



QUESTIONS & ANSWERS: MEDI-CAL COUNTY INMATE PROGRAM

Q1: How can providers determine if a county is enrolled in MCIP?

A1: Counties should advise their providers when the MCIP Agreement is executed. In addition, providers that subscribe to the Medi-Cal County Inmate Program ListServ by emailing DHCSIMCU@dhcs.ca.gov will receive regular updates regarding counties that have an active MCIP Agreement.

Q2: How are you determining the appropriate administrative cost for the three-month window? Will the counties be charged only three months of DHCS' admin costs for 2016-17?

A2: Yes, for SFY 2016-17, Counties are responsible for three months of the administrative costs and the methodology is as follows:

- 30% of the total administrative costs will be distributed evenly to participating counties over 50,000 in population.
- 70% of the total administrative costs will be allocated to participating counties pro-rata based on population.
- Population data will be obtained from the California Department of Finance, Demographic Estimates

Methodology can also be found on Department's website at:

http://www.dhcs.ca.gov/provgovpart/Documents/IMCU/Addendum_A_MCIP_16-17_17-18.pdf

Q3: When will the administrative fee be known for the FY 2016-17, 3-month period and all of FY 2017-18?

A3: The timelines and County Participation Forms for FY 2016-17 and FY 2017-18 were sent to the Counties on December 21, 2016. DHCS sent the nonfederal share of the administrative costs to participating Counties on January 13, 2017. If you need to know your administrative costs you may email the ListServ at DHCSIMCU@dhcs.ca.gov.

Q4: Is there an opt-in that we need to respond to so that administrative fee can be determined? If so, when is the opt-in date?

A4: The timelines and County Participation Forms for FY 2016-17 and FY 2017-18 were sent to the Counties on December 21, 2016. County Participation Forms were due by January 9, 2017 so that DHCS can calculate the nonfederal share of the administrative costs by January 13, 2017. Medi-Cal County Inmate Program agreements were due back on February 15, 2017.



Q5: Is there a particular county entity (i.e. Sheriff, Human Services) that enters into these claiming agreements?

A5: The Medi-Cal County Inmate Program Agreement is signed by the individual duly authorized and having authority to sign on behalf of, and approve for, and is authorized and designated to enter into the agreement on behalf of the County.

Q6: Can DHCS confirm early participation is April 1, 2017?

A6: Yes, early participation is April 1, 2017. Counties had the option to enter in a three-month agreement for dates of service beginning April 1, 2017.

Q7: Can DHCS please clarify the timeline on slide #42 of the Medi-Cal County Inmate Program webinar?

A7: The timeline on slide #42 is for State Fiscal Year (SFY) 2018-19, July 1, 2018 – June 30, 2019 and ongoing. The Department is sending a three-month agreement for SFY 2016-17 and an annual agreement for SFY 2017-18 to the Counties' Administrative Officer and Health Services Administrator.

Q8: I was confused about fiscal years. Does this start in FY 2017-18 or 2018-19?

A8: The Medi-Cal County Inmate Program (MCIP) claiming begins April 1, 2017, if Counties have signed the MCIP agreement. The Counties may start claiming as early as the period of April 1, 2017 – June 30, 2017 by signing a three-month agreement, and then subsequently signing an annual agreement beginning July 1, 2017. MCIP Agreements need to be renewed annually. If counties decide to wait until July 1, 2017 and only sign the annual agreement, the 3 months period from April 1, 2017-June 30, 2017, will not be eligible for retroactive claiming.

Q9: Could the State send a correction to its October 11, 2016 bulletin stating that the program would begin October 24, 2016?

A9: The Department published a Newsflash to clarify the October 11, 2016 provider bulletin on December 22, 2016, [Medi-Cal County Inmate Program Effective Date Changed](#).

Q10: Does the April 1, 2017 start date mean it is the first date for submitting bills and only going forward in time? Or can we submit bills now? Also, is this only available for county hospitals? We don't provide all the inmate care.

A10: The April 1, 2017 date is when the Department expects to have the Medi-Cal County Inmate Program (MCIP) Agreements executed by the Counties that are participating. Claims received by the Department's fiscal intermediary with dates of services prior to April 1, 2017 will suspend and deny; DHCS is working on a separate retroactive claiming process for dates of service before April 1, 2017, and will issue guidance about how to submit those claims at a later date. All Medi-Cal eligible hospitals that



serve inmate populations in counties with a signed MCIP Agreement can submit claims for reimbursement for eligible MCIP populations and services. Claims received in which a County is not participating in MCIP will be denied.

Q11: Are you telling us that this program is not starting until April 1, 2017? We thought this program was starting on October 24, 2016.

A11: Medi-Cal providers can bill the Department directly beginning April 1, 2017 for the Medi-Cal County Inmate Program (MCIP). See question #8 for additional information. The provider bulletin issued on October 11, 2016 informed providers that the system is ready to accept claims beginning with dates of service on or after October 24, 2016. Providers may submit claims for the MCIP directly to the Department. Although the system is ready to process these claims, there are no contracts in place with the Department and the county of responsibility; therefore, claims will be denied until the county of responsibility has signed an MCIP Agreement to participate.

Q12: We have not received anything in September or October from DHCS. Do you have revised timelines especially given you have an April 1, 2017 start date?

A12: The timelines for State Fiscal Year (SFY) 2016-17 and SFY 2017-18 were sent to the Counties on December 21, 2016.

Q13: How do we obtain a copy of the provider agreement?

A13: The Medi-Cal County Inmate Program (MCIP) Agreement is an agreement between the Counties and the Department. The MCIP agreements have been sent to the County Administrative Officer and Health Services Administrator (HSA). A template of the MCIP agreements are also on the Medi-Cal Inmate Program Website: <http://www.dhcs.ca.gov/provgovpart/Pages/MIP.aspx>.

Q14: Will updated versions of the draft MCIP Agreements be sent to Counties? Is there an approximate date?

A14: Updated versions of the MCIP Agreements with the administrative costs and the non-federal share dollar amounts were distributed to participating Counties on January 13, 2017. Counties that opted to omit the non-federal share amount were responsible for completing that portion of the contract by the February 15, 2017 deadline.

Q15: When will those addendums be shared?

A15: Non-confidential addendums are posted on the Medi-Cal Inmate Program Website at <http://www.dhcs.ca.gov/provgovpart/Pages/MIP.aspx>. Confidential addendums will not be posted, but is made available to the Counties and authorized County Representatives.



Q16: Does MCIP apply to outpatient services for ACIP & JCWP?

A16: MCIP does not apply to outpatient services for Adult County Inmate Program (ACIP) & Juvenile County Ward Program (JCWP). Only inpatient services off the grounds of the correctional facility are covered under ACIP and JCWP.

Q17: If an inmate is incarcerated in another county but their residence is in our county for Medi-Cal eligibility, which county is responsible for the counties' percent of the bill?

A17: The County of incarceration is responsible for the non-federal share, if the inmate received inpatient hospital services or inpatient mental health services off the grounds of the correctional facility.

Q18: Can you please repeat the FFP for the various populations?

A18: The federal financial participation (FFP) breakdown for the various populations is included on the County Inmate Aid Code Chart posted on the Department of Health Care Services (DHCS) website at: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Inmate/County_Inmate_Aid_Code_Chart_121516.pdf.

Q19: The aid codes show undocumented inmates will receive inpatient services, is this still the same?

A19: Yes. An undocumented inmate may be eligible for inpatient services off the grounds of the correctional facility, which are limited to inpatient hospital emergency and pregnancy-related services.

Q20: Can you repeat those ACWDL letter numbers?

A20: The All County Welfare Directors Letters (ACWDLs) that relate to the MCIP Program eligibility are as follows:

- ACWDL 11-27 (June 24, 2011): Overview of the Medi-Cal Inmate Eligibility Program (MCIEP)
- ACWDL 13-18 (December 20, 2013): Medi-Cal Related Programs for State and County inmates
- ACWDL 14-24 (May 6, 2014): State Inmate Pre-release Medi-Cal Application Process
- ACWDL 14- 24E (June 25, 2014): Errata to ACWDL14-24 - State Inmate Pre-Release Medi-Cal Application Process
- ACWDL 14-26 (May 6, 2014): Implementation of Assembly Bill (AB) 720 - Suspension of Medi-Cal Benefits for All Inmates and Other requirements
- ACWDL 14-26E (July 11, 2014): Errata to ACWDL 14-26, Implementation of AB 720 - Suspension of Medi-Cal Benefits for All Inmates and Other requirements.



Q21: Can a patient who is expected to be in the inpatient unit for more than 24 hours, but then is released under 24 hours, still be billed to the Medi-Cal County Inmate Program (MCIP)?

A21: Yes, see 42 Code of Federal Regulations (CFR) section 435.1010. "Inpatient means a patient who has been admitted to a medical institution as an inpatient on recommendation of a physician or dentist and who—

(1) Receives room, board and professional services in the institution for a 24 hour period or longer, or

(2) Is expected by the institution to receive room, board and professional services in the institution for a 24 hour period or longer even though it later develops that the patient dies, is discharged or is transferred to another facility and does not actually stay in the institution for 24 hours.

Q22: Does time in the emergency room (ER) or in observation count toward the 24 hours?

A22: No, time in the ER or observation does not count toward the 24 hours. The ER is considered an outpatient service. However, upon admission as an inpatient, the 24 hour timeline would begin. (See answer to question 1 and 42 CFR section 435.1010): "Outpatient means a patient of an organized medical facility or distinct part of that facility who is expected by the facility to receive, and who does receive, professional services for less than a 24-hour period regardless of the hour of admission, whether or not a bed is used or whether or not the patient remains in the facility past midnight."

