

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

808



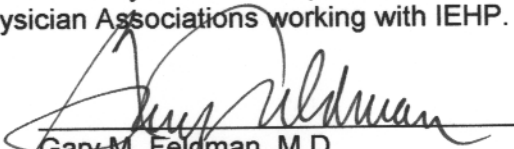
FROM: Community Health Agency

SUBMITTAL DATE: April 17, 2002

SUBJECT: Ratify the First Amendment to Contract DPH03-043 for Coordination of Public Health Services, between Inland Empire Health Plan (IEHP) and Riverside County Community Health Agency (CHA).

RECOMMENDED MOTION: That the Board of Supervisors: 1) Ratify the First Amendment to Contract DPH03-043 for Coordination of Public Health Services, between Inland Empire Health Plan and Riverside County Community Health Agency for the period beginning on December 9, 2002, and continuing through December 31, 2003. Thereafter, the term of the Agreement shall automatically be extended for up to four (4) additional one (1) year term [s], unless terminated; 2) Authorize the Chairman of the Board to sign four (4) originals of the Amendment on behalf of the County, and 3) Direct the Clerk of the Board to return all four (4) signed originals to the CHA Contracts Administration Office.

BACKGROUND: IEHP, as the Local Initiative Medi-Cal Managed Care Plan, is required to coordinate public health services with the public health departments of Riverside and San Bernardino counties. This amendment clarifies the financial responsibility of IEHP to reimburse the CHA for services identified in Attachment A, on a fee for service basis utilizing current Medi-Cal reimbursement rates. For those services listed in Attachment A that are the responsibility of the Health Plan, CHA must submit claims in accordance with appropriate claim submission procedures as defined by IEHP. This process will require the CHA to establish separate contracts with Independent Physician Associations working with IEHP.


Gary M. Feldman, M.D.
Director

Attachments
SH/gp

FINANCIAL DATA:

CURRENT YEAR COST: \$ 0
NET COUNTY COST: \$ 0

ANNUAL COST: \$ 0
IN CURRENT BUDGET: N/A
BUDGET ADJUSTMENT: N/A FOR FY 02/03

SOURCE OF FUNDS: 100% Funding (Inland Empire Health Plan)

C.E.O. RECOMMENDATIONS:

APPROVE

County Executive Officer Signature: 

COUNTY COUNSEL

APR 23 2003

Department Recommendation:
Per Executive Office:
 Consent
 Policy

Prev.Agn.ref.
February 25, 2003 item 3.7

Dist. All

AGENDA NO.

FORM 11 (Rev 8/96)

3.11

**Form 11 Attachment
Contract/Lease/Purchase Summary Data**

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Contract | <input type="checkbox"/> Lease | <input type="checkbox"/> Purchase |
| <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Sole Source |
| <input type="checkbox"/> Sole Source | <input type="checkbox"/> Mult-Year Lease | <input type="checkbox"/> Other Than Low Bid |
| <input type="checkbox"/> Personal Services | <input type="checkbox"/> Equipment | <input type="checkbox"/> Change Order |
| <input type="checkbox"/> Independent Contractor | <input type="checkbox"/> Real Property | |
| <input type="checkbox"/> Other than low Bid | <input type="checkbox"/> Change Order | |
| <input type="checkbox"/> Change Order | | |

User Department:	Community Health Agency
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Vendor/Lessor Name:	Inland Empire Health Plan
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Vendor/Lessor Location:	303 E Vanderbilt Way San Bernardino, CA 92408
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Selection Committee Member Names (RFP=s Only)
Minority

Applicable Board Policy #

Comments:

RFQ/RFP Process:

Date Mailed:
Response Date:
of Responses:
of Qualified Responses:

Bidding Process:

Bid Range:	\$	To: \$
Local Bid Range:	\$	To: \$
Responsive and Responsible Bid Range:	\$	To: \$
Local Performance Award Cost (5% maximum preference)	\$	To: \$
Local Preference FYTD: Cost	\$	To: \$

**Contract/Lease Renewals Only
Proposed Differences**

Existing Agreement Items

Proposed Agreement Items

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability