



Indian Health Program Organized Delivery System

Tribal Leaders Meeting Update
3/21/2018



Background

- The DMC-ODS Pilot Program is authorized under the authority of the state's Medi-Cal 2020 Waiver.
- Elective for Indian Health Programs. The Pilot Program will be elective until 2020.
- Standard Terms & Conditions. Outline of requirements for eligibility, benefits, Indian Health Program responsibilities, state oversight, and reimbursement.



Implementation Phases

Phase 1:

- Bay Area

Phase 2:

- Southern California

Phase 3:

- Central California

Phase 4:

- Northern California

Phase 5:

- Tribal and Urban Indian Health Programs



Support

- The California Health Care Foundation and Blue Shield of California
 - With the support of these two entities providing funding directly to Parker-Dennison Behavioral Health Consultants, DHCS and the IHP-ODS are drawing from the knowledge and expertise from this firm to help build the system.
 - Specifically, the consultants are assisting with developing the Administrative Entity scope of work and the fiscal structure.



Attachment BB

- Attachment BB is the Indian Health Services portion of the Special Terms and Conditions.
- Attachment BB makes note of the terms and conditions which are changed, added or deleted from the Special Terms and Conditions.
- Attachment BB is in **draft** form and still being finalized with DHCS, CMS and AI/AN Stakeholders.



Attachment BB Proposed Required Levels of Service

Service	Required
Outpatient Services	<ul style="list-style-type: none">• Outpatient• Intensive Outpatient
Residential	<ul style="list-style-type: none">• ASAM levels (3.1 and 3.5)
MAT	<ul style="list-style-type: none">• Buprenorphine and naloxone
Withdrawal Management	<ul style="list-style-type: none">• Residential Level 3.2-WM
Recovery Services	<ul style="list-style-type: none">• Required
Case Management	<ul style="list-style-type: none">• Required



Attachment BB

Provider Specifications

- All IHP-ODS contractors must be a Tribal or Urban Indian Health Program in good standing with IHS and/or the Drug Medical (DMC) Program and must obtain DMC certification.
- If approved by CMS, Natural Helpers and Traditional Healers may be utilized and reimbursed.



Attachment BB

Provider Specifications

- IHP-ODS will allow the utilization of cultural practices for SUD treatment services.
- Providers will implement at least two of the five identified evidenced based treatment practices.



IHP-ODS Administrative Entity

- DHCS will select the Administrative Entity.
- The fiscal structure must be determined prior to the release of the Request for Application for the Administrative Entity.

Type of entity to be Administrative Entity

- Tribal Organization
- Managed Care Organization(MCO
- Hybrid/Joint of the two above
- Counties



IHP-ODS Administrative Entity

Administrative Entity managed care roles

- Must be performed by Administrative Entity
 - Advisory group (for tribal representation)
 - UM program
 - Quality assurance
 - Compliance
- Required functions that could be subcontracted
 - IHS Eligibility determination
 - Provider network
 - Beneficiary access line and beneficiary informing
 - Medical necessity determination
 - Care coordination
 - IT support



IHP-ODS Estimated Prevalence

- Range of approximately 8,000 – 26,500 on historical SUD data (low) and prevalence data (high)
 - Historical data for AI/AN persons eligible for Medi-Cal receiving SUD services or with an SUD diagnoses (primary or secondary) from IHS and Cal OMS for 2015 were 5,500 and 2,200, respectively.
 - No data was available from Urban providers
 - Prevalence data using California census data for AI/AN persons below 138% of poverty (212,600) plus SAMHSA prevalence rate for this population of 11.6% yielding potential membership of 26,500 persons.



IHP-ODS Fiscal

Outstanding Fiscal Issues

- Administrative Claiming
- Source of Match
- Rate setting
 - Urban Rates
 - Tribal Rates



IHP-ODS Fiscal

- DHCS is working internally, with AI/AN stakeholders, and informally with CMS to develop a fiscal payment structure for providers and administrative costs for the Administrative Entity.
- Administrative claiming needs to be feasible to support on-going managed care functions.



Next Steps

- Determine Fiscal Structure of IHP-ODS
- Formal Attachment BB submission to CMS
- Release RFA for Administrative Entity
- Select Administrative Entity
- Execute Contract with Administrative Entity



Resources

DHCS, DMC-ODS Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>