



# **Tribal and Indian Health Program Designee Meeting**

Department of Health Care Services  
May 28, 2020



# Overview

- Introduction of Dr. Bradley Gilbert, DHCS Director
- May Revise Overview/Brief Update on CalAIM
- Medi-Cal Rx
- COVID-19 Flexibilities
- Tribal Federally Qualified Health Center Provider Type



# Dr. Bradley Gilbert, DHCS Director

- Has more than 31 years experience in public health and managed care leadership.
- Previously a retired annuitant at the Inland Empire Health Plan since 2019, where he has held several positions since 1996, including Medical Director, Chief Medical Officer, and Chief Executive Officer.
- Served as Director of Public Health at the County of Riverside Health Services Agency Department of Public Health from 1993 to 1996.
- Served as Director of Public Health at the San Mateo County Department of Health Services Division of Public Health.
- Board member of the California Healthcare Foundation, Planned Parenthood, and Manifest Medex.
- Earned a Master of Public Policy degree from the University of California, Berkeley and a Doctor of Medicine degree from the University of California, San Diego School of Medicine.



# May Revise Overview

- COVID-19 Response
- Budget Reductions
- 2019 Budget Act Reversions
- Withdrawal of January Governor's Budget Proposals
  - Elimination of 340B supplemental payment pool
- Elimination of Various Proposition 56 Supplemental Payments and Programs
- Elimination of FQHC/RHC carve-outs including pharmacy and dental services
- Various Rate Reductions or Program Efficiencies



# Brief Update on CalAIM

- DHCS is committed to ensuring that all of our partners are able to focus their limited resources on the needs arising from the public health emergency due to COVID-19.
- DHCS is postponing CalAIM implementation timelines to allow all of us to effectively address COVID-19 in our communities.
- DHCS plans to engage stakeholders and the federal government in both an extension of the existing 1115 waiver and the 1915b Special Mental Health waiver.
- DHCS will continue to seek approval of our CalAIM proposals for a later date.
- We are committed to keeping you updated on the terms of this postponement and will release more details as they are finalized.



# Medi-Cal Rx

- DHCS – in partnership with its contracted vendor, Magellan – have completed the requirements gathering/definition phase of implementation.
- DHCS is now in the systems configuration phase, in which staff are applying the requirements that were gathered, documented, and agreed upon in the previous phase.
  - The configuration effort applies to many systems and processes including the claims processing system (as well as prior authorization request processing), provider payment system, customer service center, web site / electronic portal, and other internal systems and processes.
- DHCS is also on track and making final preparations for Stage 1 testing, which is scheduled to begin in early June.



# Medi-Cal Rx (Cont.)

- DHCS is also working with stakeholders and key partners to develop various outreach and informing materials, inclusive of call center scripts, Medi-Cal beneficiary notices, etc.
- DHCS' Medi-Cal Rx website will launch in mid-to-late June (circa June 22<sup>nd</sup>), and include FAQs, ability to sign up for email subscription services, and general information about Medi-Cal Rx and transition activities.
  - Note: the website will have limited functionality initially, with additional information being added incrementally leading up to January 1, 2021.



# Medi-Cal Rx (Cont.)

- In the late summer and fall, DHCS will also produce and/or release the following:
  - August 2020: DHCS will provide information on training schedules and registration instructions.
  - September 2020: Trainings will begin in the Medi-Cal Rx Learning Management System (LMS) for Medi-Cal providers.
  - October 2020: Trainings will begin in the Medi-Cal Rx LMS for Medi-Cal Managed Care Plan (MCP) partners.

*Note: Other interested parties will be able to sign up for and take trainings.*





# COVID-19 Updates



# Federal Waivers & Flexibilities

The COVID-19 pandemic and the federal and state declarations of emergency triggered the availability of Medicaid flexibilities.

Additionally, the President signed major federal legislation, including the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act that provides increased federal funding in Medicaid and creates new options for states to address the COVID-19 pandemic.



