



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
August 29, 2018**



Purpose

- ❑ The Department of Health Care Services (DHCS) is hosting this webinar regarding proposed changes to the Medi-Cal Program. This webinar will provide information and allow for feedback on State Plan Amendments (SPA) and Waiver Renewals/Amendments proposed for submission to Centers for Medicare and Medicaid Services (CMS).
- ❑ Background: Executive Orders recognize the unique relationship of Tribes with the federal government and emphasize the importance of States to work with Tribes on matters that may impact Indian health.
- ❑ This webinar is one way for DHCS to provide information about the Medi-Cal program and get feedback verbally and writing.



Agenda

| Topics | Presenters |
|--|--|
| Welcome/Overview | Andrea Zubiato, Department of Health Care Services (DHCS), Indian Health Program (IHP) Coordinator |
| SPAs Scheduled for Submission by September 30, 2018 | |
| Ground Emergency Medical Transportation Program (GEMT) SPA 18-007 | Matthew Sall DHCS, Safety Net Financing Division |
| Specified Pharmacist Services SPA18-0039 | Paul Pontrelli, Pharm. D. DHCS, Pharmacy Benefits Division |
| Feedback/Closing | All |



State Plan Amendment Overview



Medicaid State Plan Overview

State Plan: The official contract between the state and federal government by which a state ensure compliance with federal Medicaid requirements to be eligible for federal funding.

The State Plan describes the nature and scope of Medicaid program and gives assurance that it will be administered in accordance with the specific requirements of Title XIX of the Federal Social Security Act, Code of Federal Regulations, Chapter IV, and State law/regulations.

California's State Plan is over 1400 pages and can be accessed online at:

<http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan.aspx>



State Plan Amendment (SPA) Overview

SPA: Any formal change to the State Plan.

Approved State Plans and SPAs ensure the availability of federal funding for the state's program (Medi-Cal).

The CMS reviews all State Plans and SPAs for compliance with:

- Federal Medicaid statutes and regulations

- State Medicaid manual

- Most current State Medicaid Directors' Letters, which serve as policy guidance.



Ground Emergency Medical Transportation Program (GEMT) SPA 18-007



Ground Emergency Medical Transportation Program (GEMT) SPA 18-007

Matthew Sall
Safety Net Financing Division



Background

- The Ground Emergency Medical Transportation (GEMT) program provides supplemental reimbursement for eligible GEMT providers that provide GEMT services to Medi-Cal beneficiaries. Supplemental reimbursements are available only for the uncompensated care costs incurred by eligible GEMT providers.
- Uncompensated care costs are the allowable costs that are in excess of the payments made to each eligible GEMT provider for GEMT services to Medi-Cal beneficiaries.
- The supplemental payments are made annually on a lump-sum basis after the conclusion of each state fiscal year.



Summary of Proposed Changes

(effective July 1, 2018 pending CMS approval)

1. Define shared direct GEMT costs that can be allocated to two or more departmental functions or cost objectives on the basis of shared benefits.
2. Include shared direct costs in the Cost Determination Protocols.
3. Modify the final settlement timeline from three to four years.
4. Technical edits to cost report instructions.



Impact to Tribal Health Programs

- DHCS does not anticipate an impact to Tribal health programs. However, if a tribe operates a Medi-Cal enrolled GEMT provider, there may be an increase in reimbursement under the GEMT program as a result of this proposal.

Impact to Federally Qualified Health Centers FQHCs

- DHCS does not anticipate an impact as FQHCs are not eligible to participate in the GEMT program.



Impact to Indian Medi-Cal Beneficiaries

SPA 18-007 is expected to increase GEMT supplemental reimbursement; therefore, more providers may enroll in Medi-Cal, which may increase access to care for Indian Medi-Cal beneficiaries.



Contact Information

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Specified Pharmacist Services SPA18-0039



Specified Pharmacist Services (SPA) 18-0039

Paul Pontrelli, Pharm. D.
DHCS Pharmacy Benefits Division



Purpose

Seeks approval to add specified pharmacist services as a Medi-Cal benefit pursuant to Welfare and Institution Code 14132.968.



Background

Pharmacist service is a professional service involving evaluation and management for purposes of furnishing the following types of medications without a prescription:

- self-administered hormonal contraception
- nicotine replacement therapy
- travel medications
- opioid antagonist naloxone
- initiating and administering immunizations



Summary of Proposed Changes

- Add pharmacist services as a covered Medi-Cal benefit, subject to DHCS protocols and utilization controls.
- Establish the payment rate for pharmacist services as 85 percent of the physician fee schedule.
- Require that pharmacists enroll as ordering, referring, or prescribing providers under Medi-Cal prior to rendering a pharmacist service.
- Require that a claim for payment of pharmacist services may only be submitted by a Medi-Cal enrolled pharmacy provider.



Impact to Tribal Health Programs

- Because Pharmacist Services are not a component of the all-inclusive rate as defined in the California State Plan (Supplement 6 Attachment 4.19-B), tribal health programs may experience an increase in Medi-Cal beneficiaries accessing Pharmacist Services within their pharmacies. Pharmacy programs and organizations may also experience an increase in the time spent with beneficiaries who need the services associated with this benefit.



Impact to Federally Qualified Health Centers (FQHCs)

- Pharmacist services may be included as a scope of service within the FQHCs Prospective Payment System (PPS) rate. When included, pharmacist services are not separately billable by the FQHC. If the services are not included in the PPS rate calculation, pharmacist services would be a benefit as defined in the California State Plan for a separately enrolled retail pharmacy provider at the FQHC location. Those FQHC's whose PPS rate does not include pharmacy services may experience an increase in Medi-Cal beneficiaries accessing pharmacist services within their pharmacies. Pharmacy programs and organizations may also experience an increase in the time spent with beneficiaries who need the services associated with this benefit.



Impact to Indian Medi-Cal Beneficiaries

- Eligible Indian Medi-Cal beneficiaries will be able to receive pharmacist services as a covered Medi-Cal benefit.



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Feedback/Questions

THANK YOU!