

# Monterey County Board of Supervisors

## **Board Order**

168 West Alisal Street, 1st Floor Salinas, CA 93901 831.755.5066

Agreement No.: A-13580

Upon motion of Supervisor Phillips, seconded by Supervisor Salinas and carried by those members present, the Board of Supervisors hereby:

- a. Authorized the Deputy Purchasing Agent for Natividad Medical Center (NMC) or his designee to execute amendment No. 1 to the agreement with Peter A. Ripper & Associates, Inc. dba PARA to provide a revenue integrity program for NMC, extending the agreement an additional one (1) year period (July 1, 2017 through June 30, 2018) for a revised full agreement term of July 1, 2016 through June 30, 2018, and adding \$65,000 for a revised total agreement amount not to exceed \$160,000; and
- b. Authorized the Deputy Purchasing Agent for NMC or his designee to execute up to three (3) future amendments to the agreement which do not significantly alter the scope of work and do not cause an increase of more than ten percent (10%) of the original cost of the agreement per each amendment.
   PASSED AND ADOPTED this 20th day of June 2017, by the following vote, to wit:

AYES:

Supervisors Alejo, Phillips and Salinas

NOES:

None

ABSENT: Supervisors Parker and Adams

I, Gail T. Borkowski, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 80 for the meeting June 20, 2017.

Dated: June 21, 2017 File ID: A 17-215

Gail T. Borkowski, Clerk of the Board of Supervisors County of Monterey, State of California

By Denise Dan

Denuty

# AMENDMENT NO. 1 TO SERVICES AGREEMENT BETWEEN PETER A. RIPPER & ASSOCIATES, INC DBA PARA AND NATIVIDAD MEDICAL CENTER FOR A REVENUE INTEGRITY PROGRAM

This Amendment No. 1 to the Services Agreement ("Agreement") which was effective on July 1, 2016 is entered into by and between the County of Monterey (hereinafter "COUNTY"), on behalf of Natividad Medical Center (hereinafter "NMC"), and Peter A. Ripper & Associates, Inc. dba PARA (hereinafter "CONTRACTOR"). Collectively, COUNTY, NMC and CONTRACTOR are referred to as the "Parties", with respect to the following:

#### RECITALS

WHEREAS, the County of Monterey on behalf of Natividad Medical Center and Peter A. Ripper & Associates, Inc. dba PARA executed an Agreement to provide a revenue integrity program that audits and enhances each aspect of the revenue cycle process to ensure that all appropriate revenue is created, captured, coded, priced, and paid correctly within compliance guidelines with a term July 1, 2016 through June 30, 2017 and a total Agreement amount not to exceed \$95,000; and

WHEREAS, NMC and CONTRACTOR currently wish to amend the Agreement to extend it for an additional one (1) year period through June 30, 2018 for a revised full Agreement term of July 1, 2016 through June 30, 2018 to allow for existing services to continue and with a \$60,000 increase for a revised total Agreement amount not to exceed \$160,000.

### **AGREEMENT**

NOW, THEREFORE, the Parties agree to amend the Agreement as follows:

The Agreement is hereby renewed on the terms and conditions as set forth in the original Agreement incorporated herein by this reference, except as specifically set forth below.

- 1. Paragraph titled, "PAYMENTS BY NMC" shall be amended to the following:
  - "NMC shall pay the CONTRACTOR in accordance with the payment provisions set forth in EXHIBIT A, subject to the limitations set forth in this Agreement. The total amount payable by NMC to CONTRACTOR under this Agreement shall not exceed the sum of \$160,000."
- 2. The first sentence of <u>Paragraph titled</u>, "TERM OF AGREEMENT" shall be amended to the following:
  - "The term of this Agreement is from July 1, 2016 through June 30, 2018 unless sooner terminated pursuant to the terms of this Agreement."
- 3. Except as provided herein, all remaining terms, conditions and provisions of the original Agreement are unchanged and unaffected by this Amendment No. 1 and shall continue in full force and effect as set forth in the original Agreement.
- 4. A copy of this Amendment No. 1 shall be attached to the original Agreement.
- 5. This Amendment No. 1 shall be effective when signed by both Parties.

**IN WITNESS WHEREOF,** the Parties hereto are in agreement with this Amendment No. 1 on the basis set forth in this document and have executed this Amendment No. 1 on the day and year set forth herein.

NATIVIDAD MEDICAL CENTER	CONTRACTOR
By: Gray, DO, CEO	Peter A. Ripper & Associates, Inc. dba PARA ON (RACTOR's Business Name
Date:	*Signature instructions below
APPROVED AS TO LEGAL PROVISIONS	By: (Signature of: Chair, President, or Vice-President)
By: Monterey County Deputy County Counsel	Name and Title
Staey Sactta	Date:
Date: 5724/7	By: (Signature of: Secretary, Asst. Secretary, CFO, Treasurer, or Asst. Treasurer)
By:	Name and Title
Monterey County Chief Debuty Auditor-Controller	Date:
Print Name	
Date: ()~29~17	

## \*Signature Instructions:

If CONTRACTOR is a corporation; including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers (2 signatures required).

