Medi-Cal Tribal and Indian Health Program Designee Annual Meeting and Training

Department of Health Care Services
March 6, 2013

California State Budget Process Overview

- Governor introduces proposed budget on January 10th of every year
- Legislature holds budget hearings
- Governor releases “May Revise” budget in May with updated economic data
- Governor and Legislature negotiate final budget and Budget Trailer Bill
- Governor signs Final Budget and Budget Trailer Bill
- (Note that Governor has proclaimed a special session on January 28, 2013 to consider and act upon legislation necessary to implement the federal Patient Protection and Affordable Care Act.)

"No, it's too late for the oversight committee, send it to the hindsight committee."

Governor's Proposed Budget
Fiscal Year 2013-2014

California Budget

	2012-13 Revised	2013-14 Proposed
General Fund	92,994	97,650
Federal Funds	85,830	78,841
Special Funds	39,648	40,928
Selected Bond Funds	12,295	7,248
Total Funds	**230,767**	**224,667**

(Dollars in Millions)

DHCS Budget

	2012-13 Revised	2013-14 Proposed
General Fund	15,328	15,924
Federal Funds	37,945	37,221
Special Funds & Reimbursements	9,365	9,891
Total Funds	**62,638**	**63,036**

(Dollars in Millions)

Source: LAO The 2013-14 Budget: Overview of the Governor's Budget and DHCS 2013-14 Governor's Budget Highlights , Jan 10, 2013

Medicaid Expansion

- Medicaid program expansion is part of the federal health care reform
- To provide health care to low-income, uninsured adults who are not eligible for Medi-Cal
- Two options
  - State-based approach
    - Enroll new eligible into existing Medi-Cal program and provide full range of benefits, with the exception of long-term care
    - State would need to capture county savings and use those funds to pay for health services for this population
    - Accomplished by shifting from the state to counties the "programmatic and fiscal responsibility for various human services programs"
  - County-based approach
    - Expands on existing Low Income Health Program (LIHP)
    - Require counties to meet statewide eligibility and health benefit requirements
    - Require additional waiver, " counties would act as the fiscal and operational entity responsible for" the Medi-Cal expansion.

Source: Governor's Budget Summary 2013-14

Healthy Families Transition to Medi-Cal

- Pursuant to Assembly Bill (AB) 1494, (Committee on Budget, Chapter 28, Statutes of 2012), all Healthy Families Program (HFP) enrollees will transition to Medi-Cal as targeted low-income Medicaid children, January 2013
  - Simplify eligibility and coverage for children and families while providing additional benefits and lowering costs for children at certain income levels
  - Gain administrative efficiencies, achieve General Fund savings, and provide a more consistent health plan and high quality services to children
  - Implemented in four separate phases over the course of one year
- 852,592 HFP currently enrolled as of December 2012
  - 2,466 are American Indian/Alaska Native.

Source: Governor's Budget Summary 2013-14 and http://www.dhcs.ca.gov/services/Pages/HealthyFamiliesTransition.aspx

Transfer of Department of Mental Health and Department of Alcohol and Drug Programs

- Transfer Department of Mental Health (DMH) licensing and quality improvement functions from the Department of Social Services (DSS) to DHCS
  - To further consolidate and streamline licensing and certification functions for these programs within a single department

- Transfer Department of Alcohol and Drug Programs (DADP) substance use disorder programs to DHCS
  - Better coordinate licensing, certification, and program management of substance use disorders services statewide
  - Maintains programmatic expertise, enhances oversight, and promotes opportunities for health care delivery improvement.

Source: Governor's Budget Summary 2013-14

Coordinated Care Initiative (CCI)

- California's Coordinated Care Initiative (CCI), adopted in July 2012
- Persons eligible for both Medicare and Medi-Cal (dual eligible) will receive health care services and supports through single health plan
- Enroll dual eligibles in managed care plans for Medi-Cal benefits
- Implement in September 2013 and enrollment timelines varies by county
- 2013 implementations are effective in eight counties : Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.
- General Fund savings of $170.7 million in 2013-14.

Source: Governor's Budget Summary 2013-14

Medi-Cal Initiatives

- Managed Care Efficiencies
  - Improve quality and efficiencies of the health care delivery system
  - Develop payment systems that promote quality of care and improve health outcomes
  - General Fund savings of $135 million in 2013-14 as a result of implementing efficiencies in managed care

- Annual Open Enrollment
  - Require beneficiaries to select their Medi-Cal health plans during an annual open enrollment
  - Aligns Medi-Cal with industry best practice of other third party health benefit payers
  - General Fund savings of $1 million in 2013-14.

Source: Governor's Budget Summary 2013-14

Medi-Cal Initiatives

- Hospital Quality Assurance Fee Extension
  - Provides funds for supplemental payments to hospitals
  - Provides funding to offset cost of health care coverage for children
  - Sunset date is December 31, 2013
  - General Fund savings of $310 million in 2013-14
- Gross Premium Tax
  - Expected to be reauthorized permanently on Medi-Cal managed care plans
  - General Fund savings of $217.3 million in 2013-14
- Provider Rate Reductions
  - Payments to Medi-Cal providers will be reduced by up to 10 percent
  - General Fund savings of $488.4 million in 2013-14

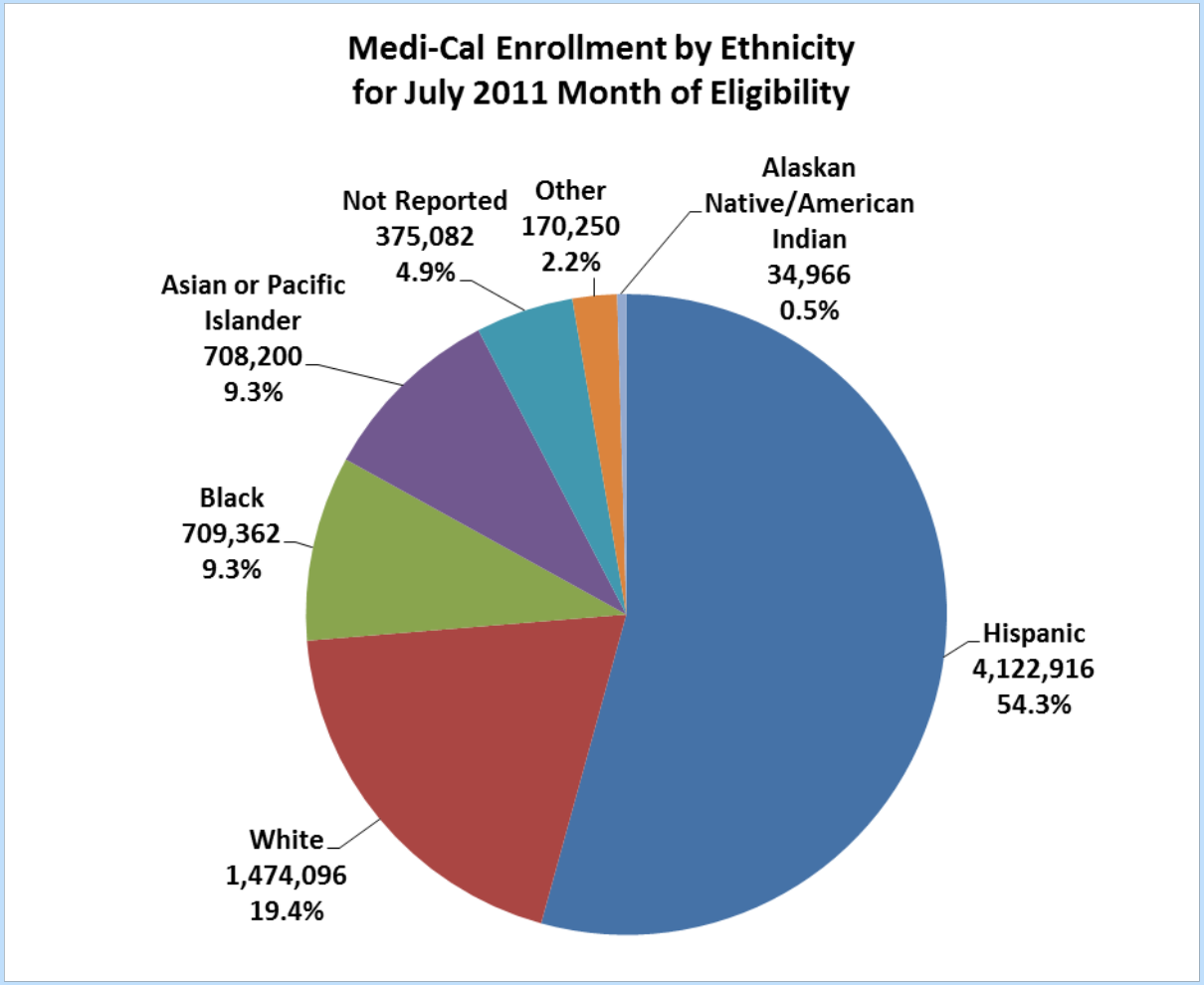
Source: Governor's Budget Summary 2013-14

Other Affordable Care Act Decisions

- Medi-Cal expansion population benefits
- Implement new Medi-Cal eligibility standards and enrollment
- Modify or eliminate existing state health programs
- Establish a “Bridge Program”
- https://leginfo.legislature.ca.gov/faces/home.xhtml

