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

TITLE: Managed Long-Term Services & Supports & Duals Integration Workgroup

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SPEAKERS

Mary Russell
Anastasia Dodson
Gretchen Nye
Julie Jones
Stephanie Conde

Mary Russell:

Good morning, everyone. Welcome to today's Managed Long-Term Services and Supports Duals Integration CalAIM Workgroup. Just giving everyone another minute to join from the waiting room. Great. We're excited to have some great presenters with us today. Julie Jones and Gretchen Nye from CMS MMCO, Stephanie Conde, the Branch Chief in Managed Care Operations Division at DHCS. And of course, Anastasia Dodson, the Deputy Director of the Office of Medicare Innovation and Integration at DHCS.

Mary Russell:

Just before we begin, a few quick meeting management items, all participants will be on mute during the presentation. Please feel free to submit any questions you have for the speakers via the chat. During the discussion, if you would like to ask a question or provide a comment, please use the raise hand function and we will come around and unmute you. And also, just noting that the PowerPoint slides and all meeting materials will be available on the CalAIM website, and you can find a link to those in the Zoom chat. Quickly, we'd just like to ask you to take a minute to add your organization's name to your Zoom name so that it appears. You can click on the participants' icon at the bottom of the window, hover over your name in the participant's list on the right side of the Zoom window, click more, select rename from the dropdown and enter your name and organization as you would like it to appear.

Mary Russell:

A quick overview of today's agenda, CMS will kick off the meeting by providing an update on the Cal MediConnect transition noticing and exclusively aligned enrollment D-SNPs integrated materials, and then we'll have some time for Q and A. Then, Stephanie will walk us through the Medi-Cal matching plan policy and scenarios, and we'll also have some time for Q and A there as well. Following, Anastasia will present on the 2023 CMC to EAE D-SNP transition, the D-SNP look-alike transition and the CalAIM mandatory Medi-Cal managed care for dual eligible beneficiaries. Next, Anastasia will present on the public health emergency unwinding and finally, we'll close out the meeting with a discussion on upcoming meeting topics and some next steps and we'll look forward to your input at that point. With that, I will hand it over to you Anastasia.

Anastasia Dodson:

Great, thanks so much, Mary and good morning, everyone. As we kind of settle into this good agenda and topics, I want to first of all, say that there are larger things going on in the world that are important to note. First, the kind of official count of one million COVID deaths in the United States and thinking about the impact of that on all of our communities and the individuals that this workgroup is intended to focus on. So, really want to make a note of that and think about the impact that that has had on all of us, but particularly on very vulnerable communities in our state.

Anastasia Dodson:

The other thing is over the weekend, there were racially motivated killings that are just deeply disturbing and as we think about the work of this workgroup and of all of us in the sort of health care delivery ecosystem, we know there are health disparities, and we know there are racial and ethnic differences in health care outcomes and in the ways that we think about how people are served through our systems and there are ways that we can improve that, but it is against this landscape of very difficult and stressful and traumatic events that are happening. So, I want to acknowledge that and that as we're thinking about all these things, we're having that in our space as well, so that... The topics today are very technical and very important for us to talk about in a group, but really want to acknowledge the larger context that's going on in healthcare and in racial equity today.

Anastasia Dodson:

One final thing, as we think about this workgroup purpose and structure as we are working on the sort of dynamics of this group in the last few months, it has primarily been department or other partners, CMS, presenting, because again, there's a lot of technical stuff that we want to explain, but we want to pivot back in the coming months to more of a dialogue focus and a focus on providers, partners, health plans, raising up examples and talking about strategies that we can use to improve care, even at the local level and not just sort of this, the statewide policy issues. So, at the end of the agenda, we're going to be talking more about those opportunities. And so, I want to give that context again because you know, this is a presentation heavy agenda today, but in the future, we're going to pivot on that. So, thank you so much, Mary, and look forward to great discussion today.

Mary Russell:

Thank you, Anastasia. So, we'll now have Gretchen Nye and Julie Jones with the Medicare-Medicaid Coordination Office at CMS provide an update on CMC transition noticing and exclusively aligned enrollment D-SNP Integrated Materials. So, Julie and Gretchen.

Gretchen Nye:

Sure. Thanks, Mary. I think I'm up first. Go to the next slide. Thanks. So, I'm just talking very briefly today about the Cal MediConnect transition materials that are going to transitioning beneficiaries at the end of 2022, when they transition to D-SNPs. This slide provides an overview of the collaborative approach we've had with DHCS and stakeholders to develop the materials. These notices will provide important information about what is changing and what is staying the same about committee connect members' health plans. They will provide information about how the D-SNP and the matching Medi-Cal plan will work together to provide a seamless experience for the enrollees, similar to how they experienced care in Cal MediConnect. They'll also provide information about how and when enrollees could change to a different health plan, if they so choose. We'll be highlighting four members that other integrated options available in California, including other exclusively aligned enrollment D-SNPs and pace organizations. This slide just... the bottom of the slide here talks a little bit about the

timing and the content of the notices at the end of 2022. I think that's all I've got. Turning it over to Julie.

Julie Jones:

Hi everyone. So, I'm going to talk a little bit about the integrated materials that we're going to be using. So, one of the benefits of the D-SNPs that have matching Medi-Cal and Managed Care Plan is that we have the opportunity to provide integrated materials in cooperation with the state. So, this means that members will receive one set of materials that they can use to learn about the Medicare and Medi-Cal in one place, rather than two separate sets of materials. And throughout the Cal MediConnect demonstration, we've received consistent feedback that the integrated materials are really helpful to beneficiaries. They improve the understanding of Medicare and Medi-Cal coverage and reduce member confusion. For the past several months, CMS and DHCS had worked closely to build off the integrated materials used in the Cal MediConnect demonstration to ensure the success of the integrated materials carry forward to benefit the members and the exclusively aligned DSNS. And we just wanted to note too, that we've included stakeholders such as advocates and health plans as part of the process to further improve the materials. Next slide please.

Julie Jones:

So, this slide provides a list of the integrative materials that we'll be using for the exclusively aligned D-SNPs. They each provide beneficiaries with important information about their health plan and any updates or changes they can expect for the coming year. And like the transition notices that Gretchen was talking about, we've also incorporated information about the change from Cal MediConnect to integrate D-SNPs and Medi-Cal Managed Care Plans and language explaining how these two plans will work together for beneficiaries. Do want to make a note on the annual notice of change or ANOC. We're going to include a cover sheet that provides enrollees an explanation of what they can expect when the Cal MediConnect plan changes to a D-SP or when they're transitioning from D-SNPs to exclusively aligned D-SNPs.

Julie Jones:

And then also another note on the provider and pharmacy directory and the list of covered drugs, or L-O-C-D otherwise known as the formulary. The drugs covered by Medi-Cal but not covered by Medicare will be carved out. Meaning they'll be covered by the Medi-Cal RX program rather than the Medi-Cal MCP. The list of covered drugs and the pharmacy and provider directory include information on how beneficiaries can learn more about the drugs covered under Medi-Cal RX. So, I will turn things back over. Thank you.

Mary Russell:

Thank you, Julie and Gretchen. We now have some time for questions and answers. So as a reminder, you can raise your hand and we will unmute you or place your question in the chat. Okay. The first question is coming in from Marni, if someone has a D-SNP

with Anthem and their Medi-Cal is with Anthem LA Care, will they get a new ID card in 2023 that they will use and not have to use both cards?

Julie Jones:

I can answer this one. We are going to be using an integrated member ID for the integrated D-SNPs.

Mary Russell:

Great, thank you. Next, let's go to Susan LaPadula.

Susan LaPadula:

Hi, good morning, everyone. Thank you so much. My question is for this health plan ID card, will we receive a sample of what it will look like from all the plans statewide? Thank you.

Mary Russell:

Stephanie, is that something you can answer?

Stephanie Conde:

Hi, good morning, Stephanie Conde with Managed Care Operations Division. I'm not sure, I wasn't tracking that, but I can bring it back. Is that something you get today and that's why it's helpful? I just, I guess I need a little bit more context.

