

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

838A



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
February 14, 2011

**SUBJECT:** Exclusive Care - EPO First Amendment to the Medical Contractor Agreement with Mark David Turney, Marriage Family Therapist.

**RECOMMENDED MOTION:** 1) Ratify and approve the attached First Amendment from January 1, 2011 through April 30, 2014, with Mark David Turney, Marriage Family Therapist; 2) authorize the Chairperson to sign three (3) copies of the attached Agreement and; 3) retain one (1) copy of the signed Agreement and return two (2) 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.

*[Signature]*  
Barbara A. Olivier  
Asst. County Executive Officer/Human Resources Dir.

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ to be determined by claims	For Fiscal Year:	2010/11

**SOURCE OF FUNDS:** Premiums paid by members

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

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

**APPROVE**

BY: *[Signature]*  
Elizabeth J. Olson

**County Executive Office Signature**

☒ Policy  
☐ Consent  
☒ Policy  
☐ Consent

**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  
**Absent:** None  
**Date:** March 22, 2011  
**xc:** HR: 23

Kecia Harper-Ihem  
Clerk of the Board

By: *[Signature]*  
Deputy

**Prev. Agn. Ref.:**

**District:** ALL

**Agenda Number:**

**3.17**

FORM APPROVED COUNTY COUNSEL  
 BY: NEAL R. KIPNIS  
 DATE: 2/14/11  
 Departmental Concurrence

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

**BACKGROUND continued:**

This Provider has completed the Exclusive Care credentialing process which includes all appropriate medical licensure, 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 agreement continues participation in the Exclusive Care Provider Network with a legal name change to Mark D. Turney, MFT, Inc. 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

Mark David Turney, Marriage Family Therapist

The Medical Contractor Agreement ("Agreement") between the County of Riverside, State of California ("County") and Mark David Turney, Marriage Family Therapist ("Contractor") for health care services effective May 1, 2009 for Exclusive Care enrollees, is hereby amended effective January 1, 2011 as follows:

1. All references in the Medical Contractor Agreement between Mark David Turney, Marriage Family Therapist and County of Riverside – Exclusive Care EPO referring to "Mark David Turney, Marriage Family Therapist" shall now be referenced as "Mark D. Turney, MFT, Inc.

2. 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.

**ATTEST:**

Clerk to the Board  
Kecia Harper-Ihem

By Kecia Harper-Ihem  
Deputy

Date MAR 22 2011

**COUNTY OF RIVERSIDE**

By Bob Buster  
Chairman, Board of Supervisors

**BOB BUSTER**

Date MAR 22 2011

Approved as to form and content:

Pamela J. Walls  
County Counsel

By: Pamela J. Walls  
Deputy County Counsel

**CONTRACTOR:** Mark D. Turney, MFT, Inc.

By: Mark D. Turney, MFT, Inc.

Printed Name: MARK D. TURNEY, MFT, INC.

Title: CHIEF EXECUTIVE OFFICER

Date: 1-13-11

<b>Provider Name</b>	<b>Specialty</b>	<b>Area</b>	<b>New</b>	<b>Change</b>	<b>Date</b>	<b>Requested rate</b>
Mark Turney, MFT	Marriage Family Therapist	Riverside		xxx	3/3/2011	N/A
<b>Number of like providers in area</b>	<b>Sub-Specialty</b>					
<b>Currently contracted providers only:</b>						
<b>Effective date of current contract include from and to dates</b>	<b>Initial rate of the current contract</b>	<b>requested rate</b>	<b>% difference</b>	<b>standard rate for provider type</b>	<b>% difference</b>	

Quantitative Information "report of other like providers to include reimbursement rate(s), utilization level(s) and other pertinent information

1. Mr. Turney has notified EC in writing he has become incorporated as of January 1, 2011.
2. He has submitted his new w9 for the auditor/controller to make the change
3. The State of California has recorded the change.

Recommendation 1: By: De  
 1. Amend the current contract to the correct legal of Mark D. Turney, MFT, Inc.

Recommendation 2: By: DeNeen Culberson  
 Agreed. This will require the approval of the Plan Manager and the Medical Director.

m Approve addition to network up to requested reimbursement rate \_\_\_\_\_ Deny Network Participation at this time  
 Approve termination and Member move if applicable \_\_\_\_\_ Other \_\_\_\_\_

Medical Director: MD Date: 3/3/2011

Plan Manager: MD Date: 3/7/11