



Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

October 14, 2020



Webinar Tips

- Please use **either** computer **or** phone for audio connection
- Please mute your lines when not speaking.
- For questions or comments, email: MCHAP@dhcs.ca.gov.



Director's Updates



Medi-Cal Managed Care Plan (MCP) Procurement Overview



Medi-Cal MCP Procurement Overview

Plan Models and Counties

Plan Model	Current County(s) for Procurement (<i>Pending Any Model Changes</i>)
Two Plan Commercial	Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, Santa Clara, San Francisco, San Joaquin, Stanislaus, and Tulare
Geographic Managed Care (GMC)	Sacramento, San Diego <i>*Pending DHCS determination of the number of plans to procure.</i>
Imperial	Imperial
Regional	Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, Sierra, Sutter, Tehama, Tuolumne, and Yuba
San Benito	San Benito

Note: County Organized Health Systems and Local Initiatives are **not** being procured through the Request for Proposal (RFP).



Medi-Cal MCP Procurement Overview

Demonstrated Abilities

DHCS is looking for Managed Care Plans that demonstrate their ability to deliver the following:

1. Quality	6. Coordinated/integrated care
2. Access to care	7. Reducing health disparities
3. Continuum of care	8. Increased oversight of delegated entities
4. Children services	9. Local presence and engagement
5. Behavioral health services	10. Emergency preparedness and ensuring essential services



Medi-Cal MCP Procurement Overview

Key Dates

Key Event	Date
1. Request for Information (RFI)	Released - 09/01/2020 <i>RFI on CSB website</i> Webinar – 9/10/2020 <i>Slides posted to CSB website</i> Requested information due – 10/1/2020 Additional information is located on the CSB website
2. Draft RFP Release	Targeting Early 2021
3. Final RFP Release	Targeting Late 2021
4. Proposals Due	Targeting Late 2021 – Early 2022
5. Notice of Intent	Targeting Early 2022 – Mid 2022
6. MCP Operational Readiness	Targeting Mid 2022 – Late 2023
7. Implementation	Targeting January 2024



Foster Care Model of Care Update



Foster Care Model of Care Workgroup

Purpose:

- To consider whether California should implement a new or different model of care for current and former foster children or youth, children or youth entering or at risk of re-entering the foster system, and the families and caregivers of these children and youth.

Meetings so far:

- Focused on level-setting, identifying informative data and metrics, listening to recommended approaches made by interested parties, and exploring other states' approaches to an integrated system that can meet the specific needs of this population.



Foster Care Model of Care Workgroup Schedule

- The Workgroup is scheduled to meet every other month through June 2021.
- The next meeting will be on October 16 and will focus on brainstorming approaches that could be used in California.



Foster Care Model of Care Workgroup Website and Email

- For more information, visit the Foster Care Model of Care:
<https://www.dhcs.ca.gov/provgovpart/Pages/Foster-Care-Model-Workgroup.aspx>
- Or email: CaAIMFoster@dhcs.ca.gov



COVID-19 Updates



Medi-Cal COVID-19 Update

The federal PHE declaration:

- On October 2, HHS issued a renewal on the PHE for a full 90-day extension through January 21, 2021.
- Previous extensions of the COVID-19 PHE only came within days of the expiration date.
- On September 15, 2020, CA's State Medicaid Director, Jacey Cooper, formally wrote to HHS Secretary Azar requesting at least three to six months notice prior to ending the PHE.



Medi-Cal COVID-19 Update

The federal PHE declaration:

- DHCS has already obtained over 50 programmatic flexibilities through CMS—many of which expire at the end of the PHE and some have explicitly approved waiver periods.
- These flexibilities impact Medi-Cal eligibility, health care service delivery (e.g., telehealth), provider reimbursement, and many other aspects of the program.



Medi-Cal COVID-19 Update

The federal PHE declaration:

- It will take months of work to safely and successfully unwind these changes when the PHE ends. Some examples include, but are not limited to:
 - DHCS estimates approximately 100,000 to 200,000 Medi-Cal beneficiaries per month since the PHE began who may no longer be eligible.
 - DHCS estimates that it will take county eligibility offices 6 to 12 months to clear the Medi-Cal renewal backlog.
 - Approximately 200 providers who were enrolled in Medi-Cal under streamlined emergency rules will need to enroll through the complete process.
 - DHCS must clear all auditing, licensing, or onsite oversight visit backlog due to the PHE.



Medi-Cal COVID-19 Update

Central Valley HCBS Resources:

- Home and Community-Based Alternatives (HCBA) and Assisted Living Waiver (ALW) prioritized enrollment for “hot spots”
 - During the PHE, waiver applicants in an inpatient facility stay within regions of the state that are identified as COVID-19 “hot spots” will be prioritized for intake processing, without having been in an institution for 60 days, and before all other sub-populations.
- Medi-Cal Managed Care Health Plan (MCP) Memo
 - Requests that MCPs in Central Valley counties participate in county-level collaboration meetings or work with local county partners to set up convenings with hospitals, nursing facilities, HCBS waivers/providers, etc.



Medi-Cal COVID-19 Update

Central Valley HCBS Resources:

- BIPA Waiver
 - DHCS is actively working with CMS to obtain approval. The waiver would temporarily allow PACE Organizations, in partnership with discharge planners, more flexibility to contact potential PACE-eligible beneficiaries in DHCS-designated COVID-19 surge areas and present PACE as an enrollment option to meet their needs.
- On October 1, DHCS released HCBS resource guides for the following counties which were heavily impacted by COVID-19:
 - [Fresno](#), [Kern](#), [Kings](#), [Madera](#), [Merced](#), [San Joaquin](#), [Stanislaus](#), [Tulare](#)



Medi-Cal COVID-19 Update

CalHOPE:

- The Crisis Counseling Regular Services Program (RSP) Application is moving through the final stages of the approval process with FEMA and SAMHSA.
- The RSP is a nine month program after the declaration of the emergency. Target populations: African Americans, Hispanics, middle-aged white men with access to guns, youth, isolated seniors, and other high risk groups.
- Three elements:
 - Expanding the media campaign
 - Expanding the CalHOPE website
 - Additional CalHOPE support



Medi-Cal COVID-19 Update

Recent Federal Flexibilities:

- Added assistive technology in the Developmental Disability Waiver
- Retainer payments for Personal Care Services
- Waiver Personal Care Services (WPCS) providers to exceed 12-hour days and added WPCS sick leave
- Drug Medi-Cal Organized Delivery System (DMC-ODS) interim rates & DMC-ODS stay and day limitations
- Adjustments to the public health care system thresholds for Global Payment Program (GPP)



Medi-Cal COVID-19 Update

Recent Eligibility Guidance:

- [ACWDL 20-16](#): 20-16: Information Regarding the Lost Wages Assistance Program - *September 17*
- [COVID-19 Uninsured Group FAQs](#) - *September 14*
- [Application for Coverage of COVID-19 Testing Costs](#) – *September 10*
- [COVID-19 Uninsured Group Program](#) – *August 28*
- [MEDIL 20-26](#): Additional FAQs due to COVID-19 – *August 14*
- [MEDIL 20-25](#): Updated Guidance due to COVID-19 – *August 13*
- [MEDIL 20-20](#): Extended Eligibility for Refugee Medical Assistance Applicants – *July 30*



Medi-Cal COVID-19 Update

Recent Provider Guidance:

- [CCS MTP guidance related to in-person services](#) – *September 17*
- [Access to Medical Therapy Units for Medically Necessary Therapy Services](#) – *September 17*
- [COVID-19 Virus and Antibody Testing](#) – *August 7*
- [Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications](#) – *June 23 (Updated)*
- [PPL 20-034](#): Alternative methodology for school-based administrative claiming – *July 28*
- [PPL 20-025](#): One-time Extension to the Time Survey Training Requirement – *June 30*
- [Reimbursement for clinical laboratory services](#) – *June 19*
- [Off-label and/or Investigational Drugs](#) – *June 18 (update)*



Medi-Cal COVID-19 Update

Recent Behavioral Health Guidance:

- [BHIN 20-041](#): DMC-ODS payment flexibilities during the COVID-19 PHE – *July 27*
- [BHIN 20-016](#): DUI program flexibilities during the COVID-19 PHE – *July 23*
- [BHIN 20-009](#): Guidance for behavioral health programs to ensure access and safety – *July 23*
- [Suicide prevention practices for care providers](#) – *June 29*
- [BHIN 20-031](#): Specialty Mental Health payment flexibilities during the COVID-19 PHE – *June 11*
- [Infection mitigation and testing guidance for BH facilities](#)



COVID-19 Resources/Links

- CA COVID-19 webpage: <https://covid19.ca.gov/>
- DHCS COVID-19 webpage: <https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx>
- California Department of Public Health COVID-19 webpage: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx>
- Centers for Disease Control and Prevention: <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



California Advancing and Innovating Medi-Cal (CalAIM)



