CalAIM Managed Long Term Services and Supports (MLTSS) and Duals Integration Workgroup

DHCS

September 22, 2022

How to Add Your Organization to Your Zoom Name

- Click on the “Participants” icon at the bottom of the window.
- Hover over your name in the “Participants” list on the right side of the Zoom window and click “More.”
- Select “Rename” from the drop-down menu.
- Enter your name and add your organization as you would like it to appear.
  - For example: Mary Russell – Aurrera Health Group

Agenda

- Welcome and Introductions
- Summary of January 2023 Enrollment Changes and Stakeholder Q&A
- Update: DHCS Communications and Outreach Materials
- Update: Crossover Claims and Balance Billing
- 2023 D-SNP Quality Metrics and Reporting Requirements and Stakeholder Q&A
- Upcoming Meetings and Next Steps
- Appendix: Public Health Emergency Unwinding, Noticing Timelines for January 2023 Transitions Impacting Dual Eligible Beneficiaries, and Additional Information about D-SNP Quality Measures and Reporting Requirements

Workgroup Purpose and Structure

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

Summary: January 2023 Enrollment Changes

Medi-Medi Plans and Cal MediConnect Transition

Key Policy Reminders

- Beneficiary enrollment in Medicare Advantage, including a Dual Eligible Special Needs Plan (D-SNP), is voluntary.
- Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.
- Medicare Medi-Cal Plans, or Medi-Medi Plans, combine Medicare and Medi-Cal benefits into one plan. Available in Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara counties.
- Cal MediConnect members will automatically be enrolled in the Medi-Medi plan affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

2023 Cal MediConnect Transition

- On **January 1, 2023,** beneficiaries in CMC plans (113,000) will be **automatically** transitioned into Medi-Medi plans operated by the same parent company as the CMC plan.
  - There will be **no gap in coverage**.
  - Provider networks should be **substantially similar.**
  - Continuity of care provisions.
- Health plans are communicating with members about these changes.
- Beneficiaries will begin to receive notices from their CMC plan **by September 30, 2022.**

Medi-Medi Plans: Opportunities and Benefits

- Similar to Cal MediConnect approach – high consumer satisfaction
- Simplified Care Coordination to help members access services
- Integrated Member Materials
- Supplemental Benefits
- Benefit Coordination
  - Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
  - Coordinated benefit administration
  - Unified process/policy for authorizing Durable Medical Equipment (DME)
  - Enable plan-level integrated appeals
- Integrated Beneficiary and Provider Communications

D-SNP Look-Alike Plan Transition

Overview: D-SNP Look-Alike Plans

- D-SNP “look-alike” plans are MA plans marketed to dually eligible beneficiaries but not required to provide care coordination with Medi-Cal benefits, integrated care, or joint enrollment.
- Look-alike plans are MA plans with 80% or more of members eligible for Medi-Cal, meaning they mostly serve dual eligible beneficiaries.
- Look-alike plans do not meet D-SNP integration requirements.
- Enrollment in look-alike plans increased in CCI counties in recent years, due to plan marketing efforts and limits on D-SNP enrollment in those counties.

D-SNP Look-Alike Plan Non-Renewal

- CMS is limiting enrollment into MA plans that are D-SNP look-alike plans.
  - Starting in 2022, CMS will not enter into contracts with new MA plans that project 80% or more of the plan's enrollment will be entitled to Medicaid.
  - Starting in 2023, CMS will not renew contracts with MA plans (except SNPs) that have enrollment of 80% or more dual eligibles (unless the MA plan has been active for less than one year and has enrollment of 200 or fewer individuals).

D-SNP Look-Alike Transition

- For 2023, MA organizations will transition D-SNP look-alike members (140,000 in California) into another MA plan (including into a true D-SNP) offered by the same MA organization.
- The look-alike transition is designed to ensure continuity of care and cost-sharing protections for dual eligible beneficiaries, as well as provide better options for people currently enrolled in a look-alike plan.
- CMS will work with plans to facilitate the “crosswalk” enrollment of their members to D-SNPs or other MA plans.
- DHCS will post the crosswalk list in early October.

