State of California—Health and Human Services Agency

Department of Health Care Services

Medi-Cal Children's Health Advisory Panel

January 24, 2019

Meeting Minutes

Members Attending: Ellen Beck, M.D., Family Practice Physician Representative; Jan Schumann, Subscriber Representative; Kenneth Hempstead, M.D., Pediatrician Representative; Marc Lerner, M.D., Education Representative; Diana Vega, Parent Representative; William Arroyo, M.D., Mental Health Provider Representative; Ron DiLuigi, Business Community Representative; Elizabeth Stanley Salazar, Substance Abuse Provider Representative; Bertram Lubin, M.D., Licensed Disproportionate Share Hospital Representative; Katrina Eagilen, D.D.S., Licensed Practicing Dentist; Pamela Sakamoto, County Public Health Provider Representative.

Members Not Attending: Nancy Netherland, Parent Representative; Julie McReynolds; Parent Representative; Terrie Stanley, Health Plan Representative; Karen Lauterbach, Non-Profit Clinic Representative.

Attending by Phone: 46 stakeholders called in

DHCS Staff: Jennifer Kent, Dr. Linette Scott, Dr. Karen Mark, Anastasia Dodson, Adam Weintraub, Morgan Clair

Others: Elizabeth Evenson, California Association of Health Plans; Les Ybarra, Anthem Blue Cross; Rebecca Boyd Anderson, Partnership HealthPlan of California; Kelly Hardy, Children Now; Hellan R. Dowden, Teachers for Healthy Kids; Lydia Bourne; Bourne & Associates; Cerissa Brown; Sabrina Williams; Stephanie N. Jones.

Opening Remarks and Introductions	Bert Lubin, M.D., MCHAP Chair welcomed members, DHCS staff and the public and facilitated introductions. Marc Lerner, M.D., read the legislative charge for the advisory panel aloud. (See agenda for legislative charge.) https://www.dhcs.ca.gov/services/Documents/MCHAP_agenda_012419.pdf Minutes from October 18, 2018 were approved 11-0. https://www.dhcs.ca.gov/services/Documents/101818_MCHAP_Summary.pdf *Adam Weintraub, DHCS:* Responses to the follow-up list have been posted to the MCHAP web page. *Jennifer Kent, DHCS:* The Budget Act of 2019 was released, and DHCS released highlights of the Governor's budget that directly affect the Department: • **Expansion of Medi-Cal** up through age 25 regardless of documentation status, adding about 185,000 individuals expanded access to coverage, effective no sooner than July 1, 2019. DHCS will need to make electronic system changes between the state and counties for eligibility determination. • **Proposition 56** Supplemental payments for physicians, dentists, women's health services, intermediate care facilities for the developmentally disabled (ICF/DD) providers, and HIV/AIDS waiver services would remain unchanged. The Governor is proposing to add three new programs: o Developmental and trauma screenings for pediatric and adult populations, o Additional family planning supplemental payment programs in both fee-for-service (FFS) and managed care delivery systems, and o A Value-Based Payment Program will provide incentive payments to providers for meeting certain measures around pre/post-partum care, chronic disease management and behavioral health integration. • **$25 million for early psychosis intervention**, which would be available to counties, behavioral health organizations, academic institutions, etc. • **Executive Order (EO) on pharmacy.** The Governor is seeking to lower prescription drugs across all purchasers and payers in California. Starting 2021, DHCS will carve out all pharmacy-related costs and services from the managed care plans (MCPs), and return authorization and reimbursements for those services to DHCS. DHCS would negotiate rebates for the entire Medi-Cal population, instead

