Department of Health Care Services
California Advancing and Innovating Medi-Cal (CalAIM)

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SPEAKERS

Hilary Haycock
Anastasia Dodson

Hilary Haycock:

All right. Let's go ahead and get started. It seems like we still have folks joining but maybe at a slightly slower pace. So thank you, everyone. Good morning. Welcome. Thank you for joining us for our 10th Managed Long Term Services and Supports and Duals Integration CalAIM Workgroup. We have a wonderful presentation today from Anastasia Dodson, the Deputy Director of the Office of Medicare Innovation and Integration, DHCS.

Hilary Haycock:

Just want to start with a few meeting management items to note before we begin. All participants will be on mute during the presentation. Please feel free to submit any questions you have to the chat and we'll try to address those as we go along, and then certainly during the discussion portion as well. When we do reach discussion, if you'd like to ask a question, provide comments or feedback, use the raise hand function and we would be happy to unmute you as part of that discussion period.

Hilary Haycock:

We wanted to add a gentle reminder, we know we have a number of health plans joining us today. We do have several monthly meetings that are specific for plans to ask technical questions so we're going to ask plans that maybe hold back on any technical questions or other questions today so we can try to create space for other stakeholders who don't have those additional opportunities to participate and ask questions. So gentle reminder for our plans, thank you very much.

Hilary Haycock:

The PowerPoint slides and all meeting materials will be available on the next couple of days on the DHCS CalAIM website, we will link to that website in the Zoom chat so folks can find that. We would like to ask that folks add their organization name to their Zoom name so it appears we know who's asking questions and submitting questions on the chat, click on the participants' icon at the bottom of the page, hover over your name, select more and then rename and you can make sure that your name and organization appear correctly.

Hilary Haycock:

So here is our agenda for today, or do we not skip the agenda? All right. I'm going to hand it over to Anastasia to walk us through our presentations today on CalAIM section 1115 Waiver Special Terms and Conditions.

Anastasia Dodson:

Wonderful. Thank you so much, Hilary, and to your team. So today we're going to be talking about... Oh, can you go one slide back to the agenda, please. So we have basically updates on the agenda for today. In the past we have had the agenda built around discussion items where we've had breakout groups and those have been extremely helpful and interesting. For today's meeting, we don't have breakout groups because mostly what we have been doing at DHCS and with our CMS and plan partners and we are working together on basically documenting some of the policies that we've been talking about for the last nine months or so.

Anastasia Dodson:

And so the 1115 Waiver Special Terms and Conditions which we're going to walk through, those reflect

the policies that we've been talking about, again, since last spring. The SMAC, the D-SNP policy guide, those again we're going to walk through where we're at with those documents and again, they reflect the discussions we've had over the last nine or 10 months about building on what was already working in Cal-Medi Connect and translating that over to the SMAC and a more specific guidance in a policy guide.

Anastasia Dodson:

And then continuity of care and network alignment. Continuity of care again is we're looking at what did we use in Cal MediConnect and then how to translate that over to D-SNPs and then network alignment is something somewhat new that is a piece that we have also been talking about over the fall. So, again, there's no breakout groups, we don't have new sort of meaty topic for discussion with all of you and among you, but hopefully at our next couple of meetings, we will have topics queued up where we can have more interaction.

Anastasia Dodson:

All right, next slide. So first on our 1115 waiver special terms and conditions, or STCs and again, I'm trying not to be super technical because I don't think that's sort of what you all are looking for, but we'll try to stay high level. Next slide.

Anastasia Dodson:

So CalAIM, I'm sure you've all probably seen the announcement that went out that we got approval for the federal government for our CalAIM proposal and that includes a section 1115, and a section 1915(b) waiver. Those waivers are good all the way through December 31st, 2026. Those waivers are now in effect and we, again, built off of what we had in our previous 1115 and 1915(b) waivers, but we did shift many of the managed care authority away from our 1115 and into our 1915(b) waivers. So the exact language for both of those waiver documents are posted on the DHCS website and webpage, and there are lots of ways you can get to those pages through our homepage and it includes all the technical language there.

Anastasia Dodson:

What we're going to talk about right now is for dual eligibles, particularly the enrollment pieces, but also want to note that the 1915(b) waiver does then authorize dually eligible beneficiaries to be mandatorily enrolled in Medi-Cal managed care. Again, this is on the Medi-Cal side statewide. Right now in CCI counties and in COHS Counties where there's just one Medi-Cal plan, dual eligible beneficiaries are already mandatorily enrolled in Medi-Cal managed care, but this 1915(b) waiver authorizes starting in 2023 that duals in the remaining counties, non-CCI, non-COHS, that they will be mandatory enrolled in Medi-Cal managed care.

Anastasia Dodson:

And this is again, the policy that we have been talking about for the last year or so. It's been proposed for even longer than that and we will be working on draft notices later this year and information that we will share with this group and we have other work groups as well, our managed care advisory groups, so we'll keep this work group in the loop as that moves forward. And then the other big piece that we want to spend time on today is in our 1115 waiver, starting in 2022 which is now, the waiver gives authority to DHCS to align for duals their Medi-Cal plan with their Medicare plan choice.

Anastasia Dodson:

So again, this is the same policy that we have been talking about for a number of months now. We talked about it last spring and then, again, I believe in, in August or September that when a dually eligible beneficiary, if they choose to enroll in a Medicare plan, then this authority allows DHCS to match their Medi-Cal plan with their Medicare plan. And this policy has been effective already in a number of counties in California and so this 1115 waiver authority was a technical piece to make sure that we had all the right authority to continue this policy.

Anastasia Dodson:

And there were some specific provisions we're going to talk about in the next couple of slides, but I just want to make sure that very clear, the concept is something that is not anything brand new, we've been talking about it for a number of months and it reflects the policy that we have had for quite some time at DHCS in certain counties when a dual eligible enrolls in any kind of Medicare advantage plan, including a D-SNP, their Medi-Cal plan match so that if they choose Medicare plan such and such, and there is also a Medi-Cal plan that's affiliated with that Medicare plan, then DHCS will enroll the beneficiary in that related Medi-Cal plan.

Anastasia Dodson:

And this is only in counties where there's more than one Medi-Cal plan choice so not county organized health system counties, because in those counties, there's just one health plan. But when there's a choice of Medi-Cal plans, then we align the Medi-Cal plan to the Medicare plan. Next slide.

Anastasia Dodson:

So this has more details about the 1115 waiver authority. First bullet, you can see, again, aligning the Medi-Cal plan with the Medicare plan choice when there is an affiliated Medi-Cal plan. As you all know, sometimes there are Medicare plans that do not have any kind of affiliation with a Medi-Cal plan. And in that case, there is not an alignment that we're able to make. The next item on a federal authority is again, we're keeping a beneficiary in the affiliated Medi-Cal plan unless, and until the beneficiary chooses another Medicare plan or enrolls in original Medicare.

Anastasia Dodson:

So it's always an option for any Medicare beneficiary, even, especially for duals, they on a quarterly basis can change their Medicare plan or enroll in original Medicare. That Medicare change period is not affected by the 1115 authority, it's just we're saying that once a beneficiary chooses or changes their Medicare plan, then the Medi-Cal plan will follow along.

