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

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SPEAKERS

Mary Russell
Anastasia Dodson
Paul Nguyen
Ivana Thompson
Lindsey Wilson

Mary Russell:

Okay, everyone. Well, good morning. Welcome to today's CalAIM Managed Long Term Services and Supports and Duals Integration Work Group. We have some great presenters with us today; that includes Anastasia Dodson, the Deputy Director of the Office of Medicare Innovation and Integration at DHCS; Lindsey Wilson, the Assistant Division Chief with the Third-Party Liability and Recovery Division at DHCS; and Ivana Thompson, and Paul Nguyen with the Pharmacy Benefits Division at DHCS. A few meeting management items before we begin. All participants will be on mute during the presentation. As a reminder, the monthly MLTSS and Duals Integration Work Groups are designed to provide stakeholders with the opportunity to ask questions. So, we'd ask that the plans that join these calls, please hold their questions for the other venues that they have with the state throughout the month. Please feel free to submit any questions that you may have for speakers via the chat. During the discussion, if you'd like to ask a question or provide comments and feedback, please use the “Raise Hand” function and we will come around and unmute you.

Mary Russell:

Quick reminder that the PowerPoint slides and all meeting materials will be available on the CalAIM website in the next few days, and we'll provide a link to those materials in the Zoom chat. Before we begin, we'd like to ask you to take a minute to add your organization's name to your Zoom name, so that it appears “[your name]-organization”. This just helps us when we're addressing questions. Click on the "Participants" icon at the bottom of the window. Hover over your name in the "Participants" list on the right side of the Zoom window. Click "More." Select "Rename" from the dropdown menu. Enter your name and your organization as you would like it to appear. And we'll take a look at the agenda before we dive in. We'll begin today's meeting with a walkthrough of the summary of the January 2023 enrollment changes followed by time for Q&A. Then we'll share a brief update on the CalAIM D-SNP Policy Guide. Finally, we'll provide an update on the crossover claims and balance billing policies, and we'll end the call with some information on upcoming meetings and next steps. And as a reminder, we have some additional background slides available in the appendix. So, thank you all for joining us today. And with that, I will transition to Anastasia Dodson to kick us off.

Anastasia Dodson:

Thank you so much, Mary. And it's really a pleasure to be here with all of you again. As you know, we've been meeting weekly... Sorry, monthly. We've been meeting weekly with many people in various venues, but with this group, monthly, to talk about CalAIM Managed Long Term Services and Supports, which includes both dual eligible and Medi-Cal only folks, as well as integrated care for dual eligible beneficiaries. We've appreciated getting the feedback from all of you and we do have a charter document. Let’s go to the next slide. So, briefly, I just want to mention that for 2023 and perhaps even for our December meeting, we're going to be pivoting a little bit. So, the last few months, the last several months in this group, we've been really focused

on the January 2023 transitions and making sure everybody has the information about notices and how things will work, kind of a technical level and some policies as well. In 2023, we want to continue to look at what's happened with those transitions. Are there things that we need to make corrections on or opportunities there? But also, start thinking more broadly about the CalAIM initiatives for Managed Long Term Services and Supports for all Medi-Cal members. And that includes not just the carve-in of long-term care and dual eligible beneficiaries into Medi-Cal managed care, but also, there are components of Enhanced Care Management and Community Supports that are specifically to help around long-term services and supports, as well as elements of population health management that can address long-term services and supports.

Anastasia Dodson:

So again, within that Medi-Cal managed care perspective, and then more broadly, in the Medicare perspective, looking at what's happening for dual eligible beneficiaries, how they can get more integrated care. And not just through Medicare Advantage or D-SNP platforms, but also, there's a significant number of dual eligible beneficiaries that are in original fee-for-service regular Medicare, and there are ways that we are thinking through CalAIM population health management to improve the coordination of care for folks who are in original Medicare. And not on the agenda today to go through that list, but I do want to make sure you're all aware and we can talk in the December meeting about what strategies and tools DHCS is using for, again, integrated care, better coordinated care for duals in original Medicare. And then, we also want to use this platform to flag related DHCS efforts for Medi-Cal members who are older or people with disabilities. The last thing I want to just note is that on this slide here, we talk about implementation results, opportunities, and challenges. And particularly, we want to go back to the format that we had used earlier this year and in prior years, to have more of an interactive discussion using breakout groups, having other people present besides DHCS. I mean, we're pleased to present, but really, we want to use this for more on a dialogue and looking at what local strategies that are working, highlighting those, having dialogue about how those can be used in other areas. Or just again, we're pleased that we've had such great presentations from folks with Alzheimer's Association. So, a lot of other topics and presenters and speakers.

Anastasia Dodson:

So, I'll stop there. I think we'll go to the next slide. So, that said, today, we are going to make sure that we're sharing all information that we have, and listening to any feedback, and having any discussion as needed about the January 2023 enrollment changes. So, we'll go to the next slide. So, we have, as you know, Medi-Medi Plans and those are the successors to the Cal MediConnect plans. And so, Cal MediConnect plans are transitioning to Medi-Medi Plans. And Medi-Medi Plans are available now through the open enrollment period for anyone who has Medicare and Medi-Cal to enroll. Next slide. These are the same slides that you all have seen before. Beneficiary enrollment in Medicare Advantage including a D-SNP is voluntary.

Anastasia Dodson:

So, no one is required to enroll in a Medicare Advantage plan or a D-SNP. Medicare beneficiaries, dual eligible, or just Medicare, they can remain in Medicare Fee-for-Service, Original Medicare, and they don't need to take any action to remain in Original Medicare. Medicare Medi-Cal plans, or Medi-Medi Plans, they combine Medicare and Medi-Cal benefits into one plan. And they are for 2023, they are going to be available in those seven counties, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties. Those are the same counties that currently have Cal MediConnect. And so again, those same health plan organizations that are offering Cal MediConnect will be offering Medi-Medi Plans in those same counties. Current Cal MediConnect members are going to be automatically enrolled into the Medi-Medi Plan that's affiliated with their Cal MediConnect plan. There's no action needed by the beneficiaries. All right. Next slide.

Anastasia Dodson:

So, why are we doing this and what are the opportunities there with Medi-Medi Plans? So, it's similar to the Cal MediConnect approach, which does have high consumer satisfaction. But the reason for the transition overall is because we're shifting in accordance and partnership with the federal government to an ongoing platform. Cal MediConnect was a time limited demonstration. So now, we have an ongoing structure and federal authority for this type of integrated plan. These Medi-Medi Plans, they have a single care coordinator or care coordination team across both Medicare and Medi-Cal services. There is also integrated member materials across Medicare and Medi-Cal. These plans offer supplemental benefits, just like other Medicare Advantage and D-SNP plans. And these plans also provide the Community Supports and Enhanced Care Management Medi-Cal benefits that are again, by having both sets of benefits together under one plan. There is benefit coordination, a unified benefit package, coordinated benefit administration, plan-level integrated appeals, and integrated beneficiary and provider communications. So, again, this is not anything new compared to the previous meetings we've had, but for folks who have not seen this before, that's why we're making this transition. Next slide.

