1	AGREEMENT FOR THE PROVISION OF
2	INDIGENT AND TRAUMA CARE
3	BETWEEN
4	COUNTY OF ORANGE
5	AND
6	«HOSPITAL_LEGAL_NAME»«DBA»
7	FISCAL YEAR 2009-10 <mark>2008-09</mark>
8	
9	THIS AGREEMENT (Agreement), entered into this 4th 19th day of May, 2010 2009, which date is
10	enumerated for purposes of reference only, is by and between the County of Orange (COUNTY) and
11	«Hospital_Legal_Name» (HOSPITAL). This Agreement shall be administered by the County of Orange
12	Health Care Agency (ADMINISTRATOR).
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14	WITNESSETH:
15	WHEREAS, California Welfare and Institutions Code, Division 9, Part 4.7, Chapter 5, provides for
16	the California Healthcare for Indigents Program (CHIP) and COUNTY wishes to contract with
17	HOSPITAL for provision of medically necessary care to eligible persons; and
18	WHEREAS, COUNTY, as provided herein, desires to reimburse hospitals which are disproportionate
19	providers of trauma services, including pediatric trauma, and promote access to trauma care, pursuant to
20	Health and Safety Code, Division 2.5, Section 1797.98a et seq. and Section 1797.198 et seq.; and
21	WHEREAS, COUNTY, as provided herein, wishes to disburse tobacco settlement revenue to
22	hospitals pursuant to County Codified Ordinance, Article 14, Division 4, Section 1-4-250; and
23	WHEREAS, HOSPITAL, a general acute care facility, licensed in accordance with the requirements
24	of the California Health Facilities Licensure Act (Health and Safety Code, Sections 1250 et seq.) and the
25	regulations promulgated pursuant thereto, is equipped, staffed and prepared to provide medical services;
26	and
27	WHEREAS, HOSPITAL is willing to provide, for and in consideration of the payments provided for
28	under this Agreement and upon the conditions hereinafter set forth, medical services to persons covered
29	by this Agreement; and
30	WHEREAS, the parties desire to provide a full statement of their respective rights and
31	responsibilities in connection with the provision of or arrangement for medical services to persons
32	covered by this Agreement.
33	NOW, THEREFORE, IT IS MUTUALLY AGREED AS FOLLOWS:
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Attachment I. Redline Version to Attachment A

1		REFERENCED CONTRACT PRO	<u>OVISIONS</u>
2			_
3	Master Alloca	tion Period: July 1, 2009 2008 through June 30, 2	010 2009
4			
5	HOSPITAL All	location Period: July 1, 2009 through June 30, 2010	
6			
7	Notices to CO	UNTY and HOSPITAL:	
8			
9	COUNTY:	Orange County Health Care Agency	
10		Manager of Operations	
11		Medical and Institutional Health Services Operat	ions
12		405 W. 5 th Street, Room 718	
13		Santa Ana, California 92701	
14			
15		Orange County Health Care Agency	
16		Deputy Agency Director	
17		Medical & Institutional Health Services	
18		405 W. 5 th Street, Room 726	
19		Santa Ana, CA 92701	
20			
21	HOSPITAL:	«Hospital_Legal_Name»	
22		«Street_»	
23		«City_», «State_» «Zip»	
24		Attn: «NameTitle»	
25			
26	HOSPITAL'S	Insurance Coverages:	
27	Coverage		Minimum Limits
28	Workers' Comp	pensation	Statutory
29	Employer's Lia	ability	\$1,000,000
30	Professional Li	ability	\$3,000,000
31	Comprehensive	e General Liability	\$5,000,000
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I. ALLOCATION PERIOD

- A. The allocation period of this Agreement shall commence and terminate as specified on Page 3 of this Agreement, unless otherwise sooner terminated as provided elsewhere in this Agreement; provided, however, the parties shall continue to be obligated to comply with the requirements and perform such duties specified in this Agreement. Such duties include, but are not limited to, obligations with respect to claims processing, reimbursement, confidentiality, indemnification, audits, accounting, and data reporting.
- B. Any administrative duty or obligation to be performed pursuant to this Agreement on a weekend or holiday may be performed on the next regular business day.

II. <u>ALTERATION OF TERMS</u>

This Agreement, together with Exhibits A, B, and BC attached hereto and incorporated herein by reference, fully expresses all understanding of COUNTY and HOSPITAL with respect to the subject matter of this Agreement, and shall constitute the total Agreement between the parties for these purposes. No addition to, or alteration of, the terms of this Agreement, whether written or verbal, shall be valid unless made in writing and formally approved and executed by both parties.

III. <u>COMPLIANCE</u>

- A. COUNTY'S Health Care Agency (HCA) has established a Compliance Program for the purpose of ensuring adherence to all rules and regulations related to federal and state health care programs.
- 1. HOSPITAL may adopt HCA'S Compliance Program or establish its own. If HOSPITAL has established its own Compliance Program, HOSPITAL shall acknowledge existence of HCA's Compliance Program and shall provide certification to ADMINISTRATOR that HOSPITAL shall operate its own Compliance Program and shall ensure that its employees, subcontractors, interns, volunteers, and members of Board of Directors or duly authorized agent, if appropriate, ("Covered Individuals") are made aware of HOSPITAL'S Compliance Program policies and procedures.
- 2. If HOSPITAL elects to adopt HCA'S Compliance Program, ADMINISTRATOR shall provide HOSPITAL with a copy of the relevant HCA Policies and Procedures relating to the Office of Compliance. HOSPITAL shall ensure that Covered Individuals relative to this Agreement are made aware of these Policies and Procedures.
- B. CODE OF CONDUCT Under the direction of the HCA Office of Compliance, a Code of Conduct for adherence by all HCA employees and contract providers has been developed.
- 1. Within thirty (30) calendar days of award of this Agreement, HOSPITAL has the option of submitting to ADMINISTRATOR a signed acknowledgement and agreement that HOSPITAL shall comply with the "HCA Contractor Code of Conduct" specified in subparagraph B.3 below or HOSPITAL shall submit a copy of its Code of Conduct to ADMINISTRATOR for review and comparison to federal, state, and COUNTY standards by the HCA Compliance Officer.

1	2. If HOSPITAL elects to submit a copy of its Code of Conduct, HCA's Compliance Officer
2	shall advise HOSPITAL of any necessary changes to Hospital's Code of Conduct to meet minimum
3	standards and HOSPITAL shall either take necessary action to meet said standards or shall be asked to
4	acknowledge and agree to the "HCA Contractor Code of Conduct" specified in subparagraph B.3. below.
5	3. HCA CONTRACTOR CODE OF CONDUCT HOSPITAL and its employees and
6	subcontractors shall:
7	a. Comply with all applicable laws, regulations, rules or guidelines when providing and
8	billing for services specified herein.
9	b. Use their best efforts to conduct themselves honestly fairly, courteously and with a high
10	degree of integrity in their professional dealings related to this Agreement and avoid any conduct that
11	could reasonably be expected to reflect adversely upon the integrity of HOSPITAL and/or COUNTY.
12	c. Treat COUNTY employees, clients and other COUNTY contractors fairly and with
13	respect.
14	d. NOT engage in any activity in violation of this Agreement, nor engage in any other
15	conduct which violates any applicable law, regulation, rule or guideline.
16	e. Take precautions to ensure that claims are prepared and submitted accurately, timely and
17	are consistent with all applicable laws, regulations, rules or guidelines.
18	f. Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or
19	reimbursement of any kind are submitted.
20	g. Bill only for eligible services actually rendered and fully documented and use billing
21	codes that accurately describe the services provided.
22	h. Act promptly to investigate and correct problems if errors in claims or billings are
23	discovered.
24	i. Promptly report to HCA'S Compliance Officer any activity that HOSPITAL believes
25	may violate the standards of the HCA Compliance Program, or any other applicable law, regulation, rule
26	or guideline.
27	j. Promptly report to HCA'S Compliance Officer any suspected violation(s) of this HCA
28	Contractor Code of Conduct by COUNTY employees.
29	k. Consult with HCA's Compliance Officer if there are any questions or uncertainties of any
30	Compliance Program standard or any other applicable law regulation, rule or guideline.
31	4. Failure of HOSPITAL to submit the acknowledgement of the HCA Contractor Code of
32	Conduct or its own Code of Conduct shall constitute a material breach of this Agreement, and failure to
33	eure such breach within sixty (60) calendar days of such notice from ADMINISTRATOR shall constitute
34	grounds for termination of this Agreement as to the non-complying party.
35	C. HOSPITAL shall screen all Covered Individuals employed or retained to provide services related
36	to this Agreement to ensure that they are not designated as "Ineligible Persons," as defined hereunder.
37	Screening shall be conducted against the General Services Administration's List of Parties Excluded from

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Federal Programs and the Health and Human Services / Office of Inspector General List of Excluded Individuals / Entities.

