# Tribal and Indian Health Program Designee Meeting

Department of Health Care Services (DHCS)
May 2, 2019

# Overview

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

# New Appointments

Governor Gavin Newsom made the following appointments:

- Health & Human Services Secretary: Dr. Mark Ghaly

  Dr. Ghaly will help lead the administration's efforts to advance the Governor's health care agenda, including proposals to lower prescription drug costs, provide coverage to young undocumented adults through Medi-Cal, and help put California on a path toward single-payer health care.

- State Surgeon General: Dr. Nadine Burke Harris

  Dr. Harris is a pediatrician who will serve as California's first-ever surgeon general. She will focus on combating the root causes of serious health conditions and use her office to reach young families across the state

- Governor's Tribal Advisor: Christina Snider, J.D.

  Governor Brown established the position of Governor's Tribal Advisor by executive order to bolster communication and collaboration between California state government and Native American Tribes. Governor Newsom has reappointed Christina Snider to this position.



https://www.gov.ca.gov/board-commission-appointees/

# What is Medi-Cal?

- Medi-Cal is California's Medicaid program. This is public health insurance program which provides needed health care services for low-income individuals, blind, and disabled.
- 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 million enrollees in January 2019
  - 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



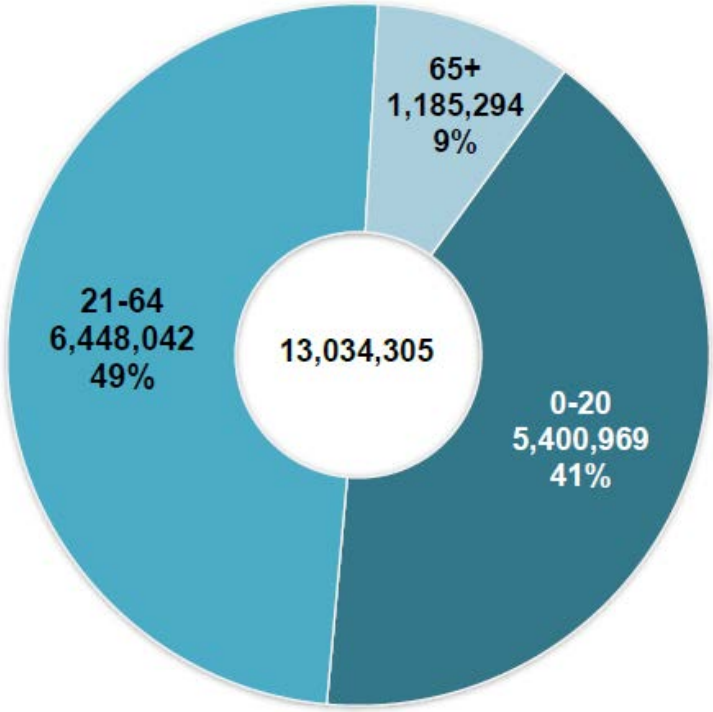
[1] Codified in Welfare & Institutions Code, starting at Section 1400. Medi-Cal regulations are found in California Code of Regulations, Title 22, Division 3

