

Health Administration

DESCRIPTION OF MAJOR SERVICES

The role of the Health Administration budget unit is to seek and support opportunities to foster collaboration among the Department of Public Health (PH), Department of Behavioral Health (BH), and the Arrowhead Regional Medical Center (ARMC). The administration provides regular fiscal and policy analysis relating to the operations of these departments. Additionally, this administration manages the \$77.6 million Health Administration budget unit, which includes funding for ARMC debt service, health related maintenance of effort costs, and transfers required to obtain federal health care funding.

Budget at a Glance	
Total Expenditure Authority	\$77,560,645
Total Sources	\$62,560,645
Net County Cost	\$15,000,000
Total Staff	2
Funded by Net County Cost	19%

Health care related transactions represented by this budget unit include the Disproportionate Share Hospital (DSH) Supplemental Payments, Realignment AB 8 match, and the county's contribution for ARMC debt service payments.

Intergovernmental Transfers for Medi-Cal Managed Care Capitation Rates

This budget unit also includes Intergovernmental Transfers (IGT) to the state to fund increased Medi-Cal managed care capitation rate payments to managed care plans that contract with their respective counties. These IGT's are to be used as the non-federal share of the Medi-Cal managed care capitation rate increases. The IGT Proposal became effective for the rate year October 1, 2008 through September 30, 2009. As with the Disproportionate Share Hospital Funds transfers, the IGT matching contributions to the state, as well as the return of that initial investment is reported within this budget unit.

California Medi-Cal Hospital/Uninsured Care Demonstration Project (SB 1100)

Effective July 1, 2005, funding from SB 855 and SB 1255 for the Disproportionate Share Hospital Programs was replaced by SB 1100, California's Medi-Cal Hospital/Uninsured Demonstration Project. The prior SB 855 and SB 1255 programs provided supplemental payments to hospitals serving a disproportionate number of low-income individuals, as well as those licensed to provide emergency medical services and contract with the California Medical Assistance Commission (CMAC) to serve Medi-Cal patients under the Selective Provider Contracting Program.

The new funding system, SB 1100, was designed under a Medicaid (Medi-Cal in California) waiver to fund public and private safety-net hospitals providing care to Medi-Cal and uninsured patients. The hospital financing waiver under SB 1100 is comprised of three elements:

- Medi-Cal Fee for Service, which represents federal funds accounted for directly in the ARMC budget unit, for services provided to Medi-Cal patients;
- Safety Net Care Pool Funds, which provide a fixed amount of federal dollars, also accounted for directly in the ARMC budget unit, to cover uncompensated health care costs, and
- DSH Funds, which continue to be reflected as a matching contribution to the state, and a return of that initial investment, within this budget unit.

Realignment and General Fund Support

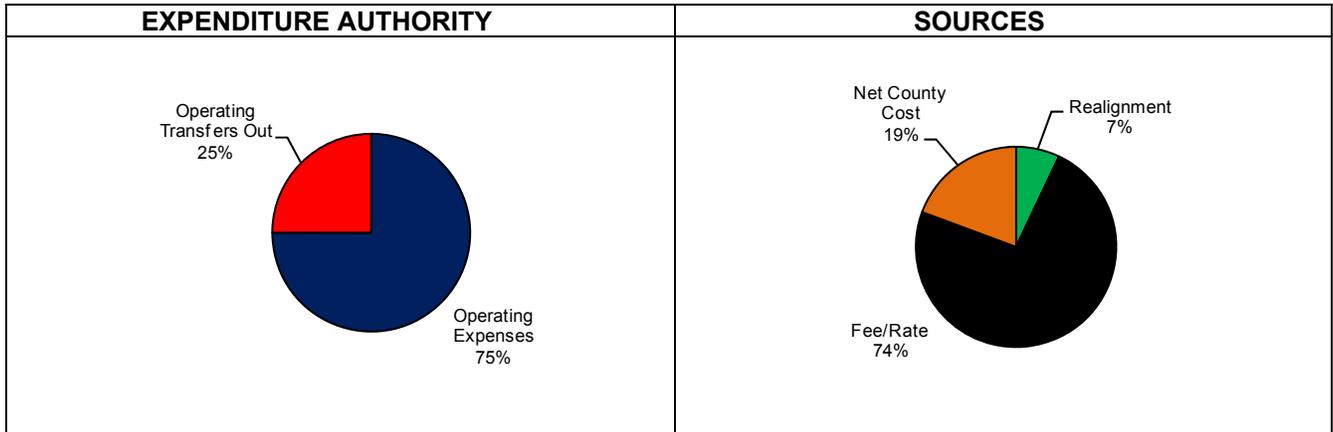
General fund support and realignment funds are used to pay for the ARMC debt service lease payments, Realignment AB 8 match and administrative costs related to this budget unit. To qualify for receipt of Health Realignment funding from the state, the County must contribute a 'match' of local funds. The County's match for 2012-13 is \$4.3 million, which is based on a formula established through AB 8 in 1979. This amount has remained constant throughout the years.

