

ADOPTED

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES

45 June 4, 2024



EDWARD YEN
EXECUTIVE OFFICER



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Administrative Deputy

June 04, 2024

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:

**APPROVAL OF FUNDING METHODOLOGY AND AMENDMENTS TO THE
MEMORANDUM OF AGREEMENTS FOR NON-COUNTY TRAUMA
CENTER PROVISIONS FOR REIMBURSEMENT
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

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SUBJECT

Request the approval of a funding methodology and allocation of funding to non-County trauma centers for Fiscal Year (FY) 2023-24, and for delegation of authority to extend the term of the Trauma Center Provisions for Reimbursement (TCPR) Memorandum of Agreement (MOA) through June 30, 2025, which will contain the reimbursement provision for FY 2023-24 and approval of an allocation of funds to LA County hospitals.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve the funding methodology and allocation of the TCPR for FY 2023-24, and authorize the Director of Health Services (Director), or authorized designee, to execute amendments to the TCPR MOA, substantially similar to Exhibit I, with 13 non-County trauma centers to extend the term for the period July 1, 2024 through June 30, 2025, and include the funding terms for the period July 1, 2023 through June 30, 2024, for a total Los Angeles County (LA County) obligation of approximately \$76.307 million (comprised of \$72.957 million from the Measure B funds, \$2.521 million from the Maddy Emergency Medical Services Fund (Maddy Fund), and \$0.829 million from the Richie's Fund), as set forth in Attachment A and described below.
2. Approve and authorize the Director, or authorized designee, to allocate

up to a maximum of \$48.596 million of the Measure B funds to be used as an Intergovernmental Transfer (IGT) to the California Department of Health Care Services to draw down Federal matching dollars for supplemental Medi-Cal payments to eligible non-County trauma centers.

3. Approve and authorize the Director, or authorized designee, to allocate the amount of \$0.115 million from the Richie's Fund to the two LA County Pediatric Trauma Centers listed in Attachment A.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Funding Methodology Background

Prior to the implementation of the Affordable Care Act (ACA) in January 2014, the methodology used to distribute trauma funding to non-County trauma centers was largely based on trauma claims for the uninsured population. After the ACA was implemented and its impact became more widespread, there was a significant reduction in the volume of uninsured trauma claims. Beginning in FY 2014-15, the number of uninsured trauma claims was too minimal to allow the full allocation of Measure B funds. In light of the significant and continuing decrease in the number of uninsured, the non-County trauma centers expressed concerns and wanted to ensure they would continue to receive the same level of trauma funding as in years prior to the ACA. Therefore, on May 3, 2016, the Board of Supervisors (Board) approved an amendment to the Trauma Center Services Agreement for FY 2014-15 which continued trauma funding to the non-County trauma centers for the same funding amounts received by the trauma centers in FY 2013-14.

Given the significant and continuing impact of the ACA, and to ensure that prior funding levels would be maintained, the non-County trauma centers deemed it necessary to develop a new basis for distributing trauma funds. Pursuant to discussions between the non-County trauma centers and the Department of Health Services (DHS), a new funding methodology for FY 2015-16 was developed that incorporated new categories for reimbursement, and which was approved by the Board on November 1, 2016.

During FY 2016-17, the non-County trauma centers advised that funding levels should be maintained at levels similar to prior fiscal years, despite the severe decline in uninsured trauma patients. As such, the funding methodology that was approved for the fiscal year was based on the following: the level of indigent services, the provision of base station services, and a flat amount to support infrastructure. In addition, and recognizing the continuing ACA impact, the non-County trauma centers identified other add-on factors to be used as a basis for the distribution of the FY 2016-17 trauma funds at levels similar to prior years. The add-ons selected by the non-County trauma centers and approved by DHS were as follows: 1) an adjustment for the volume of trauma patients; 2) an adjustment for the level of acuity of trauma patients; and 3) an adjustment for the number of Medi-Cal days and visits, which serves as a proxy for the underinsured population. Lastly, to address concerns that the application of the proposed FY 2016-17 formula would impact each trauma center to a greater or lesser degree, a parity adjustment was made in proportion to the degree of positive or negative impact to assure that no trauma center would be affected disproportionately. The FY 2016-17 methodology was approved by the Board on May 16, 2017.

For FY 2017-18, in conjunction with all 13 non-County trauma centers, DHS reached a consensus for utilizing the basic methodology components from FY 2016-17, but with the following modifications: 1) including a parity adjustment to reduce the decrease in funding received by a trauma center in comparison to the prior fiscal year; 2) information about services was included with

the Medi-Cal information given to patients who were brought in by law enforcement to determine the component related to underinsured populations; and 3) the allocation of pediatric trauma payments to each pediatric trauma center from Richie's Funds for pediatric trauma services was based on the facility type. Since Northridge Hospital Medical Center is the only pediatric trauma center in LA County operating as a community hospital, it was given a larger allocation than the remaining pediatric trauma centers, which are tertiary trauma centers.

DHS and all 13 non-County trauma centers reached a consensus for utilizing the same components used in the FY 2017-18 methodology for FY 2018-19. FY 2018-19 funding also included a one-time allocation of unspent Measure B funds from FY 2017-18 for the trauma centers as recommended by the Measure B Advisory Board (MBAB), which was presented by the Chief Executive Office (CEO) to the Board on March 12, 2019.

For FY 2019-20, DHS again reached a consensus with the 13 non-County trauma centers to use the funding methodology used in the previous FY, including a recommendation by the MBAB for a one-time allocation of unspent Measure B funds from FY 2018-19, which was presented by the CEO to the Board on February 11, 2020.

For FY 2020-21, DHS again reached a consensus with the 13 non-County trauma centers to use the funding methodology used in the previous FY, but without the one-time allocation of unspent and unallocated Measure B funds, as recommended by the MBAB.

For FY 2021-22, DHS again reached a consensus with the 13 non-County trauma centers to use the funding methodology used in the previous FY, including a recommendation by the MBAB for a one-time allocation of unspent Measure B funds from FY 2020-21, which was presented by the CEO to the Board on February 7, 2022.

FY 2022-23 Distribution Methodology

For FY 2022-23, DHS and all 13 non-County trauma centers reached a consensus for utilizing the same components used in the FY 2021-22 methodology for FY 2022-23 with the following modifications. (1) This does not include a parity adjustment to mitigate the change in funding received by a trauma center in comparison to the prior fiscal year and the one-time allocation of unspent and unallocated Measure B funds, per recommendation by the MBAB. (2) FY 2022-23 funding includes an annual on-going Measure B Funding of \$8.957 million, per the Measure B property assessment rate increase, which the Board approved on September 13, 2022. Of this amount, \$5.957 million is allocated to all 13 non-County trauma centers to support ongoing investments to maintain and/or expand the regional trauma care system, while \$3.000 million is allocated to six pediatric trauma hospitals to support ongoing investments in pediatric trauma care.

FY 2023-24 Distribution Methodology

DHS and all 13 non-County trauma centers have reached a consensus for utilizing the same components used in the FY 2022-23 methodology for FY 2023-24. FY 2023-24 funding also included a one-time allocation of unspent Measure B funds for the trauma centers as recommended by the MBAB, which was presented by the CEO to the Board on January 24, 2024.

The proposed FY 2023-24 payments to each non-County trauma center are summarized in Attachment A.

Prior to June 30, 2021, the trauma center designation process requirements, and provisions for reimbursement were covered under a Trauma Center Services Agreement as a means to provide supplemental funding to offset operating expenses related to trauma center operations. On June 22, 2021, DHS split the two actions and executed TCPR MOAs for the continued implementation of reimbursement provisions for designated trauma centers. The trauma center designation for each hospital was added, by way of an amendment, and under delegated authority by the Board, to the Specialty Care Center Designations Master Agreement, which was approved by the Board on June 11, 2019.

Summary of Recommendations

Approval of the recommendations will ratify the funding methodology and delegate authority to the Director, or designee, to execute the amendments to the TCPR MOAs, substantially similar to Exhibit I, to include financial terms for FY 2023-24, extend the term of the MOAs for an additional one (1) year period, process payments for FY 2023-24, and submit an IGT to draw down Federal matching funds for those portions of the payments that are to be made as Medi-Cal supplements. These amendments permit the continued provision of Measure B funding to trauma centers which help to secure emergency care access for Medi-Cal beneficiaries, stabilize the trauma care system in LA County, and allow sufficient time for the development of a funding methodology for FY 2024-25.

Implementation of Strategic Plan Goals

The recommended actions support Strategy III.3, "Pursue Operational Effectiveness, Fiscal Responsibility, and Accountability", of LA County's Strategic Plan.

FISCAL IMPACT/FINANCING

The total maximum payment for the above-recommended actions under the MOAs for FY 2023-24 is approximately \$125.018 million, including \$76.422 million of LA County funds (Measure B: \$72.957 million; Maddy Fund: \$2.521 million, and Richie's Fund: \$0.944 million, which includes \$0.115 million in funds for the two LA County pediatric trauma hospitals) and \$48.596 million of Federal matching funds, which was calculated based on a Federal matching rate of 50%. Funding for the LA County responsible portion of the TCPR MOAs is included in DHS' FY 2023-24 Final Budget. The MOAs are fully funded by the Measure B, Maddy funds, and Richie's funds. There is no net County cost impact associated with the recommendations.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Pursuant to the authority under California Health and Safety (H&S) Code Section 1798.160, LA County maintains trauma facilities as part of the regional trauma care system for the treatment of potentially seriously injured persons. Division 2.5 of the H&S Code authorizes the local Emergency Medical Services Agency to designate trauma centers as part of the regional trauma care system. Since March 1, 2017, there have been 13 non-County and two LA County-operated trauma centers.

The TCPR MOAs are designed to provide supplemental funding to offset the significant expenses related to maintaining trauma designation and treating trauma patients. The FY 2023-24 TCPR MOAs are funded by the Measure B, Maddy Fund, and Richie's funds and contemplate the State

making IGT-funded supplemental Medi-Cal payments to non-public trauma centers in LA County.

Measure B Funds

Measure B, passed by the voters on November 5, 2002, authorized LA County to levy a tax on structural improvements within LA County, in part to provide funding to strengthen the LA County trauma network, particularly those trauma centers operated by LA County, expand the trauma network if possible, and to fund emergency medical services and bioterrorism preparedness. Subsequent to Measure B's passage, the Board approved multiple proposals to allocate Measure B funds among the non-County trauma centers. The Board also approved payments to reimburse trauma centers for costs associated with serving as a base hospital in the Emergency Medical Services system.

The Maddy and Richie's Funds

LA County receives funds collected from penalties assessed on fines and bail forfeitures that the Superior Court collects for certain criminal offenses and motor vehicle violations. As permitted by California Government Code Section 76000.5 and H&S Code Section 1797.98a, these funds are placed in LA County's Maddy Fund and used by DHS for trauma and emergency services. A portion of the Maddy Fund is designated by statute for support of pediatric trauma programs and is segregated as the Richie's Fund. The remaining Maddy Fund dollars are available to support trauma and emergency services provided by hospitals and physicians.

Medi-Cal Payments

The California State Plan, starting at page 51 of Attachment 4.19B, permits the California Department of Health Care Services to make supplemental Medi-Cal payments to non-public trauma centers in LA County. LA County makes recommendations regarding the amount of the supplemental payments and provides the funding for the non-Federal share of such payments through an IGT.

County Counsel has reviewed and approved Exhibit I as to form.

CONTRACTING PROCESS

Not applicable.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommendations will assure continued participation of non-County trauma centers in LA County's trauma network and provide trauma funding for FY 2024-25.

The Honorable Board of Supervisors

6/4/2024

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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:jr:md

Enclosures

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

**COUNTY OF LOS ANGELES - DEPARTMENT OF HEALTH SERVICES
LOS ANGELES COUNTY TRAUMA CARE SYSTEM**

Attachment A

**PROPOSED PAYMENTS TO NON-COUNTY TRUAMA HOSPITALS
FISCAL YEAR 2023-24**

	Patient-Based	Pediatric	Designation Support		Add-Ons			Additional Funding (Measure B Rate)		MBAB Projects	Total Payments (1) thru (10)
	(1) UNINSURED (Volume)	(2) PEDIATRIC (Fixed Rate)	(3) BASE STATION (Fixed Rate)	(4) INFRASTRUCTURE (Fixed Rate)	(5) TRAUMA (Volume)	(6) ACUITY (Adjustment)	(7) UNDERINSURED (Adjustment)	(8) TRAUMA HOSPITALS (Adjustment)	(9) PEDIATRIC HOSPITALS (Adjustment)	(10) One-Time Funding	
<u>Non-County Hospitals</u>											
Antelope Valley Hospital	\$ 450,248	\$ -	\$ 700,000	\$ 1,200,000	\$ 1,287,094	\$ 477,708	\$ 2,019,786	\$ 769,458	\$ -	\$ 1,822,031	8,726,325
California Hospital Medical Center	3,338,649		700,000	1,200,000	1,787,108	760,126	3,683,993	1,438,600	-	2,769,533	15,678,009
Cedars-Sinai Medical Center	325,452	57,209	700,000	1,200,000	1,591,981	814,173	2,643,801	912,514	452,230	2,024,597	10,721,957
Children's Hospital Los Angeles	-	57,209	-	1,200,000	745,801	151,953	614,500	340,182	3,240,050	1,214,182	7,563,877
Henry Mayo Newhall Memorial	101,046		700,000	1,200,000	647,299	233,518	666,584	445,062	-	1,362,689	5,356,198
Huntington Memorial Hospital	102,493		700,000	1,200,000	1,347,133	532,417	1,174,911	634,266	-	1,630,600	7,321,820
Long Beach Memorial Medical Cen	61,990	57,209	700,000	1,200,000	1,335,875	563,949	1,796,923	709,744	824,160	1,737,476	8,987,326
Northridge Hospital Medical Center	1,617,553	600,000	700,000	1,200,000	1,293,660	566,382	1,839,492	905,198	777,916	2,014,239	11,514,440
Pomona Valley Hospital Medical C	318,428		700,000	1,200,000	1,728,946	730,927	2,501,068	900,468	-	2,007,540	10,087,377
Providence Holy Cross Medical Ce	1,309,411		700,000	1,200,000	1,207,354	537,374	2,168,527	893,356	-	1,997,470	10,013,492
Ronald Reagan UCLA Medical Cer	52,695	57,209	700,000	1,200,000	1,182,963	574,560	1,565,547	661,710	352,822	1,669,461	8,016,967
St. Francis Medical Center	136,385		700,000	1,200,000	1,733,636	854,956	4,699,144	1,169,472	-	2,388,448	12,882,041
St. Mary Medical Center	373,608	-	700,000	1,200,000	871,509	435,490	2,022,790	702,802	-	1,727,648	8,033,847
Subtotal Non-County Hospitals	\$ 8,187,958	\$ 828,836	\$ 8,400,000	\$ 15,600,000	\$ 16,760,359	\$ 7,233,533	\$ 27,397,066	\$ 10,482,832	\$ 5,647,178	\$ 24,365,913	\$ 124,903,675
<u>County Hospitals</u>											
Los Angeles General Medical Center		\$ 57,209									\$ 57,209
Harbor-UCLA Medical Center		57,209									57,209
Subtotal County Hospitals	\$ -	\$ 114,418	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 114,418
Grand Total:	\$ 8,187,958	\$ 943,254	\$ 8,400,000	\$ 15,600,000	\$ 16,760,359	\$ 7,233,533	\$ 27,397,066	\$ 10,482,832	\$ 5,647,178	\$ 24,365,913	\$ 125,018,093

Col (1) - Payment is based on each hospital's share in the total value of the FY 2022-23 indigent claims submitted by non-County trauma hospitals to the County (net of FY 2021-22 disallowed claims), multiplied by the total funding allocated for this category.

Col (2) - Payment is based on facility type. Northridge Hospital Medical Center receives a larger allocation due to its State-designated status as a Pediatric Community Hospital.

Col (3) - Fixed payment for each hospital that provides base hospital service meeting the requirement of County's Emergency Medical Services Agency.

Col (4) - Infrastructure is a fixed payment for each trauma hospital to defray the trauma call panel, specialist physicians and trauma program costs.

Col (5) - Trauma payment is based on each hospital's percentage in the total trauma patient volume of non-County trauma hospitals (reported by County's TEMIS for CY 2022) multiplied by the total funding allocated for this category.

Col (6) - Acuity payment is based on each hospital's percentage in the total patient days of non-County trauma hospitals (reported by County's TEMIS for CY 2022) that are adjusted for severity factors, multiplied by the total funding allocated for this category.

Col (7) - Under-insured payment is based on each hospital's percentage in the total Medi-Cal and In-Custody patient days of non-County trauma hospitals (reported by County's TEMIS for CY 2022), multiplied by the total funding allocated for this category.

Col (8) - Payment is based on each hospital's percentage of the grand total from columns 1 – 7 (except column 2) for each hospital, multiplied by \$5.957 million, then distributed so that the two public hospitals (Antelope Valley Hospital and Ronald Reagan UCLA Medical Center) receive funding directly from the County in amounts equivalent to the amounts they would have received if they were eligible for State matching.

Col (9) - Payment is based on similar calculation with columns 5, 6 and 7, but using only pediatric data.

Col (10) - Includes four Measure B Advisory Board (MBAB) projects to fund for: (1) physician staffing costs; (2) data collection and performance improvement and patient safety; (3) staff education; and (4) Stop the Bleed community outreach.

Agreement No. H-_____

MEMORANDUM OF AGREEMENT
FOR
NON-COUNTY TRAUMA CENTER PROVISIONS FOR REIMBURSEMENT

Amendment No. 3

THIS AMENDMENT is made and entered into this _____ day of June, 2024,

By and between

COUNTY OF LOS ANGELES
(hereinafter "County"),

And

ABC HOSPITAL
(hereinafter "Hospital").

Business Address:

XX
XX

WHEREAS, reference is made to that certain document entitled " MEMORANDUM OF AGREEMENT FOR NON-COUNTY TRAUMA CENTER PROVISIONS FOR REIMBURSEMENT" dated on _____, and further identified as Agreement No.: _____, including any amendments and any other modifications thereto (cumulatively hereafter referred to as "MOA"); and

WHEREAS, the Board of Supervisors approved reimbursement to the Non-County Trauma Hospitals using funding provided by Measure B, the EMS Maddy Fund, and Richie’s Fund.

WHEREAS, on June ____, 2024, the County’s Board of Supervisors delegated authority to the Director of Health Services, or authorized designee, to, among other delegations, to execute amendments to the MOA to extend the term of the MOA for the period July 1, 2024 through June 30, 2025, to provide for funding allocation for Fiscal Year 2023-24, for a total County obligation of approximately \$76.307 million comprised of various amounts from Measure B, the EMS Maddy Fund, and Richie's Fund.

NOW THEREFORE, THE PARTIES HERETO AGREE AS FOLLOWS:

1. This Amendment shall be effective upon execution.

2. The MOA is hereby incorporated by reference, and all of its terms and conditions, including capitalized terms defined herein, shall be given full force and effect as if fully set forth herein.
3. The MOA, Paragraph 1.0 – SCOPE is deleted in its entirety and replaced to read as follows:

“1.0 SCOPE

1.1 This MOA addresses funding through the fiscal year ending June 30, 2024 (the “Contract Period”) for non-County trauma hospitals in Los Angeles County having trauma centers (“Non-County Trauma Hospitals”). Non-County Trauma Hospitals are hospitals that are not owned nor operated by County of Los Angeles (the "County"). The County’s funding to Non-County Trauma Hospitals for this contract period assures the continuance of emergency care access for Medi-Cal beneficiaries and stabilizes the provision of trauma care services in Los Angeles County.

1.2 The funding identified in this MOA for Non-County Trauma Hospitals, described in Exhibit A, Provisions For Reimbursement, covers the following four components:

1.2.1. Patient/Hospital-Based Payments

This component includes uninsured trauma claims and pediatric trauma services, as described in Exhibit A, Sections I and II.

1.2.2 Designation Support Payments

This component includes payments for Non-County Trauma Hospitals that serve as base stations and funding for trauma hospitals' infrastructure, as described in Exhibit A, Section III A.

1.2.3 Add-On Payments

This component includes payments for: a) trauma patient volume; b) patient acuity; c) the volume of underinsured patients (i.e., Medi-Cal and In-Custody patients); and d) a parity adjustment to mitigate the negative financial impact among various hospitals as described in Exhibit A, Section IV.

1.2.4 Measure B Advisory Board Funding (if available)

This component includes one-time payments, as applicable, if funding is available and recommended by the Measure B Advisory Board (MBAB), and approved by the County Board of Supervisors, to distribute prior year unspent and unallocated Measure B funds as described in Exhibit A, Section V.

- 1.3 The County intends to provide funding to Hospital for one or more of the four components described in Section 1.2 from the following fund sources under this MOA: Measure B, The EMS Maddy Fund, and Richie’s Fund. In addition, the County will utilize Measure B funds, to the extent possible, to make an inter-governmental transfer (IGT) of funds to the California Department of Health Care Services (CDHCS) to draw down Federal matching dollars for enhanced Medi-Cal payments to Eligible Trauma Hospitals, pursuant to California's Medicaid State Plan (Title XIX), Attachment 4.19B (Enhanced Payments to Private Trauma Hospitals), pp. 51-51c (TN-03-032, app. Mar. 31, 2005; eff. Jul. 1, 2003), attached hereto as Attachment A.
 - 1.4 The Non-County Trauma Hospitals entering into this MOA acknowledge that Attachment A, was approved by the United States Department of Health and Human Services, Centers for Medicare and Medicaid Services. Attachment A enables private trauma hospitals in Los Angeles County to receive additional Medi-Cal payments, under Section 14087.3 of the Welfare and Institutions Code. Pursuant to Medicaid State Plan and a related interagency agreement between the County and the CDHCS, these additional Medi-Cal payments are distributed to the County-designated private trauma hospitals, in a lump-sum amount to ensure continued access by Medi-Cal beneficiaries to trauma and emergency room care in the County.”
4. The MOA, Paragraph 2.0 – TERM is deleted in its entirety and replaced to read as follows:
- “2.0 TERM
- 2.1 The term of this MOA is effective upon the date of execution by the Director of Health Services (Director), or designee. This MOA shall expire on June 30, 2025, unless sooner extended or terminated, in whole or in part, as provided herein.
 - 2.2 In any event, this MOA may be terminated for any reason at any time by either party by giving at least thirty (30) calendar days advance written notice to the other party.”
5. The MOA, Paragraph 3.0 – PAYMENT AND INVOICES is deleted in its entirety and replaced to read as follows:

“3.0 PAYMENT AND INVOICES

3.1 County's maximum reimbursement amount to the Non-County Trauma Hospitals for the delivery of trauma services for fiscal years 2020-21, 2021-22, 2022-23, and 2023-24 shall not exceed the amounts identified in Exhibit A.”

6. The MOA, Exhibit A- Provisions For Reimbursement is modified to add Exhibit A-3, attached hereto and incorporated herein by reference, to the existing Exhibits A, A-1 and A-2. Any reference to Exhibit A in the MOA shall include Exhibit A-3.
7. Except for the changes set forth hereinabove, the MOA shall not be changed in any respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be executed by the County's Director of Health Services, or authorized designee, and Hospital has caused this Amendment to be executed on its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By: _____ for
Christina R. Ghaly, M.D.
Director of Health Services

HOSPITAL

By _____
Signature

Printed Name

Title

APPROVED AS TO FORM:

DAWYN R. HARRISON
County Counsel

By: _____
Georgina Glaviano
Deputy County Counsel

MEMORANDUM OF AGREEMENT (MOA) EXHIBIT A-3
PROVISIONS FOR REIMBURSEMENT

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LISTING OF ATTACHMENTS

ATTACHMENT	ATTACHMENT NAME
1	PATIENT INCLUSION IN THE TRAUMA CENTER DATA SYSTEM
2	HOSPITAL SIGNAGE – NOTICE OF REDUCED COST CARE - ENGLISH
3	HOSPITAL SIGNAGE – NOTICE OF REDUCED COST CARE - SPANISH
4	TRAUMA SERVICES COUNTY ELIGIBILITY
5	HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE
6	INSTRUCTIONS FOR SUBMISSION OF CLAIMS AND DATA COLLECTION
7	TRAUMA CENTER PAYMENT SURRENDER FORM

TRAUMA CENTER PROVISIONS FOR REIMBURSEMENT

I. ELIGIBLE PATIENT-BASED FUNDING

A. BUDGET ALLOCATION

1. Patient-Based Allocation Amounts

This Section I is applicable to the Non-County Trauma Hospitals with the exception of Children’s Hospital Los Angeles. For the Contract Period, the County has established a budget allocation (the “Budget Allocation”) for each such Non-County Trauma Hospital providing medical care to Eligible Patients (as defined below) during the Contract Period. The budget allocations are as follows:

Antelope Valley Hospital	\$ 450,248
California Hospital Medical Center	\$3,338,649
Cedars-Sinai Medical Center	\$ 325,452
Henry Mayo Newhall Memorial Med. Ctr.	\$ 101,046
Huntington Memorial Hospital	\$ 102,493
Long Beach Memorial Medical Center	\$ 61,990
Northridge Hospital Medical Center	\$1,617,553
Pomona Valley Hospital Medical Center	\$ 318,428
Providence Holy Cross Medical Center	\$1,309,411
Ronald Reagan UCLA Medical Center	\$ 52,695
St. Francis Medical Center	\$ 136,385
St. Mary Medical Center	<u>\$ 373,608</u>
Total Patient Based Funding	\$8,187,958

The above amounts for each hospital were determined based on each Non-County Trauma Hospital’s share of the total value of the Fiscal Year (FY) 2022-23 indigent claims submitted by all the Non-County Trauma Hospitals to the County, net of any FY 2021-22 disallowed claims, multiplied by the total funding allocated for this category (which include Measure B, Maddy,

and Federal matching funds). The value of the indigent claims was computed by applying the emergency department (ED) visit or per diem rates described in the paragraph below. The final value of all the claims was adjusted upwards by an escalation factor of 64.03%, in order to fully distribute the entire funding available for this category. Payments to Non-County Trauma Hospitals listed in this section will be made directly by the County (inclusive of the Maddy Fund as defined below) and/or by the California Department of Health Care Services (CDHCS) as enhanced Medi-Cal payments to eligible private hospitals as set forth in this Exhibit.

- \$ 6,425 per emergency department visit and assessment. (No such fee will be paid if the patient is admitted to the hospital as an inpatient from the emergency department.)
- \$12,471 for the first inpatient day; and
- \$ 5,417 for the second inpatient day; and
- \$ 4,283 for the third inpatient day; and
- \$ 4,283 for the fourth inpatient day; and
- \$ 3,023 for each day thereafter.

Accordingly, the Patient-Based Allocations will be taken into account in the amounts that the County recommends be paid by CDHCS as enhanced Medi-Cal payments taking into account direct payments the County has made or will make to the hospitals for such allocations.

2. Maddy Fund

Certain funding known as “Maddy Emergency Medical Services Fund” (Maddy Fund) is available for hospital care rendered to Eligible Patients (as defined in I.B below) by the Non-County Trauma Hospitals. As described in I.D of this Exhibit, Contractor is required to submit a claim (an “Eligible Claim”) to the County for the hospital care rendered to Eligible Patients within the Contract Period. Based on claims for patient visits and days from July 1, 2022, to June 30, 2023, County will determine the Maddy Fund

payment amount for ED visits, and inpatient stays up to three (3) days, using the rates below plus an escalation adjustment factor of 64.03%, due to each hospital for this Contract Period. The amount of Maddy Fund payments are included in determining the total funding for the Patient/Hospital-Based Allocation amount.

\$ 6,425 per emergency department visit and assessment. (No such fee will be paid if the patient is admitted to the hospital as an inpatient from the emergency department.)

\$12,471 for the first inpatient day; and

\$ 5,417 for the second inpatient day; and

\$ 4,283 for the third inpatient day.

B. GENERAL CONDITIONS

Contractor shall provide Trauma Services, as defined below, to Eligible Patients. For purposes of this Exhibit, an "Eligible Patient" is a patient receiving Trauma Services from Contractor meeting the following criteria: (1) the Contractor believes that the patient is unable to pay for the Trauma Services so provided; (2) the patient has no third-party coverage, in part or in whole for the Trauma Services provided by Contractor; and (3) the patient's annual income places the patient at or below 200% of the current year Federal Poverty Level (FPL).

For purposes of this Exhibit, "third-party coverage" or "third-party payers" includes but is not limited to commercial insurance or any program funded in whole or in part by local, state, or federal government. "Trauma Services" refers to all hospital services furnished by the Contractor to a patient who presents to the Contractor or is classified subsequently during the patient's stay as a Trauma Patient from the time the patient presents at or is admitted to the Contractor's hospital until the patient is discharged. The term "Trauma Patient" for purposes of this Contract is defined in the Specialty Care Center Designation Master Agreement Exhibit A, Sub Exhibit - TC Trauma Center, Attachment 5, *Patient Inclusion in the Trauma Data System* and incorporated in this Exhibit as Attachment 1.

A claim (a "Patient-Based Claim") shall not be submitted to the County hereunder for an Eligible Patient if: (a) the patient has the ability to pay for the service but refuses or fails to pay for the service; or (b) Contractor has failed to submit to any known third-party payer(s) for the patient, an accurate, complete, and timely billing, and for that reason has been denied payment by such payer(s); or (c) for any Trauma Services which is covered in, or the subject of reimbursement in, any other contract between Contractor and County. Subject to the County's review and verification, Contractor will determine and document persons who are Eligible Patients as described in Section I.C below.

County claim is accepted from Non-County Trauma Hospitals for patient care provided to Trauma Patients who do not have the ability to pay for the services under the following conditions: (1) Contractor has made a reasonable, good faith effort to determine if there is a responsible private or public third-party source of payment, in accordance with Section I.C below; (2) Contractor either determines that there is no source of payment; or there is a potential source of payment, but the Contractor is unable to obtain payment after making reasonable efforts to pursue such revenue; and (3) the patient's annual income places the patient at or below 200% of the current year Federal Poverty Level (FPL).

During the term of this Agreement, as required by Section 16818 of the Welfare and Institutions Code (W&IC), Contractor shall continue to provide, at the time treatment is sought by a patient at its facility, an individual notice of the availability of reduced cost hospital care. Additionally, Contractor shall post, in conspicuous places in its emergency department and patient waiting rooms, notices of the procedures for applying for reduced-cost hospital care. The approved "Notice" language is reflected in English in Attachment 2 and in Spanish in Attachment 3.

C. PATIENT ELIGIBILITY

For a patient to be an Eligible Patient, Contractor must document that the person cannot afford to pay for the services provided by the Contractor. Contractor must

also document that payment for the services will not be covered by third-party coverage, including any program funded in whole or in part by the federal government, and that Contractor has not received payment for any portion of the amount billed.

The documentation that the person cannot afford to pay must show that the patient's annual income places the patient at or below 200% of the current year's Federal Poverty Level (FPL).

Contractor shall utilize Attachment 4, *Trauma Service County Eligibility* ("TSCE") *Agreement* form as the sole means for determining whether the patient is at or below the 200% of the current year FPL and therefore meets patient's eligibility criteria for trauma care claiming during the term of this Agreement. The TSCE Agreement form must be completed and signed by the patient or the patient's responsible relative(s) at the time it is determined there is not a responsible private or public third-party source of payment and that the patient meets the eligibility requirements. The completed form must be signed and dated by the hospital representative who obtained the information, verifying that the information was obtained from the patient or the patient's responsible relative(s).

If a TSCE Agreement form cannot be secured because the patient's condition prevents the patient from providing the necessary financial information, and there is no responsible relative(s) available, then Attachment 5, *Hospital Certification of Inability to Cooperate* form must be completed. A hospital representative will complete the form, sign and date it, and a second hospital representative will verify the information by also signing and dating the form. The original (or electronic scan) of either the *TSCE* or *Inability to Cooperate* form must be maintained by Contractor as part of its financial records. Contractor shall submit a copy of the application form to the County Emergency Medical Services (EMS) Agency when submitting a claim to be included in the patient-based claims total as stated in Attachment 6, *Instructions for Submission of Claims and Data Collection*.

Contractor must document that it has made reasonable efforts to secure payment from the patient by billing upon discharge and two (2) subsequent billings at least a month apart with a minimum of three (3) billings. Financial notes must clearly indicate that the patient was billed at least three (3) times.

Documentation to establish that Contractor has complied with the aforementioned patient eligibility requirements must be maintained by Contractor and made available upon request to authorized County or State representatives for inspection, audit, and photocopying.

D. CLAIMS SUBMISSION:

Contractor shall submit all Patient-based Claims to the County for Trauma Services to Eligible Patients for the Contract Period. These claims, subject to the following conditions and subsequent agreements of the parties, will be used to determine the amount of the patient-based Budget Allocation for Contractor. Claims from the prior fiscal year will be used to determine the patient-based funding for the contract period.

1. A valid claim shall include a completed Trauma Patient Summary (“TPS”) form for each Eligible Patient receiving Trauma Services.
2. In addition to the TPS form, Contractor shall submit the required claim form (UB04) as well as all required reports as set forth in Attachment 6, *Instructions for Submission of Claims and Data Collection*, attached hereto and incorporated herein by reference, to County’s Emergency Medical Services Agency, 10100 Pioneer Boulevard, Suite 200, Santa Fe Springs, California 90670, for Trauma Services provided to Eligible Patients under the terms of this Agreement. This information shall be used in determining the next (and possibly subsequent) year’s Budget Allocation.
3. Claims submitted to the County shall be limited to the hospital component of Trauma Services provided to Eligible Patients during the term of this Agreement. Inclusion of the claims in the determination of a Contractor’s Budget Allocation or funding under

this Agreement shall be limited to the claims for which all required data has been included in the Trauma and Emergency Medicine Information System (TEMIS) and which has been submitted as required by reporting procedures reflected in Attachment 6.

4. Claims shall be submitted to County's EMS Agency on an ongoing basis once all eligibility requirements have been met and the Contractor has determined that no other source of funding is likely to be available. All Contractor claims for services provided during a County Fiscal Year (FY) (July 1 – June 30) must be received by County no later than the last working day of the first December following the close of the FY. Only claims for which the Contractor has ascertained that no payment will be received should be submitted.
5. To the extent permitted by law, upon submission of claim by Contractor to County for a trauma patient's care, and unless and until the claim is rejected by the County, Contractor assigns and subrogates to County any and all rights to collection as set forth herein, and Contractor shall cease all current and waive all future collection efforts, by itself and by its contractors/agents, to obtain any payment from the patient. At its sole discretion, County and/or County's Contractor may proceed independently against any parties responsible for payment for the Trauma Services to the extent permitted by law. The rights hereby assigned and subrogated to County under this provision include reimbursement up to the full amount of usual and customary fees (including, for example, billed charges) for patient care and services regardless of any amount the Contractor has received under the TCPR, but only to the extent permitted by law. In the event Contractor is contacted by a third party's representative (e.g., insurance claim adjuster) or a patient's attorney regarding pending litigation concerning a claim that has been assigned to the County hereunder, Contractor shall indicate that the claim is assigned and subrogated to the County and refer

such representative to the designated County contact. Contractor shall reasonably cooperate with County in its collection efforts.

6. Contractor shall notify the County, and update the financial status of the patient in TEMIS, if Contractor becomes aware of any third-party coverage such as Medi-Cal, Medicare, other government programs, or other health insurance for any claim that the Contractor submitted to be included for purposes of calculating the Budget Allocation. The County has all rights to work with the identified third-party payers to receive any payment due with respect to claims that Contractor has assigned to County, but only to the extent permitted by law.
7. Any and all payments received by Contractor from a Trauma Patient or from third-party payers, including a legal settlement, for a claim previously submitted to and not rejected by the County, must be immediately reported to the County, and the payment amount shall be surrendered and remitted to the County since Contractor assigned and subrogated its rights to said claim. Contractor must remit to the County the payment that was received within sixty (60) days of receipt of such payment and must complete and submit Attachment 7, TRAUMA CENTER PAYMENT SURRENDER FORM, with each surrendered payment.
8. For Trauma Patients admitted to Contractor's facility prior to or on the last day during the term of this Agreement and remaining in the hospital after that date, reports and claim submission to County shall be made only after the patient has been discharged; the Contractor shall not submit partial or interim billings.
9. All reports and claims shall be completed in such detail and with such attachments as are in accordance with procedures prescribed in writing in Attachment 6. Contractor hereby acknowledges receipt of such forms, attachments, and procedures. Contractor and County agree that County may revise such forms, and such procedures and instructions without using a formal amendment to this Agreement. Such revised forms, procedures and instructions shall be effective at

least fifteen (15) calendar days after written notice to Contractor. In the event Contractor submits a timely written objection, Contractor and County will promptly meet and confer in good faith in an effort to resolve their differences. In the event the parties are not able to resolve their differences, Contractor may send a written notice to County within (30) days of the meet and confer session terminating this Agreement. This Agreement shall terminate fifteen (15) days after the date of the written notice, on such other days as the parties shall agree in writing.

E. AUDITING OF RECORDS

Contractor shall maintain and, upon request, make available to State or County representatives, records containing the financial information referenced in this Section, including records of patient and third-party payer payments, all in accordance with Section I.B, General Conditions of this Exhibit.

1. County may periodically conduct an audit of the Contractor's records pertaining to the Patient-Based Claims for Eligible Patients that are required under this Exhibit. Audits shall be performed in accordance with generally accepted auditing standards. The audit may be conducted on a statistically random sample of submitted claims for a fiscal year, provided the sampling methodology is statistically valid. The scope of the audit shall include an examination of patient medical and financial records, patient and/or insurance billing records, and collection agency reports associated with the sampled claims.
2. Audited claims that do not comply with requirements in this Agreement shall result in a reduction in the total value of patient-based claims that will be used to determine each trauma hospital's patient-based Budget Allocation for the next fiscal year.

For example, if two patient-based claims for the prior fiscal year with a total value of \$12,850 were audited and determined not to be in compliance with the program requirements and the Contractor's total value of submitted claims for that prior fiscal year was \$150,000, \$12,850 would be subtracted from the total value, reducing it to \$137,150 which would then be the amount used to determine the Contractor's patient-based Budget Allocation for the next fiscal year. The County will notify Contractor of any audit findings. Audit results may be appealed to the EMS Agency Director, or his/her designee.

II. FUNDING FOR PEDIATRIC TRAUMA CENTERS

The parties acknowledge that Chapter 841 of the Statutes of 2006, authorized the County Board of Supervisors (Board), until December 31, 2008, to elect to levy an additional penalty in the amount of two dollars (\$2) for every ten dollars (\$10), upon fines, penalties, and forfeitures collected for specific criminal offenses. This authority was subsequently extended to December 31, 2013 by Chapter 288 of the Statutes of 2008. New legislation (SB 191) was chaptered October 5, 2013 and Section 76000.5 of the Government Code was amended extending these provisions through January 1, 2017. In 2016, legislation (SB 867) was again passed amending Section 76000.5 of the Government Code, extending these provisions through January 1, 2027.

The legislation further authorized the Board to utilize fifteen percent (15%) of the funds collected pursuant to the provisions of Health and Safety Code section 1797.98a, subdivision (e) (known as Richie's Fund) to provide funding to enhance pediatric trauma services by both publicly and privately owned and operated Pediatric Trauma Centers (PTCs) throughout the County.

The FY 2022-23 Richie's Fund collections available for FY 2023-24 allocation to the non-County PTCs and County PTCs are \$943,254. This amount is allocated to PTCs for the expansion of pediatric trauma care services as follows:

Cedars-Sinai Medical Center	\$ 57,209
Children's Hospital Los Angeles	\$ 57,209
Long Beach Memorial Medical Center	\$ 57,209
Northridge Hospital Medical Center	\$ 600,000
Ronald Reagan UCLA Medical Center	<u>\$ 57,209</u>
Total	\$ 828,836

III. DESIGNATION SUPPORT FUNDING

The funding described in this Section III is in addition to the funding described in Sections I and II of this Exhibit.

A. BASE HOSPITAL SERVICES AND INFRASTRUCTURE

To account for the special costs incurred for those private trauma hospitals providing base and trauma hospital services and to ensure the continued access by Medi-Cal beneficiaries to emergency rooms and emergency room care in the County by maintaining efficient prehospital transport of all patients to the most appropriate emergency room, the County will recommend to the State that it make an aggregate supplemental payment in the amount of \$700,000 for base station and \$1,200,000 for infrastructure to each private Non-County Trauma Hospital pursuant to the Trauma SPA, with the exception of Children’s Hospital Los Angeles. Children’s Hospital Los Angeles will receive a supplemental infrastructure payment in the amount of \$1,200,000 but will not receive a supplemental base station payment because it does not provide base hospital services.

As public hospitals, Ronald Reagan UCLA Medical Center (“UCLA”) and Antelope Valley Hospital (“Antelope”) may not receive these supplemental Medi-Cal payments under the State Plan. Accordingly, the County will directly pay each of those hospitals the amount of \$700,000 for base station support and \$1,200,000 for infrastructure support at or about the same time as County makes its IGT payment to the State. In the event the County makes its IGT payment to the State in multiple installments, the County will

make the base station and infrastructure supplemental payments to UCLA and Antelope in the same number of installments.

IV. ADD-ON PAYMENTS

The funding described in this Section IV is in addition to the funding described in Sections I, II and III of this Exhibit. The total payment amounts below were designed to reflect the following: a) trauma patient volume; b) trauma patient acuity; and c) the levels of underinsured trauma patients treated.

Antelope Valley Hospital	\$ 3,784,588
California Hospital Medical Center	\$ 6,231,227
Cedars-Sinai Medical Center	\$ 5,049,955
Children's Hospital Los Angeles	\$ 1,512,254
Henry Mayo Newhall Mem. Med. Ctr.	\$ 1,547,401
Huntington Memorial Hospital	\$ 3,054,461
Long Beach Memorial Medical Center	\$ 3,696,747
Northridge Hospital Medical Center	\$ 3,699,534
Pomona Valley Hospital Medical Center	\$ 4,960,941
Providence Holy Cross Medical Center	\$ 3,913,255
Ronald Reagan UCLA Medical Center	\$ 3,323,070
St. Francis Medical Center	\$ 7,287,736
St. Mary Medical Center	<u>\$ 3,329,789</u>
Total	\$51,390,958

Except for UCLA and Antelope, it is the intent of the County to send an IGT to CDHCS so it can draw down federal matching dollars for enhanced Medi-Cal payments to the above hospitals in the amounts set forth above. The County will issue the above payments directly to UCLA and Antelope as grants to support their provision of trauma services.

V. ADDITIONAL FUNDING FROM MEASURE B TAX RATE INCREASE

The funding described in this Section V is in addition to the funding described in Sections I, II, III and IV of this Exhibit. On September 13, 2022, the Board of Supervisors approved an increase to the Measure B Trauma, Emergency, and Bioterrorism Response property assessment rate of \$0.0076 per improved square foot, for a total assessment of \$0.0500 per improved square foot, effective July 1, 2022. The Board approved a portion of the additional revenue from the Measure B tax rate to fund \$5.96 million per year to thirteen (13) non-County Trauma Hospitals to support staffing, technology, and capital improvement investments to maintain or expand the regional trauma care system; as well as \$3.00 million per year to five (5) non-County Pediatric Trauma Hospitals for investments in staffing, technology, and capital improvements to boost pediatric trauma care.

1. The additional payments to the thirteen (13) Non-County Trauma Hospitals are as follows:

Additional Funding To Support Trauma Care System

Antelope Valley Hospital	\$ 769,458
California Hospital Medical Center	\$ 1,438,600
Cedars-Sinai Medical Center	\$ 912,514
Children’s Hospital Los Angeles	\$ 340,182
Henry Mayo Newhall Mem. Med. Ctr.	\$ 445,062
Huntington Memorial Hospital	\$ 634,266
Long Beach Memorial Medical Center	\$ 709,744
Northridge Hospital Medical Center	\$ 905,198
Pomona Valley Hospital Medical Center	\$ 900,468
Providence Holy Cross Medical Center	\$ 893,356
Ronald Reagan UCLA Medical Center	\$ 661,710
St. Francis Medical Center	\$ 1,169,472
St. Mary Medical Center	<u>\$ 702,802</u>
Total	\$ 10,482,832

The above total payment amount of \$10.48 million includes Measure B funding and federal matching. Except for Antelope and UCLA, the County intends to send an IGT to CDHCS so it can draw down federal matching dollars for enhanced Medi-Cal payments to the above hospitals in the amounts set forth above. The County will issue the above payments directly to Antelope and UCLA.

2. The payments to the five (5) non-County Pediatric Trauma Hospitals are as follows:

Additional Funding To Support Pediatric Trauma Care

Cedars-Sinai Medical Center	\$ 452,230
Children’s Hospital Los Angeles	\$ 3,240,050
Long Beach Memorial Medical Center	\$ 824,160
Northridge Hospital Medical Center	\$ 777,916
Ronald Reagan UCLA Medical Center	<u>\$ 352,822</u>
Total	\$ 5,647,178

The above total payment amount of \$5.65 million includes Measure B funding and federal matching. Except for UCLA, the County intends to send an IGT to CDHCS so it can draw down federal matching dollars for enhanced Medi-Cal payments to the above hospitals in the amounts set forth above. The County will issue the above payment directly to UCLA.

VI. MEASURE B ADVISORY BOARD FUNDING

The Measure B Advisory Board (MBAB) recommended that the Board of Supervisors utilize unallocated and unspent Measure B funds from prior periods for the following one-time purposes in FY 2023-24: (1) To fund an IGT to CDHCS for drawing down federal matching dollars to cover physician staffing costs for physician call coverage for the eleven (11) Non-County Trauma Hospitals

classified as private hospitals and to issue direct payments to the two (2) Public Non-County Trauma Hospitals that are ineligible for federal matching dollars as identified in Section V.1; (2) to issue direct payments to all thirteen (13) Non-County Hospitals to cover the costs of (i) data collection, performance improvement, and patient safety; (ii) staff education; and (iii) delivery of the Stop the Bleed: Community Outreach Program.

The payments to the thirteen (13) Non-County Trauma Hospitals are as follows:

1. Trauma Program Services (Physician Staffing Costs)

Antelope Valley Hospital	\$ 1,089,546
California Hospital Medical Center	\$ 2,037,048
Cedars-Sinai Medical Center	\$ 1,292,111
Children's Hospital Los Angeles	\$ 481,696
Henry Mayo Newhall Mem. Med. Ctr.	\$ 630,203
Huntington Memorial Hospital	\$ 898,114
Long Beach Memorial Medical Center	\$ 1,004,990
Northridge Hospital Medical Center	\$ 1,281,753
Pomona Valley Hospital Medical Center	\$ 1,275,054
Providence Holy Cross Medical Center	\$ 1,264,984
Ronald Reagan UCLA Medical Center	\$ 936,975
St. Francis Medical Center	\$ 1,655,962
St. Mary Medical Center	\$ <u>995,162</u>
Total	\$ 14,843,598

2. Trauma Program Services (data collection, performance improvement, and patient safety)*

Antelope Valley Hospital	\$ 640,178
California Hospital Medical Center	\$ 640,178
Cedars-Sinai Medical Center	\$ 640,178

Children's Hospital Los Angeles	\$ 640,178
Henry Mayo Newhall Mem. Med. Ctr.	\$ 640,178
Huntington Memorial Hospital	\$ 640,178
Long Beach Memorial Medical Center	\$ 640,178
Northridge Hospital Medical Center	\$ 640,178
Pomona Valley Hospital Medical Center	\$ 640,178
Providence Holy Cross Medical Center	\$ 640,178
Ronald Reagan UCLA Medical Center	\$ 640,178
St. Francis Medical Center	\$ 640,178
St. Mary Medical Center	<u>\$ 640,178</u>
Total	\$ 8,322,315

**Amounts listed for this section are rounded to the nearest dollar, actual amounts to be received will be more.*

3. Trauma Program Costs (Education for Trauma Center Staff)*

Antelope Valley Hospital	\$ 46,154
California Hospital Medical Center	\$ 46,154
Cedars-Sinai Medical Center	\$ 46,154
Children's Hospital Los Angeles	\$ 46,154
Henry Mayo Newhall Mem. Med. Ctr.	\$ 46,154
Huntington Memorial Hospital	\$ 46,154
Long Beach Memorial Medical Center	\$ 46,154
Northridge Hospital Medical Center	\$ 46,154
Pomona Valley Hospital Medical Center	\$ 46,154
Providence Holy Cross Medical Center	\$ 46,154
Ronald Reagan UCLA Medical Center	\$ 46,154
St. Francis Medical Center	\$ 46,154
St. Mary Medical Center	<u>\$ 46,154</u>
Total	\$ 600,000

**Amounts listed for this section are rounded to the nearest dollar, actual amounts to be received will be less.*

4. Stop the Bleed Program:

Antelope Valley Hospital	\$ 46,154
California Hospital Medical Center	\$ 46,154
Cedars-Sinai Medical Center	\$ 46,154
Children's Hospital Los Angeles	\$ 46,154
Henry Mayo Newhall Mem. Med. Ctr.	\$ 46,154
Huntington Memorial Hospital	\$ 46,154
Long Beach Memorial Medical Center	\$ 46,154
Northridge Hospital Medical Center	\$ 46,154
Pomona Valley Hospital Medical Center	\$ 46,154
Providence Holy Cross Medical Center	\$ 46,154
Ronald Reagan UCLA Medical Center	\$ 46,154
St. Francis Medical Center	\$ 46,154
St. Mary Medical Center	<u>\$ 46,154</u>
Total	\$ 600,000

**Amounts listed for this section are rounded to the nearest dollar, actual amounts to be received will be less.*

VII. PAYMENT LIMIT

Contractor acknowledges that the amounts payable under Attachment A (“the Trauma SPA”) are limited to the uncompensated costs of providing outpatient hospital services of all eligible private trauma hospitals in Los Angeles County and are also limited by the State’s upper payment limit, as established in 42 C.F.R. Section 447.321. To the extent that either or both limits preclude the State from paying all the aggregate amounts set forth below, the amount to be recommended by the County for each private trauma hospital shall be reduced by the same percentage as the percentage of total allowable supplemental payments under the Trauma SPA is to total recommended supplemental Medi-Cal payments under the Trauma SPA to all private trauma hospitals.

VIII. POTENTIAL IGT FOR FEDERAL MATCHING FUNDS

As discussed in Section III, the County intends that the Designation Support payments, Add-On Payments, a portion of the Patient-Based payments, additional payments due to Measure B rate increase, and MBAB payments in Section VI.1, should they be allocated, to the private Non-County Trauma Hospitals be made as additional Medi-Cal payments in accordance with the Trauma SPA. Unless CDHCS rejects this payment approach, the County will transfer the non-federal share of such funds to CDHCS in one or more IGTs. The amount of the additional Medi-Cal payments to the private Non-County Trauma Hospitals will be included in the amounts set forth in Sections IA.1, III, IV, V, and VI.1 above.

The parties acknowledge and agree that some or all of the IGT, which the County intends to make to effectuate the provisions of this Agreement may not be capable of drawing down federal matching funds under the Trauma SPA. To the extent that is true, the parties agree that the County shall have no obligation to make an IGT of such amounts and shall instead provide such IGT funds directly to the private Non-County Trauma Hospitals in proportion to the payments that would have been made to each hospital relating to such IGT funds if the funds had been accepted as a permissible IGT for which federal matching funds would be available under the Trauma SPA. To the extent that Non-County Trauma Hospitals receive the full amounts set forth in Section VIII, County has no obligation to make further direct payments, even if not all of the funds set aside for use as an IGT are ultimately used for that purpose.

The total amount of the IGT the County intends to make shall be \$48.596 million.

IX. TOTAL MAXIMUM PAYMENTS

The total maximum payments that each Non-County Trauma Hospital may receive, either directly from the County, or from the State of California, as additional Medi-Cal payments under the Trauma SPA (which includes the amounts of IGTs made

by the County and federal matching funds), and subject to the limitations and conditions as described in this Agreement, shall be as follows:

Antelope Valley Hospital	\$ 8,726,325
California Hospital Medical Center	\$ 15,678,009
Cedars-Sinai Medical Center	\$ 10,721,957
Children’s Hospital Los Angeles	\$ 7,563,877
Henry Mayo Newhall Memorial Med. Ctr.	\$ 5,356,198
Huntington Memorial Medical Center	\$ 7,321,820
Long Beach Memorial Medical Center	\$ 8,987,326
Northridge Hospital Medical Center	\$ 11,514,440
Pomona Valley Hospital Medical Center	\$ 10,087,377
Providence Holy Cross Medical Center	\$ 10,013,492
Ronald Reagan UCLA Medical Center	\$ 8,016,967
St. Francis Medical Center	\$ 12,882,041
St. Mary Medical Center	<u>\$ 8,033,847</u>
Total	\$124,903,675

Each non-County Trauma Hospital will be paid the above amounts through a combination of direct payments by the County or additional Medi-Cal payments under the Trauma SPA, except for UCLA and Antelope, which shall receive only funds from the County. Payments may be reduced to the extent that the amounts anticipated to be paid as Medi-Cal funds through the Trauma SPA cannot be paid in that manner, in which case the County will make direct payments of the non-federal share of such payments, up to, but not exceeding the amount of the IGT set forth above, less the amount used to fund the Medi-Cal payments which were actually made.

X. EFFECTIVE DATES

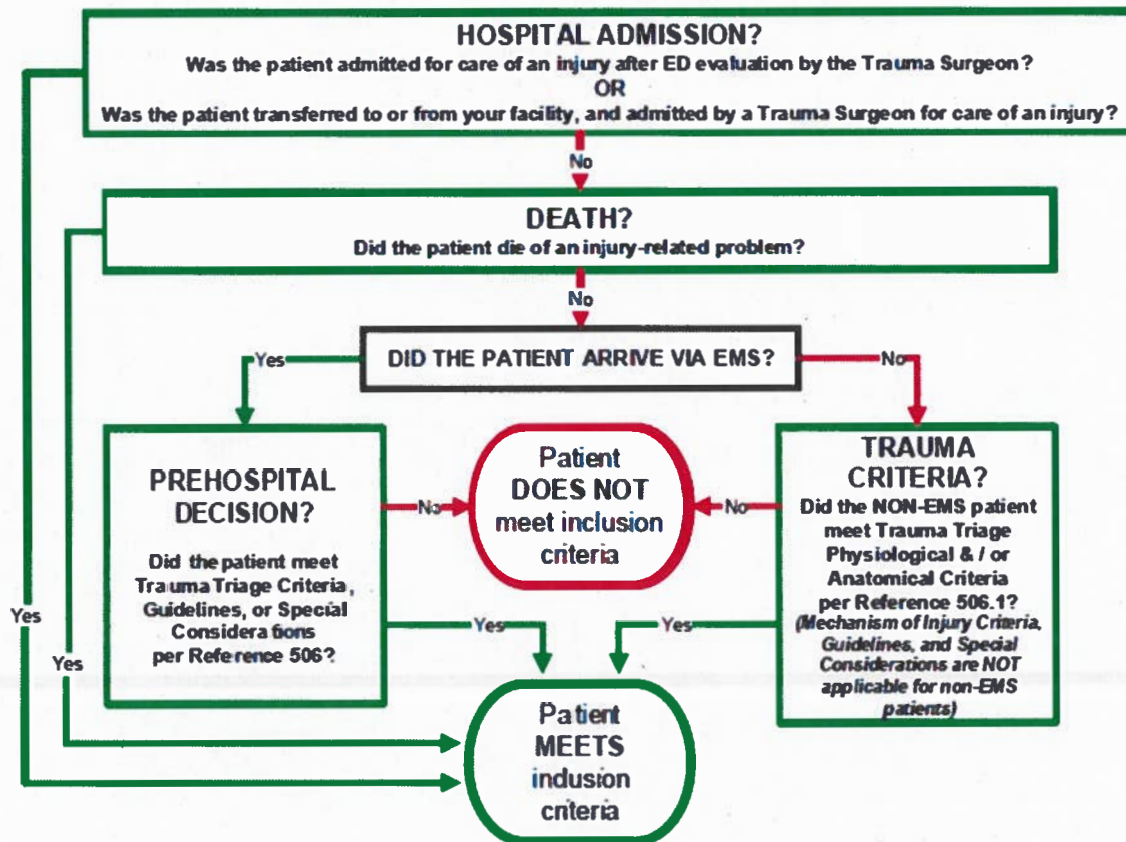
The provisions of this Exhibit shall only apply to trauma services provided on or after July 1, 2023 and before July 1, 2024.

LOS ANGELES COUNTY TRAUMA DATABASE INCLUSION CRITERIA

TRAUMA CENTER SERVICE AGREEMENT PATIENT INCLUSION IN THE TRAUMA DATA SYSTEM

EXCLUSIONS:
 Patients with the following injuries are to be EXCLUDED from the registry, unless an additional injury that meets criteria/guidelines exists:
GROUND LEVEL FALLS:
 resulting in isolated closed hip fractures in patients > 50 years of age; or
 ALL injuries of or distal to the knee or elbow in patients of any age
 OR
 drownings; hangings; poisonings; late effect of injuries; foreign bodies; superficial injuries (S00, S10, S20, S30, S40, S50, S60, S70, S80, & S90); insect bites; isolated injuries to fingers and/or toes; and injury codes that do not generate an ISS.

INCLUSIONS:
 Does the patient have at least one ICD-10 injury diagnostic code within the range of S00 - S99; T20-T28; T30-T32; & T79.A1 - T79.A9?



CASES ENTERED INTO THE REGISTRY THAT DO NOT MEET THE INCLUSION CRITERIA MUST BE IDENTIFIED AS "DHS=NO", AND HAVE THE TPS RATIONALE OF "DHS=NO" INDICATED.

January 1, 2021 (Implemented)
 Valid until amended by the EMS Agency
 (Replaces Exhibit C dated January 1, 2020)



NOTICE

**MEDICAL CARE FOR THOSE WHO
CANNOT AFFORD TO PAY**

THIS HEALTH CARE FACILITY PROVIDES SERVICES FREE OF CHARGE OR AT A REDUCED CHARGE TO PERSONS WHO CANNOT AFFORD TO PAY FOR MEDICAL CARE.

IF YOU ARE UNABLE TO PAY FOR ALL OR PART OF THE CARE YOU NEED, YOU MAY CONTACT THE ADMISSIONS OR BUSINESS OFFICE OF THIS FACILITY AND ASK ABOUT THE AVAILABILITY OF SUCH CARE. IF YOU WOULD LIKE FURTHER INFORMATION, YOU MAY CALL THE COUNTY OF LOS ANGELES, PRIVATE SECTOR COORDINATOR'S OFFICE AT (562) 378-1590.



NOTICIA

**SERVICIO MEDICO PARA QUIENES
NO PUEDEN AFRONTAR PAGARLO**

ESTE HOSPITAL PROVEE SERVICIOS GRATIS O A COSTO REDUCIDO A PERSONAS QUE NO PUEDEN PAGAR POR SERVICIOS MEDICOS.

SI USTED NO PUEDE PAGAR POR TODO O PARTE DEL CUIDADO QUE NECESITA, USTED DEBE COMUNICARSE CON LA OFICINA DE ADMISIONES O NEGOCIOS DE ESTE HOSPITAL Y PREGUNTAR ACERCA DE ESTE PROGRAMA. SI DESEA MAS INFORMACION, PUEDE LLAMAR AL CONDADO DE LOS ANGELES, OFICINA DEL COORDINADOR DEL SECTOR PRIVADO, AL (562) 378-1590.

TRAUMA SERVICE COUNTY ELIGIBILITY (TSCE) (U-1) AGREEMENT

Trauma Service Hospital/Physician

Medical Record Number

_____/_____/_____
Date(s) of Service

NOTE: Patients unwilling or refusing to cooperate DO NOT qualify for the Trauma Services for Indigents Program.

PATIENT INFORMATION:

Last First Middle

Street City State Zip

_____-_____-_____
Social Security Number () Telephone Number ____/____/_____
Birth Date

Patient's Responsible Relative(s) Name(s) Addresses(s)

Does patient have third party coverage (i.e., private insurance) which may partially or fully cover the cost of health services on the above date(s)?

YES (IF YES, PATIENT IS NOT ELIGIBLE) NO

TSCE ELIGIBILITY COMPUTATION: (Taken from 2024 Federal Poverty Level 4/1/24)

CIRCLE ONE IN EACH COLUMN BELOW: Figure Family Size based on the number of persons in the patient's household. Figure the income of the patient and the patient's responsible relative(s) before taxes and deductions.

<u>Family Size</u>	<u>Monthly Income</u>	<u>Yearly Income</u>
1	\$2,510	\$30,120
2	3,408	40,896
3	4,304	51,648
4	5,200	62,400
5	6,098	73,176
6	6,994	83,928
7	7,890	94,680
8	8,788	105,456
9	9,684	116,208
10	10,580	126,960
11	11,478	137,736
12	\$12,374	\$148,488

(For family units with more than 12 members, add \$898 monthly and \$10,776 yearly for each additional member.)

My/our Monthly Income and Yearly Income are less than or equal to the amount circled above.

TSCE CERTIFICATION:

I/we understand that in order to be eligible for TSCE for the health services received on the above date(s), my/our Monthly Income and Yearly Income must be less than or equal to the amounts corresponding to my/our Family Size. I/we will not be liable for these health services.

I/we understand and agree that this Agreement shall be governed by the terms and conditions set forth in the TSCE, which has been made available to me/us for review, and that I/we shall fully cooperate with the County and Trauma Service Hospital in accordance with the TSCE.

I/WE, PATIENT OR RESPONSIBLE RELATIVE(S), CERTIFY UNDER PENALTY OF PERJURY BY MY/OUR SIGNATURE(S) THAT THE INFORMATION I/WE HAVE GIVEN TO DETERMINE MY/OUR TRAUMA SERVICE COUNTY ELIGIBILITY AS CIRCLED ABOVE FOR HEALTH SERVICES ON THE ABOVE DATE(S) IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE ALSO CERTIFY THAT I/WE HAVE DISCLOSED ALL MY/OUR THIRD PARTY COVERAGE WHICH MAY PAY FOR ANY OF THE COST OF HEALTH SERVICES RECEIVED. I/WE UNDERSTAND THAT IF I/WE HAVE A THIRD OR FIRST PARTY CLAIM OR LAWSUIT, LOS ANGELES COUNTY EMERGENCY MEDICAL SERVICES, SHALL HAVE THE RIGHT TO RECOVER ALL REASONABLE HOSPITAL AND PHYSICIAN CHARGES INCURRED DURING THE ABOVE REFERENCED DATE OF SERVICE AND OTHER MEDICAL SERVICES RELATED HERETO AS PERMITTED BY STATE LAW. THIS INCLUDES THE FULL BILLED CHARGES OF THE HOSPITAL.

Patient's Signature

_____/_____/_____
Date

Responsible Relative(s) Signature (State relationship to patient)
If patient unable to sign

_____/_____/_____
Date

TSCE Hospital Reviewer (Required to verify above information and signature)

_____/_____/_____
Date

THIS FORM OR A U-2 MUST BE ON FILE IN THE PATIENT(S) FINANCIAL CHART
Trauma Center Provisions for Reimbursement MOA-Exhibit A

HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE (U-2) AGREEMENT

Trauma Service Hospital/Physician

Medical Record Number

Date(s) of Service

NOTE: Patients **unwilling or refusing to cooperate** DO NOT qualify for the Trauma Services for Indigents Program.

PATIENT INFORMATION:

Last First Middle

Street City State Zip

Patient's Responsible Relative(s) Name(s) Addresses(s)

_____-_____-_____
Social Security Number () _____
Telephone Number /_____/_____
Birth date

WE CERTIFY UNDER PENALTY OF PERJURY BY OUR SIGNATURES THAT WE HAVE USED ALL REASONABLE MEANS TO DETERMINE THE PATIENT'S ELIGIBILITY IN ACCORDANCE WITH THE TSCE AGREEMENT. SPECIFICALLY, WE HAVE USED ALL REASONABLE MEANS TO:

- 1) Obtain the names and addresses of the patient and the patient's responsible relatives,
- 2) Obtain acceptable address verification, and
- 3) Obtain all information needed to complete the TSCE Agreement, including information regarding the income and family size of the patient and patient's responsible relatives, and the patient's third-party coverage.

The patient and/or patient's responsible relatives, if any, were UNABLE to cooperate fully because:

and TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THE PATIENT OR PATIENT'S RESPONSIBLE RELATIVES ARE UNABLE TO PAY FOR THE COST OF HEALTH SERVICES PROVIDED AND THEPATIENT OR PATIENT'S RESPONSIBLE RELATIVES HAVE NO THIRD-PARTY COVERAGE FOR THESE HEALTH SERVICES. THE INFORMATION SET FORTH ABOVE IS ALL OF THE INFORMATION WEWERE ABLE TO OBTAIN WITH RESPECT TO THIS PATIENT.

Hospital Reviewer #1

_____/_____/_____
Date

Hospital Reviewer #2

_____/_____/_____
Date

THIS FORM MUST BE SIGNED BY TWO HOSPITAL STAFF VERIFYING THE REASON THE PATIENT AND/OR THE PATIENT'S RESPONSIBLE RELATIVES, IF ANY, WERE UNABLE TO COOPERATE AND SHOULD BE COMPLETED AT THE TIME OF REGISTRATION AND FINANCIAL INFORMATION IS COLLECTED FOR THIS ACCOUNT.

THIS FORM OR A TSCE MUST BE ON FILE IN THE PATIENT'S FINANCIAL CHART

Attachment 6

Instructions for Excel Electronic File of the UB-04 Inpatient Data

ATTACHMENT 6 - INPATIENT TEMPLATE

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR SUBMISSION OF TRAUMA CLAIMS AND DATA COLLECTION

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

GENERAL INFORMATION

Hospitals must submit an **Excel Electronic File of the UB-04 data** with the paper copy of the trauma claim packet to the EMS Agency. Data is to be captured from the UB-04 data fields as indicated below:

(Inpatient Template listing order)

Column letter and number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR INPATIENT TEMPLATE
A-C	N/A	Clm#/Hosp Code/FY	•Leave blank- EMS will complete
D	8b	LAST NAME	•Enter patient's last name
E	8b	FIRST NAME	•Enter patient's first name
F	60	Seq#	•Enter the TPS # Insured's unique ID
G	N/A	(LOS) Length of Stay	•Leave blank - EMS will complete
H	4	Type of bill	•Enter IP for 111=Inpatient
I	6	Admission Date	•Enter the from (admit date)
J	6	Discharge Date	•Enter the through (discharge date)
K	47	TOTAL CHARGES	•Enter Total Charges
L-1	N/A	GPP Service Category, Tier, and Type	• Leave Blank
M-2	57	Facility ID number	•Enter the facilities OSHPD #
N-3	56	National Provider Identifier	•Enter the 10 digit National Provider Identifier #
O-4	3a Pat Cntl#	Unique patient ID	•Enter patient's unique number assigned by provider
P-5	6	Admission Date	Enter admit date as yyyyymmdd
Q-6	6	Discharge Date	Enter discharge date as yyyyymmdd
R-7	N/A	# of GPP Days	•Leave blank

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column letter and number	UB Field No	FIELD NAME	INPATIENT TEMPLATE INSTRUCTIONS
S-8	42	REVENUE CODE	•Enter the appropriate numeric code to identify specific accommodations and/or ancillary service in ascending numeric order, by date of service if appropriate. For example: •209 (ICU)
T-9	67	PRINCIPAL DIAGNOSIS	•Enter the complete ICD-10-CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis.
U-10 AR-33	67a- 67x	OTHER DX CODES	•Enter the complete ICD-10-CM diagnosis codes for up to 17 additional conditions If applicable
AS-34	74	Principal Procedure Code	•Enter the ICD code that identifies the principal procedure
AT-35 AX-39	74a- e	Other procedure Code/Date	•Enter other ICD codes identifying all significant procedures performed. •Enter the date of those procedures. If applicable
AY-40 BQ-58	74f-x	Other procedure 6-24	•Leave blank
BR-59	10	BIRTHDATE	•Enter patient's date of birth yyyymmdd
BS-60	11	Gender Identity	•Leave blank- EMS will complete
BT-61	9D	ZIP CODE	•Enter patient's Zip Code
BU-62	N/A	Race	•Leave blank- EMS will complete
BV-63	N/A	Race 1	•Leave blank- EMS will complete
BW-64	N/A	Race 2	•Leave blank- EMS will complete
BX-65	N/A	Ethnicity	•Leave blank- EMS will complete
BY-66	N/A	Preferred Language Spoken	•Leave blank- EMS will complete
BZ-67	N/A	Sexual Orientation	•Leave blank- EMS will complete
CA-68	N/A	Length of Stay	•Leave blank- EMS will complete
CB-69	N/A	Jimmy's Comments	•Leave blank- EMS will complete

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column

M

N

Facility ID number	National Provider Identifier
(2)	(3)
Can be OSHPD's 6-digit ID number (hospital), or other facility ID number (state provider code, tax ID, etc). If no facility ID or using NPI to identify facility, then 000000	NPI Identification Number; 0000000000 if unknown
57	56
190125	1114081056

Facility ID Number (OSHPD)

The Office of Statewide Health Planning and Development (OSHPD) is responsible for issuing a unique six-digit number and is the leader in collecting data and disseminating information about California's healthcare infrastructure.

National Provider Identifier (NPI)

A national provider identifier (NPI) is a unique ten-digit identification number required by [HIPAA](#) for covered healthcare providers in the United States. Covered providers, health plans and healthcare clearinghouses -- public or private entities that process or facilitate the processing of health information -- must use the NPI in administrative and financial transactions adopted under HIPAA.

	Code	Trauma Facility	Facility ID Number (OSHPD)	National Provider Identifier (NPI)
1	AVH	Antelope Valley Hosp MC	190034	1366419517
2	CAL	California Hospital MC	190125	1114081056
3	CSM	Cedars-Sinai MC	190555	1639172372
4	CHH	Children's Hospital L.A.	190170	1972628568
5	HMN	Henry Mayo Newhall Mem Hosp	190949	1780668434
6	HMH	Huntington Memorial Hosp	190400	1407828429
7	LBM	Long Beach Mem MC	190525	1962442012
8	NRH	Northridge Hosp MC	190568	1417089350
9	PVC	Pomona Valley Hosp MC	190630	1407813660
10	HCH	Providence Holy Cross MC	190385	1477587632
11	UCL	Ronald Reagan UCLA MC	190796	1902803315
12	SFM	St Francis MC	190754	1487697215
13	SMM	St. Mary MC	190053	1194840421

ATTACHMENT 6 - INPATIENT TEMPLATE

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column O P Q R

Unique patient ID	Admission Date	Discharge Date	# of GPP days
(4)	(5)	(6)	(7)
Unique patient identification number (May not be unique across organization)	Single-digit months and days must include a preceding zero. yyyymmdd.	Single-digit months and days must include a preceding zero. yyyymmdd.	Normally Discharge date - Admission date. However, limited scope will have a lower number of days.
3a	6	6	N/A
123456789	20180727	20180802	leave blank

Column S T U V W

Revenue Code	Principal diagnosis	Other diagnosis 1	Other diagnosis 2	Other diagnosis 3
(8)	(9)	(10)	(11)	(12)
Revenue Code used on UB04 (I/P ward)	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
42	67	67a	67b	67c
0200	S02651B	J9600	R402112	R402222

ATTACHMENT 6 - INPATIENT TEMPLATE

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column AH AI AJ AK AL

Other diagnosis 14	Other diagnosis 15	Other diagnosis 16	Other diagnosis 17	Other diagnosis 18
(23)	(24)	(25)	(26)	(27)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67n	67o	67p	67q	67r
Z23	T401X4A	Z24	T401X4A	Z25

Column AM AN AO AP AQ

Other diagnosis 19	Other diagnosis 20	Other diagnosis 21	Other diagnosis 22	Other diagnosis 23
(28)	(29)	(30)	(31)	(32)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67s	67t	67u	67v	67w
T401X4A	Z26	T401X4A	Z27	T401X4A

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column AR AS AT AU AV

Other diagnosis 24	Principal procedure	Other Procedure 1	Other Procedure 2	Other Procedure 3
(33)	(34)	(35)	(36)	(37)
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)
67x	74	74a	74b	74c
Z28	ONSN04Z	ONSTXZZ	ONSVXZZ	5A1935Z

Column AW AX AY BQ

Other Procedure 4	Other Procedure 5	Other Procedure 6	Other Procedure 24
(38)	(39)	(40)	(58)
ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields When there are no Other Procedures, the default value is all spaces (max 20)
74d	74e	74f	74x
0BH17EZ	2W31X9Z	Leave blank	Leave blank

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column BR

BS

BT

Date of Birth	Gender Identity	Zipcode
(59)	(60)	(61)
Single-digit months and days must include a preceding zero. yyyymmdd.	446151000124109 - Male 446141000124107 - Female 407377005 - Female-to-Male (FTM)/ Transgender Male/Trans Man 407376001 - Male-to-Female (MTF)/ Transgender Female/Trans Woman 446131000124102 - Genderqueer, Non-binary, neither exclusively male nor female OTH - Additional gender category or other, please specify ASKU - Choose not to disclose	XXXXX = unknown; yyyyy = foreign; zzzzz = homeless;
10	Not on UB	9d
19720821	➡ EMS will complete	➡ EMS will complete

Column BU



BV

BW




Race	Race 1	Race 2
(62)	(63)	(64)
Allow for reporting of multiple race fields: 1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - Other 7 - Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - Other 7 - Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - Other 7 - Unknown 8 - Declined to Answer
Not on UB	Not on UB	Not on UB
➡ EMS will complete	➡ EMS will complete	➡ EMS will complete

EXCEL ELECTRONIC FILE OF THE UB-04 INPATIENT DATA

Column BX BY

Ethnicity	Preferred Language Spoken
(65)	(66)
1 – Hispanic or Latino 2 – Non-Hispanic or Non-Latino 3 – Unknown 4 – Declined to Answer	In alignment with the Department of Health Care Access and Information (HCAI) reporting, systems must report using one of the following options: <ul style="list-style-type: none"> • 3-character PLS codes listed in CA Title 22 Regulations (section 97234); OR • 3-character PLS codes from the ISO 639-2 Code List; OR • If the preferred language spoken is not one of the codes listed, enter the full name of the language, up to 24 characters • Report 999 for Unknown
Not on UB	Not on UB
 EMS will complete	 EMS will complete

Column BZ CA CB

Sexual Orientation	LOS	Jimmy's Comments
(67)	(68)	(69)
38628009 - Lesbian, gay or homosexual 20430005 - Straight or heterosexual 42035005 - Bisexual OTH - Something else UNK - Don't know ASKU - Choose not to disclose		- If column CA is not equal to "0", please explain below the reason your LOS is different from the formula. - If the patient has a fictitious name such as "Trauma" or "John Doe" or "Jane Doe", please validate and comment below. - If the patient has DOB is unknown, please validate and comment below. - Please explain anything below that you consider is important to be noted.
Not on UB	LOS	Not on UB
 EMS will complete	 EMS will complete	 EMS will complete

Attachment 6

Instructions for Excel Electronic File of the UB-04 Outpatient Data

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

NON-COUNTY HOSPITALS

INSTRUCTIONS FOR SUBMISSION OF TRAUMA CLAIMS AND DATA COLLECTION

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

GENERAL INFORMATION

Hospitals must submit an **Excel Electronic File of the UB-04 data** with the paper copy of the trauma claim packet to the EMS Agency. Data is to be captured from the UB-04 data fields as indicated below:

(Outpatient Template listing order)

Column Letter and Number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR OUTPATIENT TEMPLATE
A-C	N/A	Clin #/Hosp Code/FY	•Leave blank-EMS will complete
D	8b	Last Name	•Enter patient's last name
E	8b	First Name	•Enter patient's first name
F	60	Insured's unique ID	•Enter the Sequence (TPS) #
G	4	VISIT	•Enter 1 for Outpatient claims
H	4	ED	•Enter ED for Code 131=Outpatient
I	6	Admission Date	•Enter date Statement Covers Period From
J	6	Discharge Date	•Enter date Statement Covers Period Through
K	47	TOTAL CHARGES	•Enter Total Charges
L-1	N/A	GPP Service Category, Tier, and Type	•Leave blank
M-2	57	Facility ID number	•Enter the facilities OSHPD #
N-3	56	National Provider Identifier	•Enter the 10 digit National Provider Identifier #
O-4	3a Pat Cntl#	Unique patient ID	•Enter patient's unique number assigned by provider
P-5	6	Service Date	•Enter the from (admit date) as yyyyymmdd
Q-6	N/A	# of GPP Units	•Leave blank

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column Letter and Number	UB Field No.	FIELD NAME	INSTRUCTIONS FOR OUTPATIENT TEMPLATE
R-7	67	PRINCIPAL DIAGNOSIS	•Enter the complete ICD-10-CM diagnosis code that describes the principal diagnosis or the chief reason for performing a service on an outpatient basis.
S-8 - AP-31	67A-67X	OTHER DX CODES	•Enter the complete ICD-10-CM diagnosis codes for up to 17 additional conditions If applicable
AQ-32	74 or 44 (CPT code)	Principal procedure	•CPT-4 code set (Current Procedural Terminology, 4th Edition); Fill from the left-most position IE (99291)
AR-33 - CN-81	N/A	Principal Procedure Code modifier	•Leave blank
CO-82	10	Date of Birth	•Enter yyymmdd
CP-83	11	Gender Identity	•Leave blank-EMS will complete
CQ-84	9D	ZIP CODE	•Enter patient's Zip Code
CR-85	N/A	Race	•Leave blank-EMS will complete
CS-86	N/A	Race 1	•Leave blank-EMS will complete
CT-87	N/A	Race 2	•Leave blank-EMS will complete
CU-88	N/A	Ethnicity	•Leave blank-EMS will complete
CV-89	N/A	Preferred Language	•Leave blank-EMS will complete
CW-90	N/A	Sexual Orientation	•Leave blank-EMS will complete
CX-91	N/A	Length of stay	•Leave blank-EMS will complete
CY-92	N/A	Jimmy's Comments	•Leave blank-EMS will complete

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column A B C D E F G H

Clm #	Hosp Code	FY	Last Name	First Name	Seq #	Visit	ED
BOX # ON UB	1		8b	8b	60	6	4
→ EMS will complete	→ EMS will complete	→ EMS will complete	DOE	JOHN	CI234567890	1	ED

Column I J K L

Admission Date	Discharge Date	Total Charges	GPP Service Category, Tier, and Type
			1
			Four-digit code to distinguish each GPP service type. First digit represents service category, second digit represents tier, and last two digits represent service type (see column A of "service cat_tier_type codes" tab)
6	6	47	N/A
12/31/2018	12/31/2018	\$26,209.60	leave blank

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

M	N
Facility ID number	National Provider Identifier
2	3
OSHPD's 6-digit ID number (hospital), or other facility ID number (state provider code, tax ID, etc). If no facility ID or using NPI to identify facility, then 000000	NPI Identification Number; 0000000000 if unknown
57	56
190125	1366419517

Facility ID Number (OSHPD)

The Office of Statewide Health Planning and Development (OSHPD)

Is responsible for issuing a unique six-digit number and is the leader in collecting data and disseminating information about California's healthcare infrastructure.

National Provider Identifier (NPI)

A national provider identifier (NPI) is a unique ten-digit identification number required by [HIPAA](#) for covered healthcare providers in the United States.

Covered providers, health plans and healthcare clearinghouses -- public or private entities that process or facilitate the processing of health information -- must use the NPI in administrative and financial transactions adopted under HIPAA.

	Code	Trauma Facility	↓	↓
			Facility ID Number (OSHPD)	National Provider Identifier (NPI)
1	AVH	Antelope Valley Hosp MC	190034	1366419517
2	CAL	California Hospital MC	190125	1114081056
3	CSM	Cedars-Sinai MC	190555	1639172372
4	CHH	Children's Hospital L.A.	190170	1972628568
5	HMN	Henry Mayo Newhall Mem Hosp	190949	1780668434
6	HMH	Huntington Memorial Hosp	190400	1407828429
7	LBM	Long Beach Mem MC	190525	1962442012
8	NRH	Northridge Hosp MC	190568	1417089350
9	PVC	Pomona Valley Hosp MC	190630	1407813660
10	HCH	Providence Holy Cross MC	190385	1477587632
11	UCL	Ronald Reagan UCLA MC	190796	1902803315
12	SFM	St Francis MC	190754	1487697215
13	SMM	St. Mary MC	190053	1194840421

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

O

P

Unique patient ID	Service Date
4	5
Unique patient identification number (May not be unique across organization)	Single-digit months and days must include a preceding zero. The transmittal process will populate the database field by moving the first 4 digits to the end of the field. EXAMPLE: Field in File equals 20040301. Database value will contain 03012004. The database value represents the date format mmdccyy.
3a	6 Admit date only
1213456789	20181231

Column Q

R

S

T

U

V

# of GPP days	Principal diagnosis	Other diagnosis 1	Other diagnosis 2	Other diagnosis 3	Other diagnosis 4
6	7	8	9	10	11
Number of GPP services provided	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
N/A	67	67A	67B	67C	67D
leave blank	S01412A	S41012A	S41011A	S41111A	S51821A

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column W X Y Z AA AB

Other diagnosis 5	Other diagnosis 6	Other diagnosis 7	Other diagnosis 8	Other diagnosis 9	Other diagnosis 10
12	13	14	15	16	17
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67E	67F	67G	67H	67I	67J
S810012A	S51821A	S810012A	S51821A	S810012A	S51821A

Column AC AD AE AF AG AH

Other diagnosis 11	Other diagnosis 12	Other diagnosis 13	Other diagnosis 14	Other diagnosis 15	Other diagnosis 16
18	19	20	21	22	23
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67K	67L	67M	67N	67O	67P
S810012A	S51821A	S810012A	S51821A	S810012A	S51821A

ATTACHMENT 6 -OUTPATIENT TEMPLATE

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column AI AJ AK AL AM AN

Other diagnosis 17	Other diagnosis 18	Other diagnosis 19	Other diagnosis 20	Other diagnosis 21	Other diagnosis 22
24	25	26	27	28	29
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file
67Q	67R	67S	67T	67U	67V
S810012A	<i>Leave blank</i>	<i>Leave blank</i>	<i>Leave blank</i>	<i>Leave blank</i>	<i>Leave blank</i>

Column AO AP AQ AR CN


Other diagnosis 23	Other diagnosis 24	Principal procedure	Principal Procedure Code modifier	Other Procedure code 24 modifier
30	31	32	33	81
ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	ICD-10 CM; Code must be left-justified and space-filled; Do not include the decimal point in the data file	CPT-4 code set (Current Procedural Terminology, 4th Edition); Fill from the left-most position and DO NOT skip fields. When there are no Other Procedures, the default value is all spaces	CPT and HCPCS Modifiers associated with the specified GPP service codes. (Refer to the specific GPP services description for the allowable codes). If multiple modifiers are reported for the same principal procedure code, use comma delimited	ICD-10 PSC; Fill from the left-most position and DO NOT skip fields. When there are no Other Procedures, the default value is all spaces
67W	67X	74 or 44 (CPT code)	74A	74Y
<i>Leave blank</i>	<i>Leave blank</i>	99291	<i>leave blank</i>	<i>leave blank</i>

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column CO

CP




CQ

Date of Birth	Gender Identity	Zip code
82	83	84
Single-digit months and days must include a preceding zero. yyyymmdd.	446151000124109 - Male 446141000124107 - Female 407377005 - Female-to-Male (FTM)/ Transgender Male/Trans Man 407376001 - Male-to-Female (MTF)/ Transgender Female/Trans Woman 446131000124102 - Genderqueer, Non-binary, neither exclusively male nor female OTH - Additional gender category or other, please specify ASKU - Choose not to disclose	XXXXXX = unknown; yyyyy = foreign; zzzzz = homeless;
10	11	9D
19841001	 EMS will complete	Enter Zip Code

Column CR

CS

CT



Race	Race 1	Race 2
85	86	87
Allow for reporting of multiple race fields: 1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - Other 7 - Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - Other 7 - Unknown 8 - Declined to Answer	Allow for reporting of multiple race fields: 1 - American Indian or Alaska Native 2 - Asian 3 - Black or African American 4 - Native Hawaiian or Other Pacific Islander 5 - White 6 - Other 7 - Unknown 8 - Declined to Answer
Not on UB	Not on UB	Not on UB
 EMS will complete	 EMS will complete	 EMS will complete

EXCEL ELECTRONIC FILE OF THE UB-04 OUTPATIENT DATA

Column

CU



CV

Ethnicity	Preferred Language
88	89
1 – Hispanic or Latino 2 – Non-Hispanic or Non-Latino 3 – Unknown 4 – Declined to Answer	In alignment with the Department of Health Care Access and Information (HCAI) reporting, systems must report using one of the following options: • 3-character PLS codes listed in CA Title 22 Regulations (section 97234) ; OR • 3-character PLS codes from the ISO 639-2 Code List ; OR • If the preferred language spoken is not one of the codes listed, enter the full name of the language, up to 24 characters • Report 999 for Unknown
Not on UB	Not on UB
 EMS will complete	 EMS will complete

Column


CW

CX

Sexual Orientation	Length of stay
90	91
38628009 - Lesbian, gay or homosexual 20430005 - Straight or heterosexual 42035005 - Bisexual OTH - Something else UNK - Don't know ASKU - Choose not to disclose	
Not on UB	Not on UB
 EMS will complete	 EMS will complete

Column

CY

Jimmy's Comments
92
- If column CX is not equal to "0", please explain below the reason your LOS is different from the formula. - If the patient has a fictitious name such as "Trauma" or "John Doe" or "Jane Doe", please validate and comment below. - If the patient has DOB is unknown, please validate and comment below. - Please explain anything below that you consider is important to be noted.
Not on UB
 EMS will complete

TRAUMA CENTER PAYMENT SURRENDER FORM

FACILITY: _____

PATIENT NAME: _____

DATE OF SERVICE: ____/____/____ TPS#: _____

DATE CLAIM SUBMITTED TO EMS AGENCY: ____/____/____

AMOUNT OF PAYMENT BEING SURRENDERED: \$_____

PAYMENT RECEIVED FROM

DATE COVERAGE IDENTIFIED

INSURANCE (Health Plan/HMO) ____/____/____

MEDI-CAL ____/____/____

MEDICARE ____/____/____

PATIENT ____/____/____

THIRD PARTY TORTFEASORS ____/____/____

OTHER _____ ____/____/____
(Specify)

SUBMITTED BY:

____/____/____
DATE:

(THIS FORM MUST BE ATTACHED TO EACH PAYMENT SURRENDER CHECK)

Mail to Los Angeles County/Department of Health Services
Finance – Special Program Funds
1000 S. Fremont Avenue
Unit 8, Building A11, 2nd Floor
Alhambra, CA 91803