	of just the FFS population. The EO called for DHCS to better leverage statewide bargaining power for the purchase of pharmaceutical services. **Other Department updates include:** • **Whole Child Model:** Partnership HealthPlan went live on Jan. 1, 2019, in 14 counties. Orange County (CalOptima) implementation was delayed from Jan. 1 to July 1, 2019. • **Public Charge:** The California Health & Human Services Agency filed the State's comments on the proposed federal rule and they have been shared with the Panel. There have not been additional releases on this item from the federal side. *Ron DiLuigi:* Could the pharmacy EO go beyond the state? *Jennifer Kent, DHCS:* Potentially. There have been discussions, but each state Medicaid program is different. We're currently considering how to use the collective state purchasing power more broadly. *William Arroyo, M.D.:* For the developmental screenings item in the budget, how will DHCS go about not duplicating efforts? *Jennifer Kent, DHCS:* These are dollars flowing through to Medicaid providers. This proposal is intended to ensure that the data is captured in our system and aligned with Bright Futures. If we are calling out specific codes and attaching a supplemental payment, providers will submit a claim, which improves our data quality. *Ellen Beck, M.D.:* Will there be a unified pharmacy purchasing collective, then a formulary? *Jennifer Kent, DHCS:* Currently in FFS, there's a contract drug list of the drugs where we have supplemental rebates with the manufacturers. DHCS doesn't have a formulary per se; we can put prior authorization and utilization controls on pharmaceutical products. We are proposing to return the administration of the pharmacy benefit back to the Department's fee for service delivery system. DHCS has provider agreements with approximately 97 percent of all pharmacies in the state, which is broader than what any one plan has. We will regain the purchasing power and leverage of negotiating rebates for all Medi-Cal members. *Jan Schumann:* Is there a timeframe for the 19-25-year-old

	expansion population to begin enrollment? *Jennifer Kent, DHCS:* Due to the programming changes, we are estimating that it will take approximately 6-9 months after July 1, 2019. For SB 75 expansion, we needed a 9-10 month window of time. *Bert Lubin, M.D.:* With the new appointments (Surgeon General), how will they interact with what we do at MCHAP? *Jennifer Kent, DHCS*: It's the first Surgeon General in the state, so all state departments will work to support that position in terms of briefings. DHCS' AB 340 group informed the decisions on trauma screenings, so we look forward to inform or see opportunities where we can suggest improvements to delivery of services. If it's appropriate, we could ask either the Surgeon General or the Deputy Secretary to present their goals and perspectives. Director Kent swore in Dr. Eagilen, Dr. Arroyo, Dr. Hempstead, and Ron DiLuigi to terms ending Dec. 31, 2021.
Review Draft Recommendation Letter for Website and Written Communications Standards, with Opportunity for Discussion, Amendments, and Final Vote	The Panel reviewed and discussed the draft recommendation letter for website and written communications standards. Members proposed several changes and added several topics. One member of the public proposed additional changes for the Panel to consider. The Panel voted on the amendments as proposed by the members, approving the changes 11-0. The Panel approved the recommendations as amended, 11-0. The approved recommendation letter, as amended, can be found here: https://www.dhcs.ca.gov/services/Documents/MCHAP_Recs_Comms.pdf
Presentation on Medi-Cal Children's Health Dashboard	Link to presentation: https://www.dhcs.ca.gov/services/Documents/MCHAP_Pediatric_Dashboard_PPT.pdf DHCS' Chief Medical Information Officer Dr. Linette Scott presented on the history and evolution of the Children's Health Dashboard. Additional relevant data has been added to the dashboard and other public distribution channels over time. DHCS is focused on adding reporting tools to convey the Child Core Set of quality measures, which must be reported to CMS by 2024. *Elizabeth Stanley Salazar:* Now that substance use disorder treatment for Medi-Cal is also under specialty plans, is there a goal

	to pull some of that data into the dashboard? *Linette Scott, DHCS:* Each program within DHCS must work on adding their program's data; we're up to over 110 datasets on the California Health and Human Services Agency's Open Data Portal. *Jennifer Kent, DHCS:* Because of the small numbers for unique users and counties, a lot of the data would need to be suppressed to protect private health information. *Ellen Beck, M.D.:* Are there any outcome questions asked, or is it primarily utilization? *Linette Scott, DHCS:* It varies by each dataset. For example, the dental dataset includes about 15 different measures; some can be classified as process, others as outcome. *Marc Lerner, M.D.:* Will children's datasets (i.e. Stanford Group, Kidsdata) be included as searchable elements? *Linette Scott, DHCS:* The push for the Open Data Portal was to create data that could be used for those who want to use it. From a Public Records Act (PRA) perspective, we send the reporters to the Open Data Portal, which is free for them to search. *Marc Lerner, M.D.:* There's an opportunity for the Panel to react to the data. The mild-to-moderate mental health visits is not posted with the same kind of year-by-year analysis that's so nice about the Dashboard. *Jennifer Kent, DHCS:* The expectation is that a lot of the children's visits will not show up on the mild-to-moderate side. Given where the benefit is and how it's structured, most kids receiving these services will be seen on the county side. *Marc Lerner, M.D.:* County-to-county differences are ripe areas for review. *Jennifer Kent, DHCS:* We will collect data from counties using the Child and Adolescent Needs and Strengths (CANS) assessment tool and the Pediatric Symptom Checklist (PSC) with the idea that the counties will submit the data to DHCS. *Elizabeth Stanley Salazar:* Can DHCS work with plans to track incidents of neonatal addiction syndrome?

