

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

219



FROM: Human Resources Department

SUBMITTAL DATE:
October 22, 2008

SUBJECT: Exclusive Care - EPO Medical Contractor Agreement with Matrix Rehabilitation Inc., doing business as Riverside Physical Therapy.

RECOMMENDED MOTION: 1) Ratify and approve the attached Medical Contractor from November 1, 2008 until October 31, 2013 with Matrix Rehabilitation Inc, dba Riverside Physical Therapy a group of Physical Therapists and an Occupational Therapist located in Riverside; 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 Board of Occupational Therapy has been checked for Mr. Barry Davis, O.T. and no adverse actions were found. The Physical Therapy Board of California has been checked for Ms. Karen Olson, P.T. and Ms. Lina Chang, P.T 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.

[Signature]
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:	\$ to be 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

County Executive Office Signature BY: *[Signature]*
Elizabeth J. Olson

FORM APPROVED-COUNTY COUNSEL
BY: LUCY FURUTA
DATE: 10/30/08
Department of Supervisors

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

Prev. Agn. Ref.: _____ District: _____ Agenda Number: **3.38**