- 1. Ineligible Person shall be any individual or entity who: (i) is currently excluded, suspended, debarred or otherwise ineligible to participate in the federal health care programs; or (ii) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the federal health care programs after a period of exclusion, suspension, debarment, or ineligibility.
- 2. HOSPITAL shall screen prospective Covered Individuals prior to hire or engagement. HOSPITAL shall not hire or engage any Ineligible Person to provide services relative to this Agreement.
- 3. HOSPITAL shall screen all current Covered Individuals annually unless otherwise authorized in writing by ADMINISTRATOR, to ensure that they have not become Ineligible Persons.
- 4. Covered Individuals shall be required to disclose to HOSPITAL immediately any debarment, exclusion or other event that makes the Covered Individual an Ineligible Person. HOSPITAL shall notify COUNTY immediately upon such disclosure.
- 5. In addition to screening organizations and vendor under subcontract, HOSPITAL shall also request that its subcontractors use their best efforts to verify that they are eligible to participate in all federal and State of California health programs and have not been excluded or debarred from participation in a federal or state health care programs, and to further represent to HOSPITAL that they do not have any Ineligible Person in their employ or under contract.
- 6. HOSPITAL acknowledges that Ineligible Persons are precluded from providing federal and state funded health care services by contract with COUNTY in the event that they are currently sanctioned or excluded by a federal or state law enforcement regulatory or licensing agency. If HOSPITAL becomes aware that a Covered Individual has become an Ineligible Person, HOSPITAL shall remove such individual from responsibility for, or involvement with, HCA business operations related to this Agreement.

D. REIMBURSEMENT STANDARDS

- 1. HOSPITAL shall take reasonable precaution to ensure that the coding of health care claims and billing for same are prepared and submitted in an accurate and timely manner and are consistent with federal, state and county laws and regulations. This includes compliance with federal and state health care
- -program regulations and procedures or instructions otherwise communicated by regulatory agencies including the Centers for Medicare and Medicaid Services or their agents.
- 2. HOSPITAL shall not submit false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind.
- 3. HOSPITAL shall bill only for those eligible services actually rendered which are also fully documented. When such services are coded, HOSPITAL shall use only correct billing codes that accurately describe the services provided.

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- 4. HOSPITAL shall act promptly to investigate and correct any problems or errors in coding of claims and billing, if and when, any such problems or errors are identified.
- E. COMPLIANCE TRAINING ADMINISTRATOR shall make General Compliance Training and Provider Compliance Training, where appropriate, available to Covered Individuals.
- 1. HOSPITAL shall use its best efforts to encourage completion by Covered Individuals; provided, however, that at a minimum HOSPITAL shall assign at least one (1) designated representative to complete all Compliance Trainings when offered attendance at Compliance Training by Covered Individuals.
- 2. Such training will be made available to Covered Individuals within thirty (30) calendar days of employment or engagement.
 - 3. Such training will be made available to each Covered Individual annually.
- 4. Each Covered Individual attending training shall certify, in writing, attendance at compliance training. HOSPITAL shall retain the certifications. Upon written request by ADMINISTRATOR, HOSPITAL shall provide copies of the certifications.

IV. CONFIDENTIALITY

- A. Each party shall use its best efforts to maintain the confidentiality of all records, including billings, claims, and any audio and/or video recordings, in accordance with all applicable state and federal codes and regulations, as they now exist or may hereafter be amended or changed.
- B. Prior to providing any services pursuant to this Agreement, all members of the Board of Directors or its designee or authorized agent, HOSPITAL'S employees, subcontractors, and contractors, volunteer staff or interns of HOSPITAL, and members of Board of Directors or duly authorized agent(s) shall agree, in writing, with HOSPITAL to use their respective best efforts to maintain, in accordance with applicable laws and regulations, the confidentiality of any and all information and records which may be obtained in the course of providing such services. The Agreementagreement shall specify that it is effective irrespective of all subsequent resignations or terminations of HOSPITAL'S Board employees, contractors, volunteer staff or interns, and members or its designee of Board of Directors or duly authorized agent, employees, subcontractors, and volunteers or interns.
- C. However, COUNTY understands and agrees that if HOSPITAL is a public institution, HOSPITAL is subject to the provisions of the California Public Records Act. In the event HOSPITAL receives a request to produce this Agreement, or identify any term, condition, or aspect of this Agreement, HOSPITAL will contact COUNTY, within forty-eight (48) hours to advise of such request to release this information.

V. DELEGATION, AND ASSIGNMENT AND SUBCONTRACTS

A. HOSPITAL may not delegate the obligations hereunder, either in whole or in part, without

prior written consent of COUNTY, which consent shall not be unreasonably withheld, conditioned, or delayed; provided however, obligations undertaken by HOSPITAL pursuant to this Agreement may be carried out by means of contracts, provided such contracts meet the requirements of this Agreement as they relate to the service or activity under contract, include any provisions that ADMINISTRATOR may reasonably require, and are approved in writing by ADMINISTRATOR, which approval shall not be unreasonably conditioned, withheld, or delayed. This provision shall not be applicable to service agreements usually and customarily entered into by HOSPITAL to obtain or arrange for supplies, technical support, or professional services. No contract shall terminate or alter the responsibilities of HOSPITAL to COUNTY pursuant to this Agreement.

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- B. HOSPITAL may not assign the rights hereunder, either in whole or in part, without the prior written consent of COUNTY, which consent shall not be unreasonably withheld, conditioned, withheld, or delayed.
- B. For HOSPITAL which are nonprofit corporations, any change from a nonprofit corporation to any other corporate structure of HOSPITAL, including a Any change in more than fifty percent (50%) of the composition of the Board of Directors within a two (2) month period of time, shall be deemed an assignment for purposes of this paragraph. Any attempted assignment or delegation in derogation of this paragraph shall be void. ADMINISTRATOR may disallow, from payments otherwise due HOSPITAL, amounts claimed for subcontracts not approved in accordance with this paragraph.
- C. For HOSPITAL which are for-profit organizations, any change in the businessthe control structure, including but not limited to, the sale or transfer of more than tenfifty percent (1050%) of the assets or stocksstock of HOSPITAL, change to another corporate structure, including a change to a sole proprietorship, or a change in fifty percent (50%) or more of HOSPITAL'S directors at one time (sixmonths or less) shall be deemed an assignment pursuant to this paragraph. Any attempted assignment or delegation in derogation of this paragraph shall be void.

VI. FACILITIES, PAYMENTS AND SERVICES

- A. COUNTY shall compensate HOSPITAL, and HOSPITAL agrees to provide the services, staffing, facilities, any equipment and supplies, and reports in accordance with this Agreement. HOSPITAL shall use its best efforts to operate continuously throughout the allocation period of this Agreement with at least the minimum number and type of staff which meet applicable state requirements, and which are necessary for the provision of services hereunder.
- B. HOSPITAL shall, at its own expense, provide and maintain the organizational and administrative capabilities required to carry out its duties and responsibilities under this Agreement and in accordance with all applicable statutes and regulations pertaining to hospital service providers.

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VII. <u>INSPECTIONS AND AUDITS</u>

- A. ADMINISTRATOR, any authorized representative of COUNTY, any authorized representative of the State of California, the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States, or any of their authorized representatives, shall have access to any books, documents, and records, including, but not limited to, medical and patient records, of HOSPITAL which such persons deem reasonably pertinent to this Agreement, for the purpose of responding to a patient complaint or, conducting an audit, review, evaluation, or examination, or making transcripts during the periods of retention set forth in the Records Paragraph of Exhibit A to this Agreement. The above mentioned persons, may at all reasonable times, inspect or otherwise evaluate the services provided pursuant to this Agreement and the premises in which they are provided; provided, however, such inspections or evaluations shall not interfere with patient care.
 - 1. These audits, reviews, evaluations, or examinations may include, but are not limited to, the following:
 - a. Level and quality of care, including the necessity and appropriateness of the services provided.
 - b. Financial records when determined necessary to protect public funds.
- 2. ADMINISTRATOR shall provide HOSPITAL with at least fifteen (15) calendar days prior notice of such inspection or evaluation. Unannounced inspections, evaluations, or requests for information may be made in those situations where arrangement of an appointment beforehand is not possible or inappropriate due to the nature of the inspection or evaluation.
- B. HOSPITAL shall actively participate and cooperate with any person specified in subparagraph A. above in any evaluation of the services provided pursuant to this Agreement, and shall provide the abovementioned persons adequate office space to conduct such evaluation.

