

PINELLAS COUNTY HEALTH PROGRAM  
HOSPITAL PROVIDER AGREEMENT  
Amendment 1

THIS AGREEMENT (Hospital Provider Agreement), effective upon the date executed below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and Bayfront HMA Medical Center LLC., a Florida Corporation, D.B.A. Bayfront Medical Center, whose address is 701 6<sup>th</sup> Street, St. Petersburg, Florida 33701, hereinafter called the "**AGENCY**."

WITNESSETH:

WHEREAS, the **COUNTY** is committed to assisting residents in need of medical care; and

WHEREAS, indigent Pinellas County residents require medical services which they cannot afford; and

WHEREAS, the **PARTIES** believe it is the best interest of the residents of Pinellas County to receive health care services provided by our local **AGENCY**; and

WHEREAS, the **COUNTY**, after full consideration, determined that the **AGENCY** assists in ensuring the broadest geographical coverage for provision of services in Pinellas County residents enrolled in the Pinellas County Health Program; and

WHEREAS, the **COUNTY** desires to divert the inappropriate use of emergency room facilities by citizens of Pinellas County; and

WHEREAS, the **AGENCY** has staff and facilities available to provide medical care to eligible Pinellas County residents.

**NOW, THEREFORE**, the parties hereto do mutually agree as follows:

1. Section 3(a) "Compensation" is hereby amended to add the following:

The **COUNTY** agrees to pay the **AGENCY** an amount not to exceed **EIGHT HUNDRED AND ONE THOUSAND and No/00 DOLLARS (\$801,000.00)** in

the fiscal year dated October 1, 2018, through September 30, 2019, for services described in Section 1 of the Agreement. The parties reserve the right to adjust future fiscal year(s) compensation amounts pursuant to an annual review based upon inpatient and ambulatory share utilization, as established in writing by mutual agreement of the PARTIES without the need to further amend this Agreement.

2. Remaining sections shall be renumbered accordingly, including any references thereto.
3. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

SIGNATURE PAGE FOLLOWS

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be executed on the day and year written below.

PINELLAS COUNTY, FLORIDA, by and through its County Administrator

By: \_\_\_\_\_  
Mark Woodard

Date: \_\_\_\_\_, 2018

Bayfront HMA Medical Center, LLC.

By: \_\_\_\_\_  
John R. McLain  
Chief Executive Officer

Date: \_\_\_\_\_, 2018

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By: \_\_\_\_\_  
Assistant County Attorney