



COUNTY OF ORANGE
HEALTH CARE AGENCY

FINANCIAL AND ADMINISTRATIVE SERVICES
CONTRACT DEVELOPMENT AND MANAGEMENT

*Excellence
Integrity
Service*

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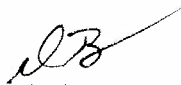
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TRANSMITTAL

June 6, 2012

TO: Advanced Medical Management, Inc.
5000 Airport Plaza Dr., Suite 150
Long Beach, CA 90815-1260

FROM: Duane Bankey 
Contract Administrator
(714) 834-5833

THE FOLLOWING ENCLOSURE IS FOR YOUR INFORMATION:

First Amendment to Agreement for the Provision of Fiscal Intermediary Services for Medical Services Programs between County of Orange and Advanced Medical Management, Inc. The term of the agreement is August 10, 2011 through September 30, 2014.

DB:ap

Enclosure

cc: Anthony Rose, Program
Melissa Tober, Program
Ron Norby, DAD
Holly Veale, MS Operational Chief
Shelly Vrungos, Admin 1
Celina Guzman, HCA/CDM

ADM04

ORANGE COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

May 22, 2012

Submitting Agency/Department: HEALTH CARE AGENCY

Approve amendment 1 to master agreements with various providers of hospital services, clinic services and indigent and trauma care, 7/1/11 - 6/30/14; approve amendment 1 to agreement with Advanced Medical Management, Inc. for fiscal intermediary services; and approve agreement with Hospital Association of Southern California for administrative services, 7/1/12 - 6/30/13 (\$286,801) and 7/1/13 - 12/31/13 (\$139,601); and authorize Director or designee to execute individual agreements - All Districts

The following is action taken by the Board of Supervisors:

APPROVED AS RECOMMENDED OTHER

Unanimous (1) NGUYEN: Y (2) MOORLACH: Y (3) CAMPBELL: Y (4) NELSON: Y (5) BATES: Y

Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order

Documents accompanying this matter:

- Resolution(s)
- Ordinances(s)
- Contract(s)

Item No. 18

Special Notes:

Copies sent to:

HCA – Ronald Norby

5/25/12



I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors, Orange County, State of California.
Susan Novak, Clerk of the Board

By: _____

Deputy



AGENDA STAFF REPORT

ASR Control 12-000456

MEETING DATE: 05/22/12
LEGAL ENTITY TAKING ACTION: Board of Supervisors
BOARD OF SUPERVISORS DISTRICT(S): All Districts
SUBMITTING AGENCY/DEPARTMENT: Health Care Agency (Approved)
DEPARTMENT CONTACT PERSON(S): Ronald B. Norby (714) 834-4099

5AS
 2012 MAY -8 AM 10:58
 BOARD OF SUPERVISORS

SUBJECT: Amendments and Agreement for Medical Services Programs

CEO CONCUR Concur	COUNTY COUNSEL REVIEW Approved Agreement to Form	CLERK OF THE BOARD Consent Calendar 3 Votes Board Majority
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Budgeted: N/A **Current Year Cost:** N/A **Annual Cost:**
 FY 12/13 : \$286,801
 FY 13/14 : \$139,601

Staffing Impact: No **# of Positions:** **Sole Source:** Yes
Current Fiscal Year Revenue: N/A
Funding Source: General Fund: 14%, Federal: 47%, State: 34%, Fees/others: 5%

Prior Board Action: 8/9/2011 #28, 8/23/2011 #13

RECOMMENDED ACTION(S):

1. Approve the First Amendment to the Master Agreement with various providers for Provision of Hospital Services for the Medical Services Initiative Program, to modify the period for which Hospital Services shall be provided to July 1, 2011 through June 30, 2014.
2. Approve the First Amendment to the Master Agreement with various providers for Provision of Clinic Services for the Medical Services Initiative Program, to modify the period for which Clinic Services shall be provided to July 1, 2011 through June 30, 2014.
3. Approve the First Amendment to the Master Agreement for Provision of Indigent and Trauma Care, to modify the period for which services shall be provided to July 1, 2011 through June 30, 2014.
4. Approve the First Amendment to Agreement for Provision of Fiscal Intermediary Services for the Medical Services Initiative Program with Advanced Medical Management, Inc., to modify the language to be consistent with the Master Hospital, Clinic, and Indigent and Trauma Care Amendments set forth in items 1, 2, and 3 above.
5. Approve the Agreement with Hospital Association of Southern California for Provision of

18

Administrative Services for the Medical Services Initiative Program with a maximum obligation of \$286,801 for the period July 1, 2012 through June 30, 2013 and a maximum obligation of \$139,601 for the period July 1, 2013 through December 31, 2013

6. Authorize the Health Care Agency Director, or designee, on behalf of the Board of Supervisors, to execute the individual Agreements as set forth in items number 1, 2, 3, 4, and 5 with contracting providers.

