

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

901



**FROM:** Department of Human Resources

**SUBMITTAL DATE:**  
December 12, 2006

**SUBJECT:** Exclusive Care - EPO Medical Contractor Agreement for Anthony Flores, M.D., Inc.

**RECOMMENDED MOTION:** 1) Ratify and Approve the attached Medical Contractor Agreement from October 1, 2006 until September 30, 2009 for Anthony Flores, M.D., located in Hemet; 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.

**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. This agreement extends this provider's participation in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.

\_\_\_\_\_  
Ronald W. Komers  
Asst. County Executive Officer/Human Resources

|                       |                               |                  |                         |           |
|-----------------------|-------------------------------|------------------|-------------------------|-----------|
| <b>FINANCIAL DATA</b> | Current F.Y. Total Cost:      | \$ 0             | In Current Year Budget: | N/A       |
|                       | Current F.Y. Net County Cost: | \$ 0             | Budget Adjustment:      | None      |
|                       | Annual Net County Cost:       | \$ TBD by claims | For Fiscal Year:        | 2006-2007 |

|  |   |                          |
|--|---|--------------------------|
| <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

\_\_\_\_\_  
*[Signature]*

- Policy
- Policy
- Consent
- Consent

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

80 SIN 9 E - MAL 1003  
RECEIVED RIVERSIDE COUNTY

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

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

**3 . 28**

FORM APPROVED COUNTY COUNSEL  
DEC 14 2006  
BY [Signature]