CLERK OF THE BOARD OF SUPERVISORS

EXHIBIT/DOCUMENT LOG

MEETING DATE & AGENDA NO. 07/16/2024 #15

STAFF DOCUMENTS (Numerical)

No.	Presented by:	Description:
1	Staff	8-Page PowerPoint
2		
3		
4		

PUBLIC DOCUMENTS (Alphabetical)

No.	Presented by:	Description:
A	N/A	
B		
C		
D		
E		
F		
G		

Item #15: Receive and Accept the Preliminary Report Increasing Medi-Cal Reimbursement Rates to Improve Healthcare for Nearly 1 Million San Diegans

Caroline Smith, Interim Deputy Chief Administrative Officer, Health and Human Services Agency
Jennifer M. Tuteur, MD, FAAFP, Interim Chief Medical Officer, Medical Care Services

July 16, 2024

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

Medi-Cal Revenue Opportunities for County Services

To identify opportunities, strategies, and new sources of funding to improve Medi-Cal reimbursement/payment for **County provided programs**, staff have initiated the following:

- Medi-Cal Transformation Assessment
- Billing Feasibility Assessment
- Research Medi-Cal Policy and Leading Practices

Medi-Cal Revenue Opportunities for Regional Providers

To explore opportunities for increasing **Medi-Cal reimbursement for providers in the region**, staff will:

- Engage Regional Partners
- Research Medi-Cal Policy and Leading Practices
- Engage California Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS)

Listening Sessions: Preliminary

- Providers reported that Medi-Cal rates impact the number of patients they can see
- Administrative requirements impact capacity to expand services
- Shortage of specialty care providers to refer to including OBGYN

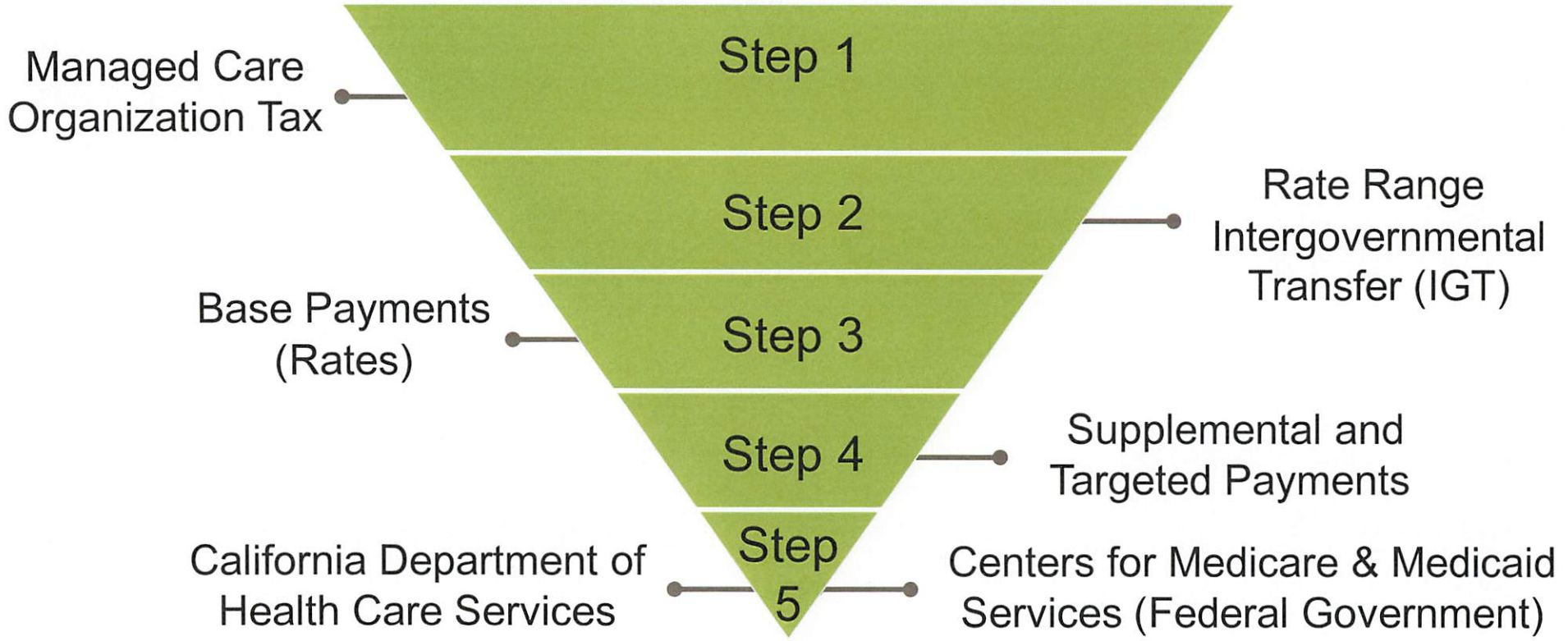
Medi-Cal Financing and Provider Payments

