Tribal and Indian Health Program Designee Meeting

Department of Health Care Services (DHCS)
May 24, 2018

Overview

- Medi-Cal Overview
- DHCS State Budget
- Legislation
- State Plan Amendments/Waivers
- Medi-Cal American Indian/Alaskan Native Health Services Information
- Other DHCS Indian Health Activities
- Indian Health Program- Maternal and Child Health Recommendations
- MOA Managed Care Claims Processing Conversion

What is Medi-Cal?

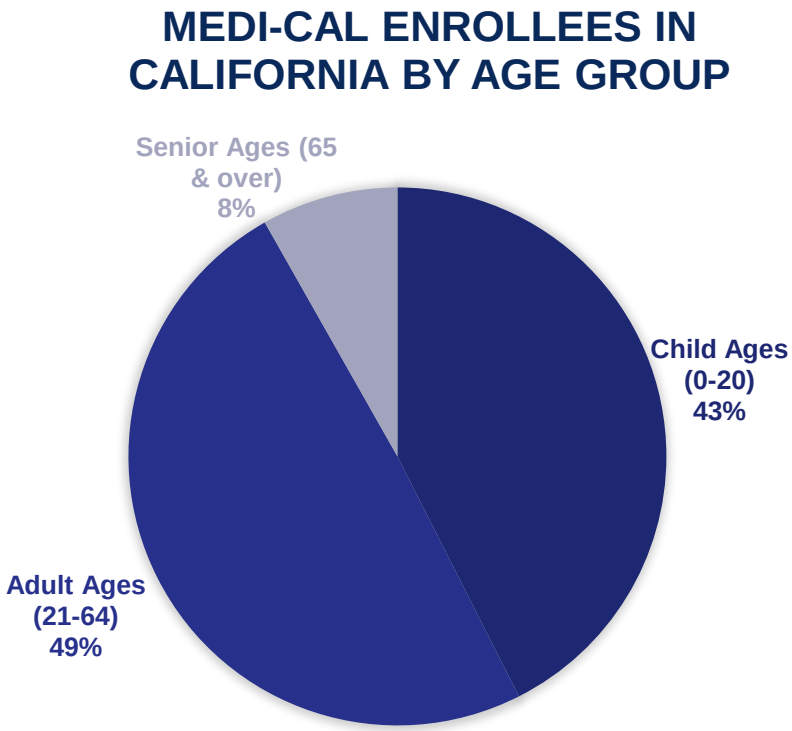
- Medi-Cal is administered by DHCS, which serves as the "Medicaid Single State Agency" and is responsible for ensuring the program is administered in accordance with applicable federal and state statutes, regulations and policies.
- The State Plan - the official contract between the state and federal government by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding and it describes the nature and scope of Medicaid programs and gives assurances that it will be administered in accordance with federal law. California's State Plan is over 1,900 pages and can be accessed online at: http://www.dhcs.ca.gov/formsandpubs/laws/Pages/CaliforniStatePlan
  - Approximately 13.3 million enrollees in January 2018
  - Providers include over 640 hospitals (including inpatient mental health facilities) and 180,888 private providers

  https://chhs.data.ca.gov/browse?Dataset-Summary_Publisher=Department+of+Health+Care+Services&utf8=%E2%9C%93

[1] Codified in Welfare & Institutions Code, starting at Section 1400. Medi-Cal regulations are found in California Code of Regulations, Title 22, Division 3

Who Medi-Cal Serves

- 13.3 million Californians
  - ✓ 5.5 million children up to age 20
  - ✓ 6.6 million adults ages 21-64
  - ✓ 1.1 million adults age 65+



Source: http://dhcsintranet/SvcProg/Documents/RASB/Medi-Cal_at_a_Glance_Jan2018_ADA.pdf

Proposed Fiscal Year 2018-19 DHCS State Budget (May Revise)

Proposed Fiscal Year 2018-19 DHCS Budget – ("May Revise")

California Budget

	Proposed 2018-19
General Fund (GF)	$137,562
Federal Funds (FF)	$105,877.3
Special Fund & Bond Funds	$61,693
Total Funds	**$305,132.3**

