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

**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
June 26, 2012

**SUBJECT:** Amendment to the Professional Services Agreement between DaVita, Inc. d/b/a/ Renal Treatment Centers- California, Inc. and Riverside County Regional Medical Center (RCRMC)

**RECOMMENDED MOTION:** Move that the Board of Supervisors:

- 1) Approve and authorize the Chairman to execute the amendment between Riverside County Regional Medical Center and DaVita, Inc. d/b/a Renal Treatment Centers- California, Inc. to provide dialysis treatment services for an aggregate amount of \$1,400,000, effective August 1, 2012; and
- 2) Authorize the Purchasing Agent, in accordance with Ordinance No. 459, to exercise renewal options, based on the availability of fiscal funding, and to sign amendments that do not change the substantive terms of the agreement, including amendments to the compensation provision that do not exceed ten percent of the annual amount.

(Continued on page two)

*Douglas D. Bagley*  
 \_\_\_\_\_  
 Douglas D. Bagley, Hospital Director

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 1,400,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2012/2013

<b>SOURCE OF FUNDS:</b> 100% - Hospital Enterprise Funds	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

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

APPROVE

BY: *Debra Cournoyer*  
 Debra Cournoyer

**County Executive Office Signature**

- Consent
- Policy
- Consent
- Policy

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

Prev. Agn. Ref.: 08/10/10; 3.53

District: ALL

Agenda Number:

# 3.52

FORM APPROVED BY COUNTY COUNSEL  
 BY: *Mark Seifer*  
 DATE: \_\_\_\_\_  
 NEAL R. KIPNIS  
 Departmental Concurrence  
 Purchasing: *Mark Seifer*  
 Mark Seifer, Assistant Director

BOARD OF SUPERVISORS

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**SUBJECT:**

Amendment to the Professional Services Agreement between DaVita, Inc. d/b/a/ Renal Treatment Centers- California, Inc. and Riverside County Regional Medical Center (RCRMC)

**BACKGROUND:**

Riverside County Regional Medical Center (RCRMC) has contracted with DaVita, Inc. d/b/a Renal Treatment Centers to provide dialysis treatments services since October 1996. Historically, this vendor has been the sole provider able to supply this needed service as they are the only area provider which offers complete dialysis treatment services for RCRMC's acute dialysis inpatients.

On August 31, 2010; agenda item 3.53, the Board of Supervisors approved the multi-year professional services agreement, without securing competitive bids, in accordance with Ordinance 459.4, for a term of three consecutive years ending June 30, 2013 not to exceed \$3,600,000. As agreed upon by both parties, effective August 1, 2012, the fee schedule within the contract agreement was expected to increase by two percent (2%). RCRMC is requesting an increase in the annual contract amount in anticipation of the two percent increase for services rendered in FY 2012/2013.

Therefore, the Hospital Director requests that the Board of Supervisors approve the abovementioned motions.

**FISCAL FUNDING:**

These services are based solely on Hospital Enterprise Funds (100%).

**REVIEW/APPROVAL:**

County Counsel  
County Purchasing

DB:ns

**SECOND AMENDMENT TO THE PROFESSIONAL SERVICES AGREEMENT**

**WITH**

**RENAL TREATMENT CENTERS – CALIFORNIA, INC.**  
(Hemodialysis Treatment Services)

That certain Agreement between **County of Riverside**, a political subdivision of the State of California, through its Medical Center, (**Riverside County Regional Medical Center**) (“**COUNTY**”) and **Renal Treatment Centers – California, Inc. and Patient Pathways, LLC**, (together “**CONTRACTOR**”), executed August 10, 2010; agenda item no. 3.53 and first amendment executed February 9, 2011, is hereby amended effective the latter of the date last signed below or August 1, 2012:

1. Amend the language of Section **4.0 Compensation**, to delete the third sentence and replace it in its entirety with the following:

“Maximum payments by COUNTY to CONTRACTOR shall not exceed one million four hundred thousand dollars (\$1,400,000) annually.”

2. The attached **Exhibit B.1** is made part of this Agreement by this reference. All references to Exhibit B shall hereinafter refer to **Exhibit B.1** attached.
3. All other terms and conditions of this Agreement are to remain unchanged.

**IN WITNESS WHEREOF**, the parties have executed this Amendment.

CONTRACTOR  
**Renal Treatment Centers –California, Inc.**

By: Elizabeth Rodriguez

Elizabeth Rodriguez  
Type or Print Name

Divisional Vice President  
Type or Print Title

Date: 6/29/12

Patient Pathways, LLC

By: [Signature]

Dennis Kogod  
Chief Operating Officer

Date: \_\_\_\_\_

COUNTY OF RIVERSIDE

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

\_\_\_\_\_  
Type or Print Name

Chairman  
Type or Print Title

Date: \_\_\_\_\_

FORM APPROVED COUNTY COUNSEL  
BY [Signature] DATE 6/29/12  
NEAL R. KIPNIS

APPROVED AS TO FORM ONLY

By: 

Name: Jon Kweller  
~~Margaret Howell Benson~~

Title: Deputy  
~~Group~~ General Counsel

## FEE SCHEDULE

## RENAL TREATMENT CENTERS – CALIFORNIA, INC.

NOTE: the fees listed in the schedule set forth below include services provided to non-admitted persons who are kept at COUNTY for observational purposes for a period of less than twenty-four (24) hours without being admitted at that time.

PROCEDURE	RATES (Effective 08/01/12)
<b><u>Hemodialysis:</u></b>	
Hemodialysis-Adult: 1:1 patient to staff ratio, up to 4 hours	\$464.10 per treatment
Hemodialysis: additional charge per half hour for treatments ordered longer than 4 hours	\$51.00 per ½ hour
<b><u>Peritoneal Dialysis (PD: CAPD, CCPD)</u></b>	
CCPD-Adult (per treatment visit) (1)	\$234.60 per treatment visit
CAPD-Adult (per treatment visit) (1)	\$234.60 per treatment visit
<b><u>Continuous Renal Replacement Therapy (CRRT: SCUF, CVVH, CVVHD, CVVHDF)</u></b>	
CRRT-Adult (per day) (2)	\$663.00 per day
CRRT cartridge (each cartridge separately billable)	\$204.00 each cartridge
<b><u>Nursing Services:</u></b>	
Dec clotting Central Venous Catheters (TPA)	\$51.00 per ½ hour
RN Consultation (3)	\$51.00 per ½ hour
<b><u>Miscellaneous:</u></b>	
Differential: Same Day Service (4)	\$153.00 per treatment visit
Differential: Weekends and Holidays (5)	\$76.50 per treatment visit
Cancellation: (6)	\$306.00 per cancellation
Waiting time (after first 15 minutes)	\$51.00 per ½ hour

**Exhibit B.1 Footnoted Descriptions**

- (1) Includes CCPD equipment, dialysate, supplies and labor with minimum of 2 nursing visits per day
- (2) Includes Fresenius CRRT equipment, labor and dialysate. Pre-dilution replacement solution is dispensed from COUNTY Pharmacy and is not included. Minimum of two (2) nursing visits per day required. Cartridges are charged separately.
- (3) Any service authorized by the COUNTY that is not otherwise described in Exhibit B.
- (4) Differential for "same day service called in after hours" will only be assessed for orders received after 5:00 pm on the day the treatment is to be performed.
- (5) Observed Holidays are New Years Eve, New Years Day, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving Day, Christmas Eve, and Christmas Day.
- (6) COUNTY to provide CONTRACTOR at least, four (4) hours advance notice of any cancellations prior to scheduled Service/procedure or Cancellation Fee applies.