

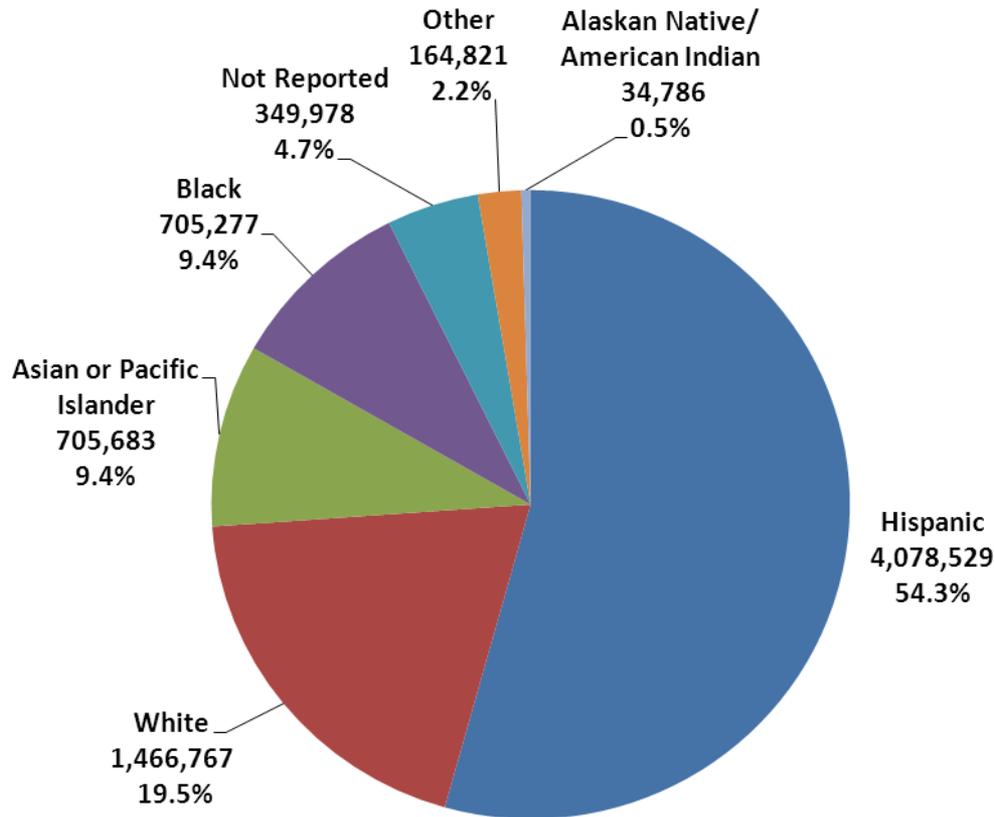
Medi-Cal American Indian/Alaska Native (AI/AN) Overview



Department of Health Care Services
February 15, 2012

Medi-Cal Enrollees by Ethnicity January 2011

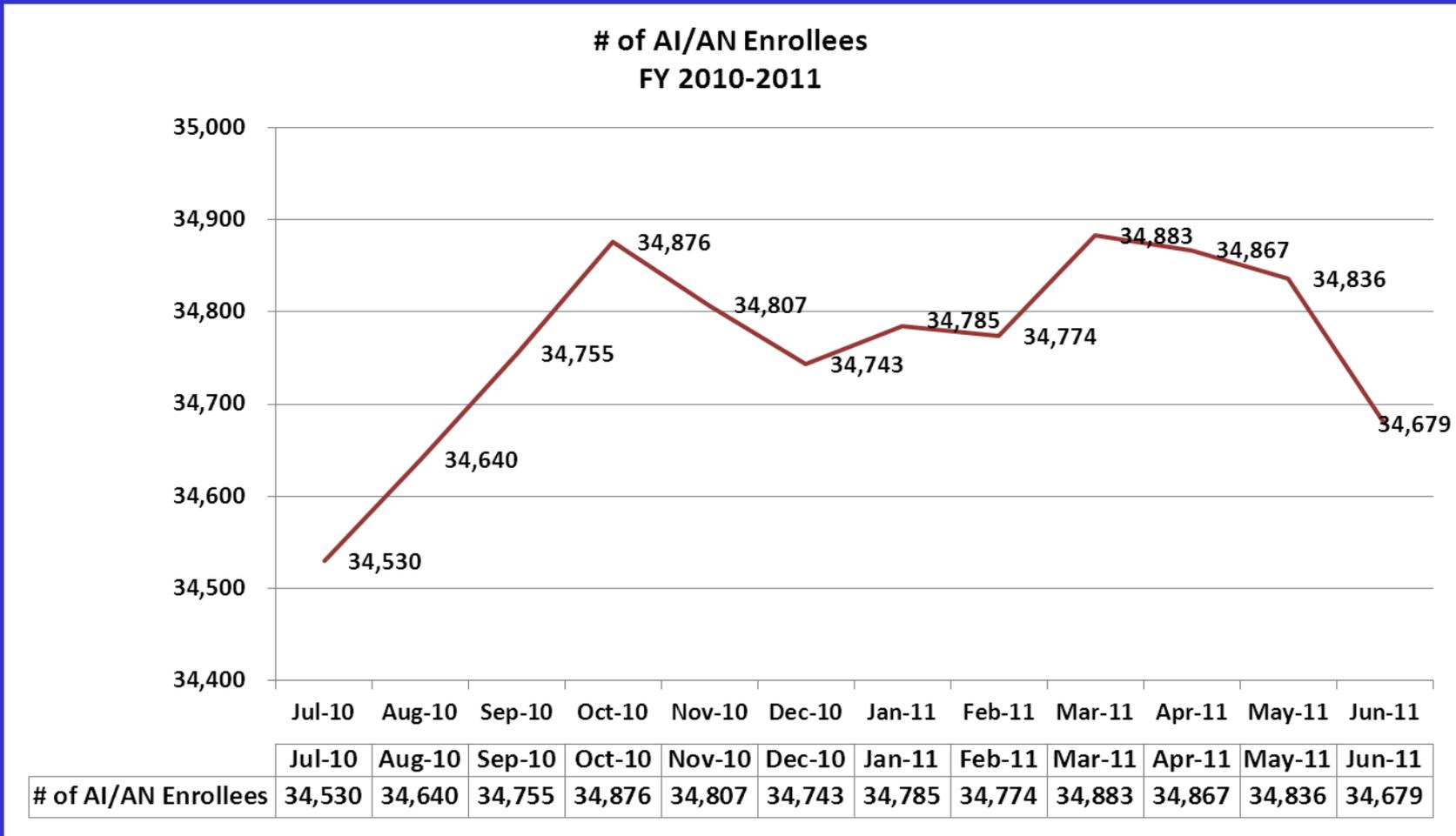
**Total Medi-Cal Enrollment
for January 2011 Month of Eligibility**



