



**EMERGENCY MEDICAL
SERVICES AGENCY**
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*To ensure timely,
compassionate and quality
emergency and disaster
medical services.*



Health Services
<http://ems.dhs.lacounty.gov>

June 1, 2016

TO: Eligible Physicians
Physician Services for Indigents Program

FROM: Cathy Chidester 
Director

**SUBJECT: PHYSICIAN SERVICES FOR INDIGENTS PROGRAM -
EMERGENCY SERVICES**

The County of Los Angeles is opening enrollment in its Physician Services for Indigents Program (PSIP) for services provided to eligible patients. This is a three-year enrollment period which covers County FYs 2016-17 through 2018-19 (July 1, 2016 through June 30, 2019).

Enrollment/Conditions of Participation

These reimbursement procedures and policies apply to services rendered to eligible patients **for a period of three (3) years from July 1, 2016 through June 30, 2019.**

Providers need to submit only one Conditions of Participation Agreement and one Program Enrollment Provider Form for all County Programs.

Each physician providing patient care under this program must complete an enrollment form and attach a copy of their current medical license. This form is for enrollment of a single physician, not a physician group. Any change in the physician information, e.g., office address change, will require resubmission of the enrollment form.

The Conditions of Participation Agreement serves as the official "contract" between the private physician and the County. Each physician participating in PSIP must personally sign and return the agreement. This agreement need only be submitted once during the enrollment period, along with the enrollment form.

Reimbursement Rate

The reimbursement rate for services provided from July 1, 2016 to June 30, 2017 is still to be determined. Providers will be notified of the approved reimbursement rate once it is determined.

The following PSIP enrollment documents are attached to this letter:

1. PROGRAM ENROLLMENT PROVIDER FORM – JULY 1, 2016 TO JUNE 30, 2019
2. CONDITIONS OF PARTICIPATION AGREEMENT – JULY 1, 2016 TO JUNE 30, 2019
3. BILLING PROCEDURE
4. PHYSICIAN REIMBURSEMENT POLICIES
5. INSTRUCTIONS FOR CLAIMS SUBMISSION AND DATA COLLECTION
6. DEMOGRAPHIC DATA FORM

KEY INFORMATION POINTS IN THE ABOVE REFERENCED DOCUMENTS

- These reimbursement procedures and policies apply to services rendered to eligible patients for the period from July 1, 2016 through June 30, 2019.
- Physicians providing emergency services to eligible patients may be reimbursed for services provided on the calendar day on which emergency services are first provided, and on the immediately following two (2) calendar days.
- Each physician must complete a *Program Enrollment Provider Form* and *Conditions of Participation Agreement* before any claims will be processed. These documents may accompany the first claims submission.
- Enrollment forms and physician claims should be sent electronically or mailed directly to the County's Contract Claims Adjudicator:

American Insurance Administrators (AIA)
P.O.Box 2340
Bassett, CA 91746-0340
(800) 303-5242

CC:kf

Attachments

c: Los Angeles County Medical Association
Hospital Association of Southern California