Mary Russell:

Yeah, I think we can bring that back. There's also a note from Janine in the chat that samples of ID cards are included in the member handbooks and OCs today.

Stephanie Conde:

Yeah. So, if that's the source, then of course the answer's yes. I wasn't sure if there was like another push out of them. Thanks, Janine.

Mary Russell:

All right. Another question in the chat from Phyllicia Jones, will materials be subject to the CMS 5% threshold, or will the languages set forth in the California APL apply? I think that's probably for you, Stephanie, as well.

Stephanie Conde:

I know our policy guide, Mary, I might have to phone a friend, our policy guide talks to this a little bit. I just can't remember where we fell. Is it in...Do you remember if it's in our policy guide that's-

Mary Russell:

Right. So, it is in the draft SMAC currently that materials will be required to be translated into the threshold languages. So, that will be reflected in the final SMACs once that's distributed shortly. All right. Another question in the chat from Randy, can we confirm EAE D-SNPs fall under the definition of applicable integrated plans, and we'll use the coverage decision letter as discussed in the recent final rule?

Gretchen Nye:

Yeah. So, in response to that question, I think we anticipate that the exclusively aligned D-SNPs will fall under that definition.

Mary Russell:

Thanks, Gretchen. Sure. I see Kathryn Hedges with a hand raised. Would you like to chime in with your question?

Kathryn Hedges:

Thanks. Yes, I am an autistic self-advocate and one thing I have learned recently is that about half the autistic people in the state are not covered by the regional center system and I am one of those people and I'm having a terrible time finding any kind of plans or support or anything that fits me because everybody assumes, "Oh, you're autistic. You should be getting regional center services, so we're not going to provide appropriate services." And I'm wondering if there's going to be a D-SNP, or anything tailored to the needs of autistic adults who are not receiving regional center services.

Mary Russell:

Anastasia, would you like to respond? I'm not sure we have the right people on the line for that answer today.

Anastasia Dodson:

Yeah. I want to say first how much I appreciate that question. Thank you for flagging that. It's something that we should have further conversations with the Department of Developmental Services about. And because in Cal MediConnect we did not include folks with DDS regional center program participants. Excellent point and so thank you. We will look into this and thank you for raising it.

Kathryn Hedges:

Thanks. Yeah. And I have a letter referencing this from someone at the state council Developmental Disabilities.

Anastasia Dodson:

Okay. Yeah. We'd love to get that letter. You can send it to the CalDuals email inbox, and we will take a look, and this is a great topic that we can even consider having deeper discussion at future meetings.

Kathryn Hedges:

Fantastic. Thank you.

Anastasia Dodson:

Yeah. And we'll invite our colleagues from the Department of Developmental Services. I don't know the rules for in and out of regional center services, but it'd be great to have them part of the conversation.

Kathryn Hedges:

Thank you. And where do I find that email?

Mary Russell:

We can put that in the chat, so you'd have it. Thank you for that question.

Kathryn Hedges:

Thank you.

Mary Russell:

Another question I'm seeing in the chat is from Jill, "What if beneficiaries get an ANOC back October 1st then they change to a different plan after October 1st and the ANOC is no longer applicable?"

Julie Jones:

Then they get should get a new ANOC.

Mary Russell:

Thank you. All right, other questions on this topic? All right, then I think we will transition. I'm going to be passing it over to Stephanie Conde, the Branch Chief with the Managed Care Division at DHCS on the Medi-Cal matching plan policy scenarios. Stephanie.

Stephanie Conde:

Thanks, Mary. Good morning again, everyone. So, I'm going to walk through a handful of slides. They're pretty detailed. So as Mary said, there'll be a question-and-answer portion at the end to kind of go through them. So just hang in with me and then we'll get to that Q and A at the end. So, I'm going to be walking through the Medi-Cal matching plan policy from DHCS. So, today there's this what we call the Medi-Cal matching plan policy aligned enrollment. Medicare is the plan. Dual eligible beneficiaries who are enrolled in a Medicare Advantage plan product must be enrolled in a matching Medi-Cal managed care plan, MCP, if one is available. Next slide. So, as I said, this is a current policy. So, a little more detail for 2022 and actually ongoing, the 12 plans that operate the Medi-Cal matching plan policy in non-CCI counties are Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus counties. And then in our CCI counties, we have Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara counties.

Stephanie Conde:

Next slide, please. So, just wanted to walk through some scenarios, some examples, of what can occur for beneficiaries in the matching plan counties. Next slide. Okay. Scenario one, non-CCI, non-COHS counties when a full or partial benefit dual eligible enrolls in a Medicare Advantage plan chooses a non-matching Medi-Cal plan. They are required to match the Medicare plan. So, in this scenario you have the Medicare Advantage plan A, they're already enrolled in that Medicare plan. They make a plan choice for an Medi-Cal managed care plan B, and this is what the beneficiary experience will be. Health Care Options sends up to three disenrollment letters with the names of the matching Medi-Cal Managed Care plans. If the beneficiary does not choose a matching MCP within 90 days, the beneficiary is disenrolled from the non-matching MCP and sent a voluntary choice packet. If they do not choose a managed care plan, they will be enrolled in Medi-Cal Fee-for-Service. These folks will also receive calls from healthcare options explaining what the policy is, and then their options and walking through with them, how to choose. Next slide please.

Stephanie Conde:

So, our second scenario, this is also a non-CCI, non-COHS county when a full or partial benefit dual eligible currently enrolled in a Medi-Cal Managed Care Plan chooses a non-matching Medicare Advantage plan, they're required to match the Medicare Advantage plan. So again, the beneficiary is enrolled in a Medi-Cal MCP plan A and then the beneficiary makes a choice for a Medicare Advantage plan B. Similar to the previous scenario, they will receive a series of notices and calls from Health Care Options explaining the policy and their choices, and then help to enroll in that matching plan.

Stephanie Conde:

Okay. Next slide please. Scenario number three, also in our non-CCI, non-COHS county. When there is not a matching Medicare and Managed Care Plan, then Fee-for-Service is the only option. So, if beneficiary is enrolled in Medicare plan A, they choose a Medi-Cal plan B. The beneficiary experience is now matching Medi-Cal MCP for plan A, then Medi-Cal Fee-for-Service is the only option. If the beneficiary does send in a choice form, Health Care Options will send a letter back letting them know that Fee-for-Service is the only option followed by a call. Next slide, please. Scenario four, non-CCI, non-COHS county again. When a full or partial benefit dual eligible is in original Medicare Fee-for-Service, they can choose any Medi-Cal Managed Care Plan. So, the matching plan policy does not apply here.

Stephanie Conde:

Next slide, please. Scenario five will transition to our CCI counties, non-COHS. When a full dual eligible beneficiary enrolled in a Medicare Advantage plan, chooses a Medi-Cal Managed Care Plan for the first time, they must choose a Medi-Cal Managed Care Plan that matches their Medicare Advantage plan. So, you have a beneficiary enrolled in a Medicare Advantage plan A, the beneficiary chooses Medi-Cal Managed Care Plan A, they must choose Medi-Cal Managed Care Plan A. So, the beneficiary experience. If the beneficiary does not choose the MCP that matches their Medicare Advantage plan,

then the beneficiary receives a letter with a choice form letting them know that the MCP they chose is not available to them and they need to choose a matching plan. The beneficiary will receive a series of calls from Health Care Options to help them, again, navigate through their plan choices and then choose that plan and successfully enroll.

Stephanie Conde:

Let's see, next slide please. Scenario number six in a CCI county, non-COHS. If a full benefit dual eligible beneficiary is currently enrolled in a Medi-Cal Managed Care Plan that matches their Medicare Advantage, MA, but wants to change their MCP to one that does not match their MA, the enrollment is not allowed. So, the beneficiary is enrolled in the Medicare Advantage plan A, Medi-Cal and MCP plan A and then chooses to change their Medi-Cal plan. The beneficiary experience, this enrollment is not allowed so the beneficiary would get a letter explaining what their plan choices are along with a choice form and then a call from healthcare options, again, to help explain and navigate to what plan they can choose. Next slide, please. Scenario number seven in a CCI, non-COHS county. When a full benefit dual eligible beneficiary changes their Medicare Advantage plan that no longer aligns with the Medi-Cal plan that they are in, no action is taken. The beneficiary is allowed to be in a mis-aligned MA/MCP plan. So again, no contact with the beneficiary, that transaction or that enrollment is allowed to happen. Next slide. So, outside of our 12 matching counties, there's no Medi-Cal matching plan policy.