# Who Medi-Cal Serves

- 13.03 million Californians

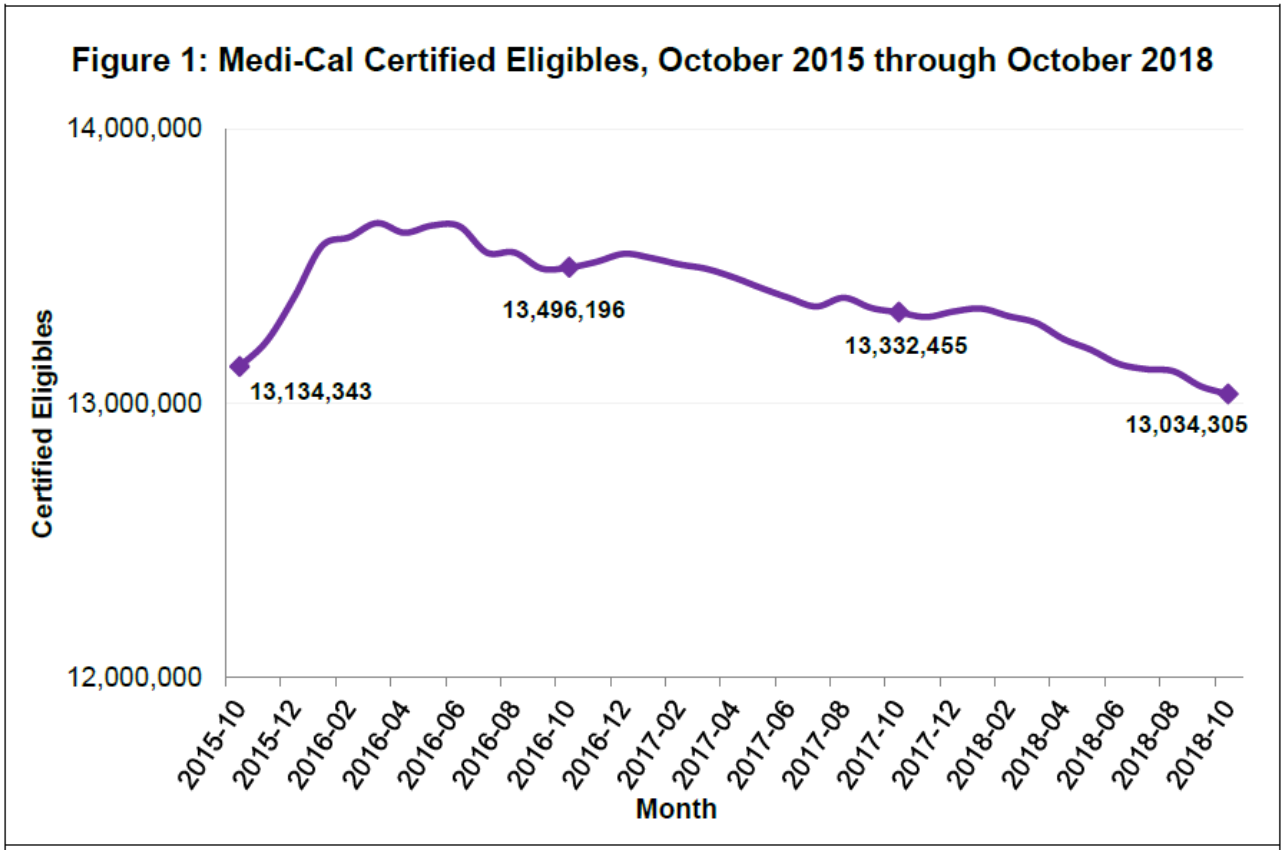
- ✓ 5.40 million children up to age 20
- ✓ 6.45 million adults ages 21-64
- ✓ 1.18 million adults age 65+

**MEDI-CAL ENROLLEES IN CALIFORNIA BY AGE GROUP**




Source: https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Oct2018_ADA.pdf

# Total Medi-Cal Certified Enrollees, Calendar Year (CY) 2015 - CY2018




- Medi-Cal reached it's 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 to 13,034,305 in October 2018

Source: https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Oct2018_ADA.pdf

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

# Proposed FY 2019-20 DHCS Budget

## California Budget

| | Proposed 2019-20 |
|---|---|
| General Fund (GF) | $144,191.9 |
| Federal Funds (FF) | $105,439.5 |
| Special Fund & Bond Funds | $64,877.5 |
| **Total Funds** | **$314,508.9** |

*Dollars in millions

## DHCS Budget

| | Proposed 2019-20 |
|---|---|
| General Fund (GF) | $23,405.0 |
| Federal Funds (FF) | $66,234.8 |
| Special Fund & Reimbursements | $14,600.1 |
| **Total Funds** | **$104,239.9** |

*Dollars in millions

Source: www.ebudget.ca.gov
hthttp://www.dof.ca.gov/budget/summary_schedules_charts/documents/Jan-2019/CHART-B.pdf
https://www.dhcs.ca.gov/Documents/Budget_Highlights/FY2019-20-GB-Highlights.pdf
http://www.ebudget.ca.gov/2018-19/pdf/Enacted/GovernorsBudget/4000/4260.pdf

# Proposed FY 2019-20 DHCS Budget

## 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.

## Major issues and Proposals:

- **Proposition 56** funds are from the increased excise tax rate on cigarette and tobacco products 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, three new programs are proposed 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

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

# Proposed FY 2019-20 DHCS Budget

## Major issues and Proposals (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 Hepatitis C expanded coverage
- **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 $194 million General Fund.
- **Transition and Standardization of Pharmacy Services**
  The Governor's Budget also includes proposed 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.