Realignment funds support this budget as follows:

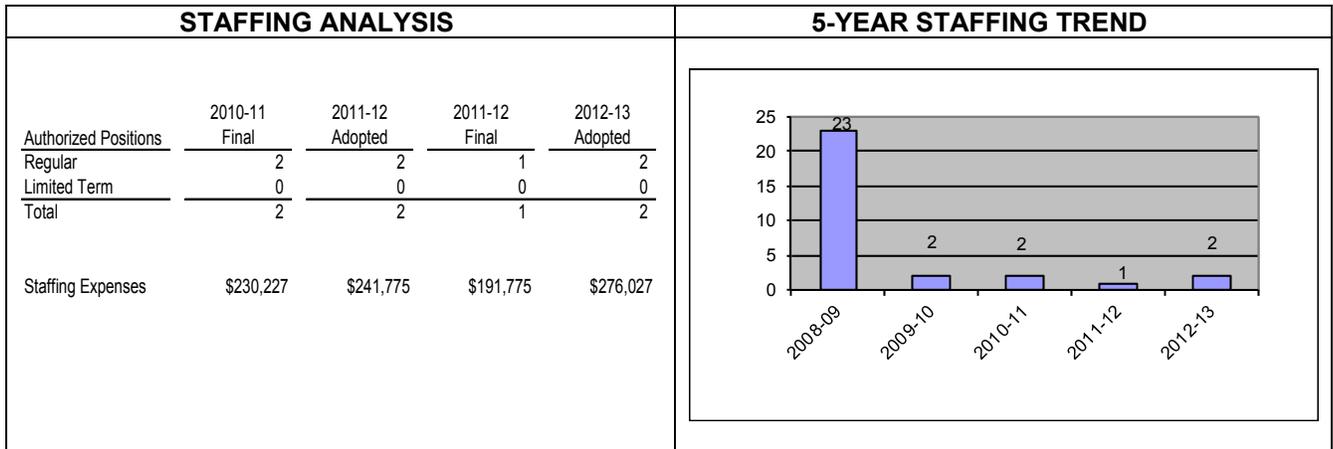
- Mental Health at 9.79% (which covers half of administrative costs).
- Social Services at 2.54% (which covers a share of cost for the 2-1-1 Information System).
- Health at 87.67% (which covers half of administrative costs plus debt service payments).



2012-13 ADOPTED BUDGET



BUDGETED STAFFING



In 2008-09, this budget unit included Inland Counties Emergency Medical Agency staffing.



