

**HOSPITAL AGREEMENT**  
**Amendment 2006-1**

This Agreement is made this 12th day of January 2006, by and between the San Mateo Health Commission dba Health Plan of San Mateo, an independent public agency established by the San Mateo County Board of Supervisors pursuant to Welfare and Institutions Code Section 14087.51, hereinafter referred to as "PLAN", and **San Mateo County d.b.a. San Mateo Medical Center**, a hospital, 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;

WHEREAS, the San Mateo Health Commission has approved its operating budget for FY2006 which requires amending Exhibit 3 of the Agreement FY2006; and

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

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

**Paragraph One - Article X, Term, Termination and Effect of Termination**

Article X. (A) is amended to read:

A. Term. The term of this Agreement shall commence on December 1, 1993 and shall terminate on December 31, 2006.

**Paragraph Two - EXHIBIT 3, Full Capitation Allocations**

Exhibit 3 is amended to read:

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## FULL CAPITATION ALLOCATIONS

Effective 1/1/2006

## 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
<b>Public Assistance:</b>								
Aged	\$5.36	\$5.85	\$10.08	\$42.85	\$21.17	\$34.82	\$114.28	\$114.77
Blind	8.67	9.49	53.14	74.98	111.63	94.01	342.42	343.24
Disabled	13.83	15.18	35.93	100.24	75.49	88.45	313.95	315.30
Family	10.35	11.33	11.25	34.92	23.64	12.78	92.93	93.91
<b>Med Needy No SOC:</b>								
Aged	9.83	10.76	20.25	60.46	42.54	62.07	195.16	196.09
Blind	29.05	31.83	10.60	43.06	22.27	46.48	151.46	154.24
Disabled	29.05	31.83	56.64	246.55	118.99	81.59	532.82	535.60
Family	16.94	18.58	20.19	77.21	42.41	21.75	178.49	180.13
MI Child No SOC	13.35	14.63	11.98	73.71	25.16	11.87	136.08	137.36
Refugees	10.35	11.33	27.04	7.76	56.80	14.34	116.29	117.27
Percent of Poverty	13.11	14.43	8.61	43.85	18.09	5.94	89.60	90.92

## 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
<b>Med Needy SOC:</b>								
Aged	\$0.00	\$0.00	\$22.44	\$129.23	\$47.14	\$46.31	\$245.12	\$245.12
Blind	0.00	0.00	221.88	2,634.09	466.09	96.18	3,418.24	3,418.24
Disabled	0.00	0.00	63.89	463.72	134.22	76.70	738.53	738.53
Family	0.00	0.00	74.89	644.63	157.32	28.00	904.83	904.83
<b>MI Adult:</b>								
SOC	0.00	0.00	128.11	933.85	269.10	5.89	1,336.95	1,336.95
No SOC	0.00	0.00	61.02	348.08	128.19	15.45	552.74	552.74
Pending	0.00	0.00	132.82	636.27	279.01	3.19	1,051.30	1,051.30
MI Child SOC	0.00	0.00	51.40	750.74	107.98	6.64	916.76	916.76
MIA LTC	0.00	0.00	\$72.45	\$173.74	\$152.19	\$472.70	871.09	871.09
<b>MN LT Non-Grant:</b>								
Aged	0.00	0.00	30.20	33.00	63.45	65.40	192.05	192.05
Blind	0.00	0.00	20.51	553.99	43.09	144.22	761.82	761.82
Disabled	0.00	0.00	54.30	171.51	114.07	82.38	422.27	422.27
BCCTP	0.00	0.00	147.74	182.62	310.34	75.68	716.37	716.37

**Paragraph Three - Effective Date of Amendment**

This amendment shall be effective January 1, 2006.

**Paragraph Four - Waive 45 Day Provision**

By signing this Amendment, both parties mutually agree to waive the 45 business day notice requirement for this contract amendment as provided for in Section 1375.7 of the California Health and Safety Code.

**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

Name: **San Mateo County d.b.a.  
San Mateo Medical Center**

Date: 5/2/04

By: *Mary Steijn*

Title: CEO

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: \_\_\_\_\_  
Jerry Hill, President  
Board of Supervisors, San Mateo County

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

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board