*Dollars in millions

DHCS Budget

	Proposed 2018-19
General Fund (GF)	$23,378,150
Federal Funds (FF)	$68,052,851
Special Fund & Reimbursements	$15,693,309
Total Funds	**$107,124,310**

*Dollars in thousands

Source: www.ebudget.ca.gov
http://www.dof.ca.gov/budget/summary_schedules_charts/documents/CHART-B.pdf
http://www.dhcs.ca.gov/Documents/Budget_Highlights/FY2018-19-MR-Highlights-051118.pdf

DHCS State Budget Fiscal Year 2018-19

State Budget Process:

- **01/10/2018** Governor submits a budget bill to the Legislature
- **02/21/2018** Senate Budget and Fiscal Review Committee and Assembly Budget Committee hears the budget bill in budget hearings
- **05/14/2018** May Revision adjustments update General Fund revenues and changes in expenditures
- **06/15/2015** The legislature (Senate and Assembly) versions of the bill are passed. Final budget package with simple majority vote in each House submitted to the Governor for signature.

- The May revision includes increases from the proposed January budget. Some are: Proposition 56 funding for rate increases for supplemental payments for
  - Physicians
  - Dentists
  - Women's health services
  - Intermediate Care Facility for the developmentally disabled (ICF/DD) providers
  - HIV/AIDS Waiver services
- Hepatitis C expanded coverage

- There are also some proposed budget reductions. Some are: Drug Medi-Cal Organized Delivery System Waiver (savings due to delayed county implementation) Children's Health Insurance Program (due to federal re-authorization)

Source: http://www.dof.ca.gov/budget/Budget_Process/index.html
http://www.dof.ca.gov/budget/resources_for_departments/budget_analyst_guide/BUDENAT4.pdf

Legislation 2018-19

Legislation 2018-19

01/03/2018 Legislature reconvened
06/15/2018 Budget Bill must be passed by midnight
09/30/2018 Last day for Governor to sign or veto bills passed by the Legislature before September 1, and in the Governor's possession on or after September 1
10/01/2018 Bills enacted on or before this date take effect January 1, 2019
01/01/2019 Statutes take effect

LEGISLATION OF INTEREST

- **AB 148** (Mathis, 2017) Authorizes the relaxation of the eligibility standard for community clinics and physician offices applying to the California Physician Corps Program, by allowing such practice settings to participate in the program if 30% of their patients qualify as medically underserved, as opposed to 50% under current law. **This bill is in Suspense File**
  http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB148

- **AB-839** (E. Garcia, 2017) Authorizes DHCS to contract with a California Native American Indian organization to provide Targeted Case Management services to targeted beneficiaries. **This bill is in Suspense File.**
  http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2428

Legislation 2018-19

- **SB 456** (Pan, 2017) Authorizes a FQHC or RHC to contract with a public or private entity, such as a managed care health plan or an individual health care provider, to provide services that promote continuity of care, with reimbursement not to be included in the clinic's PPS rate. **This bill is in Suspense File**. http://ct3k1.capitoltrack.com/Bills/17Bills/sen/sb_0451-0500/sb_456_98_A_bill.pdf

- **AB 2428** (Gonzales Fletcher, 2018) Exempts a primary care clinic electing to add additional locations to its clinic license from certain Medi-Cal enrollment requirements, and permits clinics to bill and receive the same reimbursement for physical plants added to its license. **Active bill, in floor process**. http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2428

- **AB 2576** (Aguiar-Curry, 2018) Authorizes the Governor during a state of emergency, to allow community clinics and health centers to provide and receive reimbursement for services provided during or immediately following the emergency. Additionally, it relaxes requirements for clinics that purchase, dispense drugs or devices, and waive certain provisions of the Pharmacy Law, and waives other requirements for the delivery of health care. These provisions are subject to federal approval. **Active bill, in floor process.** http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2576

Legislation 2018-19

- **SB 1125** (Atkins, 2018) Authorizes reimbursement for a maximum of 2 visits taking place on the same day at a single location if the patient has a medical visit and another health visit at a FQHC/RHC. Requires a FQHC/RHC to apply for an adjustment to its per-visit rate by 01/01/20 if the rate includes the cost of encounters and wait until after the department approves the rate adjustment to bill a medical visit and another health visit that take place on the same day at a single location as separate visits. **Active bill, in Committee Process.**
  http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB1125

