



MICHELLE BAASS  
DIRECTOR

State of California—Health and Human Services Agency  
Department of Health Care Services



GAVIN NEWSOM  
GOVERNOR

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

**TITLE:** Coordinated Care Initiative Quarterly Stakeholder Webinar

**DATE:** Thursday, March 17, 2022, 11:00 AM to 12:00 PM

**NUMBER OF SPEAKERS:** 4

**FILE DURATION:** 1 hour 1 minute

**SPEAKERS**

Hilary Haycock  
Anastasia Dodson  
Mei Shan Ng  
Cassidy Acosta

Hilary Haycock:

Hi, good morning, folks. It looks like people joining has slowed down a little bit. So, we'll go ahead and get started with some meeting management for today's CCI quarterly stakeholder webinar. Thank you everyone for joining us. We're excited to have you. A couple of meeting management items. All participants will be on mute during the presentations, but please feel free to submit any questions you might have using the chat feature on Zoom. And then during the question-and-answer discussion portion, you can use the raise hand function and we'll be happy to recognize you.

Hilary Haycock:

Our agenda for the day. We have some great agenda items today. We're going to be reviewing the March Cal MediConnect dashboard, and then we're going to provide an overview of some of the upcoming transitions that are happening for January 1, 2023. We're going to overview of what the actual transition is from Cal MediConnect to Exclusively Aligned Dual Eligible Special Needs Plans, EA D-SNPs. And then we're going to be talking about some of the outreach efforts that we are going to have leading up to that transition and helping support that transition. And then we would love to open it up for a discussion and then Q&A. So, with that, I'm going to transition to Mei to talk to us about the March dashboard. Thanks so much.

Mei Shan Ng:

Hello. Good morning. My name is Mei, I am a research data specialist within the data reporting unit, and I will be presenting the March release of the Cal MediConnect dashboard. Thank you. The next slide, please. So, the CMC dashboard has been published and here's the link for it. Next. Here we have figure one, the monthly enrollment. So, figures one to seven of the dashboard show the enrollment and demographics data. The statewide enrollment in CMC increased from 112,693 members in October 2020 to 114,820 members in September 2021. In Q3 2021, 51% of the enrollees spoke English and 33% spoke Spanish as their primary language. With 39% of the enrolls identifying as Hispanic. Males and females aged 65 and older represent 30% and 45% of the total CMC population respectively. Next.

Mei Shan Ng:

Here we have out the care coordination. Figure eight shows the quarterly rolling statewide percentage of members willing to participate and who the plan was able to locate with an assessment completed within 90 days of enrollment. Here we see it increase from 95% in Q2 to 97% in Q3 of 2021. Next. Here we have figure 12, quarterly rolling statewide percentage of members with an ICP completed within 90 days of enrollment. We can see that it has remained steady from 82% in Q2 2021 to Q3 2021. Next. And here we have figure 24, quarter quarterly rolling statewide average count of emergency room behavioral health services utilization per 10,000 member months. The utilization rate has decreased from 18.1 visits per 10,000 member months in Q1 2020, to 14.1 visits in Q4 2020. Thank you. Next. And this concludes the summary of the CMC dashboard. Thank you. And now I'll transition back to Hilary.

Hilary Haycock:

Thank you so much, Mei. Now we're going to transition to Anastasia Dodson, Deputy Director of the Office of Medicare Innovation and Integration, DHCS, to give us an overview of the 2023 transition from Cal MediConnect to connect to EA D-SNPs.

Anastasia Dodson:

Great. Thank you so much, Hilary, and thank you, Mei. And I'm really looking forward to our discussion once we get through the rest of the slides about the dashboard because that last slide was very interesting, especially. Okay. So, we're going to shift gears and talk about enrollment issues. And this is a repeat from previous meetings. But in case people were not there for the prior meetings where we talked about these transition issues, or in case there's a piece that maybe the first time didn't quite sink in, but now as we're putting all these pieces together maybe it makes more sense. So, with that we'll go to the next slide.

Anastasia Dodson:

So overall reminder enrollment in a D-SNP or any other Medicare Advantage Plan is voluntary, voluntary, voluntary. There's no mandatory Medicare managed care enrollment. Medicare beneficiaries can remain in Medicare Fee-for-Service, also known as Original Medicare, and do not need to take any action to remain in Medicare Fee-for-Service. For 2023, and you're all very well aware probably by now that the Cal MediConnect demonstration is going to be sunset, and then the beneficiaries that are currently enrolled in Cal MediConnect are going to be automatically transitioned into the Medicare D-SNP and corresponding Medi-Cal plan. And that's going to happen automatically January 1st, 2023. There is no action needed by beneficiaries who are currently in Cal MediConnect.

Anastasia Dodson:

I'll say it now, and I think I've said it before, and we'll keep saying it. It's one of our very top priorities for January 1st, 2023, amongst all things we're working on is to make sure that that transition goes smoothly. That those enrollment files are properly sent to the right place in the automation systems. And that they'll be... We're going to talk in future meetings and with our monthly MLTSS group about the different notices that folks will get. But again, no action is needed by beneficiaries. At the end of the year if you're in Cal MediConnect you'll seamlessly transition to the Medicare plan that is affiliated and part of the seamless transition for your Cal MediConnect plan. Next slide.

