DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
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DATE: April 18, 2023

ALL PLAN LETTER 22-004 *(REVISED)*

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: STRATEGIC APPROACHES FOR USE BY MANAGED *HEALTH* CARE PLANS TO MAXIMIZE CONTINUITY OF COVERAGE AS NORMAL ELIGIBILITY AND ENROLLMENT OPERATIONS RESUME

PURPOSE:
The purpose of this All Plan Letter (APL) is to provide instruction to Medi-Cal managed care health plans (MCPs) about strategies that must be used by MCPs in collaboration with counties to help ensure eligible beneficiaries retain coverage in Medi-Cal and to ease transitions for individuals eligible for coverage through Covered California as the Department of Health Care Services (DHCS) prepares for the resumption of normal operations after the end of the *continuous coverage requirement*. Revised text is found in *italics*.

BACKGROUND:
The COVID-19 outbreak and implementation of federal policies to address the *COVID-19 Public Health Emergency (*PHE*)* have disrupted routine Medi-Cal eligibility and enrollment operations. As described in State Health Official (SHO) Letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency, and updated in SHO Letter #22-001, states will have a 12-month unwinding period plus two additional months, a total of 14 months post PHE, to complete renewals for all enrolled individuals and restore routine operations.[1] The Centers for Medicare and Medicaid Services (CMS) is working closely with states and other stakeholders to ensure, as states resume routine operations, that renewals of eligibility occur in an orderly process

[1] SHO Letter #21-002, Updated Guidance Related to Planning for the Resumption of Normal State Medicaid, Children's Health Insurance Program (CHIP) and Basic Health Program (BHP) Operations Upon Conclusion of the COVID-19 Public Health Emergency, is available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho-21-002.pdf. SHO Letter #22-001, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency, available at: https://www.medicaid.gov/federal-policy-guidance/downloads/sho22001.pdf

that minimizes beneficiary burden and promotes continuity of coverage for eligible individuals. *This includes* those who no longer qualify for Medi-Cal and may transition to a different form of coverage, such as Covered California.

On December 23, 2022, Congress passed the Consolidated Appropriations Act of 2023, which separated the continuous coverage requirement from the PHE.[2] With the passage of the bill, the continuous coverage requirements will end on March 31, 2023.

On January 13, 2023, DHCS updated the Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Operational Plan[3] to incorporate policy changes as a result of the federal Consolidated Appropriations Act of 2023 enacted on December 29, 2022, and corresponding guidance released from CMS in the form of a Center for Medicaid and CHIP Services (CMCS) Informational Bulletin on January 5, 2023.[4] The updated plan reflects the separation of the continuous coverage requirement from the PHE as of April 1, 2023, setting the stage for the resumption of Medi-Cal redeterminations.

The 12-month period to resume normal operations will be referred to as the Continuous Coverage Unwinding. Any previous guidance by DHCS that references the COVID-19 PHE Unwinding should be applied to the Continuous Coverage Unwinding. Effective April 1, 2023, the Continuous Coverage Unwinding will begin and counties will follow the policy guidance outlined in All County Welfare Directors Letter (ACWDL) 22-18 regarding the unwinding process and resumption of redeterminations.[5] Counties will begin renewal activities on April 1, 2023, for beneficiaries with a June 2023 renewal date.

POLICY:
The unwinding of the *continuous coverage requirement* necessitates a coordinated and phased approach to conducting outreach, issuing communications, and providing support to Medi-Cal beneficiaries using all modalities possible (telephone, electronic notice, email, letters, and text messaging). Both CMS and DHCS recognize that during

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[2] The Consolidated Appropriations Act of 2023 is available at: https://www.appropriations.senate.gov/imo/media/doc/JRQ121922.PDF
[3] The Medi-Cal COVID-19 PHE and Continuous Coverage Unwinding Operational Plan is available at: https://www.dhcs.ca.gov/Documents/PHE-UOP/Medi-Cal-COVID-19-PHE-Unwinding-Plan.pdf
[4] The CMCS Informational Bulletin is available at: https://www.medicaid.gov/sites/default/files/2023-01/cib010523_1.pdf
[5] ACWDLs and MEDILs are searchable at: https://www.dhcs.ca.gov/services/medi-cal/eligibility/Letters/Pages/ACWDLbyyear.aspx

