



Medi-Cal Children's Health Advisory Panel (MCHAP) Webinar

April 24, 2020



WebEx Tips

- Please use **either** computer **or** phone for audio connection.
- Feel free to use the chat room to send a question or comment during the presentation or email MCHAP@dhcs.ca.gov



Welcome and Introductions

Ken Hempstead, M.D.
MCHAP Chair



Opening Remarks by DHCS Director

Bradley P. Gilbert, M.D., M.P.P.



DHCS Requests to CMS

- Section 1135 Waiver Requests
- Section 1115 Waiver Request
- Appendix K Waiver Requests
- Disaster State Plan Amendments (SPA)



CMS 1135 Waiver Requests

- Apply all Medicare blanket waivers for dually certified Medicare/Medicaid providers
- Provider Participation
 - Provider enrollment
 - Care at alternative sites
 - Flexibility with documentation
- Service Authorization and Utilization Controls
 - Waiver of prior authorization requirements
 - Flexibility with durable medical equipment (DME) and supplies
 - Allowing non-physician prescribing of services
 - Waiver of certain face-to-face assessments or re-assessments for services
 - Waiver of various limits on services
 - Add acetaminophen and cough/cold items
 - Community-Based Adult Services (CBAS) flexibility



CMS 1135 Waiver Requests

- State Fair Hearings - lengthening of timeframe
- Benefit Flexibilities
 - COVID-19 testing and treatment is considered an emergency service for Medi-Cal beneficiaries regardless of site of service
- Telehealth/Virtual Visits
 - Increased flexibility for FQHCs/RHCs/Tribal 638 clinics
 - Increased flexibility for telephonic visits across all providers including behavioral health (BH) and substance use disorder (SUD) providers
 - Additional flexibility for specific services including substance use treatment
 - Pay virtual visits at the same rate as in person visit if comparable
- Payment Rates
 - Pay for COVID-19 lab codes at 100% Medicare rates
 - Flexibility of payments to counties for BH and SUD services
 - Add-on payments for Intermediate Care Facilities for the Developmentally Disabled (ICF-DD) and Skilled Nursing Facilities (SNFs)



CMS 1135 Waiver Requests

- Eligibility Flexibilities
 - Add Presumptive Eligibility (PE) for over 65, aged and disabled populations
 - Waive share of cost (SOC) spend down for Medi-Cal SOC beneficiaries needing COVID-19 testing and treatment
 - Add an additional PE session if needed
- Administrative Flexibilities
 - Multiple requests for timeframe extensions, etc.
 - Waiver of the requirement that DHCS require providers to submit all claims no later than 12 months from the date of service
 - Managed Care timeframes and reporting
- Apply blanket Medicare waivers to Medi-Cal only providers



CMS 1115 Waiver Requests

- Increase in Institution for Mental Disease (IMD) capacity
- Designate COVID-19 testing and treatment as emergency services in all care settings
- Requests to pay for COVID-19 testing and treatment including:
 - Incarcerated individuals on site
 - Uninsured individuals
- Reimbursement for temporary housing through Whole Person Care (WPC) pilots and the ability to modify budgets to include COVID-19 activities
- Retainer payments for Home and Community Based Services (HCBS) waiver programs
- Flexibility for payment for SUD services
- Pay for reporting for Public Hospital Redesign and Incentives in Medi-Cal (PRIME) and Quality Incentive Program (QIP)
 - January – June 2020



Appendix K Waivers

- [Appendix K Approval Letter](#)
- [Appendix K for 1915c Waivers: DDS](#)
- [Appendix K for 1915c Waivers: HCBA](#)
- [Appendix K for 1915c Waivers: ALW](#)
- [Appendix K for 1915c Waivers: HIV/AIDS](#)
- [Appendix K for 1915c Waivers: MSSP](#)
- [Flexibility for California Community Transitions](#)



Disaster SPA

- Complements requests through 1135 waivers including:
 - Flexibility for Drug Medi-Cal and Specialty Mental Health payments to counties
 - Allow laboratory fee for COVID-19 testing at higher rate
 - Enhanced rates for long-term care facilities including SNF and ICF sites
 - Establishment of an uninsured group for COVID-19 testing and treatment
 - Increased eligibility through Hospital Presumptive Eligibility (HPE) program for over 65, blind and disabled populations
 - Suspension of cost sharing and premiums for CA CHIP beneficiaries for COVID-19 testing and treatment
 - Eliminating share of cost for medically needy for COVID-19 testing and treatment
 - Flexibility in IHSS program for telehealth re-assessments and Emergency Paid Sick Leave Act (EPSLA) benefit
 - Benefit flexibilities as requested in 1135 waivers



