



**Tribal and Designee Medi-Cal Advisory Process
Webinar on Proposed Changes to the
Medi-Cal Program
December 1, 2021**



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.



Agenda

Topics	Presenters
Welcome/Overview	Andrea Zubiante, Coordinator DHCS Office of Tribal Affairs/Indian Health Program
Quality & Health Equity Strategy	
Quality & Health Equity Strategy	Palav Babaria, MD, MHS, Chief Quality Officer
SPAs Scheduled for Submission by December 31, 2021	
SPA 21-0010	Nikol Mack, Associate Governmental Program Analyst, Fee-For-Service Rates Development Division
SPA 21-0069	Christal Winkler, SSM II, Third Party Liability and Recovery Division
Feedback/Closing	All

Quality & Health Equity Strategy

Palav Babaria, MD, MHS
Chief Quality Officer

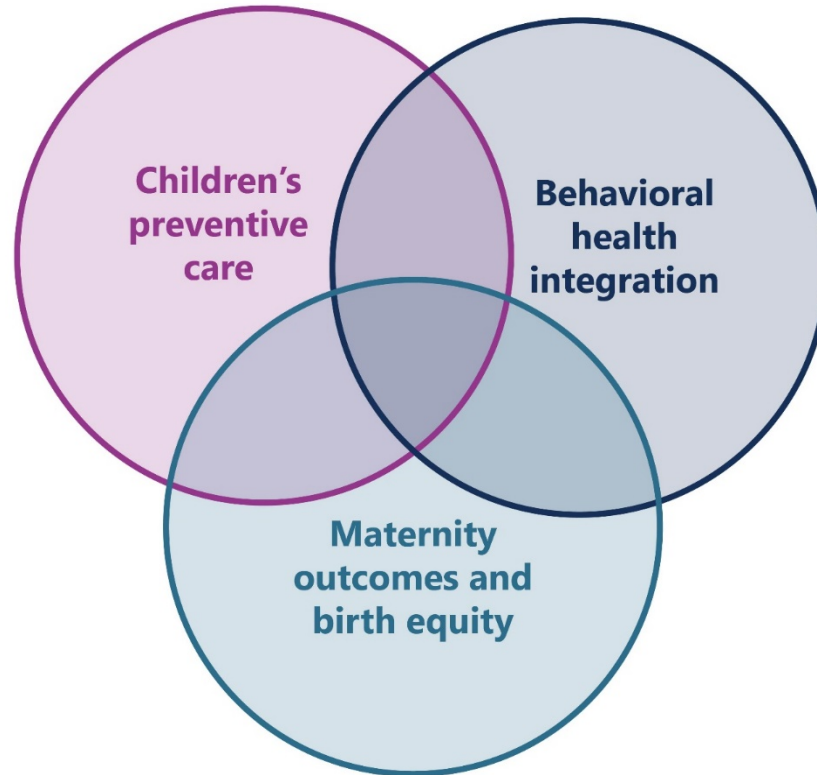


Quality and Population Health Management

Defining the Vision:



The long view of health and wellness in California



Thinking big:

BOLD GOALS: 50x2025

STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%



Improve follow up after emergency department visit for mental health or substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures



QUALITY/HEALTH EQUITY IMPROVEMENT FRAMEWORK

Driving Change

- » Focused initiatives to drive transformation/innovation
- » Innovative metrics, process measures, bundles
- » Incentives if met (financial or otherwise)
- » Example uses: CalAIM incentive programs, COVID19 vaccine incentive program, QIP optional metrics



Foundation:

- » Creates a standard across programs/plans
- » Fundamental outcome/access measures
- » Minimum performance levels & improvement targets
- » Penalties if not met
- » Example uses: QIP required metrics, MCAS, auto-assignment algorithm

Health Equity Domains



- » Managed Care/FFS (including CCS)
- » Dental
- » Behavioral Health
- » School Based Services
- » HCBS/1915c Delivery System
- » CalAIM & Quality Strategy
- » Alignment With Public Health

Proposed Equity Metrics for 2022

- » Colorectal cancer*
- » Controlling high blood pressure*
- » HgbA1c for persons with DM*
- » Prenatal and postpartum care*
- » Child and adolescent WCV*
- » Childhood immunizations
- » Adolescent immunizations
- » Follow up after ED visit for mental illness & SUD (include adolescent measure if available)
- » Perinatal and postpartum depression screening

*Metrics recommended by NCQA for stratification by race/ethnicity

Health Equity Roadmap: Next Steps

- » **Skeleton Roadmap:** Inventory of current and planned DHCS efforts (in CalAIM, HCBS Spending Plan, 21-22 Budget) complete
- » **Full Roadmap:** Formal co-design working group, including beneficiaries from marginalized populations, community-based organizations and other stakeholders, to identify gaps in current work and develop full roadmap with recommendations for future goals

Value Based Payment Roadmap

2021/2022

Incentive Programs
(e.g. QIP, Vaccine Incentives, BH QIP, CalAIM ECM/ILOS)

2023

Rate adjustment with Quality & Health Equity outcomes

FQHC APM

Revised auto-assignment algorithm

Improved Transparency, Accountability and Member Involvement

- » Creating an organizational structure that supports accountability
- » Standardizing elements of monitoring and compliance across programs
- » Creating a pro-active monitoring structure to assess managed care performance, including public data
- » Enhanced county oversight (in BH, Medi-Cal eligibility and enrollment, CCS program)
- » Member engagement at all steps, including with Quality Strategy review process

Q&A AND FEEDBACK





State Plan Amendment Overview



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.



