

## **FIRST AMENDMENT TO SERVICE PROVIDER AGREEMENT**

This Amendment of the Agreement, entered into this 1st day of September 2018, by and between the CITY OF ALAMEDA, a municipal corporation (hereinafter "City") and The Permanente Medical Group, Inc., a California Corporation whose address is 1800 Harrison Street, 9<sup>th</sup> Floor, Oakland, CA 94612, (hereinafter " Provider"), is made with reference to the following:

### **RECITALS:**

A. On September 1, 2015, an agreement was entered into by and between City and Provider (hereinafter "Agreement") with compensation not to exceed \$200,000.

B. City and Provider desire to modify the Agreement on the terms and conditions set forth herein.

NOW, THEREFORE, it is mutually agreed by and between the undersigned parties as follows:

1. Paragraph 1 of the Agreement is modified to read as follows:

The term of this Agreement shall commence on the 1<sup>st</sup> day of September, 2015, and shall terminate on the 31<sup>st</sup> day of August, 2021, unless terminated earlier as set forth herein per Section 19. This contract may be amended to add up to one additional three year term, based upon satisfactory performance by the provider and upon the discretion and agreement of both parties; provided, however, that with respect to any term beginning on or after July 2, 2021, Provider may revise the billing rates set forth in Exhibit A with respect to any three-year renewal term. In such event, Provider will provide at least sixty (60) days prior written notice to the City of any such changes in rate.

2. Paragraph 3A of the Agreement is modified to read as follows:

A. Service Provider shall be compensated for the Services performed in accordance with this Agreement at the hourly rates set forth in Exhibit A. Compensation for this Amendment shall not exceed \$230,000. Total Compensation for this Agreement shall not exceed \$430,000. Payment shall be made by checks drawn on the treasury of the City.

3. Paragraph 8 of the Agreement is modified to read as follows:

To the extent prohibited by law, there shall be no discrimination or harassment of any kind based on any statutorily (federal, state or local) protected class, including but not limited to; race, religious creed, color, national origin, ancestry, physical disability (including HIV and AIDS), mental disability, medical condition (ex. Cancer), genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, pregnancy, political affiliation, military and veteran status or legitimate union activities, against any employee or applicant for employment by the Association, the City or by anyone employed by the City.

4. Except as expressly modified herein, all other terms and covenants set forth in the Agreement shall remain the same and shall be in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this modification of Agreement to be executed on the day and year first above written.

The Kaiser Permanente Medical  
Group, Inc. A California Corporation

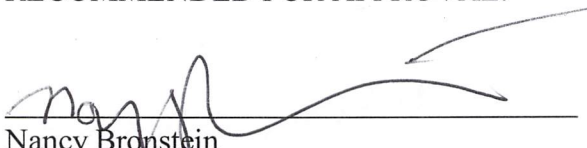
CITY OF ALAMEDA  
A Municipal Corporation

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Chris Palkowski, M.D.  
Chair of the Board

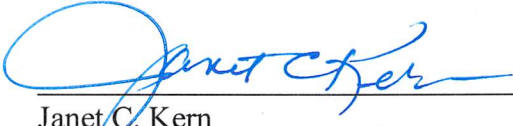
\_\_\_\_\_  
Elizabeth D. Warmerdam  
Acting City Manager

\_\_\_\_\_  
Gerard Bajada  
Chief Financial Officer

RECOMMENDED FOR APPROVAL:

  
\_\_\_\_\_  
Nancy Bronstein  
Human Resources Director

APPROVED AS TO FORM:  
City Attorney

  
\_\_\_\_\_  
Janet C. Kern  
City Attorney

City of Alameda

Schedule A

Billing Code	Description of Services	Cost of Services
<b>PREPLACEMENT EXAM (PP)</b>		
300388	Preplacement Physical Exam	\$65.00
<b>RETURN TO WORK (RTW)</b>		
300397	Fitness for Duty Physical Exam, initial	\$95.00
<b>As Clinically Indicated:</b>		
300408	Physician Consultation; each additional 15 minutes	\$60.00
<b>PREPLACEMENT EXAM (POSTPP)</b>		
300399	POST Physical Exam	\$95.00
92552	Audiogram, screening	\$30.00
94010	Spirometry	\$35.00
93000	EKG, resting	\$50.00
93015	Cardiac Stress Test with Treadmill	\$230.00
86580	PPD, one placement and one reading ( <i>no charge to current KP HP members</i> ) –OR–	\$20.00
300422	PPD, 2 step, 2 placements and readings ( <i>no charge to current KP HP members</i> )	\$30.00
85025	CBC with automated differential	\$15.00
80053	Chem Comprehensive Panel	\$35.00
86704	Titer: Hepatitis B Core Antibody, HBcAb	\$31.00
86803	Titer: Hepatitis C	\$45.00
36415	Venipuncture	\$15.00
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
<b>As Clinically Indicated:</b>		
90746	Vaccine: Hepatitis B ( <i>series of 3 injections</i> )( <i>no charge to current KP HP members</i> )	\$94.00/injection
90707	Vaccine: MMR injection (series of 2 injections, if indicated)	\$76.00/injection
90716	Vaccine: Varivax (chickenpox)(series of 2 injections if indicated)	\$132.00/injection
81001	Urinalysis with microscopic (if abnormal UA dipstick)	\$15.00