CalAIM Update

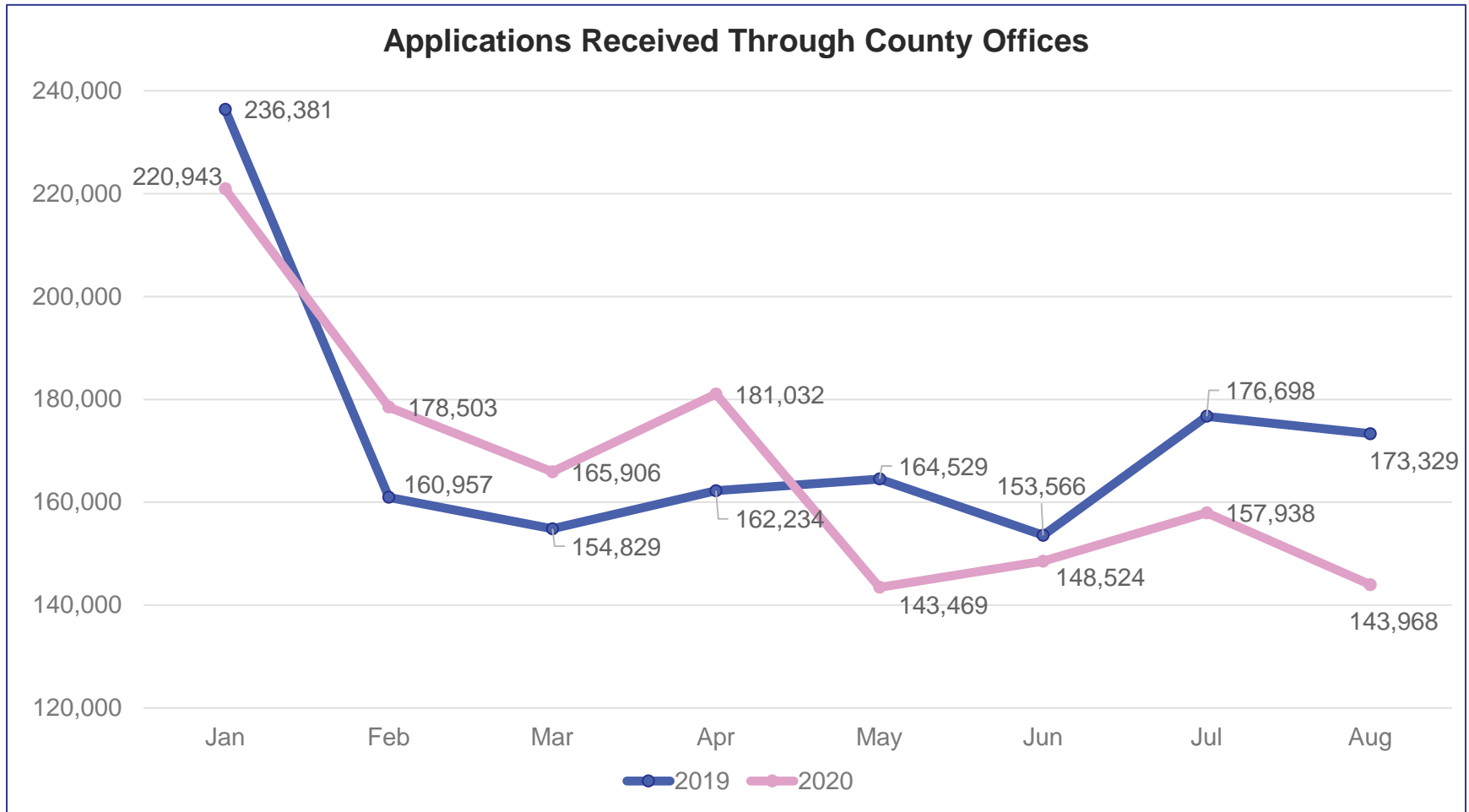
- On September 16, 2020, DHCS officially submitted a request to extend the 1115 Waiver through December 31, 2021.
- On October 1, 2020, CMS [notified](#) DHCS that the extension was determined to meet completeness requirements.
- The extension request has been [posted](#) on the Medicaid.gov website for a 30-day federal public comment period ending November 1, 2020.
- DHCS will continue to work with CMS on the 1115 and 1915(b) waiver extension requests, and to develop applications for new waivers that would become effective on January 1, 2022.



Medi-Cal Enrollment Update



Medi-Cal Applications



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



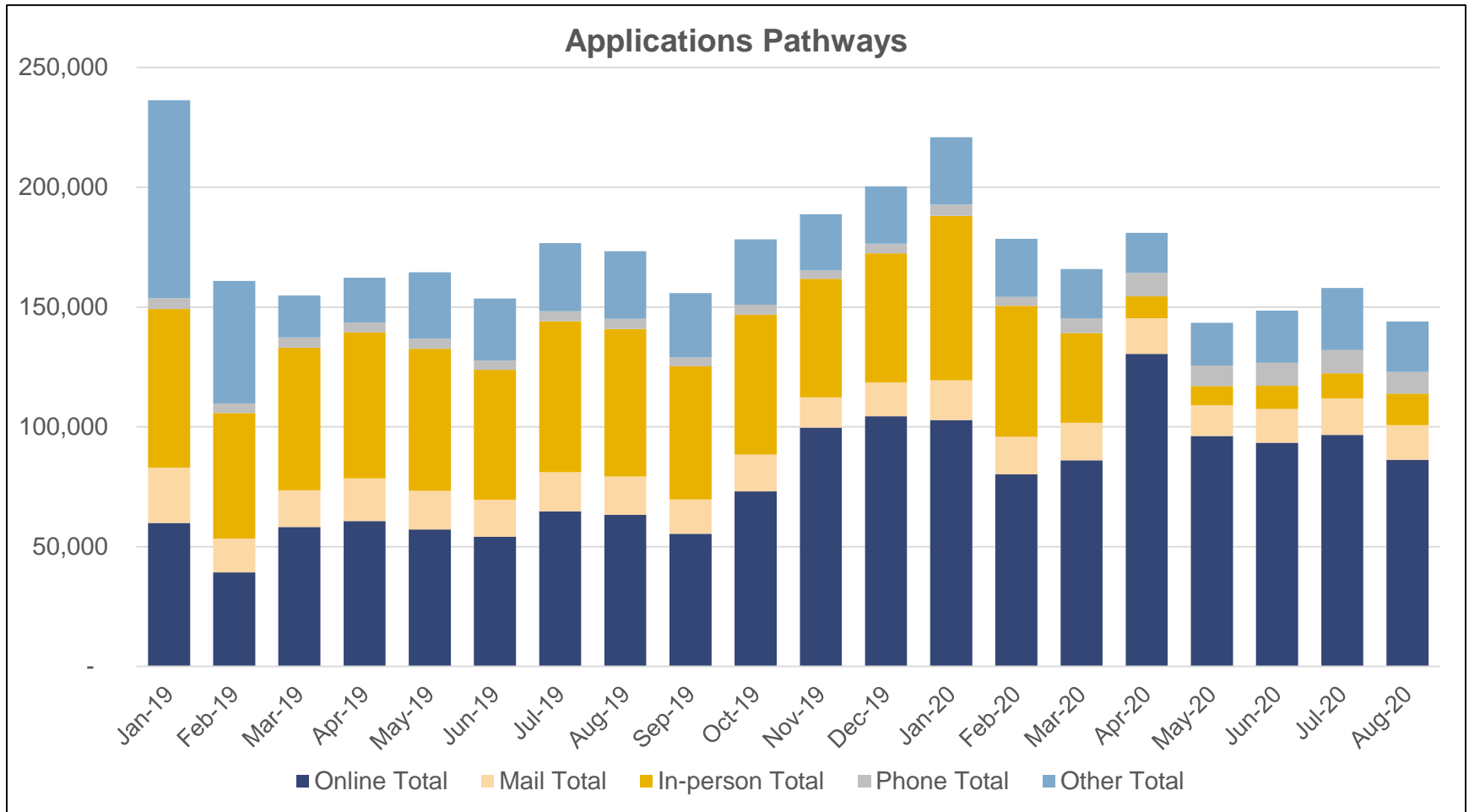
County Application Pathways

- Online
- In Person
- Phone
- Mail/Fax
- Other
 - Includes applications received from sources not included in the above categories, such as those received by IHSS, and CBO(s) referrals, etc.

Note: This data is reported at the application level, with a single application potentially including more than one person (for example, a parent and two children are likely to apply for health coverage on a single application).



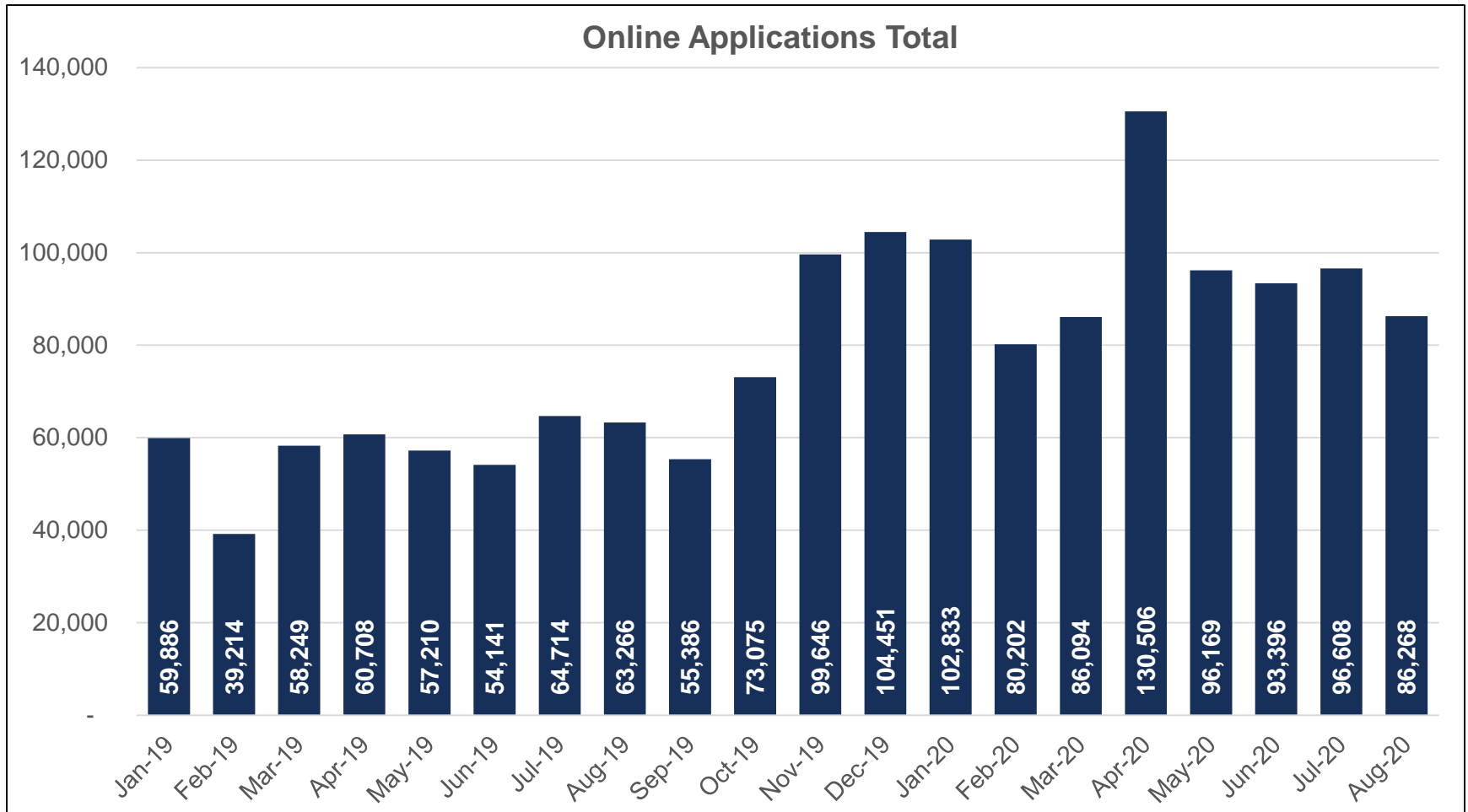
County Application Pathway - All Pathways -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



