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SPEAKERS

Hilary Haycock
Anastasia Dodson
Maya Altman
Stephanie Conde
Joseph Billingsley

Hilary Haycock:

All right, good morning. Once again welcome to today's CalAIM Managed Long-Term Services and Supports MLTSS and Duals Integration Workgroup. We're so happy to have everyone with us this morning. We have some great presenters with us today. Maya Altman, the Chief Executive Officer of the Health Plan of San Mateo. Anastasia Dodson, Associate Director for Policy in the Director's Office of DHCS. Stephanie Conde, Branch Chief of the Managed Care Operations division at DHCS, and Joseph Billingsley, the Branch Chief at the Integration Systems of Care Division at DHCS.

Hilary Haycock:

So, a few meeting management items to note before we begin. All participants will be on mute during the presentation, please feel free to submit any questions you have for the speakers using the chat function as well as any other comments. We will be recording the chat and using it as input and feedback as a part of this process. We have also enabled your ability to copy and paste the chat, so if you want to save anything for your records as well, feel free.

Hilary Haycock:

During the discussion, if you would like to ask a question or provide comments or feedback, use the raise hand function and we will unmute you and have you ask your question directly to the panelists, again during that discussion section. All of the PowerPoint slides and meeting materials will be available on the CalAIM and MLTSS Duals Workgroup website in the next few days. We've shared the link in the chat and we'll continue to share it throughout the meeting, so go ahead and check there in a couple of days and we'll have the recording, the slides and all of that meeting materials posted.

Hilary Haycock:

We would ask that you add your organization title to your Zoom meeting name. This is just, again, helpful as we're monitoring the chat and just want to know who we're hearing from. So go ahead and click the Participants icon at the bottom of the Zoom window. Find your name, hover over that list on the right side of your Zoom window, click More and select Rename, and you can go ahead and just add your organization after your name. With that, I would like to transition over to our first speaker Anastasia Dodson, take it away.

Anastasia Dodson:

Thank you so much Hilary. Right, so just as a reminder to everyone, the purpose of this Workgroup is to serve as a stakeholder collaboration hub for our CalAIM MLTSS and integrated care efforts for dual eligible beneficiaries. And that includes the transition of the Coordinated Care Initiative and Cal MediConnect to an aligned enrollment structure with these steps, and also the caring of long-term care.

Anastasia Dodson:

We want to provide an opportunity for stakeholders to give feedback and share information about policy, operations, and strategy for the upcoming changes. It's open to the public, we have a charter on our website, and I really want to emphasize how much we value our partnership with you all, with health plans, with providers, advocates, beneficiaries, caregivers, and CMS in developing and implementing this work.

Anastasia Dodson:

Over the last couple months as we have looked at the trailer bill and how to implement it and started conversations on that. It just reinforces to us how important it is that we collaborate with all of you in making the transition successful and the ongoing program successful. So, thank you again for joining this call. All right, next slide.

Anastasia Dodson:

So, our agenda today, this agenda is a little bit lighter than in previous months, partly because we're going to be doing a lot of work behind the scenes, working on the details behind how should we implement the trailer bill? But again, we're not doing that in a bubble. So, we're working sometimes in one-off meetings and then preparing information to share with the broader group, you all at our September meeting. So, we may not go all the way till noon today, but we do have some important topics that we want to share with you.

Anastasia Dodson:

First, of course, reviewing the last meeting, and so pleased to have my outline here to review that and remind ourselves of what we learned. Then some policy updates, starting to frame the timeline and structure of what changes we'll be making in the state Medicaid agency contract and model of care. Other Trailer Bill provisions we're going to talk about what they are, and how we'll be working with all of you going forward.

Anastasia Dodson:

We have an update on Cal MediConnect that the transition process there, and we want to provide an update on the MSSP program transition. And then at the end, we have a little time for upcoming meeting topics. So next I'll turn it over to Maya Altman from the Health Plan of San Mateo and she will share the key takeaways from the July meeting. Thank you, Maya.

Maya Altman:

Thank you, Anastasia, good morning everybody. So, I'm going to briefly go over the July meeting. I think July seems like a long time ago right now, a lot has happened in a month in the world, but just to help refresh everyone's memory.

Maya Altman:

So, during July's workgroup meeting, Sarah Steenhausen from The SCAN Foundation began the meeting by sharing a summary and key takeaways from the May and June Workgroup meetings. She also shared some brief details from the breakout room

discussions, including lesson learn from care coordination under Cal MediConnect, and some future opportunities for improvement.