Medi-Cal American Indian/Alaskan Native Information

Medi-Cal Enrollees by Ethnicity July 2011



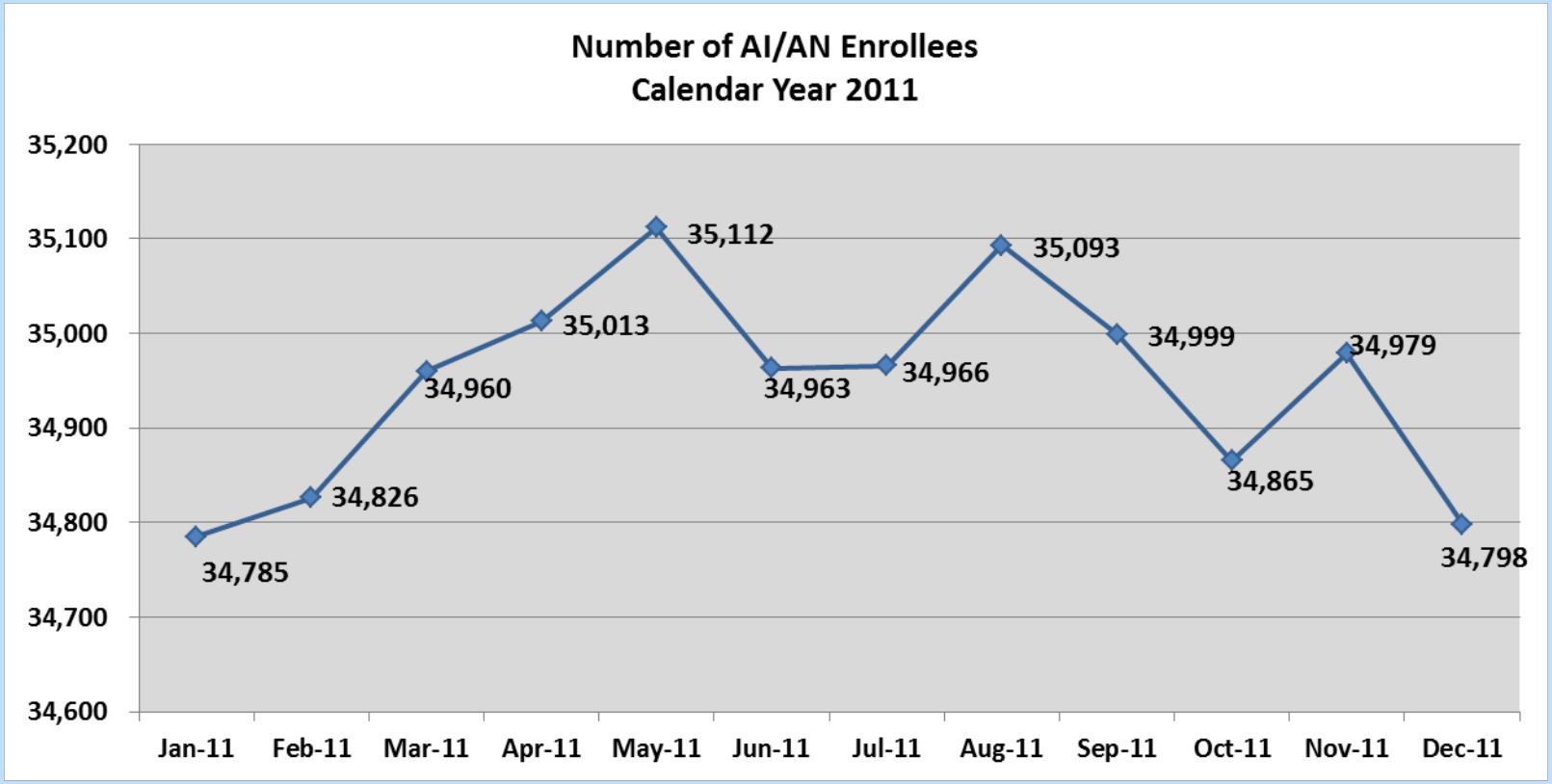
Beneficiary ethnicity is self-reported by the applicant.

Medi-Cal enrollees categorized as Alaskan Native/American Indian (AI/AN) accounted for .5% of the Medi-Cal enrollees in July 2011.

There is a total of 7,594,872 Medi-Cal enrollees.

Source: DHCS-Research and Analytical Studies Branch (RASB), Population Distribution by Ethnicity, July 2011

AI/AN Medi-Cal Enrollees by Month (January 2011 thru December 2011)

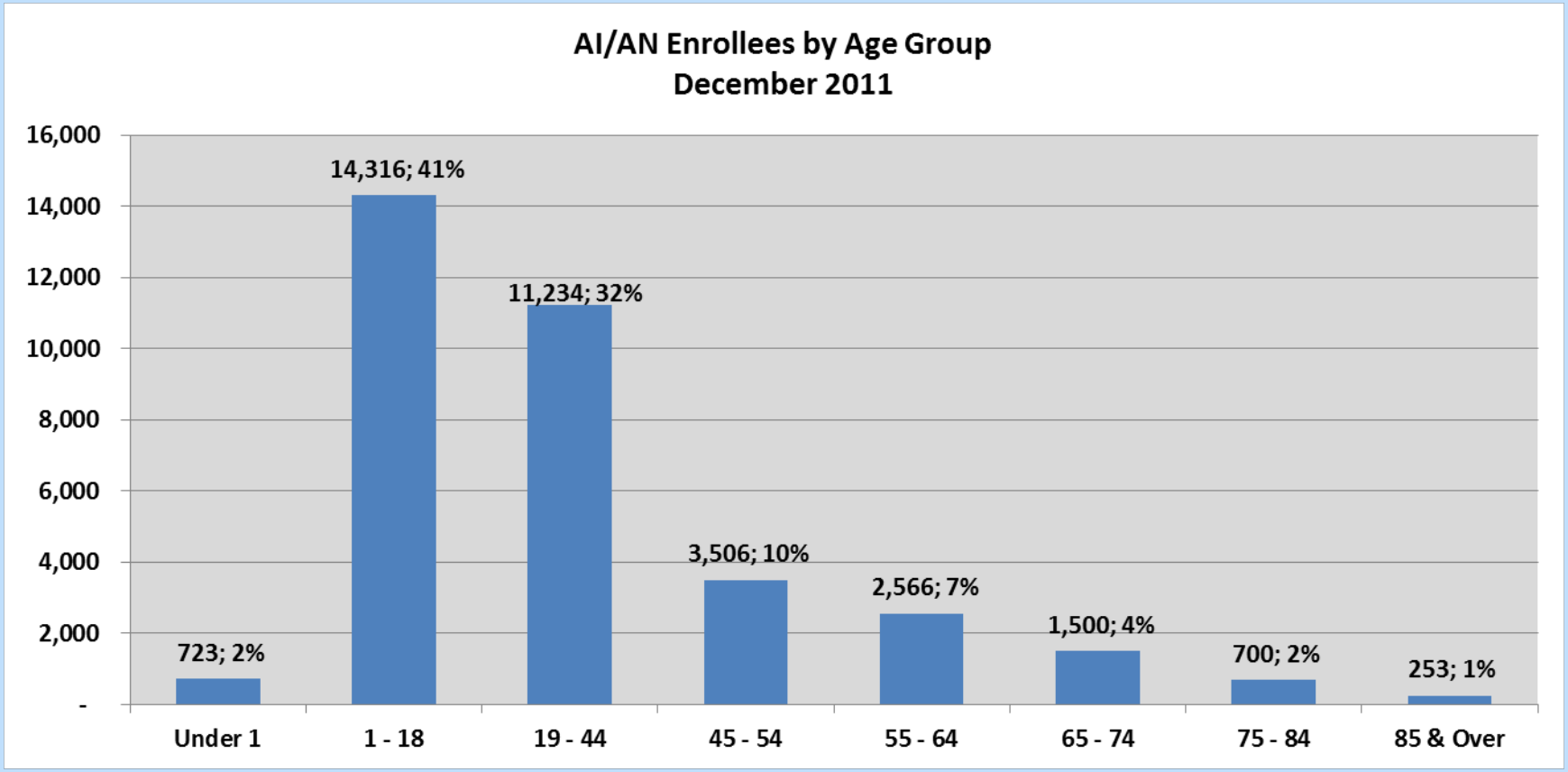


The number of Medi-Cal enrollees self-identified as AI/AN averaged 34,947 per month.

(Average AI/AN enrollees for Fiscal Year 2010-11 was 34,765 per month.)

Source: DHCS-RASB (MEDS Eligibility System, MMEF File).