Anastasia Dodson:

There are provisions in the 1115 waiver for an immediate Medi-Cal plan disenrollment for urgent or medically necessary beneficiary needs. We do not anticipate that provision would be needed very often because dual eligible beneficiaries receive most of their health care benefits through Medicare. And Medi-Cal most often is as essentially for paying part B premium or any cost sharing and the Medi-Cal benefits that beneficiaries receive for the most part, not exactly, but for the most part are very similar across the Medi-Cal plans.

Anastasia Dodson:

And the Medi-Cal type of benefits that duals get again, are long term care, other long term services and supports, some types of transportation and then some types of DME. But for dual eligibles, as you all

know, Medicare covers hospitalization, primary care, prescription drugs, et cetera. The next bullet, beneficiary communications. So the provisions in the 1115 waiver require DHCS in our beneficiary communications in CCI counties explain the benefits of enrollment in integrated care which is what we have been talking about with our exclusively aligned D-SNP model.

Anastasia Dodson:

And in all counties, the federal waiver requires us to provide communications with Medicaid and Medicare plan alignment, explain the opportunities, the process and timing for changing Medi-Cal plans so that we want to make sure that beneficiaries can understand if they are in a matching plan with their Medicare and their Medi-Cal plans matching then exactly how do they make a change?

Anastasia Dodson:

And so we have existing beneficiary materials, but we are taking another look at those and making sure that we're meeting these federal requirements to properly explain the opportunities and the process and the timing. And then the 1115 waiver requirements also require the state to maintain our Medi-Cal continuity of care requirements. And again, this is where the federal government, because they are approving our ability to align a Medi-Cal plan with the Medicare plan choice, they want to make sure that we have the continuity of care requirements in place so that if a beneficiary, for example, with some type of DME issue or long term care issue and they change into a different Medi-Cal plan that matches their Medicare plan, they want to make sure that those continuity of care provisions are in place.

Anastasia Dodson:

So we're certainly going to be continuing those continuity of care requirements. Those are existing policy as it is, but in a nutshell, these are sort of the pieces that are in our newly approved 1115 waiver. The other piece just that's pointed out in the STCs is that dual beneficiaries can change their Medicare plans once per quarter from January to September, and then also following the annual coordinated election period. So as we think about this and it's sort of a reminder in the STCs that the Medicare calendar per se, especially for duals is then sort of taking the lead for dual eligibles to determine then if they want to change their Medi-Cal plan, then they should look first to the steps to change their Medicare plan and then we will automatically align their Medi-Cal plan with their Medicare plan.

Anastasia Dodson:

All right, next slide. So again, there are related state policies that fit in with the 1115 waiver. So in 2022, our current year and ongoing, there are currently 12 matching plan counties, and again, thank you all for being so patient with our sort of technical terminology here, but in these 12 matching plan counties which you can see on this slide are listed there below, the Medicare plan choice determines the Medi-Cal plan at the prime level. And sorry to throw a little more jargon in there, but in certain counties, for Medi-Cal, DHCS contracts with health plans and then those health plans may then subcontract to other health plans or other provider groups and those are their delegates.

Anastasia Dodson:

So, again, sorry for the technical piece here, but this is at the prime level and particularly in Los Angeles County, there's a number of delegation arrangements, so that's why we want to specify this is at the prime level right now for these 12 counties. If a beneficiary chooses to enroll in a Medicare plan, then their Medi-Cal plan will follow along and match what they choose for their Medicare plan. And, again, in Los Angeles and other counties, because there are delegate plans, then we're saying this is only at the prime level right now because if someone chooses a Medicare plan that is affiliated with a delegate, we

do not currently perform the matching at that delegate level.

Anastasia Dodson:

So there are certain affiliations that we have in our system, but we will be providing more inform on our website about how all of this works and certainly for Los Angeles County, we know that there are maybe some questions about how the different plans align with the delegate level. But for now, we want to keep this discussion today just at the high level. So in these counties, these are not County Organized Health System counties, these are counties where there's two or more choices for Medi-Cal plans, and again, Medicare choice drives the Medi-Cal plan in these counties.

Anastasia Dodson:

In 2023 and going forward, in the CCI counties, which as you may know, are a subset of these 12 counties, the Medi-Cal plan alignment with Medicare choice will extend to delegates with full risk. So if there is a health plan, for example, the prime plan in Los Angeles, Riverside, San Bernardino, San Diego, any of the CCI counties, Santa Clara, then if there's a delegate plan that has a Medicare plan, then that alignment will happen at the delegate level as well. So, again, I apologize, I know this is very technical topic and technical discussion, but we want to try to just share this information and then we are working on building a webpage for the DHCS website that will provide all of this and of course, we will post the slides and provide information so you can see specific examples of how this works. Next slide.

Anastasia Dodson:

So, again, these are some of the same language that we shared back in the spring. Medicare is the lead plan, duals who are enrolled in a Medicare product, must be enrolled in a matching Medi-Cal product if one is available. And again, this is in those 12 counties. Next slide. And this is a graphic that we showed, I think, in the spring. And sometimes, people, it's easier to see in a graphic, but you can see on the left side that company A, Medicare D-SNP, for example, then in one of the 12 counties, if there is a related affiliated Medi-Cal plan, then the beneficiary would be enrolled in that matching or aligned Medi-Cal plan.

Anastasia Dodson:

The scenario on the right, this is where there could be a D-SNP that does not have an affiliated Medi-Cal plan and in that case, the Medi-Cal plan would not need to match, but it really depends, because there are many more Medicare plans for the most part than Medi-Cal plans, there are some Medicare plans, D-SNPs or regular MA that do not have an affiliation with any Medi-Cal plan. And so there could be a non-alignment and that is permitted and that happens in our current scenario, current policy. So either of these outcomes are possible, but only if company B on the right that company B Medicare plan does not have an affiliated Medi-Cal plan.

Anastasia Dodson:

All right. Next slide. So I see there's questions in the chat and I hope we can do an adequate job of answering your questions, but I'll ask your patience as it may be that once we have the materials, a new webpage posted, then that will answer more of your questions, but we will do our best right now.

Hilary Haycock:

Great. So the main question that came in through the chat was just about the slides which will be available in the next couple of days on the website we provided in the chat. That question was from

Tatiana. We know that HICAP are very interested in this and I believe we'll be doing some separate and targeted trainings for HICAP leaders in the spring.

Hilary Haycock:

A question from Jan Spencley in San Diegans for healthcare coverage in San Diego. If someone is in a United Medicare Advantage plan, will you now allow them to enroll in United Medi-Cal? This has not been allowed. You allowed the beneficiary to select that matched... Maybe that's a separate question, the matched delegate plan, but a question about enrolling in United MA and United Medi-Cal.

Anastasia Dodson:

I see. I don't know if Stephanie Conde is on, but the principal, if the beneficiary chooses a Medicare plan that's a prime Medi-Cal plan, if it's a prime Medi-Cal plan, then in San Diego, it should already align and that's where I have to check with our operations team if there's some reason that's not already happening. But in San Diego County, and my understanding is that those are prime plans, and if it's a Medicare Advantage plan and a Medi-Cal plan that are affiliated, in San Diego County, that should already be happening so.

