



Stakeholder Update Webinar

Coordinated Care Initiative

Agenda

- » DHCS Policy Updates
 - » Update on final Durable Medical Equipment (DME) Fact Sheets
- » December Cal MediConnect (CMC) Dashboard Update
- » Health Net COVID-19 Vaccination Campaign Presentation
- » Stakeholder Feedback Q&A

DHCS Policy Updates

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Anastasia Dodson, Deputy Director, Office of Medicare Innovation and Integration
(OMII)

Exclusively Aligned Enrollment (EAE) Dual Special Needs Plans (D-SNPs) in 2023

» EAE D-SNP Policy in 2023:

- » In the seven Coordinated Care Initiative (CCI) counties, dual eligible individuals who choose to be in a Medicare D-SNP must also be enrolled in the Medi-Cal Managed Care Plan (MCP) owned by the same parent organization.
- » This 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.

Exclusively Aligned Enrollment D-SNPs in 2023 (cont.)

- » EAE D-SNP Policy in 2023:
 - » In 2023, Medi-Cal plans in CCI counties 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 starting in 2026.

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.**

Final Provider DME Fact Sheet

<https://www.dhcs.ca.gov/provgovpart/Documents/Duals/stakeholder%20documents/DME-Provider-Fact-Sheet.pdf>



Durable Medical Equipment in Cal MediConnect

Background on Cal MediConnect

The Coordinated Care Initiative (CCI) was launched in 2014 by the state of California for people with both Medicare and Medi-Cal – dual eligible individuals.¹ The CCI includes Cal MediConnect (CMC) plans, health plans that provide integrated Medicare and Medi-Cal benefits for dual eligible individuals, plus additional benefits such as care coordination and vision benefits.

Durable Medical Equipment for People Enrolled in CMC

For clinicians prescribing Durable Medical Equipment (DME), the difference between Medicare and Medi-Cal benefits can be confusing – especially for clinicians who see a majority of Medi-Cal-only or Medicare-only enrollees.

Medicare and Medi-Cal have different criteria for coverage of DME. Medicare, the primary payer for dual eligible individuals, limits DME coverage to equipment needed for use in the home. Medi-Cal covers some DME that is needed for use both in the home and in the community. A CMC enrollee is entitled to the full range of DME coverage under both Medicare and Medi-Cal criteria. For more information, see resources at the end of this document.

Dual eligible individuals enrolled in a CMC plan receive all covered services by Medicare and Medi-Cal, including DME, through one health care plan. Providers should evaluate a patient for DME under both Medicare and Medi-Cal criteria. One goal of integrated care models, such as CMC, is to seamlessly provide medical care and other health services, including DME, for dual eligible individuals. The CMC plan will review all DME

requests for coverage under both Medicare and Medi-Cal criteria.

Providers should refer to the patient's CMC plan for approved DME providers and/or manufacturers.

Person-Centered Care Plans

It is essential that plans and providers center care around their patients and consider diagnosis, condition, and disability in the context of the whole person. DME should appropriately and timely serve patients and provide opportunities in alignment with the individual's care plan circumstances and goals. Many people receiving long term services and supports (LTSS) are required to have a fully developed person-centered care plan in accordance with federal regulations. Person-centered care plans should be shared, discussed, and updated when working with people receiving LTSS to ensure DME is provided in a manner that is most useful to each person. CMC plans are encouraged to ensure that an individual's DME needs are identified in their care plan, accounting for their unique living environments, capabilities, and care structures, and to identify and establish a plan for meeting all DME needs. CMC plans must also ensure there is no duplication in payment between Medicare and Medi-Cal.

Final Beneficiary DME Fact Sheet

<https://www.dhcs.ca.gov/provgovpart/Documents/Duals/stakeholder%20documents/DME-Member-Fact-Sheet.pdf>



Durable Medical Equipment in Cal MediConnect

What is Cal MediConnect?

