

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

625



**FROM:** Riverside County Regional Medical Center

**SUBMITTAL DATE:**  
July 8, 2015

**SUBJECT:** Delegation of Signature Authority to Assistant County Executive Officer – Health Systems (Asst. CEO – Health Systems) for Specific Types of Agreements

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

1. Approve the delegation of signature authority to the Asst. CEO – Health Systems subject to delegation to the Hospital Chief Operations Officer (COO) for specific agreement types limited to the list provided in Attachment A, subject to approved as to form by County Counsel;
2. Direct County Counsel to create guidelines for each agreement type to include contractual terms common to County contracts that are designed to protect County interests and limit liability; and,
3. Direct the Asst. CEO – Health Systems to submit quarterly reports to the Board on all agreements executed pursuant to the authority provided herein.

(Continued on next page)

Zareh H. Sarrafran,  
Assistant CEO – Health Systems

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$	\$	\$	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$	\$	\$	\$	
<b>SOURCE OF FUNDS:</b>				Budget Adjustment: none	
				For Fiscal Year: 15/16	

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

**APPROVE**

BY:   
County Executive Office Signature Christopher M. Hans

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Tavaglione, seconded by Supervisor Washington and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Tavaglione, Washington and Ashley  
 Nays: None  
 Absent: Benoit  
 Date: July 21, 2015  
 xc: RCRMC, Co.Co.

Kecia Harper-Ihem  
 Clerk of the Board  
 By:   
 Deputy

Prev. Agn. Ref.:

District: 5

Agenda Number:

**BACKGROUND:**

3-43

FORM APPROVED COUNTY COUNSEL  
 BY: ANITA C. WILLIS  
 DATE: 9-9-15  
 Departmental Concurrence  
 Lisa Brandl, Director  
 PURCHASING & FLEET SERVICES: Lisa Brandl

- A-30
- Positions Added
- 4/5 Vote
- Change Order

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**  
**FORM 11: Delegation of Signature Authority to Assistant County Executive Officer – Health Systems (Asst. CEO – Health Systems) for Specific Types of Agreements**

**DATE:** July 8, 2015

**PAGE:** 2 of 4

**Summary (continued)**

Board support and direction has initiated numerous improvements at the county's Moreno Valley hospital. For the first time in a number of years the hospital will increase cash and make a profit. While the hospital has always had reason to be proud of patient care and outcomes, the new focus adds more attention to being more responsive, more nimble. That responsiveness is necessary in order to provide top-tier customer service along with top-tier care. It is also needed if the County Health System is to compete with other health care providers.

The recommended action before the Board today would delegate signing authority, to the Asst. CEO – Health Systems, for common agreements which do not require an expenditure of funds outside of normal operating expenses of the hospital, saving time and county expense. Costs associated with these agreements will be incidental and included in the approved budget. They will not include supplies purchases or vendor payments.

Running a hospital has elements of complexity, competition, regulation, and responsibility for patient lives, which make it unlike other county departments. There are many agreements critical to smooth hospital operations that are repetitive or routine, and also time-sensitive. Delegating signing authority to the Asst. CEO – Health Systems will allow management to focus efforts to continuously improve care, reinvest in critical infrastructure, expand available services, train future care givers, and transform the hospital campus.

Attached to this document is a list and description of agreements recommend to be delegated to the Assistant CEO – Health Systems. All agreements will be approved as to form by County Counsel before being signed.

**Impact on Citizens and Businesses**

Budget and spending limitations, along with hospital objectives are approved by the Board of Supervisors yearly, and reviewed at least quarterly by the Executive Office on behalf of the Board. Very broadly, the hospital's objective is to provide high quality and high value patient care. To achieve the Board's objectives within the Board's spending limitations requires many agreements with outside entities. Approval of this item allows the hospital to more quickly and efficiently carry out the necessary day-to-day actions, those requiring an agreement, to best run a hospital and to achieve the Board's objectives.

Approval of this item does not increase the hospital's spending authority. Any costs associated with these agreements are included in the Board-approved budget. Other controls are maintained, particularly County Counsel oversight and quarterly reports back to the Board on agreements signed under this authority.

**Contract History and Price Reasonableness**

Costs associated with these agreements will be incidental and included in the approved budget. They will not include supplies purchases or vendor payments.

**ATTACHMENT A (page 1 of 2)**

**RCRMC DELEGATION AUTHORITY ITEMS LIST**

**I. Affiliation Agreements for GME, RN, PA, or Doctorial training.**

These agreements provide university students with graduate field education opportunities under the supervision and oversight of the preceptor (e.g. attending physician, RN Supervisor, PA Supervisor etc.). RCRMC is not obligated to pay the university student's salary, housing or other benefits. These affiliations are mutually beneficial; for the hospital these agreements aid in the maintenance of the Joint Commission teaching hospital accreditation.

**II. Inter-Facility Agreements for Hospitals or Skilled Nursing Facilities.**

These agreements provide for the transfer of patients between facilities when transitioning to a level of care not provided by the hospital which could be either lower level such as to a skilled nursing facility or higher level of care Cardiac Intensive Care Unit.

**III. Inter-Governmental Agency Agreement for Service (example AIDS) or Funding**

These are inter-governmental agreements for RCRMC and/or the ambulatory clinics to provide services to members and or patients requiring care with agreed to rates of reimbursement.

**IV. Commercial Insurance Payor Agreements & Successive Amendments**

RCRMC will enter into commercial payment agreements to provide inpatient acute and outpatient hospital services to commercial insurance plan members who contract with employer groups and governmental entities to provide or to arrange for the provision of covered health care services to their members enrolled in their HMO and PPO benefit plans.

**V. Medicare Insurance Payor Agreements & Successive Amendments**

RCRMC will enter into Medicare Advantage HMO payment agreements to provide inpatient acute and outpatient hospital services to Medicare Advantage HMO plans that contract with the federal government Centers for Medicare/ Medicaid Services (CMS) to provide or to arrange for the provision of covered health care services to their senior members enrolled in their HMO benefit plans.

## **ATTACHMENT A (page 2 of 2)**

### **RCRMC DELEGATION AUTHORITY ITEMS LIST**

**VI. Medi-Cal Insurance Payor Agreements & Successive Amendments**

RCRMC will enter into Managed Medicaid HMO payment agreements to provide inpatient acute and outpatient hospital services to Medicaid HMO plans that contract with State and federal government Centers for Medicare/ Medicaid Services (CMS) agencies to provide or to arrange for the provision of covered health care services to their Medicaid and Medi-Medi Duals members enrolled in their HMO benefit plans.

**VII. Letters of Agreement for Medical Services**

RCRMC will enter into patient specific Letters of Agreement with different payors (e.g. HMO Plans, PPO Plans etc.) to provide inpatient acute and outpatient hospital services to their benefit plan members.

**VIII. Grants**

There are many grants available that can support the Board's goal to continuously improve patient care. Medical research grants provide one example. Research on any disease affecting humans often proceeds from taking promising results produced in studying an animal model of a disease and applying these results to the first studies in human patients who have that disease. Grants that require a financial match will be subject to Board approval.

**IX. Clinical Trials – Investigative Studies**

A clinical study involves research using human volunteers (also called participants) that is intended to add to medical knowledge. There are two main types of clinical studies: clinical trials (also called interventional studies) and observational studies.

**X. Revenue Generating Agreements**

These are operational agreements with service providers or related entities, e.g. pharmacies.