

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

521



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
June 25, 2007

**SUBJECT:** Exclusive Care - EPO Medical Contractor Agreement with Chulhwe Koo, MD

**RECOMMENDED MOTION:** 1) Approve the attached Medical Contractor Agreement from September 1, 2007 until August 31, 2012 with Chulhwe Koo, M.D., Pediatrician located in Riverside; 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.

FORM APPROVED  
 COUNTY COUNSEL  
 JUN 28 2007  
 BY Lucy Furuta  
 Lucy Furuta

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

|                       |                               |                            |                         |           |
|-----------------------|-------------------------------|----------------------------|-------------------------|-----------|
| <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:       | to be determined by claims | For Fiscal Year:        | 2007-2008 |

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

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

APPROVE  
  
 BY: Steve P. Schubert  
 County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dept Recomm.:  
Per Exec. Ofc.:

Prev. Agn. Ref.: \_\_\_\_\_ District: \_\_\_\_\_ Agenda Number: \_\_\_\_\_