CalAIM Statewide Medi-Cal Managed Care

CalAIM Statewide Medi-Cal Managed Care

- The Medi-Cal program provides benefits through both a fee-for-service (FFS) and managed care delivery system. Enrollment into one of two systems is based upon specific geographic areas, the health plan model, and/or beneficiary aid code.
- **CalAIM:** January 2023, dual eligible beneficiaries in 31 counties will transition into Medi-Cal managed care enrollment.
- **Medi-Cal managed care plan does NOT impact Medicare provider access, or choice of Original Medicare or Medicare Advantage.**
- **Medicare providers do NOT need to be in Medi-Cal plans.**

Medi-Cal Managed Care for Dual Eligible Beneficiaries

- Currently over 70 percent, more than 1.1 million, dual eligible beneficiaries are enrolled in Medi-Cal managed care.
- Starting January 2023, about 325,000 dual eligible beneficiaries will be newly enrolled in Medi-Cal managed care.
- Key Impacted Counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba counties.
- Beneficiaries can choose a Medi-Cal plan using materials they will receive in fall 2022. In 12 counties, Medi-Cal matching plans applies.

Medi-Cal Managed Care Benefits for Dual Eligible Beneficiaries

- Medi-Cal Plans coordinate Long-Term Services and Supports
- Medi-Cal managed care plan benefits helpful for dual eligible beneficiaries include:
  - Community Based Adult Services (CBAS)
  - Transportation to medical appointments
  - CalAIM Community Supports, such as home modifications, medically tailored meals, etc.
  - CalAIM Enhanced Care Management (ECM)
  - Long Term Care (LTC; skilled nursing facility care)

Reminder: Medi-Cal Matching Plan Policy

- Dual eligible beneficiaries who are enrolled in a Medicare Advantage (MA) plan must be enrolled in the matching Medi-Cal managed care plan (MCP) **if one is available.**
- Medicare is the lead plan.
- The 12 “Medi-Cal Matching Plan” counties are: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus.

CalAIM Medi-Cal Managed Care for Skilled Nursing Facility Residents

Medi-Cal Managed Care for Skilled Nursing Facilities

- To better coordinate care, simplify administration, and provide a more integrated experience, starting on January 1, 2023, Medi-Cal managed care plans in all counties will cover LTC benefit for Skilled Nursing Facilities (SNFs), including a distinct part or unit of a hospital.
- Medi-Cal beneficiaries will receive notices and plan choice packets, and will be enrolled in Medi-Cal managed care.
- Key Impacted Counties: Alameda, Alpine, Amador, Butte, Calaveras, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Inyo, Kern, Kings, Madera, Mariposa, Mono, Nevada, Placer, Plumas, Sacramento, San Benito, San Francisco, San Joaquin, Sierra, Stanislaus, Sutter, Tehama, Tuolumne, Tulare, and Yuba counties.

January 2023 Transitions Impacting Dual Eligible Beneficiaries: Noticing Timeline

January 2023 Transitions Impacting Dual Eligible Beneficiaries

Cal MediConnect (CMC) to Medicare Medi-Cal Plans (MMPs) Transition

- Seven CCI Counties: Impacts dual eligible beneficiaries in the seven Coordinated Care Initiative (CCI) counties

D-SNP Look-Alike Transition

- Statewide: Impacts beneficiaries currently in D-SNP look-alike plans

CalAIM Medi-Cal Managed Care Enrollment

- Statewide: Impacts most dual eligible beneficiaries currently in Fee-for-Service Medi-Cal

Long Term Care (LTC) Skilled Nursing Facility (SNF) Carve-In Transition

- Statewide: Impacts beneficiaries (including dual eligible beneficiaries) in LTC SNFs

Combined Transition Noticing Timeline

Medicare Annual Enrollment: Opens October 15th and closes December 7th)

September 2022

D-SNP Look-alike Members will Receive an **Annual Notice of Change (ANOC)** by 9/30

CMC Members will receive an **ANOC** by 9/30

October 2022

CMC Transition to MMP **90 Day Notice**

November 2022

LTC SNF Carve-In **60 Day Notice**

CalAIM Managed Care Enrollment **60 Day Notice**

CMC Transition to MMP **45 Day Notice**

December 2022

LTC SNF Carve-In **30 Day Notice, Choice Packet*,** and **Health Care Plan Confirmation Letters**

CalAIM Managed Care Enrollment **30 Day Notice, Choice Packet*,** and **Health Care Plan Confirmation Letters**

* In 12 counties beneficiaries who are already enrolled in a Medicare Advantage plan will be enrolled in the "matching" Medi-Cal plan, under the same parent organization, if there is a matching plan and will not receive the Choice Packet.

