



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

How to Add Your Organization to Your Zoom Name

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

Agenda

- » Welcome and Introductions
- » Medicare Advantage Network Requirements and Transition
- » Proposed State-Specific Medicare Continuity of Care Requirements for All 2023 Dual Eligible Special Needs Plans (D-SNPs), Panel Presentations on Cal MediConnect (CMC) Continuity of Care Issues and Considerations for the D-SNP Transition, and Discussion
- » Update: Public Health Emergency (PHE) Unwinding
- » Review of 2023 CMC to Exclusively Aligned Enrollment (EAE) D-SNP Transition, Aligned Enrollment in non-Coordinated Care Initiative (CCI) counties, and D-SNP Look-alike Transition
- » Review of 2023 CMC to EAE D-SNP Outreach Efforts
- » Next Steps and Upcoming Meeting Topics

Workgroup Purpose and Structure

- » Serve as stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- » The goal of the workgroup is to collaborate with stakeholders on statewide MLTSS and Exclusively Aligned Enrollment Dual Special Needs Plan (D-SNP) enrollment, including the transition of the Coordinated Care Initiative (CCI) and Cal MediConnect (CMC), the D-SNP look-alike transition, and new enrollment in exclusively aligned enrollment D-SNPs.
- » Open to the public. [Charter posted](#) on the Department of Health Care Services (DHCS) website.
- » ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

Medicare Advantage Network Requirements and Transition

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Kerry Branick and Marla Rothouse
Medicare-Medicaid Coordination Office (MMCO)
Centers for Medicare and Medicaid Services (CMS)

Medicare Advantage Network Requirements

- » Medicare Advantage network adequacy requirements (42 C.F.R. 422.112(a)(1)(i), 42 CFR 422.116(2)(3)
 - » Plans must establish, credential, and maintain a network of providers that must include primary care, specialists, hospitals, skilled nursing facilities, home health agencies, ambulatory clinics, and other providers
 - » Includes 27 provider-specialty types and 13 facility-specialty types
 - » CMS applies time/distance standards and minimum provider-to-enrollee ratios, set at the county level and updated annually
 - » Networks are reviewed every three years or based on a triggering event
 - » Networks are assessed at the contract level, and there may be many health plans under one contract

Refer to the [Medicare Advantage Network Adequacy Guidance](#)

Medicare Advantage Transition

- » Medicare Advantage: 42 CFR 422.112(b)
 - » Continuity of care: plans must ensure continuity of care and integration of services through arrangements with contracted providers
- » Part D: 42 CFR 423.120(b)(3)
 - » One-time transition fill period - ensure access to one-time, temporary supply of at least an approved month's supply of medication during first 90 days of coverage (unless Rx is written for less than month's supply).
 - » Applies to new enrollees, newly eligible enrollees, enrollees who switch plans after the contract year starts, current enrollees affected by formulary changes
 - » Written notice to beneficiary within 3 days of temporary fill
- » Durable medical equipment: 42 CFR 422.100(l)(2)(iii)
 - » At enrollees' request, ensure provision of transition supply of DME brands, items and supplies, as well as provide for repair of DME brands, items, and supplies of non-preferred manufacturers.

Proposed State-Specific Medicare Continuity of Care Requirements for All 2023 D-SNPs

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Proposed 2023 State-Specific Medicare Continuity of Care Policy

- » The State policy for Continuity of Care for D-SNPs is the same as the CMC Continuity of Care policy. This proposed policy will apply to both EAE and non-EAE D-SNPs.
- » The proposed policy, to be included in the D-SNP Policy Guide once final, includes the following:
 - Upon beneficiary request, or other authorized person, D-SNPs must offer continuity of care with out-of-network providers to all members if all of the following circumstances exist and in accordance with DPL 16-002:
 - A beneficiary **has an existing relationship with a primary or specialty care provider.**
 - An existing relationship means the beneficiary has seen an **out-of-network primary care provider (PCP) or a specialty care provider at least once or a specialty care provider at least twice during the 12 months prior** to the date of his or her initial enrollment in the D-SNP for a non-emergency visit;
 - The provider is willing to accept, at a minimum, payment from the D-SNP based on the current Medicare fee schedule, as applicable; and
 - The provider does not have any documented quality of care concerns that would cause the D-SNP to exclude the provider from its network.

