



MEMORANDUM OF AGREEMENT (MOA) FOR NON-COUNTY TRAUMA CENTER PROVISIONS FOR REIMBURSEMENT

FREQUENTLY ASKED QUESTIONS



**EMERGENCY MEDICAL
SERVICES AGENCY**
LOS ANGELES COUNTY



Revised 6/12/2024

MEMORANDUM OF AGREEMENT (MOA)
FOR NON-COUNTY TRAUMA CENTER
PROVISIONS FOR REIMBURSEMENT
FREQUENTLY ASKED QUESTIONS

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1. PATIENT ELIGIBILITY

Who is eligible for this program?

Only patients who meet the indigent definition and meet the trauma criteria who are unable to pay for services and for whom there is no third-party coverage in part or in whole for trauma services provided qualify under this funding program. No reimbursement shall be provided for patient care if the patient has the ability, to pay for the service but, refuses or fails to pay for it.

2. CASH/SELF & COUNTY INDIGENT

What is the difference between Cash/Self and County Indigent?

There is no difference as far as whether the claim can be submitted to the County. They are defined in the Trauma Data Dictionary as follows: **County Indigent:** Individuals who are not insured and do not qualify for other funding source based on ability to pay in accordance with the hospital's charity care policy, as determined by the hospital's finance department.

Some Trauma Centers use both categories, they enter either County Indigent or Cash as the first payer or use only Cash and some use only County Indigent claims submitted are eligible if TEMIS has either CASH/Self or County Indigent in any combination.

3. CLAIM SUBMISSION

When can I submit a claim to the program?

To submit a claim to the County, Contractor must at a minimum show that it has made reasonable efforts to secure payment for the service. Reasonable effort is defined as by billing at or shortly after the time of discharge and then monthly for an additional period of no less than two (2) months for a total of at least three (3) bills being sent. Financial notes must clearly indicate that the patient was billed at least three (3) times. A valid claim shall include a:

1. Completed UB-04 form.
2. Copy of the Trauma Service County Eligibility (TSCE) (U-1) form or
3. Copy of the Hospital Certification of Inability to Cooperate (U-2) form
4. Copy of the Tobacco Tax Combo print-out
5. Copy of the Excel Electronic File of the UB-04 Data with required data elements filled out for each claim as set forth in Attachment 6, *Instructions for Submission of Claims and Data Collection*.
6. All claims to be included in the year's total must be submitted by the last working day in December to.

Emergency Medical Services Agency
10100 Pioneer Boulevard, Suite 200
Santa Fe Springs, California 90670
Attention: EMS Reimbursement Coordinator

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4. TRAUMA SERVICE COUNTY ELIGIBILITY (TSCE) (U-1) FORM

What relationship to the patient qualifies as a responsible relative's signature on the TSCE (U-1) form?

Any relative of the patient that can provide the following:

- Obtain the names and addresses of the patient.
- Obtain all information needed to complete the TSCE Agreement, including information regarding the income and family size of the patient and the patient's third-party coverage (if any).

5. HOSPITAL CERTIFICATION OF INABILITY TO COOPERATE (U-2) FORM

When can a Hospital Certification of Inability to Cooperate (U-2) form be completed?

If a TSCE Agreement form cannot be secured because the patient is unable to cooperate in providing the necessary financial information, then a contractor certification to that effect the Hospital Certification of Inability to Cooperate form must be completed.

Examples include, but are not necessarily limited to, situations where:

- The patient has expired, or is comatose or otherwise, mentally incompetent.

Note: If patient walks out of the facility, refuses or is unwilling to sign the form, this claim will not be eligible for payment.

6. SUBROGATION RIGHTS

1. Can I continue to pursue Third Party Liability (TPL) after I submitted the claim to the County?

No. Upon submission of claim by hospital to County for a trauma patient's care, hospital assigns and subrogates to County any, and all rights to collection as set forth herein, and hospital shall cease all current and waive all future collection efforts, by itself and by its contractors/agents to obtain any payment from the patient.

2. What are the procedures if hospital is contacted by a third-party representative (e.g., insurance claim adjuster) or a patient's attorney regarding pending litigation for a previously submitted claim to the County?

Hospital shall inform the third-party representative that the claim for services provided to their client has been assigned and subrogated to the County and refer such, representatives to the designated County contact.

7. PROCEDURES FOR SURRENDERING PAYMENT FOR TRAUMA CLAIMS

What are the policies on what to do if the hospital receives payment from a patient or third-party payer for previously submitted claims to the County?

All payments received by the Contractor must immediately be reported and the payment, that was received must be surrendered to the County. A Trauma Hospital Payment Surrender Form must accompany the check.

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7. PROCEDURES FOR SURRENDERING PAYMENT FOR TRAUMA CLAIMS (cont.)

Payment Surrender checks should be made payable to:
Los Angeles County Department of Health Services-Special Revenue Funds

Mail the payment 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

8. OUT OF COUNTY INDIGENT PATIENTS

Can out of County claims be submitted to the program?

Eligible Claim: If patient is injured in LA County and brought in by LA County EMS Personnel this claim can be submitted.

Ineligible Claim: If patient is injured outside of LA County and brought in by Non-LA County EMS Personnel, this claim should **NOT** be submitted.

9. BILLING VICTIMS OF CRIME PROGRAM (VCP) AND TRAUMA

Can a provider bill Victims of Crimes Program (VCP) and submit the claim to the Trauma Reimbursement Program?

No, at any point during the claiming period, the hospital has a choice of the following:

- Submit the claim to VCP and **DO NOT SUBMIT to the County or**
- Submit the claim to the County and **DO NOT SUBMIT TO VCP**

If the claim is submitted to the County and then a Hospital receives payment from VCP the hospital must surrender the payment from VCP to the County.

10. ORGAN DONOR PATIENTS

What are the procedures for organ donor patients?

County Counsel has agreed to the following regarding submitting claims to the County for expired trauma patients who are organ donors:

- The County cannot be billed for the days paid by an organ harvesting organization.
- Separate bills must be created: One bill for the day(s) up to and including the date of "pronounced death" this claim can be submitted to the County; a separate bill should be created for the organ harvesting period.
- The date of "pronounced death" should be used as the date of discharge in TEMIS.
- If the TEMIS discharge date includes the organ harvesting time/days it alters length of stay (LOS) reports for these patients and would create a discrepancy when the UB-04 is received and we would have to investigate.

This process enables us to include this expired patient as we would for a similar patient on whom there is no organ harvesting.

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11. ADDITIONAL FUNDING FOR UNDER-INSURED CLAIMS

A. IN-CUSTODY CLAIMS

Since In-Custody claims are paid at a low rate, additional funding will be included from the Under-insured bucket when payment is issued to the trauma centers for In-Custody Claims.

1. What are the procedures if payment is received for In-Custody Claims?
 - **Do not submit** claim if payment is received for In-Custody Claim
 - Update the TEMIS database to indicate Payor 1 as In-Custody.
 - TEMIS will capture the data for claims considered In Custody.
2. What are the procedures if no-payment is received on In-Custody claims?
 - **Submit** claim if payment is not received for In-Custody Claim.
 - Include a copy of the denial letter from law enforcement or
 - The patient notes which indicate the reason why the claim was denied.
 - The TEMIS database should indicate Payor 1 as County Indigent.

B. PENDING MEDI-CAL CLAIMS

Additional funding will be included from the Under Insured bucket when payment is issued to the trauma centers for Pending Medi-Cal claims.

1. What are the procedures if payor source indicates Pending Medi-Cal?
 - **Do not submit** claim.
 - TEMIS will capture the data for Pending Medi-Cal claims