

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

6208



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
January 23, 2014

**SUBJECT:** Exclusive Care - Fifth Amendment to the Hospital Agreement with Desert Regional 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 Fifth Amendment from January 1, 2014 until December 31, 2014, with Desert Regional Medical Center, located in Palm Springs.
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	

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

Budget Adjustment: No  
For Fiscal Year: 2013/14

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

APPROVE

BY: Samuel Wong

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Benoit and Ashley  
Nays: None  
Absent: Tavaglione  
Disqualify: Stone  
Date: March 18, 2014  
xc: H.R.

Kecia Harper-Ihem  
Clerk of the Board

BY: Deputy

Prev. Agn. Ref.: 03/12/2013; 3.28

District: All

Agenda Number:

3-24

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIPNIS  
DATE: 3/11/14  
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 - Fifth Amendment to the Hospital Agreement with Desert Regional  
Medical Center, from January 2014 - December 2014. [District-All] [Total Cost-\$0] [Premiums Paid  
by Members]**

**DATE: January 23, 2014**

**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**

Desert Regional Medical Center has been serving the needs of Exclusive Care members since 1999. Reimbursement is in line with other like providers.

Provider Network Change Request

*Exclusive Care*

<b>Provider Name</b> Tenet (DRMC and JFK)	<b>Specialty</b> Hospital	<b>Area</b>	<b>New</b>	<b>Change</b>	<b>Date</b> 11/6/2013	<b>Final Requested rate</b> See attached
<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>	
<b>For all Providers: Quantitative information addressing EC strategic plan requirements, community reimbursement standards, other commercial and government reimbursement standards and market competitive and demographic issues.</b>	<b>Rate requested by provider</b>					
<p>Provider is requesting a rate increase on an additional one year contract. Both providers have been contracted with Exclusive Care since 1999 and services our members in the low desert. The final rate will have less than a 1% impact on Exclusive Care's 2014 premium rates. Initial requested rates were a total of 9% for each provider. This request is consistent with last years request, for one year. Other like provider is Eisenhower Medical Center. Services provided by Eisenhower are higher than services provided at the two Tenet facilities.</p>						
<p>Recommendation 1: By: DC 11/6/13 - With the approval of the Plan Manager and Medical Director accept the new rates and send both providers a new amendment.</p>						
<p>Recommendation 2: By:</p>						
<p><input checked="" type="checkbox"/> Approve addition to network up to requested reimbursement rate _____ Deny Network Participation at this time</p> <p><input type="checkbox"/> Approve termination and Member move if applicable _____ Other _____</p>						
<p>Medical Director: <i>[Signature]</i> Date: <u>11/6/2013</u></p>						
<p>Plan Manager: <i>[Signature]</i> Date: <u>11/6/13</u></p>						

**Attachment 1  
Compensation**

**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 the County) in accordance with the following rates:

**Inpatient Services**

Services	Definition Codes	Reimbursement
Medical/Surgical/Pediatric	Rev Codes 110-114, 116-119, 121-124, 126-134, 136-144, 146-154, 156-160, 164 or any other accommodation Rev Code not listed on rate sheet	\$2,358.00 Per Diem
ICU/CCU/PICU	Rev Codes 200-204, 209-213 or 219	\$3,203.00 Per Diem
NICU	Rev Codes 172, 173, 174	\$3,203.00 Per Diem
DOU Telemetry	Rev Codes 206 or 214	\$2,811.00 Per Diem
OB Vaginal Delivery (2 Days)	DRGs 774, 775, 767 and 768	\$3,385.00 Case Rate
OB C-Section (3 Days)	DRGs 765 and 766	\$5,199.00 Case Rate
OB Additional Days		LOC
Boarder Baby	Rev Codes 170, 171 or 179	\$574.00 Per Diem
Multiple Births	Rev Codes 170, 171 or 179 with V31.00-31.11, V33.00-33.11, V34.00-43.11, V36.00-36.11, V37.00-37.11	\$574.00 Per Diem
Acute Rehabilitation	Rev Codes 118, 128, 138, 148, 158	\$1,813.00 Per Diem
SNF	Bill Type 210-219	\$1,058.00 Per Diem
Bariatric Surgery (5 Days)	DRGs 619 – 621	\$18,740.00 Case Rate
Bariatric Surgery Additional Days		LOC
Lithotripsy (1 Day)	ICD-9 Codes 98.51-98.59	\$3,023.00 Case Rate
Lithotripsy Additional Days		LOC
Open Heart Surgery (Days 1-3)	DRGs 215 – 221, 228 – 238	\$6,408.00 Per Diem
Open Heart Surgery (Days 4+)		LOC
Heart Catheterization (1 Day)	DRGs 286 or 287	\$3,748.00 Case Rate
Additional days Catheterization		LOC
Pacemaker	DRGs 242 – 244, 258 – 262	\$3,627.00 Per Diem
Angioplasty (1 Day)	DRGs 246 – 251	\$4,352.00 Case Rate
Angioplasty Additional Days		LOC
AICD (1 Day)	DRGs 222 – 227, 245, 265	\$6,045.00 Case Rate
AICD Additional Days		LOC
Kyphoplasty (2 Days)	ICD-9 Code 81.66	\$14,509.00 Case Rate
Kyphoplasty Additional Days		LOC