	Linette Scott, DHCS: FFS and SMHS data is sent to health plans monthly. We have not included substance use disorder specific data that comes through Drug Medi-Cal (DMC). *Bertram Lubin, M.D.:* Do you receive feedback from the (Centers for Medicare & Medicaid Services) CMS on how we're doing compared to other states? *Linette Scott, DHCS:* You can see where California ranks with CMS' Scorecard and the Medicaid Open Data website. *Bertram Lubin, M.D.:* Where does early education and absenteeism fit? *Linette Scott, DHCS:* We don't have that information. With the Open Data Portal, as more departments are working on it, more information is being added. It might be on the California Department of Education's (CDE) list to include. *Bertram Lubin, M.D.:* Is there a particular group related to adolescents? *Linette Scott, DHCS:* Any dataset with age stratifications would include this information. *Bertram Lubin, M.D.:* What about healthcare for immigrant children? *Linette Scott, DHCS:* We haven't posted a dataset related to that. We post eligibility by month and by aid code. *Jennifer Kent, DHCS:* SB 75 data isn't segmented out; they're in a full service aid code with all other kids. *Linette Scott, DHCS:* We have 114 datasets combined with the Geographic Information Systems (GIS) portal. *Ellen Beck, M.D.:* Would that show where in the state there are shortages of child psychiatrists? *Linette Scott, DHCS:* This is on the FFS side; in our MCPs or SMHS, there may be providers in our systems that aren't enrolled as FFS providers. We've had discussions about adding these providers into our datasets on the Open Data Portal in the future.

	Ellen Beck, M.D.: If you identify a problem, do you request the data or do you receive requests for data? Are there reports that are generated year-long for various groups? We'd like you to teach us about areas you feel we should direct our attention to, or about the care of adolescents. I believe we should focus on more outcomes-based data. The CDE does a California Healthy Kids Survey; can a link be included in the database? *Linette Scott, DHCS:* Our colleagues at the California Department of Public Health (CDPH) have done reports that look at different populations, and on integrated pieces like education, health, etc. It could be that some of that work has already been done. From the perspective of looking at health and social determinants, our partners are very engaged in that area. In terms of data, we want to make it available and more useable (printing, viewing, etc.). We do look at our own data. From the reporting perspective, a lot of our focus is on enabling the data to enable the conversation. If there's a need for a specific analysis or report, we will do it. *William Arroyo, M.D.:* In Los Angeles, we are challenged by some of the datasets that are used by different county departments, and in regard to racial background (each county department has different ways of coding for racial background). How do you manage the discrepancies when reports are submitted to you? *Linette Scott, DHCS:* Every registry has a different way of collecting race/ethnicity. The terminology used often depends on who originally collected the data. It's a known issue. For Medi-Cal, moving to the streamlined application in 2014 made a huge difference as it introduced two separate questions for race and ethnicity, leading to much better alignment of data and major improvements. Both prior to 2014 and after 2014 race and ethnicity has been voluntary and not required. Linked data from multiple data sets must contain footnotes/data source for users to know which race/ethnicity data was used. *William Arroyo, M.D.:* I've protested against publishing the data because of the perception. *Jennifer Kent, DHCS:* It's important to note that the state and the federal government have come a long way in collecting the more granular data on race, ethnicity, sexual orientation, etc. The information requested is voluntary. *Kelly Hardy, Children Now:* Thank you for your efforts on the Dashboard. On the Open Data Portal, can you break things down

