File No	180926	Committee Item No	6	
		Board Item No.		

### COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST							
Committee:	Rules Committee	Date	January 16, 2019				
Board of Supervisors Meeting		Date _					
Cmte Boar	Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst Re Youth Commission Report Introduction Form Department/Agency Cover Letter Memorandum of Understanding (I Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 - Ethics Commission Award Letter Application Form 700 Vacancy Notice Information Sheet Public Correspondence	and/or Re <sub>l</sub>	port				
OTHER	(Use back side if additional space	is needed	d)				
Completed Completed	by: Victor Young by:	Date	Jan. 11, 2019				

[Administrative Code - Extension of Termination Date - Department of Public Health Managed Care Contracts]

Ordinance amending the Administrative Code to extend the termination date of managed care contracts approved under Section 21A.3 from December 31, 2020, to December 31, 2025.

NOTE:

Unchanged Code text and uncodified text are in plain Arial font.

Additions to Codes are in <u>single-underline italics Times New Roman font</u>.

Deletions to Codes are in <u>strikethrough italics Times New Roman font</u>.

Board amendment additions are in <u>double-underlined Arial font</u>.

Board amendment deletions are in <u>strikethrough Arial font</u>.

Asterisks (\* \* \* \*) indicate the omission of unchanged Code subsections or parts of tables.

Be it ordained by the People of the City and County of San Francisco:

Section 1. Chapter 21A of the Administrative Code is hereby amended by revising Section 21A.3, to read as follows:

## SEC. 21A. DEPARTMENT OF PUBLIC HEALTH MANAGED CARE CONTRACTS.

(b) Acting under Charter Section 9.118, the Board of Supervisors authorizes the Director of Health to enter into contracts anticipated to generate over \$1 million in reimbursements or revenue to the City to provide health care services at DPH facilities, including, but not limited to, primary care, specialty services, hospital services, and behavioral health services. These contracts may include fee-for-service arrangements, fully capitated arrangements where DPH receives fixed monthly payments per individual and is financially responsible for managing health care costs of its patients, or a hybrid of the two. The term of any such contracts shall terminate no later than December 31, 2020 2025 and shall be subject to the review and approval of the Controller for consistency with the terms of this Section

21A.3. The DPH annual budget shall show the revenues from the contracts as capitation rates or patient fees (collectively, "Rates of Reimbursement").

\* \* \* \*

(e) The Director of Health shall provide quarterly reports between September 1, 2015 and December 1, 2020 2025 to the Health Commission of the contracts approved under this Section 21A.3, and the aggregate amount of reimbursement and revenue generated. The Director of Health shall provide annual reports, no later than September 1, 2015, September 1, 2016, September 1, 2017, September 1, 2018, September 1, 2019, September 1, 2020, September 1, 2021, September 1, 2022, September 1, 2023, September 1, 2024, September 1, 2025, and September 1, 2026, to the Mayor and the Board of Supervisors, identifying the contracts approved and the aggregate amount of reimbursement and revenue generated.

Section 2. Effective Date. This ordinance shall become effective 30 days after enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board of Supervisors overrides the Mayor's veto of the ordinance.

Section 3. Scope of Ordinance. In enacting this ordinance, the Board of Supervisors intends to amend only those words, phrases, paragraphs, subsections, sections, articles, numbers, punctuation marks, charts, diagrams, or any other constituent parts of the Municipal Code that are explicitly shown in this ordinance as additions, deletions, Board amendment

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additions, and Board amendment deletions in accordance with the "Note" that appears under the official title of the ordinance.

APPROVED AS TO FORM: DENNIS J. HERRERA, City Attorney

By: VIRGINIA DARIO ELIZONDO Deputy City Attorney

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#### LEGISLATIVE DIGEST

[Administrative Code - Extension of Termination Date - Department of Public Health Managed Care Contracts]

Ordinance amending the Administrative Code to extend the termination date of managed care contracts approved under Section 21A.3 from December 31, 2020, to December 31, 2025

#### Existing Law

In 2014, the Board of Supervisors delegated authority under Charter Section 9.118, to the Director of Health to enter into managed care contracts where the City will be reimbursed for health care services provided at Department of Public Health (DPH) facilities by insurance companies and other health care providers. It is anticipated that these reimbursements will exceed one million dollars.

