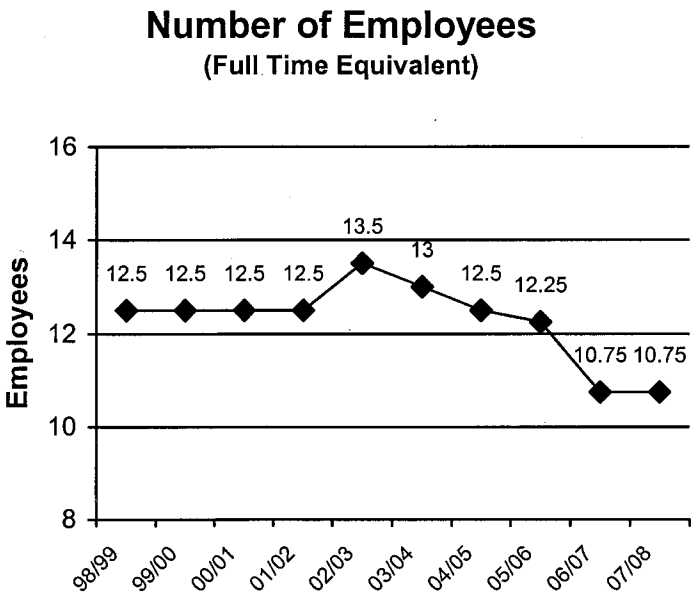
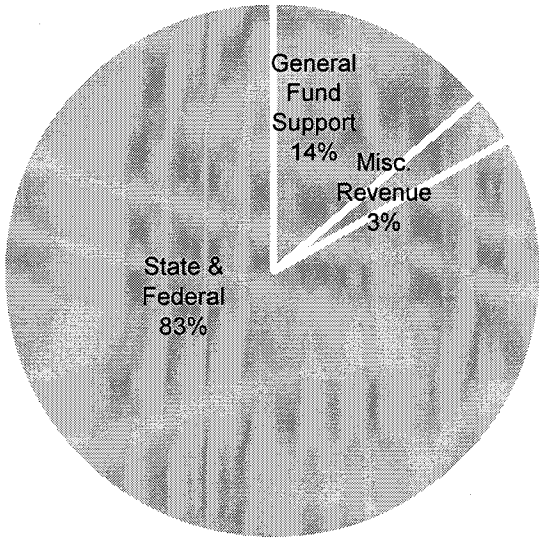
## MISSION STATEMENT

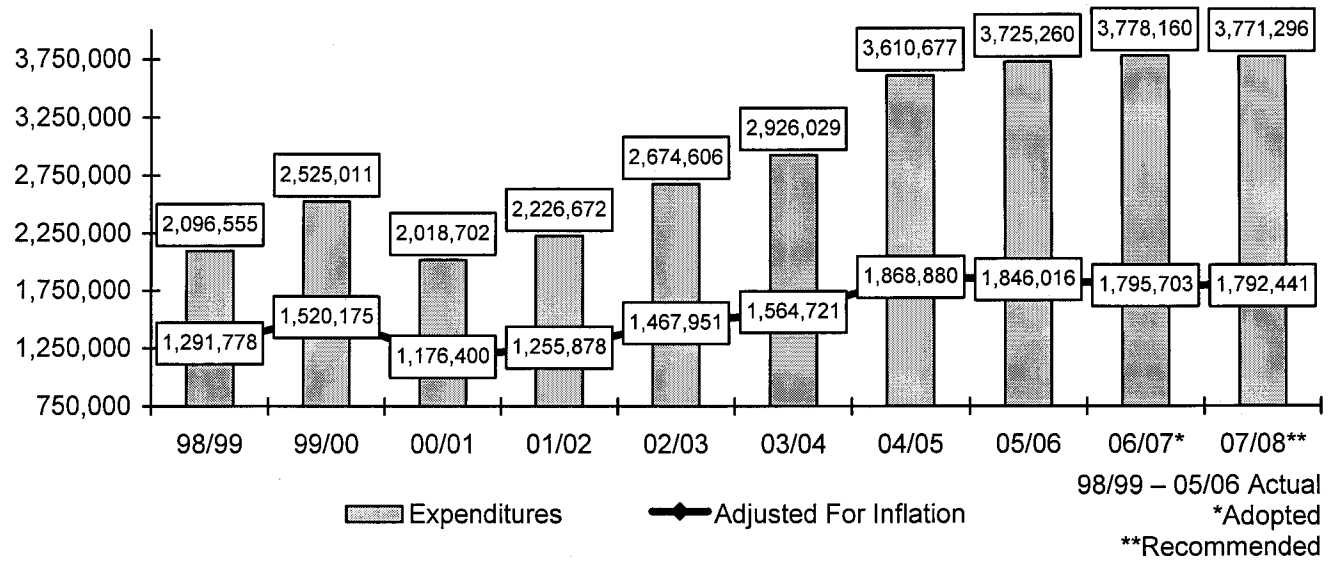
The Health Agency's County Medical Services Program (CMSP) provides eligibility, utilization review and various accounting services to ensure access to health care for all eligible adults who cannot afford to pay for their medical care.