Stephanie Conde:

Good morning. Hi, it's Stephanie. Hi, good morning folks. Yeah. United, we know and have heard this question before in a station when United became a new plan a few years back, there was some logic set up based on the department in United and working out agreements, and so we're looking into that. We know there's that question out there and we will be responding to folks shortly, but we have heard that question and thanks for asking, we'll follow up.

Hilary Haycock:

Great. So a question about if we will allow the beneficiary to select the matched delegate plan.

Anastasia Dodson:

Could you repeat that again, Hilary?

Hilary Haycock:

The question is just will you allow the beneficiary to select the matched delegate plan?

Anastasia Dodson:

So right now, for a Medicare plan that is affiliated with a Medi-Cal delegate, we don't require the delegate to match, but there is a way for the beneficiary to select that delegate and here, Stephanie, if you want to chime in here.

Stephanie Conde:

So sorry, is the question for current?

Hilary Haycock:

For current.

Stephanie Conde:

It's for current? So just exactly what Anastasia said right now you select the prime plan and then our prime plans who are contract with the department, ensure that beneficiary gets to the delegate model. And, but to Anastasia and I think you said that there is not the matching requirement on the delegate level now, but in 2023, that will change.

Hilary Haycock:

A question about whether enrollment in a Medi-Cal plan will continue to be automatic.

Anastasia Dodson:

In the CCI and COHS counties, Medi-Cal Managed Care is mandatory, so that is overlay. And then right now in the non-CCI, non-COHS counties Medi-Cal managed care is voluntary. So again, that's sort of the overlay for those counties that changes in 2023 and then statewide Medi-Cal managed care is mandatory in all counties in 2023. So that's part of the landscape and Hilary, is that getting to the response for that question?

Hilary Haycock:

I think so. And so where it's mandatory, there's that automatic enrollment into a Medi-Cal plan though, obviously members get the choice packet and have the opportunity to make a different choice if they want. A question about what happens to those with a Medi-Care plan, where there is no affiliated Medi-Cal plan. So also thinking ahead to those GMC County reductions. So I don't know if we want to go back up to that, the little visual.

Anastasia Dodson:

Right. Let's go to the slide there. So again, on the scenario on the left, this Medicare plan has an affiliated Medi-Cal plan, or there's an affiliation between the two plans. And so we match the Medi-Cal plan to the Medicare plan. On the right, the Medicare plan does not have an affiliation with any Medi-Cal plan. So in this case, the beneficiary, of course always you have, there's a choice on the Medicare plan. And if the beneficiary chooses a Medicare plan that does not have an affiliated Medi-Cal plan in that county, then the beneficiary, if they're in a mandatory Medi-Cal county, then they can choose any other Medi-Cal plan. And then if they're in non-mandatory, then they do not need to enroll in a Medi-Cal plan anyway.

Hilary Haycock:

So follow up question was about the COHS counties. And so that misalignment is likely in a COHS county where you choose a Medicare plan that is not affiliated.

Anastasia Dodson:

Right. And that could certainly happen in any county, but yes, in COHS counties, there's the state requirement on the Medi-Cal is for COHS county, is that all Medi-Cal beneficiaries are enrolled in that same COHS plan, there is some delegation often in COHS counties as well. But for 2022, we are not doing any mandatory alignment on the delegate level. So right now in a COHS county, there's no change on the Medi-Cal side to match the Medicare plan. In 2023, in the COHS counties that are CCI counties, which is San Mateo and Orange, then we will be implementing an alignment at the delegate level. But I'd say let's save that conversation for another time.

Hilary Haycock:

A question from Carrie Madden, with the CALIF ILC, about how after CCI. Duals were required to have a Medi-Cal plan for their Medi-Cal Health Services like DME, but were able to see their Medicare doctors and Medicare fee for service are not through a Managed Care Plan. There's a question about, will that option continue?

Anastasia Dodson:

Yes. So this aligned enrollment, the 1115 STCs really relates to the Medi-Cal plan alignment. It has no impact on the choices on the Medicare side, Medicare choice either among Medicare Advantage plans or original Medicare fee for service Medicare, that's unaffected by the 1115 STCs and by this matching policy. So Medicare choice continues as it is with the time periods and available plans by county and always original Medicare fee for service continues to be available.

Hilary Haycock:

A question from Tatiana about non D-SNP Medicare advantage plans. And so for example, there might be retirees and a Medicare advantage plan connected to maybe their employer retirement. And so can you talk to, does the matching also count for non D-SNP Medicare advantage plans?

Anastasia Dodson:

Yes. And Stephanie's team tries very hard to keep up with whatever the Medicare plan are and make sure that if there is any match, if there's any affiliation between any of the Medicare advantage plans, not just D-SNPs, but Medicare advantage, if there's an affiliation there, then they make sure that the system knows what that affiliation is and then matches the Medi-Cal plan to the Medicare plan.

Hilary Haycock:

Might be a question for Stephanie. A question about what the effective date of the Medicare Advantage plan, will the effective date of a new Medicare Advantage plan enrollment match the effective date of the new matching Medi-Cal, or would there be a delay between enrollment in the Medicare advantage plan, and then moving into the matching Medi-Cal plan.

Stephanie Conde:

A good question. We're figuring all that out right now and the downstream effects to our managed care plans, both on the Medicare and Medicaid side. It won't always match up exactly. Just based on choice period, beneficiary calls in to maximize our health care options and makes that choice. That is not always going to align up with their D-SNP transaction, but we are doing our best right now to ensure it's very close. And so we're updating our systems and our logic in order to align with exclusively align enrollment, because we know that's very important.

Hilary Haycock:

So today there is a little bit of a delay in how the system works. We're moving forward to minimize that delay, moving forward. There's a question about in LA county, it seems like there are folks that don't have matching plans, even though their Medicare plan offers a Medi-Cal plan. And so there's a question about like, how that works and will, will those folks get moved in future years? And this might be a delegate.

Anastasia Dodson:

Sounds like a delegate question. And right now for 2022, there again, our operations team Stephanie's team is mapping of which plans at both the prime and the delegate level. For Medi-Cal, have an affiliation with any particular Medicare plan. And this, I think will become clearer as we put more information build out a webpage that explains all this, but basically they can see, okay, if that Medicare plan has an affiliated Medi-Cal plan, that's a delegate, then they know what prime plan to put the beneficiary into at the Medi-Cal level. So we match DHCS matches at the Prime Plan level, and then the Prime Medi-Cal plan should go ahead and, honor the beneficiary's choice at the Medi-Cal delegate level.

Hilary Haycock:

There's a question about whether Health Care Options will be the enrollment agency for Medi-Cal managed care plans.

Anastasia Dodson:

Our Health Care Options, they're the branch of DHCS that does the Medi-Cal enrollment. I think that was the question.

Hilary Haycock:

And non-COHS counties and COHS counties, the plans do that. So broad question about whether Medicare eligible VA beneficiaries play into the CalAIM program.

