

Medi-Cal County Inmate Program

Background

▶ **Federal Authority**

- ▶ Section 1905(a)(29)(A) of the Social Security Act
 - ▶ Medical assistance does not include care or services for an inmate of a public institution, except as a patient in a medical institution.

▶ **State Authority**

- ▶ Assembly Bill (AB) 1628 - Adults
 - ▶ Welfare and Institution Code (WIC) § 14053.7
- ▶ AB 396 & SB 695 - Juveniles
 - ▶ WIC § 14053.8
- ▶ Senate Bill (SB) 1462 – Compassionate Release and Medical Probation
 - ▶ Government Code sections § 26605.6, § 26605.7, § 26605.8

Medi-Cal County Inmate Program

- ▶ The Medi-Cal County Inmate Program(MCIP) is a voluntary, fee-for service (FFS) only program that provides MCIP services to MCIP eligible inmates.
- ▶ MCIP consists of:
 - ▶ Adult County Inmate Program (ACIP)
 - ▶ Juvenile County Inmate Program (JCWP)
 - ▶ County Compassionate Release Program (CCRP) and County Medical Probation Program (CMPP)

Medi-Cal County Inmate Program

- ▶ **Adult County Inmate Program (ACIP)**
 - ▶ Provides Medi-Cal allowable inpatient hospital services, including inpatient psychiatric services, and physician services provided during the inpatient hospital service stay of adult inmates in county correctional facilities who are determined eligible for Medi-Cal.
- ▶ **Juvenile County Ward Program (JCWP)**
 - ▶ Provides Medi-Cal allowable inpatient hospital services, including inpatient psychiatric services and physician services, of juvenile inmates in county correctional facilities who are determined eligible for Medi-Cal.
- ▶ **County Compassionate Release/Medical Parole Program (CCRP/CCMP)**
 - ▶ Allows county sheriffs to grant medical release or medical probation in lieu of jail time, if certain conditions are met.

The Department of Health Care Services' (DHCS') Responsibility

Medi-Cal Eligibility Division (MCED)

- Develops statewide eligibility policies, procedures, and regulations governing Medi-Cal and the Children's Health Insurance Program (CHIP).
- Ensures eligibility is determined accurately and timely in accordance with state and federal requirements.

Clinical Assurance and Administrative Support Division (CAASD)

- Provides quality clinical oversight and administrative services that result in appropriate and cost-effective care for Medi-Cal participants.

The Department of Health Care Services' (DHCS') Responsibility

Safety Net Financing Division (SNFD)

- Administer payments according to state and federal regulations.
- Process and monitor payments for hospitals and other types of providers for various supplemental programs.
- Distribute MCIP documents.
- Collect the MCIP agreement from Counties.
- Collect the nonfederal share of MCIP services and administrative costs from the Counties.
- Respond to claiming and program inquiries.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ AB 720 (Chapter 646, Statutes of 2013) added Penal Code Section 4011.11 and amended Section 14011.10 of the Welfare and Institutions (W&I) Code:
 - ▶ Authorizes designated entities or individuals in the county to act on behalf of county inmates who need Medi-Cal for coverage of inpatient hospital services provided off the grounds of the correctional facility.
 - ▶ Does not authorize counties to act on behalf of pre-release applicants.
 - ▶ Authorizes the county to help county inmates apply for health coverage while incarcerated.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ AB 720 (Cont.)
 - ▶ Requires that **all** Medi-Cal Beneficiaries, regardless of age, who become incarcerated have their regular Medi-Cal benefits suspended for up to twelve (12) months.
 - ▶ Suspension shall end on the date the individual is no longer an inmate of a public institution or one year from the date he or she becomes an inmate of a public institution, whichever is sooner. (DHCS All County Welfare Directors Letters (ACWDLs) 14-26 and 14-26E)