Proposed 2023 State-Specific Medicare Continuity of Care Policy (cont.)

- » Members transitioning from Cal MediConnect or a D-SNP look-alike plan to a D-SNP with existing **Medicare-covered Durable Medical Equipment** rentals must be allowed to keep their existing rental equipment for:
 - » The remainder of the rental period authorized by the previous plan; OR
 - » Until the D-SNP is able to reassess the member, and, if medically necessary, authorize a new rental and have an in-network provider deliver the medically necessary rental.
- » Members transitioning from Cal MediConnect or a D-SNP look-alike plan that have an open authorization to receive **Medicare-covered medical supplies** may continue to use their existing provider:
 - » For a period of three months; OR
 - » Until the D-SNP is able to reassess the member and if medically necessary, authorize supplies and have an in-network provider deliver the medically necessary supplies.

Panel Presentations on CMC Continuity of Care Issues and Considerations for the D-SNP Transition

Panelists:

Pat Curran, Chief Executive Officer, Health Plan San Mateo
Jack Dailey, Cal MediConnect Ombuds Services Program, Health Consumer Alliance
Tiffany Huyenh-Cho, Senior Staff Attorney, Justice in Aging

Continuity of Care Observations

- The inherent complexity of the process
- Medicare plan enrollment and Medi-Cal plan enrollment
- The role of primary care and documentation
- Medicare payment rates
- Standardizing decision-making in time-sensitive situations

D-SNP Transition - Continuity of Care

- Lessons learned during CMC
- CMC to D-SNP transition –
Anticipated improvements
- Consumer impacts to watch for
and opportunities to engage



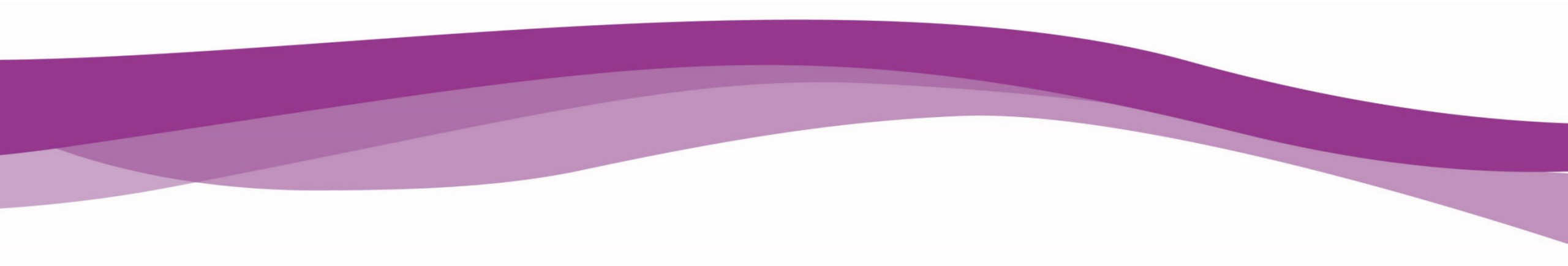
Continuity of Care

- Broad consumer protections
- Mirrors Cal MediConnect standards plus protections for durable medical equipment
- Consumer and provider education on continuity of care protections

Questions

- » Questions on Medicare Advantage Network Requirements and Transition, the Proposed State-Specific Medicare Continuity of Care Requirements for All 2023 D-SNPs, or our panelists' presentations?

