

County of Sonoma Department of Health Services
Emergency Medical Services Fund
Conditions of Participation

The County of Sonoma Emergency Medical Services Fund (EMSF) is a state funded program administered by the County in accordance with the provisions of California state laws governing the Emergency Medical Services Appropriation/Physician Services Account (California Welfare and Institutions Code Sections 16951 et. seq.) and Maddy Emergency Medical Services (California Health and Safety Code Sections 1797.98.a. et.seq.) The EMSF program provides reimbursement for eligible claims for emergency services provided by physicians and surgeons that provide services in facilities based in Sonoma County. By executing the EMSF Provider Enrollment Form (Exhibit A), Physician agrees to abide by the Conditions of Participation set forth herein.

I. EMSF Program Enrollment and Eligibility

a. Program Enrollment. Physicians and surgeons (hereinafter “Physicians”) eligible for reimbursement are limited to those Physicians who have completed an EMSF Enrollment Form (Exhibit A) have been duly enrolled in the EMSF Program by the Sonoma County Department of Health Services (“Department”). Physicians shall submit one completed enrollment form for each practice location. Physician must submit a Payee Data Record (attached) with the enrollment form. Physician’s enrollment in the EMSF Program shall become effective upon receipt of all required enrollment information by the Department. Failure of Physician to maintain compliance with all Conditions of Participation shall result in automatic termination from the EMSF Program. Physicians are responsible for maintaining current information on file with the Department. Physicians that submit claims but are not enrolled in EMSF will be notified of enrollment requirements and provided a 30-day period from the date of notification to complete the enrollment requirements. If enrollment information is not received within the 30-day period, all submitted claims will be denied and returned to Physician.

b. Program Eligibility. A Physician enrolled pursuant Section I.a. above shall be eligible to submit claims in accordance with these Conditions of Participation and the attached Distribution Schedule (see Exhibit C).

1. Eligible Services. Only claims for Eligible Services provided to an Eligible Patient as defined under Paragraph I.b.2. below shall be eligible for reimbursement under the EMSF Program. Eligible Services shall include the following services:

i) Hospital-based emergency services necessary to determine if an emergency medical condition or active labor exists, and if it does, the care, treatment, and surgery necessary to relieve or eliminate the emergency medical condition.

ii) Services performed by a Physician, in person and on-site, including radiology and pathology; and/or 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 or surgeon who is present in the facility where the patient is being treated and who is available for immediate consultation.

iii) Emergency Medical Conditions provided on the calendar day on which Emergency Services are first provided and on the immediately following two calendar days.

If it is necessary to transfer the Eligible Patient to a second facility that provides for a higher level of care for the treatment of the Emergency Medical Condition, reimbursement shall be available for services provided by the facility to which the Eligible Patient was transferred on the calendar day of transfer and on the immediately following two calendar days.

Services rendered following stabilization are not covered. Stabilization is at the point when the Eligible Patient no longer requires Emergency Services for an Emergency Medical Condition as defined below.

Denial of coverage/payment for Emergency Services by a third party payor on the basis that the services were not emergent are not eligible for payment under the EMSF program.

2. Eligible Patients. Eligible Patients shall include patients who:

i) Do not have health insurance coverage for emergency services; and
ii) Cannot afford to pay for the emergency services provided by the Physician; and

iii) No payment will be made by any private coverage or any program including, but not limited to: Medi-Cal; County Medical Services Program (CMSP); Medicare and/or Workers Compensation; with the exception of claims submitted for reimbursement through Section 1011 of the federal Medicare Prescription Drug, Improvement and Modernization Act of 2003.

3. Emergency Services. Emergency Services means physician services in one of the following:

i) A general acute care hospital, which provides basic or comprehensive emergency services for emergency medical conditions.

ii) A site which was approved by a county prior to January 1, 1990, as a paramedic receiving station for the treatment of emergency patients, for emergency medical conditions.

iii) Beginning in the 1991-92 fiscal year and each fiscal year thereafter, in a facility which contracted prior to January 1, 1990, with the National Park Service to provide emergency medical services, for emergency medical conditions.

iv) A standby emergency room in a hospital specified in Section 124840 of the Health and Safety Code, for emergency medical conditions.

4. Emergency Medical Condition. Emergency Medical Condition means a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, which in the absence of immediate medical attention could reasonably be expected to result in any of the following:

- i) Placing the patient's health in serious jeopardy.
- ii) Serious impairment to bodily functions.
- iii) Serious dysfunction of any bodily organ or part.