Stephanie Conde:

Next slide please. The Matching Plan Policy for our Primary and Delegate Plans. So, the matching plan enrollment policy is only operational for Primary (Prime) Plans in the county under current policy. So, a Prime Plan is a Medi-Cal managed care plan with direct contracts with the Department of Health Care Services to provide Medi-Cal services. Primary Plans are also responsible for ensuring that delegate health plans and provider groups are and continue to be in compliance to all applicable Medi-Cal, State and federal laws and contractual requirements. The Primary Plan is responsible for enrolling beneficiaries into our subcontracted or delegate plans. DHCS does not enroll beneficiaries into subcontracted or delegate plans. Again, that enrollment and responsibility is on the primary plan. Next slide please. So, moving forward to 2023, we have one or two scenarios for you.

Stephanie Conde:

Next slide please. So, our Matching Policy moving forward. Starting in January 2023 in our CCI counties, Medi-Cal plan alignment with Medicare choice extends to the Medi-Cal delegate plans, with full risk for all Medi-Cal managed care benefits. So, our policy does extend to our delegate plans in CCI counties for 2023. In the non-CCI counties, that's Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus, that aligned enrollment will continue just at that prime level and does not extend to the delegate.

Stephanie Conde:

Next slide please. Our scenario for all 12 counties. In 2023, in all 12 counties, beneficiaries choosing a Medicare Advantage plan will have automatic enrollment into a matching Medi-Cal plan since Medi-Cal managed care will be mandatory in all counties. And through the CalAIM initiative for mandatory managed care enrollment, we are transitioning beneficiaries who are not already mandatory into a mandatory status. And so, that's what this is supporting. So as the scenario, the beneficiary is enrolled in a Medicare Advantage Plan A. They will then have automatic enrollment into the matching Medi-Cal plan. Health Care Options will then send a confirmation notice to that beneficiary, letting them know of their planned enrollment and the reason behind that. And then, to Julie's presentation earlier, that beneficiary will then get the integrated materials, also explaining the benefits of this integrated product.

Stephanie Conde:

Our next slide please. All right. We're at questions... Oh, sorry, Mary. I took over for you.

Mary Russell:

No worries. Yeah. Please feel free to raise your hand, we'll take you off mute or add your question to the chat. I think, Stephanie, we did get one question from Robert Sessler. Will the COHS policy regarding aligned choice for duals apply in the future, under the forthcoming new, single plan model counties?

Stephanie Conde:

I'm not super familiar with the model changes but the matching policy will continue in the CCI county. If it's the CCI county you're talking about, it will continue. I don't know if we have a SME on the line to extend into more of the model changes, but if not, I hope that answered your question.

Anastasia Dodson:

Stephanie, maybe one thing to point out here too is that we don't know the outcome of the procurement on the Medi-Cal plan side, but if there are some Medi-Cal plans now that have also Medicare lines of business and folks in a CCI county or other counties enrolled in those Medicare plans, the transition on the Medi-Cal side in 2024 is not going to change someone's Medicare enrollment. So, the Medicare Advantage choice process is independent of what Medi-Cal plans are available. I mean, exclusively aligned enrollment D-SNPs, that's kind of a special case, but for just regular MA plans, people can choose those, and they continue to choose MA plans irrespective of what the Medi-Cal plans are. But there will be some that are aligned now, perhaps that are not aligned in 2024, if the Medicare plan no longer has a matching Medi-Cal plan. Stephanie, did I say that, right?

Stephanie Conde:

Yeah, you got it. Yep, absolutely. And I was crossing over EAE, sorry folks, from our matching policy to our exclusively line enrollment, which we've talked about quite a bit as well. Mary, I see some other questions popping in, but I'll let you…

Mary Russell:

Sure, yep. So, I'll grab Julianne Holloway's question. In 2023, for non-CCI counties, if MA plan does not have a matching Medi-Cal plan, will beneficiaries be allowed to select any Medi-Cal plan?

Stephanie Conde:

Yes ma'am, they will.

Mary Russell:

Okay. And then Jan, I see you have your hand raised and a question in the chat. We can take Jan off of mute and you can ask your question. Oh, I think you're muted again.

Jan Spencley:

I thought I hit the unmute. Thank you. I'm still a little confused. I know Anastasia just tried to explain that if you are... I'm a CCI county, right? We are in a CCI county. So, in 2024, if there's no match, meaning somebody's in the Medicare Advantage plan and there is no match, will they also be able to pick any Medi-Cal plan?

Stephanie Conde:

Yes, they will. If there is no matching Medi-Cal plan to that Medicare plan, they're allowed to be aligned not matched, so they can be in a Medicare plan and any managed care plan.

Jan Spencley:

And I have a two-part question with this. Why are we jumping to fee-for-service in the middle? I mean, it just seems like, if they've already got a plan, just because they're not aligned next year, you know what I mean? Why are we jumping to fee-for-service in the middle, like 2023? Because I think that gives a little more confusion and chaos for the beneficiaries themselves.

Stephanie Conde:

Sorry Jan, I was with you for our current policy, jumping to fee-for-service, but for the middle, unless Anastasia understands for the middle –

Jan Spencley:

Middle, I'm talking 2023. Sorry, that was my little notes, the middle note.

Stephanie Conde:

I'm not understanding that part of it.

Jan Spencley:

If I did not understand correctly, that's wonderful but I thought that I saw in 2023, in CCI counties, if somebody is enrolled in an MA plan and that is not matched to a Medi-Cal plan, they will be in fee-for-service Medi-Cal. Did I misunderstand that?

Stephanie Conde:

That's 2022. So, in 2023, that middle part... And that's why I was following... Yep.

Jan Spencley:

Okay, I got it. I messed up the dates.

Stephanie Conde:

Yeah, yeah. We're with you on that. If that beneficiary is in mandatory managed care, they're in a managed care plan. It does not make sense to push them to your service, they would stay in their managed care plan.

Jan Spencley:

So, in 2023 though, they're in mandatory managed care. Is that what I'm hearing?

Stephanie Conde:

Mm-hmm.

Jan Spencley:

Okay. So, all aid codes go to mandatory managed care?

Stephanie Conde:

Most aid codes. There are a few caveats like our foster kiddos that will stay in a voluntary aid code. There's a very minimal few but for the most part.…

Jan Spencley:

Yeah, I've seen your chart. I was like going, "I think I understood this correctly." I was just trying to make sure because that kind of made nervous and am glad I misunderstood. Thank you for the time.

Anastasia Dodson:

And if we want, we could roll back the slides, just a couple, maybe I don't know, to the one that... Oops, sorry. Yeah, just go to the... So, we don't have any Medi-Cal fee-for-service on this page.

Jan Spencley:

Perfect.

Mary Russell:

Thank you for that Jan. Thank you. Next, I see Lydia Missaelides with a hand raised. Go ahead Lydia. You should be able to unmute now.

Lydia Missaelides:

There we go. I had to go a different route to unmute. Can you hear me now, Mary?

Mary Russell:

Yes, we can.

Lydia Missaelides:

Okay. Well, I have to first admit, I am not fluent in enrollment. We haven't had to address this in the community-based adult services program for more than 10 years when that first transition happened. So, I have a worry, given all of these various scenarios, and given that any transit, any potential change to a CBAS beneficiaries' Medi-Cal benefit is treacherous. I would just like to either have some reassurance that there's not going to be a great deal of disruption or understand when that disruption point might occur for them because, unlike other beneficiaries today, people in CBAS must be enrolled in a Medi-Cal managed care plan, with very few exceptions. I think last I looked, we had only a hundred or so, fee-for-service people enrolled, so I have some worry that with seven scenarios, and I'm having trouble understanding all the possible scenarios and combinations, this is potentially very treacherous for our beneficiaries. I don't have a sense even of how many people today are in Medicare Advantage plans versus fee-for-service Medicare. So, could somebody help me either alleviate my worry or make me worry some more?