# Federal Waivers & Flexibilities

- CMS Blanket Medicare Waivers
- Request for Federal Flexibilities
  - 1135 Waiver Requests (3)
  - Home and Community-Based Services (HCBS) Appendix K Requests (5)
  - 1115 Waiver Request (1)
  - Disaster SPA Request (1)
  - Implemented provisions of Children’s Health Insurance Program (CHIP) SPA Request to waiver premiums and cost sharing ([March 13, 2020](#))



# 1135 Waiver Requests

DHCS submitted 1135 waiver requests [March 16](#) and [19](#) and [April 10](#). CMS approved select items [March 23](#) and [May 8](#). Some requests are still pending. All approved requests are effective March 1, 2020 through the end of the emergency period. Waiver categories included:

- Provider participation and enrollment
- Billing and conditions for payment
- Service authorization and utilization controls
- State Fair Hearings
- Benefit Flexibilities
- Telehealth and Telephonic
- Payment Rates
- Various Administrative Flexibilities



# 1115 Waiver Request

- DHCS submitted the [1115 waiver request](#) to CMS on April 3, 2020.
- Requests include:
  - Reimbursement for COVID-19 testing and treatment inside jails and prisons for Medi-Cal eligible inmates.
  - Waiver of the 16-bed limitation application to certain IMDs.
  - Extend coverage of COVID-19 treatment to the optional uninsured category at 100 percent FMAP rate.
  - Deem any COVID-19 testing and treatment provided to Medi-Cal beneficiaries in appropriate care settings outside of hospital ERs as “emergency services.”
  - Reimbursement for temporary, emergency housing within WPC pilot.
  - Waiver of certain utilization limits application to residential treatment benefit in DMC-ODS pilots.
  - Reimbursement for retainer payments in specific HCBS program.
  - Waiver of the interim rate setting methodology for DMC-ODS pilot to provide temporary reimbursement.
  - Authority for DHCS and MCPs, as applicable, to make adjustment to incentive payments for PRIME and QIP.



# Disaster State Plan Amendment (SPA) 20-0024

- DHCS submitted the disaster SPA 20-0024 request to CMS on April 3, 2020.
- CMS approved the SPA on May 13, 2020.
- The SPA is effective March 1, 2020 through the end of the emergency period.
- CMS' approval letter and the approved State Plan provisions are available online:  
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>



# Disaster SPA Approved Provisions

- Expanding presumptive eligibility (PE) to cover the uninsured.
- Allowing Hospital PE for certain eligibility groups for two PE periods within a 12 month period
- Expanding the use of certain home health benefits.
- Allowing expanded use of telehealth for certain services that previously required a face-to-face visit.
- Removing certain limits on the number of prescriptions allowed and extending the maximum allowed length of prescriptions.
- Paying clinical laboratory rates for COVID-19 related testing and collection at 100% of the Medicare rate and increasing daily per diem rates for skilled nursing facilities and ICF/DDs by 10%.
- Allowing paid sick leave for IHSS and WPCS workers.
- Waiver of the county interim rate setting methodology for Specialty Mental Health, DMC-ODS and Statewide Maximum Allowance (SMA) rate limitation for Drug Medi-Cal



# Governor's Executive Order

- On April 23, 2020, Governor Newsom signed [Executive Order N-55-20](#) to give Medi-Cal providers and DHCS flexibility with State law
- Flexibilities include, but are not limited to:
  - Extension of time limitations for administrative hearings and issuance of final decisions related to administration or services.
  - Allowing CCS fair hearings by phone or video conference and allowing CCS Medical Therapy Programs to operate in non-school settings.
  - Waiving signature requirements for deliveries of certain Medi-Cal covered drugs.
  - Authorizing SUD residential treatment facilities to operate beyond limitations of license, for the purpose of ensuring sufficient bed capacity.
  - Allow DHCS and MCPs to delay or suspend annual medical audits, surveys of physician offices, facility site reviews, plan and county data collection from providers, and similar audit or review activities.
  - Extending timeframes for MCPs to conduct beneficiary risk assessments.
  - Extending deadline for FFS providers to submit information required for a Medical Exemption Request.
  - Permits DHCS to reimburse county behavioral health departments administrative costs up to 30 percent of the total actual cost of directed client services.
  - Waives state law, to the extent necessary, to implement any waiver of applicable federal law.





