

## DHCS Responses to Stakeholder Advisory Committee Follow up Items from February 11

Follow-up Items	DHCS Response	DHCS Response
<p><i>Michelle Cabrera, Service Employees International Union: The theme of health equity comes up later in the presentation. I would like to see this called out explicitly in the goals – especially in the 5-year targets. We can improve quality and drive to the triple aim and not improve disparities or make them worse. We can't assume that equity is baked into triple aim.</i></p>	<p><i>Cantwell, DHCS: I appreciate that and we can look at how to bring that in.</i></p>	<p><i>Concept paper/application has been posted on DHCS's website. Stakeholder input has been integrated throughout.</i></p>
<p><i>Al Senella, CA Association of Alcohol and Drug Program Executives/ Tarzana Treatment Center: Going back to DSRIP 2.0, I am wondering what happened to the comprehensive input and feedback provided because I don't see any change here from the original proposal.</i></p>	<p><i>Soe, DHCS: We are still wading through the input and this does not reflect all of the changes we are making to the domains and projects based on recent stakeholder input.</i></p>	<p><i>More detail to come in discussions with CMS and further concept refinement.</i></p>
<p><i>Anne Donnelly, Project Inform: As a placeholder for a later conversation, I am wondering about the Ryan White care system. It's small relative to Medi-Cal but important in HIV care. There are supplements for areas that are not included in traditional Medi-Cal. We are tripping over the payer of last resort rules to adhere correctly. Is there a place for a pilot?</i></p>	<p><i>No response</i></p>	<p><i>DHCS met with Project Inform and partners to discuss opportunities for this population within the Waiver</i></p>
<p><i>Marvin Southard, LA County Department of Mental Health: In the current waiver, there are many counties that worked on this. It might be useful to include stories of successful models.</i></p>	<p><i>Cantwell, DHCS: We would love more case studies.</i></p>	<p><i>DHCS will reach out to stakeholders as needed for additional information as we begin Waiver negotiations with CMS.</i></p>

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<p><i>Kim Lewis, National Health Law Program: For those eligible in Cal-HEERS system for Covered CA, they are excluded from hospital PE even if they never got coverage. The policy is inconsistent with federal law and policy. People are not getting PE who are fully eligible.</i></p>	<p><i>Cantwell, DHCS: Please send me an email about that.</i>  <i>Mak, DHCS: On the issue Kim raised, our legal team is doing research on this issue and we hope to respond to the concern soon.</i></p>	<p><i>DHCS has completed policy research and analysis. Corrective action was put into place to exclude the Covered CA aid codes from the HPE eligibility determination and file clearing process. DHCS implemented the system fix in MEDS which is effective for April month of eligibility.</i></p>
<p><i>Lishaun Francis, CA Medical Association: I am thinking about how we can educate providers about the program. They don't understand the program. I still get questions about what the benefits of Cal-MediConnect mean for the patient. I don't think the number of fee for service physicians could drive this opt out rate.</i></p>	<p><i>Katch, DHCS: We would love to partner with you to get that message out.</i></p>	<p><i>DHCS and CMA are discussing opportunities to partner on this effort</i></p>