Public Health Emergency Unwinding



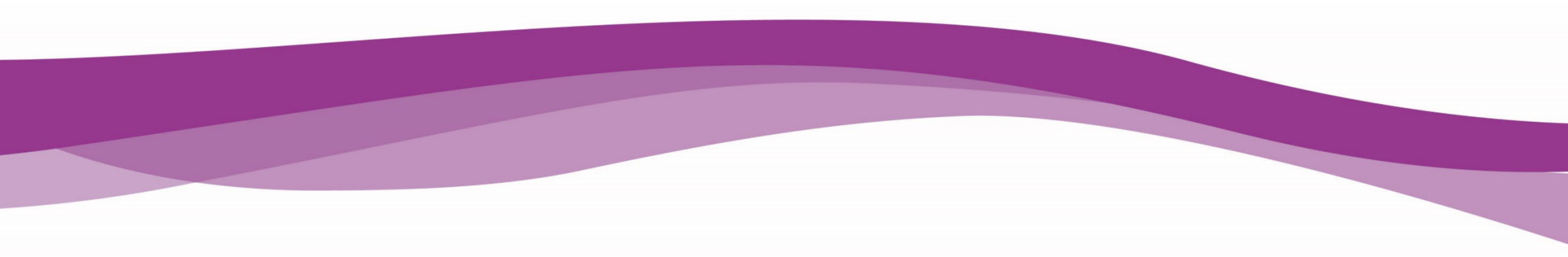
Public Health Emergency (PHE) Unwinding

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

DHCS PHE Unwind Communications Strategy

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

2023 Transition from Cal MediConnect (CMC) to Exclusively Aligned Enrollment (EAE) D-SNP



Key Policy Reminders

- » Beneficiary enrollment in a D-SNP (or other Medicare Advantage plan) is voluntary.
- » Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.
- » For 2023, beneficiaries already enrolled in Cal MediConnect will automatically be enrolled in the Medicare D-SNP and Medi-Cal MCP affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

D-SNP Definition

- » D-SNPs are Medicare Advantage (MA) health plans that provide specialized care for dual eligible beneficiaries.
- » D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
- » DHCS can choose whether to contract with specific D-SNPs.
- » How is a D-SNP different than a Cal MediConnect (CMC) plan?
 - » CMC plans coordinate Medicare and Medi-Cal benefits under a single health plan and single contract.
 - » D-SNPs include Medicare benefits and coordinate with Medi-Cal benefits. D-SNPs have separate contracts with CMS and DHCS.

Exclusively Aligned Enrollment (EAE)

- » EAE is a state policy that limits a D-SNP's membership to only individuals with aligned enrollment.
 - » All beneficiaries enrolled in a D-SNP are also enrolled in a matching Medi-Cal plan.
 - » D-SNPs will only be allowed to enroll new members who are in their aligned MCP.
 - » Ensures beneficiaries receive more integrated and coordinated care.
- » EAE is like the CMC approach:
 - » One entity is responsible for both Medicare and Medi-Cal benefits.
 - » Simplifies care coordination.
 - » Allows plans to better integrate benefits, communication to members, and member materials.

Aligned Enrollment

- » If a dual eligible beneficiary chooses to receive their Medicare benefits in a Dual Eligible Special Needs Plan (D-SNP), they must receive their Medi-Cal benefits from an aligned Medi-Cal managed care plan (MCP) operated by the same parent company.



EAE D-SNPs in 2023

» EAE D-SNP Policy in 2023:

- » In 2023, Medi-Cal plans in CCI counties will be required to establish EAE D-SNPs, and duals may choose to enroll in those plans, among other options.
- » Cal MediConnect beneficiaries will automatically transition to EAE D-SNPs and matching Medi-Cal MCPs on January 1, 2023. The Cal MediConnect demonstration will end on December 31, 2022.
- » Non-CCI counties will have EAE D-SNPs and matching Medi-Cal MCPs no later than 2026.