Anastasia Dodson:

There's no specific exceptions on our matching or aligned enrollment policy based on whether someone is in the VA system or a Veteran. I know that we had certain exceptions for Cal MediConnect enrollment if someone's in a Veteran's facility, but I don't think that impacts the Medi-Cal plan selection process. So I think that two separate issues.

Hilary Haycock:

There's a request to have a chart by county that specifies the type of county and the options available to beneficiaries. That sounds like a great suggestion to take under when developing that website.

Anastasia Dodson:

Great.

Hilary Haycock:

So then we have some questions that aren't really specific to the matching, but are a little bit broader, so we can go through those Anastasia's or we can.

Anastasia Dodson:

Yeah, let's see. Question from crossover claims, questions on SNFs. It's easier from me to go from shortage of providers who accept Medi-Cal again, balance billing, right? That's on our list of issues. And again, there's current policy that should not be balanced billed. So we, if there are particular instances of that occurring, let us know. And if the balance billing request is coming, it should not be coming from a Medi-Cal plan. If that's happening, please let us know. We want to minimize that from the Medicare side

from providers. So, but sometimes we're not able to control that on the Medicare side, but with exclusively aligned in enrollment, moving this again, the policy authorized under 1115 should help to minimize that because even in non CCI counties, if it's the same organization that has both the Medicare and the Medi-Cal piece, they should be able to share information and know, and work with the provider to say, this beneficiary has Medi-Cal and the Medi-Cal plan takes care of copays, and there should be no balance billing.

Anastasia Dodson:

So just keep us posted if you hear about that happening and we'll try to make the right policy. And then if it's within our sort of authority to talk, if it's a Medi-Cal plan, we will talk to them. And I see the question about CCI plans compliance with Medi-Cal regulation and related to skilled nursing facilities. I think we, I don't know that we have the right folks on the phone for nursing facility topics today, but we will pass that along to our folks who are working on that topic. And then Hilary, what's the next one, or did we get through them?

Hilary Haycock:

There's a question about whether we added automation of crossover claims to the SMAC contract.

Anastasia Dodson:

We are looking at that in conjunction with the work that we're looking at for the long term care carve-in. Good question. When we get to the next part of this agenda, would be glad to talk a little bit more about that.

Hilary Haycock:

There's a question about sort of billing and whether billing under these plans would be to the health plan or to the IPA, there's some confusion about billing and delegation. I don't think this policy changes any of that.

Anastasia Dodson:

Again, if there's something going on with a Medi-Cal plan, that they are not doing whatever is needed to prevent balance billing, of course, that's, we want to know that and we want to address that. Sometimes providers may not be aware of Medi-Cal eligibility or the Medi-Cal plan, but hopefully this aligned enrollment helps to reduce that type of scenario.

Hilary Haycock:

It sounds like there's a comment from Lydia Missaelides, Alliance for Leadership and Education about just wanting to make sure that we're keeping continuity of care for CBAS participants in mind through these types of transitions.

Anastasia Dodson:

Hopefully this is reassuring. This is a continuation of an existing poll. So we have this aligned enrollment. Already, it's been programmed into our systems for a number of years. So there shouldn't have been any change starting in January 2022, as far as the information that beneficiaries are receiving or the process that happens and if they select a Medicare plan. So for CBAS, if there is an issue already that existed prior to 2022, it may still be going on that we'd like to know about to address,

but I don't think it would be related to this 1115 aligned enrollment policy.

Hilary Haycock:

Rick has had his hand up for a little bit, go ahead and ask him to unmute, and then we might move on to the next topic. There we go.

Rick Hodgkins:

Yes. I'm on my phone today because I could not get Zoom to work on my computer to join. So I prefer to ask this question verbally. I hope that the state is not mandatorily telling people, dual eligibles, that those, that qualify for both Medicare and Medi-Cal to be in what is called "GMC," that which stands for Geographic Managed Care. Do you really think Geographic Managed Care makes total sense for everybody because, I just don't think, I agree with managed care as a way to provide managed long term services and supports, I get ILS services through regional center, and I get both regional, both IHSS and regional center services are carved out of CalAIM.

Rick Hodgkins:

And the other thing is as our employment services for the developmentally disabled, and I just don't think that Geographic Managed Care is going to work for everybody. Especially if we're going to implement managed care statewide, the plans should be the same, no matter where you go in California. And also I've a question about the CQS that, which stands for Comprehensive Quality Strategy. I plan to submit comments on that because everyone has a week to submit the comments. I received an email on the tail end of last month about that. So thank you.

Anastasia Dodson:

Thank you, Rick. And to the first part of your question about Geographic Managed Care on the Medi-Cal side, I understand you're asking about the changes that are coming again on the Medi-Cal side in 2023 for Sacramento County, that where dual eligibles will be mandatory enrolled in a Medi-Cal Managed Care Plan. There is no requirement. There's no mandatory requirement for managed care on the Medicare side. There is no change in that Medicare enrollment option or policy on the Medicare side for any counties in 2023. It's just that on the Medi-Cal side, that's where all beneficiaries, including dual eligibles will need to enroll in a Medi-Cal Managed Care Plan. But most of the benefits that you receive as a dual eligible on the Medicare side, that's where you get most of your health benefits. And you're absolutely right. IHSS and Regional Center Services are not affected by Medi-Cal Manage Care plans, same providers, same delivery system, regional center, and IHSS, regardless of Medi-Cal managed care.

Anastasia Dodson:

So there should be no disruption for IHSS, no disruption for regional centers, no disruption for Medicare providers. The only change in 2023 would be, you would have a choice and then you would need to select a Medi-Cal Managed Care Plan. And that would be covering your part B premiums, copays and parts of like durable Medi-Cal equipment and other benefits, and nursing home benefits. But again, we're working to make sure there's will be no interruptions and there'll be continuity of care for any Medi-Cal benefits. So, sorry, that was a long answer, but I hope that helps.

Anastasia Dodson:

The second part of your question around the quality strategy is we really, really welcome your

comments on that. And we have noted that we will be looking at doing a supplement in the coming year or so for long-term services and supports because we know that there's a number of measures that have been discussed and considered around long-term services and supports and we do not have them in the current quality strategy. But the reason for that is, again, there's been quite a lot of discussion and debate at the federal level. And we don't have a developed list of LTSS quality measures that we think are ready to publish right away and send into the Federal Government. But we will be working with you all for stakeholder input on long term services and supports measures in the coming year.

Hilary Haycock:

Thank you so much. Anastasia. Just do maybe one or two more questions, and then I know we've got a number of other presentations, we want to make sure we make time for. So question, if there will be a requirement for health plans to standardize billing codes and follow of Medi-Cal timely filing guidelines.

Anastasia Dodson:

I'm not sure if that's related to balance billing, but we have existing requirements in Medi-Cal for prompt payments. I see the question is from Debbie Wickersham. Is there a particular provider type or billing issue? And we may not be able to answer it here honestly on this call, but any more specifics you can provide that would be helpful.