	by county? *Linette Scott, DHCS:* It depends on the data set; we currently have 59 datasets with county information. For mental health and dental utilization services, we have those by county. We're always looking for how to post data with more granularity. We do get requests through the Open Data Portal and other avenues, and we're happy to receive requests for certain things. It often helps us decide what to generate next. *Kelly Hardy, Children Now:* The Medi-Cal Managed Care Advisory group is requesting feedback through a survey on the External Accountability Set; is that something that can be sent to the MCHAP members? *Marc Lerner, M.D.:* We've already received the email. *Elizabeth Stanley Salazar:* Are the DMC-certified clinics in the dataset? *Linette Scott, DHCS:* I believe they are in the provider master file. *Jennifer Kent, DHCS:* Some of the DMC providers are not enrolled as DMC. For example, federally qualified health centers do DMC services and aren't enrolled as a DMC provider. *Marc Lerner, M.D.:* How do these datasets relate to the health status and caregiving for children who don't have Medi-Cal in California; for children moving back and forth? Are these requirements that commercial plans provide data where these issues are addressed? *Linette Scott, DHCS:* Short version is that we're responsible for Medi-Cal. From the broader perspective, there are a variety of initiatives that look at quality measures and reporting. Office of Patient Advocate also reports on child measures, and includes other plans that aren't Medicaid. *William Arroyo, M.D.:* For the Performance Outcomes System (POS) dataset, there's a penetration rate that's determined in part by five or more visits. Where does that standard come from, CMS? *Linette Scott, DHCS:* These measures were developed with specialty mental health services stakeholders; they looked at the data to see where the cutoff was for number of visits (being seen routinely vs. a few that don't need further follow-up). When looking

	at the data, five was the threshold.
Member Updates and Follow-Up	*Elizabeth Stanley Salazar:* The panel received the Orange County Register series on maternal/prenatal opioid use. There's a crisis in the country and in the state. You can get data by county, age, etc. on the California Opioid Overdose Surveillance Dashboard. With the opioid use increasing, you can expect to see a significant increase in prenatal and infant exposure to opioids. There are two issues: a proliferation of prescription opioids and disconnect between the health care profession to providing services and linkages to Medical Assisted Treatment (MAT). There are a lot of initiatives in the state that we're unaware of. We should do a deep-drive presentation on this; we should hear from DHCS on these issues and their strategic plan to address the issues. The National Center on Substance Abuse and Child Welfare (NCSACW) headquarters is located in Irvine. Plans are also doing work in this area. We should look into this, and inform ourselves about the situation and the crisis in the state.
Public Comment	*Sabrina Williams, public member*: What is DHCS doing in terms of protecting clients' medical records and keeping identifying information private? How can I know that DHCS is protecting my information so that I'm not being classified as something that I'm not? *Linette Scott, DHCS:* Privacy and confidentiality is something that we take very seriously, in addition to federal and state laws. Under the Public Reporting Guidelines, we have a robust set of data de-identification guidelines. Anything that goes out to the public goes through the data de-identification process. We continually review the guidelines to see if they need updating. There's public data versus confidential data and confidential data has a whole set of protections around it. *Cerissa Brown, public member:* How does DHCS determine the accuracy of billings for services provided to children through schools, how DHCS gathers information from beneficiaries about school-provided services, and how she could become more actively involved in making sure children receive high-quality and appropriate Medi-Cal services through school programs. *Jennifer Kent, DHCS:* We mail surveys to the beneficiary's address. If they change addresses, the surveys are returned. The county eligibility office is the point of contact for address changes. On the billing around schools, I would need to look at what you're being asked to sign. Schools bill for services provided to Medi-Cal beneficiaries as it pertains to medical therapy. The claims would be done through the local education agency and would come

	through in a quarterly billing statement to DHCS. *Cerissa Brown, public member:* They billed Medi-Cal for 18 months' worth of services and I need to dispute the issue. How can there be more accountability? *Jennifer Kent, DHCS:* As a program, if a provider bills for a service they delivered, we are obligated to pay it. If a hospital makes a legitimate mistake for a patient and we have to pay for a secondary service to correct that mistake, we do that. *Lindsey Angelats, First 5 LA:* It is exciting to hear that data collected as early as 2022 will be submitted in 2024; what is planned for provider and plan outreach to ensure that there's high quality data tracking on low birth weight metrics and developmental screening? Understanding that we can't have subgroups always on the dashboard, please consider 0-5 metrics. It would hold First 5 accountable for how we can support counties and providers. *Linette Scott:* We've been working with CDPH to use birth weight data to potentially do that measure. For the developmental screening, one of the challenges is how the encounter data comes through. There's been active work on how to collect this data better. There are Prop. 56 components that will be addressing and incentivizing data quality. We're also determining how to publish data with the most flexibility. There was no additional public comment.
Upcoming MCHAP Meeting and Next Steps	Dr. Lubin noted the next meeting is April 4, 2019. The meeting was adjourned.