

# **HOSPITAL AGREEMENT**

## **Amendment 2002-3**

This Agreement is made this 1st day of July, 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 changes in the definitions of Critical Care Criteria and in reimbursement rates for hospitals with the recontracting of Lucile Salter Packard Children's Hospital.

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

#### **Paragraph One - EXHIBIT 1A is amended to read:**

#### **"Critical Care Criteria for Neonatology and Pediatrics**

A provider of service will be eligible for reimbursement at the critical care rate for each day of service for which the medical record demonstrates that (for any amount of time) *any one* of the following criteria has been met:

1. Mechanical ventilation outside the operating room, CAP (for non-chronic use only), or other modes of positive pressure ventilation, supplemental  $F_iO_2$  of greater than or equal to 40%<sup>1</sup> or ECMO (extra corporeal membrane oxygenation)
2. Requires nitric oxide or prostaglandin administration (e.g. for pulmonary immaturity or pulmonary hypertension, congenital heart disease, or respiratory failure)

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<sup>1</sup>CCS defined and revised NICU criteria proposed and under review, 01/28/02

3. Chest tube<sup>1</sup>
4. Invasive monitoring [e.g. arterial lines -umbilical or peripheral<sup>1</sup>, CVP or umbilical venous lines<sup>1</sup>,) associated with appropriate critical conditions (such as exchange transfusions<sup>1</sup>), including intravenous lines for administration of pharmacological agents to support the cardiovascular system<sup>1</sup>
5. Intracranial pressure monitoring (for Pediatric Intensive Care only), neurological monitoring in the setting of ongoing seizures or for apnea
6. Central or peripheral hyperalimentation<sup>1</sup>
7. Pre-mature infants  $\leq 27$  weeks gestation or extremely low birth weight  $\leq 1000$  grams recently weaned from assisted ventilation (within 5 days)
8. Day of surgery and 24 hours post-operative major surgical procedure
9. Medically instability requiring the need for continuous measurement and interpretation of hemodynamic data for at least one of the following conditions: shock, cardiac failure CNS or ventilator status.

Additional Critical Care Criteria would be demonstrated by the documentation of continuous or hourly monitoring of blood pressure, and at least TWO Criteria (any combination) from the following therapies or procedures:

- Pharmacological treatment for apnea and/or bradycardic episodes<sup>1</sup>
- Peripheral intravenous line for administration of intravenous fluids, blood or blood products, or medications other than those agents used in support of the cardiovascular system<sup>1</sup>
- Surgical or interventional radiology procedures for 24 hours per and post-procedure
- Dialysis or Renal replacement therapy used for dialysis or hemofiltration in the pediatric intensive care (PICU) setting
- Tube feedings<sup>1</sup>

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<sup>1</sup>CCS defined and revised NICU criteria proposed and under review, 01/28/02"

**Paragraph Two - EXHIBIT 1B is amended to read:**

***"CRITICAL CARE CRITERIA FOR OBSTETRICS***

**Required provision of one or more of the following services to obstetrical inpatients:**

- (1) Any person whose days of care have been approved by the PLAN as "obstetrical critical care"
- (2) Multiple Gestation (with delivery or complications subject to PLAN review)
- (3) Severe Pre-eclampsia, HELLP syndrome, or eclampsia with seizure
- (4) Maternal hemorrhage requiring transfusion, operative intervention and/or vasoactive drug therapy, or embolization
- (5) Disseminated intravascular coagulopathy and/or transfusion of blood or blood products
- (6) Respiratory failure requiring assisted ventilation
- (7) Invasive hemodynamic monitoring such as central venous or arterial lines
- (8) Other maternal trauma or maternal medical condition requiring transfer from Labor and Delivery to the adult ICU (examples: Renal disease, Maternal heart disease or maternal seizures)
- (9) Maternal/Fetal reasons:
  - a. Pre-term labor/rapture of membranes prior to 34 weeks
  - b. Extreme pre-term (24 to 29 weeks)
  - c. Known fetal anomalies (craniofacial, cardiac, GI)
  - d. Invasive fetal procedures (other than amniocentesis); any fetal procedure assessing the fetal body cavity or circulatory system
  - e. Operative procedures on the fetal - placental unit

**Paragraph Three - 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 July 1, 2002:

(a)	Acute Medical/Surgical Day	\$1,302.00
(b)	ICU Heart Day	\$1,900.00
(c)	Neonatal Critical Care Day	\$1,900.00
(d)	Obstetrics Critical Care Day	\$1,900.00
(e)	Pediatric Critical Care Day	\$1,900.00
(f)	Obstetrical Common Day	\$1,650.00
(g)	Nursery Common Day	\$ 0.00
(h)	ICU Burn Day	\$1,900.00
(j)	Administrative Day	\$ 231.30

(2) 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.

(3) 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.

(4) All-inclusive rates for previous time periods remain in effect for inpatient services during such time periods.

(5) Accommodation Codes for billing per diem rates:

Inpatient Day	Current Accommodation Codes	New Accommodation Codes	Rates
ICU Heart Day	0210, 0211, 0212, 0219	Same	\$1,900
ICU Burn Day	0207	Same	\$1,900
Neonatal Critical Care Day	0175	Same	\$1,900
Pediatric Critical Care Day	0176*	0203	\$1,900
Obstetrical Critical Care Day	0160*	0209	\$1,900
Obstetrical Common Day	0112, 0122, 0132, 0152	Same	\$1,650
Nursery Common Day	0171	Report as 0171 but not paid	\$ 0
Acute Medical/Surgical Day	0111, 0113, 0117, 0121, 0123, 0127, 0131, 0133, 0137, 0151, 0153, 0157, 0200, 0201, 0202, 0206, 0208, 0214, 0080, 0081, 0090, 0118, 0128, 0138, 0150*, 0158, 0170*	Same Add 0085, 0095 Delete 0150, 0170	\$1302
Administrative Day	0098	Same	\$231.30

\*HPSM Created Codes

**Paragraph Four - Effective Date of Amendment**

This amendment shall be effective July 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: \_\_\_\_\_

By: *Margaret Klein*

Title: 11/6/02