



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: Mary Russell – Aurrera Health Group

Agenda

- | | |
|---------------|---|
| 10:00 – 10:05 | Welcome and Introductions |
| 10:05 – 10:20 | Update: Cal MediConnect (CMC) Transition Noticing and Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP) Integrated Materials and Stakeholder Q&A |
| 10:20 – 10:45 | Medi-Cal Matching Plan Policy Scenarios and Stakeholder Q&A |
| 10:45 – 11:15 | Review: 2023 Cal MediConnect (CMC) to Exclusively Aligned Enrollment (EAE) D-SNP Transition, D-SNP Look-Alike Transition, CalAIM Mandatory Medi-Cal Managed Care for Dual Eligible Beneficiaries, and Stakeholder Q&A |
| 11:15 – 11:20 | Public Health Emergency (PHE) Unwinding |
| 11:20 – 11:30 | Next Steps and Upcoming Meeting Topics |
| 11:30 | Closing |

Workgroup Purpose and Structure

- » Serve as stakeholder collaboration hub for CalAIM MLTSS and integrated care for dual eligible beneficiaries. Provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for upcoming changes for Medicare and Medi-Cal.
- » Open to the public. [Charter posted](#) on the Department of Health Care Services (DHCS) website.
- » ***We value our partnership with plans, providers, advocates, beneficiaries, caregivers, and the Centers for Medicare & Medicaid Services (CMS) in developing and implementing this work.***

Update: Cal MediConnect (CMC) Transition Noticing and Exclusively Aligned Enrollment (EAE) Dual Eligible Special Need Plan (D-SNP) Integrated Materials

Gretchen Nye

Julie Jones

Medicare-Medicaid Coordination Office (MMCO)

Centers for Medicare & Medicaid Services (CMS)

CMC Transition Noticing Update

- » DHCS and CMS worked collaboratively to craft beneficiary notices for the Cal MediConnect (CMC) transition and provided draft notices to stakeholders for review and comment.
- » Updated draft notices are currently being tested directly with beneficiaries through a CMS contract with Mathematica.
- » Noticing Plan
 - » **October 2022:** CMC Plans will send a mailing containing a 90 Day notice and two inserts: commonly asked questions, referred to as the Notice of Additional Information (NOIA) and a list of other integrated health care coverage options (including available integrated D-SNPs and PACE). Plans will make outbound calls.
 - » **November 2022:** CMC Plans will send mailing with second notice 45 days in advance of the transition, along with the NOIA

Integrated Materials

- » Integrated materials are a benefit available only to D-SNPs with exclusively aligned enrollment
- » The integrated materials used in 2023 will build on the success of integrated materials in the Cal MediConnect plans
- » DHCS is working closely with CMS on the development of integrated materials
- » Stakeholders reviewed the integrated materials, and stakeholder feedback has been incorporated to further improve the materials

Integrated Materials

- » Exclusively aligned D-SNPs will send beneficiaries the following integrated materials
 - » **Member Handbook:** Provides a comprehensive overview of what the plan covers, how much enrollees pay, enrollee rights, and more.
 - » **Annual Notice of Change (ANOC):** Includes an explanation of the change from a CMC plan to an integrated D-SNPs, any changes in coverage, costs, and more, that will be effective in January 2023.
 - » **Member ID Card:** A single card used to access Medicare and Medi-Cal services.
 - » **Summary of Benefits:** A high level overview of the plan.
 - » **Provider and Pharmacy Directory:** Information on in-network providers and pharmacies.
 - » **List of Covered Drugs (Formulary):** A description of the drugs the plan covers.

Questions

- » Questions on CMC Transition Noticing and Integrated Materials?

Medi-Cal Matching Plan Policy Scenarios

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the width of the slide, creating a sense of movement and depth.

Stephanie Conde
Branch Chief

Managed Care Operations Division (MCO)
Department of Health Care Services (DHCS)

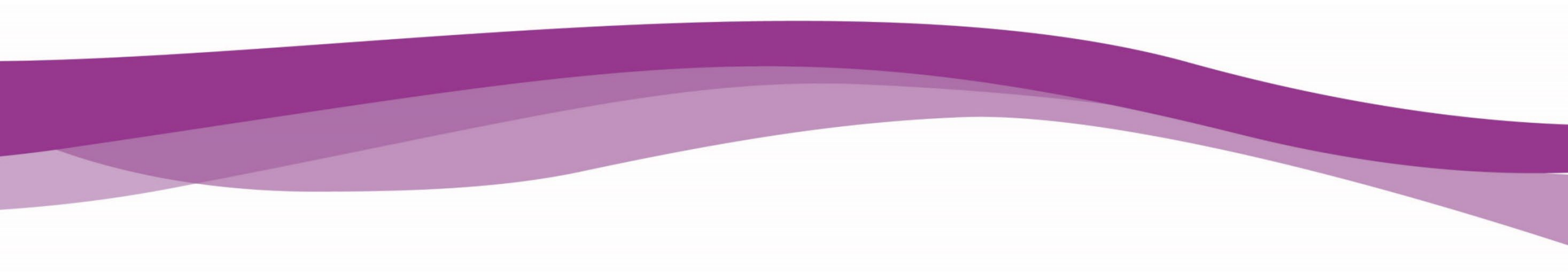
Aligned Enrollment, or Matching Plan Policy

