

State of California—Health and Human Services Agency

Department of Health Care Services

Medi-Cal Children's Health Advisory Panel

June 28, 2017

Meeting Minutes

Members Attending: Ellen Beck, M.D., Family Practice Physician Representative; Jan Schumann, Subscriber Representative; Karen Lauterbach, Non-Profit Clinic Representative; Paul Reggiardo, D.D.S., Licensed Practicing Dentist; Pamela Sakamoto, County Public Health Provider Representative; Elizabeth Stanley Salazar, Substance Abuse Provider Representative; William Arroyo, M.D., Mental Health Provider Representative; Kenneth Hempstead, M.D., Pediatrician Representative; Marc Lerner, M.D., Education Representative; Terrie Stanley, Health Plan Representative; Bertram Lubin, M.D., Licensed Disproportionate Share Hospital Representative; Wendy Longwell, Parent Representative; Ron DiLuigi, Business Community Representative; Diana Vega, Parent Representative.

Attending by

Phone: 29 stakeholders called in

Not Attending: Liliya Walsh, Parent Representative

DHCS Staff: Jennifer Kent, Adam Weintraub, Anastasia Dodson, Sean Mulvey, Anna Lee Amarnath, M.D., Linette Scott, M.D., Morgan Knoch

Others: Bobbie Wunsch, Pacific Health Consulting Group; Katherine Barresi, Partnership HealthPlan; Kelli Boehm, Political Solutions; Katie Andrew, Children Now; Anne Stieg, Planned Parenthood; Nena Garcia, Teachers for Healthy Kids; Mary Ader, County Behavioral Health Directors Association of California; Laura Cardens, Partnership HealthPlan; Ann Kuhns, California Children's Hospital Association; Ielnaz Kashefipour, Children's Partnership; Lynn Thull, California Alliance of Child and Family Services; Dharia McGrew, California Dental Association

Opening Remarks and Introductions

Ellen Beck, M.D., MCHAP Chair welcomed members, DHCS staff and the public and facilitated introductions.

The legislative charge for the advisory panel was read aloud by Pam Sakamoto. (See agenda for legislative charge.)
http://www.dhcs.ca.gov/services/Documents/MCHAP_Agenda_062817.pdf

Dr. Beck called the meeting to order.

Minutes from April 18, 2017 were approved.
http://www.dhcs.ca.gov/services/Documents/041817_MCHAP_Summary.pdf

Director Kent discussed the Governor's budget, signed into law on June 27, 2017. It restored Medi-Cal dental and vision benefits for adult beneficiaries. It also added a time-limited pilot program for medically-necessary meals as a benefit within the Medicaid program, as well as a diabetes prevention program. The Legislature and the Administration came to an agreement for the use of \$546 million in Proposition 56 tobacco tax proceeds, including supplemental provider payments for physician services, dental, women's health, Intermediate Care Facilities for the Developmentally Disabled, and HIV/AIDS waiver providers. DHCS will post public notice of the provider reimbursement increases before July 1, 2017 to meet the Centers for Medicare & Medicaid Services (CMS) requirements and share the link with the Panel once plan changes are posted.

William Arroyo, M.D.: Will the increase affect both the health plans and the Fee-For-Service (FFS) networks?

Jennifer Kent, DHCS: Yes. It goes into effect for both managed care plans (MCPs) and FFS.

William Arroyo, M.D.: If the federal reimbursement rate for the Children's Health Insurance Program were higher during the reauthorization than the state has estimated, what would happen to that difference?

Jennifer Kent, DHCS: We believe that situation is highly unlikely, but we would most likely add the unanticipated increase to the General Fund (GF).

William Arroyo, M.D.: How does the In-Home Supportive Services shift to counties affect mental health plans?

Jennifer Kent, DHCS: DHCS was not involved in that discussion.

Adam Weintraub provided an update on SB 220. The bill was pending in the Senate Appropriations Committee.

Dr. Beck introduced an update on SB 75. The Panel had concerns over federal policy change and how it might affect the state

Jennifer Kent, DHCS: The number of children that were immediately transitioned from restricted scope to full scope Medi-Cal is approximately 120,000. Since May 16, 2016, approximately 73,000 children have been determined newly eligible for full-scope Medi-Cal. A total of 193,744 children have been enrolled under SB 75. The enrollment continues to meet our original projections.

Ellen Beck, M.D.: Do you have any comments or thoughts about SB 75 in relation to the federal changes that might happen?