- **AB 3076** (Reyes, 2018) Requires the State Bar of California to administer grants to qualified legal services projects and qualified support centers for legal services to Indian tribes in child welfare matters under the federal Indian Child Welfare Act. Appropriation is required and expressly identified in the annual Budget Act for the purpose of this grant program. **Active bill, in Committee Process.**
  http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB3076

- **AB 2029** (Garcia) 2018 This bill proposes to allow FQHC/RHC to apply for a scope-of-service change based solely on the costs of changes with an electronic medical records technology. Changes in technology includes adoption, implementation, or upgrade of electronic medical records. **Active bill, in Committee Process**.
  http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB2029

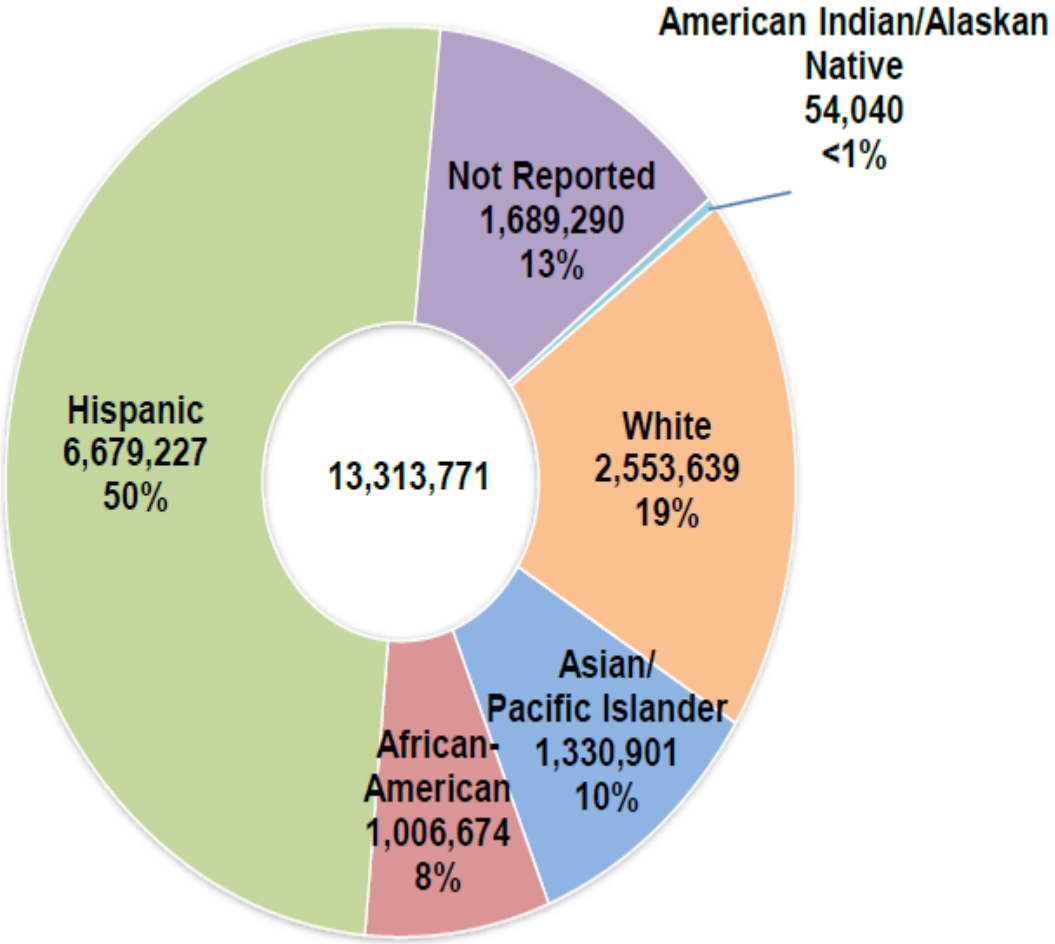
State Plan Amendments (SPA), Waivers, & Demonstration Projects

State Plan Amendments (SPAs)