SUMMARY:

The Health Care Agency requests approval of Amendments and an Agreement for Medical Services Programs for the provision of healthcare services from July 1, 2011 through June 30, 2014.

BACKGROUND INFORMATION:

The Health Care Agency (HCA) Medical Services Initiative (MSI) Program contracts with private physicians, clinics and hospitals to deliver healthcare services for indigent patients in Orange County under the Low Income Health Program (LIHP).

Health Care Services

On June 21, 2011, your Honorable Board approved the Master MSI Hospital and Clinic Agreements with various providers for the 2011-12 program year. At the request of the providers, HCA is amending these agreements to cover the period until the LIHP program is anticipated to terminate (January 1, 2014) plus a six-month period to reconcile outstanding claims, through June 30, 2014. Commensurate with this extension is the corresponding change to the agreement with the fiscal intermediary (Advanced Medical Management) for processing claims. The fiscal intermediary agreement was originally approved on August 9, 2011.

Additionally, on June 28, 2011, your Board approved a Master Agreement for Provision of Indigent and Trauma Care which distributes various State funds and fees (e.g. penalty assessments on fines relating to certain penal code violations and funding from Measure H, the Tobacco Settlement Revenue) to reimburse hospitals for uncompensated and emergency health care.

At the request of contracting hospitals, HCA is amending the Master Agreement to allow TSR funds to be used as match for additional federal dollars through claiming to the LIHP. As with the other Amendments, the time frame is extended through June 30, 2014.

Administrative Services

The Hospital Association of Southern California (HASC) provides administrative support and assistance in interfacing with Orange County hospitals for the Medical Services Initiative (MSI) Program. These services consist of assistance in working with hospitals to assure optimal operation of the MSI program, training of Certified MSI Application Technicians (CMATs) who enroll eligible Orange County residents into the MSI Program, and providing assistance in coordinating services and acting as intermediary for operational issues.

HASC also directly employs four CMATs which are stationed at locations as directed by the MSI Program and deployed as requested to meet workload demands. These locations include various HCA Behavioral Health Clinics, physician offices and the County's Community Center in Westminster. The proposed Agreement continues these services through December 31, 2013 when the LIHP Program is expected to terminate.

The Agreement with the Hospital Association of Southern California may have subcontracts.

HCA requests that your Board approve the First Amendments to the various Master Agreements and the Fiscal Intermediary Agreement as well as the renewal Agreement with the Hospital Association of Southern California as referenced in the Recommended Actions.

FINANCIAL IMPACT:

Services under the aforementioned Agreements have multiple contractors that share aggregate budgeted funding amounts, except the Fiscal Intermediary Services Agreement and the Administrative Services Agreement, which have maximum obligation components. It is estimated that for these services represents ten percent or less of the contractor's total annual operating budget. Funding for these contractors will vary depending upon utilization of services. Should services need to be reduced or terminated due to lack of funding, these Agreements contain language that allows the Health Care Agency to give 30 calendar days notice to either terminate or renegotiate the level of services to be provided. The notice will allow the Health Care Agency adequate time to transition or terminate services to clients, if necessary. Health Care Agency staff has reviewed each contractor's financial documentation, including their most recently submitted financial statements. At this time, there appear to be no issues that would impact the contractors' ability to perform the services.

STAFFING IMPACT:

N/A

ATTACHMENT(S):

- A. First Amendment to Agreement for Provision of Hospital Services for the Medical Services Initiative Program
- B. First Amendment to the Agreement for Provision of Clinic Services for the Medical Services Initiative Program
- C. First Amendment to the Agreement for Provision of Indigent and Trauma Care
- D. First Amendment to Agreement for Provision of Fiscal Intermediary Services for the Medical Services Initiative Program

- E. Agreement for Provision of Administrative Services for the Medical Services Initiative Program
- F. Redline Version to Attachment A
- G. Redline Version to Attachment B
- H. Redline Version to Attachment C
- I. Redline Version to Attachment D
- J. Redline Version to Attachment E



