

Follow-up Items from July 10, 2019, SAC Meeting

Follow-Up Item from May 23, 2019, SAC Meeting

Anne Donnelly, San Francisco AIDS Foundation: What is the timeline on plan level data on HIV suppression data?

DHCS Response: *Jennifer Kent, DHCS:* We will follow up on that.

DHCS Follow-Up: The California Department of Public Health and DHCS are developing a fact sheet with the plan level data. DHCS anticipates posting the fact sheet to the DHCS website by the beginning of November.

Updates on Key Policy Issues

Anthony Wright, Health Access CA: What is the timing for the senior penalty? (increased income eligibility for seniors and persons with disabilities up to 138%)

DHCS Response: *Jennifer Kent, DHCS:* We will get back to you with the timing.

DHCS Follow-Up: DHCS is awaiting CMS approval on the implementation of the Aged, Blind, and Disabled (ABD) expansion program. Updates on the implementation will be provided through the [Consumer Focused Stakeholder Workgroup](#) as they become available.

Anthony Wright, Health Access CA: It's good to use the lessons from SB75 in the young adult expansion. Are there system differences given the adult age of this group? There is also a different environment today and we are concerned about people signing up and getting the care they need. How many are in new aid code?

DHCS Response: *Jennifer Kent, DHCS:* We are estimating 80-90,000 will be eligible. We will share the language in the draft notices to review the messaging.

DHCS Follow-Up: Updates on the Young Adult Expansion population are provided through the Consumer Focused Stakeholder Workgroup. The FAQs, notices, and additional information on the Young Adult Expansion will

be posted in the coming months to the DHCS [website](#). As a reminder, there will not be a new aid code for this population, similar to SB75 the young adults will be enrolled into the existing full scope aid codes. Additionally, the California Health and Human Services (CHHS) recently released a public charge guide, available [here](#).

Proposition 56 Comprehensive Review

Kiran Savage-Sangwan, CA Pan-Ethnic Health Network: Can you offer a break down on language capacity in the awards?

DHCS Response: *Lindy Harrington, DHCS:* We are still working through the statistics and it will be available soon.

DHCS Follow-Up: DHCS will work to post more detailed information on the awardees through the CHHS [Open Data Portal](#) later this fall. Of the 240 physician awardees for 2019, 41 spoke English only. The breakdown of the 2019 physician awardees speaking languages other than English are as follows:

- 131 – Spanish
- 9 – Spanish, Farsi
- 5 – Spanish, Arabic
- 5 – Mandarin
- 6 – Farsi
- 10 – Vietnamese
- 2 – Arabic
- 2 – Armenian
- 2 – Cantonese
- 1 – Chinese
- 1 – Korean
- 1 – Spanish, Armenian
- 1 – Spanish, Cantonese
- 3 – Spanish, Korean
- 1 – Spanish, Mandarin
- 3 – Spanish, Tagalog
- 2 – Spanish, Vietnamese
- 3 – Tagalog

Of the 40 dentist awardees, four spoke English only. The breakdown of the 2019 dentist awardees speaking languages other than English are as follows:

- 12 – Spanish
- 3 – Spanish, Arabic
- 4 – Spanish, Farsi
- 3 – Vietnamese
- 1 – Cambodian
- 2 – Cantonese
- 1 – Korean
- 2 – Spanish, Korean
- 1 – Spanish, Russian
- 1 – Spanish, Tagalog
- 2 – Spanish, Vietnamese
- 1 – Tagalog

Kiran Savage-Sangwan, CA Pan-Ethnic Health Network: Can you say more about VBP for BH?

Brad Gilbert, MD, Inland Empire Health Plan: On the VBP BH, realistically it will be the plans or counties who do the applications for smaller practices and for employed physicians. The dollar flow may need to be different if they are employed.

DHCS Response: *Lindy Harrington, DHCS: We see this as a grant-type program focused on delivery system change. That is out for comment.*

Jennifer Kent, DHCS: We need to talk that through. We have concerns about that.

DHCS Follow-Up: The Value-Based Payment (VBP) program measures valuation summary for four VBP domain categories – Prenatal/Postpartum Care, Early Childhood, Chronic Disease Management, and Behavioral Health Integration. It was issued at the beginning of September. The add-on amounts and at-risk add-on amounts tied to each measure are included in the valuation summary, available on the DHCS [website](#).

DHCS anticipates that the proposal and application process for the separated VBP for Behavioral Health Integration will be finalized in early November and we will send out that information to the SAC members. Questions or comments can be directed to DHCS_PMMB@dhcs.ca.gov.

Access Assessment Report

Linda Nguy, Western Center on Law and Poverty: Related to the time/distance measures, you mentioned that 99% met the standards. Does this mean that alternative access is included in the 1%?

DHCS Follow-Up: DHCS contracted with an External Quality Review Organization (EQRO) to conduct an assessment of access to care. Alternative access was not considered in the time and distance review. However, DHCS will contract with the EQRO to conduct a second assessment of network adequacy in the rural areas and will consider time and distance for this assessment.