



CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

How to Add Your Organization to Your Zoom Name

- » Click on the "Participants" icon at the bottom of the window.
- » Hover over your name in the "Participants" list on the right side of the Zoom window and click "More."
- » Select "Rename" from the drop-down menu.
- » Enter your name and add your organization as you would like it to appear.
 - » For example: Mary Russell – Aurrera Health Group

Agenda

- » Welcome and Introductions
- » Summary of January 2023 Enrollment Changes and Stakeholder Q&A
- » Update: CalAIM D-SNP Policy Guide
- » Crossover Claims and Balance Billing
- » Upcoming Meetings and Next Steps
- » Appendix: Public Health Emergency Unwinding

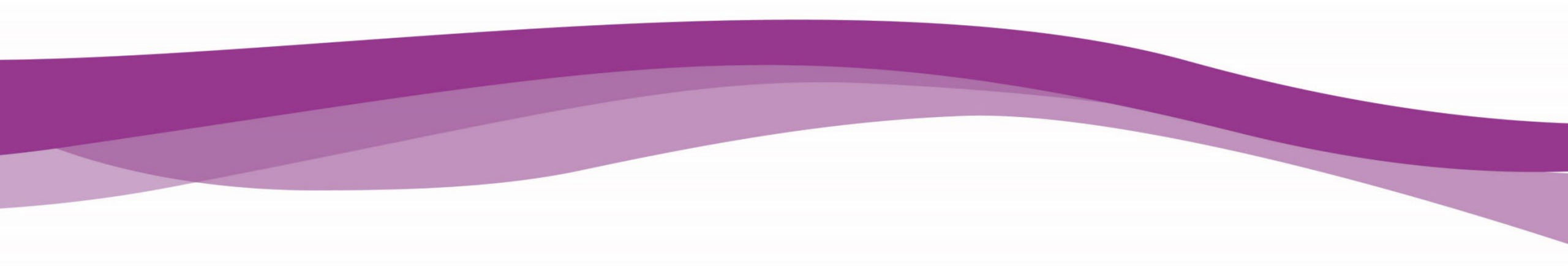
Workgroup Purpose and Structure

- » Serve as stakeholder collaboration hub for CalAIM MLTSS, and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- » Open to the public. [Charter posted](#) on the Department of Health Care Services (DHCS) website.
- » ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

CalAIM MLTSS & Duals Workgroup: 2023 Topics

- » Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for MLTSS, for all Medi-Cal members
- » Discuss implementation, data, results, opportunities and challenges of CalAIM initiatives for integrated care for dual eligible beneficiaries (both Medicare Advantage and Original Medicare)
- » Flag related DHCS efforts for Medi-Cal members who are older adults or people with disabilities

Summary: January 2023 Enrollment Changes



Medi-Medi Plans and Cal MediConnect Transition

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Key Policy Reminders

- » Beneficiary enrollment in Medicare Advantage, including a Dual Eligible Special Needs Plan (D-SNP), is voluntary.
- » Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.
- » Medicare Medi-Cal Plans, or Medi-Medi Plans, combine Medicare and Medi-Cal benefits into one plan. Available in Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties.
- » Cal MediConnect members will automatically be enrolled in the Medi-Medi plan affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

Medi-Medi Plans: Opportunities and Benefits

- » Similar to Cal MediConnect approach – high consumer satisfaction
- » Simplified Care Coordination to help members access services
- » Integrated Member Materials
- » Supplemental Benefits, Community Supports, Enhanced Care Management
- » Benefit Coordination
 - » Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
 - » Coordinated benefit administration
 - » Unified process/policy for authorizing Durable Medical Equipment (DME)
 - » Enable plan-level integrated appeals
- » Integrated Beneficiary and Provider Communications

2023 Cal MediConnect Transition

- » On **January 1, 2023**, beneficiaries in CMC plans (113,000) will be **automatically** transitioned into Medi-Medi plans operated by the same parent company as the CMC plan.
 - » There will be **no gap in coverage**.
 - » Provider networks should be **substantially similar**.
 - » Continuity of care provisions.
- » Health plans are communicating with members about these changes and sent initial notices by September 30, 2022.
- » Stay informed by checking the [Future of Cal MediConnect](#) webpage often.

MMP Integrated Materials

- » MMPs will send beneficiaries the following integrated materials:
 - » **Member Handbook:** Provides a comprehensive overview of what the plan covers, how much enrollees pay, enrollee rights, and more.
 - » **Annual Notice of Change (ANOC):** Includes an explanation of the change from a CMC plan to an integrated D-SNPs, any changes in coverage, costs, and more, that will be effective in January 2023.
 - » **Member ID Card:** A single card used to access Medicare and Medi-Cal services.
 - » **Summary of Benefits:** A high level overview of the plan.
 - » **Provider and Pharmacy Directory:** Information on in-network providers and pharmacies.
 - » **List of Covered Drugs (Formulary):** A description of the drugs the plan covers.

