



# Rancho Los Amigos National Rehabilitation Center

## ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: FREE MEDICAL CARE AGREEMENT**

**Policy No.: B616**  
**Supersedes: October 17, 2019**  
**Revision Date: June 30, 2022**  
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### **POLICY:**

Rancho Los Amigos National Rehabilitation Center will fully comply with all free medical care agreements established between the County of Los Angeles and a patient. All services covered by the agreement will be provided at no cost to the patient.

The purpose of this policy is to delineate the process of identifying and providing appropriate services for patients who have a free medical care agreement with the County of Los Angeles

### **PROCEDURES:**

#### **RISK MANAGER OR DESIGNEE SHALL:**

1. Receive an updated list of patients covered under "Free Medical Care Agreement" (FMCA) from third party administrator (TPA) and County Counsel. Risk Manager or designee shall forward the updated list to appropriate Rancho Departments including but not limited to Patient Access Center, Outpatient Administrator, and Case Management.
2. Collaborate with personnel on updating electronic health system of any new patient added to the FMCA list.
3. Promptly notify third party administrator or County Counsel of any queries from personnel regarding patient services or equipment qualifying under the FMCA.
4. Notify Service Chief or Department Supervisor of any review delegated by third party administrator or County Counsel in the determination of patient services or equipment that qualifies under FMCA.
5. Communicate the determination of whether the service requested by the patient qualifies under the FMCA to personnel.
6. Notify TPA or County Counsel of patients who disagree or are appealing services that do not qualify under FMCA.

#### **FINANCIAL SCREENING SERVICES:**

If the patient states that he/she has a "Free Medical Care Agreement" or "Free Lifetime Care Agreement" or is to receive free care, Patient Access Center (PACS) staff shall:

EFFECTIVE DATE: March 2000

COUNTY OF LOS ANGELES • DEPARTMENT OF HEALTH SERVICES

APPROVED BY:

1. Check the FMCA list for verification that the patient's name is included.
  - a. If the patient's name is listed on the FMCA list and if the financial code for prior clinic visit or prior services is under insurance code "537" for FMCA, the code shall remain the same.
  - b. If the patient's name is listed on the FMCA and if there is no prior clinic visit or prior service provided, contact Risk Management to verify coverage prior to financially clearing the visit.
  - c. If the patient's name is NOT included on the FMCA list, PACS staff shall request supporting documents from the patient and shall forward these documents to Risk Management or Quality Resource office for validation.
2. Update electronic financial record whereas applicable.

**EQUIPMENT, MEDICAL DEVICE, AND VENDOR SERVICES:**

As a general rule, Rancho shall process the ordering of FMCA equipment or vendor services; that are prescribed or recommended by Rancho clinician. However, there may be exception to this process under the discretion or concurrence from Rancho Administrator, or Finance Officer, and Risk Management.

To determine if equipment or medical device is covered under FMCA, contact Risk Management for verification. Once equipment or medical device coverage under FMCA is verified, the next steps include:

1. **INPATIENT:**
  - a. Determine if equipment or device is available as pool stock, and dispense to the patient accordingly. If the item needs to be supplied to patient more than once, consider alternate source.
  - b. Case Management staff are responsible for handling and processing of prescribed durable medical equipment (DME) or vendor services covered under FMCA.
  - c. For specialty equipment or services, the department, clinic, or service most knowledgeable about the FMCA covered equipment, medical device, or vendor services shall enter the order.
  - d. The ordering entity shall utilize its cost center for the order.
  - e. Ordering of equipment or services shall include a notation that the patient is under free medical care agreement.
  - f. Prescription, device specifications, and other relevant documents shall be submitted by ordering staff to Supply Chain Operations concurrently with the electronic order entry.
2. **OUTPATIENT:**
  - a. Determine if equipment or device is available as pool stock, and dispense to the patient accordingly. If the item needs to be supplied to patient more than once, consider alternate source.
  - b. Service Coordinator staff are responsible for handling and processing of prescribed durable medical equipment (DME) or vendor services covered under FMCA for outpatients.

- c. Service Coordinator staff shall have oversight of any issues related to DME prescribed to inpatients that have been discharged and handed off to the Rancho outpatient team.
- d. For specialty equipment or services, the department, clinic, or service most knowledgeable about the FMCA covered equipment, medical device, or vendor services shall enter the order.
- e. The ordering entity shall utilize its cost center for the order.
- f. Ordering of equipment or services shall include a notation that the patient is under free medical care agreement.
- g. Prescription, device specifications, and other relevant documents shall be submitted by ordering staff to Supply Chain Operations concurrently with the electronic order entry.

**3. SEATING CENTER:**

- a. For inpatients or outpatients requiring wheelchairs (mobility devices), related accessories, or repairs covered under FMCA, Physical Therapy (PT) staff shall process the ordering of equipment under PT's cost center.
- b. Tally of cost incurred by the department related to ordering of FMCA equipment shall be reported to Rancho's Finance Department.

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Revised:        Nov. 25, 2014 CM/RB  
                  Aug. 8, 2017 CM  
                  Oct. 17, 2019 CM/NI/RC/SR/JT/AS/WA/EB/SL  
                  6/30/22 CM