

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

23/



FROM: Human Resources Department

SUBMITTAL DATE:
April 16, 2004

SUBJECT: Exclusive Care Health Plan – Medical Contractor Agreement between Exclusive Care and Daniel J. Torres, MD.

RECOMMENDED MOTION: That the Board 1) approve the addition of Daniel J. Torres, MD, a Board-Certified OB/GYN physician located in Palm Springs, as an Exclusive Care network physician effective May 1, 2004, 2) authorize the chairperson to sign three (3) copies of the attached agreement, and 3) retain one (1) copy and return two (2) copies to Human Resources for distribution to the parties.

BACKGROUND: To ensure geographic access standards are maintained, and that the appropriate level of primary/specialty care and other ancillary services are available to employees and their dependents enrolled in the Exclusive Care Health Plan, individual contracts are negotiated by Human Resources from time to time with physicians and other health care professionals practicing in the local community. Dr. Torres was originally contracted through a medical group with which Exclusive Care has a contract. When Dr. Torres left the group to start his own private practice, Exclusive Care extended an opportunity to Dr. Torres to contract with Exclusive Care on an individual basis, to ensure plan members receiving services from Dr. Torres in the past would continue to be able to select Dr. Torres for their health care services in the future.

Ronald W. Komers

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Asst. County CEO/HR Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	To be determined by Claims	For Fiscal Year:	03/04

SOURCE OF FUNDS: Employee EPO monthly insurance contributions	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION:
APPROVE
Troy Alt

County Executive Office Signature

- Policy
- Consent
- Per Exec. Ofc.:
- Policy
- Consent

Prev. Agn. Ref.: _____ District: ALL Agenda Number: _____

ATTACHMENTS FILED

3.13