Cal MediConnect (CMC) is a program made up of doctors, hospitals, pharmacies, providers of long-term services and supports, behavioral health providers, and other health care providers. It also has care coordinators and care teams to help you manage all your providers and services.

CMC combines the benefits you get from Medicare and Medi-Cal into a single plan. You can join a CMC health plan if you have both Medicare and Medi-Cal (meaning you are a dual-eligible beneficiary).



What is Durable Medical Equipment?

Durable Medical Equipment (DME) is certain items your doctor orders for use in your own home. DME is:

- Durable (can last a long time)
- Used for a medical reason
- Useful to an individual with a disability, injury, or other physical limitation
- Used in your home and/or in the community

How can DME help me?

DME can help support daily activities in and outside of your home. For example, if you have difficulty walking or moving around, your CMC plan may provide a walker to help you move with more stability. You do not have to pay for approved DME, unless you have a share of cost.

What DME is covered by my CMC plan?

If medically necessary, DME that CMC covers includes, **but is not limited to**, the following:

- Bed products, except for orthopedic mattresses (such as powered mattress systems, dry pressure pad for mattress, hospital beds ordered by a clinician for use in the home)
- Bone stimulator
- Canes
- Over the door cervical (or neck) traction
- Diabetic devices
- Dialysis care equipment
- Enteral pump and supplies
- Intravenous infusion pumps and poles (such as an insulin pump)
- Nebulizers
- Oxygen equipment and supplies
- Speech generating devices
- Walkers
- Scooters and Wheelchairs, both powered or manual
- Crutches

Please refer to Chapter 4 of your plan's Member Handbook for information about your specific DME coverage that may be more extensive than the items listed above, as well as for any limitations of coverage.

December CMC Dashboard

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Mei Shan Ng, Research Data Specialist I, Data Reporting Unit,
Department of Health Care Services