Hilary Haycock:

There's question of whether duals can stay Medicare fee for service and do not have to select a Medicare advantage or D-SNP plan for their Medicare benefit indefinitely. And in those cases, the standard default assignment would apply for their Medi-Cal Managed Care Plan.

Anastasia Dodson:

Hilary, I think it sounds like that question was about Medicare choice and enrollment, that does not change at all. There's continues to be the choice for Medicare beneficiaries to stay or move over to original Medicare, Medicare fee for service, or to choose a Medicare Advantage Plan, which includes a D-SNP. And for duals, there's certain time periods that the Federal Government allows for changing plans or dis-enrolling out of a plan and that's not impacted by the 1115 waiver STCs.

Hilary Haycock:

And then just one last question on balance billing from Tatiana, which is that up till now providers are not contracted with Medi-Cal were allowed to balance bill. That is not my understanding.

Anastasia Dodson:

No. I don't know if there's some very narrow scenario for a particular type of benefit, that's not covered by Medi-Cal, but as far as I know, I can't think of a scenario where that's permissible. So just in general, no balance billing is not permitted for duals. I don't know if there's, like I said, a particular narrow type of benefit that's not covered by Medi-Cal. I can't imagine what that might be though.

Hilary Haycock:

Well, it sounds like there a lot of questions on crossover claims of billing that I don't think are going to be able to resolve today, but maybe we'll pull all those together in a station. Take those back to the department.

Anastasia Dodson:

Sounds good. And you know what, this is the perfect topic to have in this particular stakeholder group. So when we get to the end of the slides where we talk about future topics, sounds like we need to add this.

Hilary Haycock:

And I will say as well, I don't know if somebody can throw it up in the chat. We do have some resources in the Coordinated Care Initiative Provider Toolkit. There's some information there on balance billing rules with some citations. So maybe I'll have someone from the team throw that in the chat. It's a user friendly document for folks to reference. Great. All right. Well thank you to everyone for wonderful questions, very robust discussion, and let's maybe move on to our next topic.

Anastasia Dodson:

Okay. So this is pretty much a totally different topic in our minds, at least because it's not about eligibility or enrollment. It's about once someone is enrolled in a D-SNP, what are the requirements that the state has for that particular D-SNP and what rules the plan needs to follow? So again, lots of acronyms here, the State Medicaid Agency Contract, the SMAC. We have talked about that before, but the SMAC is an agreement between the state and the D-SNP and for a Medicare plan to be a D-SNP, they must have signed contract with the state and that contract is a SMAC. And then we're also going to talk about a policy guide related to D-SNPs. And that is something new that we have developed in the last couple of months. Next slide.

Anastasia Dodson:

So, first of all, the existing D-SNP, SMAC for 2022, that's the current calendar year, the current contract year that we're in, that SMAC contract language is posted on the DHCS website. And we can put that link in the chat, and in fact, we have the 2021 SMAC also posted on the DHCS website. So we will continue as new versions of the SMAC are finalized. We will post them on the DHCS website. Then for the 2023 SMAC, that is what we are currently developing. And in previous meetings last spring and over the summer, we had talked about putting specific provisions in the SMAC for 2023, so that we could make sure that all of the good policies we developed through Cal MediConnect would still be in place for our D-SNP exclusively aligned enrollment plans. And we have been doing that.

Anastasia Dodson:

We have been working on different pieces of language to put in the 2023 SMAC and thinking about what provisions need to apply to aligned D-SNPs. If there would be different provisions for D-SNPs that are not exclusively aligned, that is D-SNP that are in non-CCI counties. And also certain D-SNPs in CCI counties that don't have an affiliation with a Medi-Cal plan. So I know a lot of that is very technical, but as we have been developing the language for the SMAC in 2023, we've realized that it would be better for us to have a more detailed document that we can update more frequently than just once a year, and that we can publish sooner. So we have published a D-SNP policy guide that provides more details and provides them sooner to the health plans so that they don't have to wait for the SMAC language to be finalized for certain provisions.

Anastasia Dodson:

So this policy guide approach is similar to what DHCS has done for our Enhanced Care Management and community supports initiatives, where program guides have been issued by DHCS. And so the first

chapter for our D-SNP policy guide was released on December 30th. And that first chapter is about care coordination. And the reason that we chose that chapter to go first, certainly it's related to the importance in this whole endeavor for exclusively aligned enrollment in D-SNPs, but also because for the Medicare plans, they have certain deadlines where they need to submit information to the federal government about their career coordination approach. And we need to make sure that they had that guidance on what needed to be included as early as possible. And we're going to talk about the policy guide a little bit more in some of the upcoming slides, but let's talk a little bit more now about the SMAC. Next slide, please.

Anastasia Dodson:

So at the very high level, the next couple of slides are going to go through the categories of topics that will be included in the SMAC. And again, we're thinking about the policy guide as a way to get information out sooner or get it in a much more detailed way than we would normally put in SMAC. So you can see on this slide, the first category is care management and for exclusively aligned enrollment, those types of D-SNPs, we have very similar to Cal MediConnect care coordination guidance, and then we also have information sharing requirements that we are still working on, but that care management section is, we have policy guide information there, but that's one of our very important sections, care management. For the non-exclusively aligned D-SNPs, we don't expect to have the same degree of care coordination requirements, but certainly we want to encourage non-exclusively aligned enrolled D-SNPs to follow that guidance, but it may be challenging if a beneficiary is not in the same plan for Medi-Cal as they are for Medicare.

Anastasia Dodson:

So certainly more challenging to coordinate if they're in different plans for Medicare and Medi-Cal. And that could happen with a non-exclusively aligned D-SNP. Quality and data reporting, we are going to be working and sharing with all of you and getting your feedback on quality measures and data reporting. So we'll be putting new language in the SMAC there. At this time, we're not planning to necessarily include some of the quality and data reporting for the non-exclusively aligned D-SNPs because we don't necessarily have the same vision for policy for those types of plans. And frankly, it's a little more complicated for us to think about how those plans are able to get the same data or information on beneficiaries. A consumer advisory committee, similar to Cal MediConnect, we'll plan to put language in for exclusively align D-SNPs. And then just a technical piece references to all plan letters, we will update those. Next slide.

Anastasia Dodson:

I don't know if my screen or others is frozen. Thank you. Okay, great. And then coverage area in eligible beneficiaries. For both types of plans, we're going to reference full benefit duals. Not to get too into the weeds on that, but full benefit duals on the Medicare and the Medi-Cal side. Certification and enrollment reporting, additional guidances coming there. Member billing prohibitions, we have language that we could include, but do we want to include stronger language? Sounds like that'll be a good upcoming discussion. And then provider network reporting requirements, we are working on that and we're actually going to have some additional slides on that later in this meeting. Continuity of care, etc. All right. Next slide.

Anastasia Dodson:

We're going to go through then the policy guide piece of this, and then we'll open it up to questions. So on the D-SNP policy guide, which again, was recently published and we just have chapter one right

now, but we will have future chapters. This policy guide is intended to apply to all D-SNPs and then certain provisions for exclusively aligned D-SNPs will be indicated. It includes care coordination section right now, based on the Cal MediConnect requirements. And then as you look at that document, you may see it's not just a copy and paste from Cal MediConnect, but we have also added changes based on the feedback that you all have provided. The care coordination section is going to be used by exclusively aligned D-SNPs in developing their policies and procedures. And then we're going to add subsequent chapters in the coming months. Next slide. Okay. So then questions on the SMAC for the D-SNPs policy guide.

