

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

\$24



**FROM:** Department of Public Health

**SUBMITTAL DATE:**  
June 18, 2014

**SUBJECT:** Receive and File Emergency Medical Services (EMS) System Evaluation and Improvement Project Update. All Districts. Cost [\$0].

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

1. Receive and file the Emergency Medical Services (EMS) System Evaluation and Improvement Project Update.

**BACKGROUND:**

**Summary**

The comprehensive evaluation of the County's Emergency Medical Services (EMS) system is ongoing. Phase I of the project was completed earlier this year when the Public Health Department and The Abaris Group presented the EMS System Evaluation Report and the EMS System Recommendations & Observations Report to the Board of Supervisors on February 11, 2014, item 16.3.

*Susan D. Harrington*  
Susan Harrington, Director  
Department of Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
<b>COST</b>	\$ 0	\$ 0	\$ 0	\$ 0	Consent <input checked="" type="checkbox"/> Policy <input type="checkbox"/>
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0	
<b>SOURCE OF FUNDS:</b> N/A				<b>Budget Adjustment:</b> No	
				<b>For Fiscal Year:</b>	2014/15

**C.E.O. RECOMMENDATION:**

APPROVE

BY:

County Executive Office Signature

*Jennifer L. Sargent*  
Jennifer L. Sargent

**MINUTES OF THE BOARD OF SUPERVISORS**

☐ Positions Added

☐ Change Order

☐ A-30

☐ 4/5 Vote

Prev. Agn. Ref.: 02/11/14 16.3

District: All

Agenda Number:

2-6

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: Receive and File Emergency Medical Services (EMS) System Evaluation and  
Improvement Project Update. All Districts. Cost [\$0].**

**DATE: June 18, 2014**

**PAGE: 2 of 4**

**BACKGROUND:**

**Summary (continued)**

The Board of Supervisors directed the Department of Public Health/EMS Agency to proceed with Phase II strategic planning for the EMS system improvements consistent with The Abaris Group's recommendations and specifically to work with Recommendation 11, Option A. This option continues the use of American Medical Response (AMR) as the County's contracted emergency ambulance provider. Option A also includes recommended updates to the emergency ambulance agreement specified within the Abaris Recommendations & Observations Report.

Activities completed by the Abaris Group for Phase II strategic planning include the following:

1. The final EMS System Evaluation Report and Recommendations & Observations Report have been provided to all EMS system stakeholders.
2. Strategic planning meetings with stakeholder groups were held on March 26, 2014, April 23, 2014 and May 14, 2014.
3. Review of all recommendations for EMS system improvement with stakeholders at the strategic planning meetings.
4. A Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis on the EMS system was completed using stakeholder workgroups.
5. An on-line survey has been developed and presented to EMS system stakeholders to provide input on the prioritization of system improvement recommendations and issues identified by the SWOT analysis.
6. A small advisory group has been assembled to work with The Abaris Group and EMS Agency for the initial drafting of the strategic plan document. The advisory group kickoff conference call occurred on June 9, 2014 and included representatives from:
  - The Abaris Group
  - The EMS Agency
  - The County Executive Office
  - The County Fire Department
  - The Hospital Association of Southern California
  - AMR Riverside County Operations
  - The Riverside County Fire Chief's Association

Current activities being conducted by The Abaris Group for Phase II strategic planning include the following:

1. Compile the on-line stakeholder survey results for presentation at the next strategic planning meeting scheduled for June 25, 2014.
2. Work with the EMS Agency and stakeholders to identify strategic plan goals, priorities, timelines and success metrics for inclusion in the draft plan.
3. Prepare the initial strategic plan draft for presentation to the EMS System Evaluation Steering Committee and to stakeholders at the July 23, 2014 strategic planning meeting.

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: Receive and File Emergency Medical Services (EMS) System Evaluation and  
Improvement Project Update. All Districts. Cost [\$0].**

**DATE: June 18, 2014**

**PAGE: 3 of 4**

**BACKGROUND:**

**Summary (continued)**

**Emergency Ambulance Agreement Update**

The EMS Agency is preparing to negotiate a new emergency ambulance agreement with AMR. Many elements of the EMS system strategic plan must develop concurrently for inclusion in the new agreement. Activities include the following:

1. Notice of expiration for the current agreement and intent to negotiate a new agreement was provided to AMR on June 3, 2014. The timeline for negotiations and implementation of the new agreement are as follows:
  - July 2014 – Initial Kick-Off Meeting to agree to the negotiation schedule, negotiation team representation and ground rules.
  - August through November 2014 – Delivery of the initial draft agreement by the County followed by ongoing negotiations.
  - December 2014 – Complete negotiations
  - January 2015 – Finalize the agreement
  - February 2015 – Present the new agreement to the Board of Supervisors for approval.
  - July 1, 2015 – Implementation of the new agreement
2. Development of draft framework for the new agreement inclusive of the scope of work and improvements recommended by The Abaris Group.