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

2022: Matching Plan Policy

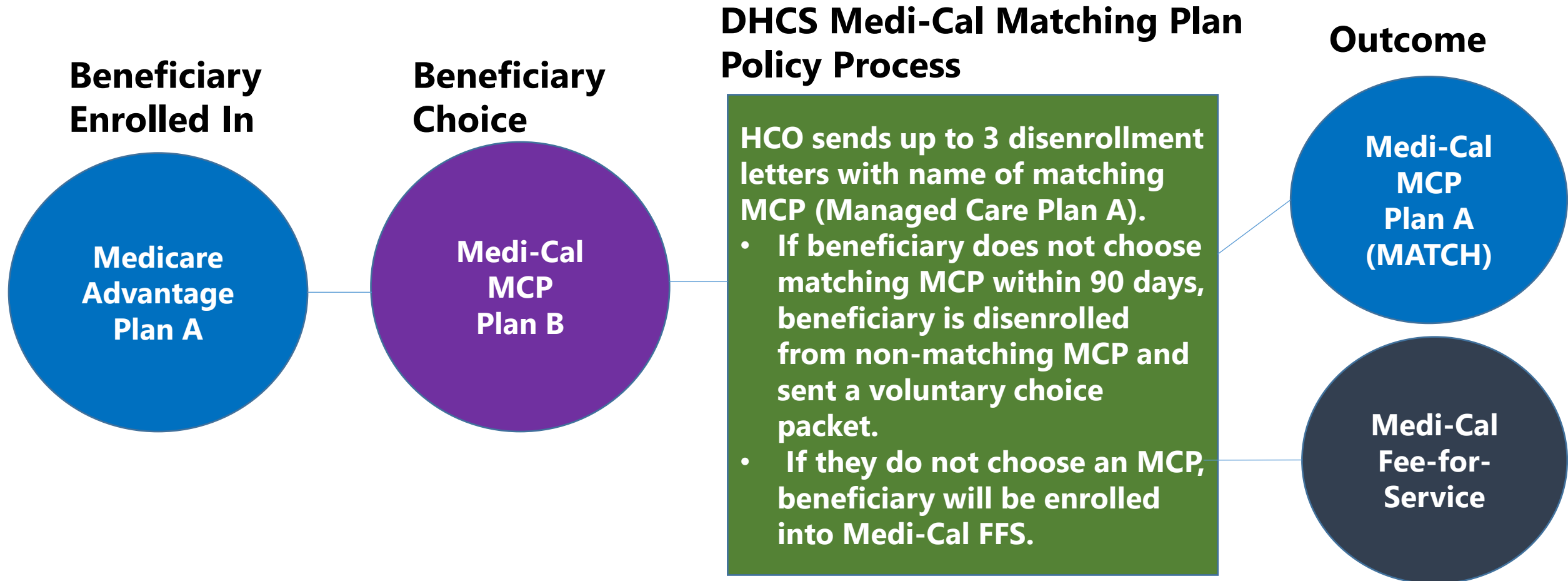
- » In 2022 and ongoing, in the 12 “matching plan” counties, Medicare plan choice determines Medi-Cal plan at the Medi-Cal prime level.
 - » **Non-CCI:** Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus counties.
 - » **CCI:** Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara counties.

2022 Scenarios



Scenario 1: Non-CCI, Non-COHS Counties

» When a full or partial benefit dual eligible enrolled in a MA plan chooses a non-matching MCP), they are required to match the MA.



Scenario 2: Non-CCI, Non-COHS Counties

- » When a full or partial benefit dual eligible currently enrolled in a MCP chooses a non-matching MA, they are required to match the MA.

**Beneficiary
Enrolled In**

**Medi-Cal
MCP
Plan A**

**Beneficiary
Choice**

**Medicare
Advantage
Plan B**

DHCS Medi-Cal Matching Plan Policy Process

- HCO sends up to 3 disenrollment letters with name of matching MCP (Managed Care Plan A).
- If beneficiary does not choose matching MCP within 90 days, beneficiary is disenrolled from non-matching MCP and sent a voluntary choice packet.
 - If they do not choose an MCP, beneficiary will be enrolled into Medi-Cal FFS.