Maya Altman:

After that, DHCS presented on the Dual Eligible Special Need Program or plan and Medi-Cal care management, the models of care under both of those programs. The presentation included each model's approach to care coordination, and some of the key differences between the two models. DHCS has also discussed some key considerations related to coordinated care for dual eligible beneficiaries, including aligning the coordinating benefits, and providers, and the importance of data sharing.

Maya Altman:

Alexandra Kruse, with the Center for Health Care Strategies went next and she presented on D-SNP as special needs plans for dual eligibles are known, another acronym. She presented on D-SNP care management models from other states. So, this included background information from the D-SNP model of care, care management standards across different states, and key findings around related assessments such as the health risk assessment.

Maya Altman:

Stakeholders then participated in breakout discussions related to important elements of care coordination, and how the SMAC, another acronym, that's the contract between the state and the managed care plans that are providing the D-SNP services, how the SMAC can support these elements and special considerations related to care coordination for specific populations. And then DHCS presented some policy updates related to the trailer bill and D-SNP.

Maya Altman:

So, next slide. July key takeaways, these are the takeaways from the breakout sessions. First of all, folks addressed care coordination elements they thought were critical for dual eligibles, and how the state Medicaid agency contractor, the SMAC can define those elements. So, some of the conclusions from those discussions were that care coordination should match members in language, gender, background, et cetera, and act as a single point and care coordinators need to... People need a single point of contact to avoid confusion.

Maya Altman:

There needs to be more focused on unique member needs and outcomes. Beneficiaries need clear information about the role of care coordinators and how care coordination can benefit them. And finally, data sharing between entities involved in care coordination and provision is critical support beneficiaries and effective care coordination.

Maya Altman:

As for special considerations for care coordination, there were several takeaways there. First of all, for specific populations or programs, care coordinators should be trained to meet the unique needs of beneficiaries with dementia, disabilities, people experiencing homelessness or people with individuals' behavioral health needs.

Maya Altman:

We need to increase the diversity of care coordinators and other staff supporting beneficiaries to better meet language and cultural needs. We need to improve and increase coordination with services supporting beneficiaries such as In-Home Supportive Services or IHSS, county behavioral health, skilled nursing, regional centers, and homeless support agencies. And finally, we need to ensure that caregivers and family members are supported in part of the care coordination process. So, I think that covers it, and I will hand it back to Hilary, thank you very much.

Hilary Haycock:

Great, and I'm going to pass it back to Anastasia to lead us through the DHCS policy updates. Thank you so much Maya for walking through the July meeting takeaways.

Anastasia Dodson:

Great, thank you. And thank you again Maya. And looking at those slides and hearing you remind us of what was discussed, it reinforced how valuable those meetings were, both the July as well as the June and the May meetings. They all had such rich feedback, and we find ourselves in the department and the rare group looking back at those notes a lot, because they really help center us on how we need to be thinking about updating the SMAC or notices, a whole variety of topics.

Anastasia Dodson:

So, with that, we'll go to the next slide, please. Okay, and then even the next one after that. So, this is just to give a little bit of reminder and a prompt to me to say that we are paying attention to all of these sections in the State Medicaid Agency Contract and the Model of Care, that model care requirements that the plans will be required to submit to us and to CMS.

Anastasia Dodson:

Many of these are already in the Cal MediConnect contract. So, what we're doing and with the Aurrera team's help, we are looking at the existing Cal MediConnect requirements, how they would fit into the SMAC contract requirements on these topics, and then what changes should we make to reflect the comments that we got and the feedback that we got through those breakout groups with all of you, May, June, and July.

Anastasia Dodson:

So, health risk assessment and risk stratification and this one, I'll even flag that we're looking at our broader population health management effort that we will have across all Medi-Cal. And I'll just say though probably, it will be an iterative process, that is we will

have some language around these first couple items in our 2023 SMAC. But as we develop our DHCS Medi-Cal population health management structure, especially with what we're building out ways to improve data sharing, we may modify it so that it's new and improved in 2024. But either way, we know that those are really core fundamental pieces of the SMAC in the Model of Care and we want to make sure that they're very clear on our expectations for the plans, and that we're reflecting all the stakeholder feedback you've provided.

