



**Department of Health Care Services
Advisory Panel for Medi-Cal Families Meeting Summary
May 27, 2014
Sacramento, California**

Members

in attendance:

Jack Campana, Education/Chairperson;
Karen Lauterbach, Non-Profit Clinic Representative; Ronald Diluigi,
Business Representative; Elizabeth Stanley-Salazar, Substance
Abuse Provider Representative; Jared Fine, D.D.S., M.P.H., County
Public Health Representative; William Arroyo, M.D., Mental Health
Provider Representative; Jan Schumann, Subscriber
Representative; Paul Phinney, M.D., MSc, Pediatrician
Representative; Ellen Beck, M.D., Family Practice Physician
Representative

DHCS Staff

in attendance:

Anastasia Dodson, Associate Director for Policy; Oksana Giy,
Health Reform Advisor; Phoebe Sadler, Director's Office; Danielle
Stumpf, Director's Office; Matt Ortiz, Health Care Benefits and
Eligibility; Gordon Sloss, Office of the Medical Director; Sarah
Royce, Ph.D., Medi-Cal Managed Care Division (MMCD); Karen
Baylor, Deputy Director of Mental Health and Substance Use
Disorder Services

Audience:

Jack Montez, MAXIMUS; Kim Flores, Senate Office of Research;
Kristine Marck, California Medical Association (CMA); Kelley Hardy,
Children Now; Lishaun Francis, CMA; Beth Abbott, Health Access,
Mariya Kalina, Government Action and Communication Institute;
Lydia Baumur, AAP

1. Introductions

- o Jack Campana, Advisory Panel for Medi-Cal Families Chairperson, opened the meeting. Mr. Campana introduced himself and asked the Panel Members, the



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Department of Health Care Services (DHCS) staff, and the audience to introduce themselves.

2. Review and Approval of March 27, 2014 Meeting Minutes

- Mr. Campana requested that the Panel members review the meeting minutes for changes or redactions.
 - i. Mr. Campana stated the meeting minutes were approved with no changes.

3. Advisory Panel Scope and Structure

- Mr. Campana began review of the Interim Transition Plan
- Oksana Giy, Health Care Reform Advisor explained the Interim Transition Plan to the Advisory Panel and opened the discussion up to questions.
 - i. Mr. Campana stated the Panel is developing a format, and currently meets every other month. He expressed his support for stronger statute for the Advisory Panel.
 - ii. Ronald Diluigi, Business Representative, reiterated that the Healthy Families Program (HFP) and the HFP Advisory Board was established through statute. He asked if the statutory authority still exists and inquired into how DHCS would utilize the Advisory Panel.
 - iii. Mr. Campana stated that the Panel advised MRMIB on policy. He indicated that the only difference now is that the Panel is now advising an entire department and DHCS would determine how to best utilize the Panel.
 - iv. Elizabeth Stanley-Salazar, Substance Abuse Provider Representative, expressed that the Interim Transition Plan is a good foundation, but requested the word advise or advisory replace the use of feedback throughout the document. Ms. Stanley-Salazar recommended that the Panel advise the Director and not the Department; with emphasis on advising, not providing feedback.
 - v. Mr. Campana stated when the Panel was initially established, meetings were held every other month and eventually changed to quarterly meetings, however the Panel never had the same impact.
 - vi. Ms. Stanley-Salazar indicated previously the Panel had a clear focus when they advised MRMIB. She stated that they tracked enrollment and benefits. Ms. Stanley-Salazar recommended that a clear sense of focus is reestablished for the Panel.



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- vii. Jan Schumann, Subscriber Representative, expressed the need to ensure the focus is on the correct population. He asked if the Panel is focusing on children and their families or children and Medi-Cal families.
- viii. Paul Phinney, M.D., MSc, Pediatrician Representative, asked the Panel if the focus should be on the additional population including Medi-Cal families.
- ix. Mr. Diluigi stated that it is up to the Panel but he is fine with adapting to what the Department is proposing.
- x. Mr. Campana stated that the Panel is focused more on children than adults and proposed focusing on children and their families.
- xi. William Arroyo, M.D., Mental Health Provider Representative indicated the new Panel might be restricted to children but some other aspect of the name may allude to the broader population.
- xii. Dr. Phinney suggested looking at AB 357 and incorporating it into the Interim Transition Plan.
- xiii. Kelly Hardy, Children Now, informed the Panel that, as a sponsor of the bill, Children Now is open to Panel name suggestions.
- xiv. Karen Lautherbach, Non-Profit Clinic Representative, requested to only focus on children.
- xv. Ms. Giy notified the Panel that there are stakeholder groups that address children specifically, and stated it is the decision of the Panel to choose a scope.
- xvi. Beth Abbott, Health Access, stated it is her understanding the Department is reviewing the various stakeholder meetings DHCS facilitates. She expressed the Advisory Panel is important and stated there should be a way to see what meetings the Department facilitates that is specific to children's needs inclusive of the scope of the meeting and upcoming meeting schedule.
- xvii. Ms. Giy informed Ms. Abbott the Department is currently taking a comprehensive approach at analyzing DHCS stakeholder groups which will include an overview of each group. She affirmed DHCS is working with CHHS to develop a Stakeholder Engagement Plan.
- xviii. Ellen Beck, M.D., Family Practice Physician Representative, requested to include Medi-Cal families as part of Panel's scope. She stated it is



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impossible to address a child's health without addressing the family's health; the health of the children is affected by parental habits.