Anastasia Dodson:

Yeah. Actually, what might be helpful also, if the Aurrera team can put in the chat, there's an OMII, DHCS Office of Medicare Innovation Integration. We have a webpage that talks about the different Medicare Advantage choices and explains the difference between a regular MA plan, a D-SNP, D-SNP look-alikes, and it has data on there. And so essentially, there are about 1.5 million dually eligible folks in California, and something like 45% of them are in some type of Medicare Advantage, and that can include PACE and Cal MediConnect, but it also includes regular MA and D-SNPs. And so – somebody's rustling papers in the background a little bit – but 45% of duals are in some type of Medicare Advantage plan. But I think your point Lydia though, about the impact to CBAS, in some ways, it will get better or easier in 2023 because right now, there's a possibility in certain counties that are not CCI and not COHS, that are dual eligible, if they're not in an MA plan of any kind or either way, they're voluntary for Medi-Cal managed care.

Anastasia Dodson:

And so, in order to get into the CBAS program, they have to enroll in a Medi-Cal plan, and that is an extra step. And then in 2023, virtually all duals will be mandatorily enrolled in Medi-Cal managed care plans. But again, I think somebody may have put it in the chat that, there's more information about what percent of duals are in what types

of Medicare Advantage plans, and that may also give some better context on this. But, so glad to have you as part of this conversation. It's a complex area.

Mary Russell:

Yes. Thank you, Lydia. And Anastasia, we just dropped in the link to the chartbook, so hopefully, that's a helpful starting point. We can certainly provide more details as well. The next hand raised; I see Susan LaPadula. Susan, would you like to unmute and ask your question?

Susan LaPadula:

Thank you, Mary. I just have a question specific to the matching plan counties. Would the state consider making a resource for the providers, including primary care physicians, pharmacies, nursing homes, long-term care, subacutes, by county? If you can explain to us the possibilities, for example, of what can happen in Los Angeles being a CCI county, sunsetting 12/31, Cal MediConnect, and at the same time, also having this Matching Plan opportunity. I think we need more clear communication with a chart and some milestones and timeline on what to expect, specific to county.

Stephanie Conde:

Hi Susan. I think that's a really good point. And I know we have a presentation that Aurrera Health Group is doing across the state, and so there's information in there that we can provide, if we haven't done so already Mary. But more broadly, I think it's a good point, all the questions, and I think it's in that presentation, but we can see if we can share that more broadly.

Susan:

Thank you so much. I appreciate it.

Mary Russell:

Great. Next, we'll go to the next hand raised. Sidharth, you would like to unmute and ask your question?

Sidharth Mahajan:

Hello. Thank you, guys, for taking the time. My question for you guys is, I worked for DaVita and we're part of a new CMMI initiative, CKCC, Comprehensive Kidney Care Contracting, and a lot of our patients are dual eligible. What's going to happen in 2023 when some of our dual eligible patients will end up in a MCP plan, as their secondary? Can they still stay part of the CMMI demonstration?

Mary Russell:

Thanks for that question. I know we still have some CMS colleagues. I'm not sure if they're able to weigh in on that, or Anastasia, did you have a perspective?

Anastasia Dodson:

Well, let's see, if CMS wants to mention that I'd be grateful for that.

Gretchen Nye:

We are still here. We appreciate that question in writing because we can follow up with our team and my colleagues.

Sidharth Mahajan:

Okay. Do you know if you can be part of CKC like, Comprehensive Kidney Care Contracting and an MCP at the same time, if you're a patient?

Gretchen Nye:

I am not sure. We'll be happy to follow up.

Anastasia Dodson:

Yeah. As far as we know though, at DHCS, there's no impact on your Medi-Cal managed care, whether you're mandatory, voluntary, etc. That's an independent process from the Medicare structure. And again, we know that in Medicare, there are many duals who are in fee-for-service, original Medicare, and if the Comprehensive Kidney Program is part of original Medicare, that choice for beneficiaries to stay in original Medicare is independent of their Medi-Cal choice.

Sidharth Mahajan:

Thank you. Actually, that's what they are.

Anastasia Dodson:

Yeah. And so, I will say though that, you bring up a great point about, there are a number of efforts on the Medicare side, accountable care organizations, other pieces that we would like to, in the future, look at deepening the partnership around care for dual eligibles. It's different from what we're talking about with D-SNPs and exclusively aligned enrollment. It's a whole different population but there's a great opportunity there for better partnerships.

Sidharth Mahajan:

Awesome. Thank you so much. That actually really helps because they are fee-for-service still, so that actually answers my question. Thank you.

Mary Russell:

Thank you for that question. Going back to the chat question from Martha, just kind of clarifying, how does this apply to delegated plans?

Stephanie Conde:

Yeah. Hi Martha, we did walk through a little bit of that in the slides, and so I know once those get released, you can go back and reference them. But in our delegated plans right now, the matching policy is at the prime level and at the delegated level. In 2023,

our CCI plans will extend to our delegates for the Matching Plan Policy, but our non-CCI plans will stay at the prime level.

Mary Russell:

Thank you, Stephanie.

Stephanie Conde:

Oh, sure.

Mary Russell:

Another question from the chat from Julie, is Medi-Cal managed care only mandatory for people enrolled in Medicare Advantage plans, as of 1/1/23? Can people still have Medi-Cal fee-for-service if they have a non-Medicare Advantage plan in a CCI county?

Stephanie Conde:

Julie, let me unpack this one. Is Medi-Cal managed care only mandatory for people enrolled in Medicare Advantage plans as of... No. Managed care, Anastasia kind of described it just a little bit. The mandatory managed care is separate from your Medicare Advantage, and so, that initiative to transition folks which I mentioned, is a separate process and that's dependent on your Medi-Cal eligibility not your Medicare. I think I answered that part of it. And then, can people still have Medi-Cal fee-for-service if they have a non-Medicare Advantage plan in CCI? Again, your Medi-Cal eligibility is determined differently from your Medicare, and so, if Medicare fee-for-services were transitioning to mandatory managed care, so there is a big transition of folks into managed care with those benefits. So again, they're not the same, and your fee-for-service eligibility is just dependent on multiple factors on the state level. I hope that answered your question, Julie.

Mary Russell:

Great. Another question from the chat. I know Julianne Holloway is asking about partial duals. Does it make sense for partial duals to also have to follow these Matching Plan Policies when they do not receive Medi-Cal benefits, only Medi-Cal financial assistance?

Stephanie Conde:

Yeah. Good point, and good question Julianne. More to come on the partials, we understand as folks, and I think I mentioned this policy for matching plans has been around for quite a while. And so, we're looking into it from that partial standpoint but you're right. Partials are not in Medicare Advantage plans, so it doesn't make sense, but more information on that to come.

Mary Russell:

Great. A question from Jason, how these effects relate to, if beneficiary utilizes Medi-Cal Rx for their pharmacy benefit medications.

Stephanie Conde:

Medi-Cal Rx is a carved out, managed care benefit, and so, there's no change in the pharmacy services in 2023 or beyond.

Mary Russell:

Thank you, Stephanie. I see one more question in the chat. Of course, feel free to add more or raise your hand but... From Shayna, where can we locate the aid codes transitioning to mandatory Medi-Cal and those that are not?

Stephanie Conde:

Good question. So, on the DHCS website, under the CalAIM initiative, it's the middle box on the homepage. If you click on there and click within the proposal, there's a matrix called appendix, I think it's F now and that lists all the aid codes that are transitioning. We had a transition in 2022, and then there will be a transition in 2023. If we can drop the... I can do it quick when I jump off to... And I can drop the link into the chat box.

Mary Russell:

Excellent, okay. And a question from Leslie Woodside, in 2023 in CCI counties, will there be any effort to match members who have previously chosen non-aligned MA and MCP and are not seeking to change plans?