C. AUDIT RESPONSE

- 1. Following an audit report, in the event of non-compliance with applicable laws and regulations governing funds provided, or to be provided, through this Agreement, COUNTY may terminate this Agreement or may direct HOSPITAL to immediately implement appropriate corrective action. A plan of correction shall be submitted to ADMINISTRATOR in writing within thirty (30) calendar days after receiving notice from ADMINISTRATOR.
- 2. If the audit reveals that money is payable from one party to the other, that is, reimbursement by HOSPITAL to COUNTY, or payment of sums due from COUNTY to HOSPITAL, said funds shall be due and payable from one party to the other within sixty (60) calendar days of receipt of the audit results. If reimbursement is due from HOSPITAL to COUNTY, and such reimbursement is not received within said sixty (60) days, COUNTY may, in addition to any other remedies, reduce any amount owed

HOSPITAL by an amount not to exceed the reimbursement due COUNTY.

VIII. INSURANCE

- A. HOSPITAL warrants that it is self-insured or shall maintain in force at all times during the allocation period of this Agreement, the policy or policies of insurance covering its operations with reputable insurance companies in amounts as specified on Page 3 of this Agreement. Upon request by ADMINISTRATOR, HOSPITAL shall provide evidence of such insurance.
- B. COUNTY warrants it is self-insured or maintains policies of insurance placed with reputable insurance companies licensed to do business in the State of California which insure the perils of bodily injury, medical, professional liability and property damage. Upon request by HOSPITAL, COUNTY shall provide evidence of such insurance.

IX. LICENSES AND LAWS

- A. HOSPITAL, its officers, agents, employees, affiliates, and contractors shall, throughout the allocation period of this Agreement, maintain all necessary licenses, permits, approvals, accreditations, certificates, waivers and exemptions necessary for the provision of the services hereunder and required by the laws and regulations of the United States, the State of California, COUNTY, and any other applicable governmental agencies. HOSPITAL shall notify ADMINISTRATOR immediately and in writing of its inability to obtain or maintain, irrespective of the pendency of any hearings or appeals, such permits, licenses, approvals, certificates, accreditations, waivers and exemptions. Said inability shall be cause for termination of this Agreement.
- B. HOSPITAL shall comply with all applicable governmental laws, regulations, or requirements as they exist now or may be hereafter amended or changed.
- C. This Agreement is not intended nor shall it be construed to affect, except as expressly provided for herein, COUNTY'S or HOSPITAL'S existing rights, obligations, and responsibilities with respect to care required by or provided to indigent patients; provided, however, that each party's rights and obligations with respect to patients treated hereunder shall be limited to the rights and obligations established and agreed to hereunder.
- D. HOSPITAL warrants, to the best of its knowledge, that all hospital-based physicians providing services at HOSPITAL, under this Agreement, are and will continue to be, as long as this Agreement remains in effect, the holders of currently valid licenses to practice medicine in the State of California and are members in "good standing" of the medical staff of HOSPITAL'S facility.
- E. HOSPITAL warrants that it makes its best effort to fully comply with all federal and state statutes and regulations regarding the employment of aliens and others and that employees performing work under this Agreement meet the citizenship or alien status requirement set forth in federal statutes and regulations. HOSPITAL shall obtain, from all employees performing work hereunder, all verification and

other documentation of employment eligibility status required by federal or state statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as

-they currently exist and as they may be hereafter amended. HOSPITAL shall retain all such documentation for all covered employees for the period prescribed by the law.

F. ENFORCEMENT OF CHILD SUPPORT OBLIGATIONS

- 1. HOSPITAL agrees to furnish to ADMINISTRATOR within thirty (30) calendar days of the award of this Agreement:
- a. In the case of an individual contractor, his/her name, date of birth, Social Security number, and residence address:
- b. In the case of a contractor doing business in a form other than as an individual, the name, date of birth, Social Security number, and residence address of each individual who owns an interest of ten percent (10%) or more in the contracting entity;
- c. A certification that HOSPITAL has fully complied with all applicable federal and state reporting requirements regarding its employees;
- d. A certification that HOSPITAL has fully complied with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment, and will continue to so comply.
- 2. Failure of HOSPITAL to timely submit the data or certifications required by subparagraph 1.a., 1.b., 1.c., or 1.d. above, or to comply with all federal and state employee reporting requirements for child support enforcement or to comply with all lawfully served Wage and Earnings Assignment Orders and Notices of Assignment shall constitute a material breach of this Agreement, and failure to cure such breach within sixty (60) calendar days of notice from COUNTY shall constitute grounds for termination of this Agreement as to the non-complying party.
- 3. It is expressly understood that this data will be transmitted to governmental agencies charged with the establishment and enforcement of child support orders, or as permitted by federal and/or state statute.

X. NONDISCRIMINATION

A. EMPLOYMENT

1. During the performance of this Agreement, HOSPITAL shall not unlawfully discriminate against any employee or applicant for employment because of his or her ethnic group identification, race, religion, ancestry, color, creed, sex, marital status, national origin, age (40 and over), sexual preference, medical condition, or physical or mental disability. HOSPITAL shall warrant that the evaluation and treatment of employees and applicants for employment are free from discrimination in the areas of employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training, including apprenticeship. There shall be posted, in conspicuous places, available to employees and applicants for

employment, notices from ADMINISTRATOR and/or the United States Equal Employment Opportunity Commission setting forth the provisions of the Equal Opportunity Clause.

- 2. All solicitations or advertisements for employees placed by or on behalf of HOSPITAL and its contractors shall state that all qualified applicants will receive consideration for employment without regard to ethnic group identification, race, religion, ancestry, creed, color, sex, marital status, national origin, age (40 and over), sexual preference, medical condition, or physical or mental disability. Such requirement shall be deemed fulfilled by use of the phrase "an equal opportunity employer."———
- 3. HOSPITAL shall give written notice of its obligations under this Equal Opportunity Clause to each labor union with which HOSPITAL has a collective bargaining agreement.
- 4. Upon a finding of discrimination by the Equal Opportunity Commission, Department of Fair Employment and Housing, or a court of competent jurisdiction, and after exhaustion of any and all appeals, this Agreement may be canceled, terminated or suspended in whole or in part, and HOSPITAL may be declared ineligible for future contracts.
- B. SERVICES, BENEFITS, AND FACILITIES HOSPITAL shall not discriminate in the provision of services, the allocation of benefits, or in the accommodation in facilities on the basis of ethnic group identification, race, religion, ancestry, creed, color, sex, marital status, national origin, age (40 and over), sexual preference, medical condition, or physical or mental disability in accordance with Title VI of the Civil Rights Act of 1964 (,-42, U.S.C.A. §2000d) and all other pertinent rules and regulations promulgated pursuant thereto, and as otherwise provided by state law and regulations, as all may now exist or be hereafter amended or changed.
- C. PERSONS WITH DISABILITIES HOSPITAL agrees to comply with the provisions of §504 of the Rehabilitation Act of 1973 (29 U.S.C.A. 794 et seq., as implemented in 45 CFR 84.1 et seq.), and the Americans with Disabilities Act of 1990 (42 U.S.C.A. 12101, et seq.), pertaining to the prohibition of discrimination against qualified persons with disabilities in all programs or activities, as they exist now or may be hereafter amended together with succeeding legislation.
- D. RETALIATION Neither HOSPITAL, nor its employees or agents shall intimidate, coerce, or take adverse action against any person for the purpose of interfering with rights secured by federal or state laws, or because such person has filed a complaint, certified, assisted, or otherwise participated in an investigation, proceeding, hearing or any other activity undertaken to enforce rights secured by federal or state law.

XI. NOTICES

- A. Unless otherwise specified in this Agreement, all notices, claims, correspondence, reports, and/or statements authorized or required by this Agreement, shall be effective:
 - 1. When written and delivered personally; or

- 2. Three (3) days from the date sent by certified or registered mail in the United States Postal Service, return receipt requested, postage prepaid, or first class postage prepaid, and addressed as specified on Page 3 of this Agreement; or
 - 3. When faxed FAXed, transmission confirmed; or
 - 4. When sent by electronic mail; or
- 5. When accepted by United States Postal Service Express Mail, Federal Express, United Parcel Service, or other expedited delivery service.
- B. Termination Notices shall be addressed as specified on Page 3 of this Agreement or as otherwise directed by ADMINISTRATOR and shall be effective when faxed FAXed, transmission confirmed, or when accepted by U.S. Postal Service Express Mail, Federal Express, United Parcel Service, or other expedited delivery service.
- C. Any party to this Agreement may change the address at which it wishes to receive notice by giving notice to the other party in the manner set forth above. For purposes of this Agreement, any notice to be provided by COUNTY may be given by ADMINISTRATOR.
- D. HOSPITAL shall notify ADMINISTRATOR, in writing, within twenty-four (24) hours of becoming aware of any occurrence of a serious nature, which may expose COUNTY to liability. Such occurrences shall include, but not be limited to, accidents, injuries, or acts of negligence, or loss or damage to any COUNTY property in possession of HOSPITAL.
- E—D. For purposes of this Agreement, HOSPITAL agrees that the Hospital Association of Southern California (HASC) shall act as a representative of all Contracting Hospitals for the purpose of distributing and/or coordinating any notices which shall be provided by ADMINISTRATOR and which shall be applicable to all Contracting Hospitals. In such instances, notification to HASC shall be deemed as notification to HOSPITAL.

