
45+	13.32	16.50
(4) Medically Needy: Disabled		
<u>Ages:</u>		
Less than 1	34.64	38.34
1-4	34.64	38.34
5-14	24.75	38.34
15-19	24.75	38.34
20-44	23.50	37.13
45-64	28.19	37.13
65+	5.93	6.44

***County is paid the selected percentage of this amount monthly (the “Guaranteed Payment”). Attachment A-1 of the Agreement specifies services covered by this payment.**

ATTACHMENT A-2.1, Section 1-C July 1, 2009 (continued, Page 2)

	<u><i>Male</i></u>	<u><i>Female</i></u>
(5) Medically Needy: Family		
<u>Ages:</u>		
Less than 1	\$22.28	\$21.53
1-4	16.27	16.53
5-14	8.04	8.29
15-19	8.04	8.29
20-44	10.15	14.35
45+	13.77	21.03
(6) Medically Indigent Child		
<u>Ages:</u>		
Less than 1	20.03	13.01
1-4	11.42	12.14
5-14	7.30	8.57
15-19	7.30	8.57
20-44	7.78	12.96
45+	16.04	16.04
(7) Refugees		
<u>Ages:</u>		
Less than 1	15.56	15.40
1-4	9.26	8.83
5-14	4.83	6.42
15-19	4.83	6.42
20-44	7.64	11.74
45+	12.03	14.89
(8) BCCTP		
<u>Ages:</u>		
Less than 1	34.64	38.34
1-4	34.64	38.34
5-14	24.75	38.34
15-19	24.75	38.34
20-44	23.50	37.13
45-64	28.19	37.13
65+	5.93	6.44
(9) SBHI CCS		
<u>Ages:</u>		
Less than 1	49.91	49.35
1-4	29.73	28.35
5-14	15.50	20.55
15-19	15.50	20.55
20-21	24.52	37.70

***County is paid the selected percentage of this amount monthly (the “Guaranteed Payment”). Attachment A-1 of the Agreement specifies services covered by this payment.**