



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

May 27, 2022

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, Acting Chief DHCS Office of Tribal Affairs/Indian Health Program
SPAs Scheduled for Submission by June 30, 2022	
SPA 22-0015	Michelle Tamai, Section Chief Fee-For-Service Rates Development Division
SPA 22-0017	Jennifer Dias, DHCS Benefits Division
SPA 22-0019	Jennifer Dias, DHCS Benefits Division
SPA 22-0044	Jennifer Dias, DHCS Benefits Division
Feedback/Closing	All

State Plan Amendment Overview

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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.

SPA 22-0015

Public Provider Ground Emergency Medical Transportation (PP-GEMT) Intergovernmental Transfer (IGT) Program

Michelle Tamai
Section Chief, Provider Rates Section
Fee-For-Service Rates Development Division

Background

- » In accordance with AB 1705 (Chapter 544, Statutes of 2019), DHCS is establishing the PP-GEMT IGT program to provide increased reimbursements, by application of an add-on increase, to emergency medical transports provided by eligible public GEMT providers, effective January 1, 2023.

- » Providers are eligible to participate in the program if they meet all of the following criteria:
 - (1) Provide GEMT services to Medi-Cal beneficiaries
 - (2) Are enrolled as a Medi-Cal provider for the period being claimed, and
 - (3) Are owned or operated by the state, a city, county, city and county, fire protection, special districts, community services districts, health care district, or a federally recognized Indian tribe.

Purpose

- » This program provides increased reimbursement to eligible public providers of ground emergency medical transport (GEMT) services by application of an add-on to the Medi-Cal fee-for-service (FFS) fee schedule rates for eligible GEMT services.
- » The proposed reimbursement rate add-on is a fixed amount, as shown in the table below.

Procedure Code	Description	Estimated Medi-Cal PP-GEMT IGT Add-on Amount
A0429	Basic Life Support	\$946.92
A0427	Advanced Life Support, Level 1	\$946.92
A0433	Advanced Life Support, Level 2	\$946.92
A0434	Specialty Care Transport	\$946.92
A0225	Neonatal Emergency Transport	\$946.92

Summary of Proposed Changes

- » Establish the new PP-GEMT IGT program for eligible public providers of GEMT services, whereby eligible public GEMT providers will receive increased reimbursement through an add-on to the fee schedule rates for specified HCPCS Codes, effective January 1, 2023 through December 31, 2023.
- » Upon implementation of the PP-GEMT IGT program, public providers of GEMT will no longer be eligible to participate in the GEMT Quality Assurance Fee (QAF) program effective January 1, 2023.

Impact to Tribal Health Programs

- » Eligible tribally owned and operated GEMT providers may choose to participate in the new PP-GEMT IGT program.
- » Eligible providers who choose to participate will receive the PP-GEMT IGT add on amount for eligible GEMT services for the program period, effective January 1, 2023 through December 31, 2023.

Impact to Federally Qualified Health Centers (FQHCs)

- » DHCS does not anticipate an impact to FQHCs as a result of the PP-GEMT IGT program.

Impact to Indian Medi-Cal Beneficiaries

- » DHCS does not anticipate an impact to Indian Medi-Cal beneficiaries who receive GEMT services.

Resources

» **PP-GEMT IGT Public Notice:**

<https://www.dhcs.ca.gov/provgovpart/Pages/GEMTQAF.aspx>

» **AB 1705:**

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1705

Contact Information

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SPA 22-0017

Clinical Trials

Jennifer Dias
DHCS Benefits Division

Background

- » DHCS proposes to add as a benefit routine patient costs associated with participation in a qualifying clinical trial, which is required by federal law.¹ This would include any item or service provided under the State Plan or a waiver to prevent, diagnose, monitor, or treat complications resulting from participation in a qualifying clinical trial.
- » Prior to adding this benefit, Medi-Cal only covered routine patient costs associated with being part of a clinical trial for cancer. Clinical trials covered under this new benefit are defined in federal law.²

¹ Sections 1905(a)(30) and 1905(gg) of the Social Security Act

² Section 1905(gg)(2) of the Social Security Act

Background Continued

- » DHCS proposes to provide reimbursement for routine patient costs associated with participation in qualifying clinical trials in accordance with the current methodologies described in State Plan Attachment 4.19-B for non-institutional services, as applicable, including the methodologies for clinical laboratory services, radiology services, and durable medical equipment.
- » DHCS will also submit SPA 22-0019 to CMS by June 30, 2022, to add routine patient costs associated with participation in qualifying clinical trials as a State Plan benefit in the Alternative Benefit Plan (ABP).

