

Contract Cover Sheet

Section 1 - To be completed by Provider Services/Contracting ONLY

☐ New Provider

☒ Existing Provider

☐ New Contract ☒ Amendment ☐ Other

Contract Entity ST. MARY MEDICAL CENTER – APPLE VALLEY

Effective Date of Contract: 01/01/2019

TAX ID: 95-1914489

Sent Date:

(If hand delivered enter delivery date)

12/10/2018

Received Date:

(returned for countersignature)

12/12/2018

County: ☐ Los Angeles ☒ Inland Empire ☐ San Diego ☐ Imperial County ☐ Sacramento ☐ Orange County

Contract Type: ☐ Group/PA ☐ PCP ☒ Hospital ☐ Ancillary ☐ Specialist ☐ MMG Provider

Contract Negotiator: Ashley Cho

☐ Other

Product Lines & Rates

☒ **MEDI-CAL**

☐ PMPM
☐ % Medi-Cal FFS*
☐ % Medicare FFS*

*Default Comp.:

☒ CUSTOM (refer to contract)

Click to Select a Medicare LOB

☐ PMPM
☐ % Medi-Cal FFS*
☐ % Medicare FFS*

*Default Comp.:

☒ CUSTOM (refer to contract)

☐ **MP (Molina Market Place)**

☐ PMPM
☐ % Medi-Cal FFS*
☐ % Medicare FFS*

*Default Comp.:

☐ CUSTOM (refer to contract)

Rate Change: ☒ YES ☐ NO If yes, overall increase: %

Configuration Required: ☒ YES ☐ NO

Is Contract/Amendment for all Products: ☐ YES ☒ NO If no, provide explanation: Only Medi-Cal and Medicare LOB

Has the MHC Contract/Amendment template been modified: ☐ YES ☒ NO If yes, attach redline version indicating all changes

☒ Contract Proofing Checklist fully completed and attached

(N/A for Settlements/Amendments that do not require both parties signature)

Provider Services & Contracting Sign-Off:

Contract Negotiator or Manager:

Contracting Director:

SECTION 2 - To be completed by Contract Administration ONLY

CATS Tracking Number:

Contract sent to Molina signatory for countersignature:

Contract received fully executed:

Notified Provider Services of Contract effective date:

CCRF sent to MHC BA department (if applicable):

CCRF completed/closed (if applicable):

PIM Notified (if applicable):

PIM Update Completed and returned to Contract Admin (if applicable):

BA returned CCRF back to Contract Admin (if applicable):

Update appropriate Master List (IPA, Primary Care, Specialty, Hospital,

Return one contract back to Provider with welcome letter:

Contract Uploaded to CAD SharePoint:

Contract Uploaded to Emploris:

Emploris Contract ID:

☒ YES, Date:

☒ YES, Date:

☐ YES, Date:

☒ YES, Date:

☒ YES, Date:

☐ YES, Date:

☐ YES, Date:

☐ YES, Date:

☐ YES, Date:

☒ YES, Date:

☐ YES, Upload Date:

☐ YES, Upload Date:

Cover Sheet Reviewed By: Ruthann Sim

Contract Administration Manager:



Contract Proofing Checklist

CONTRACT
ENTITY:
TAX ID:

ST. MARY MEDICAL CENTER – APPLE
VALLEY
95-1914489

EFFECTIVE DATE: 01/01/19

CONTRACT TYPE: ☐ IPA ☐ PCP ☒ Hospital ☐ Specialist ☐ Ancillary

For New Agreements/ Model K's – All verifications are required (1-18) unless noted otherwise.

For Amendments – Items 1-11 are required unless noted otherwise.

For all other documents, refer to Contract Proofing Checklist - Verification Reference Sheet for listing of required verifications by document type.

#	VERIFICATIONS	
	QA1 Performed By Provider Services & Contracting	QA2 Performed By Contract Administration
	1	2
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>

All required verifications performed as indicated above.