Anastasia Dodson:

Transition of care and discharge planning. Again, you all have given very helpful feedback and we're working on drafting language that we will share out. Data sharing. Some of this is new, and some of it is possible now but will be more possible and more efficient in the coming years, especially around inpatient admissions, and nursing facility admissions. We know that it's really the backbone of better and more efficient care coordination and reducing confusion and concerns in sometimes discharge planning. So we'll continue working on data sharing.

Anastasia Dodson:

Connections to carved-out services. IHSS, specialty mental health, dental, all of those are on our radar and we want to think of ways that what worked in Cal MediConnect and make sure that whatever we've got written down in our CCI or Cal MediConnect contract is transferred over and then we're also looking at feedback that we got through the RFP process for our medical contract updates there because there's similar issues with specialty mental health and IHSS coordination.

Anastasia Dodson:

Network adequacy, alliance networks and continuity of care. Those provisions were added in the trailer bill. We have examples from other states and requirements already in the Medicare side of the contract. So, we will look at how we can add those into the SMAC contract in a way that provides helpful information to the state and stakeholders to have transparency as to what's happening with the plans and their networks and continuity of care. And also, is consistent with the Medicare requirements, and looking at ways if there's any changes that we want to make them consistent also with state requirements, we'll look at that.

Anastasia Dodson:

So those are our key sections that we're working on, and we know that you all are ready to roll up your sleeves and provide more specific feedback. So, we are lining up language, looking at what edits we need to make and we may have some one-off conversations with certain groups, but then we do want to have an overall walkthrough and get all of your feedback once we have a complete draft.

Anastasia Dodson:

And we know that even though the technically this SMAC contract does not need to be fully executed until the middle of next year, managed care plans are already working on

their Model of Care design, and so there are certain parts of the SMAC in Model of Care that we'll be prioritizing, so that we can get that information to the plans, get it to you all for feedback, and then get it to the plans as quickly as possible so we're not delaying the process and allowing as much discretion as we can. Alright, next slide.

Anastasia Dodson:

In next slide, so we'll talk a little bit about trailer bill provisions, and then I think we may have a little Q&A before we go to the next section after this. So, the health omnibus trailer bill was enacted in July, and it includes some changes in 2022, 2023 and 2026. All of these things we talked about at the last meeting, so I'll just quickly highlight 2022, Medi-Cal plans or their subcontracted plans can transition beneficiaries that are in affiliated non-D-SNP plans such as D-SNP lookalikes into an affiliated D-SNP.

Anastasia Dodson:

This is in CCI counties. And again, that's the policy we've been discussing per federal requirements. D-SNP lookalike plans need to be transitioned; members need to be transitioned. So, we can start that process in 2022, but it may also be that many members transition to D-SNPs in 2023.

Anastasia Dodson:

In 2022, also, we will start and conduct a feasibility study of D-SNPs in non-CCI counties. So as a reminder, we have our CCI counties where we have Cal MediConnect, and they will transition in 2023 to a D-SNP aligned enrollment structure. But all of the other counties, the Medi-Cal plan requirements to have a D-SNP, we'll be looking at that in the feasibility study this year. Next slide.

Anastasia Dodson:

In 2023, Medi-Cal prime plans in CCI counties, and a prime plan means Medi-Cal plan that has a direct contract with the state, they'll be required to have D-SNPs. Delegate plans are not required to have D-SNPs, but to extent that they do, then we will have aligned enrollment at both the prime and the delegate level. And I know that is somewhat jargon-y, so if you have questions about that, feel free to put it in the chat where we can discuss.

Anastasia Dodson:

We're not permitting any new non-aligned D-SNPs, that is D-SNPs that are not aligned or connected with a Medi-Cal plan because we want to have D-SNPs connected to Medi-Cal so that the same plan is coordinating care across both programs. Cal MediConnect will sunset December 31st, 2022, and those members will transition. Seamlessly, this is a really big important item for the department to have a smooth transition into D-SNPs with aligned medical plans January 1st, 2023.

Anastasia Dodson:

Under aligned enrollment, the Medicare choice will drive the Medi-Cal plan enrollment at both the prime and the delegate level. And this is a very significant and important

sentence here that we are doing a lot of work behind the scenes to flesh that out, to think about operationally, how exactly does that work? And we know there are a lot of questions there that we're working to provide a roadmap for and again, doing it in coordination with all of you. We're trying to think of the most common scenario for beneficiaries, whether they're starting in Medicare, starting in Medi-Cal, starting with both and make sure that we've mapped out all those scenarios, and also how the beneficiary noticing will work. So that's a big workstream that we have right now.

