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



FROM: Human Resources Department

SUBMITTAL DATE: May 16, 2013

SUBJECT: Exclusive Care - EPO First Amendment to the Medical Contractor Agreement with Jay Forgeron, dba Forgeron Physical Therapy

RECOMMENDED MOTION: 1) Ratify and approve the attached First Amendment to the Medical Contractor Agreement from December 1, 2012 through November 30, 2017, with Jay Forgeron, dba Forgeron Physical Therapy, a group of physical therapists located in Palm Springs and Indio; 2) authorize the Chairperson to sign three (3) copies of the attached Amendment and; 3) retain one (1) copy of the signed Amendment and return two (2) copies to Human Resources for distribution.

GROUND: In 1999, the Board of Supervisors established the County's self-funded Exclusive

Departmental Con	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.					
CeD						
		Michael Stock, Asst. Human Resources Director for				
Barbara A. Olivier						
	Asst. County Executive Officer/Human Resources Direct					
		Current F.Y. Total Cost:	\$ 0	In Current Year I	Budget: No	
	FINANCIAL	Current F.Y. Net County Cost:	\$ 0	Budget Adjustm	ent: No	
	DATA	Annual Net County Cost:	\$ to be determined by claims	For Fiscal Year:	2012/13	}
>	TOO CITED OF TOTAL OF THE PARTY				Positions To Be Deleted Per A-30	
					Requires 4/5 Vote	
	C.E.O. RECOM	MENDATION:				
		Ε , /	\cap			
Policy	County Executiv	ve Office Signature	BY. SIV	dougland an M. Chand	6/24/2013	

County Executive Office Signature

2013 JUN 25 PM 2: 02

Prev. Agn. Ref.: Jan. 8, 2013; 3.14

District: ALL

Agenda Number:

3-26

Ofc.:

Policy

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Consent

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Consent

Form 11 – Jay Forgeron, dba Rancho PT – First Amendment May 16, 2013
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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 and the correct reimbursement 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

Jay Forgeron dba Forgeron Physical Therapy

The Medical Contractor Agreement ("Agreement") between the County of Riverside, State of California ("County") and Jay Forgeron dba Forgeron Physical Therapy ("Contractor") for health care services effective December 1, 2012 through November 30, 2017 for Exclusive Care enrollees, is hereby amended effective December 1, 2012 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						
CONTRAC/10/R: Jay Forgeron dba Forgeron Physical Therapy						
By: for Joy Printed Name: JAY A. FORCERON						
Title: OWNER,						
Date: 4-(-13						

Attachment 2 Compensation

Reimbursement by Exclusive Care for prior authorized covered services, shall be payable by County at the following all inclusive for professional and facility services:

Initial Evaluation

\$90.00

Subsequent visits

\$65.00

Contractor is responsible for collecting deductibles, co-payments and coinsurance amount from Member receiving Covered Services.