



LEADING HEALTH TOGETHER

A Strategic Roadmap for Stronger Public Health
using CMAA Reimbursement



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WHAT IS COUNTY MEDI-CAL ADMINISTRATIVE ACTIVITIES (CMAA)?

- Started in 1995
- Reimbursed by the Centers for Medicare & Medicaid Services (CMS)
- Administered in California by the Department of Health Care Services (DHCS)
- Uncapped Federal Entitlement Program
- Federally reimbursable administrative activities that promote use and access to Medi-Cal services
- Only available through a Local Governmental Agency (LGA)



WHY CMAA MATTERS

Unlocks federal reimbursement for local priorities

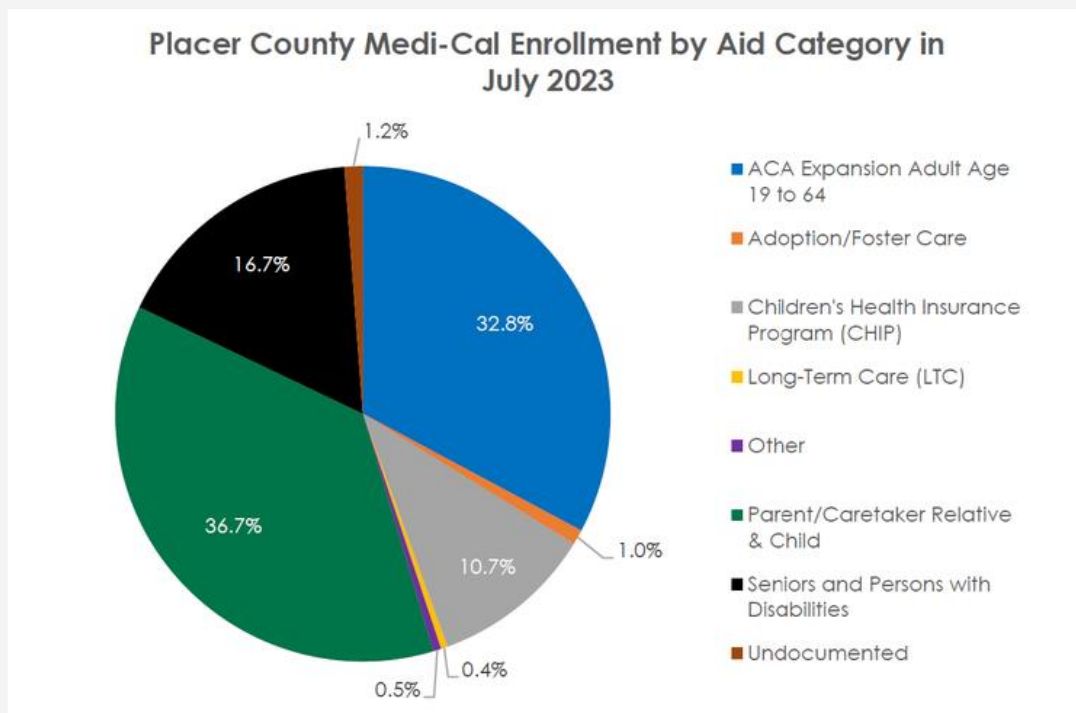
Supports programs often underfunded (e.g., aging, veterans, homelessness)

Strengthens sustainability for community partnerships

Creates flexible, unrestricted revenue



WHAT CMAA LOOKS LIKE.....



Dental Coverage

Children

Children who have health coverage through **Medi-Cal** or a **Covered California** health plan also have dental coverage.

Dental services include:

- Exams
- Cleanings
- X-rays
- Fillings
- Relief of pain and infection
- Medically necessary orthodontics
- Molar sealants
- Fluoride treatments
- Tooth extractions
- Root canals
- Emergency services

Children should visit a dentist as soon as their first tooth appears or by age 1.

Adults

Adults who have health coverage through **Medi-Cal** also have dental coverage.

