

**TRINITY COUNTY AUDITOR-CONTROLLER
EMERGENCY MEDICAL SERVICES ~ MADDY FUND ~ PHYSICIAN REIMBURSEMENT GUIDELINES
FOR UNCOMPENSATED EMERGENCY MEDICAL SERVICES**

BY THE AUTHORITY OF:

HEALTH AND SAFETY CODE SECTIONS 1797.98A-1797.98G;
CONCERNING PHYSICIAN AND SURGEON REIMBURSEMENT

Reimbursement Guidelines for Physicians and Surgeons Fees:

Payment of claims under the Maddy funds Health and Safety Code Section 1797.98a-1797.98g is limited to the availability of the funds available. Claims that are deemed valid and submitted June 1, 2017 will be processed within 90 days.

Payments from the fund are limited to claims for the care provided by physicians or surgeons to the patients who were medically evaluated, screened, treated, or stabilized (H&S code 1797.98e (f)) in the Mountain Community Medical Services emergency care facility located on 60 Easter Avenue in Weaverville California.

These payments are only for the emergency medical services provided on the calendar day on which the emergency medical services are first provided and the following two calendar days. If it is necessary to transfer the patient to a second facility providing a higher level of care for the treatment of the emergency condition, reimbursement shall be available for services provided at the facility to which the patient was transferred on the calendar day of transfer and on the immediately following two calendar days. (H&S code 1797.98e (g) &(h)).

Physicians and Surgeons must adhere to H&S code 1797.98c:

(a) Physicians and surgeons wishing to be reimbursed shall submit their claims for emergency services provided to patients who do not make any payment for services and for whom no responsible third party makes any payment.

(b) If, after receiving payment from the fund, a physician and surgeon is reimbursed by a patient or a responsible third party, the physician and surgeon shall do one of the following:

(1) Notify the administering agency, and, after notification, the administering agency shall reduce the physician and surgeon's future payment of claims from the fund. In the event, there is not a subsequent submission of a claim for reimbursement within one year, the physician and surgeon shall reimburse the fund in an amount equal to the amount collected from the patient or third-party payer, but not more than the amount of reimbursement received from the fund.

(2) Notify the administering agency of the payment and reimburse the fund in an amount equal to the amount collected from the patient or third-party payer, but not more than the amount of the reimbursement received from the fund for that patient's care.

(c) Reimbursement of claims for emergency services provided to patients by any physician and surgeon shall be limited to services provided to a patient who does not have health insurance coverage for emergency services and care, 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, [FN1] and where all of the following conditions have been met:

(1) The physician and surgeon has inquired if there is a responsible third-party source of payment.

(2) The physician and surgeon has billed for payment of services.

(3) Either of the following:

(A) At least three months have passed from the date the physician and surgeon billed the patient or responsible third party, during which time the physician and surgeon has made two attempts to obtain reimbursement and has not received reimbursement for any portion of the amount billed.

(B) The physician and surgeon has received actual notification from the patient or responsible third party that no payment will be made for the services rendered by the physician and surgeon.

(4) The physician and surgeon has stopped any current, and waives any future, collection efforts to obtain reimbursement from the patient, upon receipt of moneys from the fund.

(d) A listing of patient names shall accompany a physician and surgeon's submission, and those names shall be given full confidentiality protections by the administering agency.

Certification for Reimbursement and Submission of qualified claims:

The Trinity County ~ Program Enrollment Form Certification for Reimbursement of Uncompensated Emergency Medical Services must be filled out per fiscal year, prior to reimbursement.

Program enrollment form can be found on the Trinity County Website www.trinitycounty.org or you can contact the Trinity County Auditor-Controller's office via email TC_Auditor@trinitycounty.org or call the main line (530) 623-1317 to have them sent to you. Electronic processing of claims is not available.

Mail Enrollment Form and Claims to:

Trinity County Auditor-Controller
Physician & Surgeon Maddy Fund (EMS) Reimbursement
Attn: Christine Gaffney
PO Box 1230
Weaverville, CA 96093

Qualifying claims:

- Admission Status Inquiry/Report
 1. Name of patient
 2. Admission number
 3. Admission date
 4. Discharge date
 5. Last payment amount
 6. Last pay date
 7. Beginning statement date
 8. Last statement date
 9. Summary of Charges
 10. Inquiry/Report
 - Show proof of A or B of the following:
 - *(A) At least three months have passed from the date the physician and surgeon billed the patient or responsible third party, during which time the physician and surgeon has made two attempts to obtain reimbursement and has not received reimbursement for any portion of the amount billed.*
 - *(B) The physician and surgeon has received actual notification from the patient or responsible third party that no payment will be made for the services rendered by the physician and surgeon.*
 11. Show proof that *“The physician and surgeon has stopped any current, and waives any future, collection efforts to obtain reimbursement from the patient, upon receipt of moneys from the fund.” (Per H&S code 1797.98c (4)).* Only pertains to physician fees.

Special handling for fiscal year 2016/17:

Fiscal Year 2016/17 (July 1 2016 – June 30 2017)

- Turn in deadline for service dates in the years of 2009 to 2015 - June 1, 2017
- Processed and mailed by - September 1, 2017

After 2016/17 fiscal year, we will be on a routine schedule to pay for charges.

Example:

- Fiscal Year 2017/18 (July 1 2017- June 30 2018)
 - Turn in deadline for service dates in the year of 2016: June 1, 2018
 - Processed and mailed by: September 1, 2018

Note: Claims can be and should be submitted at any time, but will not be issued until September 1st of the applicable year.

For all denied claims the resubmission must be within a three-month period, and have the original claim and copies of the EOB attached.

If the claim is deemed qualified for payment the physician and surgeon may be reimbursed for a maximum amount of up to 50% of the amount claimed of physician fee. The excess funds remaining at the end of the fiscal year from any reserve held and rolled over to the next fiscal year will be distributed proportionally, based on the dollar amount of claims submitted and funds available, to all physicians and surgeons who submitted qualifying claims during that year (H&S code 1797.98a (d)).

Per Health and Safety code 1797.98e (a) Physicians and surgeons found to submit requests for reimbursement that are inaccurate or unsupported by records may be excluded from submitting future requests for reimbursement.

Contact Information:

Primary Contact:

Christine Gaffney

Email: cgaffney@trinitycounty.org

Phone: 530-623-8382

Main Office Contact:

All Staff Members

Email: TC_Auditor@trinitycounty.org

Phone: 530-623-1317

Fax: 530-623-1323

Please also visit our website: www.trinitycounty.org

If primary contact is unavailable, please contact the main office and someone will assist you.