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

DHCS

February 23, 2023

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

» Update: Continuous Coverage Unwinding and Stakeholder Q&A

» Update: January and February 2023 Transitions

» Panel: Cal MediConnect Transition and Stakeholder Q&A

  » Jack Dailey, Director of Policy and Training & Coordinator of Health Consumer Alliance, with Legal Aid Services San Diego

  » Julianne Holloway, Director of Medicare Duals, with Blue Shield California

» Enhanced Care Management and Community Supports – Housing Services and Stakeholder Q&A

  » Karl Calhoun, Director of Community Health, with L.A. Care
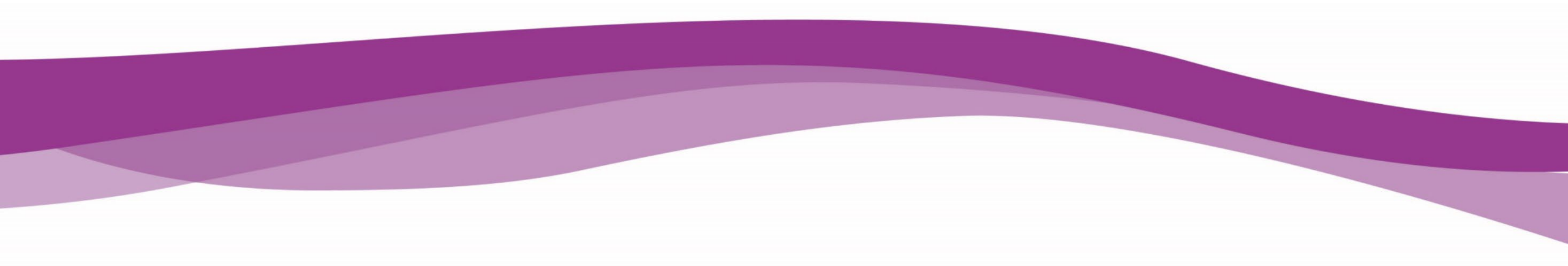
» Next Steps and Future Meeting Topics

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

Update: Continuous Coverage Unwinding

Continuous Coverage Unwinding

» **The continuous coverage requirement will end on March 31, 2023 and Medi-Cal beneficiaries may lose their coverage.**

» **Medi-Cal redeterminations will begin on April 1, 2023 for individuals with a June 2023 renewal month.**

» **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
  » Check out the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Plan (Updated January 13, 2023)!

Continuous Coverage Unwinding Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Already launched**
  - 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 approximately 60 days prior to termination of the Continuous Coverage requirement.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Questions?

» Questions about Continuous Coverage Unwinding?

Update: January and February Transitions
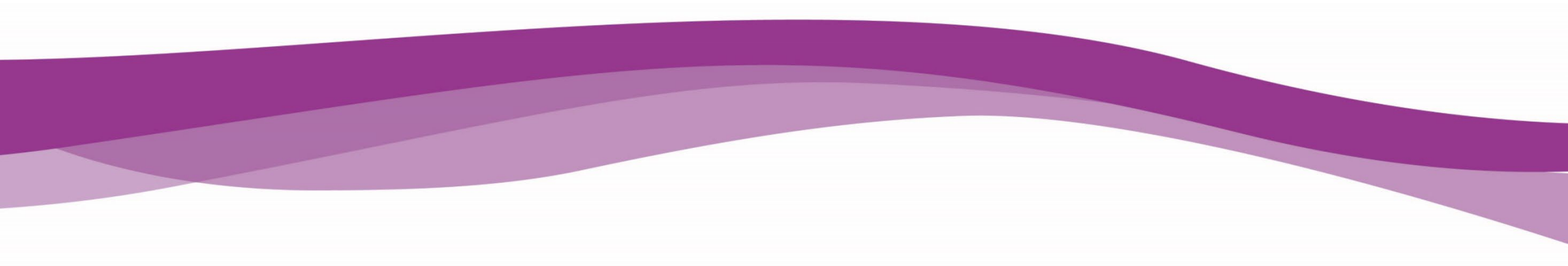
Overview: Cal MediConnect Transition

» On **January 1, 2023,** beneficiaries in Cal MediConnect (CMC) plans were **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.

» Medicare Medi-Cal Plans, or Medi-Medi Plans (MMPs), 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 (CMC) to Medi-Medi Plans (MMP) Transition

DHCS CMC lift and shift to MMP Update:

» 112,232 out of 112,661 (99.62%) of CMC beneficiaries were shifted to an MMP or MCP aligned to their current Medicare Advantage Plan (Medi-Cal Matching Plan Policy)

» 429 (0.38%) of CMC beneficiaries were not shifted for valid plan exclusion reasons

Cal MediConnect Transition and Monitoring

» Plans are to report Post Transition Monitoring (PTM) regarding member and provider phone calls on access to care issues, technical issues, and grievances and appeals via SurveyMonkey (SM) utilizing the DHCS PTM template that was released to plans on December 15, 2022 using the following schedule:

» **Daily reporting has concluded.**

» **Weekly reporting was due:**
   » Week 3: January 20, 2023
   » Week 4: January 27, 2023

» **Monthly reporting is due:**
   » February 28, 2023
   » March 31, 2023
   » May 1, 2023

Cal MediConnect Transition and Monitoring (cont.)

