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MOTION BY SUPERVISOR DON KNABE

October 25, 2011

SUBSTITUTE MOTION FOR ITEM 7

On October 19th, this Board made an emergency repair to the Physician Services for Indigent Program (PSIP) in an effort to protect our already fragile emergency care delivery system. Due to insufficient funds, DHS froze PSIP claims processing. That meant that without immediate Board action the claims submitted by physicians for providing emergency medical services to uninsured patients would not be processed. While the immediate threat was addressed last week by the Board's approval of the DHS recommendation to reduce the rate, now is the time to focus our attention on a more permanent fix.

Left alone, we are likely to encounter a similar dilemma in eight months and again given little alternative but to freeze claims and reduce rates even further. Even the rate that the County approved last week is an insult to the doctors that every one of us depends on. Reimbursing them at twelve percent of the cost is ridiculous. Yes, I know that the State has pulled its funding of this program and help is nowhere to be found. But that's all the more reason to do the best that we can.

In February 2010, this Board instructed the Auditor-Controller (A-C), in consultation with affected departments and commissions to review the PSIP program and to make recommendations for improvement. The A-C did its job and has

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presented a series of recommendations to improve the physician enrollment process, reduce delays in claim submission and payment, and improve the transparency, accountability and efficiency of our program administration. According to the A-C memo DHS, County Counsel, the Emergency Medical Services Commission, the County's Hospitals and Health Care Delivery Commission and the Physician Reimbursement Advisory Committee (PRAC) have generally agreed with the findings and recommendations which followed. It is upon us now to take the next step forward.

We need strong leadership to implement the A-C's recommendations and to initiate additional improvements which strengthen the emergency care safety net. I believe we have that strong leadership in our Director of Health Services. We need to support him. This Board should immediately give the Director not only policy direction, but also the necessary authority to reset future rates and to do all that is necessary to carry out the A-C's recommendations. However, along with the Director's expanded authority must come greater accountability. The Director's proposed decisions and reasons for them must be transparent and subject to review and comment by impacted physicians, hospitals, labor unions, the general public and this Board.

I believe that only by doing all this, plus being more aggressive about restoring State funding cuts, can we tell our emergency room doctors and hospitals that we are doing all we can to help them.

I, THEREFORE, MOVE that the Board of Supervisors:

- Delegate authority to the Director of Health Services to reset PSIP interim payment rates going forward;
- 2. Specify that the Director's proposed actions and the basis for them under recommendation one be made transparently available for advance review and comment by at least the following: the Emergency Medical Services Commission, the Physicians' Reimbursement Advisory Committee, impacted physicians and hospitals, the general public and the Board of Supervisors. To meet the transparency requirement, the Director must conduct a widely-advertised public hearing with reasonable and clear advance notice to impacted physicians, hospitals, labor unions, the general public and the Board before DHS

- changes the interim payment rate or any other substantive aspect of PSIP;
- That the Director, with assistance from the CEO and the Auditor-Controller, implement the remaining recommendations in the Auditor-Controller's March 11, 2011 report, initiate further improvements as appropriate, and report progress every six months; and
- 4. Instruct the CEO to send a five signature letter from this Board encouraging our State legislative delegation to support the efforts of this and other counties, physician organizations, hospital associations, business and labor organizations to restore or replace State funding of PSIP.

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