2018 State Plan Amendments	Notice Sent	Status
Alternative Benefit Plan - Proposes to update physician services under the Alternative Benefit Plan (ABP) - Allergy Injections, Pulmonary Rehabilitation, services by Marriage and Family Therapists as a billable encounter in Federally Qualified Health Centers and Rural Health Clinics http://www.dhcs.ca.gov/formsandpubs/laws/Documents/18-002package.pdf	**02/23/18**	**Pending**
FQHC/RHC Providers - Clarifies reimbursement policies for Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) and adds Marriage and Family Therapists as a new FQHC/RHC billable provider http://www.dhcs.ca.gov/formsandpubs/laws/Documents/CA_SPA_18-003_package.pdf	**2/22/18**	**Pending**
Ground Medical Transport - Proposed state plan amendment to authorize a time-limited Quality Assurance Fee program and reimbursement add-on for Ground Emergency Medical Transports provided by emergency medical transport providers. **http://www.dhcs.ca.gov/services/medi-cal/Documents/LTCRU/SPA_18-004_Public_Notice_GEMT_QAF.pdf**	**2/23/18**	**Pending Submission to CMS**
Health Homes Program Expedited Notice - Proposes to amend the phased implementation schedule of multiple counties and clarifies that affected Medi-Cal managed care plans (MCPs) will receive Health Home Programs (HHP) supplemental payments upon receipt of HHP covered services by eligible enrollees and based on information reported by the MCPs to DHCS http://www.dhcs.ca.gov/formsandpubs/laws/Documents/18-0018_PublicNotice.pdf	**4/13/18**	**Pending**
April 1, 2018 through June 30, 2018 Pending Tribal Notices: **SPA 18-0019 and 18-0020 Health Homes Program** **SPA 18-0025 Dental Rates and Periodontal Maintenance** **SPA 18-0027 ABP Pulmonary and Cardiac Rehabilitation**		

Medi-Cal American Indian/Alaskan Native Health Services Information

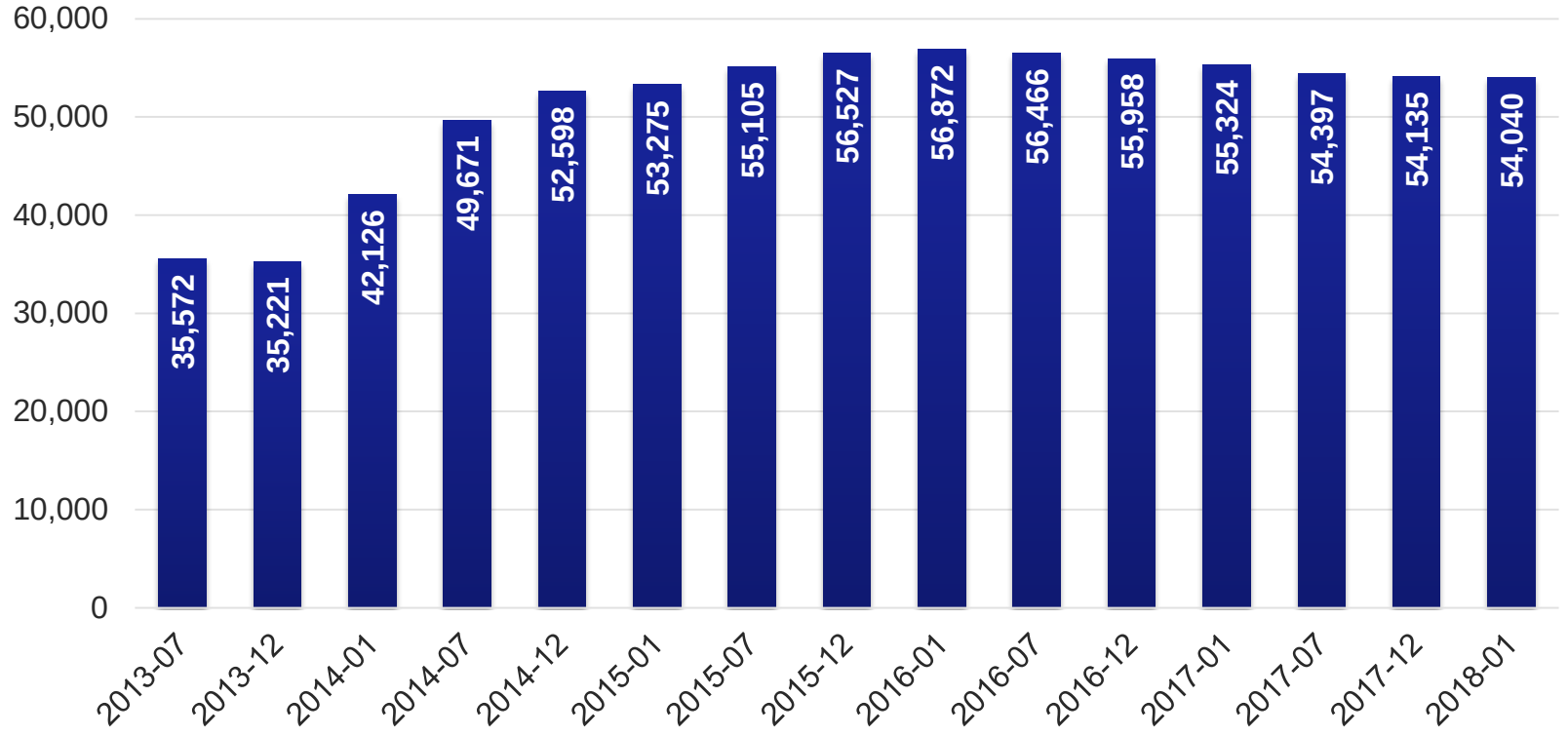
AI/AN Medi-Cal Enrollees by Ethnicity January 2018