Anastasia Dodson:

So, a D-SNP we've been talking about this. D-SNPs are a special type of Medicare Advantage Plans that provide care for dually eligible beneficiaries. Those who are enrolled in both Medicare and Medi-Cal. D-SNPs, this special type of Medicare Advantage Plan they must have a SMAC contract. That's a specific type of contract with the state Medicaid agency, which in California is the California Department of Health Care Services. DHCS, that is my organization we can choose whether to contract with specific D-SNPs and there are certain things in statute that give us certain parameters,

and other flexibilities that we have for essentially having a good program for dually eligible beneficiaries that provides for coordinated care across both Medicare and Medi-Cal benefits. So that there's better care coordination, better information, smoother types of care transitions based on one organization coordinating both Medicare and Medi-Cal.

Anastasia Dodson:

How is a D-SNP different from a CMC plan? Just on a technical basis, Cal MediConnect plans have a single contract, D-SNPs technically they have a separate contract with the federal government and then coordination contract with the state. But our goal throughout all of this as we've been talking about is for the same types of modeling that we have in Cal MediConnect, which is where there's one customer service number, a care coordinator that can look across both programs, easy information for providers. They know who to bill, where to bill. All of those same features that we have in Cal MediConnect we are transitioning over to this D-SNP model and it's a special type of D-SNP. We're going to see, I think, on the next page. Exclusively aligned D-SNP. There it is. So again, federal technical definition, but exclusively aligned enrollment is a way that the state can limit a D-SNP's membership to only individuals who are also in the matching Medi-Cal plan.

Anastasia Dodson:

So, health plans have different lines of business. Some of them have Medicare lines of business, some have Medi-Cal, and some have both. So, we are going to be working with health plans that have both Medicare and Medi-Cal experience and that they will have, as we said, a single care manager, single points of contact, coordinated, integrated care across both Medicare and Medi-Cal benefits. In this exclusively aligned enrollment structure, the D-SNPs can only enroll new members who are also in their aligned Medi-Cal plan. And we have some behind the scenes processes, so that if someone selects exclusively aligned this special type of D-SNP, then we automatically match them on the Medi-Cal side. So that they're in the same organization for both sets of benefits. Again, exclusively aligned enrollment is very similar to the Cal MediConnect approach. One entity is responsible for both sets of benefits, simplified care coordination, and then the plan can integrate benefits, and communications, and member materials. Next slide.

Anastasia Dodson:

So, this is just a real simple visual, but again example there. On the left side, you would have the same organization. We call it company A that has a D-SNP, and they have a Medi-Cal plan, but that organization we hold them to certain standards where they have to have integrated services, integrated care across both Medicare and Medi-Cal. The alternative if someone is in an unaligned approach, they could have a Medicare plan with company B and then Medi-Cal with company A. And it's more difficult for those two organizations to coordinate benefits, coordinate communication, coordinate with providers. And so, this aligned enrollment really helps simplify things for beneficiaries and for providers. Next slide.

Anastasia Dodson:

So, these EAE exclusively aligned enrollment, D-SNPs, where they have an affiliation with the Medi-Cal plan in 2023, all of the Medi-Cal plans in coordinated care initiative counties are going to be required to have a D-SNP, an exclusively aligned D-SNP. And then dual eligibles can choose to enroll in these plans among other options. There'll be an automatic transition for existing Cal MediConnect beneficiaries to automatically transition to these exclusively aligned enrollment D-SNPs and the matching Medi-Cal plans January 1st, 2023. Our demonstration authority will sunset December 31st, and that's why we're doing this transition. And in the non-CCI counties, and many of you are probably familiar CCI counties are Los Angeles or in San Bernardino, Riverside, Santa Clara, San Mateo, San Diego. Those are big counties, seven counties. The non-CCI counties that are not those counties, they will have this exclusively aligned enrollment D-SNP and matching Medi-Cal plan model no later than 2026. So, we're starting in these seven CCI counties and then we will be expanding this model in future years. Next slide.

Anastasia Dodson:

Again, the Cal MediConnect will continue all the way through December 31st, 2022. People who are eligible for Cal MediConnect now can still enroll. And then at the end of the year, the beginning of 2023 there'll be an automatic transition. There will be no gap in coverage, and the provider networks they will be substantially similar. And there's also continuity of care provisions. Beneficiaries will begin receiving notices from their Cal MediConnect plan starting in October of 2022. Next slide.

Anastasia Dodson:

All right. Again, similar to Cal MediConnect approach, one entity is financially responsible and that can help incentivize things like community supports for dual eligibles. There are integrated member materials that we are working on, and benefit coordination that we will be expecting, and integrated beneficiary and provider communications as well. So again, things that we have talked about on this webinar and other webinars, all wonderful features of Cal MediConnect, and we will have many of those same features in the D-SNP model, in exclusively aligned enrollment. Next slide.

Anastasia Dodson:

So, a little bit more about the care coordination and materials. So, we're going to have... And again, we've got drafts circulating around to various stakeholders around integrated member materials and notices. Those integrated materials, those are a benefit of these exclusively aligned enrollment D-SNPs. Some of you may know that the federal government recently put out a proposed regulation that looks to transition other states' financial alignment demonstrations to this same type of approach, exclusively aligned enrollment D-SNPs, and other types of special needs plans. So, we are very grateful for the partnership that the federal government. The agency, CMS, that administers Medicare we are working hand in hand with them to make sure that technically we have a smooth design, and that when it comes to the beneficiary communications, provider communications, all of that it's simplified, and it goes smoothly. Next slide.

