

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

641



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
May 26, 2005

**SUBJECT:** Medical Contractor Agreement with Rosemarie Tweed, D.O.

**RECOMMENDED MOTION:** 1) Approve the contract renewal for Rosemarie Tweed, D.O. a Riverside Pediatrician, from August 1, 2005 to July 31, 2008; 2) Authorize the Chairperson to sign four (4) copies of the attached Agreement and; 3) Retain one (1) copy of the signed Agreement and return three (3) copies 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 has contracted with a variety of healthcare providers including Rosemarie Tweed, DO. This Agreement renews this provider's network participation under terms similar to her previous agreement.

*Ronald W. Komers*

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

|                           |                               |                                       |                         |         |
|---------------------------|-------------------------------|---------------------------------------|-------------------------|---------|
| <b>FINANCIAL<br/>DATA</b> | Current F.Y. Total Cost:      | \$ 0                                  | In Current Year Budget: | N/A     |
|                           | Current F.Y. Net County Cost: | \$ 0                                  | Budget Adjustment:      | no      |
|                           | Annual Net County Cost:       | \$ determined by<br>claim submissions | For Fiscal Year:        | 2005-06 |

|  |   |                          |
|--|---|--------------------------|
| <b>SOURCE OF FUNDS:</b> Medical Premiums | <b>Positions To Be Deleted Per A-30</b> | <input type="checkbox"/> |
|  | <b>Requires 4/5 Vote</b>                | <input type="checkbox"/> |

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

**County Executive Office Signature**

*Ronald W. Komers*

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

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

**3.20**

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