Stephanie Conde:

So, we are not changing the Medicare Advantage enrollment, so if there is a Medicare managed care plan choice already, we're not changing that in any transitions. And then again, if there is any change down the line, it's just because there is a matching plan choice from your Medicare to your Medi-Cal. Anastasia, did you want to add to that? Because I know we've been asked that question quite a few times in other forums.

Anastasia Dodson:

Yeah. I'll just... Well, Leslie or anyone else, any further questions?

Stephanie Conde:

Okay.

Mary Russell:

All right. And a question that just came in from... Oh, Leslie said, "No, thank you." Thanks Leslie. A question from Garrison Rios. So, will the C-SNPs plans be recognized as Medicare plans, although they do not require a SMAC or Medi-Cal contract with the state?

Stephanie Conde:

I can answer this and then my CMS colleagues can support me. A C-SNP is a Medicare Advantage plan, and so they are part of our Matching Plan Policy.

Mary Russell:
And Gretchen, did you want to add to that?

Gretchen Nye:
They are a type of Medicare Advantage plan, different types of SNPs.

Stephanie Conde:
Thanks, Gretchen.

Gretchen Nye:
Sure.

Mary Russell:
Okay. Thank you so much Stephanie and Anastasia, it seems like questions are slowing, and of course, additional questions can be submitted to the inbox. We've provided some links within the chat and the materials will also be provided. But I think at this point, we can go ahead and transition to our next topic. Which...

Anastasia Dodson:
Mary? Sorry to interrupt. I noticed there's one more question that for Stephanie, and folks from Carly.

Mary Russell:
Oh, you're right. Thanks for flagging that, Carly's asking about if stakeholders will have the opportunity to review the enrollment materials or notices that are sent to individuals transitioning.

Stephanie Conde:
Yes. Carly, thanks for mentioning that. I quickly breezed through it, but yes, the notice that someone receives now, post 2023, and I don't know which slide it was, but we can go back. We will be sending that out first stakeholder and plan review, in hopes that we can make it the best we can, but yes, absolutely. You'll be able to.

Mary Russell:
Great. Oh, and then Melissa's also asking if the link to the aid code reference will be, has that been provided in the chat?

Stephanie Conde:
No, it's coming. It's coming. As soon as I jump off here and I'll put it in there.

Mary Russell:

Thank you, Stephanie. All right. Well, that was a great discussion. Thank you everyone for those thoughtful questions. I'm going to transition it back to you Anastasia, to talk about the 2023 Cal MediConnect to exclusively aligned enrollment D-SNP transition.

Anastasia Dodson:

Thank you, Mary. So, some of you have been on these meetings over the last few months. The slides that I'm going to go through right now are the same as the previous couple months slides, but because new people, join this meeting and it's a complex area, we'll go through them again. But if you've seen them before I urge you to stay on, because I really would welcome your feedback also in the end, when we're discussing future meeting topics. Okay, next slide. So beneficiary enrollment in a D-SNP or any other Medicare Advantage plan is voluntary. Medicare beneficiaries can remain in Medicare Fee-for-Service, original Medicare, and don't need to take any action to stay in Medicare Fee-for-Service. And these are again, key reminders on this transition, that's coming up January 1st, 2023, and then for 2023 beneficiaries that are already enrolled in Cal MediConnect will automatically be enrolled in the Medicare D-SNP and Medi-Cal plan that are affiliated with their Cal MediConnect plan. And no action is needed by the beneficiary to effectuate that.

Anastasia Dodson:

So those are the just important key reminders for the Cal MediConnect transition in 2023. Next slide. So, a D-SNP is a type of Medicare Advantage plan that provides specialized care for dual eligible beneficiaries. Dual eligible beneficiaries are those that are eligible for both Medicare and Medi-Cal. A D-SNP must have a State Medicaid Agency Contract, an agreement with the state, as we call it a SMAC. And, with the State Medicaid Agency in California, that is the Department of Health Care Services.

Anastasia Dodson:

DHCS can choose whether or not to contract with specific D-SNPs. And we have a whole policy around that, based on state law and the goals of integrated care that the department has for dual eligible beneficiaries. A D-SNP is different than Cal MediConnect in that, Cal MediConnect plans, which we currently have. They're a single health plan and a single contract with state, the federal government, and the health plan for both Medicare and Medi-Cal benefits. A D-SNP is just for Medicare benefits and coordination of Medi-Cal benefits. And there's the main contract that a D-SNP has with the federal government. And then there's the separate SMAC contract with DHCS. So, Cal MediConnect is one contract, one plan, and a D-SNP is separate contracts with the state and federal government. And it's for Medicare benefits. Next slide, Exclusively Aligned Enrollment, and, sorry for the long acronym here, but Exclusively Aligned Enrollment is a policy that limits a D-SNPs membership to only individuals that are also enrolled in that same organization for their Medi-Cal plan.

Anastasia Dodson:

So, this is a lot of technical pieces here, but basically Exclusively Aligned Enrollment (EAE) D-SNP, is like the Cal MediConnect approach, because it's the same

organization managing both sets of benefits Medi-Cal and Medicare benefits. One entity is responsible for both. So, we have simplified care coordination. We have integrated communication and materials and benefits, communications to providers from one single organization. And those integrated member notices that we talked about, from the presentation from CMS and discussion at the beginning of this call is an example of that, where the state Department of Health Care Services and the Centers for Medicare and Medicaid services, we are partnering jointly to have, again, unified materials, unified processes that we will require the D-SNPs and Medi-Cal plans, the companion D-SNP and Medi-Cal plans to do together with joint materials, joint policies, et cetera, next slide.

Anastasia Dodson:

So Aligned Enrollment. And some of these terms are used for more than one thing, but Aligned Enrollment is where a beneficiary that chooses to receive their Medicare benefits in a D-SNP. And then they get their Medi-Cal benefits from a Medi-Cal plan, that's operated by the same parent company. And that's the scenario on the left, where you have company A operating, both a D-SNP, and a Medi-Cal plan for the same beneficiary. The scenario on the right is unaligned enrollment, where someone is enrolled in a Medicare D-SNP that's operated by company B and their Medi-Cal plan is operated by company A that's not aligned enrollment. Next slide.

Anastasia Dodson:

So Exclusively Aligned Enrollment D-SNPs, EAE D-SNPs in 2023 will be established in the seven coordinated care initiative counties. And the Medi-Cal plans in those seven counties are the ones that are required to establish these EAE DSNPs. These are the same plans that already have Cal MediConnect plans. And so that's the... key point of this transition is that those organizations already have Cal MediConnect plans, and then they are being required to establish D-SNPs and they already have Medi-Cal plans. And then there will be Aligned Enrollment between their D-SNPs and their Medi-Cal plans. Cal MediConnect beneficiaries will automatically transition to these EAE D-SNPs and the matching Medi-Cal MCPs January 1st, 2023. And the demonstration authority will end at the end of this year.

Anastasia Dodson:

So, non CCI counties. So that's, a large number of counties throughout the state will be required to, in the Medi-Cal plans in those non CCI counties will be required to establish EAE D-SNPs in future years, and no later than 2026. So, the seven CCI counties are very large counties, large populations, but we are working with our Medi-Cal plans to, get them up to speed with, what is a D-SNP, what are the Medicare rules, and then help them establish Exclusively Aligned Enrollment D-SNPs in future years. Okay, next slide.

Anastasia Dodson:

Again, this transition, some of these slides kind of overlap, but the transition will happen January 1st. There will be an automatic process. There should be no gaps in coverage. The provider networks should be substantially similar. And we also have continuity of

care language to ensure that if a beneficiary is working with a provider specialist under Cal MediConnect, if for any chance that provider is not in the D-SNPs network, and they really should be, the network should be very, very similar. But, if they're not, then we have continuity of care provisions for 12 months, so that beneficiaries can stay in that same plan and continue accessing that provider. The notices will go out, that we just talked about at the beginning, in October of 2022. So, we're getting closer and closer. Those notices we know will go out around the same time as materials around the Medicare open enrollment.