**Beneficiary ethnicity
is self-reported by
the applicant.**

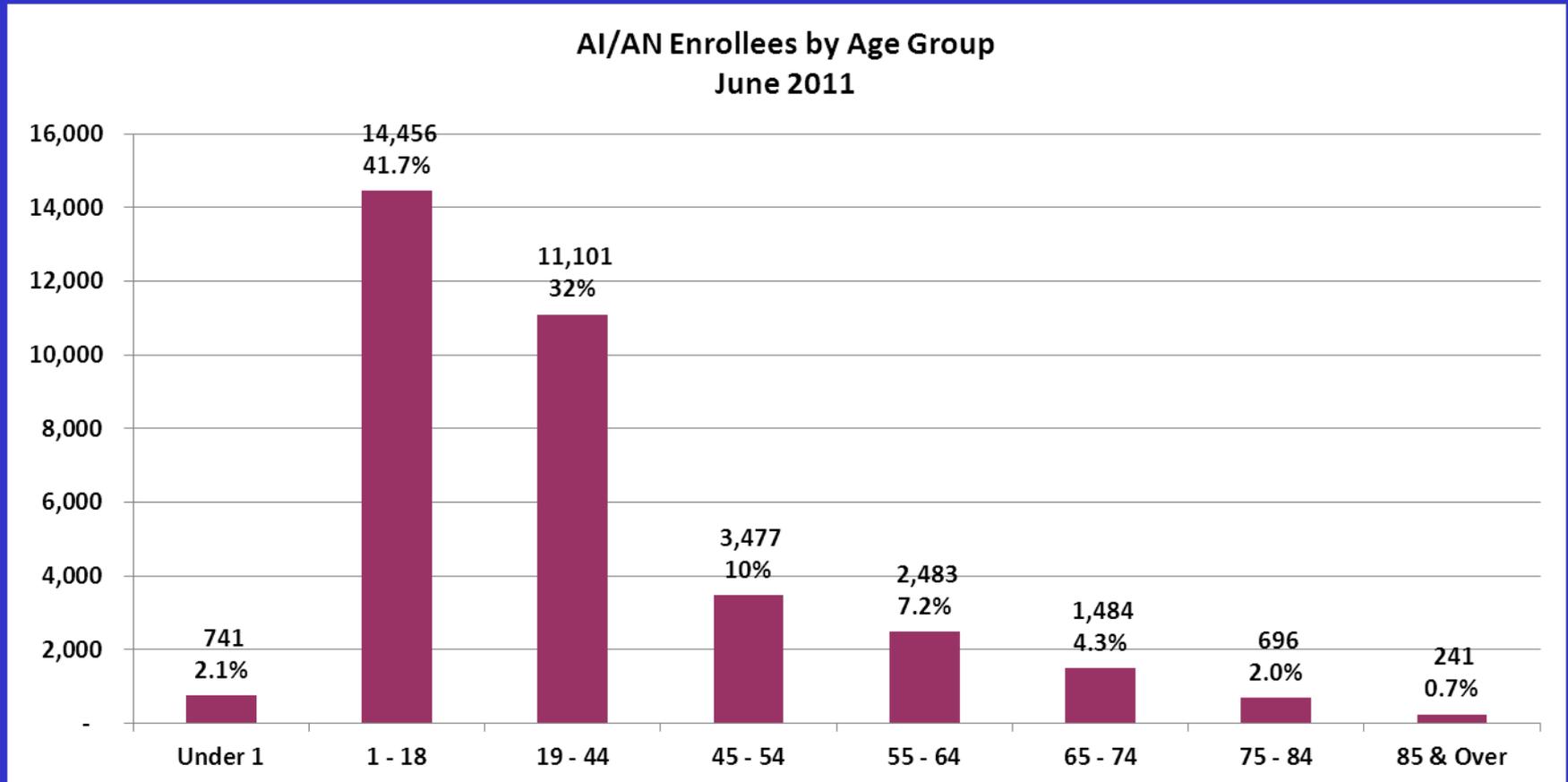
**Medi-Cal enrollees
categorized as AI/AN
accounted for .5% of
the Medi-Cal
enrollees in January
2011.**

AI/AN Medi-Cal Enrollees by Month (July 2010 thru June 2011)



The number of Medi-Cal enrollees self-identified as AI/AN averaged 34,765 per month.
(Average AI/AN enrollees for Fiscal Year 2009-10 was 34,130 per month.)

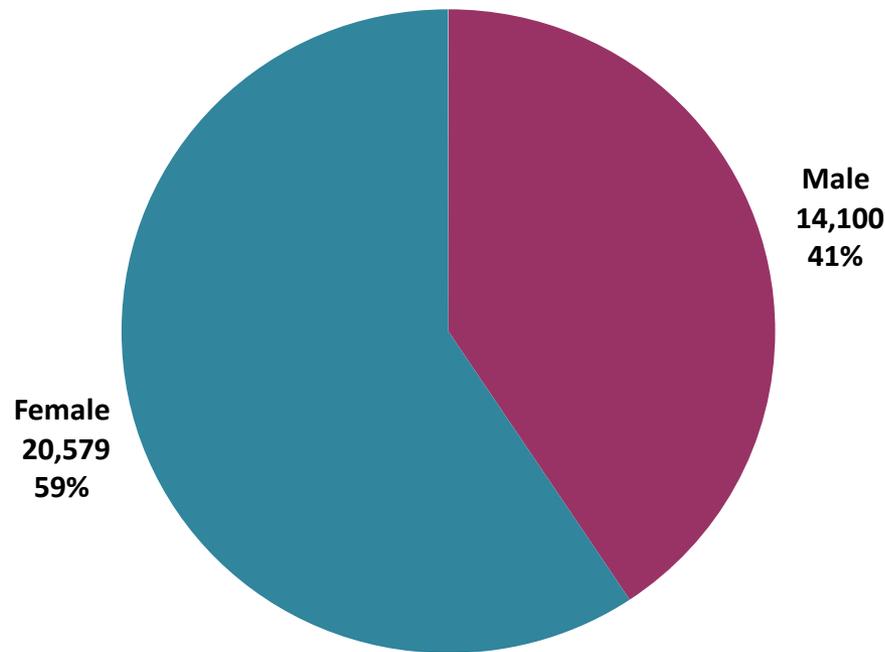
AI/AN Medi-Cal Enrollees by Age Group June 2011



- 75.8% of the AI/AN Medi-Cal enrollees are in the age group of 0 – 44 years.
- 21.5% of the Medi-Cal enrollees are in the age group 45 – 74 years.
- 2.7% are 75 years and above.

AI/AN Medi-Cal Enrollees by Gender June 2011

Distribution of AI/AN Medi-Cal Enrollees by Gender
June 2011



In June 2011, 59% AI/AN enrollees were females and 41% were males.

Number of Registered Indians*, Paid Claims and Estimated Number of Visits Per Beneficiary Per Quarter for IHS/HCFA (CMS) MOA Clinics July 2010 – June 2011 (All Age Groups – includes Duplicate Users)

Quarter	Number of Indian Match	Amount Paid	Number of Visits \$289/Visit (2010) \$294/Visit (2011)
JUL 2010 - SEP 2010	12,374	\$ 2,784,214	9,634
OCT 2010 - DEC 2010	24,795	\$ 5,985,799	20,712
JAN 2011 - MAR 2011	109,342	\$ 5,785,381	19,678
APR 2011 - JUN 2011	20,118	\$ 5,121,724	17,421

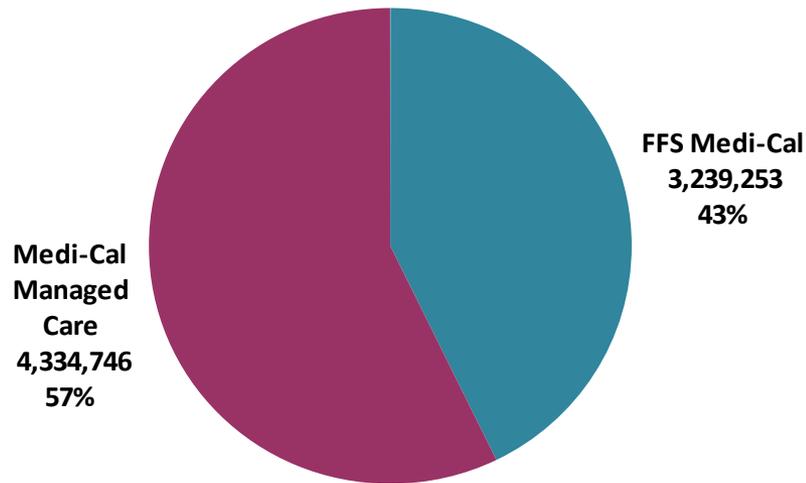
Total amount paid is \$19,677,118

Based on data received from the Federal Indian Health Services, California Rural Indian Health Board, Inc, and Redding Rancheria data match.