the PHE, there has been minimal or no contact with many beneficiaries for an extended period, and many beneficiaries have not successfully completed a renewal of eligibility due to the continuous *coverage* requirement. As such, there is an inherent risk that once the *continuous coverage requirement* ends, eligible individuals may lose coverage because they have a new address or other contact information which has not been updated since their last completed renewal (in most cases prior to the COVID-19 PHE). *Furthermore*, beneficiaries may not be aware that they must now complete their renewal of eligibility to continue to maintain coverage or know when their renewal would occur during the unwinding period. It is critical that DHCS, in partnership with counties and MCPs, conduct extensive outreach to reestablish communication with beneficiaries and to ensure eligible individuals maintain coverage. DHCS has issued a companion Medi-Cal Eligibility Division Information Letter (MEDIL) I 22-11 and has issued subsequent ACWDL 22-19, to inform counties of the collaboration expectations outlined in this APL.

This APL outlines the two phases of the DHCS *Continuous Coverage Unwinding* Communications Strategy to support the operational planning as DHCS prepares to resume normal eligibility and enrollment operations:

- **Phase 1: Updating Medi-Cal Beneficiary Contact Information**
  Phase 1 is fundamental to retaining continuity of coverage for Medi-Cal beneficiaries. **This phase must be launched immediately**. MCPs must utilize all modalities available and permitted, including but not limited to, in person — point of care visits, text messaging, email, phone campaign, website banners, social media messages, flyers, and newsletters to conduct outreach and educate Medi-Cal beneficiaries about updating their contact information with their county social services agencies if it has changed since their last contact with the social services agency and they have not already done so. Due to the impacts of the COVID-19 PHE, obtaining updated contact information is critical to avoiding coverage loss. As such, MCPs must seek updated information immediately. MCPs must also remind beneficiaries to respond to all county requests for information.

- **Phase 2: 60-Days Prior to the *Continuous Coverage Requirement* Termination**
  Phase 2 *commenced on February 1, 2023, with the release of the* DHCS Phase

2 toolkit.[6] MCPs must conduct additional outreach campaigns and educate Medi-Cal beneficiaries on the importance of contacting their local county social services agencies to update their contact information, if it has changed *if* they have not already done so. *MCPs must remind* Medi-Cal *beneficiaries to complete* redetermination paperwork that may come through regular mail. MCPs are encouraged to conduct multiple outreach campaigns using all modalities available and permitted, to support the Medi-Cal redetermination process and to remind beneficiaries to contact their local county social services agencies if they have updates to their contact information or other changes in circumstances. DHCS anticipates that there will be overlap between Phase 1 and 2 of the communication strategy due to the uncertainty of the *continuous coverage requirement end date*.

Outreach conducted based upon the guidance found in this letter must be provided to beneficiaries in their preferred language or alternative format as outlined in APL 22-002, *or any superseding APL.*[7]

During the *Continuous Coverage Unwinding*, MCPs can continue to leverage the Telephone Consumer Protection Act (TCPA) "emergency purposes" exception. The Federal Communications Commission (FCC) rules define "emergency purposes" to mean "calls made necessary in any situation affecting the health and safety of consumers." The FCC confirms that the COVID-19 pandemic constitutes an "emergency" under the TCPA. The TCPA emergency purpose exception will apply through the remainder of the PHE. Further guidance from CMS will be forthcoming regarding the emergency exception.

DHCS COVID-19 Global Outreach Language

MCPs must use the COVID-19 Global Outreach Language in MEDIL I 21-21, which includes approved messaging for social media posts, call scripts, website banners, and flyers.[8] MCPs must submit their outreach package along with an attestation that there has been no language modification to their DHCS Contract Manager as file and use. MCPs can customize with their branding, as needed, without requiring additional DHCS approval. Translations of the COVID-19 Global Outreach Language can be found in

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[6] *The Phase 2 toolkit is available at: https://www.dhcs.ca.gov/toolkits/Pages/Medi-Cal-Continuous-Coverage-Unwinding.aspx*.
[7] APLs can be found at: https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
[8] MEDIL I 21-21 can be found at: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I21-21.pdf