Combined Outbound Call Timeline

- For the CMC to MMP Transition, LTC SNF Carve-In, and CalAIM Managed Care Enrollment, beneficiaries will receive outbound calls in addition to noticing.

October 2022

CMC Transition to MMP calls begin after 90-day notices are sent.

December 2022

LTC SNF Carve-In beneficiaries will receive calls in December.

CalAIM Managed Care Enrollment beneficiaries who are transitioning from FFS will receive calls in December.

Other Medi-Cal Changes

Medi-Cal Changes in 2022

- **Older Adult Expansion:** Effective May 1, 2022, Medi-Cal Expansion for individuals age 50 and older, regardless of immigration status. OlderAdultExpansion (ca.gov)
- **Medi-Cal Asset Limit Increase:** Effective July 1, 2022, the Medi-Cal asset limit increased to $130,000 for one person and $65,000 for each additional person (up to ten maximum). Medi-Cal income limits still apply. Asset Limit Changes (ca.gov)

Questions

- Questions on 2023 CMC to MMP transition, D-SNP look-alike transition, statewide Medi-Cal managed care, or the noticing timeline?

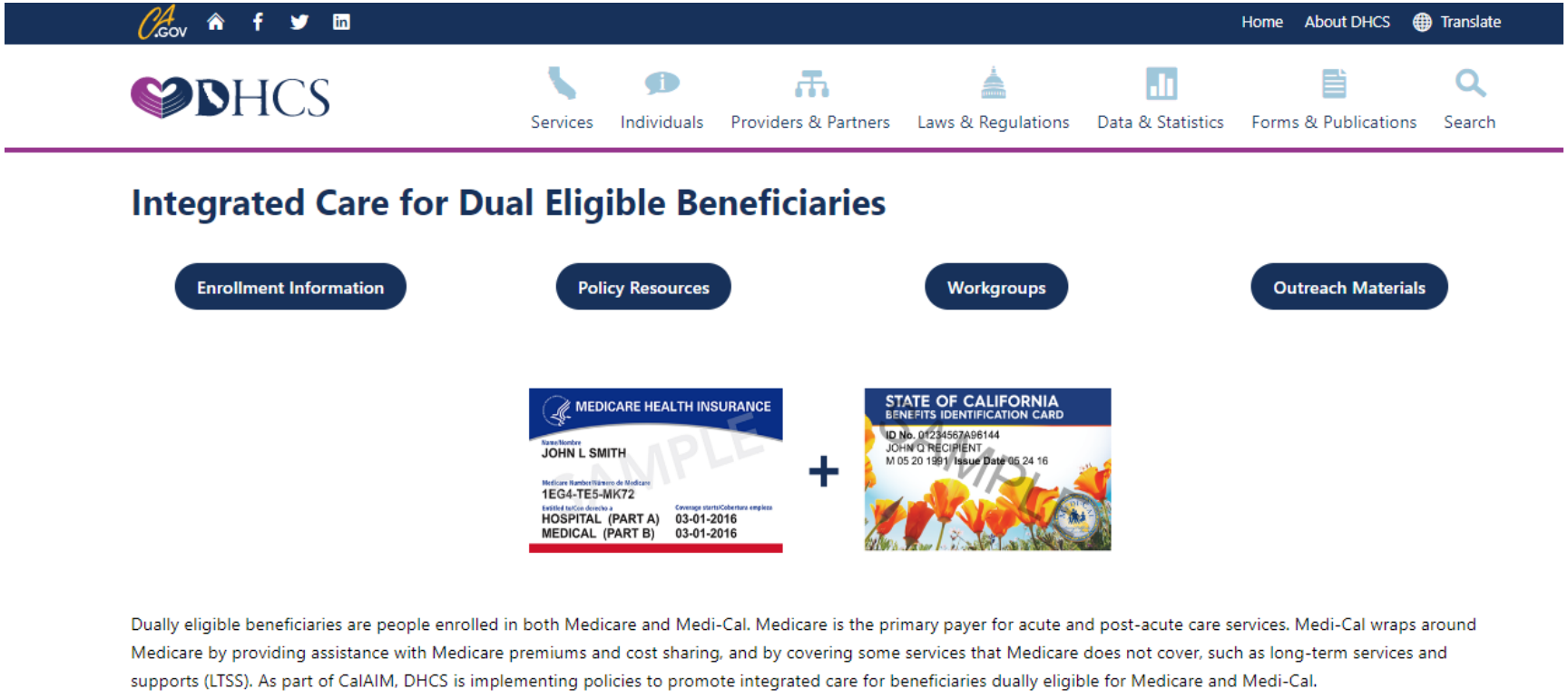
Update: DHCS Communications and Outreach Materials