XII. <u>SEVERABILITY</u>

If a court of competent jurisdiction declares any provision of this Agreement or application thereof to any party, person or circumstances to be invalid or if any provision of this Agreement contravenes any federal, state, or county statute, ordinance, or regulation, the remaining provisions of this Agreement or the application thereof shall remain valid, and the remaining provisions of this Agreement shall remain in full force and effect, and to that extent the provisions of this Agreement are severable, unless to do so would defeat an essential business purpose of this Agreement.

XIII. STATUS OF PARTIES

A. Each party is, and shall at all times be deemed to be, an independent contractor and shall be wholly responsible for the manner in which it performs the services required of it by the terms of this Agreement. Each party is entirely responsible for compensating staff and consultants employed by that party. This Agreement shall not be construed as creating the relationship of employer and employee, or

principal and agent, between COUNTY and HOSPITAL or of either party's employees, agents, consultants, or contractors. Each party assumes exclusively the responsibility for the acts of its employees, agents, consultants, or contractors as they relate to the services to be provided during the course and scope of their employment or respective contracts.

B. COUNTY shall neither have, nor exercise, any control or direction over the methods by which HOSPITAL shall perform its obligations under this Agreement. The standards of medical care and professional duties of HOSPITAL'S employees performing medical services under this Agreement shall be determined, as applicable, by HOSPITAL'S Board of Directors and the standards of care in the community in which HOSPITAL is located, and all applicable provisions of law and other rules and regulations of any and all governmental authorities relating to licensure and regulation of HOSPITAL.

XIV. TERM

- A. This specific Agreement with HOSPITAL is only one of several agreements to which the terms of this Master Agreement applies. The term of this Master Agreement shall commence on July 1, 20092008 and terminate on June 30, 20102009; provided, however, that the specific term for HOSPITAL shall be as specified on Page 3 of this Agreement; and provided further that the parties shall continue to be obligated to comply with the requirements and perform the duties specified in this Agreement. Such duties include, but are not limited to, obligations with respect to reporting, indemnification, audits, and accounting.
- B. Any administrative duty or obligation to be performed pursuant to this agreement on a weekend or holiday may be performed on the next regular business day.

XIV. TERMINATION

- A. Neither party shall be liable nor deemed to be in default for any delay or failure in performance under this Agreement or other interruption of service or employment deemed resulting, directly or indirectly, from Acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquakes, floods, failure of transportation, machinery or suppliers, vandalism, strikes or other work interruptions by a party's officers, agents, employees, affiliates, or contractors, or any similar cause beyond the reasonable control of any party to this Agreement. However, all parties shall make good faith efforts to perform under this Agreement in the event of any such circumstance.
- B. COUNTY may terminate this Agreement immediately, upon written notice, on the occurrence of any of the following events:
 - 1. The loss by HOSPITAL of legal capacity.
 - 2. Cessation of services.
- 3. The loss of accreditation or any license required by the Licenses and Law paragraph of this Agreement.
 - 4. The delegation or assignment by HOSPITAL of obligations hereunder to another entity

1	without the prior written consent of COUNTY.
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5	C. CONTINGENT FUNDING
6	1. Any obligation of COUNTY under this Agreement shall be contingent upon the following:
7	a. The continued availability of federal, state and county funds for reimbursement of
8	COUNTY'S expenditures, and
9	b. Inclusion of sufficient funding for the services hereunder in the applicable budget
10	approved by the Board of Supervisors.
11	2. In the event such funding is subsequently reduced or terminated:
12	a. COUNTY may reduce its obligations to make payments under this Agreement upon
13	thirty (30) calendar days prior written notice to HOSPITAL.
14	b. HOSPITAL may terminate this Agreement; provided, however, HOSPITAL shall give
15	thirty (30) calendar days prior written notice to COUNTY, which notice shall be given no later than thirty
16	(30) calendar days after notice by COUNTY of its intent to reduce funding, without any cure period,
17	notwithstanding any other prior or subsequent provisions of this Agreement.
18	D. After receiving a Notice of Termination, HOSPITAL shall do the following:
19	1. Comply with termination instructions provided by ADMINISTRATOR in a manner that is
20	consistent with recognized standards of quality care and prudent business practice for hospitals in the
21	communities in which HOSPITAL is located.
22	2. Obtain immediate clarification from ADMINISTRATOR of any unsettled issues of contract
23	performance during the remaining allocation period.
24	3. Until the date of termination, continue to provide the same level of service required by this
25	Agreement.
26	4. Until the date of termination, continue to be reimbursed by COUNTY for provision of services specified herein.
27	5. If patients are to be transferred to another facility for services, furnish ADMINISTRATOR.
28	upon request, all patient information and records deemed necessary by ADMINISTRATOR to effect an
2930	orderly transfer.
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32	6. Assist ADMINISTRATOR in effecting the transfer of patients in a manner consistent with
33	their best interests.
34	E. The rights and remedies of COUNTY and HOSPITAL provided in this Termination paragraph
35	shall not be exclusive, and are in addition to any other rights and remedies provided by law or under this
36	Agreement.
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XVI.I. THIRD PARTY BENEFICIARY No party hereto intends that this Agreement shall create rights hereunder in third parties including, but not limited to, any contractors or any patients provided services hereunder. // XVII.I. WAIVER OF DEFAULT OR BREACH Waiver by either party of any default by the other party shall not be considered a waiver of any other or subsequent default. Waiver by either party of any breach by the other party of any provision of this Agreement shall not be considered a waiver of any other or subsequent breach. Waiver by the other party of any default or any breach by the other party shall not be considered a modification of the terms of this Agreement. //

Attachment I. Redline Version to Attachment A

1	IN WITNESS WHEREOF, the parties	have executed this Agreement in the County of Orange, State
2	of California.	
3		
4	COUNTY OF ORANGE	
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6	BY:	
7		
8	HEALTH CARE AGENCY	
9		
10	DATE:	<u></u>
11		
12		
13		
14	«Hospital_Legal_Name»	
15		
16	BY:	BY:
17		
18	PRINTED NAME:	PRINTED NAME:
19	TOTAL C	
20	TITLE:	TITLE:
21	DATED:	DATED.
22	DATED:	DATED:
23		
2425		
25 26	APPROVED AS TO FORM:	
20 27	OFFICE OF THE COUNTY COUNSEL	
28	ORANGE COUNTY, CALIFORNIA	
29		
30	BY:	DATED:
31		<u> </u>
32	If Hospital is a corporation, two (2) signate	ures are required: one (1) signature by the Chairman of the
33		dent or any Vice President; and one (1) signature by the
34		hief Financial Officer or any Assistant Treasurer. If the
35	11	ndividual only, a copy of the corporate resolution or by-laws
36		ered said authorized individual to act on its behalf by his or
37	her signature alone is required	·

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EXHIBIT A

TO AGREEMENT FOR THE PROVISION OF INDIGENT AND TRAUMA CARE FISCAL YEAR 2009-102008-09

I. DEFINITIONS

The parties agree to the following terms and definitions, and to those terms and definitions, which for convenience are set forth elsewhere in this Agreement.

- A. "CHDP" means Child Health and Disability Prevention Program.
- B. "CHIP" means the California Healthcare for Indigents Program.
- C. "CHIP CHDP Diagnosis and Treatment Services Account" means those funds separate from CHIP Hospital Formula or CHIP County Discretionary Hospital Funds identified by COUNTY for payment to approved Child Health and Disability Prevention Program providers for outpatient and ancillary services provided to CHIP CHDP eligible clients. Such funds may not be available each Fiscal Year and ADMINISTRATOR shall notify HASC if such dollars become unavailable.
- D. "CHIP County Discretionary Hospital Funds" means those CHIP Hospital funds received by COUNTY for distribution to any or all hospitals as determined by ADMINISTRATOR. Such funds may not be available each Fiscal Year and ADMINISTRATOR shall notify HASC if such dollars become unavailable.
- E. "<u>CHIP Eligible Person</u>" means a person determined to be unable to pay for health care services and for whom payment for the services will not be made through private coverage or by any program funded in whole or in part by the federal government.
- F. "CHIP Hospital Formula Funds" means those CHIP Hospital Formula funds received by COUNTY to be distributed according to the OSHPD formula supplied by the State of California. Such funds may not be available each Fiscal Year and ADMINISTRATOR shall notify HASC if such dollars become unavailable.
- G. "Contracting Hospital" or "Hospital" means a hospital that has executed an Agreement for the Provision of Indigent and Trauma Care Services with COUNTY that is the same as this Agreement.
- H. "<u>County Emergency Medical Services Trauma Registry</u>" means a standardized data collection instrument that shall include, at a minimum, the data elements outlined in the California Code of Regulations, Title 22, Chapter 7, Article 2, Section 100257.
- I. "<u>EMS</u>" or "<u>Emergency Medical Services</u>" means the services utilized in responding to a medical emergency.
- J. "<u>EMSF</u>" means the Emergency Medical Services Fund established by COUNTY in accordance with Health and Safety Code Section 1797.98a.
- K. "<u>Fiscal Year 2009-102008-09</u>" or "<u>FY 2009-102008-09</u>" means the period commencing July 1, 20092008 and ending June 30, 20102009.