1 FIRST AMENDMENT TO AGREEMENT FOR PROVISION OF
2 FISCAL INTERMEDIARY SERVICES
3 FOR MEDICAL SERVICES PROGRAMS
4 BETWEEN
5 COUNTY OF ORANGE
6 AND
7 ADVANCED MEDICAL MANAGEMENT, INC.
8 AUGUST 10, 2011 THROUGH SEPTEMBER 30, 2014
9

10 THIS FIRST AMENDMENT TO AGREEMENT is entered into this 22nd day of May, 2012 by and
11 between the County of Orange (COUNTY) and Advanced Medical Management, Inc., a California
12 for-profit corporation (INTERMEDIARY). This Agreement shall be administered by the County of
13 Orange Health Care Agency (ADMINISTRATOR).

14 WHEREAS, COUNTY desires to assure the availability of Medical Services to all low income
15 persons for whom COUNTY is legally responsible pursuant to State of California (State) Law through
16 its Medical Services Initiative (MSI) Program; and,

17 WHEREAS, COUNTY anticipates receiving Low Income Health Program (LIHP) Funding to
18 expand eligibility requirements for a limited number of additional low income persons and expand scope
19 of service benefits beyond its legal responsibility pursuant to State law; and,

20 WHEREAS, COUNTY has entered into a separate agreement with hospital providers for provision
21 of MSI Hospital Services (MSI Hospital Agreement); and,

22 WHEREAS, COUNTY has entered into a separate agreement with clinic providers for provision of
23 MSI Clinical Services (MSI Clinic Agreement); and,

24 WHEREAS, COUNTY established the Emergency Medical Services Fund (EMSF) Program in
25 accordance with Health and Safety Code Section 1797.98a; and

26 WHEREAS, a portion of the EMSF is designated as the Physicians' Allocation; and,

27 WHEREAS, INTERMEDIARY, is the current fiscal intermediary for the MSI and EMSF Program
28 services specified herein; and,

29 WHEREAS, the parties wish to provide for equitable reimbursement of those providing MSI and
30 EMSF Program services with a minimum of administrative costs; and,

31 WHEREAS, the parties desire to state their respective rights and responsibilities related to
32 providing, claiming, and reimbursing MSI and EMSF Program services;

33 NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:

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1 1. Subparagraph I.C.2. of Exhibit A to the Agreement is amended to read as follows:

2 "2. For FQHC Clinics, an amount or amounts equivalent to CLINIC's Prospective Payment
3 System (PPS) Rate(s), in effect for each period of the Agreement, and in accordance with the STCs and
4 the LIHP Agreement. The PPS rate is the per visit rate negotiated between CLINIC and Department,
5 which rate may vary by location if CLINIC has more than one site designated as an FQHC Clinic."
6

7 2. Subparagraph I.I.2.e. of Exhibit A to the Agreement is amended to read as follows:

8 "e. For pharmacy charges claimed through INTERMEDIARY:

9 1) For services provided during Period One: Average Sales Price (ASP) plus six
10 percent (6%). Claims containing pharmaceutical codes that do not have ASP pricing will be paid at the
11 Average Wholesale Price (AWP) less sixteen percent (16%) (brand) and AWP less sixty percent (60%)
12 (generic).

13 2) For services provided during Period One: Pharmaceuticals related to home health
14 services claims shall be paid at AWP less sixteen percent (16%) (brand) and AWP less sixty percent
15 (60%) (generic).

16 3) For services provided during Period Two and Period Three: One hundred percent
17 (100%) of the prevailing Medicare rate. Claims containing pharmaceutical codes that do not have
18 Medicare pricing will be paid at rates detailed in the existing agreement with COUNTY's Pharmacy
19 Benefits Manager, for brand name pharmaceuticals or generic name pharmaceuticals, or one hundred
20 percent (100%) of the prevailing Medicare rate whichever is lower.

21 4) For services provided during Period Two and Period Three: Pharmaceuticals
22 related to home health services claims shall be paid at rates detailed in the existing agreement with
23 COUNTY's Pharmacy Benefits Manager, for brand name pharmaceuticals or generic name
24 pharmaceuticals, or one hundred percent (100%) of the prevailing Medicare rate whichever is lower."
25

26 3. Subparagraph I.AC. of Exhibit A to the Agreement is amended to read as follows:

27 "AC. "MSI Clinic Agreement" means the Agreement between the COUNTY and Contracting
28 Clinics for Clinic Services for the Medical Services Initiative Program dated July 1, 2011, as it exists
29 now or may hereafter be amended."
30