# Eligibility

- DHCS issued MEDIL [I 20-07](#), to delay the processing of Medi-Cal annual redeterminations and delay discontinuances and negative actions immediately for Medi-Cal and CHIP program enrollees.
- DHCS established a new [optional uninsured coverage group](#) called COVID-10 Presumptive Eligibility (PE) providing access to diagnostic testing, testing-related services, and treatment services, including all medically necessary care such as the associated office, clinic or emergency room visit.
- [Guidance](#) for applications received without applicant signature.
- Allowed for telephonic enrollment in FPACT and Every Women Counts.
- Expand Hospital Presumptive Eligibility (HPE) to include the over 65/aged & disabled population.
- Flexibility in the HPE program to cover two HPE periods in a given 12-month timeframe.
- Waive share-of-cost for testing for COVID 19 and if positive, all treatment of services thereafter. (pending CMS approval).



# Providers

- Hardship Request for Provider Overpayments: On March 20, 2020, DHCS notified providers if they currently have overpayment debt due to an audit finding or retroactive rate adjustment, and are experiencing hardship related to COVID-19, please contact the Department of Health Care Services, Third Party Liability and Recovery Division, Overpayments Unit at [GCU@dhcs.ca.gov](mailto:GCU@dhcs.ca.gov) or (916) 650-0575 to discuss alternative repayment options.
- Swift pivot to services by telephone and telehealth services.
- Minimize administrative burdens: virtual audits, flexible deadlines.
- Issued weekly [guidance](#) for all Medi-Cal programs, including but not limited to: managed care, dental, behavioral health, PACE, HCBS, CCS, FPACT, transportation, Indian Health Services, TCM, LEA, etc.



## Telehealth for Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHCs), and Tribal 638 Clinics

- The recently approved DHCS Disaster SPA expands current telehealth policies and adds virtual communication services by:
  - Expanding telehealth services to include reimbursement for telehealth provided to new patients
  - Allowing reimbursement for telephonic/telehealth visits that meet all of the procedural and technical components of the Medi-Cal covered service or benefit being provided except for the face-to-face component
  - Adding reimbursement at \$24.76 for telephonic/virtual communications that last 5 minutes or more that do not meet the criteria of a face-to-face visit and result in a determination that a face-to-face visit is unnecessary



# Managed Care

- DHCS has issued guidance to Medi-Cal Managed Care Plans (MCPs) on:
  - [Mitigating secondary](#) health effects.
  - Reducing the negative [impacts of isolation](#) for at-risk individuals.
- DHCS has been closely monitoring plan networks through daily reporting by plans. Plans are required to report physician office and facility closures, even if temporary and due to the emergency.
- MCPs have provided support for providers in several ways:
  - Provided advance to their providers.
  - Accelerating P4P and incentive payments.
  - Advancing capitation or claims payment.
  - Waiving public hospital rate range fees and expediting intergovernmental transfer (IGT) payments.
  - Enhancing rates or expanding incentives for skilled nursing facilities.
  - Providing grants to their providers.
  - Funding to providers for purchase of personal protective equipment.



# Behavioral Health

- DHCS issued multiple Information Notices and FAQs.
- Received new DEA and SAMHSA flexibilities on opioid treatment.
- Streamlined provider enrollment, licensing, application fee waivers, and virtual criminal background checks, extension of counselor certification timelines.
- DUI Program Flexibilities.
- Flexibility in how DHCS pays counties for Specialty Mental Health, DMC State Plan and DMC-ODS.
- Launched California's [emotional support and well-being webpage](#) and [managing stress for health](#) webpage for hotlines and other resources.