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- L. "<u>Inability to pay</u>" means a financial condition that meets the written standards and policies established by HOSPITAL for charity care that shall be reported by HOSPITAL in accordance with the regulations published by the Office of Statewide Health Planning and Development.
- M. "Local EMS Agency" means the Orange County Health Care Agency's Emergency Medical Services program.
- N. "Medically necessary services" means medical services necessary to protect life, to prevent significant disability or to prevent serious deterioration of health.
 - O. "OSHPD" means the Office of Statewide Health Planning and Development.
- P. <u>"SB 1773 Funds"</u> means additional revenues from certain fines and penalties received by COUNTY and deposited into the EMSF— <u>"State EMS Authority"</u> means the State Emergency Medical Services Authority.
 - Q. "State EMS Authority" means the State Emergency Medical Services Authority.
- R—Q. "<u>Tobacco Settlement Revenue Funds</u>" or "<u>TSR Funds</u>" means those Tobacco Settlement Revenue funds received by COUNTY, pursuant to Measure H, to be distributed to hospitals to offset the cost of providing charity care.
- SR. "<u>Trauma Care Fund</u>" means a fund created in the State Treasury, pursuant to Health and Safety (H&S) Code 1797.199 *et seq.*, to provide monies for allocations to local EMS agencies, for distribution to Local EMS agency-designated trauma centers.
- TS. "Trauma Care Fund Allocation (EMSA)" means funds allocated to COUNTY by the State EMS Authority (EMSA), for distribution to Local EMS Agency-designated trauma centers within the Local EMS Agency's jurisdiction. Such funds may not be available each Fiscal Year and ADMINISTRATOR shall notify HASC if such dollars become unavailable.
- UT. "Trauma Center" means a licensed hospital, accredited by the Joint Commission on Accreditation of Healthcare Organizations, which has been designated as a Level I or II trauma center by the Local EMS Agency.

II. HOSPITAL OBLIGATIONS

A. CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM

- 1. As a condition for HOSPITAL to receive CHIP Hospital Formula Funds, HOSPITAL shall:
- a. Maintain for the allocation period of this Agreement at least the same number and classification of permits and designations as existed on January 1, 1990, in the following program areas:
 - 1) Emergency Room Licensure Status, and
 - 2) Trauma facility designation.
 - b. Provide data as required by the state as set forth in Exhibit B to this Agreement.
- c. Assure that the funds received pursuant to this Agreement be used only for services provided to CHIP Eligible Persons.
 - d. Not require, as specified in Welfare and Institutions Code Sections 16942(a) and

16804.1, a fee or charge of any person before rendering medically necessary services.

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- e. Provide, at the time treatment is sought, individual notice of the availability of reduced cost health care and display conspicuous posted notices in emergency rooms and patient waiting rooms of the procedures for applying for reduced cost health care.
- f. Waive any further collection efforts against the patient for costs claimed under this Agreement in accordance with Welfare and Institutions Code, Section 16947, as it exists now, or may hereafter be amended.
- 2. In the event HOSPITAL receives payment from a CHIP Eligible Person or responsible third party payor for a CHIP Eligible Person, HOSPITAL shall report payment as specified in subparagraph II.A.1.b. above of this Exhibit A to the Agreement.
- 3. In the event HOSPITAL does not comply with the provisions of this Agreement or produces insufficient data regarding services rendered to CHIP Eligible Persons, HOSPITAL shall remit to COUNTY, within thirty (30) calendar days of notification, a portion of the funds received through this Agreement which amount shall be determined by COUNTY in accordance with Welfare and Institutions Code, Section 16946, as it exists now or may hereafter be amended.

B. TOBACCO SETTLEMENT REVENUE (TSR)

- 1. As a condition for HOSPITAL to receive TSR Funds, HOSPITAL shall maintain basic or comprehensive emergency services. For the purposes of this Agreement, Children's Hospital of Orange County and Children's Hospital at Mission are deemed to meet this requirement as their emergency services are provided through a shared services agreement with St. Joseph Hospital and Mission Hospital, respectively.
- 2. In the event that reporting requirements are established as a condition for COUNTY to receive TSR Funds, HOSPITAL shall work in collaboration with COUNTY to address those reporting requirements. ADMINISTRATOR shall notify HASC of any such requirements.
- C. EMERGENCY MEDICAL SERVICES FUND As a condition for HOSPITAL to receive funds from the Emergency Medical Services Fund, HOSPITAL shall:
- 1. Be designated as a trauma center by the Local EMS Agency pursuant to Health and Safety Code, Section 1798.165.
- 2. Submit relevant and pertinent data as requested by the Local EMS Agency that complies with state and local EMS data requirements.
- 3. Long Beach Memorial Medical Center, as a COUNTY designated Orange County trauma center, shall be obligated to only those terms specified in this subparagraph II.C. of Exhibit A to the Agreement.
- D. TRAUMA CARE FUND (EMSA) As a condition for HOSPITAL to receive funds from the Trauma Care Fund (EMSA) Allocation, HOSPITAL shall:

- 1. Be designated as a trauma center by the Local EMS Agency pursuant to California Health & Safety Code, Section 1798.165 and comply with the requirements of the H&S Code section.
 - 2. Be located within the Local EMS Agency's geographic boundaries.
- 3. Agree to remain a trauma center through June 30 of the fiscal year in which it receives funding. If the trauma center ceases to function as a trauma center, HOSPITAL shall pay back to the COUNTY a pro rata portion of the funding that has been received.
- 4. Submit relevant and pertinent data as requested by the Local EMS Agency that complies with state and local data requirements.
- 5. Demonstrate that it is appropriately submitting data to the Local EMS Agency's trauma registry.
 - 6. Report to the Local EMS Agency how the funds were used to support trauma services.
 - E. SB 1773 FUNDS As a condition for HOSPITAL to receive SB 1773 funds, HOSPITAL shall:
- 1. Be designated as a trauma center by the Local EMS Agency pursuant to California Health & Safety Code, Section 1798.165 and comply with the requirements of the H&S Code section.
 - 2. Be located within the Local EMS Agency's geographic boundaries.
- 3. Agree to remain a trauma center and/or provide contracted pediatric trauma care and/or emergency services through June 30 of the fiscal year in which it receives funding. If the trauma center ceases to function as a trauma center, HOSPITAL shall pay back to the COUNTY a pro rata portion of the funding that has been received.
- 4. Submit relevant and pertinent pediatric and/or trauma care services data as requested by the Local EMS Agency that complies with state and local data requirements.
- 5. Demonstrate that it is appropriately submitting data to the Local EMS Agency's trauma registry.
 - 6. Report to the Local EMS Agency how the funds were used to support trauma services.
- F. Unless otherwise specified herein, in the event of audit exceptions and/or fiscal disallowances by the state and/or COUNTY for funds received by HOSPITAL for services provided in accordance with this Agreement, HOSPITAL shall remit all or part of funds received in accordance with directions provided by ADMINISTRATOR subject to all appeals as permitted by law.
- G. HOSPITAL shall sign and return an executed copy of this Agreement to HASC no later than sixty (60) calendar days following receipt of the Agreement from HASC.

III. COUNTY OBLIGATIONS

- A. CHIP--PAYMENTS TO HOSPITAL -- For FY 2009-10, the state did not provide CHIP funding for distribution to COUNTY Hospitals.
- 1. COUNTY shall administer CHIP funds in accordance with Welfare and Institutions Code, Section 16942, as it exists now or may hereafter be amended.
 - 2. Within ten (10) working days of receipt from the state, but not prior to execution of this

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Agreement, COUNTY shall distribute to Contracting Hospitals that are current on all data reports, as specified in Exhibit B to this Agreement, one hundred percent (100%) of the available CHIP Hospital Formula Funds, including any interest earned after receipt by COUNTY, as directed by the state based upon the OSHPD distribution as set forth in Exhibit B to this Agreement.