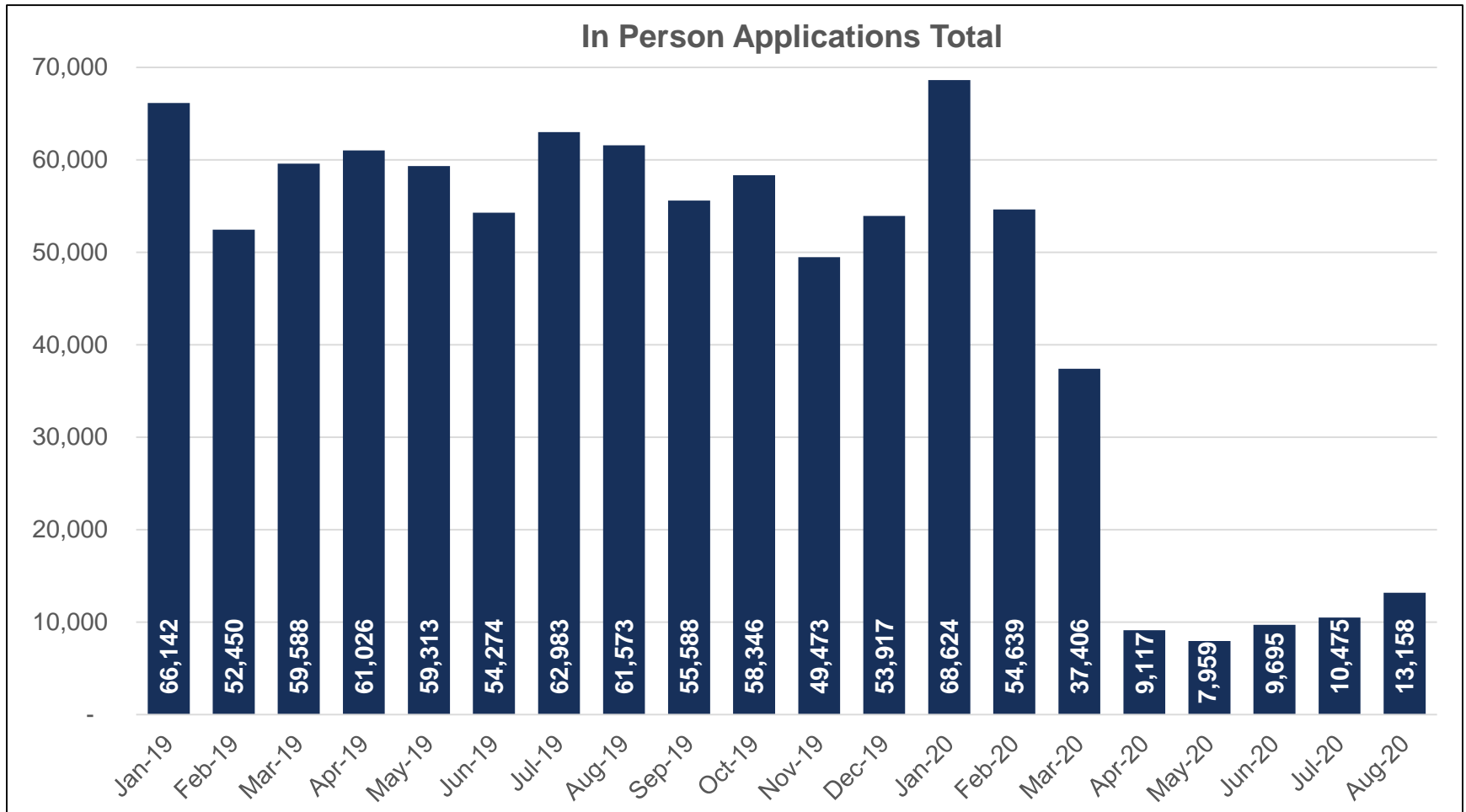
County Application Pathway - Online Applications -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



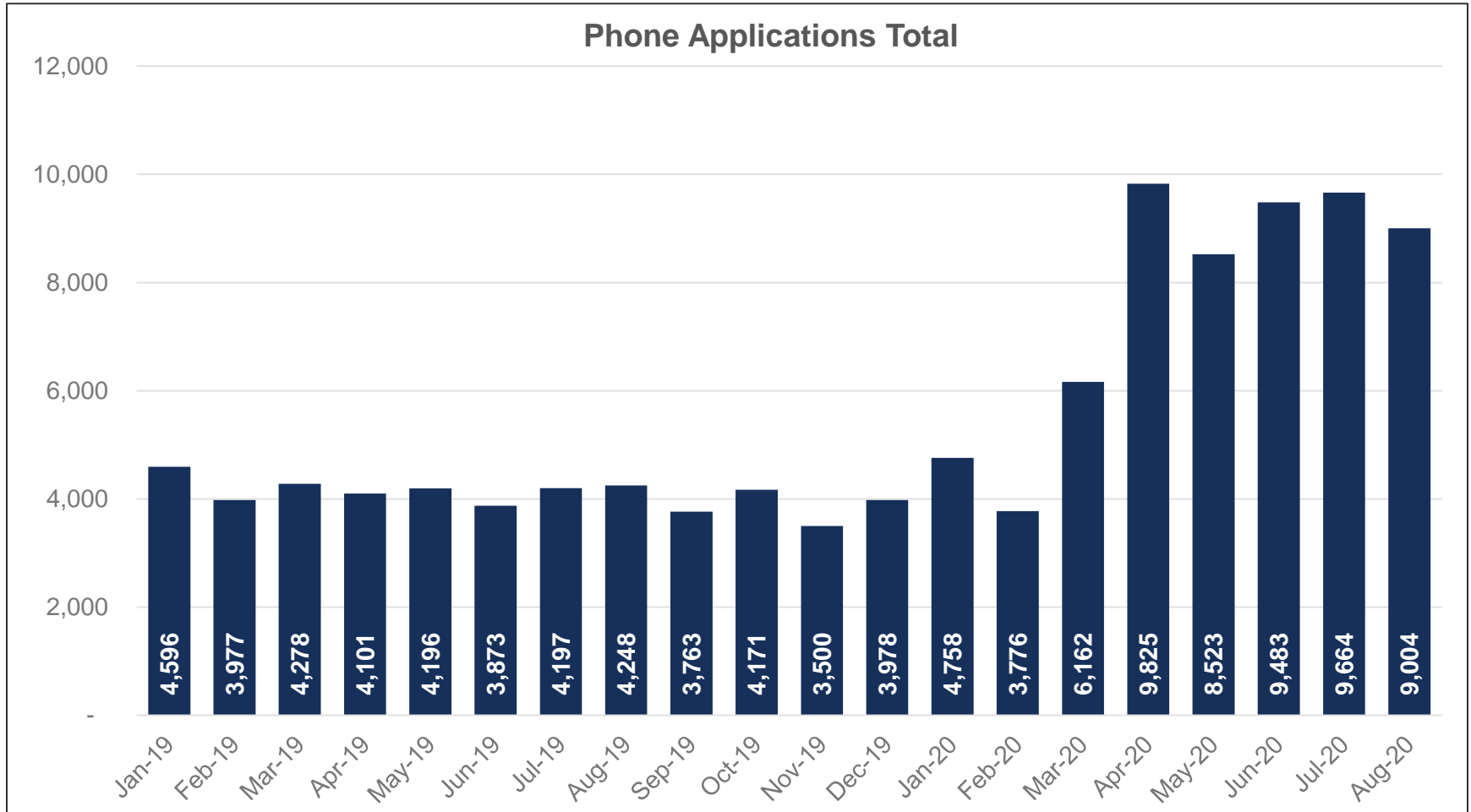
County Application Pathway - In Person Applications -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



