

AMENDMENT NO. 3

<u>TO</u> <u>CONTRACT NO. MA-042-18010155</u> FOR

Administrative Services Organization for Specialty Mental Health Outpatient Services

This Amendment ("Amendment No. 3") to Contract No. MA-042-18010155 for Administrative Services Organization for Specialty Mental Health Outpatient Services is made and entered into on July 1, 2020 ("Effective Date") between Beacon Health Strategies, LLC ("Contractor"), with a place of business at 5665 Plaza Dr., Cypress, CA 90630, and the County of Orange, a political subdivision of the State of California ("County"), through its Health Care Agency, with a place of business at 405 W. 5th St., Ste. 600, Santa Ana, CA 92701. Contractor and County may sometimes be referred to individually as "Party" or collectively as "Parties".

RECITALS

WHEREAS, on June 23, 2015, the Parties executed Contract No. MA-042-18010155 for Administrative Services Organization for Specialty Mental Health Outpatient Services effective July 1, 2015 through June 30, 2017, in an amount not to exceed \$10,221,360 ("Contract"); and

WHEREAS, on March 28, 2017, the <u>Parties executed Amendment No. 1 to renew the Contract, effective July 1, 2017 through June 30, 2020, in an amount not to exceed \$16,073,877, for a revised cumulative contract amount of \$26,295,243; and</u>

WHEREAS, on May 8, 2018, the Parties executed Amendment No. 2 to amend the Contract, effective July 1, 2017 through June 30, 2020, to increase the amount not to exceed by \$805,114 from \$16,073,877 to \$16,878,991, for a revised cumulative contract amount of \$27,100,357; and

WHEREAS, on June 1, 2018, County exercised the contingency cost increase authority to increase the Period One Maximum Obligation by \$45,000, increasing the amount not to exceed to \$16,923,991, for a revised cumulative contract amount of \$27,145,357; and

WHEREAS, the Parties now desire to enter into this Amendment No. 3 to extend the Contract for County to continue receiving and Contractor to continue providing the services set forth in the Contract and to amend Exhibit A of the Contract.

NOW, THEREFORE, Contractor and County agree to amend the Contract as follows:

 The Contract is extended for a period of six months, effective July 1, 2020 through December 31, 2020, in an amount not to exceed \$3,233,540 for this extension period, for a revised cumulative contract amount of \$30,333,897; on the amended terms and conditions.

Exhibit A, Section III. Budget, subsection A; Section V. Payments, subsection A (not including numbered paragraphs); and Section IX. Staffing, subsection A, are deleted in their entirety and replaced with the following:

County of Orange, Health Care Agency ASO Beacon

Page 1 of 9

Contract MA-042-18010155

Formatted: Centered

Style Definition

Deleted: SECOND AMENDMENT TO AGREEMENT FOR PROVISION OF ■

ADMINISTRATIVE SERVICES ORGANIZATION ¶

FOR ¶

SPECIALTY MENTAL HEALTH OUTPATIENT SERVICES¶
BETWEEN¶
COUNTY OF ORANGE¶

COUNTY OF ORA

BEACON HEALTH STRATEGIES, LLC¶

JULY 1, 2017 THROUGH JUNE 30, 2020¶

THE SECOND AMENDMENT TO AGREEMENT

Formatted: Left: 1", Right: 1", Top: 1", Bottom: 1.25", Suppress Endnotes, Header distance from edge: 0.4", Footer distance from edge: 0.4", Different first page header

Formatted: Normal, Indent: First line: 0.5"

Deleted: as...n July 1, 2020 ("Effective Date") between Beacon Health Strategies, LLC ("Contractor"), with a place of this 1st day of June 1, 2018 (effective date), is by and between the COUNTY OF ORANGE... usiness at 5665 Plaza Dr., Cypress, CA 90630, and the County of Orange, a political subdivision of the State of California (COUNTY), and BEACON HEALTH STRATEGIES, LLC, a Massachusetts limited liability company (CONTRACTOR).