- The total number of Medi-Cal enrollees was 13,313,771 in January 2018.
- Medi-Cal enrollees by self identified ethnicity categorized as Alaskan Native/American Indian (AI/AN) was 54,040 which accounted for 0.41% of the Medi-Cal enrollees in January 2018.

Source: http://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Nov2017_ADA.pdf
DHCS-RASD Overview for the Medi-Cal Certified Eligibles, Summary Pivot table, Calendar year 2015
http://dhcsintranet/SvcProg/Pages/Describing_Medi-Cals_Population.aspx

AI/AN Medi-Cal Certified Enrollees, by Month (2013 -2018)



- The number of Medi-Cal enrollees self-identified as AI/AN was 54,135 in December of 2017.
- In CY 2017, the highest monthly number of AI/AN Medi-Cal enrollees was seen in January; 55,324.
- In CY 2016, the highest monthly number of AI/AN Medi-Cal enrollees was seen in January; 56,872.
- In CY 2015, the highest monthly number of AI/AN Medi-Cal enrollees was seen in December; 56,527.
- In CY 2014, the highest monthly number of AI/AN Medi-Cal enrollees was seen in December; 52,598.
- In CY 2013, the highest monthly number of AI/AN Medi-Cal enrollees was seen in July; 35,572.

Source: DHCS-RASD Overview for the Medi-Cal Certified Eligibles, Summary Pivot table, Calendar year 2017
http://dhcsintranet/SvcProg/Pages/Recent_24-Months.aspx

Indian Health Clinic Medi-Cal Providers

There are a total of 90 American Indian Primary care clinic sites in California serving American Indians (This is an increase 23 clinics since 2017)

- 79 Indian Health Service Memorandum of Agreement(IHS/MOA)
- 1 Tribal Federally Qualified Health Center (FQHC) site
- 10 Urban Indian FQHC Clinics sites

Indian Health Clinic Corporation Medi-Cal Payments For Date of Service (CY) 2016 and 2017

		Tribal Indian Health Clinics (MOA &FQHC*)	Urban Indian Health Clinics (FQHC)	Total
CY2017	Paid	$ 161,024,281	$ 41,845,109	$ 202,869,391
	Range	$29,787,557 - $36,159	$13,625,450 - $101,627	
CY2016	Paid	$154,995,147	$36,152,350	$191,147,497
	Range	$24,519,552 - $28,244	$12,687,444 - $104,588	

*Memorandum of Agreement (MOA) & Federally Qualified Health Center (FQHC)

Between Calendar Year 2016 and 2017:

- Total payments to Indian Health providers increased by $11,721,894
- Payments to Tribal Indian Health Clinics increased by $6,029,134
- Payments to Urban Indian Health Clinics increased by $5,692,760

