

Questions and Answers

California Advancing & Innovating in Medi-Cal (CalAIM) Section 1915(b) Waiver Renewal

- 1. Question:** Can the department clarify the impact to American Indian and Alaska Native (AI/AN) members and the process for AI/AN members to choose an Indian Health Care Provider (IHCP)?

DHCS Response: The CalAIM Section 1915(b) Waiver Renewal does not propose changes to existing policy regarding AI/AN member access to IHCPs. The discussion was intended to clarify and reiterate current federal protections and how they will continue under the renewal.

Under federal regulations, AI/AN Medi-Cal members have the right to receive services from IHCPs, including Indian Health Services-Memorandum of Agreement (IHS-MOA) providers, Tribal Federally Qualified Health Centers (Tribal FQHCs), and Urban Indian Organizations (UIOs), regardless of whether the provider is contracted with the member's Medi-Cal Managed Care Plan (MCP) as an in-network provider. IHCPs are entitled to reimbursement from MCPs for covered services provided to AI/AN members, regardless of contract status.

These protections are specific to AI/AN members and do not apply in the same way to non-AI/AN members. For an IHCP to receive reimbursement from an MCP for services provided to non-AI/AN members, the IHCP must be contracted as an in-network provider with the MCP.

Existing guidance, including All Plan Letters (APLs) [17-020](#) ([Att.1](#) & [Att. 2](#)), [21-008](#) ([Att. 1](#) & [Att. 2](#)), and [24-002](#), as well as Behavioral Health Information Notices (BHINs) [23-027](#) and [22-020](#), outlines reimbursement requirements for Medi-Cal MCPs and county behavioral health delivery systems.

- 2. Question:** If an AI/AN Medi-Cal member opts out of managed care and receives care through an IHCP, could the member experience difficulty accessing specialty care because they are no longer enrolled in an MCP network? Is this a barrier to access for AI/AN members?

DHCS Response: If an AI/AN Medi-Cal member opts out of managed care, the member receives services through the Medi-Cal fee-for-service delivery system. If the member's IHCP refers them to a specialist, the member is not restricted to an MCP network. The member may receive care from any specialist who is enrolled in Medi-Cal and accepts Medi-Cal fee-for-service.

In counties where enrollment in an MCP is mandatory, such as County Organized Health System (COHS) and single plan counties, AI/AN members continue to have protections afforded under 42 CFR 438.14. AI/AN members may continue to receive covered services from IHCPs regardless of whether the IHCP is contracted with the MCP. Additionally, the MCP must permit an AI/AN member to obtain covered services from an out-of-network IHCP without requiring a referral from a network primary care provider (PCP) or prior authorization. IHCPs, whether in the MCP's network or out-of-network, may provide referrals directly to network providers without a referral from a network PCP or prior authorization.

Provider participation may vary. Some providers may choose to contract with certain MCPs but not others, or may choose to contract with MCPs but not accept Medi-Cal fee-for-service. Those provider decisions may affect whether a member can access care from a particular specialist.

The current CalAIM Section 1915(b) Waiver Renewal does not make changes to the existing framework.

- 3. Question:** How do AI/AN community-based organizations (CBOs) fit within the reimbursement model? Do they need to be contracted with Medi-Cal MCPs in order to bill for services?

DHCS Response: A distinction exists between providers that meet the federal definition of an IHCP and AI/AN-serving organizations that do not meet the federal definition of an IHCP. Please see [APL 24-002](#) for the federal definition of an IHCP.

Providers that meet the federal definition of an IHCP, including IHS-MOA facilities, Tribal FQHCs, and UIOs, are entitled to reimbursement from Medi-Cal MCPs for covered services provided to AI/AN members, regardless of whether the provider has a contract with the MCP. Existing guidance, including APLs [17-020](#), [21-008](#), and [24-002](#) and BHINs [23-027](#) and [22-020](#), outlines these reimbursement requirements.

If a CBO does not meet the federal definition of an IHCP, the organization is generally treated similarly to other Medi-Cal providers. In those cases, the provider would generally need to have a provider agreement or contract with the MCP in order to participate as an in-network provider. MCPs may also, on a case-by-case basis, enter into a letter of agreement or single case agreement for reimbursement of services when no formal contract is in place.

- 4. Question:** Are IHCPs still able to refer patients into MCP networks with which they are not contracted?

DHCS Response: No changes are being proposed in the CalAIM Section 1915(b) Waiver Renewal regarding how referrals currently work. The existing protections under 42 CFR 438.14 remain unchanged.

Under existing policy, MCPs must permit AI/AN members to obtain covered services from an out-of-network IHCP without requiring a referral from a network PCP or prior authorization. Additionally, IHCPs, whether in-network or out-of-network, may provide referrals directly to network providers without requiring a referral from a network PCP or prior authorization.

Additional guidance regarding referrals and reimbursement requirements is outlined in [APL 24-002](#).

- 5. Question:** Is additional verification required when an IHCP identifies a member as AI/AN, but the member's AI/AN status does not appear in the Medi-Cal system?

DHCS Response: An IHCP's confirmation of a member's AI/AN status through the submission of a claim is sufficient, and the MCP does not need to conduct additional verification beyond what is provided by the IHCP.

There is no additional requirement for members to update their race or ethnicity information in the Medi-Cal system for claim processing purposes. MCPs should accept the IHCP's attestation that the member is AI/AN.

For assistance with claims processing, IHCPs may reach out to their MCP Tribal Liaison. If further assistance is needed, IHCPs may contact the DHCS Office of Tribal Affairs at TribalAffairs@dhcs.ca.gov.