COVID- 19 Presumptive Eligibility

- DHCS established a new optional uninsured coverage group called COVID-19 Presumptive Eligibility (PE).
- The new COVID-19 PE program leverages our existing PE infrastructure and qualified providers.
- Individuals eligible for COVID-19 PE must be uninsured* without regard to immigration status, income, or resources and will have date specific eligibility.
- This new aid code will provide access to COVID-19 diagnostic testing, testing-related services, and treatment services, including all medically necessary care such as the associated office, clinic or emergency room visit.
- DHCS released [guidance](#) regarding the enrollment processes for this new program.

*includes individuals without coverage that covers COVID-19 testing, testing related or treatment services



Medi-Cal Rx: General Timeline

- **January - March:** DHCS has completed requirements and validation activities necessary for the Medi-Cal Rx pharmacy benefit build in contractor Magellan's system. Key areas include: claims adjudication, rebate administration, prior authorization protocols/processes, Drug Utilization Review (DUR) rules, etc.
- **April - June:** Activities include but are not limited to:
 - Working closely with stakeholders, health plans and Magellan to develop policies and procedures for transition, operations, and data sharing.
 - Working on system configuration as Magellan ramps up towards beginning necessary systems tests over the coming months.
 - Reaching out to pharmacy providers who are not currently part of the Medi-Cal fee-for-service network encouraging them to enroll.
 - Releasing a series of Provider Bulletins/NewsFlashes to Medi-Cal providers with general information relative to the transition.



Medi-Cal Rx: General Timeline (Cont.)

- **June - September:** DHCS/Magellan will begin systems testing, which will take place in several phases involving both internal and external connections.
- **September – December:** DHCS/Magellan in partnership with health plans, as applicable, to release a series of additional Medi-Cal provider communications/notices as well as 30, 60, 90 day beneficiary notices.
- **January 1, 2021:** Medi-Cal Rx Assumption of Operations (AOO), i.e., “Go live”.
- **January – March 2021:** Post-AOO monitoring and takeover close-out activities, including closely assessing the success and progress of the Medi-Cal pharmacy transition policy.



Medi-Cal Rx: Implementation Update

- **Key Medi-Cal Rx policies in final development:**
 - *Pharmacy Transition Policy* - This policy will implement a multi-faceted approach, inclusive of “grandfathering” and “look back” system logic, to help support this transition and continuity of existing medication therapies.
 - *Managed Care Plan (MCP) Clinical Liaison (CL) Policy* – DHCS/Magellan will provide a dedicated MCP CL team to support the Medi-Cal MCPs in their obligations relating to beneficiary care coordination, medication adherence, and other responsibilities related to medication requirements.
 - *Medi-Cal Rx Website and Electronic Portal Policy* – This dedicated website will offer content available on a public platform that is accessible by all. Additionally, secured portals will be offered to beneficiaries, prescribers, pharmacies, billing agents and MCPs to ensure they can access appropriate tools for services that require access to protected health information (PHI).



Medi-Cal Rx: Implementation Update (Cont.)

- **DHCS' comprehensive communication plan and strategies:** DHCS will communicate with stakeholders quarterly using multiple channels, expanding on topics and detail with each successive report.
 - Providing broad-based noticing and outreach to interested parties, including Medi-Cal beneficiaries, MCPs, providers, stakeholders, etc.
 - Ensuring providers and plans have accessible resources to answer questions during the transition, e.g., center operations available 24/7/365 to provide real-time customer service care.
 - Making MCP Clinical Liaisons available to the MCPs for clinical and care coordination assistance.
 - Magellan employing nearly 500 people dedicated to Medi-Cal Rx.



Member Updates and Follow-Up

MCHAP Members



Public Comments, Next Steps, and Upcoming Meetings

Meeting Dates for 2020:

- June 18, 2020
- October 14, 2020
- December 9, 2020