Anastasia Dodson:

And then another reminder. So, the 113,000 or so beneficiaries in Cal MediConnect plans were in the process of automatically transitioning those beneficiaries into the Medi-Medi Plans that are operated by the same parent company as their Cal MediConnect plans. There will be no gap in coverage. Provider networks will be substantially similar and there are continuity of care provisions in case there is a Medicare or Medi-Cal provider that's in Cal MediConnect such and such plan, and not in the Medi-Medi Plan. We hope that will be a rare situation. Health plans have already been sending notices to the impacted members. And then we have a webpage that says, “The Future of Cal MediConnect,” where all the notices are available. Next slide.

Anastasia Dodson:

So again, the MMPs for 2023, the Medi-Medi Plans, they will have integrated materials such as a member handbook, Annual Notice of Change, member ID card, summary of benefits, provider and pharmacy director, and list of covered drugs. And so again, one of the great things about this integrated approach is that, I should say for the Medi-Cal benefits that are covered by Medi-Cal managed care plans, all of those are combined together with the Medicare benefits that these plans offer. Next slide. So now, we are going to transition to a different topic. These are new slides. So, for those of you who have been participating in these meetings every month, we have some new slides. And again, not a huge major policy issue, but an important issue to make sure that you're all aware of. But there should be not any kind of significant impact to members with this policy. So, I will hand it off to Paul, I think.

Mary Russell:

Great. Yes. We'll ask Ivana and Paul from Pharmacy Benefits Division, to jump in for this section.

Paul Nguyen:

Hi, thank you. My name is Paul Nguyen. I'm with Pharmacy Benefits Division. Thank you, Anastasia. Now we're just going to talk about the Cal MediConnect to Medi-Cal Rx Transition. So, just for an overview, Medi-Cal Rx went live on January 1st, 2022. And so, when Medi-Cal Rx first went live, it did not include the Cal MediConnect members. So, there was no CMC transition. That's actually going to take place this January, January 23rd, where the department would be transitioning the Medi-Cal pharmacy benefit for the CMC members to Medi-Cal Rx. As previously stated, this should have minimal impact on the CMC members and beneficiaries since most of their pharmacy benefits will be covered under Medicare Part D. The Medi-Cal and Medi-Cal Rx portion for the drug benefit are for just Medicare Part D excluded medication. And while this takes place in January of 2023, it's specific just to the CMC beneficiaries and does not impact any PACE or SCAN members. And there is no overall change to any of the Medi-Cal Rx policies. Next slide please.

Paul Nguyen:

All right. So, education and outreach efforts have been started. A 45-day alert has been published out to the prescribers and the pharmacies reminding them of the CMC Transition. Since Medi-Cal Rx did go live by the time CMC Transition happened, it really has been for over a year or right about a year. So, prescribers and pharmacies should have some similarity with the Medi-Cal Rx program already. And Medi-Cal Rx will support the providers and prescribers during this transition. You can go to the Medi-Cal Rx website linked in that second bullet point for additional information. Additionally, the Medi-Cal Rx Customer Service Center can be reached at that 800 number and can provide assistance for beneficiaries, providers and pharmacies. Just to note, the customer service center is open 24 hours a day, 365 days a year. So, this

includes holidays, weekends, and again, is 24 hours. And if there are any questions, feel free to reach out to us at the Medi-Cal Rx education and outreach email, which is provided at the very bottom right there. Next slide please.

Paul Nguyen:

So just a little primer for what beneficiaries can expect. The drug coverage will still be processed through their Part D benefit with the coordination of care and benefits under Part B and Medi-Cal, with Medi-Cal being the payer of last resort for drugs that are specifically excluded from Medicare Part D. An example of drugs that are typically excluded, one of the major ones are typically over the counter, or OTC, medications. Those are not covered under Part D and may be covered under Medi-Cal Rx. Additionally, we are working on putting together and publishing a Billing Tips Guide, providing some coordination of benefits information, as well as claim processing for other health coverage. Next slide please.

Paul Nguyen:

And so, just a little bit more information. For Part B co-insurance, these claims should automatically cross over, but if they don't, pharmacy providers, they can populate that “44444” in the other payer field and that'll help get the claim to cross over. Additionally, during this period, the CMC beneficiaries, they will all fall under the Medi-Cal Rx transition policy. As long as Medi-Cal Rx has this transition policy in place, it will apply to all beneficiaries, which will start with the CMC beneficiaries on January 1st. And emergency fills will be available during this transition. And the emergency fill will kind of follow our current Medi-Cal Rx policies. And then, if there are any questions about the Other Payer Amount Paid, or the Other Payer Patient Responsibility, some additional information can be found in our Payer Specification Sheet which is linked on the slide. And I believe that is the last slide for pharmacy benefits. So, I'll turn it back over to Anastasia and Mary. Thank you.

Mary Russell:

Thank you so much, Paul. I think we'll take a quick pause here, just for any questions for the PBD team, and then we'll continue with the rest of the presentation. Paul, I did see one in the chat from David Fine. "With the CMC plans, enteral nutrition products stayed with the plan, did not go to Magellan, will the MMPs continue to cover and provide the formula, or will they transition it over to Magellan under the pharmacy benefit, or do we need to check with the plans?" Do you have a perspective there?

Paul Nguyen:

Yeah. And Ivana, please jump in if you want. So, for enteral nutrition, that'll fall under the current Medi-Cal Rx policies. And so, whatever is currently in place under Medi-Cal Rx for beneficiaries, that'll just apply now to the CMC members. And I know that for the enteral, some may be covered by the plan and some by Medi-Cal Rx. So, policy is not changing. We're just bringing the beneficiaries under the Medi-Cal Rx umbrella.

Ivana Thompson:

Thank you, Paul. And I would add that the scope of pharmacy benefit carve-out or just pharmacy carve- out, is periodically updated as we add new benefits to the Medi-Cal Rx. But it is up to date, and it is posted on the DHCS website under “Pharmacy Carve-Out”. And that shows specifics for different types of products, like for example, enteral. You can refer to that as well.

Mary Russell:

Great. Thank you. Any other questions specific to the pharmacy transition? Okay. Thank you. And then just while we're at this pause, I did want to acknowledge, I know we're seeing a number of questions in the chat related to long-term care and SNFs. So, we provided some additional resources and links. I don't believe we have the DHCS subject matter expert on today's call, but we will save these and see if we can work through some of them during the broader Q&A. Okay. Thank you so much, Ivana and Paul. And Anastasia, I'll transition back to you for the next section.