QA 1 – Contract Negotiator or Manager

(Signature and date):

QA 2 – Contract Administration

(Signature and date):

*FOR CONTRACT ADMINISTRATION USE ONLY (for rejection only)

☐ QA REJECTION By:

Date:

Rejection Reason:

Approved By Contract Administration Manager:

**AMENDMENT
MOLINA HEALTHCARE OF CALIFORNIA
HOSPITAL SERVICES AGREEMENT**

Molina Healthcare of California (Health Plan”) and **St. Mary Medical Center** (“Provider”) enter into this Amendment as of the January 1, 2019 Effective Date set forth in this Amendment. The Provider and Health Plan each are referred to herein as a “Party” and collectively as the “Parties”.

RECITALS

- A. Whereas, the Parties previously entered into a Hospital Services Agreement dated September 1, 2011, as may have been amended from time to time (“Agreement”); and
- B. Whereas, the parties hereby agree to amend the agreement in accordance with the terms and conditions of this Amendment.

NOW, THEREFORE, in consideration of the promises, covenants and warranties stated herein, the Parties agree as follows:

ARTICLE ONE

1.1 Molina Healthcare of California is in agreement with adding an Administrative Day rate to Attachment D Compensation schedule.

Administrative Day- St. Mary Medical Center agrees to bill Administrative Days with Revenue Code 169,190, or 199 per day upon prior authorization from MHC for a patient who has been an inpatient and who is medically stable and awaiting discharge and either no longer requires acute care services as an inpatient because patient does not meet nationally recognized guidelines for inpatient status, and who cannot be discharged due to homelessness, waiting for placement in another accommodation an unsafe home environment, or other factors.

Service	Per Diem Rate
Administrative Day	\$1,050

1.2 Molina Healthcare of California will continue to provide an inpatient case manager on site at St. Mary Medical Center to assist and facilitate timely patients’ discharge, until such time both parties agree this service is no longer needed.

1.3 Effective Date. This Amendment shall become effective January 1, 2019, and renew with and under the terms of the Agreement.

1.4 Use of Defined Terms. Capitalized terms utilized in this Amendment shall have the same meanings ascribed to such terms in the Agreement unless otherwise set forth in this Amendment.

1.5 Full Force and Effect. Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is a conflict between this Amendment and the Agreement or an earlier Amendment, the terms of this Amendment will prevail.


1.6 Counterparts. This Amendment may be executed in one or more counterparts, each of which shall be deemed an original, but all of which taken together shall constitute one and the same instrument.

SIGNATURE AUTHORIZATION


IN WITNESS WHEREOF, In consideration of the promises, covenants, and warranties stated, the Parties agree as set forth in this Amendment. The Authorized Representative acknowledges, warrants, and represents that the Authorized Representative has the authority and authorization to act on behalf of its Party. The Authorized Representative further acknowledges he/she received and reviewed this Amendment in its entirety.

The Authorized Representative for each Party executes this Amendment with the intent to bind the Parties in accordance with this Amendment.

Provider Signature and Information:

Provider's Legal Name "St. Mary Medical Center" (Provider) – as listed on applicable tax form (i.e. W-9):	
Authorized Representative's Signature: 	Authorized Representative's Name – Printed: MITCHELL ZACK
Authorized Representative's Title: VICE PRESIDENT, CONTRACTING	Authorized Representative's Signature Date: 12/10/2018

Health Plan Signature and Information:

Molina Healthcare of California Health Plan ("Health Plan")	
Authorized Representative's Signature: 	Authorized Representative's Name – Printed: Paul van Duine
Authorized Representative's Title: VP, Network Mgmt & Ops	Authorized Representative's Countersignature Date: 12-13-18

Configuration Change Request Form (CCRF)

All CCRFs require a completed CCRF Form, Copy of Contract, and Health Plan Approval

Health Plan Sign-Off/Approval is REQUIRED for:

