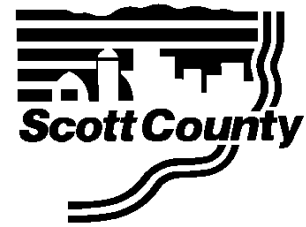


**Community Services Department**  
600 W. 4<sup>th</sup> St.  
Davenport, Iowa 52801



**(563) 326-8723      Fax (563) 326-8730**

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September 30, 2013

TO: Dee F. Bruemmer

FROM: Lori A. Elam

RE: Memorandum of Agreement with Trinity Regional Health Center

Attached for consideration by the Board is a Memorandum of Agreement between Scott County and Trinity Regional Health Center. This agreement is for FY14, 7/1/13 to 6/30/14.

The agreement includes a per diem rate of \$790 for all behavioral health services at Trinity (excluding physician services). The agreement also addresses payment of the difference between what private insurance may pay for an individual and the per diem rate of \$790. The behavioral health services currently at Trinity involve children only.

With this agreement between Scott County and Trinity Regional Health Center, other counties utilizing Trinity behavioral health services, will be expected to pay the same rate.

I will be available at the Committee of the Whole meeting to answer any questions. Upon approval by the Board, this Memorandum of Agreement will be offered to Trinity for their approval.

## MEMORANDUM OF AGREEMENT

BETWEEN

TRINITY, ROCK ISLAND AND SCOTT COUNTY

This agreement is made and entered into effective July 1, 2013 by and between Scott County, Iowa, a governmental unit of the State of Iowa (hereinafter referred to as Scott County), and Trinity Regional Health System – Rock Island (hereinafter referred to as Trinity) a corporation that provides acute care behavioral health services in the Quad Cities.

In that all payments by Scott County for services to person with mental retardation, developmental disabilities and/or mental illness must be provided through a limited special services fund and under the auspices of an approved management plan, activities provided under this agreement shall be conducted in accordance with the Scott County Management Plan for Mental Health and Developmental Disability (MH/DD) Services.

In consideration of the mutual covenants and agreements hereinafter set forth, Scott County and Trinity agree as follows:

1. Scott County designates Trinity as a preferred community based provider of acute care mental health services for persons who are living in Scott County for a period of 7/1/13 to 6/30/14.
2. Trinity will provide psychiatric hospitalization services to person identified in the Scott County Management Plan and ordered to be detained under Iowa Code Section 229.11 (commonly called immediate custody prior to hearing) and section 229.13 (commonly called placement order) or Iowa Code Section 229.22 (commonly called a forty-eight (48) hour hold).
3. In consideration for such services as identified in Item 2, Scott County will provide payment to Trinity for psychiatrically related services upon submission to the Scott County Community Services Department of an itemized billing of services provided.
  - A. Itemized billings will be reviewed by Scott County Community Services for any determination as to covered psychiatric charges. Any services determined by Scott County to be non-covered charges will be considered to be the patient's liability.
  - B. Payment will be made at the rate of \$790.00 per day for all Trinity Behavioral Health Services (exclusive of physician services).
  - C. In consideration of the per diem applied, Scott County will assure that payment of covered charges is made to Trinity within sixty (60) days of receipt of the bill.
  - D. If beneficiary has primary insurance, Scott County shall pay the difference of the primary insurance payment up to the \$790.00 per day rate.
  - E. Scott County agrees to provide payment to Trinity for the above referenced services at the agreed upon rates listed below:

99238-Inpatient/Hospital Discharge	\$61.21 Per Unit
99075-Medical Testimony	\$125.00 Per Unit
99221-Initial Evaluation/Admit	\$64.32 Per Unit
99222-Initial Evaluation/Admit	\$105.96 Per Unit
99223-Initial Evaluation/Admit	\$142.17 Per Unit
99231-Inpatient Subsequent	\$32.84 Per Unit
99232-Inpatient Subsequent	\$51.37 Per Unit
99233-Inpatient Subsequent/Hospital Care	\$72.27 Per Unit

4. Trinity will provide substance abuse evaluation hospitalization services to persons under the eighteen (18) years ordered to be detained under Iowa Code Section 125.81 (commonly referred to as immediate custody prior to hearing) of Iowa Code Section 125.91 (commonly referred to as a forty-eight (48) hour hold).

5. In consideration for such services as identified in Item 4, Scott County will provide payment to Trinity for such substance abuse related services based upon submission to the Scott County Community Services Department of an itemized billing of services provided.