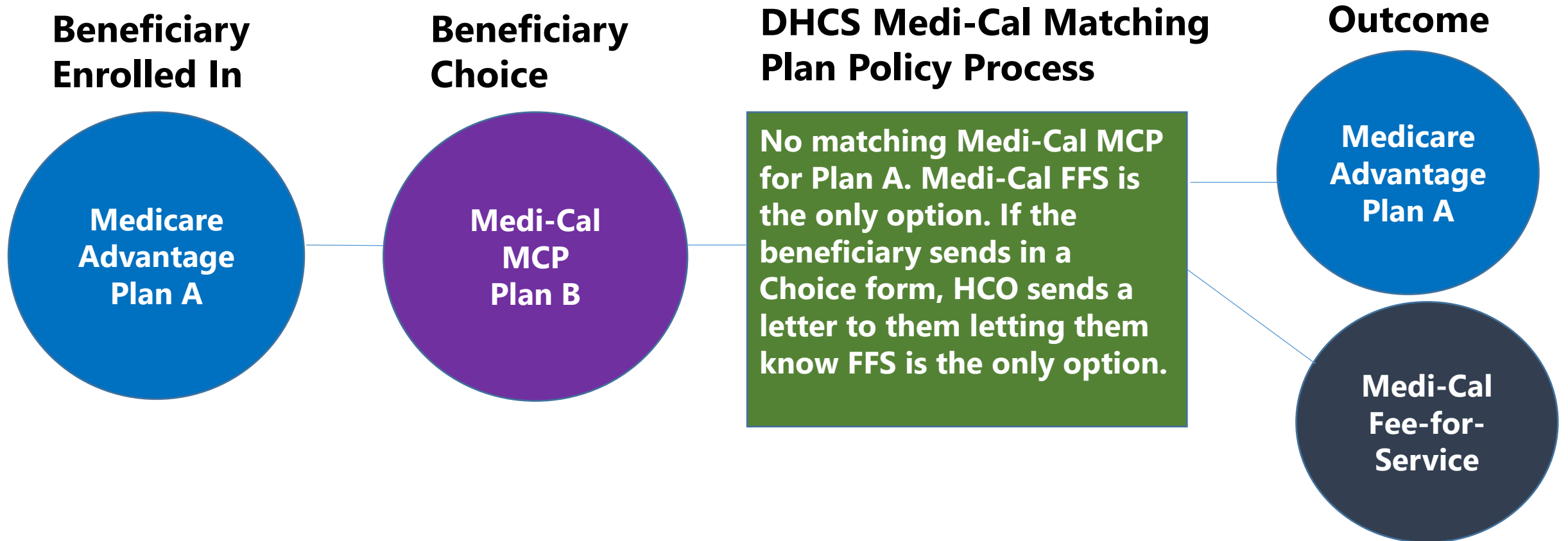
Outcome

**Medi-Cal
MCP
Plan B
(MATCH)**

**Medi-Cal
Fee-for-
Service**

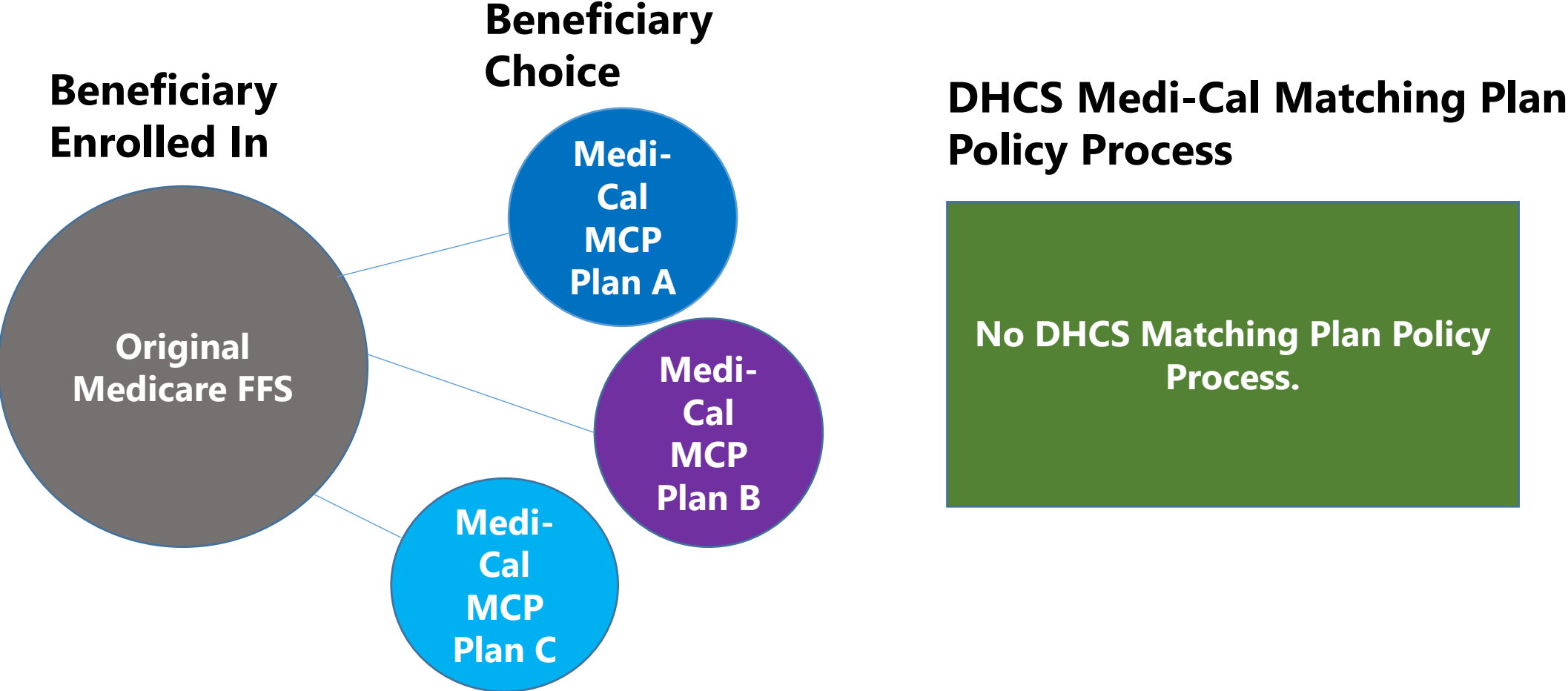
Scenario 3: Non-CCI, Non-COHS Counties

- » When there is not a matching MA/MCP, then Medi-Cal Fee-for-Service (FFS) is the only option.



Scenario 4: Non-CCI, Non-COHS Counties

» When a full or partial benefit dual eligible is in Original Medicare FFS, they can choose any Medi-Cal MCP.

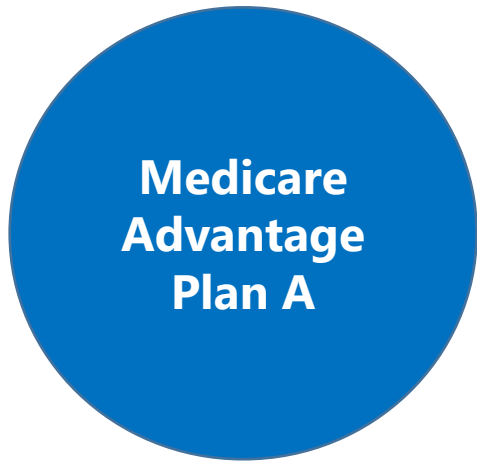


Scenario 5: CCI County, Non-COHS

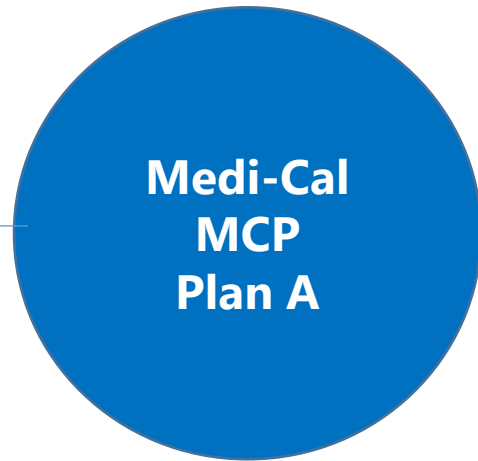
- » When a full benefit dual eligible beneficiary enrolled in a MA plan chooses a MCP for the first time, they must choose an MCP that matches their MA plan.

DHCS Medi-Cal Matching Plan Policy Process

Beneficiary Enrolled In



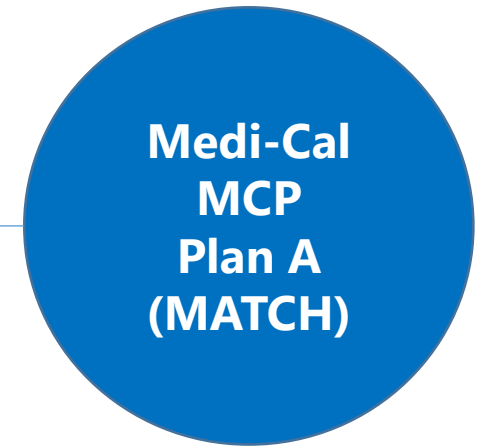
Beneficiary Choice



If the beneficiary does not choose a MCP that matches their MA, 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 the matching plan.

- Up to 6 outbound calls are made to assist the beneficiary.
- If the beneficiary does not make a choice, then they are defaulted into the matching plan.

