

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

915



ROBERT M. PEPPER
PRINCIPAL DEPUTY
COUNTY COUNSEL

FROM: Riverside County Regional Medical Center

SUBMITTAL DATE:
July 18, 2007

SUBJECT: Approval of the Hospital Services Agreement between the County of Riverside and Kaiser Foundation Hospitals (KFH)

RECOMMENDED MOTION: That the Board of Supervisors:

- 1) Ratify the Hospital Services Agreement, effective June 1, 2007;
- 2) Authorize the Chair person to sign three (3) copies of the Agreement; and
- 3) Direct the Clerk of the Board to return all three (3) copies of the signed originals to RCRMC Administration. Upon final approval by KFH, a fully executed agreement will be returned to the Clerk of the Board.

BACKGROUND: Kaiser Foundation Health Plans, Inc. has had a long term relationship with the Riverside County Regional Medical Center (RCRMC) utilizing inpatient and emergency treatment mental health services. In addition to the mental health services, RCRMC has provided many different levels of hospital services to members of Kaiser Health Plan on both an inpatient and outpatient basis. This Agreement specifies the rate of payment for hospital services provided to Kaiser members that KFH has financial responsibility for payment. This Agreement may be terminated at any time with one hundred twenty (120) days advance notice.

(continued on Page 2)

DB:cg

Douglas D. Bagley

Douglas D. Bagley, Hospital Director

FINANCIAL DATA	Current F.Y. Total Cost:	\$ 0	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	07/08

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

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

Dep't Recomm.: Consent Policy

Per Exec. Ofc.: Consent Policy

5003 V0012 BHIS: 00
RECEIVED RIVERSIDE COUNTY

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

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

3.43

**SUBJECT: Hospital Services Agreement
Kaiser Foundation Hospitals**

Page 2

BACKGROUND (Continued):

This Agreement is applicable to KFH members only. The rates charged to KFH allow for the recovery of costs for the services provided.

FINANCIAL STATEMENT:

The total financial payment is dependent on the number of Kaiser enrollees referred to the hospital for inpatient and outpatient services.

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