- New Contracts or Amendments to existing Agreements or Terms
- Rate Adjustments to existing Contracts or Terms
- Retroactive Contracts, Amendments, Rate Adjustments
 - Claim Impact > 100 Claims – Retro Approvals Required

Section 1 – General Information (All Fields Required unless Specified)

Submitter Name	Ashley Cho	Request Date	12/17/18	State	CA
Line(s) of Business	<input checked="" type="checkbox"/> Medicaid <input checked="" type="checkbox"/> Medicare <input type="checkbox"/> Marketplace <input type="checkbox"/> Medicare and Medicaid (MMP) <input type="checkbox"/> All	Priority	High		
		Effective Date	01/01/19		

Section 2 – Type of Request (All Fields Required unless Specified)

Nature of Request	New	If Retro - Provide justification below	Request Type	Contracts	If other - describe here
Retro Justification <i>(If Retro Date is Submitted)</i> <i>Include Retro Report and additional Retro Approvals if Claim impact is > 100 Claims</i>	N/A				
Testing Requirement (Y/N)	No		Request Complexity	Simple	
Complexity Description					

Section 3 – Request Description (Required)

Please see attached Amendment for St. Mary Medical Center - Apple Valley. The Amendment states that St. Mary Medical Center - Apple Valley will be adding Administrative Days to the existing Compensation schedule. St. Mary Medical Center - Apple Valley agrees to bill Administrative Days with Revenue Code 169, 190, or 199 per day upon prior authorization from MHC for a specific population of patients specified in the Amendment. The Per Diem Rate is \$1,050.

Configuration Change Request Form (CCRF)

All CCRFs require a completed CCRF Form, Copy of Contract, and Health Plan Approval

Section 4 – Contract, Benefit, and Fee Schedule Requests (All Fields Required for Type of Request, unless Specified)

Contract Name - Max 60 Characters -	St. Mary Medical Center - Apple Valley	Agreement Type	Amendment
Provider Name	St. Mary Medical Center - Apple Valley	Impacted Provider TIN(s) (optional)	951914489
Provider/Facility Type (i.e. Hospital, FQHC, Physician, etc.)	Hospital	Timely Filing Days	Medicaid: 120 Days Medicare: 180 Days MMP: _____ Days Marketplace: _____ Days
Exceptions (i.e. Code Editing, Prior Auth, and Other)	<input type="checkbox"/> No – Code Editing Applicable <input checked="" type="checkbox"/> No – Prior Authorization Required <input type="checkbox"/> Other: _____		
Interest	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Marketplace Standard 30 Days at 18% <input type="checkbox"/> Medicare Standard 30 Days at Federal _____ % <input type="checkbox"/> Other Days _____ at _____ %	Lessor of Language Applies?	*Claim will pay the lessor of provider billed charges or the allowable amount set forth in related fee schedule <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Benefit Plan Name - Max 60 Characters -	
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Fee Schedule Name - Max 60 Characters -	
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MRDT Table Name - Max 60 Characters -	
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**If this is a New Contract, please leave Benefit Plan Name, Fee Schedule Name, and MRDT Table Name blank*

Configuration Change Request Form (CCRF)

All CCRFs require a completed CCRF Form, Copy of Contract, and Health Plan Approval

Section 5 – Required STANDARD Approvals

HP Primary Approval is required. Secondary Approval is optional per HP policy.

Health Plan Primary Approval

Signature: [Signature]
 (Print or Type Name – Must Match Signature) James H. Hays Date: 12/17/18

Health Plan Secondary Approval

Signature: [Signature]
 (Print or Type Name – Must Match Signature) BOKY CHUN Date: 01/20/19

Health Plan CFO Approval
 (for request involving financial impact)

Signature: _____
 (Print or Type Name – Must Match Signature) _____ Date: _____

MHI Claims/Configuration AVP Approval
 (for Corporate Request only)

Signature: _____
 (Print or Type Name – Must Match Signature) _____ Date: _____

Section 6 – Required RETRO-ACTIVE Approvals

If HP President (or approved delegate) is not available, the Senior Vice President of Ops signature is required.

