

**RESOLUTION NO. \_\_\_\_\_**

**BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA**

**\* \* \* \* \***

**RESOLUTION AUTHORIZING CONTROLLER TO PAY NON-CONTRACT MEDICAL SERVICE PROVIDERS AT NON-COUNTY LOCATIONS TO PROVIDE SERVICES NOT OFFERED AT SAN MATEO MEDICAL CENTER FOR THE TERM OF JULY 1, 2015 THROUGH JUNE 30, 2017, IN AN AMOUNT NOT TO EXCEED \$200,000**

---

**RESOLVED**, by the Board of Supervisors of the County of San Mateo, State of California, that

**WHEREAS**, it is sometimes necessary to send medically indigent patients to non-contract medical care providers at non-County facilities when the services or procedures they require are not available at a County site; and

**WHEREAS**, this Board has determined that continued funding for such non-contract providers at non-County locations is warranted and that it is appropriate to vest the Chief of the Health System with the authority to negotiate rates of payment for such medical services when appropriate to ensure appropriate access to medical care required by County medically indigent patients, provided that such negotiation is done in consultation with the County Manager and the County Counsel.

**NOW, THEREFORE, IT IS HEREBY RESOLVED** that the Controller is authorized to pay claims for payment by non-contract medical service providers submitted by the Chief of the Health System or designee for and on behalf of County of San Mateo in an amount not to exceed \$200,000 for the term July 1, 2015 through June

30, 2017.

**BE IT FURTHER RESOLVED** that the Controller is hereby authorized and directed to execute payments for such authorized medical services to non-contract medical service providers who provide services at facility other than SMMC to medically indigent patients for whom the County has responsibility as follows: the first procedure will be paid at 100% of the prevailing Medicare participating fee schedule for San Mateo County for all Part “B” services that can be reimbursed pursuant to the Center for Medicare and Medicaid Services (CMS) guidelines or the Medicare Labor Adjusted Ambulatory Surgery Classification (ASC), and all services not found on the Part “B” Medicare Fee Schedule or the ASC that are considered reimbursable pursuant to CMS guidelines will be paid under the Ambulatory Payment Classification (APC) rate. All additional procedures will be paid at 50% of the Medicare Allowable reimbursement rate for and on behalf of the County of San Mateo as requested and approved by Chief of the Health System and the Chief Executive Officers (CEO) of SMMC, or their authorized designee(s).

**BE IT FURTHER RESOLVED** that, notwithstanding the foregoing, the Chief of the Health System, acting in consultation with the County Manager and the County Counsel, shall have the authority to negotiate rates different from those set forth in the preceding paragraph where, in the judgment of the Chief of the Health System, such rates are necessary in order to timely secure required care for County medically indigent patients, and the Controller shall have the authority to make payments to non-

contract medical care providers on the basis of such rates negotiated by the Chief of the Health System.

\* \* \* \* \*