



# **Tribal and Indian Health Program Designee Meeting**

Department of Health Care Services (DHCS)  
October 18, 2019



# Overview

- **Master plan on Aging**
- **New Appointment**
- **Medi-Cal Overview & Indian Health Summary**
- **DHCS Budget**
- **Legislation**
- **State Plan Amendments/Waivers**
- **MOA Managed Care Claims Processing & Reconciliations**
- **Other DHCS Indian Health Activities**
- **Transportation**
- **Tribal FQHC**





# California Master plan on Aging

Recognizing that California's over-65 population is projected to grow to 8.6 million by 2030, Governor Gavin Newsom issued an executive order calling for the creation of a Master Plan for Aging to be developed by October 1, 2020. The Master Plan will serve as a blueprint that can be used by state government, local communities, private organizations and philanthropy to build environments that promote an age friendly California

## Overall Approach

- Develop Stakeholder Advisory Committee to include a Research Subcommittee and a Long-Term Care Subcommittee
- Leverage Existing Programs
- Partner with Complementary State Efforts and Legislature (California Advancing and Innovating Medi-Cal Waiver, Governor's Council on Truth & Healing, Dept of Social Services Tribal Advisory Subcommittee, etc)
- Share Feedback from Regional Events, Tribal Forums, Public Input
- Post Draft Deliverables for Public Feedback

Note: Medi-Cal expenditures for long term care facilities was about \$5.7 million in CY 2018 and is projected to be about \$6.9 million in CY 2019 for IHS eligible AI/ANs.



# New Appointments

**Governor Newsom appointed an acting director of the California Department of Health Care Services: *Richard “Fig” Figueroa***

- Previously, “Fig” was appointed by Governor Newsom as Deputy Cabinet Secretary. Prior to serving in the Governor’s Office, “Fig” was the Director of Prevention for The California Endowment, the nation’s largest state-specific health care foundation.
- He served in several previous administrations, including as Deputy Cabinet Secretary for Governor Schwarzenegger and Deputy Legislative Secretary for Governor Davis. “Fig” was also Legislative Director for Insurance Commissioner Garamendi and served as a Legislative Consultant for the California State Senate Insurance and Budget and Fiscal Review Committees.



# New Appointments contd'

- **Deputy Director Of Mental Health And Substance Use Disorder Services at the California Department of Health Care Services:**  
***Kelly Pfeifer***

Dr. Pfeifer has been director of high-value care at the California Health Care Foundation since 2014. She was chief medical officer of San Francisco Health Plan from 2008 to 2014, medical director at Petaluma Health Center from 2003 to 2008 and medical director for access at the Redwood Community Health Coalition from 2006 to 2008

- Newly appointed Deputy Director Pfeifer leads Behavioral Health, which consists of two new divisions, *Community Services* and *Licensing and Certification*. A new *Medi-Cal Behavioral Health Division* under the State Medicaid Director was created and the *Local Governmental Financing Division* under Health Care Financing will house Medi-Cal behavioral health financing policy.