Dental services include:

- Exams
- Cleanings
- Fluoride treatments
- Fillings

Finding a Dentist

Medi-Cal

The **Medi-Cal Benefits Identification Card** is also the card used for dental coverage called **Medi-Cal Dental**.

To find a dental office that accepts Medi-Cal, call the **Medi-Cal Dental Program** at (800) 322-6384 Monday through Friday, 8:00 a.m. to 5:00 p.m. or visit www.smilecalifornia.org.

Covered California



Latino Leadership Council Health Fair

KAISER PERMANENTE **Sutter Health**

OCTOBER 7, 2023 | 10:00AM - 2:00PM
GRANITE WELLNESS CENTER PARKING LOT
1530 3RD ST, LINCOLN, CA 95648

COMMUNITY RESOURCES | CRAFTS | NUTRITION DEMO
HEALTH SCREENINGS | VACCINES + MORE!

For more information please contact:
Promotora Maria Uribe @ 916-384-6561 or Outreach Coordinator
Crystal Lopez-Franco @ CrystalF@latinoleadershipcouncil.org

Placer **Grants**

Visit LatinoLeadershipCouncil.org/Events for upcoming events



**Next CMAA Leadership Workgroup is
December 4th from 10:00-11:00**

**Registration required:
<https://cal-lga.org/>**



WHY WE MUST LEAD TOGETHER:

CMAA isn't just a back-office fiscal job

Requires strategic leadership and alignment across the entire public health ecosystem

Silos limit claiming potential; cross department partnerships expands it

Bridges the gap between fiscal strategy and program champions

Transforms administrative claim into a "Program" that creates sustainable community impact

CMAA Participation



LET'S HEAR FROM YOU!



<https://ahaslides.com/LQSH3>

CMAA STRATEGIC GROWTH FRAMEWORK

01

EVALUATE

Evaluate your current CMAA program with your LGA Coordinator (structure, scope, staffing, compliance) before making changes

02

PLAN

Create a plan to expand and improve CMAA that works for your LGA

03

INVEST

Invest staffing and operational resources into the program

04

COMMUNICATE

Spread the word about CMAA to expand & celebrate success!

05

MEASURE AND IMPROVE

Regularly evaluate the effectiveness of your programs, staffing levels, and make adjustments as needed.

CMAA PERFORMANCE REPORT

01

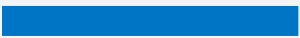


EVALUATE

County Medi-Cal Administrative Activities (CMAA) Statewide Performance FY 23/24						
Local Government Agency	Population	Medi-Cal Enrollees	CWA	CMAA Reimbursement	Claim Units	CMAA Reimbursement per Medi-Cal Enrollee
Statewide Total	39,094,610	13,514,313	33.94%	\$ 136,735,771	306	\$ 10.30
Los Angeles	9,821,702	3,557,011	36.22%	\$ 23,459,632	21	\$ 6.60
San Diego	3,290,762	982,845	29.87%	\$ 9,423,159	9	\$ 9.59
Orange	3,145,950	892,309	28.37%	\$ 2,838,937	20	\$ 3.18
Riverside	2,435,479	943,904	38.76%	\$ 477,641	5	\$ 0.51
San Bernardino	2,177,064	925,609	42.52%	\$ -	-	\$ -
Santa Clara	1,902,999	395,759	20.80%	\$ 6,193,840	15	\$ 15.65
Alameda	1,646,263	427,090	25.94%	\$ 27,001,314	39	\$ 63.22
Sacramento	1,577,789	601,117	38.10%	\$ 452,762	3	\$ 0.75
Contra Costa	1,145,950	285,379	24.90%	\$ 7,402,196	11	\$ 25.94
Fresno	1,014,173	492,664	48.58%	\$ -	-	\$ -
Kern	908,233	446,459	49.16%	\$ 2,317,210	2	\$ 5.19
San Francisco	842,648	217,445	25.81%	\$ 11,506,665	18	\$ 52.92
Ventura	824,912	237,190	28.75%	\$ 597,098	5	\$ 2.52
San Joaquin	787,656	302,762	38.44%	\$ 415,959	4	\$ 1.37
San Mateo	743,434	126,635	17.04%	\$ 13,764,683	13	\$ 108.70
Stanislaus	547,249	239,693	43.80%	\$ 1,075,908	6	\$ 4.49
Sonoma	478,799	123,766	25.85%	\$ 622,847	6	\$ 5.03
Tulare	476,799	263,695	55.31%	\$ 1,327,210	4	\$ 5.03
City of Long Beach	449,468	162,775	36.22%	\$ 83,613	2	\$ 0.51
Solano	445,966	134,031	30.06%	\$ -	-	\$ -
Santa Barbara	442,983	150,971	34.08%	\$ 1,301,901	5	\$ 8.62
Monterey	435,784	167,721	38.49%	\$ 530,959	6	\$ 3.17
Placer	411,465	76,500	18.59%	\$ 2,213,749	6	\$ 28.94