Anastasia Dodson:

And again, we will make sure that we are as transparent as possible, and once we have agreement on the language and the notices, then we also want to work with all of you on how do we educate the community, educate providers, beneficiaries, caregivers about what this all means so that we have good notices, and then we have a good education and understanding among folks so that, again, the transition from Cal MediConnect can go smoothly and there's also good options for people who are not already enrolled in Medicare Advantage or D-SNP.

Anastasia Dodson:

The 2023 SMAC we talked about, the trailer bill has some additional requirements around network adequacy, aligned networks and continuity of care. So, we'll be drafting that and working with all of you to refine it. And then in 2026, Medi-Cal plans in all counties, which then extends to the non-CCI counties will be required to stand up with D-SNP that's pending the outcome of the feasibility study. So that's an overview of the trailer bill provisions. And so, I think Hilary, it's now the time to, yes, do some feedback and questions.

Hilary Haycock:

Yes, it is. Thank you. So again, folks can raise your hand and we will call on you to ask questions or you can certainly enter questions and feedback into the chat. And so, we do have one question in the chat already from Tatiana Fassieux at California Health Advocates. "What happens if a client doesn't want to enroll in a D-SNP?" Great question.

Anastasia Dodson:

Yeah, and so for Medicare enrollment, in any kind of Medicare Advantage plan, it's always at the option of the beneficiary. So, whether it's a regular MA Plan, or a D-SNP, or Cal MediConnect for that matter, it's always voluntary and optional.

Hilary Haycock:

Right. Question from Peter Hansel at CalPACE. Whether noticing to duals about Medicare choices and aligned enrollment will include information about pace, another Medicare, Medi-Cal choice.

Anastasia Dodson:

Mm-hmm (affirmative). Yeah, good question. So, on the notices for the people who are already enrolled in Cal MediConnect, we're not anticipating referencing pace just because we really don't want to introduce choices when there may already be... People have already selected Cal MediConnect, so we want to just be clear that it's simply a transition, they'll stay in their existing plan. For people who are newly eligible for Medicare or newly eligible for Medi-Cal, those are different set of populations, and we can look at what the requirements already are around pace notification there.

Hilary Haycock:

Great. Similar question from Mauricio Leal, "What tactics will be used to educate members about D-SNP plans?"

Anastasia Dodson:

Yes. Well, frankly, in future meetings, we're going to be asking you for your suggestions. We know from the experience with Cal MediConnect, what work there and of course, we need to engage providers and community groups, but as far as and again, we want to think about do we have targeted messaging specifically for people who are already enrolled in Cal MediConnect? And what their transition will be, which really should be very, very simple versus as 2023 approaches, and there will be different options around the D-SNP lookalikes will be going away. And then how do we explain what aligned D-SNP is?

Anastasia Dodson:

And so, we want to talk to you more about that, and what's the right terminology to use? Health plans themselves, they have communication strategies and good question we'd welcome your feedback on as to what degree should the state have a certain terminology, or should it really be working with the Medi-Cal and Medicare plans? So good question.

Hilary Haycock:

Tatiana from California Health Advocates has said that she's echoed that Medicare beneficiary education is important and that the HICAPs will be ready and able to assist.

Anastasia Dodson:

Wonderful. We need you; we love your partnership. Thank you.

Hilary Haycock:

So, here's a question from Janet Vadakkumcherry, I hope I'm pronouncing that correctly, apologies if not. "Thank you for the presentation today and that the work going into this. Anastasia, are you able to speak to the ramifications of the MCP reductions that will be occurring in the CMC counties and the impact on beneficiary choice and potential impact on access and network adequacy?"

Anastasia Dodson:

Yeah, that is a question I will need to defer to some colleagues within the department, probably not on this call. But it's an issue that we're tracking closely and thinking about, and we know that there will need to be further conversations about that. It won't be for 2023, but it is coming soon. And so yes, we want to acknowledge that, and we'll be having further discussions with stakeholders about that.

Hilary Haycock:

A question from Rick Hodgkins, who is dual eligible beneficiary joining us today, welcome Rick. And he's hoping that his rights to keep his existing doctors will be maintained. So, I don't know if you can speak to that a little, Anastasia?

