

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY

DEPT: Health Services Agency *md*

BOARD AGENDA # *B-9

Urgent

Routine

AGENDA DATE November 6, 2007

CEO Concurs with Recommendation YES NO
(Information Attached)

4/5 Vote Required YES NO

SUBJECT:

Approval of the State's Emergency Medical Services Appropriation Standard Agreement with the Health Services Agency for Fiscal Year 2007-2008 for Stanislaus County

STAFF RECOMMENDATIONS:

1. Approve the Standard Agreement for the State's Emergency Medical Services Appropriation for Fiscal Year 2007-2008 for Stanislaus County.
2. Authorize the Health Services Agency Managing Director, or her designee, to sign the Standard Agreement.

FISCAL IMPACT:

The Agreement for the State's Emergency Medical Services Appropriation (EMSA) for Stanislaus County is \$285,592 for Fiscal Year 2007-2008. From this amount, \$21,419 will be paid to the Stanislaus Foundation for Medical Care to process claims from providers for emergency services. This funding and the claims processing expense were included in the Agency's Final Budget for Fiscal Year 2007-2008.

BOARD ACTION AS FOLLOWS:

No. 2007-874

On motion of Supervisor Mayfield, Seconded by Supervisor Grover
and approved by the following vote,

Ayes: Supervisors: Mayfield, Grover, Monteith, DeMartini, and Chairman O'Brien

Noes: Supervisors: None

Excused or Absent: Supervisors: None

Abstaining: Supervisor: None

1) X Approved as recommended

2) _____ Denied

3) _____ Approved as amended

4) _____ Other:

MOTION:

Christine Ferraro

ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval of the State's Emergency Medical Services Appropriation Standard Agreement with the Health Services Agency for Fiscal Year 2007-2008 for Stanislaus County

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DISCUSSION:

In September 2000, the State of California approved SB2132, referred to as the "Emergency Medical Services Appropriation (EMSA)", to fund the reimbursement of uncompensated physician provided emergency medical services. For example, a qualifying claim for payment from these funds would be to an emergency room physician who provided services to an uninsured patient who failed to pay the physician's bill. Payment to providers is limited to 50% of the claimed amount. This funding is for physician services only and does not allow for compensation to hospitals.

The Emergency Medical Services Appropriation is administered by the Health Services Agency Indigent Health Care Program (IHCP). IHCP will retain approximately 2.5% of the appropriation, which equals the cost of the administrative burden. An additional \$21,419, or 7.5% of the appropriation, is to be paid to the Stanislaus Foundation for Medical Care to receive and process claims in accordance with the EMSA regulations and to issue payment to providers for services rendered during Fiscal Year 2007-2008.

In order to receive this funding, staff is requesting the Board approve an agreement authorizing Stanislaus County to participate in this program. Two original standard agreements are required, each bearing an original signature by the Board or the Board's designee.

Stanislaus County has participated in this program since September 2000 and has entered an agreement each year with the Stanislaus Foundation for Medical Care to process and pay claims. Total revenues received to date for EMSA are \$1,999,133. This amount includes \$285,591 for Fiscal Year 2000-2001, \$285,589 for Fiscal Year 2001-2002, \$285,591 for Fiscal Year 2002-2003, \$285,592 for Fiscal Year 2003-2004, \$285,590 for Fiscal Year 2004-2005, \$285,588 for Fiscal Year 2005-2006 and \$285,592 for Fiscal Year 2006-2007.

POLICY ISSUES:

Approval of the Standard Agreement for EMSA funds supports the Board's priorities for a healthy community and effective partnerships.

STAFFING IMPACT:

There is no staffing impact associated with the approval of this agreement.

**STANDARD AGREEMENT
EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)**

FISCAL YEAR 2007-08

County of Stanislaus

The State of California, by and through the California Department of Public Health (hereinafter called the "Department"), and the County of Stanislaus (hereinafter called the "County"), do hereby agree as follows:

This Standard Agreement is entered into pursuant to the provisions set forth in Chapter 188, Statutes of 2007 (Assembly Bill 203). As a condition of receiving EMSA monies, the County agrees to all of the following:

I. Expenditure Requirements

- A. Use the Hospital Services Account (HSA), Physician Services Account (PSA) and Unallocated Account (UA) monies only for reimbursement of uncompensated emergency services as defined in Welfare and Institutions (W&I) Code, Section 16953.
- B. Transfer HSA, PSA, and UA monies to the PSA in the County's Emergency Medical Services (EMS) fund to reimburse physicians for uncompensated emergency services pursuant to W&I Code, Sections 16951 and 16952.
- C. Reimburse physicians for emergency services rendered during FY 2007-08.