Entity	Who sets rates and/or determines funding availability?
Medi-Cal Managed Care Plans	DHCS actuary (Mercer)
Hospitals – Base Payments	Medi-Cal Managed Care Plan
Hospitals – Supplemental Payments	DHCS and CMS[1]
Physicians – Base Payments	Medi-Cal Managed Care Plan
Physicians – Targeted Payments	DHCS and CMS[1]
Skilled Nursing Facilities – Base Payments	Medi-Cal Managed Care Plan
Skilled Nursing Facilities – Supplemental Payments	DHCS and CMS[1]
FQHCs	DHCS and CMS[2]

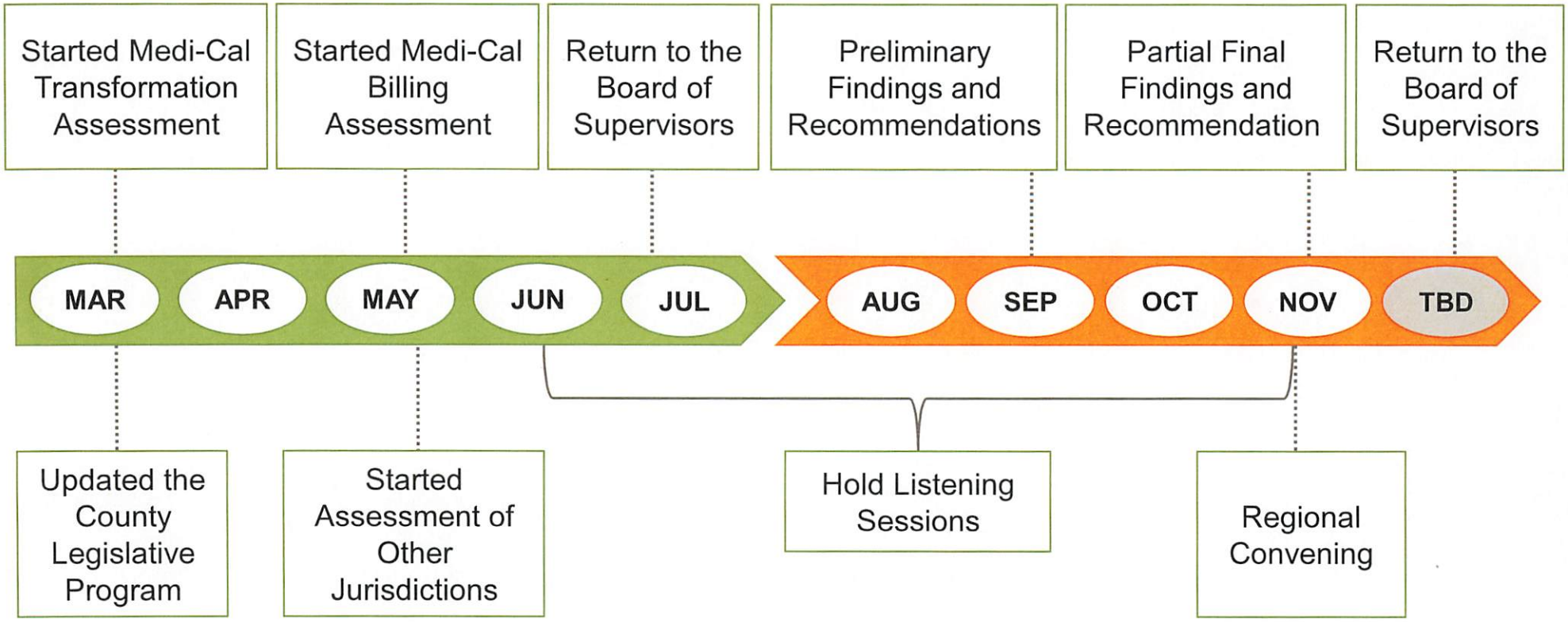
Notes:

1. Generally, set by calculating the difference between what is paid currently and what could be paid under the Medicare (or possibly average commercial).
2. FQHCs have a federally-defined payment model based on per visit cost unique to each entity.

Process


Step 1
Step 2
Step 3
Step 4
Step 5
Managed Care Organization Tax
Rate Range Intergovernmental Transfer (IGT)
Base Payments (Rates)
Supplemental and Targeted Payments
California Department of Health Care Services
Centers for Medicare & Medicaid Services (Federal Government)

Timeline


Started Medi-Cal Transformation Assessment
Started Medi-Cal Billing Assessment
Return to the Board of Supervisors
Preliminary Findings and Recommendations
Partial Final Findings and Recommendation
Return to the Board of Supervisors
MAR
APR
MAY
JUN
JUL
AUG
SEP
OCT
NOV
TBD
Updated the County Legislative Program
Started Assessment of Other Jurisdictions
Hold Listening Sessions
Regional Convening

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