Source: Research and Analytic Studies Division (RASD), Medi-Cal Utilization: FFS claims paid through Medi-Cal fiscal intermediary, extracted from the MIS/DSS data warehouse

Number of Indian Health Clinic Visits per Unduplicated Users in CY 2016 and 2017

	CY 2016			CY 2017		
	Users	Visits	# of Average Visits per Year	Users	Visits	# of Average Visits per Year
Tribal Clinics	110,492	456,878	4.13	113,440	472,042	4.16
Urban Clinics	44,136	167,177	3.79	48,429	189,328	3.91
Total	154,628	624,055	4.04	161,869	661,370	4.09

Between Calendar Year 2016 and 2017:

- Total users increased by 7,241
- Tribal Clinic users increased by 2,948
- Urban Clinic users increased by 4,293
- Total visits increased by 37,315
- Tribal Clinic visits increased by 15,164
- Urban Clinic visits increased by 22,151

Source: Research and Analytic Studies Division (RASD), Medi-Cal Utilization: FFS claims paid through Medi-Cal fiscal intermediary, extracted from the MIS/DSS data warehouse

Top Ten Clinical Classifications by Payments for Medi-Cal Users of IHC Services CY 2017

Tribal Clinics

Rank	CCS Description	Users	Visits	Paid
1	Disorders of teeth and jaw	58,197	167,755	$65,115,523
2	Mood disorders	5,884	23,509	$7,268,494
3	Spondylosis; intervertebral disc disorders; other back problems	6,968	19,873	$6,091,955
4	Anxiety disorders	4,808	16,588	$5,186,071
5	Other upper respiratory infections	9,850	12,685	$3,999,660
6	Other non-traumatic joint disorders	4,723	8,324	$2,561,924
7	Diabetes mellitus without complication	4,092	7,925	$2,369,124
8	Adjustment disorders	1,587	6,546	$2,109,880
9	Essential hypertension	4,195	6,788	$2,013,459
10	Other connective tissue disease	3,495	6,191	$1,900,805

Urban Clinics

Rank	CCS Description	Users	Visits	Paid
1	Disorders of teeth and jaw	20,817	61,159	$16,902,610.57
2	Mood disorders	2,109	8,288	$1,551,231.35
3	Essential hypertension	3,279	6,466	$1,240,144.40
4	Diabetes mellitus without complication	2,453	4,847	$946,345.15
5	Anxiety disorders	1,577	4,706	$941,316.33
6	Spondylosis; intervertebral disc disorders; other back problems	2,238	4,667	$918,409.37
7	Contraceptive and procreative management	1,596	2,904	$888,375.45
8	Normal pregnancy and/or delivery	653	3,482	$857,527.00
9	Other upper respiratory infections	3,255	4,060	$710,067.44
10	Other non-traumatic joint disorders	1,948	2,947	$581,441.02

Source: Research and Analytic Studies Division (RASD), Medi-Cal Utilization: FFS claims paid through Medi-Cal fiscal intermediary, extracted from the MIS/DSS data warehouse.
* Users were counted using AKA_CIN. User counts are not unduplicated. A user may be represented in more than one clinic type and CCS category.
** Visits were counted using a unique combination of provider number, date of service, and AKA_CIN.
***Dollars do not include year-end reconciliation performed by Audits & Investigations, DHCS

Other DHCS Indian Health Activities

Other Indian Health Activities

Youth Regional Treatment Center (YRTC) Update

- Indian Health programs may directly refer IHS eligible Medi-Cal youth to 1 of 4 possible YRTCs (California, Arizona, Nevada, and Washington)
- Updated instructions on the referral process is posted to the DHCS website at: http://www.dhcs.ca.gov/services/rural/Documents/YRTC_Referral_Instruct-ED_PRIHD_New_Letter_rev08-22-17.pdf
- In CY 2017 , 15 youths who were Medi-Cal members were treated at YRTCs
  - 13 out of state
  - 2 in state

Tribal Medi-Cal Administrative Activities Program (MAA)

The Tribal Medi-Cal Administrative Activities (MAA) program reimburses Tribes and Tribal Organizations for performing administrative activities allowed by the Tribal MAA program including, Outreach, Facilitating Medi-Cal Application Referrals to Medi-Cal Services, Non-Emergency/Non-Medical Transportation, Program and Policy Development, and MAA Claims Coordination

