

**EMERGENCY MEDICAL SERVICES APPROPRIATION (EMSA)
GUIDELINES
FISCAL YEAR 2008-09**

The purpose of the EMSA is to reimburse physicians for uncompensated emergency services.

Background

Assembly Bill (AB) 1183 reauthorizes EMSA which provides reimbursement for uncompensated emergency services directly provided by physicians to the indigent population in the current fiscal year (FY). The bill appropriates \$24,803,000 of Proposition 99 Tobacco Tax money from the Cigarette and Tobacco Products Surtax Fund (CTPSF) through the California Healthcare for Indigents Program (CHIP) and the Rural Health Services (RHS) Program accounts (See Chart A).

The Office of County Health Services (OCHS) is responsible for disbursing EMSA through the Hospital Services Account (HSA) and the Physician Services Account (PSA). Of the total funds available, OCHS will disburse \$22,324,000 to CHIP counties and \$2,479,000 to RHS counties. RHS counties have the option of administering their own funds or participating in the EMSA Contract Back Program.

It is the responsibility of each participating county to administer EMSA funds in accordance with the provisions in AB 1183. Please note that AB 1183 requires counties to deposit all funds, including HSA funds, directly into the PSA of their Emergency Medical Services (EMS) fund. However, in order for these funds to be reconciled with the allocation amounts in AB 1183, counties are still required to separately account for HSA and PSA funds.

It is also the responsibility of each participating county to implement EMSA in accordance with Senate Bill (SB) 941 (Chapter 671, Statutes of 2005) that went into effect on January 1, 2006. Major provisions of the law are included in the EMSA Standard Agreement (Agreement). In addition, pertinent provisions have been incorporated under the subject areas described below.

EMSA Requirements

The following outlines the EMSA components and requirements:

A. Standard Agreement (Agreement)

The California Department of Public Health (CDPH) and the County will enter into an Agreement that includes language covering expenditure requirements, general requirements, administrative cost, and recoupment. The Chairperson or designee of the Board of Supervisors shall sign the Agreement. If a representative signs, please enclose a copy of the official Board resolution authorizing his or her signature.

B. Allocation of Funds

The OCHS shall allocate monies through the HSA and PSA to each CHIP and RHS county. Each county shall receive monthly payments once the Agreement is fully executed. All funds shall be allocated and expended in FY 2008-09. Unexpended monies shall be returned to CDPH.

C. Use of Funds

Funds are to be used for services rendered in FY 2008-09. In addition, funds shall be used to reimburse private physicians for uncompensated emergency services, as defined in Welfare & Institutions (W&I) Code, Section 16953, provided 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.

Funds 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.

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.

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.

Emergency services means physician services provided in one of the following;

- A general acute care hospital which provides basic or comprehensive emergency services;
- A paramedic receiving station approved by a county, prior to January 1, 1990;
- A facility which contracts with the National Park Service, prior to January 1, 1990;
or
- A standby emergency room in a hospital.

EMSA monies shall not be used to reimburse physicians employed by county hospitals or by physicians who provide services in a primary care clinic.

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.

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.

D. 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 account.

E. Reporting Requirements

OCHS will require each county to complete and submit an EMSA Expenditures and Physicians Data Report on the use of HSA and PSA funds. One Progress Report (due November 15, 2009) and one Final Report (due April 15, 2010) shall be submitted.

Each county that elects to establish a PSA in the county emergency medical services fund shall annually, on April 15, report to the Legislature on the implementation and status of the PSA. The report shall cover the preceding fiscal year.

Indigent health care program demographic, expenditure, and utilization data shall be reported as specified by the Department in the Medically Indigent Care Reporting System (MICRS) no later than 360 days after the last day of the year to be reported. The Department may withhold the first month's payment if not submitted.