Anastasia Dodson:

Sure. Well, on the Medicare side, it's not mandatory to enroll in a Medicare managed care plan or Medicare Advantage, that always remains at the option of the beneficiary. And just as your current process is, if you're in fee for service Medicare or regular Medicare, you can choose your Medicare doctor. And if you choose to enroll in a Medicare Advantage plan, Cal MediConnect or D-SNP, then you can look at the network and the websites, I'm sure of all the plans that are an option to you, they will provide a list of the providers that are in their network. And you can see if your doctors there, and if you have questions, you can also call if you're considering enrolling in a plan, then you can call that plan and ask them if your doctor is there. But enrolling in a Medicare plan is always a choice for Medicare beneficiaries.

Hilary Haycock:

There's a question from Joseph whether there'll be additional Zoom calls as we get closer to the transition?

Anastasia Dodson:

Yes. Part of what we want to think about, and we would welcome your feedback is how should we structure Zoom calls? Is it statewide? Should there be particular county specific efforts maybe to have, I know there are local convenings in the CCI counties already and so should that outreach and discussion be centered locally? Or should it be at the statewide level or both? We are open to and have capacity for any and all of that. So yes, glad to have them more frequently as needed.

Hilary Haycock:

Great. Comment from Veronica Perez at CareMore Health, that if beneficiaries perceive they're losing benefits and support with a transition of Cal MediConnect instead of gaining benefits and support, they will be hesitant to engage.

Anastasia Dodson:

Yes, we really want to make sure that it's very clear that benefits will not change with the transition from Cal MediConnect to a D-SNP aligned enrollment. And so, I don't

want to repeat it 10 times, but it's 10 times true. We want to make sure that that's clear to people. And I know the plans have a strong interest in that as well, and CMS, our federal partners, we're all very much aligned in wanting to make sure the messaging is very clear on this. I don't think our CMS partner is a presenter here officially, but I know they have strategies in mind to make sure that the notice language is very clear, and so it's important to all of us.

Hilary Haycock:

A question from Carol Wilkins about the state's home and community-based spending plan, and particularly the incentives for the Medicare managed care plans to address homelessness as this may relate to opportunities and changes in MLTSS. So, a question about the HCBS spending plan.

Anastasia Dodson:

Right. So, we're still waiting to hear back from CMS on our proposed plan, but there are a number of initiatives there that will improve the types and availability of home and community-based services throughout the state, such as increasing availability of the assisted living waiver. We have a dementia aware initiative, there are a number of IHSS proposals, there's support for our DDS programs. So, it's a real wide range of efforts to support home and community-based services. And then as far as homelessness, yes, there's a number of proposals there.

Anastasia Dodson:

So, we do want to wait and see what CMS has as far as feedback. We'll need to get their feedback before we proceed on those initiatives, but they're very important to the administration and, of course, addressing homelessness and housing issues is a priority for the administration. It was a priority before the pandemic, and it continues to be an effort. There are a number of items in the state budget to address housing and homelessness as well.

Hilary Haycock:

All right. Thank you for addressing that. There's a question about crossover claims and whether there'll be automation of the Medicare fee for service, coinsurance and deductible between the aligned plans and Medicare. So, I think this is a question about, and Susan LaPadula, maybe you can clarify. And because it works a little differently, I think if there's a Medicare and a Medi-Cal plan that are aligned versus Medicare fee for service and a Medi-Cal managed care plan, but questions about how there'll be changes and how those crossover claims are paid by Medi-Cal?

Anastasia Dodson:

It sounds like that's a question we'll have to take back and add to our list for FAQ or for an individual response. We may not have the right technical folks on the call today.

Hilary Haycock:

Great. There's a question about how will the data sharing provisions of the SMAC integrate with the data exchange framework that is being established under AB133?

Anastasia Dodson:

Good question. We are working on that we know that we want to do things efficiently. So, we don't want to duplicate, and we don't want to have any gaps either, so that's something that we're looking at behind the scenes. And again, it may be iterative, we may need to put what we know in the SMAC for the 2023 SMAC and then continue to iterate as more information and then more strategies around that topic are developed with all of our partners.

Hilary Haycock:

Great. So, another question from Tatiana about how will the coordination of care be managed when a dual is seeking emergency or planned care from out of state providers, particularly in an emergency basis, since out of state provider enrollment can be cumbersome?