**Overall EMS system evaluation and improvement project timeline:**

- January-May 2013 – complete the “as is” assessment of the current system and conduct stakeholder interviews. **(Complete)**
- May-August 2013 – complete the system financing assessment and develop preliminary system improvement recommendations. **(Complete)**
- August-October 2013 – develop options for the EMS transportation plan and ambulance contract scope of work. **(Complete)**
- October-December 2013 – refine and finalize system improvement recommendations. **(Complete)**
- February 2014 – present evaluation findings and recommendations to the Board of Supervisors. **(Complete)**
- March – July 2014 – complete strategic planning meetings, EMS system SWOT analysis, on-line stakeholder survey and initial draft of the strategic plan. **(In Process)**
- August – September 2014 – Finalize the strategic plan.
- October 2014 – begin strategic plan implementation.
- July 1, 2015 – new emergency ambulance agreement begins.

All documents related to both Phase I and Phase II of the EMS System Evaluation and Improvement project are posted on the EMS Agency website [rivcoems.org](http://rivcoems.org).

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FORM 11: Receive and File Emergency Medical Services (EMS) System Evaluation and  
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**DATE: June 18, 2014**

**PAGE: 4 of 4**

**Impact on Citizens and Businesses**

The citizens of Riverside County require the services supplied by an efficient EMS system. The EMS system evaluation project will result in improvements to the County EMS plan designed to optimize emergency medical care to citizens and residents thereby minimizing morbidity and mortality from acute illnesses and traumatic injuries.

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



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
**June 20, 2014**

**SUBJECT:** Riverside County Regional Medical Center Bi-weekly Update on TAR and Inmate Funding

**RECOMMENDED MOTION:** That the Board of Supervisors:  
Receive and file this report, including attachments, on Treatment Authorization Request (TAR) cases, and funding of detention health hospital patients.

**BACKGROUND:**

**Summary**

On March 25, 2014 the Board of Supervisors directed that hospital staff report back every two weeks on the key issues of TAR case processing and Medi-Cal funding for patients needing medical care. This is the fourth report in the series.

Although hospital staff will soon be able to manage new case inflow, they will not be able to process the very large backlog. For this reason we have on today's agenda a recommended action to bring in an outside contractor.

(continued on the next page)

  
Lowell Johnson  
Interim CEO, RCRMC

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost:</b>	<b>POLICY/CONSENT (per Exec. Office)</b>
<b>COST</b>	\$ N/A	\$	\$	\$	Consent <input checked="" type="checkbox"/> Policy <input type="checkbox"/>
<b>NET COUNTY COST</b>	\$	\$	\$	\$	
<b>SOURCE OF FUNDS:</b> N/A				<b>Budget Adjustment:</b> None	
				<b>For Fiscal Year:</b> 14-15	

**C.E.O. RECOMMENDATION:**

APPROVE

BY:   
Debra Cournoyer

**County Executive Office Signature**

**MINUTES OF THE BOARD OF SUPERVISORS**

Positions Added  
☐

Change Order  
☐

A-30  
☐

4/5 Vote  
☐

**Prev. Agn. Ref.:**

**District: All**

**Agenda Number:**

**2-7**

Departmental Concurrence

**BACKGROUND:**

**Summary (continued)**

**Medi-Cal Funding For Jail Inmates**

There is nothing new to report on this front.

This paragraph has a summary of the current situation. The cost for detention health treatment in the hospital is approximately \$12 million per year, with \$2.5 million covered by the general fund and another \$2.5 million from prisoner realignment (AB 109) revenue. The hospital's objective is to close some or all of gap through expanded Medi-Cal funding for inmates treated in the hospital, and has thus far had limited success. Under ACA, there are considerably fewer restrictions for our detention patients to get qualified for Medi-Cal. However, many treatments are denied, including all inpatient psychiatric treatment, and clinic visits within the jails. Estimated new revenue remains at \$2.5 million per year. Additionally, we continue to pursue an initiative to qualify jail clinics and the Arlington campus for 340B drug pricing.