Hilary Haycock:

Great. We have a question from Andy Perry about the relationship and alignment between the D-SNPs and ECM and Community Supports, how those two pieces will fit together.

Anastasia Dodson:

Right. Great question. And that is something that we have gotten questions on before, and it's something that we're going to be working out in the coming months. You're absolutely right. Someone who's, let's say been hospitalized or is in a skilled nursing facility, other types of beneficiaries who have more intensive care needs could be good candidates for ECM, but how does that work between the Medi-Cal plan and the D-SNP? And so we are working on that policy and hopefully in the next few months, perhaps, by May or June, we'll have more information about that.

Hilary Haycock:

A question from Susan LaPadula about the SMAC specific timeline with deadlines for implementation.

Anastasia Dodson:

Great question. So technically, the SMAC is updated once per year and it is updated. We'll try to have it finalized around, let's say early April, mid-April of each year, in order to have it signed and approved by the end of June, early July, and effective January 1st of the next year. So right now, there is a SMAC that's effective for 2022 contract year. And we worked on that SMAC and finalized it last March and April, and then it was signed by all the plans and the state in May and June.

Anastasia Dodson:

So right now, we are working on the SMAC for 2023, and we will try to finalize the language in the SMAC by March, April, have it signed off, but the policy guide does not have an absolute deadline as to when we need to change it, finalize it for 2023. Of course, we want to be realistic if we put in some new requirement, we publish it in November of '22, and we expect the plans to implement in January of '23, that may not happen. They may not be able to turn things around that quickly. So we want to be mindful of how realistic is it, but we're not stuck with a once per year final document because of the policy guide. So the policy guide is more flexible.

Hilary Haycock:

Rick, it seems like you've got your hand up again, so I will go ahead and unmute you if you have another question or comment.

Rick Hodgkins:

I am nervous about one thing. Thank you for your previous question about Medi-Cal and dual enrollees having to enroll into a Medi-Cal Managed Care plan come 2023, will those Medi-Cal-managed care plans, be GMCs, Geographic Managed Care, because that's what I'm uncomfortable about. Thank you.

Anastasia Dodson:

Thanks, Rick. In Sacramento County and San Diego County, the Medi-Cal model is Geographic Managed Care, and we are not intending to change that model for '23. It's been a number of years that at Geographic Managed Care has been the approach in Sacramento and San Diego counties. And what we are focused on at DHCS is making sure that we have the appropriate language in the contracts with those managed care plans. And then we hold the health plans accountable for those contracts of requirements. And then we monitor them for quality and report on the results of those quality measures. We have, I believe, it's quarterly reports, maybe monthly on our Medi-Cal-managed care plans that we publish as well as there are annual reports that we use outside contractors through all of our different quality measures for our Medi-Cal plans. And we publish those results. But Geographic Managed Care, it primarily just refers to the number of plans that beneficiaries can choose from on the Medi-Cal side. We still have strict standards that Medi-Cal plans must meet, regardless of Geographic Managed Care [inaudible 01:06:41] for two plan model. And thank you for asking that question.

Hilary Haycock:

There is a question about the consumer work group being part of this. And so we did mention that there is a requirement for consumer participation in D-SNP governance or advisory boards.

Anastasia Dodson:

Right at the local level. So each Cal MediConnect plan already has that type of consumer group. And so we just want to continue that type of requirement as Cal MediConnect plans transition to exclusively align D-SNPs.

Hilary Haycock:

All right. Randy, I'm going to unmute you in case you had a follow-up with that.

Randy Hicks:

We had a big thing about Cal MediConnect consumers then. And one of the things that happened was the senior community said, "Yes, we will do Cal MediConnect." And the disability community said "no" because of the fee-for-service position, because they wanted to keep their fee-for-service position. In the contracts that you guys are going to come up with, I realize some people are going to go into managed care, but how do you guarantee that the people who have their fee-for-service position can be part of Cal MediConnect. It was the biggest sticking block that I learned from most of the consumer groups that I learned from. I'm on Kaiser myself. And we thank you for Sacramento County and San Diego County for holding it together there. But for the other counties and rural hospitals, they want to keep the position that they have. And that was the biggest stumbling block. They had a Cal MediConnect, and I just wanted to know if you guys have addressed that and how you're going to work with that?

Anastasia Dodson:

So Medicare choice is not affected by the D-SNP policy that we're working on. Just like in Cal MediConnect right now, beneficiaries can choose to enroll in a Medicare Advantage Plan, they can

enroll in a PACE plan, and they can remain enrolled in Medicare fee-for-service or original Medicare. That change is not impacted by the D-SNP policies that we're looking at. So Medicare choices remain regardless not impacted by our 1115 waiver, not impacted by the D-SNP policies, except for the fact that we hope we're making the D-SNP exclusively aligned enrollment a better option than the D-SNPs exclusively aligned that are not aligned. Hopefully, it's a better experience than Medicare fee-for-service, but we understand.

Anastasia Dodson:

There may be situations for beneficiaries where they have a certain array of providers, and either that array may not be available through the plans that they have available to them for Medicare or there's some people in certain parts of the state that Medicare managed care is still under development. But we think that in integrated care option can be a great option for people to not have to navigate the ins and outs between Medicare and Medi-Cal on their own that having the health plan to help with that is a good choice, but we're not forcing anyone to enroll in a Medicare Advantage Plan, we're not forcing anyone to enroll in Cal MediConnect, we're not forcing anyone to enroll in a D-SNP. So I hope that helps, Randy.

Hilary Haycock:

Great. There's a question from Jan Walsh about broker and the new implementation for D-SNPs. So any questions about, are there guidelines or additional training or certification going to be required for brokers?

Anastasia Dodson:

I think that sounds like a good question and topic for either maybe a follow-up group or a separate discussion. I don't think we have any intention to negatively impact brokers, but there may be some implications that we hadn't considered, so. Glad to have further discussion about that. And we certainly recognize that we want brokers to be fully aware of all of the different options that people have and what integrated care means and what integrated care options there are for duals, so. Happy to have further conversation with you about that.

Hilary Haycock:

It looks like Rick has his hand up again, follow-up question.

Rick Hodgkins:

I have a follow-up to my last question. So if the Medi-Cal Managed Care plan that I choose, if it's geographic, does that mean that I must stay within my county because, keep in mind, I'm a Medicare patient. And in addition to seeing doctors at UC Davis, I also have specialists at the University of California San Francisco. As of 2020, I included Stanford because I needed to seek a second opinion with regards to the retinal condition I now had going five years now. So I hope this doesn't mean that it will be illegal for me to go out of Sacramento county if I need to continue to see those specialists, because that's important to me. Remember, Medicare as well as Medi-Cal now, I'm not just Medi-Cal.

