



State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

**Department of Health Care Services (DHCS)
Managed Care Advisory Group**
Meeting Notes
June 4, 2020

1. Introductions

Bambi Cisneros, Chief, Program Monitoring and Compliance Branch, Managed Care Quality and Monitoring Division (MCQMD), called the Managed Care Advisory Group (MCAG) meeting to order at 10:01 a.m. and welcomed all in attendance on the webinar.

2. COVID-19 Updates

A. *Medi-Cal Eligibility Flexibilities and County Guidance*

Yingjia Huang, Assistant Division Chief, Medi-Cal Eligibility Division (MCED), provided an update on COVID-19 flexibilities and actions the MCED has taken. The Centers for Medicare & Medicaid Services (CMS) has provided the Department with flexibility on the verification process as it relates to a wet signature. DHCS has released several pieces of guidance starting with [MEDIL 20-06](#) that reminded counties of the various types of eligibility flexibilities as it relates to intake of applications. [MEDIL 20-06](#) reminds counties that they must allow additional time when processing applications or redeterminations from individuals affected by any California public health crisis or disaster; and for renewals, they must continue to provide benefits beyond the certification period as needed to provide additional time to submit renewals or verification.

B. *Delaying Medi-Cal Renewals Processing and Negative Actions Suspension*

On March 16, 2020, to allow counties to prioritize processing of access to care issues and concentrate staffing resources where needed, DHCS issued [MEDIL 20-07](#). DHCS instructed counties to delay all processing of Medi-Cal annual redeterminations and delay discontinuances and actions immediately for Medi-Cal, Medi-Cal Access Program (MCAP), Medi-Cal Access Infant Program (MCAIP), and County Children's Health Initiative Program (CCHIP) based on the declared State and National Emergency due to COVID-19. This was for a period of 90 days and this direction was extended through August 30, 2020.

C. *Presumptive Eligibility (PE) for COVID-19*

On March 18, 2020, the House of Resolution (H.R.) 6201 Families First Coronavirus Response Act authorized State Medicaid Programs to provide access to coverage for COVID-19 diagnostic testing and testing-related services at no cost to uninsured individuals.

DHCS implemented Presumptive Eligibility (PE) for COVID-19 on April 8, 2020 which covers COVID-19-related diagnostic tests, testing related services, and treatment services, including all medically necessary care such as the associated office, clinic, or emergency room visit are paid up to the maximum fee-for-service (FFS) rate, in the FFS delivery system. Individuals in this program will not be enrolled in a Medi-Cal managed care plan (MCP) and individuals enrolled in this PE program are assigned aid code V2.

In order to be eligible, individuals must be a California resident regardless of immigration status, income, or resources. The individual must have no insurance or currently have private insurance that does not cover COVID-19 related costs. Eligibility begins on the date on the application and ends on the last calendar day of the month in which the 60th day falls from the individual's PE application.

For qualified providers (QP), all providers enrolled as an approved QP for the following programs can participate in PE COVID-19: hospital PE, Child Health Disability Prevention (CHDP) Gateway, PE for pregnant women. Application referrals can also be sent firstly to DHCS for menial processing if the individual seeking services does not meet eligibility criteria of the PE program in which the QP oversees.

D. *Managed Care Operations Division (MCO)*

Michelle Retke, Division Chief, Managed Care Operations Division, provided an update that allows the MCPs to communicate to beneficiaries as quickly as possible in regards to COVID-19. DHCS has allowed MCPs to utilize a File and Use process for items that communicate to beneficiaries about COVID-19. This means that the MCPs were able to submit the information to the Department for review, but they can simultaneously begin using it. For example, updates to the MCP's website, texting campaigns, email, mailer, call scripts and robo-calls can be used readily as long as the information was already communicated through DHCS, California Department of Public Health (CDPH) or Center for Disease Control and Prevention (CDC). By using pre-approved language, the MCPs were able to utilize those materials with their members.

E. *Capitated Rates Development Division (CRDD)*

Rafael Davtian, Division Chief, Capitated Rates Development Division, provided an update that they are tracking the various proposed changes in the May Revision budget due to COVID-19. CRDD is also tracking the related legislative proposals and the effect to the Bridge Period rates and all guidance related to these changes will be shared through the normal communication forums with the MCPs. The

proposed changes include the discontinuation of most Proposition 56 funded programs effective July 1, 2020, benefit and eligibility changes, a maximum 1.5% rate reduction to the Gross Medical Expense component of the rates, and a risk corridor for the current 18-month rating period from July 2019 through December 2020. These rate reductions and risk corridor are in accordance to Federal regulations specific to rate setting and targeted to provide certain protections to the State as well as protections to MCPs against excessive potential financial gains and losses.

F. Managed Care Quality and Monitoring Division (MCQMD)

Nathan Nau, Division Chief, Managed Care Quality and Monitoring Division, provided an update to the All Plan Letter (APL) policy process as well as how MCQMD is currently working with the MCPs during the COVID-19 pandemic. APL release priorities were influenced by emergent need, executive orders issued by the Governor and 1135 Waiver approval requests. MCQMD has been in close communication with the MCPs. The weekly Managed Care Plan call has been adjusted to be COVID-19 focused and a second weekly forum has been created with the California Association of Health Plans and Local Health Plans of California. These adjustments will change as the pandemic nears normalcy.

Mike Dutra, Branch Chief, Policy, Utilization & External Relations Branch, provided an update to a couple APLs. [APL 20-004](#) has been updated and processed for final review. Some updates include State Plan Amendment (SPA) Approvals, Well-Child Visits, and Telehealth. [APL 20-011](#) has been issued in direct correlation to the Novel Coronavirus Disease. With the assistance of the Audits and Investigations Division, some adjustments included flexibilities for facility site reviews and the suspension of audits.

