

910



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

FROM: Executive Office

SUBMITTAL DATE:
December 18, 2012

SUBJECT: Amendment to the Third Party Administrator Agreement with Inland Empire Health Plan for the Low Income Health Program

RECOMMENDED MOTION:

- 1) Ratify the amendment to the Third Party Administration Agreement with Inland Empire Health Plan for the Low Income Health Program effective August 1, 2012;
- 2) Authorize the Chairperson to sign four (4) copies of the amendment; and
- 3) Direct the Clerk of the Board to return all four (4) copies of the signed originals to Riverside County Regional Medical Center Administration. Upon final execution by the Inland Empire Health Plan Governing Board, a fully executed amendment will be returned to the Clerk of the Board.

BACKGROUND: On July 26, 2011 agenda item no 3.2, the Board of Supervisors approved the Third Party Administrator Agreement with Inland Empire Health Plan (IEHP) to provide administrative services in support of the Low Income Health Program implementation. (Continued on Page 2)

Debra Cournoyer

Debra Cournoyer,
Deputy County Executive Officer

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: Federal	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

Christopher M. Hans

County Executive Office Signature BY: Christopher M. Hans

FORM APPROVED COUNTY COUNSEL
BY: *B. T. Miller, Jr.* 11/29/12
BEAUFORD T. MILLER, JR. DATE

Departmental Concurrence

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

Prev. Agn. Ref.: 3.2, 7/26/2011 | District: *All* | Agenda Number:

ATTACHMENTS FILED
WITH THE CLERK OF THE BOARD

3.6

SUBJECT: Amendment to the Third Party Administrator Agreement with Inland Empire Health Plan for the Low Income Health Program

Page 2

BACKGROUND: (Continued)

This first amendment is a result of the change in vendors by IEHP for their 24/7 Nurse Advise Line to Nurse Response. The cost for to the Riverside County Health Care (RCHC) Program is a vendor pass through cost from the IEHP contract rate with this vendor. Nurse Response will provide client activity reports to RCHC for its membership.

This amendment has been approved as to form by County Counsel.

FIRST AMENDMENT
TO THE PROFESSIONAL SERVICES AGREEMENT
BETWEEN
INLAND EMPIRE HEALTH PLAN
AND
COUNTY OF RIVERSIDE THROUGH RIVERSIDE COUNTY HEALTHCARE

WHEREAS, the Inland Empire Health Plan ("IEHP"), IEHP Health Access ("Health Access") (known collectively as "IEHP Health Plan"), and the County of Riverside, through its Low Income Health Program, RIVERSIDE COUNTY HEALTHCARE ("PROVIDER") agree to amend the Professional Services Agreement, between them dated June 1, 2011 (the "Agreement");

NOW THEREFORE, the parties agree as follows:

- A. The section contained on the last page of Exhibit A, titled Description of Services (Optional), is hereby deleted and replaced as attached hereto (See amended section of Exhibit A, Description of Services (Optional)). The remaining provisions of Exhibit A shall remain in full force and effect.
- B. Notwithstanding the date of execution, unless otherwise referenced, this First Amendment shall be effective August 1, 2012.
- C. All other terms and conditions of the Agreement are to remain in full force and effect.
- D. PROVIDER certifies that the individual signing herein has authority to execute this Amendment on behalf of PROVIDER, and may legally bind PROVIDER to the terms and conditions of this Amendment, and any attachments hereto.

(THE BALANCE OF THIS PAGE INTENTIONALLY LEFT BLANK)

IN WITNESS WHEREOF, the parties hereto have signed this Amendment as set forth below.

COUNTY OF RIVERSIDE

INLAND EMPIRE HEALTH PLAN:

By: _____
Chairman
Board of Supervisors

By: _____
Bradley P. Gilbert, M.D.
Chief Executive Officer

Date: _____

Date: _____

**APPROVED AS TO CONTENT:
RIVERSIDE COUNTY HEALTHCARE**

By: _____
Chief Executive Officer

By: _____
Chairperson
Inland Empire Health Plan
Governing Board

Date: _____

Date: _____

Attest: _____
Secretary
Inland Empire Health Plan

FORM APPROVED COUNTY COUNSEL

BY: Beauford T. Miller, Jr. 11/29/12
BEAUFORD T. MILLER, JR. DATE

Date: _____

Approved as to Form:

By: _____
Jinny R. Yang
Staff Counsel for Inland Empire Health Plan

Date: _____

EXHIBIT A

Description of Services (Optional)

24/7 Nurse Advice Line Services through Nurse Response

RCHC agrees to reimburse IEHP for 24/7 Nurse Advice Line services from Nurse Response for the RCHC Low Income Health Program (as a vendor pass through cost) through IEHP's contract with Nurse Response. IEHP shall pass through the monthly invoice costs associated with Nurse Response services to RCHC in its monthly TPA service invoicing. RCHC will establish, at its own expense, a separate toll free phone line dedicated for nurse advice line services. Nurse Response shall provide the basic reporting services in the Client Activity Report, Disposition Demographics Report and the Triage Utilization Report. The following rates apply to the RCHC program.

<u>Nurse Triage Service Fee</u>	\$0.19 PMPM
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