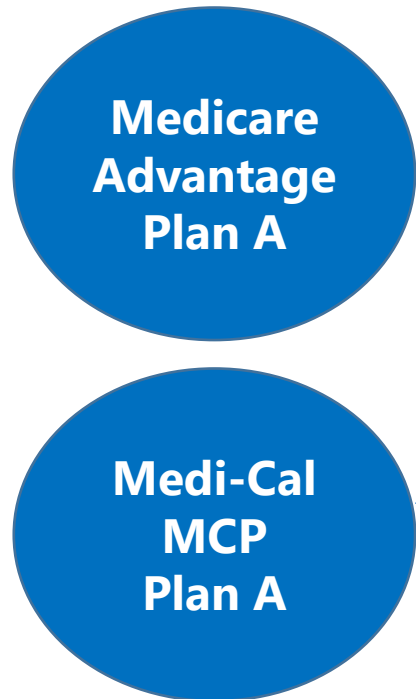
Outcome



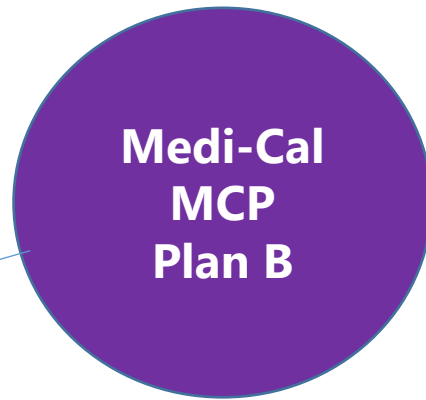
Scenario 6: CCI County, Non-COHS

- » If a full benefit dual eligible beneficiary is currently enrolled in an MCP that matches their MA but wants to change their MCP to one that does not match their MA, the enrollment is not allowed.

Beneficiary Enrolled In



Beneficiary Choice

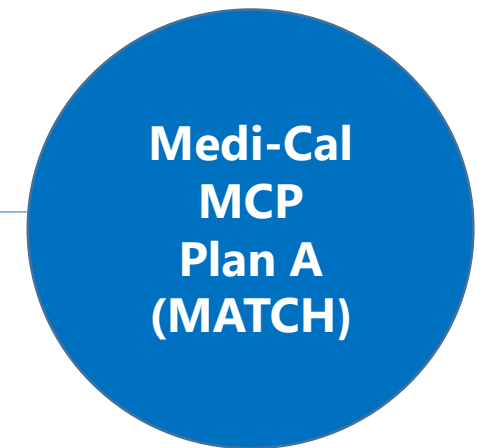


DHCS Medi-Cal Matching Plan Policy Process

This enrollment is not allowed. If the beneficiary submits a choice form, the beneficiary will receive a letter explaining that their plan choice could not be processed.

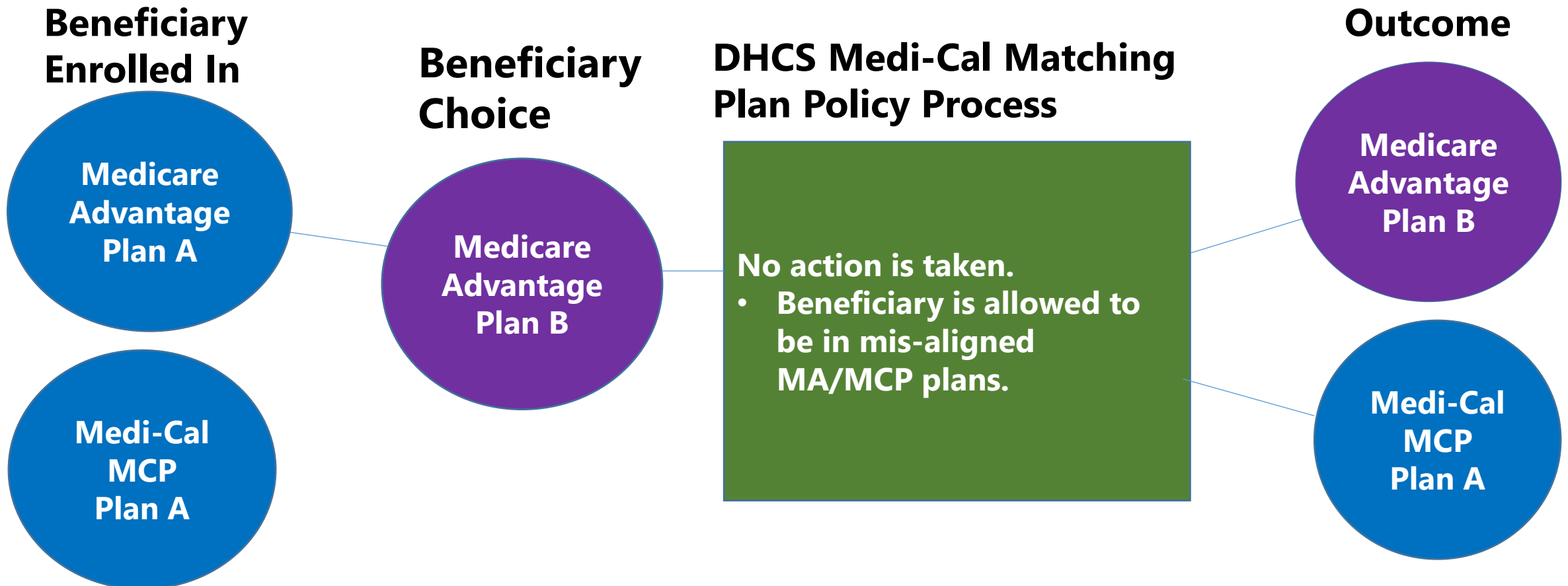
- The letter will include a choice form so that the beneficiary can make a new choice.
- Additionally, outbound calls will follow to assist the beneficiary.