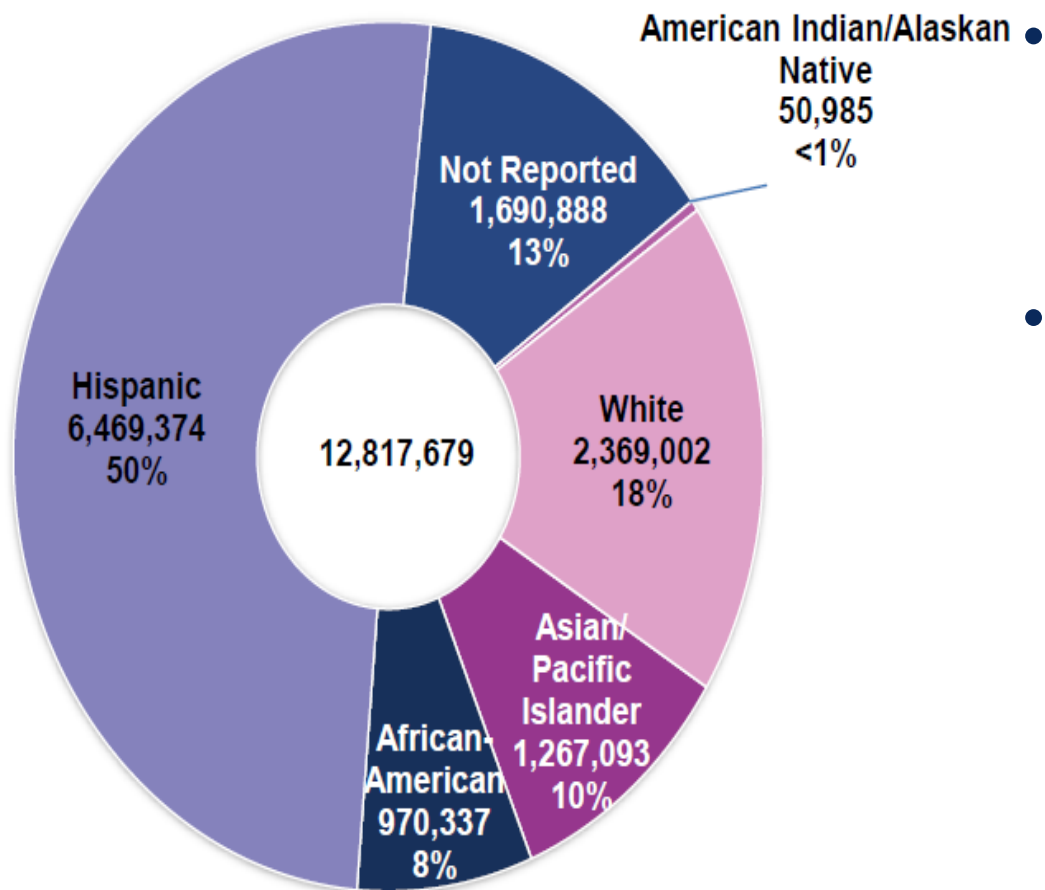


# What is Medi-Cal?

- **Medi-Cal** is California's Medicaid program. It is a public health insurance program which provides needed health care services for low-income individuals, blind, and disabled. Medi-cal is funding jointly with Federal & State dollars
- 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
- **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
- **Medicaid Waivers** - allow States to apply to the federal Secretary of Health and Human Services to obtain an exemption (i.e. "waive") from particular Medicaid statutes. Waivers allow:
  - Flexibility and encourage innovation in administering its Medicaid program to meet the health care needs of its populations
  - Ability to provide medical coverage to individuals who may not otherwise be eligible and/or provide services that may not otherwise be allowed under the regular Medicaid rules