MEDIL I 21-39.[9] *Effective with the release of this updated APL, MCPs must begin using outreach materials and language included in the DHCS Phase 2 toolkit. MCPs must follow the same process outlined for use of language in MEDIL I 21-39 above for MCP approval of Phase 2 outreach materials.*

CMS Guidance: Four Strategies to Maximizing Continuity of Coverage
To further *highlight* the importance of MCPs during the *Continuous Coverage Unwinding*, CMS released guidance in December 2021 and March 2022 on four key strategies for use by MCPs to assist with the continuity of coverage for Medi-Cal beneficiaries.[10] **The four strategies outlined must be used for both Phase 1 and Phase 2 outlined above.**

1. **Partnerships to Obtain and Update Beneficiary Contact Information**

   MCPs must look for opportunities to improve communications with counties such as sharing with counties any updated beneficiary contact information including:

   - Mailing addresses;
   - Telephone numbers; and
   - Email addresses.

   MCPs should only provide updated contact information received directly from or verified by the beneficiary, or their authorized representative. *MCPs* must continue to follow guidance provided in ACWDL 15-30, and ACWDL 22-19, regarding Medi-Cal Managed Health Care Plans–Beneficiary Contact Information – Changes or Updates.[11]

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[9] MEDIL I 21-39 can be found at: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/I21-39.pdf
[10] CMS' Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations can be found at: https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy-12062021.pdf. Also see SHO Letter #22-001, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program (CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency.
[11] ACWDL 15-30 can be found at: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/c15-30.pdf. ACWDL 22-19 can be found at: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/22-19.pdf

MCPs can utilize updated contact information directly received and verbally verified by a beneficiary who is being assisted by a Community-Based Organization (CBO), including a health enrollment navigator, as long as the verification from the beneficiary is received with all three entities (beneficiary, CBO, and MCP) present, whether in-person, via phone, or in writing (when signed by the beneficiary). MCPs that receive returned United States Postal Service mail with an in-state forwarding address may notify the county of the updated address information using the communication methods described in this APL. The MCP must notate *that* the address was obtained from returned mail when sharing the updated contact information with the county. MCPs that receive third party updates from providers, delegated entities, or others may transmit information to counties if the MCP *confirms* the accuracy of the information with the beneficiary. MCPs are encouraged to direct a beneficiary to their local social services agency when reporting changes other than updated contact information.

Additionally, to help beneficiaries update their contact information at counties, MCPs may provide direct assistance through a Member portal, by calling the county's call center to provide updates, or via warm phone transfers to the county call center. Counties were reminded in ACWDL 22-19 that the beneficiary **is not required** to be on the call with the MCP when contacting the county to have the contact and demographic information updated.

Per CMS SHO Letter #22-001, CMS considers Network Providers and Subcontractors as separate entities outside of MCPs. Therefore, MCPs can only provide updated contact information received directly from or verified by the beneficiary. Network Providers and Subcontractors may provide assistance to Members to update contact information directly with counties by redirecting the beneficiary to the county or contacting the county. Network Providers and Subcontractors, that opt to call the county's call center to assist in updating the beneficiary's contact and demographic information, **must have the beneficiary on the line** in order for the updated contact and demographic information to be considered valid and for the county eligibility worker (CEW) to update the beneficiary's information.

To further strengthen all efforts to maximize continuity of coverage for Medi-Cal beneficiaries, on May 4, 2022, CMS approved DHCS' 1902(e)(14)(A) waiver authority request to accept updated enrollee contact information from *MCPs* without additional confirmation with the beneficiary. Under this time-limited waiver

authority, beginning May 1, 2022, through *May 31, 2024,* counties must treat updated contact information received from MCPs as reliable. Counties are temporarily allowed to update the beneficiary record with the new contact information without having to send a notice to the address on file in the Statewide Automated Welfare System (SAWS), the case management system used by counties for Medi-Cal eligibility. *On October 18, 2022, this* waiver authority temporarily supersedes any such conflicting requirements in ACWDL 15-30. Furthermore, counties will continue to follow their established business processes in not attempting to change a case record if insufficient information has been provided. DHCS will notify counties and plans through a follow up letter when this temporary waiver flexibility has concluded.