Outcome



Scenario 7: CCI County, Non-COHS

» When a full benefit dual eligible beneficiary changes their MA that no longer aligns with the MCP that they are in, no action is taken, and beneficiary is allowed to be in mis-aligned MA/MCP plans.



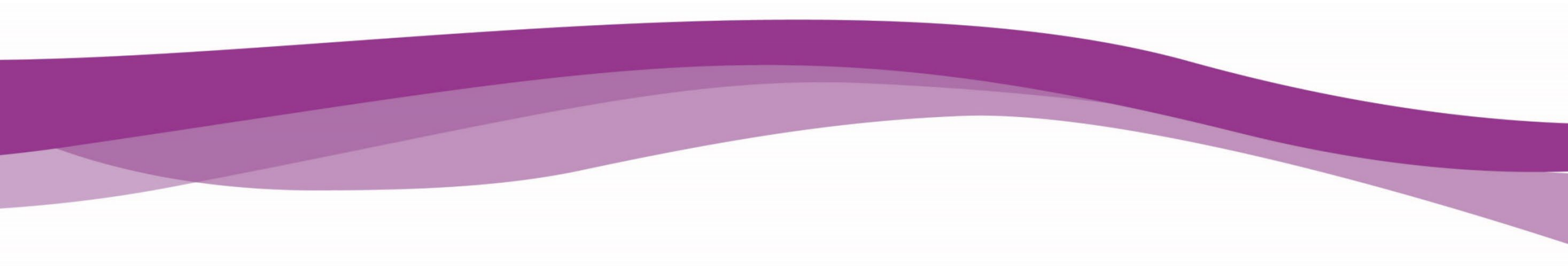
2022: Outside of 12 Counties

- » In all other counties aside from the 12 counties (including COHS, non-COHS, non-CCI), there is no Medi-Cal matching plan policy.

Matching Plan Policy: Primary and Delegate Plans

- » The matching plan enrollment policy is only operational for the Primary ("Prime") Plan in the county under current policy.
 - » **Primary Plan:** MCPs with direct contracts with DHCS to provide Medi-Cal services. Primary Plans are responsible for ensuring that delegate health plans and provider groups are, and continue to be, in compliance with all applicable Medi-Cal, State and federal laws, and contractual requirements. The Primary Plan is responsible for enrolling beneficiaries into subcontracted or delegate plans.
- » DHCS does not enroll beneficiaries into subcontracted or delegate plans. That enrollment process is the responsibility of the primary plan.

2023 Scenarios



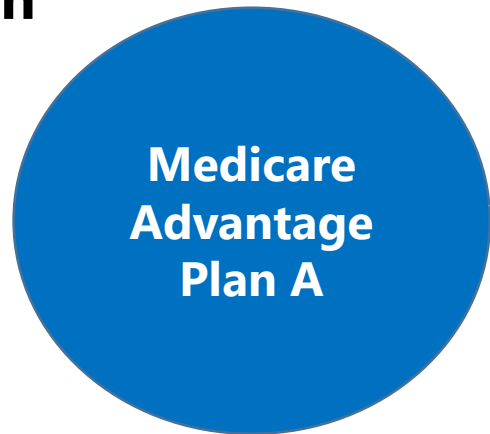
2023: Matching Plan Policy

- » 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.

Scenario 8: All 12 Counties

- » In 2023, in all 12 counties, beneficiaries choosing a MA plan will have automatic enrollment in a matching Medi-Cal plan, since Medi-Cal managed care will be mandatory in all counties.

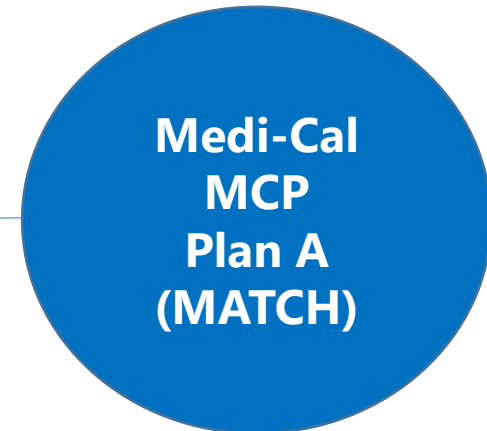
Beneficiary Enrolled In



DHCS Medi-Cal Matching Plan Policy Process



Outcome



Questions

» Questions on Medi-Cal Matching Plan Policy Scenarios?