Deleted: ¶ WITNESSETH:¶

Formatted: Normal, Indent: First line: 0.5"

Moved down [1]: State

Deleted: of California Managed Care Plan for Medi-Cal Mental Health Services, dated June 1, 1994, defines and describes the principles and elements of the managed mental health care design

Deleted: described herein to the residents of Orange County Services for the period... effective July 1, 2017...015 through June 30, 2020;

Deleted: ...HEREAS, on March 28, 2017, the Board of Supervisors authorized ADMINISTRATOR to increase the Agreement amount by ...arties executed Amendment No. 1

Deleted:HEREAS, on May 8, 2018, the Board of Supervisors authorized an increase of the Agreement ...arties executed Amendment No. 2 to amend the Contract, effective.

Deleted: //¶

Deleted: ...HEREAS, CONTRACTOR desires...he Parties now desire to accept the additional funding and agrees...nter into this Amendment No. 3 to provide additional Administra

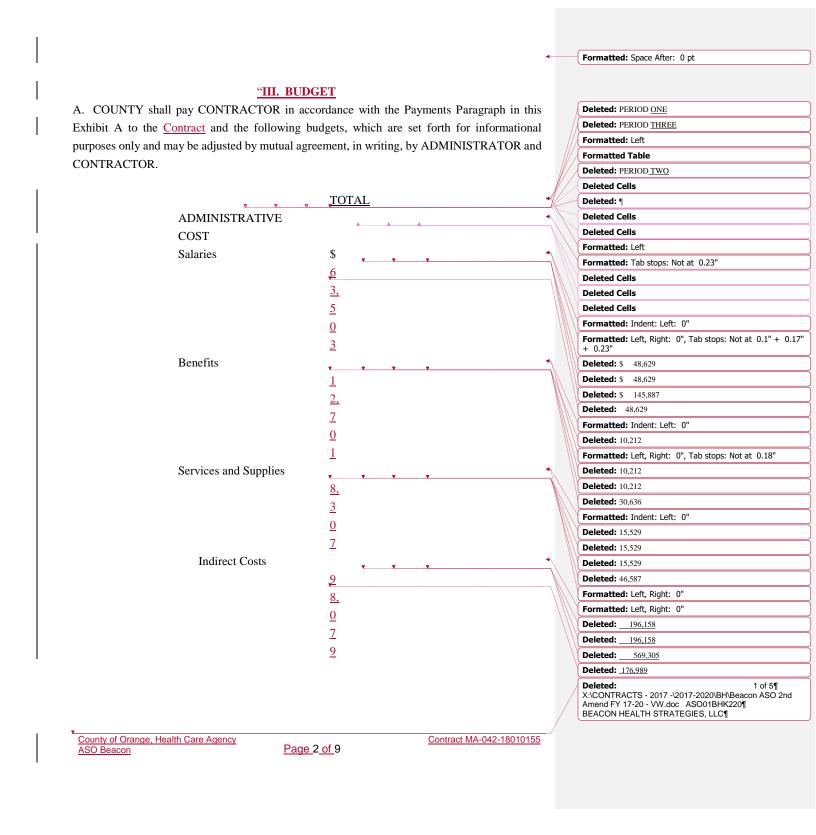
Deleted:OW,...THEREFORE, in consideration of the mutual covenants, benefits, and promises contained herein, COUNTY and CONTRACTOR do hereby