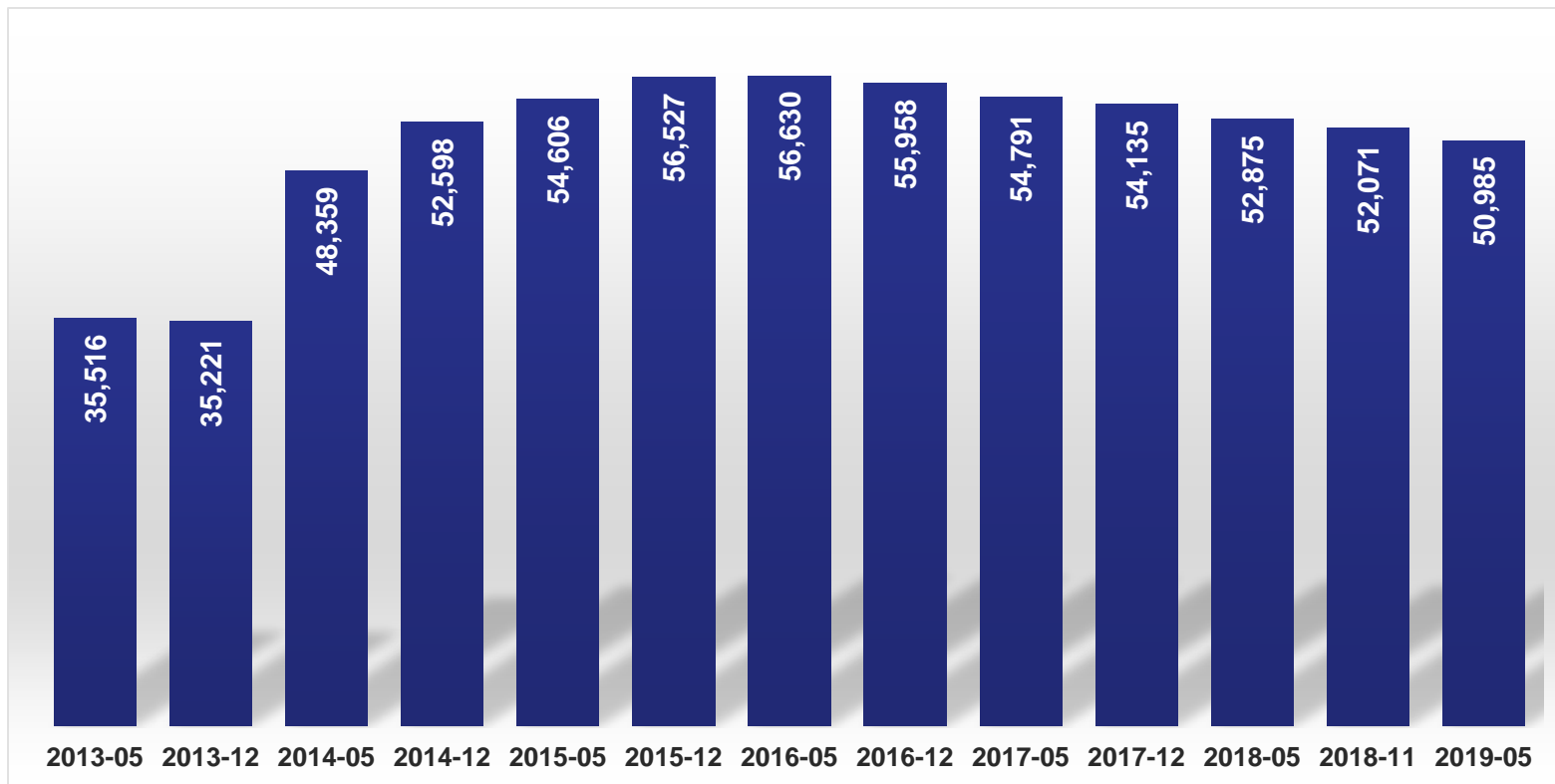
# AI/AN Medi-Cal Enrollees by Ethnicity - May 2019



- The total number of Medi-Cal enrollees was 12,817,679 in May 2019.
- Medi-Cal enrollees by self identified ethnicity categorized as Alaskan Native/American Indian (AI/AN) was 50,985 which accounted for 0.40% of the Medi-Cal enrollees in May 2019.