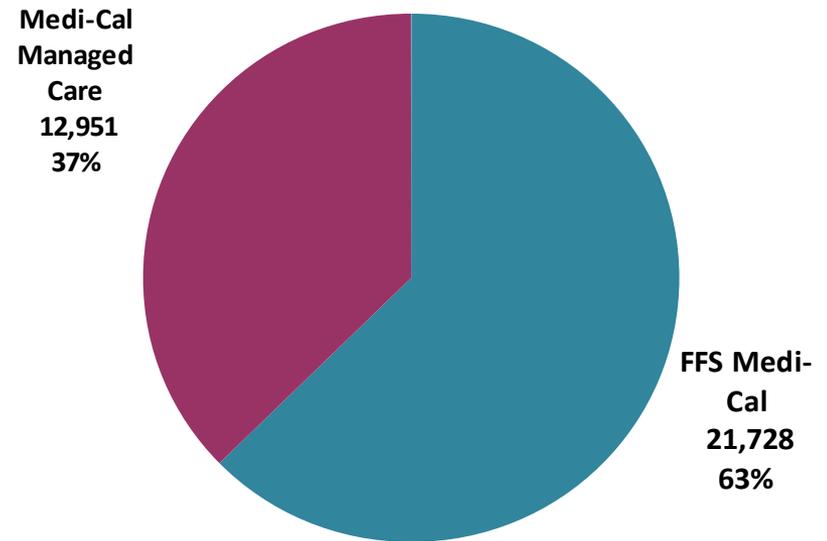
*Indian defined as any member of a federally recognized Indian tribe; any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant is living in California, is a member of the Indian community served by a local program of the Indian Health Service, and is regarded as an Indian by the community in which such descendant lives; any Indian who holds trust interest in public domain, national forest, or Indian reservation allotments in California; any Indian in California who is listed on the plans for distribution of the assets of California Rancherias and reservations under the Indian Self Determination Act (Public Law 93-638)

Percentage of AI/AN Enrollees by Medi-Cal Managed Care and Fee for Service (FFS) Enrollment June 2011

All Medi-Cal Managed Care and FFS Enrollees June 2011



AI/AN Enrollees by Medi-Cal Managed Care and Fee for Service (FFS) June 2011



63% American Indian received care from FFS providers as compared to 43% of total Medi-Cal population.

Indian Health Clinic Medi-Cal Utilization



Indian Health Clinic Medi-Cal Providers

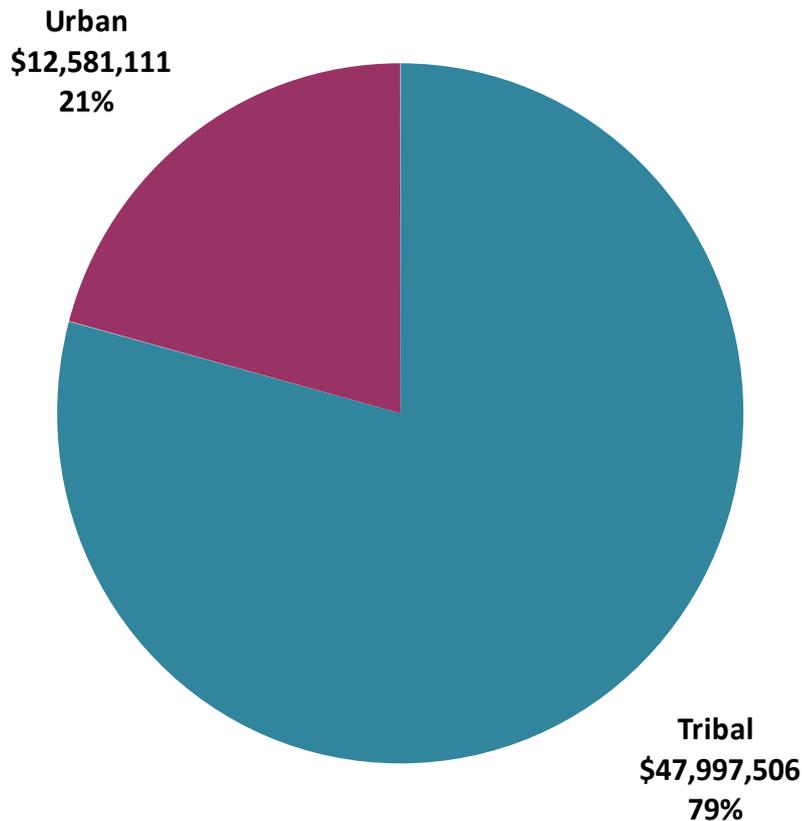
63 primary care clinic sites in California serving AI/AN

- 13 Federally Qualified Health Centers (FQHC)
- 49 Indian Health Services Memorandum of Agreement (IHS/MOA).
- 1 licensed Community clinic



Indian Health Clinic Payments July 2010 – June 2011

**Tribal and Urban Indian Health Clinic Payment
FY 2010-11**



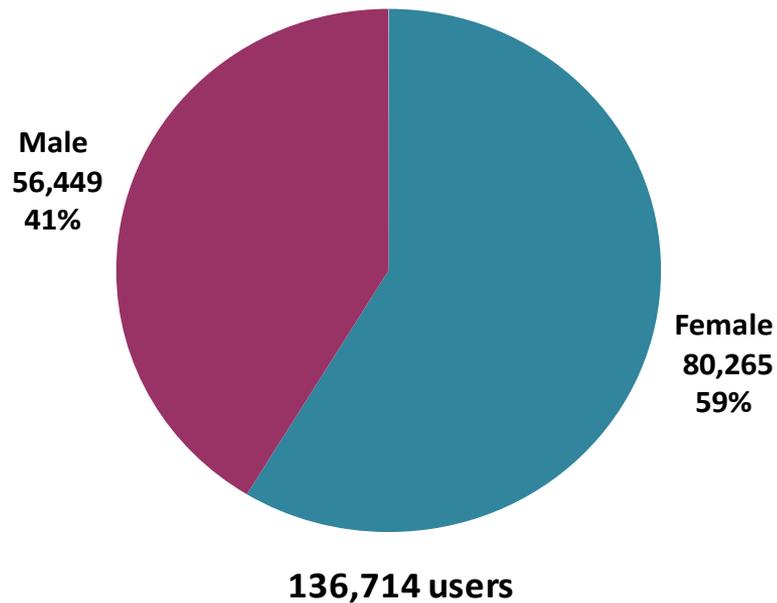
Tribal Indian Health Clinics represent 79% of Medi-Cal Indian Health Clinic expenditures.

Urban Indian Health Clinics represent 21% of the Medi-Cal Indian Health Clinic expenditures.

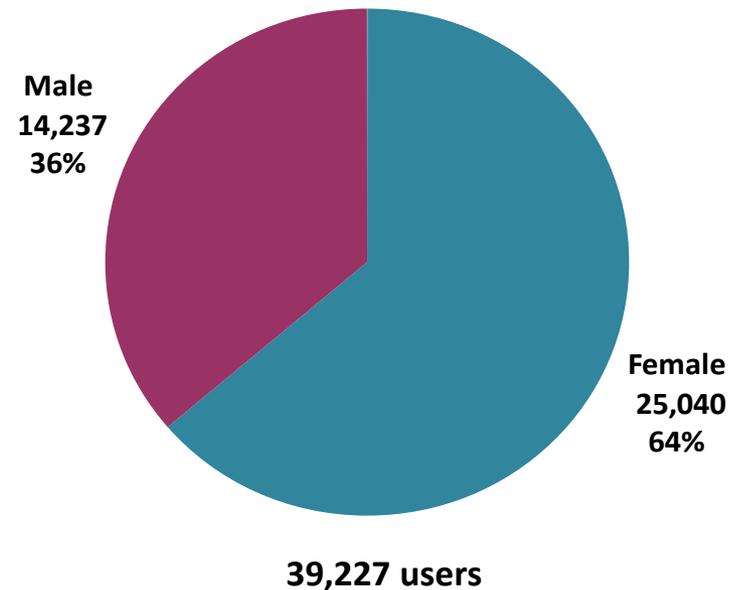
Total payment of \$60,578,618.