Anastasia Dodson:

Right. And it sounds like the specialists that you're seeing, you're seeing them under the Medicare program. The Medi-Cal change for '23 does not impact your Medicare choice or your Medicare providers. The Medi-Cal change is only because as someone who is dually eligible, who has Medicare and Medi-Cal, your Medi-Cal basically just serves to pay co-payments premiums, make sure that you

don't have any out-of-pocket, but your Medicare choices, your Medicare providers, those are not impacted by the Medi-Cal plan. But one thing, what you're bringing up is a very good point though, to make sure and what other people have been bringing up as far as the coordination so that your Medicare providers know what your Medi-Cal plan is and making sure that you don't get bills for co-pays. And that's something we will definitely keep working on and communicate in the coming months with the upcoming team.

Rick Hodgkins:

Great. Thanks.

Anastasia Dodson:

Thank you.

Hilary Haycock:

I am not seeing additional questions or comments come through the chat. No other hands are raised. So maybe we can move on to the next or close out for this morning.

Anastasia Dodson:

All right. I think-

Hilary Haycock:

Next topic.

Anastasia Dodson:

Yes. And very briefly, because these are big topics and this one continuity of care and network alignment, we're not going to be able to go through every piece of it, but I wanted to preview a little bit. And then again, it's a little bit weedy, but want to make sure you're all in the loop and then we can talk about it more in February. And hopefully by February, we'll have very specific written policy. So next slide. Continuity of care is when someone has been seeing a set of providers and then there's a change in their health plan. And then on the Medi-Cal side, at least we have existing requirements to make sure that if someone's Medi-Cal plan changes or they go from fee-for-service Medi-Cal to managed care that they can continue seeing those same providers that they were already working with. For Cal MediConnect, we had a policy and we have a policy continuity of care related to Medicare, and we are intending to use that same Medicare Continuity of Care policy for our D-SNP exclusively aligned enrollment contracts.

Anastasia Dodson:

That's just the high level. I'm not going to go into more details here, but that's a preview of the policy that we are looking at and we will include the specific requirements. Again, looking at what do we have right now in Cal MediConnect and how can we translate those continuity of care requirements into our D-SNP exclusively aligned enrollment contracts, the SMAC, or the policy guide. And we'll have further discussion at future stakeholder meetings, but we think this is a really important policy for the people who are already in Cal MediConnect. And as they move over to a D-SNP, we've talked about in the past, there's kind of an automatic process for people who are in Cal MediConnect, they don't need to do anything. They'll be automatically moved over to the D-SNP. That's the same plan as Cal MediConnect,

but we want to make sure that they're maintaining access to that same network and there's no snags there so that we will be talking about that more in a future meeting, but want you to know that's our intent.

Anastasia Dodson:

And then a related topic is around network requirements. So CMS sets Medicare network requirements. There's a process that the plans go through with CMS to demonstrate certain requirements are being met as far as the number of providers, types of providers, how close they are to beneficiaries. That's the CMS policy area, but for DHCS, we want to look at that D-SNP network and then the Medi-Cal network for the same plan and how they overlap. We have heard from about other state policies that there may be perhaps a 90% overlap between the number... If you look at the Medi-Cal providers, something like 90% of them are also Medicare providers for the same plan. And so we want to look at requiring a certain threshold and whether it's 90% or somewhere lower or higher than that, we're going to look at some data before we decide what that threshold is and what types of providers are included there.

Anastasia Dodson:

But the purpose overall of that type of policy is to support beneficiaries who are transitioning from Medi-Cal only, and then maybe they're turning 65 and they're becoming eligible to go into a D-SNP, CCI county for example, with the same plan that they've already been in with Medi-Cal. We want to make sure that if that network has a very high overlap, then there should be basically access to the same providers. And of course thinking about continuity of care. But the network alignment there, I think, is one of the best ways that we can support having good transitions for people who are Medi-Cal only as they choose to go into a D-SNP. So we'll have further there at future stakeholder meetings. Next slide. So again, it may not be as helpful for you all since we don't have a lot of detail on this topic, but if there's anything anybody wants to flag on these topics, we're glad to hear it now. Yeah. There may not be as much without the details.

Hilary Haycock:

Just question about a D-SNP contract with medical groups, medical groups may not have the same capacity. Is a network adequacy, I guess, looked at sort of the medical group level of a member's assignment?

Anastasia Dodson:

Yeah. Great question. I don't think that we're planning to look at that detailed level, but we're not sort of excluding any providers necessarily, but we're looking at the medical group level and seeing if that's something that we should consider.

Hilary Haycock:

Randy Hicks has a question, so I’m just gonna unmute him.

Randy Hicks:

Is this going to run through the federal government too? I mean, when you guys start doing this because some people are they're dual eligible. You have to get CMS to do this. Is it going to be a timeline where you have to get a waiver to do this? I'm assuming 1115 or some waiver to do this. And so if I was in a rural county and I was going to be part of this program, what's the timeline between now or between you get CMS or approved this and is CMS working with the state?

Anastasia Dodson:

Right. So the policy that we're talking about here for the most part is about in CCI counties, we're transitioning the Cal MediConnect demonstration to something called a D-SNP with exclusively aligned enrollment. So that means that for that Medicare plan, D-SNP is a type of Medicare plan. All of their beneficiaries are enrolled in with that same organization for both their Medicare and their Medi-Cal benefits. So basically we are requiring in the CCI counties, the Medi-Cal plans to also have a D-SNP. And so it's a very similar approach to what we have already in Cal MediConnect in the CCI counties, but we are transitioning over to this D-SNP approach because that actually is where we've seen growth in other types of Medicare plans, as well as D-SNPs and D-SNP lookalike. So anyway, yes, CMS is very supportive of this approach.

Anastasia Dodson:

It's voluntary on the Medicare side. So we're really looking at just continuing what we have in Cal MediConnect, but now it will be called a D-SNP aligned enrollment approach. And we're working with CMS to do some of the same things we did in Cal MediConnect for integrated member materials, integrated communications with beneficiaries and providers, as well as looking at appeals and grievances, if we can get those integrated or aligned. And again, the overall benefit is that there's one organization that is responsible for care coordination and billing and all of the other administrative pieces, as well as information sharing across Medicare and Medi-Cal and to support the beneficiary and their caregivers so that they don't have as much sort of navigation issues between Medi-Cal and in Medicare. And that we know that certainly is if someone's in the hospital or in a nursing home, other types of complex care that navigating between the two programs can be complex. So that's our expectation is that this approach similar to Cal MediConnect will help beneficiaries and their families navigate between the two programs.

Hilary Haycock:

There's a question about the network alignment thresholds and sort of the provider types and sort of a... Question is how will this serve healthcare for the health plan and for the provider? So I think maybe just to explain one more time sort of what is the purpose of the network alignment?