31 4. Subparagraph I.AE. of Exhibit A to the Agreement is amended to read as follows:

32 "AE. "MSI Hospital Agreement" means the Agreement between COUNTY and Contracting
33 Hospitals for Hospital Services for the Medical Services Initiative Program dated July 1, 2011, as it
34 exists now or may hereafter be amended."
35

36 //

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1 5. Subparagraph I.A.T. of Exhibit A to the Agreement is amended to read as follows:

2 "AT. "Recovery Accounts" means separate hospital, physician, clinic, dental, outpatient services,
3 and administrative accounts for monies recovered from All Providers or third party payers."
4

5 6. Subparagraph II.A.3.b. of Exhibit A to the Agreement is amended to read as follows:

6 "b. In the event that Physician and/or Other Provider is determined by ADMINISTRATOR
7 to have discriminated in the provision of Medical Services on the basis of the patient's status as an MSI
8 Patient, ADMINISTRATOR shall advise INTERMEDIARY to levy appropriate financial penalties for
9 each occurrence against Physician and/or Other Provider, in the period the discrimination is deemed to
10 have occurred, which may include, but not be limited to, the following:

11 1) A reduction in payment related to the episode of care from any payment due
12 Physician and/or Other Provider, including Final Settlement.

13 2) Withholding of any payment due Physician and/or Other Provider pending
14 satisfactory compliance."
15

16 7. Subparagraph II.H.4.a. of Exhibit A to the Agreement is amended to read as follows:

17 "a. All financial records connected with the performance of the Agreement shall be
18 retained by the parties, at a location in the County of Orange, or other location approved in advance and
19 in writing by ADMINISTRATOR, for a period of seven (7) years after termination of the Agreement."
20

21 8. Subparagraph IV.B. of Exhibit A to the Agreement is amended to read as follows:

22 "B. "MSI Base Funding" – means the MSI Program pass through funding for reimbursement of all
23 MSI Program services for each Period, except those provided by INTERMEDIARY, which shall be as
24 specified in the Referenced Contract Provisions of the Agreement. The parties agree that the funds may
25 be deposited into a Holding Account in accordance with Paragraph II of Exhibit B to the Agreement and
26 may be added to the MSI Base Funding as specified herein."
27

28 9. Subparagraph IV.D.2.b. of Exhibit A to the Agreement is deleted in its entirety.
29

30 10. Subparagraph IV.D.6.c. of Exhibit A to the Agreement is added to read as follows:

31 "c. Implantable Devices – Upon written authorization from ADMINISTRATOR,
32 INTERMEDIARY shall, during Period Two and/or Period Three of the Agreement, reimburse Hospital
33 for one-hundred percent (100%) of Hospital's actual cost of Implantable Devices. Said reimbursement
34 shall be deducted one-hundred percent (100%) from Hospital Funding and shall not be subject to Final
35 Settlement."
36 //

37 //

1 11. Subparagraph II.A.1. of Exhibit B to the Agreement is amended to read as follows:

2 "1. INTERMEDIARY shall maintain a separate accounting of Funds commingled in the
3 Imprest Account for each service for which specific funding has been identified by COUNTY in
4 Paragraph IV of Exhibit A to the Agreement, which services are: Hospital, Physician, Clinic, Dental
5 and Outpatient Services. The separate accounting of Funds within the Imprest Account for these
6 services shall be referred to respectively as the Hospital Account, Physician Account, Clinic Account,
7 Dental Account, and Outpatient Account. Within the Imprest Account, INTERMEDIARY shall also
8 maintain a separate accounting of funds for the HCA Recovery, HCA Exception, and HCA Holding
9 service accounts."
10

11 12. Subparagraph II.C.1.c. of Exhibit B to the Agreement is added to read as follows:

12 "c. COUNTY may have the ability, for each period of the Agreement, to use each
13 Contracting Hospital's proportional share of Tobacco Settlement Revenue (TSR) funding, as established
14 in the Agreement for the Provision of Indigent and Trauma Care between COUNTY and HOSPITAL,
15 dated July 1, 2011, and as may hereafter be amended, as match to receive additional federal dollars
16 through the COUNTY's Medical Services Initiative (MSI) Program. If Contracting Hospital has
17 approved the use of TSR funding for the MSI Program, in writing, and returned it's fully executed
18 agreement, or any subsequent amendments, COUNTY shall authorize INTERMEDIARY, in writing, to
19 submit to ADMINISTRATOR an invoice for the aforementioned TSR funding, and upon receipt of said
20 funds proceed with a Supplemental PIP payment to each Contracting Hospital in an amount equivalent
21 to its proportional share of TSR funding, on or around the first working day of June for each period."
22