# Crisis Counseling Program – FEMA Grant

- Received Notice of Award from FEMA for Crisis Counseling Assistance and Training Program – Immediate Services Program (\$1.7 million for 60 days) and requested grant funding for Regular Services Program (RSP) (\$84.6 million)
- The RSP is a nine month program after the declaration of the emergency. Target populations: African Americans, Hispanics, middle aged white men with access to guns, youth, isolated seniors, and other high risk groups.
- Three elements:
  - **Expand the Media Campaign** as an intervention to normalize the feelings and increase accesses to supports. Promoting the CalHOPE website and the CalHOPE Warm Line.
  - **Expand the CalHOPE website** with support from community input process with UCLA to create a more human centered resource of information and connection. Provide a number of app based tools for mental wellness with the intention that some people will be able to address their needs through the self-help tools.
  - **CalHOPE Support** provides the personal connection to a crisis counselor.
    - Expand the CalHOPE Warm Line to 24/7, include Spanish and language line.
    - CalHOPE Support Crisis Counseling- provide up to six sessions with a counselor of concordant culture and language.
    - CalHOPE American Indian Alaskan Native – targeted outreach to AIAN community
    - CalHOPE Student Support- Enhance Communities of Practice to create a more supportive social and emotional learning environment. Will work through County Office of Education to see what is working in transitioning students from the distance learning environment back to school site learning.



# Medi-Nurse

## **Medi-Nurse toll-free (877) 409-9052**

- DHCS launched a new Nurse Advice Line on May 4, 2020.
- Beneficiaries without a regular doctor who are enrolled in Fee-for-Service Medi-Cal or those without health insurance can call to speak with a nurse about their COVID-19 symptoms.
- Medi-Nurse staff help callers understand if they need to self-isolate and employ home self-care techniques, or whether their individual symptoms necessitate seeing a health care practitioner to get COVID-19 testing and/or treatment.
- In addition, the Medi-Nurse staff can also provide callers with contact information for county offices or other county-level resources near the caller, particularly if they need to see a doctor for testing/treatment, and/or they want to apply for health coverage.



# Beneficiary Outreach / Notice

- During the week of May 18, 2020, DHCS posted to its website a Medi-Cal beneficiary letter and an accompanying frequently asked questions (FAQ) document that will be mailed to all (approximately 13 million) Medi-Cal beneficiaries to address concerns they may have relative to the COVID-19 public health emergency.
- The Medi-Cal beneficiary notice and FAQ includes information related to eligibility, benefits, COVID-19 testing, and resources such as where to obtain mental health services and what to expect during a telehealth appointment. In addition to being mailed, the [letter](#) is posted to the [DHCS COVID-19 Response Page](#).
- The notice will be translated into all of the Medi-Cal threshold languages; the mailings will begin with English, followed by Spanish and then the remainder of the languages.





# Well-Child Visits

- DHCS is engaging with health plans on best practices and interventions related to well-child visits and childhood immunizations.
- DHCS issued [guidance](#) that providers should inform beneficiaries/parent caregivers of their option to have some elements of a comprehensive well-child visit completed through telehealth and explain that certain parts of the exam can occur through telehealth and some parts of the physical exam and/or immunizations must be completed in person.
- To the extent there are components of the comprehensive well-child visit provided in-person due to those components not being appropriate to be provided via telehealth and those components are a continuation of companion services provided via virtual/telephonic communication, the provider should only be billing for one encounter/visit.



# COVID-19 Resources/Links

- CA COVID-19 webpage:  
<https://covid19.ca.gov/>
- DHCS COVID-19 webpage:  
<https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>
- California Department of Public Health COVID-19 webpage:  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Centers for Disease Control and Prevention:  
<https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



# Tribal Federally Qualified Health Center Provider Type

- Department seeking to implement under Medi-Cal effective January 1, 2021
- Will allow for up to three visits per day, per beneficiary, in any combination
  - Medical, mental health, dental and ambulatory
  - Ambulatory expanded to include certified public health nurse, chiropractic, dental hygienist and specialist services
  - Allows for the provision of care outside of the four walls in accordance with CMS policy
  - Allows for use of existing All Inclusive Rate/Memorandum of Understanding rate for purposes of reimbursement
- SPA to be submitted in fall of 2020.
- DHCS to work with Tribal Health Programs on accurate data collection and reporting for purposes of enhanced federal claiming for services provided to American Indians/Alaskan Natives.