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



FROM: Human Resources Department

SUBMITTAL DATE: April 5, 2010

SUBJECT: Exclusive Care - EPO First Amendment to the Medical Contractor Agreement with Rosemarie Tweed, D.O.

RECOMMENDED MOTION: 1) Ratify and approve the attached First Amendment to the Agreement with Rosemarie Tweed, D.O., effective April 1, 2010, providing pediatric services in Moreno Valley; 2) authorize the Chairperson to sign four (4) copies of the attached Agreement and; 3) retain one (1) copy of the signed Agreement and return three (3) copies to Human Resources for distribution.

BACKGROUND: 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.

employees of Riverside County and their families. To provide services to its enrolled members, Barbara A. Olivier Acting Asst. County Executive Officer/Human Resources Dir. In Current Year Budget: **Current F.Y. Total Cost:** No \$ 0 **Budget Adjustment:** FINANCIAL **Current F.Y. Net County Cost:** \$ 0 No DATA For Fiscal Year: **Annual Net County Cost:** 2009/10 \$ to be determined by claims **Positions To Be SOURCE OF FUNDS:** Premiums paid by members **Deleted Per A-30** Requires 4/5 Vote C.E.O. RECOMMENDATION: **APPROVE**

Karen L. Johnson

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Buster, seconded by Supervisor Stone and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes:

Buster, Tavaglione, Stone, Benoit and Ashley

Nays:

None

Kecia Harper-Ihem

Absent:

None

Clerk of the Board

Date:

May 18, 2010

XC:

HR. 19

Deputy

Per Exec. Ofc.

Policy

X

Policy

X

Consent

Prev. Agn. Ref.:

District:

Agenda Number:

3.47

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BACKGROUND continued:

This Amendment changes the name from Rosemarie Tweed, D.O., to Rosemarie Tweed, D.O., A Professional Corporation. This agreement 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

Rosemarie Tweed D.O

The Medical Contractor Agreement ("Agreement") between the County of Riverside, State of California ("County") and Rosemarie Tweed, D.O. ("Contractor") for health care services effective August 1, 2008 for Exclusive Care enrollees, is hereby amended effective March 1, 2010 as follows:

- 1. All references in the Medical Contractor Agreement between Rosemarie Tweed D.O. and County of Riverside Exclusive Care EPO referring to "Rosemarie Tweed, D.O." shall now be referenced as "Rosemarie Tweed, D.O., A Professional Corporation."
- 2. The tax identification number for Rosemarie Tweed, APC also effective March 1, 2010 is 270294643
- 3. All other terms and conditions of the Agreement shall remain in full force and effect. [Rest of the page intentionally left blank]

Contractor certifies that the individual signing below 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.

COUNTY OF DIVERSIDE

| ATTEST: | COUNTY OF KIAFKOIDE |
|--|---------------------------|
| Clerk to the Board | |
| Kecia Harper-Ihem | |
| By | Chairman, Board of Superv |
| Date <u>MAY 1 8 2010</u> | Date <u>MAY 1.8 2010</u> |
| Approved as to form and content: Pamela J. Walls County Counsel By: Deputy County Counsel | |
| CONTRACTOR: Rosemarie Tweed, D.O., A Profess | sional Corporation |
| By: Receipt heel DO, APC | |
| Printed Name: ROSEMARIE TWEED | D.G., APC |
| Title: | |
| Date: | |