» As of 1/13/2023, plans had not reported any major access to care issues.

» Plans have flagged the following:

   » Technical issue - members enrolled in Medicare have not been received on the 834 files

   » Complaints/grievances - member complaints indicating members did not make a plan choice

Total Medicare Advantage (MA) Enrollment Among Dual Eligible Beneficiaries in California (January 2023)

- » Medi-Medi Plans: 218,000
- » Other D-SNPs: 153,000
- » Other SNPs: 31,000
- » SCAN FIDE-SNP: 22,000
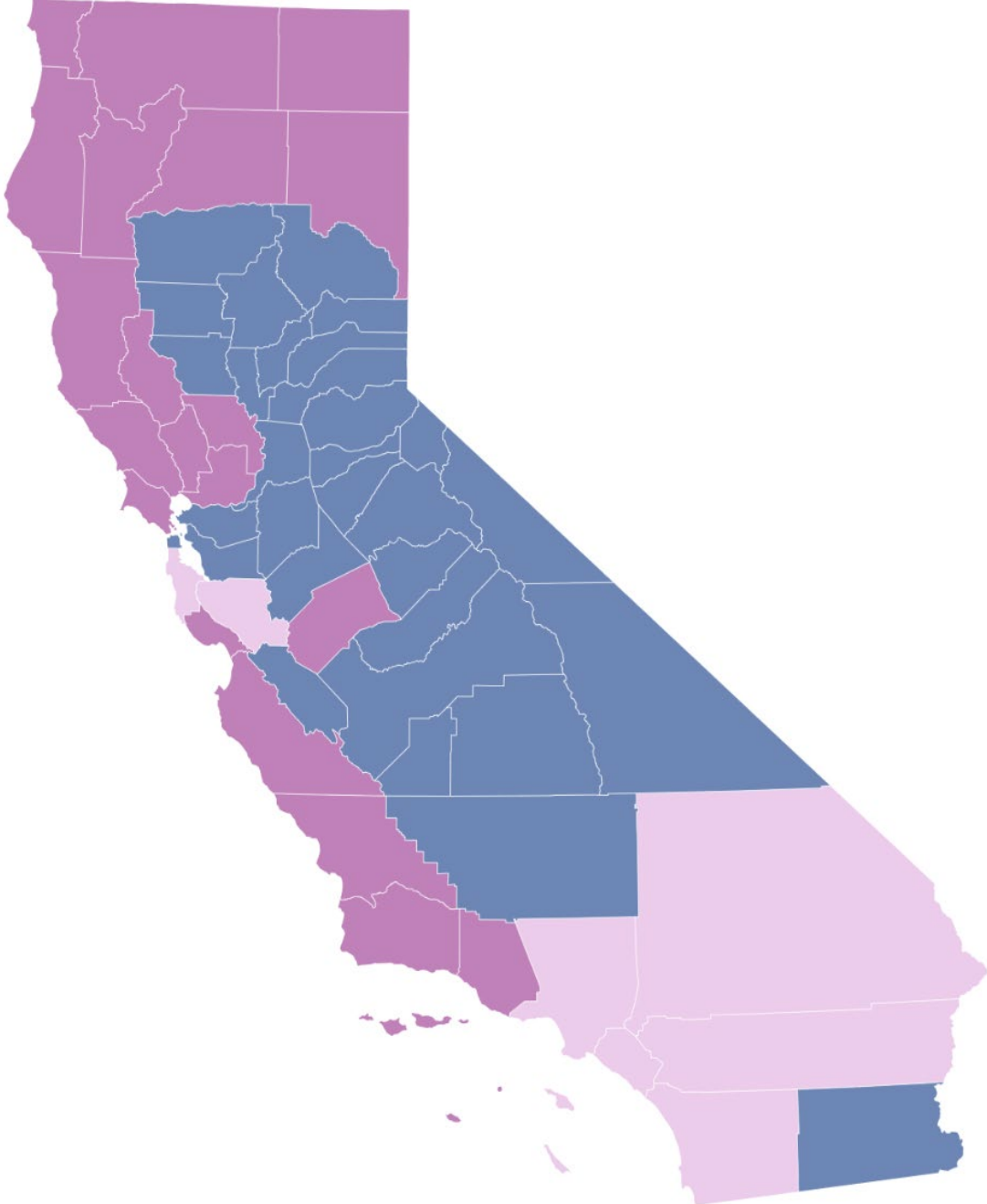- » PACE: 16,000
- » "Regular" MA: 287,000

- » **Total MA Enrollment Among Duals: 727,000**

CalAIM: Medi-Cal Managed Care for Dual Eligible Beneficiaries

» In 2022 over 70 percent, more than 1.1 million, dual eligible beneficiaries were enrolled in Medi-Cal managed care.

