MARIPOSA COUNTY
BOARD OF SUPERVISORS
AGENDA ACTION FORM
DATE: 4/23/91
AGENDA ITEM NO.: 4-6

DEPARTMENT: Public Health Department
BY: C. B. Mosher, MD, Health Officer
PHONE: 966-3689

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes X No)
Recommend adoption of resolution establishing procedures for disbursement of monies in
the Emergency Medical Services fund. This money is available for reimbursement to
physicians and hospitals for emergency care. There is also money available in this
fund to partially offset the cost of ambulance service.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Per attached.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
Money collected will not be disbursed as State law intends.

COSTS: (X) Not Applicable
A. Budgeted current FY $___
B. Total anticipated costs $___
C. Required Add'l funding $___
D. Source: ______________________________________________________________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $___
B. Unanticipated revenues $___
C. Reserve for contingency $___
D. Description:
Balance in Reserve for Contingencies, if approved: $___

SPECIAL INSTRUCTIONS:
List the attachments and number
the pages consecutively:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

CLERK'S USE ONLY:
Res. No.: 91-125
Ord. No.: 
Vote - Ayes: 5 Noes:
 Absent: ___ Abstained: ___
( ) Approved ( ) Denied
( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.
Date: __________________________________________________________________________

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: ____________________________________________________________________________

ADMINISTRATIVE OFFICER'S RECOMMENDATION:
This item on agenda as:
X Recommended
___ Not Recommended
___ For Policy Determination
___ Submitted with Comment
___ Returned for Further Action

Comment: _______________________________________________________________________

A.O. Initials: __________________________________________________________________

Action Form Revised 12/89
RESOLUTION NO. 91-175
BOARD OF SUPERVISORS, COUNTY OF MARIPOSA

RESOLUTION OF THE MARIPOSA COUNTY BOARD
OF SUPERVISORS ESTABLISHING PROCEDURES FOR
DISBURSEMENT OF MONIES IN THE EMERGENCY
MEDICAL SERVICES FUND

WHEREAS, on the 22nd day of December, 1987, the Mariposa County Board of Supervisors unanimously passed Resolution No. 87-491 establishing the Emergency Medical Services fund, and

WHEREAS, Resolution No. 87-491 requires that procedures be adopted by this Board regarding the disbursement of monies in the Emergency Medical Services Fund, and

NOW, THEREFORE, be it resolved as follows:

1. The foregoing recitals are adopted as part of this resolution.

2. The Board of Supervisors hereby adopts the procedures set forth on Exhibit "A" attached hereto and incorporated herein for distribution of monies in the Emergency Medical Services Fund to acute care and district hospitals and to physicians.

PASSED AND ADOPTED by the Mariposa County Board of Supervisors this 23rd day of April, 1991, by the following vote:

AYES: BAGGETT, ERICKSON, PUNTE, RADANOVICH, TABER
NOES: NONE
ABSENT: NONE
ABSTAIN: NONE

GEORGE RADANOVICH, Chairman
Board of Supervisors

ATTEST:
Margie Williams, Clerk of the Board

Approved as to Form and Legal Sufficiency:

Jeffrey Green, County Counsel
COUNTY OF MARIPosa
EMERGENCY MEDICAL SERVICES FUND
PLAN FOR IMPLEMENTATION OF SENATE BILL 12
BILLING REQUIREMENTS

INTRODUCTION:

On January 1, 1988, the Mariposa County Courts began collection of revenue related to the Board of Supervisors action of December 22, 1987, (Resolution #87-491). This action instituted a one dollar ($1) assessment on certain fines and forfeitures related to vehicle code violations. At that time, the County of Mariposa established an Emergency Medical Services Trust Fund to receive collections from the Courts. After administrative costs (10 percent maximum), the remaining fund is distributed as follows: 58 percent of the fund is to be made available to physicians for uncompensated emergency care. This claiming process may be used only for physician services for emergency medical conditions as defined in Health and Safety Code section 1317.1. It may not be used to bill for physician services rendered after a patient is stabilized. 25 percent of the fund is to be distributed to hospitals providing disproportionate trauma and emergency medical care; and 17 percent to counties for a EMS purpose to be determined by the County. Furthermore, by Resolution #91-86, authorization was given to utilize up to $1,000.00 annually to compensate the Yosemite Medical Clinic for emergency care to indigent patients. (This reimbursement process falls under the 17% allocation as stated above).

This claiming process shall be used for emergency services provided on and after January 1, 1989 and before January 1, 1991. For services rendered after January 1, 1991, claims will be processed on a quarterly basis.

Authority for the establishment of this fund is found in Sections 1797.98a et seq of the California Health and Safety Code.