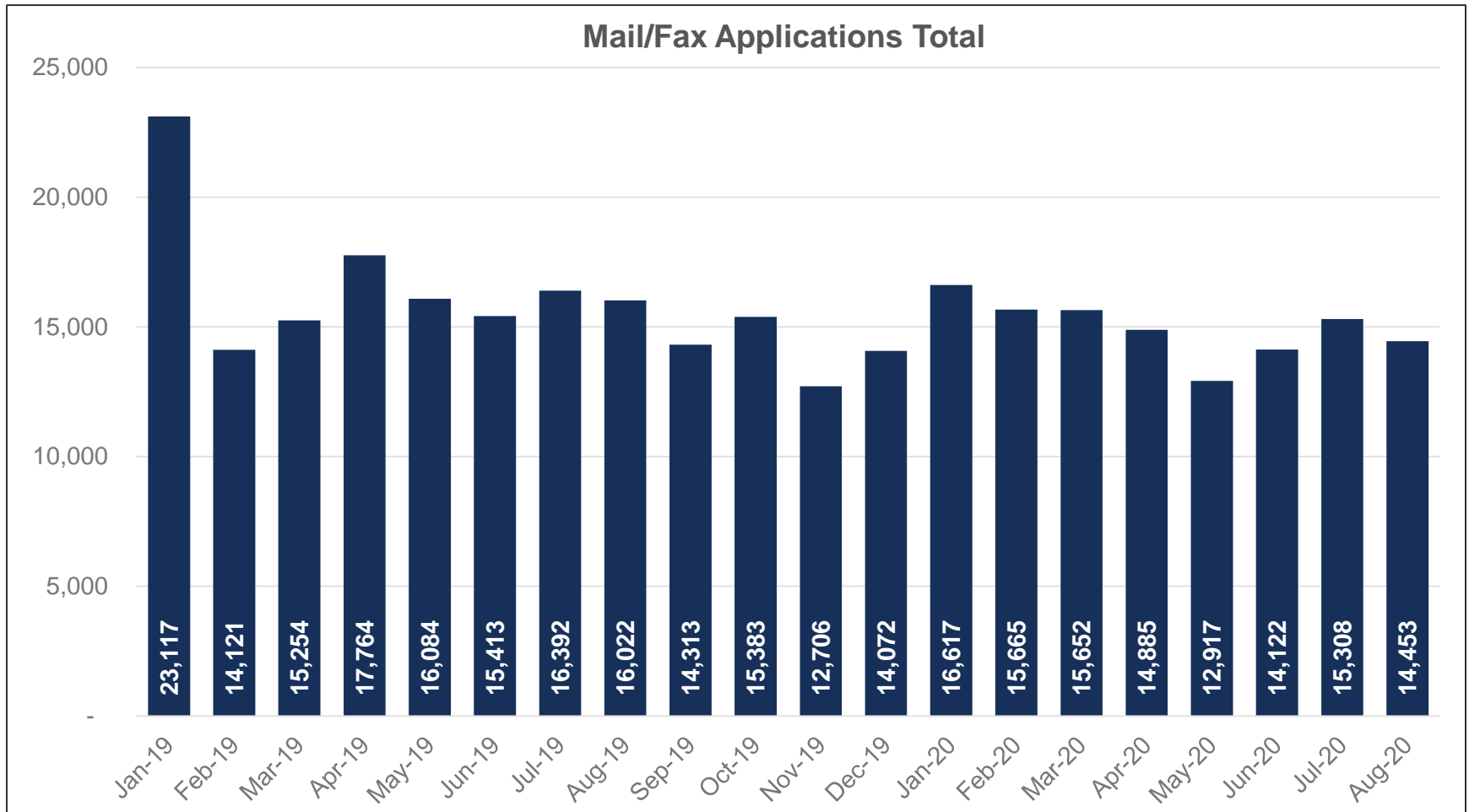
County Application Pathway - Phone Applications -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



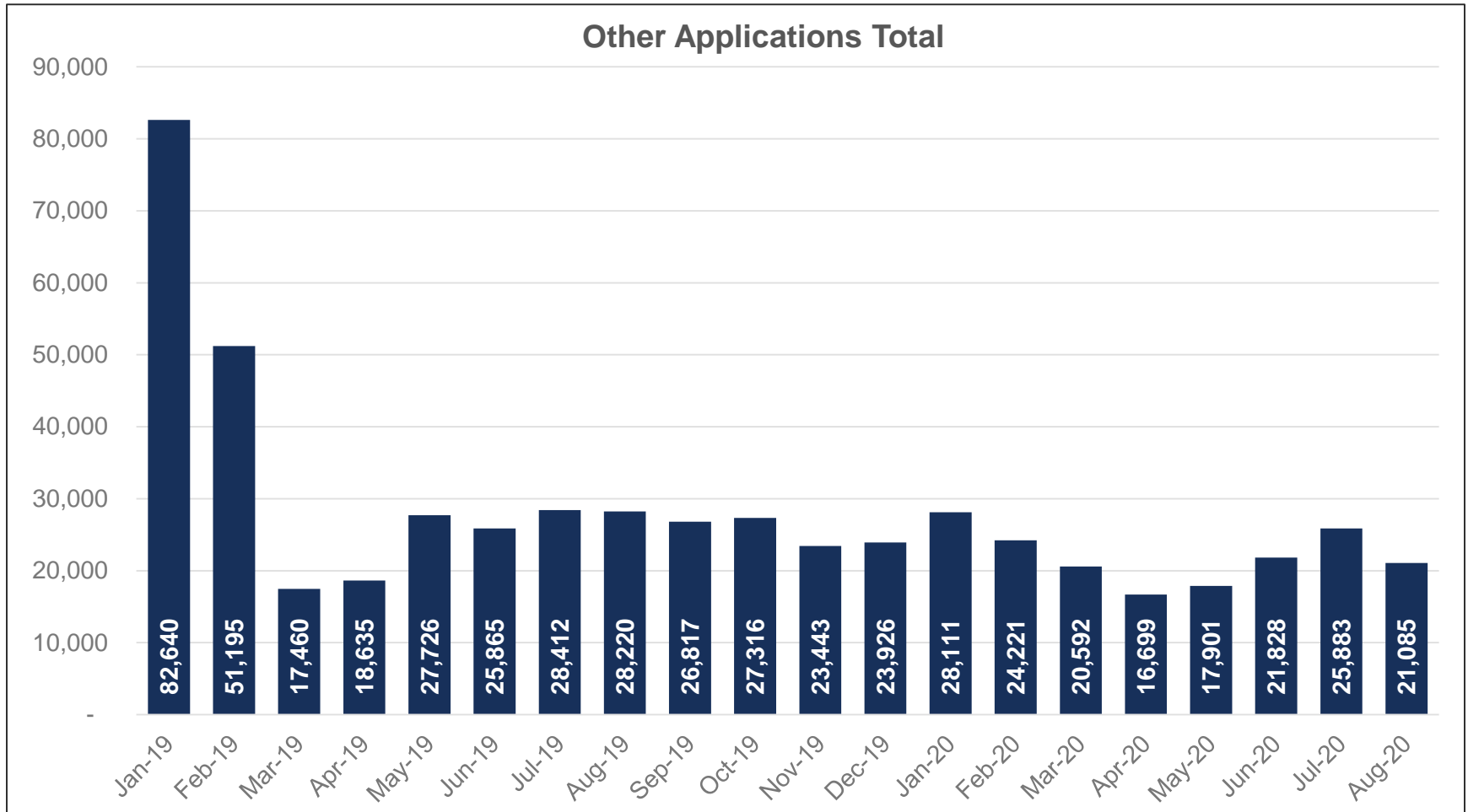
County Application Pathway - Mail/Fax Applications -



Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



County Application Pathway - Other Applications -



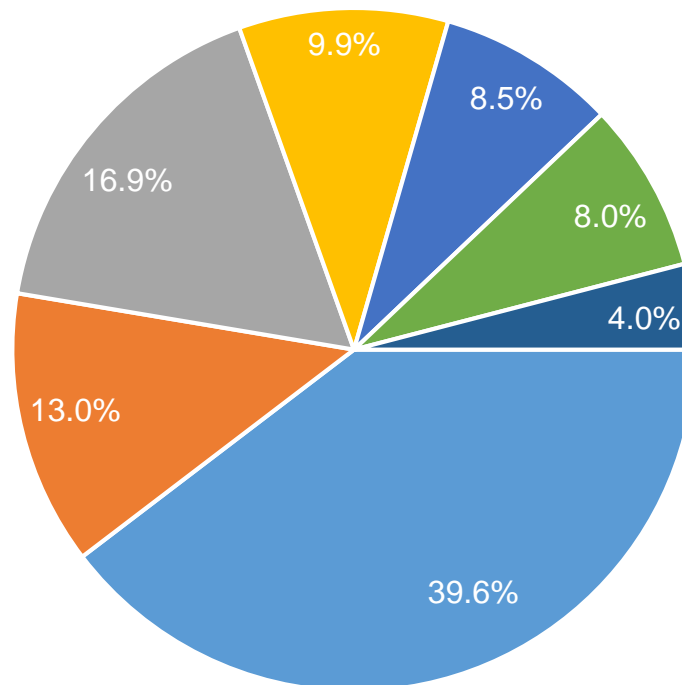
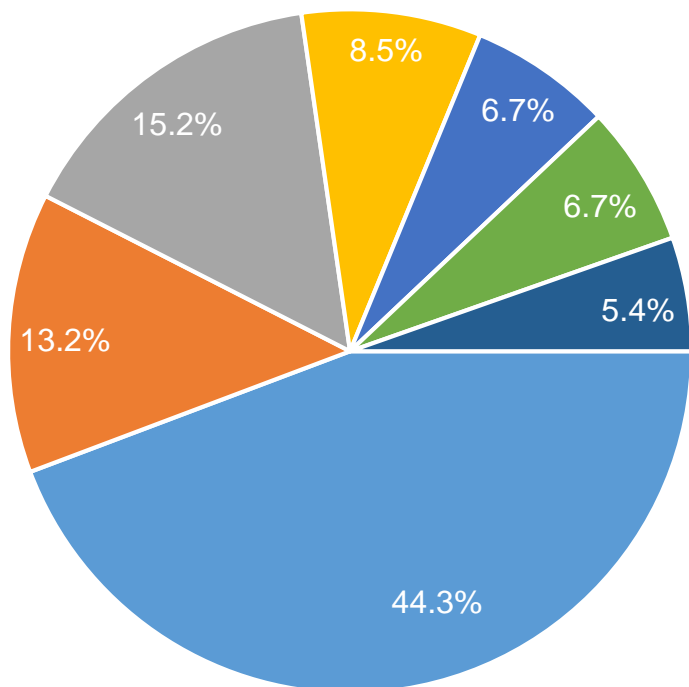
Data Source: Statewide Automated Welfare Systems (SAWS) Provided One Month after the Reported Month