**Case Management Accelerated Processing of TARs**

Although hospital staff will soon be able to manage new case inflow, they will not be able to process the very large backlog. For this reason we have on today's agenda a recommended action to bring in an outside contractor. Another factor to consider is the cost of further delay. Medi-Cal has strict penalties for late filing; unfortunately we have reached the point where further delays will cost in excess of \$1 million cash per month.

On March 25, 2014 (item 3-10), the Board approved a plan to restructure the hospital's Case Management division which would include the cleanup of a sizable backlog of TAR cases. Attached is the latest of the current TAR backlog (see Attachment A). Though the backlog is growing, the growth rate is much smaller. In April the backlog grew by almost 1,000 case-days per week. In May the backlog grew by less than 500 per week. The June the backlog grew by 200 case-days per week.

The new director of case management has made more progress putting into action her plans to revitalize the department, and also process the backlogged accounts. The department completed retraining staff in Interqual, is resetting priorities, is initiating productivity expectations designed to triple staff productivity, and is seeking to quickly fill vacancies. Three registry nurse candidates with case management and Interqual experience were hired recently. Since March, Medi-Cal application approvals have gone from under 50 to over 200 per week, and charges have increased from \$3.5M to over \$5M per week. Case Management processed 1219 patient days in April and 1887 in May. Through two weeks in June they had processed 129 cases and 679 case-days.

**Impact on Residents and Businesses**

Hospital efforts to clear the backlog of TAR cases, and increase Medi-Cal funding for patients needing medical care will increase cash payments. These improvements are designed to improve efficiency and add revenue, both of which are an important part of the hospital's plan to eliminate its existing deficit. A county hospital on a solid financial footing will be better placed to focus on patient care and plan for programs to increase the health of all county residents.

**TAR IQ SUMMARY**  
**6/16/2014**

ACCT STATUS	FC	NO. OF ACCTS	NO. OF DAYS	ACCT BALANCE
DISCHARGES PENDING CM REVIEW	C	1464	10705	\$ 103,943,400
DISCHARGES PENDING SECONDARY REVIEW	C	1	4	\$ 37,426
INHOUSE PENDING CM REVIEW	C	18	474	\$ 4,422,502
DISCHARGES PENDING CM APPEAL REVIEW	C	8	94	\$ 429,116
<b>TOTAL:</b>		<b>1491</b>	<b>11277</b>	<b>\$ 108,832,444</b>

NOTE: DISCHARGES PRIOR TO 01/01/13 REQUIRES PAPER TAR  
SUBMISSION TO STATE FOR FINAL ADJUDICATION

PAPER CASES 18  
TAR FREE CASES 1473

PEND CASES / DAYS BY FISCAL YEAR	NO. OF ACCTS	NO. OF DAYS	NET EXPECTED REIMBURSEMENT
FY 10/11	3	67	\$ 106,068
FY 11/12	11	180	\$ 236,880
FY 12/13	62	653	\$ 902,446
FY 13/14	1415	10377	\$ 17,111,673

DOES NOT INCLUDE EXPTD PYMT FOR CASES PENDING MEDI-CAL REVIEW/RESPONSE

CM INITIAL REVIEW COMPLETED - ADJUDICATION PENDING MEDI-CAL REVIEW/RESPONSE	NO. OF ACCTS	NO. OF DAYS	ACCT BALANCE
APPEAL PENDING MEDI-CAL REVIEW	C	86	\$ 3,019,019
RETRO TAR PENDING MEDI-CAL REVIEW	C	25	\$ 1,063,100
<b>TOTAL:</b>	<b>111</b>	<b>677</b>	<b>\$ 4,082,119</b>
<b>GRAND TOTAL:</b>	<b>1602</b>	<b>11954</b>	<b>\$ 112,914,564</b>
<b>EXPECTED REIMBURSEMENT:</b>			<b>\$ 19,211,717</b>

IP MEDI-CAL DAYS FY 13/14	27768
IP MEDI-CAL DAYS FY 12/13	31875

TOTALS INCLUDES OB CERT DAYS

CM WEEKLY STATS FOR COMPLETED REVIEWS	CASES RVWD	DAYS RVWD	TOTAL CHARGES
WEEK ENDING 6/7/2014	97	542	\$ 4,317,235
6/14/2014	32	137	\$ 1,486,561
<b>TOTAL</b>	<b>129</b>	<b>679</b>	<b>\$ 5,803,796</b>

Note: 227 cases/1887 days with total charges of \$14,739,095 completed in MAY 2014