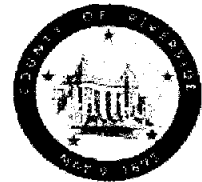


**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

447A



FROM: Human Resources Department

SUBMITTAL DATE:
March 30, 2011

SUBJECT: Exclusive Care - EPO First Amendent to the Medical Contractor Agreement with InlandPsych Redlands, Inc.

RECOMMENDED MOTION: 1) Approve the attached First Amendment to the Medical Contractor Agreement from June 1, 2011 until January 31, 2013, with InlandPsych Redlands, Inc., a psychiatrist located in Redlands; 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.

FINANCIAL DATA	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

SOURCE OF FUNDS: 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: 4/13/11
Departmental Concurrence

- Policy
- Policy
- Consent
- Consent

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

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

3.40

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 agreement continues participation in the Exclusive Care Provider Network with a rate change that is equal to other like providers and under terms 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

InlandPsych Redlands, Inc.

The Medical Contractor Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and InlandPsych Redlands, Inc. (“Contractor”) for health care services effective February 1, 2010 until January 31, 2013 for Exclusive Care enrollees, is hereby amended effective June 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

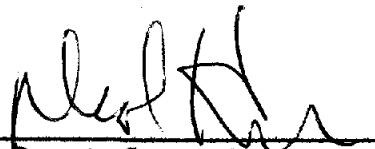
By _____
Chairman, Board of Supervisors

Date _____

Date _____

Approved as to form and content:

Pamela J. Walls
County Counsel

By: 
Deputy County Counsel

CONTRACTOR: InlandPsych Redlands, Inc.

By: 

Printed Name: V.R. PALADUGU

Title: Business Manager

Date: 3/17/2011

Attachment 2
Compensation

Reimbursement of the Exclusive Care Provider Organization, Exclusive Care, established by the County of Riverside for employees and their dependents, for authorized covered services, shall be payable by County at the fees set forth below net of co-payments and/or coinsurance. Contractor is responsible for collecting the co-payment.

DESCRIPTION	CPT	Licensed Rates
Psychiatric diagnostic interview	90801	\$80.00
Psychiatric treatment, office, 20-30 minutes	90804	\$40.00
Psychiatric treatment, office, 45-50 minutes	90806	\$70.00
Family psychiatric treatment with patient	90847	\$75.00
Group psychotherapy	90853	\$25.00
Psychiatric service/therapy/Case Management	90899	\$20.00

OR

DESCRIPTION	CPT CODES	PhD
Diagnostic Interview Examination	90801	\$100.00
Psychological Testing 1 hour, with report	96100	\$80.00
Individual Psychotherapy, Outpatient, 30 minutes	90804	\$50.00
Individual Psychotherapy, Outpatient, 60 minutes	90806	\$75.00
Conjoint or Family Psychotherapy, Outpatient, 2 or more individuals, 60 minutes	90847	\$80.00
Group Therapy, Outpatient, per person, per session, 90 minutes	90853	\$35.00
Professional Consultation, 15 minutes	90899	\$25.00

OR

DESCRIPTION	CODES	MD
Diagnostic Interview Examination	90801	\$160.00
Individual Psychotherapy, Outpatient, 60 minutes with medication management/evaluation	90809	\$120.00
Individual Psychotherapy, Outpatient, 30 minutes	90804	\$60.00
Individual Psychotherapy, Outpatient, 30 minutes with medication management/evaluation	90805	\$65.00
Medication Management follow-up	90862	\$70.00
Professional Consultation, 15 minutes	90899	\$30.00