Number and Gender of Medi-Cal Users of Indian Health Clinic Services FY 2010-2011

**Tribal Indian Health Clinics
FY 2010-11**



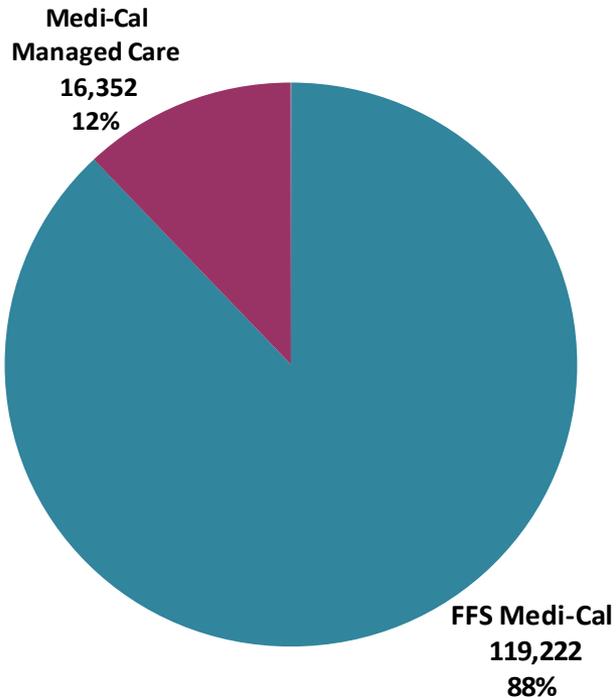
**Urban Indian Health Clinics
FY 2010-11**



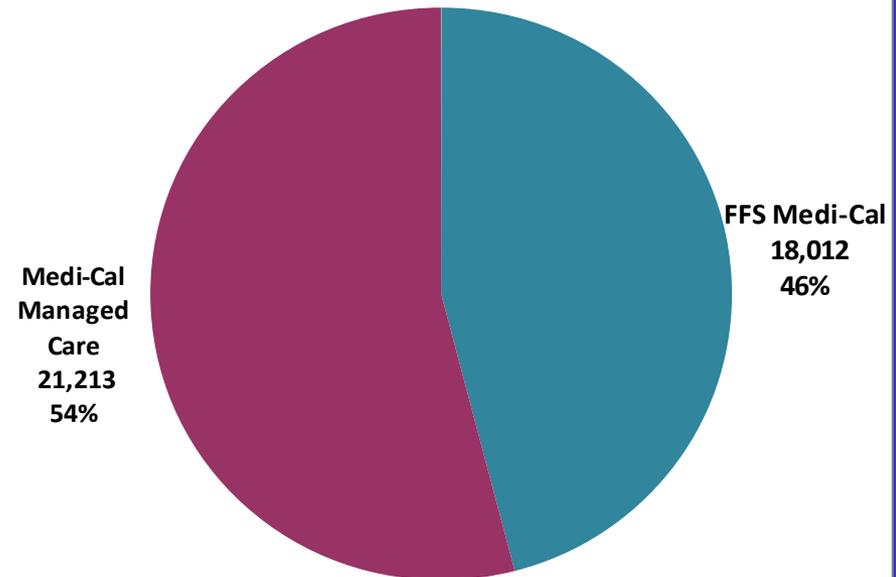
- The distribution of users by gender is similar for both Tribal and Urban Indian Health Clinics.
- Tribal Indian Health Clinics served 136,714 individuals and Urban Clinics served 39,227 individuals.

Indian Health Clinics Enrollment by Medi-Cal Managed Care and Fee for Service FY 2010-2011

Tribal Indian Health Clinics



Urban Indian Health Clinics



- 54% of users of Urban Indian Health Clinics were enrolled in Medi-Cal Managed Care Plans.
- 12% of users of Tribal Indian Health Clinics were enrolled in Medi-Cal Managed Care Plans.

Top Ten Clinical Classifications by Payments for Medi-Cal Users of IHC Services FY 2010-2011

Tribal Clinics

Rank	CCS Description	Visits	Users	Paid
1	Disorders of teeth and jaw	63,618	25,092	\$ 18,303,323
2	Administrative/social admission	8,404	5,429	\$ 2,327,286
4	Other upper respiratory infections	7,117	5,120	\$ 1,903,525
3	Spondylosis; intervertebral disc disorders; other	7,831	3,048	\$ 1,861,938
5	Mood disorders	5,072	1,924	\$ 1,246,871
6	Normal pregnancy and/or delivery	4,253	1,140	\$ 1,213,359
8	Other non-traumatic joint disorders	3,578	2,056	\$ 862,977
7	Diabetes mellitus without complication	4,125	1,763	\$ 806,344
9	Medical examination/evaluation	2,836	2,671	\$ 733,697
10	Essential hypertension	2,790	1,579	\$ 517,716
	Total	109,624	49,822	\$ 29,777,037

Urban Clinics

Rank	CCS Description	Visits	Users	Paid
1	Disorders of teeth and jaw	16,286	5,970	\$ 4,892,060
3	Normal pregnancy and/or delivery	3,435	638	\$ 868,153
2	Administrative/social admission	3,440	2,361	\$ 750,655
9	Contraceptive and procreative management	1,278	660	\$ 403,995
4	Mood disorders	1,971	574	\$ 367,041
5	Immunizations and screening for infectious disease	1,548	1,286	\$ 309,930
7	Other upper respiratory infections	1,399	1,061	\$ 285,680
6	Essential hypertension	1,416	686	\$ 285,531
8	Diabetes mellitus with complications	1,309	490	\$ 254,265
10	Spondylosis; intervertebral disc disorders; other	1,241	558	\$ 246,046
	Total	33,323	14,284	\$ 8,663,355

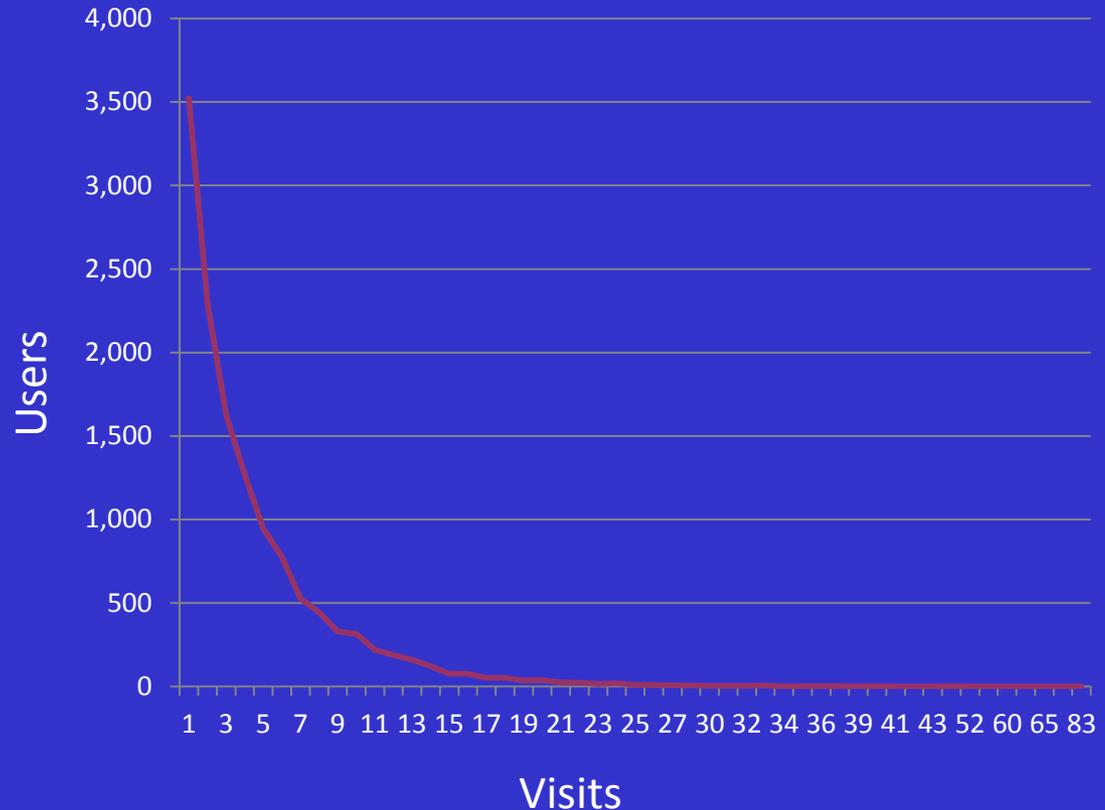
Source: DHCS-RASB, Fee-For-Service, DHCS administered, Medi-Cal '35' file paid claims data, July 2010 through June 2011 months of service, paid as of December 2011).