Anastasia Dodson:

Great. Thank you. Thank you, Mary, Ivana, and Paul. Next slide. Okay, so these slides have not changed from previous meetings. This is about the D-SNP Look-Alike Plan Transition. Next slide. So, D-SNP look-alike plans are Medicare Advantage plans that are marketed to dually eligible beneficiaries, but don't have the same care coordination requirements as true D-SNPs. The definition that CMS is using is for Medicare Advantage plans that have 80% or more of their members eligible for Medi-Cal dual eligible beneficiaries. Next slide. CMS is no longer authorizing D-SNP look-alike plans and they have a transition process that they have implemented. Next slide.

Anastasia Dodson:

So, in 2023, the Medicare Advantage organizations that have plans that CMS has determined are D-SNP look-alikes, those members have been transitioned for 2023 into either true D-SNPs or regular Medicare Advantage plans that are not 80% or more anticipated to be dual eligible beneficiaries. And this is designed to ensure continuity of care, so that people do not have to leave the sort of parent plan organization that they have their Medicare Advantage through, but also have the cost-sharing protections for dual eligible beneficiaries and better options as far as care coordination across Medicare and Medi-Cal. D-SNPs are required by contract by the federal government to coordinate both Medicare and Medi-Cal benefits across Medi-Cal Fee-for-Service, Medi-Cal managed care. Again, they’re not required to necessarily provide all of the Medi-Cal benefits if they’re just a regular D-SNP, but they must coordinate all of those benefits. And that is the fundamental responsibility for D-SNPs in California.

Anastasia Dodson:

So, CMS has worked with the Medicare plans for a crosswalk of the folks who are

currently enrolled in D-SNP look-alikes, to have an automatic transition into within the same parent plan organization. It's a type of plan that's permitted that crosswalk has already been implemented for 2023, and we have posted the list of the crosswalk on our website. And notices as appropriate, have already been sent to beneficiaries. Next slide.

Anastasia Dodson:

So, I don't think we've needed pause for questions on that. Again, it's the same topics that we've been talking about in the past. And then, I know we will have time for questions on all these later. Next slide. So now, I'm going to transition to a topic that is not necessarily about Medicare, but really about Medi-Cal. So, this map shows that in the purple counties, the ones that are in the far north and along the coast, in those counties, skilled nursing facility services and dual eligible beneficiaries are anyone who is in that county as a Medi-Cal beneficiary with Medicare. They are already enrolled in a Medi-Cal managed care plan. In the pink counties, in Southern California and San Mateo, Santa Clara, most dually eligible beneficiaries are already enrolled in a Medi-Cal managed care plan.

Anastasia Dodson:

And long-term care, skilled nursing facility care, is already provided as a Medi-Cal managed care benefit. The counties where we are having a change in Medi-Cal primarily are in those blue counties, which are in parts of the Bay area, Alameda, Contra Costa, San Francisco, and then parts of the Sacramento region, and Central Valley, and Imperial County. In those counties, it's optional for people who have Medicare and Medi-Cal to be enrolled in a Medi-Cal managed care plan. And skilled nursing facility services are not carved in or part of the Medi-Cal managed care plan benefits.

Anastasia Dodson:

So, those are the changes that we are making in January, to require the Medi-Cal plans in those counties to cover skilled nursing facility benefits and require virtually all people who are dually eligible for Medicare and Medi-Cal to enroll in a Medi-Cal managed care plan. There is no requirement for people who are dually eligible to enroll in a Medicare plan. This requirement is only about enrolling in a Medi-Cal plan, and it should not limit anyone’s ability to continue seeing their Medicare providers. Go to the next slide.

Anastasia Dodson:

So, this is saying the same thing that I already said, but just in bullet format. In January 2023, dual eligible beneficiaries primarily in those 31 counties in blue on the prior slide will transition to Medi-Cal managed care enrollment. This does not impact Medicare provider access or a choice of original Medicare or Medicare Advantage. Medicare providers do not need to be enrolled in Medi-Cal plans. We have outreach materials about this Medi-Cal change available on the DHCS website on a particular

webpage that I'm sure is in the chat. We have outreach materials, fact sheets and videos in multiple languages. And the notices have been sent in the threshold languages. And the English and Spanish version of the notices are posted on the DHCS website. Next slide.

Anastasia Dodson:

And then for context, more than 70%, over 1.1 million of dual eligible beneficiaries are already enrolled in Medi-Cal managed care plans. So again, this does not interfere with Medicare access. Most dually eligible beneficiaries are already enrolled in a Medi-Cal plan, and they can continue to choose Original Medicare or Medicare Advantage. This enrollment change in January will impact about 325,000 dual eligible beneficiaries. They'll be newly enrolled in a Medi-Cal managed care plan. And again, the list of counties here are those counties that were in blue on that map. And those counties are where previously, has been optional. There are people who are dually eligible in all of those counties who are already enrolled in a Medi-Cal managed care plan, but the policy is just to require most of the remaining dually eligible beneficiaries to enroll in a Medi-Cal plan. Beneficiaries can choose from Medi-Cal plans based on the materials that they have received and will receive again by the end of November.

Anastasia Dodson:

And then a reminder, in this group, we have talked about in the past, there is a Medi-Cal matching plan policy. So again, some people who are dually eligible in these counties, they have already selected a Medicare plan. And if that Medicare plan does have a matching Medi-Cal plan, then that's the Medi-Cal plan that they would be enrolled in. So that again, try to align in case there is confusion, there’s less back and forth, one organization for both Medicare and Medi-Cal. But that is only if someone has voluntarily decided to enroll in a Medicare Advantage plan and that choice is entirely up to the beneficiary. Next slide.

Anastasia Dodson:

So, why are we doing this? We have made some changes and there will be more changes for Medi-Cal managed care plans. We are providing additional requirements for the Medi-Cal plans that we contract with, to have them coordinate Long Term Services and Supports. So again, skilled nursing facility care will become a Medi-Cal managed care benefit throughout the state. And there's also Community Supports and Enhanced Care Management that are provided through Medi-Cal managed care plans that can benefit people who are dually eligible. We know that people who have Medicare and Medi-Cal are the group within Medi-Cal that is the highest utilizers for Long Term Services and Supports such as CBAS, skilled nursing facility care, as well as IHSS and other types of waiver programs. I do want to flag just to be clear, again, this Medi-Cal managed care transition, not only does it make no difference as far as Medicare enrollment, choice of Medicare providers, but it also makes no difference as far as IHSS.

