



Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program November 24, 2014

Purpose

- The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and writing.

Agenda

Topic	Presenter
Welcome/Overview	Andrea Zubiante, DHCS, Indian Health Program (IHP) Coordinator
SPAs Scheduled for Submission by December 31, 2014	
Alternative Benefits Plan Update	Jim Elliott, DHCS, Benefits Division
Waiver Scheduled for Submission by December 31, 2014	
1115 Bridge to Reform (BTR) Waiver Amendment Tribal Health Program Reimbursement for Uncompensated Care	Cortney Morgan, DHCS , Safety Net Financing Division
Feedback/Closing	All

State Plan Amendment (SPA) Overview



Medicaid State Plan Overview

- State Plan: The official contract between the state and federal government by which a state ensure compliance with federal Medicaid requirements to be eligible for federal funding.
- The State Plan describes the nature and scope of Medicaid program and gives assurance that it will be administered in accordance with the specific requirements of Title XIX of the Federal Social Security Act, Code of Federal Regulations, Chapter IV, and State law/regulations.
- California's State Plan is over 1400 pages and can be accessed online at:

<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>

State Plan Amendment (SPA) Overview

- SPA: Any formal change to the State Plan.
- Approved State Plans and SPAs ensure the availability of federal funding for the state's program (Medi-Cal).
- The CMS reviews all State Plans and SPAs for compliance with:
 - Federal Medicaid statutes and regulations
 - State Medicaid manual
 - Most current State Medicaid Directors' Letters, which serve as policy guidance.

Alternative Benefits Plan (ABP) Update

SPA 14-033



Background

- The Affordable Care Act, Section 2001 allows state Medicaid agencies to design and implement the ABP. An ABP or “benchmark” or “benchmark-equivalent” allows states to provide medical coverage for newly eligible low-income adults. In order to implement this federal provision, Senate Bill X1 1 authorized California’s ABP for Medi-Cal by adding Welfare and Institutions Code Section 14132.02. The Centers for Medicare and Medicaid Services (CMS) approved SPA 13-035 on March 28, 2014, to implement California’s ABP.



Description

- DHCS is submitting SPA 14-033 to CMS to add BHT into the Medi-Cal ABP, as required by state law, for newly eligible adults ages 19 and 20 with a diagnosis of ASD. BHT benefits provided under the Medi-Cal ABP will be the same schedule of BHT benefits provided to Medi-Cal beneficiaries, as required by W&I Code Section 14132.02(a). The proposed effective date of this SPA is July 7, 2014.



Impact

Impact on Indian Health Programs

- Indian Medi-Cal beneficiaries, who are newly eligible adults ages 19 or 20, under the Medi-Cal ABP, will be able to receive BHT as a covered Medi-Cal benefit.

Impact on Indian Medi-Cal Beneficiaries

- SPA 14-033 will add BHT to the list of benefits available to newly eligible adults ages 19 and 20 under the Medi-Cal ABP. It may impact Indian Health Programs and Urban Indian Organizations, because it may increase Medi-Cal beneficiaries' access to services.

Contact Information

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Waiver Overview



What are Medicaid Waivers?

- “Waive” specified provisions of Medicaid Law (Title XIX of the Social Security Act).
- Allow flexibility and encourage innovation in administering the Medicaid program to meet the health care needs of each State’s populations.
- Provide medical coverage to individuals and/or services that may not otherwise be eligible or allowed under regular Medicaid rules.
- Approved for specified periods of time and often may be renewed upon expiration.

1115 Bridge to Reform (BTR) Waiver Amendment Tribal Health Program Reimbursement for Uncompensated Care



Background

- CMS approved an 1115 waiver amendment that allowed the state to make supplemental payments to Indian Health Services (IHS) Tribal health facilities
- These supplemental payments were to account for the uncompensated costs of furnishing primary care services to
 - 1) uninsured individuals with incomes up to 133 percent of the Federal Poverty Level (FPL) who were not enrolled in a Low Income Health Program
 - 2) the uncompensated costs of furnishing services that were eliminated from the state plan amendment (SPA) 09-001.

Background continued

- In December 2013, CMS approved an extension of the Tribal uncompensated care waiver amendment to allow for coverage of eliminated Medi-Cal optional benefits for IHS eligible Medi-Cal members. The extension term is January 1, 2014 through December 31, 2014
- DHCS is requesting that this waiver amendment have an effective date of January 1, 2015 and an end date of October 31, 2015, which corresponds with the end of the current California's Bridge To Reform Section 1115 waiver.

Description

- The proposed amendment would permit DHCS to continue making uncompensated care payments for optional services eliminated from the state plan provided by IHS Tribal health programs.
- This proposal seeks to extend the current program authority through the end of the 1115 Demonstration Waiver in October 2015.



Description continued

- The proposed demonstration would provide uncompensated care payments using the IHS encounter rate for optional services eliminated from the state plan
 - include services such as chiropractic, optometry, and podiatry
- To the extent that an optional service comes to be offered as a Medi-Cal benefit during the duration of this uncompensated care program, it would no longer be eligible for uncompensated care payments under this program.
 - For example, the optional dental benefits that were restored in May 2014 are not eligible for reimbursement under this waiver. 2015.

Impact

Impact on Indian Health Programs

- This waiver amendment may impact participating Tribal health programs because it will enable them to be reimbursed for uncompensated care provided to IHS-eligible individuals enrolled in Medi-Cal for optional services eliminated from the state plan.

Impact on Indian Health Beneficiaries

- Indian Medi-Cal beneficiaries may experience an increase in the volume of primary care services offered at participating Tribal health programs.

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Feedback



Thank You!