» **Starting January 2023, about 325,000 dual eligible beneficiaries were newly enrolled in Medi-Cal managed care.**

» 234,000 in counties where Medi-Cal Managed Care is Newly Required for Dually Eligible Beneficiaries: 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.

» 91,000 in Los Angeles, Riverside, San Bernardino, San Diego, Santa Clara counties (not previously enrolled in Medi-Cal managed care).

Outreach and Information for Dual Eligible Beneficiaries and Medicare Providers

» DHCS sent notices and enrollment materials to beneficiaries in November and December 2022, and conducted a call campaign in December 2022.

» **Medicare providers serving dual eligible patients do NOT need to enroll in Medi-Cal plans to continue to receive reimbursement as usual.**

» **Medi-Cal managed care plan enrollment does NOT impact Medicare provider access, or choice of Original Medicare or Medicare Advantage.**

» DHCS has provided extensive outreach to beneficiaries (in many languages), Medicare physicians, health systems, Duals Ombuds/legal aid, local HICAPs, Area Agencies on Aging, Independent Living Centers, and other community groups.

» Fact sheets on crossover billing and Notices are available on DHCS webpage.

Enrollment Update

» Beneficiaries were able to choose a Medi-Cal plan using materials they received in fall 2022.

» In 12 counties, the Medi-Cal matching plan policy applies: 33,427 dual eligible beneficiaries were enrolled into a Medi-Cal Managed Care Plan that matched their Medicare Advantage Plan for an effective date of January 1, 2023.

» Dual members not part of the Matching Plan Policy: 24,647 dual eligible beneficiaries enrolled by choice into a Medi-Cal Managed Care Plan for an effective date of January 1, 2023. The remainder of the transitioning beneficiaries were enrolled into a Medi-Cal Managed Care Plan on February 1, 2023.

Crossover Billing Process

» **Original (Fee-for-Service) Medicare:** Provider bills Medicare Administrative Contractor (Noridian). Medicare (Noridian) processes the primary claim for Medicare payment, and then forwards the claim to the Medi-Cal plan (or DHCS) for secondary Medi-Cal payment.

  » Noridian receives Medi-Cal managed care enrollment information from the Medicare Benefits Coordination and Recovery Center.

» **Medicare Advantage (MA):** Provider bills MA plan for primary Medicare payment.

  » If patient's MA plan is <u>the same</u> as patient's Medi-Cal plan, same organization should process secondary claim.

  » If patient's MA plan is <u>different</u> than patient's Medi-Cal plan:

    » MA plan may send secondary claim to Medi-Cal plan, if known, OR

    » Provider will need to bill secondary to Medi-Cal plan (or DHCS).

Balance Billing

» Dual eligible beneficiaries should **never** receive a bill for their Medicare services. This is called improper billing (or balance billing) and is illegal under state and federal law.

» [Balance billing](#) is prohibited in both Medicare Advantage and Original Medicare.

» Beneficiaries do not pay for doctor visits and other medical care when they receive services from a provider in their MA provider network. They may still have a copay for prescription drugs.

Cal MediConnect Transition - From an Advocate and a Health Plan Perspective

Perspectives on CMC to MMP transition

Presented by Jack Dailey

Health Consumer Alliance Coordinator/Legal Aid Society of San Diego Director of Policy and Training

Ombuds Perspectives

- Successes
  - Stakeholder Engagement Process
  - Outreach and education about transition
  - Very low rate of transition errors
  - Not a significant number of complaints or Ombuds calls specifically regarding the transition
- Challenges
  - December erroneous disenrollment notice
  - Mandatory Medi-Cal MCP enrollment in 31 counties
  - Understanding of matching plan policy

Ombuds Perspectives

- Things to watch for as we move forward:
  - Consistency of MMP care coordination engagement
  - Benefits coordination
  - Provider education
  - Utilization of CalAIM Community Supports
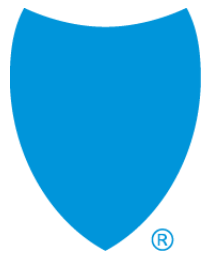
Blue Shield of California

Julianne Holloway

Director of Medicare Dual Eligibles

Blue Shield Cal MediConnect to D-SNP Transition Results

94% Retention Rate of ~5,600 members across Los Angeles and San Diego counties.

Benefits were improved both through coordination and amounts. Members now receive better supplemental benefits through the D-SNP.

Retained all but **1** group of providers across Cal MediConnect and D-SNP provider networks. All but **46** members were able to retain their Primary Care Provider.