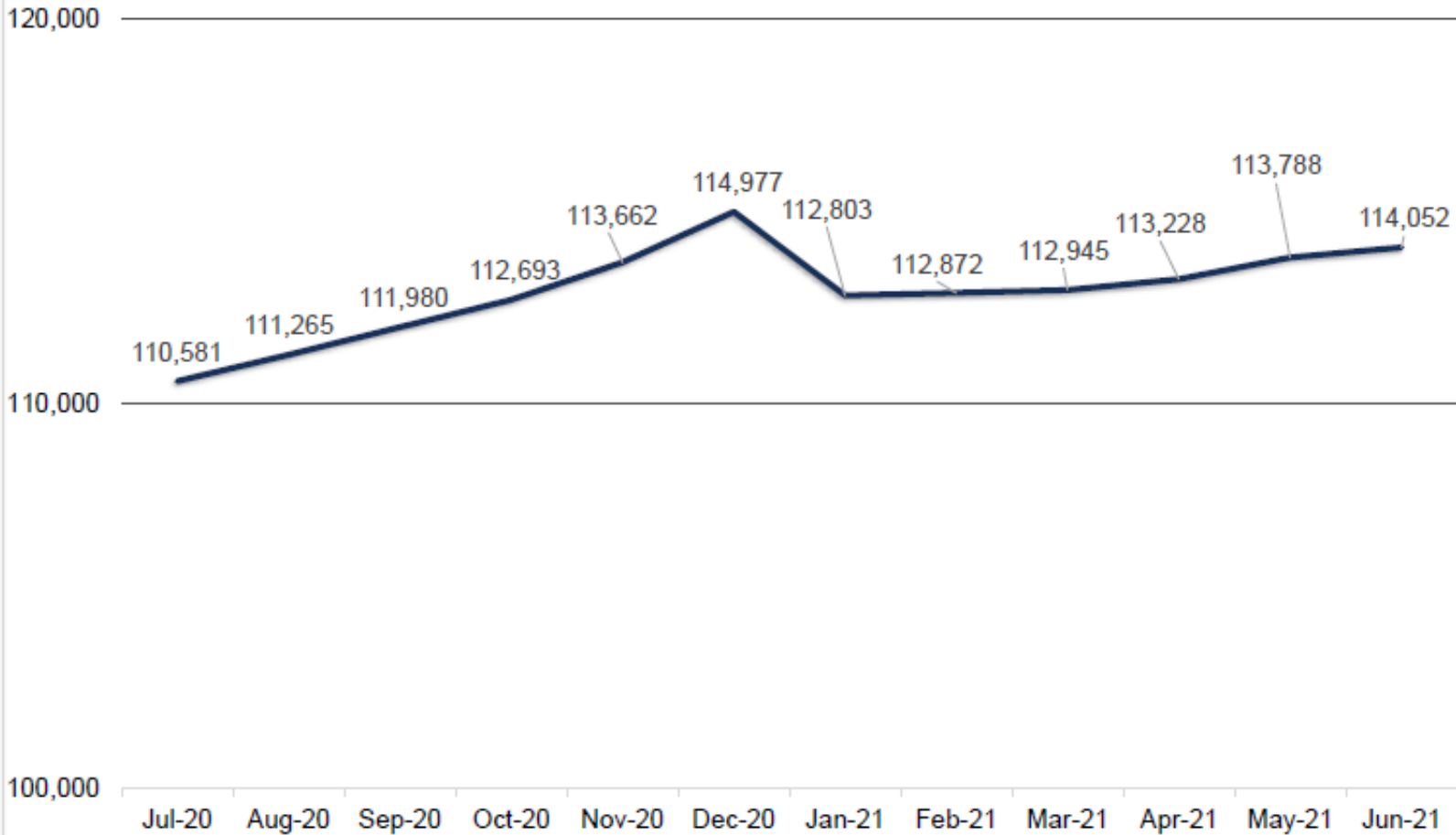
Cal MediConnect (CMC) Dashboard

» The December CMC Dashboard will be posted soon:

https://www.dhcs.ca.gov/Pages/Cal_MediConnectDashboard.aspx

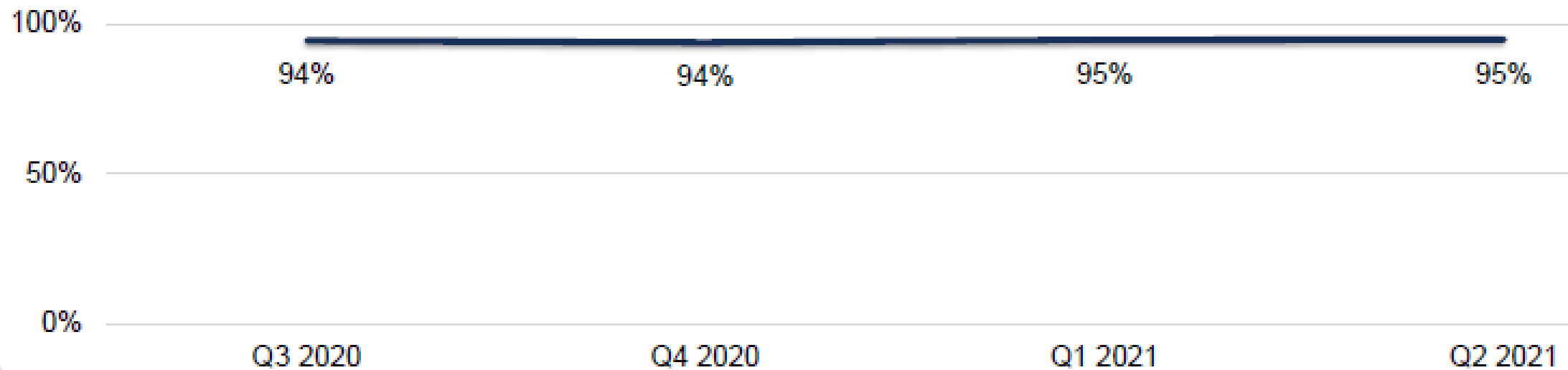
CMC Dashboard: Enrollment

Fig. 1: Monthly Enrollment



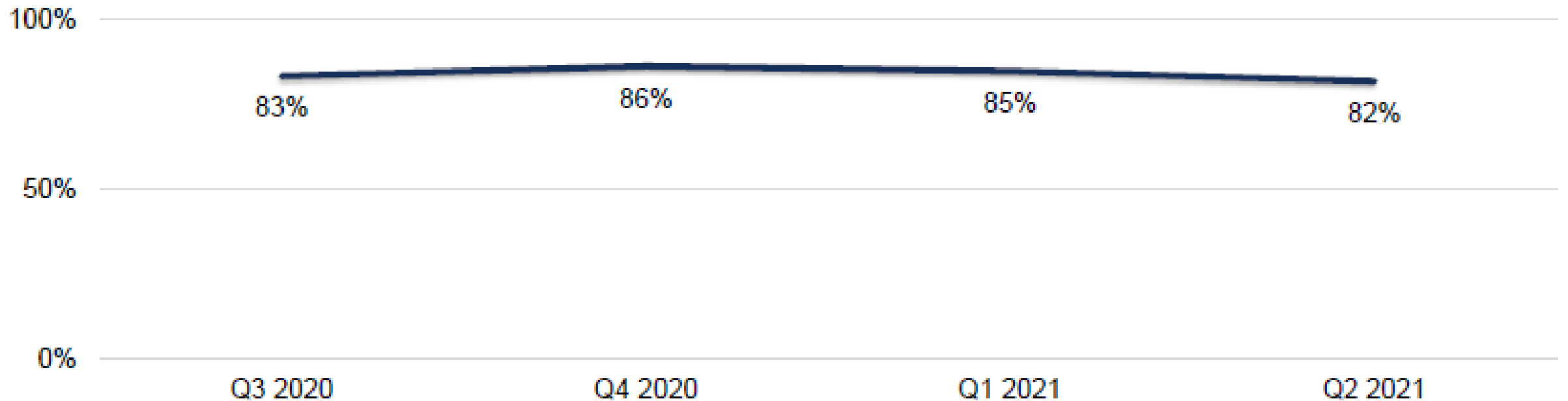
CMC Dashboard: Care Coordination

Fig. 8: Quarterly Rolling Statewide Percentage of Members Willing to Participate and who the Plan was able to Locate with an Assessment (HRA) Completed Within 90 Days of Enrollment