Transition Communications Efforts

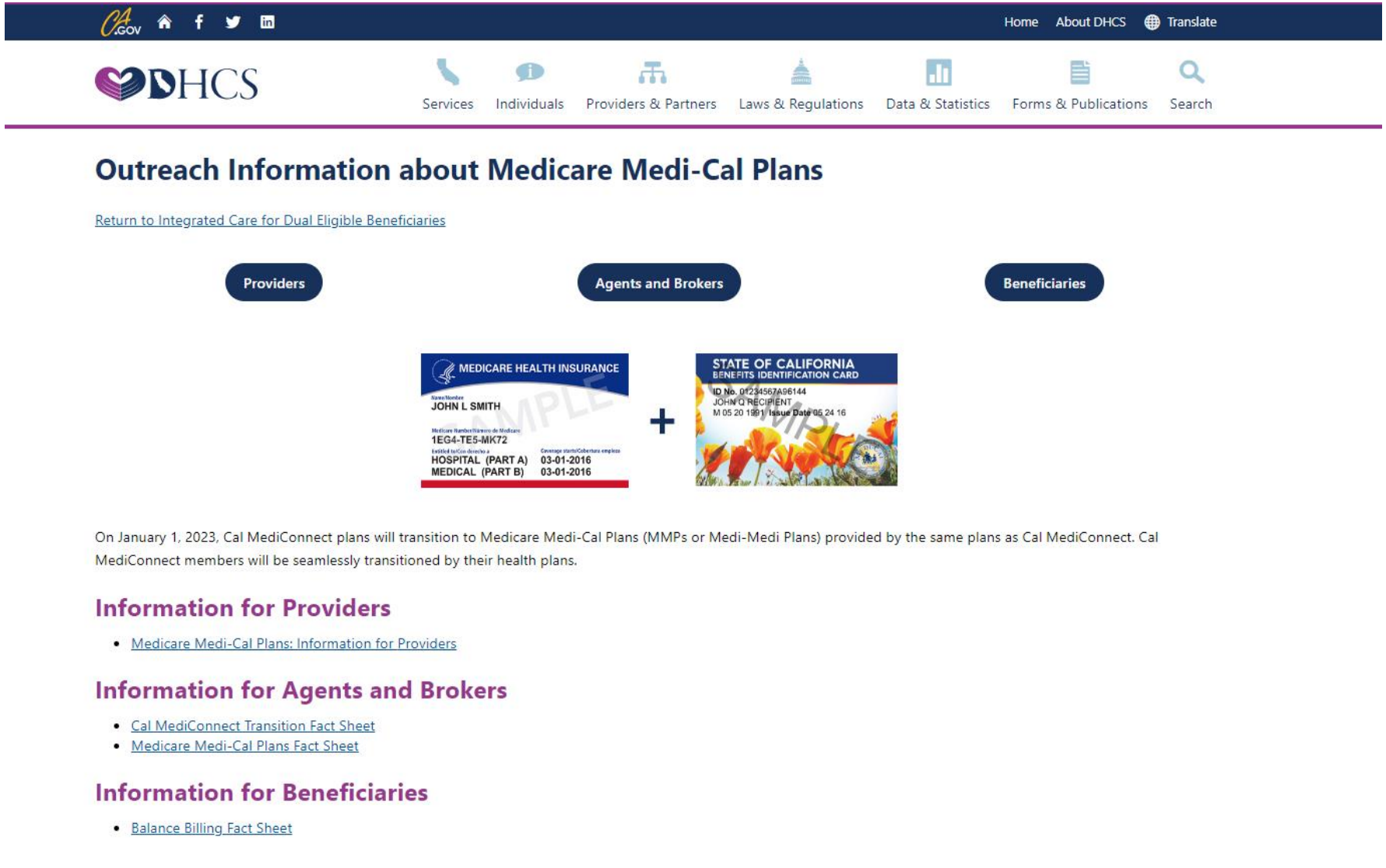
- DHCS has online resources for stakeholders and beneficiaries to keep them informed about the January 2023 enrollment changes. New materials will continue to be posted.
- Health plan communications.
- Health Care Options resources and support.
- Beneficiary notices and phone calls.
- Additional webinars, and meetings with local and statewide groups.
- Community based organization engagement.