Q23: What is the timeframe to submit a Medi-Cal application once the patient is admitted?

A23: The time frame to submit a Medi-Cal application once the inmate is admitted into a medical facility is within 3-months of admission. See 42 CFR 435.915:

- (a) The agency must make eligibility for Medicaid effective no later than the "third month" before the month of application if the individual - (1) Received Medicaid services, at any time during that period, of a type covered under the plan; and (2) Would have been eligible for Medicaid at the time he received the services if he had applied (or someone had applied for him), regardless of whether the individual is alive when application for Medicaid is made.

Q24: An inmate incarcerated for over 1 year may be eligible for Medi-Cal while still incarcerated?

A24: For inmates on Medi-Cal who are incarcerated, benefits can be suspended for up to one year. However, should the county opt into the MCIP, providers can bill Medi-Cal for an inmate taken of the grounds for an expected inpatient stay of 24 hours or more, regardless of the length of incarceration.

Q25: If an inmate is a resident of one county and incarcerated in another county, but receives inpatient hospital services in the county of incarceration, what county code will be used?

A25: The County of incarceration is responsible for the non-federal share, therefore the county code used would be the county in which the inmate is incarcerated. The county of incarceration will complete

the eligibility determination of the MCIP application and ensuring that the county address of incarceration is listed as the residence in the secondary segment. (See Medi-Cal Eligibility Division Informational Letter 16-23 dated December 22, 2016)

Q26: What is a pre-release applicant? What is the inmate pre-release program?

A26: A Pre-release applicant is an inmate who is seeking a Medi-Cal eligibility determination while still incarcerated, but shortly prior to their release. The inmate Pre-release program authorizes county welfare departments (CWDs) to determine the Medi-Cal eligibility of inmates who are incarcerated and want to enroll in Medi-Cal prior to release. (ACWDL 14-24 and 14-24E)

Q27: Once released from jail, who is responsible for getting them onto Medi-cal?

A27: Once released from jail, it is the individual's responsibility to enroll in Medi-Cal. However, the correctional institution can utilize the pre-release process 60-90 days prior to the individuals release to ensure continuity of care upon release. (See ACWDL 14-24). Furthermore, counties are to follow due-process procedures in Welfare and Institution Code 14005.37 regarding a change of circumstance upon receiving notice that the inmate is released from jail.

For additional information regarding the pre-release application and ex-parte process, please see attachment.



Pre-Release
Application and MC

Q28: Why would a disability determination packet be needed?

A28: A disability determination packet is not always required, but may be needed to evaluate Medi-Cal eligibility, when an inmate has a previous history of disability.

Q29: There are problems with the Social Security aid code 60. It won't allow the MCIP aid code to be added.

A29: All Medi-Cal Inmate Eligibility Program (MCIEP) aid codes – including state Medical Parole and County Compassionate Release/ Medical Probation Program aid codes - that previously resided in the primary segment (INQM screen) of the Medi-Cal Eligibility Data System (MEDS) were moved to the special segment (INQ1, INQ2, and INQ3 screens) effective July 1, 2016. Detailed instructions regarding this change will be provided in an upcoming All County Welfare Directors Letter.

Prior to this change, counties could not add MCIEP eligibility in MEDS with the presence of a Social Security Income (SSI) aid code in the primary segment. With the MCIEP aid codes now in the special segment, the presence of an active SSI aid code in the primary segment should not prevent the county from entering MCIEP eligibility in the special segment.



However, the county must report the individual's incarceration status to SSA because inmates are not eligible for SSI. The following outlines the process for reporting a SSI recipient's incarceration status:

- The Department of Health Care Services (DHCS) shall act as a liaison between the counties and SSA to assist in notifying SSA when a Medi-Cal beneficiary becomes incarcerated and is also the recipient of SSI.
- To ensure proper and timely reporting of an individual's incarceration status, the county must complete a notification transmittal form developed by DHCS entitled "County Transmittal Notification for Medi-Cal Inmate Eligibility Program (MCIEP) Applicants Receiving Social Security Income (SSI) and shall submit the completed form via secure email or secure fax to DHCS. This transmittal form is forthcoming.
- Upon receipt of the completed transmittal, MCIEP analyst will contact the SSA contact person and provide them with the information contained on the transmittal form.
- The SSA liaison will then contact and convey the information to the appropriate county SSA field office. The SSA field office will confirm the incarceration status of the SSI recipient and follow SSA protocol.

Q30: The Sheriffs' department has assigned several of their deputies to assist and to submit MCIP eligibility applications for inmates who need inpatient hospital services off the grounds of the correctional facility. Is the Sherriff's department entitled to FFP or matching funds for this administrative cost? And if so what is the FFP percentage?

A30: The Sheriff's Department is not entitled to recover administrative costs and expenses for jail staff that assist in completing and submitting MCIP eligibility applications for inmates who need inpatient hospital services off the grounds of the correctional facility. Specifically, the Medi-Cal County Inmate Program (MCIP) and the Medi-Cal Inmate Eligibility Program (MCIEP) does not offer FFP reimbursement for administrative costs.