Since this is a temporary flexibility, the Section titled "Sample Medi-Cal Beneficiary Contact and Demographic Information Template" discussed later in this APL will continue to have a column to collect the consent to share, but the reporting of this information is not required during the *Continuous Coverage Unwinding period* (*12* months after the month in which the *continuous coverage requirement* ends). MCPs will continue throughout the unwinding of the *continuous coverage requirement* and beyond, to:

- Provide updated contact information that was received directly from or verified with the beneficiary, an adult who is in the beneficiary's household or family, or the beneficiary's authorized representative recognized by the health plan,
- Not accept contact information provided to them by a third party or other source if not independently verified with the beneficiary, an adult who is in the beneficiary's household or family, or the beneficiary's authorized representative recognized by the MCP, and
- Assure that the beneficiary contact information provided is more recent than the information on file with the county.

MCPs can solicit opt-in consent directly from Members via text messaging if permitted by contract and the law, including the TCPA. This can be a simple and straightforward text message that requests Members to "opt-in" using "Yes" or "No" to future reminders and communications with their MCP. The consent received from Members, if permitted by contract and the law, will allow MCPs to engage in various outreach opportunities to remind Members to update their contact information and provide other important reminders related to their renewals. As a reminder, MCPs must follow the guidelines in ACWDL 15-30 and

ACWDL 22-19 to transmit updated information to counties, unless those specific requirements are superseded by a CMS approved Section 1902(e)(14)(A) waiver.

As a long-term strategy, DHCS is adding the consent to contact question to the Single Streamlined Application, which requires a State Plan Amendment (SPA) and is in the early stages of SPA submission to CMS. MCPs are encouraged to use text messaging to solicit "opt-in" consent of Members as a short-term strategy, to the extent permitted by contract and the law*, until federal approval has been received for the SPA*.

DHCS worked with counties and MCPs to enhance the process outlined in ACWDL 15-30. DHCS gathered information from counties and MCPs by means of a survey, which solicited information regarding the tracking and collection of updated information, how it is shared, and how often it is shared with counties. DHCS *used* information gained from the survey results *and collaborated* with MCPs and counties in a work session, to determine which enhancements were possible and the best manner to *implement* the enhancements. The following mutually agreed upon enhancements to this process between both MCPs and counties are described below.

<u>Sample Medi-Cal Beneficiary Contact and Demographic Information Template</u>
As part of the survey results, both MCPs and counties expressed the need for DHCS to establish a standardized template that defines the parameters of which information must be collected from the beneficiary and reported to the county to successfully update the contact and demographic information. MCPs can opt to use the sample template emailed to MCPs with counties as soon as functionally possible to collect updated contact and demographic information. *Alternatively*, if the county and MCP have an established template that is currently being used or wish to develop their own template, the template must contain the following required data fields below:

- If consent was given, to share the beneficiary's updated contact information to counties (as a reminder, during the unwinding period of the *continuous coverage requirement*, consent is not required for the county to update the information on the case file);
- Client identification number and county case number;
- Beneficiary's aid code;
- Date of birth;

- Previous first name and last name;
- Updated first name and new last name;
- If the contact information applies to all household members and if not, a column for the MCP to identify the individual the contact and demographic update applies to;
- Separate columns for MCPs to provide a full previous *and/or updated* United States Postal Service address which must include:
    - Mailing address,
    - Residence address,
    - City,
    - State, and
    - Zip code
- An area for the MCP to provide counties the most up-to-date point of contact information; and
- An "Additional Information" column for MCPs to be able to include vital information not already incorporated in the columns, including whether the beneficiary is a Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipient.

MCPs are not required to provide information beyond what is noted in ACWDL 15-30 or included in the sample updated contact and demographic information template.

MCPs must continue in obtaining updated contact and demographic information for beneficiaries receiving SSI/SSP, while encouraging the beneficiary to contact their local Social Security office to report the change. MCPs that make the beneficiary update through either the sample Updated Medi-Cal Beneficiary Contact and Demographic Information Template or an existing template, must note in the "Additional Information" column that the beneficiary is a SSI/SSP recipient for counties to appropriately update the address in the Medi-Cal Eligibility Data System (MEDS).

