

HOSPITAL AGREEMENT

Amendment 2001-3

This Agreement is made this 1st day of December 2001, by and between the San Mateo Health Commission, a public corporation, hereinafter referred to as "PLAN", and San Mateo County dba San Mateo County Health Center, hereinafter referred to as "HOSPITAL."

RECITALS

WHEREAS, PLAN and HOSPITAL have previously entered into an Agreement effective December 1, 1993;

WHEREAS, Article XIV.C of such Agreement provides for amending such Agreement;
and

WHEREAS, the current Agreement has a termination date of November 30, 2001 and both parties wish to extend the term of the Agreement.

NOW, THEREFORE, PLAN and HOSPITAL hereby agree as follows:

Paragraph One - EXHIBIT 2, Reimbursement Addendum

Article X. (A) is amended to read:

D. Term. The term of this Agreement shall commence on December 1, 1993 and shall terminate on December 31, 2001.

Paragraph Two - Effective Date of Amendment

This amendment shall be effective December 1, 2001.

Paragraph Three - Incorporation of Agreement Rights, Duties and Obligations

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

SAN MATEO HEALTH COMMISSION

Date: _____

By: _____

Title: Executive Director

HOSPITAL

Name: San Mateo County
dba San Mateo County Health Center

Date: 7/14/02

By: [Signature]

Title: CEO

Date: _____

By: _____

Jerry Hill, President
Board of Supervisors, San Mateo County

ATTEST:

hospamend2001-3
Date: _____
120607

By: _____
Clerk of Said Board

HOSPITAL AGREEMENT

Amendment 2002-1

This Agreement is made this 1st day of December 2001, by and between the San Mateo Health Commission, a public corporation, hereinafter referred to as "PLAN", and San Mateo County dba San Mateo County Health Center, hereinafter referred to as "HOSPITAL."

RECITALS

WHEREAS, PLAN and HOSPITAL have previously entered into an Agreement effective December 1, 1993;

WHEREAS, Article XIV.C of such Agreement provides for amending such Agreement;
and

WHEREAS, both parties wish to extend the term of the Agreement.

NOW, THEREFORE, PLAN and HOSPITAL hereby agree as follows:

Paragraph One - EXHIBIT 2. Reimbursement Addendum

Article X. (A) is amended to read:

D. Term. The term of this Agreement shall commence on December 1, 1993 and shall terminate on December 31, 2002.

Paragraph Two - Effective Date of Amendment

This amendment shall be effective January 1, 2002.

Paragraph Three - Incorporation of Agreement Rights, Duties and Obligations

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

SAN MATEO HEALTH COMMISSION

Date: _____

By: _____

Title: Executive Director

HOSPITAL

Name: San Mateo County

dba San Mateo County Health Center

Date: 5/18/12

By: [Signature]

Title: CA

Date: _____

By: _____

Jerry Hill, President
Board of Supervisors, San Mateo County

ATTEST:

hospamend2002-1
12062001
Date: _____

By: _____

Clerk of Said Board

HOSPITAL AGREEMENT

Amendment 2002-2

This Agreement is made this 1st day of February, 2002, by and between the San Mateo Health Commission, a public corporation, hereinafter referred to as "PLAN", and San Mateo County dba San Mateo County Health Center, hereinafter referred to as "HOSPITAL."

RECITALS

WHEREAS, PLAN and HOSPITAL have previously entered into an Agreement effective December 1, 1993;

WHEREAS, Article XIV.C of such Agreement provides for amending such Agreement; and

WHEREAS, the San Mateo Health Commission has approved various changes in reimbursement rates to physicians and hospitals effective January 1, 2002, and will cease to cover services to undocumented individuals in OBRA aid codes effective February 1, 2002.

NOW, THEREFORE, PLAN and HOSPITAL hereby agree as follows:

Paragraph One - EXHIBIT 2, Reimbursement Addendum

I. Section A of Exhibit 2 is amended to read:

A. **"HOSPITAL Inpatient Service Reimbursement**

- (1) PLAN shall pay HOSPITAL ninety percent (90%) of the following all-inclusive rates per day for admissions beginning on and after February 1, 2002:

(a)	Acute Medical/Surgical Day	\$1,302.00
(b)	ICU Heart Day	\$1,575.00
(c)	Neonatal Critical Care Day	\$1,575.00
(d)	Obstetrics Critical Care Day	\$1,575.00
(e)	Pediatric Critical Care Day	\$1,575.00
(f)	Obstetrical Common Day	\$ 814.00
(g)	Nursery Common Day	\$ 488.00
(h)	ICU Burn Day	\$1,575.00
(i)	Administrative Day	\$ 202.00
(j)	Special Member Pediatric Day	\$1,302.00

- (4) The all-inclusive per diem rates, as described above, are to be the only payments made by PLAN to HOSPITAL for inpatient services provided to Medi-Cal Beneficiaries except where otherwise provided hereunder.
- (5) The remaining ten percent (10%) of the per diem rate will be withheld and placed in a reserve account as provided in Section C of this Exhibit."

