

Tribal and Designee Medi-Cal Advisory Process Webinar on Proposed Changes to the Medi-Cal Program

May 29, 2025

Welcome and Webinar Logistics

Dos & Don'ts of Teams

- » Everyone will be automatically muted upon entry
- » Use the Q&A or Chat feature to submit comments or questions
- » Please use the Chat feature for any technical issues related to the webinar

Feedback Guidance for Participants

- » **Q&A or Chat Box.** Please feel free to utilize either option to submit feedback or questions during the meeting.
- » **Spoken.**
 - Please use the Teams chat function to raise your hand. Once your hand is recognized by the event organizer, unmute your line to speak. DHCS will take comments or questions first from Tribal leaders and then all others in the room and on the webinar.
- » **If you logged on via phone-only.** Press “*5” to raise or lower hand. Press “*6” on your phone to unmute your line once recognized by the event organizer.

Agenda

- » Welcome and Purpose
- » Overview of State Plan and State Plan Amendments (SPAs)
- » SPA Scheduled for Submission to CMS by June 30, 2025
 - » 25-0016 - Adding Healthcare Common Procedure Coding System (HCPC) codes as Community Health Worker (CHW) services
- » Closing and Feedback

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 in writing.

Medicaid State Plan Overview

- » State Plan: The official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding.
- » The State Plan describes the nature and scope of Medicaid 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 1600 pages and can be accessed online at: <https://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.

Adding Healthcare Common Procedure Coding System (HCPC) codes as Community Health Worker (CHW) services

SPA 25-0016

Jamie Luo Titus

Associate Health Care Financing Policy Analyst

Fee-For-Service Rates Development Division

Background

- » State Plan Amendment (SPA) 22-0001 was approved by the federal Centers for Medicare & Medicaid Services (CMS) to add Community Health Worker (CHW) services as a Medi-Cal covered benefit, effective July 1, 2022.
- » DHCS added CHW services as benefits, reimbursed at 80% of the lowest Medicare rate for the same or similar Current Procedural Terminology (CPT)-coded services.
- » In accordance with California Welfare and Institutions Code (WIC) sections 14105.05 and 14105.25, SPA 25-0016 proposes to set Medi-Cal FFS rates for CHW services billed with HCPCS codes at 100% of the lowest Medicare rate, effective April 1, 2025.

Purpose

- » DHCS seeks federal approval to establish the Medi-Cal Fee-For-Service (FFS) reimbursement rate methodology for CHW services billed using Health Care Common Procedure Coding System (HCPCS) codes that are not Current Procedural Terminology (CPT) codes, effective April 1, 2025.

Summary of Proposed Changes

- » Effective April 1, 2025, DHCS will establish Medi-Cal FFS reimbursement rate methodology for CHW services billed using HCPCS codes to the lowest of either:
 1. The amount billed
 2. The charge to the general public, or
 3. 100 percent of the lowest maximum allowable rate as established by CMS for the federal Medicare program.

Impact to Tribal Health Programs

Tribal Health Programs (THPs)

- » To the extent that THPs provide CHW services, an increase in Medi-Cal members accessing services may occur.
- » THPs will be eligible to bill to receive reimbursement for CHW services, billed using HCPCS codes, as a FFS payment outside of the federal All-Inclusive Rate in addition to the CPT codes previously authorized by SPA 22-0001.

Impact to Federally Qualified Health Centers (FQHCs)

Federally Qualified Health Centers (FQHCs)

- » FQHCs are reimbursed an all-inclusive Prospective Payment System (PPS) reimbursement for allowable outpatient visits with a physician or other billable provider.
- » Since CHWs are not an allowable billable provider, FQHCs will not be impacted by this proposal.

Impact to American Indian Medi-Cal Members

Impact to Indian Medi-Cal Beneficiaries

- » Indian Medi-Cal members may have increased access to these benefits which is expected to improve health outcomes for those receiving services.

Contact Information

» **Email to:**

DHCSPAHCA@dhcs.ca.gov

» **Mail to:**

Department of Health Care Services
Fee-For-Service Rate Development Division
1501 Capitol Avenue
MS 4600
P.O. Box 997417
Sacramento, CA 95899-7417

Feedback/Questions