CALCULATE THE POTENTIAL

01



EVALUATE

Total Medi-Cal Enrollees for my LGA	$\times$ CMAA Reimbursement per Enrollee	$=$ Potential Reimbursement
76,500	\$28.94 (Current)	\$2,213,749
76,500	\$10.30 (State Average)	\$787,950
76,500	\$33.24 (Median)	\$2,542,860
76,500	\$80.00 (High Performer)	\$6,120,000
76,500	(Your Goal)	

USE DATA FOR ADVOCACY

02

PLAN

- LGAs that invest in their program draw down more reimbursement
- Allows the LGA to set a benchmark for performance and provides fiscal justification for more resources to support the program
- Shift the narrative from administrative burden to engine to generate federal reimbursement

HOW CAN YOU USE THIS DATA TO ADVOCATE FOR THE EXPANSION OF YOUR CMAA PROGRAM?

02

PLAN

<https://ahaslides.com/LQSH3>



IT'S A MARATHON NOT A SPRINT



WHO IS PARTICIPATING IN CMAA?

Public Health

Substance
Use Disorder
(SUDs)

Aging
Services*

First 5

Community Based
Organizations

Public
Defender

Homeless
Outreach &
Navigation

HHS Admin*

Eligibility
Staff*

Probation

Veterans
Services*

Public
Guardian*

**not included on CEC*

CLAIM UNIT ASSESSMENT

01

EVALUATE

Utilize the Claim Unit Assessment in your packet to evaluate your CMAA expansion

- Who is currently participating in your program?
- What is the level of effort? High or Low
- What is the impact? High or Low

CLAIM UNIT ASSESSMENT

Effort Level

01

EVALUATE

- **Low:** Leverageable funding is straightforward to identify as match. Strong, existing relationships with leadership are already established, and organizational infrastructure is stable.
- **High:** Funding involves complex braiding or partial federal funding. Key leadership relationships must be built, or the entity faces high staff turnover and limited operational infrastructure.

CLAIM UNIT ASSESSMENT

Impact Level

01

EVALUATE

- **Low:** Limited financial return and minimal strategic benefit. Offers restricted reimbursement due to small eligible staff counts or low claimable time, with little opportunity for collaboration or system alignment.
- **High:** High strategic or financial return. Unlocks significant revenue potential and expands Medi-Cal Outreach/Retention efforts, advances departmental priorities, and strengthens key cross-agency partnerships.

