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SPEAKERS

Hilary Haycock
Anastasia Dodson
Kerry Branick
Cassidy Acosta
Stephanie Fajuri
Jack Dailey
Maria Wahab

Hilary Haycock:

All right. Good morning, folks, we're going to go ahead and get started. So once again, welcome to the CalAIM and MLTSS and Duals Integration Workgroup, we are so pleased to have you join us today. Our main topic is going to be on outreach strategies, and we have some wonderful presenters with us today.

Hilary Haycock:

Joined as always by Anastasia Dodson, Deputy Director of the Office of Medicare Innovation and Integration at DHCS, as well as Kerry Branick with the Medicare-Medicaid Coordination Office at CMS. We're going to have presentations on outreach today from Cassidy Acosta, Deputy Outreach Director over at Aurrera Health Group. Stephanie Fajuri, Senior Program Manager and Staff Attorney at the Center for Health Care Rights. Jack Dailey the Cal MediConnect Ombudsman and Maria Wahab, the Manager of Member Outreach and Education at CalOptima. So, thank you to all of our presenters for joining us.

Hilary Haycock:

Just a few meeting management items before we dive right in. All participants will be on mute during the presentations, but please feel free to submit any questions or comments you have for the speakers using the chat function. We'll be monitoring that throughout the day's meeting. During the discussion, if you'd like to ask a question, provide comments and feedback, you're welcome to continue to use the chat or you can use the Raise Hand function on Zoom, and we'll be happy to unmute you to join the discussion. The PowerPoint slides and all meeting materials are available on the DHCS CalAIM website, you can find a link to those materials in the Zoom chat, we'll be posting that periodically so if folks want to pull up that deck, it is already available online.

Hilary Haycock:

Next, we're going to ask that folks add their organization name to their Zoom name, this just helps make sure that we know who's making comments so we can track the discussion. So, what you want to do is click on the Participant's icon at the bottom of the window, your name will pop up, hover over that name on that right hand side of the Zoom window, click More, select Rename from the dropdown menu and please just add your, make sure your name and your organization are as you would like it to appear. And so, with that, we will go ahead and hand it over to Anastasia Dodson to start us off. Thanks so much.

Anastasia Dodson:

Thank you so much, Hilary, and welcome everyone. We're again, very, very pleased to have you all joining us today. This is an important topic outreach, as you know, we're going to, and I don't mean to get too far ahead of myself. I'm so excited about this topic

outreach, but I should talk about our workgroup purpose because some of you may have not been on these workgroup meetings before.

Anastasia Dodson:

We have this series, this monthly series, this workgroup meeting that serves as a collaboration hub for the CalAIM Managed Long Term Services and Supports and integrated care efforts for dual eligibles in the CalAIM program, that all of the initiatives within CalAIM, many of them impact dual eligibles. So, this workgroup series is focusing on ways that we can provide information, hear information from our partners and then get feedback directly through, we've had a good robust chat, but also the workgroups that we're going to have. For example, today, all of that is a really important way for the Department of Health Care Services and all of our partners to hear from all of you.

Anastasia Dodson:

We want to collaborate with you on the CalAIM pieces around Managed Long-Term Services and Supports and the transition to a D-SNP exclusively aligned enrollment structure in the CCI counties and make sure that all of that runs smoothly, but even more than that, make sure that we have all of the important features of Cal MediConnect, then continuing when we move to the D-SNP structure. We have a charter that's posted on the DHCS website, and we really value our partnership with all of you. Next slide.

Anastasia Dodson:

So, the agenda, which I'm very excited about. So, we're going to hear from Kerry Branick at CMS around the transition notice updates, and then we're going to talk about outreach. This is absolutely not going to be the last time that we have a discussion about this topic, we know that it's vitally important. It's really about communication. How are we communicating as a Department, but then how do health plans communicate? How do community partners, HICAP agencies, all of the different organizations and providers, how do we all communicate about Cal MediConnect and about D-SNP exclusively aligned enrollment?

Anastasia Dodson:

What are the strategies that work? What are the things that have been successful in the past? And then what are the areas that we need to work harder on or develop new strategies for? So very, very excited to have this discussion today. And then again, a really excellent panel, these wonderful partners. Next slide. So, with that, I'm going to hand it off to Kerry Branick, our CMS partner to talk to us about the noticing for the upcoming transition.

Kerry Branick:

Thanks, Anastasia. I think you can go to next slide. So, my name is Kerry Branick. I work for the Centers for Medicare and Medicaid services in the Medicare-Medicaid Coordination Office, which is a mouthful, but it's the office at CMS that's focused on supporting individuals who have both Medicare and Medicaid, and that is the group that is eligible for Cal MediConnect. So, we have been working collaboratively with the state to try to start crafting draft notices that would be used in the transition of Cal MediConnect. And we wanted to provide a short interim update today, as I know that this is a topic of interest to many of you and certainly part of outreach more broadly.

Kerry Branick:

I think we all want to be sure that beneficiary communications clearly convey important information about the transition from Cal MediConnect to Dual Eligible Special Needs Plans or D-SNPs. There may be some things that are different for beneficiaries when they transition to D-SNPs, but much will stay the same and we want to try to communicate that through these notices. I think we all recognize it's important what's in the communications, but it's also important on what they look like when they're sent and who sends them.

Kerry Branick:

There are also legal requirements that need to be conveyed through these notices, and while we can rely on some existing model notices that might be used in Medicare or in Medi-Cal. The transition of Cal MediConnect to D-SNPs offered by the same organizations that offer the Cal MediConnect plans. This is a unique transition and may require more tailored communications and messaging around it.

Kerry Branick:

We've received feedback from many of you on all of those points through the course of discussions in this stakeholder meeting and in others, as well as through public comment period that DHCS facilitated last winter, I believe. And so, we had quite a lot of feedback that, that we were going back and reviewing and making sure that we take into account. Our plan is we hope to be able to post draft notices publicly for feedback, hopefully in the next couple of weeks. After getting feedback from all of you, we're going to take that into account and update these notices, and then we'll be working through a contract that CMS has with an organization called Mathematica later this winter to test these notices directly with beneficiaries.

Kerry Branick:

This is called materials testing. And the goal is to try to test and refine the materials that are used to communicate this transition to beneficiaries and or to caregiver. As I said, this is important information, but it is sometimes very complex information, and we want to be sure we are communicating it as clearly as possible as this talks about health care coverage.

Kerry Branick:

Testing the materials. We hope that we can learn from the feedback to be able to improve the content of the messages, of the communications, the organization of them, the format, try to improve readability and consistency in the messaging. So, this testing will be directly with individual beneficiaries in California. The specific project structure and format of this testing is still under development. It depends on what our notices look like after we get feedback from you all, but we're happy to return at another time and share a little bit more information.

Kerry Branick:

Folks are interested in exactly how the testing will work. But overall, we want to work towards a timeline that would give time for plans to customize where appropriate these notices when they're finalized and to have enough time for translation and alternative formats. So, this slide gives a very high-level timeline for the overall noticing strategy. What we're planning for is that in October of 2022, the Cal MediConnect plans would send a mailing with a 90-day notice and two inserts in the mailing.

Kerry Branick:

One commonly asked question, how are things going to be the same? How are they going to be different? What if I want to change my health care coverage? What options do I have? And then the second notice would be a list of other healthcare coverage options, ideally at the county level. So, it's as specific to that beneficiary as we can get. At the same time, plans would do outbound calls to their members.

Kerry Branick:

In November, the plans would send a second notice and again, repeat those same inserts that give more context and more information about someone's options. In December, the Dual Eligible Special Needs Plans, so the D-SNPs, that could be receiving the Cal MediConnect enrollees for 2023 would send a welcome packet. And we are envisioning this welcome packet would include the routine information that health plans send annually or send to new members. And as much as possible that the information in that packet continues the level of integration and messaging that was used in Cal MediConnect. So, we're hoping there will be things like one summary of benefits, one member handbook or evidence of coverage, and we're working with DHCS on those.