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 2019-20

# 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

**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. **Active Bill - In Committee Process**.
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1494

**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. **Active Bill - In Committee Process**.

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB769

# 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; requires the methodology to adjust the PPS rate to exclude a per-visit payment limitation and a provider productivity standard; authorizes PPS rate adjustments for implementation of electronic health records, expands the definition of a visit, and modifies how the department reimburses for FQHC or RHC services that are partially reimbursed by a Medi-Cal managed care plan (i.e. incentive payments). **Active Bill - In Committee Process**.

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB770

**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. Authorizes that a licensed acupuncturist shall be included as a health care professional covered under the definition of a “visit” at a FQHC and RHC. **Active Bill - In Committee Process**.

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB66

# Legislation 2019-20

**AB 1759 (Salas, 2019)** Appropriates $50,000,000 from the General Fund to the Office of Statewide Health Planning and Development to increase the health care workforce in rural and underserved areas, including a program to expand the number of primary care physician and psychiatry residency positions, including universities, hospitals, and clinics that have not previously operated residency programs, and a program to recruit and train students from areas with a large disparity in patient-to-doctor ratios to practice in community health centers in the area from which each student was recruited. **Active Bill - In Committee Process**.

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB1759

**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. **Active Bill - In Committee Process**.

http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB686

# Legislation 2019-20

**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. Also requires the court of appeals, in any appellate proceeding involving an Indian child, to appoint separate counsel for the child's Indian tribe upon request of the child's Indian tribe. **Active Bill - In Committee Process**.
http://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1653

**AB 1653 (Frazier, 2019)** Creates the Missing and Murdered Indigenous Women Task Force in the Department of Justice (DOJ), which would require the task force to complete a formal consultation with Indian tribes on how to improve tribal access to databases, how to increase state resources for reporting and identifying missing and murdered indigenous persons (MMIPs) in the state, and develop a database of nonprofit or nongovernmental organizations that provide support in locating missing indigenous persons. Would require the task force to report to the Legislature by January 1, 2022, detailing improvements to tribal database access, interjurisdictional coordination, and law enforcement resource allocation for cases of MMIPs. **Active Bill - In Committee Process**.
http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200AB685

# State Plan Amendments, Waivers, & Demonstration Projects

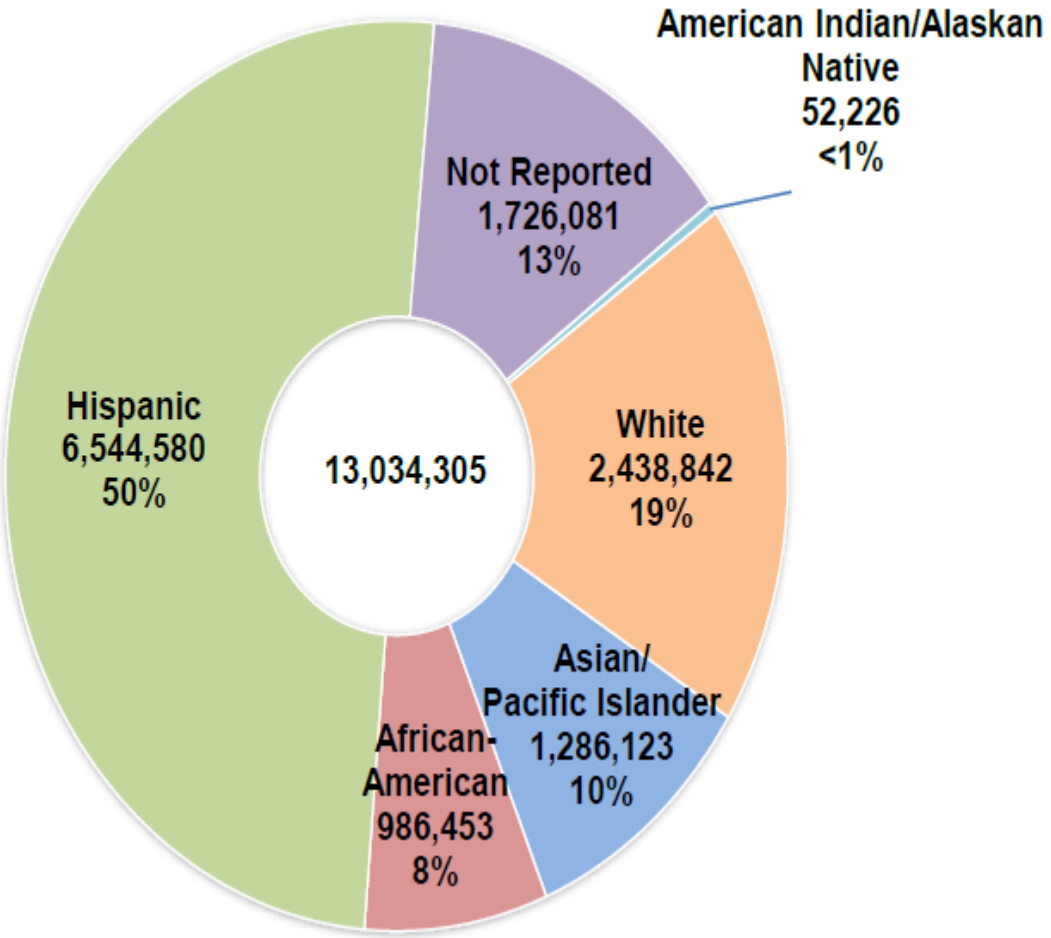
# State Plan Amendments (SPA)