Data for Jan. 2011 - June 2011 represent incomplete counts as some counts include less than a 12-month lag.

Visits were counted using a unique combination of provider number, user SSN, and date of service. Visit counts are unduplicated. Users were counted using SSNs. User counts are unduplicated. User counts are not additive: A user may be represented in more than one month.

Number of Indian Health Clinic Visits per Unduplicated User Ages 21 and Older July 2010 – June 2011

- Users 13,240
- Visits 59,474
- Range 1 to 83
- Mean 4.50
- Median 3
- Mode 1
- 10,963 of 13,240 had 7 or less visits



Source. DHCS-RASS (Fee-For-Service, DHCS administered, Medi-Cal '35' file paid claims, July 2010 - June 2011 months of service). July 2010 - June 2011 months of service have claim lags ranging from 0 to 11 months. Users were counted using CINs. Users are unduplicated and defined as individuals who utilized an IHC at least once throughout the fiscal year.

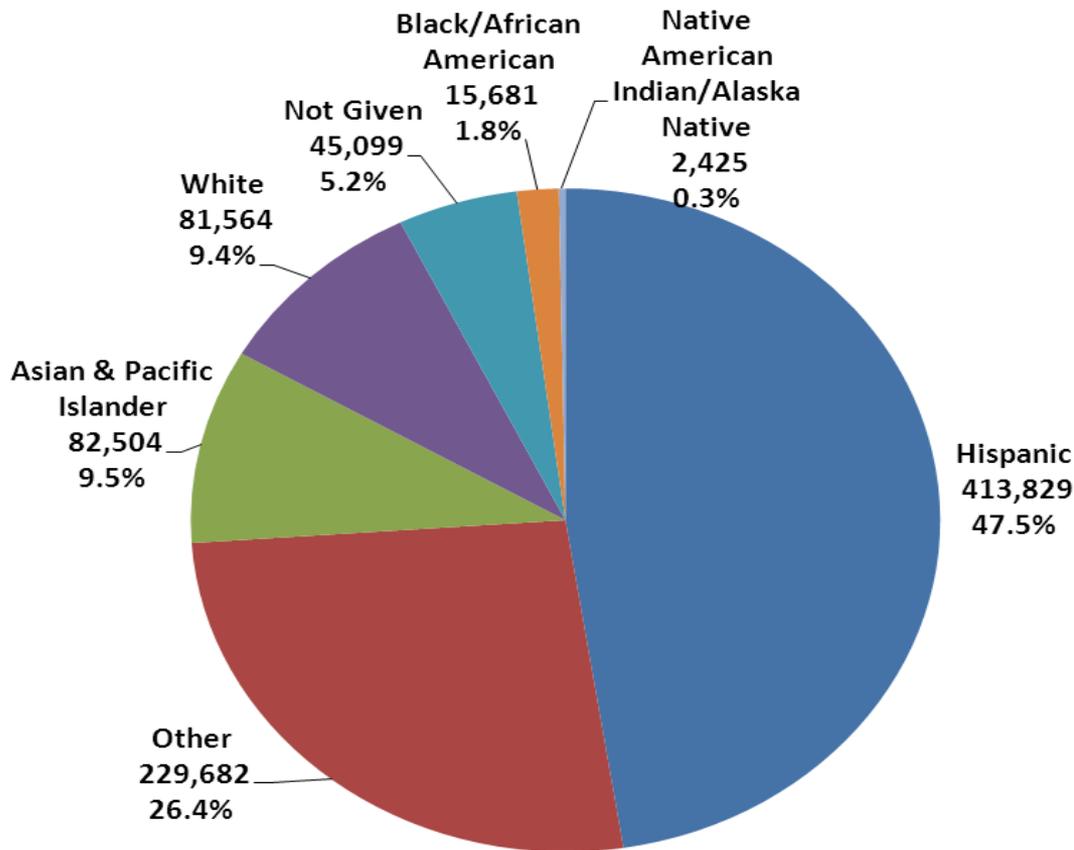
Note. Excludes claims for "disorders of teeth and jaw" (ccs_prim '136'). Totals do not include 162 paid claims that were missing a CIN.

Low Income Health Program (LIHP)

- LIHP provides health care coverage to eligible low-income adults, who are aged 19-64 and with family incomes at or below 200 percent of the Federal Poverty Level.
- Fourteen entities (13 counties and County Medical Services Program (CMSP)) have implemented LIHP.
- Ten counties have a total of 221,058 unduplicated enrollees for the first quarter (July, August, and September 2011).
- Indian Health Clinics in LIHP
 - 38 IHCs sites contracted with CMSP (CMSP provide services to LIHP enrollees). CMSP have 34 participating counties.
 - 6 IHCs sites contracted in LIHP (Los Angeles County (1), Santa Clara County (1), and San Diego County (4))

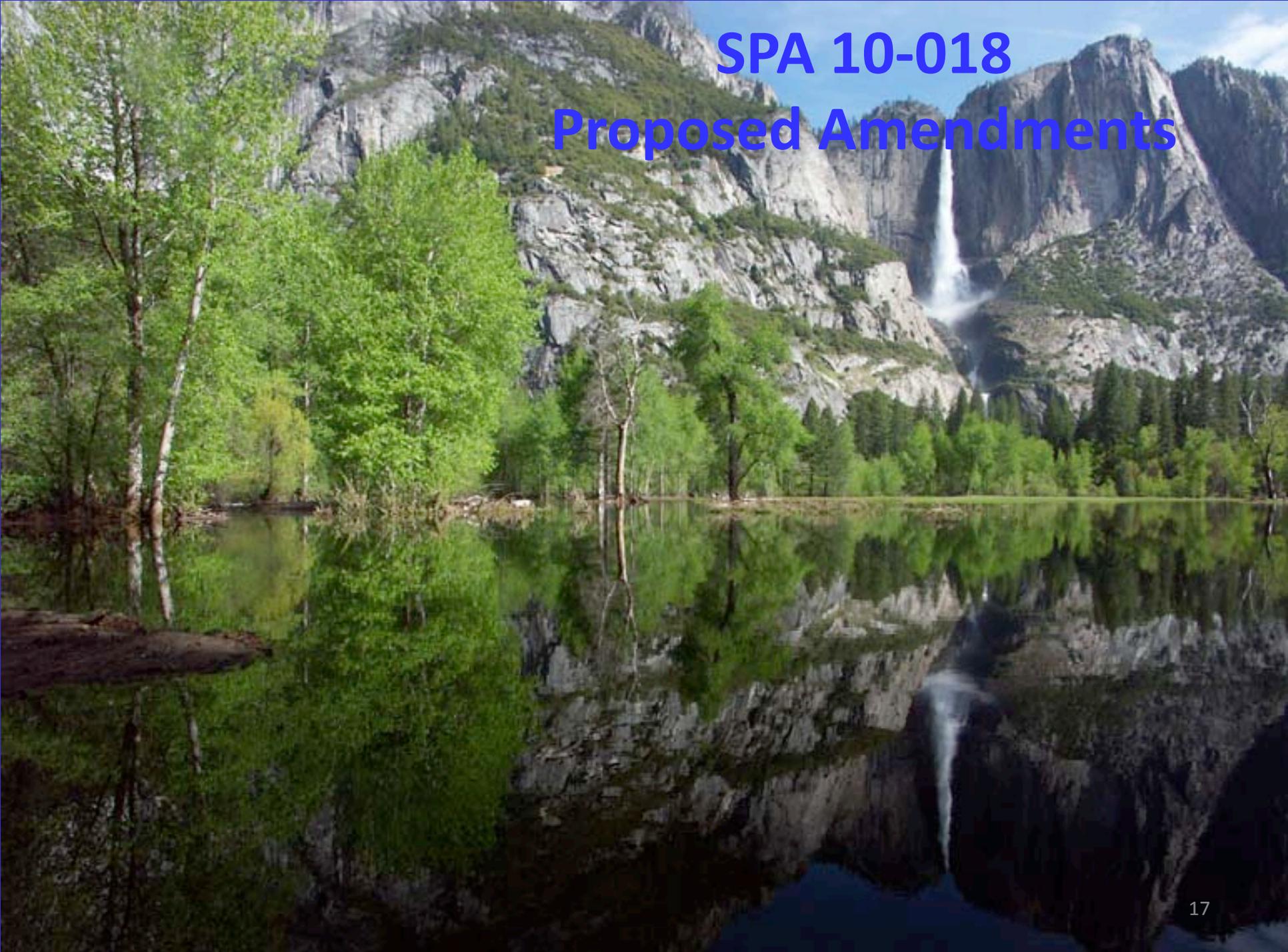
Healthy Families Program (HFP)

Healthy Families Program
Enrolled by Ethnicity



- As of December 31, 2011, there are 870,784 enrollees in HFP.
- American Indian/Alaska Native represents .3% of enrollment.