Kerry Branick:

So just to wrap up and to try to be clear, we're hoping to share the notices and the commonly asked questions with you all, hopefully in the early part of December, and then obtain feedback and start this materials testing process with our contractor later this winter. We are also going to share drafts of other beneficiary communications and other materials like that summary of benefit, but that would likely be later this winter and

wherever possible, we're trying to build on what we've done in Cal MediConnect. So, I think that's all I had to share today. Hilary, maybe we can see if there are any questions.

Hilary Haycock:

Yeah. There is one question in the chat from Barbra McLendon at Alzheimer's Los Angeles. "What special considerations will you put in place to ensure that family caregivers of people with dementia will receive these communications?"

Kerry Branick:

Thanks, Barbra. That's a great point, and I hope through the rest of the stakeholder call today that I know focuses on outreach, that we can get your perspective and others on what kinds of special considerations we should put into place. I certainly know we all want a communication strategy that goes much beyond just mailing notices to the Cal MediConnect beneficiaries. And so, I think as much as possible, we'd love feedback and how that should accommodate individuals with dementia and their families and caregivers too.

Hilary Haycock:

Question from Kristine Marck at CMA about whether continuity of care rights will be spelled out.

Kerry Branick:

That's one of the questions. Yeah. That's one of the questions that we have actually. We're not quite done finalizing these notices, but I think it's possible, we might try to propose a couple of different options on level of detail and what is communicated in the notice versus what might be in commonly asked questions. And so, we'd like your feedback on the level of detail that should be included on continuity of care and other things as well.

Hilary Haycock:

Great. A question from Heather Bates at Transform Health about whether funding will be made available to community-based organizations to provide equity and translation services on the notices.

Kerry Branick:

I don't know if anyone from DHCS wants to weigh in on that. I don't think there's any plans on the CMS side to provide funding in that way, but we'd be hoping for feedback or specific ideas about that.

Hilary Haycock:

I know there is effort to support the HICAPs and other organizations in helping the Ombudsman, et cetera. So, in others, there's some work, but I'm not sure how widely available that will be. So, a question from Marcelo Espiritu, a little bit related about when enrollment and Cal MediConnect plans will close in 2022?

Kerry Branick:

I know we've talked about this in this group before, and I know there's interest in maintaining and allowing enrollment into integrated plans like Cal MediConnect to continue through 2022. I have to admit, I'm not sure we've reached a final decision on that and so I'd welcome DHCS to jump in if they'd like.

Anastasia Dodson:

Sure.

Kerry Branick:

Just as a point of reference that in Medicare Advantage more broadly, there is no enrollment moratorium like has been discussed. And so, I think there's some interest in trying to align with Medicare policy more broadly here.

Anastasia Dodson:

Yeah. This is Anastasia from DHCS. Yes, we're going to have Cal MediConnect enrollment open as long as possible all the way up to the end of November 2022 through December 2022.

Kerry Branick:

Thanks, Anastasia.

Hilary Haycock:

A question from David Kane about, "Can you share more about how Mathematica's testing will include a diverse group of Californians with Medicare and Medi-Cal?"

Kerry Branick:

Yeah, not yet, but that is part of the scope of work with Mathematica. And I know that they've start to develop a plan for how this could work, but also to identify organizations in California they might work with to help facilitate the testing. Another challenge of course we have is with the Public Health Emergency it's likely that this testing would be done virtually. And so, we're trying to consider too how to reach a wide variety of Cal MediConnect enrollees to be able to provide that feedback virtually and to provide any sort of accommodations that would help ensure that we reach as many people as we can.

Hilary Haycock:

Great. We're nearing the end of our time on this topic, but definitely have lots of interest. We will ask Lisa Hayes. Do you want to go ahead and ask your question?

Lisa Hayes:

Hey, thank you so much, Kerry. Totally appreciate you mentioning alternate formats. I did want to just ask; I wasn't really clear about who's going to be responsible for providing the alternate formats. Would it be the health plans, Aurrera? And obviously when I'd say that I'm referring to large font, braille, audio. But one, I know in the initial when we did Cal MediConnect, community that was really challenged with this was the deaf community. So, any opportunity to try to get some ASL videos or stuff like that. And is that the plans responsibility or is that going to happen at Aurrera or DHCS's level? Just want clarification. Thanks.

Kerry Branick:

Yeah, sure. That's a really good question, and I'm not sure what the answer to that is. I want to say that it would be on the plans to do that, but I think we all recognize there might be some efficiencies if CMS or DHCS is able to handle at least some translations or some accommodations. And so, I think that's still an open question on how we would do that. I think that our timeline though affords us the ability to be able to plan for that. We are more than a year away from when the transition would be effectuated, and so it gives us all of the different parties that are part of this transition time to look at what our…

Lisa Hayes:

Awesome, thank you so much.

Stephanie Conde:

Hi, this is Stephanie Conde with DHCS. I just want to support Kerry's response as well. It would most likely be on the plan since the plans are mailing the notices, but then to Kerry's point, we'll take back the consideration for it to be a larger effort.

Hilary Haycock:

All right. Lots of, really, really great questions and comments, some of which I think also lean into our next topic. So, I guess I just wanted to thank Kerry for the presentation and for all of the wonderful efforts on the part of CMS, as well as DHCS and drafting these notices, really looking forward to continuing that conversation.

Hilary Haycock:

All right. So, our next topic is Cal MediConnect and D-SNP outreach for providers and partners. Very excited about this topic. Our first presenter is Cassidy Acosta from Aurrera Health Group, our Deputy Outreach Director. And before Cassidy launches into their presentation, I just wanted to give a little bit of a background on the role of Aurrera Health Group in supporting DHCS on their efforts with the Coordinated Care Initiative, and this D-SNP transition. Aurrera, formerly Harbage Consulting, has been really proud to be supporting the Department in this effort in supporting California's duals in gaining access to integrated care.

Hilary Haycock:

Since the very, very early days and early development of Cal MediConnect and the Coordinated Care Initiative. And so, we feel very proud of the efforts that we've been able to make in supporting the great work of the Department on this initiative. One of the main things that we have been doing on behalf of the Department, and many of you on the ground, probably know a number of our staff, but one of the main things that we've been doing is supporting outreach in the CCI counties.

Hilary Haycock:

And so, we are delighted to be able to continue our outreach support for the Department as we're moving into this transition. And we're thinking about not just how we educate folks about Cal MediConnect, the potential benefits and transition to the Coordinated Care Initiative, but now helping provide that sort of outreach and coordination support as we move into the new D-SNP environment.

Hilary Haycock:

And so that's a little bit of a background on who we are. We are a national health care policy and communications consulting firm. We are mission driven, and so our work is primarily in the Medicaid and Medicare space. And so, we're very committed to doing work that helps make a difference in local communities and improving access to healthcare. And so again, have been just really delighted in supporting the Department on this important initiative. And with that, unless there's anything you'd like to add Anastasia, I'm happy to hand it over to Cassidy to talk about a little bit about the history of our outreach, as well as how we are our new priorities for the transition,

Anastasia Dodson:

Nothing else to add. Thank you, Hilary, and very excited for this topic.

Hilary Haycock:

Yes. Great. All right. With that, I will hand it over to Cassidy Acosta, take it away.

Cassidy Acosta:

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

Cassidy Acosta:

So just as a brief example, we took multiple approaches to reaching our various audiences, such as offering provider webinars for physicians and their staff who were unable to have a join in person, facilitating county-based communications, workgroups for local stakeholders, and also joining local collaboratives to make sure that we reach advocates and other professionals. Next slide, please.

Cassidy Acosta:

So, from our previous Cal MediConnect outreach, we were able to identify successful strategies for future outreach activities. So, this includes building and strengthening relationships with community stakeholders, such as through the county-based Communications Workgroups and other local collaboratives, creating accessible outreach materials to ensure that beneficiaries can easily access information about their healthcare options. Informing community-based organizations and social service providers about the coordinated care initiative and the Cal MediConnect program so that they have the knowledge necessary to accurately educate the dual eligible beneficiaries they serve.

