

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

929A



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
March 10, 2011

**SUBJECT:** Exclusive Care - EPO First Amendment to the Medical Contractor Agreement with Retina Consultants of Southern California Medical Associates, Inc.

**RECOMMENDED MOTION:** 1) Ratify and approve the attached First Amendment from April 1, 2011 until May 31, 2013, with Retina Consultants of Southern California Medical Associates, Inc.; 2) authorize the Chairperson to sign three (3) copies of the attached Agreement and; 3) retain one (1) copy of the signed Agreement and return two (2) 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.

*S. Atin*

Shawn Atin, Asst. Human Resources Director for  
Barbara A. Olivier  
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:	2010/11

<b>SOURCE OF FUNDS:</b> Premiums paid by members	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

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

**APPROVE**

BY: *Elizabeth J. Olson*  
Elizabeth J. Olson

**County Executive Office Signature**

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIPNIS  
DATE: 3/14/11  
Departmental Concurrence

- Consent
- Policy
- Consent
- Policy

Dept't Recomm.:  
Per Exec. Ofc.:

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

**ATTACHMENTS FILED**

**3.22**

**BACKGROUND continued:**

This Provider has completed the Exclusive Care credentialing process which includes all appropriate medical licensure, public records, consumer complaints, business license, and lien verifications. The legal contracting entity has been verified with the W9 and/or the California Business Portal or Business License. This Amendment continues Retina Consultants of Southern California Medical Associates' participation in the Exclusive Care Provider Network with new rates similar to other comparable providers under contract.

**FIRST AMENDMENT TO THE  
RIVERSIDE COUNTY – EXCLUSIVE CARE  
EXCLUSIVE PROVIDER ORGANIZATION  
MEDICAL CONTRACTOR AGREEMENT**

By and Between

The County of Riverside, State of California

And

Retina Consultants of Southern California Medical Associates, Inc.

The Medical Contractor Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and Retina Consultants of Southern California Medical Associates, Inc., (“Contractor”) for health care services effective June 1, 2009 until May 31, 2013 for Exclusive Care enrollees, is hereby amended effective April 1, 2011 as follows:

1. Attachment 2 Compensation shall be terminated and replaced in its entirety as attached hereto.
2. All other terms and conditions of the Agreement shall remain in full force and effect.
3. Contractor certifies that the individual signing this amendment has authority to execute this First Amendment on behalf of Contractor, and may legally bind Contractor to the terms of conditions of this First Amendment.

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

**ATTEST:**

Clerk to the Board  
Kecia Harper-Ihem

**COUNTY OF RIVERSIDE**

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

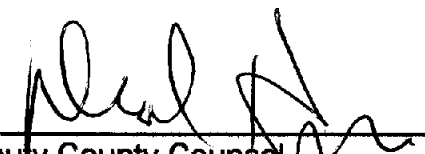
By \_\_\_\_\_  
Chairman, Board of Supervisors

Date \_\_\_\_\_

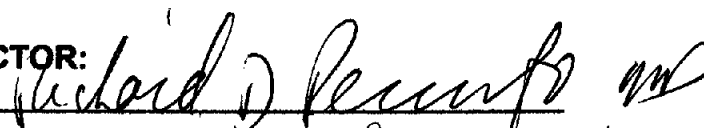
Date \_\_\_\_\_

Approved as to form and content:

Pamela J. Walls  
County Counsel

By:   
Deputy County Counsel

**CONTRACTOR:**

By: 

Printed Name: Richard D. Pesavento, M.D.

Title: President

Date: February 7, 2011

**Attachment 2  
Compensation**

Reimbursement by Exclusive Care for authorized covered services, shall be payable by County at the following Medicare rates for the current year Medicare allowable for locality 99.

Professional Services shall be reimbursed at 110% (one hundred and ten percent)

Injections shall be reimbursed at 100% (one hundred percent) all inclusive of medications

Contractor is responsible for collecting deductibles, co-payments, and coinsurance amount from Members receiving Covered Services.

*Exclusive*

Provider Network Change Request

<b>Provider Name</b>	<b>Specialty</b>	<b>Area</b>	<b>New</b>	<b>Change</b>	<b>Date</b>	<b>Requested rate</b>
Retina Consultants of SC	Retina Specialists	Riverside/Rancho Mirage, LL		xxxx	12/20/2010	110% of Medicare
<b>Number of like providers in area</b> one - but not all the same area	<b>Sub-Specialty</b>					
<b>Currently contracted providers only:</b>						
<b>Effective date of current contract</b> include from and to dates	<b>Initial rate of the current contract</b>	<b>requested rate</b>	<b>% difference</b>	<b>standard rate for provider</b>	<b>type</b>	<b>% difference</b>
6/1/2008-5/31/2013	100% of Medicare	120% of Medicare	20%		100%	

Quantitative information "report of other like providers to include reimbursement rate(s), utilization level(s) and other pertinent information

1. This group was requesting 120% of Medicare for all services except the injections which would remain at 100% of Medicare.
2. They will accept 110% of Medicare for all professional services and the injections would remain at 100% of Medicare
3. This group has offices in Riverside, Rancho Mirage, Loma Linda and Victorville.
4. Both physicians in this group have privileges at LLU
5. The other like provider has 2 offices in the desert and one in Riverside and they are reimbursed at 100% of Medicare.
6. This is one of the specialties that when a member needs services it can be emergent so in order to keep all of the service covered both groups are needed.

Recommendation 1: By: Sue

1. Upon approval by the EC Plan Manager and Medical Director amend the current contract to 110% of M/Care for locality 99 for professional reimbursement and 100% of M/Care for locality 99 for the injections through the term of the contract.

Recommendation 2: By: 1/18/11-DeNeen Culberson   
Agreed.

Approve addition to network up to requested reimbursement rate \_\_\_\_\_ Deny Network Participation at this time  
 Approve termination and Member move if applicable \_\_\_\_\_ Other \_\_\_\_\_

Medical Director:  Date: 1/25/2011

Plan Manager:  Date: 1/26/11