Tribal and Designees of Indian Health Programs Meeting
Summary & Questions

Meeting Summary:
The DHCS hosted a Tribal and Designees of Indian Health Programs meeting on March 5, 2021 from 10:00 a.m. to 1:00 p.m. via WebEx. The meeting materials have been distributed and can be found posted on the DHCS website.

Attendees included representatives from the following Tribes, Tribal Health Programs (THPs), and Urban Indian Health Organizations:

- American Indian Health and Services
- Bakersfield American Indian Health Project
- Central Valley Indian Health
- Chapa-De Indian Health Program
- Colusa Indian Health Clinic
- Feather River Tribal Health
- Fort Mojave Indian Tribe
- Fort Yuma Indian Health Center
- Fresno American Indian Health Project
- Greenville Rancheria
- Indian Health Center of Santa Clara Valley
- Indian Health Council
- K'ima:w Medical Center
- Karuk Tribe
- Lake County Tribal Health
- MACT Health Board
- Mathieson Memorial Health Clinic
- Northern Valley Indian Health
- Pit River Health Services
- Quartz Valley Indian Reservation
- Redding Rancheria
- Riverside-San Bernardino County Indian Health Program
- Rolling Hills Clinic
- Santa Ynez Tribal Health Clinic
- Scotts Valley Band of Pomo Indians
- Shingle Springs Health and Wellness Center
- Sonoma County Indian Health Project
- Southern Indian Health Council
- Susanville Indian Rancheria
- Toiyabe Indian Health Project
- Tule River Indian Health
- Tuolumne Me-Wuk Indian Health
- United American Indian Involvement
- United Indian Health Services
- Wilton Rancheria Tribal Office

Indian Health Organizations:
- California Rural Indian Health Board (CRIHB)
- California Consortium for Urban Indian Health (CCUIH)
- Indian Health Services-California Area Office (IHS-CAO)
- One Together Solutions

Items Reviewed:
- Fiscal Year 2021-2022 Governor's Proposed Budget (Slides 3-8)
- CalAIM (Slides 9-15)
- Brief Status Updates on:
  - Medi-Cal 2020 Waiver Renewals (Slides 16-17)
  - Medi-Cal Rx (Slides 18-24)
  - Tribal Federally Qualified Health Center (FQHC) (Slides 25-29)

For details on the items discussed during the meeting please refer to the presentation slides indicated above and other meeting materials available on the DHCS website.

Questions and Responses

CalAIM

1. **Question:** In regards to the Department's goal with CalAIM in moving Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility, what kind of flexibilities is DHCS referring to?

   DHCS Response: DHCS will review the types of services and supports that can be provided through waivers. DHCS' vision with CalAIM is to find ways to increase flexibility and find ways for Managed Care Plans (MCPs) to utilize resources and supports that may be available in the local community. DHCS will continue to build on programs such as the Home Health Program and Whole Person Care program.

2. **Question:** Can DHCS provide clarification on mandatory enrollment in Managed Care?

   DHCS Response: DHCS will identify groups, such as pregnancy only Medi-Cal, American Indians, and beneficiaries with other health coverage, who will be mandatorily enrolled in Managed Care upon enrollment in the Medi-Cal program. American Indian/Alaskan Native (AI/AN) beneficiaries will be able to opt out of Managed Care enrollment. DHCS will also identify groups that may remain in the fee-for-service delivery system, such as individuals who receive full scope Medi-Cal benefits and whose services may be limited based on their eligibility status or certain share of cost requirements.

3. **Question:** With the implementation of CalAIM, will providers be required to provide more documentation?

   DHCS Response: There will be reporting requirements and providers will be expected to provide an appropriate amount of documentation which will allow DHCS to determine if the services and supports are effective and meeting intended goals. DHCS encourages providers to provide feedback, which will be helpful in understanding provider concerns regarding requests for documentation.

4. **Question:** Will the process for the current "Request for Non-Medical Exemption from Plan Enrollment" form continue when CalAIM is implemented?

   DHCS Response: Yes, the process will continue. Please see the form at the following link for information about the current process: https://www.healthcareoptions.dhcs.ca.gov/sites/default/files/Documents/MU_CCI3382_ENG_1114WEB.pdf.

5. **Question:** We would like to request a vehicle for reimbursement for uncompensated care services for AI/AN Medi-Cal members for Indian Health Services Memorandum of Agreement (IHS/MOA) 638 clinics that do not elect to participate as a Tribal Federally Qualified Health Center (FQHC). Can DHCS include reimbursement for uncompensated care services in the 1115 Waiver renewal?