# AI/AN Medi-Cal Certified Enrollees, Calendar Year (CY)2013 – 2019



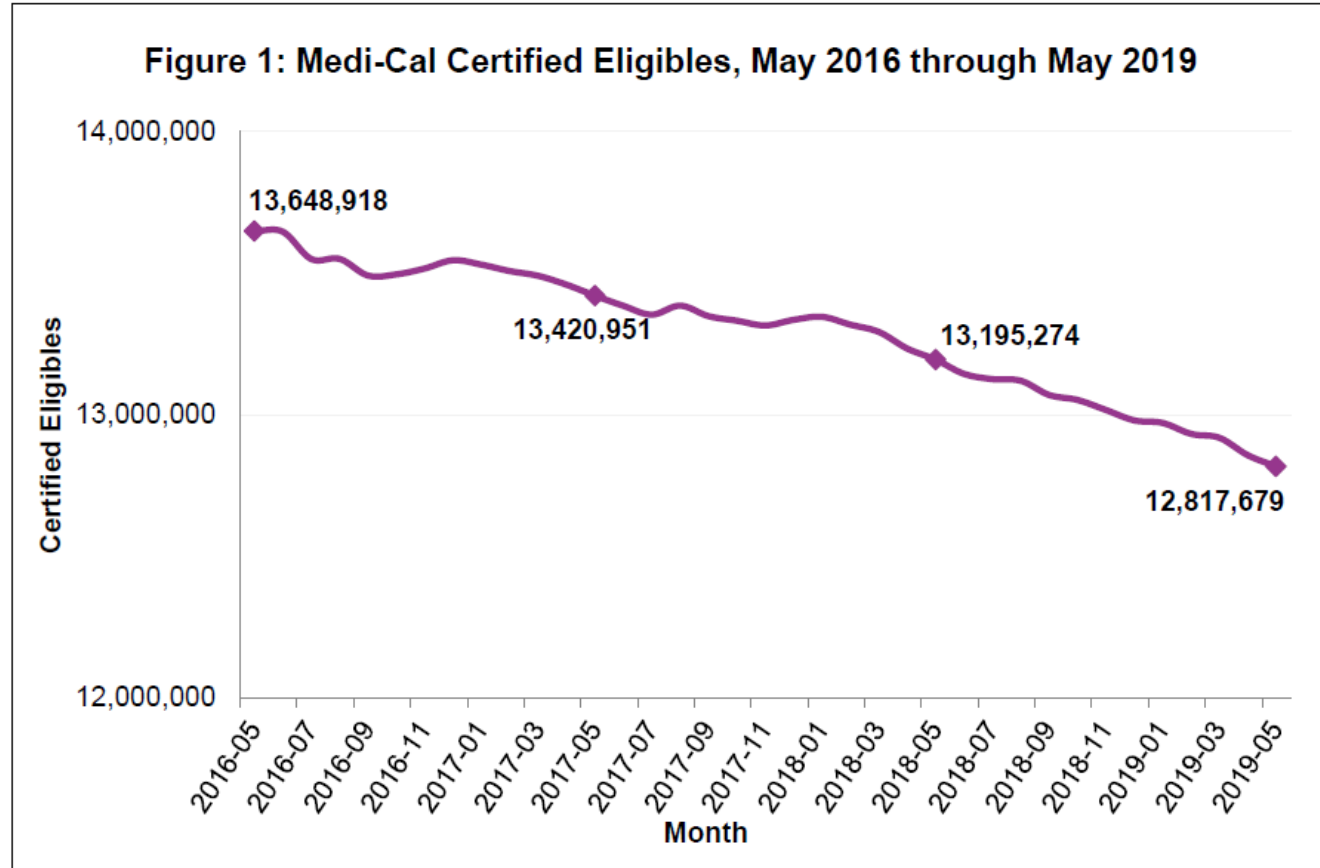
Over the past six years:

- The number of Medi-Cal enrollees self-identified as AI/AN was 50,985 in May 2019;
- In CY 2016, the highest monthly number of AI/AN Medi-Cal enrollees was 56,630 in June;
- In CY 2013, the highest monthly number of AI/AN Medi-Cal enrollees was 35,516 in June.





# Total Medi-Cal Certified Enrollees, Calendar Year (CY) 2015 - 2019



- Medi-Cal reached its highest enrollment numbers in March 2013, at 13,657,971 new enrollees, after the institution of the Affordable Care Act.
- The numbers have since declined, reaching a low of 12,817,679 in May 2019.



