



**Written Questions & Comments Received to Date on the
Department of Health Care Services (DHCS)
1115 Bridge to Reform (BTR)
Tribal Health Program Reimbursement for
Uncompensated Care Waiver Amendment (UCWA)**

1. Specialists outside our facility perform some of the optional services and we are required to pay for these referred services, which exhausts contract health services funding. We recommend that a mechanism be identified for Tribal health programs to be reimbursed for referred services through this waiver.

DHCS Response: At this time the proposal is limited to services provided in your facility.

2. We see Indians and non-Indians. How do we know who is eligible for this program?

DHCS Response: The proposed program is for Indian Health Services (IHS) eligible beneficiaries as defined by Code of Federal Regulations, Chapter 42 §136.12 and United State Code, Chapter 25 §1679. Tribal clinics will use local screening procedures to identify IHS eligible beneficiaries

3. Should American Indians dis-enroll or not enroll in the Low Income Health Program (LIHP)?

DHCS Response: No. The UCWA reimbursement for LIHP enrollees is limited to 1) “optional services” eliminated in 2009, 2) that are provided in the Tribal health facility and, 3) are not provided by the county LIHP. It should also be noted that LIHP’s provide for inpatient care which this program does not.

4. Will the California Rural Indian Health Board, Inc. (CRIHB) provide training on the implementation of this program?

CRIHB Response: CRIHB intends to host 6 regional trainings to provide technical assistance on billing, reimbursements, required forms and documentation. Information on these meeting will be located on the CRIHB website at www.crihb.org.

5. How would we use our existing electronic billing system to process claims?

CRIHB Response: Tribal health programs would establish the CRIHB as an insurance payor in their electronic billing system. A third party administrator would then process claims. This process is similar to how clinics currently bill other insurance programs for covered services. CRIHB staff will provide technical assistance to participating Tribal health programs on establishing this process as well as continued technical support for the duration of the program.

6. This is a lot of information to take back to other tribal leaders and health boards. We need more time to discuss this issue in our communities before we can agree to the proposal.

DHCS Response: DHCS is following the established Tribal and Designee advisory process by providing at least 30 days for feedback on this proposal as well as hosting meetings and a webinar to allow feedback. The proposal to reimburse Tribal health programs for uncompensated care visits begins on the date that the Centers for Medicare and Medicaid Services (CMS) approves the proposed program and ends December 31, 2013. Tribal health programs and patients can maximize the benefits of the program for the period of time it is in place. Tribal health programs are not required to participate and can stop participating at any time. DHCS encourages tribal chairpersons and health boards to provide feedback and comments as this proposal moves forward.

7. Establish a cap on the third party administrative fee CRIHB would be allowed to receive.

CRIHB Response: The administrative fees will depend on a variety of factors, including contracting costs, CRIHB staffing, etc. Tribal health programs will know the amount of the administrative fee prior to contracting with CRIHB to participate in the UCC program.

DHCS Response: DHCS will work with CRIHB, Tribal health programs, and CMS to ensure that the administrative fee is in compliance with state and federal contracting guidelines.

8. Include a statement to the effect that participation in the payment demonstration project program would not preclude tribal programs from continuing to bill Medi-Cal for Federally Qualified Health Center, (FQHC) covered benefits. We currently bill directly to the DHCS Fiscal Intermediary Xerox, and also to the County LIHP for our FQHC rate per established guidelines.

DHCS Response: This proposal will not alter how Tribal health programs that are FQHCs operate in the Medi-Cal system.

9. Please clarify if the UCWA proposal would cover psychiatry or psychology services.

DHCS Response: The tribal and designee notice incorrectly listed psychiatry services as an optional benefit that was excluded as an optional benefit in 2009. The notice should have referenced psychology services. This has been corrected in the final proposal language.

10. Will the federal share be passed on to clinics should a tribal health program provide services to a non-eligible beneficiary?

CRIHB Response: Costs will be passed on to providers for any misidentified individuals that may receive services under the UCWA at a Tribal health program. The UCWA does not allow costs for providing services to non-Indians to be incurred by the state or federal government. Any costs would be passed down to providers and would be outlined the provider contracts with CRIHB.

11. Is there a possibility that the administrative fees could be higher or lower than 15%? Who will make this decision?

CRIHB Response: The administrative fees will depend on a variety of factors, including contracting costs with DHCS and the third party administrator, CRIHB staffing, etc. Tribal health programs will know the amount of the administrative fee prior to contracting with CRIHB to participate in the UCWA.

12. Is there an end date for this proposal? If so, why?

DHCS Response: The end date of the UCWA is December 31, 2013. The term of the amendment to California's 1115 Waiver is December 31, 2013.

13. This seems like a lot of work, in a little bit of time.

DHCS Response: DHCS acknowledges that this is an ambitious timeline. However, the timeline was developed so that Tribal health programs and patients can maximize the benefits of the program for the period of time it is in place.

14. Will CRIHB be up and running in a month if CMS approves the waiver in March?

CRIHB Response: Tribal health programs will be able submit claims from the date CMS approves the UCWA. CRIHB is moving as fast as possible.

15. What if the Tribal health program's information is not current in Medi-Cal?

CRIHB Response: Tribal health programs will need to provide CRIHB current information including NPI, locations, address, etc. during the contracting process.

16. How is this different from the Tribal Medicaid Administrative Match (MAA) program?

CRIHB Response: The Tribal MAA program took several years to receive approval. Once approved, Tribal MAA payments are now made to participating Tribal health programs regularly. CRIHB does not think this process is the same.

17. Can CRIHB and DHCS provide regular updates as this proposal develops?

DHCS Response: DHCS will post feedback received and responses on a flow basis to the Indian Health Program website at:

<http://www.dhcs.ca.gov/services/rural/Pages/IndianHealthProgram.aspx>

CRIHB Response: Yes, CRIHB will provide email updates to Tribal health program executive directors as well as post information to the CRIHB website at www.crihb.org.

18. How often would participating Tribal health programs need to verify Indian Health Services (IHS) eligibility?

CRIHB Response: There will likely be yearly and not at every visit. Tribal health programs will need to continue to check Medi-Cal eligibility at each visit. Medi-Cal members have their eligibility re-determined on an annual basis.

19. How will Tribal health programs verify income eligibility?

CRIHB Response: CRIHB is working on developing this process. Currently Arizona, which is operating a similar UCC waiver, uses a self-attestation of income to prove eligibility. CRIHB is considering a similar process. A self-attestation process will require CMS approval.

20. How will visits provided under the UCC program be reported on the annual Office of Statewide Health Planning and Development (OSHPD) Reports?

DHCS Response: These visits will likely be reported in the "other" category of the report. DHCS will confirm this with OSHPD.