Medi-Cal New Enrollments Female by Age

January-August 2019 Female 365,134

January-August 2020 Female 314,494



■ 0 to 17 ■ 18 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

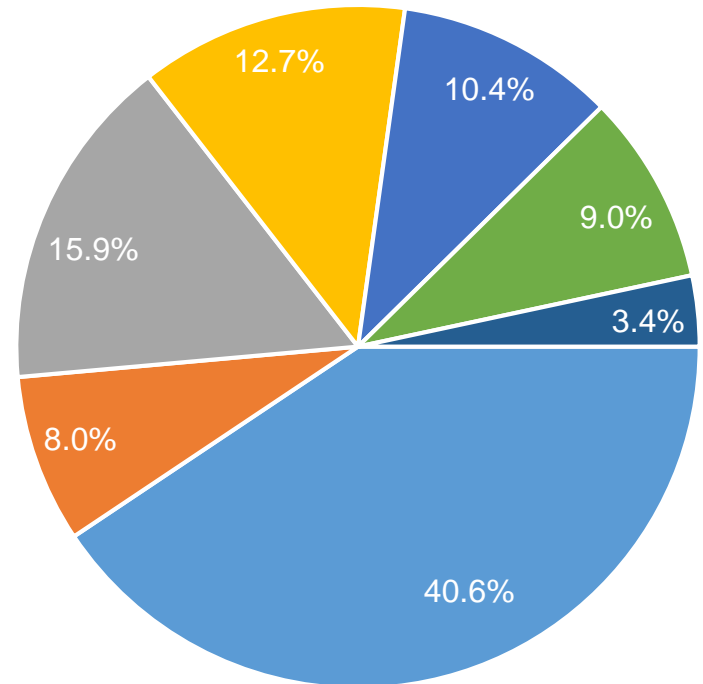
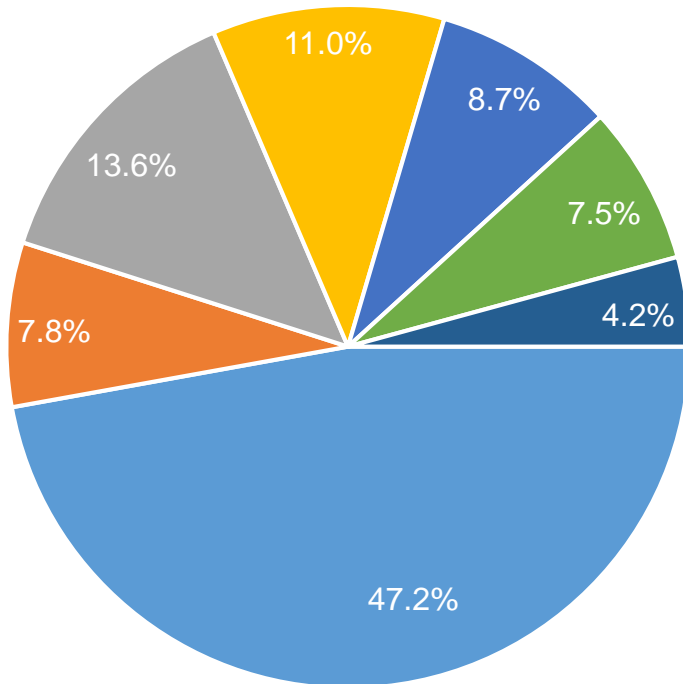
Data Source: Extracted from MIS/DSS on 14SEP2020



Medi-Cal New Enrollments Male by Age

January-August 2019 Male 359,119

January-August 2020 Male 316,767



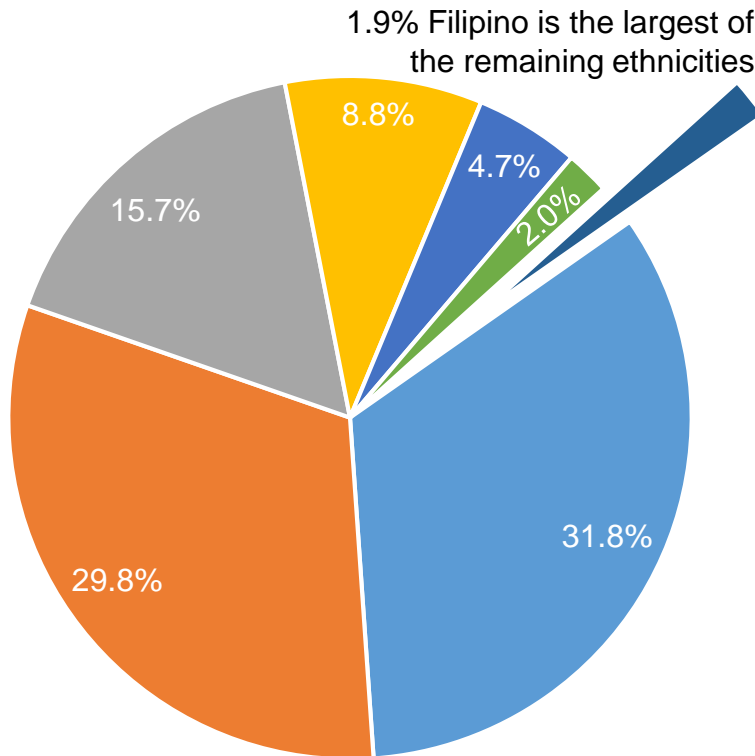
■ 0 to 17 ■ 18 to 25 ■ 26 to 34 ■ 35 to 44 ■ 45 to 54 ■ 55 to 64 ■ 65+

Data Source: Extracted from MIS/DSS on 14SEP2020

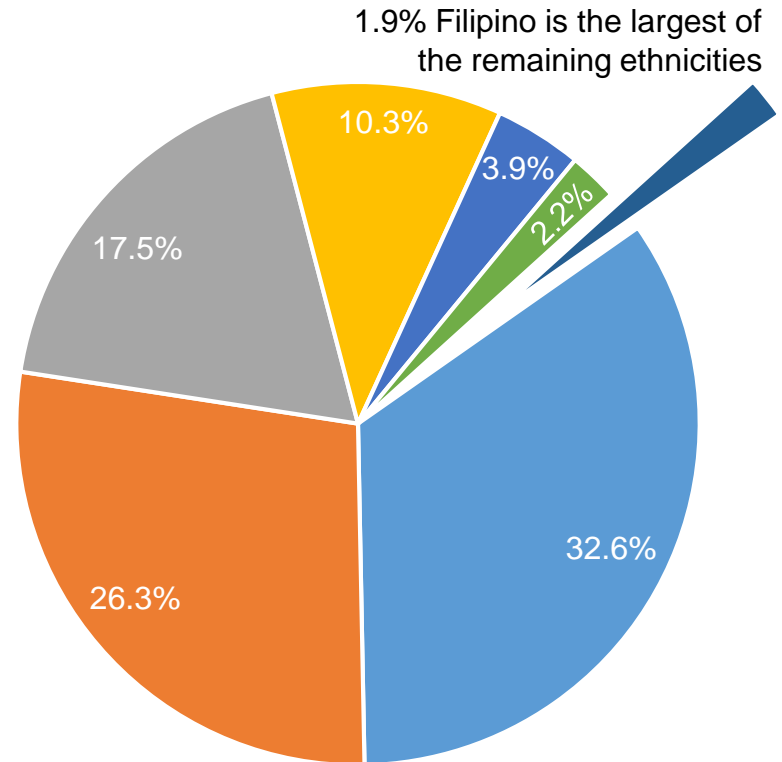


Medi-Cal New Enrollments Ethnicity

January-August 2019 Total 724,253



January-August 2020 Total 631,261



■ Not Reported ■ Hispanic ■ White ■ Other ■ Black ■ Chinese ■ Filipino

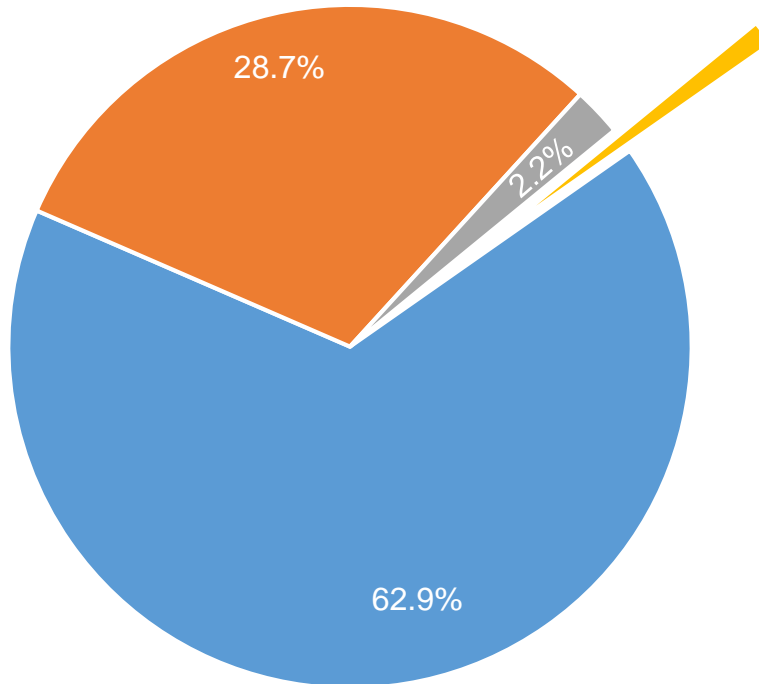
Data Source: Extracted from MIS/DSS on 14SEP2020



Medi-Cal New Enrollments Primary Written Language

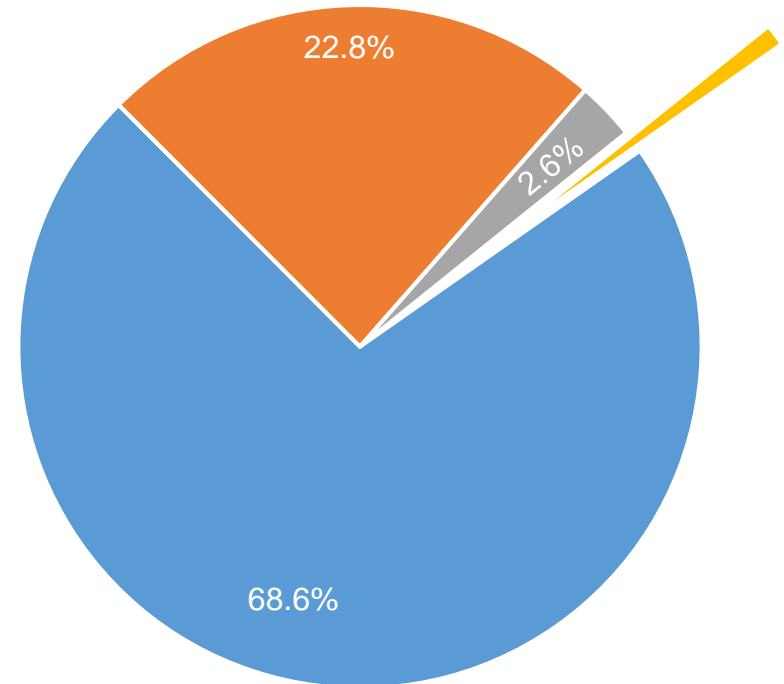
January-August 2019 Total 724,253

1.1% Vietnamese is the largest of the remaining languages



January-August 2020 Total 631,261

1.0% Vietnamese is the largest of the remaining languages



■ English ■ Spanish ■ Not Reported ■ Vietnamese

Data Source: Extracted from MIS/DSS on 14SEP2020



Medi-Cal

New Enrollment Data

Medi-Cal New Enrollment Data includes the following cohorts:

Total NEW Enrollments - The sum of *Newly Enrolled* and *Re-Enrolled* individuals (the Universe).

