



Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

December 9, 2020



Webinar Tips

- Please use **either** computer **or** phone for audio connection
- Please mute your lines when not speaking.
- For questions or comments, email: MCHAP@dhcs.ca.gov.



Agenda

- Welcome and Introductions
- Opening Remarks by DHCS Director
- Election of Chairperson for 2021
- Discussion of Public Health Emergency End – Proposed Letter
- Telehealth Discussion with Focus on Beneficiary Experience
- Gaps in Coverage Due to COVID-19
- Structural Racism in the Health Care Delivery System and Outcomes
- MCHAP Member Updates and Follow-Up
- Public Comment
- Upcoming MCHAP Meetings and Next Steps



Director's Updates



Election of Chairperson for 2021



Discussion of Public Health Emergency End – Proposed Letter

MCHAP Members



Continuation of Existing Waivers Once Public Health Emergency (PHE) Ends

- At the October MCHAP meeting, members discussed drafting a letter to DHCS on the importance of continuing existing waivers once the PHE ends.
- Due to the COVID-19 PHE, children and families have been less likely to visit a doctor or county Medi-Cal office, and as a result less likely to enroll in Medi-Cal.
- Enrollments declined even before the PHE began.

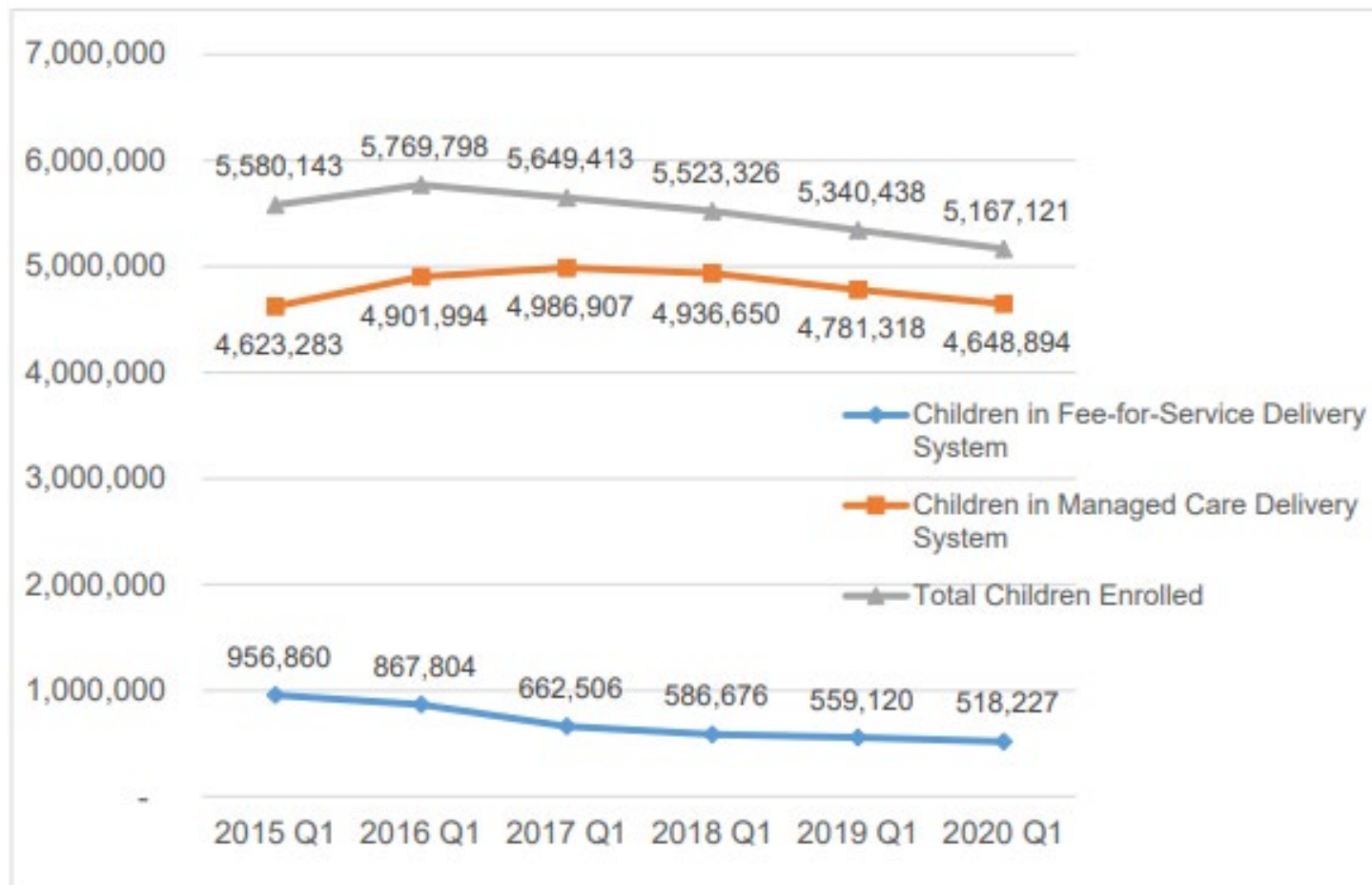


Medi-Cal Children's Health Dashboard – September 2020

- According to the Medi-Cal Children's Health Dashboard (September 2020), ending Q1 of 2017 there were 5.65 million children enrolled in Medi-Cal, which dropped at the ending Q1 of 2020 to 5.17 million.
- While some of that change was due to increased take-up in employer-based coverage, over the same period, the estimated number of uninsured California children increased by 60,000.



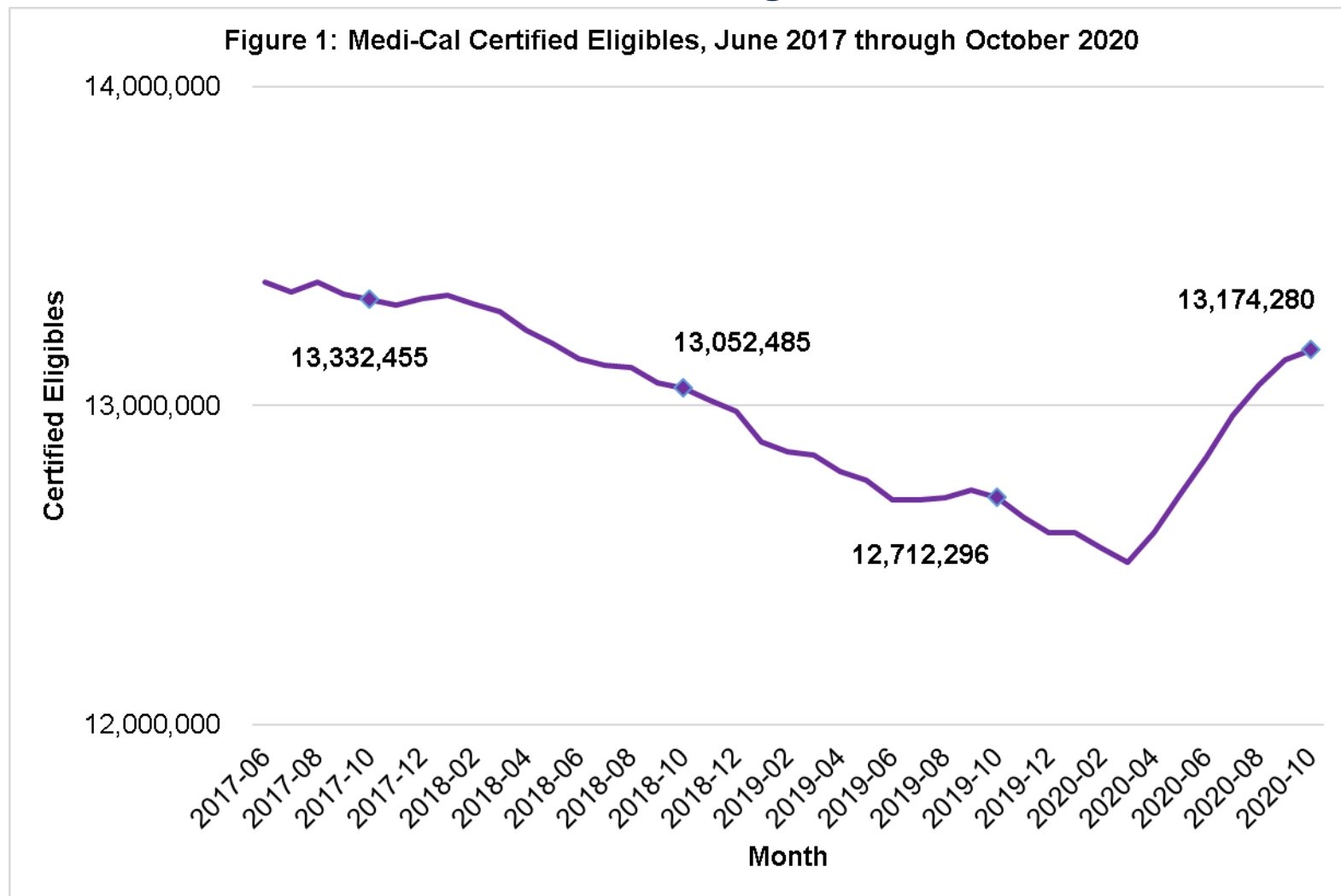
Medi-Cal Children's Health Dashboard – September 2020





