

DHCS Responses to Follow-Up Items from February 8, 2018

Agenda Item/Topic	DHCS Response	DHCS Follow-Up
<p>2018-19 Budget and Prop 56 Update</p> <p><i>Kristen Golden Testa, The Children's Partnership/100% Campaign:</i> When you mentioned that DHCS may look at the Prop 56 payments and utilization, I am interested in your thoughts on this. As I recall, there are concerns that provider coding could change to take maximum advantage of supplemental payments that will skew utilization data. Are you seeing changes?</p> <p><i>Anne McLeod, California Hospital Association:</i> How will payments be made for supplemental payments now that it is approved?</p> <p><i>Steve Melody, Anthem Blue Cross:</i> Managed care organizations are going through the same process. We will re-adjudicate claims going back to July and then include the supplemental payments going forward</p> <p><i>Carrie Gordon, CA Dental Association:</i> What is the best process for opening the discussion over the next few months to understand the trends and make the right changes?</p>	<p><i>Jennifer Kent, DHCS:</i> We are only making payments on the Fee For Service (FFS) side right now, and that is a small piece of the overall data. CMS has not approved managed care organization (MCO) payments, so they have not begun to do supplemental payments. This is a conversation we need to have but we don't have a specific proposal of changes. We need to be deliberate to ensure the supplemental payments have the intended impact. However, we don't want to complicate the process given it is a one-year process.</p> <p><i>Lindy Harrington, DHCS:</i> On the physician side, supplemental payments began January 2018.</p> <p><i>Jennifer Kent, DHCS:</i> Supplemental payments to physicians are being made on the target codes with claims submitted as of January. For past claims back to July 2017, we will re-adjudicate claims for the physician target codes beginning in April and the payments will roll out in weekly check runs. I will follow up on the dental side to let you know the timing.</p> <p><i>Jennifer Kent, DHCS:</i> The dental increase was an across the board increase while the women's health increases were very targeted. Some of those increases will be easier to track and measure. One lesson we have</p>	<p>Proposition 56 supplemental payment distribution for Fee-For-Service (FFS) dental providers began in December 2017, and for Dental Managed Care (DMC) providers in May 2018. As of May 14, 2018, \$193 million has been paid for Prop. 56-eligible dental services rendered during this Fiscal Year. This includes payments to the DMC providers for services rendered July 1, 2017 – April 2018, and retroactive payments to FFS providers for Prop. 56 services rendered July 1, 2017 – November 2017.</p>

	<p>learned is that it can be difficult to impact change at the provider level if we keep changing the process every few months. The implementation and operational changes take time and create a lag. The data for the May revise will be very interim and will not be a full picture. We are very open to ideas and input given all the constraints.</p>	
<p>Managed Care Rule: Directed Payments</p> <p><i>Anthony Wright, Health Access California:</i> Can we review the APL?</p>	<p><i>Ryan Witz, DHCS:</i> We will get back to you</p>	<p>The link to APL 18-010 can be found on the DHCS website.</p>
<p>HCBA Waiver</p> <p><i>Michael Humphrey, Sonoma County IHSS Public Authority:</i> I glad you took time to consider that. I think the approach is a good one. What do beneficiaries know about the changes ahead for them? Are they prepared? What will change for them? Will they have choices? For example, a local beneficiary has the option to be their own case manager. Will that continue?</p>	<p><i>Jacey Cooper, DHCS:</i> Waiver agencies will be responsible for notifying beneficiaries and let them know who to talk to. We have tried to get the word out via advocates and stakeholder organizations. DHCS has not reached out directly to beneficiaries because we didn't know what the statewide coverage would be. Now that we know we have waiver agencies, we will reach out and waiver agencies will reach out. I will have to get back to you</p> <p><i>Jennifer Kent, DHCS:</i> We hope waiver agencies will want to preserve self-directed beneficiary involvement as much as possible. Not everyone will have that desire but where it exists, it should continue.</p>	<p>DHCS hosts bi-weekly calls with waiver agencies to advise of policies and procedures leading up to the readiness activities prior to waiver agencies starting on July 1, 2018. DHCS will also continue to increase awareness of the changes through provider and beneficiary mailings, email blasts, and web page updates.</p> <p>On April 26, 2018, a '60-Day Notice' was mailed directly to both beneficiaries and providers. This notice was sent to inform beneficiaries and</p>

		<p>providers of changes to the administration of the waiver.</p> <p>A follow up letter will be distributed by the waiver agencies and serve as an introduction and provide details about contact information and where to direct questions. This letter will be mailed in June 2018.</p> <p>Details on the HCBA Waiver and waiver agencies are on DHCS' web page: http://www.dhcs.ca.gov/services/ltc/Pages/Home-and-Community-Based-(HCB)-Alternatives-Waiver.aspx</p>
<p>Adult Dental Benefit Restoration Data</p> <p><i>Michael Humphrey, Sonoma County IHSS Public Authority.</i> Do you have a breakdown of utilization data by county?</p>	<p><i>Alani Jackson, DHCS:</i> No, we don't have that data. There is utilization data posted via the data portal for FY 14, 15, 16 that allows analysis by county. There are pages on the DHCS website with dental reports. We can send the link out for the data portal. Once we see claims coming in, we can return with more information on 2017.</p>	<p>There are several datasets available on the Open Data Portal on dental utilization measures. To review dental utilization measures and sealant data by county, ethnicity, and age for calendar years 2013 – 2016, please visit this link. To review</p>

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<p>Adult Dental Benefit Restoration Data</p> <p><i>Anthony Wright, Health Access California:</i> Can we get more detail about the people getting any visit? What is the unique number of people getting an annual visit or other service.</p> <p><i>Linda Nguy, Western Center on Law and Poverty:</i> Is it possible to get denial and approval rates and top procedures for TARs?</p>	<p><i>Alani Jackson, DHCS:</i> These are the top procedures for the years depicted and they overlap. A person might show up here as getting an annual visit and a treatment visit. We can follow up.</p> <p><i>Jennifer Kent, DHCS:</i> Yes, we can do that. There is a lag in the data, sometimes up to a year. Not all the TARs are due to the restoration of benefits. We don't want it to be misrepresented as all due to the restoration.</p> <p><i>Jennifer Kent, DHCS:</i> We released a report yesterday that outlines multiple initiatives and full complement of activities within the dental program. We are happy to share the report.</p>	<p>DHCS publishes Dental Performance Measures in a quarterly basis. They are available on the DHCS website. Links are:</p> <p>FFS http://www.dhcs.ca.gov/services/Pages/FFSPerformanceMeasures.aspx</p> <p>DMC http://www.dhcs.ca.gov/services/Pages/DMCPerformanceMeasures.aspx</p> <p>The Program Year 1 final report for January – December 2016 has been posted to the DHCS web page: http://www.dhcs.ca.gov/rovgovpart/Documents/DIPY1FinalReport.pdf</p>