   DHCS Response: At this time, the Department is not seeking to advance this further beyond the waiver. DHCS has released the tribal notice for the Section 1115 Demonstration Amendment and Renewal and Section 1915(b) Waiver and encourages any feedback.

6. **Question:** CRIHB issued a letter to the Department in December 2019 listing the federal regulations the Department must adhere to when implementing a new proposal or initiative to ensure the rights afforded to AI/AN Medi-Cal members. Does the Department have any comments on the federal regulations that DHCS must comply with as it relates to CalAIM?

   DHCS Response: The Department will ensure that proposals, including CalAIM, meet federal regulations. The revised CalAIM proposal is available on the DHCS website. In terms of Managed Care Plan enrollment, the protections for AI/AN beneficiaries and their ability to seek services through tribal health programs does not change with CalAIM. AI/AN beneficiaries will be mandatorily enrolled in Managed Care, but will be able to opt out. In addition, there will be no changes to policy regarding the reimbursement rate, which is published annually in the Federal Register by the Indian Health Service.

7. **Question:** On December 30, 2020, CRIHB submitted a written recommendation to the Department regarding reimbursement for COVID-19 vaccine administration at the All Inclusive Rate (AIR). Can the Department provide more information regarding COVID-19 vaccine reimbursement rates?

   DHCS Response: If the vaccine is administered during a visit that meets the requirements of a billable office visit in the clinic setting, the IHS/MOA clinic may bill either the Medi-Cal Fiscal Intermediary or the Medi-Cal Managed Care Plan for reimbursement at the AIR.

   Please see the following Medi-Cal NewsFlash for information regarding reimbursement for COVID-19 vaccine-only visits for IHS/MOA providers: https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30717_72.aspx.

Medi-Cal Rx

8. **Question**: CRIHB submitted written comments to the Department recommending to include tribal clinics in the 340B Supplemental Payment Program. We believe that the state has the ability and the authority to include tribal health programs in the supplemental payment pool. Can the Department provide information on this?

   DHCS Response: DHCS released the Tribal Notice on February 5, 2021 for State Plan Amendment (SPA) 21-0015, Time-limited Supplemental Payment Program for Qualifying Non-Hospital 340B Community Clinics. The Department encourages tribal partners to provide written feedback of concerns regarding the 340B Supplemental Payment Program which will be considered as the Department moves forward with submitting the SPA to the Centers for Medicare and Medicaid Services (CMS).

9. **Question:** Why are tribal health programs that are exempt from licensure under Section 1206 of the Health and Safety Code (HSC) not eligible for the Time-limited 340B Supplemental Payment Program?

   DHCS Response: The statute as written does not include clinics exempt from licensure under HSC 1206(c). DHCS welcomes comments regarding this limitation as we finalize the State Plan for submission to CMS.

10. **Question:** Can the Department provide information on the financial impact that occurred to Tribal programs who participate in the 340B Supplemental Payment Program?

    DHCS Response: DHCS was informed by clinics via a survey that was conducted, that clinics would experience a loss of revenue due to the arrangements in place with the MCPs. Therefore, the Department proposed the Time-limited Supplemental Payment Program to mitigate some of the losses of revenue.

11. **Question:** How can we obtain an application to demonstrate compliance for the Time-limited 340B Supplemental Payment Program?

    DHCS Response: DHCS will release the application once SPA 21-0015 is approved by CMS.

12. **Question**: Can DHCS clarify the dates for the Time-limited Supplemental Payment Program and when participating clinics will be reimbursed?

    DHCS Response: The start date will coincide with the implementation of Medi-Cal Rx which has been delayed from April 1, 2021. The Department expects to provide additional information on an implementation date in May 2021.

13. **Question:** Assembly Bill 80, which authorized the creation of the 340B Supplemental Pool, references the Welfare and Institutions Code (WIC) Section 14105.467 (f) and DHCS' ability to modify the methodology used for distribution. According to WIC Section 14105.467 (f), "the department may modify any methodology or other requirement specified in this section to the extent it deems necessary to meet the requirements of federal law or regulations, to obtain or maintain federal approval, or to ensure federal financial participation is available or not otherwise jeopardized". Therefore, CRIHB believes that DHCS has the authority to add license-exempt clinics under Health and Safety Code 1206 (c) as eligible clinics for the 340B Supplemental Payment Program.

    DHCS Response: Thank you for the comment. DHCS will take this back.

14. **Question:** Why are tribal health programs not included in the 340B Supplemental Payment Program?