Q31: Our understanding that MCIP eligibility is by month, how is the inmate eligibility going to work for inmates incarcerated and released during a month? Also, what happens with patients who are site released and are still in house? Should the claims be split for the inmate aid code and the regular aid code?

A31: All state and county Medi-Cal County Inmate Program (MCIP) aid codes that previously resided in the primary segment in the Medi-Cal Eligibility Data System (MEDS) now reside in the INMATE special segment in MEDS, effective July 2016. This change was necessary to ensure that an inmate can be in regular Medi-Cal aid code and an inmate Medi-Cal aid code in the same month, which may be necessary for accurate claims processing in the month when an individual enters or leaves a county or state correctional facility.

Specifically, In and Out dates were added to the INQE (Other Client Eligibility Information) screen in MEDS with this change. The In date signifies the first day of inmate eligibility. The Out date signifies the day inmate eligibility ends. This allows claims to be paid for an inmate and a non-inmate aid code in the



same month. These specific dates are triggered by the transactions used to enter and terminate MCIP aid codes.

Services rendered while incarcerated would fall under the inmate aid code claiming process and services rendered when released would fall under the regular Medi-Cal claiming process.

Q32: Are MCIP aid codes day specific?

A32: MCIP aid codes are date specific. In and Out dates were added to the INQE (Other Client Eligibility Information) screen in the INMATE special segment in MEDS. The In date signifies the first day of inmate eligibility. The Out date signifies the day inmate eligibility ends (last day of incarceration). These specific dates are triggered by the transactions used to enter and terminate MCIP aid codes. This allows claims to be paid for a MCIP and Non-MCIP aid codes in the same month. Furthermore, inmate eligibility takes precedence over any other eligibility for point of service.

As an example, if an inmate received benefits under the MCIP aid code while incarcerated and is released from jail on 04/15/17, MEDS would show an Out date of 04/14/17, which was the last full day of incarceration. The newly released inmate would be eligible to receive benefits under a non-inmate Medi-Cal aid code on 04/15/17. Due to the implementation of the special segment, the county is able to enter coverage for the first of the month, however, the Automated Eligibility Verification System (AEVS) message would continue to show that the inmate is only eligible for MCIP coverage until the MCIP aid code is terminated on 04/15/17.

Q33: Can the County put an inmate in a Compassionate Release or Medical Probation aid code prior to the inmate actually residing in a Long Term Care Facility?

A33: Yes, it will depend on how quickly County Staff has the ability to place the individual in a Long Term Care Facility or Hospice since some facilities will not accept an inmate in their facility without an appropriate aid code in MEDS.

Q34: What is the difference between newly eligible and not newly eligible inmate for the K series? Does not newly eligible mean the inmate is already in a pre-existing aid code?

A34: The difference between the newly eligible and not newly eligible is the newly eligible inmate has income of 0% - 138% FPL, including disabled/blind with income 128%-138% FPL. The not newly eligible inmate, including disabled/blind has income 0%-128% FPL. It is the income level (10%) from 128% to 138% that distinguishes the two.

No, not newly eligible does not mean the inmate is already in a pre-existing aid code.

Q35: What happens to the inmate who is already in an aid code, for instance (J series Compassionate Release) which was previously implemented and now the K series aid codes are implemented. Do we transition the inmate to the new K series aid code?



A35: No, you do not transition the inmate to a new aid code. The J series aid codes are non-MAGI and the K series aid codes are ACA MAGI. The individual was eligible for the J series aid code and shall remain in that aid code until he is released, dead, or the individual recovers from a medical condition.

Q36: How will counties post MCIP eligibility for months outside of the QM, Q1 window? Over 1 year in the past.

A36: Counties cannot post MCIP eligibility outside of what's currently on the Special segment screens (Q1, Q2, or Q3) or over 1 year in the past. Claims can only be paid for when eligibility is shown in MEDS.

Q37: If a person under CCRP/CCMP are in the expansion population, they would be eligible for the enhanced match. If the aid codes are not yet developed, how will it be reconciled so counties are not paying a higher non-federal share?

A37: The county K series aid codes K6 - K9 was implemented on December 1, 2016, effective January 1, 2014. For claiming purposes, the Medi-Cal County Inmate Program Agreement (MCIP) needs to be executed by the county of responsibility in order to participate in the MCIP. The retroactive period for these aid codes will be from the date these aid codes become effective and eligibility is documented in the Medi-Cal Eligibility Data System (MEDS), to the date the contract was signed and fully executed.

Q38: What happens when an inmate is released from correction's custody during their inpatient stay at the hospital? Who is responsible for the inmate's medical costs?