Jennifer Kent, DHCS: From our [analysis](#) of the Senate bill – the Better Care Reconciliation Action (BCRA) – it is worse financially for California than the House bill. By 2027, California could face more than \$30 billion annually in additional health costs. If we were to maintain the Medi-Cal program at the level we're at today, the cumulative cost from 2020 through 2027 would total approximately \$115 billion. I don't think there's a financing mechanism that would allow us to fill that deficit. The federal government's fundamental restructuring of Medicaid is completely changing the way the program has operated for more than 50 years. We're very concerned.

Ellen Beck, M.D.: We need to consider our advocacy efforts, and we need to have an answer for California health care and not rely on the federal government.

William Arroyo, M.D.: The single-payer bill that was introduced by Sen. Lara would have cost the state \$400 billion more. There are some ideas, but the funding mechanisms are almost insurmountable.

Ellen Beck, M.D.: Single-payer systems can be highly successful. I would like Sen. Atkins to attend a future meeting and share her perspective on single-payer.

Bertram Lubin, M.D.: I could share advocacy material from the American Academy of Pediatrics (AAP) with the Panel.

Marc Lerner, M.D.: We need to consider the timeliness of our Panel's responses to Congressional members.

William Arroyo, M.D.: The California Senate delegation is aligned with our viewpoints, it's the house delegation that's not aligned.

Ellen Beck, M.D.: With your permission, we can draft something.

Jennifer Kent, DHCS: From a process standpoint, you might want to send your messages as individuals affiliated with the Panel rather than sending as an entity.

Ellen Beck, M.D.: I want to thank Children Now for providing the panel with the legislative bill-tracking document.

Jennifer Kent provided an update on the [Panel's dental recommendations to DHCS](#). Approximately \$140 million in Prop. 56 tobacco tax funds was allocated for dental supplemental payments. The Department has been working with the California Dental Association (CDA) on how to best distribute the supplemental payments. There will be supplemental dental payments paid in addition to the specified existing billing codes used in the program. There is additional complexity due to the restoration of all adult dental benefits, some of which fall into categories for which the Department will be providing supplemental payments. We will also be issuing Dental Transformation Initiative (DTI) payments for July. We're about to release our first payments around the caries risk pilot, and we have started to move money out through the Local Dental Pilot Projects (LDPP). With the Governor's budget, there are now several notable increases in provider reimbursement.

Bertram Lubin, M.D.: Will the Department monitor the number of children from low-income families that never see a dentist in their first 5-10 years?

Jennifer Kent, DHCS: We provide dental utilization numbers broken down by age category.

Paul Reggiardo, D.D.S.: With the Proposition 56 funding, what is the federal match?

Jennifer Kent, DHCS: It depends on the population but it's roughly double; children in the Children's Health Insurance Program (CHIP) are 88/22, if it's the optional expansion members, it's 90/10.

Diana Vega: Will dentists see more Medi-Cal patients now?

Jennifer Kent, DHCS: That's the intent. The only dentists that will receive these supplemental payments are the enrolled Denti-Cal providers. The supplemental payments are tied to the number of patients that the dentists see and the number of services provided.

Ellen Beck, M.D.: Diana, in your experience is it hard to see a dentist?

Diana Vega: Yes, we have to go to a private dentist.

Jennifer Kent, DHCS: We will be clearly communicating these changes in our provider publications and the CDA will also share information with the broader dental community in California regarding the provider rate increases in Denti-Cal. We have a good partnership with the CDA.

Ellen Beck, M.D.: Many of the Federally Qualified Health Centers

(FQHCs) have extensive dental programs.

Paul Reggiardo, D.D.S.: Is this going to be a rate increase or will we have the same reimbursement rate with the supplemental payments?

Jennifer Kent, DHCS: These are not rate increases, but supplemental payments. The code will be billed, and then a supplemental payment for that code will be applied. There will be one reimbursement check, which includes the supplemental payment.

Paul Reggiardo, D.D.S.: Can the supplemental rate change?

Jennifer Kent, DHCS: Supplemental payments are easier to alter in the future than rate changes. Since this is using Proposition 56 funding, the Legislature will want to review our data, specifically for changes in utilization.

Marc Lerner, M.D.: I'm pleased that the CDA is comfortable with reducing the burdens for signing up. Are we expanding the engaged pool? Is anything changing in order to allow more dentists to participate?

Jennifer Kent, DHCS: We changed the application by shortening it dramatically. Dental is slated to be part of our online portal provider-enrollment application. We have increased our funding and changed the administrative hurdles, and if the providers still aren't interested, then they simply aren't interested in seeing Denti-Cal patients.

