

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

108 A



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
October 15, 2009

**SUBJECT:** Exclusive Care - EPO Second Amendment to the Medical Contractor Agreement with Family Planning Associates Medical Group

**RECOMMENDED MOTION:** 1) Ratify and approve the attached Second Amendment to the Medical Contractor Agreement from January 1, 2005 through December 31, 2009 with Family Planning Associates Medical Group located throughout Southern California; 2) authorize the Chairperson to sign four (4) copies of the attached Agreement and; 3) retain one (1) copy of the signed Agreement and return three (3) copies to Human Resources for distribution.

**BACKGROUND:** In 1999, the Board of Supervisors established the County's self-funded Exclusive Provider Option (EPO) health plan, Exclusive Care, to provide a value health plan option to the employees of Riverside County and their families. To provide services to its enrolled members, Exclusive Care has contracted with a variety of healthcare providers. This Amendment allows Family Planning Associates Medical Group to continue participation in the Exclusive Care Provider Network by adding additional services and reducing the reimbursement for other services effective November 1, 2009 under terms similar to other comparable providers under contract.

FORM APPROVED COUNTY COUNSEL  
BY: TAMMY V. LIEU DATE: 10/20/09  
Departmental Concurrence

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

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ to be determined by claims	For Fiscal Year:	2009/10

<b>SOURCE OF FUNDS:</b> Premiums paid by members	<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

BY:   
Karen L. Johnson

**County Executive Office Signature**

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD  
Per Exec. Ofc.:  
 Consent  
 Policy  
 Consent  
 Policy

**Prev. Agn. Ref.:** | **District:** | **Agenda Number:**

3.22

**SECOND AMEMDMENT TO THE  
RIVERSIDE COUNTY – EXCLUSIVE CARE  
EXCLUSIVE PROVIDER ORGANIZATION  
MEDICAL CONTRACOR AGREEMENT**

By and Between

The County of Riverside, State of California

And

Family Planning Associates Medical Group

The Medical Contractor Agreement ("Agreement") between the County of Riverside, State of California ("County") and Family Planning Associates Medical Group ("Contractor") for health care services effective January 1, 2005 for Exclusive Care enrollees, is hereby amended effective November 1, 2009 as follows:

1. Attachment 2 – Compensation shall be amended to add services for the insertion of the intrauterine device (IUD) know as Mirena and the services to remove an intrauterine device (IUD). This amendment shall also reflect the reduction of the reimbursement for female sterilization by tubal cauterization and the amendment shall also reduce the cost of female sterilization along with a first trimester abortion.

**Attachment 2**  
**Compensation**

**ADDITION OF SERVICES:**

**INTRAUTERINE DEVICE INSERTION (IUD)**

X1532	Mirena Intrauterine System Brand (all inclusive)	\$575.00
58301	Removal of IUD	\$100.00

**REDUCTION IN REIMBURSEMENT FOR THE FOLLOWING SERVICES:**

**FEMALE STERILIZATION**

58670	Female Sterilization (tubal cauterization procedure only)	\$832.00
58670-22	Female Sterilization and first trimester Abortion	\$894.00

2. All other terms and conditions of the Agreement shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have caused their duly appointed representatives to execute this Medical Contractor Agreement for EPO Services for Riverside County.

**ATTEST:**  
Clerk to the Board  
Kecia Harper-Ihem

**COUNTY OF RIVERSIDE:**

By \_\_\_\_\_  
Deputy

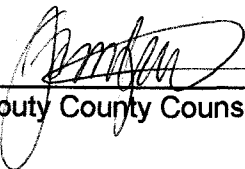
By: \_\_\_\_\_  
Chairman, Board of Supervisors

Date \_\_\_\_\_

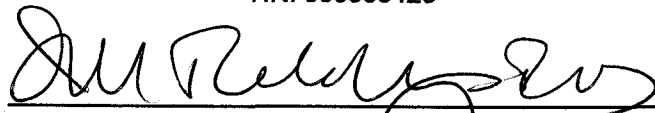
Date \_\_\_\_\_

Approved as to form and content:

Pamela J. Walls  
County Counsel

By:  \_\_\_\_\_  
Deputy County Counsel

**CONTRACTOR:** Family Planning Associates Medical Group  
TIN: 330385426

By:  \_\_\_\_\_

Printed Name: I.M. FELDKAMP IV, MD

Title: PRESIDENT

Date: 10-10-09