Medi-Cal Certified Eligibles, June 2017 through October 2020

Figure 1: Medi-Cal Certified Eligibles, June 2017 through October 2020





Ensuring Continued Services

- DHCS must ensure that all necessary systems and resources are in place to avoid any service interruptions, including via enrollment or continuation of coverage, for children and their families.
- MCHAP urges DHCS to work with the U.S. Health and Human Services Secretary to ensure the continuation of all existing and new waivers granted during the PHE.
 - Specifically, the continuation of waivers related to enrollment, coverage exemptions, and share of costs that have been/are granted during the PHE
 - These waivers should be extended for at least six months following the end of the PHE, or for a period of time equal to half the number of days of the current PHE, whichever is greater.



Continuity of Coverage

- This time is necessary to help ensure DHCS has adequate time to communicate with beneficiaries while processing backlogs created during the PHE.
- DHCS must ensure the continuity of coverage for beneficiaries when the Department begins the unprecedented effort to resolve backlogs, when the time warrants, in the coming months.



Telehealth Discussion with Focus on Beneficiary Experience: Open Discussion

René Mollow, MSN, RN

Deputy Director

Health Care Benefits &
Eligibility, DHCS



Pre-COVID-19 Telehealth Policy

- Medi-Cal's telehealth policy operates as follows:
 - Has very few enumerated restrictions on Medi-Cal covered benefits or services that may be delivered via traditional telehealth.
 - Allows for the standardized use of telehealth modalities across all delivery systems, where possible and clinically appropriate.
 - Affords substantial flexibility to enrolled, licensed Medi-Cal providers to make individualized and clinically appropriate decisions regarding the use of telehealth modalities for individual patients.
 - Supports beneficiary choice.
 - Uses certain codes and appropriate modifiers to identify whether services are provided via telehealth.