Cassidy Acosta:

We also conducted outreach to providers, including tailoring those materials for the audience and partnering with health plans to deliver that messaging, encouraging stakeholder feedback and participation when developing materials, and of course, using both in-person and virtual approaches to reach a variety of audiences. Next slide, please.

Cassidy Acosta:

Now, with these promising practices in mind, we were proposing three strategic outreach goals for the 2023 Cal MediConnect transition and for new D-SNP enrollment. So, the first is that we will educate providers and community-based organizations about exclusively aligned enrollment D-SNPs. We're targeting these audiences specifically as they're typically viewed as advisors to beneficiaries on a variety of topics, including their healthcare.

Cassidy Acosta:

So, our goal is to equip providers and partners with the information and tools they need to help the beneficiaries they serve, both through the transition and with new D-SNP enrollment. Additionally, we will continue to build and strengthen our relationships with key community stakeholders, such as the Health Insurance Counseling Advocacy Programs or HICAP, the Ombudsman, health plans, long term services and supports providers, county agencies and of course, other community-based organizations. And lastly, we hope to increase understanding and participation in integrative care. And we really hope to establish stakeholder buy-in for the initiative. Next slide, please.

Cassidy Acosta:

So, the proposed provider and partner outreach strategy includes three main components. First, we'll look at the audiences of focus, which includes provider and community-based organizations, and we'll explore proposed outreach activities, which will be used to reach these audiences. So, this includes presentations, Communications Workgroups, collaborative meetings, and of course, other outreach events like town halls and health fairs. And then we'll wrap up the proposed outreach strategy by discussing outreach material like FAQs, slide decks, fact sheets, and contact sheets. And over the course of the next few slides, we'll talk about these in a little bit more detail. Next slide, please.

Cassidy Acosta:

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

Cassidy Acosta:

Thanks. So now this slide breaks down the proposed outreach activities that I mentioned earlier, which would be used to reach providers and community-based organizations and inform them about the Cal MediConnect transition and new D-SNP enrollment. So first we have educational presentations which are going to offer the opportunity to reach small, targeted audiences, such as individual physician offices and staff from community organizations. We're also interested in hosting regional town halls and partnership with key community stakeholders, such as health plans, HICAP, the Ombudsman, to share information about the transition and new D-SNP enrollment.

Cassidy Acosta:

In addition, we will continue to facilitate county-based communications workgroups to hear stakeholder feedback. We want to encourage participation in material development and conduct other their outreach activities with these groups as needed. We also hope that this will help strengthen local partnerships and support collaboration with community agencies. And then similar to our communications workgroups, we also want to participate in local collaboratives and stakeholder meetings to strengthen relationships with stakeholders. These meetings are hosted by other entities, so our participation can include delivering outreach reports, sharing educational information and materials about the transition as well as the new D-SNP Enrollment.

Cassidy Acosta:

And we're also planning to participate in outreach events that includes health fairs and conferences that are aimed at reaching providers and partners. This could include attending health care related conferences or staffing outreach tables at these events.

Cassidy Acosta:

And then lastly, I'd like to briefly highlight the beneficiary outreach, which is the final point on the slide. This is generally a separate effort led by the health plans and partnership with providers and community-based organizations. However, DHCS and CMS will provide overall support as needed. So, we acknowledge that beneficiaries need accurate information about their healthcare options, and our goal is to reach the people they trust so that they can provide guidance on a beneficiary's healthcare. Next slide, please.

Cassidy Acosta:

And lastly, we have the proposed provider and partner outreach materials, and some of these may feel very similar or familiar to the materials we developed under Cal MediConnect. To start, we have slide decks. Those are going to provide a brief overview of CalAIM with details about the new D-SNP enrollment and the Cal MediConnect transition. They'll be used to educate providers and community organizations, most likely through presentations.

Cassidy Acosta:

We also plan to develop FAQs in partnership with the local communications workgroups. These would be tailored to providers and community-based orgs to help answer their common questions relating to the D-SNP expansion and Cal MediConnect transition. Of course, fact sheets, another great tool for summarizing information to share with specific audiences. In this case, they'll be tailored to specific stakeholders, including HICAP counselors, physicians, beneficiaries, and others as we identify them. And they will provide details about the benefits of exclusively aligned D-SNPs and Medi-Cal plans in a concise and accessible format. And then contact sheets might also be created, these are really helpful for communication workgroups specifically. Contact sheets help identify key players in a county, like the health plans, ombudsman, HICAP,

et cetera. And that's a brief overview of our proposed provider and partner outreach strategy. Thank you all so much. And I will turn it back over to Hilary.

Hilary Haycock:

Wonderful. Thanks so much, Cassidy, for that great presentation. We have a brief period of time to take any questions or comments that folks have. One in the chat already is, who is the best point of contact if they would like their organization to be able to participate in outreach and assistance efforts? So, Cassidy, what is the best way for folks to contact us?

Cassidy Acosta:

Best way is just to reach out to me directly. My email address is cassidy@aurrerahealth.com and we can include that in the chat as well.

Hilary Haycock:

Great. A comment from Maya Altman at Health Plan of San Mateo, that although not part of the LTSS community, developmentally disabled and mentally ill consumers are often dually eligible, and we should figure out a way to reach the organizations that work with those consumers as well. That is a great point, particularly as the Long-Term Care carve in is including some DD facilities, so we'll definitely take that feedback up. We appreciate that.

Hilary Haycock:

Question from Peter Hansel of CalPACE, similar to what has been done with how many connects materials and outreach can information about PACE be incorporated. And so, I can say that PACE is being included in the notices as an option. And so, it's being incorporated there and we're happy to do so as well in our outreach. We know that PACE is a great integrated care option for many beneficiaries, so happy to continue our partnership, Peter.

Hilary Haycock:

A comment from Barbra McLendon at Alzheimer's Los Angeles, if you can provide us with short newsletter articles, we can include them in our organization's communications more easily. That is a great suggestion. We love developing and distributing newsletter content for sure. Question from Beth Garver about plans and working with SNFs, and that is definitely on the Department's radar and something that we will be addressing this coming year.

Hilary Haycock:

A question from Eve Gelb as by D-SNP also included. I think it is as one of the Medicare plans options when options are being provided to beneficiaries. And a

question, from Susan LaPadula about veterans' beneficiaries with VA benefits, my understanding and happy to have maybe Stephanie Conde or someone from DHCS to weigh in on...

Anastasia Dodson:

Hi, it's Anastasia. Similar to Cal MediConnect, so beneficiaries who are in veterans CalVet facilities, those are not part of Cal MediConnect already, and we're looking at continuing that policy going forward with the D-SNP exclusively aligned enrollment, but beneficiaries who have VA benefits writ large are not excluded. So, it's really just folks who are in the mostly skilled nursing facilities run by the California veteran's agency are not included in Cal MediConnect and won't be included in the D-SNP effort. That's the short version. We'll just keep going.

Hilary Haycock:

Excellent. Okay. That's what I thought the answer was but I'm grateful for Anastasia weighing in on that. I think the last question that we're able to take before we need to move on to our next presenter. A question from Jane Ogle about sort of, will plans have sales teams and participate in outreach? We are certainly hoping that plans will be active partners in helping educate beneficiaries about the benefits of integrated care available through exclusively aligned D-SNPs.

Hilary Haycock:

And so, hoping to work with them as key partners as we move into this D-SNP landscape. All right, well, thank you everyone for your comment and questions. I appreciate it. Very excited to have some of our other community partners, including a health plan who maybe could speak to that a little more directly. So, I will hand the mic over now to Stephanie Fajuri Senior Program Manager and Staff Attorney with the Center for Health Care Rights to talk about their outreach efforts. Stephanie, take it away.

Stephanie Fajuri:

Thanks so much, Hilary. So, thank you guys for having me today. And I think we can go to the next slide here; Center for Health Care Rights is LA county's HICAP program. And so, talking a little bit about the best practices that we have for reaching duals. There are a few different things, so I've got two slides here that I wanted to go over. The first obviously, we're in LA county, which is extremely ethnically and linguistically diverse.

