

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

378



FORM APPROVED COUNTY COUNSEL  
BY: Lucy Furuta 8/19/08 DATE

Departmental Concurrence

**FROM:** Human Resources Department

**SUBMITTAL DATE:**  
August 15, 2008

**SUBJECT:** Exclusive Care - EPO Medical Contractor Agreement with Pushpinder S. Guleria, M.D.

**RECOMMENDED MOTION:** 1) Ratify and approve the attached Medical Contractor Agreement from August 1, 2008 until July 31, 2011 with Pushpinder S. Guleria, M.D., an Endocrinologist located in Rancho Mirage; 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. Provider has completed the Exclusive Care credentialing process. This agreement continues this provider's participation in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.

*[Handwritten Signature]*

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

<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>	2008/09

<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: *[Handwritten Signature]*  
Elizabeth J. Olson

**County Executive Office Signature**

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:  
Per Exec. Ofc.:

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