A38: We will assume the inmate is on MCIP when admitted as an inpatient. With the implementation of the special segment both MCIP aid codes and non-MCIP aid codes can now co-exist in MEDS. Therefore, the MCIP aid code can be billed for part of the stay (through the last full day of incarceration/correction's custody) and the non-MCIP aid code can be billed for the other part of the stay. It is imperative the county sheriff's department and the county welfare department communicate the in/out dates for the inmate so accurate eligibility and claiming can be accomplished. In this case, the date of release would be used to claim under the non-MCIP aid code.

Q39: How do you handle various events happening during one inpatient stay? For example, the patient is admitted to the hospital on March 28th as an inmate, is an inpatient at the hospital during April – July, but released from jail in May. Is the process different for public hospitals versus private hospitals and non-designated public hospitals?

A39: For a designated public hospital facility, County, or UC system being reimbursed for inpatient hospital services under the CPE methodology, the public hospital should bill according to the following scenarios. The public hospital should not be billing for dates of service from March 28, 2017 to March 31, 2017 due to the MCIP program not launching until April 1, 2017, although these pre-April 1 claims might be included in the retroactive process that the Department is currently developing with CMS. The public hospital may bill for the dates of service from April 1, 2017 through the end of the billing period. If the public hospital is aware that during the inmate stay, the inmate is released from custody, the public hospital should not continue to bill under MCIP for those dates of service that the patient is no longer an inmate. If the inmate had an aid code change after release and during the inpatient stay, the public



hospital should bill for the dates of service applicable to the new aid code. Post payment reviews completed by the Department will determine whether any direct provider recoupments will need to be made.

For a private hospital and a non-designated public hospital (DRG hospital) being reimbursed under the APR-DRG reimbursement methodology, the DRG hospital should bill according to the following scenarios. Since the APR-DRG assignment and related payment is based on the admission date, the DRG hospital should not bill for any claims with an admission date prior to April 1, 2017, which is the date the MCIP program launched for claiming, although these claims might be included in the retroactive process that the Department is currently developing with CMS. If the inmate is admitted as an inpatient on April 1, 2017 and is released from custody during the inpatient stay, then the DRG hospital will still receive the full APR-DRG payment under MCIP for the inpatient stay. Post payment reviews completed by the Department will determine whether any direct provider recoupments will need to be made.

Q40: An individual is a Medi-Cal beneficiary at the time of his arrest. As a result of injuries sustained during the arrest he was taken directly to the hospital instead of jail to be booked. He was released from the hospital the next day and subsequently transported to the jail to be booked. Who is responsible for the medical bill at the hospital?

A40: The individual was never booked prior to the hospital visit, therefore the individual's existing coverage, Medi-Cal in this example, would be responsible for the hospital bill. Since he was a regular Medi-Cal beneficiary at the time of the arrest, Medi-Cal should cover the cost. To be eligible for MCIP, the individual must be an inmate of a public institution and receive or expect to receive inpatient hospital services off the grounds of the correctional facility. (22 CCR 50273) (ACWDL 13-18 & 14-26)

Q41: Aren't aid codes two letter/digits?

A41: Yes, aid codes are two letters/digits. Please see aid code descriptions: [http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Inmate/County Inmate Aid Code Chart 121516.pdf](http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Inmate/County%20Inmate%20Aid%20Code%20Chart%20121516.pdf) .

Q42: Once the new aid codes are implemented, will there a be a reconciliation between what was paid at a 50% FMAP versus what should have had an enhanced FMAP?

A42: DHCS is currently looking into a reconciliation process for claims with dates of service prior to 4/1/2017 and will share updates as necessary consistent with the retroactive process.

Q43: Who is responsible for payment of services between 10/24/16 and 4/1/2017?

A43: The county of incarceration is responsible for arranging and paying for medical care for its inmates.

Q44: Does the hospital have to bill directly, or can our Health Services Agency bill on our behalf? Do we know if private hospitals will comply with our requests, as it could provide additional administrative burden on their end?



A44: Because the MCIP program is using existing Medi-Cal claiming mechanisms, the providers should be familiar with filing Medi-Cal FFS claims already. Per the Provider Manual, providers are responsible for all claims submitted with their provider number regardless of who completed the claim. In order to receive payment, providers using billing services must ensure that their claims are handled properly. The provider manual can be found at: http://files.medi-cal.ca.gov/pubsdoco/manuals_menu.asp.

Q45: Can administrative days be billed to the MCIP?

A45: Statutory authority for an administrative day in a general acute care hospital is only for placement while awaiting a vacant skilled nursing facility (SNF) bed, not for pending Compassionate Release Status/Medical Probation determination. The Compassionate Release Status/Medical Probation approval date will not precede the date they are transferred into the SNF. Furthermore, administrative days are not billable under the Adult County Inmate Program and Juvenile County Inmate Program because the patient is no longer under acute care. Therefore, administrative days are not covered under the MCIP.

Q46: Is the non-federal share based on CPEs?