Plan President Approval
 (or Approved Delegate)

Signature: [Signature]
 (Print or Type Name – Must Match Signature) Paul Van Dine Date: 1/23/19

Senior Vice President of Operations

Signature: _____
 (Print or Type Name – Must Match Signature) _____ Date: _____



December 12, 2018

Paul Duine Van
VP of Provider Network & Ops
Molina Healthcare
200 Oceangate, Suite 100
Long Beach, CA 90802

RE: Partially Executed - Amendment to California Hospital Services Agreement

Dear Paul,

Enclosed please find two copies of the partially executed amendment for signature. Once signed, please return one copy to the address below.

Mitchel Zack
VP, Contracting and Payer Relations
Providence St. Joseph Health
3345 Michelson Drive, Suite 100
Irvine, CA 92612

Should you have any questions regarding this document, please contact Mitchell Zack at (949) 381-4355 or Mitchell.Zack@providence.org.

Sincerely,

Mayra Garcia
Contract Coordinator

Sim, Ruttana

From: Cho, Ashley
Sent: Wednesday, February 27, 2019 2:27 PM
To: Sim, Ruttana
Subject: RE: St Mary Medical Center - Apple Valley

Hi Ruttana,

Please send documents to:

Mitchel Zack
VP, Contracting and Payer Relations
Providence St. Joseph Health
3345 Michelson Drive, Suite 100
Irvine, CA 92612

Let me know if you need anything else from me!

Best Regards,

Ashley Cho

Provider Contracts Specialist – Inland Empire
MCA Provider Network Strategy Svcs
Molina Healthcare of California
200 Oceangate, Suite 100, Long Beach, CA 90802
Phone: (800) 526-8196 Ext 118382 | Fax: (562) 951-1529
Ashley.Cho@molinahealthcare.com
Send Letters of Interest To: IEContracting@MolinaHealthcare.com



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From: Sim, Ruttana
Sent: Wednesday, February 27, 2019 2:15 PM
To: Cho, Ashley <Ashley.Cho@molinahealthcare.com>
Subject: St Mary Medical Center - Apple Valley

Hi Ashley,

Can you please provide the Mailing address for this provider by filling out the attached form? The amendment was completed but the outgoing letter still need to be sent.

Entity: St Mary Medical Center - Apple Valley

Wiley, Jaymi

From: Gessesse, Mesrak
Sent: Wednesday, December 12, 2018 12:59 PM
To: Chhun, Bory; Wiley, Jaymi
Cc: Van Duine, Paul
Subject: FW: St. Mary's Amendment
Attachments: Molina St. Mary Termination Rescission Notice.pdf

Importance: High

Hi Bory,

Please make sure the configuration will be ready for 1/1/2019 effective date for this amendment for the additional administrative day per diem.

Thanks

-----Original Message-----

From: Zack, Mitchell [mailto:Mitchell.Zack@providence.org]
Sent: Wednesday, December 12, 2018 12:25 PM
To: Van Duine, Paul <Paul.VanDuine@molinahealthcare.com>
Cc: Gessesse, Mesrak <Mesrak.Gessesse@MolinaHealthCare.Com>; Midencey, Silvia <Silvia.Midencey@stjoe.org>; Hahm, Jeanette Lee <Jeanette.Hahm@providence.org>; Thomas, Ivy <Ivy.Thomas@stjoe.org>; Fernandez, Tracey <Tracey.Fernandez@stjoe.org>
Subject: RE: St. Mary's Amendment

Paul,

Attached is the termination rescission letter for St. Mary Medical Center. We'll have it sent out certified mail today.

Thank you again for your assistance with these access and patient care issues at St. Mary.