    DHCS Response: Qualifying non-hospital clinics can participate in the 340B program. Qualifying non-hospital clinics are those actively enrolled as a Medi-Cal clinic provider that is a 340B covered entity pursuant to Section 256b of Title 42 of the United States Code and:
    - Licensed under subdivision (a) of Section 1204 of the Health and Safety Code with less than twenty (20%) private pay patients; or
    - Licensed under subdivision (a) of Section 1204 that operate in a designated Health Resources Services Administration rural area; or
    - Exempt from licensure under subdivision (b) of Section 1206 of the Health and Safety Code.

    The clinic must actively provide a subset of services and must submit an application demonstrating compliance with these requirements. However, as noted in the above response, the statute as written does not include clinics exempt from licensure under HSC 1206(c). DHCS welcomes comments regarding this limitation as we finalize the State Plan for submission to CMS.

Tribally Federally Qualified Health Center (FQHC) Update

15. **Question:** Why is dental not included as part of the 3 visits per day for Tribal FQHC as it currently is for Tribal Health Programs?

    DHCS Response: Tribal FQHCs may be reimbursed for up to three visits per day, per beneficiary, in any combination of three different medical, mental health, dental, and ambulatory services. For IHS/MOA clinics, dental is considered an ambulatory visit.

16. **Question:** It is not clearly stated in the draft Tribal FQHC APL that a Tribal FQHC provider may be reimbursed for up to 3 medical visits, or 3 mental health, or 3 ambulatory visits, including dental, per day per member. MCPs may overlook this.

    DHCS Response: Thank you for the suggestion. The Department will ensure that this information is communicated clearly to MCPs and will make any necessary revisions to the APL.

17. **Question:** Please expand on the definition of a visiting nurse. Is the definition limited to a Public Health Nurse (PHN) or can a Registered Nurse (RN) visit be considered reimbursable for a Tribal FQHC provider?

    DHCS Response: Visiting nurse services are defined in the Code of Federal Regulations (CFR), Title 42, Section 405.2416. Visiting nurse services include nursing services provided in the home by a nurse licensed by an appropriate state board of nursing. The services provided must be within the scope of practice as outlined in the appropriate nurse practice act.

18. **Question:** Is there a limitation on how often an IHS/MOA clinic can switch to a Tribal FQHC provider type and vice versa?

    DHCS Response: Clinics will need to complete the DHCS Elect to Participate Form located at www.medi-cal.ca.gov each time the clinic changes its provider type. To access the form, from the Home Tab select Resources, select References, from the Billing section select Forms, from the Provider Enrollment section select the "Elect to Participate" DHCS 7108 form. Please note that Managed Care Plans will be notified quarterly of any changes to the provider type designation.

19. **Question:** In reference to the draft Tribal FQHC All Plan Letter (APL), on page 3 under the Alternate Payment Methodology Exclusions section, can DHCS provide clarification on the information provided in paragraph two?

    DHCS Response: This section provides clarification that MCPs are not required to provide services that are carved out of the Plan's contract. For example, dental services are not a covered benefit under the MCP contract. Therefore, dental services are billed through the fee-for-service delivery system.

20. **Question:** The draft Tribal FQHC APL does not reflect the Department's comments about dental services.

    DHCS Response: The APL is specific to the services that are in the MCP contract. Since dental services are not covered by the MCPs, it is not referenced in the APL.

21. **Question:** Are Tribal FQHC providers able to contract with outside specialists and receive reimbursement for services provided at the specialist's location at the AIR?

    DHCS Response: Yes. If a Tribal FQHC provider contracts with an outside specialist that provides a Medi-Cal covered service, the service will be reimbursable at the AIR. The Tribal FQHC, not the contracted specialist, must bill Medi-Cal.

22. **Question:** How long is the process to switch to a Tribal FQHC provider upon completion of the Elect to Participate Form?

    DHCS Response: DHCS will release additional guidance and provide clarification on the timeline soon.

23. **Question:** Will the Department release guidance on provider care agreements for outside specialty providers?

    DHCS Response: DHCS does not intend on releasing guidance on outside provider agreements.

24. **Question:** Can the Department provide more specific guidance in regards to contracting with outside specialists?

    DHCS Response: Please see response to Question #23.

25. **Question:** Regarding the Post-COVID Public Health Emergency Telehealth Policy recommendations, why is the Department including Tribal FQHCs and excluding Tribal Health Programs?

    DHCS Response: The policy recommendations for telehealth services is based on the criteria set forth by Indian Health Service (IHS) and the CMS, therefore the Department must adhere by the federal guidelines and criteria.

Next Steps:
DHCS will conduct meetings with Tribal and IHP representatives to continue discussions on the TFQHC provider type. Upcoming tentative meeting date is summer 2021.