September 16, 2015

Jennifer Kent, Director  
California Department of Health Care Services  
1501 Capitol Avenue, MS 4050  
P.O. Box 997413 Sacramento, CA 95899-7413  
VIA EMAIL: jennifer.kent@dhcs.ca.gov

RE: California Children's Services Redesign: Proposed Statutory Changes

Dear Director Kent:

On behalf of the physicians, nurses and support staff at City of Hope, who provide specialized care for more than 150 new pediatric cancer patients annually, I write to offer input and recommendations related to the implementation of the Department's Whole Child Model as part of the California Children's Services redesign.

City of Hope supports the intent to transition pediatric patients covered under CCS into Medi-Cal managed care in order to provide greater coordination of care for these patients. The majority of our pediatric patients have advanced disease initially diagnosed and treated at other medical centers in the state.

City of Hope is an independent research and treatment center for cancer, diabetes and other life-threatening diseases. Designated as a comprehensive cancer center, the highest recognition bestowed by the National Cancer Institute, City of Hope is also a founding member of the National Comprehensive Cancer Network, which maintain research and treatment protocols that advance care throughout the nation. City of Hope's main hospital is located in Duarte, California, just northeast of Los Angeles, and we have 13 community clinics in southern California. Our cancer center is ranked as one of "America's Best Hospitals" in cancer by U.S. News & World Report.

We appreciate the Department's commitment to building on the successes of the CCS program and to identifying opportunities to improve the system to ensure its sustainability. Nevertheless, we are concerned about the well-being of these patients during the transition process, and we take this opportunity to offer the following comments to the proposed legislation:
1. We believe the legislation must offer CCS covered pediatric patients being transitioned to managed care the same benefits for bone marrow transplant (BMT) patients currently enrolled in Medi-Cal by carving out BMT coverage in counties where that is currently the practice. Under this important carve-out provision, managed care beneficiaries are disenrolled into Medi-Cal Fee-For-Service for one year when they become eligible for a bone marrow transplant. We note that the relevant code section (H&S § 123985) fails to include this carve out. Adding language expressly stating that this will not change is critical in order to preserve access to specialized pediatric BMT programs for beneficiaries who have exhausted treatment options within their local network of providers, and do not have local access to a specialized BMT center. Furthermore, keeping the carve-out provision maintains access to clinicians with specialized training and experience, who are also interested in maintaining their clinical competencies for the pediatric population.

2. Provide for continuity of care beyond 12 months (§ 14094.4(C)), both in and out of network. We note that H&S Code Section 1373.96 and W&I Code Section 14185 require that managed care plans must provide CCS children with access to out-of-network CCS providers for up to 12 months if the child has an ongoing relationship with the CCS-approved provider; the provider will accept the plan's rate or the Medi-Cal rate (whichever is higher); the provider is in good standing in the CCS program; and the provider shares treatment information with the plan. This, in our experience, is inadequate. We request that the continuity of care provision be consistent with the H&S Code Section 1373.96 and W&I Section 14185 and provide that completion of covered services be provided for the duration of a terminal illness, which may exceed 12 months from the transition of the CCS beneficiary to Medi-Cal or 12 months from the effective date of the new Medi-Cal coverage. Furthermore, we request continuity for care for CCS beneficiaries transitioned into Medi-Cal when the performance of a surgery or other procedure has been recommended and documented by a provider to occur within 180 days of the patient's transition date or within 180 days of their Medi-Cal effective date. These continuity of care provisions will enable CCS beneficiaries to continue treatment for services begun prior to the beneficiary's transition to managed care plan. Finally, we request that continuity of care requirements apply to situations in which the patient has a relationship with an in-network provider so that patients are re-referred back to those providers. We have seen all too often situations in which the patient is not referred back, but treated within another medical group or setting with sometimes fatal or disabling results. The redesign should take into consideration these lessons learned and ensure that continuity of care is maintained throughout the system.
3. Provide resources to patients and their families in English and Spanish (§ 14094.4). We note that subsections G, H and I of Section 14094.4 provide for communication to and services for CCS-eligible children and their families in alternative formats that are culturally, linguistically and physically appropriate; provide materials to inform about grievance and appeals procedures; and provide timely processes for accepting and acting upon complaints, grievances and disenrollment requests. Our experience at City of Hope is that families of pediatric cancer patients are under considerable stress as they deal with treatment decisions and financial concerns. This stress is exacerbated when families' native language is not English. We support provisions that require adequate resources designated to support education and support of families being transitioned into Medi-Cal and that require all information and services to be linguistically appropriate.

4. Continue to have CCS panel and credential providers (§14094.01). In addition to requiring the use of paneled providers, CCS should maintain paneling and credentialing responsibilities in order ensure the same quality of providers for pediatric patients through the transition period and beyond. This will maintain the network of specialized, quality clinicians required to appropriately treat CCS beneficiaries.

5. Require all plans to contract with an adequate number of CCS paneled providers in order to serve the patient population in their communities (§14093.05). Children who are diagnosed with a complex or rare cancer require specialized diagnosis, treatment and follow-up by medical oncology, surgery and radiation specialists. We believe health plans should be required to contract with an adequate number of providers in order to serve the patient populations in their communities. Plans should also be required to contract with current CCS providers at no less than the Medi-Cal rates currently in force. This will maintain appropriate access to care for CCS beneficiaries.

6. Ensure a smooth transition period (§14093.05). Children with cancer and their families are dealing with stress on many levels, and access to care during the CCS transition period must be carefully managed. We encourage DHCS to provide a well-thought-out transition process. As with the CCI transition, an effective transition can be accomplished by enrolling or transitioning children during their birthday month. We believe a transition of all CCS beneficiaries to Medi-Cal on one date would be detrimental if not disastrous.
City of Hope appreciates the Department's commitment to building on the successes of the CCS program and to identifying ways to improve the system and ensure its sustainability. We share the goals for transitioning children eligible under the CCS program into Medi-Cal managed care plans in order to achieve the best possible care and treatment outcomes. We welcome this opportunity to provide input for your consideration.

Yours truly,

Joseph Rosenthal, M.D.
Barron Hilton Professor & Chair in Pediatrics
Director, Pediatric Hematology Oncology
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cc: Marianne Cantwell, Chief Deputy Director, Health Care Programs
Sarah Brooks, Deputy Director, Health Care Delivery Systems
Javier Portela, Chief, Managed Care Operations
The Honorable Ed Hernandez, OD, Chair, Senate Health Committee
The Honorable Rob Bonta, Chair, Assembly Health Committee
Marjorie Swartz, Office of the Senate President Pro Tem
Agnes Lee, Office of the Speaker