| 2019 State Plan Amendments | Notice Sent | Status |
|---|---|---|
| SPA 19-0004 and Waiver Amendment for Home and Community Based Services (HCBS) for Persons with Developmental Disabilities: An amendment to the California Medicaid 1915(i) State Plan for the Developmentally Disabled to provide rate increases for Community-Based Day Programs, Community Care Facilities under the Alternative Residential Model, and In-Home Respite Agency Providers in high cost counties. https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA19-0004Pending.pdf | 1/29/19 | Pending |
| SPA 19-0001 Proposes to provide Health Homes Program (HHP) services for members with physical health/substance use disorder chronic conditions for Group 3 counties and SPA 19-0002 Proposes to provide HHP services for members with serious mental illness or serious emotional disturbance in Riverside and San Bernardino Counties. https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA_19-0001_19-0002PN.pdf https://www.dhcs.ca.gov/formsandpubs/laws/Documents/SPA_19-0001_19-0002PN.pdf | 1/24/19 | Awaiting Submission to CMS |

The next quarterly Indian Health webinar is scheduled for Wednesday, May 29, 2019 at 2:00 p.m., contact Elva Galindo, Program Analyst at (916) 713-8622 or email Elva.Galindo@dhcs.ca.gov for information and registration.

# Medi-Cal American Indian/Alaskan Native (AI/AN) Health Services Information

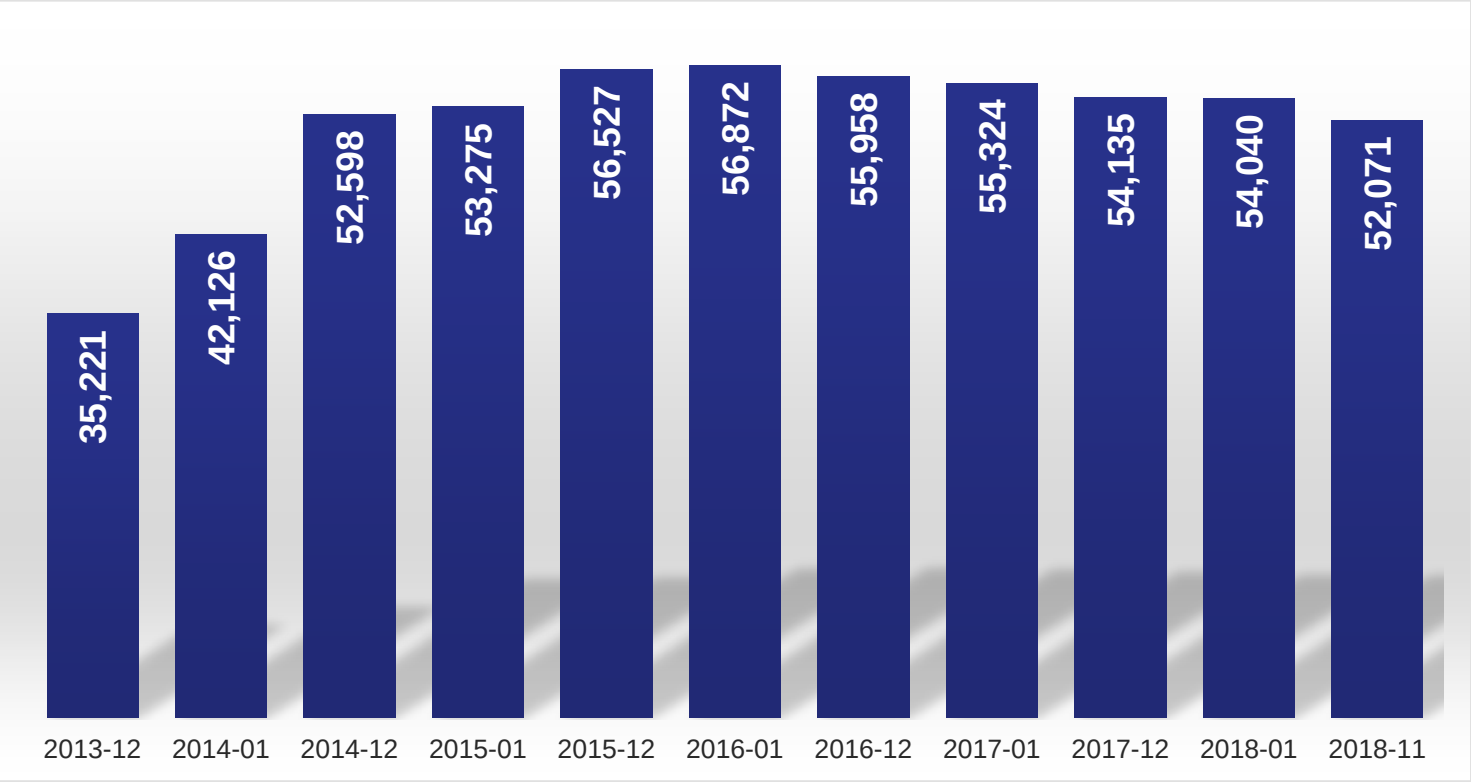
# AI/AN Medi-Cal Enrollees by Ethnicity October 2018




- The total number of Medi-Cal enrollees was 13,034,305 in October 2018.
- Medi-Cal enrollees by self identified ethnicity categorized as Alaskan Native/American Indian (AI/AN) was 52,226 which accounted for 0.40% of the Medi-Cal enrollees in October 2018.