A46: Payments to providers will be made according to the existing state plans in place for the covered service. Generally speaking, the 21 Designated Public Hospitals are reimbursed for inpatient FFS services via a certified public expenditure (CPE) methodology. Private and Non-Designated Public Hospitals are generally reimbursed for inpatient services through DRGs, with the non-federal share paid for through state General Fund. Counties participating in the Medi-Cal County Inmate Program will be responsible to reimburse the Department for the non-federal share paid for with state General Fund.

Q47: How did DHCS decide upon the methodology for the reimbursement of administrative costs? Specifically, the counties with populations over 50,000 and the 30%?

A47: The methodology for administrative cost estimate was developed in collaboration by the Department, the California State Association of Counties, and the County Health Executives Association of California.

For 2018-19 and forward, costs allocated to each county will be based on the following:

- 30% of the total administrative costs will be distributed evenly to all counties over 50,000 in population. (Population data will be obtained from <http://www.dof.ca.gov/Forecasting/Demographics/Estimates/>)
- 70% of the total administrative costs will be distributed to counties based on their pro-rata share of paid claim volume.

For example, if the total administrative costs are 100 dollars, then 30 dollars will be split amongst counties that have a population of over 50,000. The remaining 70 dollars will then be split amongst counties based on their pro-rata share of paid claim volume.



For FY 2016-17 (dates of service between April 1, 2016 and June 30, 2017) and FY 2017-18, the administrative costs will be allocated based on the following:

- 30% of the total administrative costs will be distributed evenly to all counties over 50,000 in population.
- 70% of the total administrative costs will be allocated to participating counties pro-rata based on population.

Q48: What is the county non-federal share for medical services?

A48: The county’s non-federal share for medical services is 50%, with the exception of the Affordable Care Act (ACA) population that will follow the Federal Medical Assistance Percentage below for payments paid to the provider:

Calendar Year	Enhanced Federal Financial Participation Rate	County’s Responsibility
2014-2016	100% FFP	0%
2017	95% FFP	5%
2018	94% FFP	6%
2019	93% FFP	7%
2020 & beyond	90% FFP	10%

Q49: Since the new aid codes distinguish the inmates by income level, will the amount of federal share on these individuals be at the Affordable Care Act (ACA) level of FFP, approximately 95%, rather than traditional Medi-Cal at 50%?

A49: Please see the [Medi-Cal County Inmate Program Aid Code Chart](#). F3, F4, G3, G4, G5, G7, G8, J1, J2, J3, J4, J5, J6, J7, J8 are non-ACA aid codes. N7, N8, N0, K6, K7, K8, and K9 are ACA aid codes.

Q50: Please reconfirm the process for the county getting the bill from the state.

A50: Please refer to [IMCU PPL 16-002](#).

Q51: Can you please elaborate for counties that do not legally operate a designated public hospital? Who is responsible for the non-federal share for the non-designated public hospital or the County?

A51: All counties participating in the MCIP are responsible for the non-federal share, regardless of whether there is a designated public hospital in that county. For counties that do not operate a designated public hospital, the county of incarceration is responsible for the non-federal share costs for arranging and paying for medical care for its inmates.



Q52: If the jail (county) does not sign the patient up for Medi-Cal - will they be responsible for the bill?

A52: The county of incarceration is responsible for arranging and paying for medical care for its inmates if the patient is not eligible or enrolled in Medi-Cal.

Q53: Will you be providing information on what services are allowable?

A53: Please see aid code descriptions indicating which services are allowed for each aid code:

http://www.dhcs.ca.gov/services/medi-cal/eligibility/Documents/Inmate/County_Inmate_Aid_Code_Chart_121516.pdf

Q54: How does this work with a third party jail medical contract?

A54: Please refer to the letter that was released by the Centers for Medicare & Medicaid Services (CMS), specifically, SHO #16-007, FAQ #26:

<https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>. Based on SHO #16-007, FAQ #26 and until CMS directs otherwise, to the extent that a county utilizes a third-party agreement by contracting with a health care management entity to provide medical services to inmates, that health care management entity would be a liable third party for services under its contract. This would trigger the third party liability rules for their Medi-Cal eligible inmates that have this third party liability coverage if MCIP services, i.e. acute inpatient services, are covered by the third party agreement. This also means that to the extent the county amends its third-party agreement to carve out the MCIP services, or the county does not utilize a third-party agreement for Medi-Cal eligible inmates that can receive MCIP services, the third-party liability rules are not applicable.

Q55: Merced County currently contracts out Jail Medical Services. Currently the contractor pays for all inpatient stays up to a certain threshold, and bill the County for the amounts that exceed the threshold. What involvement should the contractor have in this process, if any? Does jail medical contractor enter into an MCIP agreement with the DHCS on the County's behalf, or does the County administer the agreement?