Hired nearly **80** additional Care Management RNs and Social Services staff to better support and serve all Blue Shield D-SNP members.

About **50** complaints since January 1st, mostly related to plan change, subscriber ID, or benefit coverage confusion.
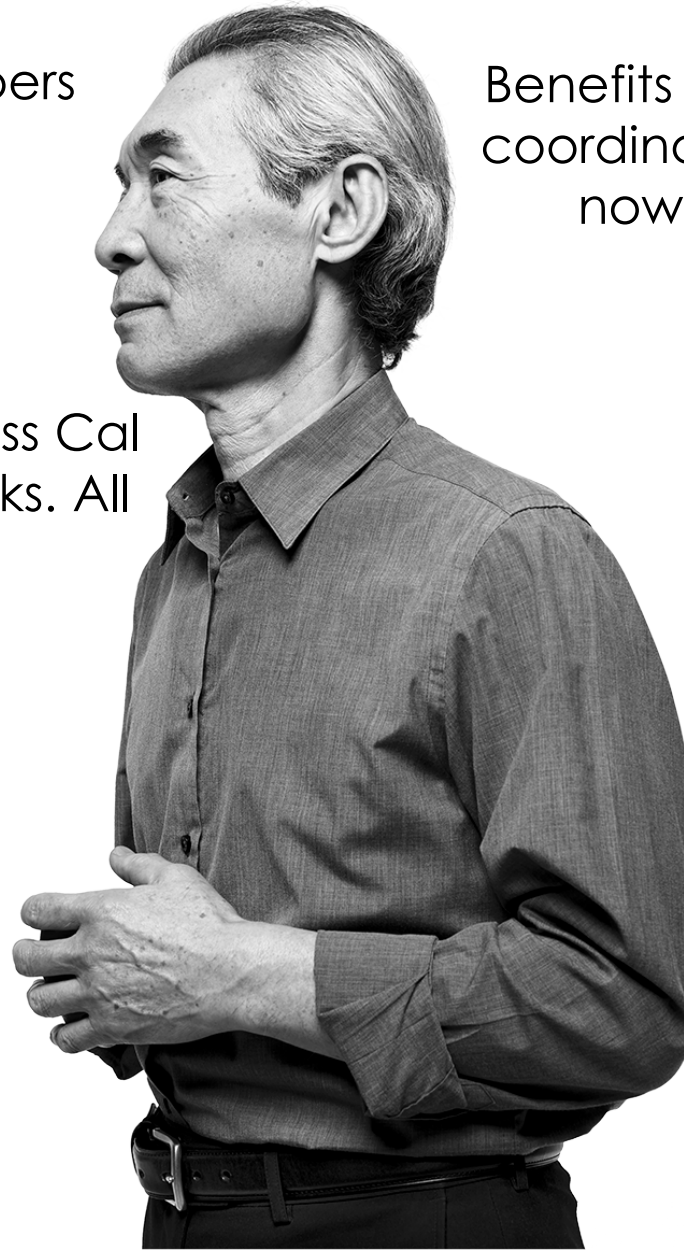
Highlights and Challenges

Highlights

- Robust Communication Plan
  - Webinars
  - Print
  - Telephonic
  - Digital and member portals
  - FAQs
- Close collaboration between plans, DHCS, and CMS led to identification of gaps for improvement
- Larger provider network offerings

Challenges

- Hard or unable to reach members were still unaware of transition
- Missing Ombudsman and key CBOs from communication strategy and other key policy developments
- Multiple transitions and associated communications for overlapping populations led to confusion
  - MMCE
  - CMC to D-SNP
  - Look-alikes
  - Matching Plan Alignment
- Resolving Medicare/Medi-Cal alignment issues
- Transitioning to a less integrated model

Discussion and Q&A
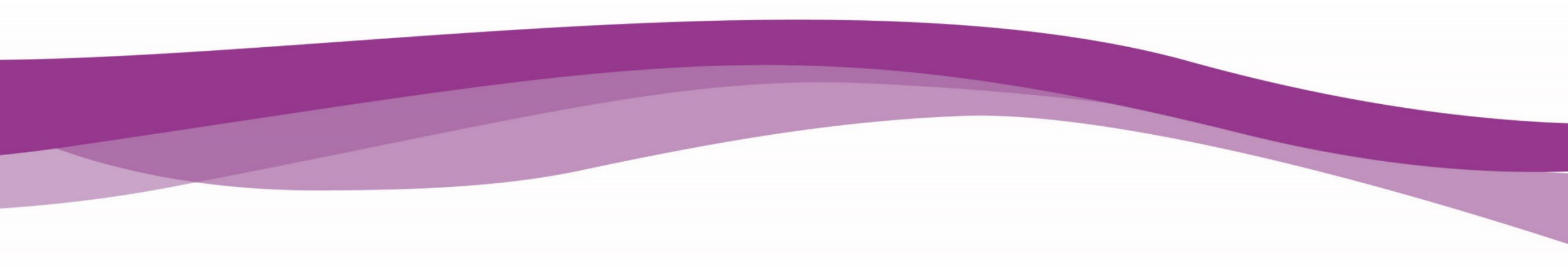
L.A. Care Housing-Related CalAIM Services

Karl Calhoun, Director, Community Health, L.A. Care
Caroline Chung, Manager, Community Health, L.A. Care

Community Supports

Beneficiaries are being connected to Community Supports to meet their social needs, including medically supportive foods or housing supports.

