Health Services
LOS ANGELES COUNTY

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To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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February 18, 2014

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFERS OF SETTLEMENT
(ALL DISTRICTS)
(3 VOTES)

SUBJECT

To request Board approval for the Director of Health Services (Director) to accept compromise offers of settlement for patients who received medical care at either County facilities and/or at non-County operated facilities under the Trauma Center Service Agreement. The compromise offers of settlement referenced below are not within the Director's authority to accept.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director or his designee, to accept the attached compromise offers of settlement, pursuant to Section 1473 of the Health and Safety Code, for the following individual accounts:

Patients who received medical care at County facilities:
(1) Account Number Harbor-UCLA Medical Center – 11126719 $8,120
(2) Account Number Rancho Los Amigos National Rehabilitation Center – 10252864 $14,509
(3) Account Number Harbor-UCLA Medical Center – Various $25,000

Patients who received medical care at non-County facility:
(4) Account Number Emergency Medical Services – 541 $9,000

Total All Accounts: $56,629

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patients who received medical care at a County facility: The compromise offer of settlement for patient account (1) is recommended because the offer is the highest amount that could be negotiated with the patient's workers compensation insurance under the circumstances of the case. The compromise offers of settlement for patient accounts (2) - (3) are recommended because the patients are unable to pay the full amount of charges and the compromise offers represent the maximum amount the Department was able to negotiate or was offered under the legal settlement involved in these cases.

Patients who received medical care at non-County facilities: The compromise offer of settlement for patient account (4) is recommended because the County has agreements with certain non-County medical facilities under which it pays for emergency care provided to eligible indigent patients at those facilities. These agreements allow the County, after it has made payment for a particular patient, to pursue recovery from third parties who are financially responsible for such care.

The best interests of the County would be served by approving the acceptance of these compromises, as it will enable the Department of Health Services (DHS) to maximize net revenue on these accounts.

Implementation of Strategic Plan Goals

The recommended action supports Goal 1, Operational Effectiveness, of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

This will expedite the County's recovery of revenue totaling approximately $56,629.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under County Code Chapter Section 2.76.046, the Director has the authority to reduce patient account liabilities by the greater of i) $15,000, or ii) $75,000 or 50 percent of the account balance, whichever is less. Any reduction exceeding the Director's authority requires Board approval.

On January 15, 2002, the Board adopted an ordinance granting the Director authority to compromise or reduce patient account liabilities when it is in the best interest of the County to do so.

On November 1, 2005, the Board approved a revised ordinance granting the Director authority to reduce, on an account specific basis, the amount of any liability owed to the County which relates to medical care provided by third parties for which the County is contractually obligated to pay, and related to which the County has subrogation or reimbursement rights. The revised ordinance was adopted by the Board on December 8, 2005.

Typically, recoveries in legal settlements are divided approximately into thirds between plaintiff, plaintiff's attorney, and all medical lien holders, which would include the County's lien. Factors that contribute to each party receiving more or less than one-third of the recovery include the number of medical lien holders, the patient's attorney retainer agreement, and costs accrued by the patient

during the legal process.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at County facilities will help DHS meet its budgeted revenue amounts. All payments received for the trauma accounts (non-County facilities) will replenish the Los Angeles County Trauma Funds.

Respectfully submitted,

Mitchell H. Katz, M.D.

Director

MHK:lg

Enclosures

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 1
DATE: FEBRUARY 18, 2014

Total Charges	$27,067	**Account Numbers**	11126719
Amount Paid	$0	**Service Type**	Inpatient
Balance Due	$27,067	**Dates of Service**	9/19/2013 – 9/21/2013
Compromise Amount Offered	$8,120.10	**% of Charges**	30 %
Amount to be Written Off	$18,946.90	**Facility**	H-UCLA Medical Center

JUSTIFICATION

This patient was injured in a work related accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient gross charges of $27,067 for medical services rendered. The above compromise offer of settlement represents the highest amount that could be negotiated with patient's workers compensation insurance. No other coverage was found for the patient.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 2
DATE: FEBRUARY 18, 2014