TENE  
CA  
MO

Trauma	Rev Codes 208, 681-684, 689 or U-04 Form Locator 14, 5	83% of Total Billed Charges
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### Outpatient Services

Service Category	Payment Priority Ranking	Definition Codes	Reimbursement
Trauma	1	Rev Codes 208, 681-684, 689 or UB 04 Form Locator 14, 5	83% of Total Billed Charges
Cyber Knife (Per Case)	2	HCPC Codes G0339, G0340	\$18,938.00
AICD (Per Case)	3	CPT Codes 33240, 33241, 33243, 33244, 33245, 33249	\$6,288.00
Angioplasty (Per Case)	4	CPT Codes 92982, 92984, 92995, 92996, 92997, 92998	\$4,352.00
Pacemaker (Per Case)	5	CPT Codes 33202 – 33238	\$3,627.00
Outpatient Heart Catheterization (Per Case)	6	CPT Codes 0256T - 0259T, 33621, 93451 - 93568, 93571, 93572	\$3,627.00
Lithotripsy (Per Case)	7	CPT Codes 50590 Or Rev Code 790	\$3,023.00
Ambulatory Surgery	8	Rev Codes 360, 361, 369, 490, 499 750, 759 and CPT Codes 10021-69990, G0105, G0121 or G0260	52% of Total Charges (Excluding Charges Paid Under Exclusion Provision)
Emergency Room	9	Rev Codes 450-452, 456, 459	52% of Total Charges (Excluding Charges Paid Under Exclusion Provision)
All Other Outpatient Services	10	All other OP Rev Codes not listed.	52% of Total Charges (Excluding Charges Paid Under Exclusion Provision)

- Outpatient Service claims will be paid based on the Payment Priority Ranking assigned for each Service Category. If a claim contains Definition Codes in multiple Service Categories, reimbursement for that claim will be calculated using the highest (lowest numerical) Priority Ranking. Example 1: Claims containing both Ambulatory Surgery (Priority Ranking #8) and Emergency Room (Priority Ranking #9) Revenue/CPT Codes will be paid in accordance with the Ambulatory Surgery rate for the entire claim, no additional reimbursement will be paid for Emergency Room services. Example 2: Claims containing both AICD (Priority Ranking #3) and Ambulatory Surgery (Priority Ranking #8) Revenue/CPT Codes will be paid in accordance with the AICD rate for the entire claim, no additional reimbursement will be paid for Ambulatory Surgery services.

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MC

## Exclusions

Exclusions	Rev Codes 274, 275, 276, 278	52% of Charges for Defined Rev Codes
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### Stop Loss – Non Cardiac

For any Non-Cardiac inpatient admission that meets or exceeds the threshold of \$70,000 in billed charges, Hospital will be reimbursed: a) the applicable case rate and/or per diem up to and including the day billed charges exceed \$70,000, plus b) 56% of billed charges for the amount exceeding the threshold. Charges for Exclusions will not be included in the calculation of the Stop Loss Threshold, and Exclusions will be paid separately in accordance with the Exclusion provision. Trauma Services will not be subject to Stop Loss Reimbursement.

