



March 25, 2015

Jennifer Kent, Director
California Department of Health Care Services
1501 Capitol Ave, MS 0000
P.O. Box 997413
Sacramento, CA 95899-7413

Re: 1115 Waiver Proposal: Medi-Cal 2020: Key Concepts for Renewal - DRAFT

Dear Ms. Kent:

On behalf of the California Pan-Ethnic Health Network (CPEHN) we appreciate the opportunity to provide our feedback to the Department of Health Care Services (DHCS) on the most recent draft 1115 Waiver proposal, “Medi-Cal 2020: Key Concepts for Renewal.” CPEHN was fortunate to participate in the DSRIP 2.0 stakeholder workgroup where we provided specific recommendations regarding the Administration’s current delivery system reform strategy. Below are additional comments and recommendations updated to reflect this latest proposal:

Health equity should be an overarching goal of the waiver.

We appreciate the inclusion of health equity as one of five core goals of the Medi-Cal 2020 waiver proposal. However with communities of color representing 75-80% of the current Medi-Cal population, reducing health disparities should be an overarching goal of every strategy undertaken by the draft waiver proposal. This is not only a policy recommendation but a critical strategy aimed at improving access, and quality for Medi-Cal beneficiaries while lowering costs for the state. What distinguishes California’s Medi-Cal program from other states is not just its size as the nation’s largest program, but the diversity of its 12 million enrollees. While the issue of health equity is sprinkled throughout the proposal, California has an opportunity to demonstrate its leadership on this issue by highlighting and clearly outlining its plans as the most diverse state in the nation to incorporate health equity beyond the “Triple Aim” metrics: cost, quality and population health, to move towards the “Quadruple Aim,” where health equity is the foundation of the proposal and makes California unique in its approach to the waiver process.

Enrollee demographics should be featured more prominently.

The lack of detail on the current demographics of Medi-Cal enrollees beyond simply age, and enrollment in Medi-Cal managed care versus Medi-Cal fee for service, is an unfortunate omission. Just as Covered California is now investing time and resources towards more deeply understanding its enrollee population to promote better health outcomes and eliminate health disparities, DHCS should demonstrate a similar commitment by including stratified data on the newly insured, health disparities, and DHCS’ disparities reduction goals for the renewed federal waiver funds in the body of its proposal.

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DHCS’ goals for improving health outcomes should be stated clearly across strategies.

DHCS’ outcomes aligned with DHCS’ “Strategy for Quality Improvement in Health Care,” and recommendations of the Let’s Get Healthy California Taskforce should run across the various strategies in this proposal. Additionally the outcomes should be focused on target areas with known racial or ethnic-related disparities such as diabetes, child and maternal health, asthma, hypertension and congestive heart failure, and behavioral health that will lead to better health outcomes for all Medi-Cal patients. Identifying a common set of health outcomes goals and performance metrics across systems of care and tying those goals and metrics to the current demographics of enrollees in the program will result in a more cohesive plan and a clearer accountability matrix throughout the entire waiver proposal.

Past and future quality improvement strategies should be elevated.

DHCS should feature more prominently (before page 49) the work it has already begun to focus on quality improvement strategies and combating health inequities through its reporting of a sample of stratified HEDIS measures. The Medi-Cal managed care quality strategy reports are beginning to provide important information on the health inequities of Medi-Cal enrollees.¹ Additionally DHCS’ stated commitment to stratifying and analyzing all HEDIS measures in 2015 and beyond should be the basis of important data that drives the overall waiver as well as specific proposals including the “whole person” care pilots and coordinated care initiatives. DHCS should provide more detail on how it plans to use this data to identify health disparities and target interventions to improve population health while involving stakeholders in ongoing discussions regarding the specific interventions and performance metrics it will adopt in order to achieve its 5 year health outcomes goals.

DHCS should broaden its commitment to addressing the social determinants of health.

