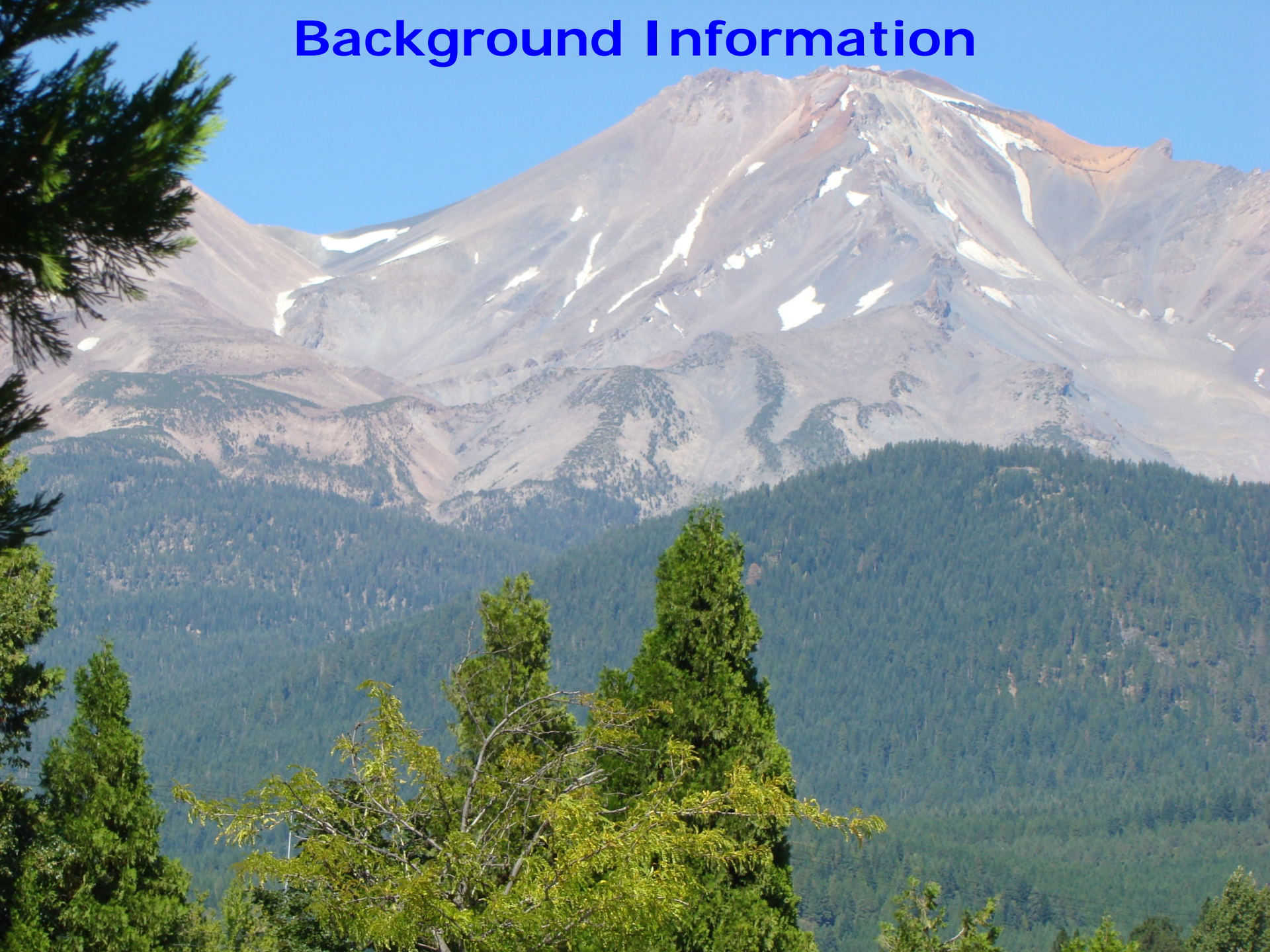


DHCS Update



July 21, 2010

Background Information



Department of Health Care Services (DHCS)

- DHCS was created on July 1, 2007 under Senate Bill 162 (Ortiz, Chapter 241, Statutes of 2006).
- Mission statement: To preserve and improve the health status of all Californians.
- Finances and administers health care delivery programs for low income families, children, pregnant women, seniors and persons with disabilities
- Administers a \$40.1 billion budget in State and Federal funds for programs, of which \$11.2 is general fund in Fiscal Year 2009-2010.
- Programs under the department include Medi-Cal, Children's Medical Services, and programs for underserved individuals including American Indian communities.

