

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



120

**FROM:** Human Resources Department


**SUBMITTAL DATE:**  
October 16, 2008

**SUBJECT:** Exclusive Care - EPO Medical Contractor Agreement with Jeremiah J. Maloney, D.P.M.

**RECOMMENDED MOTION:** 1) Approve the attached Medical Contractor Agreement from January 1, 2009 until December 31, 2013 with Jeremiah J. Maloney, DPM a Podiatrist located in Blythe; 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.

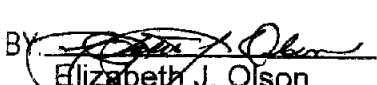
The California Board of Podiatric Medicine has been checked and no adverse actions were found. This provider has completed the Exclusive Care credentialing process. This agreement continues participation in the Exclusive Care Provider Network under terms similar to other comparable providers under contract.


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

<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:	N/A
	Annual Net County Cost:	\$ to be determined by claims	For Fiscal Year:	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:   
 Elizabeth J. Olson  
**County Executive Office Signature**

FORM APPROVED COUNTY COUNSEL  
 BY:   
 LUCY FURUTA  
 DATE: 10/21/08

Departmental Concurrence

- Policy
- Policy
- Consent
- Consent

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

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

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

**3.30**