Launched in 2022, Community Supports are services provided by Medi-Cal managed care plans as cost-effective alternatives to traditional medical services or settings. Community Supports are designed to address social drivers of health.

Community Supports are optional for Medi-Cal managed care plans to provide, but Medi-Cal plans are encouraged to offer as many of the 14 pre-approved Community Supports as possible. Community Supports are available to eligible Medi-Cal members regardless of whether they qualify for Enhanced Care Management.

L.A. Care Framework for People Experiencing Homelessness

Clinical Services

Physical health, mental health, and substance use disorder services that are accessible, trauma-informed, and culturally competent

+

Supportive Services

Case management that addresses the member's housing, health, and social needs, coupled with enabling services

+

Housing

Financial resources and housing placement options where the member can maintain successful long-term tenancy

=

Comprehensive Solutions for People Experiencing Homelessness (PEH)

L.A. Care's Housing Continuum of Services

L.A. Care's continuum of housing services available to our eligible members includes:
- Housing Navigation and Tenancy Sustaining Services (together known as HHSS - Homeless and Housing Support Services)
- Housing Deposits

Housing Navigation	**Housing Deposits**	**Tenancy Support Services**	**Sustained Member Housing**
Services to help homeless members with finding housing	Once in a lifetime funding to successfully establish a basic household	Services to help formerly homeless members with maintaining safe and stable tenancy once housing is secured	
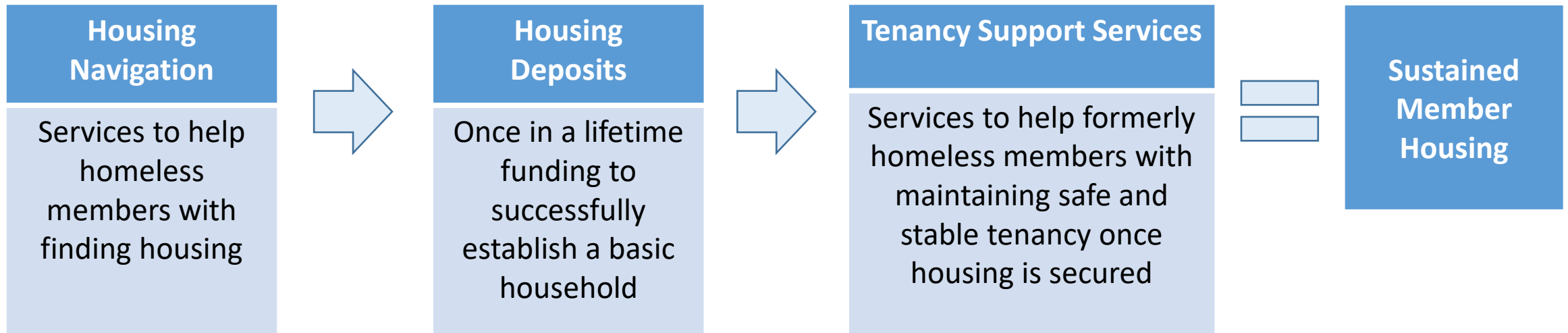
The 14 Community Support Services

- **Housing Transition Navigation Services**
- **Housing Deposits**
- **Housing Tenancy and Sustaining Services**
- Short-Term Post-Hospitalization Housing
- **Recuperative Care (Medical Respite)**
- Day Habilitation Programs
- **Caregiver Respite Services Nursing Facility**
- Transition/Diversion to Assisted Living Facilities (anticipated 1/2024)
- Community Transition Services/Nursing Facility Transition to a Home (anticipated 1/2024)
- **Personal Care and Homemaker Services**
- **Environmental Accessibility Adaptations (Home Modifications)**
- **Medically Supportive Food/Meals/Medically Tailored Meals**
- **Sobering Centers**
- Asthma Remediation (anticipated 1/2024)

LA Care's Housing-Related Community Supports
(Direct only; not Plan Partners)

HHSS:

Housing Navigation & Tenancy Services CS

- Launched 1/1/2022
- Currently enrolled: 10,796
- Current provider network: 22
- ~5,800 grandfathered from Whole Person Care & Health Homes Program