Anastasia Dodson:

There's no impact to IHSS with this transition or any of the transitions that we have talked about here. Either Medi-Medi Plans, the D-SNP look-alike, the Medi-Cal managed care enrollment for duals, or the Long-Term Care carve-in, none of those impact IHSS. Everyone who has IHSS and who is working with providers, there's absolutely no policy change impact to IHSS. However, in the future of course, we would like to deepen the partnerships that exist in some counties between Medi-Cal managed care and IHSS, just so that if people need additional supports, if there's transition issues in and out of a hospital, et cetera, that the Medi-Cal plans, we'd like them to help as needed. Okay, next slide.

Anastasia Dodson:

So again, we have outreach materials in many languages on this transition. And I do see more comments, and I see Rick's hand up. But we'll just keep going, and then we will definitely have plenty of time for questions. Next slide. So, briefly on the Skilled Nursing Facility Long-Term Care carve-in, we'll talk about that. Next slide. The goals of having skilled nursing facility care provided through Medi-Cal managed care plans is to have a more consistent, seamless and integrated system of care to reduce complexity and increase flexibility. Again, with the Medi-Cal plans, having those Community Supports, Enhanced Care Management to provide options to people to either avoid skilled nursing facility stays or to have more options to transition out of a skilled nursing facility, if that's someone's goal on their care. But again, to have more comprehensive care coordination and a broad array of services for Medi-Cal beneficiaries that are in skilled nursing facilities. Next slide.

Anastasia Dodson:

And this is a similar map. You can see the same counties, same colors. The counties that are in the purple, they have skilled nursing facilities currently carved in to Medi-Cal managed care, as well as the counties in pink. All of those counties, skilled nursing facility services are already part of Medi-Cal managed care. It's just the counties in blue is where there's a transition. And we estimate about 28,000 members residing in skilled nursing facilities will be enrolled in a Medi-Cal managed care plan. And a majority of those members are dually eligible beneficiaries. And again, this change, this enrollment into a Medi-Cal managed care plan does not impact the choice of Medicare providers, or either original Medicare, or Medicare Advantage. Next slide.

Anastasia Dodson:

This gives more detail. Again, nothing new here. The people who will be included in this transition for skilled nursing facility being enrolled into a Medi-Cal managed care plan is Medi-Cal only beneficiaries, dual eligible beneficiaries, Medi-Cal beneficiaries with other health coverage. And then, folks who are in Medi-Cal have a share of cost, which is a significant number of people in skilled nursing facilities with Medi-Cal, many

do have a share of cost. And so, all of those groups will be enrolled in a Medi-Cal managed care plan. Next slide. So again, we'll go through the notices, and then happy to answer questions. Next slide.

Anastasia Dodson:

And this is the same information that we have presented in previous meetings with this group. So, the Cal MediConnect to Medi-Medi Plan transition, those notices have already been sent out and it impacts those who are already enrolled in a Cal MediConnect plan. The D-SNP Look-Alike Transition, those notices have gone out. And those are folks who are in a certain type of Medicare Advantage plan. Medi-Cal managed care enrollment, the first set of notices to folks have already gone out. Those are folks who are in Medi-Cal Fee-for-Service and need to enroll in a Medi-Cal managed care plan. The next set of notices and choice packets will be going out in the next couple of weeks.

Anastasia Dodson:

And then for folks who are in skilled nursing facilities who have Medi-Cal, if they are not already in a Medi-Cal managed care plan, they will be getting materials. They have gotten the first set of materials and they'll get the next set of materials shortly about enrolling in a Medi-Cal managed care plan. Next slide. This gives a visual of the notices. Most of them have already been sent out. It's just the final set of notices and materials that'll go out by December 1st to folks who are needing to choose a Medi-Cal managed care plan. And again, Medicare different than Medi-Cal. The Medicare open enrollment period started October 15th and closes December 7th. And that's where people can choose to enroll in a Medicare Advantage plan. There's a variety of Medicare Advantage plans, Medi-Medi Plans, regular MA plans, PACE programs, many different Medicare options for people to choose from, or stay in original Medicare. Or disenroll from your Medicare Advantage plan, go back to original Medicare. All of those choices can be made during the Medicare open enrollment. Next slide.

Anastasia Dodson:

There are also outbound calls. Those are ongoing for the Cal MediConnect Transition and will start in December for the Medi-Cal managed care enrollment. Next slide. The notices for all of these are posted on the DHCS website, and that slide gives you the links and the slides will be posted. Next slide. And then, let's quickly go through the next slide on outreach. We've had a number of... I'll just say, a large number of stakeholder engagement meetings on all of these efforts. And we have materials on our website. Health Care Options, which is the DHCS contractor that helps us with all of these Medi-Cal enrollment transactions, they have resources and scripts, et cetera, to help people who need to call or go on the Health Care Options website. Again, we've had notices and phone calls, many webinars and meetings with local and statewide groups, community based organizations, provider groups. And those meetings will continue. We have another one actually at noon today with the county

eligibility offices. We have more coming up after the Thanksgiving break. So many, many meetings, calls, webinars. And we are open to do more, answer any questions that come up. Next slide.

Anastasia Dodson:

Again, there is a webpage that has information about all of our policies. Next slide. This is kind of an example of the targeted outreach here. Next slide. And finally, I just want to flag that we have a Cal MediConnect Ombudsman program in those seven counties. And that program will be transitioning to a statewide ombudsman program for people who are dually eligible with Medicare and Medi-Cal. That phone number that currently exists for Cal MediConnect will be the same phone number that people can call. And the Medicare Medi-Cal Ombudsman is available to help resolve problems from a neutral standpoint, to ensure that beneficiaries receive all medically necessary covered services. So, I will say in layman's terms, the Medicare Medi-Cal Ombudsman can help with enrollment issues, questions, concerns, as well as grievances and appeals.

Anastasia Dodson:

So, a wide variety of topics that the Ombudsman can help with, and this is specifically for people who have both Medicare and Medi-Cal. We do have also a Medi-Cal Managed Care Ombudsman that helps specifically with Medi-Cal issues that's managed by Department of Health Care Services. But the duals Ombudsman, the Medicare Medi-Cal Ombudsman is a separate organization, a contract that we have with the Health Consumer Alliance. And they have a different focus. It's around people who are dually eligible and have questions about their Medicare plans or need help, again, coordinating between Medicare and Medi-Cal. And particularly, if they have any kind of Medicare Advantage plan or PACE. Next slide. Okay. So yeah, let's stop for questions, Mary. I'm sure we have a lot.