Additionally, MCPs may also report beneficiary information that might include updates to the beneficiary's name or identity. Counties must continue to follow current business processes for individuals who report either name or identity changes by verifying the information with official government documents, such as a Social Security card. MCPs are encouraged to remind the beneficiary to provide the county an official government document, such as their updated Social Security card, to verify the name change and *for* the update to occur.

Safe *At* Home Confidential Post Office (P.O.) Box Process
MCPs that obtain updated contact and demographic information for beneficiaries placed in the Safe At Home (SAH) program, including confidential information such as residential address for the beneficiary, should be provided directly to the county outside of the template process. This ensures that strict confidentiality rules remain while updated address information is still shared with the county. CEWs will continue to follow current guidance surrounding SAH program participants outlined in ACWDL 14-34.

The finalized sample Updated Medi-Cal Beneficiary Contact and Demographic Information Template will be disseminated to all MCPs and counties. MCPs that did not receive a sample template can email a request for a template at: DHCSPOCUpdates@dhcs.ca.gov.

Frequency of Updated Contact Reports
Additional insight from the survey results included the need to establish a determined minimum timeframe to send updated contact information to counties. MCPs and counties mutually agreed to collaborate to establish a frequency for the list to be sent that best fits the needs of the county. However, both *MCPs* and counties must agree and adhere to a minimum frequency with which the lists must be sent for counties that either currently do not receive lists or receive them on an ad hoc basis. At a minimum, updated Medi-Cal beneficiary contact and demographic information must be sent by the MCP twice a month to the county. Lastly, MCPs and counties should coordinate the submission of the list to allow counties adequate time to update the case before the 10-day notice of action cut-off.

Preferred Data Sharing Method
MCPs *must* send lists through either secure email or through secure file transfer protocol. Counties and MCPs that have a consistent delivery method that currently works should continue with the already established method. Counties that do not currently receive lists or those that prefer to update their current method of transmission must work with their assigned MCPs in determining the best method of transmission.

Updated MCP and County Points of Contact
A field has been added to the “Updated Medi-Cal Beneficiary Contact and Demographic Information Template” to resolve the challenges surrounding the

ability to ensure that county and MCP points of contact (POC) are up-to-date. The new template includes an area for both MCPs and counties to update their primary and secondary points of contact. Both MCPs and counties will be responsible for making sure their POC are up-to-date any time changes arise in the following capacity below:

- Contact the county or MCP POC (telephonically or through email) within 10 business days once an update is known.
- The MCP must also update the POC on the "Updated Medi-Cal Beneficiary Contact and Demographic Information Template" when sending the next scheduled list of beneficiary updates to the county.
- Provide updates regarding their POC by contacting DHCS at dhcspocupdates@dhcs.ca.gov within the same 10 business day timeframe once changes are known.

DHCS gathered primary and secondary contacts for both MCPs and counties and created a master list of contact information that will be dispersed for county and MCP utilization. DHCS will maintain the master document and will periodically send updates to both MCPs and counties.

Data Sharing Between MCPs and Counties

The relationships between the counties and the MCPs varies by county and DHCS will not mandate counties to share data with the MCPs. However, data sharing between the counties and the MCPs is allowable. In order for counties to share Medi-Cal Personally Identifiable Information, it must be done within the requirements of Welfare and Institutions Code section 14100.2 and Title 42 Code of Federal Regulations (CFR) section 431.300 and in compliance with the County Privacy and Security Agreement, at minimum.[12] This includes the need for written agreements and other protections as necessary. DHCS recommends the counties and MCPs work with their legal teams to assess the administrative and legal requirements necessary to share data.

An update to this APL will be released after the *Continuous Coverage Unwinding* period has ended to readdress the enhancements ensuring they extend beyond the *Continuous Coverage Unwinding*.

[12] State law is searchable at: https://leginfo.legislature.ca.gov/. CFR is searchable at: https://www.ecfr.gov/.