Stephanie Fajuri:

So, we really make an effort to ensure that our counseling services, our training materials, and our educational and promo flyers are available in multiple languages and are written for low literacy audiences. For the most part that means that of our educational materials are available in both English and Spanish, but we certainly do try

to translate our other promo materials into other languages, and then we really try to make sure that...

Stephanie Fajuri:

And some of the folks that I've seen join the meeting today have helped give some feedback on some of the language used to make sure that because obviously Medicare and Medi-Cal can be pretty confusing for folks even at high literacy levels. So, speaking a little bit more specifically about our services we do make an effort to hire bilingual staff. So right now, we have a staff that's bilingual in English and Spanish, Korean, Japanese, Cantonese.

Stephanie Fajuri:

And then when we don't have staff members who speak a certain language, we can use a language line to provide counseling services over the phone in alternative languages. We use interpreters at community education events and trainings when there's a need for other languages as well. And then during CCI, I was not with Center for Health Care Rights at the time, but my understanding is that we did also offer certain resources about CCI in braille, large print, and also audio CD to make sure that we were really making our services and our materials as accessible as possible.

Stephanie Fajuri:

Another thing that I think is very important from our perspective as a HICAP program, which is supposed to provide neutral unbiased information about Medicare coverage options is that we really stress to all of our counselors and our community educators that it's important to provide an overview of all coverage options for duals, not just managed care, not just Cal MediConnect plans.

Stephanie Fajuri:

I think there's a lot of confusion about whether certain things are required. I mean, I personally, in every training I do I try not to refer to Medicare Advantage plans as Part C because I just think that that really confuses folks and then they start thinking that that's something that's required. But when we talk to duals, we know that healthcare is not a one size fits all situation.

Stephanie Fajuri:

And many, many of our duals that we reach do have relationships with doctors or other providers that they wouldn't be able to see if they moved into managed care. So that's something that I think is really important. We do certainly share information about Cal MediConnect and D-SNPs and other managed care options, but it's not our primary focus because, again, it's not a one size fits all situation.

Stephanie Fajuri:

Another thing that I think is really important when we're doing education, providing education directly to beneficiaries is discussing how the benefits coordinate and also balanced billing issues. Those are a couple of the things that come up a lot for duals, and we want to make sure that they understand how to use their benefits, how the benefits work together, whether or not they should be receiving bills from their doctors for services that they receive.

Stephanie Fajuri:

So that's also a really important part of our education directly to duals. Next slide please. And one thing I wanted to flag is that I know, I see something in the chat here related to HICAPs and how many of them are volunteer driven. I recognize that our program is a little bit different because we do have a number of staff counselors. So primarily our services are provided by paid staff.

Stephanie Fajuri:

So, LA county is a little bit special, of course, but I just did want to flag that because this is something that is not quite so much volunteer driven in our county. So, in terms of other outreach, how to actually reach duals where they are, we want to make sure that we're reaching people where they are. So, we do our best to publicize the assistance that we provide to duals.

Stephanie Fajuri:

This can be a challenge because obviously our funding is limited, radio and TV ads are expensive, newspaper ads can be expensive. So, we do our best to do that type of outreach. We obviously also have an e-newsletter, which is free for us to send out. So, a lot of our community-based organization partners are on our newsletter list. We like to send out information that way.

Stephanie Fajuri:

And then because we serve both two PSAs, so two service areas, the City of Los Angeles, and the county of Los Angeles, those two area agencies on aging. We also make an effort to try to reach out to our elected officials, such as the county board of supervisors or the city council members to try to get them to distribute information to their constituents. That's not always totally effective, but it certainly one other way we can try to reach duals, again, where they are.

Stephanie Fajuri:

Pre pandemic we were going to lots of in person health fairs doing lots of trainings in the community directly for beneficiaries. One thing that's changed a bit because of the pandemic is needing to shift to virtual services. And so, in the past, we were going to all of the local senior centers, typically at least once a quarter we'd be in the hospitals, we'd

be at the housing sites, that has had to change pretty dramatically because of COVID 19.

Stephanie Fajuri:

So, we've pivoted a bit. We have been working remotely since March 2020 pretty much. So, we've really tried to make a bigger effort to provide virtual trainings certainly to the social service providers that serve duals in our area. So, we've actually put together a couple of different webinar series this year, we did one in June, one in August. In June, one of those webinars that we provided actually was specifically focused on coverage options for duals.

Stephanie Fajuri:

So, I think that's been one way to really help reach the duals who don't actually have internet access or don't have computer literacy to be able to get onto our actual trainings themselves, we do reach out to the social service providers who serve them. Another, I think, really effective strategy that we've had is reaching caregivers. I know there was a question about that earlier.

Stephanie Fajuri:

And we work a lot with the Personal Assistance Services Council, which is the public authority in Los Angeles for IHSS providers. So, we've participated in a couple of telephone town halls where they actually, people don't need to log in on a computer, they do actually get phone calls to join. And those typically reach at least 1200 to 1500 people at a time, and it's typically the IHSS providers as opposed to the consumers or beneficiaries, although they certainly do participate as well.

Stephanie Fajuri:

And then PASC also does a lot of webinars that we participate in and share information that way. And then one other thing I wanted to mention is that we have really been making an effort the last year and a half, two years to stay really engaged with DHCS. We know DHCS hosts a number of monthly or bimonthly meetings on the Public Health Emergency, some of the upcoming changes, some of the changes that happened in December last year.

Stephanie Fajuri:

So, we try to make sure that we're really staying engaged with DHCS, staying up to date on the notices that the duals that our beneficiaries or our clients are going to be receiving so that we can anticipate some of the calls we might get from those clients. Why did I get this notice? What does this mean? What's Medi-Cal Rx? What does this stuff... How does this affect me?

Stephanie Fajuri:

And I think that that's been really effective too, not necessarily so much on the outreach side, but being able to respond to requests for assistance. So, I think I'll leave it there, but thanks again for having me. It's an honor.

Hilary Haycock:

Thanks so much for that great presentation, Stephanie. Appreciate it. And with that, we'll turn it over to Jack Dailey to talk about the Cal MediConnect Ombuds.

Jack Dailey:

Great. Thanks so much, Hilary. I'm really excited to be here and participate in this stakeholder group. My name's Jack Dailey. I'm the Director of Policy and Training at Legal Aid Society of San Diego and particular within our Health Consumer Center at Legal Aid Society of San Diego. Another role I have though in relation to our statewide work is helping to coordinate the Health Consumer Alliance.

Jack Dailey:

And I just want to pause a moment, talk a little bit about our statewide work and our work as the CMC Ombudsman if folks are unfamiliar with those roles. So, the Health Consumer Alliance is a statewide network of health consumer advocacy agencies that are located within nonprofit legal service providers throughout the state. There are 10 programs throughout the state, geographically just first covering all 58 counties.

Jack Dailey:

And we partner with wonderful support centers, the Western Center on Law & Poverty, National Health Law Program, and Justice in Aging to support both our individual and our systemic advocacy work that we do on behalf of Californians. And really, we have a focus of just ensuring just generally that folks can access healthcare coverage. And once they have coverage, ensure that they're accessing all needed services.

Jack Dailey:

And back in 2014, of course, a subset of our partners that are geographically located and local to the CCI demonstration counties, the seven demonstration counties, engaged as the Cal MediConnect Ombudsman services program for DHCS. And since that time have carried out that role and, in that role, have conducted a number of different services for dual eligible consumers and CMC beneficiaries that most basically engaging in educating dual eligibles and CMC beneficiaries about the CMC benefit and the plans and the enrollment process helping to demystify what this new integrated care benefit was back in 2014.

Jack Dailey:

And I think was a big shock to many folks' systems, and so there was a lot of confusion which played a role along with others out there helping to educate dual eligibles about what that new benefit was and for CMC beneficiaries, to help them overcome any variety of barriers to engaging care coordination, accessing plan benefits and services, and also helping assert their appeal rights in directly with the plans and with external oversight entities.