Mitchell Zack

Group Vice President, Contracting and Payer Relations California, Texas and New Mexico Providence St. Joseph Health
3345 Michelson Drive, Suite 100
Irvine, CA 92612

Office: 949-381-4355
Cell: 925-518-0438
mitchell.zack@providence.org

-----Original Message-----

From: Van Duine, Paul [mailto:Paul.VanDuine@molinahealthcare.com]
Sent: Wednesday, December 12, 2018 11:08 AM
To: Zack, Mitchell <Mitchell.Zack@providence.org>
Cc: Gessesse, Mesrak <Mesrak.Gessesse@MolinaHealthCare.Com>
Subject: FW: St. Mary's Amendment

Hello Mitchell:

Attached please find the fully executed Amendment. Thank you for signing it and we look forward to working with you folks.

Please send over the termination rescission letter.

Thanks,

Paul Van Duine

VP of Provider Network & Ops

MHC - Health Plan Operations

(562)435-3666 Ext. 127003

Paul.VanDuine@molinahealthcare.com

[https://urldefense.proofpoint.com/v2/url?u=http-](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.MolinaHealthcare.com&d=DwIFAw&c=KoC5GYBOlefzxGAm2j6cjFf-Gz7ANghQIP9aFG9Du8s&r=GkNrbA9hignKMHRQ2WMoP5tk21V2RPK7Mm0GKdqBduY&m=em-W3sK9FEjw7mnPgu9EUoi_awe-QxM12IH9aoEDsbE&s=awtXb9pZhoxcy3gX8rYN0zQM647VETMRhGI7Klz709A&e=)

[3A__www.MolinaHealthcare.com&d=DwIFAw&c=KoC5GYBOlefzxGAm2j6cjFf-](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.MolinaHealthcare.com&d=DwIFAw&c=KoC5GYBOlefzxGAm2j6cjFf-Gz7ANghQIP9aFG9Du8s&r=GkNrbA9hignKMHRQ2WMoP5tk21V2RPK7Mm0GKdqBduY&m=em-W3sK9FEjw7mnPgu9EUoi_awe-QxM12IH9aoEDsbE&s=awtXb9pZhoxcy3gX8rYN0zQM647VETMRhGI7Klz709A&e=)

[Gz7ANghQIP9aFG9Du8s&r=GkNrbA9hignKMHRQ2WMoP5tk21V2RPK7Mm0GKdqBduY&m=em-](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.MolinaHealthcare.com&d=DwIFAw&c=KoC5GYBOlefzxGAm2j6cjFf-Gz7ANghQIP9aFG9Du8s&r=GkNrbA9hignKMHRQ2WMoP5tk21V2RPK7Mm0GKdqBduY&m=em-W3sK9FEjw7mnPgu9EUoi_awe-QxM12IH9aoEDsbE&s=awtXb9pZhoxcy3gX8rYN0zQM647VETMRhGI7Klz709A&e=)

[W3sK9FEjw7mnPgu9EUoi_awe-QxM12IH9aoEDsbE&s=awtXb9pZhoxcy3gX8rYN0zQM647VETMRhGI7Klz709A&e=](https://urldefense.proofpoint.com/v2/url?u=http-3A__www.MolinaHealthcare.com&d=DwIFAw&c=KoC5GYBOlefzxGAm2j6cjFf-Gz7ANghQIP9aFG9Du8s&r=GkNrbA9hignKMHRQ2WMoP5tk21V2RPK7Mm0GKdqBduY&m=em-W3sK9FEjw7mnPgu9EUoi_awe-QxM12IH9aoEDsbE&s=awtXb9pZhoxcy3gX8rYN0zQM647VETMRhGI7Klz709A&e=)

Executive Assistant:

Jennifer Orozco- x.125025

Jennifer.Orozco@Molinahealthcare.com

Your Extended Family

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Mailing Address for Return fully Executed Amendment:

Name of Company/ Entity	Mitchel Zack
Mailing address	3345 Michelson Drive, Suite 100 Irvine, CA 92612
Mail to Attention	
Certified Mail or U.S. Postal Service?	