Anastasia Dodson:

And they'll be also transitions in some counties for Medi-Cal managed care, duals being mandatory enrolled into Medi-Cal managed care January 1st, 2023. So, the point was well taken earlier about what are the different transitions happen in each county. And so, but for Cal MediConnect, it's a certain group of folks that are already in Medi-Cal managed care. They will get a certain set of notices. Next slide, the opportunities/ benefits of Exclusively Aligned Enrollment. Again, similar to Cal MediConnect. One organization is financially responsible. So, they have incentives to provide community, home and community-based care in lieu of more expensive institutional care. This incentivizes the use of community supports for dual eligible beneficiaries that are offered through the Medi-Cal plans, integrated member materials, benefit coordination, integrated provider communications are also permitted and of course, simplified care coordination across both sets of benefits. All right, next slide.

Anastasia Dodson:

The integrated care coordination and materials. We, this has happened with Cal MediConnect, and we will, there's the same opportunities to do that with Exclusively Aligned D-SNPs. And that's one of the big benefits of having this model, so that we can continue to work closely with CMS on the materials and people can have one card, one number to call for both sets of benefits. Next slide. Again, some of the benefits here, these are the same slides we've been talking about, continued access to the provider network that they're seeing today. Beneficiaries do not pay a planned premium or deductible when they get services from a provider in the health plans network. And there's a continuity of care provision. All of these pieces we think are going to contribute to a continued good experience that beneficiaries have already in Cal MediConnect, and they will have very similar type of experience in the Exclusively Aligned Enrollment D-SNPs. Next slide.

Anastasia Dodson:

Okay. So, I think we'll just keep going on the slides, because these are the same things that we've been talking about the last few months, D-SNP look-alike plans. Those are plans that are marketed to dually eligible beneficiaries, but the D-SNPs look-alike plans are, do not have the same care coordination requirements that D-SNPs have. So, a Medicare Advantage plan that has 80% or more of their members eligible for Medi-Cal. Those are defined by CMS as D-SNP look-alike plan, they don't meet the D-SNP integration requirements and they have enrollment in these plans as increased in the CCI counties in recent years because of marketing efforts and limits on new D-SNPs in

those counties. So, we've seen growth in D-SNP enrollment in the non CCI counties, but limited growth in D-SNP because of Cal MediConnect in the CCI counties. So, these D-SNP look-alike plans, particularly in coordinated care initiative counties, as I said, we've seen significant growth there. Next slide.

Anastasia Dodson:

So, the federal government, the Centers for Medicare and Medicaid services (CMS) is limiting enrollment into Medicare Advantage plans that are D-SNP look-alike plans. Starting in 2022 CMS stopped entering into contracts with new MA plans, that project to have 80% or more of their enrollment in Medicaid. So that's currently, so there have been no new D-SNP look-alike plans in this current year. And then in 2023, next year, CMS is not going to renew contracts with MA plans that are D-SNPs look-alikes. So, MA plans except for D-SNPs, but any other MA plans that have enrollment of 80% of more of dual eligibles, CMS will not renew the MA contracts for those plans. That is a federal policy, but it does have implications here in California because we do have a number of D-SNP look-alike plans in California. And there has been significant enrollment growth in the CCI counties for these types of plans. Next slide.

Anastasia Dodson:

So, there's a transition process, that the federal government CMS is administering. Federal government CMS will permit a MA organization, which, in the Medicare Advantage world, the same organization can have multiple types of Medicare Advantage plans. So, a Medicare Advantage organization can have both a what you might call regular credit mainstream Medicare Advantage plan. That's open to all and may serve Medicare only beneficiaries. And then they can also have a look-alike plan, a D-SNP look-alike plan that is also a Medicare Advantage plan but serves primarily dual eligible beneficiaries. And so, CMS will permit that MA organization to transition the members in its D-SNP look-alike plan into a certain type of MA plan, more of a regular plan that has a $0 premium, or they can transition them into a true D-SNP. So again, that transition process is managed by CMS. The rules are set by CMS and that transition process is being planned right now over the next few weeks.

Anastasia Dodson:

And CMS will be working with those MA plans on hopefully automated processes for most beneficiaries, so that they can, if they want to stay with their existing MA plan, they can, but they would be transitioned to a different plan within the same organization so that they can, provider networks are similar, that'll be a benefit to those types of transitions. And again, that's administered by CMS, that crosswalk enrollment that's the automatic enrollment that would also happen January 1st, 2023. So that is for D-SNP look-alike plans, Medicare Advantage plans. And again, that is a federal process that is being facilitated by CMS notices will come out to, any impacted beneficiaries there, and, but it's of interest and note in California because there are a number of dual eligibles in California that are enrolled in these types of plans. All right, next slide.

Anastasia Dodson:

Okay. Last piece. And then we'll go to questions. So mandatory statewide Medi-Cal managed care for dual eligibles. So, there is, right now in certain counties, some beneficiaries are enrolled in Medi-Cal managed care plans, and some are in Fee-for-Service Medi-Cal. So Medi-Cal has a Fee-for-Service piece and a Medi-Cal managed care piece. For a number of years, most beneficiaries were in Medi-Cal Fee-for-Service. And then 10, 15 years ago, things started to change. There was greater enrollment in Medi-Cal managed care plans, of course county organized health systems in many counties. And then now, we are at a point where, as part of CalAIM and a longstanding strategy, so that there's better care coordination and integration of care. We are looking at mandatory Medi-Cal managed care enrollment for all dual eligibles, in all counties, with a few exceptions, but essentially all beneficiaries in all counties.

Anastasia Dodson:

And that means that in the Coordinated Care Initiative counties, most duals are already in Medi-Cal managed care. There's a few that will be added in, but the biggest impact here is in non CCI counties. So next slide.

Anastasia Dodson:

This talks about the phases of the transition for Medi-Cal managed care. Phase one already occurred, that was in January of 2022. And phase two is what we're talking about here, which will occur in January of 2023. And so, all duals, except for those in share cost or restricted scope will be mandatory Medi-Cal managed care, January 1st, 2023. Individuals in long term care, skilled nursing facilities, both duals and non-duals will also be mandatory for Medi-Cal managed care January 1st, 2023. And there will be information, for those duals in non CCI counties, and non COHS counties, there will be information and materials that will be sent to them in the fall.

Anastasia Dodson:

If they are in a county that they need to choose a Medi-Cal plan, then they will get those materials, choice packet, etcetera. And we know that is around the same time as duals being able to choose to be in a Medicare Advantage plan or a D-SNP. And so, we will appreciate all of your help in answering questions from beneficiaries' providers and others. So that it's clear if you're choosing a Medi-Cal plan, that is a different process than choosing a Medicare plan. Although, as we heard from Stephanie's presentation earlier, a dual who's choosing a Medicare Advantage plan in one of the matching plan counties, then that will, that Medicare Advantage choice will drive their Medi-Cal plan choice.

Anastasia Dodson:

So, it just happens that many things are happening at the same time. Not all of the changes are happening to all of the individuals. And back to the point that someone made earlier about what are the changes happening in which counties, and we'll work on putting something like that out. So, you can see what transitions in which counties. Next slide. Okay. So, I know I covered a lot, but these are slides we've talked about in the past. So hopefully it is clear or clear enough and happy to answer questions.

Mary Russell:

Thank you, Anastasia. So just a reminder, feel free to raise your hand and we will take you off mute a couple things from the chat so far. And Susan, I want to acknowledge, your comment. Thank you for that. Susan has also asked about an ETA on the statewide procurement process.

Anastasia Dodson:

Yeah. Sounds like it's a question about the result of which commercial plans will be selected? And I don't know the official word on that. So sometime this year, in 2022.

Mary Russell:

Susan, I know you also raised your hand. Would you like to come off mute?

Susan LaPadula:

Thank you, Mary. Appreciate that. Anastasia. My question is regarding the newly published skilled nursing facility, long term care and subacute rates, they were published last Thursday for statewide providers. How can the state help us communicate the changes of those new rates, to all of the Medi-Cal managed care health plans?

Anastasia Dodson:

Excellent question. We will take that back. There may be, I don't know if anybody from the MC QMD team is on, if there is an All Plan Letter, which might be published, but that's the normal way that we communicate with our Medi-Cal plans is through all plan letters. But we will take that back and flag, and if that's not in the works, then, I'm sure there'll be some other way that we communicate to the Medi-Cal plans but thank you very much.