Cal MediConnect to Medi-Cal Rx Transition: Overview

- » With the transition of Cal MediConnect (CMC) to Medicare Medi-Cal Plans as of January 1, 2023, DHCS is transitioning the Medi-Cal pharmacy benefit for former CMC members to Medi-Cal Rx, since CMC members were not included in the initial Medi-Cal Rx transition.
- » This change should have minimal impact for CMC members, since almost all of their pharmacy benefits are covered under Medicare Part D, to be administered by the Medicare Medi-Cal Plan.
- » CMC members were not transitioned into Medi-Cal Rx in 2022.
- » The January 2023 transition is specific to CMC and does not impact PACE or SCAN members, nor is it a change in overall Medi-Cal Rx policies.

Cal MediConnect to Medi-Cal Rx Transition: DHCS Pharmacy Benefits Division

» Education and Outreach

- » A 45-day alert has been published for Prescribers and Pharmacies reminding them of the CMC Transition.
- » Medi-Cal Rx will support pharmacy providers and prescribers during this transition by offering educational opportunities and resources. Resources can be found on the Medi-Cal Rx website: <https://medi-calrx.dhcs.ca.gov/home/>
- » The Medi-Cal Rx Customer Service Center (CSC) at 1-800-977-2273, will provide assistance to beneficiaries, providers, and pharmacies.
- » For other questions, email Medi-Cal Rx Education & Outreach at MediCalRxEducationOutreach@magellanhealth.com.

Cal MediConnect to Medi-Cal Rx Transition: What Providers Need to Know

- » For impacted beneficiaries, drug coverage will continue to be processed through Part D and coordination of benefits under Medicare Part B and Medi-Cal. Pharmacy benefits for Medi-Cal will be processed through Medi-Cal Rx as the payor of last resort for drugs/products that are **specifically** excluded from Medicare Part D.
- » Medi-Cal Rx will publish an updated Billing Tips Guide providing coordination of benefits billing information, as well as claim processing information for other healthcare coverage.

Cal MediConnect to Medi-Cal Rx Transition: What Pharmacy Providers Need to Know

- » For Part B coinsurance billing, pharmacy providers need to populate "44444" in the Other Payer ID field for claims that do not automatically cross over.
- » Emergency Fills will be available during this transition, according to current policy.
- » Refer to the [MediCal Rx NCPDP Payer Specification Sheet](#) for details related to the Other Payer Amount Paid (OPAP) or Other Payer Patient Responsibility (OPPR) for secondary claims billed.

D-SNP Look-Alike Plan Transition

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Overview: D-SNP Look-Alike Plans

- » D-SNP “look-alike” plans are MA plans marketed to dually eligible beneficiaries but not required to provide care coordination with Medi-Cal benefits, integrated care, or joint enrollment.
- » Look-alike plans are MA plans with 80% or more of members eligible for Medi-Cal, meaning they mostly serve dual eligible beneficiaries.
- » Look-alike plans do not meet D-SNP integration requirements.
- » Enrollment in look-alike plans increased in CCI counties in recent years, due to plan marketing efforts and limits on D-SNP enrollment in those counties.

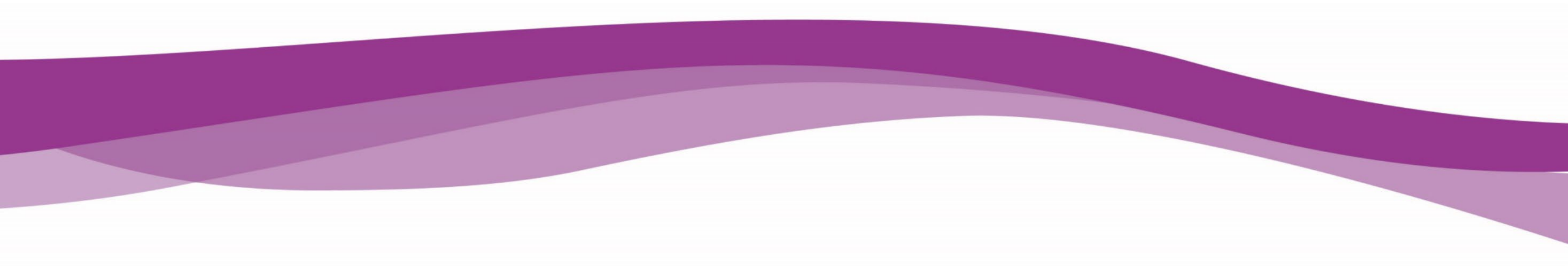
D-SNP Look-Alike Plan Non-Renewal

- » CMS is limiting enrollment into MA plans that are D-SNP look-alike plans.
 - » Starting in 2022, CMS will not enter into contracts with new MA plans that project 80% or more of the plan's enrollment will be entitled to Medicaid.
 - » Starting in 2023, CMS will not renew contracts with MA plans (except SNPs) that have enrollment of 80% or more dual eligibles (unless the MA plan has been active for less than one year and has enrollment of 200 or fewer individuals).