Anastasia Dodson:

Right. I think we've probably covered most of these beneficiaries. We'll continue to have access to provider network through their matching D-SNPs, which will include similar providers that they see today. The continuity of care requirements. So, if a beneficiary's provider is not currently in the network, which with these transitions from Cal MediConnect to the exclusively aligned enrollment, we don't anticipate a lot of provider turnover because these would be the same plans, the same providers. We anticipate would continue contracting with the same plans. We're not aware of any significant reason that would change. But in the event that a provider is for some reason not continuing. And that could happen, frankly... At any time, providers for various reasons may enter or exit a plan's network, but there are continuity of care provisions.

Anastasia Dodson:

So, you can see on that bottom bullet, if the specialty or primary provider is not in the network work for whatever reason. And there's a lot of different scenarios, things like this could come up. There are continuity of care provisions. So, in Cal MediConnect, we had continuity of care provisions, and we are in the process of essentially copying and pasting those same continuity of care provisions for the D-SNP contracts so that the beneficiary can continue to see their provider for up to 12 months in most cases.

Anastasia Dodson:

But the beneficiary must have a prior relationship with the provider and the provider and the health plan have to agree to terms including payment terms. So, we know that this has been... This is really one of the top issues that we need to make sure go smoothly, the enrollment piece, and continuity of care networks. So, the health plans are certainly very interested in making sure that this works. CMS is, DHCS is, so we will continue to make sure this language gets out shared with all of you, and all the details so that when the fall comes around and January 1st everybody has got all the information and all the details. Next slide.

Anastasia Dodson:

Okay. So again, we have a few more slides to go through, and I'm sure we're going to have a very robust discussion when we get to that point. This is about aligned enrollment in CCI and non-CCI plans. And this is slightly different than the exclusively aligned D-SNP conversation. This is just about a broader policy that the department has that has been in place for a number of years but has not been broadly discussed. And then as we started working on this D-SNP transition, then it's come up like, "Oh, people have questions. We need to put out more information about this matching plan policy." So essentially Medicare is the lead plan for dual eligibles. They can choose whether or not to enroll in a Medicare Advantage Plan or D-SNP or Cal MediConnect. If they do for Medicare advantage or D-SNP, Medicare is the lead plan. So dual eligible beneficiaries who are enrolled in a Medicare product then must be enrolled in a matching Medi-Cal plan if one is available.

Anastasia Dodson:

And this is only in certain counties that we will get to on a subsequent slide. But the

concept is Medicare is the lead plan. So, you can see here in the 12 matching plan counties, and they're listed there on the slide, Medicare plan choice determines the Medi-Cal plan, and it's at the Medi-Cal Prime level, which we can talk about just a sec. So again, Medicare choice determines the Medi-Cal plan. And Medi-Cal there are sometimes delegated plans that have a contract with what's called a Prime plan. And so that delegate process is separate. We're not going to be discussing it today. But essentially at the Prime level, whoever is the Prime local initiative or commercial plan in any of these counties, that's where the Medi-Cal plan will go. That choice will go to that Medi-Cal plan if they have an affiliation with the Medicare plan that the beneficiary chooses.

Anastasia Dodson:

So, in 2023, in the CCI counties this aligned enrollment matching plan policy is going to also carry through to the delegate plans that have full risk. We'll talk about that in other meetings. But then 2023 in the remaining non-CCI counties, which are Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus aligned enrollment will continue at the Medi-Cal Prime level. Let's keep going to the next slide. I'm sure we can have discussion about this at the end of the session here. For D-SNP look-alike plans. This is another piece that is just... We just happen to have many things happening at the same time. So, D-SNP look-alike, let's go to the next slide.

Anastasia Dodson:

So, D-SNP look-alike plans are type of Medicare Advantage Plans that are marketed to dually eligible beneficiaries but are not required to provide the care coordination with Medi-Cal, the integrated care, or this joint enrollment process that we've been talking about. So again, a D-SNP look-alike is a Medicare Advantage Plan that is not a D-SNP, but they have essentially 80% or more of their members are eligible for Medi-Cal. So that 80% is a pretty good indicator that these plans are mostly serving duals. And as I mentioned we have a SMAC, that's the acronym for the contract between Department of Health Care Services and a D-SNP. And there are care coordination requirements in that SMAC contract.

Anastasia Dodson:

And we say the D-SNP, this Medicare plan needs to coordinate across both Medicare and Medi-Cal benefits. That's in a D-SNP. For D-SNP look-alike plans, DHCS does not have a contract with the D-SNP look-alike plans. There is no formal structure that is available for us to require D-SNP look-alike plans to coordinate for a beneficiary's Medi-Cal benefits. And so, one of the key concerns that we have with D-SNP look-alike plans and CMS has also expressed those concerns in their regulations around D-SNP look-alike plans is that there is no formal arrangement between a D-SNP look-alike and Medi-Cal benefits, Medi-Cal plans, et cetera. There's no integration requirement. In recent years, however, the enrollment in these look-alike plans has increased quite a bit, especially in the CCI counties because of marketing efforts, and because we limited D-SNPs because we really wanted to promote Cal MediConnect enrollment. So next slide.