- A. Itemized billings will be reviewed by Scott County Community Services for determination as to covered psychiatric charges. Any services determined by Scott County to be non-covered charges will be considered to be the patient’s liability.
- B. Payment will be made at the rate of \$790.00 per day for all Trinity Behavioral Health Services (exclusive of physician services).
- C. In consideration for the per diem, Scott County will assure that payment of covered charges is made to Trinity within sixty (60) days of receipt of bill.
- D. Both Trinity and Scott County understand that Scott County will make no payment for substance abuse services provided after the hearing on the 125 substance abuse commitment application.
- E. If beneficiary has primary insurance, Scott County shall pay the difference of the primary insurance payment up to the \$790.00 per day rate. Scott County agrees to provide payment to Trinity for the above referenced services at the agreed upon rates listed below:

99238-Inpatient/Hospital Discharge	\$61.21 Per Unit
99075-Medical Testimony	\$125.00 Per Unit
99221-Initial Evaluation/Admit	\$64.32 Per Unit
99222-Initial Evaluation/Admit	\$105.96 Per Unit
99223-Initial Evaluation/Admit	\$142.17 Per Unit
99231-Inpatient Subsequent	\$32.84 Per Unit
99232-Inpatient Subsequent	\$51.37 Per Unit
99233-Inpatient Subsequent/Hospital Care	\$72.27 Per Unit

6. Trinity will provide substance abuse evaluation hospitalization services to persons over the age of eighteen (18) years ordered to be detained under Iowa Code Section 125.81 (commonly referred to as immediate custody prior to hearing) or Iowa Code Section 125.91 (commonly referred to as a forty-eight (48) hour hold).
7. In consideration for such services as identified in Item 6, Scott County will provide payment to Trinity for such substance abuse related services based upon submission to the Scott County Community Services Department of an itemized billing of services provided.
  - A. Itemized billings will be reviewed by Scott County Community Services for determination as to covered substance abuse evaluation charges. Any services determined by Scott County to be non-covered charges will be considered to be the patient's liability.
  - B. Payment will be made at the rate of \$790.00 per day for all Trinity Behavioral Health Services (exclusive of physician services).
  - C. In consideration for the per diem, Scott County will assure that payment of covered charges made to Trinity within sixty (60) days of receipt of bill.
  - D. Both Trinity and Scott County understand that Scott County will make no payment for substance abuse services provided after the hearing on the 125 substance abuse commitment application.
  - E. If beneficiary has primary insurance, Scott County shall pay the difference of the primary insurance payment up to the \$790.00 per day rate.
8. The relationship of Trinity to the county is that of an independent contractor. Nothing in this agreement shall be construed so as to deem any employee or agent of Trinity to be an employee of the County for any purpose.
9. This agreement may be amended in whole or in part by mutual consent of the parties, provided that no such amendment shall become effective unless in writing and properly executed by the parties.
10. The term of this Agreement shall be for a period beginning July 1, 2013, and ending June 30, 2014. Thereafter, this Agreement shall be renewed through amendment for successive periods of one year, provided, however, that either of the parties shall have the right to terminate this Agreement at any time after sixty (60) days upon the deliverance of written notice hereinafter provided.
11. If either party wishes to terminate this agreement, said party shall deliver to the other party a sixty (60) day written notice of termination.

SCOTT COUNTY BOARD OF SUPERVISORS

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Larry Minard, Chairperson

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Date

TRINITY - ROCK ISLAND

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Vice President Finance/Chief Financial  
Officer

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Date

THE COUNTY AUDITOR'S SIGNATURE CERTIFIES THAT  
THIS RESOLUTION HAS BEEN FORMALLY APPROVED BY  
THE BOARD OF SUPERVISORS ON \_\_\_\_\_.  
DATE

\_\_\_\_\_  
SCOTT COUNTY AUDITOR

**R E S O L U T I O N**

**SCOTT COUNTY BOARD OF SUPERVISORS**

**OCTOBER 10, 2013**

**APPROVING THE FY14 MEMORANDUM OF AGREEMENT BETWEEN SCOTT COUNTY AND TRINITY REGIONAL HEALTH CENTER RELATING TO PAYMENT FOR PSYCHIATRIC HOSPITALIZATION SERVICES AND CRISIS SERVICES.**

**BE IT RESOLVED by the Scott County Board of Supervisors as follows:**

Section 1. The Memorandum of Agreement between Scott County and Trinity Regional Health Center Relating to Payment for Psychiatric Hospitalization Services for the period July 1, 2013 through June 30, 2014, and identifying a per diem rate of \$790 for psychiatric services provided, is approved.

Section 2. The Chairman is authorized to sign the Memorandum of Agreement.

Section 3. This resolution shall take effect July 1, 2013.