CLAIM UNIT ASSESSMENT

01

EVALUATE

	Low Impact	High Impact
Low Effort	The Relationship Builder <i>Goal: Test the process and build relationships.</i> 1. Maybe it's a small claim unit like First 5 with only a few staff. 2. This unit would have high internal buy-in	Priority Group <i>Goal: Maximizing Unrestricted Revenue</i> 1. Look for CPE funding 2. Someone easy to work with
High Effort	Avoid (For Now) <i>Goal: Save your energy & build infrastructure</i> 1. CBOs that don't have good infrastructure 2. Programs with complicated Federal funding	Complex Project <i>Goal: Long-Term Program Sustainability</i> 1. Large CBOs or other County programs with complex funding that would require MOUs and 6-12 months of planning

STRATEGIC PARTNERSHIPS

02

PLAN

- **Expand CMAA at a manageable pace:** Scale implementation based on staff bandwidth, knowledge and experience.
- **Choose your partnerships wisely:** Prioritize claim units that will have a high impact with manageable effort.
- **Phase your expansion:** Strategically expand your CMAA programs based on what works best for your jurisdiction.

INVEST IN YOUR CMAA PROGRAM

03

INVEST

- **Staffing:** Ensure adequate staffing and plan for future expansion.
- **Software:** Drive operational efficiencies through the use of time study software and project management tools.
- **Consultant Support:** Leverage external expertise to jump-start or help refine your program.
- **Find your Champions:** Build a network of leaders (internal and external) who understand CMAA and advocate for growth.

IMPORTANCE OF LEADERSHIP

04

COMMUNICATE

- **Secure Resources:** Mobilize the funding and infrastructure needed to sustain and scale CMAA.
- **Establish Priority:** Set clear expectations that CMAA is a countywide strategic goal.
- **Enable Execution:** Support staffing, training, and cross-department coordination.
- **Remove Barriers:** Eliminate administrative delays and resolve complex funding guidance

05

MEASURE AND IMPROVE

Logic Model:



SITUATION

- Community Based Organizations (CBOs) and County Programs who are eligible to participate in the MAA program have not been evaluated
- CBOs struggle to fulfill their mission of assisting the community due to limited resources.
- Low Medi-Cal enrollment

PRIORITIES

- Increase program participation with Community Based Organizations and County Programs to enhance their funding sustainability.
- Improve community health by connecting Medi-Cal eligible to services.

INPUT

- Funding through DHCS (pass-through from Federal CMS)
- Collaboration with community organizations and other county departments
- Collaboration with HHS Office of the Director and HHS Administrative Services
- Dedicated Program Staff
- CMAA/TCM LGA Consortium
- CMAA Consultant
- Facilities for trainings & meetings
- Access to relevant educational materials, training resources, and support services

ACTIVITIES

- Identify, screen, and analyze potential new claiming units
- Onboard new claiming units
- Monitor and evaluate performance of the claim unit
- Conduct regular claim unit meetings
- Conduct annual mock desk reviews
- Present MAA to stakeholders (i.e. CBO networking or County Managers)