2023 CMC to EAE D-SNP Transition

- » CCI and Cal MediConnect will continue until **December 31, 2022**.
- » On **January 1, 2023**, beneficiaries in CMC plans will be **automatically** transitioned into exclusively aligned D-SNPs and MCPs operated by the same parent company as the CMC plan.
 - » There will be **no gap in coverage**.
 - » Provider networks should be **substantially similar**.
- » Beneficiaries will begin to receive notices from their CMC plan about the transition **starting in October 2022**.

EAE Opportunities and Benefits

- » Similar to Cal MediConnect (CMC) approach
- » Financial Incentives
 - » One entity financially responsible for both Medicare and Medi-Cal benefits
 - » Incentivizes Community Supports for dually eligible beneficiaries
- » Integrated Member Materials permitted by CMS
- » Benefit Coordination permitted by CMS
 - » Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
 - » Coordinated benefit administration
 - » Unified process/policy for authorizing Durable Medical Equipment (DME)
 - » Enable plan-level integrated appeals
- » Integrated Beneficiary and Provider Communications permitted by CMS
- » Simplified Care Coordination

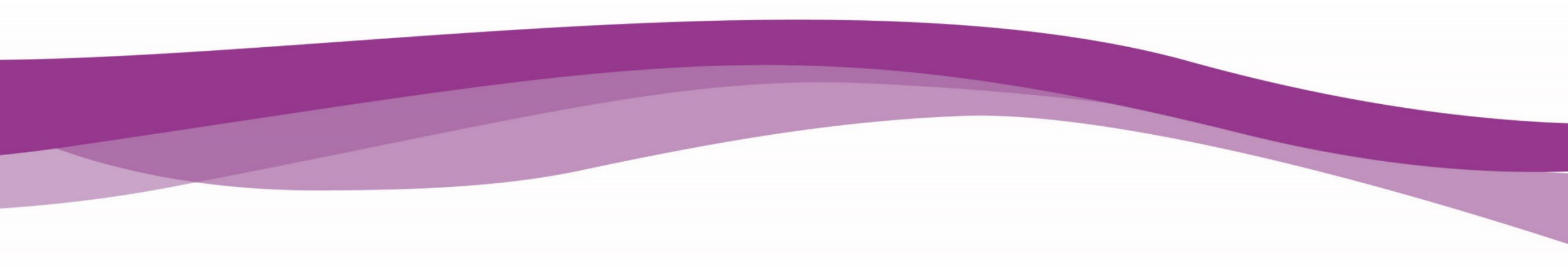
Integrated Care Coordination & Materials

- » Enrollment in the Medi-Cal MCP owned by the same parent organization will allow similar integration and care coordination as members in CCI counties saw in Cal MediConnect.
 - » For example, integrated member materials and coordination across Medicare and Medi-Cal benefits and services.
- » Integrated materials are a benefit of EAE D-SNPs, DHCS is working closely with CMS on their development. For example, members will have one health plan card and one number to call for both Medicare and Medi-Cal benefits.

Benefits of the Transition to EAE D-SNPs

- » Matching Medicare and Medi-Cal plans will help beneficiaries with all their health care needs and will coordinate benefits and care, including medical and home and community-based services, DME, and prescriptions. This coordination will be similar to what is done in CMC.
- » Beneficiaries will continue to have access to a provider network through their matching D-SNP and MCP, which will include similar providers they see today, or the matching plans will help them find a new doctor they like.
- » Beneficiaries will not pay a plan premium or deductible when they receive services from a provider in their health plan's network.
- » If a beneficiary's provider is not currently in the network, there will be a continuity of care period, where the beneficiary can continue to see their provider for up to 12 months (in most cases). The beneficiary must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

