



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
May 30, 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 Zubiante, Department of Health Care Services (DHCS), Indian Health Program (IHP) Coordinator
SPAs Scheduled for Submission by June 30, 2018	
Health Homes Program SPA 18-0019 and SPA 18-0020	Oksana Meyer, Chief Coordinated Care Programs Section DHCS Managed Care Quality & Monitoring Division
Dental Reimbursement SPA18-0025	Carolyn Brookins, Chief Provider & Beneficiary Services Section DHCS Medi-Cal Dental Services Division
Cardiovascular and Rehabilitation Pulmonary Services SPA 18-0027	Mayra Cano, Program Analyst DHCS 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](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.



Health Homes Program

Oksana Meyer

Health Homes Program

Managed Care Quality and Monitoring Division



Home Health Programs

SPA 18-0019

and

SPA 18-0020



SPA 18-0019 & 18-0020 Background

- SPA 16-007
 - Approved by CMS on December 19, 2017
 - Provides enhanced care coordination services for eligible members with multiple physical health/substance use disorder (SUD) chronic conditions.
 - 90% federal funding for first eight quarters; 50% thereafter.
- SPA 18-0018
 - Submitted on May 4, 2018, as an amendment to SPA 16-007 for CMS approval.
 - Changes the implementation schedule for coverage in 10 of the 11 counties in Group 1. San Francisco will implement July 1, 2018 and the remaining 10 counties will begin their implementations on **July 1, 2019**.



SPA 18-0019 Description

- SPA 18-0019 amends SPA 18-0018
 - Begins implementation of HHP in the Group 2 counties of Riverside and San Bernardino.
 - Provides enhanced care coordination services for eligible member with multiple physical health/SUD chronic conditions.
 - 90% federal funding for first eight quarters; 50% thereafter.



SPA 18-0020 Description

- New HHP SPA
 - Effective date of **January 1, 2019** effective in San Francisco.
 - Adds serious mental illness or serious emotional disturbance (Major Depression Disorders, Bipolar Disorders, and Psychotic Disorders [including Schizophrenia]) as eligible chronic condition for receiving enhanced care coordination services in San Francisco County.
 - 90% federal funding for first eight quarters; 50% thereafter.



Impact on Indian Health Programs

- Indian health providers may opt to become health home providers.
- Medi-Cal managed care plans will select and certify local community based providers to provide HHP services.



Impact on Indian Medi-Cal Beneficiaries

- SPA 18-0019: Provide services for people with multiple chronic illnesses in Riverside and San Bernardino.
- SPA 18-0020: Provide services to additional chronic condition of serious mental illness or serious emotional disturbance in San Francisco.



Effective Date

- DHCS is requesting a January 1, 2019 for both SPAs:
 - SPA 18-0019
 - SPA 18-0020



Additional Information

- Visit the DHCS HHP web page www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx for:
 - Background Information
 - HHP Program Guide and Revised Implementation Schedule
- Please contact us via the DHCS HHP mailbox HHP@dhcs.ca.gov to:
 - Send comments/questions



Medi-Cal Dental Provider Reimbursement: Proposed Changes

Carolyn Brookins

DHCS Medi-Cal Dental Services Division



Dental Reimbursement

SPA 18-0025

SPA 18-0025



Background

- The Medi-Cal Program provides dental services for Medi-Cal eligible beneficiaries. DHCS 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.



Dental Reimbursement Provisions

- Proposed SPA 18-0025 will revise 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.



Dental Reimbursement Provisions - continued

- This 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.



Proposed State Plan Amendment (SPA)18-0025

- Effective date May 16, 2018
- Public notice posted May 15, 2018
- Draft language posted May 15, 2018
 - <http://www.dhcs.ca.gov/formsandpubs/laws/Pages/Proposed2018.aspx>

Includes instructions for public comment



IMPACT TO FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

- This SPA will impact Federally Qualified Health Centers (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 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 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.
- Indian Medi-Cal beneficiaries who reside in a SNF or an ICF may now have access to debridement and increased prophylaxis and fluoride services if they receive such services from a FQHC.



Contact Information

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ABP Update Cardiovascular and Pulmonary Rehabilitation Services

Mayra Cano, Program Analyst
DHCS Benefits Division



Cardiovascular and Pulmonary Rehabilitation Services

SPA 18-0027



Background

- Pursuant to Welfare and Institutions (W & I) Code Section 14132.02(a) and the Affordable Care Act, Section 2001, Medi-Cal implemented the Alternative Benefit Plan (ABP), or “benchmark” or “benchmark-equivalent”, medical coverage for newly eligible low-income adults with the same schedule of benefits provided to full-scope Medi-Cal beneficiaries.
- DHCS is updating the description for cardiovascular and pulmonary rehabilitation in the Alternative Benefit Plan to clarify the frequency, scope, duration or amount of these services to align with recent Medi-Cal policy updates. The effective date will be April 1, 2018.



Summary of Proposed Changes

- Medi-Cal services provided at Federally Qualified Health Centers (FQHCs) and Tribal health programs are paid on a “per visit” basis. A visit is defined as a face-to-face encounter between a patient of a FQHC or Tribal health program and specified health care professionals.
- The ABP update will define cardiovascular and pulmonary rehabilitation services for eligible beneficiaries. Only cardiovascular rehabilitation sessions that are exercise-based and delivered in an outpatient setting are reimbursable.



Impact to Tribal Health Programs and FQHCs

- To the extent that Tribal Health Programs and FQHCs provide cardiovascular and pulmonary rehabilitation services, they may experience an increase in Medi-Cal beneficiaries accessing these services who meet specific criteria for coverage.



Impact to Indian Medi-Cal Beneficiaries

- Medi-Cal beneficiaries will have improved access to these services if they meet the specific criteria for coverage.



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Feedback/Questions

THANK YOU!