II. Reporting Requirements

- A. Submit one progress report and one final report of expenditures and physicians data in accordance with the instructions provided by the Department. In addition, counties that submit a Report of Actual Financial Data (Actual) must report the EMSA monies as an expenditure and revenue in the Actual, and report indigent data in their Medically Indigent Care Reporting System (MICRS).
- B. Maintain financial records of the expenditures and physicians data for at least three years after the end of FY 2007-08. These records will be subject to possible review and audit by the State.
- C. Submit an annual report to the Legislature on April 15 concerning implementation and status of the Physician Services Account for the preceding fiscal year, pursuant to W&I Code, Section 16952.1.

III. General Requirements

- A. These monies are only for emergency services to patients who do not have health insurance coverage for emergency services and care, who cannot afford to pay for those services, and for whom payment will not be made through any private coverage or by any program funded in whole or in part by the federal Government, with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

Any physician may be reimbursed for up to 50 percent of the amount claimed pursuant to W&I Code, Section 16955 for the initial cycle of reimbursements in a given year. All funds remaining at the end of the fiscal year shall be distributed proportionally, based on the dollar amount of claims submitted and paid to all physicians who submitted qualifying claims during that year. Funds shall not be disbursed in excess of the total amount of a qualified claim.

- B. The monies shall not be used to reimburse physicians employed by county hospitals and physicians who provide services in a primary care clinic that receives funds from the Tobacco Tax and Health Protection Act of 1988.
- C. The monies shall be paid only to physicians who directly provide emergency medical services to patients, based on claims submitted or a subsequent reconciliation of claims. Payments shall be made as provided in Sections 16951 to 16959, inclusive, of the W&I Code, and payments shall be made on an equitable basis, without preferential treatment and without a conflict of interest by favoring any particular facility, physician or group of physicians.
- D. Physicians shall be eligible to receive payment for patient care services provided by, or in conjunction with, a properly credentialed nurse practitioner or physician's assistant for care rendered under the direct supervision of a physician and surgeon who is present in the facility where the patient is being treated and who is available for immediate consultation. Payment shall be limited to those claims that are substantiated by a medical record and that have been reviewed and countersigned by the supervising physician and surgeon in accordance with regulations established for the supervision of nurse practitioners and physician assistants in California.
- E. A county shall adopt a fee schedule to establish a uniform, reasonable level of reimbursement from the Physician Services Account for reimbursable services. Schedules for payment shall provide for disbursement of funds periodically and at least quarterly.

F. Payments shall be made only for emergency medical services provided on the calendar day on which emergency medical services are first provided and on the immediately following two calendar days. If it is necessary to transfer the patient to a second facility that provides for a higher level of care for the treatment of the emergency condition, reimbursement shall be available for services provided to the facility to which the patient was transferred on the calendar day of transfer and on the immediately following two calendar days.

IV. EMSA Contract Back Program (Rural Health Services Counties only)

RHS counties may request to have the Department administer their EMSA HSA and/or PSA/UA funds.

V. Administrative Cost

Costs of administering the account shall be reimbursed by the account based on actual administrative costs, not to exceed 10 percent of the amount of the account.

VI. Recoupment

EMSA monies shall be returned to the Department if they are not encumbered or expended within the fiscal year according to this Standard Agreement and the requirements of Chapters 4 and 5 (commencing with Sections 16930 and 16940, respectively) of Part 4.7 of Division 9 of the W&I Code.

THIS AGREEMENT FOR FUNDING HAS BEEN APPROVED BY THE BOARD OF SUPERVISORS AND IS HEREBY EXECUTED.

State of California

Signature: Robert A. Krane, Jr.

Name: Nancy E. Hayward

Title: Chief, Office of County Health Services

Date: 12/04/07

County

Signature: Mary Ann Lee

Name: MARY ANN LEE
(Please print or type.)

Title: _____

Date: 11/26/07
MANAGING DIRECTOR