Anastasia Dodson:

Well, I think that's more of a Medicare question I presume that's, and so the existing Medicare rules would apply. If there's some particular situation that's of concern, we can take that back and look at it and see is that something that should be addressed by the state through the SMAC or is it something that we would want to elevate and point out to CMS that's an opportunity for improvement? So happy to hear more about that.

Hilary Haycock:

Great. There is a follow up to Susan's question about crossover claims about deadlines for Medi-Cal plans to enter into coordination of benefits agreement with CMS and that this could help address the problem of inappropriate billing or service denial for fee for service for duals who have Medi-Cal plans, that's from Marcelo Espiritu. That sounds like maybe something good for us to take back to CMS.

Anastasia Dodson:

Absolutely. Yeah. Thank you for flagging that. We do want to make sure that we're doing everything we can to make sure payments are processed properly and we're supporting providers. Thank you.

Hilary Haycock:

Yeah. So, Tatiana then followed up on her comment saying that some time duals are being billed because the provider is not accepting or enrolled in a Medi-Cal.

Anastasia Dodson:

I see. Okay, well, yeah, let's follow up-

Hilary Haycock:

Yeah.

Anastasia Dodson:

Yeah.

Hilary Haycock:

I will say from our experience on the ground for many years of Cal MediConnect outreach that balance billing is pretty pervasive, and definitely something that we've spent a lot of time on, and we'll continue to do so. Definitely a challenge. Had a couple more comments from Rick Hodgkins. So maybe Anastasia, you could talk a little bit about the expansion of mandatory Medi-Cal managed care for dual eligibles that will be starting in 2023?

Anastasia Dodson:

Sure, sure. So right now, in county organized health systems, where there's just one Medi-Cal plan, all Medicare beneficiaries are enrolled in that plan for their Medi-Cal, including dually eligible folks. Also in the seven Coordinated Care Initiative counties, which include two coast counties, all dual eligible beneficiaries are mandatorily enrolled in Medi-Cal managed care for getting their Medi-Cal benefits. There's no mandatory managed care on the Medicare side. I know there's a lot of words that start with M, and I'm trying not to slip up here. But on the Medicare side, there's no mandatory managed care, but on the Medi-Cal side, in a number of counties, there's already mandatory managed care on the Medi-Cal side.

Anastasia Dodson:

And that is part of the overall transition that the Department of Health Care Services has been undertaking to shift our Medi-Cal delivery system from fee for service to managed care, and that's been under way for over 10 years now. And that's a way for us to provide better value, ensure quality measures are being met and a number of other factors that lead the state as a whole to move toward Medi-Cal managed care. So dual eligible beneficiaries in some counties are not currently enrolled in Medi-Cal managed care on a mandatory basis, but that will be changing in 2023. But it's only on the Medi-Cal side, it's not mandatory for Medicare. But on the Medi-Cal side, in some counties where there is not mandatory Medi-Cal managed care for duals, that will change January 1st, 2023.

Anastasia Dodson:

There will be information materials sent to beneficiaries, if they're not already enrolled in Medi-Cal managed care, and the benefits will still be available, the same Medi-Cal benefits will still be available, which for dually eligible beneficiaries, most often it's LTSS. So that means could be CBAS, or also transportation is a benefit under Medi-Cal and those Medi-Cal benefits will be still available through the Medi-Cal managed care plans.

Anastasia Dodson:

What is also important for dually eligible folks in, these are in non-CCI counties is that by enrolling in a Medi-Cal plan, then there'll be the opportunity in future years to have aligned enrollment so that if you choose to enroll in a Medicare plan, your Medicare and your Medi-Cal plans will match. And then a single organization can coordinate your benefits and you could have a care manager that coordinates across both Medicare and Medi-Cal. I know there's a lot to work through. Hilary, does that seem to answer the question?

Hilary Haycock:

I think so. I think one thing maybe we want to underline is that being in a Medi-Cal plan should not impact your access to your Medicare providers because your Medicare doctors don't have to be enrolled in a Medi-Cal plan, they don't have to participate in Medi-Cal in order to see a dual eligible patient enrolled in a Medi-Cal plan.

Anastasia Dodson:

Right. Yes, you can be in Medicare fee for service, keep your existing doctors and enrolled in a Medi-Cal managed care plan. That Medi-Cal enrollment doesn't change your Medicare providers.