Anastasia Dodson:

So, there is a policy that the federal government, CMS, is implementing to limit enrollment into D-SNP look-alike plans. So, starting in 2022, that's already the current year, CMS is not entering into new contracts or contracts with new Medicare Advantage Plans that are essentially meeting that 80% enrollment and would be new look-alike plans. And then in 2023, CMS is not going to renew contracts with Medicare Advantage Plans that have this 80% or more dual eligibles except for D-SNPs because D-SNPs are designed to serve dual eligible. So that is a federal policy, and it will impact D-SNP look-alike plans in California. And let's go to the next slide.

Anastasia Dodson:

So, CMS is going to be working with these plans to facilitate the transition of members in the D-SNP look-alikes into another Medicare Advantage Plan or plans. And that can include a D-SNP, or it can conclude a regular Medicare Advantage Plan. We certainly hope that in certain counties, the non-CCI counties or in CCI counties where D-SNPs are already established by these plans, and in non-CCI counties where they may not be established already but could be that beneficiaries will go into a D-SNP. There are some organizations that may not have a D-SNP and if they can't in a CCI county, then they can transition those members into a regular Medicare Advantage Plan.

Anastasia Dodson:

And so those regular Medicare Advantage Plans can include the same benefits, supplemental benefits that a D-SNP look-alike plan can have. So, we are hoping that there will be a smooth transition and smooth path because there are certainly paths open, processes available. And again, we will be keeping in touch and coordinating with CMS on this, and with the look-alike plans as well. But again, we want continuity of care, cost sharing protections, as well as better options people who are enrolled in look-alike plans. There is this crosswalk automatic transition authority that CMS has for the look-alike plans, and there will be further discussions to come on all of that. Next slide. Okay. So, I know there's... I've seen lots of questions in the chat. I haven't actually looked at the questions, but I'll stop here, hand over to Hilary, and then hopefully we'll get to questions.

Hilary Haycock:

Yeah. We're going to have Cassidy do a quick walkthrough of her presentation as well to find a little more context around some of the outreach efforts. And then keep those great questions coming we will tackle them when Cassidy is done. All right, Cassidy.

Cassidy Acosta:

Thanks so much, Hilary. We can go ahead and move to the next slide, please. Great. Thank you. So, before we jump into our plan provider and partner outreach for the 2023 Cal MediConnect transition and D-SNP enrollment, I want to briefly recap some of our Cal MediConnect outreach in the prior years. Overall, we targeted three audiences, beneficiaries, advocates and professionals, and providers. And generally, this outreach included educational presentations, webinars, posting and staffing in health and



resource fairs, and creating tailored messaging and materials for these audiences. Of course, we took multiple approaches to reach our target populations. A few examples include offering provider webinars for physicians and their staff who might be unable to join in-person, facilitating county-based communications work groups for local stakeholders, and joining local collaboratives to make sure that we can reach advocates and other professionals where they meet. Next slide, please.

Cassidy Acosta:

Now, considering our previous Cal MediConnect outreach, we were able to identify some successful strategies for future outreach and engagement activities. So, some of these successful strategies include, building and strengthening relationships with community stakeholders, such as through our county-based communications work groups and other local collaboratives. We also created accessible outreach materials to ensure beneficiaries can easily access information about their health care options. And we also informed community-based organizations and social service providers about the coordinated care initiative and the Cal MediConnect program so that have the knowledge necessary to accurately educate the dual eligible beneficiaries they serve. We also conducted outreach to providers, and that included tailoring messaging and materials for that audience and partnering with the health plans to deliver that messaging. Encouraging stakeholder feedback and participation when developing those materials, and of course both an in-person and virtual approach to reach a variety of audiences. Next slide, please.

Cassidy Acosta:

Now, with these promising practices in mind, we developed three strategic outreach goals for the 2023 Cal MediConnect transition and new D-SNP enrollment. So, the first is that we plan to educate providers and community-based organizations about exclusively aligned enrollment D-SNPs. And we're targeting these audiences specifically as they're typically viewed as the advisors to beneficiaries on a variety of topics, including their health care. So, our goal is to equip providers and community partners with the information and tools that they need so that they can help the beneficiaries they serve both through the transition and with new D-SNP enrollment. Additionally, we will continue to build and strengthen our relationships with key community stakeholders, such as the Health Insurance Counseling & Advocacy Program or HICAP, the Ombudsman health plans, long-term services and supports providers, county agencies, and of course other community-based organizations. And lastly, we do hope to increase the understanding and participation in integrated care, and we really hope to establish stakeholder buy-in for the initiative. Next slide, please.

Cassidy Acosta:

Great. So, the plan provider and partner outreach strategy include three main components. So first we're going to look at the audiences of focus, which includes provider and community-based organizations. Then we'll explore planned outreach activities, which will be used to reach these audiences. So, this includes things like presentations, communications work groups, collaborative meetings, and of course other outreach events like town halls and health fairs. And then we'll wrap up our

discussion on the outreach strategy by discussing outreach materials like FAQs, slide decks, toolkits, fact sheets and contact sheets. So, over the course of the next few slides, we'll talk about these in a little bit more detail. Next slide, please.