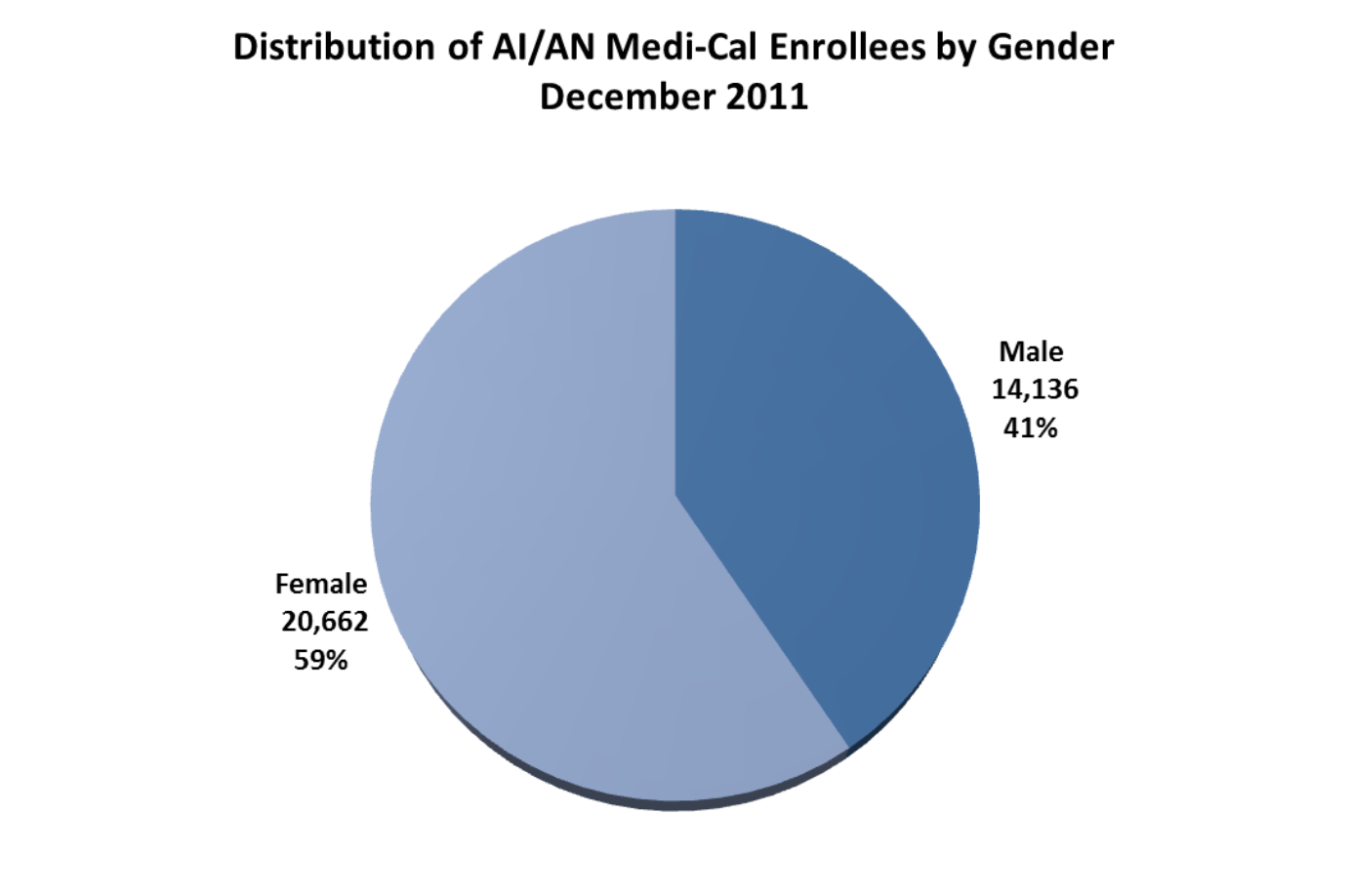
AI/AN Medi-Cal Enrollees by Age Group December 2011



- **43.2% of the AI/AN Medi-Cal enrollees are in the age group of 0 – 18 years**
- **49.7% of the AI/AN Medi-Cal enrollees are in the age group 19 – 64 years**
- **7.1% are age 65 years and above**

Source: DHCS-RASB (MEDS Eligibility System, MMEF File).

AI/AN Medi-Cal Enrollees by Gender December 2011



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

Source: DHCS-RASB (MEDS Eligibility System, MMEF File).

Paid Claims and Estimated Number of Visits Per Beneficiary for IHS/HCFA (CMS) MOA Clinics CY 2010 and CY 2011

	CY 2010	CY 2011
Amount Paid	$ 16,559,230	$ 19,794,649
*Estimated Number of Visits	57,298	67,329

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)

*Per visit rate 2010 $289; Per visit rate 2011 $294

MOA (Memorandum of Agreement)

Source: Contract Policy and Management Branch (DHCS - FICOD)

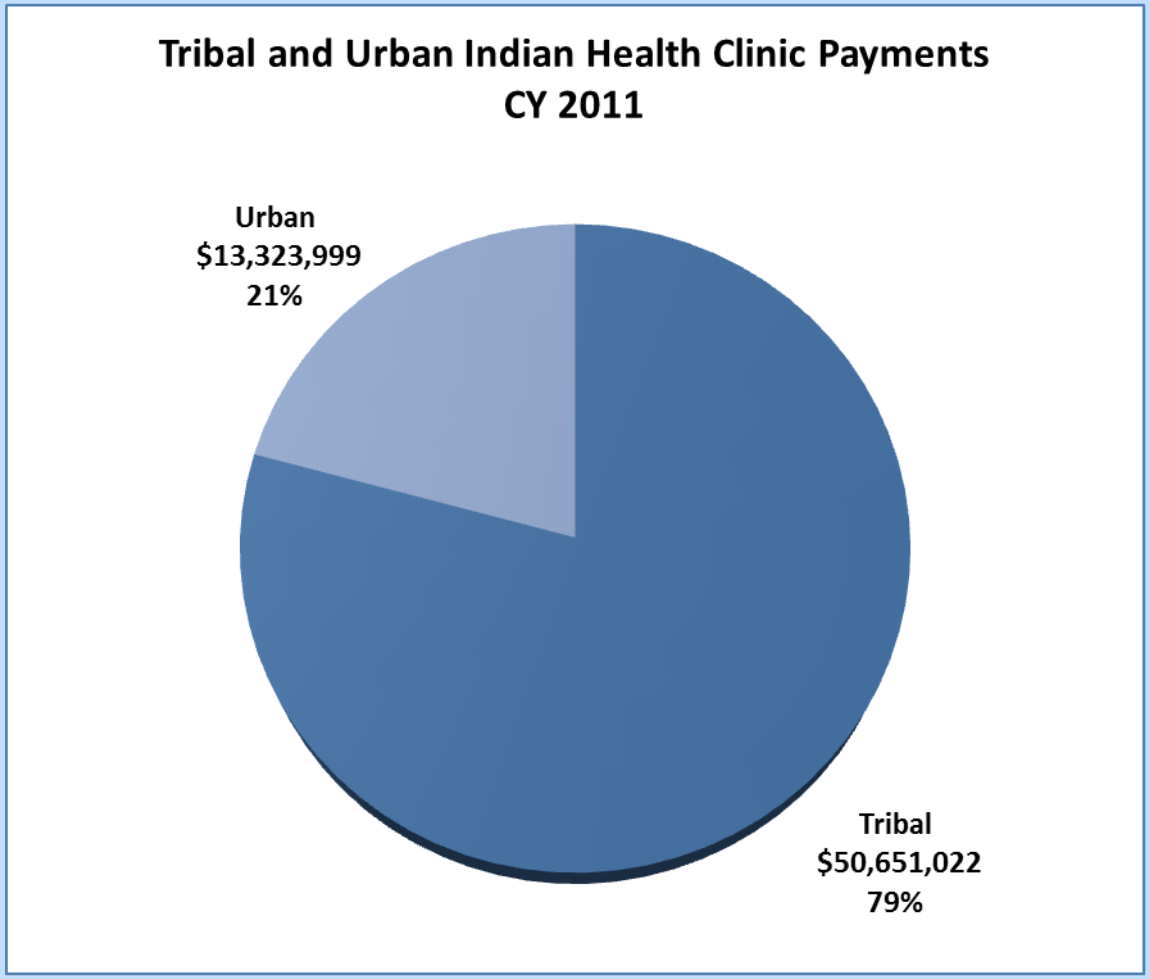
Indian Health Clinic Medi-Cal Utilization

Indian Health Clinic Medi-Cal Providers

64 primary care clinic sites in California serving AI/AN

- 50 Indian Health Services Memorandum of Agreement (IHS/MOA)
- 6 Tribal Federally Qualified Health Centers (FQHC) sites
- 8 Urban Indian FQHC Clinics sites

Indian Health Clinic Payments
Calendar Year (CY) 2011
(January 2011 – December 2011)



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 $63,975,021.

Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2011, paid as of December 2012

Indian Health Clinic Payments
Fiscal Year (FY) 2009-2010 and 2010-2011

FY 2009-2010

- Tribal Indian Health Clinics (FQHC & MOA)
  - Paid $42 million
  - Average $3.5 million per month
- Urban Indian Health Clinics
  - Paid $10 million
  - Average $832 thousand per month

FY 2010-2011

- Tribal Indian Health Clinics (FQHC & MOA)
  - Paid $48 million
  - Average $4 million per month
- Urban Indian Health Clinics
  - Paid $13 million
  - Average $1 million per month

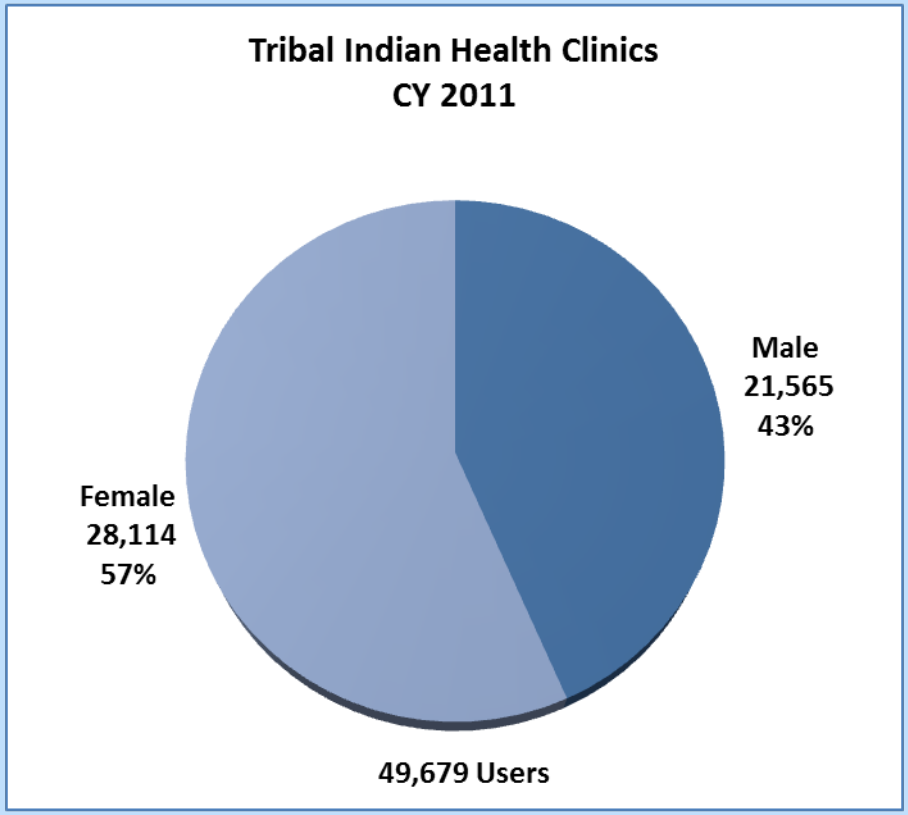
Source: DHCS-Research and Analytical Studies Branch

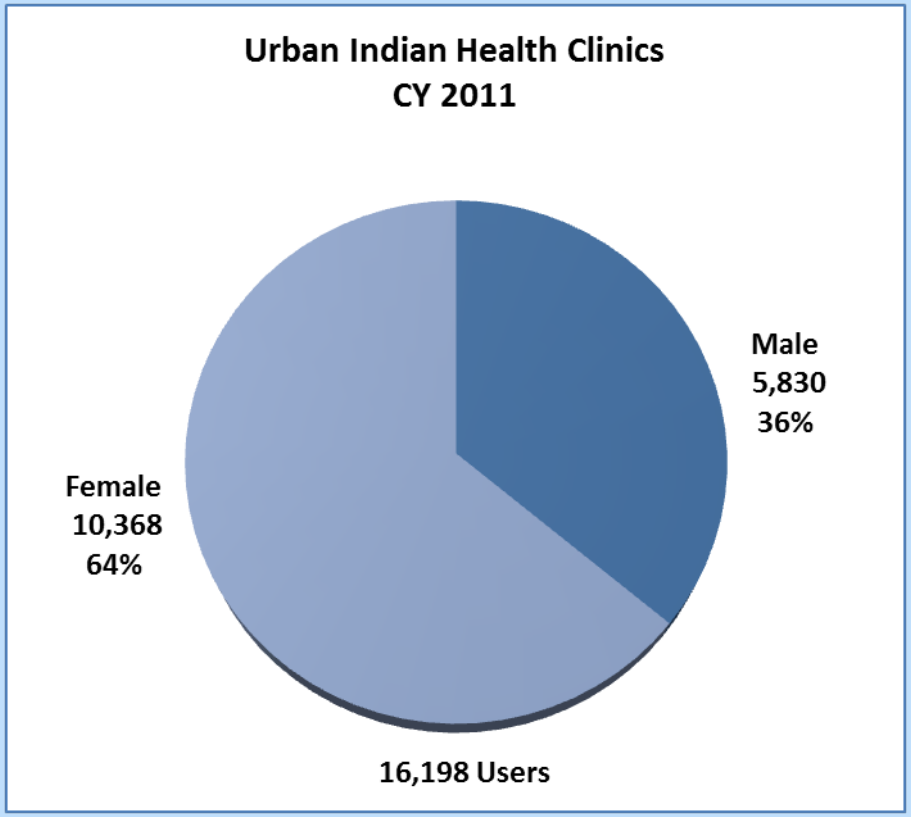
Number of Indian Health Clinic Visits per Unduplicated Users
All Ages
January 2011 – December 2011

Age Group	Users	Visits	Avg # Visits Per Year
00-20	37,673	130,099	3.5
21-64	24,311	105,742	4.3
65+	3,278	13,779	4.2
Totals	**65,262**	**249,620**	**3.8**

Source: Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2011, paid as of December 2012

Number and Gender of Medi-Cal Users (Unduplicated) of Indian Health Clinic Services CY 2011