Temporary COVID-19 Flexibilities

- During the COVID-19 PHE, DHCS and the federal government (via blanket waivers) has implemented broad flexibilities relative to telehealth modalities, which enabled Medi-Cal's delivery systems to adjust to meet the health needs of our beneficiaries and reduce risk of potential exposure.
- Temporary policy changes during the COVID-19 PHE include:
 - Waiving site limitations for Federally Qualified Health Centers/Rural Health Clinics.
 - Opening to all eligible Medicaid providers and services covered under California Medicaid State Plan.
 - Allowing payment parity between in-person, synchronous telehealth, and telephonic services.
 - Allowing some telephonic (audio only) services.
 - HIPAA, granted by the Office for Civil Rights, has expanded access to good-faith provision of telehealth through non-public technology platforms that would otherwise not be allowed.



Potential Post-COVID-19 PHE Flexibilities

- DHCS will continue to evaluate which flexibilities are appropriate and/or desired to remain post-COVID-19, and will include analysis of:
 - What flexibilities are working well versus which are not.
 - Potential federal barriers.
 - Pathways for maintaining flexibilities where there are no known federal barriers.
 - Identifying other possible areas for consideration.
- For those flexibilities that are identified to continue post-COVID-19 PHE, DHCS will engage stakeholders relative to policy development, and also assess what federal approvals may be required.



Open Discussion: Parent/Beneficiary Perspective

- Pre PHE, what was your knowledge/understanding of telehealth and its availability under Medi-Cal?
- What is the value you see for services being provided via telehealth modalities?
 - Pros
 - Cons
- What challenges and/or barriers did you experience in having services provided via a telehealth modality?
- Did you experience more than one modality for telehealth? If so, what was your experience like and what was your preference?
- Did you feel as if your experience with your health care provider was better, worse, or the same via a telehealth modality?



Gaps in Coverage Due to COVID-19



Racism and Health Disparities



COVID-19 in California (age 18+)

Race/Ethnicity	Percent of Cases	Percent of Deaths	Deaths per 100,000
Latino	59.5	48.6	42
White	18.5	30.1	27
Asian	5.9	11.7	27
African-American	4.4	7.5	48
Multi-Race	1.1	0.8	7
American Indian or Alaska Native	0.3	0.3	28
Native Hawaiian and other Pacific Islander	0.6	0.5	41
Other	9.7	0.5	0.0
Total with Data	100	100	N/A

Source: California Department of Public Health, November 23, 2020.



COVID-19 in California (age 0-17)

Race/Ethnicity	Percent of Cases	Percent of Deaths	Percent CA Population
Latino	70.9	50.0	47.9
White	10.5	0	29.2
Asian	3.2	50.0	12.7
African-American	2.8	0	5.4
Multi-Race	1.2	0	4.0
American Indian or Alaska Native	0.3	0	0.4
Native Hawaiian and other Pacific Islander	0.3	0	0.3
Other	10.8	0	0.0
Total with Data	100	100	N/A

Source: California Department of Public Health, November 23, 2020.