- 3. COUNTY shall deposit one hundred percent (100%) of the state allocation of CHIP County Discretionary Hospital Funds, less the Administrative Allocation, into the COUNTY'S Medical Services Initiative Program (MSI) Hospital Trust Fund Account for distribution to MSI Contracting Hospitals in accordance with the MSI Hospital Agreement. The Administrative Allocation shall not exceed \$9,259 or ten percent (10%) of the CHIP County Discretionary Hospital Funds, whichever is greater, and shall be retained by COUNTY in consideration for actual administrative costs incurred in administering the CHIP Hospital Formula and CHIP County Discretionary Hospital Funds as well as payment to Hospital Association of Southern California (HASC) and COUNTY'S Fiscal Intermediary respectively, for actual administrative costs incurred as specified in subparagraph III.G. to this Exhibit A.
- 4. Payments made to HOSPITAL shall not exceed the value of care given as reported by HOSPITAL in accordance with Exhibit B to this Agreement.
- 5. COUNTY shall add to the final distribution of CHIP Hospital Formula Funds any interest earned on these Funds.
- 6. COUNTY shall report HOSPITAL data to the state, by June 30th following the year being reported, utilizing the Medically Indigent Care Reporting System (MICRS) for all medical services to indigent patients. COUNTY shall assist HOSPITAL, through HASC, in identifying any patients selected by the state for audit.
- 7. CHIP Hospital Formula Funds designated for Contracting Hospitals that do not meet each of the conditions of this Agreement for receipt of these funds shall be proportionately redistributed to the remaining eligible Contracting Hospitals pursuant to Welfare and Institutions Code, Section 16946.
- 8. COUNTY shall distribute any unused CHIP CHDP Diagnosis and Treatment Services Account funds to Contracting Hospitals that qualify for receipt of CHIP County Discretionary Hospital Funds. The funds shall be distributed in proportion to inpatient services provided to CHDP patients, not to exceed billed charges and not reimbursed by other CHIP CHDP sources.
- 9. COUNTY shall not distribute CHIP Hospital Formula Funds, CHIP County Discretionary Hospital Funds, or any other CHIP Funds to Long Beach Memorial Medical Center.

B. TSR FUND--PAYMENTS TO HOSPITAL

- 1. COUNTY shall distribute TSR Funds, to partially offset the costs of providing charity care, to qualifying Contracting Hospitals within Orange County that maintain basic or comprehensive emergency services or trauma centers. Payment of TSR Funds shall not exceed TSR Funds received and designated by COUNTY for Contracting Hospitals.
 - 2. Within thirty (30) calendar days of receipt from the state or upon receipt of HOSPITAL'S

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executed copy of this Agreement, whichever is later, COUNTY shall distribute FY 2009-102008-09 TSR Funds to HOSPITAL proportionate to HOSPITAL'S Orange County Charity Care-Other plus Bad Debts, as reported to the California Office of Statewide Health Planning and Development (OSHPD) by HOSPITAL, to the total Charity Care-Other and Bad Debts reported by all eligible Orange County Contracting Hospitals. COUNTY shall use the latest official OSHPD data readily available to the public.

- 3. Payments made to HOSPITAL shall not exceed the value of care given as reported by Hospitals to OSHPD.
- 4. At the sole discretion of, and in accordance with the calculations made by ADMINISTRATOR, TSR Funds to HOSPITAL shall be adjusted to reflect additions to or deletions from the list of Contracting Hospitals, as specified in Exhibit C to this Agreement.
- 5. Upon written notification from HASC to ADMINISTRATOR regarding the acquisition of one or more Contracting Hospitals by another Contracting Hospital, ADMINISTRATOR may adjust TSR Funds to HOSPITAL to reflect said acquisition.
 - 6. COUNTY shall not distribute TSR Funds to Long Beach Memorial Medical Center.

C. EMSF--PAYMENTS TO TRAUMA CENTERS

- 1. Payments shall be limited to and made from the hospital portion of the EMSF, after payment of administrative costs permitted by law.
- 2. COUNTY shall pay one hundred twenty-five thousand dollars (\$125,000) to each Orange County-designated trauma center that is a FY 2009-102008-09 Medical Services Initiative Program contracting hospital.
- 3. The balance of the FY 2009-102008-09 EMSF, if any, shall be paid by COUNTY to each trauma center based upon the ratio of services provided by each trauma center to total services provided by all trauma centers during FY 2009-102008-09, as reported to the County Emergency Medical Services Trauma Registry.
- a. If HOSPITAL is located within the borders of Orange County, HOSPITAL shall also be required to be a FY 2009-102008-09 Medical Services Initiative Program contracting hospital to receive these funds.
- b. ADMINISTRATOR shall determine the ratio of services provided by each trauma center, and approve the amount and timing of payments due for services provided during FY 2009-10.
- b. ADMINISTRATOR shall determine the ratio of services provided by each trauma center, and approve the amount and timing of payments due for services provided during FY 2008-09.
 - 4. COUNTY shall add to the final distribution of EMSF any interest earned on these Funds.
- D. TRAUMA CARE FUND ALLOCATION (EMSA) -- For FY 2009-102008-09, the state EMSA did not provide funding for the Trauma Care Fund Allocation.

E. SB 1773--PAYMENTS TO TRAUMA CENTERS

1. Payments shall be limited to and made from the pediatric trauma center and hospital portions of the SB 1773 funds, after payment of administrative costs as permitted by law.

- 2. The initial 15% of all SB 1773 funds collected shall be paid by COUNTY to Orange County Trauma Centers, including Long Beach Memorial Hospital, based upon the ratio of pediatric trauma runs for Orange County residents provided by each trauma center to total pediatric trauma runs provided by all trauma centers during FY 2009-102008-09, as reported to the County Emergency Medical Services Trauma Registry.
- 3. The hospital allocation of FY 2009-102008-09 SB 1773 funds, shall be paid by COUNTY to each trauma center based upon the ratio of adult trauma runs for Orange County residents provided by each trauma center to total adult trauma runs provided by all trauma centers during FY 2009-102008-09, as reported to the County Emergency Medical Services Trauma Registry.
- a. If HOSPITAL is located within the borders of Orange County, HOSPITAL shall also be required to be a FY 2009-102008-09 Medical Services Initiative Program contracting hospital to receive these funds.
- b. ADMINISTRATOR shall determine the ratio of services provided by each trauma center, and approve the amount and timing of payments due for services provided during FY 2008-09.
- b. ADMINISTRATOR shall determine the ratio of services provided by each trauma center, and approve the amount and timing of payments due for services provided during FY 2009-10.
- 3. COUNTY shall add to the final distribution of SB 1773 funds any interest earned on said funds.
- F. COUNTY may withhold any or all of the funds specified in Paragraphs III.A. through III.E. above, consistent with the regulations pertaining to the specific funding source, in order to recover any overpayments made of said funds to HOSPITAL in previous agreements or to recover funds due COUNTY from HOSPITAL pursuant, but not limited to, the following; provided, however, that any funds withheld shall be redistributed to Contracting Hospitals by COUNTY consistent with the regulations pertaining to the specific funding source:
 - 1. HOSPITAL'S failure to comply with the provisions of this Agreement.
 - 2. HOSPITAL produces insufficient data regarding services rendered to CHIP Eligible Persons.
- 3. HOSPITAL receives payment from a CHIP Eligible Person or responsible third-party payor for a CHIP Eligible Person.
- 4. HOSPITAL is found to be non-compliant with the conditions for receiving funds including, but not limited to, inability to document eligible expenditures.
- 5. Audit exceptions and/or fiscal disallowances by the State and/or COUNTY for funds received by HOSPITAL for services provided in accordance with this Agreement.
- 6. Recovery of any overpayments made in previous agreements between HOSPITAL and COUNTY for Indigent and Trauma Care Services.
- G. COUNTY, at its sole discretion, shall disburse to HASC and COUNTY'S Fiscal Intermediary, within thirty (30) calendar days after receipt of an appropriate invoice, but not prior to execution of this

Agreement, an amount not to exceed their actual administrative costs up to a maximum amount, as permitted by law, of \$9,259 less that portion retained by COUNTY for its administrative fees, for staff services performed for Contracting Hospitals in support of this Agreement. Any payment to COUNTY'S Fiscal Intermediary shall be made after payment to HASC for its administrative fees for staff services performed for Contracting Hospitals in support of this Agreement. Said payment to HASC and COUNTY'S Fiscal Intermediary shall be deducted from the Administrative Allocation retained by COUNTY from the funding sources as specified herein and as permitted by law CHIP County Discretionary Hospital Funds for administrative costs as specified in subparagraph III.A.3 of this Exhibit A to this Agreement. Such support includes, but is not limited to:

- 1. Distribution of this Agreement to Contracting Hospitals for signature and return of signed Agreements to ADMINISTRATOR within ninety (90) calendar days of the execution of this Agreement.
- 2. Review of quarterly data submitted by Contracting Hospitals to HASC in accordance with Exhibit B to this Agreement. HASC shall use its best efforts to verify the accuracy of said hospital data prior to submission to COUNTY'S Fiscal Intermediary. The Fiscal Intermediary is the organization, under a separate agreement with COUNTY, contracted to, among other duties, coordinate this data and create the annual MICRS report.