Housing Deposits CS

- Launched 7/1/2022
- Integrated w/HHSS (HD providers serve their own HHSS members)
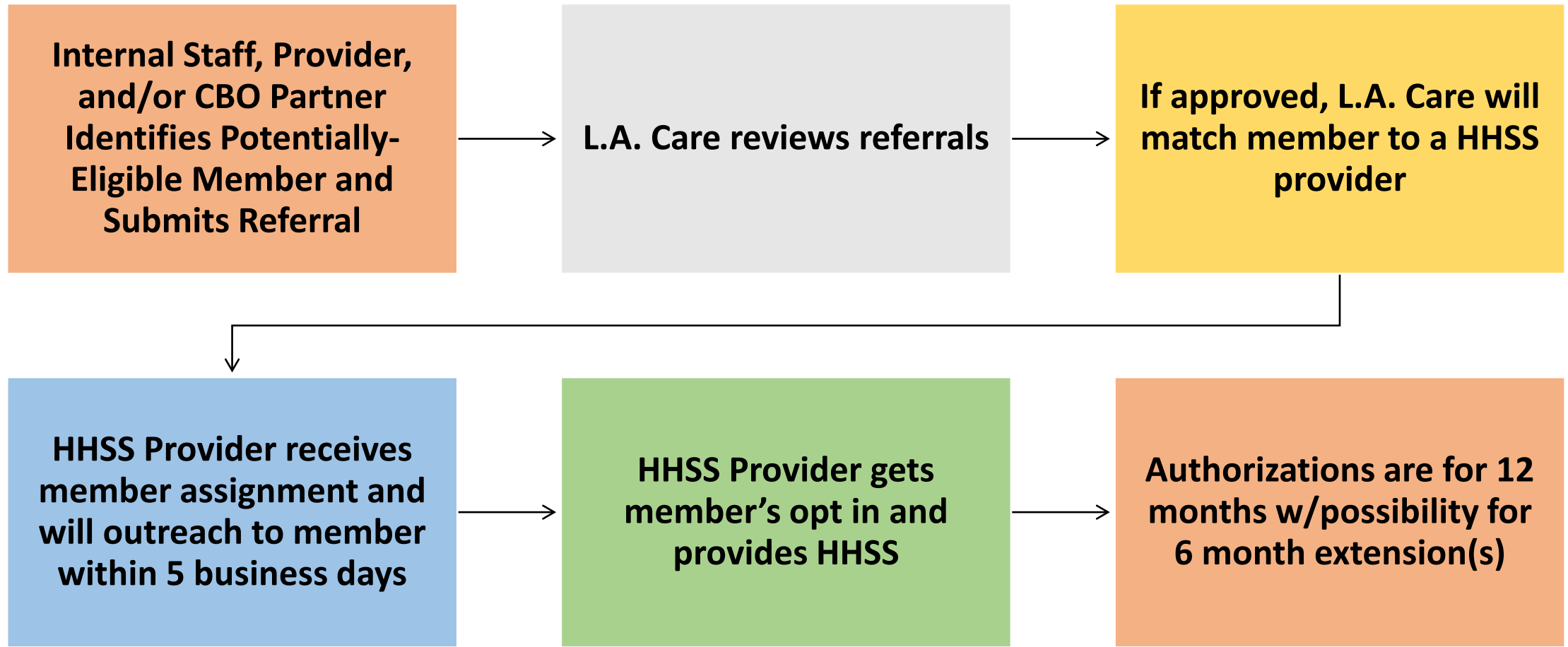- Current provider network: 13

HHSS Referral Pathway


```
┌─────────────────────────┐      ┌─────────────────────────┐      ┌─────────────────────────┐
│ Internal Staff, Provider,│      │                         │      │ If approved, L.A. Care  │
│ and/or CBO Partner      │ ───▶ │ L.A. Care reviews       │ ───▶ │ will match member to a  │
│ Identifies Potentially- │      │ referrals               │      │ HHSS provider           │
│ Eligible Member and     │      │                         │      │                         │
│ Submits Referral        │      │                         │      │                         │
└─────────────────────────┘      └─────────────────────────┘      └─────────────────────────┘
                                                                              │
┌─────────────────────────┐      ┌─────────────────────────┐      ┌─────────────────────────┐
│ HHSS Provider receives  │      │ HHSS Provider gets      │      │ Authorizations are for  │
│ member assignment and   │ ───▶ │ member's opt in and     │ ───▶ │ 12 months w/possibility │
│ will outreach to member │      │ provides HHSS           │      │ for 6 month extension(s)│
│ within 5 business days  │      │                         │      │                         │
└─────────────────────────┘      └─────────────────────────┘      └─────────────────────────┘
```

HHSS: Housing Navigation Eligibility

L.A. Care Medi-Cal Member

Homeless Criteria

- HUD Homeless; or
- Exiting an institution after 90+ days and was HUD homeless prior / would be come homeless; or
- HUD Chronically homeless

