

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

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FROM: Riverside County Regional Medical Center (RCRMC)

SUBMITTAL DATE:
November 1, 2005

SUBJECT: Approval of the Inland Faculty Medical Group, Inc. (IFMG) Agreement with Riverside County Regional Medical Center (RCRMC) for Hospital Services

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the Professional Medical Services Agreement, effective October 1, 2005;
- 2) Authorize the Chairperson to sign three (3) copies of the Agreement; and
- 3) Retain one (1) copy and return two (2) copies of the executed Agreement to Riverside County Regional Medical Center (RCRMC) for distribution.
- 4) Direct the Clerk of the Board to hold these contracts as confidential documents, not subject to the release under the Public Records Act, and Health and Safety Code Section 1457 (C) (1).

BACKGROUND: Inland Faculty Medical Group (IFMG) has contracted with RCRMC, as a result of the expansion of their provider network to Moreno Valley, for payment of medical services referred to RCRMC that are the financial risk of IFMG. This Agreement is applicable to IEHP and Molina Managed Care Members enrolled with IFMG primary care providers that are referred to RCRMC for medical services.

Implementation of this Agreement serves to advance the Hospital's objective to develop relationships that maintain the Hospital's managed care Medi-Cal enrollment base. Inland Empire Health Plan (IEHP) and Molina Medical Center's members will be able to choose primary care providers affiliated with IFMG and designate RCRMC as their assigned Hospital. The rates charged allow for the recovery of costs for services provided to members.

This Agreement has been approved as to form by Riverside County Counsel.

FORM APPROVED
COUNTY COUNSEL

NOV 02 2005

DB:cg

BY

[Signature]

[Signature: Douglas D. Bagley]
Douglas D. Bagley, Hospital Director

FINANCIAL DATA	Current F.Y. Total Cost:	N/A	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	FY 05/06

SOURCE OF FUNDS: Payor of Services will compensate Hospital	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 *[Signature: Dan Marting]*

Dept Recom Per Exec. Ofc.
Consent Policy
Consent Policy