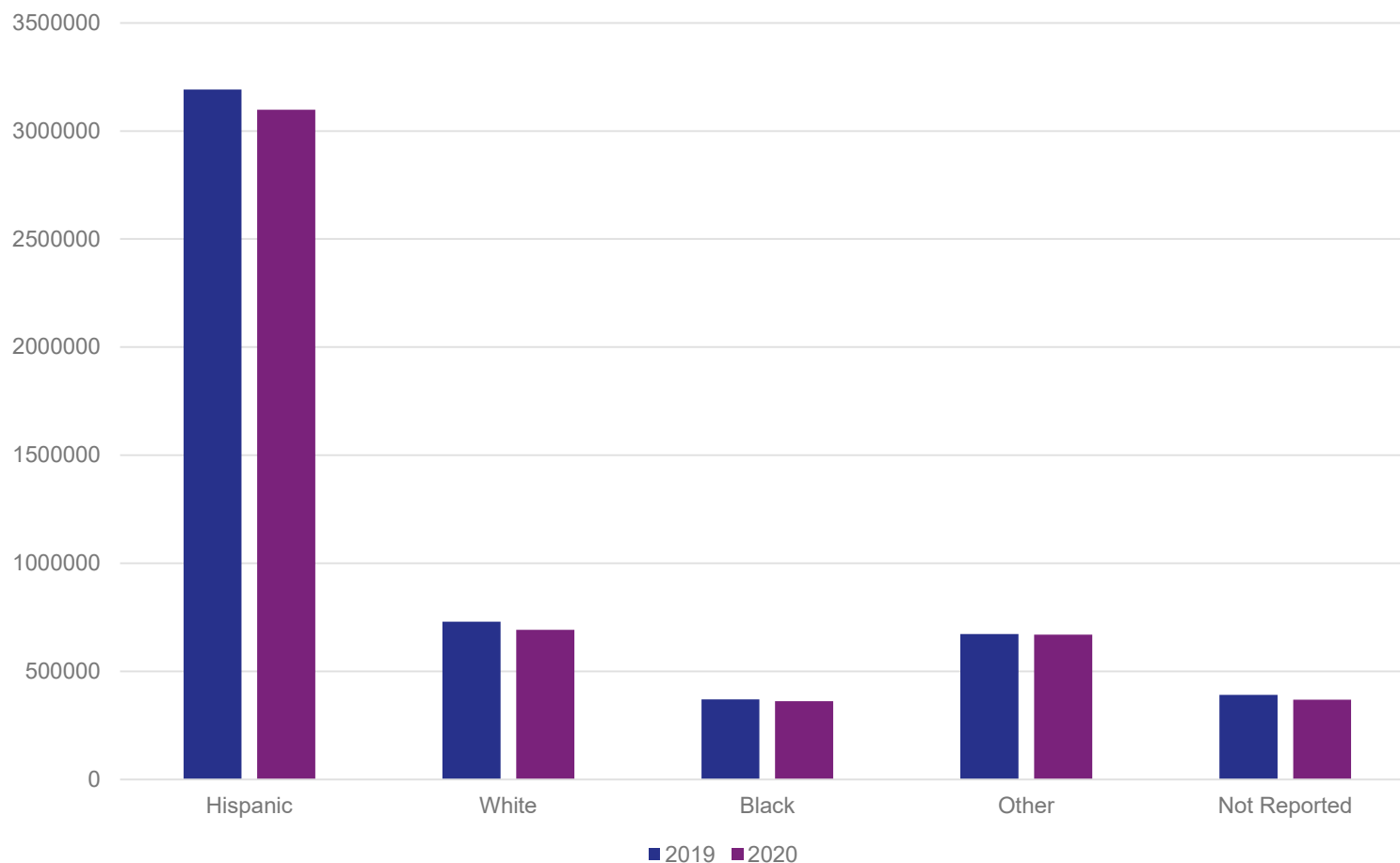
COVID-19 in California (age 18-34)

Race/Ethnicity	Percent of Cases	Percent of Deaths	Percent CA Population
Latino	61.9	69.4	45.0
White	16.9	9.6	30.2
Asian	4.9	5.2	14.7
African-American	3.9	13.1	6.5
Multi-Race	1.3	0.7	2.6
American Indian or Alaska Native	0.3	0.3	0.6
Native Hawaiian and other Pacific Islander	0.5	1.4	0.4
Other	10.4	0.3	0.0
Total with Data	100	100	N/A

Source: California Department of Public Health, November 23, 2020.



Enrollment for individuals in Medi-Cal under age 21 by Race/Ethnicity as of January each year



