

# Public Health Department

## Request for Change to the Current Year Budget

Index Name: Jail Medical Index No.: 403410

Program Manager or Coordinator: Kathryn G. Lang

Request Approved By:  Date: 3/20/07  
(Signature)

*Note: Approval must be obtained from the "Individual with Delegated Authority" designated (by index) on the Department's Delegated Purchasing Authority Matrix.*

### REQUESTED EXPENDITURE CHANGE:

Subobject No.	Subobject Name and Reason for Change *	Amount of Change
4351	Jail Medical Overrun  Reason for change: Multiple invoices for inmate hospital care exceeding the \$15,000 cap set by the agreement between El Dorado County and California Forensic Medical Group.	\$240,138
<b>Subtotal Expenditure Adjustment:</b>		\$240,138

### REQUESTED REVENUE CHANGE:

Subobject No.	Subobject Name and Reason for Change *	Amount of Change
2020	Operating Transfer: In  These monies are requested from: General Fund 151000 subobject 7300 Appropriation for Contingencies General Fund 159210 subobject 7000 Operating Transfer: Out	\$240,138
<b>Subtotal Revenue Adjustment:</b>		\$240,138

**INCREASE OR (DECREASE) TO NET COST:** (\$0)

\* You may attach supporting material (such as funding letter, expenditure/revenue projections, etc.) if necessary to explain and justify the requested change (particularly if Board approval is required).

**Forward approved forms to the Fiscal Administrative Manager with copies to the Assistant Director and the assigned Admin. Services Budget Analyst**

**EI Dorado County Public Health Department**  
**California Forensic Medical Group (CFMG)**  
**Agreement #425-0305**  
**Term: July 1, 2005 through June 30, 2007**

403410 - Jail Medical

**Contract Obligation FY 2006-2007**

**Paid through:** 3/19/07  
**Balance (contractual obligation):** \$ 605,908.00

Contractor's financial liability for medical inpatient episode - per patient/per episode  
over and above contractual obligation - capitated at: \$ 15,000.00

**Outstanding balance due over capitated amount:**

	<b>Total Charges</b>	<b>Provider Write-Off</b>	<b>CFMG Paid</b>	<b>Balance Due</b>
Inmate Identification: 2061030D				
Date of Episode: 10/30/06 thru 12/14/06	\$ 240.00	\$ 126.90	\$ 113.10	\$ -
Services provided by: Anthony Field, M.D.	743.00	356.73	-	386.27
Barton Healthcare System	21,665.59	10,440.65	11,224.94	-
Barton Hospital - Facility Fees	515.00	139.00	-	376.00
Carson Surgical Group	252.00	-	-	252.00
Carson Tahoe Pathology	276.00	-	110.56	-
Carson Tahoe Radiation Oncology Associates	143,507.47	165.44	-	37,000.00
Carson Tahoe Regional Healthcare - Facility Fees	271.39	106,507.47	-	271.39
CFMG - reimburse for overcap of \$15,000	255.87	-	-	255.87
CFMG - reimburse for use of PPO discount process	1,344.00	762.47	581.53	-
EI Dorado County Ambulance	3,047.00	42.00	2,627.00	378.00
Gastroenterology Consultants	393.00	193.96	-	199.04
Jorge Perez, M.D.	200.00	100.00	-	100.00
Raymond L. Swartz, M.D.	330.00	216.00	-	114.00
Reno Heart Physicians	2,650.00	514.00	-	2,136.00
Sierra Nevada Cardiology Associates	726.00	111.74	614.26	-
Tahoe Carson Valley Medical Center - Professional	437.00	280.43	-	156.57
Timothy Doyle, M.D.	550,881.73	377,331.95	-	173,549.78
U. C. Davis Medical Center - Facility Fees	29,000.00	6,028.26	-	22,971.74
U. C. Davis Medical Center - Professional Fees				
<b>Balance due:</b>	<u>\$ 756,735.05</u>	<u>\$ 503,317.00</u>	<u>\$ 15,271.39</u>	<u>\$ 238,146.66</u>

Inmate Identification: 20070102E  
Date of Episode: 01/02/07 thru 01/03/07  
Services provided by: EI Dorado Pathology Medical Group  
Marshall Medical Center - Facility Fees  
CFMG - reimburse for overcap of \$15,000

<b>Balance due:</b>	<u>\$ 53,893.22</u>	<u>\$ 34,948.78</u>	<u>\$ 16,953.22</u>	<u>\$ 1,991.22</u>
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**TOTAL GENERAL FUND REQUEST \$ 240,137.88**

# Public Health Department

## Request for Change to the Current Year Budget

Index Name: Juvenile Hall Medical Index No.: 403430

Program Manager or Coordinator: Kathryn G. Lang

Request Approved By: *Kathryn G. Lang* Date: 3/20/07  
(Signature)

*Note: Approval must be obtained from the "Individual with Delegated Authority" designated (by index) on the Department's Delegated Purchasing Authority Matrix.*

### REQUESTED EXPENDITURE CHANGE:

Subobject No.	Subobject Name and Reason for Change *	Amount of Change
4324	Medical, Dental & Lab Services  Reason for change: FY 06-07 CPI increase missed at time budget adopted.	\$23,298
<b>Subtotal Expenditure Adjustment:</b>		\$23,298

### REQUESTED REVENUE CHANGE:

Subobject No.	Subobject Name and Reason for Change *	Amount of Change
2020	Operating Transfer: In  These monies are requested from: General Fund 151000 subobject 7300 Appropriation for Contingencies General Fund 159210 subobject 7000 Operating Transfer: Out	\$23,298
<b>Subtotal Revenue Adjustment:</b>		\$23,298

<b>INCREASE OR (DECREASE) TO NET COST:</b>	<b>\$0</b>
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\* You may attach supporting material (such as funding letter, expenditure/revenue projections, etc.) if necessary to explain and justify the requested change (particularly if Board approval is required).

**Forward approved forms to the Fiscal Administrative Manager with copies to the Assistant Director and the assigned Admin. Services Budget Analyst**

**El Dorado County Public Health Department  
California Forensic Medical Group (CFMG)  
Agreement #425-0305**

**Term:** July 1, 2005 through June 30, 2007

403430 - Juvenile Hall Medical

**Contract Obligation FY 2006-2007**

Base rate including 0.103 CPI-u increase (\$28,214 x 12 months)	\$	338,564
Weekend nursing visits not to exceed		28,600
Total	\$	<u>367,164</u>
Intrafund Transfer: Indirect (7254)	\$	36,716
Total Juvenile Hall Medical plus Indirect	\$	<u><u>403,880</u></u>
FY 06-07 base rate without 0.103 CPI-u increase		<u><u>380,582</u></u>

**TOTAL GENERAL FUND REQUEST \$ 23,298**