SPA 10-018 Proposed Amendments



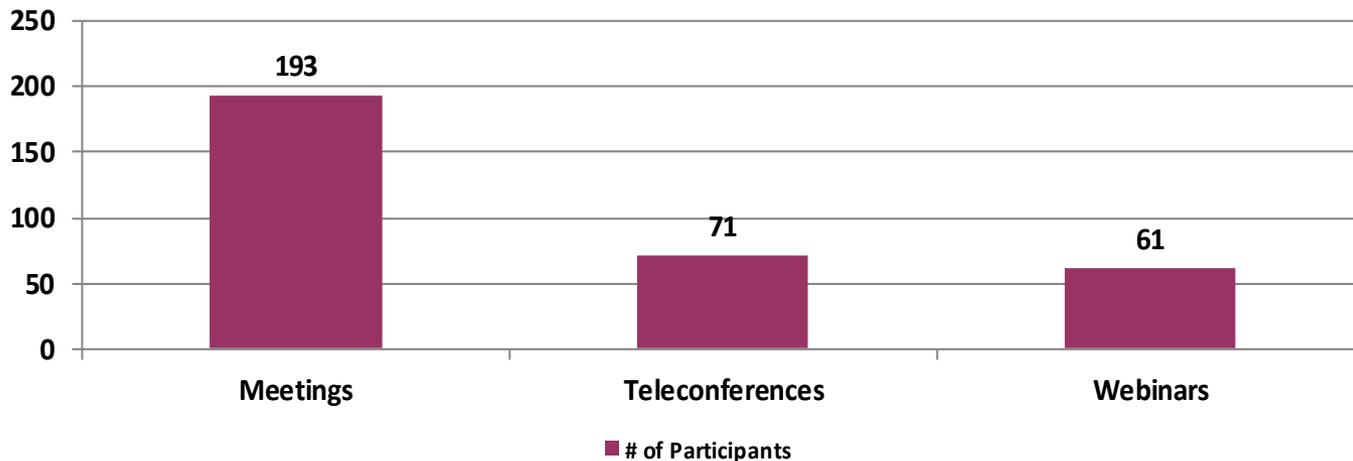
Fiscal Year 2011-2012 Medi-Cal Changes

INDIAN HEALTH PROGRAM NOTIFICATIONS 2011 STATUS OF STATE PLAN AMENDMENTS (SPA), WAIVERS, & DEMONSTRATION PROJECTS

SPAs	SPA # or Waiver	Current Status
Federal Kinship Guardianship Assistance Program	11-002	Approved
Elimination of Selected Adult Strength Acetaminophen Containing Products as an Optional Benefit for Adults	11-003	Approved
10% Outpatient Provider Rates Reduction	11-009	Approved - Litigation Pending
10% Long Term Care Provider Rates Reduction	11-010 & 11-011	Approved - Litigation Pending
Establish Hearing Aid Benefits CAP	11-012	Approved
Limit the Total Number of Physician Office and Clinic Visits to Seven Per Fiscal Year	11-013	Pending
Elimination of Adult Day Health Care (ADHC) Program	11-014	Approved
Reduction of Enteral Nutrition Benefit Program	11-015	Withdrawn
Delay to Implementation of Assembly Bill 1269 - 250% Working Disabled Program	11-016	Approved
Reimbursement for Physician-Administered Drugs	11-018	Withdrawn
Amended Effective Date of Elimination of Adult Day Health Care to September 1, 2011	11-026	Approved
Reimbursement for Medi-Cal Air Medical Transportation	11-027	Withdrawn. Resubmitted SPA 12-001 Jan. 2012
Clarification of Psychology Service Limits for Federally Qualified Health Center (FQHC) and Rural Health Clinics (RHC)	11-031	Withdrawn - To resubmit February 2012
Delay Implementation Date of Elimination for Adult Day Health Care (ADHC) Benefit Elimination Beyond December 1, 2011	11-035	Approved
Extend the Payment Reduction for Adult Day Health Care (ADHC)	11-036	Withdrawn. Resubmitted SPA 11-039, December 2011
Pharmacy Provider Rate Reduction Implementation	11-038	Pending
Extend the Payment Reduction for Adult Day Health Care (ADHC)	11-039	Pending
California 1915(i) Home and Community-Based (HCBS) State Plan Services for Eligible Infants and Toddlers	11-040	Pending
California 1915(i) Home and Community-Based (HCBS) State Plan Services for Individuals with Developmental Disabilities	11-041	Pending
Waivers		Current Status
Community Based Adult Services (CBAS) 1115 Bridge to Health Care Reform		Pending
California Bridge to Reform Demonstration 1115 Waiver Amendment (Co-Payments)		Pending Compliance
Medi-Cal Specialty Mental Health Services Waiver Renewal Request		Approved
Application for 1915(c) Home and Community-Based Services (HCBS) Waiver for Community Living Support Benefit (CLSB)		Withdrawn
Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD) Waiver Renewal		Pending
California 1915(C) Home and Community Based (HCBS) Pediatric Palliative Care (PPC) Waiver Renewal		Pending
Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) Waiver Amendment Renewal		Pending
In-Home Operations 1915(C) Waiver Amendment		Amendment revoked January 2012, no change to IHO waiver
Nursing Facility Acute Hospital (NF/AH) Waiver Renewal		Approved
Superior Systems Waiver (SSW) Renewal		Approved