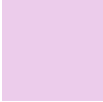

D-SNP Look-Alike Transition

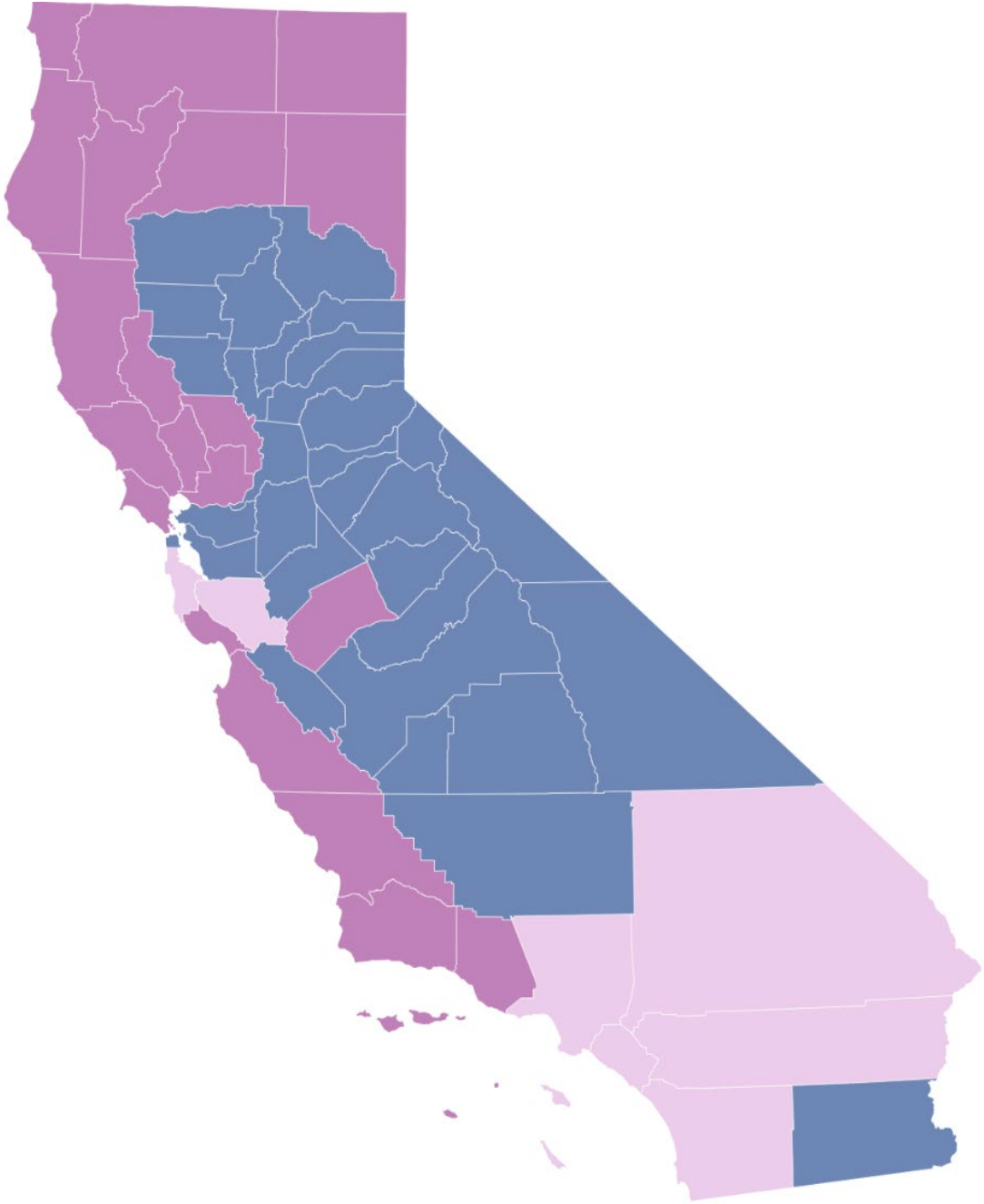
- » For 2023, MA organizations will transition D-SNP look-alike members (140,000 in California) into another MA plan (including into a true D-SNP) offered by the same MA organization.
- » The look-alike transition is designed to ensure continuity of care and cost-sharing protections for dual eligible beneficiaries, as well as provide better options for people currently enrolled in a look-alike plan.
- » CMS worked with plans to facilitate the “crosswalk” enrollment of their members to D-SNPs or other MA plans.
- » DHCS posted the crosswalk list in early October.

CalAIM Statewide Medi-Cal Managed Care



Statewide Medi-Cal Managed Care

-  COHS Counties with SNF Services and Duals already in Medi-Cal Managed Care
-  CCI Counties with SNF Services and MOST Duals already in Medi-Cal Managed Care
-  Counties where SNF Services and MANY Duals will be transitioned to Medi-Cal Managed Care starting January 1, 2023



CalAIM Statewide Medi-Cal Managed Care

- » The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or beneficiary aid code.
- » **CalAIM:** January 2023, dual eligible beneficiaries in 31 counties will transition into Medi-Cal managed care enrollment.
- » **Medi-Cal managed care plan does NOT impact Medicare provider access, or choice of Original Medicare or Medicare Advantage.**
- » **Medicare providers do NOT need to be in Medi-Cal plans.**
- » **Outreach Materials and Notices are available on DHCS [webpage](#).**
 - » Outreach materials are available in multiple threshold languages and the notices are available in English and Spanish.