3. Managed Care Updates

A. CalAIM

Kerry Landry, Assistant Deputy Director, Health Care Delivery Systems, provided updates on CalAIM. CalAIM has been delayed and previous January 1, 2021 deadlines have been adjusted. Some impacted activities include Long Term Care Carve-ins to Managed Care, Major Organ Transplant Carve-ins, Mandatory Enrollment into Managed Care for Non-Dual Populations, transitions of Whole Person Care to Statewide Enhanced Care Management, as well as implementation of In-Lieu-Of Services and Incentive Payments. DHCS is still committed to its goals and objectives previously established by CalAIM. Work on CalAIM will continue regardless of the delays and internal discussions have begun for future target dates.

4. All Plan Letters (APLs) and Dual Plan Letters (DPLs) Updates

Carrie Allison, Section Chief, Policy & State Hearings, provided an update on APLs which were issued from February 2020 to May 2020.

A list of APLs can be found [here](#) and a list of DPLs can be found [here](#).

5. Behavioral Health Managed Care Plan Panel

A. Inland Empire Health Plan (IEHP)

Takashi Wada, Vice President of Population Health, Inland Empire Health Plan, gave a presentation on IEHP's efforts around Behavioral Health Outreach during the COVID-19 pandemic. IEHP is a not-for profit Medi-Cal and Medicare health plan, they are a Knox-Keene licensed plan and are accredited by the National Committee for Quality Assurance (NCQA).

IEHP reported a large initial decrease in call volume for their Behavioral Health Call Center with a slow but steady increase in call volumes over the coming weeks. IEHP saw an increase in "Crisis Calls" which includes harm to others and they began noticing a trend of calls referencing self-harm. They shared the idea of needing to monitor trends in domestic violence and suicide rates.

For member outreach, IEHP has conducted over 40,000 live calls as well as over 600,000 automated calls that emphasized that help is available if their members are feeling anxious or isolated. IEHP provides differing member services that include their IEHP Webpage, 24-hour nurse advice line, and Connect IE (an online community resource and referral service), texting campaigns, and social media campaigns.

For provider outreach, IEHP has continued to encourage existing network services for Telehealth, bringing on "telehealth only" providers, as well monitoring trends for Behavioral Health during the pandemic.

IEHP shared that telehealth, e-consultations, remote patient monitoring, and alternate care delivery models are all things to consider post COVID-19.

B. Partnership HealthPlan of California (PHC)

Margaret Kisliuk, Behavioral Health Administrator, Partnership HealthPlan of California, gave a presentation on Partnership's efforts around Behavioral Health Outreach during the COVID-19 pandemic. PHC staff call members to encourage access and raise awareness of different Behavioral Health Services available. To date the campaign had completed over 41,000 calls. PHC has also worked alongside Beacon Health Options to call "high risk" members; this is an expanding program which targets members who are at high risk for mental health difficulties.

PHC has further expanded their previously established telehealth efforts. Prior to COVID-19, PHC and Beacon encouraged broad use of telehealth and further

expanded their programs during the emergency. PHC has seen an increase in utilization of telehealth services during the pandemic. Beacon holds weekly provider webinars on best practices in telehealth, crisis managements, suicide prevention, and more. PHC has made these resources available to their members online.

PHC wants to promote and retain the broad flexibilities in the use of telehealth, continue member outreach campaigns, refine ways to reach their highest risk members, and continue to enhance provider skills through trainings and resources.

C. Anthem Blue Cross (Anthem)

Joel Gray, Executive Director, Anthem Blue Cross, presented their challenges and best practices in reference to telehealth and digital programs both before and during the COVID-19 pandemic. Anthem serves 1.2 million beneficiaries across 29 different urban and rural counties in California. Anthem noticed a 922% increase in telehealth claims and encounters during March 2020, as well as an additional 151% increase in services for April 2020.

Anthem launched LiveHealth Online in 2018, an always available direct to consumer application for their beneficiaries. LiveHealth Online has significantly increased access to behavioral health providers in an at home setting. This service allows Anthem's Medi-Cal members to visit with a doctor, therapist, psychologist, or psychiatrist through live video from a smartphone, tablet, or computer. LiveHealth Online has been used in previous disasters to increase availability of care to beneficiaries, since COVID-19 Anthem has seen a 447% increase in registration.

Anthem collaborated with ConferMED. ConferMED has been assisting in expanding access to electronic consultations. E-Consultations allow Anthem members to have immediate access to specialty care at no cost. E-Consultations can improve provider satisfaction and assists in allowing patients to avoid unnecessary face-to-face care during the pandemic.

Anthem has also collaborated with Bright Heart Health (BHH). BHH provides online virtual care for substance-use disorders, including opioid addiction, through a team of doctors, counselors, care managers and recovery specialists. This allows Anthem to enhance their efforts in allowing access to outpatient treatment programs in a convenient way by smartphone, tablet, or computer. Additionally, Anthem has contracted with NOCD, an online live video ODC Therapist program.

Beacon Health Options and Anthem have collaborated with Psych Hub. Psych Hub is a free digital resource site to help individuals and care providers address behavioral health needs resulting from the COVID-19 pandemic.

CommonGround is only available for Anthem Blue Cross members; this platform offers self-help strategies and tools that assist beneficiaries in starting their path to recovery from addiction, trauma, and grief.

Anthem has collaborated with Aunt Bertha; this program includes COVID-19 specific assistance with food delivery, housing, job training, transportation, and more.

6. Next Meeting

The next MCAG meeting is scheduled for Thursday, September 3, 2020 through Webex due to COVID-19. To request future agenda items or topics for discussion, please submit to advisorygroup@dhcs.ca.gov.