2. Sharing Renewal Files to Conduct Outreach and Provide Support to Individuals Enrolled in Medi-Cal during their Renewal Period

To assist with *informing beneficiaries of their upcoming redetermination date and encourage* beneficiaries to complete and return their annual renewal forms or provide needed information to the counties, MCPs must *collaborate* with county partners to obtain updated annual renewal dates to support outreach to *all Medi-Cal beneficiaries.* These opportunities can include MCPs working with counties to obtain *annual renewal dates for all Medi-Cal beneficiaries assigned to the MCP and* monthly files containing information about beneficiaries for whom the county is mailing renewal packets. *The goal is* to enable MCPs to *both* conduct *proactive* outreach and provide assistance with the annual renewal process. This action will support beneficiaries who need to submit their annual renewal form or additional documentation and are at risk of losing coverage. If annual renewal information cannot be obtained through these efforts, MCPs must conduct general outreach to Medi-Cal beneficiaries to encourage them to complete and return annual renewal forms or otherwise provide needed information to the counties, to the extent permitted by federal and state law and contract. As a reminder, some beneficiaries will have their Medi-Cal automatically renewed (without needing to submit information).

Medi-Cal beneficiaries can complete their annual renewal and report changes to their Medi-Cal case online. MCPs are encouraged to direct Medi-Cal beneficiaries to the web portal to create an online account in preparation for renewal activities. Beneficiaries can create an online account by going to www.benefitscal.com.

As part of this DHCS *Continuous Coverage Unwinding* Communication Strategy, MCPs must *reach out* to all Members in both Health Care Plan (HCP) statuses of "01" and "05" to the extent permitted, and use the DHCS approved COVID-19 Global Outreach Language as file and use.[13] HCP status can be found in MEDS and is included in the file MCPs receive from DHCS.

To the extent permitted by law and contract, MCPs must conduct outreach campaigns using contact information available through avenues including, but not limited to, standard enrollment files provided by DHCS or information provided to the MCP through the beneficiary helpline to remind Medi-Cal

[13] Global outreach language can be found in MEDIL I 21-21.

beneficiaries to update their information with their counties and/or MCPs in advance of the PHE termination. If beneficiaries report updated contact information to MCPs, the MCPs must follow the guidelines in ACWDL 15-30 to transmit information to counties.

3. Conduct Outreach to Individuals Who Have Recently Lost Coverage for Procedural Reasons

To the extent permitted by law and contract, MCPs must conduct general outreach to individuals terminated from Medi-Cal within 90 days for procedural reasons, such as not returning their renewal form timely. Once terminated from Medi-Cal, a consumer is not considered a plan Member and marketing regulations may apply. In accordance with 42 CFR Section 438.104, MCPs generally cannot seek to influence enrollment in conjunction with the sale or offering of any private insurance (excluding Qualified Health Plans (QHPs)), and *MCPs* cannot, directly or indirectly, engage in door-to-door, telephone, email, texting, or other cold-call marketing activities. *Marketing* includes any communication from an entity to a Medi-Cal beneficiary who is not enrolled in that entity that can reasonably be interpreted as intended to influence the beneficiary to enroll *with* that particular entity. General outreach from the MCPs on behalf of DHCS would not be considered marketing. MCPs and DHCS may collaborate to develop and share standardized messaging for outreach in order to comply with marketing regulations.

CMS clarified that beneficiaries in an HCP status of 05 during the 90-day cure period may still be considered a beneficiary for outreach purposes and would not be subject to the limitations outlined in this section.

4. Assist Individuals to Transition to and Enroll in Covered California if Ineligible for Medi-Cal

In the CMS guidance[14], CMS clarified that MCPs may offer information about QHPs to their own Members who are determined ineligible for Medi-Cal to assist

[14] CMS' Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations can be found at: https://www.medicaid.gov/resources-for-states/downloads/health-plan-strategy-12062021.pdf. Also see SHO Letter #22-001, Promoting Continuity of Coverage and Distributing Eligibility and Enrollment Workload in Medicaid, the Children's Health Insurance Program

in the transfer of Members to Covered California without the need for a new application where applicable. Regulations do not prohibit MCPs from providing information on a QHP to Members who could potentially enroll in a QHP due to a loss of Medi-Cal eligibility, or to potential Members who may consider the benefits of selecting an MCP that has a related QHP in the event of future eligibility changes.

Currently, DHCS and Covered California are collaborating to implement Senate Bill (SB) 260 (Chapter 845, Statutes of 2019), which authorizes Covered California to enroll individuals in a QHP when they lose coverage in Medi-Cal, the Medi-Cal Access Program, and the County Children's Health Initiative Program and gain eligibility for financial assistance through Covered California. The auto-plan selection program launched in July 2022 and will seamlessly transition individuals into Covered California once annual renewals resume at the conclusion of the *continuous coverage requirement*.[15] The provisions of SB 260 will ensure that individuals losing Medi-Cal will not experience a gap in coverage as long as they confirm their selection of the QHP and pay a premium if required for Covered California coverage within a month of their disenrollment from Medi-Cal.