Mary Russell:

Great. So, another question from the chat from Veronica Esparza in future years, when the non CCI counties go to EAE, will there still be unaligned D-SNPs as well? A beneficiary can have an MA D-SNP plan with Medicaid Fee-for-Service when there is no matching Medi-Cal plan or will there only be D-SNPs with matching MCPs by 2026.

Anastasia Dodson:

That's a great question. And really a testament to how far you have all come with us in this journey of understanding the world of D-SNPs and aligned plans. So, great question. The bottom line is, there will still be, we expect non-matching D-SNPs and medical plans in the future because our policy has been that we know that Medicare beneficiary that chooses a particular MA plan or a D-SNPs may have concerns about losing that network. So, we do not intend to restrict plans and require any changes on the Medicare Advantage plan side. So, what that means is that the commercial Medi-Cal plans may change in the future, but those plans can still offer Medicare plans. And so, someone might now, right now this year, or next year might be in a matching

Medicare and Medi-Cal plan. But if the Medicare plan that they've chosen is no longer a Medi-Cal plan in the future, then we're not intending to force that disenrollment on the Medicare side. The other piece of it is of course, right now there are already Medicare Advantage plans and there will be Medicare Advantage plans that have no affiliation with any Medi-Cal plan with any medical plan.

Anastasia Dodson:

And dual eligible are able to choose a regular MA plan now and in the future. And so, there are a number of Medicare Advantage plans that don't have any relationship with a Medi-Cal plan, and that will continue. To some extent, there will always be some dual eligible beneficiaries that are not aligned in their Medicare and Medi-Cal plans, but we do hope that there will be as much alignment as possible, because we think that there is a great benefit as far as integrated care and a good variety of networks available in Medicare plans that if a dual eligible chooses to be in a Medicare plan, that an aligned D-SNPs and Medi-Cal plan is a great choice for integrated care.

Mary Russell:

Thank you, Anastasia. Next question is from Eve Gelb. What, for D-SNP look-alike transition, if the MA transitions the member's Medicare to one of their products, what happens to the members' Medi-Cal in CCI counties?

Anastasia Dodson:

So back to the matching plan process. So whatever choice a beneficiary makes on the Medicare plan side because some D-SNP look-alikes are affiliated with Medi-Cal plans and some D-SNP look-alikes are not. So again, back to the slides that Stephanie presented, if a beneficiary chooses a Medicare Advantage plan that is affiliated with a Medi-Cal plan and they’re in a CCI county, then yes, the matching plan policy will apply, but if they choose a Medicare plan, it doesn't have an affiliation with a Medi-Cal plan. Then all of the Medi-Cal plan choices will then be available.

Mary Russell:

Thank you. Another question from the chat from Jill McGougan, is there any flexibility of obtaining Medi-Cal applications from D-SNP look-alike beneficiaries when we are allowed to notify them on October 1? Concerned we won't have enough time to notify and enroll these beneficiaries.

Anastasia Dodson:

I'm just going to read that question to myself again.

Mary Russell:

Eve, would you like to come off mute and add to that?

Anastasia Dodson:

Would be helpful probably.

Mary Russell:

Go ahead.

Eve Gelb:

Yeah. So, thanks. So, to the point earlier about the D-SNP look-alike, so we have a D-SNP look-alike, and we have an affiliated Medi-Cal plan, but it is our FIDE SNP which does not accept auto assignments. And so, the question is the timing of that, because if the plan is not allowed to have auto assignment and the CMS transition is happening at a certain time and we have to get the Medi-Cal app. I think we actually have a conversation with you guys coming up about it, which we can discuss the specifics. We just are wanting to figure out how that works for the D-SNP transition.

Anastasia Dodson:

Yeah. And Mary we forgot to say, so we appreciate all the health plans that are on the call and Eve thank you. We want to take conversations with health plans in different forums because of all the technical issues going on and including CMS as well, the technical folks from CMS. So, we'll take this back and we do have multiple calls each month with Medicare and Medi-Cal plans. So, we'll keep those technical enrollment pieces in those forums. Thanks.

Mary Russell:

Great flag. Thanks. So, sorry, Anastasia did you want to get back to Jill's question about…

Anastasia Dodson:

Yeah. And I don't know, Jill if you're with the health plan, is that a question more of a health plan request or is that more thinking about from a beneficiary perspective and what options they are? And somebody else understands the question. Of course, please chime in here.

Jill McGougan:

Good morning. I also work under Eve Gelb at SCAN Health Plan. So, you just addressed it. I was trying to be general in nature, but it is around our FIDE D-SNPs arrangement. So, we'll talk offline. Thank you.

Anastasia Dodson:

Thanks.

Mary Russell:

Great. Thank you. Let's take Marcelo's question from the chat. If someone is in a look-alike and cross walked into a plan, they don't want, will there be a chance to change before it takes effect January 1st, ‘23. With that they be able to switch out even after December 7th, the last day of annual enrollment period.

Anastasia Dodson:

So, let's ask the CMS colleagues, if they're still on to help with this.

Gretchen Nye:

We are still here. So, beneficiaries who transition under the look-alike authority or crosswalk authority can change their plans before January 2023, but we're not sure about the AEP angle yet. So, we're going to have to take that question back about the time period after December 7th.

Mary Russell:

Thank you, Gretchen.

Gretchen Nye:

Sure.

Mary Russell:

A question from Abby Klein, what is the impact of these changes on the assisted living waiver program participants?

Anastasia Dodson:

Great question. So again, someone can choose their Medicare plan, irrespective of what they are doing on their Medi-Cal plan side. So, if they are in the assisted living waiver, which is a Medi-Cal program, the Medi-Cal assisted living waiver, there's no restriction on what Medicare plans folks can choose when they're in the assisted living waiver. That's the gist of it. I think there's another couple of questions though, that could be addressed there as far as Medi-Cal plan enrollment and Stephanie, assisted living waiver folks, are they currently carved in on medical managed care?

Stephanie Conde:

Don't think we have an exclusion for those folks, but I don't want to say that without confirming, so I can go back, but today I don't think they're excluded from managed care. There are some waiver participants that are, but I don't think that one is, but I would have to go back and confirm.

Anastasia Dodson:

Right. And I think they're not excluded in 2023, right?

Stephanie Conde:

Yeah. Going forward, absolutely. They are not excluded in 2023.

Anastasia Dodson:

So assisted living waiver participants who are not in a CCI county in particular, they'll get a packet, right Stephanie, where they'll need to choose a Medi-Cal managed care plan?

Stephanie Conde:

Yeah. They'll get two notices and a packet explaining the need to transition to a managed care plan.

Mary Russell:

Great. Thank you. I'm not seeing any new questions in the chat, or any other hands raised at this point. So, Anastasia, why don't we transition to the next topic, which will be on the Public Health Emergency unwinding.

Anastasia Dodson:

Right. Again, these are slides that you all have seen before go to the next one. So, the Public Health Emergency has been for the past couple of years, suspending Medi-Cal renewals, Medi-Cal eligibility renewals. So that there's a number of people who have not been redetermined on the Medi-Cal eligibility side for period of time. The Public Health Emergency will end soon. We've got word I believe yesterday that it is going to be extended. It's not going to be terminated in 60 days. So, the Public Health Emergency has been extended. But when it is terminated, then there will be a number of Medi-Cal beneficiaries that will need to be redetermined. And we are concerned that many of them may lose coverage if they don't have correct contact information with their county eligibility offices. So, we want to minimize the beneficiary burden and promote continuity of care on the Medi-Cal side. So, we have a coverage ambassador program that you all are welcome to join. There's a mailing list. And then as updates are available, information is available. You can get information from that distribution list, next slide.