A55: Please refer to the letter that was released by the Centers for Medicare & Medicaid Services (CMS), specifically SHO #16-007, FAQ #26 regarding contracts with Health Care Management Entities: Also, please see question 54 and 57 for additional information. Based on SHO #16-007, FAQ #26 and until CMS directs otherwise, only to the extent that services furnished to an inmate during an inpatient stay in a medical institution affiliated with a health care management entity under contract with state or local entities are not included in such contract, would the inpatient services be considered eligible for the MCIP program to pay; if of course, the services were within the scope of MCIP coverage and provided to eligible individuals by a provider meeting federal and state requirements and Conditions of Participation.



Q56: Please share your interpretation of the CMS FAQ answer #26 regarding whether or not a county with a TPA can participate in MCIP.

A56: Please see questions 54, 55, & 57.

Q57: From the state's perspective, can a County who contracts with a third party to provide health services participate, ie execute an agreement, with the State?

A57: Please refer to the letter RE: To Facilitate successful re-entry for individuals transitioning from incarceration to their communities that was released by the Centers for Medicare & Medicaid Services (CMS) on April 28, 2016. Specifically, SHO #16-007, FAQ #26 regarding contracts with Health Care Management Entities: Some state and local correctional entities contract with a health care management entity to provide medical services to inmates. Is FFP available for services to inmates provided by the health care management entity? This can be found at <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>. Based on SHO #16-007, FAQ #26 and until CMS directs otherwise, to the extent that a county utilizes a third-party agreement by contracting with a health care management entity to provide medical services to inmates, that health care management entity would be a liable third party for services under its contract. This would trigger the third party liability rules for their Medi-Cal eligible inmates that have this third party liability coverage if MCIP services, i.e. acute inpatient services, are covered by the third party agreement. This also means that to the extent the county amends its third-party agreement to carve out the MCIP services, or the county does not utilize a third-party agreement for Medi-Cal eligible inmates that can receive MCIP services, the third-party liability rules are not applicable.

Q58: Can services rendered in locked units be billed to Medi-Cal?

A58: The Department is seeking clarification to CMS’ revisions to the [S&C: 16-21-ALL](#), issued on December 23, 2016. The Department will share updates once available.

Q59: Will you provide a list of hospitals and what treatment authorization request (TAR) they will require? Where is the list of hospitals participating as a non-TAR?

A59: Designated Public Hospitals

There are 21 Designated Public Hospitals; however, a few of the DPH’s own more than 1 hospital therefore, 25 hospitals are listed below:

For these hospitals there are no Treatment Authorization Request (TAR) requirements for general acute care inpatient services.

1	Alameda County Medical Center
2	Arrowhead Regional Medical
3	Contra Costa Regional Medical
4	Kern Medical Center
5	LA County - Harbor - UCLA Medical



6	LA County - Olive View – UCLA
7	LA County - Rancho Los Amigos
8	LA County - USC Medical Center
9	Natividad Medical Center
10	Riverside County Regional
11	Ronald Reagan UCLA Medical
11a	UCLA Medical Center - Santa Monica
12	San Joaquin General Hospital
13	San Mateo Medical Center
14	Santa Clara Valley Medical Center
15	San Francisco General Hospital
15a	Laguna Honda Hospital & Rehab Center
16	UC Davis Medical Center
17	UC Irvine
18	UC San Diego Medical Center
19	UCSD – La Jolla, John M & Sally B. Thornton Hospital
20	UC San Francisco Medical Center
20a	UCSF Med Center at Mount Zion
21	Ventura County Medical Center
21a	Ventura County Med Center –Santa Paula Hospital

Non-Designated Public Hospital (NDPH) and Private Hospitals

There are currently 50 NDPHs and Private hospitals enrolled in our Diagnostic Related Group (DRG) Treatment Authorization Request (TAR) Free Program for most general acute care inpatient Medical Fee for Services at specific hospitals. These DRG TAR Free hospitals are identified below (note: this program enrolls new providers on a roll out schedule):

NDPH and Private Hospitals under the DRG TAR Free program:

Lakewood Regional
JFK Memorial
Palomar Medical Center
Pomerado Hospital
Sharp Chula Vista
Sharp Memorial
El Camino
Lodi Memorial
Marshall Medical
Olympia Medical Center



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Desert Regional Medical Center
Fountain Valley Regional Hospital
St Rose Hospital
Doctors Hospital of Manteca
Feather River Hospital
Mercy Hospital Folsom
St Helena Hospital
Woodland Memorial Hospital
Glendale Adventist Medical Center
Simi Valley Hospital
White Memorial Medical Center
Frank R. Howard Memorial Hospital
St. Francis Memorial Hospital
St. Helena Hospital-
Adventist Hanford-Selma
Adventist Medical Center- Reedley
Central Valley General Hospital
San Joaquin Community Hospital
Sonora Regional Medical Center
St. Helena Hospital- Clearlake
Ukiah Valley Medical Center
Cedars-Sinai Medical Center
Corona Regional Medical Center
Los Alamitos Medical Center
Placentia-Linda Hospital
Bakersfield Memorial Hospital
San Geronio Memorial Hospital
Dominican Hospital Santa Cruz
San Ramon Regional Medical Center
Sierra Vista Regional Medical Center
Twin Cities Community Hospital
Clovis Community Medical Center
Community Regional Medical Center Fresno
Doctors Medical Center of Modesto
Emanuel Medical Center
Community Hospital of San Bernardino
St. Bernardine Medical Center
Mercy Medical Center Mt Shasta
Mercy Medical Center Redding

St. Elizabeth Community Hospital

All other NDPHs and private hospitals follow the (TAR) requirements currently in place.