Jan Schumann: The schedule of max allowances is not changing, which was an item we addressed in our dental recommendations letter to DHCS. I want DHCS to be aware that the four key areas under item four are still a concern. The first bullet of the third item still needs to be addressed.

Jennifer Kent, DHCS: When we released the details of the codes that we've attached supplemental payments to, we were cognizant of wanting to incentivize key codes in various areas of the program. We hear your concerns in terms of fluoride, varnish, and use of sealants. Not directly related to the issue of the letter, but we are also issuing guidance to the Child Health and Disability Prevention Program (CHDP) program with an emphasis on dental.

Ellen Beck, M.D.: I think it would be appropriate to ask the CDA and other organizations to recognize and advertise that change has occurred, and to recruit and encourage new dentists to sign up. Perhaps we could use Diana's example of not being able to find a dentist.

Wendy Longwell: I would like more information on the supplemental payments, especially on access to anesthesia for disabled children. Will the supplemental increase encourage more local dentists to go

down that road?

Jennifer Kent, DHCS: I believe we made some changes around dental anesthesia.

Wendy Longwell: I just want to know if there has been a supplemental increase.

Jennifer Kent, DHCS: We'll share the rate details when they are published.

Paul Reggiardo, D.D.S: I sit on the board for Pediatric Dentistry and can ensure you that we will be taking these messages back to our membership. I appreciate the cooperation between the dental society and DHCS in establishing where the rate increases and supplemental payments are going. There are some supplemental payments that will benefit patient care, while other payments will increase access to services. It is a very complicated process.

Dharia McGrew, CDA: CDA has appreciated the collaboration with DHCS.

Ellen Beck, M.D.: Anything you can do to encourage dentists to sign up, we would be grateful.

Terrie Stanley: The CCS program has been really successful for children. Has a program similar to CCS been considered for dental?

Jennifer Kent, DHCS: No. CCS is a unique program and we are not looking to create a new delivery system for pediatric dentistry.

Terrie Stanley: We do apply it to some on our specialty services side.

Bertram Lubin, M.D: We could create a list of providers offering these special services. I could volunteer to compile this list.

Ken Hempstead, M.D.: If we increase providers by 25 percent, that's great. However, from the patient's perspective, they are unaware of this increase. The CDA or others should use information in their advertisements.

Jennifer Kent, DHCS: We have a list of providers on our website.

Wendy Longwell: The list was not helpful.

Jennifer Kent, DHCS: We've made improvements. Dentists can sign up and say that they want to be listed as a Denti-Cal provider. We do not have any control as to whether a provider will take Denti-Cal or not. As a fee-for-service program, it is an extremely rudimentary program that doesn't allow for a lot of communication or oversight of individual providers or provider types.

	<p><i>Ellen Beck, M.D.:</i> We need a list of dentists who treat special needs patients.</p> <p><i>Paul Reggiardo, D.D.S:</i> There is no publicly acceptable list of dentists who enrolled in Medi-Cal; dentists can ask to be included on the list and then never see a Medi-Cal patient. Other dentists who are accepting Medi-Cal patients may not want to be on the list and are accepting referrals only.</p> <p><i>Ellen Beck, M.D.:</i> Dental care is one of the greatest unmet needs. Children can't be healthy and learn if they are in pain. Anything we can do to advocate is important.</p> <p>Dr. Beck asked the panel members to introduce themselves to Dr. Lubin. Dr. Beck said she would like to write a letter to the Lucile Packard Foundation thanking Bobbie Wunsch for her services provided to the MCHAP. Director Kent swore in Dr. Lubin. Dr. Beck encouraged the Panel to consider writing letters to the California congressional delegation in an individual capacity opposing the BCRA and similar legislation, and mentioned that she would draft a letter for the next meeting.</p>
<p>Finalization of CHIP Reauthorization Letter</p>	<p>The draft of the CHIP letter can be found here: http://www.dhcs.ca.gov/services/Documents/MCHAP_Recommendation_CHIP.pdf</p> <p><i>Jan Schumann:</i> I recommend an amendment on the second to last paragraph from “with strong support from MCHAP” to “Acting on behalf of MCHAP, we strongly support”.</p> <p><i>Ellen Beck, M.D.:</i> At this point, we’re asking you to support this letter, or if you have edits or recommendations. Are there any comments or suggestions?</p> <p><i>William Arroyo, M.D.:</i> There are some details that might enhance the letter, along the lines of “this program helps the working class get access to health care and supports the healthy development of children in the state”.</p> <p>Dr. Beck moved for approval of the CHIP letter. Jan Schumann made a motion that the letter be adopted by the panel with the amendments offered by Dr. Arroyo and Schumann.</p> <p><i>Ron DiLuigi:</i> Has Congress given serious consideration of the CHIP reauthorization?</p> <p><i>Jennifer Kent, DHCS:</i> Our state Medicaid Director Mari Cantwell has been part of some conversations with state Medicaid directors across the country. Some believe that there will be a clean reauthorization,</p>