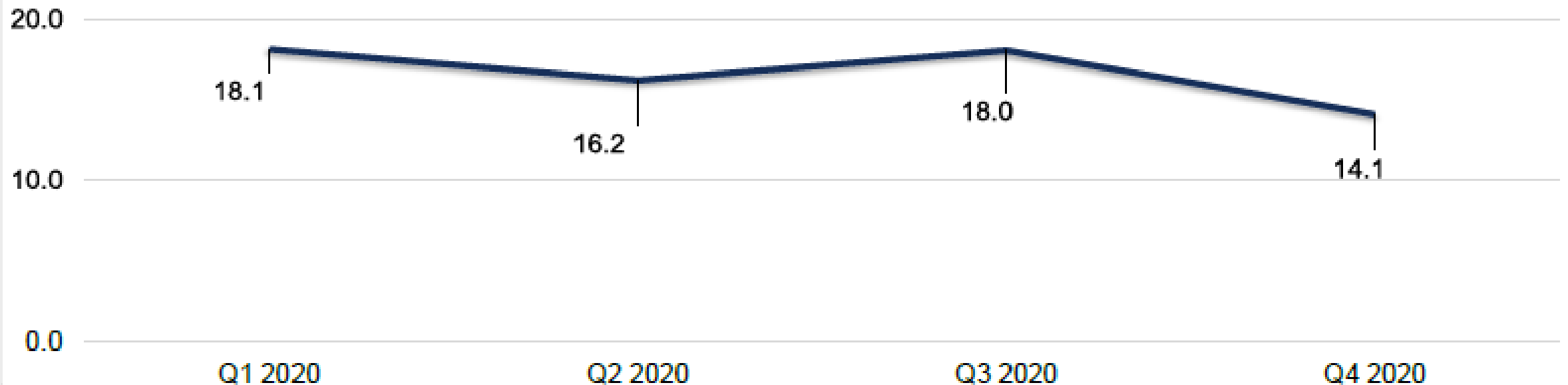
CMC Dashboard: Individualized Care Plan

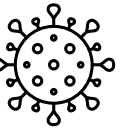
Fig. 12: Quarterly Rolling Statewide Percentage of Members with an ICP Completed Within 90 Days of Enrollment



CMC Dashboard: Behavioral Health Emergency Room Utilization

Fig. 24: Quarterly Rolling Statewide Average Count of Emergency Room Behavioral Health Service Utilization per 10,000 Member Months





COVID-19 Vaccine Outreach

Tarjani Padmani, Pharm.D.
Manager of Clinical Pharmacy Services

COVID-19 Vaccine Outreach Program



Data Analytics



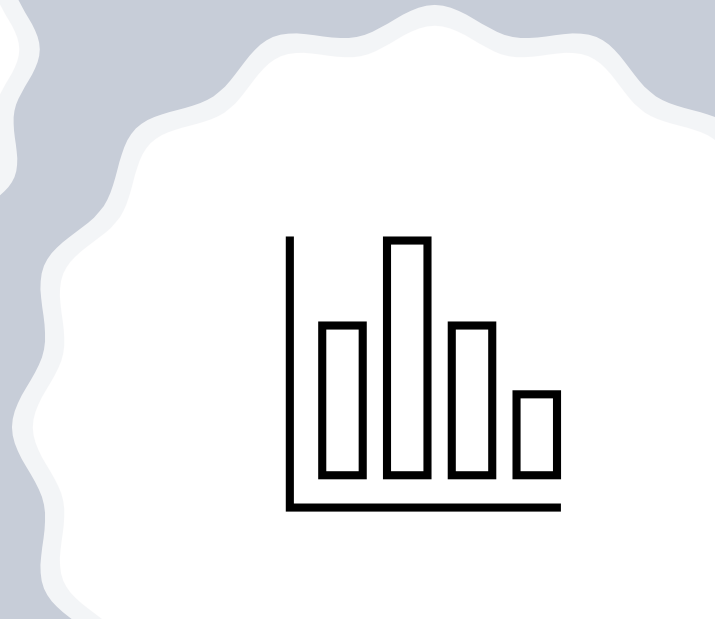
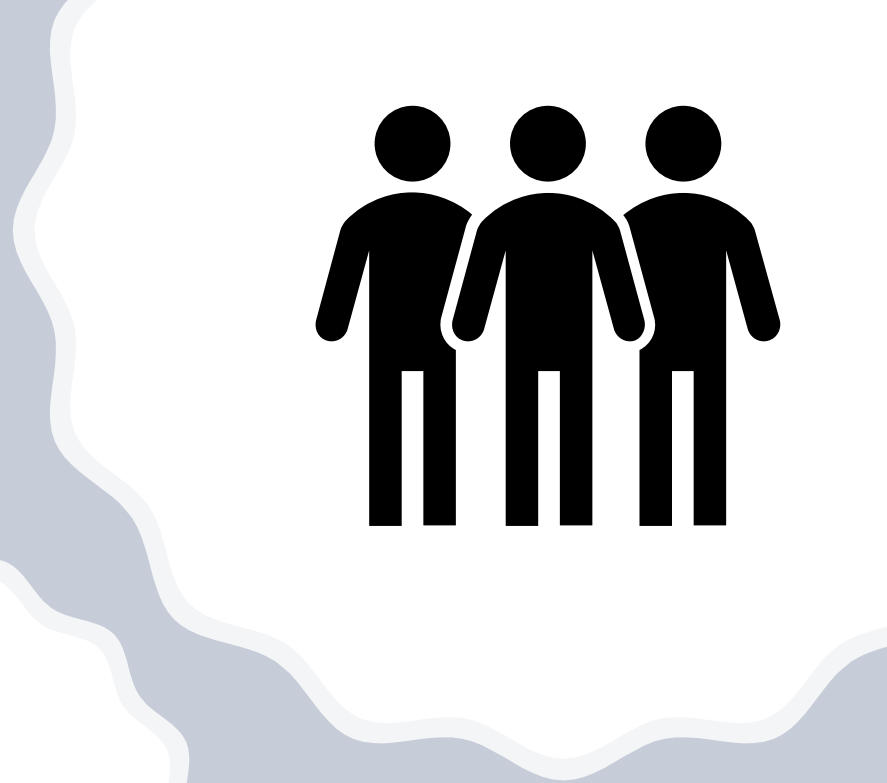
Member Identification