### Stop Loss – Cardiac

For any Cardiac inpatient admission (Inclusive of Open Heart Surgery, Heart Catheterization, Pacemaker, Angioplasty, and AICD procedures) that meets or exceeds the threshold of \$150,000 in billed charges, Hospital will be reimbursed: a) the applicable case rate and/or per diem up to and including the day billed charges exceed \$150,000, plus b) 56% of billed charges for the amount exceeding the threshold. Charges for Exclusions will not be included in the calculation of the Stop Loss Threshold, and Exclusions will be paid separately in accordance with the Exclusion provision. Trauma Services will not be subject to Stop Loss Reimbursement.

### Compensation Provisions

- Reimbursement in accordance with Exclusions will be paid in addition to the contracted reimbursement for Inpatient and Outpatient Services
- Reimbursement in association with Inpatient Case Rates shall be calculated by utilizing the day of admission as "Day One". Any days of service incurred subsequent to the last day defined in the Case Rate shall be reimbursed according to the rates specified.
- Reimbursement for Inpatient Service Case Rates will be paid in accordance with the highest paying service category, when two or more procedures with qualifying Case Rates are performed during the same admission.
- The DRG/CPT/ICD-9/Revenue Code definitions are subject to change to comply with industry mandated updates in order to maintain the intent of both parties to define service categories. Therefore, reimbursement associated with updated DRG/CPT/ICD-9/Revenue Codes will be consistent with the reimbursement defined for the DRG/CPT/ICD-9/Revenue Codes being changed.



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

**ORIGINAL**

By and Between

The County of Riverside, State of California  
And  
Desert Regional Medical Center

**This Fifth Amendment** (“Amendment”) The Medical Contractor Agreement (“Agreement”) between the County of Riverside, State of California (“County”) and Desert Regional Medical Center (“Contractor”) for inpatient and ancillary services is made and becomes effective January 1, 2014 for Exclusive Care enrollees.

**Whereas**, County has developed an Exclusive Provider Organization (“EPO”) to provide health care services to the employees of Riverside County; and

**Whereas**, Contractor is a health care provider capable of providing services for the EPO; and,

**Whereas**, County and Contractor entered into an Agreement dated January 1, 1999 whereby County contracted with Contractor to provider services for the EPO, and have previously amended the Agreement and now wish to further amend the Agreement;

**Now, Therefore** in consideration of their mutual promises and covenants, the parties agree as follows:

- A. The provisions of section 8.0 – **8.1 Term** are deleted in its entirety and replaced with the following language:

The term of this Agreement is extended for twelve (12) additional months, beginning January 1, 2014 and ending December 31, 2014. In no event shall this Agreement remain in effect past December 31, 2014 without requiring formal action by the governing bodies of both parties.

- B. The provisions of the exhibit entitled “Compensation” is deleted in its entirety and replaced as per Attachment 1 hereto.

- C. All other provisions of the Agreement, as previously amended, shall remain in full force and effect.

MAR 18 2014

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

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

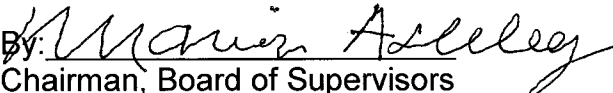
**ATTEST:**

Clerk to the Board  
Kecia Harper-Ihem

By:   
Deputy

Date: 3/18/14

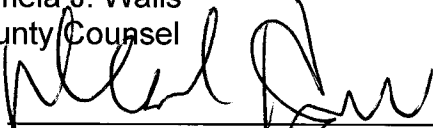
**COUNTY OF RIVERSIDE**

By:   
Chairman, Board of Supervisors

Date: 3/18/14

Approved as to form and content:

Pamela J. Walls  
County Counsel

By:   
Deputy County Counsel

**CONTRACTOR:** Desert Regional Medical Center

By: 

Printed Name: Carolyn Caldwell

Title: CEO

Date: 12-18-13





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