+

High Utilizer/High Acuity Criteria

- ECM homeless POF; or
- 2+ chronic conditions; or
- High utilizer, defined as:
  - 7+ ED visits in last year; or
  - 2+ IP &/or SNF in last year; or
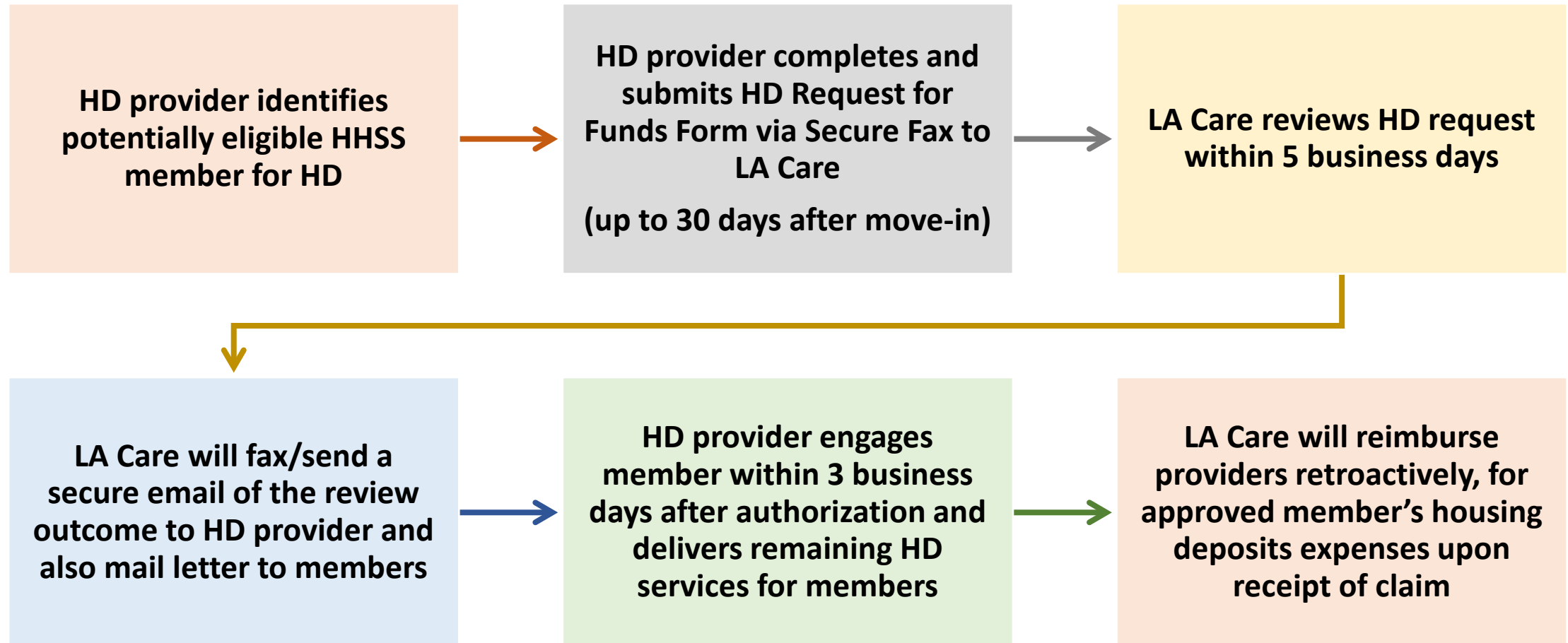 - Total costs of at least $50,000 in prior year

OR

Member is matched to a publicly funded permanent supportive housing resource or program in Los Angeles County.

Eligible for Housing Navigation

HHSS Reference Guide

HD Referral Pathway
Housing Deposits

HD provider identifies potentially eligible HHSS member for HD	HD provider completes and submits HD Request for Funds Form via Secure Fax to LA Care (up to 30 days after move-in)	LA Care reviews HD request within 5 business days
LA Care will fax/send a secure email of the review outcome to HD provider and also mail letter to members	HD provider engages member within 3 business days after authorization and delivers remaining HD services for members	LA Care will reimburse providers retroactively, for approved member's housing deposits expenses upon receipt of claim

HD Eligibility

- L.A. Care Medi-Cal member
- Enrolled in and receiving housing navigation services through Homeless and Housing Support Services (HHSS)
- Currently in the process of moving into permanent housing
- Unable to meet requested housing deposit expenses.