Source: https://www.dhcs.ca.gov/dataandstats/statistics/Documents/Fast_Facts_Oct2018_ADA.pdf

# AI/AN Medi-Cal Certified Enrollees, Calendar Year (CY)2013 - CY2018




- The number of Medi-Cal enrollees self-identified as AI/AN was 52,071 in November of 2018.
- 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 December; 35,221.

Source: DHCS-RASD Overview for the Medi-Cal Certified Eligibles, Most Recent Reportable 24 months

# 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

# Indian Health Clinic Corporation Medi-Cal Payments For Date of Service CY 2016, 2017 and 2018

| | | Tribal Health Clinics (MOA &FQHC*) | Urban Indian Health Clinics (FQHC) | Total |
|---|---|---|---|---|
| CY2018 | Paid | $ 191,303,548** | $ 45,203,677* | $ 236,507,225 |
| | Range | $7,512,619 - $740** | $11,118,072 - $90,643* | |
| 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 2017 and 2018:

- Total payments to Indian Health providers increased by $33,637,834
- Payments to Tribal Indian Health Clinics increased by $30,279,267
- Payments to Urban Indian Health Clinics increased by $3,358,568

*Payments to Urban Indian Health clinics are claims data from the Fiscal Intermediary
**Payment from managed care plans to Tribal clinics for all services, except dental and some other carve outs.

Source: Managed care payment data; Indian Health Services Supplemental Payments, Capitated Rates Development Division.
Research and Analytic Studies Division (RASD), Medi-Cal Utilization: FFS claims paid through Medi-Cal fiscal intermediary
All payment data extracted from the MIS/DSS data warehouse.

