



Tribal Medi-Cal Administrative Activities (TMAA) & CRIHB Options

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Presentation Overview



- ▶ **History of TMAA**
- ▶ **Purpose of TMAA**
 - CRIHB's Role
 - Who Can Participate
- ▶ **TMAA Program**
 - Program Overview
 - What is Required to Participate/1st Steps
 - Changes
 - Transportation specific services
 - Medi-Cal Administrative Activities specific services
 - Claiming Process
 - Medi-Cal Fee-for-Service (FFS) Beneficiary NMT claiming/billing process
 - Website & Contact Info



History of the TMAA Program in California



History of TMAA

2003

- CRIHB learned about a federal program called Medicaid Administrative Match (MAM) and decided California Tribes should participate.

2009

- State law was amended to include Tribes, Tribal Health Programs (THPs), and Tribal Organizations as participants in the MAA program.

2009

- **CRIHB became the sole contractor with the state to administer TMAA for all Tribes in California.**

2009

- Began implementation of NMT provided by Tribes and THPs.

History of TMAA (Continued)

2010

- TMAA was implemented.

2010

- CRIHB began processing TMAA claims and reimbursing CA Tribes, THPs, and Tribal Organizations.

2017

- Changes due to Medi-Cal Managed Care, splitting claims process into Medi-Cal FFS and Managed Care.

2026

- CRIHB has reimbursed Tribes, THPs, and Tribal Organizations almost \$9 million for Medi-Cal transportation and MAA-specific activities.

Purpose of TMAA



Increase enrollment in the Medi-Cal program and to reimburse THPs for services they have been providing to their members for years.



Form a partnership between DHCS and participating federally recognized Tribes, THPs, and Tribal Organizations.



Share responsibility for promoting access to Medi-Cal health care for American Indians and Alaska Natives (AIAN).



Reimburse Tribes, THPs, and Tribal Organizations for performing administrative activities allowed by the TMAA program. This was the first new funding that had come into CA Tribes in many years.



Serve all Medi-Cal clients, including Tribal and non-Tribal members.

What is CRIHB's Role in the TMAA Program?



CRIHB is the sole contractor for submitting TMAA Medi-Cal FFS claims with the state of CA.

Acts as an intermediary between participating Tribal programs and the state.

Gathers and processes TMAA claims on behalf of participating programs. Includes review of all travel logs, receipts, and timesheets. Prepares TMAA claims to be submitted to state of CA.

Maintains TMAA records for auditing purposes.

Disburses TMAA reimbursement funds quarterly to THPs, Tribes, and Tribal Organizations.

Who Can Participate in TMAA?



- ▶ CA Federally Recognized Tribes (MOU required)
- ▶ CA THPs
- ▶ CA Tribal Organizations



Participating Programs



1. **Anav Tribal Health Clinic**
2. Bear River Band of Rohnerville Rancheria
3. Bridgeport Indian Colony
4. **Chapa-De Indian Health Program**
5. Consolidated Tribal Health Project
6. **Feather River**
7. Greenville Rancheria Tribal Health
8. **Indian Health Council**
9. Karuk Tribe
10. K'ima:w Medical Center
11. Lake County Tribal Health
12. **Lassen Indian Health Center**
13. Mathiesen Memorial Health Clinic
14. Northern Valley Indian Health
15. **Pit River Health Service**
16. Redding Rancheria Tribal Health
17. Riverside San Bernardino County
18. Rolling Hills Clinic
19. Round Valley Indian Health Center
20. **Sonoma County Indian Health Project**
21. **Strong Family Health Center**
22. **Toiyabe Indian Health Project**
23. **Tule River Indian Health Center**
24. **United Indian Health Services**
25. **Warner Mountain Indian Health**
26. **Yurok Tribe**





TMAA Program





TMAA Program

- ▶ The TMAA program consists of two parts
 - Transportation specific services
 - Medi-Cal Administrative Activities specific services

- ▶ TMAA Reimbursement
 - 100% of costs can be claimed for travel & MAA Specific Time
 - Staff Salaries
 - Employer Paid Benefits
 - Claims are reimbursed at 50%