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **County Inmate Medi-Cal Eligibility Process**
 - ▶ Staff at the county jail, hospital, or other county health facility may help the inmate complete the Single Streamlined Application, if the inmate gives his or her consent by signing an authorized representative document.
 - ▶ The application is submitted to the County Welfare Department (CWD).
 - ▶ County eligibility workers (EWs) are responsible for initial, annual, and change in circumstance eligibility determinations for county inmate populations.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **County Inmate Medi-Cal Eligibility Process (Cont.)**
 - ▶ Applicants determined eligible for Medi-Cal are assigned an appropriate inmate aid code and eligibility is shown in the Medi-Cal Eligibility Data System (MEDS) and respective county eligibility system(s).
 - ▶ Inmate applicants found Medi-Cal eligible will not receive a Benefits Identification Card (BIC). Rather, the county jail facility/Sheriff's department should be given the eligibility information necessary for administration of the program.

Medi-Cal Inmate Eligibility Programs (MCIEP)

▶ **County Correctional/Jail Staff Responsibilities**

- ▶ Identify county inmates admitted for covered inpatient hospital services off the grounds of the correctional facility.
- ▶ Obtain the appropriate authorized representative form from the county inmate.
- ▶ Work with the inmate to complete and sign Medi-Cal application documents.
- ▶ Submit completed Medi-Cal applications and any supporting documentation to the appropriate county welfare department.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **County Correctional/Jail Staff Responsibilities (Cont.)**
 - ▶ Forward medical records to the county, if a disability determination packet is needed.
 - ▶ Receive eligibility information from county eligibility workers regarding inmates' Medi-Cal eligibility determination.
 - ▶ Inform the CWD when the inmate's situation has changed, e.g., released, paroled, transferred or deceased.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **Implementation of Inmate Aid Codes in the Special Segment in MEDS**
 - ▶ Effective July 1, 2016, county and state inmate aid codes that resided on the Primary segment in MEDS were moved to the Special segment in MEDS (INQ1, INQ2, or INQ3).
 - ▶ When an inmate aid code is added to a MEDS record, a special INMATE segment is created.
 - ▶ This allows for the presence of a full scope/regular Medi-Cal aid code on the Primary segment and an inmate aid code on the INMATE segment at the same time. In essence, both aid codes can now co-exist in MEDS.
 - ▶ Active inmate aid code in MEDS take precedence over any other active aid code, including those aid codes on the Primary segment.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **Implementation of Inmate Aid Codes in the Special Segment in MEDS (Cont.)**
 - ▶ **In** and **Out** Dates
 - ▶ Added to the MEDS QE screen.
 - ▶ The **In** date signifies the first day of inmate eligibility. The **Out** date signifies the day inmate eligibility ends. This allows claims to be paid for the MCIEP aid code and Non-MCIEP aid code in the same month.
 - ▶ It is important counties use the **In** and **Out** dates correctly; the proper use will allow the client to have appropriate access to care under non-MCIEP aid codes.
 - ▶ While the client is **In**, only his or her inmate aid code can be billed.
 - ▶ An All County Welfare Directors Letter is in progress.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **Implementation of Inmate Aid Codes in the Special Segment in MEDS (Cont.)**
 - ▶ Issues with this change – pending resolution
 - ▶ Continued eligibility after termination of an inmate aid code
 - ▶ MEDS was not programmed to allow for mid-month and retroactive termination of the inmate aid codes. Consequently, inmate eligibility continues through the end of the termination month rather than terming on the specific date entered.
 - ▶ MEDS changes months after the termination month to forced eligible instead of eligibility status 999 (ineligible) as expected. This prevents individuals from accessing care on a non-inmate aid code after their release from a correctional facility.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **Implementation of Inmate Aid Codes in the Special Segment in MEDS (Cont.)**
 - ▶ Issues with this change – pending resolution
 - ▶ Continued eligibility after termination of an inmate aid code
 - ▶ DHCS is working on resolving this issue by January 1, 2017. Until then, there is a workaround for cases where there is an immediate need, e.g., doctor's appointment, surgery, prescriptions.
 - ▶ The county will create a new MEDS records by assigning a new Client Index Number (CIN) and a pseudo MEDS-ID.
 - ▶ The county will enroll the beneficiary into the appropriate Medi-Cal aid code under the new CIN. The aid code on the new CIN must reflect the aid code on the original CIN.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **Implementation of Inmate Aid Codes in the Special Segment in MEDS (Cont.)**
 - ▶ Issues with this change – pending resolution
 - ▶ Continued eligibility after termination of an inmate aid code (Cont.)
 - ▶ A remedy ticket with both the original and new CIN should be submitted to the DHCS, for tracking purposes.
 - ▶ The county will track both CINs and merge both records once the issue is resolved.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ Issues with this change – pending resolution (Cont.)
 - ▶ Suspension of benefits
 - ▶ Counties are required to suspend rather than terminate Medi-Cal benefits for all inmates upon learning of their incarceration status. Instructions were provided to counties via ACWDLs 14-26 and 14-26E.
 - ▶ Suspension is instituted in MEDS using the Other Health Code (OHC) I.
 - ▶ Although both inmate aid codes and non-MCIEP aid codes can now co-exist in MEDS, the suspension code suspends the whole case, which may result in inmate denied claims.
 - ▶ DHCS is working to resolve this issue and will be issuing new guidance for counties.

Medi-Cal Inmate Eligibility Programs (MCIEP)

County Compassionate Release /Medical Probation Programs

- ▶ Who is eligible for County Compassionate Release?
 - ▶ County Sheriffs are authorized to release an inmate from a county correctional facility on compassionate release if:
 - ▶ The sheriff in consultation with a physician determines that the inmate has a **life expectancy of six (6) months or less.**
 - ▶ The sheriff determines the inmate would not reasonably pose a threat to public safety.
 - ▶ The sheriff notifies the presiding judge of the superior court of his or her intention to release the inmate.
 - ▶ A placement option for the inmate is secured and a CWD or other applicable county agency examines the inmate's eligibility for Medi-Cal or other medical coverage.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **Who is eligible for County Medical Probation?**
 - ▶ County Sheriffs are authorized to request medical probation if:
 - ▶ An inmate is physically incapacitated with a medical condition that renders the inmate permanently unable to perform activities of basic daily living, requiring 24-hour care, if that incapacitation did not exist at the time of sentencing.
 - ▶ An inmate would require acute long-term inpatient rehabilitation services.
 - ▶ A placement option for the inmate is secured and the applicable county agency determines the inmate's eligibility for Medi-Cal or other medical coverage.
 - ▶ If at any time the court determines, based on a medical examination, that the probationer's medical condition has improved to the extent that the probationer no longer qualifies for medical probation, the court may return the probationer to the custody of the sheriff.

Medi-Cal Inmate Eligibility Programs (MCIEP)

- ▶ **County Medi-Cal Inmate Aid Codes**
 - ▶ **Adult County Inmate Program (ACIP)**
 - ▶ F3, F4, G3, G4, N7, N8, N0
 - ▶ **Juvenile County Inmate Program (JCIP)**
 - ▶ G5, G6, G7, G8
 - ▶ **County Compassionate Release/Medical Probation Program (CCRP/CMPP)**
 - ▶ J1, J2, J3, J4, J5, J6, J7, J8 (Currently being used)
 - ▶ K6, K7, K8, K9 (Implementation date of December 1, 2016)

For aid code descriptions, please see Appendix B at the end of the presentation.

Provider Responsibility

- ▶ For dates of service on or after April 1, 2017, providers may submit claims to DHCS' Fiscal Intermediary (FI) consistent with standard FFS Medi-Cal billing.
- ▶ DHCS' FI will verify the following:
 - ▶ Services billed are covered by the program.
 - ▶ The County of Responsibility is participating in the program.
- ▶ Claims will deny if the County of Responsibility is not participating in the program.
- ▶ Providers shall comply with the Treatment Authorization Request (TAR)/utilization review requirements for their particular provider type and FFS MCIP service type.

Billing

- ▶ Follow regular Medi-Cal billing protocol.
- ▶ Submit paper claims:
Xerox State Healthcare, LLC
P.O. Box 15700
Sacramento, CA 95852-1700
- ▶ Providers will receive payment consistent to the timeline for regular Medi-Cal claims.
- ▶ Recoupments may be made directly to providers if counties refuse to reimburse the nonfederal share of a paid MCIP claim.

Clinical Assurance and Administrative Support Division (CAASD)

- ▶ Review and adjudicate Treatment Authorization Requests (TARs) based solely on medical necessity for TARs submitted with applicable MCIP aid codes. There is no verification of allowable services or county participants for TARs submitted by providers.
- ▶ Hospital TAR requirements differ by provider type. All TARs are requested at provider level. An approved TAR does not guarantee payment.
- ▶ All physician TARs for services related to an inpatient stay remain under current requirements for such services.
- ▶ All mental health TARs are processed by the counties, not CAASD.
- ▶ Three separate TAR requirements for general acute care inpatient services as defined in the following slides.

Clinical Assurance and Administrative Support Division (CAASD)

Designated Public Hospitals

- ▶ The 21 Designated Public Hospital TAR requirements are as follows:
 - ▶ These facilities require no TAR for inpatient general acute care services (exception of hospice stays).
 - ▶ CAASD performs post payment reviews of paid claims for medical necessity, level of care and/or allowable services based on a statistically valid random sample .
 - ▶ Reviews that are found to be medically unnecessary, beyond the scope of authorized services or level of care are recouped from the provider directly.

Clinical Assurance and Administrative Support Division (CAASD)

DRG TAR Free Providers

- ▶ The 19 Designated Municipal Public Hospitals and Private Hospitals enrolled in the DRG TAR-Free Program TAR requirements are as follows:
 - ▶ These facilities require no TAR for inpatient general acute care services with the following MCIP aid codes:
 - ▶ F3, G3, N7, N0, G5, G7, J1, J2, K6 and K8.
 - ▶ CAASD performs post payment reviews of paid claims (non-restricted) on a statistically valid random sample for determination of admission for medical necessity. If the sampling indicates findings, a focused review is then performed.
 - ▶ Reviews that are determined to be medically unnecessary are recouped from the provider directly.

Clinical Assurance and Administrative Support Division (CAASD)

DRG TAR Free Providers (Cont.)

- ▶ The 19 Designated Municipal Public Hospitals (DMPHs) and Private Hospitals enrolled in the DRG TAR Free Program TAR requirements are as follows for restricted aid codes and rehabilitative care:
 - ▶ These facilities require daily TARs for inpatient general acute care services with the following MCIP aid codes:
 - ▶ F4, N8, G4, G6, G8, J3, J4, J6, J8, K7 and K9 in addition to rehab services regardless of aid code. (Exception – delivery stays under a 2 day vaginal delivery or a 4 day cesarean delivery remain TAR Free).
 - ▶ All physician TARs for services related to an inpatient stay remain under current requirements for such services.
 - ▶ Note...DMPH and Private Hospitals roll into the TAR-Free Program on a continuous basis.

Clinical Assurance and Administrative Support Division (CAASD)

DRG Providers Not Yet Enrolled in the DRG TAR-Free Program

- ▶ The Designated Municipal Public Hospitals (DMPHs) and Private Hospitals not yet enrolled in the DRG TAR-Free Program have the following TAR requirements:
 - ▶ These facilities require an admission TARs for inpatient general acute care services with the following MCIP aid codes: F3, G3, N7, N0, G5, G7, J1, J2, K6 and K8.
 - ▶ These facilities require daily TARs for inpatient general acute care services with the following MCIP aid codes: F4, N8, G4, G6, G8, J3, J4, J6, J8, K7 and K9 in addition to rehab services regardless of aid code. (Exception – delivery stays under a 2 day vaginal delivery or a 4 day cesarean delivery remain TAR Free).

Clinical Assurance and Administrative Support Division (CAASD)

Additional Notes:

- ▶ All Long Term Care services as defined by aid codes J5, J6, J7 and J8 require a TAR.
- ▶ CAASD is limited to reviewing a submitted TAR for medical necessity only. There is no verification of county participation, dates of services, or verification of reimbursable services under the MCIP program. An approved TAR does not guarantee payment for services to the provider.

MCIP Participation

- ▶ Eligible claims with dates of service on or after April 1, 2017.
- ▶ If a County chooses to participate in MCIP, they must enter in an Agreement with DHCS.
 - ▶ Renewed on an annual basis.
- ▶ If a County does not participate in MCIP or does not abide by the terms of the Agreement, the County remains responsible for arranging for and paying for medical care for its inmates.

MCIP Agreement

- ▶ Per legislation, there is to be no General Fund impact under MCIP.
- ▶ The agreement establishes the terms a County must abide by in order to participate in MCIP and County's responsibility for the nonfederal share of MCIP services and administrative costs.
 - ▶ Exception: public providers that incur the cost of the nonfederal share of MCIP services through a Certified Public Expenditure (CPE) reimbursement methodology.
 - ▶ The nonfederal share of MCIP services will be collected on a quarterly basis.
 - ▶ The nonfederal share of administrative costs will be collected on an annual basis.

Data Sharing Provisions

- ▶ Must comply with all provisions of the current Computer Matching and Privacy Protection Act Agreement (CMPPA).
- ▶ Data sharing language included in the MCIP agreement.

Timeline

- ▶ **September** - DHCS will send invitations to all counties to participate in the MCIP for the upcoming SFY. Responses are due from the counties on September 31st.
- ▶ **October** - DHCS distributes contracts to counties by the second week of October.
- ▶ **February** - Counties will have a deadline of February 14th to review the contract. At this time, DHCS will run a paid claims report per county for the previous SFY, based on aid code. If it is the county's first time participating in the program, the county will need provide their claim volume from the prior SFY.
- ▶ **March** - DHCS will send out the contract with estimated nonfederal share of administrative costs by March 17th.
- ▶ **April** - Counties will have a deadline of April 30th to return signed contracts.
- ▶ **June** - DHCS will ensure contracts are in place by June 30th and ready for the start of the next SFY.

County Responsibility

- ▶ If a County chooses to participate in the MCIP, the County must review and sign the MCIP agreement, and return the executed agreement to the Department.
 - ▶ Pay the nonfederal share of MCIP services on a quarterly basis.
 - ▶ Pay the nonfederal share of administrative costs on an annual basis.
- ▶ If a County chooses to not participate in the MCIP, then the county must continue to pay for the medical care for its inmates.
- ▶ Advise providers when the MCIP agreement is executed.
- ▶ Continue to process Mental Health TARs and claims.

Nonfederal Share of Administrative Costs

- ▶ Calculated using an administrative cost estimate developed by DHCS and the California State Association of Counties and the County Health Executives Association of California.
 - ▶ Prior SFY paid claim volume, based on aid code, for each participating county will be utilized.
- ▶ Costs allocated to each county will be based on the following:
 - ▶ 30% of the total administrative costs will be distributed evenly to all counties over 50,000 in population. (Population data will be obtained from <http://www.dof.ca.gov/Forecasting/Demographics/Estimates/>)
 - ▶ 70% of the total administrative costs will be distributed to counties based on their pro-rata share of paid claim volume.

County of Responsibility and County of Incarceration

- ▶ The county where the inmate is incarcerated is responsible for completing the eligibility determination of the MCIEP application and ensuring that the county jail address is listed as the inmate's residence address in MEDS.
- ▶ The **county code** data element in MEDS will be utilized to identify and determine the county responsible for payment of the nonfederal share.
 - ▶ For billing purposes, the county code will function as an indicator of the responsible county.