Cassidy Acosta:

Great. So again, we have two primary audiences of focus, providers, and community-based organizations. However, each of these broad categories includes different populations with it. So, for example, on the provider side we will not only target physicians and their office staff, but also LTSS providers, medical social workers, community health workers, and other populations as we identify them. And then on the right-hand side we have that community-based organization. So primarily this outreach will be to reach agencies that support or provide services to seniors and adults with disabilities who are dually eligible for both Medicare and Medi-Cal. This could include area agencies on aging, HICAP, the independent living centers, senior centers, disability programs, a variety of social service agencies, and a course the county departments on aging. Next slide, please.

Cassidy Acosta:

Great. Thank you. So now, this slide breaks down the planned outreach activities that I mentioned earlier, which would be used to reach providers and community-based organizations and inform them about the Cal MediConnect transition entities at the moment. First, we have educational presentations, which we are going to be offered or which we're going to be offering, I should say, as a way to reach small, targeted audiences, such as individual physician offices, or staff from community organizations. We're also interested in hosting regional town halls, and we plan to partner with key community stakeholders like the health plans, HICAP, and ombudsman to share information about the transition and new D-SNP enrollment. In addition, we will continue to facilitate county-based communications work groups to hear stakeholder feedback. We want to encourage participation and material development, and conduct other outreach activities with these groups, which we're doing currently so excited to continue that. And we also hope that this will help strengthen local partnerships and support collaboration with community agencies.

Cassidy Acosta:

Similar to our communications work groups, we also want to participate in local collaboratives and stakeholder meetings to strengthen those relationships with stakeholders. So, these meetings are typically hosted by other entities. So, our participation can include things like delivering outreach reports or sharing educational information and materials about the transition, as well as new D-SNP enrollment. We're also planning to participate in outreach events. So, this can include things like health fairs and conferences that are aimed at reaching providers and community partners. This could include attending health care related conferences or staffing outreach tables at these events. And lastly, I'd like to briefly highlight the beneficiary outreach which is the final point on this slide. So, this is generally a separate effort, it's led by the health

plans and is in partnership with providers and community-based organizations. DHCS and CMS will provide overall support as needed. And we want to acknowledge that we understand that beneficiaries need accurate information about their healthcare options. And our goal is to reach the people they trust so that they can provide guidance on a beneficiary's healthcare. Next slide, please.

Cassidy Acosta:

All right. And lastly, we have our plan provider and partner outreach materials. So, some of these may feel very similar or familiar to the materials we do develop under Cal MediConnect. So, to start, we have our slide decks, which are typically used to provide a brief overview, or which will be used to provide a brief overview of CalAIM with details about the new D-SNP enrollment and the Cal MediConnect transition. They'll be used to educate providers and community organizations most likely through presentations and webinars. We're also in the process of developing a provider and community partner FAQ, and this is in partnership with the local communications work groups. This FAQ is specifically tailored to Medi-Cal providers, social workers, service providers, community-based orgs generally, and is designed to help answer their common questions relating to the D-SNP expansion and Cal MediConnect transition.

Cassidy Acosta:

The FAQs will also help us develop toolkits for these audiences. So, toolkits can provide a more detailed way to share that information about new D-SNP enrollment and the Cal MediConnect transition. And our goal is to create a document that can be easily separated as specific inserts. So, our target audiences can use them as needed. We also plan to include some talking points and materials in the tool kit so that providers and CBOs can share these with the beneficiaries they serve. Of course, we also have fact sheets on this list, another great tool for summarizing information to share with specific audiences. In this case, they'll be tailored to specific stakeholders including HICAP, counselors, physicians, caregivers, beneficiaries, et cetera. They'll provide details about the benefits of exclusively aligned D-SNPs and MCPs in a concise and accessible format. And then last on this list have our contact sheets. So, contact sheets might be created, and they're a really helpful tool for communication work groups specifically, and these contact sheets help identify key players in a county like the health plans, Ombudsman, HICAP, contacts at county departments of aging, et cetera. Next slide, please.

Cassidy Acosta:

All right. So, this was a brief overview of our planned provider and community partner outreach. Before we wrap up this section and move into Q&A, we wanted to share some contact information so that if you or a beneficiary that you're serving has questions about their current healthcare options they know who to contact. So first to access free counseling on healthcare coverage, please feel free to contact HICAP, the Health Insurance Counseling & Advocacy Program. A beneficiary can also contact healthcare options if they'd like to join or change plans. If the beneficiary is in Orange or San Mateo, they should contact the Medi-Cal Managed Care plan directly. And lastly, if a beneficiary has any issues with solving problems with their provider or health plan, they

can always reach out to the Cal MediConnect or Medi-Cal Managed Care ombudsman. All the phone numbers to these agencies are listed on this slide, and meeting materials have been posted to the DHCS CCI websites, and they're already available to you. And with that, I will turn it back over to Hilary. Thanks so much.

