

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

933



FROM: Human Resources Department

SUBMITTAL DATE:
October 7, 2008

SUBJECT: Exclusive Care - EPO Medical Contractor Agreement with Hemet Valley Imaging Medical Group, Inc.

RECOMMENDED MOTION: 1) Approve the attached Medical Contractor Agreement from December 1, 2008 until November 30, 2013 with Hemet Valley Imaging Medical Group a diagnostic radiology group located in Hemet; 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.

The Medical Board of California and the Osteopathic Medical Board of California have been checked and no adverse actions were found. These Providers have completed the Exclusive Care credentialing process. This agreement continues participation in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.

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

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|-----------------------|-------------------------------|-------------------------------|-------------------------|---------|
| FINANCIAL DATA | 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: | 2008/09 |

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|--|---|--------------------------|
| SOURCE OF FUNDS: Premiums paid by members | Positions To Be Deleted Per A-30 | <input type="checkbox"/> |
| | Requires 4/5 Vote | <input type="checkbox"/> |

C.E.O. RECOMMENDATION: APPROVE

BY: _____
Elizabeth J. Olson

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL
BY: LUCY FURUYA
DATE: 10/14/08
Departmental Concurrence

- Consent
- Policy
- Consent
- Policy

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

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

3.23