Purpose

- » To seek the necessary federal approvals to add coverage for routine patient costs associated with participation in qualifying clinical trials as a Medi-Cal benefit, effective July 1, 2022.

Summary of Proposed Changes

- » DHCS is seeking to add routine patient costs associated with participation in a wider range of qualifying clinical trials than what is currently covered by Medi-Cal. Additional clinical trials would include an investigational new drug exemption or an exemption for a biological product, and a study or investigation that is approved, conducted, and supported by various organizations, as defined in federal law,² including the Centers for Disease Control and Prevention and the National Institutes of Health.
- » These services would be available under both the fee-for-service (FFS) and managed care delivery system.
- » The proposed effective date for SPA 22-0017 is July 1, 2022. SPA 22-0017 is subject to approval by CMS.

² Section 1905(gg)(2) of the Social Security Act

Impact to Tribal Health Programs

- » To the extent that Tribal Health Programs provide services for Medi-Cal beneficiaries who are participating in a clinical trial, those beneficiaries may access the services more frequently.

Impact to Federally Qualified Health Centers (FQHCs)

- » To the extent that FQHCs provide services for Medi-Cal beneficiaries who are participating in a clinical trial, those beneficiaries may access services more frequently.

Impact to Indian Medi-Cal Beneficiaries

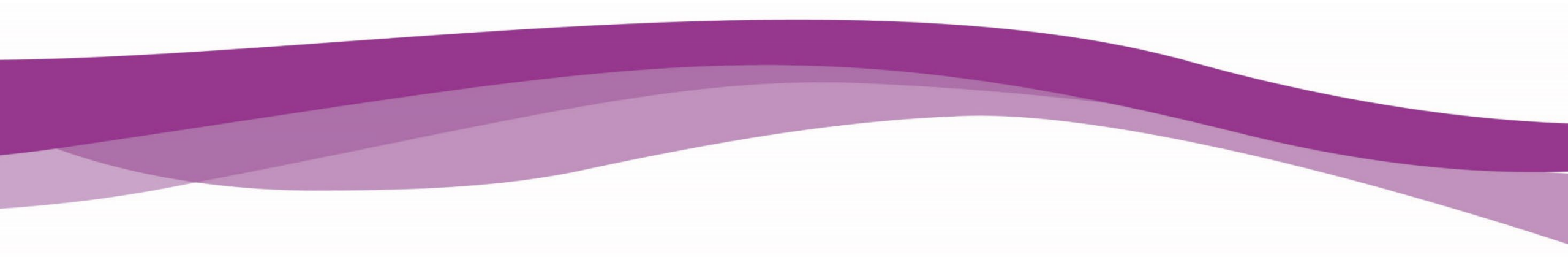
- » Medi-Cal beneficiaries may have increased access to these benefits, which is expected to improve health outcomes for beneficiaries receiving these services.

Contact Information

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Community Health Worker Services
Asthma Preventive Services
Clinical Trials
ABP SPA 22-0019

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Jennifer Dias
DHCS Benefits Division

Background

- » DHCS submitted SPA 22-0001 to CMS on April 29, 2022, to add community health worker (CHW) services as a State Plan benefit.
- » DHCS will submit SPA 22-0003 to CMS by June 30, 2022, to add asthma preventive services as a State Plan benefit.
- » DHCS will submit SPA 22-0017 to CMS by June 30, 2022, to add routine patient costs for a beneficiary participating in a qualifying clinical trial.

Purpose

- » To seek the necessary federal approvals to add community health worker (CHW) services, asthma preventive services, and routine patient costs associated with participation in qualifying clinical trials as a Medi-Cal covered benefit in the Alternative Benefit Plan (ABP) and as covered services under the Medi-Cal program.