If CONTRACTOR is a partnership; the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership (2 signatures required).

If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any and shall personally sign the Agreement (1 signature required).



# State of California Kevin Shelley Secretary of State



STATEMENT OF INFORMATION

(Domestic Stock Corporation)

IMPORTANT — READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

1. CORPORATE NAME: (Please do not alter if name is preprinted.)

C1469808 DUE DATE 10-31-03 29695S PETER A. RIPPER & ASSDC., INC. 5020 GREENHAVEN STR YORBA LINDA CA 92887 03-298236

in the office of the Secretary of State of the State of California

JUL 2 8 2003

KEVIN SHELLEY, SECRETARY OF STATE

CALIFORNIA CORPORATE DISCLOSURE ACT (Corporations Code Section 1502)	This Space For Filing Use Only
4. I UNECK HERE IF THE CORPORATION IS DUBLICLY TRADES	
2. CHECK HERE IF THE CORPORATION IS PUBLICLY TRADED. IF PUBLICLY TRADED, COMPLETE THE CORPORATE DISCLOSURE STATEMENT (FORM SI-PTSUPP). SEE ITEM 2 OF INSTRUCTIONS.	S STATEMENT OF INFORMATION AND THE
INO CHANGE STATEMENT	interest design of the control of th
3. IF THERE HAS BEEN NO CHANGE IN ANY OF THE INFORMATION CONTAINED IN THE LAST STATEMENT SECRETARY OF STATE, INCLUDING ANY INFORMATION CONTAINED IN FORM SI-PTSUPP, CHECK THE IF THERE HAVE BEEN ANY CHANGES TO THE INFORMATION CONTAINED IN EITHER FORM.	OF INFORMATION
IF THERE HAVE BEEN AND CHANGE TO THE WARMENT ON CONTAINED IN FORM SI-PTSUPP, CHECK THE	BOX AND PROCEED TO ITEM 17
IF THERE HAVE BEEN ANY CHANGES TO THE INFORMATION CONTAINED IN EITHER FORM, BOTH FORM ENTIRETY.	MS MUST BE COMPLETED IN THEIR
COMPLETE ADDRESSES FOR THE FOLLOWING (Do-	The state of the s
COMPLETE ADDRESSES FOR THE FOLLOWING (Do not abbreviate the name of the city. Items 4 and 5 c.  4. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	annot be PO Boxes.)
- 4801 East Copa de Oro Drivo	ZIP CODE
5. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA IF ANY	92807
4801 East Copa de Oro Drive Anaheim, CA	TATE ZIP CODE  CA 92807
d. MALING ADDRESS  4801 From Architecture CITY AND STATE	ZIP CODE
	92807
NAMES AND COMPLETE ADDRESSES OF THE FOLLOWING OFFICERS (The corporation must have the specific officer may be added; however, please do not alter the preprinted title on this statement.)	these three officers. A comparable title for
7. CHIEF EXECUTIVE OFFICER/	- Tomporable the IOI
	ZIP CODE
8. SECRETARY/ ADDRESS CITY ADDRESS	
recer A. Ripper 4801 East Copa de Oro Drive Anahoim	ZIP CODE
	CA 92807
NAMES AND COMPLETE ADDRESSES OF ALL DIRECTORS, INCLUDING DIRECTORS WHO ARE A have at least one director. Attach additional pages, if necessary.)	ALSO OFFICERS /The corporation must
10. NAME	The corporation must
ADDRESS CITY AND STATE	ZIP CODE
Peter A. Ripper 4801 East Copa de Oro Drive, Anaheim, ADDRESS CHYAND STATE	CA 92807
12 NAME	ZIP CODE
ADDRESS CITY AND STATE	ZIP CODE
13. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY:	
LIST THE AGENT FOR SERVICE OF PROCESS (If an individual in	
LIST THE AGENT FOR SERVICE OF PROCESS (If an individual, the person named as agent must be a reside  14. CHECK THE APPROPRIATE PROVISION BELOW AND NAME THE AGENT FOR SERVICE OF PROCESS	ent of California.)
[X ] AN INDIVIDUAL RESIDING IN CALIFORNIA.	
[ ] A CORPORATION WHICH HAS FILED A CERTIFICATE PURSUANT TO CALIFORNIA CORPORATIONS CODE SECTIONS	
AGENT'S NAME	ON 1505.
AGENTS NAME Peter A. Ripper	
4801 East Copa de Oro, Drive, Anaheim CA 92807  15. ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL CITY STA	
Consulting	ATE ZIP CODE
6. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION	CA
7. THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND	200
19763 111 8	CORRECT [X ] YES
	1) 200 x 2000
TYPE OR PRINT NAME OF OFFICER OR AGENT  SIGNATURE  TITLE	1/24 (700)