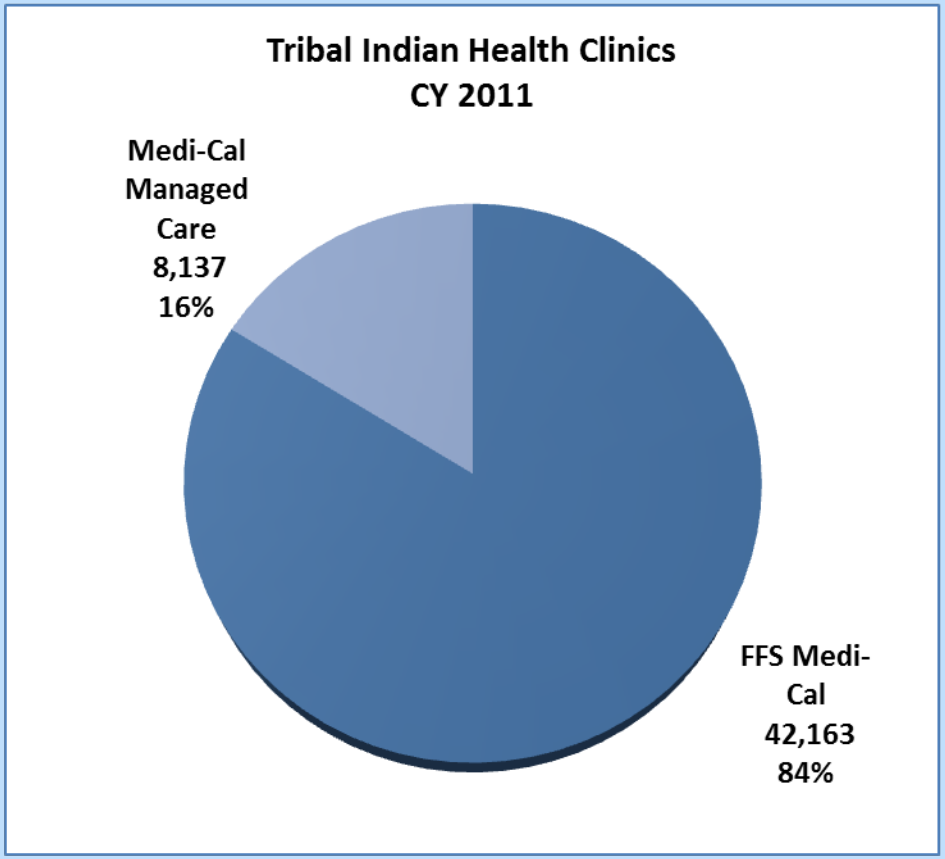


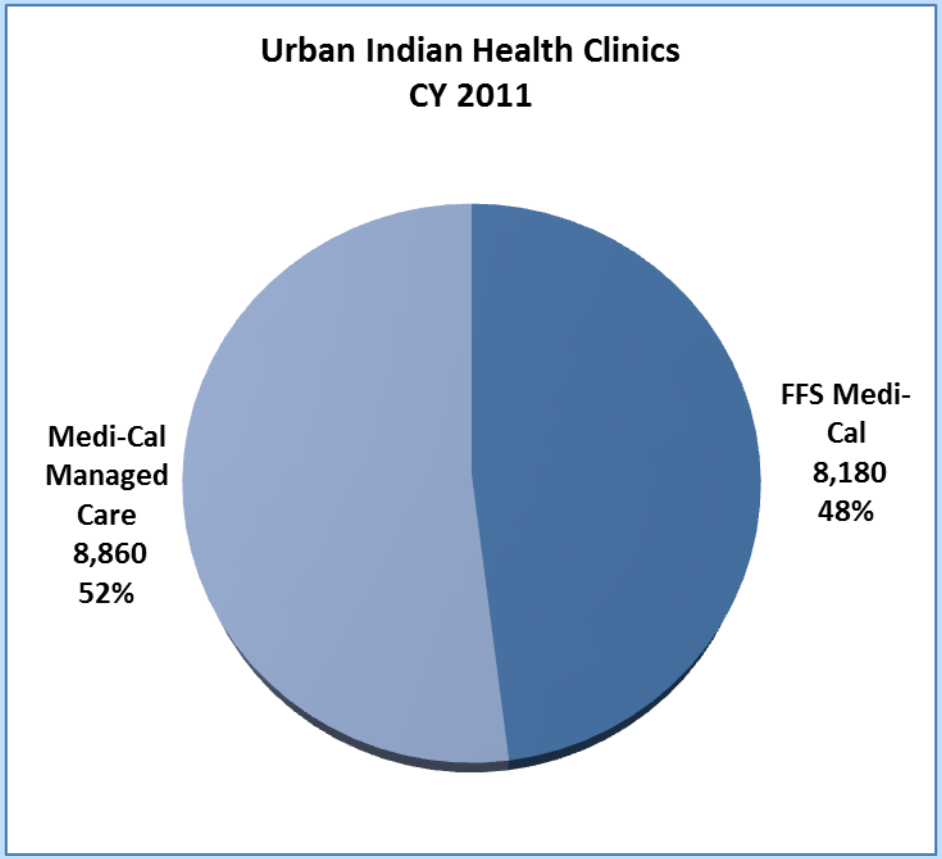


- **Tribal Indian Health Clinics served 49,679 individuals and Urban Clinics served 16,198 individuals.**
- **The distribution of users by gender is similar for both Tribal and Urban Indian Health Clinics.**

Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2011, paid as of December 2012

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





- **52% users of Urban Indian Health Clinics were enrolled in Medi-Cal Managed Care Plans.**
- **16% users of Tribal Indian Health Clinics were enrolled in Medi-Cal Managed Care Plans.**

Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2011, paid as of December 2012

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

Tribal Clinics

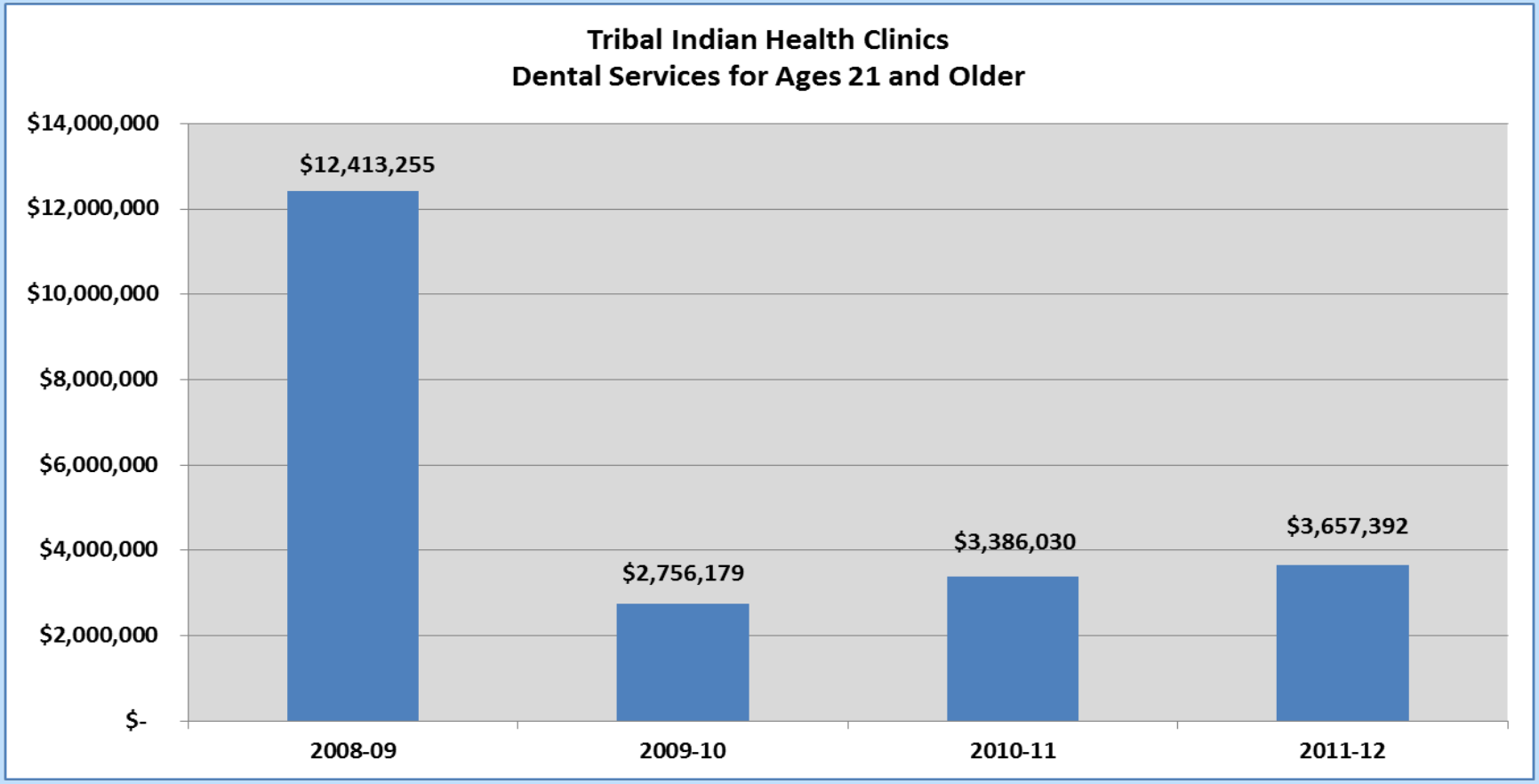
Rank	CCS Description	Users	Visits	Paid
1	Disorders of teeth and jaw	26,388	68,371	$ 19,818,672
2	Spondylosis; intervertebral disc disorders; other	2,987	7,777	$ 1,890,153
3	Other upper respiratory infections	5,032	6,888	$ 1,841,827
4	Mood disorders	2,112	5,662	$ 1,409,475
5	Normal pregnancy and/or delivery	1,110	3,943	$ 1,133,530
6	Other non-traumatic joint disorders	2,069	3,468	$ 847,219
7	Attention-deficit conduct and disruptive behavior	814	2,911	$ 823,601
8	Diabetes mellitus without complication	1,694	3,944	$ 780,461
9	Anxiety disorders	1,274	3,003	$ 769,709
10	Otitis media and related conditions	1,641	2,270	$ 619,273
	Totals	45,121	108,237	$ 29,933,921

Urban Clinics

Rank	CCS Description	Users	Visits	Paid
1	Disorders of teeth and jaw	6,784	17,851	$ 5,377,308
2	Normal pregnancy and/or delivery	648	3,446	$ 852,837
3	Contraceptive and procreative management	682	1,256	$ 386,574
4	Mood disorders	551	2,004	$ 368,420
5	Immunizations and screening for infectious disease	1,484	1,749	$ 345,213
6	Other upper respiratory infections	1,114	1,388	$ 277,221
7	Diabetes mellitus with complications	511	1,374	$ 260,119
8	Essential hypertension	671	1,374	$ 259,846
9	Spondylosis; intervertebral disc disorders; other	594	1,234	$ 241,929
10	Diabetes mellitus without complication	534	1,073	$ 196,878
	Totals	13,573	32,749	$ 8,566,347

Source: DHCS-RASB, Medi-Cal Utilization: Claims Paid by the Fiscal Intermediary for Calendar Year 2011, paid as of December 2012

Tribal Indian Health Clinics
Dental Services for Ages 21 and Older
Fiscal Year (FY) 2008-09 to FY 2011-12

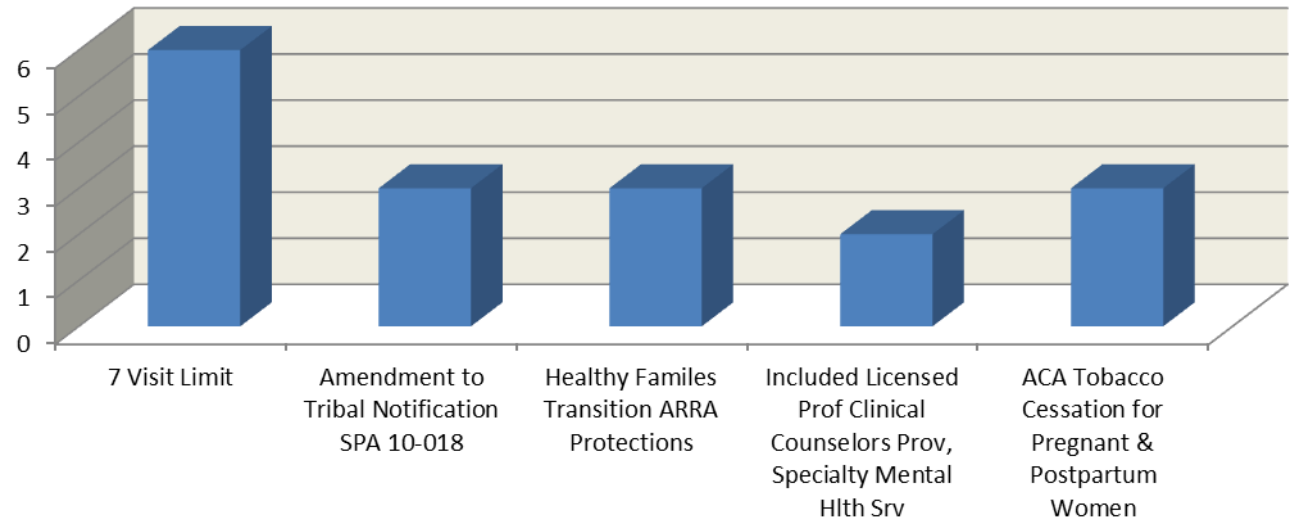


- There are 5 Tribal FQHCs that could bill for "Federally Required Adult Dental Services" after elimination of adult dental in 2009.
- Medi-Cal will pay for certain dental services that are required by federal law if you are a patient of a Federally Qualified Health Center or Rural Health Center.