Hilary Haycock:

All right. So, some comments in the chat about how moving to Medi-Cal plans does create some provider confusion where they don't fully understand that and that there may be some a waterfall provider balance billing issues and other things. And so again, that's why it's really important I think for us all to try to do that outreach and education which we're going to be continuing to do and working on those crossover claim issues overall. Take that balance back.

Anastasia Dodson:

Yeah, no, and these comments are really, really appreciated. We have several teams listening to this call, and Stephanie Conde from our managed care operations division will be presenting shortly. And so, our team here at DHCS that's working on the transition to Medi-Cal managed care for folks in non-CCI counties, they're listening, they will be taking all this back to see is there some policy items that we need to clarify, there communications to plans and providers, what do we need to do to make sure that goes smoothly? We're very invested in it.

Hilary Haycock:

And Jack Dailey from the ombudsman the feature that he included in the chat. So, Rick, maybe this could be helpful contact information and for the Cal MediConnect Connect Ombudsman and for HCA, those two phone numbers are in the chat and Rick, they'll probably be better able than we are to walk through any specific questions you have. So, any other consumer is able to access the Cal MediConnect ombudsman or HCA to ask questions about your specific situation and how that might be changing.

Hilary Haycock:

A couple questions in the chat about today's meeting materials as a reminder, that's going to be posted on the MLTSS and Duals Integration Stakeholder Workgroup webpage, that link is in the chat as well. There's a comment from Susan LaPadula that maybe we can add Medicare assignment acceptance by Medicare providers to the topic of education. So, access to medical writers is not perfect either.

Anastasia Dodson:

Yeah. And just to say how much I appreciate, we appreciate this dialogue here, this is great. It's giving us a lot of things to work on.

Hilary Haycock:

All right, so we have comments and chat have slowed. And so, we've just about, it's just about time in our program to pass over. So, thank you Anastasia for fielding quite a wide range of questions and again, a great discussion. So, we will hand it over to Stephanie Conde, Branch Chief of the Managed Care Operations to provide a Cal MediConnect enrollment policy update.

Stephanie Conde:

Good morning everyone. Thanks Hillary, thanks Anastasia. So today, I'm going to be going over a policy that we talked about before, but we've come to a determination on implementing this policy. And so, I just wanted to refresh it for you folks and then answer any questions at the end. Next slide, please.

Stephanie Conde:

So currently, our Cal MediConnect plans to provide a two-month deeming period for enrollees who lose their Medi-Cal eligibility. And so, working through this current policy, DHCS had to determine if the Cal MediConnect deeming period should be extended to a four-to-six-month special deeming period, which would benefit longer enrollment in Cal MediConnect plan and then seamless transition to our D-SNPs.

Stephanie Conde:

So, we are deciding to implement this special deeming period for September 1st through December 31st, 2022. And so, the last two months deeming period will be July of 2022 through the end of August of 2022. After that, then the four to six months special deeming period will implement. And so, as an example, Cal MediConnect members who lose Medi-Cal eligibility effect of October of 2022 or later would remain enrolled in the MMP through the end of the demonstration via an extended deeming period. Again, that is to help with longer enrollment in Cal MediConnect plan and seamless transition to D-SNP. So, I will actually open it up for any questions for me before we move on in the presentation.

Hilary Haycock:

Great, thank you Stephanie. Are there any questions specific to Stephanie's presentation? Changing the special deeming period. Question from Janine Angel at Health Net about whether there's been a decision on the last enrollment date for Cal

MediConnect plans. This is about the enrollment moratorium on Cal MediConnect enrollment to prepare for the transition.

Stephanie Conde:

Thank you for the question. We're extremely close on releasing the policy decision on that but not quite yet. So more to come hopeful in the month of August or early September to let folks know where we land on the moratorium policy.

Hilary Haycock:

Thanks, Stephanie. All right. It's a minute but I'm not seeing anything else come through. There's an offer from California Health Advocates that HICAP can help duals during deeming if they lose Medi-Cal eligibility, you're going to share cost and they go back to fee for service Medicare. HICAP can help them often navigate how to get into a Medicare plan that can help them regain their Medi-Cal eligibility. So, thank you. HICAPs are such wonderful partners and supporting beneficiaries.

Hilary Haycock:

All right, I'm not seeing anything else specific to the enrollment deeming period. So, thank you very much Stephanie and we will stay tuned on other enrollment decisions as they come out around the Cal MediConnect transition specifically. So now I am delighted to turn things over to Joseph Billingsley, the Branch Chief in the Integrated Systems of Care at DHCS for an update on the Multipurpose Senior Services Program MSSP transition. Joseph?