Newly Enrolled - Individuals with no prior history of Medi-Cal coverage.

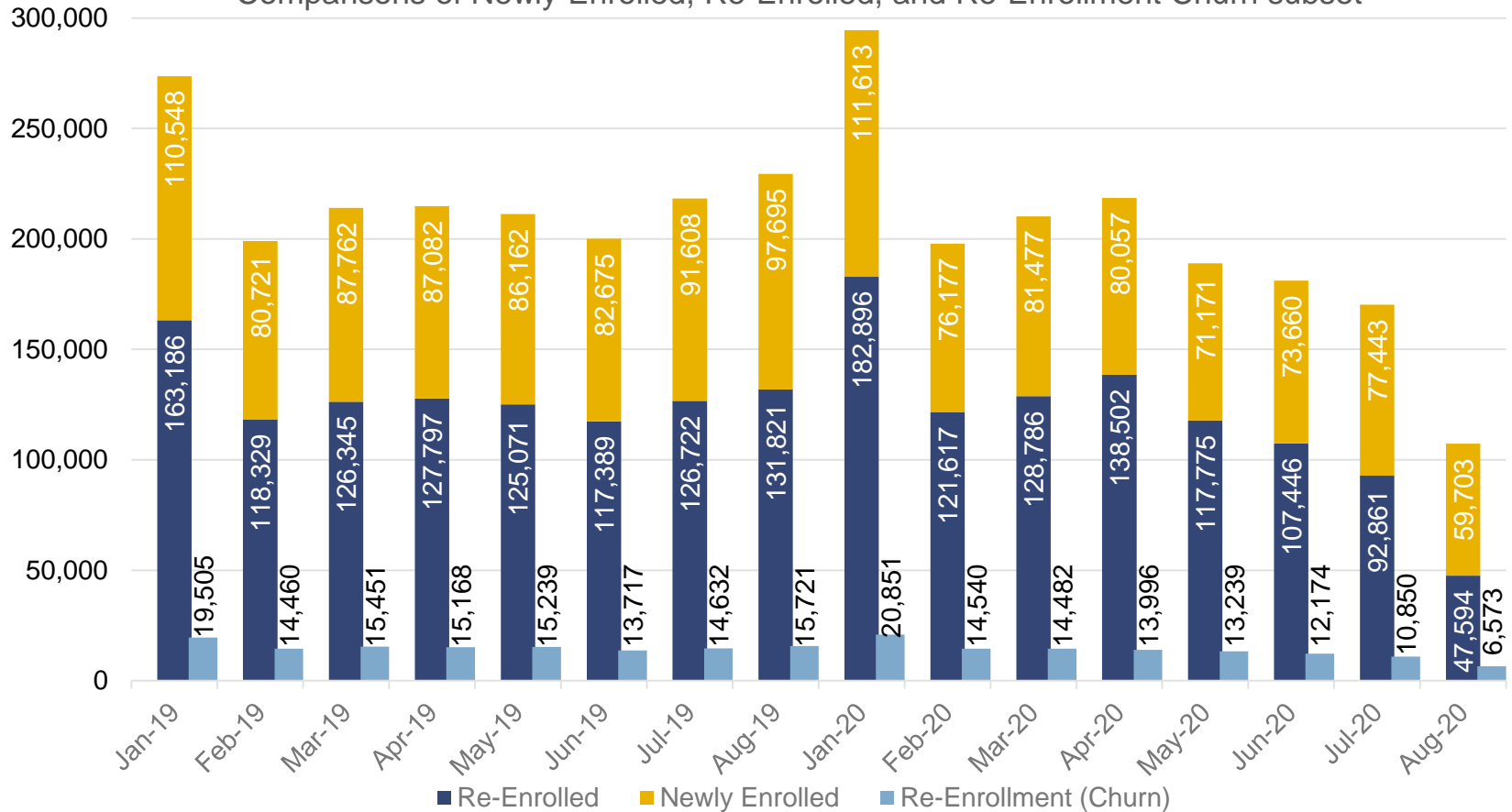
Re-Enrolled - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.

- Different from *Newly Enrolled*, these are individuals with a prior history of Medi-Cal coverage within the previous 15+ year period, but whose Medi-Cal was subsequently discontinued at some point in the past, thereby requiring the individual to reapply.
- **Re-Enrollment Churn** (A subset of *Re-Enrolled*) - Individuals who experienced a break in coverage and came back to the Medi-Cal program by reapplying, and being determined eligible for Re-Enrollment into the program.
 - This subset of *Re-Enrolled* individuals have a prior history of Medi-Cal coverage within the previous 12 month period, but whose Medi-Cal was subsequently discontinued at some point in that 12 month period, thereby requiring the individual to reapply.



Medi-Cal New Enrollment Cohorts

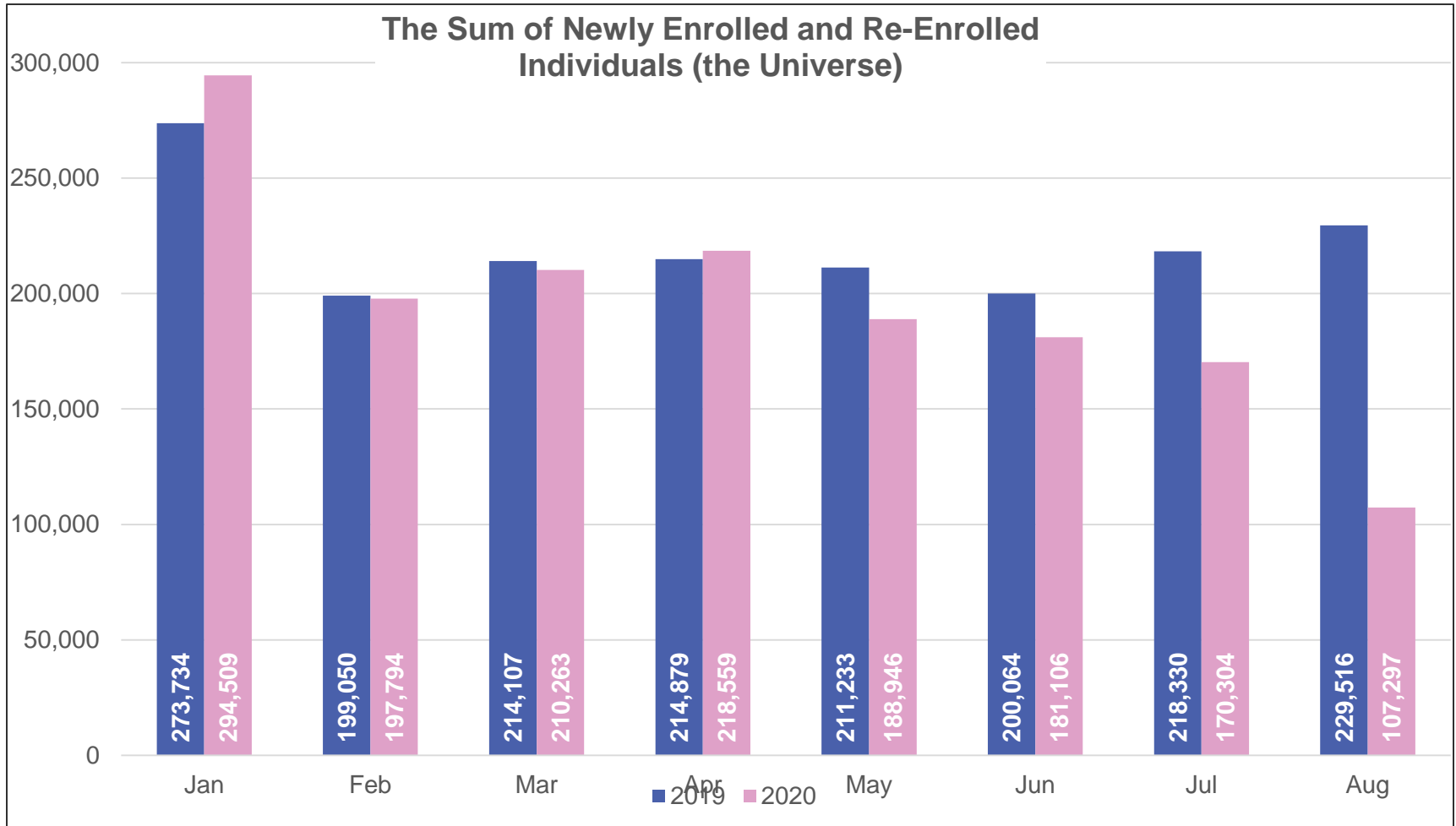
Comparisons of Newly Enrolled, Re-Enrolled, and Re-Enrollment Churn subset



