

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

345



FROM: Human Resources Department

SUBMITTAL DATE:
November 6, 2008

SUBJECT: Exclusive Care - EPO Medical Contractor Agreement with Blythe Internal Medicine Clinic, Inc.

RECOMMENDED MOTION: 1) Approve the attached Medical Contractor Agreement from January 1, 2008 until December 31, 2013 with Blythe Internal Medicine Clinic, Inc., owned by Adolgo Paglinawan, M.D., an Internist 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 Medical Board of California 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.

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:	\$ determined by claims	For Fiscal Year:	2008/09

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 FURUTA 11/6/08
DATE: _____
Department: - Human Resources

- Policy
- Consent
- Policy
- Consent

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

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

ATTACHMENTS FILED

WITH THE CLERK OF THE BOARD

3.27