

Minutes 5/4/16

1. Review of DHCS Meetings April 20th (See attached)

- The May 4th DHCS RMTS Workgroup call was canceled. There has been limited progress made on Action Log issues (see attached). DHCS has made recent efforts to be more responsive. However, their responses don't give much information. There is an upcoming meeting on May 12th with DHCS, education groups and SMAA LEA Workgroup.
- DHCS has not yet sent in the update Manual for approval to CMS. Though many of the suggestions made by the workgroup were added to the Manual. There has also been no progress with the Code Review Process. RMTS final results are awaiting approval of the Manual.
- Invoice payment status deadlines were reviewed but not yet confirmed.
- A letter was written by the SMAA LEA Workgroup that DHCS sent to CMS asking for clarification on IEP issues regarding MAA Minutes. CMS has yet to respond.
- DHCS has been asked to review the current appeals process. A memo was sent from the SMAA LEA workgroup asking for an updated appeals process. As of now it is difficult for LEAs to appeal. Appeals could be used to verify further training needed and to keep the manual updated. Please see the link below to list issues that need an appeal.

RMTS Coding Issues Tracker Link:

<https://app.smartsheet.com/b/form?EQBCT=676f8766b3fa457b8a2adc47714e0b88>

RMTS Coding Issues Sheet Link: [RMTS Coding Issues Sheet](#)

- The deferral issue has been added to May 12th meeting agenda. Public record information on Chino Valley's Audit was requested for review. The audit states that Chino Valley was 90-91% compliant. Due to the deferral amount cutting the money owed they stopped the audit before collection.

2. Input from the field

An LEA that had a moment without the word "Medi-Cal" being included. It was issued as not claimable by their LEC. The moment had listed Cal Optima, which only take Medi-Cal, but the LEC held to their decision. The LEA will request that their LEC ask DHCS

specifically about this verbiage. The state is not always made aware of many of these issues that can affect the outcome of claimable moments.

Another LEA did use the verbiage of “Medi-Cal” however, the LGA misinterpreted the moment and coded it as an 8 instead of 4. The LEA did not agree with this and requested that this issue be brought to DHCS. The state agreed with the LGA’s decision as they did not look at the LEA’s source document. The LEA write an explanation to better clarify the moment for DHCS in hopes that they may agree with the original code.

3. **SB 75, inclusion of undocumented children in Medi-Cal update** and Beneficiary Letter #1 County Count (See attached)

Beginning May 16th, 2016 undocumented children up to age 19 will be eligible for Medi-Cal. The Beneficiary Letter #1 County Count (attached) lists all children by county that are currently enrolled in restricted scope Medi-Cal who will be shifted into full-scope Medi-Cal. Newly eligible children will receive services that were not available to them under restricted scope. School districts will benefit from the higher Medi-Cal percentage.

THK is currently raising money for school districts for SB 75 outreach. Districts have the unique position of knowing these families and having their trust. Cal PADS data is available to schools through Zangle or Aries. This data determines which children were born outside and can be used to send out a mailing with information or an invitation to a health care enrollment event.

Districts interested in offering SB 75 outreach can contact THK at ngarcia@teachersforhealthykids.org

There will be an SB 75 / AB 1296 Call on Monday, May 16th 2-3pm. (call details below)
Meeting materials, including agendas, action item lists, and meeting summaries, can be found here: http://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/AB1296_Immigration.aspx

Conference line: 1-888-455-7711

Participant Passcode: 7128213

4. **Issues for future discussion**

DHCS may be invited to join a SMAA LEA Workgroup call to discuss issues.

An LEA currently has an issue concerning a vacant position. They were told that this vacant position would affect their compliance. This could be due to the lack of an updated Manual. However, the LEC /LGA should still be able to adjust code so that it does not affect the final compliance percentage.

At the end of the quarter it may be changed at that time and not affect the final compliance %. Further clarification is being requested from DHCS regarding this issue. Examples of Valid/Invalid coding compliance below.

If there is a vacant position, and it gets a moment, that is a missed/invalid moment. The "punishment " only comes into play if the group does not meet 85% of moments.

This is how it works:

Example A) Good response rate:

2701 total moment.

If you get a valid repose to 2500 (95%) then the MAA invoice numbers are calculated using the 2500 moments and all the codes are taken from that.

Example B) Bad response rate (which would include vacant positions)

2701 total moment

Valid reposed to 1800 (66%).

The invoice "requires" 85%, a total of 2296 moments. So $2296 - 1800 = 496$ moments they need to add.

Those 496 moments are essentially Code 1. So whatever percentages you had with your 1800 are shot to heck and you MAA time will plummet.

This is why the 85% is so important, and a vacant position is a missed moment. Individual LEAs do not matter as long as the whole is over 85%, but there was talk of punishing bad individual LEAs (since too many would drive down the percentage).

When it comes time to invoice there are codes 1-16, if a repose is not codes 1-16, then it goes against that 85% (2296 moments). The "value" of code 17 or 18 or 19, or whatever they make up next goes to punishment for that LEA. Meaning if I only get 82%, but I had a "good" reason for another 10%, then I won't get in trouble. The invoice will be in the same amount of trouble as example B above.

No matter what the performance there will be a MAA invoice. The lower the compliance percentage under 85% the more "filler" will be added.

5. Next Meeting

Wednesday, May 18th at 10am

Call Number: 1-800-914-8405, Code: 1785191#