

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

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

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

**RESOLUTION AUTHORIZING THE CONTROLLER TO PAY NON-CONTRACT  
PHYSICIANS FOR EMERGENCY SERVICES, EMERGENT SERVICES, AND  
SERVICES NOT PROVIDED AT SAN MATEO MEDICAL CENTER AND PHYSICIANS  
AT NON-CONTRACTED HOSPITAL FACILITIES FOR THE TERM OF JULY 1, 2015  
THROUGH JUNE 30, 2017, IN AN AMOUNT NOT TO EXCEED \$150,000**

---

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

**WHEREAS**, the San Mateo Medical Center (SMMC) must occasionally secure specialty medical care from physicians with whom it does not contract in order to provide needed services to patients for whom the County is responsible when contracted or staff physicians are not available; and

**WHEREAS**, it is sometimes necessary to send medically indigent patients to non-County facilities when the medical procedure or surgery needed is not available at SMMC; and

**WHEREAS**, this Board has determined that the continuation of funding for such services provided by non-contract physicians is warranted.

**NOW THEREFORE IT IS HEREBY RESOLVED** that the Controller is hereby authorized and directed to execute payments for such authorized medical services to

specialists, including but not limited to, neurosurgeons, urologists, gastroenterologists, invasive cardiologists and dental surgeons, who provide professional specialty services when no other medical services coverage is available. In the case of multiple procedures, 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. Surgical assistant services that are a covered benefit under CMS guidelines will be paid at 20% of the approved Medicare global surgery service fee.

\* \* \* \* \*