Medi-Cal Managed Care for Dual Eligible Beneficiaries

- » Currently over 70 percent, more than 1.1 million, dual eligible beneficiaries are enrolled in Medi-Cal managed care.
- » Starting January 2023, about 325,000 dual eligible beneficiaries will be newly enrolled in Medi-Cal managed care.
- » Key Impacted Counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba.
- » Beneficiaries can choose a Medi-Cal plan using materials they will receive in fall 2022. In 12 counties, Medi-Cal matching plan policy applies.

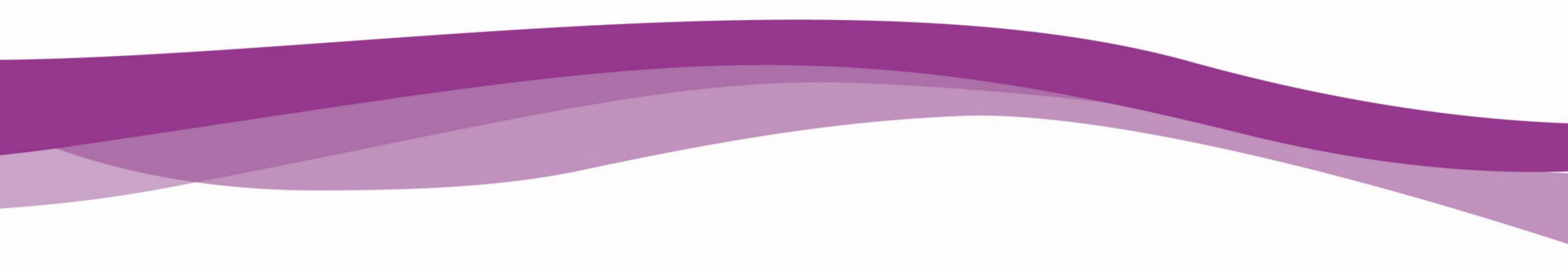
Medi-Cal Managed Care Benefits for Dual Eligible Beneficiaries

- » Medi-Cal Plans coordinate Long-Term Services and Supports
- » Medi-Cal managed care plan benefits helpful for dual eligible beneficiaries include:
 - » Community Based Adult Services (CBAS)
 - » Transportation to medical appointments
 - » CalAIM Community Supports, such as home modifications, medically tailored meals, etc.
 - » CalAIM Enhanced Care Management (ECM)
 - » Long-Term Care (LTC; skilled nursing facility care)

Outreach Materials

- » Outreach materials in many languages are available on the [CalAIM Medi-Cal Managed Care Enrollment for Dually Eligible Beneficiaries in 2023](#) page.
 - » Medi-Cal Managed Care Changes: Provider and Beneficiary Fact Sheets
 - » Medi-Cal Managed Care Enrollment Presentation Slides