# **Indian Health Clinic Medi-Cal Providers**

**There are a total of 98 American Indian Primary care clinic sites in California serving American Indians (This is an increase 8 of clinics since 2018)**

- 86 Indian Health Service Memorandum of Agreement (Tribal Clinics)
- 12 Urban Indian Federally Qualified Health Center Clinic sites



# Fiscal Year (FY)2019-20 DHCS Budget (Enacted)

## California Budget

	Final 2019-20
General Fund (GF)	\$147,780.6
Federal Funds (FF)	\$106,302.7
Special Fund & Bond Funds	\$66,997.3
<b>Total Funds</b>	<b>\$321,080.6</b>

\*Dollars in billions

## DHCS Budget

	Final 2019-20
General Fund (GF)	\$23,018.4
Federal Funds (FF)	\$66,021.3
Special Fund & Reimbursements	\$13,149.1
<b>Total Funds</b>	<b>\$102,188.9</b>

\*Dollars in millions

Source: [www.ebudget.ca.gov](http://www.ebudget.ca.gov)

[http://www.dof.ca.gov/budget/summary\\_schedules\\_charts/documents/CHART-B.pdf](http://www.dof.ca.gov/budget/summary_schedules_charts/documents/CHART-B.pdf)

[https://www.dhcs.ca.gov/dataandstats/reports/mceestimates/Documents/2019\\_May\\_Estimate/M19\\_Med-Cal\\_Local\\_Assistance\\_Estimate.pdf](https://www.dhcs.ca.gov/dataandstats/reports/mceestimates/Documents/2019_May_Estimate/M19_Med-Cal_Local_Assistance_Estimate.pdf)



# DHCS Budget FY 2019-20

## State Budget Process:

- **01/10/2019** Governor submits a budget bill to the Legislature
- **02/21/2019** Senate Budget and Fiscal Review Committee and Assembly Budget Committee hears the budget bill in budget hearings
- **05/14/2019** May Revision adjustments update General Fund revenues and changes in expenditures
- **06/15/2019** 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.
- **06/27/2019** Budget Enacted

## Major Medi-Cal Budget Components

- **Proposition 56** increased the excise tax rate on cigarette and tobacco products. This Proposition 56 funding continues to include supplemental payments for:
  - Physicians
  - Dentists
  - Women's health services
  - Intermediate Care Facility for the developmentally disabled (ICF/DD) providers
  - HIV/AIDS Waiver services

Additionally, new programs to be funded by Proposition 56 revenues:

- provision of both developmental and trauma screenings for all children ages 0-21, as well as support trauma screenings for all adults with full-scope coverage in Medi-Cal.
- An additional family planning supplemental payment program targeted specifically at Medi-Cal family planning services in both fee-for-service and managed care



# DHCS Budget FY 2019-20

## Major Medi-Cal Budget Components(continued)

- **Proposition 56 funding continues to include supplemental payments for (continued)**
  - A Value-Based Payment Program (VBP) will be established through Medi-Cal managed care plans that will provide incentive payments to providers for meeting specific measures aimed at improving care for certain high-cost or high-need populations
- **Medi-Cal Physicians and Dentist Loan Repayment Act Program**
- Provide loan assistance payments to qualifying, recent graduate physicians and dentists that serve beneficiaries of Medi-Cal and other specified health care programs using moneys from the Healthcare Treatment Fund. A one-time \$120 million will be available for expenditure.
- **Optional Benefits Restoration**
- The Budget Act of 2019 reinstates coverage for audiology, optician and optical lab, incontinence creams and washes, podiatry, and speech therapy in the MediCal program, no sooner than January 1, 2020. The optional benefits restoration for optician and optical lab is budgeted in the Restoration of Adult Optician and Optical Lab Services policy change



# DHCS Budget FY 2019-20

## Major Medi-Cal Budget Components (continued)

- **Whole Person Care Housing Services**
- includes the Medi-Cal Whole Person Care Pilots, which coordinate health, behavioral health, and social services needs of Medi-Cal beneficiaries, which specifically target the homeless and mentally ill population. The Governor's Budget includes a one-time augmentation of \$100 million to provide counties or local entities with funding for supportive housing services for individuals who are homeless or are at risk of becoming homeless, with a focus on people with mental illness. The funds will be available for expenditure through June 30, 2025.
- **Early Psychosis Outreach, Detection, and Intervention**
- The Governor's Budget proposes a one-time, General Fund augmentation in FY 2019-20 to provide grants to support projects that demonstrate innovative approaches to detect and intervene when young people have had, or are at risk of, psychosis. The Department will seek competitive applications from entities, including but not limited to, county mental health plans, nonprofit organizations, behavioral health providers, or academic institutions to identify and support appropriate interventions for California youth experiencing the signs of early psychosis. The total amount available under this proposal is \$25 million General Fund and includes administrative resources for the Department to administer the program.
- **Full-Scope Medi-Cal Expansion to Undocumented Young Adults**
- Building on the expansion to provide full-scope Medi-Cal to undocumented children up to age 18, the Governor's Budget proposes to provide the full scope of Medi-Cal benefits to individuals from age 19 to 25 who meet all other eligibility criteria, including income standards, regardless of documentation status. By the end of the first year of implementation, an estimated 138,000 individuals will be receiving full-scope benefits at a cost of \$121.9 million General Fund.