	<p>while some are asking what would happen if CHIP is not reauthorized. From a fiscal perspective, our budget is already predicated on reauthorization.</p> <p><i>Ellen Beck, M.D.:</i> If CHIP is not reauthorized, do you have a sense of the cost to the state?</p> <p><i>Jennifer Kent, DHCS:</i> Approximately \$200-300 million.</p>
<p>Director’s Remarks in Response to Behavioral Health Recommendations Letter</p>	<p>The final behavioral health recommendations letter to DHCS is available at: http://www.dhcs.ca.gov/services/Documents/BehavioralHealth_Memo.pdf</p> <p>Director Kent thanked the panel for the quality and thoughtfulness of the letters and said she would speak broadly to the recommendations. Director Kent addressed recommendations 1 through 6 and agreed to provide a handout summarizing her responses prior to the September 12 MCHAP meeting.</p>
<p>Children’s Health Measures</p>	<p>A link to the June 2017 Medi-Cal Children’s Health Dashboard can be found here: http://www.dhcs.ca.gov/services/Documents/June%202017%20Pediatric%20Dashboard%20-%20ADA%20Version.pdf</p> <p>Anastasia Dodson provided an overview of the Medi-Cal Children’s Health Dashboard. Anastasia noted that the Dashboard is updated quarterly and that there is some lag time from the time period covered in the data until they are posted. DHCS will update the 2016 dental measures in the next quarterly posting. DHCS is working hard to improve utilization in dental care. On mental health utilization, there’s a separate website for mental health measures. DHCS is continuing to focus on this program and making sure that we’re recording data. There is also a mental health workgroup with opportunities to provide feedback on mental health measures. Managed care consumer satisfaction measures were included in the dashboard as a recommendation from this Panel.</p> <p><i>Paul Reggiardo, D.D.S.:</i> The dental trends are discouraging. Right now, every metric has gone down. Will 2016 data be available shortly?</p> <p><i>Anastasia Dodson, DHCS:</i> Yes, it’s posted on a different website. We have a new DHCS webpage with dental data on all of the performance measures. There are differences by county and delivery system, and the measures include dental utilization rates, which are based on the cumulative number of beneficiaries eligible for at least 90 days during a given year.</p> <p><i>Paul Reggiardo, D.D.S.:</i> The methodology used for 2015 was very clear regarding the 90 days. What methodology was used for 2013-14?</p>

Anastasia Dodson, DHCS: I will look into it. However, it may not be an apples-to-apples comparison.

Paul Reggiardo, D.D.S: For figure 7, the use-of-sealants category refers to FFS?

Anastasia Dodson, DHCS: Yes, and we will amend that to include dental managed care (DMC) data as well.

Marc Lerner, M.D.: It might be worth showing FFS and DMCs if the numbers were dramatically different.

Anastasia Dodson, DHCS: Yes, the new dental webpage reflects this data. We have apples-to-apples comparisons for every single county for DMC and FFS.

Ellen Beck, M.D.: For our next meeting, could you select and explain some of those items to us and have the information items that we can review either online or at the next meeting?

Anastasia Dodson, DHCS: Yes.

Paul Reggiardo, D.D.S.: Is there any way DHCS can reconcile the different measurements used for 2013-14 for an apples-to-apples comparison?

Anastasia Dodson, DHCS: Yes. We can do that.

Dr. Anna Lee Amarnath presented on the development of the Managed Care Quality Strategy Report. Dr. Amarnath described the establishment of the quality metric set and explained quality improvement processes to improve quality of care for pediatric populations. The intent of the presentation was to provide the panel with an overview of how the External Accountability Set (EAS) was established and to do a deep-dive on the EAS for the September MCHAP meeting. Presentation material can be found here: http://www.dhcs.ca.gov/services/Documents/MCQMD_QSR_EAS.pdf

Ellen Beck, M.D.: These are the current accountability statistics and measures, and now would be the time to provide comments?

Anna Lee Amarnath, DHCS: Input it accepted at any time. The EAS is a set of metrics that the MCPs report on yearly.

Marc Lerner, M.D.: Who do you evaluate the metrics with?

Anna Lee Amarnath, DHCS: We receive input from everyone; health plans, stakeholders, and the public.

Marc Lerner, M.D.: We've asked for the full children's set.