Member Outreach



COVID-19 Vaccine Scheduling



COVID-19 Vaccine Outreach Team

- **Interdepartmental Team**

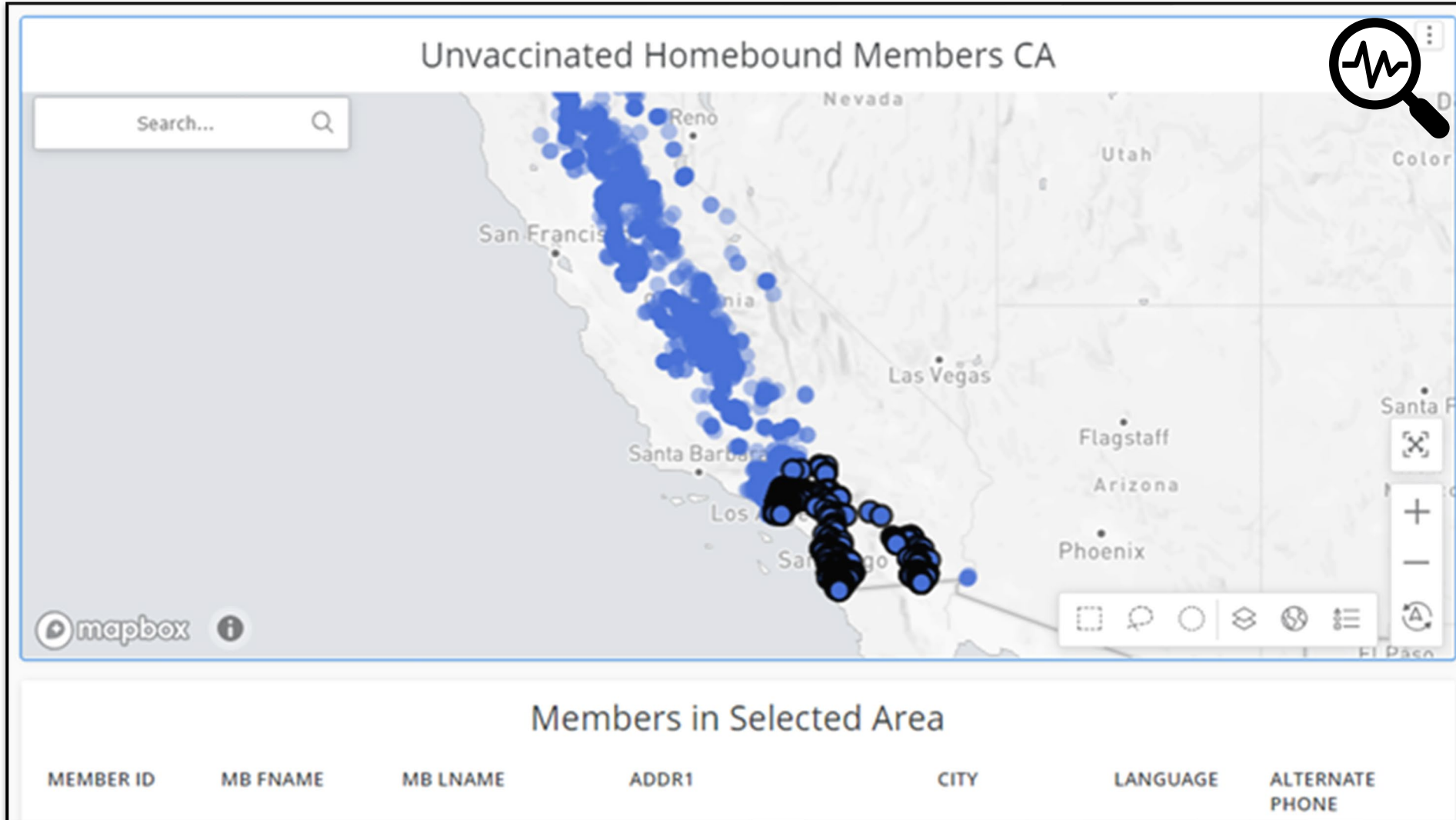
- Clinical Pharmacy
- Public Programs
- Program Specialists
- Health Education
- Community Engagement
- Member Connections
- Compliance
- Customer Contact Center
- HN Federal Services
- HEDIS