DHCS Integrated Care Webpage

- Integrated Care Landing page
- Resources Include:
  - Enrollment Information
  - Policy Resources
  - Workgroups
  - Outreach



Integrated Care for Duals Webpage: Outreach Materials



Transition Notices

The Future of Cal MediConnect – How will I be notified?

DHCS Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

How will I be notified?

Beneficiaries will begin to receive notices from their CMC plan about the transition **starting in October 2022.**

90 Day Notice

CMC Plans in the seven counties will send a mailing containing a 90 Day notice and two inserts: commonly asked questions, referred to as the Notice of Additional Information (NOAI) and a list of other integrated health care coverage options (including integrated D-SNPs and PACE). Plans will make outbound calls.

- 90 Day Notice (All Counties except San Mateo)
- 90 Day Notice (San Mateo County)
- CMC NOAI (San Mateo County)
- CMC NOAI (Orange County)
- CMC NOAI (All Counties except San Mateo and Orange)

45 Day Notice

In November 2022, CMC Plans will send a notice 45 days in advance of the transition, along with the NOAI.

- 45 Day Notice
- 45 Day Notice (San Mateo County)

Questions

» Questions on DHCS Communications and Outreach Materials?

Update: Crossover Claims and Balance Billing

Lindsey Wilson
Assistant Branch Chief
Third Party Liability and Recovery Division
Department of Health Care Services

Balance Billing

- Medicare is the primary payer for services to dual eligible beneficiaries.
- Dual eligible beneficiaries should **never** receive a bill for their Medicare cost sharing. This is called improper billing (or balance billing) and is illegal under state and federal law.
- Beneficiaries will not pay a plan premium or pay for provider visits and other medical care when they receive services from a provider in their Medicare Advantage provider network. They may still have a copay for prescription drugs.
- DHCS website: Balance-Billing (ca.gov)

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 fee schedule. The 20% copay cannot be billed to dual eligible beneficiaries. Instead, these crossover claims must go to the patient's Medi-Cal plan, which will pay any amount owed under state Medi-Cal law.
  - For dual eligible beneficiaries in Medi-Cal Managed Care, the Medi-Cal MCP is responsible for processing the secondary payment.
  - For dual eligible beneficiaries in Medi-Cal Fee-for-Service, DHCS is responsible for processing the secondary payment.
  - Pharmacy services processed through Medi-Cal Rx.

Balance Billing and Crossover Claims

- Billing dual eligible beneficiaries violates both federal law and California state law:
  - **2023 D-SNP SMAC:** D-SNP Contractor and its contracted providers are prohibited from imposing cost-sharing requirements on Dual Eligible Members that would exceed the amounts permitted under the California Medicaid State Plan, Section 1852(a)(7) of the Act, and 42 CFR section 422.504(g)(1)(iii).
- DHCS is currently updating guidance on crossover claims. Additional information will be forthcoming.

2023 D-SNP Quality Metrics and Reporting Requirements

Dr. Laura Miller
Medical Consultant II
Division of Quality and Population Health Management
Department of Health Care Services

Quality Metrics and Reporting Requirements

- DHCS released the Quality Metrics and Reporting Requirements in the D-SNP Policy Guide.
  - The new quality metrics and reporting requirements will go into effect on **January 1, 2023.**
- State-specific reporting requirements are part of a larger quality strategy with DHCS, including the Comprehensive Quality Strategy, Long-Term Services and Supports (LTSS) dashboard, and the Master Plan for Aging.