- Approximately $4,590,413 in paid claims has been paid since FY2010-11
- Claims for FY 2017-18 are pending

Tribal Uncompensated Care Waiver Amendment (UCWA)

- Permits DHCS to make uncompensated care payments for optional services eliminated from the state plan provided by tribal health programs operating under the authority of the Indian Self-Determination and Education Assistance Act to IHS-eligible Medi-Cal beneficiaries (Managed through a contract with the California Rural Indian Health Board)

- Benefits covered include: Optometry, Podiatry, Speech therapy, chiropractic, audiology services, and incontinence washes and creams

- To the extent that an optional service comes to be offered as a Medi-Cal benefit during the duration of the UCWA, it would no longer be eligible for uncompensated care payments under this program
  - Tribal UCWA (Year 1) – Ended December 31 2013 - **Amount Paid**: $3,542,550
    Encounters: 7,147
  - Tribal UCWA (Year 3) – Ended December 31, 2014 - **Amount Paid:** $2,011,302
    Encounters: 5,881
  - Tribal UCWA (Year 6) – January 1, 2017 –December 31, 2017 - **Amount Paid**: $1,000,178
    Encounters: 2,558

California Medicaid Management System Payment Adjustments

- 2018 MOA Rate Adjustment
  - Implements June 2018
  - Erroneous Payment Correction (EPC) for previously paid claims follows

- 3 Visits per day
  - EPC for local codes (Date Of Services (DOS) prior to 10/1/17) and DOS after 9/30/17 for HIPPA codes in process

Indian Health Program (IHP)- Maternal and Child Health Recommendations

IHP- Maternal and Child Health Data

- Recent statewide MCH data regarding AI/AN reflects a need to continue focus on this group.
  - The Medi-Cal MCH Study of 2012 reports AI/AN women as one race/ethnic group with the highest rate of late post natal care. A review of Medi-Cal claims data regarding postpartum care demonstrated that only 36% of American Indian mothers received care 21-56 days after delivery as compared to 50% of the Medi-Cal mothers that delivered in 2012.[1]

Infant Mortality Rates 2014-15

- The infant mortality rate for AI/ANs in California (6.41) is much higher when compared to the infant mortality rate for the overall population in California (4.40).

(Infant mortality rate: infants who died while less than one year old)

Maternal Risk Factors 2014

- More AI/AN women develop gestational hypertension (4.9%) during pregnancy than women in the overall population (3.6%)
- More AI/AN women are hypertensive (1.2%) before pregnancy than women in the overall population (0.8%)
- More AI/AN women develop gestational diabetes (6.6%) during pregnancy than women in the overall population (5.8%)
- More AI/AN women are diabetics (0.8%) before pregnancy than women in the overall population (0.5%)

"Prepared by the California Department of Health Services."

[1] Population totals used for rates: 2010 US Census

[2] California infant and maternal mortality data: 2014 and 2015 California Comprehensive Death Files, California Department of Public Health

[3] 2014 California Birth Cohort File., California Department of Public Health

IHP- Maternal and Child Health Systems Review

- The continuum of perinatal care in the general health care delivery system includes primary care/women's health services, obstetrical prenatal care, delivery services, perinatology services, and postnatal healthcare services. DHCS conducted a survey of perinatal services provided at California Indian health clinics in 2017
- Some clinic services survey findings:
  - 5 out of a total of 38 clinics provide direct birth/delivery support to expectant mothers
  - Of the 25 clinics that either have contracts with, or refer patients to OB/GYN providers, 13 OB/GYN providers report patient status back to the primary care provider.
- IHP completed 5 focus group sessions throughout the State to solicit feedback on community preferences for perinatal services. Participants identified the following priority areas to be considered in the development of a maternal-child health program:
  - Relationship and Community Building
  - Parenting and Life Skills
  - Healing and Recovery