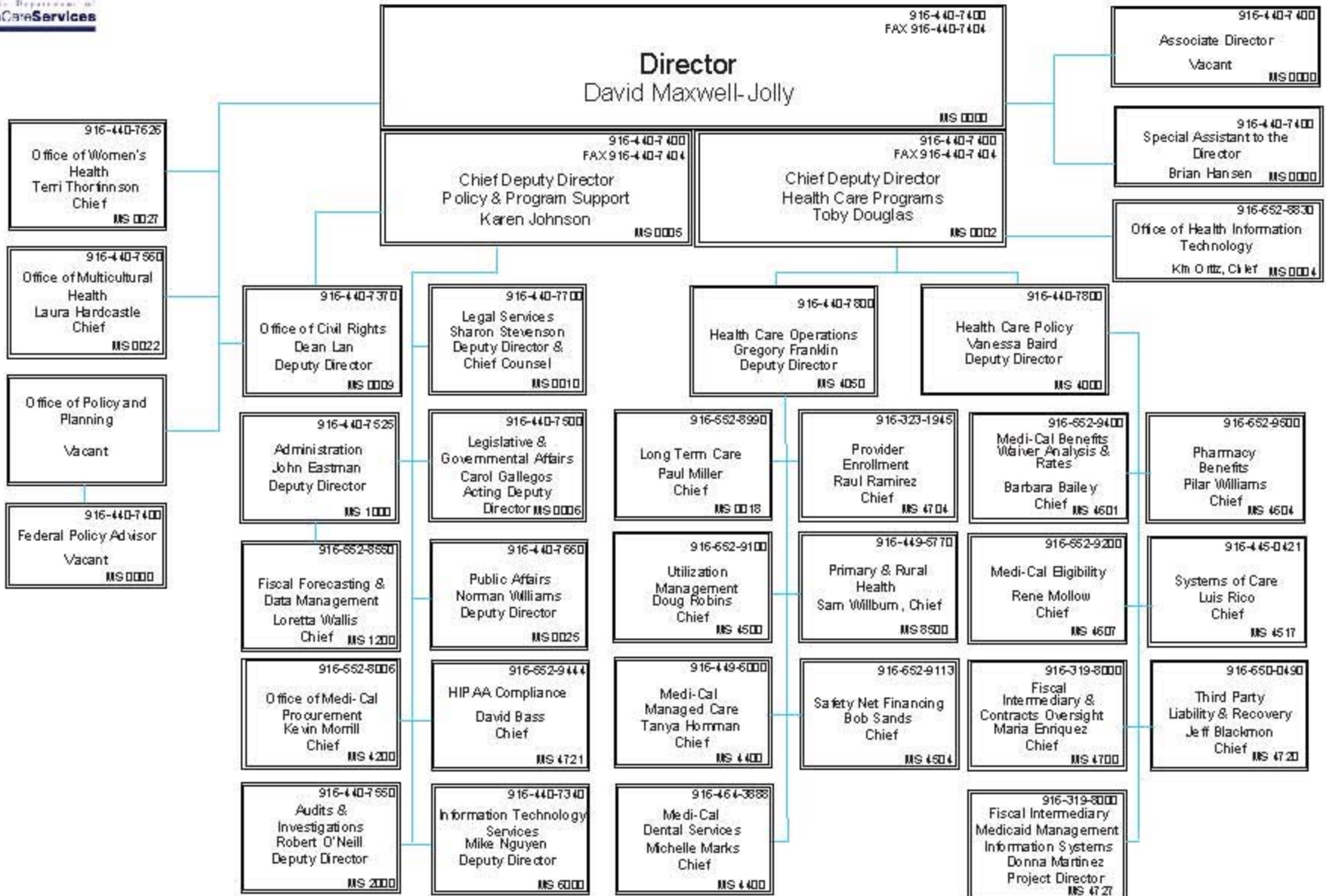
Fiscal Year 2010-2011 State Budget

- Approximately \$20 billion deficit
- Budget negotiations in progress
- Payments to providers ongoing with funds from loan
- No payments for EAPC program for Services after July 1st



Department of Health Care Services

Effective May 26, 2010



The Medi-Cal Program



- Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals, blind, and disabled.
- Medi-Cal is financed equally by the State and federal government.