Non-Emergency Medical Transportation Services (NEMT) Supplemental Payment Program

**State Plan Amendment (SPA)
21-0010**

Nikol Mack

**Associate Governmental Program Analyst
Fee-For-Service Rates Development Division**



Background

- On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56) to increase the excise tax rate on cigarettes and tobacco products.
- Assembly Bill (AB) 128 (Chapter 21, Statutes of 2021) enacted as part of the state budget process for the 2021-22 state fiscal year, extended Proposition 56 supplemental payments for certain NEMT services.



Purpose

The NEMT Supplemental Payment Program is a result California Healthcare, Research and Prevention Tobacco Tax Act (Commonly known as Prop.56) established on November 8, 2016.

- DHCS is seeking federal approval for State Plan Amendment (SPA) 21-0010 to extend supplemental payments for eligible NEMT services, effective January 1, 2022.



Summary Of Proposed Changes

- SPA 21-0010 proposes to extend the supplemental payments for NEMT services funded by Proposition 56 past the current sunset date of December 31, 2021, effective beginning January 1, 2022.
- This change is necessary to align with the Governor's FY 2021-22 May budget revision.



Impact to Tribal Health Programs

- To the extent a tribal health program is enrolled in Medi-Cal as a NEMT provider, the tribal health program will continue to receive the Proposition 56 supplemental payments for NEMT services.



Impact to Federally Qualified Health Centers (FQHCs)

- To the extent a FQHC is enrolled in Medi-Cal as a NEMT provider, the FQHC will continue to receive the Proposition 56 supplemental payments for NEMT services.



Impact to Indian Medi-Cal Beneficiaries

- DHCS does not anticipate an impact to American Indian Medi-Cal beneficiaries.



Resources

California Healthcare, Research and Prevention Tobacco Tax Act available at:

http://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=RTC§ionNum=30130.53.&article=2.5

AB 128 is available at:

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB128

Contact Email:

Angeli.Lee@dhcs.ca.gov



Contact Information

Email to:

Angeli.Lee@dhcs.ca.gov

Mail to:

Department of Health Care Services

Director's Office

ATTN: Angeli Lee

MS 0000

P.O. Box 997413

Sacramento, CA 95899-7413



Exclude Reparation Payments from Recovery

SPA 21-0069

**Christal Winkler, SSMII
Third Party Liability and Recovery Division**



Background

- Assembly Bill 137 (2021), added Health and Safety Code (HSC), Chapter 1.6, Section 242102 which establishes the Forced or Involuntary Sterilization Compensation Program, to be administered by the California Victim Compensation Board, with the purpose of providing compensation to the following individuals:
 - 1) Any survivor of state-sponsored sterilization conducted pursuant to eugenics laws that existed in the State of California between 1909 and 1979; and
 - 2) Any survivor of coercive sterilization performed on an individual under the custody and control of the Department of Corrections and Rehabilitation after 1979.
- After a Medi-Cal member passes away, DHCS may collect the cost of Medi-Cal services, including payments made to managed care plans, from his/her estate. However, AB 137 added HSC, Chapter 1.6, Section 24217 and establishes that following the death of a qualified recipient, the state shall not seek recovery of any amount of the Forced or Involuntary Sterilization Victim Compensation Payment.



Purpose

DHCS is seeking Federal approval to prohibit collection on any amount of payment from the Forced or Involuntary Sterilization Victim Compensation Program, following the death of the Medi-Cal member.



Summary of Proposed Changes

SPA 21-0069 proposes to prohibit the Medi-Cal Estate Recovery Program from seeking collection on any amount of the payment from the Forced or Involuntary Victim Compensation Program, state-sponsored sterilization, following the death of the Medi-Cal member.



Impact to Tribal Health Programs

DHCS does not anticipate any impact to Tribal health programs as a result of this proposed SPA.



Impact to Federally Qualified Health Centers (FQHCs)

DHCS does not anticipate any impact to FQHCs as a result of this proposed SPA.



Impact to Indian Medi-Cal Beneficiaries

- Upon any Medi-Cal beneficiary's death, Forced or Involuntary Sterilization Compensation payments would be exempt from repayment and DHCS will not seek recovery from the estate.
- Indian Medi-Cal beneficiaries may experience minimal impact if the beneficiary received payments from the Forced or Involuntary Sterilization Victim Compensation Program.



Contact Information

Department of Health Care Services
Christal Winkler, SSMII
Special Collections Section A
(279) 600-1877
christal.winkler@dhcs.ca.gov



Feedback/Questions