CalAIM Skilled Nursing Facility Long-Term Care Carve-In

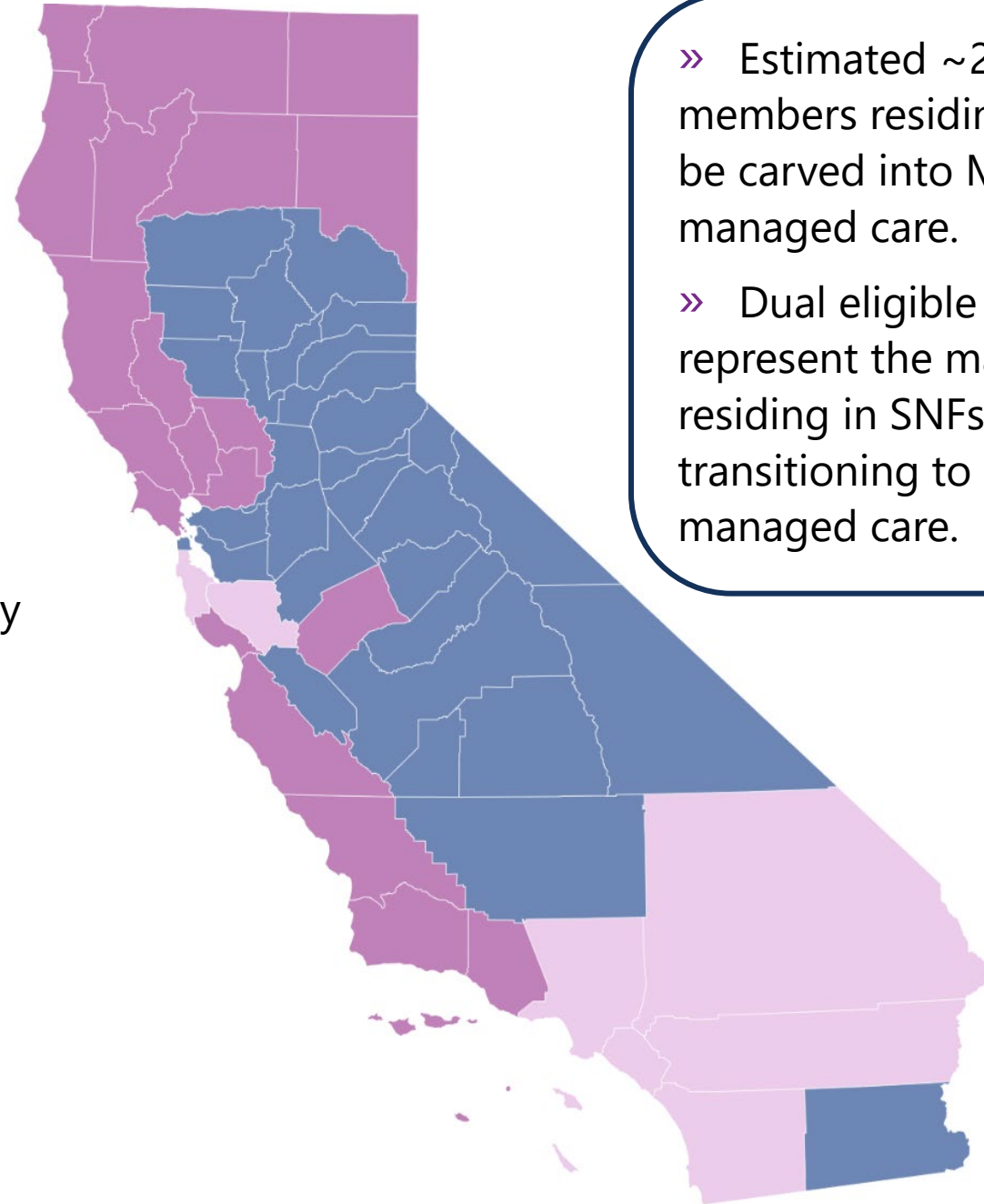


CalAIM Skilled Nursing Facility (SNF) Long-Term Care (LTC) Carve-In Goals

- » Standardize SNF services coverage under managed care statewide.
- » Advance a more consistent, seamless, and integrated system of managed care that reduces complexity and increases flexibility.
- » Increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal beneficiaries in SNFs.

Statewide LTC

-  Counties with SNF Services currently Carved-in to Medi-Cal Managed Care
-  CCI Counties with SNF Services currently Carved-in to Medi-Cal Managed Care
-  Counties where SNF Services will be carved-in to Medi-Cal Managed Care starting January 1, 2023



- » Estimated ~28,000 members residing in SNFs will be carved into Medi-Cal managed care.
- » Dual eligible members represent the majority residing in SNFs that will be transitioning to Medi-Cal managed care.

What is Changing?

- » All Medi-Cal only and dual eligible beneficiaries in Medi-Cal Fee-for-Service (FFS) residing in a SNF on January 1, 2023 will be enrolled in a Medi-Cal Managed Care Plan (MCP) effective either January 1, 2023 or February 1, 2023.
- » Beneficiaries who enter a SNF facility and would otherwise have been disenrolled from the Medi-Cal MCP will remain enrolled in managed care ongoing.
- » This will include most Medi-Cal beneficiaries:
 - » Medi-Cal only beneficiaries
 - » Dual-eligible beneficiaries – eligible for Medicare and Medi-Cal
 - » Medi-Cal beneficiaries with other health coverage, including private coverage
 - » Share of Cost (SOC) Medi-Cal beneficiaries in LTC aid codes

» This transition to managed care will increase access to comprehensive care coordination, care management, and a broad array of services for Medi-Cal beneficiaries in LTC facilities.

Update: Noticing Timeline

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January 2023 Transitions Impacting Dual Eligible Beneficiaries

Cal MediConnect (CMC) to Medicare Medi-Cal Plans (MMPs) Transition

- » Seven CCI Counties: Impacts dual eligible beneficiaries in the seven Coordinated Care Initiative (CCI) counties

D-SNP Look-Alike Transition

- » Statewide: Impacts beneficiaries currently in D-SNP look-alike plans

CalAIM Medi-Cal Managed Care Enrollment

- » Statewide: Impacts most dual eligible beneficiaries currently in Fee-for-Service Medi-Cal

Long Term Care (LTC) Skilled Nursing Facility (SNF) Carve-In Transition

- » Statewide: Impacts beneficiaries (including dual eligible beneficiaries) in LTC SNFs

Updated: Combined Transition Noticing Timeline

September 2022

D-SNP Look-alike Members will Receive an **Annual Notice of Change (ANOC)** by 9/30
COMPLETE

CMC Members will receive an **ANOC** by 9/30
COMPLETE

October 2022

Medicare Annual Enrollment: Opens October 15th and closes December 7th

CMC Transition to MMP **90 Day Notice**
COMPLETE

November 2022

LTC SNF Carve-In **60 Day Notice**
COMPLETE

CalAIM Managed Care Enrollment **60 Day Notice**
COMPLETE

CMC Transition to MMP **45 Day Notice**
COMPLETE

December 2022

LTC SNF Carve-In **30 Day Notice, Choice Packet*, and Health Care Plan Confirmation Letters**

CalAIM Managed Care Enrollment **30 Day Notice, Choice Packet*, and Health Care Plan Confirmation Letters**

* In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the "matching" Medi-Cal plan, under the same parent organization, if there is a matching plan and will not receive the Choice Packet.