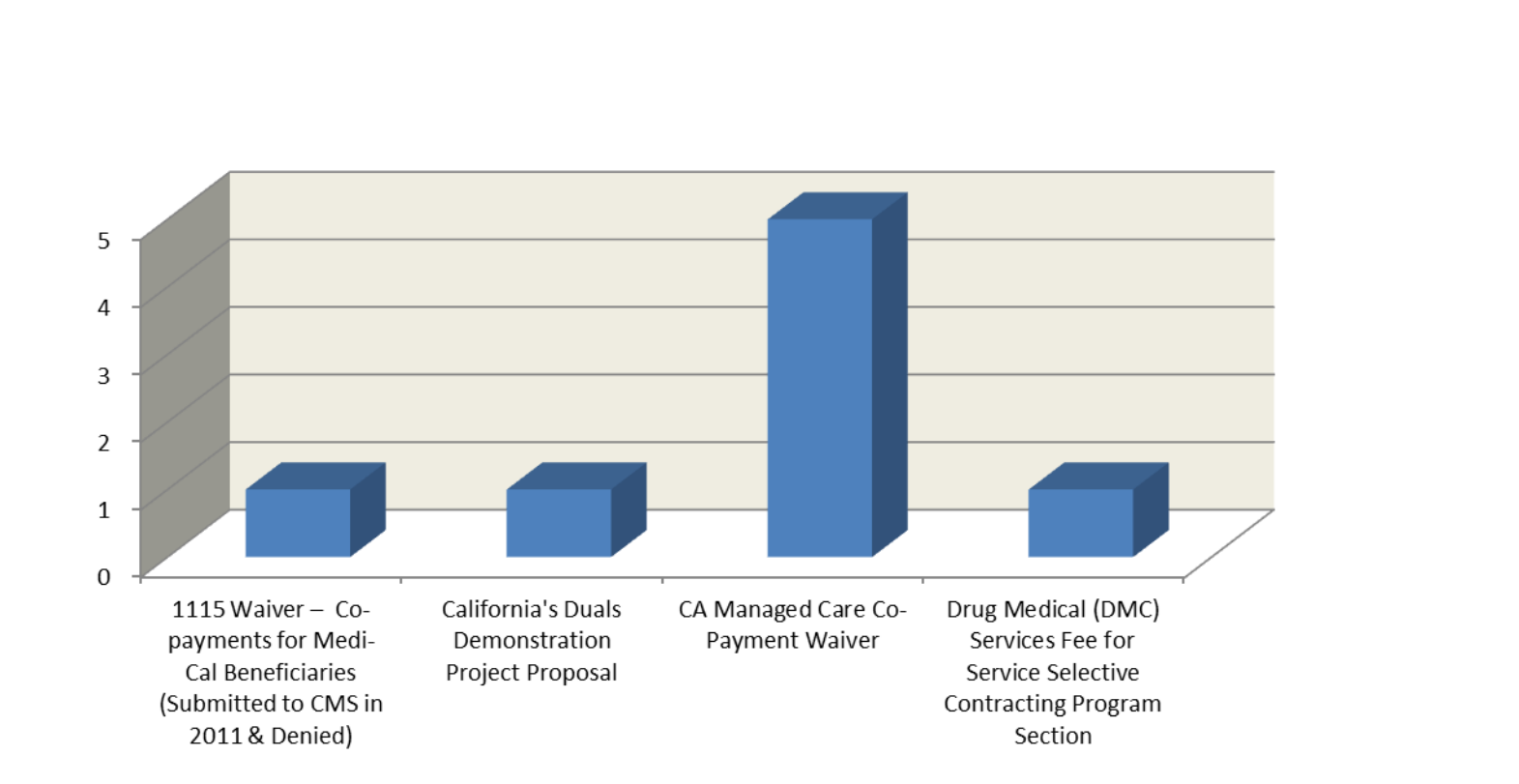
Source: Management Information & Decision Support System (MIS/DSS)

State Plan Amendments (SPA) and Proposed Amendments

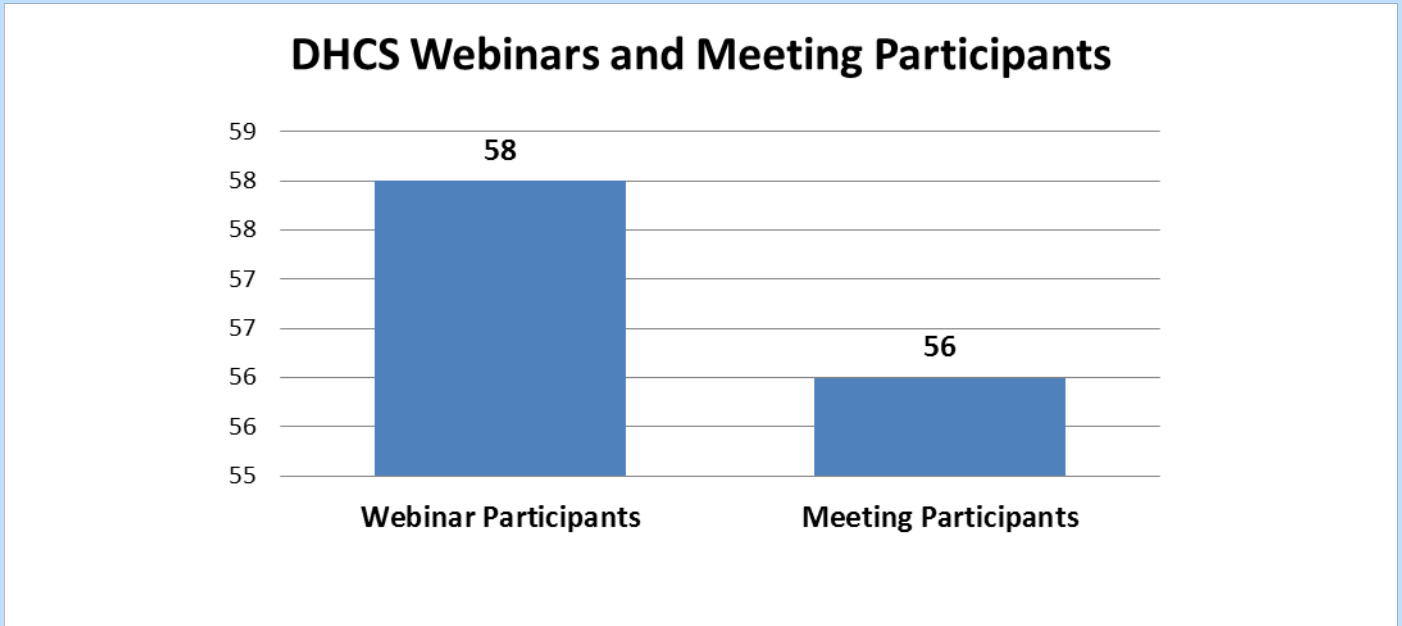
State Plan Amendments
Participant Feedback Received Calendar Year 2012

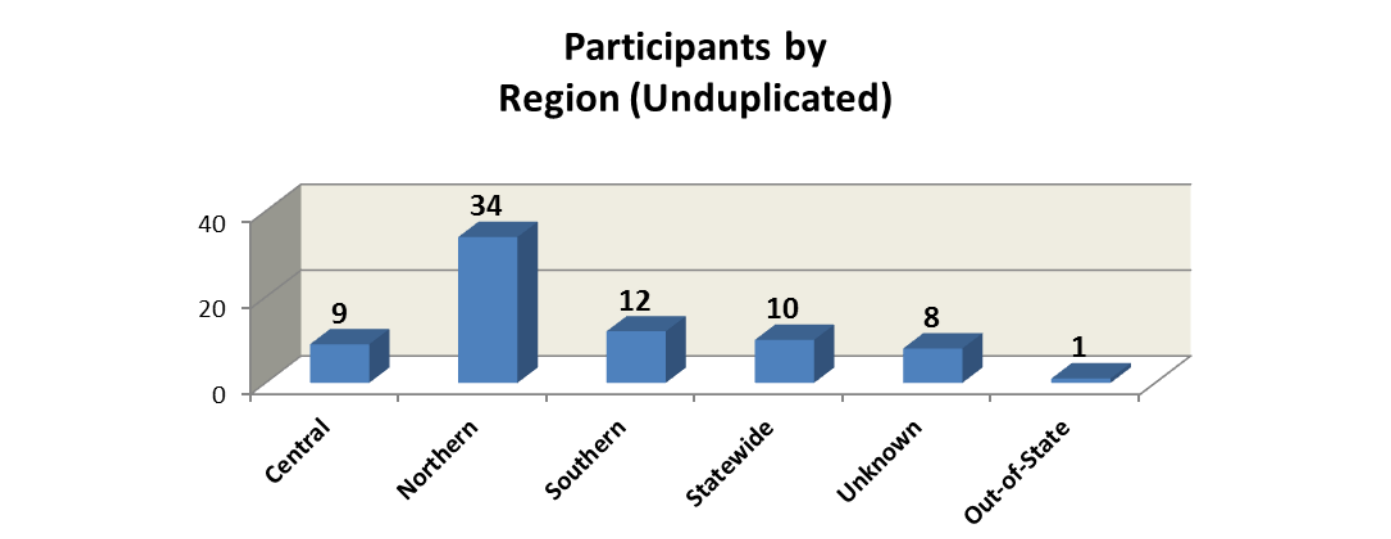


Waiver and Demonstration Projects
Participant Feedback Received Calendar Year 2012