Jack Dailey:

And finally, I think a really important role that we played was helping maintain their status as dual eligibles and working with dual eligibles that were facing challenges relating to the Medi-Cal eligibility, including renewals of their Medi-Cal eligibility and of long maintaining that dual eligible status was really important to avoiding disruptions of care for dual eligibles generally and for Cal MediConnect beneficiaries.

Jack Dailey:

And so based on our over 20-year experience, doing that work through the Health Consumer Alliance, it was a great fit for us to fill in that role as the Cal MediConnect Ombudsman and make sure folks didn't face these disruptions of care due to Medi-Cal eligibility churn and, and which comes every year due to renewals, of course, except during the pandemic when everything changed.

Jack Dailey:

So that's a little bit about what we did, what we do as the Cal MediConnect Ombudsman, certainly just in folks reaching out if they have any questions about our work. Move on the next slide. Today I'm going to be focusing really on some of the values and engagement principles that we implemented and developed during the course of our CMC ombudsman project.

Jack Dailey:

And you'll see a lot of similar things to what Stephanie talked about in their role as the HICAP in Los Angeles County, but hopefully there'll be aspects of this that will be helpful to others as we collectively move towards the decent model and the transition and think about how we can best reach these consumers, both to support them in the transition and beyond.

Jack Dailey:

So similar to, I think, somebody hit on this. I wanted to emphasize the value of engaging consumers as a local and independent and trusted community-based organization. As I mentioned previously, the Cal MediConnect Ombudsman Program is a contract with local legal service providers that are nonprofit agencies that have already been well known in our respective communities for decades.

Jack Dailey:

Legal Aid Society of San Diego has been incorporated for over 65 years in San Diego County. And many of our partners have just as long experience or longer in each of their communities. And so, with that established credibility, it enabled us to really quickly communicate in a trusted way to deliver consumers and other stakeholders. And so, when I speak about this experience about being the value of being a trusted local independent community-based organization, not only speaking about Cal MediConnect Ombudsman, but also the more general approach of relying on community-based organizations that are known to the very diverse communities throughout California.

Jack Dailey:

And it paid dividends, especially at the outset of the transition into the Cal MediConnect Ombudsman Program, I remember having many conversations with consumers whose very first questions were before I could even get through my introduction was, "You don't work for the government, do you? Or you don't work for a plan that I'm enrolling in, do you?" Because they really wanted to understand, I think rightfully so, where their information was coming from.

Jack Dailey:

And I think that we found that dual eligible consumers really do appreciate our independence. And I think that's a value that is important to continue to support as we proceed during the D-SNP transition, especially for this population that experiences intense marketing towards the onset of the open enrollment period, especially. I think this makes consumers very wary of the source of information they receive.

Jack Dailey:

So, if you're a known entity and to the extent that this information can be provided through known entities in each of our local communities, it can be a real strain. And I think we heard from Hilary and Cassidy about the approach to arm stakeholders with accurate and clear and well designed and accessible content. I think that will really support this idea that community-based organizations and other really key stakeholders will be able to translate that information to their regions where they work and where they live.

Jack Dailey:

Community based organizations, advocacy organizations, HICAP programs, plans, provider groups, clinic networks, everyone will be able to benefit from that information. And we hope and really expect that information will be accessible. And certainly, we're advocates first and we're certainly advocating for that to ensure that all of our communities will be able to rely on that information without additional burden to the community-based organizations out there in the communities of California.

Jack Dailey:

And I think Stephanie was also, transitioning over to this next bullet point, Stephanie was hitting on the importance of culturally and linguistically diverse staff. And I want to expand on that, not only having representative staff, but also having, if folks don't have representative staff within their organizations of a particular community that they're trying to reach, knowing who in their community is already working with that distinct community.

Jack Dailey:

And working with those CBOs and partners that already have those established connections that will help remove the barriers to engagement and further establish trust, which is so important to providing good information to folks in a manner that can be accessed and relied upon. I think this idea that we're all clear that there's no one size fits all approach to outreach and engagement in a state that's as large and wonderfully diverse as California.

Jack Dailey:

And so just drawing back on the idea that having a local organization, a local plan, a local clinic, who has been working with their region's specific, distinct cultural and linguistic community for years, having them be able to be the voice and of clear information about the plan options available to consumers and information about their benefits is vitally important.

Jack Dailey:

We have long worked with senior centers, community, other community-based social services organizations that are working with distinct populations. And the ability when we have our representatives to have to go out and speak to consumers, for example, at a senior center where the disproportionate number of the members are Mandarin Chinese speaking, or Vietnamese speaking, or Hmong speaking, is a huge advantage.

Jack Dailey:

And in particular, in some of these communities where we don't have already representative staff that speak the language, or even where we do, it's always a benefit to align ourselves with an organization that has those existing relationships. So, when we go to do an outreach, we can stand shoulder to shoulder with those partners and the leaders within those communities to talk about not only ourselves as a trusted source of information should folks have questions down the road, but also to be able to explain some of the concepts of how their benefits are changing and how these new plans can be a benefit to them and help them meet their needs.

Jack Dailey:

This goes along with the idea of that we're meeting consumers where they're at, but I kind of wanted to explore other senses of the phrase of meeting consumers where they're at. We believe very strongly, and we learned very quickly that the slide deck that you present to outpatient consumers at an FQHC is invariably going to be very different and very focused on very different benefits and aspects of these programs than you would present to an LTC facility or to a mental health clubhouse or day program.

Jack Dailey:

Attuning your message to the relevant services, the relevant needs, relevant capacities, and the relevant audience. When you're working with a dementia care population, making sure that those vital third party and family caregivers are involved in the discussion is especially where an individual consumer may lack the capacity to really engage the information at that level that enables them to make informed decisions.

Jack Dailey:

That is absolutely an important part of the equation. So, attuning your presentation, your materials, your outreach, and your engagement to the population is vitally important. And also, especially as we think about the transition and how we gauge our services, our outreach for these different populations, I think how you engage our current existing Cal MediConnect beneficiaries is going to vary greatly to how you approach a dual eligible that's not been an integrated care model or a new dual who's now having to learn about the basics of either Medicare and/or Medi-Cal simultaneously and learning what these benefit programs offer.

Jack Dailey:

So, understanding who you need to engage and how you engage them as you go is vitally important. Now, I noted here that remaining flexible and creative during the pandemic is as the bullet point here. Hopefully the pandemic is ending, but I'm not going to rest on hope. We have to remain flexible and ready to pivot as the outreach opportunities and the modalities of communication continue to expand, or once again, if they need to contract due to changes with regards to how this Public Health Emergency proceeds.

Jack Dailey:

Now, hopefully it's the former and hopefully we continue to expand and have more in-person direct consumer engagement. But during the pandemic, obviously we have limited opportunities for those direct consumer engagement, especially at the outset of the pandemic. We had many, many dual eligibles, folks with disabilities, seniors, sheltering in place and not leaving their home and really limited our ability to engage them directly. And so, our OSP partners, our Ombudsman Services Program partners and the CMC Ombudsman Program turned to a variety of outlets, including language distinct print, radio, and TV to engage those LEP dual eligibles that were impacted by the pandemic and weren't able to participate in their typical community and social

services programs. Social media was a big help to us in that we engaged in Facebook town halls and Twitter posts and shared information via YouTube vignettes. But most important was relying on those key community-based organizations that were still working hand-in-hand, in-person or had regular communication with consumers as a means of disseminating information. And these are the frontline health centers and medical providers, food distribution programs, home care programs.