Medi-Cal Program 2009-2010

- Served 7.3 million recipients
- 440 hospitals
- 130,000 doctors, pharmacists, dentists, and other health care providers



Section 1115 Comprehensive Demonstration Project Waiver Proposal

Proposes to develop organized systems of care to provide coordinated services for targeted populations. Proposal developed with input from multiple stakeholders advisory groups

- Seniors and Persons with Disabilities (enrolled into Managed Care or County alternative)
- Children with Special Health Care Needs (4 models to provide organized delivery system)
- Persons with Behavioral Health Disorders and/or Substance Abuse (various models including medical home case management)
- Persons with Dual Medi-Cal and Medicare Eligibility (several models to enhance care coordination and to promote home and community based care)
- Health Care Coverage Initiative (expand statewide from 10 counties to provide coordinated care for uninsured, low income persons)
- Current State Senate Bill (SB 208) and Assembly Bill (AB 342) to further clarify Waiver issues

American Recovery and Reinvestment Act of 2009 (ARRA)

- July 1, 2009- ARRA, Public Law 111-5, Section 5006 was enacted which:

Requires States to utilize a process to seek advice on a regular, ongoing basis from designees of the Indian health programs, and Urban Indian Organizations concerning Medicaid matters having a direct effect on Indians, Indian health programs or Urban Indian Organizations

- May 25, 2010 -letter sent to the Indian health clinic Board of Directors Chairpersons to request the appointment of a designee

- To date, DHCS has received the following responses :

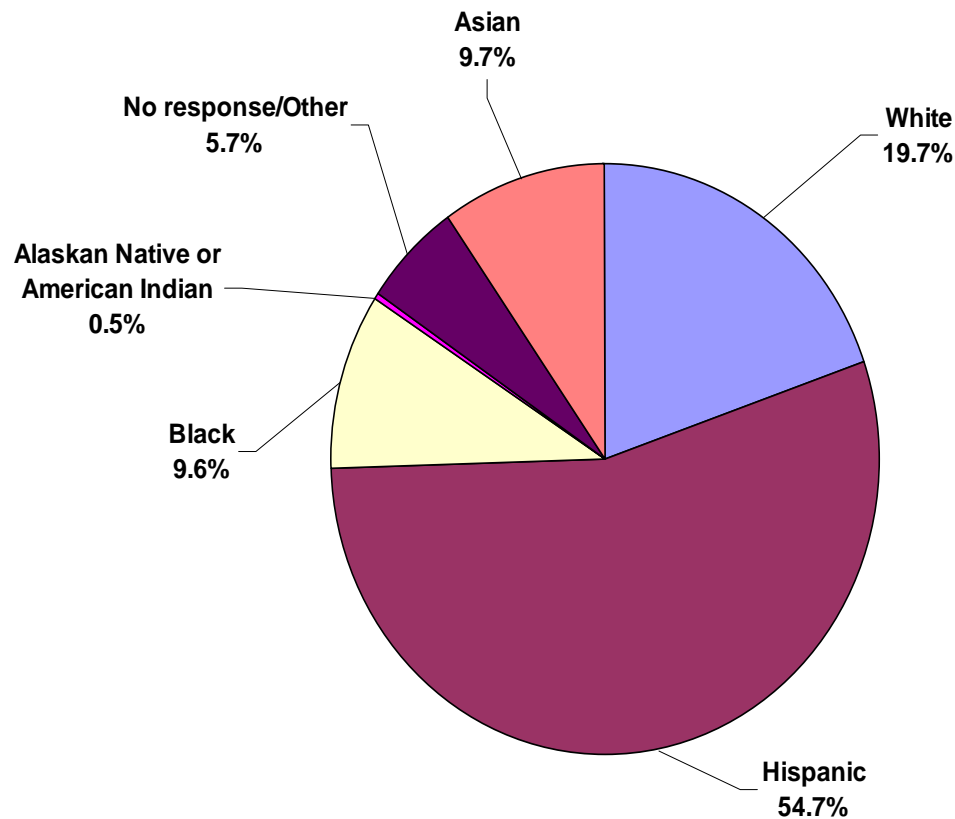
1. Cabazon Band of Mission Indians (Indio)-Veronica Abell, Tribal Services Coordinator
2. Chapa De Indian Health Program, Inc- Pamela Padilla, Administrative Services Director
3. Tule River Indian Health Program-Rhonda Hunter, Alternate Board Member and Ray Fuentes, Benefits Coordinator
4. Feather River Tribal Health, Inc.-Barbara Bird, Chairperson
5. Consolidated Tribal Health Project, Inc.-Frederick Rundlet, Executive Director
6. Karuk Tribe of California-Lessie Aubrey, Executive Director
7. Lake County Tribal Health Consortium, Inc.-Darlene Crabtree, Interim Executive Director
8. Central Valley Indian Health, Inc.,-Dixie Jackson, Chairperson and Irene Cordero, Alternate Board Member
9. American Indian Healing Center, Inc.-Miles Harden, Board Member
10. M.A.C.T. Health Board, Inc.-Nancy Ehlers, Chairman
11. Lassen Indian Health Center, Barbara Pearson, Chief Operations Officer
12. Toiyabe Indian Health Project, Inc.- Monty Bengochia, Rick Maddux, and Gerald Sam- Board Members and Amanda Whiteside, David J. Lent, and Christie Martindale-Staff