Mary Russell:

Yeah. No, thanks Anastasia. That was great. And I hope that was helpful to everyone. So, I think we'll go to the raised hands first. So, I'll call on Rick first, but I did just want to again, flag. And our team has been trying to address some questions in the chat, but a lot of pretty technical questions about the LTC Transition and SNF questions in the chat. So, we've also provided some links to those specific webinars and some other informational opportunities where I think the Department will be able to answer those questions with a bit more detail. So we will start with raised hands, and then I will keep an eye on the chat and see if there are any questions to bring to you, Anastasia, but just wanted to kind of put that note out there for everyone. So, Rick, go ahead and come off mute and ask your question.

Rick Hodgkins:

Yes. I have two more appointments at UC Davis this year. One is on December 14th, the next one is on December 21st. I have a payee for my finances, well, for the SSDI

anyway, because I no longer get SSI. And I have until December 23rd to pick a Medi-Cal managed care plan. Every time I go to UC Davis, they ask what my insurance is. And I guess, they're really money hungry. They seem to care more about their money more so than they care about my health care, the administration. Anyway, because they're always asking, "Is your insurance still the same, Medi-Cal or Medicare?" The Medicare is not going to change. I know that you're going to be in continuous talks with providers. I hope that you're going to be in continuous talks with UC Davis because I don't want to be kicked off their roles.

Anastasia Dodson:

Right. Yeah. Rick, we have had a number of conversations and email exchanges with UC Davis Medical Center folks. And our teams are emailing back and forth to make sure that the message is getting across. And actually, we're going to be speaking to all hospitals throughout the state, even though we know it's really... The hospitals and health systems in Southern California, they understand this process. But specifically for UC Davis Medical Center, yes, we will continue talking to them. And please, feel free to reach out. This needs to get resolved. So, we are hard at work on it. Lindsey, you can...

Rick Hodgkins:

How could I reach out if I have a problem in the future?

Anastasia Dodson:

Yeah. The info@calduals email is monitored. And I want to thank you again, Rick for-

Rick Hodgkins:

CalDuals.org?

Anastasia Dodson:

Yeah.

Mary Russell:

Yeah, we'll put it in the chat, so you have it, Rick.

Rick Hodgkins:

Okay.

Anastasia Dodson:

But Rick, thank you, because you were the one who told us in the first place, "Hey DHCS, please go talk to UC Davis Medical Center." And so that started a dialogue that we're having. And we're also talking with Medi-Cal plans. And I know that people

are listening from Medi-Cal plans and from hospitals and health systems. And this is a very high priority for the Department to get this worked out. For the providers who are on, there really should be no difference in the amount that you're paid. And the billing process, if you need to make some transitions, you can make those transitions to the Medi-Cal plan, but once the initial adjustments are worked out, it should be not any more onerous or complex. And if there are concerns, frankly for any particular providers, or health systems, or Medi-Cal managed care plans, we at DHCS, we want to know about it and we will-

Rick Hodgkins:

Also, I'm glad I definitely will benefit from homemaker services because I cannot find an IHSS provider. They all want better pay; they all want better benefits. So, thanks.

Anastasia Dodson:

Thank you, Rick.

Mary Russell:

Thank you, Rick. Next, let's go to Susan LaPadula. Susan, go ahead and you can come off mute.

Susan LaPadula:

Good morning everyone, happy holidays. I have a question. Actually, two. The first is regarding the notices that have been sent out to beneficiaries. Do we have a pulse on the traffic at Health Care Options so far? That's question one.

Anastasia Dodson:

Yeah. I don't have that information at my fingertips, but if there are folks from our operations division that have an update, maybe they can provide it later in the webinar, but if not, we will take a look.

Susan LaPadula:

Wonderful. Thank you. And my second question is, you make available the managed care provider network of all providers in the state that are contracted with specific plans. And we were doing models of our patients and their current providers to be sure that they are in network. And we noticed that this data set does not include an effective date of the provider and whether or not the provider is in an active period. And I would like to draw your attention to something similar as the Medi-Cal Suspended and Ineligible Provider List, which is so clear on an effective date and whether or not the provider is in an active period. So, something perhaps you'll take back?

Anastasia Dodson:

Yeah. Susan, are you talking about the provider files that we have on the open data portal or...

Susan LaPadula:

Yes, yes. And it actually dovetails into one of the questions in the chat regarding, if the plans currently at this moment in time, we have 44 days left before implementation, and the plans are understaffed and don't have all the contracts executed, however, we've been told they will execute and do a retroactive date to give us an effective date of a contract. First of all, is that clear and is that really the way it will work? And the second is, we would need to know that effective date to make sure January 1st, 2023, was in fact, the date.

Anastasia Dodson:

So, you're talking about the Skilled Nursing Facility Carve-In specifically.

Susan LaPadula:

Correct, yes. With all the new plans that are coming statewide. It's not one specific county. It's statewide, make sure.

Anastasia Dodson:

Yes. I mean, it's in those 31 counties where the skilled nursing facilities are not currently carved in, but I don't think that we have the right people at DHCS queued up to answer that question, but I know that we have… And Mary, what is the date of the next webinar?

Susan LaPadula:

December 2nd, I believe.

Anastasia Dodson:

December 2nd. Okay.

Susan LaPadula:

Yes, December 2nd. A few weeks from now.

Anastasia Dodson:

Yeah. And if there's more... Mary, sorry. Go ahead if you had more-

Mary Russell:

No, I was just going to point out. So yeah, I know Susan, I'm sure 'you are in the loop on it, but we did provide links for kind of the dates and how to register for those

meetings or participate, because I know the department content experts will be present for those meetings.

Susan LaPadula:

So maybe we can tee this up for them because ’it is a really important issue if ’you are going through a performer right now, trying to make sure your patient’s going to have the providers that in fact, ’they are used to having or maybe they have to make a change.

Anastasia Dodson:

Yeah. So, I do want to reassure folks that we have... Well, first of all, we have readiness processes that we will be working with the Medi-Cal managed care plans on. And we have continuity of care provisions that we will vigorously enforce. So, there really should be no disruption to care for people who are in skilled nursing facilities, unless there is some other already existing sort of quality-of-care concerns. I mean, unfortunately, some facilities may be just coincidentally at this time, going through transitions or closures unrelated to this Medi-Cal transition.

Susan LaPadula:

Correct. For example, a survey or perhaps they’re not at the standard the plan requires for quality of care and clinical needs. That’s a possibility.

Anastasia Dodson:

Yeah. I’m not the expert on this, so I’m not going to agree or disagree on that example. But I want to reassure people though that this transition, we know is extremely sensitive and we really want to avoid any type of transitions between facilities related to the Medi-Cal managed care enrollment. So, members, Medi-Cal beneficiaries, should not have to move skilled nursing facilities just because of this enrollment in a Medi-Cal plan. But again, if there’s outside quality-of-care issues that are somehow going on at the same time, then that might be a particular scenario.

