



ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

41 February 27, 2024

Los Angeles County
Board of Supervisors

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February 27, 2024

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

JEFF LEVINSON
INTERIM EXECUTIVE OFFICER

Christina R. Ghaly, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Deputy Director, Clinical Affairs

Nina J. Park, M.D.
Chief Deputy Director, Population Health

Elizabeth M. Jacobi, J.D.
Administrative Deputy

Dear Supervisors:

**REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT FOR
PATIENT SEEN UNDER THE TRAUMA CENTER SERVICE AGREEMENT
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

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Los Angeles, CA 90012

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www.dhs.lacounty.gov

*"To advance the health of our
patients and our communities by
providing extraordinary care"*

SUBJECT

Request authorization from the Los Angeles County (LA County) Board of Supervisors (Board) for the Director of Health Services (Director), or designee, to accept a compromise offer of settlement for a patient who received medical care at either a LA County facility and/or at a non-County operated facility under the Trauma Center Service Agreement. The compromise offer of settlement referenced below is not within the Director's authority to accept.

IT IS RECOMMENDED THAT THE BOARD:

Authorize the Director, or designee, to accept the attached compromise offer of settlement, pursuant to Section 1473 of the Health and Safety Code, for the patients who received medical care at Rancho Los Amigos National Rehabilitation Center:

- Account Number 101968100 in the amount of \$17,000.00 (Attachment I).



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PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Patient who received medical care at Rancho Los Amigos National Rehabilitation Center. The compromise offer of settlement for this patient account is recommended because the patient is unable to pay the full amount of charges, and the compromise offer represents the maximum amount the Department of Health Services (DHS) was able to negotiate or was offered.

It is in the best interest of LA County to approve the acceptance of the compromise offer, as it will enable the DHS to maximize net revenue on this account.

Implementation of Strategic Plan Goals

The recommended action will support Strategy III.3 “Pursue for Operational Effectiveness, Fiscal Responsibility, and Accountability” of LA County’s Strategic Plan.

FISCAL IMPACT/FINANCING

The approval will recover revenue totaling \$17,000.00 in charges.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Under LA County Code Chapter Section 2.76.046, the Director, or designee, 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, or designee’s, authority requires Board approval.

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

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

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Maximizing net revenues on patients who received medical care at LA County facilities will help DHS meet its budgeted revenue amounts.

The Honorable Board of Supervisors

2/27/2024

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Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Christina R. Ghaly".

Christina R. Ghaly, M.D.

Director

CRG:rs:vp

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 24-01-A

Amount of Aid	\$70,294.00	Account Number	101968100
Amount Paid	\$1,800.59	Name	Adult Female
Balance Due	\$68,493.41	Service Date	02/13/21 – 02/20/21
Compromise Amount Offered	\$17,000.00	Facility	Rancho Los Amigos National Rehabilitation Center
Amount to be Written Off	\$51,493.41	Service Type	Inpatient

JUSTIFICATION

The patient was treated at Rancho Los Amigos National Rehabilitation Center at a total cost of \$70,294.00.

The patient has Humana insurance, and because it was an out of network visit, the insurance only paid \$1,800.59, leaving the patient to bear the balance of \$68,493.41. The patient's attorney made a strong argument that the patient should only be responsible for paying the co-insurance amount of \$16,704.31. The attorney is offering to pay the hospital \$17,000.00 to settle this matter.