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



Anastasia Dodson
Deputy Director
Office of Medicare Innovation and Integration (OMII)
Department of Health Care Services (DHCS)

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

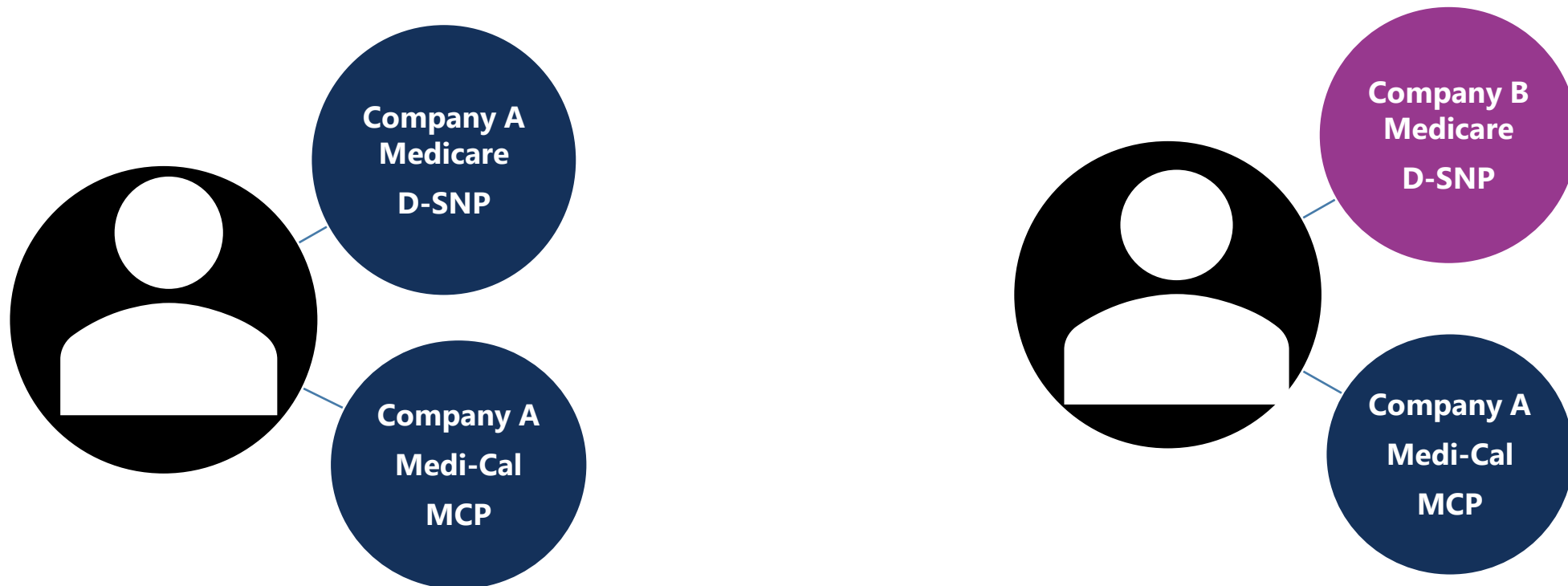
- » D-SNPs are Medicare Advantage (MA) health plans that provide specialized care for dual eligible beneficiaries.
- » D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
- » DHCS can choose whether to contract with specific D-SNPs.
- » How is 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 (left scenario).



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

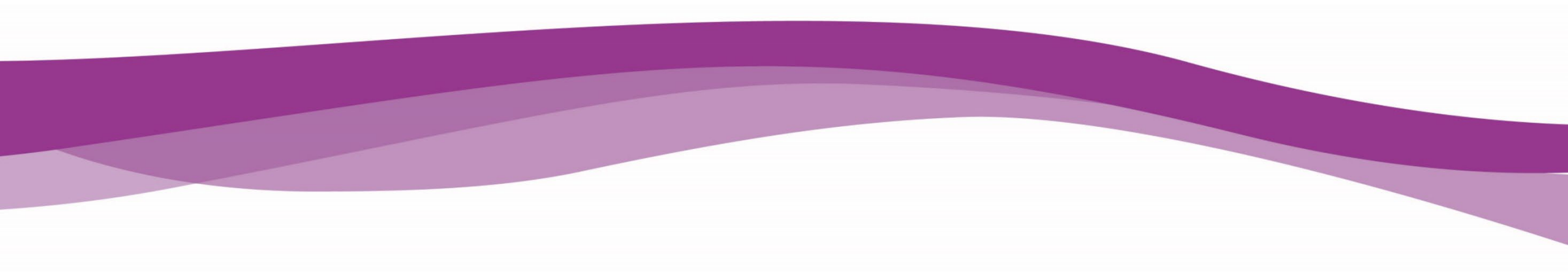
Integrated Care Coordination & Materials

- » 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.

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.

CalAIM Mandatory Statewide Medi-Cal Managed Care for Dual Eligible Beneficiaries



CalAIM Mandatory Medi-Cal Managed Care

Background

The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or the aid code for which the beneficiary is determined to qualify.

Goals

January 2022/January 2023, select aid code groups and populations will transition into mandatory managed care enrollment or mandatory FFS enrollment.