Deleted: ¶

1. Page 4, lines 5 through 9, <u>Referenced Contract Provisions</u>, of the Agreement are amended to read as follows:

Formatted: Centered

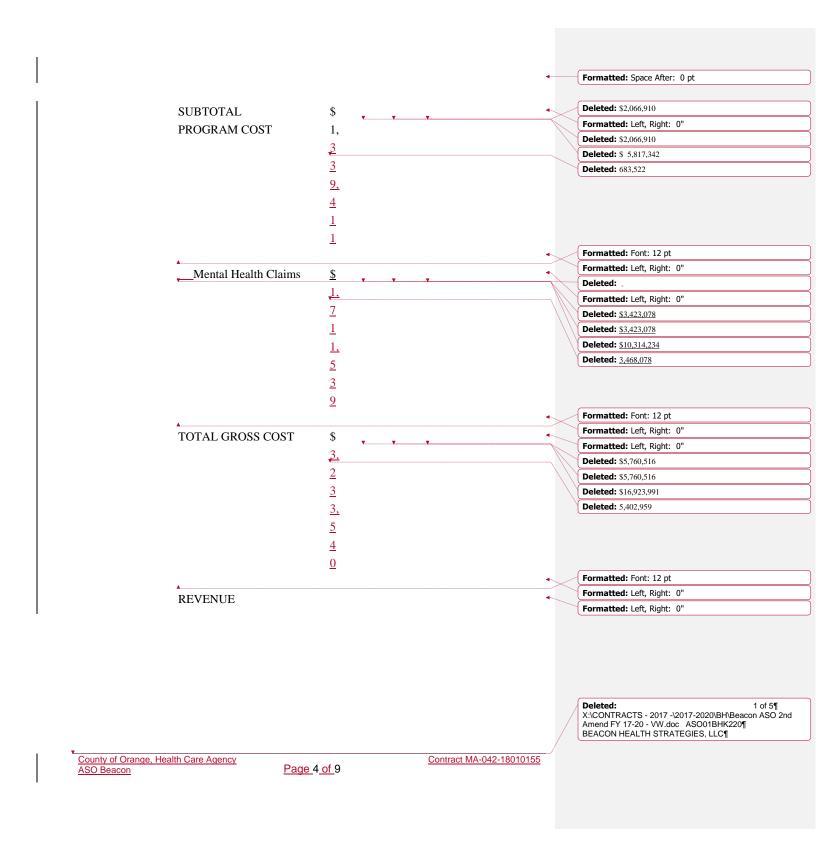
HCA ASR 20-000317 Page 1 of 9



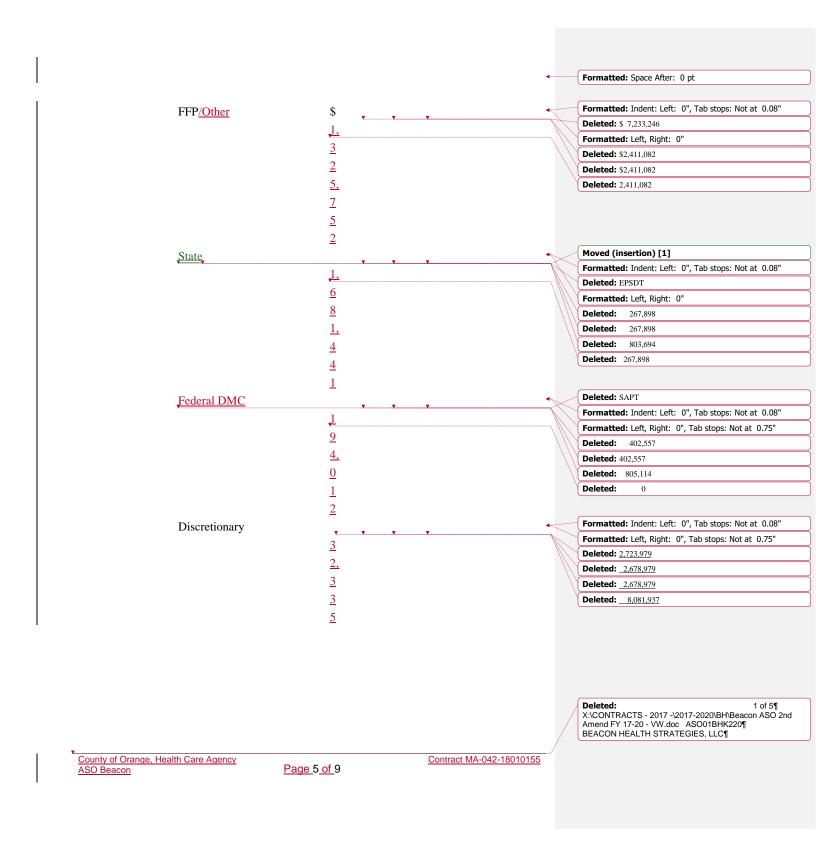
HCA ASR 20-000317 Page 2 of 9



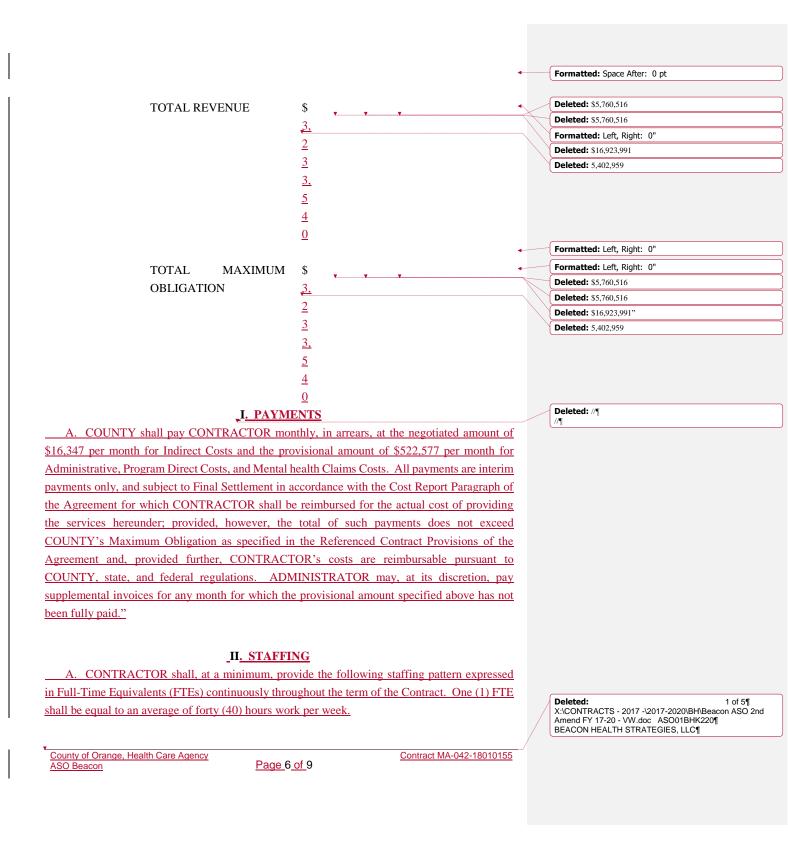
HCA ASR 20-000317 Page 3 of 9



HCA ASR 20-000317 Page 4 of 9



HCA ASR 20-000317 Page 5 of 9



HCA ASR 20-000317 Page 6 of 9

Formatted: Space After: 0 pt ADMINISTRATION FTEs HR Representative 0.04 Project Manager 0.35 0.35 Operation Director 0.02 **Accounting Manager** Tech. Ops 0.18 **Application Developer** 0.13 **EDI Specialist** 0.03 Data Base Developer/Analyst 0.01 SUBTOTAL ADMINISTRATION 1.11. **PROGRAM Program Director** 0.30 Clinical Manager 1.00 Clinical Lead 1.00 **Utilization Review Clinician** 5.00 Membership Service Representative 7.00 0.26 Medical Director ASO Network Manager 1.00 Claims Appeal Manager 0.15 Claims Data Specialist (Pooled Staff) 3.00 Credentialing Specialist (Pooled Staff) 0.50 **Quality Improvement Coordinator** 0.50 Care Coordinator 6.00 After Hours Clinician (Pooled Staff) 1.25 Data Base Developer 0.25 0.50 Data Base Administrator 0.20 Sr. Accountant 2.50 After Hours Member Service Representative **DMC Team Lead** 1.00 After Hours Clinician DMC 0.50 Customer Service Supervisor 1.00 DEIECTED:

1 of 5¶

X:\CONTRACTS - 2017 -\2017-2020\BH\Beacon ASO 2nd

Amend FY 17-20 - VW.doc ASO01BHK220¶

BEACON HEALTH STRATEGIES, LLC¶ 0.50 Provider Relations Specialist Provider Dispute Specialist 1.00 County of Orange, Health Care Agency Contract MA-042-18010155 Page 7 of 9

HCA ASR 20-000317 Page 7 of 9

Formatted: Space After: 0 pt

Regulatory Ops Analyst 1.00 SUBTOTAL PROGRAM 35.41 **TOTAL FTEs** 36.52"

This Amendment No. 3 modifies the Contract only as expressly set forth herein. Wherever thereis a conflict in the terms or conditions between this Amendment No. 3 and the Contract, including Amendments No. 1 and No.2, the terms and conditions of this Amendment No. 3 prevail. In all other respects, the terms and conditions of the Contract, including Amendments No. 1 and No.2 not specifically changed by this Amendment No. 3 remain in full force and effect

Formatted: Normal, No widow/orphan control, Don't adjust space between Latin and Asian text, Don't adjust space between Asian text and numbers, Tab stops: 0", Left

Deleted: Second

Deleted: , shall

Deleted: and are incorporated herein by this reference.