Summary of Proposed Changes

- » SPA 22-0019 updates the ABP to align coverage with corresponding changes made to the State Plan by proposed SPAs 22-0001, 22-0003, and 22-0017.
- » The proposed effective date for ABP SPA 22-0019 is July 1, 2022. ABP SPA 22-0019 is subject to approval by CMS.

Impact to Tribal Health Programs

- » Tribal clinics may use CHWs and unlicensed asthma preventive service providers to render services, but they are not considered Memorandum of Agreement 638 clinic providers. Services by CHWs and asthma preventive service providers will not be considered billable encounters and will not be eligible for reimbursement at the federal All-Inclusive Rate (AIR). The federal AIR includes costs for services delivered by the clinic, which may include services provided by CHWs and asthma preventive services providers at the clinic's discretion. Asthma preventive services rendered by licensed providers will be reimbursed at the AIR.
- » To the extent that Tribal Health Programs provide services for Medi-Cal beneficiaries who are participating in a clinical trial, those beneficiaries may access services more frequently.

Impact to Federally Qualified Health Centers (FQHCs)

- » An FQHC may use CHWs and unlicensed asthma preventive service providers; however, they are not considered FQHC billable providers. Therefore, these services will not be considered billable encounters and will not be eligible for Prospective Payment System (PPS) rate reimbursement. Some FQHCs may have some costs for CHW services built into their PPS rate. FQHCs that choose to add CHW or asthma preventive services for clinic patients may qualify for a Change in Scope of Services Request (CSOSR) under Welfare and Institutions Code Section 14132.100 (e)(3)(B) if they meet specific criteria as required in the statute.
 - » Please note, asthma preventive services rendered by licensed providers will be reimbursed at the PPS rate.
- » To the extent that FQHCs provide services for Medi-Cal beneficiaries who are participating in a clinical trial, those beneficiaries may access services more frequently.

Impact to Indian Medi-Cal Beneficiaries

- » Medi-Cal beneficiaries may have increased access to CHW and asthma preventive services, which are expected to improve health outcomes for beneficiaries receiving these services.
- » Medi-Cal beneficiaries participating in a clinical trial may also have increased access to these benefits, which is expected to improve health outcomes.

Contact Information

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SPA 22-0044

Physical Therapy Prescribers Expansion

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Jennifer Dias
DHCS Benefits Division

Background

- » DHCS proposes to maintain the expanded list of providers who can prescribe physical therapy.
- » Medi-Cal services provided at THPs and FQHCs are paid on a “per visit” basis. A visit is defined as a face-to-face encounter between a patient of a THP or FQHC and specified health care professionals identified in the State Plan.

Background

- » DHCS proposes to revise the State Plan to allow physicians and other licensed practitioners to prescribe physical therapy within their scope of practice. Currently, the State Plan authorizes only physicians, podiatrists, and dentists to prescribe physical therapy.

Purpose

- » To seek the necessary approvals to expand the list of providers who can prescribe physical therapy.

Summary of Proposed Changes

- » DHCS is seeking to expand the list of providers who can prescribe physical therapy to include physicians and other licensed practitioners of the healing arts within their scope of practice under state law, as authorized by federal regulations¹.
- » Currently, the State Plan authorizes only physicians, podiatrists, and dentists to prescribe physical therapy, although other licensed providers may prescribe physical therapy within their scope of practice during the COVID-19 public health emergency.
- » The expanded list of providers who can prescribe physical therapy would include providers in both the fee-for-service (FFS) and managed care delivery systems.
- » The proposed effective date for SPA 22-0044 is July 1, 2022. SPA 22-0044 is subject to approval by CMS.

¹ [Section 440.110\(a\) of Title 42 of the Code of Federal Regulations](#)

Impact to Tribal Health Programs

- » To the extent that Tribal Health Programs provide physical therapy services, an increase in beneficiaries accessing the services is expected.

Impact to Federally Qualified Health Centers (FQHCs)

- » To the extent that FQHCs provide physical therapy services, an increase in beneficiaries accessing the services is expected.

Impact to Indian Medi-Cal Beneficiaries

- » Medi-Cal beneficiaries may have increased access to physical therapy, which is expected to improve health outcomes.

Contact Information

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Feedback/Questions

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