II. BILLING

A. Conditions for Submission and Reimbursement

1. Emergency Medical care must have been provided by the physician, on an inpatient or outpatient basis, in a general acute care or district hospital, which has a permit to provide basic or comprehensive emergency medical services.
2. Reimbursement under this claiming process shall be limited to services for which the physician, following reasonable billing efforts (as discussed hereinbelow), has not received any payment from a patient, a responsible relative, or a third party payor. For purposes of this claiming process, reimbursement for unpaid physician billings shall be limited to the following:

a. Patients for whom the physician has made inquiry as to whether there is a responsible private or public third-party source of payment.

b. Patients for whom the physician expects to receive reimbursement for services provided.

c. Patients for whom the physician has billed for payment, or has billed a responsible private or public third-party. (The physician must bill, in writing, the patient and each known third-party payor at least three times).

d. Patients for whom the physician has made other reasonable billing efforts to collect payment.

e. Claims which have been rejected for payment by the patients and any responsible third-party. A claim is deemed rejected if either notification is received from the patient or third-party that no payment will be made for the services or 180 days have passed from the date the physician initially billed the patient and responsible third-party payors without receipt of payment.

3. Billings shall be submitted on designated claim forms. Each form must be legibly and accurately completed in order to be considered. Physicians shall submit with the claim form a fully executed standard cover letter and physician personal data form. (Copies of all of the aforementioned forms are attached).

4. Patient services which are eligible for reimbursement are those with RVS Codes of 90515 or greater. Claims for services rendered that are not defined by the aforementioned RVS Codes will be processed as "by report" procedures.

5. Hospital reimbursement will be rendered based on the Hospital Quarterly Financial Utilization Report which is submitted to the Office of Statewide Health Planning and Development. The hospital's
payment will be its proportionate share of all eligible "bad debts" and "charity-other" (lines 68,70), based on the availability of monies in the EMS Fund.

6. In order to claim reimbursement, hospitals must submit said Report to the County within 45 days of the end of each quarter. In the event the Report is not received by the County, the hospital will not share in that quarter's distribution.

7. The claim packets shall be submitted to:

Mariposa County Health Department
4988 - 11th Street
P.O. Box 5
Mariposa, CA 95338

III. COUNTY LIABILITY/PAYMENT

A. Availability of Monies in County Emergency Medical Services Fund

Payment of any claim under this claiming process is expressly contingent upon the availability of monies specifically allocated thereto in the County of Mariposa Emergency Medical Services Fund. To the extent that such monies are available, valid claims presented to the County will be paid. Valid claims will be paid by the County on a quarterly basis up to a maximum of 50% of the physician losses, as specified in section 1797.98 of the California Health and Safety Code.

B. Payment

1. Reimbursement will be limited to a maximum of 50% of the total amount correctly billed on the submitted claim forms.

2. All monies in the Emergency Medical Services Fund shall be disbursed proportionate to the claims made and determined to be eligible for reimbursement.

3. Eligible claims will be grouped by quarter. Quarters will end March 31st, June 30th, September 30th, and December 31st. Payments to each physician will be determined based on the percentage of total funds available for the quarter relative to the total claims submitted for that quarter, not to exceed 50% of the total loss.
4. Eligible claims submitted in given quarter shall be paid within sixty (60) days of the end of that quarter.

IV. PHYSICIAN REFUND

If after receiving payment from the County's Emergency Medical Services Fund, a physician can reasonably expect payment from the patient or a responsible party, then the physician shall continue to make efforts to receive such payment, notwithstanding the payment from the County. If after payment from the County, a physician is reimbursed by a patient or responsible party, the physician shall notify the County Health Department, and the physician's submission of any subsequent claim to the County shall be accordingly reduced. In the event that there is not a subsequent submission by the physician of a claim to the County for reimbursement for services provided during the calendar year, the physician shall, by June 30 of the following calendar year, reimburse the County up to the amount collected from the patient or responsible payor, but not more than the amount of reimbursement received from the County for the patient's care.

V. GENERAL OBLIGATIONS OF PHYSICIANS USING THE ATTACHED CLAIM FORMS

In addition to any physician duties listed previously herein, claimants using this claiming process are obligated as follows:

A. Records/Audits/Adjustments

1. The physician shall immediately prepare and thereafter maintain complete and accurate records reflecting the services provided, and costs thereof, for all claims submitted. Such records shall include, but are not limited to, patient name and identifying information, services provided, dates of service, and charges. Additionally, such records shall include proof of all billing efforts required by this claiming process.

2. All such records shall be retained by the physician for a minimum of three (3) years following the date(s) of service.

3. Such records shall be made available to representatives of County's Auditor-Controller or Health Department, or to representatives of the State, upon request, at all reasonable times during such three year period for the purpose of
inspection, audit and copying.