Jack Dailey:

These partners proved vital in terms of providing a pathway for continue to get our message out during the pandemic. And so, we will continue to remain flexible in our work and how we approach our outreach and engagement. And I've talked a lot about working with community-based organizations, providers, a variety of agency staff that serve dual eligibles, and just can't emphasize enough the value of those relationships to communicate effectively with consumers. It requires a lot of training and a lot of refresher trainings as well. We regularly worked with Federally Qualified Health Centers, home health agencies. In a number of our counties, our staff were out there training county eligibility workers about our work, about how we could be of assistance to consumers that are facing difficulties maintaining the dual eligibility status and thus their CMC eligibility status. Personal caregiver unions, IHSS caregivers were a great means of engaging third party family caregivers that were providing care to our partners.

Jack Dailey:

And my favorite, I shout out to all the FQHCs out there. I have appreciated the communications with your frontline staff and especially the referral specialists within your clinics. These folks are vital to accessing consumers that are facing barriers to needed care when their plan says no, when their plan says you can't have that particular service, you can have this particular service and their providers disagree that that's the best fit for them. So, we really relied on those connections and engaged those partners on a regular basis to ensure that they were clear about our services, and the consumers rights, ultimately. So going forward as we look forward to the transition into D-SNPs, we will certainly continue to be relying on some of these principles that we developed and that really guided our outreach and engagement and approach in the past. And we are looking forward to working with all the stakeholders here to ensure that we're effectively reaching consumers. So, I'm looking forward to the discussion in the breakout group and to learn from all of you about how we can better reach consumers. Thank you.

Hilary Haycock:

Thanks so much, Jack. I appreciate the great presentation. Can I hand it over to our last presenter before we shift those breakout sessions, which we're also looking forward to? Maria Wahab, Member Outreach and Education with CalOptima.

Maria Wahab:

Thank you. Thank you for having me. Good afternoon. It makes sense that I follow Aurrera Health Group, CMC Ombudsman and HICAP presentations. After all, our efforts are intermingled. We partner and collaborate to conduct outreach of the dual eligible members. My two-slide presentation will focus on CalOptima CMC outreach, marketing, and advertising campaign. Excuse me. Before I start, I want to remind you that CalOptima is the local community health plan serving Orange County for more than 25 years. We are the only County Organized Health System in charge of managing the Medi-Cal program. So consequently, if a member has Medi-Cal, then they are our members. And if they have Medi-Cal and Medicare, CalOptima manages the medical services, even if they're enrolled in another Medicare Advantage Plan or in Fee-for-Service. And CalOptima sends communications to our seniors and persons with disabilities in Orange County and our records document the method and language preference, our members have requested.

Maria Wahab:

And if they want to change that, something changed in their lifestyle, they call our customer service department and they can request large print or any other language requirement that they may have. Excuse me. CalOptima has three programs for dual eligible members. PACE is one of them, but I will focus on our D-SNP and CMC programs. As we prepared to launch the CMC program in 2015, CalOptima's leadership and board approve that our D-SNP would operate in parallel with the CMC program. So right now, most duals qualify for CMC, but when members disqualify, then we have been enrolling them into our D-SNP program. CalOptima manages the only CMC program in Orange County. And considering that CalOptima is a nonprofit agency and a responsible steward of public funds, excuse me, our leadership and board have been approving competitive supplemental benefit packages above the basic benefits set by the demonstration. Planning for the CMC transition for calendar year 2022, we offer the same level of supplemental benefits between our D-SNP and our CMC program. Whereas in the past year, CMC had a slightly higher benefit package. Next slide, please. Thank you.

Maria Wahab:

I apologize. I'm getting over a cold, so I have a little bit of a cough. So CalOptima follows a fiscal year that starts in July and ends in June. This means that we haven't finalized the budget and marketing plan for fiscal year 2022-2023, which will include the CMC transition. But obviously, we're not waiting for that fiscal budget approval to start preparing. We have internal and external workgroups, such as today's workgroup in order to prepare and plan communications strategies for a smooth CMC transition in January 2023. In addition, our outreach efforts and communications will follow CMS and DHCS regulations and guidelines. Now, let me go over the current outreach strategies that are listed on the slide. These have proven effective in the past, and we will be able to replicate, revamp, and/or enhance for the CMC transition.

Maria Wahab:

One of the major differences in 2022 is that we have allocated funds to promote both our D-SNP as well as our CMC transition. Plus, like the other presenters said, we have to remain flexible and prepared in case we need to adjust our strategies like we did due to the Public Health Emergency. As you can see on this slide, the main components of our campaign include member, provider, and community outreach and education. You will agree with me that it is essential to educate our members. And for this purpose, we host and participate in member activities. Since March 2020, my employed bilingual licensed enrollment specialists, or the equivalent of a sales team, as somebody asked on the chat. They started working from home and they outreach daily to prospective duals or Medi-Cal members who are turning 65, to educate them and enroll them into our CMC or D-SNP programs.

Maria Wahab:

We do this over the phone to keep our staff and members safe. Excuse me. Before the pandemic, we would participate in community events for seniors, such as health fairs, resource fairs, faith-based events that were hosted by Aurrera Health Group, medical groups, health networks, or community-based organizations. The challenge with this type of events is that members go from resource table to resource table, grabbing promotional items, bags, and there's not enough time to educate the member about our programs. Nevertheless, we participated, and we will continue to participate in this event to promote the CMC and D-SNP programs. In order to address the event challenge, I just mentioned, in 2018, Karen Fitzgerald from San Mateo Plan began hosting member events focused on her CMC program.

Maria Wahab:

Well, soon after that, we began hosting CMC member recognition events at senior events in targeted zip codes. We would invite current CMC and prospective dual members residing near the venue. Based on the success and popularity of our CMC events, we increased the number of events from three to six events every year. Unfortunately, we had to suspend these events after March 2020. In tandem with member outreach, it is also very important to outreach and educate our providers, community stakeholders, and community-based organizations. Our messages and/or updates may be duplicative, but in this case, duplication reinforces our messages. We provide updates to CalOptima's board of directors and the board committees, such as the Provider Advisory Committee with representatives from healthcare agency, hospitals, pharmacy, physicians, long-term care facilities, community clinics, networks, et cetera. We also provide updates to the Member Advisory Committee in the CMC member advisory committee with representatives from the local CMC Ombudsman, social service agency, healthcare agency, Alzheimer's Orange County, and other member advocacy organizations and actual CMC members in those committees.

Maria Wahab:

We conduct provider in-services that includes physicians, specialist, community clinics, hospitals, even the University of California Medical Center. We do so in-person or at

least pre-pandemic. Now, we are conducting in services over the phone or virtually to educate the providers and clinic staff. We host monthly health network forums, quarterly joint operation meetings with each of our 11 delegated health networks. We distribute provider updates, newsletters. We post updates in our website provider page, and we send updates via fax and email blasts. We partner with medical groups or health networks to promote our programs for duals to their providers via forums or lunch and learn meetings. We partner with Rita Cruz Gallegos from Aurrera to participate in provider webinars, provider events, and we leverage the tools and provider kits she has. Excuse me. We host community alliance forums, distribute community reports. We're invited to present at many CBO meetings, and we also send updates via fax and email blasts. Next slide, please. Excuse me. I need to. Thank you.

Maria Wahab:

As I stated earlier, CalOptima is a responsible steward of public funds, thus we do not have the marketing and advertising budgets that other Medicare Advantage plans have. We cannot afford to air TV ads, 24/7, or pay celebrities to be in our ads. Excuse me. However, we recognize the value of brand recognition and advertisement to promote our programs. So, on this slide, you see the strategies under our marketing and advertising campaigns. Our marketing campaign includes large and standard-sized brochures that we use for events, provider offices, and CBOs. We send monthly direct mailers to duals not enrolled in our programs, which consist of attractive brochures that include a business reply card, and the brochures highlight different supplemental benefits each month. We have three versions. We send monthly direct mailers or notices to Medi-Cal members who are turning 65. We send them the first notice, four months before they turn 65, three months, and one month before they turn 65. We also have CMC FAQs flyers with our detailed benefit information that our Community Relations staff uses for educational events and to share with CBOs.