Review of CMC vs. D-SNP Reporting Requirements

- D-SNPs have robust reporting requirements for Medicare (Part C and Part D).
- Cal MediConnect (CMC) Plans have Medicare-Medicaid Plan reporting requirements that include Part C and Part D reporting requirements as well as those specific to the demonstration (both federal and state-specific reporting requirements).
- Most CMC plan reporting is at the plan/county level (like Medi-Cal). D-SNPs report at the CMS contract level, which usually includes the D-SNP as well as other Medicare products in the state and/or region.
- DHCS built upon promising practices and quality reporting metrics from Cal MediConnect (CMC) plans, particularly as statewide and plan-specific performance has been a helpful benchmark to evaluate members' experiences in CMC plans.

D-SNP Reporting: State-Specific Quality and Reporting Requirement Considerations

DHCS identified the following considerations in developing a proposal for additional state-specific quality and reporting requirements for D-SNPs:

1) Overall quality and integrated care goals for D-SNPs.
2) Clinical value, and alignment with Medicare and Medi-Cal goals and measures.
3) Existing data sent to CMS that DHCS can receive.
4) Existing DHCS data that can be analyzed.
5) CMC measures to remain for initial enrollment transition monitoring.

2023 Quality Metrics and Reporting Requirements

- D-SNPs must submit the following measures to the state at the PBP level starting for plan year 2023.
- D-SNPs must internally validate all data and quality measures submitted to DHCS, and D-SNP performance rates must be validated by an external entity prior to submission to DHCS.
- Measures have been reviewed at the Plan Workgroup Meetings, during the February 2022 MLTSS & Duals Integration Stakeholder meeting, and by advocates.

2023 Quality Metrics and Reporting Requirements: HEDIS

- Selected Healthcare Effectiveness Data and Information Set (HEDIS) measures, broken down by race/ethnicity, reported on an annual basis to DHCS.
  - Access/Availability of Care
    - HEDIS Adults' Access to Preventive/Ambulatory Health Services (AAP)
  - Effectiveness of Care
    - HEDIS Controlling High Blood Pressure (CBP)
    - HEDIS Poor HbA1c Control (>9.0%) (CDC-H9)
    - HEDIS Follow-Up After Emergency Department Visit for Mental Illness (FUM)
  - Utilization and Risk Adjusted Utilization
    - HEDIS Plan All-Cause Readmissions (PCR)

2023 Quality Metrics and Reporting Requirements:

- State-specific Cal MediConnect care coordination and long-term services and supports (LTSS) process measures:
  - Care Coordination
    - Members With a Care Plan Completed Within 90 Days of Enrollment (Core 3.2)
    - Members with an Individualized Care Plan (ICP) Completed (CA 1.5)
    - Members with Documented Discussions of Care Goals (CA 1.6)
  - Organizational Structure and Staffing
    - Care Coordinator to Member Ratio (Core 5.1)
    - Care Coordinator Training for Supporting Self-Direction (CA 3.2)
  - Medi-Cal Long-Term Services and Supports
    - Community-Based Adult Services (CBAS)
    - In-Home Supportive Services (IHSS)
    - Multipurpose Senior Services Program (MSSP)
    - Long-Term Care (LTC)

2023 Quality Metrics and Reporting Requirements: Alzheimer's/Dementia Quality of Care

- In recognition of the significant prevalence of Alzheimer's and related dementias among dually eligible beneficiaries, and the Department's Dementia Aware initiative, DHCS will require plans to report the percentage of patients aged 65 and older who had cognition assessed within the measurement period on an annual basis, based on the American Academy of Neurology measures.
- This measure should be reported on an annual basis to DHCS, for the reporting period January 1, 2023 to December 31, 2023, no later than June 1, 2024.

Questions

- Questions on 2023 D-SNP Quality Metrics and Reporting Requirements?

Upcoming Skilled Nursing Facility Long-Term Care Webinars

Skilled Nursing Facility Long-Term Care Carve-In Educational Webinars

- Starting on January 1, 2023, all Medi-Cal MCPs will be required to cover and coordinate institutional LTC for members entering or currently residing within a Skilled Nursing Facility (SNF).
  - Currently, the Medi-Cal program provides institutional LTC SNF benefits through both Medi-Cal fee-for-service (FFS) and Medi-Cal managed care depending on the county.
- To support Medi-Cal MCPs and SNFs as they prepare for this transition, DHCS will be hosting a series of educational webinars for the SNF LTC Carve-In.
- The goal of these educational webinars is to provide stakeholders with an understanding of the SNF LTC Carve-In policy requirements and how to best prepare to support and coordinate care for these members statewide.