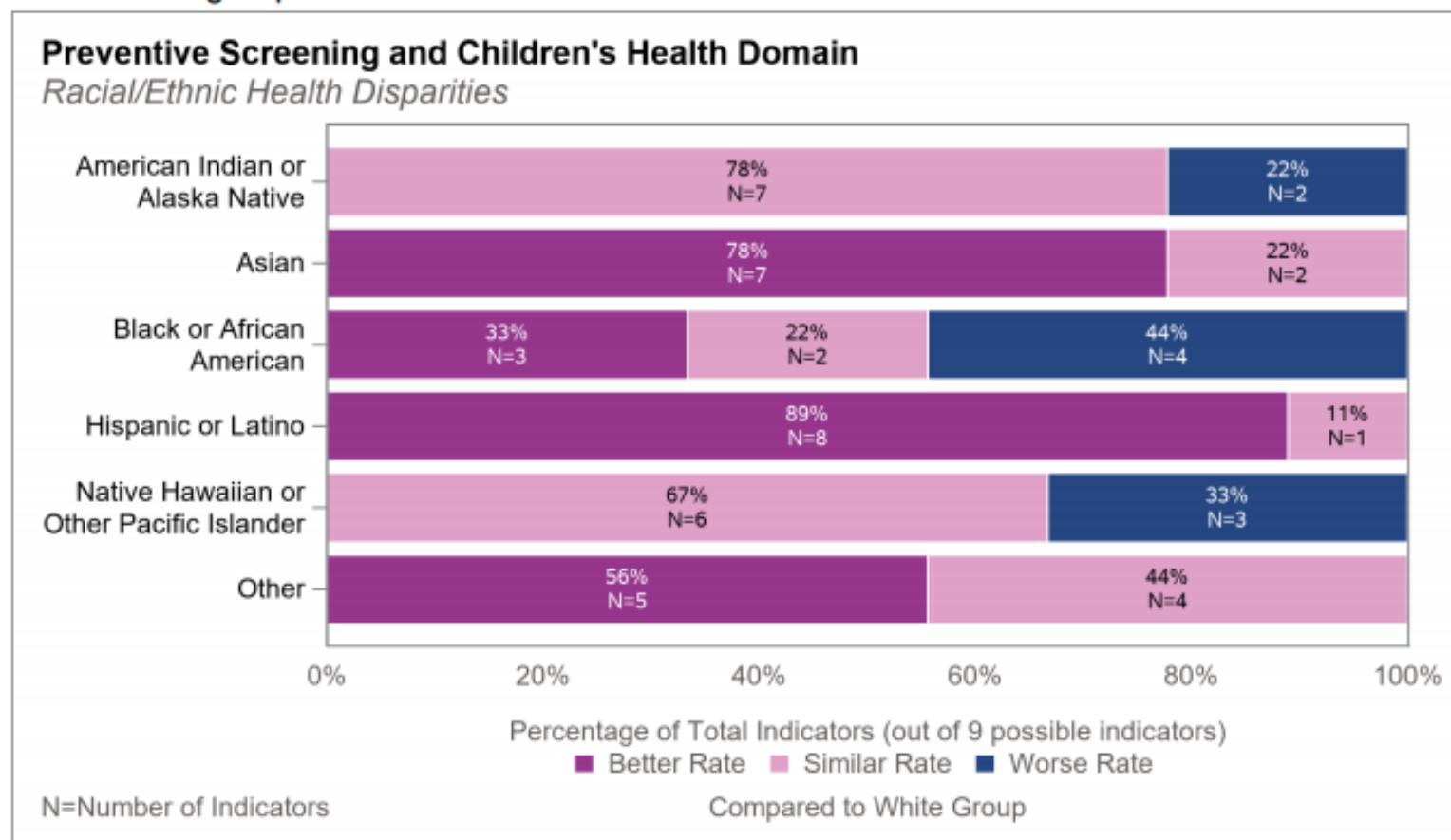


Plan Performance

2018 Health Disparities Report

Figure 3.1—Racial/Ethnic Health Disparities Summary: Preventive Screening and Children's Health Domain

Note: Due to rounding, the percentage of total indicators may not equal 100 percent for some racial/ethnic groups.





Member Updates and Follow-Up



Public Comment



Upcoming MCHAP Meetings and Next Steps

- January 26, 2021 (Tentative)
- **March 16, 2021***
- June 24, 2021
- **September 9, 2021***
- December 9, 2021

*New meeting dates for 2021