Data Source: Extracted from MIS/DSS 09SEP2020



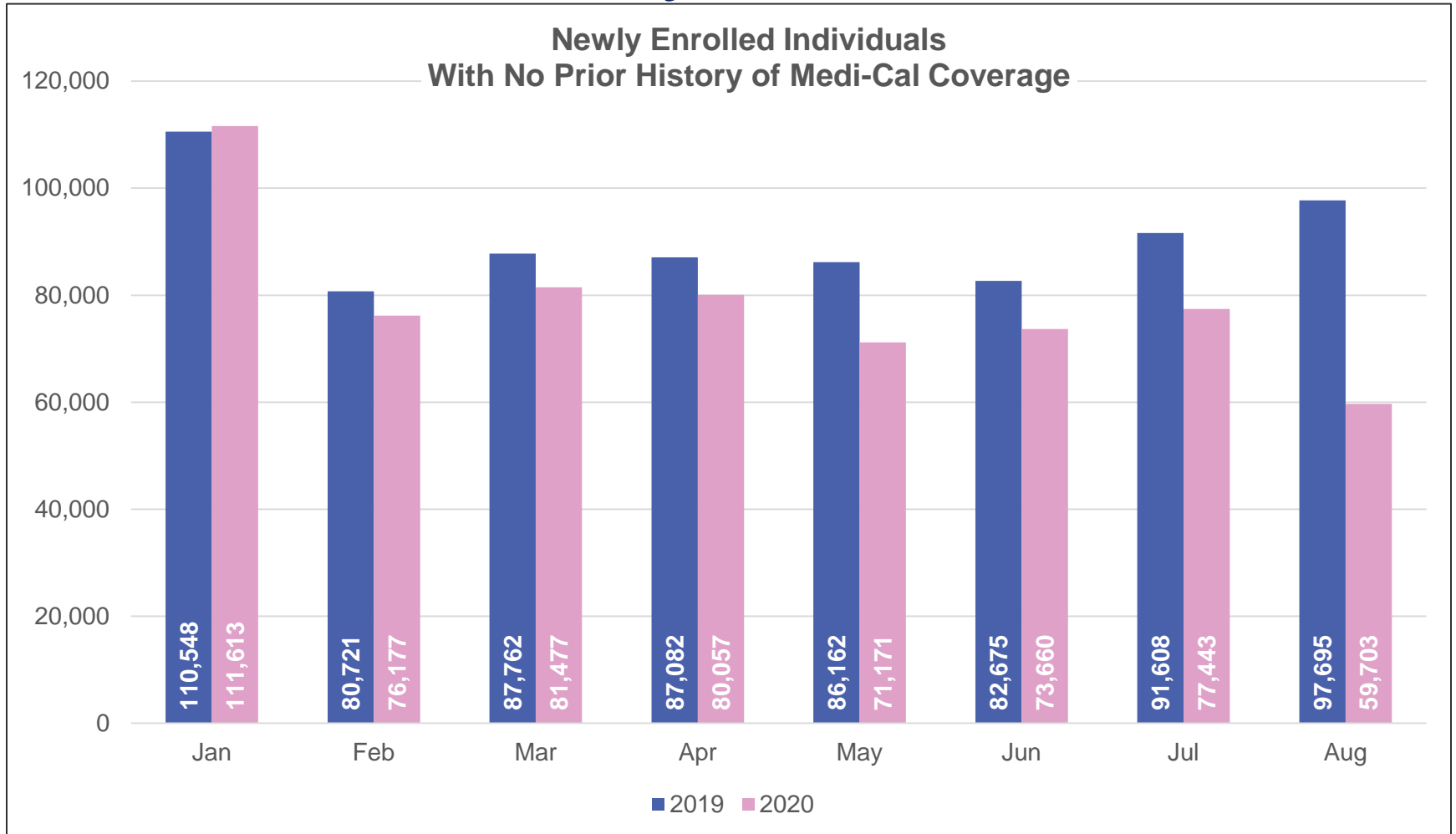
Medi-Cal Total NEW Enrollments



Data Source: Extracted from MIS/DSS 09SEP2020



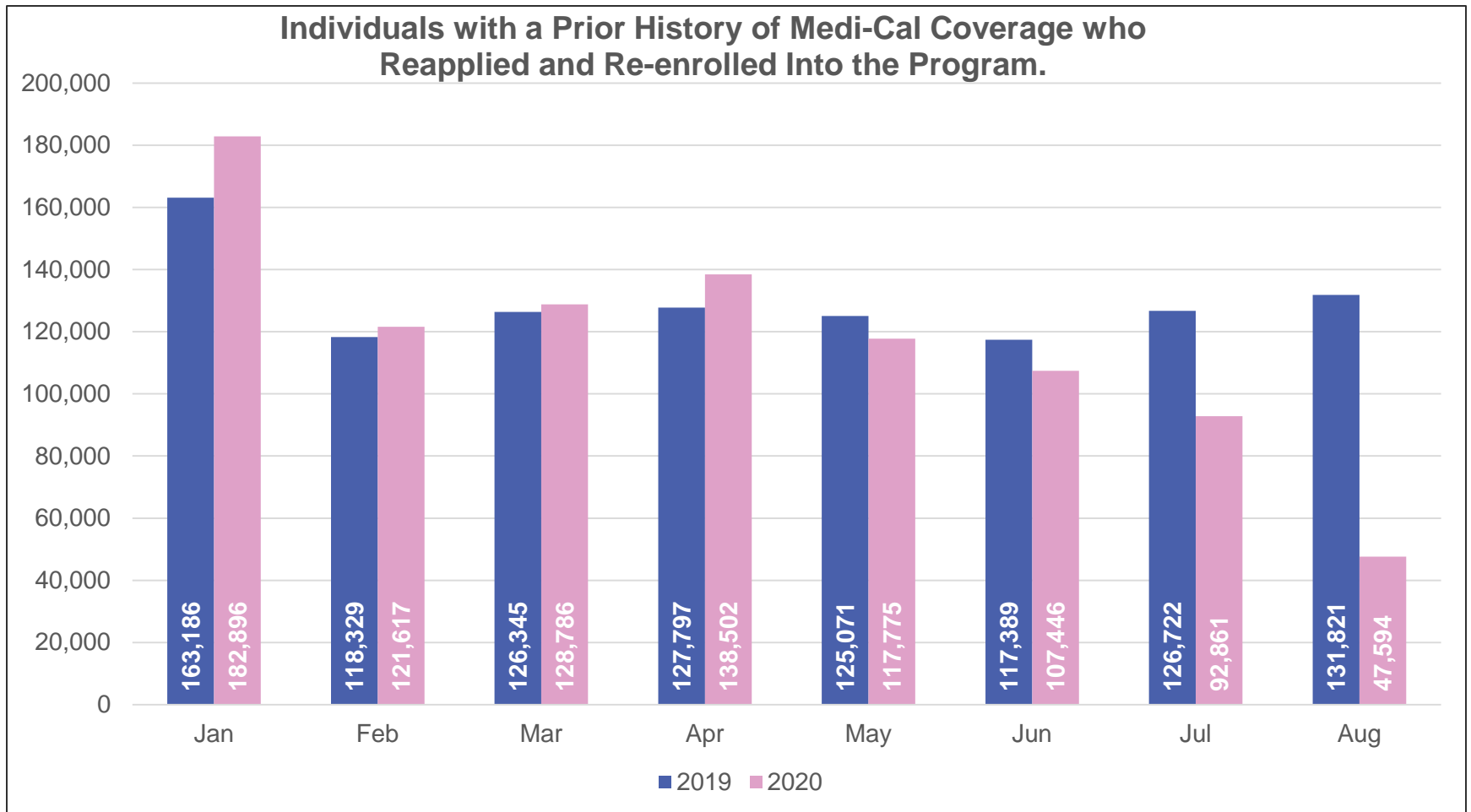
Medi-Cal Newly Enrolled



Data Source: Extracted from MIS/DSS on 14SEP2020



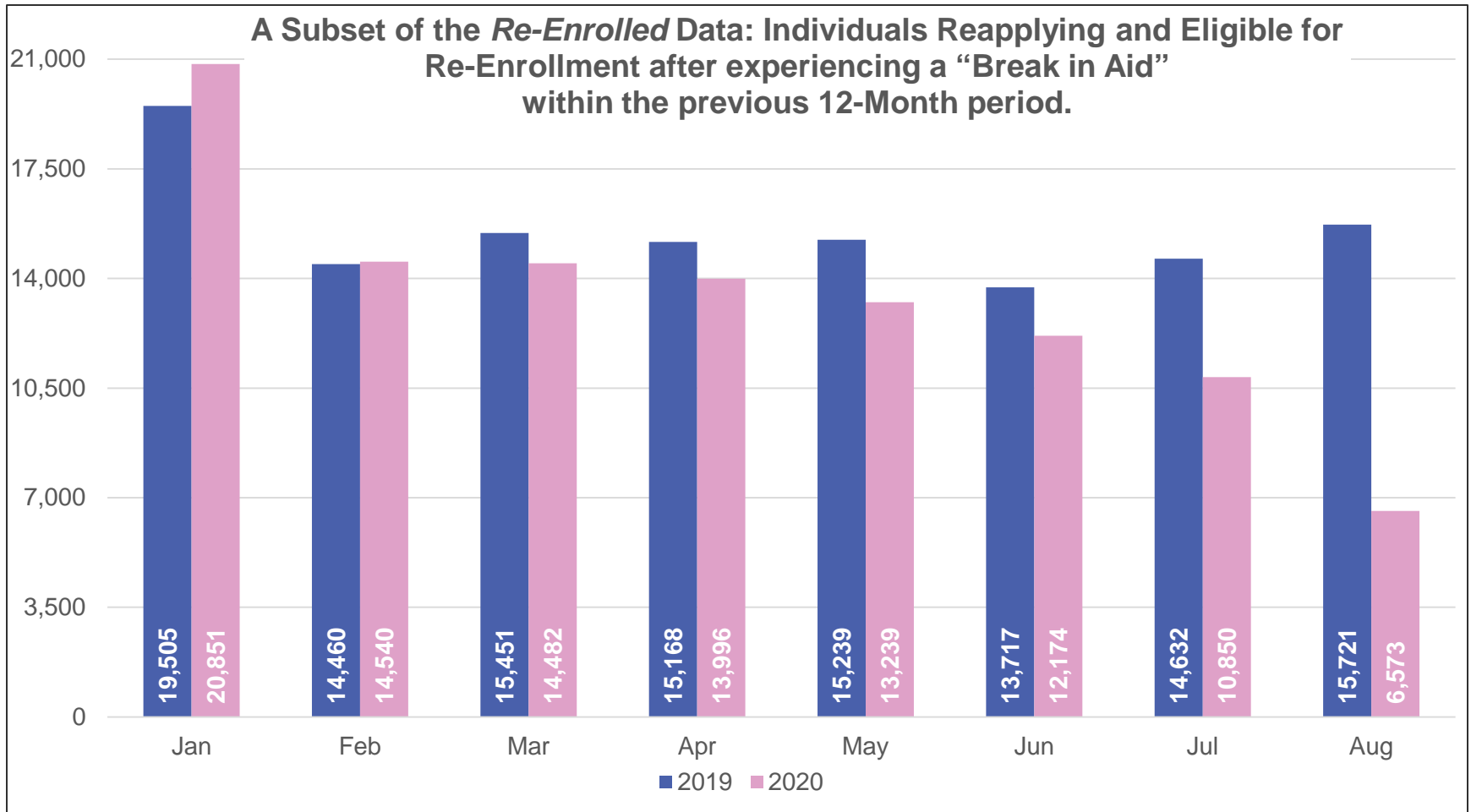
Medi-Cal Re-Enrolled



Data Source: Extracted from MIS/DSS on 09SEP2020



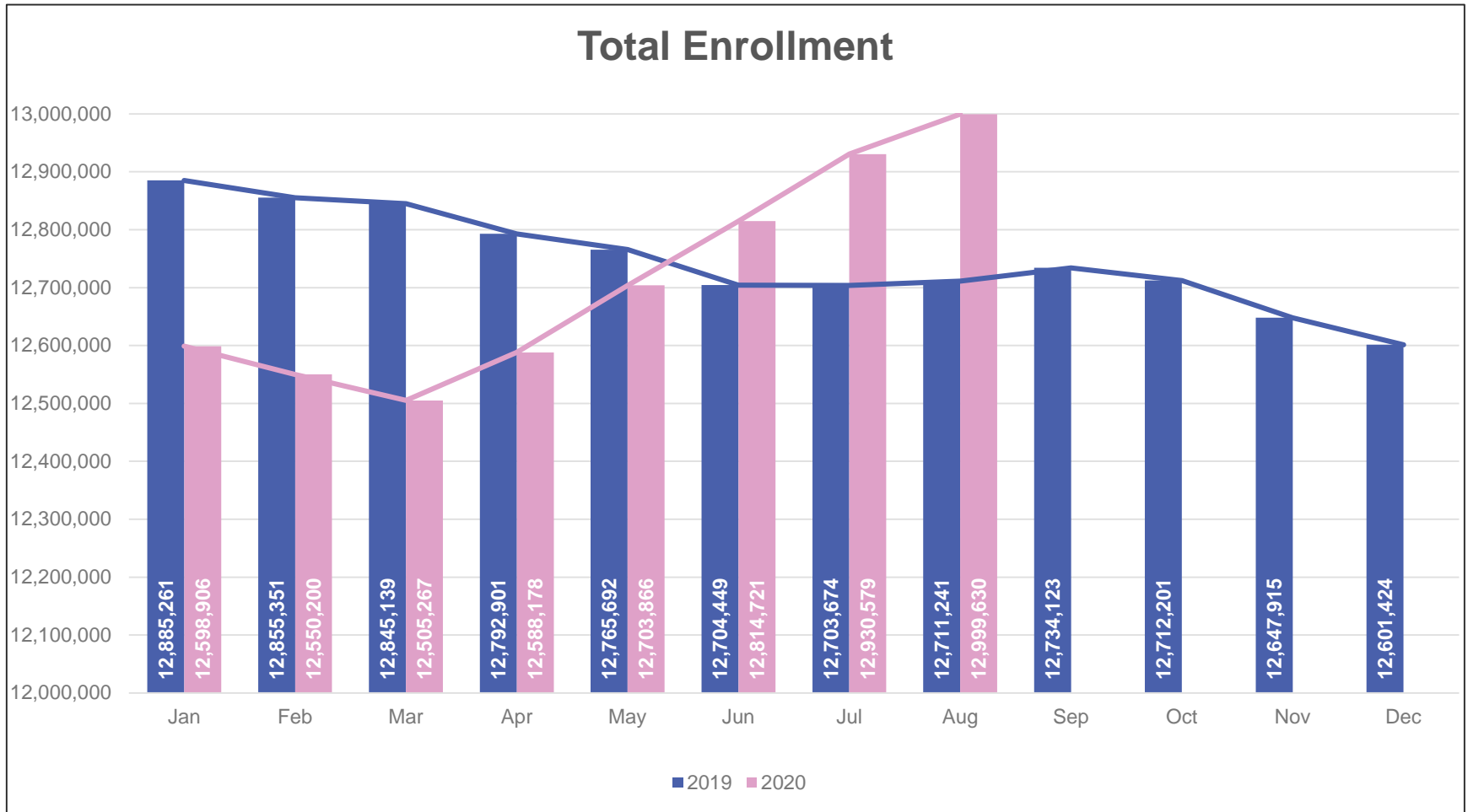
Medi-Cal Re-Enrollment Churn



Data Source: Extracted from MIS/DSS on 09SEP2020



Medi-Cal TOTAL Enrollment



Data Source: Extracted from MIS/DSS *August 2020 Data is Preliminary

All presented data between 09/2019 and 08/2020 in this report have been updated as of 09/29/2020. The presented eligibility counts are subject to change due to delays in Medi-Cal eligibility data updates. Eligibility counts for a specific month are considered complete for statistical reporting purposes 12 months after the month's end.



Continuous Medi-Cal Coverage Through the Public Health Emergency

- To ensure Californians continued to receive Medi-Cal health coverage during the public health emergency (PHE), per Executive Orders N-29-20 and N-71-20, DHCS issued guidance directing counties to delay the processing of Medi-Cal annual renewals, and to defer discontinuances and negative actions, effective March 16, 2020, through the duration of the PHE.
- Exceptions to the moratorium on discontinuances/negative actions are:
 - voluntary requests for discontinuance,
 - death of a beneficiary, or
 - individuals who move out of state.



Medi-Cal Reinstatements During COVID-19 Public Health Emergency

- DHCS, working collaboratively with the SAWS and counties, are continually working to identify individuals who have been inadvertently discontinued, and have their eligibility restored each month.
 - Impacted beneficiaries will receive a notice informing them of the restoration of their Medi-Cal coverage and will not need to take any action in order to trigger the restoration.
 - The identified cases targeted for restoration take into consideration the legitimate discontinuances that are allowed during the PHE.
 - Restored individuals will be placed back into their last known Medi-Cal managed care plan.
- As of October 1st, 2020, approximately 110,000 individuals have been restored back into coverage since the beginning of the COVID-19 PHE, as a result of this reinstatement effort.

Note: *Medi-Cal Total Enrollment* data reflected in this presentation includes all individuals restored back into coverage for the reported months.



COVID-19 Uninsured Group

- COVID-19 Uninsured Coverage Group (aka COVID-19 PE):
 - For uninsured individuals
 - Services limited to medically necessary COVID-19 testing, testing-related, and treatment services
 - 12-month enrollment period or end of public health emergency, whichever comes later
- COVID-19 Uninsured Application Pathways:
All PE Qualified Providers, including:
 - Hospital PE
 - Child Health and Disability Prevention Gateway
 - PE for Pregnant Women
- COVID-19 Uninsured Enrollments as of 10/2/2020: 32,735



Break – 10 minutes



Telehealth Policy: Update

René Mollow, MSN, RN

Deputy Director

Health Care Benefits & Eligibility, DHCS



- Medi-Cal's telehealth policy operates as follows:
 - Has very few enumerated restrictions on Medi-Cal covered benefits or services that may be delivered via traditional (synchronous, two-way, audio visual, asynchronous store and forward or e-consult) telehealth modalities.