Proposed MCH Projects

Interventions	Strengthen the local perinatal system by ensuring continuity of services for pregnant American Indian women and their infants; improve information flow between community providers and Indian health program	Provide health education to pregnant and parenting families to improve maternal-child health outcomes	Strengthen the maternal-child health delivery system through local community-driven projects
Approaches	Utilizes nurses and/or licensed clinical social workers to provide direct case management services and care coordination	Utilizes home visitation and direct services to provide health education and support for high-risk pregnant and parenting families in home setting	Provide a funding for local maternal health projects to identify gaps in service and to strengthen their delivery care system
Program Design	Case managers: • Provide case management services to support pregnant American Indian women and their families • Develop linkages and referral networks to community resources (OB providers, social services, etc.) to address navigation through the perinatal care delivery system to ensure continuity of services • Ensure flow of information between community providers and the clinic	Designated home visitation staff provide education and support services to pregnant and parenting American Indian women and their children utilizing an evidenced-based curriculum. Health education priorities include: • Pre/Postnatal Care • Healthy pregnancy outcomes • Healthy newborn/child development	Grantees would be able to choose from a menu of priorities and develop scopes of work based on identified needs to improve the healthcare delivery system.
Target Area	Targeted geographic areas	Targeted geographic areas	Statewide
Considerations	• Creates linkages between Indian Health Programs, community medical providers, and community resources to improve continuity of care for pregnant women • Provides a personal representative to assist vulnerable population in coordinating care and resources • Increases information flow between providers to support continuity of care and ensure timely follow-up (i.e. postnatal care)	• Reduces barriers to care where transportation to and from the clinic is difficult for patients	• Provides training and technical assistance that is individualized to meet clinic's/communities needs

- Community and Clinic Recommendations/other suggestions…

Next Steps

- DHCS will solicit feedback from Tribes and clinics on approaches for improving the health of American Indian MCH through targeted interventions. Feedback will be due to IHP by June 30, 2018

- IHP is working with existing grantees to ensure a transition period

- IHP anticipates final decisions to be released no sooner than July 31, 2018

MOA Managed Care Claims Processing Conversion

MOA Managed Care Claims Processing Conversion - Major Issues

- Payment Issues with Medi-Cal Managed Care Plans (MCP) and MCP subcontractors
  - Submit issues via email to the issues box mmcd.tpgmc@dhcs.ca.gov
  - All issues submitted are treated with highest priority

- Updates to the All Plan Letter (APL) Attachment #1 (List of American Indian Health Clinic Sites)
  - Indian Health program to update the APL every two months
  - Notify IHP staff of changes including new clinic enrollment, address change, name change, etc. at (916) 440-5770

MOA Managed Care Claims Processing Conversion

- Other Health Coverage (OHC)
  - MCP payments for patients who are also covered by Medicare (“duals”) is $287.72. This rate will not be adjusted if the patient also has other health coverage.
  - There is no adjustment to the “Non-Dual Rate” of $427 for OHC
  - Overpayments for OHC will be adjusted during the annual reconciliation process

- Dental Managed Care Claims
  - The California Medicaid Management System (CAMMIS) will be modified to allow adjustments of Code 03-Dental claims if the patient is enrolled in a managed care dental plan in Sacramento or Los Angeles Counties and payment is entered on the claim
  - Anticipate completion in system modification June 2018
  - Providers will be notified when completed to submit claims

MOA Managed Care Claims Processing Conversion

- Medical Managed Care Claims submitted to CAMMIS for dates of service on or after January 1, 2018
  - Approximately 2,700 claims submitted and reimbursed at approximately $800,000
  - DHCS decision pending how to proceed to adjust claims and/or reconcile with managed care plan payments

Reconciliations

- Prior to Expansion of Medi-Cal Managed Care
  - 2011 - 5 of 11 clinics have not submitted
  - 2012 - 3 of 12 clinics have not submitted
- Post expansion of Medi-Cal Managed Care to all counties
  - 2013 - 3 of 35 clinics have not submitted
  - 2014 - 11 of 53 clinics have not submitted
  - 2015 - 13 of 55 clinics have not submitted
  - 2016 - 22 of 56 clinics have not submitted
- DHCS is reviewing compliance policies
- For information to complete and submit reconciliations: http://www.dhcs.ca.gov/services/rural/Documents/MOAANNRECONREQ_5-5-17.pdf
- Reconciliation Questions can be sent to: reconciliation.clinics@dhcs.ca.gov

THANK YOU