# DHCS Budget FY 2019-20

## Major Medi-Cal Budget Components (continued)

- **Transition of Pharmacy Services and Standardization of Medi-Cal Managed Care Benefits**

The Governor's Budget also includes changes to the provision of pharmacy benefits in Medi-Cal. Starting no sooner than January 2021, the Department will carve out all pharmacy benefits from Medi-Cal managed care and return them to a fee-for-service benefit statewide. This proposal will accomplish several goals including:

- Strengthening and reasserting California's market dominance in negotiating supplemental rebates with pharmaceutical manufacturers as the nation's largest Medicaid program.
- Improving pharmacy services and maintaining quality and outcomes as 97 percent of pharmacies in the state currently serve as Medi-Cal fee-for-service providers, while managed care plans typically have more narrow pharmacy networks.
- Standardizing the Medi-Cal pharmacy benefit statewide.
- Currently, drugs are carved in or out of specified managed care models across the state and plan formularies even within the same county can differ. By fully carving out the payment for drugs to the fee for-service delivery system, the Department will standardize the benefit and reduce confusion for beneficiaries who may change counties or managed care plan assignment.



# Legislation 2019-20

**01/07/2019** Legislature reconvened

**09/13/2019** Last day for each house to pass bills

**10/13/2019** Last day for Governor to sign or veto bills passed by the Legislature on or before September 13, and in the Governor's possession after September 13

**01/01/2020** Statutes take effect

Source: <https://www.senate.ca.gov/legdeadlines>

## LEGISLATION OF INTEREST

**AB 1494 (Aguiar-Curry, 2019)** Permits Medi-Cal reimbursement for telehealth services, telephonic services, and all covered services delivered by an enrolled community clinic if the services are provided somewhere other than the clinic premises, during or immediately following a declared state of emergency. **Approved by Governor**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB1494](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1494)

**AB 686 (Waldron, 2019)** Requires the Judicial Council, by July 1, 2021, to adopt rules of court to allow for fee-free telephonic or other remote appearance options by the Indian child's tribe in court proceedings where the Indian Child Welfare Act (ICWA) may apply. Also allows for funds to compensate an Indian child's tribe or tribal organization for the placement of Indian children where ICWA applies to their juvenile dependency case.

**Approved by Governor**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB686](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB686)





# Legislation 2019-20

## **AB 1010 (Eduardo Garcia, 2019) *Housing programs: eligible entities.***

Existing law sets forth responsibilities and roles of various state agencies in carrying out state housing policies and programs. Existing law defines various terms for these purposes, including the terms “local agency,” “local public entity,” and “nonprofit housing sponsor.” This bill expands those definitions, to include a duly constituted governing body of an Indian reservation or rancheria, or a tribally designated housing entity.