IV. <u>NEW PARTICIPANTS</u>

It is understood by the parties that hospitals that are not currently participating in this Agreement may do so after meeting the terms of this Agreement. A hospital shall notify COUNTY, through HASC, in writing of its desire to participate, and the hospital may enter into an Agreement that is identical to this Agreement. Exhibits B and C to this Agreement shall be amended and shall be in effect upon execution of the Agreement with the new participant.

V. RECORDS

A. HOSPITAL shall maintain records that are adequate to substantiate the services for which claims are submitted for reimbursement under this Agreement and the charges thereto. Such records shall include, but not be limited to, individual patient charts and utilization review records.

B. RECORDS RETENTION

- 1. All records connected with the performance of this Agreement shall be retained by the parties, at a location in the County of Orange, for a period of seven (7) years after final payment under this Agreement.
- 2. Records which relate to litigation or settlement of claims arising out of the performance of this Agreement, or costs and expenses of this Agreement as to which exception has been taken by COUNTY or state or federal governments, shall be retained by HOSPITAL until disposition of such appeals, litigation, claims or exceptions is completed.

1	EXHIBIT B
2	TO AGREEMENT FOR THE PROVISION OF INDIGENT AND TRAUMA CARE
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5	CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM (CHIP)
6	FISCAL YEAR 2008-09
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8	I. <u>HOSPITAL DATA REPORTING</u>
9	— A. HOSPITAL shall provide quarterly data and reports on each CHIP Eligible Person for whom
10	services are reimbursed pursuant to this Agreement for the period July 1, 2008, through June 30, 2009-,
11	excluding Medical Services for Indigents patients, as required by COUNTY and the State of California
12	pursuant to Welfare and Institutions Code, Section 16915 et seq., as it exists now or may hereafter be
13	amended. Data shall be reported through the Medically Indigent Care Reporting System (MICRS) and
14	shall include at least the following patient specific information:
15	1. Transaction Identifier
16	2. Patient's Last Name
17	3. Patient's First Initial
18	4. Date of Birth
19	5. Social Security Number
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22	8. Family Size
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34	20. Type of ER Service
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1	24. CHDP Treatment Follow-up	
2	B. COUNTY shall provide HOSPITAL with coding manuals for the variables identified above.	
3	This information shall be in a form and according to procedures specified by COUNTY and the	
4	California Department of Health Care Services.	
5	— C. COUNTY shall make its best efforts to design data form specifications to meet state	
6	requirements in an efficient and economic manner.	
7	D. HOSPITAL shall submit quarterly data to HASC as follows; provided, however, said data may	
8	be submitted after execution of this Agreement:	
9	Report Period Due Date	
10	— July 1, 2008 - September 30, 2008 November 3, 2008	
11	October 1, 2008 - December 31, 2008 - February 2, 2009	
12	January 1, 2009 March 31, 2009 May 1, 2009	
13	April 1, 2009- June 30, 2009 August 3, 2009	
14	E. HOSPITAL and HASC shall review FY 2008-09 quarterly data submissions and HOSPITAL	
15	shall submit any modifications and/or adjustments no later than February 1, 2010.	
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17	II. <u>DISTRIBUTION OF CHIP HOSPITAL FUNDS</u>	
18	— A. This Paragraph II of Exhibit B may be amended by ADMINISTRATOR if any of the following	
19	should occur: deletion of a Contracting Hospital participant in this Agreement, addition of a new	
20	participant in this Agreement, any change in HOSPITAL eligibility for funding, or any change in CHIP	
21	funds received by COUNTY. In response to any of these circumstances, ADMINISTRATOR shall	
22	prepare an adjusted Paragraph II of this Exhibit B and HOSPITAL agrees that said amended Paragraph I	
23	of Exhibit B shall be provided to HASC for distribution to all Contracting Hospitals.	
24	1. The following hospitals are contracting hospitals with COUNTY for the Medical Services	
25	Initiative (MSI) Program:	
26	——————————————————————————————————————	
27	- Hospital Formula Funds	
28	— Anaheim General Hospital \$636	
29	— Anaheim Memorial Medical Center 3,584	
30	Anaheim Regional Medical Center 2,596	
31	Chapman Medical Center 544	
32	Coastal Communities Hospital 1,404	
33	Fountain Valley Regional Hospital & MC-Euclid 5,383	
34	— Garden Grove Hospital & Medical Center 1,550	
35	Hoag Memorial Hospital Presbyterian 8,744	
36	— Huntington Beach Hospital 2,596	
37	— La Palma Intercommunity Hospital 462	

1	Los Alamitos Medical Center 798
2	— Mission Hospital Regional Medical Center 8,279
3	Orange Coast Memorial Medical Center 1,044
4	Placentia-Linda Community Hospital 677
5	Saddleback Memorial Medical Center 1,780
6	South Coast Medical Center 206
7	St. Joseph Hospital-Orange 7,428
8	St. Jude Medical Center 4,988
9	University of California Irvine Med Ctr 29,080
10	Western Medical Center - Anaheim 2,996
11	Western Medical Center - Santa Ana 5,346
12	
13	2. The following hospitals either had a change in permits or designations on or after 1/1/90 or
14	have been closed. If the state has allocated CHIP Hospital Formula Funds to any of these hospitals,
15	ADMINISTRTOR shall communicate with the state regarding the hospital's status and shall obtain
16	direction as to final distribution of funding. It is understood that these hospitals need not be a party to
17	this Agreement:
18	
19	College Hospital Costa Mesa 0
20	— Irvine Medical Center 734
21	Tustin Hospital Medical Center 914
22	
23	3. The following hospitals do not contract with COUNTY for the Medical Services for
24	Indigents (MSI) Program:
25	
26	Children's Hospital at Mission 200
27	Children's Hospital of Orange County 629
28	
29	4. The following hospitals have been identified by the state as not receiving CHIP Hospital
30	Formula Funds, and will not be receiving any other funds through this Agreement. It is understood that
31	these hospitals need not be parties to this Agreement:
32	Healthbridge Children's Rehab. Hosp. 0
33	Kindred Hospital Brea 0
34	Kindred Hospital Westminster 0
35 36	Tustin Rehabilitation Hospital 0
37	Tustin Kendomation Hospital

1	TOTAL CHIP FORMULA ALLOCATION \$92,598
2	5. CHIP County Discretionary Hospital Funds, in the amount of \$92,598, unless otherwise
3	modified by the State, shall at ADMINISTRATOR'S sole discretion, be distributed as follows:
4	a. \$83,339 deposited into COUNTY'S MSI Hospital Trust Fund or paid directly to
5	COUNTY'S Fiscal Intermediary for distribution to MSI Contracting Hospitals in accordance with the
6	MSI Hospital Agreement as specified in Paragraph III.A.3. of Exhibit A to this Agreement.
7	b. \$9,259 retained by COUNTY for the Administrative Allocation, which shall be paid to
8	HASC and COUNTY'S Fiscal Intermediary, less the portion retained by COUNTY for its administrative
9	fees, in accordance with Paragraph III.G of Exhibit A to this Agreement.
10	Reimbursement of actual costs for staff services provided in support of this
11	Agreement and/or the administration of CHIP funding shall be paid to the COUNTY, HASC, and AMM
12	respectively, to the extent of available funding. Should actual costs be less than the amount allocated, the
13	difference between the actual costs and the allocation shall be deposited into the COUNTY'S Medical
14	Services Initiative (MSI) Hospital Trust Fund Account or paid directly to COUNTY'S Fiscal
15	Intermediary for distribution to MSI Contracting Hospitals in accordance with the MSI Hospital
16	Agreement as specified in Paragraph III.A.3. of Exhibit A to this Agreement.
17	6. Payment to HOSPITAL shall be conditional on receipt of executed contract and data
18	reporting as specified in this Exhibit B to the Agreement.
19	7. The parties agree that rounding corrections may be made by ADMINISTRATOR prior to
20	distribution of funds.
21	#
22	#
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27	#
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37	#

EXHIBIT C

TO AGREEMENT FOR THE PROVISION OF INDIGENT AND TRAUMA CARE

FISCAL YEAR 2008-09

I. <u>DISTRIBUTION OF TOBACCO SETTLEMENT REVENUE FUNDS</u>

A. This Exhibit BC may be amended under the following circumstances: deletion of a Contracting Hospital participant in this Agreement, addition of a new participant in this Agreement, any change in corporate ownership of a Contracting Hospital, any request of any Contracting Hospital's corporate ownership to reallocate funding among its Contracting Hospitals; any change in HOSPITAL eligibility for funding, any change in Tobacco Settlement Revenue funds received by COUNTY or any change in a Contracting Hospital's percent of Charity Care/Other and Bad Debts reported to the Office of Statewide Health Planning and Development. In response to any of these circumstances listed herein, ADMINISTRATOR shall prepare an amended Exhibit BC and HOSPITAL agrees that said amended Exhibit BC shall be provided to HASC for distribution to all Contracting Hospitals.