LA Care's HHSS Services Network

HHSS: Housing Navigation + Tenancy Services

22 total providers;
13 also offer HD

17

2

ECM

49 total providers;
39 certified to serve Homeless POF

Recuperative Care

9 total providers
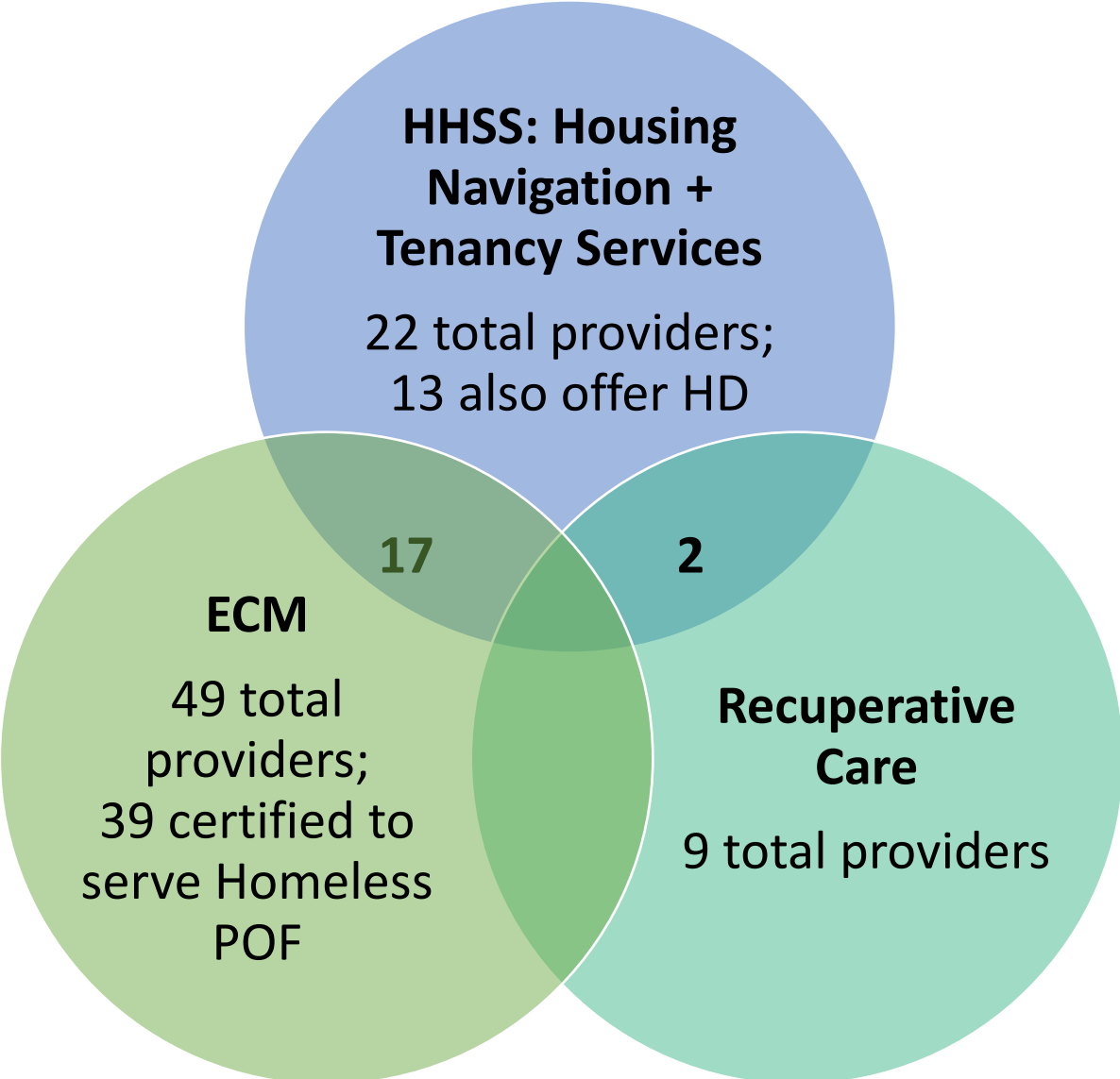
HHSS Dual Eligible Members

- HHSS currently enrolled: 10,796
- Dual Eligible Members enrolled in HHSS = 1,495 (14% of total)

Overall Strategy:
- Included in unified housing strategy due to small population size
  - Duals represent about ~10% of homeless population
- Same HHSS cap rate for duals
- Current focus on transition from CMC to D-SNP
- Potential connection to other CS programs and initiatives
  - HHIP – priority initiatives
    - ADL expansion, unit acquisition

LA Care's Housing Supports Program

(Direct only; not Plan Partners)

SUCCESSES

- Active provider engagement

- Provider network expansion

- Supporting initiatives: HHIP, IPP

CHALLENGES

- Provider identified challenges: housing placement, hiring

- Billing and claims - technical assistance for non-traditional providers

LA Care CS Contacts

HHSS:

- Karl Calhoun, Director, Community Health: kcalhoun@lacare.org

- Caroline Chung, Manager, Community Health: cchung@lacare.org

- HHSS General Inbox: HHSS-Program@lacare.org

HHSS Referrals:

- HHSS Referrals: HHSS-Referrals@lacare.org

Community Supports:

- CS General Inbox: ILOS@lacare.org

Questions?

» Questions about L.A. Care's Housing Supports Program?

Next Steps

» Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Wednesday, April 19th at 10:30 AM**