

AMENDMENT ONE
to the
PROVIDER PARTICIPATION AGREEMENT
FEE-FOR-SERVICE-FACILITY

The Provider Participation Agreement (“Agreement”) dated August 1, 2011, between **Natividad Medical Center** (“Provider”) and Network Providers, LLC (“NPLLC”), is hereby amended effective **January 1, 2018** (“Effective Date”).

NPLLC and Provider hereby agree to amend the Agreement as follows:

- 1- A new Section **Administrative Day**, shall be added, to Exhibit A-1 **Facility Fee-For-Service Rate Exhibit Prison Healthcare Provider Project** to read as follows:

I. Payment Rates: ADMINISTRATIVE DAY:

Administrative Day Rate ~~RATE REDACTED~~ per day
Subject to Payment Condition 1.5 under Addendum B.

- 2- Addendum B, **Fee For Service Payment Conditions 1.5 Administrative Day Reimbursement**, shall be added to the Agreement, as follows:

1.5 Administrative Day Reimbursement. An Administrative Day will be deemed necessary if a Patient-Inmate has met InterQual criteria for discharge, and cannot be transferred to another provider or repatriated back to a California Department of Corrections and Rehabilitation (CDCR) institution. Administrative Days will be paid at a per diem rate per the contract agreement with NPLLC. During an Administrative Day status, should the Patient-Inmate require readmission to acute care status within twenty four (24) hours of the time of discharge, the Provider shall be reimbursed under the original Diagnosis Related Group (DRG) and a subsequent DRG only if the cause for readmission is assignable to a different DRG. However, should the Patient Inmate require readmission after twenty-four (24) hours of discharge, the Provider shall be reimbursed for the original DRG, Administrative Day(s), and a subsequent DRG only if the cause for readmission is assignable to a different DRG. All decisions regarding Administrative Days, admission, discharge, level of care, and length of stay shall be referred to InterQual (whenever possible) and in conjunction with clear communication and direction from the Provider and the HCM. Provider shall submit the requisite forms, documentation and shall follow the procedures contained in the Policies in order to be reimbursed for any Administrative Day Services.

Except as otherwise amended herein, all other terms and conditions of the Agreement shall remain unchanged and shall remain in full force and effect.

Natividad Medical Center

Network Providers, LLC

Signature

NPLLC Signature

Print Name

Print Name

Title

Title

Date

Date

Federal Tax Identification Number