

**AMENDMENT NO. 6
TO AGREEMENT BETWEEN
COUNTY OF MONTEREY AND
INTERCARE HOLDINGS INSURANCE SERVICES, INC.**

This amendment is made to the Agreement for the provision of Third Party Workers' Compensation Claims Administration ("Agreement") by and between Intercare Holdings Insurance Services, Inc. (hereinafter "Contractor"), and the County of Monterey, a political subdivision of the State of California (hereinafter referred to as "County").

WHEREAS, the County and Contractor previously entered into the original Agreement on August 29, 2011; and,

WHEREAS, the Agreement's term was from October 1, 2011 to September 30, 2014; and,

WHEREAS, the Agreement has been amended from time-to-time, most recently, Amendment No. 5 extended the agreement by one year and 9 months through and including June 30, 2020; and,

WHEREAS, the total cost of the Agreement since its inception has been \$1,143,070.11; and,

WHEREAS, the County and Contractor wish to amend the Agreement's term by three years, through and including June 30, 2023; and

NOW THEREFORE, County and Contractor hereby agree to amend the Agreement as follows:

1. Section 5., "TERM OF AGREEMENT" shall be amended to extend the term of the Agreement by three year, through and including June 30, 2023.
2. Section 6., "COMPENSATION AND PAYMENTS, *Subsection 6.6 – "Costs for Contractor Claims Administration Services"* shall be amended on the Effective date as follows:

Annual Claims Fee:

07/01/20 – 06/30/21	\$1,137,911.00
07/01/21 – 06/30/22	\$1,166,359.00
07/01/22 – 06/30/23	\$1,195,518.00

In determining the average claim caseload, 1.6 Future Medical Claims shall be equal 1.0 indemnity claim, and 2.0 medical only claims shall equal 1.0 indemnity claim. The maximum caseload shall be 135 claims per adjuster.

Staffing Model:	FTE
Claims Supervisor	1.00
Claims Adjusters	5.00
Claims Assistants	2.00
Administrative Clerk	1.00
Total Dedicated FTE	9.00

3. Subsection 6.7 – “Costs of Ancillary Services”, shall be amended as follows:

Managed Care Services:

Services:	07/1/20-06/30/21	07/1/21-06/30/22	07/1/22-6/30/23
a. Bill Review Services			
Flat fee per bill inclusive of PPO Access Fee	\$18.00 per bill	\$18.25 per bill	\$18.50 per bill
b. Utilization Review			
Level 1 – Adjuster	No charge	No charge	No charge
Level 2 – Nurse	\$106.92 per hour	\$107.00 per hour	\$107.00 per hour
Level 3 – Medical Advisor	\$247.06 per hour	\$250.00 per hour	\$250.00 per hour
Peer Review	\$250.00 per hour	\$255.00 per hour	\$260.00 per hour
Specialty Peer Review	\$275.00 per hour	\$285.00 per hour	\$295.00 per hour
c. Telephonic Case Management	\$106.92 per hour	\$107.00 per hour	\$107.00 per hour
d. Triage – optional	\$95.00 per hour	\$95.00 per hour	\$95.00 per hour
e. Telemedicine	OMFS	OMFS	OMFS

Ancillary Services:

Services:	07/1/20-06/30/21	07/1/21-06/30/22	07/1/22-06/30/23
a. Section 111 MIR	\$550.00 per year	\$575.00 per year	\$600.00 per year
b. MPN Website Mtce	\$1500.00 per year	\$1500.00 per year	\$1500.00 per year
c. SIU Services			
Index Fee (Fraud Only)	\$25-50 per index depending on the database of \$275.00 multiple search-unlimited database.		
FD1/FD2 Filing	\$113.00 per filing	\$115.00 per filing	\$120.00 per filing
SIU Filing DA or DOI	\$281.00 per filing	\$285.00 per filing	\$290.00 per filing

4. Except as provided herein, all remaining terms, conditions and provisions of the Agreement are unchanged and unaffected by this Amendment No. 6, and shall continue in full force and effect as set forth in the Agreement.

5. A copy of this Amendment No. 6 shall be attached to the original Agreement executed by the County on August 29, 2011.

[REMAINDER OF PAGE LEFT BLANK]

IN WITNESS WHEREOF, the parties have executed this Amendment No. 6 on the day and year written below.

MONTEREY COUNTY

CONTRACTOR

Contracts/Purchasing Officer

By: Ag. Hoerberling
Signature of Chair, President, or
Vice-President

Dated: _____

Agnes Hoerberling, President and CEO
Printed Name and Title

Approved as to Fiscal Provisions:

Deputy Auditor/Controller

Dated: 6/12/2020

Dated: _____

By: Alan Avriett
(Signature of Secretary, Asst. Secretary, CFO,
Treasurer or Asst. Treasurer) *

Approved as to Liability Provisions:

Alan Avriett, Senior Vice President and Secretary
Printed Name and Title

Risk Management

Dated: 6/12/2020

Dated: _____

Approved as to Form:

Deputy County Counsel

Dated: _____

*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.