Hilary Haycock:

Great. Thanks so much, Cassidy. Lots of great questions coming in the chat. And so, I'm going to invite Anastasia to join us again and we'll start diving in. Just a quick note off the top, we have a couple calls a month with our health plan partners, and so we're going to prioritize stakeholder questions over health plan questions. So just for folks to know health plans. Please come see us at one of our other plan designated calls. There's a couple questions around the Cal MediConnect transition, around provider access and continuity of care. So, I don't know, Anastasia, if you wouldn't mind talking about... There was a question about if people will keep their IPAs after the transition, keep their providers. And if maybe you could just walk through the continuity of care one more time just to refresh for people.

Anastasia Dodson:

Yes. And I guess, should we go back to that slide?

Hilary Haycock:

Yeah. I can pull up the continuity of care slide.

Anastasia Dodson:

So, while we're doing that just, again, in Cal MediConnect we worked on all these things. We all worked together, very detailed requirements around continuity of care. And so, this is just copying that language. And so, what we are looking at for... And I think in our MLTSS group we also talked about this in a little more detail, and we will talk about it in future stakeholder meetings that longer meeting once a month that we have. But Medicare has certain requirements for networks within... These are Medicare Advantage Plans. And so DHCS, we are not necessarily changing those fundamental network requirements that CMS has, but we are building on that, and we're adding in some provisions that are really almost identical to what we did for Cal MediConnect so that if... And I think rather than step by step by step, maybe we can put a link in the chat, I believe in the physician's toolkit, or one of the toolkits that it already exists for Cal MediConnect. There may be like a two page something that goes step by step by step for continuity of care.

Anastasia Dodson:

But the gist of it is if a beneficiary has been seeing a primary or specialist Medicare provider, because we already have Medi-Cal continuity of care provisions already established. But for Medicare, if they've been seeing a specialist or primary care on the Medicare side, we are saying that if they start in a new plan, and that primary care or specialist is not in that network when they start in the new plan, then they can... And this is just for our exclusively aligned D-SNPs, and then also for our other D-SNPs that the

plan can work with that provider. The provider can reach out to the plan that is sometimes what happens as well. And if they can demonstrate that they've had such and such visits over such and such period of time in the past, then they can have that continuity for up to 12 months.

Anastasia Dodson:

There needs to be an agreement between the provider and the plan on the terms, including the payment terms. But we think we have this pretty well worked out from Cal MediConnect. And so, we will talk more at an upcoming stakeholder meeting about the details. But again, the plans are very interested in having smooth transitions, keeping their network providers. So hopefully there will not be any broad issues. But of course, individual providers they can enter and exit a plan's network at any time. And so, we do want to make sure that these same Cal MediConnect provisions are maintained.

Hilary Haycock:

Great. And we'll find some links and throw those in the chat so folks can take a look. Great. So, the next question is on. So, in CCI counties, duals that are... Apologies. My toddler wanted to join the party. He's very passionate about Cal MediConnect. So, in Cal MediConnect CCI counties for duals that are not enrolled in Cal MediConnect, can we talk about what, if any transition those duals will be seeing in 2023?

Anastasia Dodson:

Right. So, in CCI counties dual eligible beneficiaries are mandatory enrolled in Medi-Cal Managed Care. So that should remain essentially the same. Cal MediConnect beneficiaries, as we talked about will transition to exclusively aligned enrollment. And then other beneficiaries, if you're enrolled in a Medicare Advantage Plan, that's not a D-SNP look-alike there's no change. But if you are in a CCI county and you are enrolled in a what's called a D-SNP look-alike, then that particular plan, that particular contract is going to be discontinued, but that same plan could... And very likely has a Medicare Advantage Plan and may also have a D-SNP. And so there will be a process by which CMS will work with D-SNP look-alike plans to crosswalk as many people as possible that are in those look-alike plans into either Medicare Advantage, or regular D-SNP, or an exclusively aligned D-SNP. So unfortunately, there's not a one size fits all answer, because there are many different choices in Medicare Advantage, and Medicare overall you can be in Fee-for-Service as well.

Hilary Haycock:

I think one important point is, unlike the Cal MediConnect transition folks that are in Original Fee-for-Service Medicare are going to stay there.

Anastasia Dodson:

Right. There's no passive enrollment and dual eligibles, all Medicare beneficiaries always have the option for Original Medicare Fee-for-Service Medicare. Thank you, Hilary.

Hilary Haycock:

Yeah. Great. So, a follow-up question on that from the chat is, what happens if a D-SNP look-alike doesn't currently operate either a D-SNP or an MA plan that can currently accept those crosswalk members.

Anastasia Dodson:

Yeah. So, the technical timing for Medicare Advantage Plans to decide what benefits they have, and what they will be offering next year, that is still underway. And frankly CMS and the plans, they should all have the same interest which is to have a good transition for folks who are in those D-SNP look-alike plans. And so there will be further discussions. Not to speak on behalf of CMS, but we anticipate that there will be further discussions amongst all the parties for the plans, NCMS, and DHCS, if needed to make sure that they are good transitions.

Hilary Haycock:

Great. There was a question in the chat about, is there a list somewhere of the D-SNP look-alike plans? And helpfully our friends at HICAP suggested that folks could call HICAP if they are interested in the plans in their county. But I don't know if we want to say anything Anastasia about other...

