

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

205



FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE:
March 20, 2006

SUBJECT: Amend Agreement with IEHP to allow the Riverside County, Department of Public Health, Family Care Centers to participate in IEHP's new Medicare Advantage Program.

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify this amendment to the Ancillary Agreement originally amended on March 1, 2004;
- 2) Authorize the Chairman of the Board of Supervisors to sign (four) original copies of the amendment.

BACKGROUND: The Inland Empire Health Plan (IEHP) is a Joint Powers Authority between Riverside and San Bernardino Counties, and representatives from the Riverside Board of Supervisors sit on the Governing Board. The Riverside County, Department of Public Health, Family Care Centers are full participants in IEHP, and provide services to the enrolled Medi-Cal population. IEHP is seeking Federal approval to enroll Medicare and Medi-Cal eligibles into a new program called Medicare Advantage, which will begin January 1, 2007. This agreement amends the current contract, and will allow County Family Care Centers to accept new enrollees in the IEHP plan for Medicare and Medi-Cal eligibles in Riverside County. This plan may result in an increase in the number of enrolled patients seeking services at the County Family Care Centers. The possible increase in revenue will be a part of the 2006/2007 Departmental Budget.

Susan D. Harrington

Susan Harrington, Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ N/A	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	N/A
	Annual Net County Cost:	\$ N/A	For Fiscal Year:	N/A

SOURCE OF FUNDS: N/A	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 *Dan Matting*

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

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