Joseph Billingsley:

Perfect. Thanks Hilary, I'm happy to present today. So good morning everybody. In my role at the Department of Health Care Services, I am responsible for home- and community-based services policy and operations. And today, I'll be providing an update on the transition of the Multipurpose Senior Services Program from a managed care plan benefit in the California's Coordinated Care Initiative counties back to 1915(c) HCBS waiver benefit carved out for Medi-Cal managed care.

Joseph Billingsley:

So, first I wanted to give an update on [audio cuts out] that is being developed for this transition. So DHCS has worked to develop notices, and the noticing plan includes a 90-day, 60-day and 30-day notices, and all notices will include a notice of additional information. DHCS will be mailing out the 90-day notice with an in-hand date to beneficiaries of October 1, 2021. And then, the managed care plans will be responsible for mailing out both the 60-day and 30-day notices with in-hand date for the 60-day notice of November 1, 2021 and an in hand date for the 30-day notice of December 1st, 2021.

Joseph Billingsley:

As part of the notice development process, DHCS did share their notices with stakeholders, including both the plans and MSSP sites, and has reviewed stakeholder

feedback and is finalizing notices. Next, provider update on readiness contracts in the Member Handbook. So, for readiness deliverables, DHCS did release the final MSSP deliverables list to the plans at the end of July. In regard to the contract, and updates to the plan contracts, DHCS is currently working on updating contract amendments for all impacted plans and planning to release draft in quarter three. And for the Member Handbook updates, DHCS released the final 2022 evidence of care template for the plans at the end of July.

Joseph Billingsley:

Next, I'll provide an update on the provider manual and also post-transition monitoring. So, from a provider manual perspective, DHCS is in the process of making updates to the provider manual, and so we'll have more information forthcoming there. And for plan readiness, again, plan readiness requirements were included in the deliverables list that was released the plans on July 29th, 2021.

Joseph Billingsley:

So also, the update on post transition monitoring, plans will be required to complete post transition monitoring after implementation for two weeks from January 3rd, 2022, to January 14th, 2022, and we will have more details on the post transition monitoring process and the reporting template for that process will be shared with the plans in the upcoming near future. At this point, I want to go ahead and pass it back to Hilary and see if we have any questions related to the update provided on MSSP transition. Thanks.

Hilary Haycock:

Thanks, Joseph, for all those updates on the MSSP transition. Are there any questions from folks? Again, you can enter them into the chat, or you can feel free to use the raise your hand function on Zoom and we will be happy to unmute you, any questions about MSSP transition. Here is a question about what the post transition MSSP monitoring plan will entail? Certainly, want to go back to that slide.

Stephanie Conde:

Sorry, I didn't see who asked that, was it-

Hilary Haycock:

It's from, sorry, Tiffany at Justice in Aging.

Stephanie Conde:

Joe, you want me to jump in?

Joseph Billingsley:

Oh, sure. Sorry. I was having trouble. Go-ahead, go-ahead Stephanie. Thank you.

Stephanie Conde:

That's okay, I was going to say from a plan perspective, we're still developing our post-transition monitoring plan with the plans, and we'll release that probably in September, October for the plans. But as folks know, there's so many transitions going on in 2022. We want to make sure that our transitioning plan incorporates all those transitions, and so we're combining the monitoring efforts with our managed care plans and our contract oversight within DHCS. So more to come on that very soon but very good question.

Hilary Haycock:

Great. All right. Any additional questions on the MSSP transition? All right. Well, as always, folks, if anything comes up after the meeting on any of these topics or anything else, as always info@calduals.org is available and we're happy to collect that information and route it to the appropriate folks at DHCS to get you answers to your question. So info@calduals.org and we will be happy to help you out.

Hilary Haycock:

So now I will just go to the next slide. So, we will continue to be meeting monthly, lots of really meaty topics coming up, as Anastasia mentioned at the top, we are working on figuring out what that model of care and SMAC will look like and are very excited to be sharing with you all as soon as possible to get more feedback on how that will work. And so those are some of the topics we'll be looking at.

Hilary Haycock:

Our next meeting is Thursday, September 16th at 10:00 am. So please join us and register and we will see you then and we will give folks a little bit of time back today. So, thank you everyone for a great conversation and a lot of really good questions that we will be and comments that we will be taking back. Have a wonderful rest of your day.