**Approved by Governor**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB1010](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1010)

**AB 769 (Smith, 2019)** Adds licensed professional clinical counselors to the list of eligible mental health care professionals whose services would be reimbursable at federally qualified health centers (FQHCs) and rural health clinics (RHCs) at the clinic’s PPS rate.  
**Bill not enrolled.**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB769](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB769)

**SB 66 (Atkins, 2019) Medi-Cal:** Authorizes FQHCs and RHCs to provide two reimbursable visits on the same day at a single location if the patient has a medical visit and a mental health or dental visit. Bill not enrolled. **May be taken up in next session.**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200SB66](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB66)



# Legislation 2019-20

**AB 770 (E. Garcia, 2019) Medi-Cal:** Makes revisions which pertain to Prospective Payment System (PPS) rate reimbursement for FQHC and RHC services **Bill not enrolled.**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB770](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB770)

**AB 1759 (Salas, 2019)** Appropriates General Fund dollars to the Office of Statewide Health Planning and Development to increase the health care workforce in rural and underserved areas. **Bill not enrolled.**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB1759](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1759)

**AB 685 (Reyes, 2019)** Requires the State Bar of California, upon appropriation of at least \$1,000,000 in the annual Budget Act, to administer grants to qualified legal services projects and support centers in order to provide legal services to Indian tribes in child welfare matters. **Bill not enrolled.**

[http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200AB685](http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB685)

**AB 1653 (Frazier, 2019)** Creates the Missing or Murdered Indigenous Women Task Force in the Department of Justice (DOJ), which would require the task force, consult with Tribes, and complete a report by January 2022. **Bill not enrolled.**

[http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=201920200AB1653](http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1653)



# State Plan Amendments

2019 State Plan Amendments-Third Quarter	Notice Sent	Status
SPA 19-0020- Proposes to continue Ground Emergency Medical Transport (GEMT) program that assesses a Quality Assurance Fee (QAF) and provides increased payments for GEMT services.	5/22/19	Pending CMS Approval
SPA 19-0044-Proposes to establish a time-limited supplemental payment program for Non-Emergency Medical Transportation (NEMT) services.	8/9/19	Pending CMS Approval
SPA 19-0041-Proposes to authorize a time-limited supplemental payment program to support ongoing developmental screenings for children up to 30 months of age enrolled in full-scope Medi-Cal coverage.	8/26/19	Pending CMS Approval
SPA 19-0048-Proposes to authorize a time-limited supplemental payment program to support trauma screenings for children and adults enrolled in full-scope Medi-Cal coverage.	8/26/19	Pending CMS Approval
SPA 19-0046 and 19-0047-Proposes to restore coverage of the following optional benefits for all populations and in all settings: Optometric and optician services, including services provided by a fabricating optical laboratory, audiology services, speech therapy services, podiatric services, and incontinence creams and washes.	8/26/19	Pending CMS Approval
SPA 19-0014-Proposes to amend Drug Medi-Cal (DMC) Substance Use Disorder (SUD) services to allow reimbursement for SUD individual counseling services delivered by telehealth for DMC enrolled providers for counties that are currently in the SP but have not opted-in to the DMC-ODS waiver; and proposed to remove the prior authorization requirement for EPSDT services for youth under the age of 21 for outpatient drug-free treatment services.	8/26/19	Submission Pending
SPAs 19-0013 and 19-0037-Proposes to implement Health Homes Program (HHP) services for members with serious mental illness or serious emotional disturbance for the Group 3 counties of Alameda, Kern, Los Angeles, Imperial, Sacramento, San Diego, Santa Clara, Tulare counties; and proposed to implement HHP services for members with physical health/substance use disorder chronic conditions for Group 4 in Orange County.	7/26/19	Pending CMS Approval

**To view pending or approved State Plan Amendments please visit:**

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

**To view Tribal and Designee Notices please visit:**

[https://www.dhcs.ca.gov/services/rural/Pages/Tribal\\_Notifications.aspx](https://www.dhcs.ca.gov/services/rural/Pages/Tribal_Notifications.aspx)



# MOA Managed Care Claims Processing and Reconciliations

- 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](mailto: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

## Reconciliations/Withholds

- Providers with delinquent reconciliations for 2017 and 2018 received withhold letters in September 2019. The 20% withhold will remain in effect for a period of 30 days, or until the required reconciliation request forms are filed and accepted by DHCS
- If the reconciliation request forms are not submitted within the 30-day timeframe, the provider will be subject to a 100% withhold and all Medi-Cal payments associated with this provider number will be suspended .