# Number of Urban Indian Health Clinic Visits per Unduplicated Users in CY 2016, 2017 and 2018

| | Urban Clinics | | |
|---|---|---|---|
| | Users | Visits | # of Average Visits per Year |
| CY 2018 | 46,614 | 189,686 | 4.07 |
| CY 2017 | 48,429 | 189,328 | 3.91 |
| CY 2016 | 44,136 | 167,177 | 3.79 |

- Between **CY 2017 and 2018**, Urban Clinic users decreased by 1,851
- Between **CY 2016 and 2017**, Urban Clinic users increased by 4,293
- Between **CY 2017 and 2018**, Urban Clinic visits increased by 358
- Between **CY 2016 and 2017**, Urban Clinic visits increased by 22,151

Source: Managed care encounter data; Indian Health Services Supplemental Payments, Capitated Rates Development Division. Research and Analytic Studies Division (RASD), Medi-Cal Utilization: FFS claims paid through Medi-Cal fiscal intermediary
All payment data extracted from the MIS/DSS data warehouse.

# Number of Tribal Health Clinic Visits per Unduplicated Users in CY 2016, 2017 and 2018

| | Users | Visits- paid by DHCS | Visits- paid by Managed Care only | Total Visits | # of Average Visits per Year |
|---|---|---|---|---|---|
| CY 2018 | 69,375** | 227,109 | 201,364* | 428,473 | 3.27 |
| CY 2017 | 113,440 | 472,042 | | | 4.16 |
| CY 2016 | 110,492 | 456,878 | | | 4.13 |

*Preliminary data from 2018
**Represents dental services, and services to dual eligibles.

The above data reflects the change in payments from the Managed Care plans paying the full rate to Tribal clinics in CY 2018.

Source: Managed care encounter data; Indian Health Services Supplemental Payments, Capitated Rates Development Division. Research and Analytic Studies Division (RASD), Medi-Cal Utilization: FFS claims paid through Medi-Cal fiscal intermediary
All payment data extracted from the MIS/DSS data warehouse.

# Top Ten Clinical Classifications by Payments for Medi-Cal Users of IHC Services CY 2018

| Tribal Clinics**** | | | | |
|---|---|---|---|---|
| **Rank** | | **Users** | **Visits** | **Paid** |
| 1 | Disorders of teeth and jaw | 17,248 | 43,169 | $18,295,893.25 |
| 2 | Mood disorders | 1,289 | 4,408 | $1,375,422.98 |
| 3 | Anxiety disorders | 957 | 2,385 | $809,908.57 |
| 4 | Spondylosis; intervertebral disc disorders; other back problems | 1,052 | 2,131 | $673,738.58 |
| 5 | Other upper respiratory infections | 1,241 | 1,524 | $553,799.57 |
| 6 | Other pregnancy and delivery including normal | 571 | 1,289 | $547,475.44 |
| 7 | Diabetes mellitus without complication | 865 | 1,456 | $392,199.15 |
| 8 | Adjustment disorders | 291 | 973 | $370,676.06 |
| 9 | Essential hypertension | 884 | 1,323 | $347,760.52 |
| 10 | Other non-traumatic joint disorders | 705 | 1,054 | $346,645.06 |

| Urban Clinics | | | | |
|---|---|---|---|---|
| **Rank** | **CCS Description** | **Users** | **Visits** | **Paid** |
| 1 | Disorders of teeth and jaw | 18,276 | 48,281 | $14,615,453.22 |
| 2 | Mood disorders | 2,121 | 8,004 | $1,726,020.34 |
| 3 | Essential hypertension | 3,192 | 6,195 | $1,289,391.90 |
| 4 | Anxiety disorders | 1,792 | 5,645 | $1,265,528.42 |
| 5 | Contraceptive and procreative management | 1,930 | 3,406 | $1,009,845.42 |
| 6 | Diabetes mellitus without complication | 1,966 | 3,666 | $752,379.35 |
| 7 | Other upper respiratory infections | 3,225 | 4,068 | $748,868.58 |
| 8 | Spondylosis; intervertebral disc disorders; other back problems | 2,012 | 3,457 | $742,310.33 |
| 9 | Diabetes mellitus with complications | 1,412 | 3,369 | $726,987.31 |
| 10 | | | | $677,114.68 |

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

****This does not include visits paid by managed care plans only to Tribal Health Clinics

# Tribal Clinics Managed Care Claims Processing Conversion

# Tribal Clinics 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

# A&I Reconciliations for Tribal Health Programs

## Reconciliations with Dates of Service Prior to January 1, 2018

- Continue to use the Reconciliation Request form (DHCS 3097) on the webpage at https://www.dhcs.ca.gov/formsandpubs/forms/Pages/AuditsInvestigationsForms.aspx
- Reconciliation Requests are due within 150 days after your fiscal year end.
  - For extensions e-mail you request to ReconciliationClinics@dhcs.ca.gov.
  - Clinic will be put on withhold if they are not filed timely.