Upcoming SNF Carve-In Webinars

Topic	Date and Time
SNF LTC Carve-In 101 for SNFs	October 7, 2022, 1pm – 2pm
Promising Practices for Contracting	November 4, 2022, 1pm – 2pm
LTC Billing and Payment Rules	December 2, 2022, 1pm– 2pm
Best Practices for Care Transitions	January 2023 – TBD
Best Practices for Care Management	February 2023 – TBD

Information on upcoming public webinars and registration details can be found at:
https://www.dhcs.ca.gov/provgovpart/Pages/Long-Term-Care-Carve-In-Transition.aspx

Upcoming MLTSS & Duals Workgroup Meeting Topics

Potential Meeting Topics

- Local examples and discussion of integrated care
- Crossover claims and balance billing
- Cal MediConnect transition process and status, and outreach updates
- Provider-Plan information sharing for hospital/SNF admissions
- MA Special Supplemental Benefits for the Chronically Ill (SSBCI)
- Updates to 2023 and 2024 State Medicaid Agency Contract (SMAC)
- Strategies to improve health equity
- Long Term Services and Supports (LTSS) Dashboard updates
- Assisted Living/Assisted Living for Memory Care
- CalAIM Housing Supports

Next Steps

- Next SNF LTC Carve-In Webinar: **Friday, October 7th at 1:00 P.M.**
- Next MLTSS & Duals Integration Stakeholder Workgroup meeting: **Wednesday, October 19th at 11:30 A.M.**
- Next Quarterly CCI Stakeholder Webinar: **Wednesday, October 26th at noon**

Appendix A: Public Health Emergency (PHE) Unwinding

Public Health Emergency (PHE) Unwinding

- **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **How you can help:**
  - Become a ***DHCS Coverage Ambassador!***
  - Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Appendix B: Noticing Timelines for January 2023 Transitions Impacting Dual Eligible Beneficiaries

Timeline:
D-SNP Look-alike Transition

- Transition Date: January 1, 2023
- Noticing:
  - **September 2022:** The Medicare Advantage plans receiving look-alike members will send members an Annual Notice of Change (ANOC) which will be received by September 30. An ANOC is sent by Medicare Advantage plans to members to announce important changes in coverage, cost, and more that will be effective January 2023.
- Note: Approximately 150,000 beneficiaries statewide will receive an ANOC from their D-SNP look-alike. The majority of these beneficiaries are in the seven CCI counties.

Timeline:
CMC to MMP Transition

- Transition Date: January 1, 2023
- Noticing Plan:
  - **September 2022:** CMC Plans will send members an ANOC which will be received by September 30.
  - **October 2022:** CMC Plans send a mailing containing a 90-day notice and two inserts: Notice of Additional Information (NOAI) which includes commonly asked questions, and a list of other integrated health care coverage options (including available MMPs).
    - Plans will make outbound calls after 90-day notices are sent.
  - **November 2022:** CMC Plans will send a mailing with a second notice 45 days in advance of the transition along with the NOAI.

Timeline: CalAIM Managed Care Enrollment for Dual Eligible Beneficiaries

- Transition Date: January 1, 2023
- Noticing:
  - **November 2022:** DHCS sends a mailing containing a 60-day notice and one insert: NOAI which includes commonly asked questions.
  - **Late November 2022:** Choice packets will be mailed to beneficiaries that are not part of the Medi-Cal matching plan policy.
    - Medi-Cal Matching Plan Policy – Beneficiaries in 12 counties who are already enrolled in a Medicare Advantage plan will be enrolled in the "matching" Medi-Cal, under the same parent organization if there is a matching plan.
  - **December 2022:** DHCS will send mailing with second notice 30 days in advance of the transition along with the NOAI.
- Note: The majority of dual eligible beneficiaries are already enrolled in a Medi-Cal MCP. In January 2023, about 22 percent (about 325,000) of dual eligible beneficiaries will be newly enrolled in a Medi-Cal MCP.

