

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

716



**FROM:** Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**

March 8, 2004

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

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the Second 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 January 1, 2004, and continuing through December 31, 2004. 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 RCCHA 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 revises IEHP's financial responsibility and requires them to reimburse the RCCHA 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, RCCHA must submit claims in accordance with appropriate claim submission procedures as defined by IEHP.

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*Susan D. Harrington*  
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 Susan Harrington, Director  
 Department of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 25,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	03/04

<b>SOURCE OF FUNDS:</b> Inland Empire Health Plan	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

**APPROVE**

County Executive Office Signature

*Dan Martinez*

RECEIVED  
 COUNTY OF RIVERSIDE  
 DEPARTMENT OF PUBLIC HEALTH  
 MARCH 15 2004

Prev. Agn. Ref.: 2/25/03 item 3.7

District:  
ALL

Agenda Number:

3.4

**ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD**

FORM APPROVED COUNTY COUNSEL

MAR 15 2004  
 BY *[Signature]*

Departmental Concurrence

Policy  Policy   
 Consent  Consent

Dept's Recomm.:  
 Per Exec. Ofc.:  
 030804C