

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

703



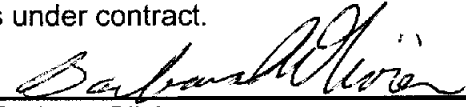
**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
January 3, 2008

**SUBJECT:** Exclusive Care - EPO Third Amendment to Medical Contractor Agreement with Inland Empire Medical Imaging

**RECOMMENDED MOTION:** 1) Ratify and approve the attached Third Amendment effective November 1, 2007 with Inland Empire Medical Imaging, a Radiology provider, located in San Bernardino, CA., which reduces the fee for PET scans; 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.

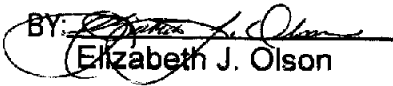
**BACKGROUND:** In 1999, the Board of Supervisors established the County's self-funded Exclusive Provider Option (EPO) health plan, Exclusive Care, to provide a value health plan option to the employees of Riverside County and their families. To provide services to its enrolled members, Exclusive Care has contracted with a variety of healthcare providers. This Third Amendment allows Inland Empire Medical Imaging to continue their participation in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.

  
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 Barbara Olivier  
 Assistant Human Resources Director

<b>FINANCIAL DATA</b>	<b>Current F.Y. Total Cost:</b>	\$ 0	<b>In Current Year Budget:</b>	N/A
	<b>Current F.Y. Net County Cost:</b>	\$ 0	<b>Budget Adjustment:</b>	None
	<b>Annual Net County Cost:</b>	\$ to be determined by claims	<b>For Fiscal Year:</b>	2007-2008

<b>SOURCE OF FUNDS:</b> Premiums paid by members	<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

BY:   
 Elizabeth J. Olson

**County Executive Office Signature**

FORM APPROVED COUNTY COUNSEL  
 BY: LUCY FURUTA  
 DATE: 1/10/08  
 Departmental Concurrence

Policy  
 Policy  
 Consent  
 Consent

Dept's Recomm.:  
 Per Exec. Ofc.:

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

**3.31**