

DHCS Responses to Stakeholder Advisory Committee Follow up Items from December 3

| Follow-up Items | DHCS Response | DHCS Response |
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| <p><i>Chris Perrone, California HealthCare Foundation:</i> As a part of the one year update he was anticipating some initial data on access. With the understanding that this is a work in progress and may take some time, the extent to which the group can examine the data and standard access metrics the more helpful it would be to the stakeholders.</p> <p><i>Elizabeth Landsberg, Western Center on Law and Poverty:</i> I agree and suggest sharing what the DHCS Ombudsman calls have been for in the 28 expansion counties to get a sense of what complaints they are seeing.</p> | <p><i>Cantwell, DHCS:</i> In terms of the rural counties, we have conducted a survey of member satisfaction before the Medi-Cal managed care transition and will be conducting the same survey 18 months later.</p> | <p><i>The survey that was conducted is intended to compare satisfaction in the health delivery systems in FFS versus Managed Care. Publication of the results will be the comparison of satisfaction between the two.</i></p> <p><i>Regarding access to providers, the following shows the growth in PCP's starting from the initial launch through October 14. Please see the table below for more detail</i></p> |
| <p><i>Anthony Wright, Health Access:</i> As a result of President Obama's recent immigration executive action, the categories that California has a long and proud tradition of covering (e.g. deferred action) will be expanded in the future. DHCS has said that they are reviewing the order and he asked if there is a timetable or any insights on this process.</p> | <p><i>Douglas, DHCS:</i> I do not have a more specific answer other than that they have begun the process to assess these questions.</p> <p><i>Cantwell, DHCS:</i> For those legal immigrants under the 5-year bar, California offers state-based Medi- Cal. They still claim emergency services funding from the federal government. If coverage were expanded, they would continue to claim these funds.</p> | <p><i>It is too early to know potential impacts. We will continue to monitor and if necessary updates will be included in May budget.</i></p> |

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| <p><i>Anthony Wright, Health Access</i> : thanked DMHC and DHCS for the work and recognized Senator Hernandez for proposing the legislation. When is the soonest stakeholders can expect to start seeing data results, particularly for Medi-Cal.</p> | <p><i>Pheng, DHCS</i>: confirmed that for the timely access requirements the only requirement is that they be posted on the web site. DHCS will receive the first set of data from plans on March 31, 2014. DMHC has not yet figured out the strategy or timing for reporting out findings and noted that there are several different sets of data that need to be analyzed, including access data on primary care, specialty, ancillary and hospital services. Though it is hard to say, they are hoping to get some findings out in 3-4 months so they can work with the plans to improve results in the following year. That suggests a likely release in late summer.</p> | <p><i>We do not have a response at this time</i></p> |
| <p><i>Gary Passmore, CA Congress for Seniors</i>: is there anything in the Medicare data collection requirements that correspond with SB94.</p> | <p><i>Portela, DHCS</i>: DHCS can look into this question.</p> | <p><i>There is nothing specific that can be identified to Medicare data collection.</i></p> |
| <p><i>Marilyn Holle, Disability Rights CA</i>: one of my concerns is recognizing that specialists are not fungible and the failure of plans to vet a particular referral to see if the specialist is the appropriate one. She said that there have been many issues of members being referred to a specialist and traveling long distances to see them, only to find out that this was the wrong specialist.</p> | <p><i>Brooks, DHCS</i>: this is something they do look at through Medi-Cal audits. She suggested that Marilyn speak with her offline so she can learn more about the specific issues referred to.</p> | <p><i>Sarah Brooks verbally followed up with Marilyn after the 12/3 SAC meeting</i></p> |
| <p><i>Suzie Shupe, CA Coverage & Health Initiatives</i> : On DHCS investigations into discontinuances, do you have any sense of the ratios of those that discontinued versus those that renewed?</p> | <p><i>Mollow, DHCS</i>: No, but we are working on the analysis right now</p> | <p><i>DHCS is in the process of developing an analysis.</i></p> |
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| <p><i>PUBLIC COMMENT: Adam Francis, California Association of Family Practice, stated that the end of the ACA provision that raised Medi-Cal payments is approaching. He asked if there is any plan or opportunity to talk about how these funds were used and what kind of impact they had on achieving its stated goals.</i></p> | <p><i>Cantwell, DHCS: We can certainly provide an update on this at the next SAC meeting.</i></p> | <p><i>For CY 2013 DHCS paid health plans approximately 795 Million for ACA 1202</i></p> <p><i>For CY 2014 DHCS will pay health plans approximately 945 Million for ACA 1202</i></p> |
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| Health Plan | Plan PCP Total - as of Regional Expansion 11/2013 |
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| Anthem - 18 Counties | 284 |
| CH&W - 18 Counties | 358 |
| CH&W - Imperial | 47 |
| Molina - Imperial | 33 |