DHCS Meetings, Webinars, and Teleconferences Participants in Calendar Year 2012





In Calendar Year 2012, there were

- 2 Meetings
- 4 Webinars

There were a total of 114 participants.

Calendar Year 2012
State Plan Amendments (SPAs)

TRIBAL NOTIFICATION SENT, SPA SUBMITTED TO CMS	Status
Provider Preventable Conditions (PPC) Implement Section 2702 of Affordable Care Ace (ACA) which prohibits Medicaid from paying for provider-preventable conditions defined in Title 42, Code of Federal Regulations, Parts 434, 438, and 447	Approved
Patient Protection and Affordable Care Act (ACA) Compliance: Provider Screening and Enrollment Requires enrollment of Ordering, Referring, and Prescribing providers in Medi-Cal; requires revalidation of enrollment as a Medi-Cal provider every five years, imposes an application fee at the time of enrollment and revalidation	Approved
Affordable Care Act (ACA), Section 4107 Tobacco Cessation Requires Medi-Cal to cover comprehensive tobacco cessation services for pregnant women from the prenatal period through the postpartum period (60-days following termination of pregnancy).	Pending
Amendments to DHCS Tribal and Designee Advisory Process Clarified situations where DHCS is required to notify Tribes, designees of Indian Health Programs, and Urban Indian Organizations, modified notice requirements from 45 days to 35 days, modified the schedule for sending notice for webinars and DHCS annual advisory meeting.	Approved
Amendments to 10% Outpatient Provider Rate Reduction (previously submitted SPA 11-009) Amends portions of the SPA 11-009 to make minor changes to the general reimbursement methodology section for outpatient services and the section for Home Health Agencies. The minor changes include adding the outpatient service categories to the reimbursement methodology section and adding the link to the Medi-Cal Rates website to the Home Health Agency section.	Pending
Implementation of Twenty Percent Reduction in Authorized Hours for Personal Care Services (PCSP), In-Home Supportive Services (IHSS) Plus Option, and Community First Choice Option (CFCO) Recipients and Applicants Implementation of Senate Bill 73 which added section 12301.07 to the California Welfare & Institutions Code that requires the California Department of Social Services and DHCS to implement a 20% reduction in PCSP, IHSS Plus Option, and CFCO.	Pending

Calendar Year 2012
State Plan Amendments (SPAs)

TRIBAL NOTIFICATION SENT, SPA SUBMITTED TO CMS	Status
Assembly Bill 97 Exemption for Certain Distinct Part Nursing Facilities Exempts any Distinct Part Nursing Facility – Level B (that providers at least 90% of its services to children under the age of 21) from the 10% provider payment reduction and freezes per-diem rates at the 2008-2009 levels.	Approved
Pharmacy Provider Rate Reduction Implementation Amends language previously submitted via SPA 11-009, allows DHCS to reduce by less than 10 percent payments for specific drugs within specific identified categories of drugs if pharmacy providers submit verifiable pricing information sufficient to demonstrate that the 10 percent reduction will result in reimbursement below actual acquisition cost for a particular product and as a result, will negatively impact beneficiary access.	Pending
Pediatric Day Health Care - Amends the 10% Outpatient Provider Rate Reduction SPA 11-009 Provides an exemption of the Pediatric Day Health Care services from the 10% payment reductions of AB 97.	Approved
Drug Medi-Cal (DMC) Program Transition to DHCS Assembly Bill 106 (June 28, 2011) directs the DHCS to create a state administrative and programmatic guide to transfer the Drug Medi-Cal Program from the Department of Alcohol and Drug Programs (ADP) to DHCS effective July 1, 2012.	Approved
Public Hospital Distinct Part Nursing Facility (DP/NF) Supplemental Reimbursement Seeks to update the State Plan, Attachment 4.19-D, Methods and Standards for Establishing Payment Rates – Skilled Nursing and Intermediate Care Facility Services, as a supplement to this section. Changes to legislation and this SPA is necessary to update the State Plan language to allow participating facilities to claim up to cost, include an interim payment process, interim reconciliation, and a final reconciliation.	Approved

Calendar Year 2012
State Plan Amendments (SPAs)

TRIBAL NOTIFICATION SENT, SPA SUBMITTED TO CMS	Status
State Plan Services for Individuals with Developmental Disabilities Medi-Cal Beneficiaries with Developmental Disabilities (DD) will soon be able to access Home and Community-Based Services (HCBS) under a new Section 1915(i) SPA. Allows DD persons who do not need institutional care to have access to the same menu of HCBS as DD persons who receive services under the existing Developmental Services Waiver.	Pending
Limiting Domestic and Related Services for Individuals Residing in Shared Living Arrangement for Personal Care Services (PCSP), In-Home Supportive Services (IHSS) Plus Option, and Community First Choice Option (CFCO) Recipients and Applicants. Permits the CA Department of Social Services and DHCS to deny authorization of (or in certain circumstances, reduce) domestic and related services for PCSP, IHSS Plus Option, and CFCO recipients and applications who reside in "shared living arrangements."	Withdrawn
Included Licensed Professional Clinical Counselors (LPCCs) Providers for Specialty Mental Health Services Senate Bill 788 (2009), allows the Board of Behavioral Sciences, in the Department of Consumer Affairs to license, register, and regulate LPCCs and interns. Amendment to state plan to include LCPPs as providers for Specialty Mental Health Services.	Approved

TRIBAL NOTIFICATION SENT, SPA NOT SUBMITTED TO CMS	
Federally Qualified Health Center/Rural Health Clinic (FQHC/RHC) Psychology Visit Limit FQHC/RHC Psychology Visit Limit Clarifies existing limits on certain benefits, including psychology for FQHC/RHC providers	Not Submitted
Religious Non-medical Health Care Institutions Update the type of service from Christian Science Practitioners to Religious Nonmedical Health Care Institutions	Not Submitted

Calendar Year 2012
Waiver & Demonstration Projects

WAIVERS/DEMONSTRATION PROJECTS	Status
1115 CA Bridge to Reform Demonstration Waiver- Non-Designated Hospitals Allows for greater federal funding for this group of hospitals	Pending
1115 CA Bridge to Reform Demonstration Waiver Human Immunodeficiency Virus (HIV) Transition Project Will authorize additional federal funding for Designated Public Hospitals within the Low Income Health Program provider networks to establish HIV transition projects.	Approved
1115 CA Bridge to Reform Waiver Amendment Managed Care Expansion San Joaquin and Stanislaus Counties Changed the managed care contractors for San Joaquin and Stanislaus Counties.	Approved
Superior Systems Waiver Amendment Clarifies the exemption of acute rehabilitation stays in the Designated Public Hospital Project.	Approved
Proposed Merger of Two 1915(c) Home and Community-Based Services Waivers Continues the provision of Developmentally Disabled/Continuous Nursing Care Waiver services.	Approved
Drug Medical (DMC) Services Fee for Service Selective Contracting Program Section 1915(b) 4 Waiver Seek approval to contract with Drug Medi-Cal providers that meet the local/county service needs and contracting criteria. Seeks to waive the Freedom of Choice requirement.	Withdrawn

Calendar Year 2012
Waiver & Demonstration Projects

TRIBAL NOTIFICATION SENT, WAIVER/DEMONSTRATION PROJECT NOT SENT TO CMS	
Medi-Cal Specialty Mental Health Services (SMHS) Waiver Amendment (Re-Noticed February 12, 2013) Amends Section 1915(b) Freedom of Choice Waiver, transfers the SMHS from the Department of Mental Health to DHCS.	Not Submitted
1115 CA Bridge to Reform Demonstration Waiver - California's Duals Demonstration Project Proposal (Re-Noticed February 23, 2013) In coordination with the federal CMS, California will launch a three-year demonstration, beginning January 1, 2013, to examine the benefits of coordinated care models for dual eligible beneficiaries. Beneficiaries in the demonstration counties will be enrolled into managed care health plans that provide all Medicare and Medi-Cal benefits. The demonstration will align financial incentives around beneficiary needs, and will rebalance care away from avoidable institutional services and toward home-and community-based services.	Not Submitted
1115 CA Bridge to Reform Demonstration Waiver Coordinated Care Initiative-Mandatory Enrollment in Managed Care for Medi-Cal & Long-term Supports and Services Benefits and Services Enhance health outcomes and beneficiary satisfaction for low-income seniors and persons with disabilities by shifting service delivery away from institutional care, and into the home and community. DHCS is submitting this 1115 waiver amendment request to enable the state to comply with state law establishing the CCI.	Not Submitted
California Managed Care Copayment Demonstration Waiver Two-year demonstration project to impose a $15 copayment on Medi-Cal Managed Care beneficiaries who present at an emergency room and request treatment for a nonemergency medical condition.	Not Submitted

