

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

895



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

**SUBMITTAL DATE:**  
July 29, 2009

**SUBJECT:** Ratify the Memorandum of Understanding between Inland Empire Health Plan (IEHP) and Riverside County Community Health Agency, Department of Public Health for Coordination of Public Health Services.

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

- 1) Ratify the Memorandum of Understanding between Inland Empire Health Plan (IEHP) and Riverside County Community Health Agency, Department of Public Health for Coordination of Public Health Services for the period beginning July 1, 2009 and continuing through June 30, 2010. Thereafter, the term of the Agreement shall automatically be extended for up to four (4) additional one (1) year term(s), unless terminated;
- 2) Authorize the Chairman to sign three (3) copies of the Agreement.

**BACKGROUND:** IEHP, as the Local Initiative Medi-Cal Managed Care Plan, is required to coordinate public health services with the public health departments of Riverside and San Bernardino counties. This agreement delineates areas of understanding and agreement between the Riverside County Community Health Agency, Department of Public Health (DOPH) and IEHP. Attachment B of this Agreement requires IEHP to reimburse DOPH for services, on a fee for service basis utilizing current Medi-Cal reimbursement rates. DOPH must submit claims in accordance with appropriate claim submission procedures as required by IEHP.

**Attachments**

SH:dc

*Susan D. Harrington*  
\_\_\_\_\_  
Susan Harrington, Director of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$25,000	In Current Year Budget:	Yes
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	No
	Annual Net County Cost:	\$ 0	For Fiscal Year:	09/10

<b>SOURCE OF FUNDS:</b> Inland Empire Health Plan	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

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

**APPROVE**  
*Debra Courmoyer*  
BY: \_\_\_\_\_  
Debra Courmoyer

**County Executive Office Signature**

FORM APPROVED COUNTY COUNSEL  
BY: NEAL R. KIPNIS DATE

Departmental Concurrence

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

Prev. Agn. Ref.: 09/12/06 #3.11 | District: All | Agenda Number:

**ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD**

**3.31**