Susan LaPadula:

Thank you so much. I appreciate it. Have a good holiday everyone.

Anastasia Dodson:

Thank you, Susan.

Mary Russell:

Thanks, Susan. Next, I’m going to go to Miriam with the ‘hand raise’. I know you’ve also had some questions at the chat, so if you wanted to just sort of summarize those and bring them forward, that would be great.

Mariam Voskanyan:

Hi, thank you for the opportunity. Yes, this is Mariam. I'm from the Congregate Living Health Facility Association. We have been in talks with DHCS. We fall under the ISCD, the Integrated Systems of Care Division. And we are part of HCBS, and we are currently carved out of the state. I know a lot of these talks are about SNFs and how they're carved in, but we're actually carved out. So, our scenario is a little different. We've been working with Tyler Brennan from Medi-Cal managed health plans, and he's actually the one who advises to join this meeting. And I have a question. Will CLHF be included under MLTSS January 2023? We're kind of wanting to know where Congregate Living Health Facility stand with CalAIM, and ECM, and PHM because we are a community-based organization, just like recuperative cares and CBAS' and all of that, but we are never mentioned anywhere. And if there's anybody in this meeting that could help us and let us know where we stand and what is coming up for us in January 2023, that would be really helpful.

Anastasia Dodson:

Thanks, Mariam. So, good flag. While we are going to the next question, we will ask if anybody on the DHCS team has that specific definition or it may already be posted on the DHCS websites, is what I would suspect. But let us look that up while we're on the call here.

Mary Russell:

Yeah. We can work to get more information on that.

Anastasia Dodson:

Okay. And I did see Stephanie Conde back to that... I think Stephanie may have been on and about to come off mute about the Health Care Options, call volumes.

Mary Russell:

Yeah. Go ahead, Stephanie.

Stephanie Conde:

Hi, good morning, everyone. Yes, Susan and folks, we are monitoring very closely with Health Care Options as we did in our phase one transition, just to make sure that call volumes, abandonment rates, and then any major issues that are coming in through, we mine any topics that might come up on a call with our beneficiaries and our staff members. And nothing to flag at this time, but we do monitor very closely to make sure that we're watching, if anything significant needs to be addressed within the call center. So, nothing at this time.

Anastasia Dodson:

Thank you.

Mary Russell:

Great. The next ‘hand raise’ I see is from Anat. Would you like to come off mute and ask your question?

Anat Louis:

Yes. Hi. I was just typing it in. So, I'm Anat Louis. I'm with WISE & Healthy Aging. We're a community based organization. And with one of the health plans, we were asked to make an attempt with enrolling with Medi-Cal. The challenge has been, since we're not a Medi-Cal clinical provider, there is no place for us to enroll as a CBO. So, I wanted to see any suggestions you have on that? They also recommended that we get a letter saying that you've not been approved to enroll as a Medi-Cal provider.

Anastasia Dodson:

Thanks so much. So it may be that you are looking at providing...

Anat Louis:

This is from ECM, right, with the health plan, and to be an ECM provider. Yeah, but we're a community based organization, not a medical clinical group.

Anastasia Dodson:

Yes. There is definitely a path for you to work with Medi-Cal plans. And I'm hoping that the team can put the link in related to connecting as an ECM provider, connecting with Medi-Cal plans. We have had some webinars on that and technical assistance. And again, there is path funding related to that. So hopefully, the team can put those links in the chat.

Mary Russell:

Yep. We will do that and circulate that. And let us know any further questions there.

Anat Louis:

Could you mention the name of the link, because I did several links and it came back as, "No, you don't need to apply." And the health plan... So, could you mention the name of that link?

Anastasia Dodson:

I don't want to speak incorrectly. So, we will find that link and if there's definitely a whole process... I'm blanking on that. But anyway, you may need to become technically a provider for purposes of ECM.

Anat Louis:

Right. A provider type, but none of them applied to us.

Anastasia Dodson:

We have that information. I don't have it at my fingertips.

Anat Louis:

Okay. All right. Thank you. Look forward to seeing that.

Mary Russell:

Yeah. And there's also an inbox that the ECM team manages, so that might be... I'm not sure if you've already reached out to that group, but that might be a helpful way to connect as well.

Anat Louis:

I did, I did. Yeah.

Mary Russell:

Okay. We'll see what we can do to help. Thank you for that question.

Anat Louis:

Okay. Thank you.

Mary Russell:

Okay. Next, let's go to Edgar.

Edgar Chobanyan:

Hi everyone. I have a question. I asked the question in the chat because... I can't remember. I got logged out. I had to log back in, so I can't see the chat. But somebody I was chatting with said that Congregate Living Health Facilities are not SNF, nor are they considered long-term care. I was just wondering where that information is coming from, that CLHF, Congregate Living Health Facilities are not long-term care?

Anastasia Dodson:

We do not want to get caught in... I'll just say, it could be considered long-term care. We have certain definitions that we use as far as the requirements for contracting with Medi-Cal managed care plans. For January 1st, it's skilled nursing facilities. So long-term care is a term, a broad term that can be used in many ways. Oftentimes, when

we talk about long-term care, it's a number of different types of providers. But again, in July 1st, our policy is that certain additional provider types that are all kind of under the long-term care umbrella will then be carved-in or required to contract through Medi-Cal managed care plans. Again, they're on our website. Those facility types, many people would consider them long-term care, but sometimes, people think of long-term care as just skilled nursing facilities. So, it's a term that has many definitions for different people.

Anastasia Dodson:

And I see a note about, CLHFs are currently part of the Home and Community Based Waiver program. So again, that's another aspect of this, is we have our HCBA Waiver that is different from a Medi-Cal managed care plan. HCBA waiver contracts with certain provider types, those HCBA waiver participants are people who meet a certain level of need that's determined, and then they get most of their services through that HCBA Waiver provider. And then again, those facility types may be under the HCBA waiver. And I don't know if they are contracted directly with DHCS, but we can certainly get the right experts on a different call to address this.

Mary Russell:

Great. Thank you. And again, Mariam, I see your question in the chat. We are doing some additional research on the backend right now. I want to make sure we can connect you to the right people, but your question has been logged. So, we will take that back. Before we transition to the next section, I did see a question in the chat from Cindy. And I believe it was about... There we go. "The deadline for CMC health plans to notify PPGs on enrollment for current CMC members who will be rolling over, January 1st, 2023. We have many members with care plans due in January 2023 in order to prepare for outreach prior to checking eligibility come 01/01/23." I did just want to flag. And Anastasia, please feel free to correct me, but I know some of this guidance on care plan development for transitioning CMC members into D-SNPs will be part of the revised reporting requirements policy guide chapter, which will be released shortly. So, Cindy, I would direct you there first. And if there are still questions, feel free to send a note and ask. Okay. And I think with that, back to you Anastasia.