Timeline:
LTC SNF Carve-In Transition

- Transition Date: January 1, 2023
- Noticing:
  - **November 2022:** DHCS sends a mailing containing a 60-day notice and one insert: NOAI which includes commonly asked questions.
  - **Late November 2022:** Choice Packets mailed to beneficiaries that are not part of the Medi-Cal matching plan policy.
    - Medi-Cal Matching Plan Policy – Beneficiaries in 12 counties who are already enrolled in a Medicare Advantage plan will be enrolled in the "matching" Medi-Cal plan, under the same parent organization, if there is a matching plan.
  - **December 2022:** DHCS will send mailing with second notice 30 days in advance of the transition along with the NOAI.

Appendix C: Additional Information about D-SNP Quality Measures and Reporting Requirements

HEDIS Measures

Data Collection	Abbreviation	Measure Definition	Reporting Frequency
Access/Availability of Care	AAP- Total	Adults' Access to Preventative/Ambulatory Health Services	Annual
	CBP	Controlling High Blood Pressure	
Effectiveness of Care	CDC-H9	Poor HbA1c Control	
	FUM	Follow-Up After Emergency Department Visit for Mental Illness	
Utilization and Risk Adjusted Utilization	PCR	Plan All-Cause Readmissions	

HEDIS Measures

- Plans must submit HEDIS measures for their EAE and non-EAE D-SNPs separately.
- HEDIS measures should be submitted annually to DHCS, based on the submission schedule provided by HEDIS.
- Plans should refer to “HEDIS Volume 2: Technical Specifications for Health Plans” for detailed information on complete technical specifications for each measure.

CMC Measures to Continue

Data Collection	Abbreviation	Measure Definition	Reporting Frequency
Care Coordination	Core 3.2	Members with a care plan completed within 90 days of enrollment	Quarter
	CA 1.5	Members with an Individualized Care Plan (ICP) completed	Quarter
	CA 1.6	Members with documented discussions of care goals	Quarter
Organizational Structure and Staffing	Core 5.1	Care coordinator to member ratio	Annual
	CA 3.2	Care coordinator training for supporting self-direction	Annual

CMC Measures to Continue

- Plans must submit CMC measures for their EAE and non-EAE D-SNPs separately.

Medi-Cal LTSS

Data Collection	Abbreviation	Measure Definition	Reporting Frequency
LTSS Measures	Community-Based Adults Services (CBAS)	Total number of members currently receiving services during the reporting quarter	Quarter
		Total number of referrals made for Community-Based Adult Services (CBAS) services for the reporting quarter	
		Number of assessments/reassessments/denials	
	In-Home Supportive Services (IHSS)	Number of ICTs with county social worker/trained social worker	
		Members referred to county for In-Home Services and Supports (IHSS)	
		Number of members receiving IHSS	

Medi-Cal LTSS

Data Collection	Abbreviation	Measure Definition	Reporting Frequency
LTSS Measures	Multipurpose Senior Services Program (MSSP)	Number of ICTs with Multipurpose Senior Services Program (MSSP) care manager	Quarter
		Number of members receiving MSSP	
		Number of referrals made for MSSP	
	Long-Term Care (LTC)	Number of members residing in Long-Term Care (LTC)	
		Member referrals received for LTC stay	
		Number of assessments/approvals/denials for LTC	

Medi-Cal LTSS

- Only EAE D-SNPs are required to report Medi-Cal LTSS measures.
- This subset (EAE D-SNPs) is in addition to Medi-Cal only reporting done for MCPs.

Alzheimer's/Dementia Quality of Care

Data Collection	Abbreviation	Measure Definition	Reporting Frequency
Cognitive Health Assessment		Percent of older adults (or patients) aged 65 and older who had cognition assessed	Annual

- In recognition of the significant prevalence of Alzheimer's and related dementias among dually eligible beneficiaries, and the Department's Dementia Care Aware initiative, DHCS will require plans to report this measure.
- Similar to other measures, this should be reported to DHCS fully validated and at a state-specific and D-SNP specific level, with EAE D-SNP results separate from non-EAE D-SNP results, if the organization has both.
  - Regular MA results should be excluded, if the plan has both regular MA and D-SNP PBPs.
- This measure is from the American Academy of Neurology.