4. If an audit conducted by County or State representatives, of physician or hospital records, or both, relating to the services for which claim was made and paid hereunder, finds that (1) the records do not support the emergency medical nature of all or a portion of the services provided, or (2) no records exist to evidence the provision of all or a portion of the service, or (3) the physician failed either to report or remit payments from other sources as required herein, the physician shall, upon receipt of County billing therefore, remit forthwith to the County the difference between the claim amount paid by the County and the amount of the adjusted billing as determined by the audit.

5. Acute care and district hospitals shall maintain complete and accurate records sufficient to fully and accurately reflect the services, and costs thereof, of the uncompensated emergency care. The records include, but are not limited to, patient name and identifying information, service(s) provided, date(s) of service(s), and charges. Said records shall be submitted to the Mariposa County Health Department with the Hospital Quarterly Report. Reimbursement payment shall not be released without the proper records. All records shall also be retained by the hospital for a minimum of three (3) years following the date of service.

6. The acute care/district hospitals shall comply to the conditions stated above in paragraphs 3 and 4.

B. INDEMNIFICATION

By utilizing this claim process, the physician certifies that the services rendered, and for which the claim is made, are covered under a program of professional liability insurance with a combined single limit of not less than one million dollars per occurrence.

By utilizing this claims process, the physician further certifies that his/her worker's compensation coverage is in an amount and form to meet all applicable requirements of the California Labor Code and that it specifically covers all persons providing services on behalf of the physician and all risks to such persons.
By utilizing this claim process, the physician further certifies that he/she maintains comprehensive auto liability insurance endorsed for all owned and nonowned vehicles used by his/her employees in connection with the professional services for which claim is made, with combined single limit of at least $100,000 per occurrence.

C. Non-Discrimination

In utilizing this claim process, the physician signifies that he/she has not discriminated in the provision of services for which claim is made because of race, color, religion, national origin, ancestry, sex, age, or condition of physical or mental handicap, in accordance with all applicable requirements of federal and state law.
COUNTY OF MARIPosa

COVER LETTER FOR CLAIM FOR PHYSICIAN SERVICES
EMERGENCY MEDICAL SERVICES FUND

TO: Mariposa County Health Department
P.O. Box 5
Mariposa, CA 95338

This claim is submitted by the undersigned physician (hereinafter called "Physician") for medically necessary emergency services he/she has rendered to a County responsible patient in a hospital which has a permit to provide basic or comprehensive emergency medical services.

Physician acknowledges receipt of a copy of the County of Mariposa, "Billing Requirements", the terms and conditions of which are incorporated herein by reference. Physician hereby certifies that he/she has complied fully with the claiming conditions states therein in submitting this claim, and that, in conjunction with this claim, all other physician billing requirements, duties, and obligations, including, but not limited to, the preparation, maintenance, and retention of service and financial records, and their availability for audit, will be observed by him/her.

Physician expressly acknowledges and understands that this claim and any County liability thereon is subject to those conditions defined in the Billing Requirements, including, among others the results of audits and adjustments.

As part of this claim, Physician, in accordance with instructions defined in the Billing Requirements:

1. has completed the Physician Personal Data Form

2. has completed and attached the Claim Form

Physician certifies that the claim information submitted herewith is true, accurate, and complete to the best of his/her knowledge.

BY: ___________________________________ DATE: _________________________
Typed of Printed Name of Physician

________________________________________
Signature of Physician
PHYSICIAN PERSONAL DATA FORM

1. APPLICANT NAME:__________________________________________

2. PROFESSIONAL LICENSE NUMBER:____________________________

3. EXPIRATION DATE:________________________________________

4. ADDRESS (Practice Location):________________________________

5. MEDI-CAL PROVIDER NUMBER:_______________________________

6. BUSINESS TELEPHONE: (____)_______________________________

7. PRIMARY SPECIALTY OF PHYSICIAN:________________________

8. INDICATE PRESENT BILLING ARRANGEMENT OR CONTRACT WITH HOSPITAL WHERE SERVICES WERE PROVIDED:

   ( ) Staff Privilege  ( ) 100% Salaried by Facility
   ( ) Resident       ( ) Salaried for Administrative Only
   ( ) Fellow         ( ) Partial Salary for Patient Care
   ( ) Other________________________

9. Please list hospital and address where services were provided:

________________________________________________________________________

As a condition to claiming reimbursement from the County of Mariposa for Emergency Medical Services, I certify that the above information is true, accurate, and complete to the best of my knowledge.

Typed or Printed Name of Physician ________________________________ Date ________________

Signature of Physician ____________________________________________
III. AB75 PHYSICIAN SERVICES ACCOUNT
NEW CONTRACTS
(use one line per patient visit)

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<td>TYPE OF SERVICE</td>
<td>SERVICE SETTING</td>
<td>PHYSICIAN'S SPECIALTY (CONTINUED)</td>
<td>CHD/P FOLLOW-UP TREATMENT</td>
<td>OTHER AMOUNT BILLED TO POTENTIAL PAYOR</td>
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