DHCS Meetings, Webinars, and Teleconferences Participants in Calendar Year 2011

DHCS Meetings, Webinars, & Teleconferences Participants

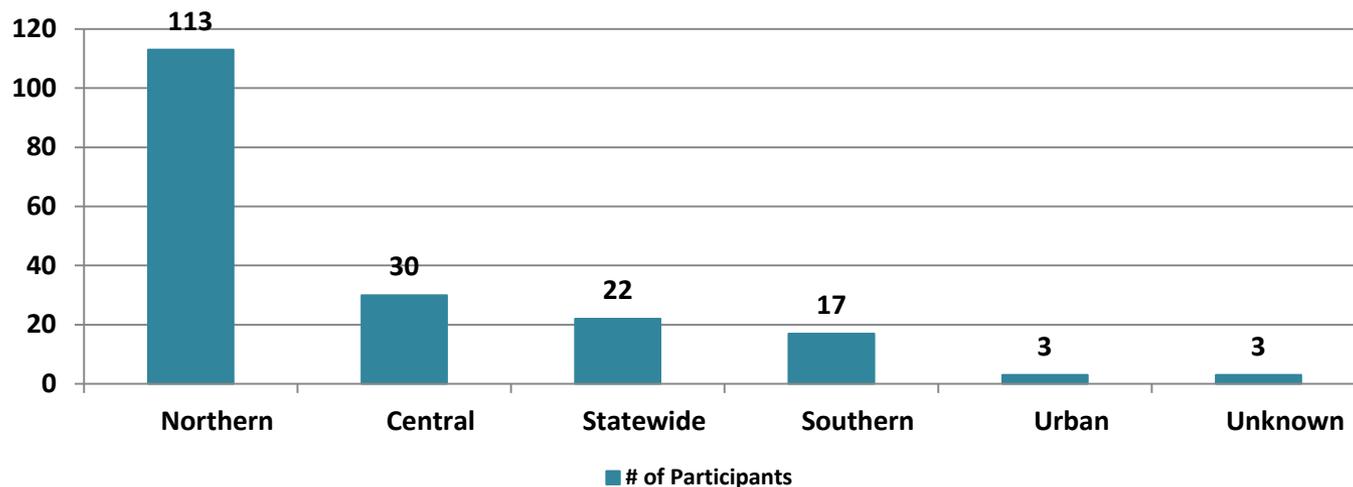


In Calendar Year 2011, there were

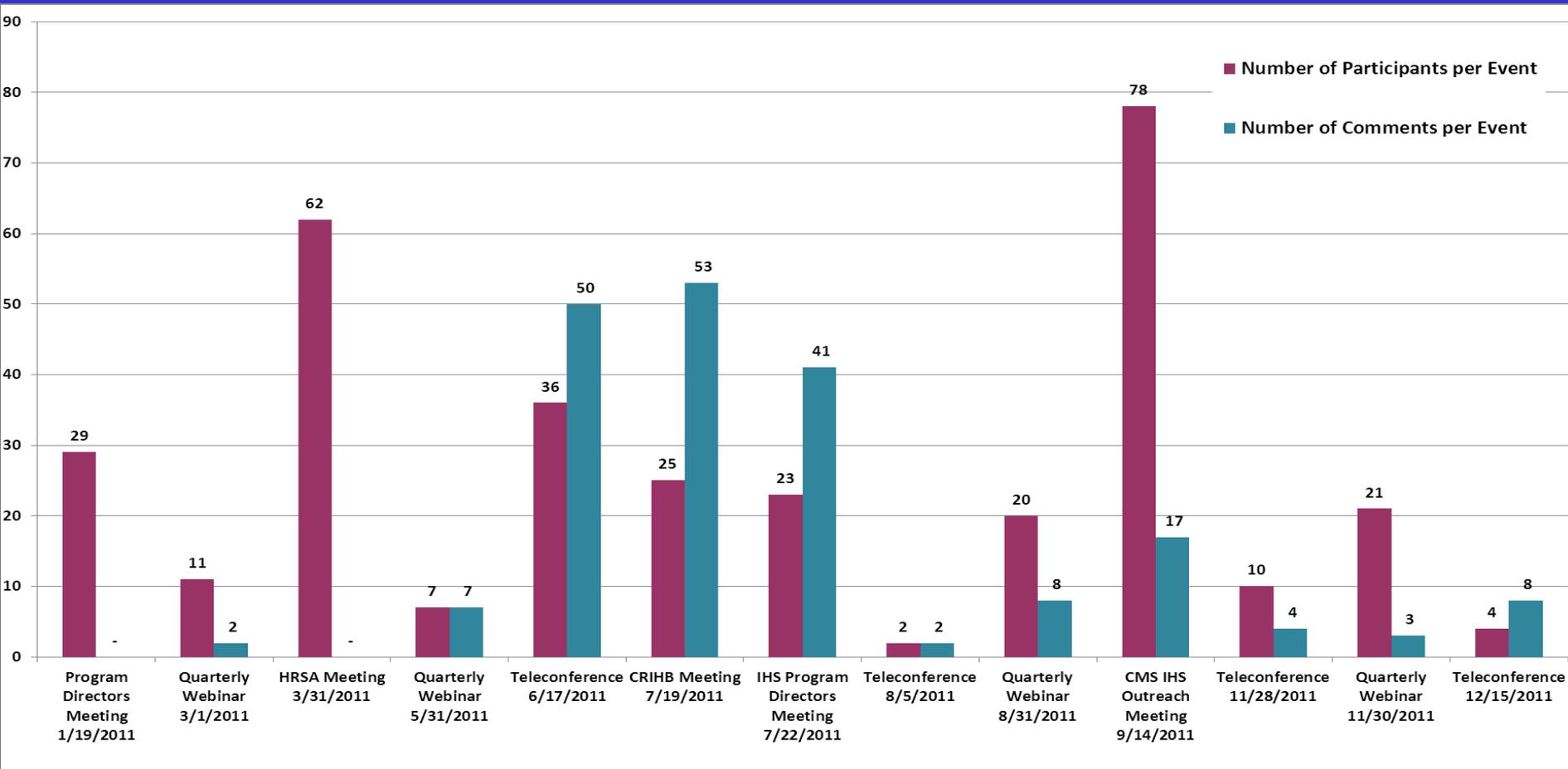
- 4 Meetings
- 4 Webinars
- 5 Teleconferences

There were a total of 325 participants.

of Participants by Region

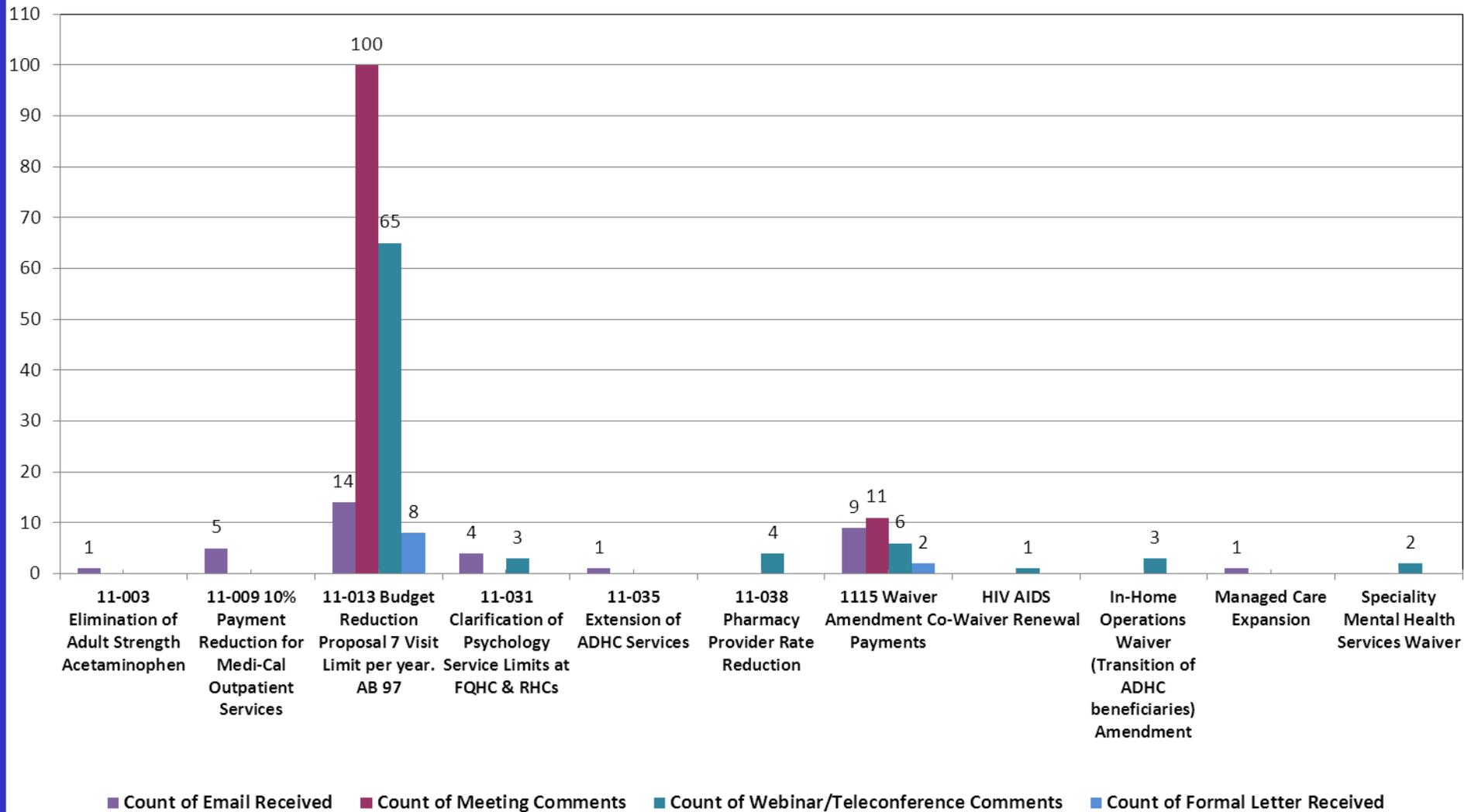


Participant Attendance and Feedback Received Calendar Year 2011



SPA/Waiver/Demonstration Projects - 2011

SPA/WAIVER/DEMONSTRATION PROJECTS - 2011
COMMENTS AND QUESTIONS RECEIVED



State Plan Amendment (SPA) Matrix Summary from Other States

Communication method

- Written notices, webinars, face-to-face meeting and teleconferences are used to seek advice or consultation on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related on SPA, Waivers, and Demonstration proposals, renewals, extensions or amendments prior to submission to Centers for Medicare & Medicaid Services (CMS).
- Written notice is the most common method used in most States.