Anastasia Dodson:

Sure, sure. So again, Medicare Advantage is always voluntary. If someone chooses to, who is a dual, and enrolls in any kind of Medicare Advantage plan, if they have a different Medi-Cal plan, then if they need long term services and supports, those two plans, they may not talk to each other and they can, and we certainly encourage that, but if it's the same organ that manages both their Medi-Cal plan and their Medicare plan, then that same organization can share information, can have the same care coordinator and can communicate with beneficiaries and providers on a sort of unified approach. And so if someone is transitioning out of the hospital and they need long term services and supports, even if it's not Cal MediConnect or exclusively aligned enrollment D-SNP, even if it's just regular Medicare Advantage but it's the same plan on the Medi-Cal side, then that plan should be able to see the information on from both sides, Medi-Cal and Medicare.

Anastasia Dodson:

And there are care coordination requirements, frankly, on the Medi-Cal side that we can leverage to support that dual and provide a better experience and better coordination. But then we have much more strict requirements for those exclusively aligned enrollment D-SNPs, requiring them to send us their

model of care for care coordination. But even without that, the information sharing and the sort of coordinated billing very much possible having the same plan for Medicare and Medi-Cal.

Hilary Haycock:

Very helpful. I think it maybe wasn't clear. I think the question is about the aligned network requirement.

Anastasia Dodson:

I see.

Hilary Haycock:

And the sort of the purpose and benefit of that on the D-SNP.

Anastasia Dodson:

Right, right. So as we think about beneficiaries who are in Medi-Cal only and there's millions of people in California who are get their health care through Medi-Cal. And as those folks approach the age where they'll be eligible for Medicare, then they will need to enroll in Medicare and they will have choices there. But if they are in a county such as a CCI county that has now this D-SNP approach where there's going to... That Medi-Cal plan will also have a Medicare plan, they may choose to stay with that same health plan for their Medicare benefits.

Anastasia Dodson:

But we want to make sure that the Medicare network is that transition is going to be smooth and that we want to see how much overlap is there between the Medi-Cal network that they had access to and their new Medicare network. And we expect it should be very high. Most medical providers with our Medi-Cal plans are also Medicare providers. For the most part plans don't have separate networks for Medi-Cal versus Medicare. In some cases, maybe they have certain providers on the Medicare side, but for the most part, most of their Medi-Cal health providers are also going to be Medicare providers in the same plan, but we just want to have some more assurance of that. So that's why we're going to be monitoring and measuring that.

Hilary Haycock:

Great, thank you. And there was a question about whether Maximus and Health Care Options have roles in this and the continuity of care or network policies.

Anastasia Dodson:

Right. So Health Care Options is our... It's just the name of sort of the branch of DHCS that does enrollment for Medi-Cal. And so, especially in Two-Plan or Geographic Managed Care Counties, beneficiaries can go to the website or call the DHCS Health Care Options and get information about what Medi-Cal plan choices they have. And so, in addition to the Medi-Cal plan information, there's also information that Health Care Options can provide about Cal MediConnect. And then as we move forward with these exclusively aligned D-SNPs in the CCI counties that are taking the place of Cal MediConnect plans, then we also are going to make sure that our Health Care Options that they have information about the D-SNPs. Now there's sort of a limit as to what actions Health Care Options can take for D-SNP enrollment, but we're working on that to be really clear, okay, there's already an existing process for Medicare plans and how someone enrolls in a Medicare plan.

Anastasia Dodson:

So we want to make sure that Health Care Options has a smooth handoff process with those Medicare plans. And that it's very clear what a beneficiary needs to do if they want to enroll in a Medicare plan, if they want to change a Medicare plan, if they want to change a Medi-Cal plan, that is what we are going to be working on over the coming months to make sure all of our scripts and information on the website is clear. And we know the health plans, they want the same thing. Everybody wants the same thing, clear information. So we'll be working together on that.

Hilary Haycock:

Great. All right. Rick has another question.

Rick Hodgkins:

Hi, someone mentioned medical groups. I can't stress this enough that medical groups like the teaching hospitals must be involved in this transition, particularly because a lot of us with disabilities receive our care at teaching hospitals. Turns out that UC Davis Medical Group at this point does not have a contract with any Medi-Cal Managed Care plan. They did have a contract with United Healthcare, but that was four years ago. They had since terminated that contract. So now they're going to have to think about, I don't know, but they need to be involved in this contract. And the last thing, the other thing I want to say is that for people like myself who have providers all over the place, for patients that who have providers all over the place like I do, those providers should be required to talk to one another. If patients work with multiple providers, those providers should be required to talk to each other regards to if they're working with the same patient. So thank you.

Anastasia Dodson:

Thank you. Yes, we agree that... And that is part of the expectation for the Medicare D-SNPs and the expectation we have on the Cal MediConnect plans is that for members who see multiple specialists, multiple types of providers that on under the Medicare and the Medi-Cal plan, that that's what Cal MediConnect and that's what this exclusively aligned D-SNP model should address is having care coordination, having whether it's a single care manager or a team, interdisciplinary care team and a care plan. So that everybody's on the same page about the care plan and making sure that includes caregivers and the patient. And so I could not agree more and we want to hold plans accountable to make sure they're doing what they're supposed to do and make sure that people know that that choice is available if it is in their county.

Anastasia Dodson:

And then your other question, Rick, about including the teaching hospitals in the Medi-Cal transition, we will kind of relay that back to the team that's working on the mandatory Medi-Cal transition for GMC and other sort of non-COHS non-CCI counties. And I have a feeling that we'll figure out what is our... I don't know if it's a single communication to providers, or if it's sort of targeted, we can take a look at that, but we understand we need to talk to providers to make sure there's no confusion with balance billing or anything like that because that could be an implication here.

Hilary Haycock:

Yeah. Tatiana has helpfully put the HICAP phone number in the chat. HICAP is another great resource for folks interested in better understanding on the Medicare side, moving through your options, thinking through finding medical groups, et cetera. So thank you Tatiana for putting your contact information in

the chat. That's super helpful. Great. And just a second from Susan LaPadula about the importance of teaching hospitals to access for care. All right. I think those are all of the comments and hands raised that we've gotten on this topic. We can maybe move on. Next slide please. Great.

Anastasia Dodson:

Yeah. So I think this is the sort of range of future topics, but of course we heard about crossover billing today and so we'll make sure we add that. We want to make sure that we're timing things for the next meeting around what might go into the policy guide next. So I would think that continuity of care and network requirements would potentially be our February topic as well as quality reporting. And that would give us a chance to go to breakout groups. But just to be honest, we are kind of running as fast as we can to develop these requirements. And so we'll have to see what can we queue up timely for the February meeting. Hilary, is there any other topic that came up today that we might want to put in?

Hilary Haycock:

I think that topic ground balance billing crossover claims definitely sounds like something worth digging into a little bit more. Great. All right. Well, all right. Next steps. So we will be reconvening this group Thursday, February 24th at 10:00 AM. So we hope to see you then. And we'll have our next quarterly CCI stakeholder webinar on March 17th, 11:00 AM. As always, the registration links for those who are available on the DHCS website. I think Cassie is dropping some of that in the chat as well. So just a huge thank you to Anastasia for wonderful presentations and fielding questions on a wide variety of topics, as well as thanks to everyone for participating for your wonderful questions, thoughtful comments, very helpful to us. So thank you again, everyone. We appreciate it.

Anastasia Dodson:

Thank you everyone. And thank you, Hilary.