Anastasia Dodson:

But right now, we're really focusing on efforts to make sure that beneficiaries have given their current contact information to county eligibility offices. And there's also ways that Medi-Cal plans can get that information to county offices. So, you can update the information with your plan as well. There'll be renewal packets once we have a date for when the termination of the Public Health Emergency, and when we have that date, then the counties will start sending out renewal packets. And those renewal packets will be done based on the beneficiaries, regular annual redetermination months. And so, it will be rolled out on a monthly basis to all Medi-Cal beneficiaries. But we don't know yet when that date is, but we do want to be ready. And the best thing is to get beneficiaries, to update their contact information at their county eligibility office. And that's all for Medi-Cal. All right, next slide. Future meeting topics.

Anastasia Dodson:

All right, next slide. So today we covered very heavy technical topics, and we want to also be talking about clinical topics about care coordination topics, about ways that we can improve health outcomes around dual eligibles, around Long-term Services and

Supports and Managed Long-term Services and Supports, which is part of CalAIM Enhanced Care Management and Community Supports. So, these next two slides have some examples of topics that we think are very appropriate for this group to talk about. We will of course continue talking about as needed, notices, transition processes around CalAIM connect, around D-SNP look-alikes, matching plan policy et cetera, but we want to also get deeper into some of these other topics. So, you can see the list here. And we have two slides with lists. Local examples of integrated care back to where we started conversations around CCI, which is coordination on IHSS between health plans and county eligibility offices, the quality measures and reporting that could be done and is currently being done to a certain extent for dual eligible, the crossover claims and balance billing.

Anastasia Dodson:

We know that's a topic that has come up in the past quite a bit, and that's on our radar. Next slide. Provider and plan information sharing for hospital and D-SNPs admissions. The information sharing requirements that are on the federal level that we are required to include in our D-SNPs SMACs. That's a really important topic for folks who are going through transitions in and out of hospitals and nursing homes and making sure that information is shared with their providers and plans. So, the Medicare Advantage, special supplemental benefits for chronically ill.

Anastasia Dodson:

Again, there are a number of duals who are in regular Medicare Advantage plans that have these SSBCI benefits. What are they? How do they relate to what's in CalAIM on the Medi-Cal side, updates to our SMAC, consumer advisory boards and for EAE D-SNPs care management for Alzheimer's and related dementias? There are other chronic conditions we could talk about with this group, health equity a very important issue with some straightforward and some complexity to think about and strategize on strategies, local and statewide, Long-term Services and Supports dashboard. We are in the midst of preparing that for a July launch. So, we've got a lot of topics here and we'd love to have all of your feedback, thoughts either through the chat or in person or over the zoom.

Mary Russell:

Yes. Feel free chime in via the chat or raise a hand. And we can take you off mute, always open to receiving any suggested topics through the inbox, the CalDuals inbox as well. Go ahead, Susan.

Susan LaPadula:

Thank you, Mary. Anastasia, have we thought about the clinical side of the nursing home resident, a current nursing home resident on fee-for-service Medi-Cal has the clinical authorization called a TAR, Treatment Authorization Request? When fee-for-service is no longer available that resident will need a authorization with the new health plan. Have we thought that through at all?

Mary Russell:

Yeah. I see. Stephanie has come off mute.

Stephanie Conde:

Yeah. Good question, Susan. Yeah, we are talking that through, on policy in our long-term care work groups. But that's definitely being thought through on what we do now based on policy and then what we would do for the long-term care transition. The DHCS and advocates are putting a lot of thought into that.

Susan LaPadula:

Wonderful. Thank you, Stephanie. Will you keep us informed on how that would work and what we should do to plan?

Stephanie Conde:

Yeah, no, absolutely. And there's going to be an all, Anastasia mentioned earlier, all plan letter released with our policy, not kind of, our policy decisions on that, but absolutely. We can keep this group informed.

Susan LaPadula:

Thank you so much. Thank you for all your efforts, everyone. We really appreciate it.

Mary Russell:

Thank you, Susan. I see a hand raise from Pat Blaisdell. Pat, go ahead. Pat, you should be able to unmute.

Pat Blaisdell:

Yes. Thank you. I wanted to echo Susan's question about how incumbent residents, if you will, of skilled nursing facilities will transition smoothly. I know the facilities need to have clarity about how to seek authorizations and submit claims for the services. So, I want to underscore that issue. A related issue is that we often have folks residing in the hospital setting that are awaiting placement to a skilled nursing facility.

Pat Blaisdell:

And during the time they're in the hospital, they would normally be subject, or they would normally be able to bill for administrative day through fee for service. So, the question would be is if you have folks like that are in the hospital for extended times, because there isn't a D-SNPs that they're able to go to, how would we... The administrative days are also subject to certain conditions and TAR process. How would these individuals be identified and assigned to a plan? And then how would the hospital proceed with getting authorizations assistance in placement and or payment for those administrative days? Not sure that it's probably beyond the scope of today's discussion, but I think adding on to Susan's concern, I think the APL that goes out may need to address those kinds of issues as well.

Anastasia Dodson:

Now, fair point. And it was implicit, but it should have been explicit on the slides about future meeting topics that the long-term care carve-in is definitely part of a discussion with this group. As you know, we have a technical group that is working through all of that and advising the department on those details, but we want to make sure we surface all of that to this larger group. And so, we'll absolutely have that on a future meeting agenda here and make sure we have all the right people. And then also, when we get our plan letter published, we can push it out to this group as well, because the long term carve-in is a very important issue. That's where we're all working on.

Pat Blaisdell:

Well, yeah. Thank you, Anastasia. And I think what I also want to underscore is that the long-term care carve-in, at least the discussions I've been engaged with to date, really focuses on folks that are already in long-term care. And I think we do have a significant number of folks that are residing in hospital settings, awaiting long-term care. And I don't know if we have a good handle on how many folks those are. I'm certain, it's quite a lot. And how they'll be included in the work to meet their long-term care needs and also make sure that there's reimbursement for the care they're receiving even before they get into the long-term care system.

Anastasia Dodson:

Yeah. And it sounds like that's an important, like you say, it could be considered part of the long-term care carve-in, but it's already a topic and it probably will continue to be a topic before and after January 1st, 2023.

Pat Blaisdell:

Right. One thing that would be helpful is if the contracts with the managed care plans addressed their responsibilities for either care coordination, network adequacy, and reimbursement for those patients that are kind of caught betwixt and between. I mean, that's something I know we've addressed before, but some managed care plans are really good about providing reimbursement for that interim period as well as support for care coordination. Some plans not so much. So, it would be great to have some standardization and some clarity around the expectations of the hospital, the D-SNPs and the plan in those circumstances.

Anastasia Dodson:

Got it. Thank you.

Stephanie Conde:

I was going to chime into there for provider outreach, because Susan and Pat both hit on that. There's robust provider outreach for long-term care transition as well. So, I wanted to make mention of that. That will happen. I think it's starting in the third quarter of 2022. So, I wanted to make that point as well.

Mary Russell:

Great. Thank you. There is a comment in the chat unrelated to potential meeting topics, I think, but regarding the Public Health Emergency Unwinding, has DHCS sent the beneficiary outreach letters regarding the PHE Unwinding to duals, I assume so because they were supposed to go out all beneficiaries is DHCS conducting any other outreach efforts to reach duals specifically?

Anastasia Dodson:

Yeah, I don't know what DHCS materials have been sent out around updating contact information. I don't think we have our eligibility folks on, but if there was something that was sent to all medical beneficiaries, then I'm sure duals were included. But since the PHE has not expired yet, and it's just been extended, I believe that we have not sent out something broad to all beneficiaries, but I certainly could be wrong. But we'll just, joining that coverage ambassadors email distribution list will be the best way to find out the latest and greatest on any updates there.

Mary Russell:

Thanks Anastasia. At this time, I'm not seeing other questions in the chat, or any hands raised. Any other questions? Oh, thank you, Pat, for this additional note on provider outreach. Great flag. Okay. Well thank you all for... Thank you to all of our speakers today for these really informative presentations and to all of you for this robust discussion. The date for the next work group meeting will be Thursday, June 23rd at 10:00 AM. And the next CCI stakeholder webinar will be on Wednesday, July 27th at noon. Thank you so much for joining the slide deck and the meeting materials will be available on the DHCS and MLTSS and Duals stakeholder worker website in the next few days. Take care everyone.

Anastasia Dodson:

Thank you everyone.