Days prior to SPA submission

- Opportunity for discussion and comments to be made regarding the proposed changes is between 2 weeks to 60 days prior to SPA submission.

Indian Health Programs and Tribes time frame to respond

- 2 weeks to 30 days to submit written comments regarding the policy change for consideration.

Expedited Process

- May occur 1 day to 21 days prior to submission of policy change to CMS.

SPA Matrix

State	Communication Method	How many days prior to SPA submission?	Tribes time frame to respond	What other Organization attended besides Tribal?	Expedited Process	What Prompt Notices?
Alabama	Certified letter	30 days	30 calendar days from the date of receipt of the notice to respond		Fax, after an email sent. Tribe will be given 10 calendar days from the date of the fax confirmation to respond.	
Arizona	Notice (meeting will occur in-person or by conference call)	45 days	During 45 days, tribes will provide at least 30 days to submit written comments	Director of Inter Tribal Council of Arizona, Inc, Director of the Advisory Council on Indian Health Care	Consultation may occur 1 day prior to submission of policy change. Written comments may be solicited in the meeting notification. At least 14 days will be provided for the submission by written comments to be considered.	State determines depending on frequency in which policy changes or proposed.
California	Written	45 days	At least 30 days		Email/fax/mail information and convene teleconference a minimum of 14 days prior to submission to CMS to allow for immediate feedback.	Direct effect: change to the Medi-Cal Program that decreases/increases services, restricts eligibility, changes provider qualifications/requirements, or changes a reimbursement rate or methodology, or otherwise negatively impacts Tribes, Indian health programs, and/or Urban Indian organizations.
	Webinars - notify 30 days prior to scheduled webinar					
	1 annual face-to-face meeting - 60 days notice of the meeting.					
	May convene other meetings if needed					
	Teleconference					

SPA Matrix (con't)

State	Communication Method	How many days prior to SPA submission?	Tribes time frame to respond	What other Organization attended besides Tribal?	Expedited Process	What Prompt Notices?
Colorado	Distribute Programmatic Action Log update on a bi-monthly basis (approximately every 60 days) containing list/log of Programmatic Action being developed and/or initiated by each State Agency.	Update provide dates or implementation timeframe	30 days from receipt of the Update	Staff from Office of the Lieutenant Governor; Utah Division of Indian Affairs		
	Face-to-Face no less than once per fiscal year and as resources allow					
	Teleconference or videoconference					
Michigan	Written	60 days			Tribes notified as soon as tribal liaison is made aware of the proposed changes. Consultation is then held within 21 days of notification.	
	Quarterly meetings; Consultation may be in-person or by conference call					
Montana	Mail or email	45 days	30 days	Social Service Directors and Urban Center Directors		
Mississippi	Written	60 days	30 days		Conference call. Then Division will then confirm the discussion via email	Direct effect: any Medicaid or CHIP program changes that are more restrictive for eligibility determinations, changes that reduce payment rates or payment methodologies to Indian Health Programs, Tribal Organization, or Urban Indian Organization providers, reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact I/T/U providers.

SPA Matrix (con't)

State	Communication Method	How many days prior to SPA submission?	Tribes time frame to respond	What other Organization attended besides Tribal?	Expedited Process	What Prompt Notices?
Nevada	Written	60 days	30 days			
New Mexico	Written	60 days	30 days			Direct impact: decrease in payment levels to IHS or other tribal healthcare providers or any decrease in covered benefits, frequency of benefits, or limitation on benefits that will affect a Native American Recipient, or an IHS facility or other tribal healthcare provider.
New York	Written	At least 2 weeks	2 week comment period			
Oklahoma	Written	60 days			14 days	
	Quarterly meetings					
	An annual meeting					
	Meetings, site visits and trainings as needed					
	Letter and proposed rule change are posted on public website. Website allows public comment and offers web alerts.					
Oregon	Written. Held quarterly meeting (distribute agenda approximately 10 days prior to quarterly meeting). Electronic mail or conference calls in instances where SPA need to be submitted prior to quarterly meeting	30 days			Minimum 10 days in advance of the change the Division provides written notification with proposed changes, method for providing comments/question; timeframe for feed back; opportunity for face-to-face meeting or conference call.	Direct effect: impact eligibility determinations, changes that reduce payment rates or changes in payment methodologies, reductions in covered services, changes in provider qualifications/requirements, and proposals for demonstrations or waivers.
South Carolina	Written. Monthly meetings with Tribes. Quarterly meetings with Medical Care Advisory Committee					
Texas	Written; regular conference calls	30 calendar days.			Minimum time frame is no less than one calendar week.	
Utah	Boards meets monthly (SPA presented at this meeting). Indian Health Liaison reports on a quarterly basis to Utah Tribal					
Washington	Written	60 days	30 days		Minimum 10 days, 7 days response	

Proposed Changes to SPA 10-018

- CMS has advised DHCS to clarify certain parts of SPA 10-018 dealing with the process for seeking advice on matters having a direct effect on Indian health programs and situations that would trigger an expedited notification process. Additionally, DHCS is proposing changes in the timeframes for notification. Thus, DHCS is submitting SPA 12-002 to revise and clarify these parts of SPA 10-018.
- SPA 12-002 will clarify situations where DHCS is required to notify Tribes, designees of Indian health programs and Urban Indian Organizations concerning proposed changes to Medi-Cal program. Additionally, SPA 12-002 proposes to modify the schedule for sending notice about pertinent DHCS submissions to CMS, webinars concerning those submissions, and DHCS' annual advisory meeting. Further, SPA 12-002 will clarify what situations allow for an expedited notification process.
- The effective date of SPA 12-002 will be January 1, 2012.

Proposed Changes to SPA 10-018

SPA 10-018	SPA 12-002
<p>DHCS defines direct effect as a change to the Medi-Cal Program that decreases/increases services, restricts eligibility, changes provider qualifications/requirements, or changes a reimbursement rate or methodology, or otherwise negatively impacts Tribes, Indian health programs, and/or Urban Indian organizations .</p>	<p>Revise definition of direct effect as follows: DHCS defines direct effect as a change to the Medi-Cal Program that are more restrictive for eligibility determinations, changes that reduce payment rates or changes in payment methodologies to Indian health providers, reductions in covered services, changes in consultation policies, and proposals for demonstrations or waivers that may impact Indians or Indian health providers.</p>
<p>DHCS will send notifications of SWDPs at least 45 days prior to the submission of the SWDP to CMS.</p>	<p>Change to 35 days</p>
<p>However, circumstances beyond the control of DHCS, including to State or Federal legislation authorization, promulgation of State or Federal regulations, etc.</p>	<p>Add the following wording (in bold): However, circumstances beyond the control of DHCS, including but not exclusive to State or Federal legislation authorization, promulgation of State or Federal regulations, direction from CMS, court orders, settlement agreements, technical changes, etc.</p>
<p>Tribes and Designees will be notified 30 days prior to the scheduled webinar.</p>	<p>Change to 20 days</p>
<p>DHCS will ensure that Tribal leaders are provided at least 60 day notice of the meeting.</p>	<p>Change to 45 days</p>



Thank You

Questions??