71010	Chest X-Ray for positive PPD (1 view)	\$55.00
71020	Chest X-Ray for positive PPD + symptoms (2 views)	\$65.00
90658	Vaccine: Influenza; flu (when seasonally available)( <i>no charge to current KP HP members</i> )	\$20.00
90715	Vaccine: Tdap (tetanus, diphtheria, pertussis)	\$63.00
90632	Hepatitis A vaccine (Havarix), per injection (series of 2)	\$96.00
<b>PREPLACEMENT DISPATCHER EXAM (DISPATCH)</b>		
300388	Preplacement Physical Exam	\$65.00
92552	Audiogram, screening	\$30.00
<b>DRUG SCREEN (DRUG) PREFERRED ALLIANCE</b>		
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
<b>As Indicated:</b>		
82075	Breathalyzer, alcohol screen	Billed by Preferred Alliance
300421	Breathalyzer, alcohol confirmatory test (positive screen test)	Billed by Preferred Alliance
<b>DMV/DOT EXAM (DMV)</b>		
300390	DMV/DOT Physical Exam	\$115.00
300413	Form Completion (2 or more pages for DL51)	\$25.00
<b>AUDIOGRAM (AUD)</b>		
92552	Audiogram, screening	\$30.00
<b>As Clinically Indicated:</b>		
300408	Physician Consultation; each 15 minutes	\$60.00
<b>PPD/TB Clearance (PPD/TB) Baseline/Annual/Periodic</b>		
86580	PPD, one placement and one reading ( <i>no charge to current KP HP members</i> )	\$20.00
<b>As Clinically Indicated:</b>		
71010	Chest X-Ray for positive PPD (1 view)	\$55.00
71020	Chest X-Ray for positive PPD + symptoms (2 views)	\$65.00
300422	PPD, 2 step, 2 placements and readings ( <i>no charge to current KP HP members</i> )	\$30.00

99211	Brief encounter with non-MD Provider ( <b>PPD-Review Of Symptoms Form</b> )	\$20.00
<b>VACCINATION ONLY (VAX)</b>		
90632	Hepatitis A vaccine (Havarix), per injection (series of 2)	\$96.00
90675	Rabies Vaccine, inactive, for pre- exposure, per injection	\$371.00
90746	Vaccine: Hepatitis B (series of 3 injections, if indicated or declination) <i>(no charge to current KP HP members)</i>	\$94.00/injection
<b>RESPIRATOR MEDICAL EVALUATION- BASELINE/ ANNUAL (RESP)</b> <b>(with RESP Fit testing)</b>		
300415	Review of Respirator Questionnaire by MD/NP/RN	\$35.00
300410	Respirator Fit Test, qualitative (When employer requested)	\$35.00
<b>As Clinically Indicated:</b>		
71020	Chest X-Ray (2 views)	\$65.00
300391	Respirator Physical Exam	\$60.00
93015	Cardiac Stress Test with Treadmill	\$230.00
94010	Spirometry	\$35.00
300408	Physician Consultation; each 15 minutes	\$60.00
<b>FIREFIGHTER PREPLACEMENT EXAM (FFPP)</b>		
300398	Firefighter Physical Exam	\$95.00
300411	Collection for Drug Screen-Preferred Alliance	Billed by Preferred Alliance
92552	Audiogram, screening	\$30.00
94010	Spirometry	\$35.00
86580	PPD, one placement and one reading	\$20.00
71020	Chest X-Ray, 2 views (baseline)	\$65.00
85025	CBC with automated differential	\$15.00
80053	Chem Comprehensive Panel	\$35.00
86704	Titer: Hepatitis B Core Antibody, HBcAb	\$31.00
86803	Titer: Hepatitis C	\$45.00
36415	Venipuncture	\$15.00
93000	EKG, resting -and-	\$50.00
90632	Hepatitis A vaccine (Havarix), per injection (series of 2)	\$96.00

<b>As Clinically Indicated:</b>		
93015	Cardiac Stress Test with Treadmill	\$230.00
90746	Vaccine: Hepatitis B ( <i>series of 3 injections</i> )( <i>no charge to current KP HP members</i> )	\$94.00/injection
90632	Vaccine: Hepatitis A (series of 2 injections)	\$96.00/injection
90707	Vaccine: MMR injection (series of 2 injections, if indicated)	\$76.00/injection
90716	Vaccine: Varivax (chickenpox)(series of 2 injections if indicated)	\$132.00/injection
90658	Vaccine: Influenza; flu (when seasonally available)( <i>no charge to current KP HP members</i> )	\$20.00
90715	Vaccine: Tdap (tetanus, diphtheria, pertussis)	\$63.00
90713	Vaccine: Polio (eiPV) if no prior vaccination	\$40.00
300422	PPD, 2 step, 2 placements and readings ( <i>no charge to current KP HP members</i> )	\$30.00
81001	Urinalysis with microscopic (if abnormal UA dipstick)	\$15.00
<b>ONSITE SERVICES NURSING</b>		
300418	Site: Nursing Onsite each 15 min. (minimum one hour)	\$30.00
300412	Administrative Activity	\$60.00