Required for ALL Programs Participating in TMAA



1. Participation agreement or letter of intent
 - Identify who the TMAA Coordinator is
 - Who has signature authority to sign contracts

2. Two signed contracts:
 - MAA-specific agreement
 - MAA-subcontractor agreement (transportation)

3. Claiming plan
 - 1. Job Descriptions/Duty Statements signed
 - 2. Organization charts
 - 3. Indirect cost rate (default is 10%)
 - 4. Financial statements showing 638 funding





Changes to the TMAA Program in California



Change: Beginning November 2019, programs must submit a claim to CRIHB and/or MCP, depending on who insures the beneficiary.



- ***Is the Medi-Cal beneficiary enrolled in **Medi-Cal FFS** or **Medi-Cal MCP**?***

What Does This Mean for TMAA?



- ▶ Each participating THP may continue to provide transportation services.
- ▶ Continue to log transportation activities as usual for ***members who are enrolled into Medi-Cal FFS.***
- ▶ Each THP will need to submit a claim to their ***local Medi-Cal MCP*** for transportation services to managed care beneficiaries.

Medi-Cal FFS vs. Medi-Cal MCP



- ▶ Develop an internal process for your organization to differentiate between Medi-Cal FFS (straight Medi-Cal) and Medi-Cal MCP beneficiaries.





TMAA Transportation Medi-Cal FFS Beneficiaries

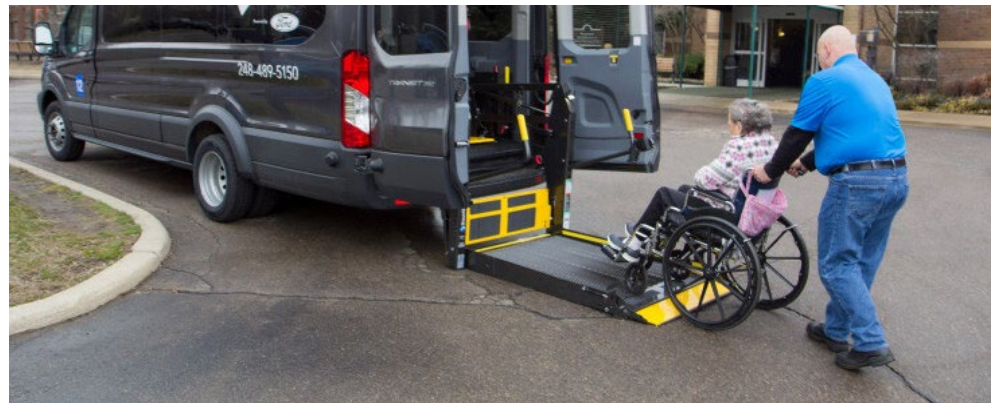


What Can Be Claimed for Medi-Cal FFS Beneficiaries?



TMAA Medi-Cal FFS Beneficiaries

- ▶ The actual mileage cost of providing Non-emergency medical transportation (NEMT) and non-medical transportation (NMT)
- ▶ 100% of staff costs (salaries and benefits) for time spent transporting and/or accompanying the patient to a physician visit, including wait time.
- ▶ The actual cost of lodging and meal stipends for the following individuals, if overnight travel is needed (policy must be in place):
 - Patient
 - Chaperone (if patient is a child, disabled, or elderly)
 - Transporter



Medi-Cal FFS Transportation Log



Tribal MAA Transportation Mileage and Time Tracking Log

Month: December Year: 2010

Claiming Unit: Karuk Tribal Health Program

Transporter Name: Johnny Joe

Sub Contractor: _____

Vehicle No. Ford Explorer 12345

Date	Medi-Cal		Medical Record#	Travel Destination	Purpose	TOTAL HOURS		Total Medi-Cal HOURS	Total NON Medi-Cal HOURS	ODOMETER		Total Medi-Cal Mileage
	Yes	No				Start	End			Start	End	
12/1	x		123456789	Mercy Hosp	medical appt in Sacramento	8:00 AM	10:00 AM	2:00		1234	1330	96
	x			Mercy Hosp	medical appt in Sacramento							
	x			Mercy Hosp	medical appt in Sacramento							
	x		123456789	Medford	transport home from medical appt	10:00 AM	12:00 PM	2:00		1330	1426	96
					Lunch							0
		x	567891234	Karuk Tribal Health	dental appt (adult) @ Yreka	1:00 PM	2:00 PM		1:00			0
		x	567891234	Burney	transport home	2:00 PM	3:00 PM		1:00			0
		x	234567891	Redding	transport to Podiatrist appt	3:00 PM	4:00 PM		1:00			0
		x	345678912	Karuk tribal Health	BH Counseling appt	4:00 PM	5:00 PM		1:00			0
												0
12/2		x			Non MAA activities	8:00 AM	12:00 PM		4:00			0
		x			Non MAA activities	1:00 PM	5:00 PM		4:00			0
												0
12/3	x		345678912	Redding Clinic	transport for medical appt	8:00 AM	11:00 AM	3:00				0
		x			Non MAA activities	11:00 AM	12:00 PM		1:00			0
	x		234567891	XYZ Lab	transport for X-ray	1:00 PM	2:00 PM	1:00				0
		x			Non MAA activities	2:00 PM	5:00 PM		3:00			0

Sign in Blue Ink

TOTALS

8:00

16:00

Total Medi-Cal Mileage

192

Signature

Print: Johnny Joe

Date: 12/5/2010

Position Title: Transporter

DHCS (New 12-1-09)



NEMT and NMT Transportation



NEMT

Non-Emergency Medical Transportation



Ambulance Services



Wheelchair Accessibility



Air Transport



Litter Van

NMT

Non-Medical Transportation



Rideshare Services
(Lyft, Uber, etc.)



Taxi Services



NEMT and NMT Transportation

NEMT

- ▶ NEMT **can only be reimbursed with a prescription** and is covered for Medi-Cal FFS beneficiaries under care.
- ▶ May include ambulance, wheelchair accessible vehicle, air transportation, and litter van.

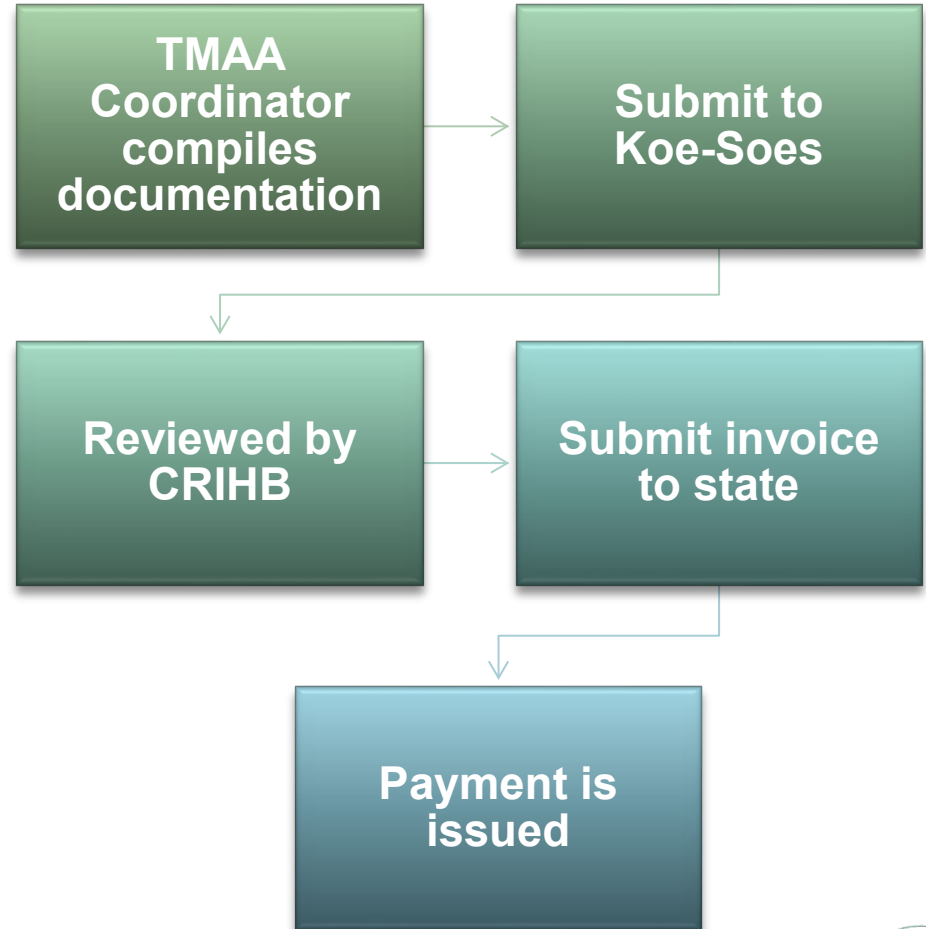
NMT Services (PPL No. 18-019)

- ▶ NMT is transportation by a **private or public vehicle** for people who do not have another way to get to their appointment.
- ▶ Medi-Cal offers transportation to and from appointments for services covered by Medi-Cal, including transportation to perform administrative activities that directly support access to health care for beneficiaries.

How to Claim?



- ▶ For TMAA-specific activity claims, Medical FFS, and transportation (NMT) claims, go through the TMAA Coordinator.
- ▶ Detailed salaries, benefits records, and mileage logs are submitted to the TMAA Coordinator for invoice completion.





TMAA Claiming Medi-Cal Administrative Activities (MAA) specific



TMAA Administrative Activities Codes



- ▶ **Code 4:** Initial Medi-Cal Outreach
- ▶ **Code 6:** Facilitating Medi-Cal application
- ▶ **Code 8:** Ongoing referral, coordination, and monitoring
- ▶ **Code 10:** Arranging transportation for Medi-Cal services
- ▶ **Code 14:** Translation assistance
- ▶ **Code 16:** Program planning, policy development, and interagency coordination
- ▶ **Code 17:** MAA administration and claims coordination

Code 4: Initial Medi-Cal Outreach



- ▶ Perform initial outreach activities that inform eligible or potentially eligible individuals about Medi-Cal programs and services and how to access them.
 - **Example of initial Medi-Cal outreach:** Handing out Medi-Cal applications and explaining the application process at community powwows or events.
- ▶ Bring individuals into the Medi-Cal system for the purpose of determining eligibility and initially arranging for the provision of Medi-Cal services.
 - **Example of bringing individuals into the Medi-Cal system for determining eligibility:** Eligibility Clerk or Benefits Coordinator talking to a new patient about insurance programs that they may be eligible for.

Code 6: Facilitating Application



- ▶ Explain Medi-Cal rules and the application process to prospective applicants.
- ▶ Assist applicant in completing the application forms by gathering information related to the application and eligibility determination as a prelude to submitting the application.
 - **Examples of facilitating application:**
 - Verifying an individual's current Medi-Cal eligibility status.
 - Gathering income verification documents.
 - Provide necessary forms and package all forms in preparation for the Medi-Cal eligibility determination.
 - Time spent with the patient to submit Medi-Cal application at the county office.

Code 8: Ongoing Referral, Coordination, and Monitoring



- ▶ Conduct Medi-Cal Outreach activities.
 - **Examples of Medi-Cal outreach activities:** Case managers or Purchased Referred Care (PRC) staff searching for Medi-Cal providers in the area for referral purposes.
- ▶ Conduct ongoing referrals for coordinating and/or monitoring the delivery of Medi-Cal covered services to patients.
 - **Examples of conducting ongoing referrals for coordinating and/or monitoring the delivery of Medi-Cal covered services to patients:**
 - Gather information that may be required in advance of referrals (provider notes).
 - Coordinate the referral of an individual to other Medi-Cal service providers to ensure continuity of care.
 - Provide follow-up contact to ensure the individual has received the prescribed Medi-Cal covered service.



CODE 10 Arranging Transportation for Medi-Cal Services

- ▶ Securing and arranging transportation for an individual or family to a medical appointment for the delivery of Medi-Cal services.
 - Examples: Calling the patient and/or Medi-Cal provider to schedule the transportation services



Code 14: Translation Assistance



- ▶ Arrange for or provide interpretation services to a Medi-Cal client during a medical appointment.
 - **Example of arranging or providing interpretation services to Medi-Cal client during a medical appointment:** Explain to a patient the necessary care or treatment prescribed by a Medi-Cal provider in sign language.
- ▶ Develop translation materials that assist individuals to access and understand necessary care or treatment for services covered by Medi-Cal.
 - **Example of translation materials that assist individuals to access and understand necessary care and treatment for services covered by Medi-Cal:** Develop a brochure in Spanish to assist Spanish-speaking communities to access Medi-Cal covered services.

Code 16: Program Planning, Policy Development (PPPD), and Interagency Coordination



Develop strategies to increase the capacity and delivery of Medi-Cal services and develop resource directories for Medi-Cal services and providers through interagency coordination.

- **Example: Program Planning:**

- Identifying gaps or duplication of services provided to patients and/or Tribal members and developing strategies to improve the delivery and coordination of Medi-Cal services.
- Analyzing Medi-Cal data related to a specific program, population, or geographic area.

- **Example: Interagency Coordination:**

- Working with other agencies and/or providers that provide Medi-Cal services to improve care coordination and delivery.
- Engaging in program planning and interagency coordination related to Medi-Cal, such as meeting with DHCS.



Code 16: Program Planning, Policy Development (PPPD), and Interagency Coordination



If the activities are performed by non-clinical administrative staff (e.g., central administrative program planning roles), Code 16 is allowable.

This includes administrative or program staff whose duties focus on planning, policy development, coordination, or system-level activities.

Code 16 can only be claimed by staff who do not work in a clinical or service provider setting.

Staff **cannot** claim Code 16 if they:

- Work **full-time** in a clinical environment, or
- Work **part-time** in a clinical environment and perform PPPD activities related to that same clinical setting.

Code 17: TMAA Coordination and Claims Administration



- ▶ Used by TMAA Site Coordinators to claim all activities directly related to TMAA coordination and claims administration. This includes onboarding new staff and updating the claiming plans when needed.
 - **Example: TMAA Coordination:** Phone calls to CRIHB Tribal MAA staff.
 - Program introduction to new staff and update the claiming plan quarterly.

 - **Examples: Claims Administration:**
 - Tribal MAA Site Coordinators reviewing logs for completion.
 - Gathering documents for submission to CRIHB.
 - Tribal Health Program team meetings related to TMAA.

TMAA-Specific Activities Tracking Log



- ▶ Time tracking log
 - Date of activity
 - Record the start time and end time for each TMAA activity
 - Use drop down menu for the activity code
 - Record the medical record number to verify the patient is approved for Medi-Cal
 - Describe the activity performed

Tribal MAA Specific Time Tracking Log

Month: May Year: 2010

Claiming Unit Name: XXX Tribal Clinic Name: Joe Smith

Tribal MAA Contractor Name: California Rural Indian Health Board Title: Referral Coordinator

Date	Hour		Activity Code	Medical Record #	Describe the activity performed and reason for assignment	Total Hours	
	Start	End				MAA	Non MAA
11/2/10	8:30 AM	8:45 AM	Code 14 Translation related Medi-Cal	1345	Translated for Dr. Cox to explain care procedure for chronic illness	0.15	0
	8:45 AM	10:00 AM		847	Non-MAA activities	0	01.15
	10:00 AM	10:15 AM	Code 10 Arranging Transportation	6549	Arranged transport to medical apt.	0.15	0
	10:15 AM	12:00 PM			Non-MAA activities	0	01.45
	1:00 PM	5:30 PM			Non-MAA activities	0	04.30
11/2/10	8:00 AM	12:00 PM			Non-MAA activities	0	04.00
	1:00 PM	5:00 PM			Non-MAA activities	0	04.00
11/3/10	8:00 AM	4:00 PM			Vacation	0	08.00
11/4/10	8:00 AM	12:00 PM			Non-MAA activities	0	04.00
	1:00 PM	5:00 PM			Non-MAA activities	0	04.00
11/5/10	8:00 AM	4:00 PM			Sick	0	08.00
Total Hours:						030.00	39.30.00

I certify to the best of my knowledge under penalty of perjury that the information provided is true and correct. I have signed that the information will be used for filing of a claim with the Federal government, for Federal funds and that I am not a contractor, representative or employee of the Federal Labor Control Act.

Signature: _____ Date: _____

Print: Joe Smith Position/Title: Referral Coordinator

- ▶ Timesheets for the 3-month period
 - Need the hourly wage and benefits paid by the THP for each employee
 - Indirect cost rate approved by the THP



JANUARY 2020						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SA/ SUNDAY
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEBRUARY 2020						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SA/ SUNDAY
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29

MARCH 2020						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SA/ SUNDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



TMAA-Specific Activities Log



**Tribal MAA Specific
Time Tracking Log**

Month: May Year: 2010

Claiming Unit Name: XXX Tribal Clinic

Name: Joe Smith

Tribal MAA Contractor Name: California Rural Indian Health Board

Title: Referral Coordinator

1 Date	2 Hour		3 Activity Code	4 Medical Record #	5 (Describe the activity performed and reason for accompaniment)	6 Total Hours	
	Start	End				MAA	Non MAA
11/1/10	8:30 AM	8:45 AM	Code 14 Translation Related Medi-Cal	1345	Translated for Dr. Cox to explain care procedure for chronic illness	0:15	0
	8:45 AM	10:00 AM		8475	Non-MAA activities		0:1:15
	10:00 AM	10:15 AM	Code 10 Arranging Transportation	6549	Arranged transport to medical appt	0:15	0
	10:15 AM	12:00 PM			Non-MAA activities		0:1:45
	1:00 PM	5:30 PM			Non-MAA activities		0:4:30
							0:0:00
11/2/10	8:00 AM	12:00 PM			Non MAA activities		0:4:00
	1:00 PM	5:00 PM			Non MAA activities		0:4:00
							0:0:00
11/3/10	8:00 AM	4:00 PM			Vacation		0:8:00
							0:0:00
11/4/10	8:00 AM	12:00 PM			Non MAA activities		0:4:00
	1:00 PM	5:00 PM			Non MAA activities		0:4:00
							0:0:00
11/5/10	8:00 AM	4:00 PM			Sick		0:8:00
							0:0:00
Total Hours:						0:30:00	39:30:00

I certify to the best of my knowledge under penalty of perjury that the information provided is true and correct. I have notice that this information will be used

for filing of a claim with the Federal government for Federal funds and that knowing misrepresentation constitutes violation of the Federal False Claims Act.

Signature: _____

Date: _____

Print: Joe Smith

Position Title: Referral Coordinator

DHCS (New 12-1-09)

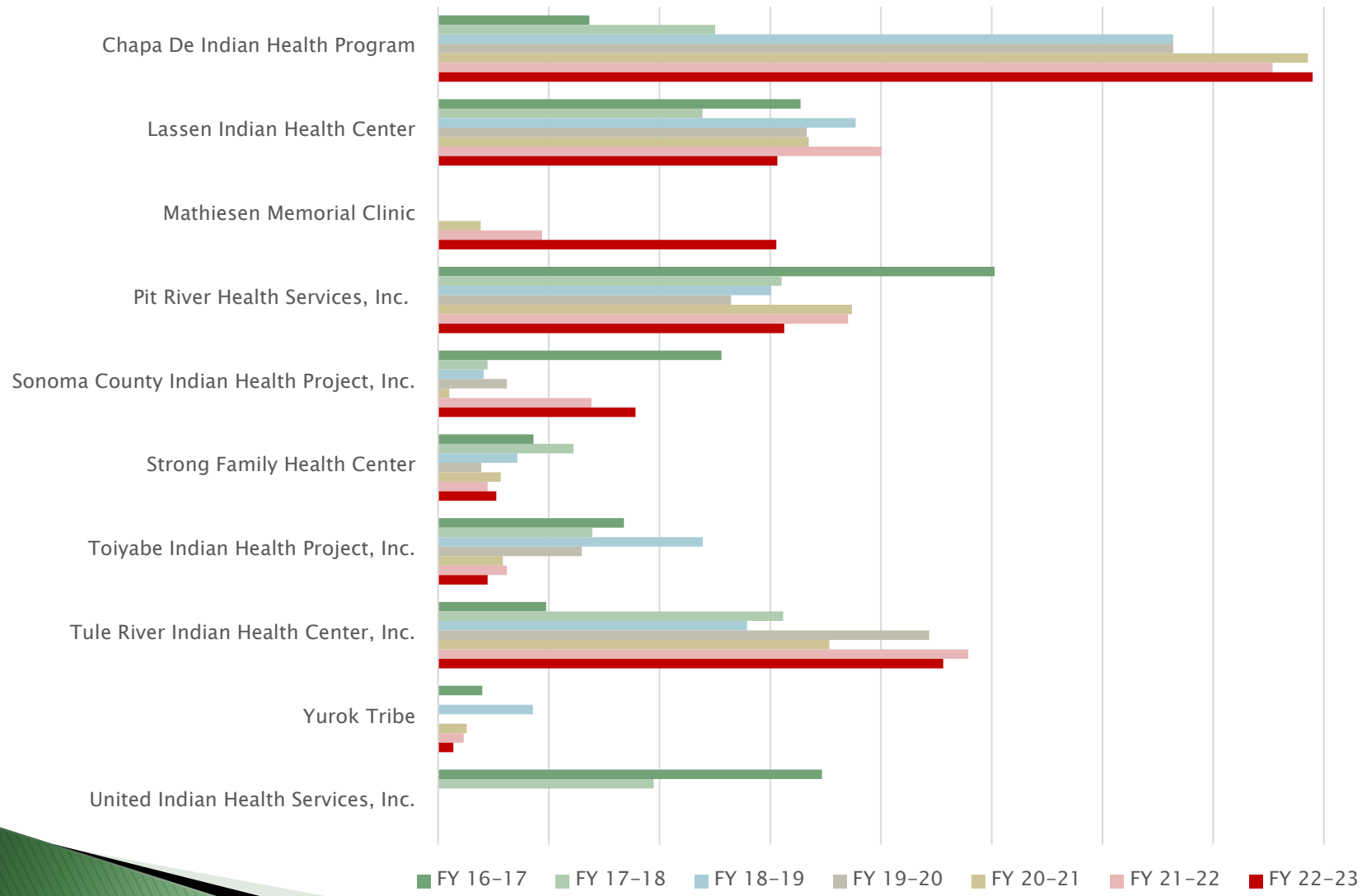
Non MAA





Annual Reimbursement Comparison YTD

\$- \$20,000 \$40,000 \$60,000 \$80,000 \$100,000 \$120,000 \$140,000 \$160,000





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- PUBLIC HEALTH UPDATES
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- Children and Youth >
- Clinic Operations >
- Data & Research >
- Policy & Advocacy



- CRIHB Options
- Dental Support Center
- Electronic Health Records
- Information Systems Management
- Medical Billing and Coding
- Pharmacy
- Practice Facilitation
- Telehealth
- Tribal Health NextGen Consortium

HEALTH BOARD, INC.



The California Rural Indian Health Board, Inc. (CRIHB) is committed to the needs and interests that elevate and promote the health status and social conditions of the Indian people of California. CRIHB does this by providing advocacy, shared resources, training, and technical assistance that enhances the delivery of quality comprehensive health-related services.



<https://crihb.org/health-center-operations/tribal-medi-cal-administrative-activities/>





- ▶ CRIHB Options is a demonstration program, operating under California's section 1115 Waiver amendment, entitled "California Medi-Cal 2020 Demonstration."
- ▶ Designed to reimburse participating Tribal Health Programs for certain Medi-Cal Optional Benefit services provided to IHS-eligible Medi-Cal beneficiaries.
- ▶ Originally covered services such as acupuncture, audiology, **chiropractic services**, dental services, optometry, podiatry, psychological services, and speech therapy.

What are the CRIHB Options eligibility requirements?

- ✓ Medi-Cal beneficiary
- ✓ IHS-eligible client
- ✓ 21-64 years old
- ✓ Services rendered “in-house” via a face-to-face visit

Chiropractic Services Listing

▶ CPT Code Description

- 98940 Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
- 98941 Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
- 98942 Chiropractic manipulative treatment (CMT); spinal, 5 regions

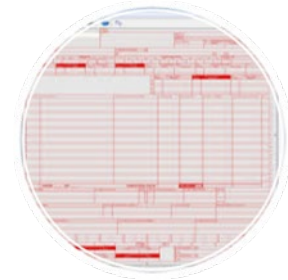
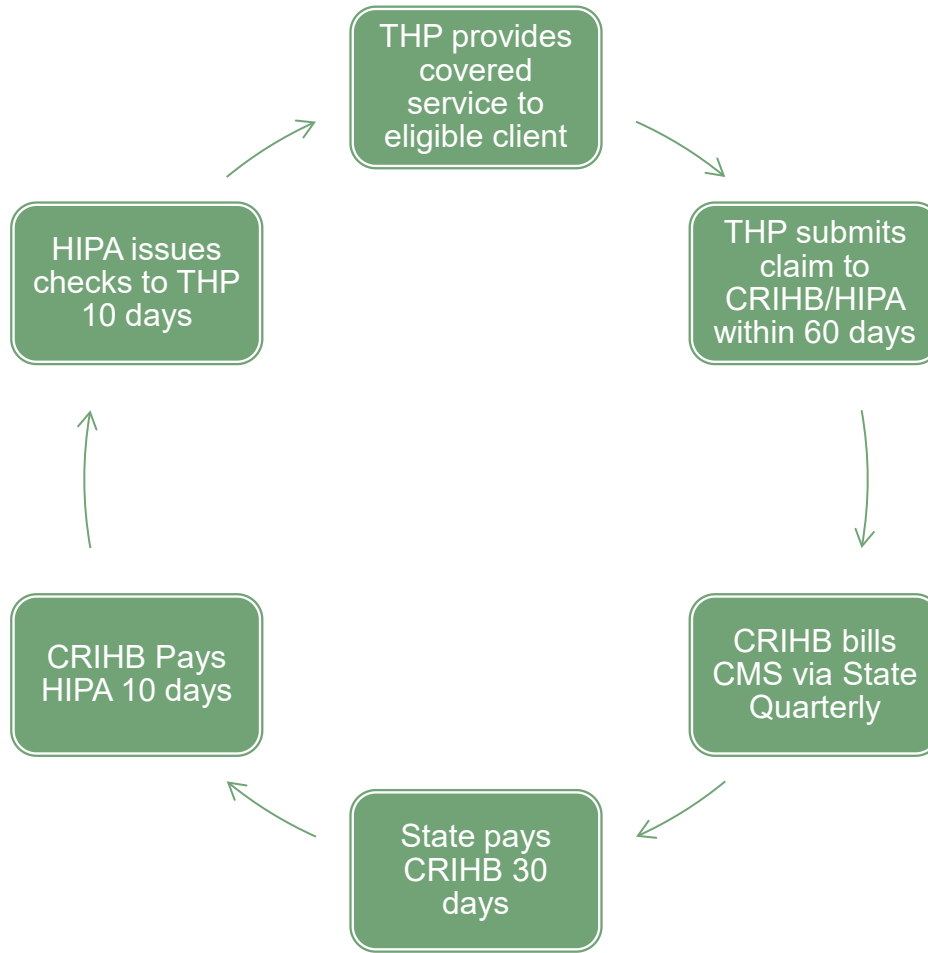
▶ CRIHB Options 2026 Claims

- Paid at the IHS/MOA rate of \$826 from the uncompensated care fund
- Check will be issued quarterly
- by Humboldt Independent Practice Association (HIPA)
- CRIHB Administrative Fee: \$49.50 per “clean” claim.
 - Billed quarterly to the Tribal Health Program by CRIHB.

3 Ways for Claims Submission

1. Clearinghouse to Clearinghouse - if reciprocity is allowed, for example: InfinEDI, NextGen.
2. Online – manually enter claims online.
3. Directly – sign up to have Office Ally become your Clearinghouse.

CRIHB Options Billing Cycle



Any Questions?



For More Information, Contact:



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