ANALYSIS OF 2012-13 ADOPTED BUDGET

GROUP: Human Services
DEPARTMENT: Health Administration
FUND: General

BUDGET UNIT: AAA HCC
FUNCTION: Health and Sanitation
ACTIVITY: Hospital Care

	2008-09 Actual	2009-10 Actual	2010-11 Actual	2011-12 Actual	2011-12 Final Budget	2012-13 Adopted Budget	Change From 2011-12 Final Budget
Appropriation							
Staffing Expenses	1,813,167	100,092	230,227	176,247	191,775	276,027	84,252
Operating Expenses	36,467,357	42,588,434	32,031,388	23,988,795	24,208,260	57,967,939	33,759,679
Capital Expenditures	131,520	0	0	0	0	0	0
Contingencies	0	0	0	0	0	0	0
Total Exp Authority	38,412,044	42,688,526	32,261,615	24,165,042	24,400,035	58,243,966	33,843,931
Reimbursements	0	0	0	(39,979)	(40,000)	0	40,000
Total Appropriation	38,412,044	42,688,526	32,261,615	24,125,063	24,360,035	58,243,966	33,883,931
Operating Transfers Out	22,798,619	18,951,047	19,805,002	19,023,328	19,067,700	19,316,679	248,979
Total Requirements	61,210,663	61,639,573	52,066,617	43,148,391	43,427,735	77,560,645	34,132,910
Departmental Revenue							
Taxes	0	0	0	0	0	0	0
Realignment	8,940,756	4,754,817	5,825,299	4,873,403	4,909,005	5,470,645	561,640
State, Fed or Gov't Aid	804,792	0	0	0	0	0	0
Fee/Rate	35,931,084	41,884,757	31,244,819	23,277,623	23,515,000	57,090,000	33,575,000
Other Revenue	114,552	0	0	0	0	0	0
Total Revenue	45,791,184	46,639,574	37,070,118	28,151,026	28,424,005	62,560,645	34,136,640
Operating Transfers In	419,479	0	0	0	0	0	0
Total Sources	46,210,663	46,639,574	37,070,118	28,151,026	28,424,005	62,560,645	34,136,640
Net County Cost	15,000,000	14,999,999	14,996,499	14,997,365	15,003,730	15,000,000	(3,730)
Budgeted Staffing					1	2	1

BUDGET CHANGES AND OPERATIONAL IMPACT

Staffing expenses of \$276,027 fund 2 Administrative Analyst positions. This appropriation has a net increase of \$84,252 from prior year due to the addition of 1 Administrative Analyst.

Operating expenses of \$57,967,939 are increasing by \$33,759,679 (\$4,224,679 in order to fund increasing DSH Funds and the IGT Proposal to fund Medi-Cal Care capitation rate increases and \$29,535,000 due to less expenditures incurred in 2011-12 as reflected in the 2011-12 final budget).

Operating transfers out of \$19,316,679 fund \$4.3 million of realignment local match, which must be transferred into trust, before Health Realignment monies can be directed toward the PH and ARMC budget units to fund health programs, and \$15.0 million of net debt service lease payment for ARMC. Net county cost in this Department is funded by Tobacco Master Settlement agreement and supports the \$4.3 million realignment match and a portion of Medical Center lease payments.

Fee/rate revenue of \$57.1 million is increasing by \$33,575,000 (\$4.3 million based on matching revenues associated with DSH Funds and the IGT Proposal to fund Medi-Cal Managed Care capitation rate payment enhancements and \$29.3 million due to less revenue received in 2011-12 as reflected in the 2011-12 final budget).

MAJOR EXPENDITURES AND REVENUE IN 2012-13 ADOPTED BUDGET

Major expenditures in this budget unit include funding Disproportionate Share and Inter-Governmental Transfers to cover Medi-Cal Care and transfers to cover the required local match and debt service lease payments for ARMC. The major revenue is the matching funds from the state to cover Medi-Cal Managed Care capitation rate payment enhancements.



STAFFING CHANGES AND OPERATIONAL IMPACT

One Administrative Analyst was added in 2012-13

2012-13 POSITION SUMMARY

<u>Division</u>	<u>Regular</u>	<u>Limited Term</u>	<u>Total</u>	<u>Filled</u>	<u>Vacant</u>	<u>New</u>	<u>Total</u>
Health Administration	2	0	2	2	0	0	2
Total	2	0	2	2	0	0	2

Health Administration	
<u>Classification</u>	
2	Administrative Analyst
2	Total