Medicare Aligned Enrollment in non-CCI Counties



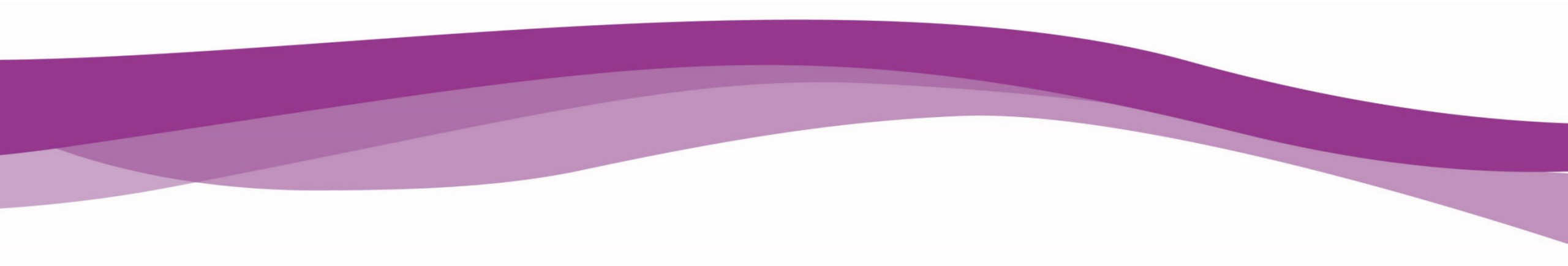
Aligned Enrollment, or Matching Plan Policy

- » Medicare is the lead plan.
- » Dual eligible beneficiaries who are enrolled in a Medicare product must be enrolled in a matching Medi-Cal managed care plan **if one is available.**

Matching Plan Policy

- » In 2022 and ongoing, in the 12 “matching plan” counties, Medicare plan choice determines Medi-Cal plan at the Medi-Cal prime level.
 - » Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus counties.
- » In 2023, in CCI counties, Medi-Cal plan alignment with Medicare choice extends to Medi-Cal delegate plans with full-risk for all Medi-Cal managed care benefits.
- » In 2023, in the remaining non-CCI counties (Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus counties), aligned enrollment will continue at the Medi-Cal prime level.

D-SNP Look-Alike Plan Transition



Overview: D-SNP Look-Alike Plans

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

D-SNP Look-Alike Plan Non-Renewal

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

D-SNP Look-Alike Transition

- » CMS will permit an MA organization to transition its D-SNP look-alike membership into another MA plan or plans (including into a D-SNP) offered by the same MA organization, or another MA organization that shares the same parent organization as the MA organization.
- » The look-alike transition is designed to ensure continuity of care and cost-sharing protections for dual eligible beneficiaries, as well as provide better options for people currently enrolled in a look-alike plan.
- » CMS will work with D-SNP look-alike plans to facilitate the “crosswalk” enrollment of their members to D-SNPs or other MA plans.

2023 CMC to EAE D-SNP Transition Outreach Efforts

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Cassidy Acosta
Deputy Outreach Director
Aurrera Health Group

Recap: CMC Outreach in Prior Years

Beneficiaries

- » Beneficiary-facing materials, including a beneficiary slide deck and toolkit
- » Outreach presentations
- » Health fairs for seniors, adults with disabilities, and caregivers

Advocates and Other Professionals

- » Materials for case managers and service providers, such as an advocate slide deck and hospital case manager toolkit
- » Community-based communications workgroups and attended local collaborative and stakeholder meetings
- » Virtual resource fairs for advocates and stakeholders

Providers

- » Provider-facing materials, including a provider slide deck and toolkit
- » Provider webinars and in-person presentations to physicians and their office staff

Successful Strategies from CMC Outreach

- » Build rapport and strengthen relationships with community stakeholders, e.g., through local, county-based communications workgroups.
- » Develop accessible outreach materials to educate beneficiaries about their health care options.
- » Equip social service providers and other community-based organizations (CBOs) with the knowledge to educate the dually eligible beneficiaries they serve.
- » Create tailored materials for providers and conduct focused provider outreach, including partnering with health plans to effectively reach providers.
- » Encourage stakeholder participation and feedback throughout material development.
- » Use both in-person and virtual approaches to reach a variety of audiences.

