

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



727

FROM: Human Resources Dept.

SUBMITTAL DATE: July 7, 2003

SUBJECT: Exclusive Care Plan – Increase in Provider Fees for Outpatient Mental Health Services.

RECOMMENDED MOTION: The Board of Supervisors approves the new outpatient mental health fee schedule that defines reimbursements for services provided by Exclusive Care mental health network providers.

BACKGROUND: At the inception of the Exclusive Care Health Plan, a mental health provider network was established to provide outpatient mental health services to Exclusive Care members (augmenting the County's EAP clinical resources). The network is comprised of psychiatrists, psychologists and other mental health professionals in Riverside County. These network providers have been paid the same fees for providing outpatient services since January 1, 1999, when Exclusive Care was launched. It has become increasingly apparent that in order to retain a viable network, particularly psychiatrists in the Temecula and Coachella Valley areas, an increase in the fees paid to psychiatrists and to other professionals for certain services is now needed.

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Ronald W. Komers
Asst. County Executive Officer/
Human Resources Director

FINANCIAL DATA:

CURRENT YEAR COST: Based on claims

ANNUAL COST: Based on claims

NET COUNTY COST: Based on claims

IN CURRENT YEAR BUDGET: Yes

BUDGET ADJUSTMENT: No

FOR FY: 2003/2004

SOURCE OF FUNDS: Employees' premium contributions via payroll deductions

C.E.O. RECOMMENDATION:

APPROVE

COUNTY EXECUTIVE OFFICER SIGNATURE

Consent Policy
 Consent Policy

Department Recommendation:
Per Executive Office:

Prev. Agn. Ref.

Dist.

AGENDA NO
3.38

Background (continued)

The attached revised fee schedule (Exhibit A) has been developed and is based on research of other health plans' fees as well as Exclusive Care claims utilization patterns. This schedule will also address recruiting challenges that are hindering Exclusive Care's ability to maintain a network that provides convenient access and quality providers in all areas of the County where Exclusive Care members reside. The fee schedule will be effective July 1, 2003.

EXHIBIT A

Exclusive Care

**Outpatient Mental Health Services
Provider Fee Schedule**

July 1, 2003

CPT CODE	DEFINITION OF SERVICE	Reimbursement Amount		
		MD	PhD	LIC
90801	Diagnostic Interview Examination	\$150	\$100	\$80
90809	Individual, Outpatient, with medication evaluation and/or medication management services, 60 minutes	\$120	\$N/A	\$N/A
90862	Follow up medication management evaluation, 30 minutes	\$60	\$N/A	\$N/A
90804	Individual Psychotherapy, Outpatient, 30 minutes	\$60	\$50	\$40
90805	Individual Psychotherapy, Outpatient, with medication evaluation and/ or medication management services, 30 minutes	\$65	\$N/A	\$N/A
90806	Individual Psychotherapy, Outpatient, 60 minutes	N/A	\$75	\$70
90847	Conjoint or Family Psychotherapy, Outpatient, 2 or more individuals, 60 minutes	N/A	\$80	\$75
90853	Group Therapy, Outpatient, per person, per session, 90 minutes	N/A	\$35	\$25
90899	Professional Consultation, 15 minutes	\$30	\$25	\$20
96100	Psychological Testing, 1 hour, with report	N/A	\$80	N/A

- Listed Fees include Member's Co-payment