Q60: What about hospitals in Nevada? What TAR will they require?

A60: All out of state hospitals require an admission Treatment Authorization Request (TAR) for non-restricted aid codes and daily TAR approval for restricted aid code and rehabilitation services.

Q61: Is the process for getting days/stays approved any different? E.g. do public hospitals still do the Treatment Authorization Request (TAR) - free process?

A61: The process for getting days/stays approved under MCIP is not any different from the current process for Medi-Cal claims. Please refer to slides 24-29 on the [MCIP Webinar PowerPoint Presentation](#).

Furthermore, please see attached for a current list of Diagnosis Related Groups (DRG) TAR Free Hospitals.



Q62: Can you clarify the TAR process and claims for inmates in an inpatient psychiatric acute facility?

A62: All mental health Treatment Authorization Requests (TARs) are processed by the counties. The process for inmates is consistent with the current Medi-Cal inpatient mental health claims.

Q63: Do inpatient admissions at a county-run Psychiatric Health Facility (PHF) qualify as these Fee-for-Service admissions? The program says that it covers inpatient psychiatric services, but doesn't mention services delivered in a PHF, specifically. Since our PHF is county-run, would it follow the private FFS model (billing the State) or would it have to be reimbursed through the CPE model, instead? Neither?

A63: A county-owned PHF can submit claims to the Department through Short Doyle/Medi-Cal in the Medi-Cal County Inmate Program if:

- PHF complies with Health & Safety Code section 1250.2(d) and has a Title XVIII Medicare certification as a psychiatric hospital for the relevant dates of service.
- The MCIP service is provided to an MCIP inmate.
- If the MCIP inmate is 21 years old to 64 years old, then the PHF cannot be an Institution for Mental Disease.
- For MCIP services that may be claimed, please review IMCU PPL 16-001.



Q64: Page 26 of the Medi-Cal County Inmate Program Webinar PowerPoint Presentation - What is DRG?

A64: DRG is an acronym for Diagnosis Related Group. It refers to the reimbursement methodology utilized for all Non Designated Public Hospitals (NDPH) and private hospitals when reimbursed for Medi-Cal fee for service inpatient acute care.

Q65: What happens with claims prior to 4/1/17?

A65: Claims prior to April 1, 2017 will be included as part of the retroactive component of the Medi-Cal County Inmate Program (MCIP), which is currently in development. Any claims with dates of service prior to April 1, 2017 should be billed as directed by the county of responsibility, the Department fiscal intermediary will be denying these claims.

Q66: Can we retroactively bill back to 2013?

A66: Claims prior to April 1, 2017 will be part of the retroactive component of the Medi-Cal County Inmate Program (MCIP) which is currently in development. See questions 65 and 67 for additional information.

Q67: Retroactive program - is this for counties or providers?

A67: The retroactive program is for the Counties. Reimbursement for providers should be directed to the County of Responsibility for the MCIP beneficiary.

Q68: Just want to confirm the ACIP retroactive date is DOS 10/1/2010 and forward?

A68: The retroactive dates for the Adult County Inmate Program (ACIP) is October 1, 2010 – March 31, 2017.

Q69: In regards to retroactive billing, will the claims be paid at 100% of Medi-Cal rates or reduced because of how old they are?

A69: This question cannot be addressed until the retroactive process has been finalized as guidance will be issued at that time.

Q70: How is this program impacted in the event that the new federal administration repeals or reforms the ACA?

A70: If any changes occur, guidance will be issued at that time.

Q71: Is there a reason why SNFD uses the term MCIP and eligibility uses MCIEP?

A71: MCIP stands for Medi-Cal County Inmate Program and MCIEP stands for Medi-Cal Inmate Eligibility Program. MCIP refers to the claiming aspect of the Medi-Cal County Inmate Program and MCIEP is refers to the eligibility aspects for state and county inmates.



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Q72: Will there be a second webinar?

A72: There was a second webinar was held on December 8, 2016 at 10:00AM – 11:30AM. To view the Power Point presentation or listen to the recording, please visit the Medi-Cal Inmate Program website at <http://www.dhcs.ca.gov/provgovpart/Pages/MIP.aspx>.

If you have additional questions, please contact us at the following:

For claiming inquiries: DHCSIMCU@DHCS.CA.GOV

For eligibility inquiries: MCIEP@DHCS.CA.GOV

For Special Mental Health inquiries: MEDCCC@DHCS.CA.GOV