II. EMSF Billing Procedures and Payment Provisions

a. Billing Procedures. Physician may submit claims to EMSF when all of the following conditions have been met:

- 1. The Physician has inquired if there is a responsible third-party source of payment.
- 2. The Physician has made a reasonable effort to collect payment from the patient and/or other responsible parties. Collection efforts shall be in accordance with office practice.
- 3. The Physician has received actual notification from the patient and/or a third party payor that no payment will be made for billed services.
- 4. Physician *must* contact the hospital prior to submission of claims to confirm that the patient is not eligible for any third party coverage or government-sponsored program.
- 5. The Physician has stopped any current, and waives any future, collection efforts to obtain reimbursement from the patient, upon receipt of funds from EMSF.

Physicians shall complete a List of Patients (Exhibit B) with each claims submission and for each practice location. Claims shall be submitted on the CMS-1500 claim form or current version of the form. An emergency room admission cover or face sheet must accompany all claims. Claims that are not supported by records may be denied in the sole discretion of the Department.

If, after receiving payment from the EMSF program, the Physician is reimbursed by the patient or a responsible third-party, the Physician shall reimburse the EMSF program in an amount equal to the amount collected from the patient or third-party payor, but not more than the amount of reimbursement received from EMSF.

2. Payment Provisions. No claim shall be reimbursed at greater than 50% of billed charges. The maximum amount allowable ("allowable amount") from EMSF for eligible services is based on the Medicare Physician Payment Schedule for the calendar year in which services

were provided. Final payment distribution is determined by the allowable amount of the claim multiplied by a pro rata percentage of the available EMSF funds.

Claims are accepted and payments are issued on a quarterly basis in accordance with the EMSF Distribution Schedule (Exhibit C). Claims for services must be received according to the due date in the "Claims Received By" date in order to be eligible for payment. The due date is determined based on the last eligible date of service. Claims received beyond the applicable due date will be denied.

3. Submitting Enrollment, List of Patient Names, Claims and Reimbursements. All enrollment forms, claims, attestations and reimbursements shall be submitted by personal delivery or by U.S. Mail or courier service. The date of postmark shall be considered the date of claims submission. Enrollment form, claims and reimbursements shall be addressed as follows:

To: Sonoma County EMS Fund Accountant
Department of Health Services
1450 Neotomas Avenue Suite 200
Santa Rosa, CA 95405

III. Miscellaneous Provisions

a. Maintenance of Records. Physician shall keep and maintain full and complete records concerning all services claimed to EMSF. Records shall include all medical records, accounting records, denial notices and other administrative records related to claimed services. Physician agrees to preserve and maintain such records for a period of at least three (3) years following the close of the calendar year in which the services were provided. If an audit has been started, records must be retained until completion and final resolution of any and all issues that might arise.

b. Audit. Physician agrees to permit County and any authorized state or federal agency to audit, inspect and copy all records, notes and writings of any kind in connection with the services claimed to the EMSF program. Upon request, Physician shall supply copies of any and all such records to County. Failure to provide the above noted documents requested by County within the requested time frame indicated may result in denial of payment for claims made to the EMSF program. Physician is responsible for the repayment of all audit exceptions and disallowances taken by County related to services paid by the EMSF program. Any Physician who refuses to cooperate with audit and/or submits any claim for reimbursement that is inaccurate or which is not supported by record may be excluded participation in the EMSF program.

c. Confidentiality. County and Physicians agree to maintain the confidentiality of all patient medical records and claims information in accordance with all applicable state and federal laws and regulations.

d. Indemnification. Physician agrees to accept all responsibility for loss or damage to any person or entity, including but not limited to County, and to defend, indemnify, hold harmless, reimburse and release County, its officers, agents, and employees, from and against any and all actions, claims, damages, disabilities, liabilities and expense including, but not limited to attorneys' fees and the cost of litigation incurred in the defense of claims as to which this indemnity applies or incurred in an action by County to enforce the indemnity provisions herein, whether arising from personal injury, property damage or economic loss of any type, that may be asserted by any person or entity, including Physician, arising out of or in connection with the performance of Physician hereunder, whether or not there is concurrent negligence on the part of County, but, to the extent required by law, excluding liability due to the sole or active negligence or due to the willful misconduct of County. If there is a possible obligation to indemnify, Physician's duty to defend exists regardless of whether it is ultimately determined that there is not a duty to indemnify. County shall have the right to select its own legal counsel at the expense of Physician, subject to Physician's approval, which approval shall not be unreasonably withheld. This indemnification obligation is not limited in any way by any limitation on the amount or type of damages or compensation payable to or for Physician or its agents under workers' compensation acts, disability benefits acts, or other employee benefit acts.