Member Identification Example

				Baseline		Current			Target (Based On data As Of 8/29)			
Intermediate Outcome Measures: (choose two of the following three)		Weight	Mbr Count	Vaccinated	Vaccination %	Vaccinated	Vaccination % (Adjusted)	Vaccination %	Target 1 (10/31)	Target 2 (1/2)	Target 3 (3/6)	Delta
1	% of homebound members with ≥ one dose	5%	3,767	2,045	54.3%	2,291	60.8%	60.8%	59.7%	65.2%	70.6%	1.8%
2	% of members 50-64 years of age with one or more chronic diseases with ≥ one dose	5%	18,288	11,315	61.9%	12,206	66.7%	66.7%	68.1%	74.2%	80.4%	-2.0%
3	% of PCPs in the network providing COVID-19 vaccine	5%	0	0	0.0%	0	0.0%	0.0%	TBD	TBD	TBD	TBD
Vaccine Uptake Outcome Measures: (payment based on performance on all measures, weighted as indicated)												
Overall Vaccine Uptake												
4	% of members ≥12 years of age with ≥ one dose	35%	163,626	70,196	42.9%	82,651	47.5%	50.5%	49.3%	55.6%	62.0%	-3.7%
Age Group												
5	% of members 12-25 years of age with ≥ one dose	10%	56,250	20,981	37.3%	25,418	42.2%	45.2%	40.3%	43.4%	46.4%	4.4%
6	% of members 26-49 years of age with ≥ one dose	5%	66,637	26,322	39.5%	31,426	44.2%	47.2%	45.0%	50.5%	56.0%	-1.9%
7	% of members 50-64 years of age with ≥ one dose	5%	31,421	16,747	53.3%	19,005	57.5%	60.5%	59.8%	66.3%	72.8%	-4.0%
8	% of members ≥65 years of age with ≥ one dose	5%	9,318	6,178	66.3%	6,802	69.1%	73.0%	68.7%	71.0%	73.4%	0.6%
Race/Ethnicity												
9	% of members ≥12 years of age from R/E group ≥ one dose (Black/African American)	15%	2,259	673	29.8%	871	35.6%	38.6%	34.2%	38.5%	42.9%	3.9%
10	% of members ≥12 years of age from R/E group ≥ one dose (AI/AN)	15%	1,721	451	26.2%	677	34.3%	39.3%	31.8%	37.3%	42.9%	7.5%