# A&I Reconciliations for Tribal Health Programs

Reconciliations with Dates of Service After January 1, 2018

- The Reconciliation Request form (DHCS 3097) will be updated as soon as possible.
- Please use the Reconciliation Request form (DHCS 3097) that is currently on our webpage at https://www.dhcs.ca.gov/formsandpubs/forms/Pages/AuditsInvestigationsForms.aspx
- Input $0 for code 18 Payments (Reconciliation Request form (DHCS 3097) page 2 detail, column 4).
- You will not be put on withhold if you have not filed within the 150 days.
- E-mail any questions to the FQHC/RHC Section mailbox at clinics@dhcs.ca.gov.

# 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 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 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, Program and Policy Development, and MAA Claims Coordination

- Approximately $ 5,631,625 in paid claims has been paid since FY 2010-11
- Claims for FY 2017-18 are $ 234,073

# 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

- 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: $327,936 Encounters: 768

- Approximate 90% decrease in encounter and payments since 2014 due to restoration of benefits

# Indian Health Program (IHP)
# Maternal and Child Health (MCH)

# IHP MCH Program Cont'

- State data underscores the need to focus on American Indian/Alaskan Native MCH services

| California infant and maternal mortality data: 2014 and 2015 | American Indian | All Other Races |
|---|---|---|
| Birth Rates | 9.04 | 13.58 |
| Infant Mortality Rate | 6.41 | 4.38 |
| Neonatal Mortality Rate | 3.97 | 3.17 |
| Post-Neonatal Mortality Rate | 2.44 | 1.21 |

All rates are per 1000 births

- Over the past several years, a comprehensive MCH needs assessment was conducted by the IHP to design a program that is responsive to the Indian community and current clinic needs

"Prepared by the California Department of Health Services."
[1] California infant and maternal mortality data: 2014 and 2015 California Comprehensive Death Files, California Department of Public Health
[2] 2014 California Birth Cohort File., California Department of Public Health

# IHP MCH program con't

- The IHP needs assessment included community focus groups, surveys of clinic perinatal services and preferred perinatal service delivery methods, literature reviews, and California AI/AN perinatal data analysis. These efforts provided the basis for future allocation of MCH funding administered by the IHP

- "Place Matters"-IHP worked with an epidemiologist from the Department of Public Health to develop an AI/AN "perinatal needs index" formula that identified counties in the State that experience more poor perinatal outcomes, there are more risk factors for poor outcomes in the American Indian perinatal population, and there are less instances of appropriate perinatal care utilization

- The formula used a number of perinatal measures (infant mortality, maternal diabetes, maternal hypertension, birthweight, etc). The rates of these measures for each county were compared to the rates for AI/ANs statewide. Scores for each county were added to create a county specific index of overall need. This index was then multiplied by the number of AI/AN mothers that gave birth in each county.

# IHP MCH Program con't

- Counties that ranked as "high" or "intermediate" need and had 80 or more American Indian births were:

| Counties with intermediate or high need and >80 AI births | | |
|---|---|---|
| Los Angeles | Placer | Humboldt |
| Fresno | Santa Clara | Riverside |
| Shasta | Sacramento | San Bernardino |
| Kern | San Diego | |

- Clinics in these counties were invited to submit a proposal for funding of services if they had not been funded previously

- These funds will be used to support culturally appropriate services provided through either, or a combination of, perinatal case management and home visitation. Additionally, some funds are set aside to provide perinatal systems development training and technical assistance statewide.

# Tribal FQHC

# Tribal FQHC

CMS State Health Official Letter #16-002 in February 2016 and CMS Q & A's published in January 2017 provided the basis for Tribal FQHCs.

- Deadline for States to implement is January 2021
- Awaiting additional guidance from CMS after the deadline regarding the development and implementation of Tribal FQHC
- DHCS hosted the first meeting with tribes and tribal health programs expressing interest in becoming a Tribal FQHC on 3/29/19
- DHCS to provide a template for the purpose of gathering information from tribes and tribal health programs on utilization of services outside the four-walls of the clinic and services/providers that are currently not reimbursable.

# THANK YOU