

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF THE COUNTY OF SAN BERNARDINO
AND RECORD OF ACTION**

May 19, 2020

FROM

WILLIAM L. GILBERT, Director, Arrowhead Regional Medical Center

SUBJECT

Authorization of Arrowhead Regional Medical Center for Medicare Enrollment

RECOMMENDATION(S)

1. Designate the Director of Arrowhead Regional Medical Center (ARMC) as the authorized official for the County of San Bernardino (County), on behalf of ARMC, for Medicare program purposes, which grants the Director the legal authority to accept the assignment by individual practitioners of their right to bill the Medicare program and receive Medicare payments for some or all of the services they render to Medicare beneficiaries at ARMC, through the completion and execution of the Medicare Enrollment Application – Reassignment of Medicare Benefits (CMS-855R) and to commit the County to fully abide by the statutes, regulations, and program instructions of the Medicare program, subject to the Medicare Enrollment Application (CMS-855R) template or any amendments to the Medicare Enrollment Application (CMS-855A) template being reviewed by County Counsel.
2. Direct the Director of ARMC to maintain Medicare Enrollment Applications (CMS-855R) or any amendments to Medicare Enrollment Applications (CMS-855R) on file with ARMC due to the Medicare Enrollment Applications (CMS-855R) including Social Security numbers.
(Presenter: William L. Gilbert, Director, 580-6150)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Provide for the Safety, Health and Social Service Needs of County Residents.

Pursue County Goals and Objectives by Working with Other Agencies.

FINANCIAL IMPACT

Approval of the recommendations will not result in the use of Discretionary General Funding (Net County Cost) as Medicare Enrollment will result in reimbursements for services provided to Medicare Patients. Applications are non-financial.

BACKGROUND INFORMATION

This item will ensure ARMC's enrollment in Medicare in a timely and cost efficient manner. It grants the Director of ARMC the status of "authorized official," as defined by the Medicare program, in regards to completing and executing of the U.S. Department of Health and Human Services (HHS) Medicare Enrollment Application for Reassignment of Benefits (CMS-855R), making changes or updates to all physicians and other non-physician providers to allow County ARMC to bill and receive payments in the Medicare program, and committing the County to fully abide by the laws, regulations, and program instructions of the Medicare program. The current Medicare Enrollment Application for Reassignment of Benefits (CMS-855R) template is an attachment to this item.

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With the passing of the Affordable Care Act, Federal and State Government agencies, their contractors, and sub-contractors are continually requesting new agreements and additional cooperation in providing for the care, treatment, and review of medical and hospital needs, which have terms that are non-negotiable. In addition, the County is sometimes given short deadlines to approve and execute the required Medicare documents.

This item designates the Director of ARMC as the authorized official for acceptance of the reassignment of Medicare benefits from individual practitioners at ARMC. The designation will provide the Director of ARMC the legal authority to accept the assignment by individual practitioners of their right to bill the Medicare program and receive Medicare payments for some or all of the services they render to Medicare beneficiaries at ARMC, through the completion and execution of the Medicare Enrollment Application – Reassignment of Medicare Benefits (CMS-855R) and to commit the County to fully abide by the statutes, regulations, and program instructions of the Medicare program. The Medicare Enrollment Application (CMS-855R) template, or any amendments to the Medicare Enrollment Application (CMS-855R) template, are subject to County Counsel review.

For purposes of the Medicare program, an “authorized official” means an appointed official to whom the organization has granted the legal authority to enroll it in the Medicare program, to make changes or updates to the organization’s status in the Medicare program, and to commit the organization to fully abide by the laws, regulations, and program instructions of the Medicare program.

The Medicare Enrollment Application (CMS-855R), or any amendments to the Medicare Enrollment Application (CMS-855R), will be on file with ARMC due to the Medicare Enrollment Applications (CMS-855R) including Social Security numbers. ARMC will ensure that information contained in the Medicare Enrollment Application (CMS-855R) that is exempt from disclosure under privacy laws (such as Social Security numbers) is protected from unauthorized disclosure.

This item will allow ARMC to pursue the County goals and objectives by working with HHS and individual practitioners at ARMC, by submitting the Medicare Enrollment Application (CMS-855R) or any amendments to the Medicare Enrollment Application (CMS-855R) in a timely manner. It will also allow for ARMC to provide for the safety, health and social service needs of County residents by ensuring the County ARMC’s enrollment in Medicare.

PROCUREMENT

Not applicable.

REVIEW BY OTHERS

This item has been reviewed by County Counsel (Scott Runyan, Deputy County Counsel, 387-5455) on April 27, 2020; ARMC Finance (Chen Wu, Finance Budget Officer, 580-2890); Finance (Yael Verduzco, Administrative Analyst, 387-5285) on April 30, 2020; and County Finance and Administration (Matthew Erickson, County Chief Financial Officer, 387-5423) on May 4, 2020.

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Record of Action of the Board of Supervisors
County of San Bernardino

APPROVED (CONSENT CALENDAR)

Moved: Robert A. Lovingood Seconded: Josie Gonzales

Ayes: Robert A. Lovingood, Janice Rutherford, Dawn Rowe, Curt Hagman, Josie Gonzales

Lynna Monell, CLERK OF THE BOARD

BY 
DATED: May 19, 2020



cc: File - Medical Center w/attach

KS 05/21/2020