| Financial Summary | 2006-07 Budget | 2006-07 Projected | 2007-08 Requested | 2007-08 Recommended | Change from 2006-07 |
|---|---|---|---|---|---|
| Revenues | $ 3,615,270 | $ 3,615,270 | $ 3,771,296 | $ 3,771,296 | $ 156,026 |
| Fund Balance Available | $ 162,890 | $ 162,890 | $ 0 | $ 0 | $ (162,890) |
| Cancelled Reserves | 0 | 0 | 0 | 0 | 0 |
| Total Financing Sources | $ 3,778,160 | $ 3,778,160 | $ 3,771,296 | $ 3,771,296 | $ (6,864) |
| Salary and Benefits | $ 830,586 | $ 794,161 | $ 821,254 | $ 839,298 | $ 8,712 |
| Services and Supplies | 2,784,684 | 2,983,999 | 2,950,042 | 2,931,998 | 147,314 |
| Other Charges | 0 | 0 | 0 | 0 | 0 |
| Fixed Assets | 0 | 0 | 0 | 0 | 0 |
| Gross Expenditures | $ 3,615,270 | $ 3,778,160 | $ 3,771,296 | $ 3,771,296 | $ 156,026 |
| Contingencies | 162,890 | 0 | 0 | 0 | (162,890) |
| New Reserves | 0 | 0 | 0 | 0 | 0 |
| Total Financing Requirements | $ 3,778,160 | $ 3,778,160 | $ 3,771,296 | $ 3,771,296 | $ (6,864) |



## 10 Year Expenditures Adjusted For Inflation




**SERVICE PROGRAMS**

**Other Indigent Health Programs/ Emergency Medical Service Program (EMSP) Support**

This program includes administrative, clerical and accounting support for the Other Indigent Health Programs and the Emergency Medical Services Program (EMSP).

Total Expenditures: $59,874 Total FTE: 1.0

**County Medical Services Program Administration (CMSP)**

This program facilitates access to health care for eligible adults who cannot afford to pay their medical care . The program authorizes and pays for medical care in partnership with the Community Health Centers whom provide primary care for CMSP patients. Staff perform utilization review, case management, medical claims processing, fund accountability, program evaluation, and financial reporting to various agencies.

Total Expenditures: $3,711,422 Total FTE: 9.75

**DEPARTMENT COMMENTS**

The County Medical Services Program (CMSP) authorizes medical care and assists with medical payments for eligible County residents between ages 21 and 64 who are unable to pay for their medical care and do not qualify for Medi-Cal benefits or any other publicly funded program. This program was established to meet the legislative requirement of the Welfare and Institutions Code 17000, whereby the County is obligated to relieve and support poor and indigent persons in obtaining medical care. CMSP works in partnership with the Community Health Centers (CHC), local specialists and hospitals to ensure access to high quality medical care services for eligible County residents to promote health and well-being and prevent or remediate conditions that undermine their health. Our mission aligns with the County's Communitywide Result, "A Healthy Community - The County will strive to ensure all people in our community enjoy healthy, successful and productive lives, and have access to the basic necessities."

In order to accomplish this, CMSP continues to evaluate and strive for ongoing improvement in the following areas (included in this is a few of our accomplishments for FY 06-07 to date):

- **Customer Service:** The community expects to receive timely and comprehensive medical care services. CMSP met this expectation by 1) increasing the panel of specialty physicians by 12, for a total of 521 physicians; 2) offering CMSP applications forms and program information in both English and Spanish; 3) providing bilingual CMSP forms and information on the County's website; 4) reducing the applicants' wait time by enabling them to complete their applications on-line and saving the time it would take staff to enter the information manually; 5) paying medical providers within 30 days of receiving their claim(s); and 5) adopting a team approach with the Community Health Centers (CHC) staff to facilitate access to healthcare in a timely and effective manner.

- **Internal Businesses Improvements:** Each month, the CMSP office serves an average of 683 walk-ins and maintains an average caseload of 800 individuals. Efficient internal processes of determining eligibility, authorizing care and paying claims are key to ensuring timely access to needed medical services. A critical function of CMSP is to direct people who are not eligible for CMSP to other appropriate healthcare programs to insure that CMSP financial resources are reserved for eligible patients, as intended by the Board of Supervisors.
- **Finance:** CMSP avoids approximately $1.2 million per year in medical expenses for patients that were redirected to Medi-Cal. CMSP is primarily funded by limited Realignment revenue and also receives a contribution from the General Fund in order to fill the gap that was created when the utilization and payments to private providers increased with the closure of the County Hospital.
- **Learning and Growth:** The employees are the most valued asset in the organization and in order to sustain a healthy work environment and delivery of services, it is critical the employees continue to learn about the healthcare issues clients are facing, as well as, empowering the employees to develop or suggest enhancement to the systems and processes that will in turn improve upon those services deliveries in a more streamline and cost efficient manner. CMSP staff are encouraged to attend various trainings, of which, a number of staff have attended various trainings sponsored by the County Employee University.

