

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

702A



FROM: Human Resources Department

SUBMITTAL DATE:
September 20, 2011

SUBJECT: Exclusive Care - EPO First Amendment to the Medical Contractor Agreement with Family Planning Associates Medical Group, Inc.

RECOMMENDED MOTION: 1) Ratify and approve the attached First Amendment to the Medical Contractor Agreement from November 1, 2011 until December 31, 2014, with Family Planning Associates Medical Group, Inc., located in Riverside and San Bernardino Counties; 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.

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. Benefits for all family planning services are provided under all major health insurance carriers in California including all county health plans (Kaiser, Health Net and Exclusive Care).

Shawn 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: | 2011/12 |

| | | |
|--|---|--------------------------|
| 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

Dept's Recomm.: Consent Policy Policy

Per Exec. Ofc.: Consent Policy Policy

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

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.10

FORM APPROVED COUNTY COUNSEL
BY: *Neal R. Kipnis*
DATE: _____
Departmental Concurrence

BACKGROUND continued:

This Provider has completed the Exclusive Care credentialing process which includes all appropriate medical licensure, a current review of the Medical Board of California for actions relating to licenses or practices of physicians, 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 participation in the Exclusive Care Provider Network 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

Family Planning Associates Medical Group, Inc.

The Medical Contractor Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and Family Planning Associates Medical Group, Inc. (“Contractor”) for health care services effective January 1, 2010 until December 31, 2014 for Exclusive Care enrollees, is hereby amended effective November 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 _____

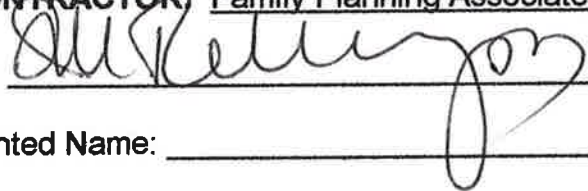
Date _____

Approved as to form and content:

Pamela J. Walls
County Counsel

By: 
Deputy County Counsel

CONTRACTOR: Family Planning Associates Medical Group, Inc.

By: 

Printed Name: _____

Title: _____

Date: _____

Attachment 2
Compensation

Reimbursement by Exclusive Care for covered services shall be payable by County at the following rates:

| CODE | DESCRIPTION | Reimbursement |
|----------|--|-------------------|
| 59840-AG | Dilation and curettage (D&C) w/general anesthesia < 13 weeks | \$427.00 |
| 59840 | Dilation and curettage (D&C) w/local anesthesia < 13 weeks | \$379.00 |
| 59841 | Dilation and evacuation (D&E) 13-17 weeks gestation | \$595.00 |
| 59841-22 | Dilation and evacuation (D&E) 17.5 through 21.5 week gestation | \$1,291.00 |
| X7724 | Medical Abortion by Mifepristone | \$470.00 |
| 58670-AG | Laparoscopy, surgical; with fulguration of oviducts (with or without transection) | \$851.00 |
| 58565-AG | ESSURE – hysteroscopy surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants | \$2,250.00 |
| 58301 | IUC Removal | \$100.00 |
| 87491 | Chlamydia test | \$43.00 |
| 97591 | Gonorrhea test | \$43.00 |
| J1055 | Depo Provera | \$67.00 |
| X7730 | Emergency Contraception (Plan B) | \$25.00 |
| 90649 | Human Papilloma virus (HPV) Gardasil vaccine types 6, 11,16,18 (quadrivalent) | \$160.00 per dose |
| 58670-AG | Tubal only | \$851.00 |
| 76815 | establish gestation without abortion | \$120.00 |

The above include counseling, preoperative examination, lab work (pregnancy test, hematocrit, Rh type) sonograms, rhogam, all supplies and surgical trays, routine postoperative medications, routine pathology report, surgeon charges, anesthesia charges, postoperative check-up, twenty four hour follow-up telephone service and all routine postoperative care, but only when the patient returns to provider for evaluation and carries out provider's instructions in their entirety.

For covered services not listed on the Medi-cal or Medicare Fee Schedule (locality 99) reimbursement shall be 30% of billed charges.

Exclusive Care members do not need a referral for services.