

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

222



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
January 27, 2005

**SUBJECT:** Replacement Agreements with the Mission Medical Group and Vantage Medical Group for services for Members of the County's Exclusive Care Health Plan (EPO).

**RECOMMENDED MOTION:** 1) Approve the replacement Agreements for Mission Medical Group and Vantage Medical Group. These new agreements are effective from January 1, 2005 through December 31, 2005 and may be extended until December 31, 2006 ; 2) Authorize the Chairperson to sign four (4) copies of each replacement Agreement ; and, 3) Retain one (1) copy of the Vantage Medical Group and one (1) copy of Mission Medical Group contract and return three (3) copies of the Vantage Medical Group Agreement and three (3) copies of the Mission Medical Group Agreement to Human Resources for distribution.

Departmental Concurrence

**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 contracted with both the Mission Medical Group and the Vantage Medical Group for physician and ancillary services (Agenda Item 3.33, December 22, 1998). These Agreements, as amended, terminated December 31, 2004. The replacement Agreements continue the relationship as previously approved except that each Medical Group will be paid a fixed rate of \$8,000 per quarter instead of a percentage (4%) of claims paid. The change in payment methodology is anticipated to be cost neutral.

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Ronald W. Komers  
Asst. County Executive Officer/Human Resources Dir.

|                       |                               |          |                         |         |
|-----------------------|-------------------------------|----------|-------------------------|---------|
| <b>FINANCIAL DATA</b> | Current F.Y. Total Cost:      | \$64,000 | In Current Year Budget: | Yes     |
|                       | Current F.Y. Net County Cost: | \$0      | Budget Adjustment:      | No      |
|                       | Annual Net County Cost:       | \$0      | For Fiscal Year:        | 2004-05 |

|   |                                  |                          |
|---|----------------------------------|--------------------------|
| <b>SOURCE OF FUNDS:</b> Funds are provided by premiums paid by enrolled Members through their health benefits programs. | Positions To Be Deleted Per A-30 | <input type="checkbox"/> |
|   | Requires 4/5 Vote                | <input type="checkbox"/> |

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

**County Executive Office Signature**

- Dep't Recomm.:       Consent       Policy
- Per Exec. Ofc.:       Consent       Policy

**Prev. Agn. Ref.:**      **District:**      **Agenda Number:**      **3.16**

**ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD**