

DHCS Responses to Stakeholder Advisory Committee Follow up Items from May 20

Follow-up Items	DHCS Response	DHCS Response
<p><i>Anthony Wright, Health Access California:</i> Thank you for the allocation designation for immigrants under the President's executive order. I can't identify the exact budget number for this and how it was arrived at?</p>	<p><i>Mari Cantwell, DHCS:</i> There is more detail in the policy change document and that should answer the question. I can make sure we provide that detail and the assumptions.</p>	<p><u>The details are in the linked document beginning on page 393; the Policy Change reference number is PC 211.</u></p>
<p><i>Anne Donnelly, Project Inform:</i> What is the timeline for reengaging consumer stakeholder work groups? We understood we would be able to review draft guidelines prior to work groups.</p>	<p><i>Mari Cantwell, DHCS:</i> Yes, draft guidelines will be out this week and we are looking for input. I am not certain about the timeline for workgroups because they are organized from health agency. We can follow up to get that information.</p>	<p><u>Agency currently plans to re-engage with stakeholders late this summer. The guidelines may be reviewed on the DHCS website in the linked document.</u></p>
<p><i>Anne Donnelly, Project Inform:</i> We have had difficulty getting numbers of who is being treated through Medi-Cal managed care. It seems that for 2014, only 1,700 patients were being treated for Hepatitis C in Medi-Cal managed care and that is an extremely low number. We estimate close to 200,000 with Hepatitis C in Medi-Cal managed care. The number treated seems out of whack.</p>	<p><i>Mari Cantwell, DHCS:</i> I can get information about the number of what has been paid in the budget year. We are budgeting for 3,000-4,000.</p>	<p>Budget estimate was 3,000 to 4,000 patients, based on utilization and changes to the guidelines.</p>
<p><i>Michelle Cabrera, Service Employees International Union:</i> On the issue of folks appealing inadequate access through AB97, are those requests centrally located and available for review? Given the importance of this, it would be good to know, Who is coming to you; What is the request; How long is it taking to hear back?</p>	<p><i>Jennifer Kent, DHCS:</i> The requests come in thru Mari Cantwell or myself and we work with Pilar Williams and staff on FFS and capitated rates. We communicate the decision out to that provider or class of providers. We are putting together a public process and don't have anything publicly to share yet but we want to be able to share out information. There are many requests and they are quite diverse. It is often difficult to get data on the underlying facts related to the requests. There are few analytics to apply to many requests.</p>	<p>DHCS is still developing a process to share information with the public regarding AB97 appeals.</p>

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<p><i>Anne Donnelly, Project Inform</i>: On the AIDS waiver rate, the rate is under minimum wage and there are discrepancies between other waiver provider rates with AIDS providers. We understood it would be addressed yet it was not addressed in the budget.</p>	<p><i>Jennifer Kent, DHCS</i>: I don't have an answer today. There is a request to meet with us.</p>	<p>DHCS officials took part in a meeting to discuss the issue and are still reviewing information presented at that meeting.</p>
<p><i>Anthony Wright, Health Access California</i>: Is the annual number for hospital PE 6-12 times the monthly number?</p>	<p><i>Rene Mollow, DHCS</i>: These are point in time numbers and we can't say what the annual number would be because it is a rolling number. It is not 12 times the monthly amount. We are working to be able to provide different data on PE going forward.</p>	<p>As of 5/31/2015, 286,977 individuals have been found eligible for hospital presumptive enrollment since the program was implemented on 1/1/2014. Of those, 186,866 were eligible in 2014 and 100,111 were eligible in 2015 year to date.</p> <p>However, we have no data for the individuals who moved from HPE into a health plan through Covered California.</p>
<p><i>Kim Lewis, National Health Law Program</i>: Will you have specific data on renewal gaps in coverage? Actual numbers and break-downs? At the county level? By month? We are interested in those are eligible and lose coverage; those who have a gap vs those who move to Covered CA without a gap. <i>Sarah DeGuia, CPEHN</i>: We would like to see the data by language to ensure we track renewals</p>	<p><i>Rene Mollow, DHCS</i>: We get data from county partners on renewals. There are renewals that remain incomplete based on workload at the counties. As we get the specifics, we will figure out how to display that kind of break-out data. Remember that 2014 was very different than 2015, there was "noise" in terms of renewals because of the specific work with the doubling up of renewals. We do want to better understand the data and identify any additional work to be done on systems. We need to figure out how to display the data so it is meaningful.</p>	<p>The 2014 renewal data for the top 15 counties is being reviewed for release shortly.</p> <p>For 2015 data, DHCS has already requested monthly renewal data from the SAWS consortia to track 'processed,' 'not processed,' 'discontinued,' 'reason for discontinuance,' 'average days to process,' and number of cases referred to Covered CA and reinstatements.</p> <p>DHCS is working with Covered CA to ensure their processes address any potential gaps in coverage and provide retroactive coverage if necessary.</p>