Paragraph Two - EXHIBIT 3, Full Capitation Allocations

Exhibit 3 is amended to read:

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FULL CAPITATION ALLOCATIONS

Effective 2/1/02

FOR CASE-MANAGED MEMBERS:

Beneficiaries' Aid Category	Regular Hours PCP Cap	Extended Hours PCP Cap	Referral	Hospital Inpatient	Hospital Outpatient & Other Med	Pharmacy	Total Allocation	
							Regular PCP Cap	Extended PCP Cap
Public Assistance:								
Aged	\$5.36	\$5.85	\$6.85	\$63.08	\$20.37	\$108.55	\$204.21	\$204.7
Blind	8.67	9.49	17.50	87.19	80.97	177.14	371.47	372.5
Disabled	13.83	15.18	19.72	110.48	59.33	175.56	378.92	380.2
Family	10.35	11.33	12.58	25.43	13.63	17.01	79.00	79.5
Med Needy No SOC:								
Aged	9.83	10.76	24.79	84.60	43.44	89.01	251.67	252.6
Blind	29.05	31.83	73.33	604.07	116.79	35.67	858.91	861.9
Disabled	29.05	31.83	61.55	600.82	139.93	97.65	929.00	931.7
Family	16.94	18.58	29.03	70.97	24.41	17.83	159.18	160.8
MI Child No SOC	13.35	14.63	21.70	69.07	34.31	23.89	162.32	163.8
Refugees	10.35	11.33	12.46	39.05	16.48	11.74	90.08	91.0
Percent of Poverty	13.11	14.43	11.18	34.61	10.40	12.12	81.42	82.74

FOR SPECIAL MEMBERS:

Beneficiaries' Aid Category	Regular Hours PCP Cap	Extended Hours PCP Cap	Referral	Hospital Inpatient	Hospital Outpatient & Other Med	Pharmacy	Total Allocation	
							Regular PCP Cap	Extended PCP Cap
Med Needy SOC:								
Aged	\$0.00	\$0.00	\$7.70	\$114.76	\$55.41	\$164.76	\$342.63	\$342.63
Blind	0.00	0.00	98.45	803.89	307.52	205.42	1,415.28	1,415.28
Disabled	0.00	0.00	75.00	601.94	164.27	341.70	1,182.91	1,182.91
Family	0.00	0.00	88.69	468.74	65.44	22.29	645.16	645.16
MI Adult:								
SOC	0.00	0.00	255.01	2,175.43	151.30	148.07	2,729.81	2,729.81
No SOC & Pending	0.00	0.00	207.95	566.62	115.24	7.02	896.83	896.83
MI Child SOC	0.00	0.00	62.56	603.25	213.70	7.73	887.24	887.24
MIA LTC	0.00	0.00	254.43	642.15	151.30	148.07	1,195.95	1,195.95
MN LT Non-Grant:								
Aged	0.00	0.00	4.18	29.32	33.83	123.99	191.32	191.32
Blind	0.00	0.00	70.09	479.78	119.96	231.81	901.64	901.64
Disabled	0.00	0.00	70.09	479.78	119.96	231.81	901.64	901.64
OBRA	0.00	0.00	69.39	223.55	38.32	12.66	343.92	343.92

Paragraph Three - EXHIBIT3A

Exhibit 3A is amended to read:

EXHIBIT 3 A

<u>Aid Category</u>	<u>Aid Code</u>
Public Assistance:	
Aged	10,16,18
Blind	20,26,28,6A
Disabled	36,60,66,68,6C,6N,6P,6R
Family	30,32,33,35,38,39,40,42,3A,3C,3E, 3G,3H,3L,3M,3P,3R,3U,4F,4G,4M
Medically Needy No Share of Cost (SOC):	
Aged	14,1H
Blind	24
Disabled	64,6H,6V,6W,6X,6Y
Family	34,54,59,76,3N,5X,7X
Medically Indigent Children:	
No SOC	03,04,45,82,4A,4C,4K,5K,7J
Refugees:	01,02,08,0A
Medically Needy SOC:	
Aged	17
Blind	27
Disabled	65,67
Family	37
Medically Indigent Adult:	
SOC	87
No SOC & Pending	81,86
Medically Indigent Children:	
SOC	83
Medically Indigent Adult - LTC:	53
Medically Needy Long-Term, Non-Grant:	
Aged	13
Blind	23
Disabled	63
Percent of Poverty:	47,72,7A,8P,8R

Feb 1, 2002

Paragraph Four - Effective Date of Amendment

This amendment shall be effective February 1, 2002.

Paragraph Five - Incorporation of Agreement Rights, Duties and Obligations

All other terms and provisions of said Agreement shall remain in full force and effect so that all rights, duties and obligations, and liabilities of the parties hereto otherwise remain unchanged.

SAN MATEO HEALTH COMMISSION

Date: _____

By: _____

Title: Executive Director

HOSPITAL

Name: San Mateo County
dba San Mateo County Health Center

Date: 5/14/02

By: [Signature]

Title: 5/14/02

hospamend2002-2
02012002
Date: _____

By: _____

Jerry Hill, President
Board of Supervisors, San Mateo County

ATTEST:

Date: _____

By: _____

Clerk of Said Board