23 13. Subparagraph VIII.C.1. of Exhibit B to the Agreement is amended to read as follows:

24 "1. For Medical Services provided during the term of the Agreement:

25

	Medical Home	Non-Medical Home	Non-FQHC Contracting	FQHC Contracting
<u>Service</u>	<u>Physicians</u>	<u>Physicians</u>	<u>Clinics</u>	<u>Clinics</u>
29 Medical for Period One	60%	50%	60%	60%
30 Medical for				
31 Period Two and Three	60%	50%	55%	55%
32 Anesthesia	100%	100%	100%	100%"

33

34 14. Subparagraph VIII.F. of Exhibit B to the Agreement is amended to read as follows:

35 "F. Prior to Final Settlement, ADMINISTRATOR shall instruct INTERMEDIARY on the
36 distribution methodology for the Quality and Outcomes Framework incentive to those physicians who
37 provide Medical Home Services to MSI Patients. Distribution of funds shall be proportional determined

1 by a formula set by the MSI Program Manager; and shall be based on objective performance based criteria
2 which may include, but not be limited to, the following:

- 3 1. Number of MSI Patients assigned to Physician as a Medical Home
- 4 2. Meeting the access requirements as specified in the STCs specifically, providing Primary
5 care appointments within thirty (30) business days of the request for Period One and within twenty (20)
6 business days of the request for Period Two and Period Three
- 7 3. Chronic Disease Management
- 8 4. Preventive Measures
- 9 5. MSI Connect adoption and usage”

10
11 15. Subparagraph VIII.G. of Exhibit B to the Agreement is amended to read as follows:

12 “G. Prior to Final Settlement, ADMINISTRATOR shall instruct INTERMEDIARY on the
13 distribution methodology for the Quality and Outcomes Framework incentive to non-FQHC Contracting
14 Clinics who provide Medical Home services to MSI Patients. Distribution of funds shall be
15 proportional, as determined by a formula set by the MSI Program Manager, and shall be based on
16 objective performance criteria which may include, but not be limited to, the following:

- 17 1. Number of MSI Eligibles assigned to Contracting Clinic as a Medical Home
- 18 2. Meeting the access requirements as specified in the STCs, specifically providing Primary
19 care appointments within thirty (30) business days of the request for Period One and within twenty (20)
20 business days of the request for Period Two and Period Three
- 21 3. Chronic disease management
- 22 4. Preventive Measures
- 23 5. MSI Connect adoption and usage”

24
25 16. Subparagraph X.A. of Exhibit B to the Agreement is amended to read as follows:

26 “A. INTERMEDIARY shall complete final reimbursement to All Providers, as specified below
27 (Final Settlement) for each Fiscal Year. Final Settlement should be accomplished no later than
28 December 31st for Period One and Period Two, and by June 30th of Period Three.”

29
30 17. Subparagraph X.B.4. of Exhibit B to the Agreement is added to read as follows:

31 “4. If funds were transferred to COUNTY’s and/or INTERMEDIARY’s Holding Accounts
32 based on ADMINISTRATOR’s projections to meet MOE, and all or part of said funds are determined
33 not to be required for MOE, the excess funds shall be allocated at ADMINISTRATOR’s sole discretion,
34 including but not limited to, return of funds to COUNTY.”

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1 18. Exhibit D-2 to the Agreement is amended to read as follows:

2 **“HOSPITAL PERIODIC INTERIM PAYMENTS (PIP)”**

3 INTERMEDIARY shall pay Contracting Hospitals the PIP payment stipulated below for services
4 provided during the period July 1, 2012 through June 30, 2013 for Period Two, which payment may be
5 revised pursuant to Paragraph II. of Exhibit B to the Agreement.
6