Anastasia Dodson:

Yeah. And again, where we are in the process, technically, I think we should be able to soon have a list that we can put on the DHCS website. We certainly don't want to get ahead of our CMS partners because they are definitely, clearly the lead on this policy around D-SNP look-alikes. So, we want to make sure any information that we put on our website is 100% correct. But we will work with CMS, and we should be able to put a list on our webpage. Again, so it may vary by county too. California is a big state. We have many counties, and we have a lot of people enrolled in Medicare Advantage Plans. But we will be putting more information on our website.

Hilary Haycock:

Great. So, a question following on Medicare Advantage Plans and our matching policy, there was a question in the chat about what happens if a... What MCP would a member be assigned to if they have selected an MA plan that doesn't have a matching Medi-Cal plan?

Anastasia Dodson:

Right. And again, this is complex because there is, what's our policy this year and then what will it be next year, and which counties, et cetera. But for CCI counties, for those seven counties, so all duals are mandatorily enrolled in Medi-Cal Managed Care in the CCI counties. So, if they choose a Medicare Advantage Plan that doesn't have an affiliation with a Medi-Cal plan, then if they're already in an existing Medi-Cal plan, then nothing changes, if they're going to be... If they're in a Medi-Cal plan that does have an affiliated Medicare plan, I don't believe there's any change. But if that Medicare plan does have a Medi-Cal affiliation, that's where we will make that change. And the only

difference in a non-CCI county there is that Medi-Cal Managed Care is not mandatory in the non-CCI counties.

Anastasia Dodson:

So, there's also the option there for the dual eligible to disenroll from Medi-Cal Managed Care. But either way, the matching plan policy has the impact when there is a matching plan on the Medi-Cal side. And that's where if... I know there's been some discussion emails that we've received questions about letters, and I don't think they're especially frequent, but when they do come up, we try to answer the questions, and we will be working on putting more information about the matching plan policy on our webpages. But again, it's pretty technical, and so we want to make sure we have every technical detail exactly described so that we don't lead anyone astray on a particular scenario.

Hilary Haycock:

Great.

Anastasia Dodson:

Thanks everyone for your patience on it.

Hilary Haycock:

All right. A couple questions about marketing and communication. One, will there be different marketing roles for D-SNPs and exclusively aligned D-SNPs, or will the existing CMS oversight and roles stay in place?

Anastasia Dodson:

We are planning to... I mean we're not planning any broad state changes in marketing rules compared to what these D-SNPs have. I'll just say we're pretty close to finishing our SMAC, but if there's something in particular that folks are interested in, we're all ears, but we do need to wrap up that policy soon.

Hilary Haycock:

And then there was a question about the communications materials for beneficiaries. So, I don't know if you could talk about the stakeholder review process, and beneficiary testing that we've been doing on the noticing.

Anastasia Dodson:

Right. So again, our partners at CMS they're the lead for Medicare. So, we're so pleased to have their partnership on this. They have, as Hilary said, beneficiary testing groups. So, we started out with some draft notices. You have to start somewhere. And then, again, after internally looking at them, we said, "No, we're going to make these even more integrated, more clear to beneficiaries." And then we sent them to our... They have the plans use their beneficiary stakeholder groups take a look. They're now at beneficiary testing. CMS is going to share back with us the results of that beneficiary testing.

Anastasia Dodson:

And then we have certainly a process where... And I should say we've also worked with stakeholders, the Justice in Aging, Cal MediConnect, Ombudsman health plans, et cetera. Get their eyes on the notices. So, we've probably iterated now about four or five times, and we will iterate again. And then we will have the notices posted on our website. We'll have them shared with all the advocates as needed. And we know that the fall is going to be a busy time, it always is on Medicare enrollment, but we think these notices are going to be... Considering all the different eyes that have had a look at them are going to be very helpful.

Hilary Haycock:

Great. And I will just plug that if folks want to get involved locally on communications efforts, that they should reach out to Cassidy. Cassidy and her team are leading local work groups. So definitely in addition to that very robust and open process the state ran on the notices. Great. There is a question about, if a member wants to change or disenroll from the plan that they're enrolled in, what is the timeline and process for that?

Anastasia Dodson:

Mm-hmm (affirmative). So, there is already a standard Medicare process for changing plans. Cal MediConnect right now has a monthly process people can enroll in, enroll out, disenroll. But as far as in 2023, and in leading up to 2023, it will be the standard Medicare enrollment, disenrollment process timeline. So, there's the annual enrollment, there's quarterly special enrollment period, and there's the existing mechanisms, 1-800-MEDICARE working with a particular Medicare Advantage Plans, et cetera, that folks can use to enroll and disenroll.

Hilary Haycock:

So, there's a question about some of the new CalAIM benefits, and if they will be available for the MCPs connected to EAE D-SNPs.

Anastasia Dodson:

That is a great question. And I'm pretty sure this is correct, but we'll follow up and make sure this is correct. So, community supports, those are types of services that are going to be in addition to regular Medi-Cal benefits, and they will help people for some types of additional home and community-based service type of services. Those are available to duals. Those are through a Medi-Cal plan. And people who enrolled in exclusively aligned D-SNPs, they will get everything that they could get as far as Medi-Cal, and Medicare, and all coordinated in one package. So, community supports, and then enhanced care management that's another component of CalAIM that we've been talking about a lot. That's where we are still sorting out is very similar to the model of care for a D-SNP that is already to be provided by a D-SNP.