Total Gross Charges	$68,796	**Account Number**	10252864
Amount Paid	$0	**Service Type**	Inpatient
Balance Due	$68,796	**Date of Service**	05/16/2013 - 05/30/2013
Compromise Amount Offered	$14,509.39	**% Of Charges**	21 %
Amount to be Written Off	$54,286.61	**Facility**	RLANRC

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Rancho Los Amigos National Rehabilitation Center (RLANRC) and incurred total inpatient gross charges of $68,796 for medical services rendered. The patient has a pending application for Medi-Cal. If Medi-Cal is later approved, DHS will bill Medi-Cal and refund the settlement amount. No other coverage was found for the patient. The patient's third party liability (TPL) claim settled for $100,000, the policy limit carried by the party responsible at the time of the accident, and her attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees	$41,850	$36,850	36 %
Lawyer's Cost	$3,899.22	$3,899.22	4 %
RLANRC *	$68,796	$14,509.39	15 %
Other Lien Holders *	$39,923.75	$10,741.39	11 %
Patient **		$34,000	34 %
Total		$100,000	100 %

* Lien holders are receiving 26 % of the settlement (15 % to RLANRC and 11 % to others).
** The patient is receiving 34 % of settlement for ongoing medical treatments.

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet her obligation to RLANRC. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 3
DATE: FEBRUARY 18, 2014

Total Gross Charges	$87,881	**Account Number**	Various
Amount Paid	$0	**Service Type**	Inpatient & Outpatient
Balance Due	$87,881	**Date of Service**	Various
Compromise Amount Offered	$25,000	**% Of Charges**	28 %
Amount to be Written Off	$62,881	**Facility**	H-UCLA Medical Center

JUSTIFICATION

This patient was involved in an automobile vs. motorcycle accident. As a result of this accident, the patient was treated at H-UCLA Medical Center and incurred total inpatient and outpatient gross charges of $87,881 for medical services rendered. No coverage was found for the patient. The patient's third party liability (TPL) claim settled for $100,000, the policy limit carried by the party responsible at the time of the accident, and the attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement
Lawyer's Fees *	$25,000	$25,000	25 %
Lawyer's Cost	$178	$178	1 %
H-UCLA Medical Center **	$87,881	$25,000	25 %
Other Lien Holders **	$15,780	$9,620	9 %
Patient		$40,202	40 %
Total		$100,000	100 %

* The patient's attorney agreed to reduce his fees from 40 % ($40,000) to 25 % ($25,000).
** Lien holders are receiving 34 % of the settlement (25 % to H-UCLA Medical Center and 9 % to others).

Based on the information provided, it appears that the patient is unable to pay the full amount of charges and has no source of income to meet his obligation to H-UCLA Medical Center. This compromise offer of settlement is recommended because it represents the maximum amount the Department will be able to receive under the legal settlement involved in the case.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES

TRANSMITTAL No. 4
DATE: FEBRUARY 18, 2014

Total Charges (Providers)	$34,550	**Account Number**	EMS 541
Amount Paid to Provider	$6,468	**Service Type / Date of Service**	Inpatient 08/10/12
Compromise Amount Offered	$9,000	**% of Payment Recovered**	139 %

JUSTIFICATION

This patient was involved in an automobile accident. As a result of this accident, the patient was treated at Cedars Sinai Medical Center and incurred total inpatient gross charges of $34,550 for medical services rendered. The provider has received payment from the Los Angeles County Trauma Fund in the amount of $6,468. The patient's third-party claim has been settled for $46,000, the policy limit carried by the party responsible at the time of the accident, and his attorney is proposing the following disbursement of the proceeds:

Disbursement	Total Claim	Proposed Settlement	Percent of Settlement ($46,000)
Attorney fees	$8,000	$8,000	17 %
Attorney cost	$1,200	$562	1 %
Other lien holders *	$26,776	$19,876	43 %
Los Angeles County *	$34,550	$9,000	20 %
Patient		$8,562	19 %
Total		$46,000	100 %

* Lienholders are receiving 63 % of settlement (20 % to Los Angeles County and 43 % to others)

As stated in the Trauma Center Service Agreement, reimbursement to providers is for the hospital component of trauma services provided to eligible indigent patients.

Proposed settlement reimburses the Trauma Fund 139 % ($9,000) of amount paid to Cedars Sinai Medical Center.