Updated: Combined Outbound Call Timeline

- » For the CMC to MMP Transition, LTC SNF Carve-In, and CalAIM Managed Care Enrollment, beneficiaries will receive outbound calls in addition to noticing.

October 2022

CMC Transition to MMP calls begin after 90-day notices are sent.

ONGOING

December 2022

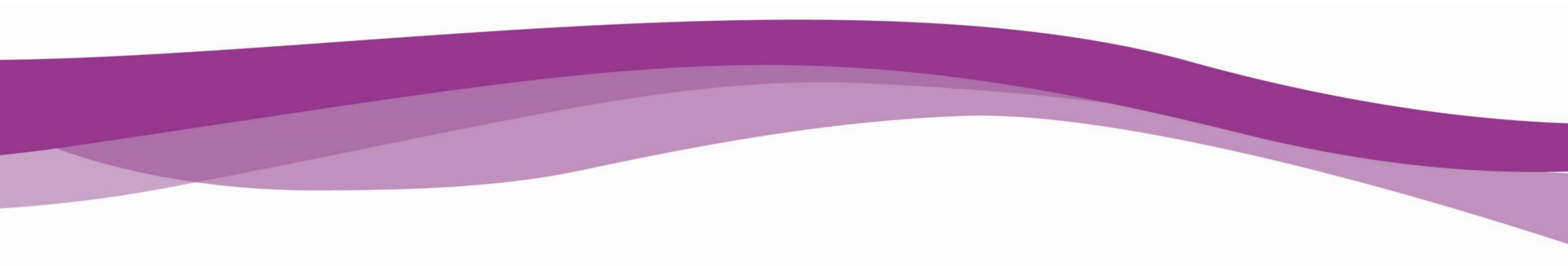
LTC SNF Carve-In beneficiaries will receive calls in December.

CalAIM Managed Care Enrollment beneficiaries who are transitioning from FFS will receive calls in December.

DHCS Website: Posted Notices

- » DHCS has posted notices for the CMC Transition, SNF LTC Carve-In, and Medi-Cal Managed Care Enrollment.
 - » [CMC Transition Notices](#) – “How will I be notified?”
 - » [SNF LTC Carve-In Notices](#) – “Key Documents”
 - » [Medi-Cal Managed Care Enrollment](#) – “Medi-Cal Beneficiary Enrollment Notices”

January 2023 Transitions: Outreach and Resources



Transition Communications Efforts

- » DHCS has online resources for stakeholders and beneficiaries to keep them informed about the January 2023 enrollment changes. New materials will continue to be posted.
- » In addition to posting resources online, DHCS is also engaging in the following communications efforts:
 - » Health plan communications.
 - » Health Care Options resources and support.
 - » Beneficiary notices and phone calls.
 - » Additional webinars and meetings with local and statewide groups.
 - » Community-based organization and provider engagement.

Transition Resources

» Stay informed by regularly checking the [Integrated Care for Dual Eligible Beneficiaries](#) webpage.

Integrated Care for Dual Eligible Beneficiaries

Enrollment Information

Policy Resources

Workgroups

Outreach Materials



Dually eligible beneficiaries are people enrolled in both Medicare and Medi-Cal. Medicare is the primary payer for acute and post-acute care services. Medi-Cal wraps around Medicare by providing assistance with Medicare premiums and cost sharing, and by covering some services that Medicare does not cover, such as long-term services and supports (LTSS). As part of CalAIM, DHCS is implementing policies to promote integrated care for beneficiaries dually eligible for Medicare and Medi-Cal.

Enrollment Information

The Future of Cal MediConnect

On January 1, 2023, Cal MediConnect plans will transition to Medicare Medi-Cal Plans (MMPs or Medi-Medi Plans) provided by the same plans as Cal MediConnect. Cal MediConnect members will be seamlessly transitioned by their health plans. [Learn More](#)

Medicare Advantage Information for Dual Eligible Beneficiaries

Like all Medicare beneficiaries, dual eligible beneficiaries can choose whether to receive care through [Original Medicare](#), or enroll in a Medicare Advantage (MA) plan, sometimes called "Part C" or "MA Plans." Some Medicare Advantage options for dual eligibles in California will be changing effective January 1, 2023. [Learn More](#)