Anna Lee Amarnath, DHCS: There are many who are interested in our metrics. When we established the metrics, we look to see if they are feasible when collecting data and we look at the entire set. Most of the metrics we get are from the National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) measures.

Ellen Beck, M.D.: For the well-child visits, do you measure when they occur?

Anna Lee Amarnath, DHCS: The health plans look at who their eligible population is. For the well-child visits, they look at who is a child that might be someone who should have a well-child visit in the 3rd, 4th, 5th, & 6th years of life. Then the health plans identify if that child had a well-child visit.

Terrie Stanley: In addition to the eligible population criteria sets, there are timelines for which these measures should occur.

Anna Lee Amarnath, DHCS: All metrics have specifications including timelines. Metrics are one way to assess quality of care but is not the only way.

Marc Lerner, M.D.: Is obesity getting better for children and is that why the metric on BMI was removed?

Anna Lee Amarnath, DHCS: This metric doesn't address obesity rates, but only measures if a BMI was calculated. The measure was removed due to high overall performance on this metric.

Ellen Beck, M.D.: For depression screening, are you using PHQ-9? What's the follow-up?

Anna Lee Amarnath, DHCS: PHQ-9 is one of the screening protocols that is allowed in the depression screening metric. The depression screening metric is from the CMS core set and not a NCQA HEDIS metric. The CMS core set measure lacks in some areas, such as specificity regarding follow-up.

The Managed Care Advisory Group (MCAG) is a venue where stakeholders can provide input to the Department, or suggest additional metrics for the EAS.

Ellen Beck, M.D.: If there are metrics or outcomes related to children or adolescents, please share them with this group in timely fashion.

Anna Lee Amarnath, DHCS: The most timely way to submit suggestions and for feedback on the metrics is through the MCAG. I would encourage you all to attend.

Linette Scott, DHCS: We have a very formal engagement process for

the MCAG. We want to make sure we are not duplicating our efforts with the MCHAP and the MCAG. We're happy to do the cross-communication, but formal feedback would go through the MCAG.

Anna Lee Amarnath, DHCS: Also, feel free to use the MCAG email address for your concerns. We keep a record of all emails.

Wendy Longwell: When you look at the data, does it include Durable Medical Equipment, medical supplies, denials, and access to care?

Anna Lee Amarnath, DHCS: There are a number of ways the division monitors quality. There are a number of data strings that they monitor and report on; however, there are some limitations with the data we look at.

Wendy Longwell: The process that parents have to go through to file a complaint is daunting. How many denials do the MCPs actually give out?

Anna Lee Amarnath, DHCS: Speaking broadly, the quality team does not collect that data.

Terrie Stanley: We actually do report denial rates, grievances and appeals, and members can call the health plans for help.

Ellen Beck, M.D.: The larger issue that the Panel is trying to understand is what's measured versus what is not. It's difficult to get the data and often it doesn't have the child focus that we're concerned about.

Jan Schumann: I wanted to reemphasize that our September 13 dental recommendations letter amplified dental treatment. Anastasia's presentation showed a huge decrease.

Marc Lerner, M.D.: Would DHCS consider committing to Plan-Do-Check-Act (PDCA) cycles or other performance metrics for all employees? Why are you not using billing data, which is the most extensive data source? Additionally, you could consider an option such as paying more for care. When you discussed members learning from members, how would health plans in the same counties, such as CalViva and Anthem Blue Cross, learn from each other considering the discrepancies in satisfaction rates?

Anna Lee Amarnath, DHCS: We use encounter data, and billing data is a part of encounter data if submitted. MCPs utilize Alternative payments for utilizing care such as member incentives or provider incentives. We want to facilitate collaboration within the plans as much as possible. Satisfaction rates don't always equate to quality of care.

Ellen Beck, M.D.: When you have two health plans in one community

	<p>with very discrepant data, how would you incentivize them to work together?</p> <p><i>Anna Lee Amarnath, DHCS: We're looking into it.</i></p>
Public Comment	<p><i>Katie Andrew, Children Now:</i> In terms of SB 75, Children Now and the Children's Health Coverage Coalition request that DHCS continue to provide enrollment numbers. With the CHIP reauthorization, we wanted to voice our appreciation and will stand by the Panel and provide support to make sure that the reauthorization goes through. For the children's health measures, we appreciate the update on the dashboard. Perhaps at the next meeting, a presentation on the EQRO focus study on the developmental screenings might be of interest to this group. We wanted to thank DHCS for correcting the fluoride varnish application rate and we want to offer our support to communicate this correction.</p>