

**REPORT/RECOMMENDATION TO THE BOARD OF SUPERVISORS
OF THE COUNTY OF SAN BERNARDINO
AND RECORD OF ACTION**

July 14, 2020

FROM

WILLIAM L. GILBERT, Director, Arrowhead Regional Medical Center

SUBJECT

Designate Director as Authorized Representative for Arrowhead Regional Medical Center for Medi-Cal Health Care Facility Letters

RECOMMENDATION(S)

1. Designate the Director of Arrowhead Regional Medical Center as the authorized representative for purposes of preparing and signing Medi-Cal Health Care Facility letters for Arrowhead Regional Medical Center for a period of five years, from July 14, 2020 through July 13, 2025.
 2. Authorize the Director of Arrowhead Regional Medical Center to prepare and sign Medi-Cal Health Care Facility letters as the authorized representative for Arrowhead Regional Medical Center for a period of five years, from July 14, 2020 through July 13, 2025.
- (Presenter: William L. Gilbert, Director, 580-6150)

COUNTY AND CHIEF EXECUTIVE OFFICER GOALS & OBJECTIVES

Provide for the Safety, Health and Social Service Needs of County Residents.

FINANCIAL IMPACT

Approval of the recommendations will not result in the use of Discretionary General Funding (Net County Cost), as these are non-financial documents.

BACKGROUND INFORMATION

The California Department of Health Care Services (DHCS) has established procedures for the enrollment of licensed or certificated healthcare providers, or applicants who are professional corporations, who render services to Medi-Cal beneficiaries exclusively in one or more licensed health facilities that are enrolled in the Medi-Cal program. One of the DHCS Medi-Cal enrollment requirements is for providers to submit a "Health Care Facility" letter for each Medi-Cal enrolled and licensed health facility at which the provider renders services to Medi-Cal beneficiaries.

According to DHCS, each Health Care Facility letter must be on the letterhead of the licensed health facility and include the following:

- a. Date of the letter.
- b. Name and location of the currently licensed and Medi-Cal enrolled health facility.
- c. Description of the services rendered by applicant or provider at the licensed health facility.

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d. A statement that the person authorized to legally bind the licensed health care facility understands that (applicant or provider) has submitted an application package for enrollment in the Medi-Cal program as a “facility-based provider” indicating that (applicant or provider) renders services under contract at (licensed health care facility); further understands that approval of the application package is based in part on the contractual agreement between (applicant or provider) and (licensed health care facility); based in part on the representation that there are no current Medi-Cal, Medicaid, Medicare or licensing sanctions against licensed health care facility; attests that a contractual relationship does exist between (applicant or provider) and (licensed health care facility), and that there are no currently pending or outstanding Medi-Cal, Medicaid, Medicare or licensing sanctions against the (licensed health care facility).

Approval of the recommendations will allow the Director of ARMC to sign Health Care Facility letters as the authorized representative. ARMC would provide the executed letters to contracted providers, who would then include it in their application package for enrollment in the Medi-Cal program as a facility-based provider indicating that the provider renders services under contract at ARMC. The Health Care Facility letter may only be signed by a person authorized to legally bind the County. It is recommended that the Board of Supervisors designate the Director of ARMC as its authorized representative and delegate the authority to the Director of ARMC to sign the Health Care Facility letters to assist contracted providers in their enrollment into Medi-Cal, from July 14, 2020, through July 13, 2025, as ARMC expects to receive on average 12 – 14 letters a year.

PROCUREMENT

Not applicable.

REVIEW BY OTHERS

This item has been reviewed by County Counsel (Charles Phan, Deputy County Counsel, 387-5455) on June 10, 2020; ARMC Finance (Chen Wu, Budget and Finance Officer, 909-580-3165) on June 12, 2020; Finance (Yael Verduzco, Administrative Analyst, 387-5285) on June 25, 2020; and County Finance and Administration (Matthew Erickson, County Chief Financial Officer, 387-5423) on June 28, 2020.

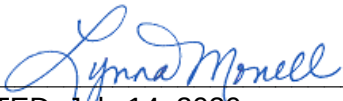
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Record of Action of the Board of Supervisors
County of San Bernardino

APPROVED (CONSENT CALENDAR)

Moved: Robert A. Lovingood Seconded: Josie Gonzales
Ayes: Robert A. Lovingood, Janice Rutherford, Curt Hagman, Josie Gonzales
Absent: Dawn Rowe

Lynna Monell, CLERK OF THE BOARD

BY 
DATED: July 14, 2020



cc: File- Medical Center
la 07/16/2020