County of Responsibility and County of Incarceration

INQ1

** SPECIAL PROGRAM 2 INFORMATION **

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CASE-NAME                                DISTRICT          xxxxxxxx      ,  xx
COUNTY-ID 36-F3-xxxxxxxx-x-xx           EW-CODE
MEDS-ID xxx-xx-xxxxx  SSN-VER W  RV-COMP          630 MICKEY AVE
BIRTHDATE xx-xx-xxxxx  DOB-VER S  SEX F GOV-RSP 1  SAN BERNARDINO  CA 92415
CHAINED-ID                                LAST-MC/CP-CHG 06-30-16  ADDRESS-FLAG A  RES-COUNTY
PRIOR-MEDS-ID                            LAST-OTH-CHG 05-18-16  APDP           PICKLE           RECOVERY
WELFARE-PGM 007  DEATH-DT                DEATH-CD          TERM-DT          TERM-REAS
CIN 9xxxxxxxxc 3  HIC-NO                  BIC-ISSUE 10-05-15  PAPER-ISSUE
PGM:  M C H 1 (GR/CAP) C H 2 (INMATE)    H 3                FS C H CW
                2016=====> 2015=====>
COUNTY          08-16 PEND  JAN  FEB  MAR  APR  MAY  JUN  JUL  AUG  SEP  OCT  NOV  DEC
                36          19  19  19  19  19  19  36  19  19  19  19  19
AID-CODE         F3
ELIG-STAT 301
SOC-AMT
CERT-DAY
OHC              N          N  N  N  N  N  N  N  N  N  N  N
RESTRICT
MEDICARE
HCP1-NUM
HCP1-STAT
OPTION ___ <F13=VALID OPTIONS> F3=SUMMARY; F7=BACK; F8=FORWARD; ENTER=RETURN

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County of Responsibility and County of Incarceration

- ▶ In circumstances where the county receiving the MCIEP application is not the inmate's county of incarceration, the Courtesy Application Process should be followed. (Med-Cal Eligibility Procedures Manual Letter No. 156). Note: This does not preclude the county from processing an application.
 - ▶ Scenario 1: County A receives an application from County B for an inmate who is incarcerated in County B, but claims he resides in County A on the MCIEP application.
 - ▶ Scenario 2: County A receives an application from County B jail for an individual who is incarcerated in County B, but received inpatient services off the grounds of the correctional facility in County A.
 - ▶ Action: In both scenarios, County B is the county of incarceration and thus responsible for the nonfederal share. County A shall return the application back to County B for eligibility determination and maintenance of case.

Retroactive claiming

- ▶ The retroactive component for dates of service prior to April 1, 2017 will be developed in the next few months.
- ▶ Program Start Dates:
 - ▶ ACIP: October 1, 2010
 - ▶ JCWP: January 1, 2012
 - ▶ CCRP/CMPP: January 1, 2013

Third Party Administrators and Secure Wing

- ▶ Third Party Administrator (TPA)
 - ▶ Services provided within a contract with a health care management entity.
 - ▶ FAQ #26: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>
- ▶ Secure Wing
 - ▶ Services provided within a specific medical unit based on an inmate's status and not based on their treatment needs.
 - ▶ FAQ#28: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho16007.pdf>

How can I participate in the program?

- ▶ Contact your County Administrative Officer (CAO).
 - ▶ DHCS will send a copy of the MCIP Agreement to your CAO.
- ▶ A website is currently in development – details forthcoming.
- ▶ Subscribe to the Medi-Cal Subscription Service
 - ▶ <http://www.medi-cal.ca.gov/>
- ▶ Subscribe to the County Inmate ListServ for program updates:
 - ▶ DHCSIMCU@dhcs.ca.gov

Contact Us

- ▶ For claiming inquiries:
 - ▶ DHCSIMCU@DHCS.CA.GOV
- ▶ For eligibility inquiries:
 - ▶ MCIEP@DHCS.CA.GOV
- ▶ For Special Mental Health inquiries:
 - ▶ MEDCCC@DHCS.CA.GOV

Appendix A: Flowcharts

▶ ACIP and JCWP



ACIP and JCWP
Flowchart

▶ CCRP/CMPP



CCRP and CMPP
Flowchart

Appendix B: Aid Code Descriptions



County Inmate
Aid Codes

Questions and Answers