7 HOSPITAL	PIP PAYMENTS
8 Anaheim General Hospital	\$ 21,327
9 AHMC Anaheim Regional Medical Center, L.P.	\$ 267,079
10 Chapman Medical Center, Inc., dba Chapman Medical Center	\$ 19,286
11 Coastal Communities Hospital, Inc., dba Coastal Communities Hospital	\$ 70,247
12 Fountain Valley Regional Hospital	\$ 354,898
13 Hoag Memorial Hospital Presbyterian (includes Newport Beach and Irvine)	\$ 218,199
14 Kaiser Foundation Hospitals, Inc.-Anaheim and Irvine	\$ 12,927
15 Los Alamitos Medical Center	\$ 34,028
16 Mission Hospital (includes Mission Viejo and Laguna Beach)	\$ 266,896
17 Orange Coast Memorial Medical Center	\$ 99,726
18 Placentia Linda Community Hospital	\$ 30,609
19 Prime Healthcare Anaheim	\$ 86,399
20 Prime Healthcare Garden Grove	\$ 74,176
21 Prime Healthcare Huntington Beach	\$ 60,673
22 Prime Healthcare La Palma	\$ 10,832
23 Regents of the University of California	\$ 501,196
24 Saddleback Memorial Medical Center (includes Laguna Hills and San Clemente)	\$ 81,608
25 Saint Joseph Hospital - Orange	\$ 158,100
26 Saint Jude Medical Center	\$ 165,813
27 WMC-A, Inc., dba Western Medical Center Hospital -Anaheim	\$ 20,168
28 WMC-SA, Inc., dba Western Medical Center Hospital - Santa Ana	<u>\$ 185,599</u>
29 Total PIP Payments	\$2,739,786”

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1 19. Exhibit D-3 to the Agreement is amended to read as follows:

2 **“HOSPITAL PERIODIC INTERIM PAYMENTS (PIP)”**

3 INTERMEDIARY shall pay Contracting Hospitals the PIP payment stipulated below for services
4 provided during the period July 1, 2013 through December 31, 2013 for Period Three, which payment
5 may be revised pursuant to Paragraph II. of Exhibit B to the Agreement.

6	7 HOSPITAL	8 PIP PAYMENTS
8	Anaheim General Hospital	\$0
9	AHMC Anaheim Regional Medical Center, L.P.	\$0
10	Chapman Medical Center, Inc., dba Chapman Medical Center	\$0
11	Coastal Communities Hospital, Inc., dba Coastal Communities Hospital	\$0
12	Fountain Valley Regional Hospital	\$0
13	Hoag Memorial Hospital Presbyterian (includes Newport Beach and Irvine)	\$0
14	Kaiser Foundation Hospitals, Inc.-Anaheim and Irvine	\$0
15	Los Alamitos Medical Center	\$0
16	Mission Hospital (includes Mission Viejo and Laguna Beach)	\$0
17	Orange Coast Memorial Medical Center	\$0
18	Placentia Linda Community Hospital	\$0
19	Prime Healthcare Anaheim	\$0
20	Prime Healthcare Garden Grove	\$0
21	Prime Healthcare Huntington Beach	\$0
22	Prime Healthcare La Palma	\$0
23	Regents of the University of California	\$0
24	Saddleback Memorial Medical Center (includes Laguna Hills and San Clemente)	\$0
25	Saint Joseph Hospital - Orange	\$0
26	Saint Jude Medical Center	\$0
27	WMC-A, Inc., dba Western Medical Center Hospital -Anaheim	\$0
28	WMC-SA, Inc., dba Western Medical Center Hospital - Santa Ana	<u>\$0</u>
29	Total PIP Payments	\$0”

30
31 In all other respects, the terms of the Agreement not specifically changed by this First Amendment
32 shall remain in full force and effect.

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1 IN WITNESS WHEREOF, the parties have executed this First Amendment to Agreement, in the
2 County of Orange, State of California.

3
4 ADVANCED MEDICAL MANAGEMENT, INC.

5
6
7 BY: R. Heythorn DATED: 5/29/2012

8
9 TITLE: President

10
11
12 BY: [Signature] DATED: 5-29-2012

13
14 TITLE: EXECUTIVE VICE PRESIDENT

15
16
17
18
19 COUNTY OF ORANGE

20
21
22 BY: [Signature] DATED: 4/5/12

23 HEALTH CARE AGENCY

24
25
26 APPROVED AS TO FORM
27 OFFICE OF THE COUNTY COUNSEL
28 ORANGE COUNTY, CALIFORNIA

29
30
31 BY: [Signature] DATED: 4/30/12

32 DEPUTY

33
34 If the contracting party is a corporation, two (2) signatures are required: one (1) signature by the Chairman of the Board, the
35 President or any Vice President; and one (1) signature by the Secretary, any Assistant Secretary, the Chief Financial Officer
36 or any Assistant Treasurer. If the contract is signed by one (1) authorized individual only, a copy of the corporate resolution
37 or by-laws whereby the board of directors has empowered said authorized individual to act on its behalf by his or her
signature alone is required by HCA.