**The major focus areas of FY 07-08 are:**

- **Customer Service**: 1) work with CHC to reevaluate their medication dispensing policies to determine if the supply limit (i.e. 30 day supply) for certain medications can be increased in order to reduce the number of patient pharmacy and clinic visits; and 2) pursue the idea of developing a complete Spanish version of CMSP's website information.
- **Internal Businesses Improvements**: 1) Enhance activities to perform more comprehensive Medi-Cal eligibility tracking and CMSP case management; 2) Review a number of CMSP's current policies and procedures to ensure that they are updated and still relevant, and 3) Identify three processes that can be improved to reduce costs and increase efficiencies.
- **Finance:** 1) Increase deferral of costs to Medi-Cal by 5% through improved Medi-Cal case management activities.
- **Learning and Growth:** 1) Facilitate roundtable discussions with staff on specific systems and processes relating to their job functions and develop cost effective improvements; and 2) encourage employees to develop their skills by attending County Employee University courses or external trainings with the goal of each employee attending at least one course.

## COUNTY ADMINISTRATOR'S COMMENTS AND RECOMMENDATIONS

Revenues and expenses are recommended to increase by $156,026 or 4% each. This program is primarily funded with Realignment revenue provided by the state. Given that this revenue source has been essentially flat, the department has been diligent in pursuing other revenue. The department was successful in obtaining $100,000 of MediCal Administrative Activities (MAA) revenue, which is provided to organizations in order to help offset costs associated with the MediCal program. The level of General Fund support is budgeted to remain at the FY 2006-2007 level of $522,040.

The biggest change to this operation is that it is now distributing the Tobacco Settlement & Emergency Medical Services funds to physicians and hospitals. These funds are received by the County and per legislative requirements; the County passes along these funds to physicians and hospitals in order to help offset healthcare costs associated with emergency services for the uninsured. For a number of years, The Society Group, a foundation for The Medical Society, managed the disbursement of these funds on behalf of the County. Unfortunately, this organization was unable to account for these funds in an accurate and legal manner and as such the responsibility was brought in-house to the County. In order to accommodate this increase in workload, an additional 0.5 Sr. Account Clerk position is recommend (per the Budget Augmentation Request noted below).

Lastly a 0.5 FTE Department Automation Specialist I is recommended to transfer the Public Health Department (fund center 160) pursuant to the Health Agency reorganization. All of the information technology staff in the Health Agency will be consolidated into the Public Health fund center.

## BUDGET AUGMENTATION REQUESTS RECOMMENDED

| Unit Amount | Description | Results |
|---|---|---|
| Gross: $27,481<br><br>General Fund Support: $0 | 0.5 Senior Account Clerk to account for and distribute Tobacco Settlement & Emergency Medical Services Funds to physicians and hospitals.<br><br>This work was previously done by The Society Group (a foundation for the Medical Society). This organization was unable to account for these funds in an accurate and legal manner and as such the responsibility was brought in-house to the County. | Meet statutory and regulatory accounting requirements.<br><br>Distribute funds within 30 days of the end of each quarter. |

## GOALS AND PERFORMANCE MEASURES

**Department Goal:** Improve health and reduce suffering by efficiently determining program eligibility and arranging for services to promptly diagnose and treat medical conditions.

**Communitywide Result Link:** A Healthy Community

**1. Performance Measure: Percentage of client satisfaction surveys rating the office's overall performance as "satisfactory" or above.**

| 02/03 Actual Results | 03/04 Actual Results | 04-05 Actual Results | 05-06 Actual Results | 06-07 Adopted | 06-07 Projected Results | 07-08 Target |
|---|---|---|---|---|---|---|
| 98% | 99% | 98% | 98% | 98% | 98% | 99% |

**What:** Clients are surveyed to determine how well staff served them.

**Why:** This information is used to identify ways to improve services in order to meet the County's goal of ensuring all people in our community enjoy healthy lives and have access to basic health care.

**How are we doing?** Clients' satisfaction with CMSP's performance remains high. Excellent customer service and facilitating access to health care for the patients is our priority. CMSP employees are working toward a 100% success rate in interacting with the public professionally and appropriately so each encounter leaves our customers feeling well served. The CMSP patients indicated their basic health care needs are being met.

**Department Goal:** Pay medical providers as quickly as possible.

**Communitywide Result Link:** A Healthy Community and Well Governed Community

**2. Performance Measure: Number of medical claims processed in an hour**

| 02/03 Actual Results | 03/04 Actual Results | 04-05 Actual Results | 05-06 Actual Results | 06-07 Adopted | 06-07 Projected Results | 07-08 Target |
|---|---|---|---|---|---|---|
| N/A | N/A | 9.45 | 10 | 14 | 14 | 16 |

**What:** This measure tracks our performance in processing medical claims quickly.

**Why:** This information indicates our efficiency in processing claims in order to pay medical providers for services in a timely, accurate, and responsive manner.

**How are we doing?** In FY 05-06, 30,070 CMSP medical claims were processed in 2925 hours, which calculates to 10 claims per hour. The average cost of processing a medical claim is $2.25. AAA Billing Service reports that the average cost of processing a medical claim is between $6.00 and $15.00. The State-run CMSP program and seven counties that were surveyed reported that they did not track the costs to process medical claims.