Hospitals by Corporate Ownership	Charity Care Plus <u>Bad Debt</u>	Percent of <u>Total</u>	Initial TSR <u>Allocation</u>	Revised TSR <u>Allocation</u>		
Anaheim General Hospital Adventist Health Systems/West	\$9,898,514	1.65%	\$30,423	\$30,423		
AHMC AHMC Anaheim Regional Medical Center, L.P.	\$30,416,693	5.07%	\$93,485	\$93,485 <mark>13,010</mark>		
Children's Hospital						
Children's Hospital at Mission	\$4,197,532 <mark>5,678,975</mark>	0.70% 1.03%	\$12,901 19,537	\$472 <mark>1,795</mark>		
Children's Hospital of Orange County	\$28,492,680 24,782,536	4.75% 48%	\$87,571 <mark>85,258</mark>	\$100 <mark>103</mark> ,000		
Subtotal Children's Hospital:	\$32,690,212 <mark>30,461,511</mark>	5.45% <mark>51%</mark>	\$100,472 <mark>104,795</mark>	\$100,472 <mark>104,795</mark>		
Hoag Hoag Memorial Hospital Presbyterian	\$52,223,529 <mark>44,733,088</mark>	8.70% <mark>09%</mark>	\$160,507 <mark>153,893</mark>	\$160,507 153,893		
Integrated Health Holding, Inc. (IHHI)						
Chapman Medical Center	\$4,657,159 <mark>6,835,021</mark>	0.78% 1.24%	\$14,314 <mark>23,514</mark>	\$14,000 <mark>2,636</mark>		
Coastal Communities Hospital	\$13,000,157 <mark>12,693,552</mark>	2.17% 30%	\$39,956 <mark>43,669</mark>	\$40 <mark>43</mark> ,000		
Western Medical Center - Anaheim	\$11,702,770 <mark>9,851,883</mark>	1.95% <mark>78%</mark>	\$35,968 <mark>33,893</mark>	\$36 <mark>33</mark> ,000		

	. Western Medical Center - Santa				
1	Ana	\$41,330,641 <mark>48,414,994</mark>	6.89% <mark>8.76%</mark>	\$127,028 166,560	\$127,266 189,000
2	Subtotal IHHI:	\$70,690,727 <mark>77,795,450</mark>	11.78%	\$217,266 <mark>267,636</mark>	\$217,266 <mark>267,636</mark>
3 4	<i>#</i>	Charity Care	Percent	Initial	Revised
5		Plus Bad Debt	of Total	TSR Allocation	TSR Allocation
6	Memorial Health Systems	Bud Best	10141	mocation	Amocation
7	Anaheim Memorial Medical Center	31,788,829	5.75%	109,362	109,362
8	Orange Coast Memorial Medical Center	\$9,882,664 13,286,395	1.65% 2.40%	\$30,374 45,709	\$30,374 <mark>45,709</mark>
9	Saddleback Memorial Medical Center	\$31,846,678 21,508,763	5.31% 3.89%	\$97,880 73,996	\$97,880 73,996
10	Subtotal Memorial:	\$41,729,342 <mark>66,583,988</mark>	6.96% 12.04%	\$128,254 <mark>229,067</mark>	\$128,254 <mark>229,067</mark>
11	2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	. , . ,			
12	<u>Pacific Health</u>				
13	Anaheim General Hospital	25,941,020	4.69%	89,244	89,244
14					
15	Prime Healthcare				
16	West Anaheim Regional Medical Center	\$28,359,462 <mark>27,064,683</mark>	4.73% <mark>90%</mark>	\$87,162 <mark>93,110</mark>	\$1,737 116
17	Garden Grove Hospital and Medical Center	\$30,806,357 10,722,784	5.13% 1.94%	\$94,682 <mark>36,889</mark>	\$275 <mark>240</mark> ,000
18	Huntington Beach Hospital and Medical Ctr	\$20,843,673 <mark>22,316,642</mark>	3.47% 4 .04%	\$64,062 75,775	\$1,500 <mark>920</mark>
19	La Palma Intercommunity Hospital	\$10,682,171 <mark>373,929</mark>	1.78% <mark>88%</mark>	\$32,831 35,689	\$500 <mark>427</mark>
20	Subtotal Prime Healthcare:	\$90,691,663 70,478,038	15.12 <mark>.76</mark> %	\$278,737 <mark>242,463</mark>	\$278,737 <mark>242,463</mark>
21	Subtotal Filme Freutoreare.				,
22	St. Joseph Health System Mission Hospital Regional				
23	Medical Center	\$49,806,618 <mark>33,426,385</mark>	8.30%	\$153,079 <mark>114,995</mark>	\$153,079 <mark>114,995</mark>
24	St. Joseph Hospital - Orange	\$63,658,610 <mark>52,135,824</mark>	10.61% <mark>9.43%</mark>	\$195,652 179,361	\$195,652 <mark>179,361</mark>
25	St. Jude Medical Center	\$39,654,402 33,849,966	6.61% 12%	\$121,876 116,453	\$121,876 <mark>116,453</mark>
26 27	Subtotal St. Joseph:	\$153,119,630 <mark>412,175</mark>	25.52% 21.60%	\$470,607 <mark>410,809</mark>	\$470,6074 10,809
28		, , , , , , , , , , , , , , , , , , , ,			
29	<u>Tenet</u>				
30	Fountain Valley VIII Reg. Hosp. & Medical Center	\$16,407,257 7,335,204	2.73% <mark>1.33%</mark>	\$50,427 25,235	\$50,427 <mark>25235</mark>
31	Los Alamitos Medical Center	\$13,095,343 <mark>8,301,912</mark>	2.18%	\$40,248 28,561	\$40,248 28,561
32	Placentia-Linda Community Hospital	\$6,762,309 <mark>3,943,485</mark>	1.13% 0.71%	\$20,784 13,567	\$20,784 13,567
33	Subtotal Tenet:	\$36,264,909 <mark>12,580,601</mark>	6.04% <mark>3.54%</mark>	\$111,459 <mark>67,363</mark>	\$111,459 <mark>67,363</mark>
34					
35	University of California University of California Irvine				
36	Med Center	\$82,227,098 <mark>94,014,226</mark>	13.71% 17.01%	\$252,722 <mark>323,433</mark>	\$252,722 <mark>323,433</mark>
37					

\$1,843,932901,71 \$1,843,932901,713 \$599,952,317<mark>\$545,781,696</mark> 100.00% TOTAL ALL HOSPITALS

B. The parties agree that information pertaining to Charity Care/Other and Bad Debts was obtained from the Office of Statewide Health Planning and Development (OSHPD), Last Four Quarters Ending September 30, 2009 2008.

- C. The parties agree that the amount of Tobacco Settlement Revenue is estimated and based on the budget approved by Orange County Board of Supervisors on June 09, 200924, 2008.
- D. The parties agree that rounding corrections may be made by ADMINISTRATOR prior to distribution of funds.
- E. The parties agree that corporate ownership of Contracting Hospitals may request the initial allocation of TSR Funding of any of its Contracting Hospitals to be reallocated to any or all of the corporate ownership's other Contracting Hospitals. Any such requests shall be reflected in the Revised TSR Allocation column in Paragraph A above.
- F. The following Contracting Hospitals have agreed that all or a portion of their Revised TSR Allocations as specified reflected in Paragraph A above shall be sent to the California Department of Health Care Services (CDHCS) through a separate agreement with COUNTY and that said TSR Allocation shall not be paid to these Contracting Hospitals through this Agreement. These Contracting Hospitals shall be exempt from Paragraph II.F of Exhibit A to this Agreement for their revised TSR Allocations.
 - 1. Chapman Medical Center
 - 2. Children's Hospital of Orange County
 - 32. Coastal Communities Hospital
 - Fountain Valley Regional Hospital
- 5. Garden Grove Medical Center
 - 64. Western Medical Center Anaheim
 - 7.——5. Western Medical Center Santa Ana
- G. County may have the ability to use HOSPITALS' TSR Funding, specified in Paragraph A of this Exhibit B, as match to receive additional federal dollars through the COUNTY'S Medical Services Initiative (MSI) Program. The parties agree that HASC shall act as representative of all Contracting Hospitals for the purpose of consenting to COUNTY'S use of the TSR Funding specified herein. COUNTY shall not use the TSR Funding as match without the written consent of HASC.