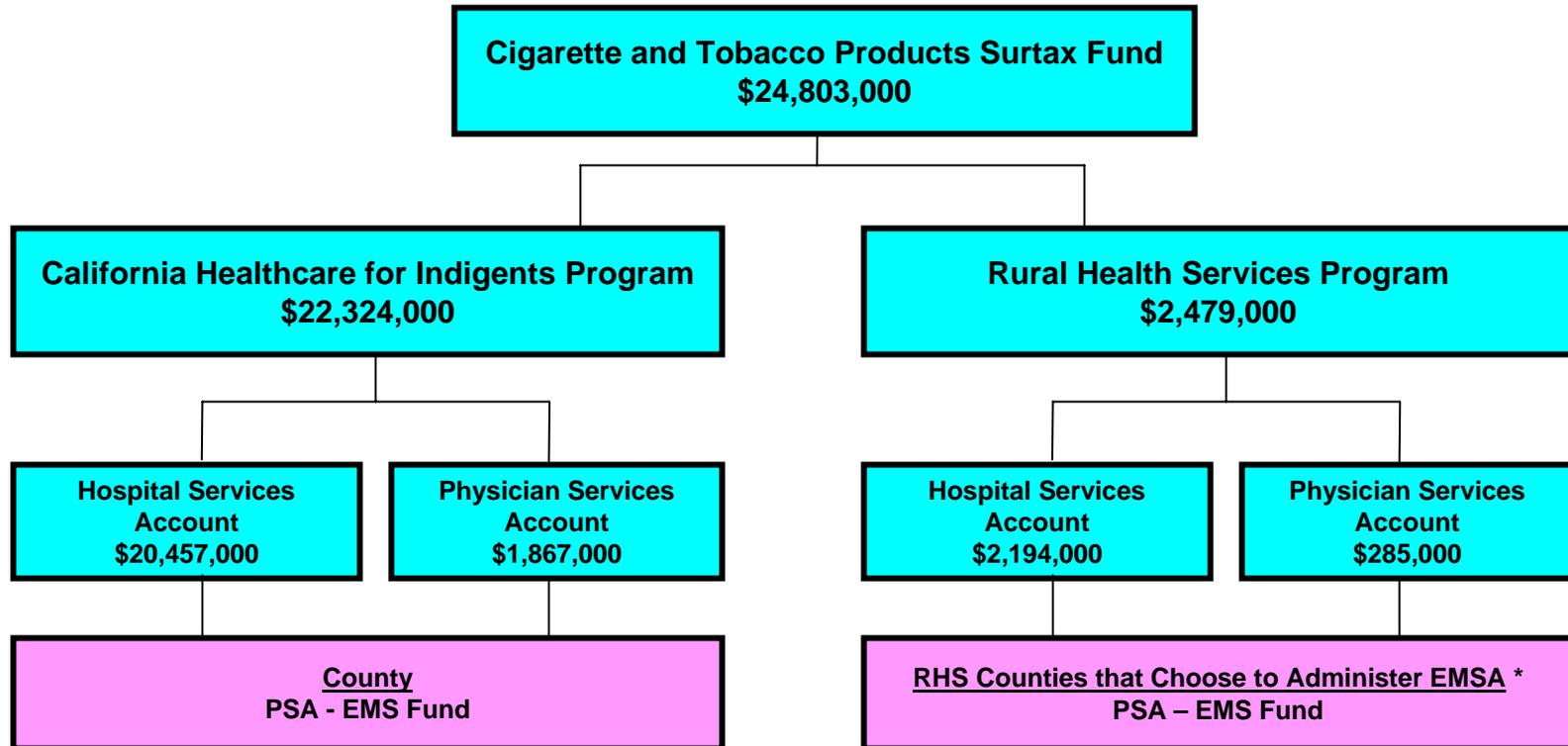
The RHS Program counties are exempt from the MICRS reporting requirements.

Emergency Medical Services Appropriation

CHART A

Fiscal Year 2008- 09

Assembly Bill 1183 (Chapter 758, Statutes of 2008)



*For RHS counties that choose not to administer EMSA, their funds are pooled into the EMSA Contract Back Program. This program is administered by the California Department of Public Health.