

695



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

FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
July 31, 2012

SUBJECT: Amendment to the Medical clinic agreement with Desert AIDS Project for Riverside County HealthCare (RCHC)

RECOMMENDED MOTION: Move that the Board of Supervisors:

- 1) Approve and authorize the Chairperson to sign the First Amendment to the Medical Clinic Agreement with Desert AIDS Project to provide health care services to members enrolled with RCHC, effective July 1, 2012.

BACKGROUND: On March 13, 2012, Agenda Item No. 3.36, the Board of Supervisors approved the Agreement with Desert AIDS Project (DAP) to provide health care services to members enrolled with the Riverside County HealthCare (RCHC) program. The terms of this agreement included an all inclusive payment rate of seventy (\$70) dollars per visit for health care services.

(cont. on Page 2)

Douglas D. Bagley

Douglas D. Bagley, Hospital Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost FY:	\$ 0	For Fiscal Year:	12/13

SOURCE OF FUNDS: 100% Low Income Health Plan / Riverside County	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

Debra Cournoyer

Debra Cournoyer

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
BY: *B. D. Miller* 7/16/12 DATE
BEAUFORD T. MILLER, JR
Departmental Concurrence

Consent
 Policy
 Consent
 Policy

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

Prev. Agn. Ref.: 3.36, 3/13/12

District: All

Agenda Number:

3.55

SUBJECT: Amendment to the Medical clinic agreement with Desert AIDS Project for Riverside County HealthCare (RCHC)

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BACKGROUND: (cont.)

Effective April 9, 2012. DAP was awarded Federally Qualified Health Clinic (FQHC) look-alike status by the Health Resources and Services Administration (HRSA). According to the Special Terms and Conditions § 72 of the Section 1115(a) Medi-Cal Bridge to Reform demonstration waiver, RCHC must pay DAP at the full Prospective Payment System (PPS) per-visit payment rate upon designation of their FQHC look-alike status. The PPS rate for DAP has yet to be determined but they have projected their PPS rate to be between \$105-\$155 per encounter based on cost reporting supplied in the FQHC application. The RCHC program will be required to adjust all payments made to DAP for RCHC program members when the applicable PPS rate is determined. Also, DAP would be required to refund the RCHC program if the PPS was determined to be a lower rate. Because of the unknown PPS rate, an adjustment payment will be necessary once the PPS rate is determined by HRSA. Language was added in the amendment to allow termination, for cause, if DAP fails to provide notification of their applicable PPS rate in a timely fashion. In addition, language in Attachment "A" of the agreement has been amended to further define Primary Care Services provided to RCHC program members at DAP.

FINANCIAL IMPACT:

100% Low Income Health Plan funding will provide health care services to members enrolled with Riverside County Health Care throughout the County of Riverside.

Payment for health care services will be based on actual claims submitted and reimbursed at an all inclusive interim PPS rate of \$100 with adjustments based on the determination of the applicable DAP PPS payment rate.

Once the PPS payment rate has been determined by HRSA, all future payments for healthcare services will be based on actual claims submitted and reimbursed at the full PPS rate.

REVIEW/APPROVAL:

County Counsel has approved the amendment as to legal form.

DB:cg

**FIRST AMENDMENT TO THE MEDICAL CLINIC AGREEMENT
WITH
DESERT AIDS PROJECT**

That certain Agreement between the County of Riverside (COUNTY) and Desert Aids Project (CLINIC) is hereby amended as follows:

1. Add new subsection (7) to Section **5.0 TERM AND TERMINATION**:

“(7) CLINIC’s failure to provide written notification to COUNTY of the CLINIC’s applicable PPS rate, within five (5) business days of receipt of notification of per visits PPS rate for the CLINIC.”

2. Delete Attachment A in its entirety and replace with the following, attached hereto as Attachment I.
3. Delete Attachment B in its entirety and replace with the following, attached hereto as Attachment II.

All other terms and conditions of this Agreement are to remain unchanged.

IN WITNESS WHEREOF, the parties have executed this Amendment.

COUNTY OF RIVERSIDE

CONTRACTOR

By: _____
John Tavaglione
Chair, Board of Supervisors

By:  _____
President

Date: _____

Date: 6.29.12

FORM APPROVED COUNTY COUNSEL
BY:  7/16/12
BEAUFORD T. MILLER, JR. DATE

ATTACHMENT I

Attachment "A" **PRIMARY CARE SERVICES**

The list below outlines services to be provided by the CLINIC at no additional charge to Member under this Agreement and for services not covered by the Program. In the event that CLINIC needs to provide Health Care Services that fall outside this list, CLINIC must receive prior authorization from the RCHC program:

Routine Office Visits

- Evaluation, diagnosis and treatment of illness or injury
- Health Education and Wellness
- Preventive services
- Periodic Health Assessments including hearing, vision, lab testing, as defined by "In-Office Laboratory"
- Routine pelvic examinations with PAP smears
- Initial management of gynecological conditions
- Any other medical services or procedures normally provided in a primary care setting

Injections

- Administration of injections
- Adult Immunizations

Minor Office Procedures

- Incision and drainage
- Excision of minor lesions
- Wart removal
- Burns-local treatment
- Incision and removal of foreign body
- Avulsion/Excision of toenail
- Removal of foreign body from eye
- Urethral catheterization (foley)
- Spirometry
- Pure tone screening/audiometry (air only)
- Tympanogram
- Electrocardiogram with interpretation and report
- Biopsy of skin
- Simple repair of superficial wounds
- Rhythm strip
- Application & reapplication of dressing
- Removal of sutures
- Irrigation of Ears

In-Office Laboratory

- Interpretation of laboratory results
- Routine office laboratory services i.e. urine pregnancy test, urine dipstick for sugar, acetone, bilirubin and protein, stool for occult blood, fingerstick for random blood sugar, rapid strep

Miscellaneous

- Dressing and other routine medical supplies
- Venipuncture, specimen collection

Referral of Patients

- Referrals to appropriate specialists and/or ancillary services, as medically necessary, and with prior approval from the RCHC program. The CLINIC is responsible for the referral of Members for specialty care and/or ancillary health care services (e.g., labs, x-ray, etc.) but the RCHC program is responsible for the cost of these authorized services.

Examples of non-covered services

- Attendant Care
- Homemaker services
- Food & Nutrition Products
- Routine Dental Care
- Social Services
- Wellness Programs
- Mental Health and Substance Abuse Counseling

ATTACHMENT II

Attachment "B" **Compensation**

The RCHC Program will reimburse CLINIC the following all inclusive rate(s) for services/procedures performed in the CLINIC's and provided to Members during the course of the visit, pursuant to this Agreement.

Reimbursement for services provided between the dates of January 1, 2012 through April 9, 2012

- Seventy dollars (\$70.00) per visit

Reimbursement for services provided between the dates of April 9, 2012 through December 31, 2013

- FQHC Look-Alike PPS rate

All services are considered inclusive of any social, transportation or other supplemental or technical fees charged by CLINIC.