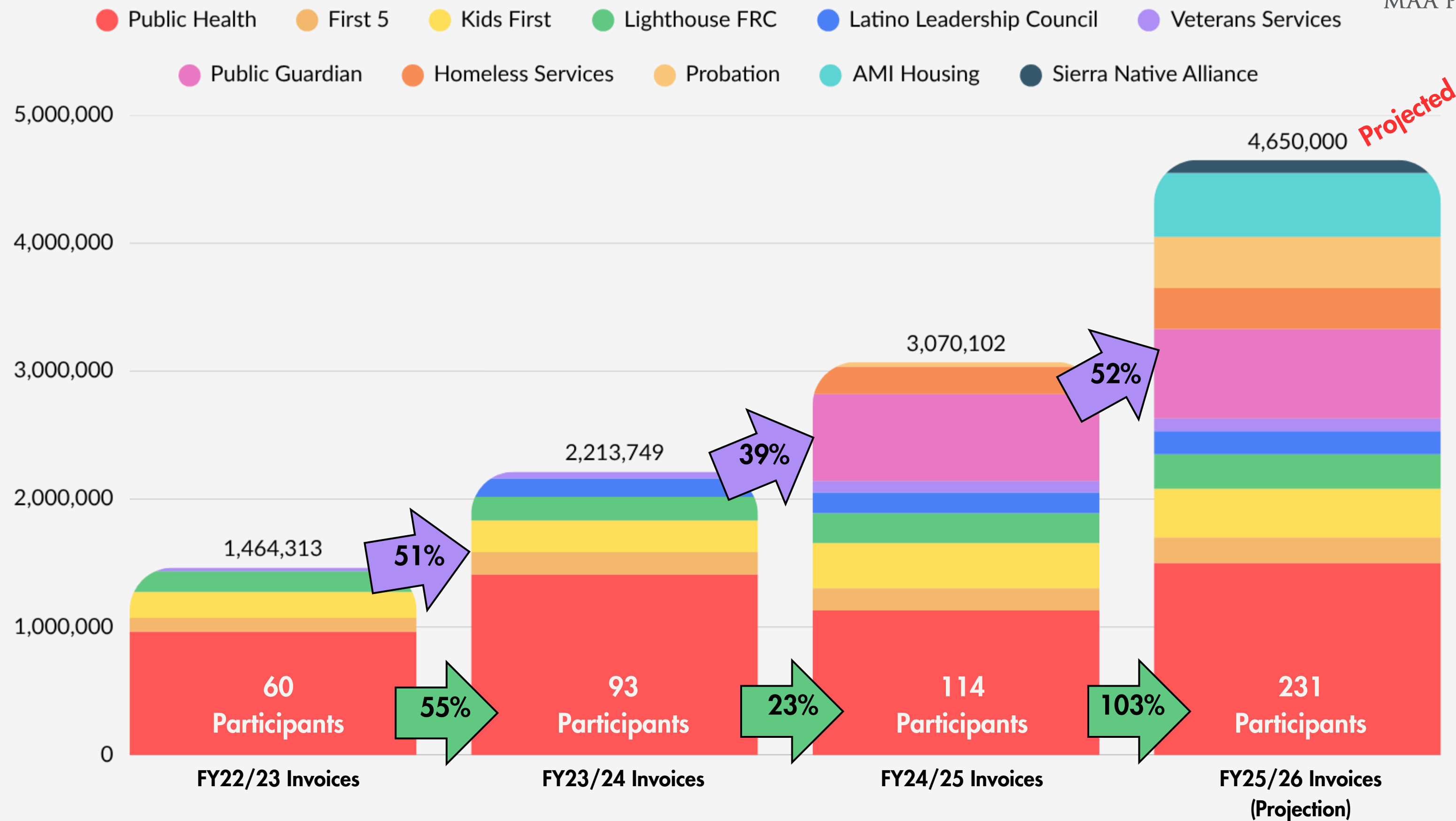
OUTCOME		
SHORT-TERM - Identify and evaluate new claiming units (# evaluated) - Establish new claiming units (# established) - Increase awareness of MAA program through presentation to community & county partners (# of presentations)	MEDIUM-TERM - Increased number of claiming units actively assisting clients with Medi-Cal applications and education (# of Clients Served by Quarter) - Increased federal funding for community-based organizations (Total MAA Invoice Reimbursement)	LONG-TERM - Increased Medi-Cal enrollment for Placer County (CWA %) - Decreased visits to emergency rooms (Visits to emergency rooms for Medi-Cal or uninsured) - Increase the proportion of people with health insurance — AHS-01 (Healthy People 2030)

ASSUMPTIONS

- Community Based Organizations and County programs will be interested in participating in the program
- Increased enrollment in Medi-Cal will lead to improved health outcomes
- Increased claim units will result in a proportional increase in the number of clients served

EXTERNAL FACTORS

- Economy- Economic downturns or fluctuations can impact the number of individuals seeking Medi-Cal Assistance.
- Federal or State Policies – New regulations, funding, or policies
- Healthcare System – Change in model, facilities or provider availability



05

MEASURE AND
IMPROVE