The rates of reimbursement will be equal to or higher than either:

- (1) Fee for Service: the California Department Health Care Services (DHCS) published Medi-Cal fee for service rates, which are updated monthly and posted at http://files.medi-cal.ca.gov/pubsdoco/rates/rateshome.asp; or
- (2) Capitated Rates: the average of per-member-per month rates for Medi-Cal managed care for Aid Codes Family and Medi-Cal Expansion, or successor provisions, set by DHCS as authorized by federal and state law and posted at http://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDFinancialReports.aspx.

The Controller and DPH conduct analyses of health care services payment rates to ensure that the rates in the DPH contracts are within a reasonable range of the industry standard or that of comparable health systems, and identify opportunities to improve contract terms.

The Director of Health provides quarterly reports to the Health Commission regarding the contracts approved under this ordinance and the aggregate amount of reimbursement and revenue generated, and an annual report to the Mayor and the Board of Supervisors, identifying the contracts approved and the aggregate amount of reimbursement and revenue generated.

In 2016, based on the findings of the DPH and Controller reports, Section 21A.3 was amended to extend the termination date of contracts approved under this section to December 31, 2020, add more accurate language regarding the process and means of comparison, allowing for some flexibility as the industry methods for rate setting evolve due to market forces, and revise the reporting dates by the Controller (from January to February) and Director of Health (July to September) to allow better coordination with the availability of the necessary data, through 2021.

#### Amendments to Current Law

The termination date of managed care contracts approved under this section is extended to 2025, and revise the corresponding reporting dates to 2026.

#### **Background Information**

The federal and state governments continue to increase the proportion of safety net health care services provided under a managed care model. The DPH mission includes providing high-quality health care to all San Franciscans, including the uninsured and low-income individuals who access health care through federal and state-subsidized programs. Historically, DPH fulfilled this mission by providing services through a fee-for-service structure or in partnership with the San Francisco Health Authority, also known as the San Francisco Health Plan, a separate governmental entity.

Under the shift to a managed care-focused system for the delivery of health care services, in order to participate as a provider in certain programs, DPH needs to contract with insurers. Otherwise, current and prospective DPH clients will not have the option of selecting DPH as a provider. If DPH cannot offer itself as a contracted provider, continuity of care will be disrupted for those who have long histories with DPH health care providers, and DPH will lose revenue due to reduced patient care.

As the federal and state governments reduce previous forms of health care reimbursement to counties, counties must replace those revenues by the increasing enrollment of persons newly eligible for managed care insurance programs.

To participate in the new health care markets, DPH needs flexibility to enter into and modify managed care contractual arrangements. Most insurers operate with an annual open enrollment period. Time between these open enrollment periods is limited and health care contracts are often negotiated and executed in a relatively short time period. DPH must be able to meet the timelines expected in the industry in order to retain patients and revenue.

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# San Francisco Department of Public Health Greg Wagner



Acting Director of Health

City and County of San Francisco London N. Breed Mayor

September 24, 2018

Angela Calvillo, Clerk of the Board Board of Supervisors 1 Dr. Carlton B. Goodlett Place, Room 244 San Francisco, CA 94102

Dear Ms. Calvillo:

Attached please find an original single-sided and two single-sided, black and white copies of the proposed ordinance for the Board of Supervisors approval, which amends the Administrative Code to extend the termination date of managed care contracts approved under Section 21A.3 from December 31, 2020 to December 31, 2025.

The following is a list of accompanying documents

- Proposed Managed Care Ordinance
- Legislative Digest
- Memo Office of the City Attorney

The following person may be contacted regarding this matter: Stella Cao, Director of Managed Care (415)595-5378 stella.cao@sfdph.org

Thank you for your time and consideration.

Sincerely,

**Greg Wagner** 

Acting Director of Health

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