Formatted: Font: Italic, Font color: Red

SIGNATURE PAGE FOLLOWS

Deleted: 1 of $5\P$ X:\CONTRACTS - 2017 -\2017-2020\BH\Beacon ASO 2nd Amend FY 17-20 - VW.doc ASO01BHK220¶ BEACON HEALTH STRATEGIES, LLC¶

County of Orange, Health Care Agency

Page 8 of 9

Contract MA-042-18010155

HCA ASR 20-000317 Page 8 of 9

			Formatted: Space After: 0 pt
	SIGNATURE PAGE		
N WITNESS WHEREOF, the Particle of the Particl	ies have executed this Amendment No. 3. If Contract	ctor is a	
	de two signatures as follows: 1) the first signature resident, or any Vice President; 2) the second signature.		
	tant Secretary, the Chief Financial Officer, or any A		
Freasurer. In the alternative, a sing	le corporate signature is acceptable when accompani	ed by a	
	monstrating the legal authority of the signature to be	ind the	
company.			
Contractor: Beacon Health Strate	egies, LLC		
Print Name	Title	_	
	<u>riue</u>		
Signature	<u>Date</u>		
		-1	
County of Orange, a political subd	ivision of the State of California		Deleted: .
County of Orange, <u>a political subd</u>			Deleted: . Formatted: Font: Bold
County of Orange, a political subd			
			Formatted: Font: Bold
Purchasing Agent/Designee Author	ized Signature:		Formatted: Font: Bold Formatted: Normal
			Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold
Purchasing Agent/Designee Author	ized Signature:		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden
Purchasing Agent/Designee Author	ized Signature:		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal
Purchasing Agent/Designee Author Print Name	ized Signature: Title		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal
Purchasing Agent/Designee Author Print Name Signature	ized Signature: Title		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06"
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM	ized Signature: Title		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal
Purchasing Agent/Designee Author Print Name Signature	ized Signature: Title		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06"
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel	Title Date		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06"
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California	Title Date Deputy County Counsel		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06"
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel	Title Date		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06"
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California	Title Date Deputy County Counsel		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06"
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California	Title Date Deputy County Counsel		Formatted: Font: Bold Formatted: Normal Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06"
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California Print Name	Title Date Deputy County Counsel Title		Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06" Formatted: Font: Bold
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California Print Name	Title Date Deputy County Counsel Title		Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + 7.06" Formatted: Font: Bold
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California Print Name	Title Date Deputy County Counsel Title		Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + 7.06" Formatted: Font: Bold Formatted: Normal Deleted: 1 of 5¶ X:\CONTRACTS - 2017 -\2017-2020\BH\Beacon ASO 2nd
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California Print Name	Title Date Deputy County Counsel Title		Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06" Formatted: Font: Bold Formatted: Normal Deleted: 1 of 5¶
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California Print Name	Title Date Deputy County Counsel Title		Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06" Formatted: Font: Bold Formatted: Normal Deleted: 1 of 5¶ X:\CONTRACTS - 2017 -\2017-2020\BH\Beacon ASO 2nd Amend FY 17-20 - VW.doc ASO01BHK220¶
Purchasing Agent/Designee Author Print Name Signature APPROVED AS TO FORM Office of the County Counsel Drange County, California Print Name	Title Date Deputy County Counsel Title	010155	Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Bold Formatted: Font: Not Bold, Not All caps, Not Hidden Formatted: Font: Not Bold, Not All caps Formatted: Normal Formatted: Normal, Tab stops: Not at 3.88" + 4.13" + + 7.06" Formatted: Font: Bold Formatted: Normal Deleted: 1 of 5¶ X:\CONTRACTS - 2017 -\2017-2020\BH\Beacon ASO 2nd Amend FY 17-20 - VW.doc ASO01BH\Beacon ASO 2nd

HCA ASR 20-000317 Page 9 of 9