American Indian/Alaska Native (AI/AN) Medi-Cal Enrollees



Distribution of Medi-Cal Enrollees by Ethnicity

December 2009



Ethnicity is self-declared at the time of the Medi-Cal enrollees determination. There are a significant number of enrollees who don't declare a specific ethnicity.

American Indians are assigned the same ethnic code as Alaskan Natives.

Medi-Cal enrollees categorized as AI/AN accounted for 0.5% of the Medi-Cal enrollees in December 2009 whereas they represent 1% of the total population.

Source: Management Information System/Decision Support System (MIS/DSS)

Number of AI/AN Medi-Cal Enrollees by Month

(Jan 2009 thru Dec 2009)

Month	Number of American Indian Enrollees
Jan-09	33,167
Feb-09	33,340
Mar-09	33,519
Apr-09	33,507
May-09	33,527
Jun-09	33,525
Jul-09	33,717
Aug-09	33,964
Sep-09	34,048
Oct-09	33,987
Nov-09	33,926
Dec-09	33,886

*The number of
Medi-Cal enrollees
identified as AI/AN
averaged 33,676
per month.*

Source: Management Information System/Decision Support System (MIS/DSS)

Distribution of AI/AN Enrollees by Age Group

December 2009

Age Group	Number of American Indian Enrollees	Percentage of Total
Under 1 year	875	2.6%
1-5 years	4,517	13.3%
6-10 years	4,005	11.8%
11-15 years	3,867	11.4%
16-20 years	3,588	10.6%
21-30 years	4,346	12.8%
31-40 years	3,551	10.5%
41-50 years	3,374	10.0%
51-55 years	1,535	4.5%
56-64 years	1,890	5.6%
age 65 years plus	2,338	6.9%

49.7% of the AI/AN Medi-Cal enrollees are in the age group 0-20 years.

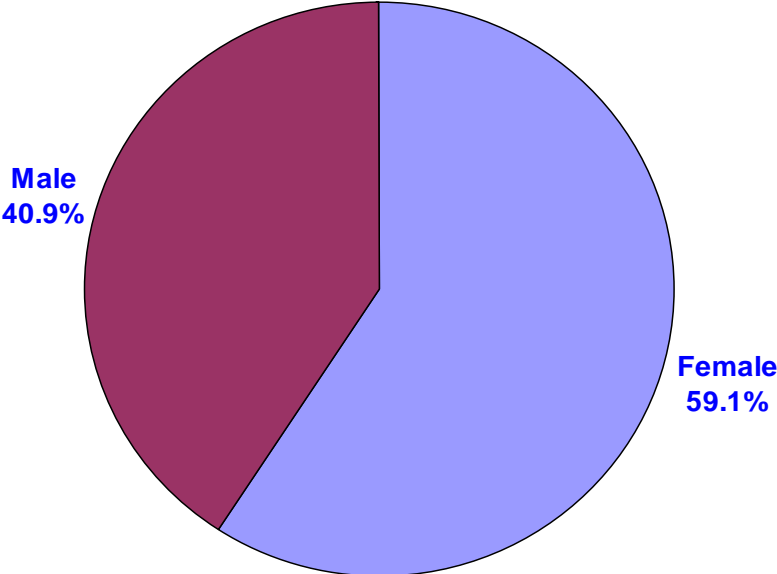
33.3% of the Medi-Cal enrollees are in the age group 21-50 years.

17.0% are 51 years and above.

Source: Management Information System/Decision Support System (MIS/DSS)

Distribution of AI/AN Medi-Cal Enrollees by Gender

December 2009

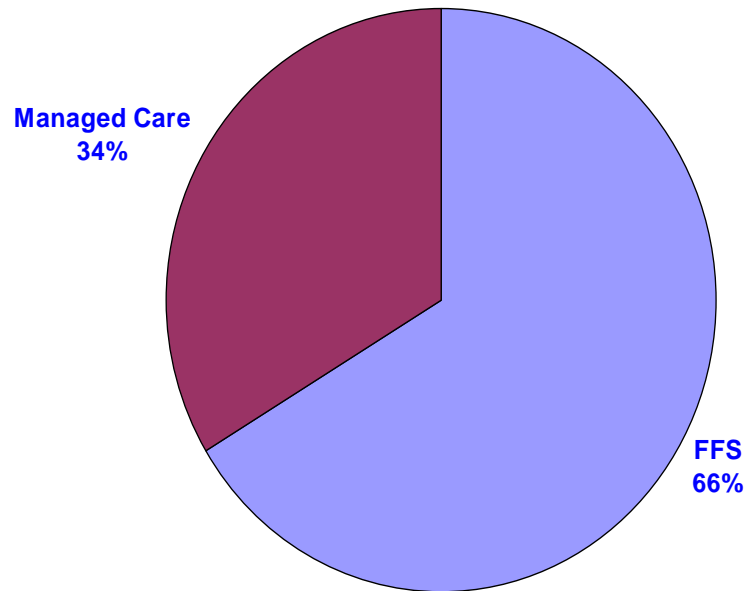


In December 2009, 59.1% AI/AN enrollees were females and 40.9% were males.

Source: Management Information System/Decision Support System (MIS/DSS)

Percentage of AI/AN Enrollees by Medi-Cal Managed Care and Fee for Service (FFS) Enrollment

December 2009



Most American Indian Medi-Cal Enrollees received care from FFS providers. (This contrasts to the total Medi-Cal population where 51.5% are enrolled in Medi-Cal Managed Care Plans).

Source: Management Information System/Decision Support System (MIS/DSS)

Indian Health Clinic Medi-Cal Utilization



Indian Health Clinic Medi-Cal Providers

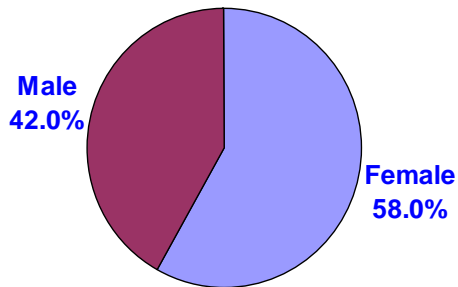
- 75 primary care clinic sites in California serving AI/AN
 - 16 Federally Qualified Health Centers (FQHC)
 - 48 Indian Health Services Memorandum of Agreement (IHS/MOA). (Some clinics carry multiples NPI numbers)
 - 1 licensed Community clinic

Indian Health Clinic Payments July 2008 – June 2009

- Tribal Indian Clinics
 - Paid \$48.8 million
 - Average \$4 million per month
- Urban Indian Clinics
 - Paid \$11.2 million
 - Average \$931 thousand per month

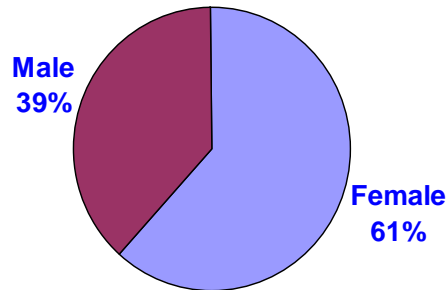
Number and Gender of Medi-Cal Users of Indian Health Clinic Services FY 2008-2009

Tribal Indian Health Clinics



39,554 users

Urban Indian Health Clinics



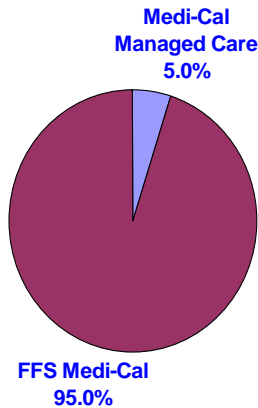
9,571 users

The distribution of users by gender is similar for both tribal and Urban Indian Health clinics.