 - Allows for the standardize the use of telehealth modalities across all delivery systems, where possible and clinically appropriate.
 - Affords substantial flexibility to enrolled, licensed Medi-Cal providers to make individualized and clinically appropriate decisions regarding the use of telehealth modalities for individual patients.
 - Supports beneficiary choice.



DHCS implemented flexibilities across all of its delivery systems, including but not limited to:

- Allowing use billing of procedure codes that are typically allowable only for established patients for new patients as well.
- Allowing some specialty services (e.g., 1915(c) waivers, DMC, LEA, and TCM), to expand services that can be provided via traditional telehealth, and removing some restrictions relative to the provision of those services.
- Relaxing some requirements relative to clinic providers, such as how new patients could be established and waiving site limitations for providers and patients (FQHCs, RHCs, and Tribal 636 Clinics).



DHCS implemented other flexibilities across all of its delivery systems, including but not limited to:

- Allowing Medi-Cal covered services to be delivered via telephone (audio only), subject to certain parameters.
- Allowing some specialty areas (1915(c) waivers, DMC-ODS, SMH, DMC, LEA, and TCM), to expand services that can be provided via other virtual/telephonic communication, as well as removing some restrictions.
- Allowing clinic providers (FQHCs, RHCs, and Tribal 636 Clinics), to receive payment for services provided via telephone, either at Medi-Cal FFS rate or PPS/AIR, subject to certain parameters.



- During the COVID-19 PHE, DHCS is allowing for payment parity whether services are provided via telephonic or in-person means across virtually all of its delivery systems, provided the following requirements are satisfied:
 - Meets all of the requirements for the service being provided via telehealth that would have otherwise been provided in-person.
 - Replaces an in-person visit.
 - Clinically appropriate to be delivered via a telehealth modality.
 - Meets all procedural and technical components of the service being provided.



- DHCS will continue to evaluate what flexibilities are appropriate and/or desired to remain post-COVID-19, and will include analysis of:
 - What flexibilities and telehealth modalities DHCS will recommend become permanent across all delivery systems
 - Potential federal barriers
 - Identifying other possible areas for consideration
- For those flexibilities that are identified to continue post-COVID-19 PHE, DHCS will engage stakeholders relative to policy development, and also assess what federal approvals may be required.



- What telehealth modalities temporarily implemented by DHCS during the COVID-19 public health emergency (PHE) did you all find useful? Not so useful?
- How did Medi-Cal beneficiaries react to the use of telehealth modalities to receive Medi-Cal covered benefits/services?
- What concerns have you heard relative to the provision of Medi-Cal covered benefits/services via telehealth modalities?



- What challenges and/or barriers did you experience in providing or receiving Medi-Cal covered benefits/services via telehealth modalities?
- What opportunities did you see in providing Medi-Cal covered benefits/services via telehealth modalities, and more specifically those additional flexibilities implemented during the COVID-19 PHE?
- How will your own experiences and lessons learned change your approach to telehealth modalities and related health care services post-COVID-19 PHE?