

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

534



**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
October 2, 2007

**SUBJECT:** Exclusive Care - EPO Medical Contractor Agreement with New Millennium Medical Associates, Inc.

**RECOMMENDED MOTION:** 1) Ratify and approve the attached Medical Contractor Agreement from October 1, 2007 through September 30, 2012 with New Millennium Medical Associates, Inc., a group of currently contracted primary care physicians located in Banning and expanding into Moreno Valley and Redlands; 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 allows these provider's to continue their participation as a newly formed group in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.

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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:	2007/08

<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** BY: Elizabeth J. Olson  
Elizabeth J. Olson

FORM APPROVED COUNTY COUNSEL  
BY: LUCY FURUTA  
DATE: 10/15/07  
Departmental Concurrence

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

Prev. Agn. Ref: **ATTACHMENTS FILED** District: Agenda Number: **3.16**