The Medicaid Ad Hoc Subcommittee was established by the March 12, 2024 (13) Board action: *Increasing Medi-Cal Reimbursement Rates to Improve Healthcare*.

The Health and Human Services Agency (HHSA), Medical Care Services (MCS) department is leading staff efforts for this Initiative. MCS is uniquely positioned to support this Initiative because of its clinical leadership team, experience with direct service programs, and a dedicated San Diego Advancing and Innovating Medi-Cal (SDAIM) unit. SDAIM was established in July 2022 to serve as the County's centralized approach to support the local Medi-Cal Transformation Initiative, formerly known as California Advancing and Innovating Medi-Cal (CalAIM). To support the complex work of this Board Initiative (Initiative), MCS formed a project team by assigning County staff with an array of expertise and leveraged existing contractors with expertise in this arena.

The following table highlights the accomplishments and updates on progress for each of the approved Board recommendations:

D	A 13-1
Recommendation	Accomplishments/Progress Updates
1. Conduct an analysis of Medi-	To identify opportunities, strategies, and new sources of
Cal reimbursable services	funding to bring more Medi-Cal reimbursement/payment
provided by the County of	for County provided programs , staff have initiated the
San Diego, to increase	following:
revenue and reimbursement.	
	1) Medi-Cal Transformation Assessment
	The Medi-Cal Transformation Readiness and
	Infrastructure Assessment began in March 2024 to
	evaluate County infrastructure, including current
	staffing, data sharing capabilities, billing systems
	and services that align with potential billable
	Medi-Cal opportunities under Medi-Cal
	Transformation.
	This work is funded through the California
	Department of Health Care Services' (DHCS)
	Providing Access and Transforming Health
	(PATH) Capacity and Infrastructure Transition,
	Expansion and Development (CITED) Initiative.
	 The purpose of this assessment is to identify the
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	potential for the County to contract with and
	receive reimbursement from Medi-Cal Managed
	Care Plans to provide Enhanced Care Management
	(ECM) and/or Community Supports (CS).
	To date, the contractor convened five County
	departments, with a sixth scheduled. Additionally,
	the contractor is in the process of reviewing
	documents and collecting additional information
	before providing their findings and
	recommendations.

Recommendation	Accomplishments/Progress Updates
	Preliminary recommendations are anticipated to be presented in November 2024.
	 2) Billing Feasibility Assessment Began in-depth financial assessment of services provided by HHSA to determine the feasibility of billing third-party payers. The contract, executed on May 21, 2024, will include evaluating an array of HHSA services, such as but not limited to, those provided at the Public Health Centers, to determine reimbursable services, infrastructure needed and anticipated collectible revenue. Project kickoff held on June 11, 2024.
	 3) Research Policy and Leading Practices in California and Nationally Engaged multiple experts in Medicaid and Medi-Cal policy and Intergovernmental Transfer to advise on this initiative, including researching what is being done in other California jurisdictions and nationally to optimize Medicaid revenue and reimbursement for services provided by counties. Two contracted Policy Advisors, with extensive expertise on the Medicaid program, started identifying experts in other California jurisdictions with experience enhancing Medi-Cal payment rates and incentivizing providers. The Policy Advisors are researching what impacts county models might have in the context of the health care delivery system. Initial recommendations will be presented to the Ad Hoc Subcommittee in October 2024. In June 2024, staff engaged experts in Medi-Cal funding mechanisms, billing, and intergovernmental transfer (IGT) to share information with County staff and the Ad Hoc Subcommittee for further exploration. The first discussion with the ad-hoc was held in June and a second discussion is scheduled for July 2024.
Explore opportunities to increase Medi-Cal	To explore opportunities for increasing Medi-Cal reimbursement for providers in the region, staff have started planning efforts in the following areas:

Recommendation	Accomplishments/Progress Updates
reimbursement to providers in the San Diego Region.	 Engage Regional Stakeholders Stakeholder "listening sessions" began in June 2024 and continue through November 2024. Listening sessions are held with County staff, healthcare professionals, hospitals, FQHCs, labor organizations, healthcare workers, consumer advocacy organizations, state and local government leaders, and community-based organizations. In-person regional convening in early Winter, 2024 to follow listening sessions
	 2) Research Policy and Leading Practices in California and Nationally As refenced under Recommendation 1, staff has engaged multiple experts in Medicaid and Medi-Cal policy and Intergovernmental Transfer to advise on this initiative, including researching what is being done in other California jurisdictions and nationally to optimize Medicaid revenue and reimbursement for services provided by counties. In June 2024, staff engaged experts in Medi-Cal funding mechanisms, billing, and intergovernmental transfer (IGT) to share information with County staff and the Ad Hoc Subcommittee for further exploration. The first discussion with the ad-hoc was held in June and a second discussion is scheduled for July 2024. Engage California Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) Staff is identifying additional expertise needed to engage DHCS and CMS.
3. Offer updates to the entire Board of Supervisors, including the Ad Hoc subcommittee on State and Federal policy germane to	No update at this time. Related actions captured under other recommendations.

Re	ecommendation	Accomplishments/Progress Updates
	integrate behavioral and physical health	
4.	Return to the Board at the end of the calendar year with a progress report, findings, and recommendations	Staff plan to report back to the Board on December 10, 2024, with an interim progress report, findings, and recommendations. An extension of the final report is requested and anticipated by Spring 2025.
5.	Add to the County's 2024 Legislative Program, Priority Issues, support for legislation and administrative actions that will lead to increased Medicaid reimbursement rates for California	 The County's 2024 Legislative Program has been updated to include support for legislation and administrative actions that will lead to increased Medicaid reimbursement rates for California. Currently, identifying additional expertise needed to engage in ongoing conversations at the State and Federal level.
6.	Establish an Ad Hoc Subcommittee of this Board	 Provided information and staff support at Ad Hoc Subcommittee meetings as follows: April 11, 2024. Agenda included a recap of the approved board recommendations, setting an ongoing meeting schedule, and discussion of what resources and training might be needed. May 8, 2024. High Level discussion on Medicaid program at Federal and State Levels. May 22, 2024. Provided update on staff engagement and contractor utilization. June 12, 2024. Discussed Medi-Cal funding mechanisms and Intergovernmental Transfer. June 26, 2024. Staff presented progress to date on the Medicaid Landscape Analysis as detailed in this report. July (Planned). Board briefings with off-agenda item to board offices on Medi-Cal. Three trainings are scheduled. July 16, 2024 (Planned). Ad Hoc Committee report back to the full Board. Ad Hoc Subcommittee meetings are anticipated to occur monthly from July through December 2024