Anastasia Dodson:

So, we're sorting out that potential duplication there. And in the next couple months, we will have more



definitive policy there. But all the other CalAIM pieces, again, community supports, those are available through a Medi-Cal plan, but we really want to... For duals we want to have much coordination as possible because we know that there are supplemental benefits on the Medicare side that could overlap with those community supports. So having an EAE D-SNP that can look across all sets of benefits is a very good idea for making sure that all possible benefits are available.

Hilary Haycock:

Great. All right. And then I think one more question about, will these plans still be able to delegate and assign folks to medical groups EAE D-SNPs?

Anastasia Dodson:

Mm-hmm (affirmative). So, the existing relationships that Cal MediConnect plans have with provider groups will continue if that is... It's technically feasible and we would, of course, encourage plans to continue to maintain all the providers in their net networks. But there's no prohibition on... No new prohibition, no change in network types of providers on the Medicare side it's just... Again, it's a Medicare requirement and monitoring, and then on top of that we have continuity of care for D-SNPs.

Hilary Haycock:

Great. So, I think those are all of the... Most of the questions. All right. We've got someone raising their hands. So, Susan LaPadula.

Susan LaPadula:

Hi Hilary. Hi, Anastasia. How are you.

Anastasia Dodson:

Good. Thank you.

Susan LaPadula:

Wonderful. Just recently the department released a two-page fact sheet to help advocates and providers understand the changes with CalAIM. And there are three specific ones. One on community supports, and the other on enhanced care management, and the third is population health management. And they're two pages with the transition items that we can focus on for education as advocates and providers. Is there any chance that you and Hilary would consider doing that for us as well, maybe taking some of these pieces into a two-page handout to help us now, instead of waiting for summer for the education?

Anastasia Dodson:

Yeah. Hilary, I think we have stuff in the works.

Hilary Haycock:

We're trying to let the policy get finalized before we go out and start with materials. We know folks are anxious for it. And again, we're developing stuff, but we have to let the policy get finalized before we can turn that into communications materials to make sure that the communications materials that we send out are accurate. So unfortunately, that's the process. But rest assured we are working furiously behind the scenes to get that done because we know folks are very interested and need good information. So, we appreciate-

Susan LaPadula:

And by chance, Hilary, would that be the policy coming down in the Trailer Bill Language? Do we have to wait for the legislative process to finalize and get the budget signed? Is that kind of like a benchmark?

Anastasia Dodson:

So, the Trailer Bill Language was actually enacted last year. And so, I think part of what... I mean this is a good opportunity in this forum. If you think that we need a two pager about D-SNP, EA D-SNPs, we can do that. We have some information on our webpage and then we also have all these slide decks we've been talking with you all for the last year or so. But sounds like you're saying like a two-pager about Cal MediConnect to exclusively aligned enrollment D-SNP, something like that or bigger than that.

Susan LaPadula:

Actually, that sounds terrific. And maybe we could discuss the CCI counties as one fact sheet with two pages so that all those in our seven CCI counties understand the transition that's affecting them. And then maybe we can add something separately on the EAEs, and then maybe D-SNP and so forth. Just to keep it as an educational tool now we're trying to prepare advocates and staff to understand what's coming. And it's going to come at us very, very fast by summer and fall. But the ones that are online that JC presented at her last session are excellent. They're just a two-page giving you just what you need to know. It actually summarizes the issue, what we're going to face when we meet CalAIM, and some positive impacts. It's actually very good.

Anastasia Dodson:

Great. Yeah. We do have a webpage, the future of Cal MediConnect that we actually have a link on our homepage. So hopefully that has been helpful.

Susan LaPadula:

It has been. It's just a lot of information moving from place to place as you well know.

Anastasia Dodson:

Yeah.

Susan LaPadula:

Yes. That is very helpful.

Anastasia Dodson:

Great.

Susan LaPadula:

Thank you for your consideration. Thank you, Hilary as well. And for all that your team does to help us.

Hilary Haycock:

Absolutely. We're here to help and we love great suggestions. So, we will get started on that as our... We'll add it to the list, get started on it right away, and really appreciate the feedback as always. And for CalDuals-

Susan LaPadula:

Would you like me to put the links in the chat for staff so you can see what I see?

Anastasia Dodson:

No. We're definitely tracking those CalAIM fact sheets. Yeah.

Susan LaPadula:

Okay.

Hilary Haycock:

All right.

Susan LaPadula:

Thank you so much.

Hilary Haycock:

Thank you.

Susan LaPadula:

You're-

Hilary Haycock:

All right. Unfortunately, we have hit time. But this was a really wonderful robust discussion and I hope folks likely learned something. As always you can visit the DHCS website as well as the CalDuals for more information. And we are meeting our MLTSS and Duals Integration Stakeholder Workgroup meeting. We'll be meeting on March 24th. We're going to be going over a number of similar items. So, if folks are interested in continuing to have this conversation, please join us. And then we'll be meeting again for this CCI quarterly stakeholder webinar in June. So, thank you, everyone. Thanks to our

presenters and everyone for joining, and your partnership in this program. Have a great afternoon.

Susan LaPadula:

Bye-bye.