Maria Wahab:

We also have a marketing retention campaign using direct mailers that include a promotional item. Thank you, Laura, from San Mateo Health Plan for sharing with us, your member retention letters a few years back, and we refer to it as we drafted ours this year. These mailers are successful. After they go out, the call volume into our CalOptima's customer service department goes up, from members calling and asking for additional information about their benefits. Our customer service department is open 24/7 and has multilingual staff to handle member calls. Consequently, we have increased the number of retention direct mailers from three to seven during the current fiscal year. We will distribute three more retention mailers for CMC members and two for D-SNP members from February to June 2022.

Maria Wahab:

We will refer to DHCS website to draft the messaging about the CMC transition for our retention mailers. Basically, we need to let members know that CalOptima's D-SNP was designed to coordinate care and members will receive the same healthcare benefits as

with CMC today. And we need to explain to the members that CMC is not going away, but simply members will automatically transition into our D-SNP program by January 2023. We have an – excuse me – an advertising campaign that includes advertisement on billboards and bus shelters positioned in targeted zip codes where our perspective and current members live. We have newspaper and radio ads in English, Spanish, and Vietnamese. And new in 2022 is that we will have a hyper local poster campaign. Also, new in 2022, and I'm very excited about this new strategy, we will have ads on television. So, in summary, as a County Organized Health System, being a nonprofit and a public agency, CalOptima leverages our positive named recognition, our established reputation in the community, the fact that we're the only Medi-Cal plan, the only CMC plan in Orange County to promote our programs for duals. We use a collaborative grassroots approach and targeted strategies to outreach and educate our members, providers, and community. We don't do this alone. We do it along with all our community stakeholders.

Maria Wahab:

I also want to take this opportunity to recognize and show my appreciation to my colleagues from San Mateo, Santa Clara, LA Care and IEHP. We have been meeting monthly for quite some time to brainstorm, support each other, and share best practices. Additionally, Rita Cruz Gallegos from Aurrera, organized the Orange County Communications Workgroup that includes representatives from HICAP, local CMC Ombudsman, health networks, and community stakeholders. And we have been meeting monthly and collaborating since that launch of CMC. This concludes my presentation. Thank you for inviting me to participate.

Hilary Haycock:

Wonderful. I'd like to thank all of our presenters for the great information. And now we're going to go to our breakout room discussions, where we can reflect on what we heard from the presenters and have a chance to share best practices that each of you have from your own lived experience over the last few years in trying to work with beneficiaries, providers, and other groups around the Coordinated Care Initiative and how we can translate that to this new D-SNP landscape. The breakout room sessions might be a little bit shorter than 20 minutes. We're running a little bit behind, and we want to make sure we have chance for both for the breakout room sessions and for a little bit of a report out. We're going to automatically place you in those breakout rooms, which will be staffed with a note taker who will help pose the questions and take notes on the discussion.

Hilary Haycock:

But it'd be great if you could identify a participant in your breakout group who would be willing to report out when the breakout sessions conclude and we'll have as many groups report as we can, as we said we're running just a little bit behind. So next slide are our discussion questions about trying to find those promising practices for outreach to providers and partners, to help support beneficiaries and to gain whatever

suggestions you might have to support outreach moving forward. So, with that, I think the team will send us to our breakout sessions. And we'll see you back in a few minutes.

Hilary Haycock:

All right. So, we're going to start with having a couple of groups do some quick report outs, and then we're going to have a little bit of time for our panel reaction. So, I'm going to ask folks to try to keep it succinct, and please know that our note takers took much more detailed notes. And so that is going to be available for the record. Lisa Hayes, I understand you volunteered to report out for Breakout Room Number Four.

Lisa Hayes:

Hey, there I did. All right. We had some great discussion. The promising practices really kind of surrounded in person meetings in terms of when we went to Cal MediConnect. There was a lot of success with, when we did beneficiary meetings that there was a lot of folks there, there was some provider meetings. So obviously, the challenges with provider meetings are making sure they can attend, getting doctors there is hard, that it can be challenging. As far as potential move in the future, we're going to need to be creative. It depends on where we're at with the pandemic at that time to do maybe possibly some hybrid. There was some understanding what is allowable in terms of incentives. Could we have a raffle? Could we provide a meal to whether it's a beneficiary or a provider meeting? Discussion about going to provider offices because sometimes it's difficult to get them to come to you. Some of our medical groups or larger physician offices to go to and do presentations there was an option mentioned. And I think there was a parking lot issue about, we need to talk about how we're really going to outreach to the DDID in terms of especially ICFs, and as well as nursing facilities for our older adults or people that are in those congregate settings and how we're going to get the message to them as well. So, I hope that's good enough.

Hilary Haycock:

That's great. Excellent rundown. Anastasia, I think you volunteered to report out for Group Two.

Anastasia Dodson:

Sure. Yes. The top three things that we talked about were videos, having prerecorded videos because providers are sometimes too busy when the outreach folks might be at their offices, but they can watch the videos later. And that can work for, of course, beneficiaries, but a wide variety of providers. And then caregivers, so thinking about whether it's the mailers or the discussions with providers, making sure that for folks with cognitive impairments, that the caregivers are getting the information. And some of that is known in the data system, some of it's not. So, making sure there's multiple ways to get information to caregivers. And then nursing homes, making sure that we are outreaching, partnering with nursing homes at the plan level, at the community level, at

the state level. And we are certainly doing that. I want to assure you that we've got things in mind, specifically for nursing home outreach.

Hilary Haycock:

Great. Thank you. Jan Spencley from Group Five.

Jan Spencley:

Okay. Well, that is unfair, and you're in trouble now. You know who you are, Cassidy. So, I'm just going to run through them. We talked about it earlier. We heard Jack talk about it using trusted partners to educate, target messages and then to educate, but also, target our messages to populations using trusted messengers. Promotoras was brought up in that way. Caregivers, I think is also another one, in-home support workers. I think we better educate all of them. And then I'm looking here. Ensure that the messages are unbiased. And I think we can't ignore the fact that the messengers may by definition, have a bias. That doesn't make them bad people. It makes them have a bias. Right? A provider or a health plan. And so, we need to make sure people have that opportunity because people ask that question. And as I already said, sometimes it's not education, its harassment, and we need to be careful and that's your job State.

Jan Spencley:

The other thing with simple message delivered in plain language with backup for more detail. So, in other words, all those legal disclosures, all of those, the legalese that everybody wants to put in there and my friends at the Health Consumer Alliance and others make sure are in there. All that stuff is rather confusing and overwhelming. So, this messaging needs to be maybe it's in there in the backup, but it needs to be upfront, very plain language and simple messaging. And then where do I get help? So those were our on the two areas.

Hilary Haycock:

Great. So, I'll round out with a report out from our breakout room. A lot of similar themes, wanting to clear, easy to understand materials, particularly both for beneficiaries and for caregivers; training sessions for social workers and CBOs that are supporting beneficiaries; the importance of contact sheets and knowing who to call. One interesting suggestion for supporting peer-to-peer outreach, that peers are a good resource for beneficiary and understanding their options. And then just the real importance of reaching out to providers to make sure that members have continuity of care through the transition. So excellent report outs from folks. Thanks everybody for participating in the breakout sessions. We now wanted to turn back to our panel and just see if any of our panelists had any reactions or thoughts about some of the breakout discussions.

Jack Dailey:

Yeah. So, I was in Group Six and there's some really good feedback from a dementia care provider. And I think that's a really important population that takes special care to engage. I think that individual consumers and their individual capacity may vary. I think always starting with the idea that folks have capacity is something that we always try to reflect and it's a value that we try to honor. But being open to working with family members and caregivers and other responsible individuals that are helping round out the care. And so, their point was to ensure being open to a family approach. And was giving some really great examples of how, especially within limited English proficiency families, someone may be better in English than one other family member, and someone may be better in technology than another family member. And just ensuring to think of the whole family and the whole caregiver network when engaging that population. So, I just wanted to highlight that, and I thought that was really helpful.