2013 State Plan Amendments

TRIBAL NOTIFICATION SENT
Outpatient Drug Coverage for Persons with Medicare and Medi-Cal Federal laws changed to require Medicare Part D plans to cover (1) barbiturates when used for the treatment of epilepsy, cancer, or a chronic mental health disorder and (2) benzodiazepines (typically used for the treatment of anxiety) as of January 1, 2013. Therefore, Medi-Cal will no longer cover these drugs for people who have both Medicare and Medi-Cal effective January 1, 2013.
Payments to Primary Care Physicians The Patient Protection and Affordable Care Act (PPACA) as amended by H.R. 4872-24, Section 1202, requires DHCS to increase payments for primary care services furnished in 2013 and 2014 by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine. This requirement is as specified in the Federal Register, Volume 77, Number 215, 42 CFR, Parts 438, 441, and 447. The H.R. 4872.24, section 1202 payment increase is effective for dates of service on or after January 1, 2013, through December 31, 2014

2013 Waiver & Demonstration Projects

TRIBAL NOTIFICATION SENT
Medi-Cal Specialty Mental Health Services (SMHS) Waiver Renewal Request California administers a Section 1915(b) Freedom of Choice waiver to provide Specialty Mental Health Services (SMHS) using a managed care model of service delivery. The SMHS waiver program has been in effect since 1995 and the proposed waiver term (July 1, 2013 - June 30, 2018) represents the eighth waiver renewal period.
Medi-Cal Managed Care Rural County Expansion Waiver Amendment In accordance with Assembly Bill 1467 (Chapter 23, Statutes 2012), the 2012-13 State Budget Act authorized the expansion of Medi-Cal managed care to Medi-Cal beneficiaries residing in 28 rural California counties who currently receive Medi-Cal services on a Fee-For-Service (FFS) basis. Approximately 386,000 Medi-Cal beneficiaries will make the transition from FFS to Medi-Cal managed care in these rural counties on June 1, 2013. DHCS will be submitting a waiver amendment request by March 31, 2013 to implement this expansion.
California Bridge to Reform 1115 Demonstration Waiver Amendment for the Coordinated Care Initiative - Dual Eligible Demonstration Allow the state to expand mandatory Medi-Cal managed care enrollment to dual eligible beneficiaries in the 8 CCI counties; and allow the state to require dual eligible and Medi-Cal only beneficiaries in the 8 CCI counties receiving LTSS (nursing facility care, In-Home Supportive Services, Multi-purpose Senior Services Program, and Community-Based Adult Services) to receive those benefits via managed care health plans.
Tribal Health Programs Uncompensated Care Amendment to the California Bridge to Reform (BTR) Medicaid Section 1115 Demonstration Project Allows DHCS to make uncompensated care payments for services to tribal health programs operating under the Indian Self-Determination and Education Assistance Act (ISDEAA)

Tribal Health Program Uncompensated Care Amendment

Tribal Health Programs Uncompensated Care Amendment

Overview:

- Amendment to the State's existing Section 1115 Bridge to Reform Waiver
- Allows DHCS to make uncompensated care payments for services to tribal health programs operating under the Indian Self-Determination and Education Assistance Act (ISDEAA)
- Demonstration period: March 2013 to December 31, 2013
- DHCS would partner with the California Rural Indian Health Board (CRIHB) to implement this waiver
- The purpose of the demonstration is to determine whether Medicaid funding under this Demonstration results in an increased
  - volume of primary care services delivered
  - capacity to deliver such services for participating providers

Tribal Health Programs Uncompensated Care Amendment (cont.)

- Provision of services at tribal health program facilities operating under section 813 of the Indian Health Care Improvement Act would limit the provision of services through this waiver to IHS eligible individuals

- Payment would be made for services provided to uninsured individuals
  - With incomes up to 133 percent of the Federal Poverty Level and
  - Not eligible for county LIHP due to income level, cap on LIHP income limit, or no LIHP existing in the county

- Payment for services to Medi-Cal beneficiaries would be limited to optional services eliminated from the state plan

- DHCS would provide uncompensated care payments to tribal health programs using the Indian Health Service (IHS) encounter rate for
  - Medi-Cal state plan primary care services
  - Optional services eliminated from the state plan for Medi-Cal enrollees (adult dental, psychology, behavioral health, optometry, and podiatry)

Benefits and Eligibility for Uncompensated Care Payment

Current Medi-Cal Enrollees Over Age 21

- Medical optional benefits eliminated on July 1, 2009:
  - Adult Dental
  - Psychology
  - Behavioral Health
  - Optometry
  - Podiatry
  - Speech Therapy, chiropractic, Acupuncture, Audiology services, and Incontinence washes and creams

Uninsured Over Age 19

- Who are not eligible for Medi-Cal

-Who are not eligible for county LIHP due to income level, cap on LIHP income limit, or no LIHP existing in the county

- Who have incomes below 133% Federal Poverty Level

- Primary Care Services in Medi-Cal state plan
- Medi-Cal optional benefits eliminated in **July 1, 2009**

Tribal Health Programs Uncompensated Care Amendment (cont.)

- DHCS would partner with CRIHB to implement the waiver demonstration
- CRIHB is the central administrator for the Tribal Medicaid Administrative Activities program through contracts with 17 tribal Health Programs in California
- All tribal health programs are eligible to contract with CRIHB to participate in the waiver (“provider network”)

Tribal Health Programs Uncompensated Care Amendment (cont.)

- CRIHB would establish a third party administrator arrangement with a network of tribal health providers
- Network providers would submit to CRIHB certified claims through an encounter-based claiming protocol administered by CRIHB
- The facilities will conduct a high-level income determination to certify income level, Medi-Cal eligibility status and LIHP eligibility status to determine eligibility under this demonstration. The determination can include, but is not limited to, self-attestation or the use of a recent pay stub.
- CRIHB would submit claims to DHCS on a quarterly basis
- DHCS would make payments to CRIHB based on claims submitted and CRIHB would then pay network providers
- CRIHB would be able to bill network providers an administrative fee for the net administrative costs incurred

Claiming Methodology for Uncompensated Payment

- Claiming for Federal Financial Participation (FFP) under this demonstration will be based on certified public expenditures with CRIHB providing the non-federal share of the expenditures.
  - IHS eligible individuals
    - Claims for allowable services will be paid at the IHS encounter rate. Claims for services provided to IHS eligible individuals will be reimbursed with 100% FFP.
  - Non-IHS eligible individuals
    - CRIHB would provide the non-federal share to the state through Certified Public Expenditures (CPE) as do county LIHPs and will be reimbursed at California's FMAP rate (50%)

DHCS Tribal UCWA Waiver Timeline

- DHCS released Tribal/Indian Health Program Designee notice January 24, 2013 and allowed for 30 day written comment period
- DHCS will host two regional meetings to solicit input about the proposed waiver amendment
  - Southern California, February 15, 2013 in Riverside
  - Northern California, February 22, 2013 in Sacramento
- DHCS presented the waiver amendment proposal as part of quarterly Medi-Cal webinar February 27, 2013
- UCWA formally submitted to Centers for Medicare and Medicaid Services (CMS) on February 28, 2013
- DHCS to include a discussion on the waiver amendment proposal at the annual Tribal/Indian Health Program Designee meeting March 6, 2013 in Sacramento.

Next Steps

- DHCS is currently developing the encounter-based claiming protocols.
- Administrative claiming protocols will be developed through ongoing discussions with CRIHB.
- DHCS will continue to engage stakeholders as this process moves forward
- Comments and feedback received are posted to the DHCS Indian Health Program webpage at: http://www.dhcs.ca.gov/services/rural/Documents/Feedback_on%20UCC%20waiver%20combined.pdf
- Contact: Wendy Soe
  Department of Health Care Services
  Health Care Financing
  wendy.soe@dhcs.ca.gov
  (916) 552-9503

American Indian Health Components of Medi-Cal: An Online Training Curriculum for DHCS staff

- Indian Health Programs and Tribes identified a need for DHCS staff to gain a better understanding of the history of American Indians in California and the structure and function of the American Indian healthcare delivery system

- It was determined that the most practical approach would be the development of a training program that could be made continuously available to staff on the DCHS Intranet

- The goal of the training is to provide Med-Cal staff with information required to implement federal and state provisions of Medicaid programs related to American Indians and American Indian Health Programs in California

Training Preview

American Indian Health Components of Medi-Cal

Developed by the Indian Health Program,
Primary and Rural Health Division with support from
DHCS Office of Multicultural Health

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