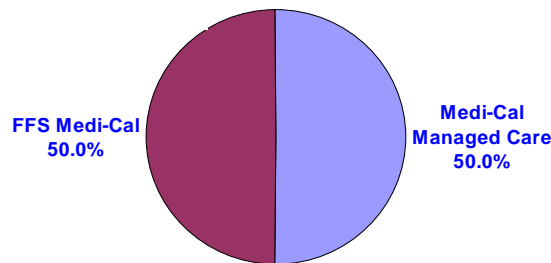
Urban clinics served 9,571 and tribal clinics served 39,554 individuals in FY 2008-09

Medi-Cal Users of Indian Health Clinic by Medi-Cal Managed Care Enrollment FY 2008-2009

Tribal Indian Health Clinics



Urban Indian Health Clinics



50% of users of Urban Indian Health Clinics were enrolled in Medi-Cal Managed Care Plans.

5% of users of Tribal Indian Health Clinics were enrolled in Medi-Cal Managed Care Plans.

Top Ten Clinical Classifications by Payments for Medi-Cal Users of Indian Health Clinic Services FY 2008-2009

Tribal Indian Health Clinics

Clinical Classification	Number of Unique IDs	Total Expenditures
Disorders of Teeth and Jaw	24,474	\$ 22,209,356.65
Administrative/Social Admission	4,439	\$ 1,876,125.35
Back problem	2,500	\$ 1,661,134.47
Mood disorders	1,927	\$ 1,548,834.16
Other Upper Respiratory Infections	3,866	\$ 1,417,637.94
Anxiety disorders	1,307	\$ 1,018,789.75
Normal Pregnancy and/or Delivery	721	\$ 849,652.29
Medical Exam/Evaluation	2,624	\$ 731,915.18
Diabetes Mellitus with <u>no</u> complications	1,611	\$ 723,074.57
Other Nontraumatic Joint Disorders	1,648	\$ 665,482.04
Total		\$ 32,702,002.40