Stephanie Fajuri:

Yeah. I can also share a little. I was in Group Three and one of the things that came up in our group was the need for some clear education and outreach to brokers, because there is some misinformation from brokers. Some are saying Cal MediConnect is ending now. Some are, unfortunately, misleading duals about the provider networks and pushing them into plans that maybe don't work for them. And I know as a HICAP program, we are often cleaning up those messes and filing complaints with Medicare, reporting to Senior Medicare Patrol. So, I think the need to engage Senior Medicare Patrol in some of this outreach as well, so that they're aware. And I assume that they may already be engaged, but I just wanted to flag that because if there are issues with information shared by brokers or some of the really aggressive marketing, they are potentially one of the agencies that helps to resolve some of those issues.

Maria Wahab:

Hi, this is Maria. That was a great point about outreaching and educating the agent brokers. Did the group come up with methods on how we can educate and outreach to them?

Stephanie Fajuri:

We didn't get quite into that level of detail. I leave that up to the experts, potentially at Aurrera to help figure out what the best way might be to reach them. But I know for example, in LA County, Cal MediConnect is, or LA Care Cal MediConnect is the one plans that can use brokers. And unfortunately, not to put anyone on blast, but some of the brokers really don't seem to understand how to search for the providers or what the networks actually are, or whether someone is actually required to enroll or what benefits they already have as a dual, as compared to what they would get if they enrolled in a Cal MediConnect plan. So hopefully, we can figure out what that strategy would be, because I definitely think they need an update on what the rules are and what the options are for duals.

Hilary Haycock:

Yeah. That's helpful. We know they're definitely an important audience. Jan, it sounds like you wanted to weigh in there.

Jan Spencley:

So, I think it's important to note that, first of all, I agree with you. We are a not-for-profit agency or CBO and a not-for-profit agency. And one of the reasons we do what we do is to try to not make consumers prey, to get their best interests on the table. And I've been around enough agents to know that the sell is the deal, but the only way to get to them…I mean, I've tried reporting and talking to CMS, DMHC, DOI, the health plans, everybody, when I know that there's bad acting going on. And even at your last meeting in person up in Sacramento, they all backed up and said, "Not my job." So, I think that the only way I can think to do it, is to deal with the health plans that they're moving, that they're pushing people too and start really asking them about that behavior. I don't have access to the data, I'd love to see the data, when I see a whole book of business being moved out of one out of a medical group, right? People being moved not because it's in their best interest, but because it's in somebody else's. Only those agencies have access to that information. And all the client wants you to do is fix it. They don't want to make noise. They don't want to... "Can you just fix this? I don't want to make a fuss." So, I think with agents, I think one of the most important things... First of all, not all agents are bad. Because guess what? I am one. But they're not for profit agencies that are trying very hard to work and help medical clients keep their Medi-Cal and then as well as find the right fit, whether that's CMC or another plan.

Jan Spencley:

So that's all I'm trying to say is, it's the health plans. It's really apparently because no government agency seems to be stepping up to this. And I don't know how much luck you're having with the Senior Patrol, but if that's working, I'll definitely call them.

Stephanie Fajuri:

Yeah. I think if there's a marketing misrepresentation or aggressive, fraudulent marketing, basically what that amounts to, definitely reach out to a Senior Medicare Patrol or your local HICAP who should be working with Senior Medicare Patrol directly. But I think you're right. A lot of times the beneficiaries don't want to cause a fuss. And a lot of times, it might be a broker. I think some of the issues that we hear about are people they've never met in person; they just got a phone call. But sometimes it's people that they trust, family members, friends that they've worked with. And so, in other situations, when there are broker issues, a lot of times they don't even want to file a complaint because they don't want to get their friend or family member in trouble. So yeah, I definitely, I think we see some of the same issues that you do.

Jan Spencley:

I think you do, but most of the ones that I've got, it's somebody comes to their door. Somebody makes a phone call and says, "Yes, you signed a paper." They don't remember ever signing a paper. And people promise things and it's really hard. It's just you can just help them; you just help them get back to their doctor because they're not willing to file a complaint. And that's where I find the biggest difficulty is. “I just want you to fix it. Can you just get me back to my doctor?”

Hilary Haycock:

Definitely challenges that we'll keep in mind as we're thinking about how to move forward and definitely think we'll probably need to partner with the plans on those issues. Any of you have time for one last quick comment from Rick, before we wrap it up?

Rick Hodgkins:

Can you hear me?

Hilary Haycock:

We can hear you.

Rick Hodgkins:

Okay. Okay. How can I become. and I put this in a chat, but I guess if I am allowed to speak, I guess I can say it out loud? How can I actually become a stakeholder in this? Because I figure if I am a stakeholder, I could have more skin in the game, as opposed just to giving public come comment or public feedback, if you will. Because when the stakeholder process was initiated a year or two ago, I never got notified about this, because I happen to be developmentally and intellectually disabled. And I sat on a statewide committee at the Department of Developmental Services. I was a member of the Department of Developmental Services, Consumer Advisory Committee for six years, from 2013 to 2019. I turned out in November 2019.

Rick Hodgkins:

Because I'm passionate about health care, just like I'm passionate about employment and transportation. And you might know by now that I am scared about having to give up the providers that I have and continuity of care. I do have one question. What's going to be discussed at our next meeting? I know that next week is Thanksgiving. And before you know it, Christmas will be here, and will we have a meeting in December? Because I know we had only one meeting last month.

Hilary Haycock:

Yeah. Thanks so much, Rick. You are a stakeholder. You are a member of this workgroup by showing up. And so, we don't have designated members. So, we just

appreciate your participation and just keep showing up to these meetings, if you want to have a voice. I'm not sure Anastasia, if you wanted to...

Anastasia Dodson:

Yeah, I do want to go back to that broker question for one second, but first Rick, thank you very, very much for coming to these meetings and we regularly see you and your voice is important. And so please, very glad to have you raise that issue about continuity of care. We are in the midst of drafting those requirements and thinking very carefully about what we have in Medi-Cal, what we have in Medicare, and how to make sure we keep both and address issues around Durable Medical Equipment. We know that's come in. And so, we have a meeting in January where we haven't made the final decision, but that is definitely one of the topics we're looking at to discuss in January. So, you're right on track on that. So, thank you again for attending and putting in the chat and talking.

Anastasia Dodson:

And back to the conversation about brokers. Really, I was listening intently, and I know it's kind of a little bit of a charged issue. Basically, I'm glad to have all of you on the call here today. And we do need to keep looking for ways that we have. Keeping in mind what's in the best interest of beneficiaries and having clear information that people can feel like, "Okay, there's no bias toward a particular plan. These are the facts and how do we get that information out there?" But then realizing, yes, each beneficiary, each individual has their set of providers, set of prescriptions. And so, there's a lot of choices and complexity there. And for some people it is hard to navigate on their own. Some people can do it on their own. So, it's just a variety of situations and so we need a variety of partners to address those situations.

Anastasia Dodson:

So, I'm hearing what you're saying and just know that we're thinking very much about this, and I know CMS is too. And so, over the next few months, we're going to work toward those multiple goals around clear information, multiple partners, and making sure that there is accountability within each partner's control. Thank you. And I love listening to all of you. Thank you very much.

Hilary Haycock:

Thanks, Anastasia. So that, we are going to go ahead and wrap up today's meeting. Our next meeting for this group will be in January and we are hoping to talk about some network issues, but we'll be releasing the agenda and meeting materials closer to the date. So, please stay tuned to that. Here are some additional topics that we now need to come up in the upcoming meetings. So, stay tuned for more information on those items.

Hilary Haycock:

So, thank you again everyone for your feedback and for such a great discussion. The next stakeholder meeting for this group will be Thursday, January 20, at 10:00 AM. But we are having our CCI Stakeholder Webinar on Thursday, December 9. So, if you're interested in what is happening in the Coordinated Care Initiative as that program continues through next year, please join us on Thursday, December 9, at 11:00 AM. And information on how to register for those is available on the DHCS website. So, thanks again everyone. Thanks so much to our presenters for such great and informative content. And we appreciate everybody's feedback. Have a wonderful rest of your day.