Medi-Cal "Matching Plan Policy" for Dual Eligible Beneficiaries

To address the challenges of coordinating across different health plans for Medicare and Medi-Cal benefits, DHCS has a Medi-Cal matching plan policy in 12 counties. Under this policy, a beneficiary's Medicare plan choice is the lead, and the Medi-Cal plan follows. [Learn More](#)

Statewide Medi-Cal Managed Care Enrollment for Dual Eligible Beneficiaries

Most dually eligible beneficiaries not already enrolled in Medi-Cal managed care will be newly enrolled in Medi-Cal plans in 2023. Medi-Cal Plans provide wraparound services and care coordination dual eligible beneficiaries, particularly for Long-Term Services and Supports. [Learn More](#)

Duals Alignment Statewide Directory

For information by county on current and future Medi-Cal enrollment options, please see this list. [Learn More](#)

Policy Resources

Medicare Advantage Information for Dual Eligible Beneficiaries

Like all Medicare beneficiaries, dual eligible beneficiaries can choose whether to receive care through [Original Medicare](#), or enroll in a Medicare Advantage (MA) plan, sometimes called "Part C" or "MA Plans." Some Medicare Advantage options for dual eligibles in California will be changing effective January 1, 2023. [Learn More](#)

Duals Eligible Special Needs Plans in California

Dual Eligible Special Needs Plans (D-SNPs) are Medicare Advantage (MA) health plans which provide specialized care and coordination for dual eligible beneficiaries. [Learn More](#)

Outreach Presentations and Town Halls

- » DHCS is collaborating with community-based organizations and local chapters of health care associations to ensure providers and other trusted advisors have the latest information on the 2023 enrollment changes affecting dual eligible beneficiaries.
- » DHCS has recently engaged in targeted outreach toward:
 - » California Foundation for Independent Living Centers
 - » California Collaborative for Long-Term Services and Supports
 - » California Medical Association
 - » California Agents and Health Insurance Professionals
 - » California Hospitals and Health Systems

Duals Ombudsman

- » In 2023, the Cal MediConnect Ombudsman will transition to the Medicare Medi-Cal Ombudsman.
- » Phone number will remain the same: 1-855-501-3077
- » The Medicare Medi-Cal Ombudsman is available to help resolve problems from a neutral standpoint to ensure that beneficiaries receive all medically necessary covered services and information for which plans are contractually responsible.

Other Medi-Cal Changes

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Medi-Cal Changes in 2022

- » **Older Adult Expansion:** Effective May 1, 2022, Medi-Cal Expansion for individuals aged 50 and older, regardless of immigration status. [OlderAdultExpansion \(ca.gov\)](#)
- » **Medi-Cal Asset Limit Increase:** Effective July 1, 2022, the Medi-Cal asset limit increased to \$130,000 for one person and \$65,000 for each additional person (up to ten maximum). Medi-Cal income limits still apply. [Asset Limit Changes \(ca.gov\)](#)
- » Asset limit increase also applies to [Medicare Savings Programs](#).

Questions

- » Questions on Medicare Medi-Cal Plans, or January 2023 transitions?

Update: CalAIM D-SNP Policy Guide and 2024 SMAC Development

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2023 CalAIM D-SNP Policy Guide

- » DHCS is continuing to refine and finalize the 2023 D-SNP Policy Guide for MMPs and Non-EAE D-SNPs. The D-SNP Policy Guide is available here: <https://www.dhcs.ca.gov/provgovpart/Pages/Dual-Special-Needs-Plans-%28D-SNP%29-Contract-and-Program-Guide.aspx>
- » The Policy Guide provisions that apply to all D-SNPs, and those that apply only to MMPs, are indicated at the beginning of each section.
- » The provisions of this Policy Guide are part of the DHCS SMAC requirements for 2023.

2024 SMAC and Policy Guide Development

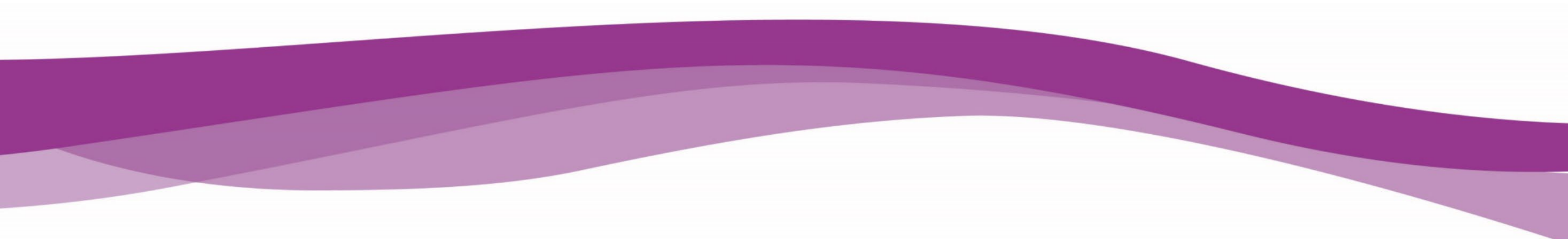
- » DHCS is starting to work internally and with advocates and stakeholders to develop the 2024 SMAC and policy guide for MMPs and Non-EAE D-SNPs
 - » DHCS will apply feedback and lessons learned from the development process from 2023 to 2024 materials
 - » Input is welcome and stakeholders will have opportunities to provide more feedback in early 2023

