



Department of Health Care Services
MEMORANDUM

DATE: December 11, 2015

TO: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

FROM: Original Signed by Corinne Chavez for Sandra "Sam" Willburn, Chief, Primary, Rural, and Indian Health Division

SUBJECT: Notice of Proposed Change to the Medi-Cal Program

The purpose of this memo is to provide information regarding a proposed change to the Department of Health Care Services' (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment, waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

TELECONFERENCE INFORMATION FOR EXPEDITED NOTICE

DHCS will also host a teleconference to offer an opportunity to discuss and provide immediate feedback regarding this proposal. **The teleconference will be held from 1:00 p.m. to 2:00 p.m. on Wednesday, December 16, 2015.** To participate in this teleconference dial toll-free, 1-888-455-0047. When asked for a participant passcode please enter "4864397". Please note this SPA is scheduled for submission by December 31, 2015.

QUESTIONS AND COMMENTS:

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this SPA within 5 days from the receipt of notice. Comments may be sent by email to andrea.zubiate@dhcs.ca.gov or by fax to 916-449-5776.

Enclosure



**Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice**

PURPOSE: DHCS plans to submit a State Plan Amendment (SPA) to recognize health programs operated by a tribe or tribal organization under the Indian Self-Determination Education and Assistance Act (ISDEAA)ⁱ as Federally Qualified Health Centers (FQHC) for purposes of participation in Medi-Cal.

BACKGROUND

DHCS currently makes a distinction between tribally operated clinics that are reimbursed as a FQHC and whom receive a Prospective Payment System (PPS) rate, and those clinics that are reimbursed under the Indian Health Service (IHS)/Centers for Medicare and Medicaid Services (CMS)ⁱⁱ Memorandum of Agreement (MOA) rate. These distinctions include the services reimbursed by Medi-Cal.

SUMMARY OF PROPOSED CHANGES

DHCS plans to submit a SPA to amend the DHCS state planⁱⁱⁱ to align the definition of a FQHC with federal law.^{iv} The proposed changes will allow tribally operated IHS/CMS MOA providers to be reimbursed for the same services as a FQHC. The proposal will also allow these providers to participate in DHCS initiatives that are targeted towards FQHCs.

IMPACT TO TRIBAL HEALTH PROGRAMS

Under this proposal, Tribal health programs will be recognized as a FQHC and be able to be reimbursed for the same services as a FQHC. Tribal health programs will also be eligible to participate in DHCS policy initiatives and programs targeted towards FQHCs. It will not impact a Tribal health programs ability to participate in and receive the IHS/CMS MOA rate or current billable provider types listed in the state plan.

IMPACT TO FQHCs

DHCS does not anticipate an impact to FQHCs.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

DHCS does not anticipate any impact to Indian Medi-Cal beneficiaries.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this SPA within 5 days from the receipt of notice. Comments may be sent by email to andrea.zubiate@dhcs.ca.gov or by fax to 916-449-5776. DHCS will also host a teleconference to offer an opportunity to discuss and provide immediate feedback regarding this proposal. The teleconference will be held from 1:00 p.m. to 2:00 p.m. on Wednesday, December 16, 2015. To participate in this teleconference dial toll-free, 1-888-455-0047. When asked for a participant passcode please enter "4864397". Please note this SPA is scheduled for submission by December 31, 2015.

ⁱ [Public Law \(PL\) 93-638 and codified in 25 United State Code \(U.S.C\) § 450f et seq.](#)

ⁱⁱ [Indian Health Service \(IHS\)/CMS Memorandum of Agreement](#) Note: CMS was formerly known as the Health Care Financing Administration.

ⁱⁱⁱ [Supplement 6, Attachment 4.19B](#)

^{iv} [42 U.S.C. §1395x\(aa\)\(4\)](#)