Anastasia Dodson:

Yeah. I just want to acknowledge some of the other questions in the chat that are related to the skilled nursing facility transition. I see a question, "What measures are being taken to ensure that skilled nursing facility residents who are unable to fill out the choice form or have cognitive issues are enrolled in the most appropriate plan?" Again, I'm not the subject matter expert, but if anybody else from the DHCS team wants to chime in, please feel free. And otherwise, we will make sure that that question is answered at the next stakeholder meeting or even offline, if we're able to do that. And then the other question I see from Robert, is about Robert Ducay's Medi-Cal subacute and ICF, are not transitioning until July 1st. For duals who are

transitioning to Medi-Cal managed care on January 1st, again, they will be enrolled in a Medi-Cal managed care plan, but a particular provider will not be contracted with the Medi-Cal plan until July 1st. So, the individuals would stay in... They would proceed to Medi-Cal managed care. Again, if I'm saying this incorrectly, folks from DHCS can certainly correct me, but I don't think there's any exception for dual eligibles in that enrollment process.

Mary Russell:

Thanks, Anastasia. Any others that you'd like to address? And I know again, we're capturing these to bring back to the LTC team.

Anastasia Dodson:

Thanks.

Mary Russell:

Okay. All right. So back to you, for the next section of the presentation.

Anastasia Dodson:

Okay. So, for just a few more changes to remind everyone again, this is nothing new. Next slide. So, the older adult expansion for individuals ages 50 and older, regardless of immigration status, they are now eligible for Medi-Cal. That was effective May 1st. And for the Medi-Cal asset limit increase, again, effective July 1st. The asset limit increased to $130,000 for one person and $65,000 for each additional person. And that was previously $2,000. So, the Medi-Cal income limits still apply, but the asset limit change that took effect in July, also does apply to Medicare savings programs. So, I want to make sure that everyone is aware of that. And then in fact, there has been outreach to Medicare beneficiaries, even who do not have Medi-Cal or Medicare savings programs, to let them know of this change because we do expect that some people who previously were not eligible, can now be eligible for Medi-Cal or Medicare savings program because of this change. Next slide.

Anastasia Dodson:

Okay. So, we will keep going, I think, to the next slide. Now, we will pivot over to the D-SNP Policy Guide and the 2024 SMAC, which you may recall, is the contract between the D-SNP and the state Department of Health Care Services. We will go to the next slide. So, we have the 2023 SMAC finalized and posted on the DHCS website. And the policy guide is also posted on the DHCS website. The policy guide works hand in hand with the SMAC provisions. Again, the SMAC is a contract that's a standard contract between D-SNPs and the state. The policy guide provisions that apply to all D-SNPs, and then only those that apply to the Medi-Medi Plans are indicated at the beginning of each section on the policy guide. And again, the policy guide is authorized by language in the SMAC that says, "We have the SMAC provisions," and then policy guide in addition. Next slide.

Anastasia Dodson:

So, even though the calendar says 2022, we are starting to work on the 2024 SMAC and Policy Guide, because the calendar on the Medicare side for having D-SNP model of care, requirements, submissions from Medicare D-SNP plans is coming up actually in February. And it does take us some time to work on the contract language for the SMAC for 2024. So, we have been looking at the feedback that we got for the 2023 SMAC and Policy Guide, and then looking at proposed changes and improvements for 2024. We will have feedback and lessons learned, certainly from 2023, that we'll use for 2024. We are going to talk about the 2024 policies in just a sec, but there will be more opportunities to provide feedback in 2023. Again, our sort of earliest deadline is providing instructions to the D-SNPs about policies that will be part of their model of care, which they must submit to CMS in mid-February. Next slide.

Anastasia Dodson:

So, for 2024, again, we have a policy guide, and we have a chapter called ‘Care Coordination,’ that provides state-specific care coordination requirements to both the Medi-Medi Plans known as EAE D-SNPs, and all of the other D-SNPs that don't have coordination or another contract with Medi-Cal. So, in 2024, we will continue to have risk stratification, health risk assessment, individual care plans, interdisciplinary care teams, and care transitions in the care coordination chapter. And we wanted to let you know that we are adding for 2024, additional requirements for D-SNPs related to palliative care. We currently have a Medi-Cal managed care requirement around providing access to palliative care.

Anastasia Dodson:

And so, we will put similar language into the SMAC and Policy Guide for D-SNPs to provide palliative care. And again, the principle here, as well as with the ECM, and Dementia Care Aware, is to make similar requirements across both Medi-Cal and Medicare D-SNPs to have a more seamless experience, improved care coordination across both sets of benefits, and avoid any confusion. If it's the same benefit on both sides, then it's easier to just have that provided on the Medicare side. And then again, Medi-Cal for dual eligibles is usually kind of the wrap of co-insurance deductibles, and then long term services and supports. So, let's go to the next slide.

Anastasia Dodson:

So, before we go to Lindsey, back on the palliative care. The ECM for folks who are in non-EAE D-SNPs, we will have further information and discussion at the December meeting about some of those policy areas. And just for a reminder on the Enhanced Care Management for the non-EAE D-SNPs, that was something that we had talked about with this group last Spring. For 2023, people who are in a D-SNP that is not a Medi-Medi Plan, they will get their ECM through their Medi-Cal plan. But then in 2024, we will require all D-SNPs to provide the equivalent of Enhanced Care Management

through those Medicare plans. Because again, the responsibility of the D-SNPs is to coordinate across all Medicare and Medi-Cal benefits, and that is really at the heart of Enhanced Care Management. Okay. So now, I think we'll transition over to Lindsey. Is that right, Mary?

Mary Russell:

That's right, yeah. Thank you so much, Anastasia. Now, we'll hand it over to Lindsey Wilson, the Assistant Division Chief with the Third-Party Liability Recovery Division at DHCS. Thanks for joining today, Lindsey.

Lindsey Wilson:

Thank you, Mary. Thank you, Anastasia. Back here to do some reminders on balance billing and kind of reiterate some of the points we had in our last meetings about balance billing and just explaining the process. So, Medicare is the primary payer for services for dual eligible beneficiaries. Dual eligible beneficiaries, however, should never receive a bill for Medicare cost sharing. This is improper billing, or balance billing, and is illegal under state and federal law. Balance billing is prohibited in both the MA and original Medicare, whether someone's in a Medicare Advantage plan or Medicare Fee-For-Service. For beneficiaries in any type of Medicare Advantage plan, they will not pay a premium, or pay for provider visits, or other medical care. And they receive services from a provider in their plan network. They may still have a copay for some prescription drugs. We can go on to the next slide please.

