



Department of Health Care Services
MEMORANDUM

DATE: May 25, 2018

TO: Tribal Chairpersons, Designees of Indian Health Programs, and Urban Indian Organizations

FROM: Original Signed By Corinne Chavez for Sandra “Sam” Willburn, Chief, Primary, Rural, and Indian Health Division

SUBJECT: Notice of Proposed Change to the Medi-Cal Program

The purpose of this memo is to provide information regarding a proposed change to the Department of Health Care Services’ (DHCS) Medi-Cal Program that will be submitted to the Centers for Medicare and Medicaid Services (CMS). DHCS is forwarding this information for your review and comment.

DHCS is required to seek advice from designees of Indian Health Programs and Urban Indian Organizations on Medi-Cal matters having a direct effect on Indians, Indian Health Programs or Urban Indian Organizations per the American Recovery and Reinvestment Act of 2009 (ARRA). DHCS must solicit the advice of designees prior to submission to CMS of any State Plan Amendment, waiver requests or modifications, or proposals for demonstration projects in the Medi-Cal program.

Please see the enclosed summary for a detailed description of this DHCS proposal.

QUESTIONS AND COMMENTS:

Indian Health Programs and Urban Indian Organizations may also submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to Nathaniel.Emery@dhcs.ca.gov or by mail to the address below:

Contact Information

Nathaniel Emery
Director’s Office
Department of Health Care Services
MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

In addition to this notice, DHCS plans to cover this proposal in the next quarterly Medi-Cal Indian Health webinar. Please note that Indian Health Programs and Urban Indian Organizations may also request a consultation on this proposal at any time as needed.

Enclosure



**Department of Health Care Services (DHCS)
Tribal and Designees of Indian Health Programs Notice**

PURPOSE:

DHCS proposes to submit State Plan Amendment (SPA) 18-0025 to the Centers for Medicare and Medicaid Services to seek the necessary approvals to formalize certain dental provider policies communicated in prior departmental guidance published in the Manual of Criteria and Schedule of Maximum Allowances and Provider Bulletin posted July 2016, Volume 23, Number 12 (July 2016 Provider Bulletin). This proposed amendment will update the fee schedule for certain dental procedures described below, align prior authorization requirements, where applicable, for all provider performing scaling and root planing and adds increased prophylaxis and fluoride services for beneficiaries residing in Skilled Nursing Facilities (SNFs) and Intermediate Care Facilities (ICFs).

BACKGROUND:

The Medi-Cal Program provides dental services for Medi-Cal eligible beneficiaries. The Department can implement utilization controls without regulatory action to ensure medical necessity prior to a service being rendered unless this requirement has been exempted in the State Plan.

Pursuant to the restoration of adult dental in SPA 17-044, periodontal maintenance is a newly reimbursable benefit for patients over the age of 21 available to all dental providers performing this service. Debridement is also being added as a separately reimbursable benefit for Federally Qualified Health Centers (FQHCs) performing services in SNFs and ICFs.

SUMMARY OF PROPOSED CHANGES:

The proposed SPA 18-0025 will update the fee schedule effective date currently listed in the dental provider reimbursement page of the State Plan to reflect the rate reduction for periodontal maintenance services published in the July 2016 Provider Bulletin. Proposed SPA 18-0025 will update the current SPA date from June 1, 2014 to October 6, 2016 consistent with implementation of the periodontal maintenance reduction in the July 2016 Provider Bulletin. Therefore, the change in the fee schedule will only impact FQHCs that carve out dental services and do not receive reimbursement via PPS.

SPA 18-0025 will also update the requirements for prior authorization, where applicable, and evidence of medical necessity currently in the State Plan for all providers currently subject to utilization controls. Prior authorization is being applied to all dental providers performing scaling and root planing procedures except for those providers exempted under the State Plan. This same clarification was included in the July 2016 Provider Manual to ensure that all provider types performing scaling and root planing procedures under the Medi-Cal program are subject to the same utilization controls.

IMPACT TO TRIBAL HEALTH PROGRAMS

SPA 18-0025 will allow the provision of scaling and root planing, based on medical necessity and subject to utilization controls, where applicable, to be reimbursed at the Indian Health Services Memorandum of Agreement rate by Medi-Cal when performed by a Tribal Health Program.



IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

This SPA will impact Federally Qualified Health Center (FQHCs) that carve out dental services from reimbursement and bill fee-for-services for these expenses by reducing reimbursement rates for periodontal maintenance. However, SPA 18-0025 will allow the provision of scaling and root planing, based on medical necessity and subject to utilization controls, where applicable, to be reimbursed by Medi-Cal when performed at FQHCs.

IMPACT TO INDIAN MEDI-CAL BENEFICIARIES

Eligible Indian Medi-Cal beneficiaries will have increased access to periodontal maintenance services (i.e. scaling and root planing) in Tribal health programs and FQHCs. Additionally, to the extent that an Indian Medi-Cal beneficiary resides in a SNF or an ICF they may now have access to debridement and increased prophylaxis and fluoride services if they receive such services from a FQHC.

RESPONSE DATE

Indian Health Programs and Urban Indian Organizations may submit written comments or questions concerning this proposal within 30 days from the receipt of notice. Comments may be sent by email to Nathaniel.Emery@dhcs.ca.gov or by mail to:

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