



June 13, 2025

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*"To advance the health of our
communities by ensuring
quality emergency and
disaster medical services."*

TO: Eligible Physicians
Physician Services for Indigents Program

FROM: Richard Tadeo
Director

**SUBJECT: PHYSICIAN SERVICES FOR INDIGENTS PROGRAM (PSIP)
EMERGENCY SERVICES AND TRAUMA SERVICES**

The County of Los Angeles is opening enrollment for its Physician Services for Indigents Program (PSIP) for services provided to eligible patients. This is a three-year enrollment period that covers County Fiscal Years (FYs) 2025/26 through 2027/28 (July 1, 2025, through June 30, 2028).

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, 2025, through June 30, 2028.**

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, billing company change) will require completing and submitting of a Change Notice 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 rates for services provided from July 1, 2025, to June 30, 2026, will be the same rates used in FY 2024/25. The non-trauma emergency (ER) claims will be paid at 15% and trauma claims will be paid at 100% of the Official County Fee Schedule (OCFS).

The reimbursement rate for the subsequent years in this enrollment period will be determined each year. Providers will be notified of the approved reimbursement rate once it is determined.



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

The following PSIP enrollment documents are attached to this letter:

1. PROGRAM ENROLLMENT PROVIDER FORM – JULY 1, 2025, TO JUNE 30, 2028
2. CONDITIONS OF PARTICIPATION AGREEMENT – JULY 1, 2025, TO JUNE 30, 2028
3. BILLING PROCEDURES
4. PHYSICIAN REIMBURSEMENT POLICY
5. INSTRUCTIONS FOR SUBMISSION OF CMS 1500 FORM
6. INSTRUCTIONS FOR SUBMISSION OF CHANGE NOTICE 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, 2025, through June 30, 2028.
- 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 submission of the first claim.
- Enrollment forms and physician claims should be sent electronically or mailed directly to the County's Contract Claims Adjudicator
- Providers must submit a Change Notice Form and supporting documents to American Insurance Administrators (AIA) when any change in the physician information occurs:

American Insurance Administrators (AIA)
P.O. Box 17908
Los Angeles, CA 90017-0908
(800) 303-5242
FAX #: (562) 692-8689
E-Mail: AIALAPSIP@MAPINC.COM

RT:jd

Attachments

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