1. On a separate note, Dr. Beck stated that statutory authority makes a huge difference in the structure of the Panel.
- xix. Anastasia Dodson, Associate Director for Health Policy, indicated at this time, the Department's highest priority is to address the pending applications. Ms. Dodson informed the Panel that the next phase will be to work with advocates to improve stakeholder process and policies.
- xx. Ms. Hardy stated that she appreciated that the Department is streamlining processes and is looking forward to the Department and advocates collaborative work efforts.
 1. Ms. Hardy noted that half of the children in California are in Medi-Cal, and believes this would be a great place to focus on child only issues.
- xxi. Mr. Diluigi asked if the Department had a preference on the scope of the Advisory Panel.
- xxii. Dr. Phinney reflected back on what Ms. Hardy stated earlier and informed the Panel that AB 357 designates this Panel the Children's Health Advisory Board.
- xxiii. Mr. Campana informed the Panel of the re-organization and recommended not changing the Panel name. He stated the Panel is adjusting to DHCS processes. He asked Ms. Dodson about what she thinks of the structure.
- xxiv. Ms. Dodson stated that she would like to focus this Panel around deep dive topics because they are most helpful to the Department. She informed the Panel that it is difficult to staff meetings with broader focuses and would like for the Panel members to get involved in other Stakeholder meetings with relevant areas of focus.
- xxv. Dr. Arroyo suggested starting immediately rather than waiting for the statutory authority. He stated further that it appeared the Department would like the primary focus of the Panel to be on children. Dr. Arroyo informed the Panel that there are CCS Advisory Group meetings that specifically target children, however these meetings are prescribed for a much narrower or more specific population of children and the Panel would provide a broader focus than the CCS Advisory Group.



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- xxvi. Dr. Phinney agreed with Dr. Arroyo but stated it would be appropriate to wait until statute is finalized.
 - xxvii. Ms. Stanley-Salazar requested to take a vote on supporting AB 357.
 - xxviii. Dr. Fine requested to see the bill analysis of AB 357.
 - xxix. Ms. Dodson informed the Panel all bill analyses are confidential which is standard statewide policy.
 - xxx. Dr. Phinney asked the Panel to come to a consensus on addressing children and families.
 - xxxi. Mr. Campana stated that the Panel is focusing on children and their families and asked the Panel to have a motion to support AB 357.
 - xxxii. Dr. Arroyo stated that AB 357 was not on the agenda, and requested to postpone the discussion.
 - o Mr. Campana moved forward to Membership Status on the agenda and informed the Panel that this would be his last meeting as the Chair, since he is unable to attend the July 31st meeting. He stated he would be in contact with DHCS to assist with planning the next meeting.
 - o Dr. Beck and other Panel members acknowledged Jack's dedication and efforts to the Panel. They stated his dedication and hard work has made a positive impact on many children throughout California.
 - o Dr. Fine indicated that there are vacancies on the Panel.
 - i. Mr. Campana stated there was a process that MRMIB used to fill vacancies but acknowledged that the Panel is with a different department now and requested information regarding DHCS' process on addressing new membership.
 - ii. Ms. Lauterbach informed DHCS that it would be helpful to obtain a final list of all vacancies.
 - iii. Anastasia clarified that if a member of the Panel leaves the company they represent, that position is not automatically filled but is considered vacant until filled.
 - iv. Mr. Campana informed the Panel they will receive a list of vacancies from DHCS staff and can make recommendations at the next meeting.
4. Deep Dive Topic: HEDIS Measures
- o Sarah Royce, Ph.D., Medi-Cal Managed Care Division informed the Panel that the data within the presentation is between 2009 and 2012. She stated that the 2013 data will not be released until July. Dr. Royce began the PowerPoint. The



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slides can be found at:

<http://www.dhcs.ca.gov/services/Documents/QualityofCareforChildrenMC.pdf>

- i. Dr. Phinney asked what proportion of the Medi-Cal children are in Managed Care.
 1. Dr. Royce stated she did not have the answer at this time.
- ii. Dr. Phinney asked if children are included in managed care.
 1. Dr. Royce informed him that they are, but she will have to get back to him regarding the proportion.
- iii. Dr. Arroyo asked if the data was further categorized demographically for prenatal care.
 1. Dr. Royce stated it is aggregate data, but the Department has been analyzing encounter data for demographics for postnatal care. She informed him they have not analyzed the data regarding prenatal data at this time.
- iv. Dr. Arroyo asked if CDC surveillance data is for young black women as a study was published pointing to a high percentage of unplanned pregnancies are found amongst low-income African-American women.
- v. Dr. Beck asked if the data collected was based on women who had Medi-Cal prior to becoming pregnant or if it was based on pregnancy only Medi-Cal coverage.
 1. Dr. Royce informed the Panel members she is going to start a list of follow ups and she requested the Panel email Danielle Stumpf, Director's Office, with other questions after the meeting.
- vi. Dr. Royce stated slide number seven reflects women who saw a doctor for the first prenatal visit within 43 days of eligibility; however, the data may also capture women who were near delivery date.
- vii. Ms. Stanley Salazar asked what the Department does with this data.
 1. Dr. Royce stated the Department has a number of interactions with the plans to discuss performance standards.
- viii. Mr. Diluigi asked if this data reflects CMS's standards and/or guidelines.
 1. Dr. Royce informed him she is not aware of penalties from CMS and that she would get back to him.
- ix. Dr. Phinney asked if immunization refusals for children are incorporated in the data.



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1. Dr. Royce informed him that it is but it is not a separate measure. This information is included in the children who do not receive immunization. She stated the data is difficult to collect because there are issues with the registry.
- x. Ms. Abbott inquired what action is taken with plans that are performing below allowable standards.
 1. Dr. Royce stated the Department works with those plans more closely to diagnose the issues and contributing factors that impact the plans' performance.
- xi. On slide 16, Dr. Royce asked if the Panel has any thoughts about how useful the measure is that determines the prevalence of children in California who receive a wellness exam.
 1. Dr. Beck stated that she thinks the age range is too broad and suggested making the age range smaller.
- xii. When discussing access to primary care, Ms. Stanley – Salazar stated DHCS requires a health assessment which is well defined for infants and children but not for adolescents. She also inquired into what the Department's thoughts are for Primary Care Physicians conducting mental health assessments.
 1. Dr. Phinney informed Ms. Stanley-Salazar there is a State initiative regarding mental health assessments where doctors use a questionnaire to determine what to ask the patient during a behavioral health exam.
- xiii. Dr. Beck recommended to have deep dive discussion on adolescent physical and mental health care.
- xiv. Dr. Fine recommending starting child wellness checks at age 1 instead of age 3 because they are important for dental health.
- xv. On slide 20, Dr. Royce asked the Panel if there are specific care measures that the Department should take for two year olds or postpartum care.
 1. Dr. Phinney stated the data on the plans is very different and recommended putting more responsibility on the plans for accountability. He stated further that Anthem makes up the disproportionate share in all measures presented. Dr. Phinney



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- recommending having strict penalties for plans not meeting requirements.
- xvi. Mr. Campana recommended publicizing the plans that are not meeting performance standards.
 - xvii. Regarding immunizations, Mr. Campana asked what the Department does in the school system to inform parents of the necessary immunizations and stated that it would be useful to have education work closely with public health to improve these measures.
 - xviii. Dr. Arroyo asked if the data with respect to the low performing plans is public information and is readily available.
 - 1. Dr. Royce informed him that it is and the link is at the bottom of slide 5 but is unsure if consumers use the information published.
 - xix. Mr. Diluigi stated Covered California is requesting on their plans to expand their networks and asked if the Department is experiencing the same issue in network adequacy.
 - 1. Ms. Dodson stated that the Department is not aware of a provider gap and informed him that as the pending applications are effectuated, DHCS will be in a better position to address network adequacy.
 - 2. Dr. Phinney stated that there are growing issues with network adequacy and believes this will affect Medi-Cal.
 - 3. Mr. Diluigi agreed and restated for the Department to continue monitoring the issue.
 - xx. Ms. Abbott stated that the DHCS website is very difficult to navigate and suggested working with OPA to make it more consumer friendly.
 - 1. With regard to the data and performance, Ms. Abbott stated that there are often no consequences for the non-performers. She recommended the Department to include clearer on DHCS website.
 - 2. Ms. Abbott asserted that the data is unacceptable. She agreed that DHCS cares about the measures but needs to find a way to hold the plans accountable.
 - xxi. Dr. Fine informed Dr. Royce there are a series of dental measures that may be missing
 - 1. Dr. Fine suggested using data collected for the managed care plans.



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- xxii. Ms. Stanley-Salazar stated she agrees with Dr. Beck regarding screening physical and mental health in adolescents due to the many preventable deaths among this age group.
- xxiii. Dr. Phinney referred back to the immunization indicators and stated that as long as the Department is coding immunization refusal, he thinks that there should be a way to code family refusal.
- xxiv. Dr. Phinney stated that on the point of publishing plan performance, there are health plans that have multimillion dollar websites that advertise and recommending taking away advertising abilities to those plans who do not meet requirements.
- xxv. Mr. Diluigi stated there are plans in each county who are given a primary status and when an individual does not choose a plan, the person is enrolled into the primary plan. He suggested removing the defaulted primary status if the plan is not performing at acceptable standards.

5. Future Meetings: Topics and Dates

- o Mr. Campana stated that it is 1:00pm and concluded the meeting. He informed the Panel he will be in contact with DHCS up until the next meeting.

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