

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

319A



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
December 23, 2013

**SUBJECT:** Exclusive Care - EPO Second Amendment to the Hospital Agreement with Eisenhower Medical Center, from January 2014 - December 2014. [District-All] [Total Cost-\$0] [Premiums Paid by Members]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify and approve the attached Second Amendment from January 1, 2014 until December 31, 2014, with Eisenhower Medical Center, an acute care hospital located in Rancho Mirage.
2. Authorize the Chairperson to sign three (3) copies of the attached Amendment.
3. Retain one (1) copy of the signed Amendment and return two (2) copies to Human Resources for distribution.

**BACKGROUND:**

**Summary**

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.

Michael T. Stock  
Asst. County Executive Officer/  
Human Resources Director

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

<b>SOURCE OF FUNDS:</b> Premiums paid by members	<b>Budget Adjustment:</b> No
	<b>For Fiscal Year:</b> 2013/14

**C.E.O. RECOMMENDATION:** APPROVE  
BY: 1/29/14  
County Executive Office Signature Samuel Wong

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Ashley, seconded by Supervisor Benoit and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Benoit and Ashley  
Nays: None  
Absent: None  
Disqualify: Stone  
Date: February 11, 2014  
xc: HR

Kecia Harper-Ihem  
Clerk of the Board

By: Deputy

**Prev. Agn. Ref.:** 03/12/13; 3.27 | **District:** All | **Agenda Number:**

3-35

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FORM APPROVED BY COUNTY COUNSEL DATE 1/17/14  
BY: Neal R. Kipnis Departmental Concurrence

- A-30
- Positions Added
- 4/5 Vote
- Change Order

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: Exclusive Care - EPO Second Amendment to the Hospital Agreement with Eisenhower  
Medical Center, from January 2014 - December 2014. [District-All] [Total Cost-\$0] [Premiums Paid  
by Members]**

**DATE: December 23, 2013**

**PAGE: 2 of 2**

**BACKGROUND:**

**Summary (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 license 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 the terms similar to other comparable providers under contract.

**Impact on Residents and Businesses**

There is no impact on residents or businesses. Premium costs are paid by members.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

None.

**Contract History and Price Reasonableness**

Eisenhower Medical Center has been serving the needs of Exclusive Care members since 2005. Reimbursement is in line with providers of the same specialty.

**SECOND AMENDMENT TO THE  
RIVERSIDE COUNTY – EXCLUSIVE CARE  
EXCLUSIVE PROVIDER ORGANIZATION  
MEDICAL CONTRACTOR AGREEMENT**

By and Between

The County of Riverside, State of California

And

Eisenhower Medical Center

The Medical Contract Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and Eisenhower Medical Center (“Contractor”) for health care services effective for Exclusive Care enrollees, is hereby amended effective as follows:

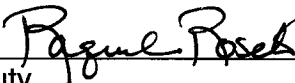
1. Attachment 1 Compensation shall be terminated and replaced in its entirety as attached hereto.
2. All other terms and conditions of the Agreement shall remain in full force and effect.

Contractor certifies that the individual signing below has authority to execute this Second Amendment on behalf of Contractor, and may legally bind Contractor to the terms of conditions of this Second Amendment.

**IN WITNESS WHEREOF**, the parties hereto have caused their duly appointed representatives to execute this Second Amendment to the Medical Contractor Agreement for EPO Services for Riverside County.

**ATTEST:**

Clerk to the Board  
Kecia Harper-Ihem

By   
Deputy

Date FEB 11 2014

**COUNTY OF RIVERSIDE**

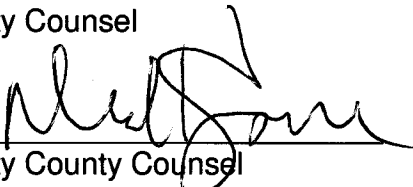
By   
Chairman, Board of Supervisors

**JEFF STONE**


Date FEB 11 2014

Approved as to form and content:

Pamela J. Walls  
County Counsel

By:   
Deputy County Counsel

**CONTRACTOR:** Eisenhower Medical Center

By: 

Printed Name: Ken C. Wheat

Title: CFO

Date: 11/19/03

**Attachment 1**

**COMPENSATION SCHEDULE  
Effective January 1, 2014 – December 31, 2014**

Reimbursement for authorized covered services for the Exclusive Provider Organization (EPO), called Exclusive Care, established by the County of Riverside shall be payable by County (or an appropriate third party administrator on behalf of County) in accordance with the following rates:

**Inpatient Services**

**Reimbursement**

<b>Medical/Surgical/Pediatric</b>	<b>\$2,458</b>
<b>ICU/CCU/NICU</b>	<b>\$4,179</b>
<b>DOU/Telemetry</b>	<b>\$3,810</b>
<b>Geropsych</b>	<b>\$2,902</b>
<b>IP Rehab</b>	<b>\$2,024</b>

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<b>Surgical Cases</b>	<b>DRG Procedure</b>	<b>Per Case Amount</b>	<b>Per Diem Amount</b>
Cardiovascular thereafter	216-221, 228-232, 237-238	\$29,650 (6 day stay) LOC	
PTCA (Angio) (1)	246-251	\$4,302 (1 day stay) LOC thereafter	
Cardiac Cath	286-287	\$3,948 (1 day stay) LOC thereafter	
AICD	222-227	\$4,578 (1 day stay) LOC thereafter	
Pacemaker	242-244, 258-262	\$12,758 (3 day stay) LOC thereafter	

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- ✓ **Stop Loss:** When total billed charges exceed \$75,000 for any single admission not including exclusions, then reimbursement will be per diems and/or case rates up to and including the day the charges exceed \$75,000 and then sixty-five (65%) percent of total billed charges above the threshold level. Stop loss will apply whenever billed charges of a single admission exceed \$75,000 regardless of length of stay.

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<b>Emergency Department</b>	60% of billed charges
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<b>All Other Outpatient Services</b>	50% of billed charges
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<b>Outpatient Surgery</b>	65% of billed charges
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<b>Exclusions:</b>	50% of billed charges
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<b>P.E.T. Scan: (Inpatient Only)</b>	\$4,179
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<b>CAT Scans (w or w/o Contrast)</b>	\$737
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<b>MRI/MRA (w or w/o Contrast)</b>	\$891
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<b>Lithotripsy</b>	\$4,424
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**Professional Services** billed on form 1500 will be reimbursed at 80% of billed charges and reimbursement will not exceed \$670.00.