

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

151



**FROM:** Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**

**SUBJECT:** Ratify Agreement with Inland Empire Health Plan (IEHP) for the Primary Care Provider Fee-For Service Agreement for the Medicare DualChoice Plan.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the Agreement between Community Health Agency (CHA), Department of Public Health and IEHP Health for the period of June 1, 2008 through May 31, 2013.
- 2) Authorize the Chairman of the Board of Supervisors to sign (3) original copies of the Agreement.
- 3) Direct the Clerk of the Board to return three (3) executed copies to the Department of Public Health Contracts Administration for final processing.

**BACKGROUND:** The Inland Empire Health Plan (IEHP) is a Joint Powers Authority between Riverside and San Bernardino Counties, and representatives from the Riverside Board of Supervisors sit on the Governing Board. The Riverside County, Department of Public Health, Family Care Centers are full participants in IEHP, and provide services to the enrolled Medi-Cal population. Medicare DualChoice will enroll Medicare and Medi-Cal eligible patients. This agreement will allow County Family Care Centers to accept new enrollees in the IEHP Medicare DualChoice plan. The IEHP Medicare DualChoice will result in an increase in the number of enrolled patients seeking services at the County Family Care Centers. The increase in revenue will be a part of the FY 2008/2009 Departmental Budget.

MT:tm

*Susan D. Harrington*  
Susan D. Harrington, M.S.R.D.  
Director of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ N/A	In Current Year Budget:	N/A
	Current F.Y. Net County Cost:	\$ N/A	Budget Adjustment:	No
	Annual Net County Cost:	\$ N/A	For Fiscal Year:	08/09

<b>SOURCE OF FUNDS:</b> 100% IEHP and Medicare	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

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

BY: *Debra Courmoyer*  
Debra Courmoyer

**County Executive Office Signature**

FORM APPROVED COUNTY COUNSEL  
BY: *NEAL R. KIPNIS* DATE: 7/14/08  
Departmental Concurrence

Dept't Recomm.:  Consent  Policy

Per Exec. Ofc.:  Consent  Policy

Prev. Agn. Ref.: \_\_\_\_\_ District: \_\_\_\_\_ Agenda Number: **3.21**

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD