

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

313



**FROM:** Community Health Agency/  
Department of Health

**SUBMITTAL DATE:** 10/01/03

**SUBJECT:** Approval of the Agreement between Riverside County Foundation for Medical Care (RCFMC) and Community Health Agency (CHA) for Emergency Medical Services (EMS) Physician Claims Processing.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Approve the Agreement between RCFMC and CHA for EMS physician claims processing in the amount of \$120,000 for the performance period of July 1, 2003 to June 30, 2004 with the potential to renew annually for four years;
- 2) Authorize the Purchasing Agent to renew Agreement annually on behalf of the County until June 30, 2008;
- 3) Authorize the Purchasing Agent to amend the Agreement to extend the performance period annually until June 30, 2008, and to increase the annual contract amount by no more than 10% of the total annually;
- 4) Authorize the Chairman to execute four (4) CHA originals of said Agreement; and

VJB:srg

(Continued)

*Susan Harrington*  
 \_\_\_\_\_  
 Susan Harrington, Director  
 Department of Health

**FINANCIAL DATA:**

CURRENT YEAR COST: \$120,000  
NET COUNTY COST: \$0

ANNUAL COST: \$120,000  
IN CURRENT BUDGET: YES  
BUDGET ADJUSTMENT: FOR FY: 03/04

**SOURCE OF FUNDS:** EMS Funds/Trust Fund 11038

**C.E.O. RECOMMENDATIONS:**

**APPROVE**

County Executive Officer Signature: \_\_\_\_\_

*Don Marting*

**Prev.Agn.ref.**  
6-10-03, item 3.14

**Dist.**  
ALL

**AGENDA NO.**

**3.5**

FORM APPROVED  
COUNTY COUNSEL

OCT 28 2003

*Harrington*

Consent  
 Policy  
 Consent  
 Policy

Department Recommendation:  
 Per Executive Office:

**SUBJECT:** Approval of the Agreement between Riverside County Foundation for Medical Care (RCFMC) and Community Health Agency (CHA) for Emergency Medical Services (EMS) Physician Claims Processing.

- 5) Direct the Clerk of the Board to retain one (1) original and return three (3) originals of the executed Agreement to CHA Contracts for further distribution.

**BACKGROUND:** Riverside County Foundation for Medical Care (RCFMC) provides physician payment services for the County in conformity with State mandates for physician payments under the Emergency Medical Services Act (Health and Safety Code Section 1797.98 et seq.). This arrangement provides that RCFMC will compensate the physicians directly and the county will reimburse RCFMC from designated trust fund monies in accordance with the established EMS payment protocol. Pursuant to State law up to 10% of these funds can be used for administration of this program. The County with the assistance of RCFMC, has established a protocol for compensation to physicians not to exceed 50% of 200% of the applicable Workers' Compensation reimbursement for like services, and is further limited by trust fund deposits for the applicable calendar quarter.

This arrangement facilitates the County's ability to identify physicians eligible for reimbursement, and to compensate them consistently. RCFMC has served both the County and the medical community in this capacity for more than eight years.

**Form 11 Attachment  
Contract/Lease/Purchase Summary Data**

- |   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> <b>Contract</b> | <input type="checkbox"/> <b>Lease</b>     | <input type="checkbox"/> <b>Purchase</b>    |
| Approval/Renewal                                    | <input type="checkbox"/> Approval/Renewal | <input type="checkbox"/> Sole Source        |
| <input type="checkbox"/> Sole Source                | <input type="checkbox"/> Mult-Year Lease  | <input type="checkbox"/> Other Than Low Bid |
| <input type="checkbox"/> Personal Services          | <input type="checkbox"/> Equipment        | <input type="checkbox"/> Change Order       |
| <input type="checkbox"/> Independent Contractor     | <input type="checkbox"/> Real Property    |   |
| <input type="checkbox"/> Other than low Bid         | <input type="checkbox"/> Change Order     |   |
| <input type="checkbox"/> Change Order               |   |   |

<b>User Department:</b>	Community Health Agency
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<b>Vendor/Lessor Name:</b>	Riverside County Foundation for Medical Care
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<b>Vendor/Lessor Location:</b>	3993 Jurupa Avenue Riverside, CA 92506
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Selection Committee Member Names (RFP=s Only)

**Applicable Board Policy #**

**Comments:** Minority

**RFQ/RFP Process:**

Date Mailed:  
Response Date:  
# of Responses:  
# of Qualified Responses:

**Bidding Process:**

Bid Range:	\$	To: \$
Local Bid Range:	\$	To: \$
Responsive and Responsible Bid Range:	\$	To: \$
Local Performance Award Cost (5% maximum preference):	\$	To: \$
Local Preference FYTD: Cost	\$	To: \$

**Contract/Lease Renewals Only  
Proposed Differences**

**Existing Agreement Items**

**Proposed Agreement Items**

1. Rates
2. Terms
3. Conditions
4. Legal Issues
5. Accountability