2024 Care Coordination Policy Guide

Chapter

- » The Care Coordination chapter will provide state-specific care coordination requirements to health plans operating EAE (MMP) and non-EAE D-SNPs.
- » Similar to 2023, topics in this chapter cover:
 - » Risk Stratification
 - » Health Risk Assessment (HRA)
 - » Individualized Care Plans (ICPs) and Interdisciplinary Care Teams (ICTs)
 - » Care Transitions
- » New for 2024, additional information will be provided on:
 - » Palliative Care
 - » D-SNPs providing ECM-like services
 - » Dementia Care Aware

Update: Crossover Claims and Balance Billing

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Lindsey Wilson
Assistant Branch Chief
Third Party Liability and Recovery Division
Department of Health Care Services

Balance Billing

- » Medicare is the primary payer for services to dual eligible beneficiaries.
- » Dual eligible beneficiaries should **never** receive a bill for Medicare cost sharing. This is called improper billing (or balance billing) and is illegal under state and federal law.
- » Balance billing is prohibited in both MA and Original Medicare.
- » For beneficiaries in any type of Medicare Advantage plan, they will not pay a plan premium or pay for provider visits and other medical care when they receive services from a provider in their plan network. They may still have a copay for prescription drugs.

Current Crossover Claims Policy

- » For beneficiaries that are in Medi-Cal plans, Medicare should be billed as usual. Medicare will pay 80% of the Medicare fee schedule. The 20% copay cannot be billed to dual eligible beneficiaries. Instead, these crossover claims must go to the patient's Medi-Cal plan, which will pay any amount owed under state Medi-Cal law.
 - » For dual eligible beneficiaries in Medi-Cal Managed Care, the Medi-Cal MCP is responsible for processing the secondary payment.
 - » For dual eligible beneficiaries in Medi-Cal Fee-for-Service, DHCS is responsible for processing the secondary payment.

Balance Billing and Crossover Claims

- » Billing dual eligible beneficiaries violates both federal law and California state law:
 - » **2023 D-SNP SMAC:** D-SNP Contractor and its contracted providers are prohibited from imposing cost-sharing requirements on Dual Eligible Members that would exceed the amounts permitted under the California Medicaid State Plan, Section 1852(a)(7) of the Act, and 42 CFR section 422.504(g)(1)(iii).
- » DHCS is currently updating guidance on crossover claims. Additional information will be forthcoming.

Upcoming MLTSS & Duals Workgroup Meeting Topics

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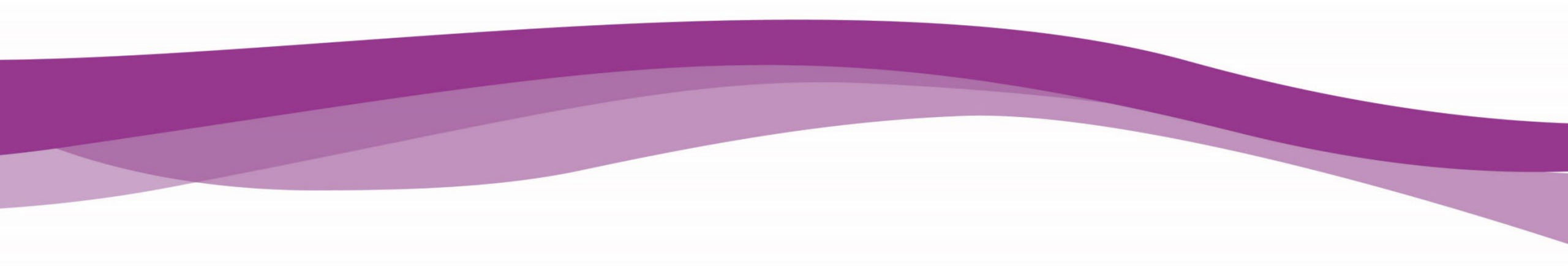
Potential Meeting Topics

- » Long Term Services and Supports (LTSS) Dashboard updates
- » January 2023 CalAIM transitions status
- » Local examples and discussion of MLTSS and integrated care
- » Updates to 2024 State Medicaid Agency Contract (SMAC)
- » Crossover billing
- » MA Special Supplemental Benefits for the Chronically Ill (SSBCI)
- » Strategies to improve health equity
- » Assisted Living/Assisted Living for Memory Care
- » CalAIM Housing Supports

Next Steps

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, December 15th at 10:00 A.M.**
- » Next SNF LTC Carve-In Webinar: **Friday, December 4th at 1:00 P.M.**

Appendix A: Public Health Emergency (PHE) Unwinding



Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a ***DHCS Coverage Ambassador!***
 - » [Download the Outreach Toolkit](#) on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.