Provider and Partner Outreach Goals for 2023 CMC Transition and New D-SNP Enrollment

Three Strategic Goals:

1. Educate providers and CBOs about the Exclusively Aligned Enrollment D-SNPs and equip them with the information and tools to help beneficiaries through the transition and support new enrollment into D-SNPs.
2. Build and strengthen relationships between Health Insurance Counseling and Advocacy Programs (HICAP), ombudsman, health plans, long-term services and supports (LTSS) providers, county agencies, and CBOs.
3. Establish stakeholder buy-in for the initiative and increase understanding of and participation in integrated care.

Provider and Partner Outreach Strategy for 2023 CMC Transition and New D-SNP Enrollment



Audiences of Focus

Providers

Community-Based
Organizations



Outreach Activities

Educational Presentations

Town Halls

Communications Workgroups

Stakeholder Meetings

Health Fairs and Conferences



Outreach Materials

FAQs

Slide Decks

Fact Sheets

Contact Sheets

Audiences of Focus

Providers

- Physicians
- Physician office staff
- Hospitals
- LTSS service providers
- Medical social workers
- Community health workers
- Others as identified

Community-Based Organizations

- Area Agencies on Aging and HICAP
- Independent Living Centers
- Senior centers
- Disability programs
- Social service agencies
- County departments on aging
- Others as identified

Outreach Activities

- » **Educational Presentations:** Reach audiences of focus such as providers, their staff, and In-Home Supportive Services (IHSS) social workers to prepare them to help beneficiaries with the transition and support beneficiaries enrolling in D-SNPs.
- » **Town Halls:** Host regional events in partnership with key stakeholders to share information about the transition and new D-SNP enrollment.
- » **Communications Workgroups:** Facilitate county-based workgroups to get feedback, develop materials, and conduct outreach activities.
- » **Stakeholder Meetings:** Participate in local collaboratives by delivering outreach reports and sharing information and materials about the transition and new D-SNP enrollment.
- » **Health Fairs and Conferences:** Conduct outreach at events aimed to reach providers and CBOs.
- » **Beneficiary Outreach:** Generally, a separate effort led by health plans, in partnership with providers and CBOs, with overall support from DHCS and CMS.

Provider and Partner Outreach Materials

- » **Slide decks:** Used to educate providers and CBOs, includes an overview of the new D-SNP enrollment and CMC transition.
- » **FAQs:** Tailored for providers and CBOs and developed in partnership with the local communications workgroups.
- » **Toolkits:** Provide detailed information about new D-SNP enrollment and CMC transition. Able to be divided into separatable inserts and will include talking points and materials for providers and CBOs to share with the beneficiaries they serve.
- » **Fact Sheets:** Summarize information about the transition, as well as the benefits of exclusively aligned D-SNPs and Medi-Cal plans. Tailored to specific stakeholders, including HICAP/other CBO counselors, physicians, social service providers, caregivers, beneficiaries, etc.
- » **Contact Sheets:** Help identify key contacts in a county, such as health plans, ombudsman entities, and HICAP.

Who to Contact for Help

- » Beneficiaries can access free counseling on their health coverage by contacting the **Health Insurance Counseling and Advocacy Program (HICAP)**: 1-800-434-0222
- » If beneficiaries want to join or change health plans, they can contact **Health Care Options**: 1-844-580-7272.
 - » If beneficiaries are in a COHS county (San Mateo and Orange), they should contact the MCP directly.
- » If beneficiaries cannot resolve issues with their health plan, they can contact the ombudsman:
 - » Cal MediConnect Ombudsman Program: 1-855-501-3077
 - » Medi-Cal Managed Care Ombudsman: 1-888-452-8609

Questions

- » Questions on 2023 CMC to EAE D-SNP transition, D-SNP look-alike transition, or outreach efforts?

Upcoming Meeting Topics

Future topics may include, but not limited to:

- » Beneficiary communications and integrated member materials
- » Quality reporting
- » Information sharing
- » Updates to 2023 State Medicaid Agency Contract (SMAC)
- » Cal MediConnect transition process and status
- » Crossover claims and balanced billing

Closing

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, April 21st at 10 a.m.**