



Legislation Details

File #:	A 17-165	Name:	Intergovernmental Agreement Regarding Transfer of Public Funds
Type:	BoS Agreement	Status:	Passed
File created:	5/9/2017	In control:	Board of Supervisors
On agenda:	5/23/2017	Final action:	5/23/2017

Title:

a. Ratify execution by the Chief Executive Officer (“CEO”) of Natividad Medical Center (“NMC”) of a Letter of Interest, dated April 14, 2017 to the California Department of Health Care Services (“State DHCS”), confirming the interest of the County of Monterey on behalf of NMC (“County”) in working with State DHCS and the Monterey-Santa Cruz-Merced Managed Medical Care Commission d/b/a Central California Alliance for Health (“CCAH”), to provide a Medi-Cal managed care rate range Intergovernmental Transfer of Public Funds (“IGT”) to be used as the nonfederal share of supplemental Medi-Cal managed care capitation rate payments to the CCAH for the periods of July 1, 2015 to June 30, 2016, and July 1, 2016 to June 30, 2017; and

b. Authorize the CEO of NMC to execute the IGT Agreement between the County and the State DHCS, the source of which shall be funds from NMC and not the County’s General Fund, pursuant to Sections 14164 and 14168.7 of the Welfare & Institutions Code, to be used as the nonfederal share of supplemental Medi-Cal managed care capitation rate payments to the CCAH, and associated IGT fee assessment for a total amount not to exceed \$5,600,000 for healthcare services rendered in Fiscal Year 2015-16, and a total not to exceed \$6,000,000 for healthcare services rendered in Fiscal Year 2016-17 and transfer to occur in Fiscal Year 2017-18 or Fiscal Year 2018-19; and

c. Authorize the Deputy Purchasing Agent for NMC or his designee to execute the following agreements associated with the execution of the supplemental Medi-Cal managed care capitation rate payment for services rendered in Fiscal Year 2015-16 and Fiscal Year 2016-17:

1. Intergovernmental Transfer Assessment Fee Agreement between County and State DHCS; and
2. Twenty Fourth Amendment to Health Plan - Provider Agreement; Primary Hospital and Outpatient Laboratory Services Agreement between County and the CCAH.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Board Report, 2. Letter of intent, 3. IGT Transfer Assessment Fee .pdf, 4. 2015-16 16-17 Rate Range Intergovernmental Agreement.dotx, 5. 2015-16 16-17 Rate Range Template Health Plan-Provider Agreement, 6. Completed Board Order

Date	Ver.	Action By	Action	Result
5/23/2017	1	Board of Supervisors	approved	