## Forms

- The latest version of the Reconciliation Request forms and instructions are available on the DHCS website at: <http://www.dhcs.ca.gov/formsandpubs/forms/Pages/AuditsInvestigationsForms.aspx>

For additional information or questions on the reconciliation process please email [clinics@dhcs.ca.gov](mailto:clinics@dhcs.ca.gov)



# 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\\_Instruction\\_PRIHD\\_New\\_Letter\\_rev08-22-17.pdf](http://www.dhcs.ca.gov/services/rural/Documents/YRTC_Referral_Instruction_PRIHD_New_Letter_rev08-22-17.pdf)
- In CY 2018 , \$954,132 was paid for 27 youths who were Medi-Cal members were treated at YRTCs
  - 2 out of state
  - 25 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 \$6,127,178 in paid claims has been paid since FY 2010-11
- Claims for FY 2017-18 are \$705,934



# 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. Please note if approved, SPAs 19-0046 and 19-0047 would restore coverage of all of the above optional benefits with the exception of chiropractic services effective January 1, 2020.
- When an optional service is restored 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 3) – Ended December 31, 2014 -- Amount Paid: \$2,010,614 Encounters: 5,879
  - Tribal UCWA (Year 7) – Ended December 31, 2018 – Amount Paid: \$438,956 Encounters: 1028
  - Tribal UCWA (Year 8) – Q1 and Q2 of 2019 – Amount Paid: \$155,610 Encounters: 342
- Approximate 90% decrease in encounter and payments since 2014 due to restoration of benefits



# IHP- Maternal and Child Health Program\*

- California American Indian population-based data demonstrate the AI/AN population experience higher infant mortality, neonatal mortality and post-neonatal mortality rates when compared to all other races.
- Chapa-De Indian Health Program, Fresno American Indian Health Project, K'ima:w Medical Center, and Pit River Health Services received funding to implement culturally appropriate perinatal case management and home visitation services.
- In Fiscal Year (FY) 2018-2019, six clinics utilized funds to train nursing staff on perinatal health related topics.
- IHP will also provide perinatal training in FY 2019-2020

\*Funds allocated to DHCS for this program are through an Inter-Agency Agreement (IAA) with the California Department of Public Health (CDPH). They are part of the CDPH Title V Maternal and Child Health (MCH) grant from the Federal Health Resources Services Administration



# Emergency Preparedness & Response Program

## On-Site Assistance

**Emergency Operations Plan (EOP)** Technical assistance for emergency preparedness activities - Development & Review of Plans

**After Action Report (AAR)** Development and Review

**Table Top Exercise & Drills** Development and Review

## Trainings

Examples ; Communication Plans, Implementing Emergency Preparedness Requirements, FEMA courses

## CAHAN

Promote Membership

Emergency Preparedness & Response Program  
Coordinator

Joshua Standing Horse

Email: [Joshua.StandingHorse@dhcs.ca.gov](mailto:Joshua.StandingHorse@dhcs.ca.gov)

916-713-8617



All services are offered at **no cost** to the Indian health programs or tribes







# Tribal FQHC

- Meetings held August 14<sup>th</sup> and October 17<sup>th</sup>. Meeting summary, informational Q&As, and request for input distributed in September
- Written input received from three tribal clinics
- Next Steps



# Transportation

## Managed Care Patients

- AI/AN Managed Care Patient-Tribal Health Program (THP) and Urban Indian Health Organization (UIHO) bill the Managed Care Plan (MCP); Clinic is not required to be in MCP provider network (42 CFR 438.14)
- Non-Indian Managed Care Patient-THP and UIHO must be enrolled through Medi-Cal Provider Enrollment's electronic "PAVE" system as a transportation provider and subcontracted with MCP delegated transportation provider

## Fee-For Service Patients

- AI/AN Fee-For-Service Patient-THP Tribal MAA (TMAA) subcontractor bills TMAA contractor
- AI/AN and non Indian Fee-For-Service Patient-THP(non-TMAA) and UIHO bills DHCS (must be enrolled as a transportation provider through "PAVE" system)