We are pleased to see the inclusion of the social determinants of health as one of the five core goals in the 1115 waiver proposal along with health equity. In addition to the clinical health outcomes and measures, a way to strengthen the proposal is to include metrics that identify the underlying conditions that impact health including food access, safety and violence, and access to physical activity. Prevention strategies will only gain traction if data are collected to establish a baseline and demonstrate population-level change over time. Funding local public health departments to collaborate on appropriate prevention strategies as has been done in New York and Texas should be considered as part of the “whole person” care pilots and coordinated care initiatives. In addition, all health outcomes should be disaggregated by race, ethnicity, gender, income, sexual orientation, and language to identify health disparities and ensure quality improvement strategies target these health disparities. Reports such as the 2014 California Wellness Plan and the 2012 Let’s Get Healthy California Report can be a basis for those metrics and should be tied to the metrics included in Domain 3 of the draft waiver proposal and Domain 4 of the DSRIP concept paper prepared by DHCS and CAPH.

DHCS should better articulate its plans for engaging stakeholders after waiver submission.

Section 10 of the waiver: Medi-Cal 2020 Evaluation Design is vague and lacks clarity on the

¹ Medi-Cal Managed Care Program Quality Strategy, Annual Assessment October 2014, revised 2/2/15; http://www.dhcs.ca.gov/dataandstats/reports/Documents/MMCD_Qual_Rpts/Studies_Quality_Strategy/MgdCareQualityStrategy2015.pdf

continued role of stakeholders beyond the drafting of this proposal in providing input and feedback to DHCS on its progress towards meeting the 1115 waiver goals. We understand that some performance metrics – including statewide measures as well as measures focused at the regional, plan, and provider system level “are still under development...” However as stakeholders we would like to continue to be involved in discussions regarding the development and reporting of these metrics. Consumer stakeholders are deeply invested in the success of California’s next waiver. As partners in the development of the waiver goals, we would like to be informed of the state’s progress and any barriers it is experiencing to achieving the Quadruple Aim. DHCS could do much more in this section to articulate how it plans to continue to engage stakeholders *after* submission of the 1115 proposal in an ongoing and transparent manner as well as the opportunities it will provide for stakeholders to provide feedback and recommendations throughout the 5 year course of the waiver.

Additional comments on Core Strategies

Delivery System Transformation and Alignment Programs:

CPEHN submitted a comment letter co-signed by Health Access and SEIU on 2/5/15 with our specific recommendations in this area with regards to P4P aimed at identifying and significantly reducing health disparities. While we appreciate DHCS’ chart detailing areas for targeted P4P programs, we still do not see an acknowledgment in the chart of how these metrics relate to the Quadruple Aim of reducing health disparities.² Additionally, it would be helpful to highlight some of the investments public hospitals have made in building up their language access systems through DSRIP and the continued work that needs to be done to improve cultural and linguistic access at all levels of care as part of this new waiver proposal.

Fee for Service System Transformation and Improvement Program:

We would appreciate more detail on how the proposed incentives in Medi-Cal dental and in Medi-Cal maternity care will improve the quality of care and reduce health disparities for consumers in Medi-Cal.

Workforce Development Program:

While we are pleased to see attention paid to the importance of training a culturally and linguistically diverse health care workforce capable of serving California’s diverse populations including the addition of community health workers (CHWs) and Peer Support Specialists, the goal of increasing the diversity of the healthcare workforce should run across all aspects of workforce training. For example, when DHCS says it will work to increase participation in voluntary training programs on palliative care, DHCS should explain how it plans to attract culturally and linguistically appropriate caregivers to those training programs as well.

Public Safety Net System Global Payment for the Uninsured:

DHCS’ continued focus on the remaining uninsured is appreciated. We join our colleagues in urging DHCS to include more detail on the demographics and numbers of the remaining uninsured and their unique health care needs. Additionally, it would be helpful to highlight how continued federal funding will appropriately incentivize counties to provide coverage to a greater share of the remaining uninsured as well as the state’s role in ushering in innovative county-level care

² http://www.dhcs.ca.gov/provgovpart/Documents/Waiver%20Renewal/MCO3_DHCS2.pdf

strategies even as it encourages flexibility.

Thank you again for the opportunity to provide feedback on the 1115 waiver proposal. If you have any questions, please contact me at (510) 832-1160 or via email at sdeguia@cpehn.org. We look forward to our continued work together on this important undertaking.

Sincerely,

A handwritten signature in black ink, appearing to be 'S de Guia', with a stylized flourish at the end.

Sarah de Guia, JD
Executive Director

Cc: Mari Cantwell, Medicaid Director, Department of Health Care Services
Secretary Diana Dooley, Health and Human Services Agency