Benefits

- Mandatory managed care enrollment will **standardize and reduce the complexity of the varying models of care delivery** in California.
- Medi-Cal MCPs can **provide more coordinated and integrated care and provide beneficiaries with a network of primary care providers and specialists.**
- DHCS can move to a regional rate setting process to **reduce excessive administrative work.**

Timeline: Mandatory Medi-Cal Managed Care

Mandatory Managed Care Enrollment	Implementation
Phase I	January 2022
Phase II	January 2023

Phase I

- » The populations/aid code groups transitioned to managed care are: Trafficking and Crime Victims Assistance Program (dual and non-dual), Breast and Cervical Cancer Treatment Program (non-dual), individuals granted accelerated enrollment, beneficiaries with other health care coverage* (non-dual), beneficiaries living in rural zip codes (non-dual).
- » The populations/aid code groups transitioned to FFS are: those covered under the Omnibus Budget Reconciliation Act (OBRA) in Napa, Solano, and Yolo counties and share of cost (dual and non-dual) beneficiaries in county organized health systems and Coordinated Care Initiative counties.

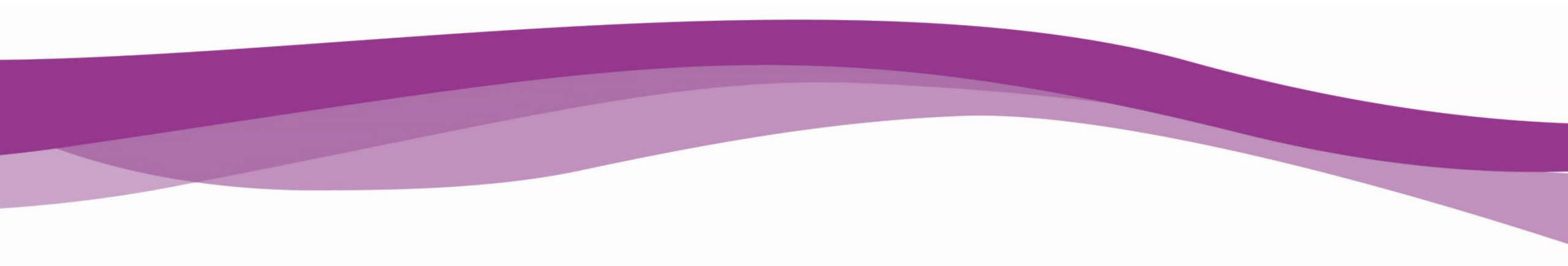
Phase II

- » All dual populations/aid code groups, except share of cost or restricted scope, will be mandatory Medi-Cal managed care on 1/1/2023. Individuals in long term care (dual and non-dual) will also be mandatory in Medi-Cal managed care.

Questions

- » Questions on 2023 CMC to EAE D-SNP transition, D-SNP look-alike transition, or mandatory statewide Medi-Cal managed care?

Public Health Emergency (PHE) Unwinding



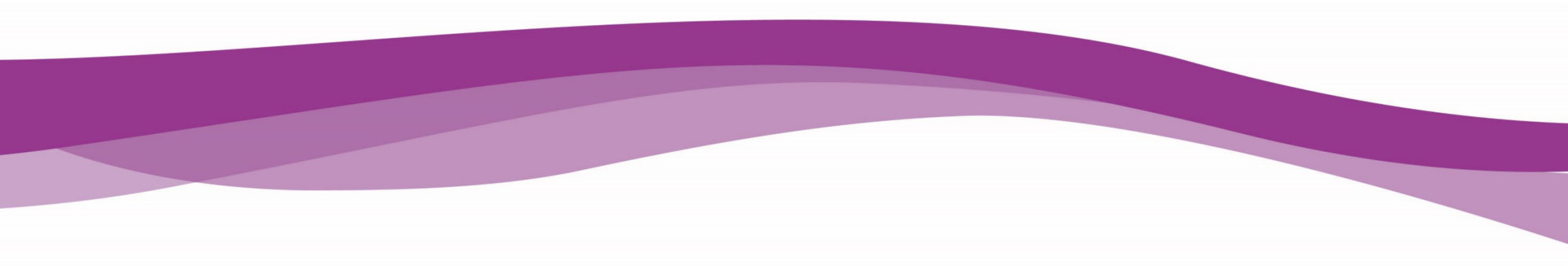
Public Health Emergency (PHE) Unwinding

- » **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.

Future Meeting Topics



Discussion: Potential Meeting Topics

- » Local examples and discussion of integrated care
- » CalAIM Enhanced Care Management (ECM) for dually eligible beneficiaries
- » Community Supports for Seniors and Persons with Disabilities
- » Crossover claims and balance billing
- » Beneficiary communications and integrated member materials
- » Cal MediConnect transition process and status, and outreach updates
- » Quality measures and reporting for dually eligible individuals

Discussion: Potential Meeting Topics

- » Provider-Plan information sharing for hospital/SNF admissions
- » MA Special Supplemental Benefits for the Chronically Ill (SSBCI)
- » Updates to 2023 and 2024 State Medicaid Agency Contract (SMAC)
- » Consumer Advisory Boards and CMS' final rule
- » Care Management for Alzheimer's and related dementias
- » Strategies to improve health equity
- » Long Term Services and Supports (LTSS) Dashboard updates

Closing

- » Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Thursday, June 23rd at 10 AM.**
- » Next CCI Stakeholder Webinar: **Wednesday, July 27th at noon.**