In instances when an MCP learns that a Member is losing Medi-Cal coverage either through the county or from the Member self-reporting, the MCP may reach out to the Member before they lose Medi-Cal coverage, offer information about QHPs, and assist them to complete the enrollment process to avoid a gap in coverage. MCPs may also collaborate with Covered California to develop standardized messaging for talking points, call scripts, and outreach language for this type of outreach. MCPs must also inform the Member of their right to continuity of care to the terminating provider under Health and Safety Code section 1373.96.

DHCS Coverage Ambassadors

As part of the DHCS *Continuous Coverage Unwinding* Communications Strategy, DHCS will be looking to MCPs, counties, health enrollment navigators, and community stakeholders to serve as DHCS Coverage Ambassadors to push communications in

(CHIP), and Basic Health Program (BHP) Upon Conclusion of the COVID-19 Public Health Emergency.

[15] For additional information, see ACWDL 22-20, available at: https://www.dhcs.ca.gov/services/medi-cal/eligibility/letters/Documents/22-20.pdf

both Phases to Medi-Cal Members, using the DHCS COVID-19 Global Outreach Language. MCPs that sign up as DHCS Coverage Ambassadors will be provided the same information as all other DHCS Coverage Ambassadors. DHCS will *provide* additional materials in the form of a Communications Toolkit to our DHCS Coverage Ambassadors in the upcoming weeks. Until the release of the Continuous Coverage Toolkit. MCPs must begin Phase 1 outreach immediately with the DHCS COVID-19 Global Outreach Language. MCPs can also sign up for the DHCS Coverage Ambassadors mailing list for new updates and toolkits when they are available.

MCP Outreach Examples

To provide additional clarity, MCPs may reference the examples below. These examples were adapted from CMS' "Overview of Strategic Approach to Engaging Managed Care Plans to Maximize Continuity of Coverage as States Resume Normal Eligibility and Enrollment Operations" updated January 2023.

Example 1: Helping Plan Members Complete the Renewal Process

- *On June 10th, Individual A has not completed their annual redetermination and must provide a completed renewal form and missing verification.*
- *The county sends information to the MCP that the individual needs to provide documentation to complete the redetermination.*
- *Upon receiving this information, the MCP may contact Individual A directly to remind them to submit their missing documentation or facilitate communication between the individual and their local county office, if the individual agrees (e.g. through a three-way call or providing the county contact information).*

Example 2: Helping Individuals Found Ineligible for Medi-Cal to Enroll in QHP

- *Individual B provided updated income information to their local county office for their Medi-Cal case, and is no longer income eligible.*
- *Upon receiving this information, the MCP may do any of the following:*
    - *Reach out to Individual B before they lose Medi-Cal coverage, identify the MCP affiliation, and encourage them to confirm their automatic plan enrollment or select a plan for Covered California to prevent any gaps in coverage.*
    - *Provide Individual B with information about the MCP's associated QHP, and encourage them to confirm their automatic plan enrollment or select a plan for Covered California to prevent any gaps in coverage. The MCP may use QHP-branded materials.*
    - *Refer Individual B to an agent, broker, or other licensed assister to confirm their automatic plan enrollment or select a plan for Covered California.*
    - *Refer Individual B to CoveredCa.com, or to call Covered California at 1-800-300-1506 (TTY: 1-888-889-4500).*

- *Obtain Individual B's consent to share their information with an agent or broker not directly employed by the QHP to help them enroll, being mindful to explain the agent/broker(s) do not work directly for the QHP but are registered assisters that have appointments with the QHP.*

MCPs may obtain consent either verbally, written, or through other commonly available electronic means such as email. As best practice, QHPs should maintain a written record of such consent.

If you have any questions regarding this APL, please contact your Managed Care Operations Division Contract Manager.

Sincerely,

Original Signed by Dana Durham

Dana Durham, Chief
Managed Care Quality and Monitoring Division