Lindsey Wilson:

So, the current crossover claims policy for beneficiaries that are in Medi-Cal plans, Medicare should be billed as usual. Medicare will pay 80% of the Medicare fees schedule and that 20% copay cannot be billed to the dual eligible beneficiaries. Instead, these crossover claims will go to the patient's Medi-Cal managed care plan, which will pay any amount owed under their state Medi-Cal law. This should automatically cross in most cases as most of the managed care plans have their coordination of benefits agreements and trading agreements with the BRCR through CMS. For dual eligible beneficiaries in Medi-Cal managed care, the MCP is again, responsible for processing the secondary payment. And for those in Medi-Cal Fee-for-Service, DHCS is responsible then for that co-insurance and deductible. Go on to the next slide.

Lindsey Wilson:

So, billing dual eligibility. Dual eligible beneficiaries again, violates both federal and California state law. It's also in our D-SNP SMAC. And we are again, updating guidance on crossover claims. We have a website tied to balance billing and working on some specific provider communications. As Anastasia mentioned, working specifically with some of the provider groups in the areas transitioning to making sure that they understand that just because they're not contracted with a Medi-Cal managed care plan, does not mean they won't be reimbursed. So, important message

to get out to these provider organizations. We'll continue to provide resources as you saw with Medi-Cal Rx presentation as well related to Part D benefits as well. Okay. Any questions at this time?

Mary Russell:

Thanks so much for these reminders, Lindsey. Really helpful. So, happy to take questions now in the chat or raise a hand. Otherwise, always open to receiving questions through the info@calduals inbox. Okay. I am not seeing any questions at this time, Lindsey. Thank you so much. Great. So, I think if we go to the next section, Anastasia, you want to talk us through upcoming topics?

Anastasia Dodson:

Sure. And I see we have still plenty of time for the meeting, although I want to acknowledge that again, a lot of questions around the Long Term Care carve-in. For this meeting, we did not have sort of the main speakers lined up for this particular meeting on that. Next slide. So, as we talked about in the beginning, we know that this meeting format has evolved over the last few months to be really focused on these eligibility and enrollment transitions. But we do want to pivot back to have more of a dialogue, other people presenting, sharing ideas, best practices, et cetera. But in the meantime, for example, in December, we are looking at potentially giving a release on our LTSS Dashboard.

Anastasia Dodson:

So, kind of heads up on that. We're still finishing that up. So, we'll know in the next week or two if we're ready to present on that. But the January 2023 CalAIM transition status, December and January, we will continue to provide updates and answer questions there. And then January, February, March in 2023, we want to talk about local examples, discuss Managed Long-Term Services and Supports, how it is working, if there are great examples or opportunities. And also, integrated care for people who are dual eligibles.

Anastasia Dodson:

Updates to our 2024 SMAC, keep everybody posted and get input there. The crossover billing, we hope that we're working feverishly with many partners to make sure all that information is getting out to the right folks and answering all the questions. But as needed, we can keep talking about that. Also, the Medicare Advantage supplemental benefits and especially the SSBCI additional benefits, how do they work for people who are dually eligible and have Medi-Cal benefits? So, we want to start weaving that together, so people have a clear idea of how all the different benefits for dual eligibles in a Medicare Advantage plan work together.

Anastasia Dodson:

Of course, health equity is an important topic, and we should have more information

and discussion items on that in 2023. We've heard also suggestions to use this forum to talk about assisted living, assisted living for memory care, as well as CalAIM housing supports. So, there's of course, many, many topics, but at least for the next couple of months, these are the particular topics that are kind of highest on our list to present and discuss. Next slide. So, we do have the next meeting of this group December 15th. And then, as we've been talking about the Long-Term Care carve-in Webinar for Skilled Nursing Facilities, will be December 4th. And again, we'll be getting back on all the questions that have come in about CLHFs and other questions. And we'll make sure that we answer the questions individually, and then post it on our website

Mary Russell:

And just clarifying, it's Friday December 2nd. So, apologies for my typo there. It's Friday, December 2nd.

Anastasia Dodson:

Okay. Thank you, Mary. And the next slide. So, these are the same slides we have been talking about. The Public Health Emergency, the COVID Public Health Emergency, it appears to be extended so that we do not have a time yet for when eligibility redeterminations will start, but we will go to the next slide. As you know, once there is an end to the Public Health Emergency, then the Medi-Cal eligibility determinations will need to restart. So, we have the DHCS Coverage Ambassador program to help people navigate and get information about what changes and strategies are coming up. Next slide.

Anastasia Dodson:

So, right now, what we are focused on, continue to be focused on, is having beneficiaries update their contact information, keep that up-to-date with county offices, county eligibility offices. Or also, we are working on ways to make sure that information and contact information that has been sent to the Medi-Cal plans, that information can be sent over to county eligibility offices. Once the public health emergency has an end date, then renewal packets will be sent out. And the reason we want that contact information is to make sure that people get their renewal packets. And if there is anything they need to do to reply back to the counties to keep their Medi-Cal, then they get those packets, and then they can proceed there. Again, the Coverage Ambassador's email list is the best way to stay up to date with that potential whenever the end is of the public health emergency. Next slide. Okay.

Mary Russell:

Thanks so much everyone. I am seeing a couple more questions in the chat, just again acknowledging that we are tracking these questions on the back end for DHCS. And we'll ensure that there will be more information on some of these specific questions on the December 2nd meeting. And Janet, I see your question. We'll have to confirm that. Actually, I did not know that. So, we will double check on that

scheduling for the 15th. And Anastasia, would you like to spend a few more minutes on questions or if others would like to raise a hand?

Anastasia Dodson:

Yeah. We do have time. Again, you can see we may not have the right people on some of the particular long-term care facility types, but if there is any other question, again, Lindsey from our Third-Party Liability team was on to talk about crossover billing. We are emailing as we speak, even during the meeting, with Medi-Cal plans, and then connecting back with UC Davis Medical Center to make sure that all gets resolved. And we are planning to have further conversations with health systems. Again, most health systems, they are in counties where Medi-Cal dual eligible beneficiaries are already enrolled in Medi-Cal plans. But we know in some parts of the state, this is a new policy. So, we want to make sure we are working with the provider's health systems so that everybody is clear and minimize any beneficiary confusion.

Mary Russell:

Great. I am not seeing new questions in the chat, or any hands raised at this point.

Anastasia Dodson:

Okay, great. Well, we are just so appreciative of the feedback that we get in these meetings. The process is so much better because of all of you. And the feedback is extremely appreciated. Even if we are like, "Oh, we don't know the answer to it," right here at this meeting, we are very eager to get back to you with the correct information. Anyway, thank you all very much for participating. And Happy Thanksgiving. Thank you.

Mary Russell:

Thanks everyone, for your time today. Take care.