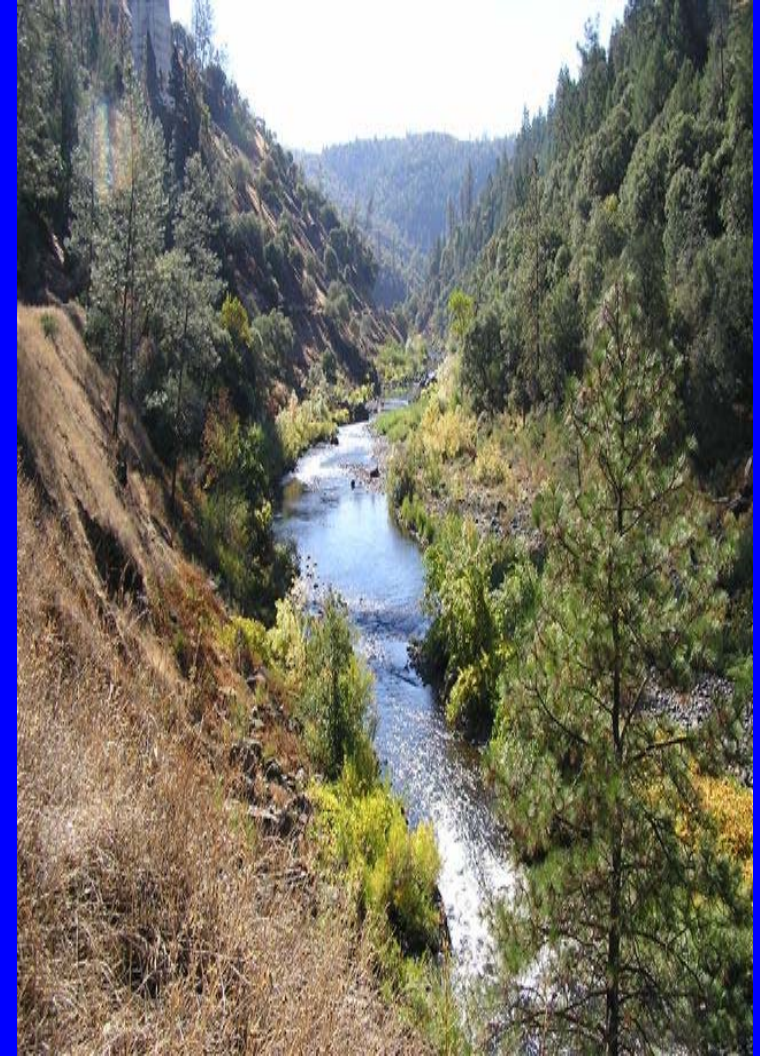
Urban Indian Health Clinics

Clinical Classification	Number of Unique IDs	Total Expenditures
Disorders of Teeth and Jaw	4,447	\$ 4,419,691.56
Normal Pregnancy and/or Delivery	406	\$ 971,992.25
Administrative/Social Admission	1,529	\$ 568,368.77
Mood disorders	499	\$ 411,701.48
Contraceptive and Procreation Mgmt	500	\$ 367,637.73
Back problem	480	\$ 234,602.56
Other Upper Respiratory Infections	733	\$ 230,163.40
Essential Hypertension	500	\$ 199,151.64
Diabetes Mellitus with <u>no</u> complications	399	\$ 192,994.76
Diabetes Mellitus with complications	327	\$ 180,506.33
Total		\$ 7,766,810.48

The most prevalent disorder treated in both Tribal and Urban Indian Health Clinics related to disorders of the teeth and jaw.

DHCS Indian Health Activities

- State Indian Health Program (IHP)
- Tribal Medicaid Administrative Activities (MAA) Claiming
- Medi-Cal Tribal Liaison –technical assistance and meetings with Indian Health organizations, development of DHCS staff training in partnership with Office of Multicultural Health
- MOA Rate Update in progress - \$289 per visit
- OSHPD Annual Rate Departmental Training and Development
 - Health and Safety Code, Section 127285 and Section 1216



Indian Health Program (IHP)

- The IHP provides technical and financial assistance, research related to the health and health services to AI, and coordination with similar programs of the Federal Government, other states, and voluntary agencies.
- IHP staff provides support to the activities of the statutorily established American Indian Health Policy Panel (AIHPP). The AIHPP provides advice regarding the level of resources, priorities, criteria, and guidelines for improving the health status of AIs in California to the Directors of both the DHCS and the California Department of Public Health (CDPH).
- The IHP administers the American Indian Infant Health Initiative (AIIHI) program. AIIHI provides home visitation support services and basic health care instruction to high-risk pregnant and parenting AI families. AIIHI provides interventions aimed at reducing infant mortality and teen pregnancy as well as facilitating early entry into prenatal care.
- The IHP provides emergency preparedness training and on-site technical assistance to Indian health clinics regarding natural and man-made emergencies.

Other DHCS Activities

- Fiscal Intermediary Change Over
- Medi-Cal HIT Incentive Program
- Health Care Reform Preparation
 - Assist CA HHS task force on development of High Risk Pool, Health Insurance Exchange, Medi-Cal Expansion, Workforce Development, Eligibility Systems Integrations/On-line Enrollment, Prevention and Wellness, and Insurance Conformity (HCR expected to increase Medi-Cal enrollment by 1.6 to 1.9 million. The cost of reform to the State is estimated to be between \$2 to \$3 billion when fully implemented)



**Visit the DHCS
website for further
information at:
www.dhcs.ca.gov**

Contacts

- Sam Willburn

Email: sandra.willburn@dhcs.ca.gov

- Andrea Zubiante

Email: andrea.zubiante@dhcs.ca.gov

Indian Health Program website:

<http://www.dhcs.ca.gov/services/rural/pages/indianhealthprogram.aspx>

Medi-Cal Contacts

- Phone Support:
1-800-541-5555
- Automated Phone Center:
1-800-786-4346

<http://www.medi-cal.ca.gov/contact.asp>

<http://www.dhcs.ca.gov/services/medi-cal/Pages/Contacts.aspx>

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