Geolocation Tool



Telephonic Member Outreach

- Vaccine appointment scheduling
- Vaccine education/counseling
 - Safety
 - Efficacy
 - Side effects
 - Current health conditions
 - Interactions
 - Provider collaboration
- Vaccine hesitancy reduction
- Transportation services
- Vaccine Resources



Outcomes/Data Example

Outcome Measure	Current Percentage Vaccinated	% Increase from Baseline
1. % of homebound members with ≥ one dose	60.8%	6.5%
2. % of members 50-64 years of age with one or more chronic diseases with ≥ one dose	66.7%	4.9%
Vaccine Uptake Outcome Measures:		
Overall Vaccine Uptake		
4. % of members ≥12 years of age with ≥ one dose	47.5%	4.6%
Age Group		
5. % of members 12-25 years of age with ≥ one dose	42.2%	4.9%
6. % of members 26-49 years of age with ≥ one dose	44.2%	4.7%
7. % of members 50-64 years of age with ≥ one dose	57.5%	4.2%
8. % of members ≥65 years of age with ≥ one dose	69.1%	2.8%
Race/Ethnicity		
9. % of members ≥12 years of age from R/E group ≥ one dose (Black/African American)	35.6%	5.8%
10. % of members ≥12 years of age from R/E group ≥ one dose (AI/AN)	34.3%	8.1%

CMC Vaccinate Rates

	Vaccinated	Complete	Partially	Complete (% Of Vaccinated)		
Overall	69.74%	63.55%	6.20%	91.1%		
Overall						
COVID Risk Score	Vaccinated	Fully Vaccinated	Partially Vaccinated	Status	Diff	Delta
1.607	69.74%	63.55%	6.20%	<i>ABOVE AVERAGE</i>	0.0%	0.00%

Member Success Story

Member with diagnoses of hypertension, diabetes, and gout.

Member was referred to Clinical Pharmacy team due to concerns about vaccine safety.

Spoke with her daughter (caregiver). She stated that her mother had her first dose of the COVID-19 vaccine (Moderna) about 4-5 weeks ago, but she had not received the second dose.

They had read that one dose may be enough and are extremely worried about safety of the vaccine and side effects with the second dose.

Member Success Story (cont.)

Health Net Clinical Pharmacist Interventions:

- Explained to member's daughter that she needs to make an appointment for her second dose of the Moderna vaccine within the next 2 weeks. Counseled that the CDC recommends the second dose as close to the recommended 4 week interval as possible. However, the second dose may be given up to 6 weeks (42 days) after the first dose if necessary. There is limited information on the effectiveness of receiving the second dose later than 6 weeks after the first dose and both doses are required for full effectiveness.
- Educated member's daughter on supportive evidence of the COVID-19 vaccine and the risks of not being vaccinated or being exposed to the COVID-19 virus such as: severe illness, pneumonia, possibility of needing a ventilator, and death. Explained that the risk of severe illness and complications from a COVID-19 infection increase with chronic conditions such as hypertension and diabetes.
- Reviewed safety data and the extensive research that went into the vaccine approval.
- Reviewed potential mild side effects of the vaccine, which are similar to the influenza vaccine side effects that the member receives annually. Explained that side effects are a result of the immune system response.
- Scheduled an appointment for member within the week for her 2nd dose of the Moderna vaccine.
- **Member's daughter was extremely appreciative of the information and agrees that her mother needs to get her second dose ASAP. She expressed that her mother is very grateful and is relieved that she made the cutoff for the vaccine to be fully effective.**

Questions?

Next Steps

- » For more information on the Coordinated Care Initiative (CCI) – including enrollment, quality data, and toolkits – visit www.calduals.org. You can send any questions or comments to info@CalDuals.org.
- » Next Managed Long-Term Services and Supports (MLTSS) & Duals Integration Stakeholder Workgroup Meeting: **Thursday, January 20th at 10 A.M.**
- » Next Quarterly CCI Stakeholder Engagement Webinar: **March 2022**