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<p><i>Elizabeth Landsberg, Western Center on Law and Poverty: Can you give us an update on translation of renewal forms and when the forms will be in use?</i></p>	<p><i>Rene Mollow, DHCS: I will have to look into the specifics of the release.</i></p>	<p>MAGI Pre-Populated Renewal Form (MC216) was issued via ACWDL 15-09 dated 1/30/15 to the SAWS consortia for implementation for all threshold languages. CWDA is working with the SAWS consortia to obtain a timeframe for implementation.</p> <p>MEDIL 15-14 dated 5/19/15: Updated one question on the MC 216 form. Updated Request for Tax Household Information (RFTHI) Form (MC 213) is being finalized in English and will then be sent for final stakeholder review. It then will be translated into all threshold languages. We expect to have the translations completed by 8/14/15 for distribution to counties and SAWS.</p> <p>Non-MAGI Renewal Form (MC210RV) is being updated in English and we are working on establishing a pre-populated version. Once this is completed and we have received final Stakeholder review, we will translate into all threshold languages. We expect to have the translations completed by 8/31/15 for distribution to counties and SAWS.</p>
<p><i>Elizabeth Landsberg, Western Center on Law and Poverty: Do you have a timeline for release of ABX1 1 data?</i></p>	<p><i>Rene Mollow, DHCS: Soon, we are working to get it finalized.</i></p>	<p>The ABx1-1 report was released on July 1, 2015. A copy of that report is linked from this document. Rene Mollow will discuss the report at the July 22 meeting.</p>
<p><i>Sandra Naylor Goodwin, CA Institute for Behavioral Health: There is a high rate of serious mental health and substance use concerns in the population.</i></p>	<p><i>Anastasia Dodson, DHCS: This is something to put on the list to address inside the model.</i></p>	<p>DHCS provided CCS Redesign documents to SAC members and emailed information to them on the most recent full stakeholder meeting on the topic</p>

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<p><i>Erica Murray, CA Association of Public Hospitals and Health Systems</i>: My comment is that county and public hospitals see an opportunity to align the health home project with whole person care pilots in the waiver. Health homes are a hub of a larger initiative on integrated care. We are interested in a range of perspectives on the health home program. Is there a way to see the comments received and understand the range of input?</p>	<p><i>Jennifer Kent, DHCS</i>: They are public documents and I don't know why not. We will make sure that happens.</p>	<p><u>You will find the comments compiled into one document at Comments on California Concept Paper Version 2.0 – Health Homes for Patients with Complex Needs (HPCN) (9.54MB, PDF).</u></p>
<p><i>Elizabeth Landsberg, Western Center on Law and Poverty</i>: What is Amerasian?</p>	<p><i>Claudia Crist, DHCS</i>: I am not certain and will follow up</p>	<p>Public Law 97-359 (Act of 10/22/82) provides for the immigration to the United States of certain Amerasian children. In order to qualify for benefits under this law, an alien must have been born in Cambodia, Korea, Laos, Thailand, or Vietnam after December 31, 1950, and before October 22, 1982, and have been fathered by a U.S. citizen.</p>
<p><i>Michelle Cabrera, Service Employees International Union</i>: I appreciate how the care coordination is going beyond Cal MediConnect. The health plan medical officer meetings are closed, however I wonder if there is an opportunity for broader stakeholder participation in the process. At what point do we hear what happens and inform that process.</p>	<p><i>Jennifer Kent, DHCS</i>: Dr. Kohatsu chairs the CMO group and we could ask Dr Kohatsu to report out from the CMO group.</p>	<p>DHCS will report to SAC members on progress by the CMO care coordination group, and will seek stakeholder input in their areas of expertise. DHCS also will email members of the managed care advisory group for input in developing agendas.</p>

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<p><i>Marty Lynch, Lifelong Medical Care and California Primary Care Association:</i> Could you talk more about care coordination landscape in terms of whether you will look at how integrated care coordination is with care provision – whether it is right at the provider level, at the IPA, at the health plan? There is information from long term care that there are significant differences whether you get that day to day integration as opposed to a removed approach. It would be helpful to know how this is rolling out via CCI.</p>	<p><i>Claudia Crist, DHCS:</i> Thank you for the suggestion of including the IPA as a category. I also included the behavioral health topic from previous comments. We will include your input as we consider the issues to include in the survey</p>	<p>DHCS is still in initial discussions with the plans on how to assess the landscape. Those discussions will include both the delegates model and behavioral health.</p>
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