CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING TRANSCRIPT

AUGUST MLTSS AND DUALS STAKEHOLDER WORKGROUP

Date: August 29, 2024

Time: 12 p.m.-2 p.m.

Number of Speakers: 7

Duration: 1 hour 52 minutes

Speakers:

- Cassidy Acosta
- Anastasia Dodson
- Christopher Tolbert
- Stephanie Conde
- Dr. Laura Miller
- Navish Reddy
- Amber Christ

TRANSCRIPT:

00:00:00—Cassidy Acosta—Slide 1

Good afternoon and welcome to today's CalAIM Managed Long-Term Services and Supports, or MLTSS, and Duals Integration Workgroup. We have some really great presenters with us today, including Anastasia Dodson, Deputy Director in the Office of Medicare Innovation and Integration at DHCS, Christopher Tolbert, Section Chief in the Office of Medicare Innovation and Integration at DHCS, Laura Miller, Medical Consultant in the Division of Quality and Population Health Management at DHCS, Stephanie Conde, Branch Chief in the Managed Care Operations Division at DHCS, Navish Reddy, Member and Provider Services Section Chief with the Medi-Cal Dental Services Division at DHCS, and Amber Christ, Managing Director of Health Advocacy at Justice in Aging. A few meeting management items to note before we begin. All participants will be on mute during the presentation. As a reminder, the monthly MLTSS and Duals Integration Workgroups are designed to provide stakeholders with the opportunity to ask questions.

00:00:54—Cassidy Acosta—Slide 1

So, we ask that the plans that join these calls hold their questions for the multiple other workgroup venues that they have with the department throughout the month. Please feel free to submit any questions you have for the speakers via the chat. During the discussion, if you would like to ask a question and/or provide comments and feedback, please use the raise hand function, and we will come around and unmute you. The PowerPoint slides and all meeting materials will be available on the DHCS website soon, and you can find a link to where those will be posted in the Zoom chat.

00:01:20—Cassidy Acosta—Slides 2-3

Great. All right, so we would like to take a moment now to invite you to add your organization's name to your Zoom name, so that it appears your name dash organization. To do this, click on the Participants icon at the bottom of the window, hover over your name in the Participants list on the right side of the Zoom window. Click More and then, select Rename from the drop-down menu. Enter your name and your organization here as you would like it to appear. And I think, with the next slide, we can go into our agenda for this afternoon. So, we'll begin today's meeting with a brief update on Medicare enrollment data for dual eligible members, as well as an update on the D-SNP Dashboard. After that, we're going to hear about the Medicare Special Enrollment Period changes for 2025, which will be followed by time for stakeholder Q&A.

00:02:05—Cassidy Acosta—Slide 3

Next, we'll hear an update on the 2025 D-SNP Medicaid Agency Contract or SMAC and Policy Guide, which will be followed by an update on the 2024 EAE D-SNP Default Enrollment Pilot. Next, we'll hear about dental care coordination and best practices for dual eligible beneficiaries, which will also be followed by a stakeholder Q&A. And lastly, we'll go over some resources on Enhanced Care Management and Community Supports, and we'll end today's workgroup with some information on upcoming meetings. And with that, I will turn it over to Anastasia to talk a little bit about the workgroup purpose and structure.

00:02:36—Anastasia Dodson—Slide 4

Thank you so much, Cassidy, and welcome everyone. We're pleased to have you. We've had this great forum for several years now. This meeting serves as a stakeholder collaboration hub, primarily for integrated care for dual eligible beneficiaries, but also thinking about long-term services and supports. And it is a great opportunity for you all to give feedback to DHCS and to other partners and for everybody to share information about policy and operations and strategies. We do have a charter posted on our website and really want to say we value the partnership that we have with you all, and amongst all of us, including CMS as well in developing and implementing this work over many years. All right, so with that, Cassidy, I'll hand it back to you for the next section. Or to Christopher Tolbert.

00:03:36—Christopher Tolbert—Slide 5-7

Thank you, Anastasia. So, we will be talking about the Medicare enrollment data for duals in California and then also we'll be talking about some highlights from the D-SNP Dashboard that was recently published. Okay, next slide. So, these are the definitions of the Medicare delivery system, which includes Original Medicare, how we define a regular MA plan, and also the types of D-SNPs here in California, the Medicare Medi-Cal plans, which we also call Medi-Medi Plans, but they're also known as EAE D-SNPs. Actually, EAE D-SNPs, they're known as Medicare Medi-Cal plans. And then, we also have non-EAE D-SNPs. Next slide. And these are other integrated care options. So, this includes the FIDE SNP, which is the fully integrated plan that offers Medicare and Medi-Cal benefits to duals. And then, this also has the PACE organizations, and it's also an integrated care model throughout the state. And then, there's other special needs plans, which are also called Chronic Condition Special Need Plans or C-SNPs and Institutional Special Needs Plans, which are I-SNPs. Okay, next slide.

00:04:53—Christopher Tolbert—Slide 8-9

So, this slide gives an overview of duals and the Medicare delivery system. About half are in Original Medicare for this. And then, we've seen the percentage of the Medi-Medi Plans has slightly increased from the January report, but overall, there is an increase of duals choosing to be in the Medicare Advantage plan or a PACE organization. Next slide. So, this slide is a snapshot of enrollment for duals across the Medicare Advantage delivery system and including PACE organizations. We also have a website that has the definitions of these plans as well. And also, as I mentioned above in the slides, we also have another web page that also has these quarterly reports. Okay, next slide.

00:05:57—Christopher Tolbert—Slide 10-12

Okay, so now, we're going to talk about the D-SNP Dashboard update. So, this is going to include information on quarter one to quarter three, mainly quarter one through three, as care coordination measures. So, if you go to the next slide, the D-SNP Dashboard report transitioned from Cal MediConnect to a D-SNP Dashboard. It also provides select data and key measures on certain aspects of D-SNPs here in California. And the August release is available in the link, and I think we'll be able to put a link in the chat to the website where we publish the D-SNP Dashboards. Okay, next slide.

00:06:47—Christopher Tolbert—Slide 13-14

So, this is an update for the Q3 D-SNP dashboard. As we can see, we'll see in other slides too, there's been a modest increase in enrollment for Medi-Medi Plans and also for non-EAE D-SNPs from quarter two to quarter three. So, this also includes data on care coordination measures from the first three quarters of 2023. And then, we're also analyzing the annual measures of the D-SNP Dashboard, and we plan to publish alongside with the Q4 data in the next release. Okay, next slide. So, as I discussed earlier, this is the enrollment of D-SNPs by the plan type. Medi-Medi Plans, you see in the yellow at the bottom, and then, non-EAE D-SNPs showing that increase in D-SNP. Okay, next slide.

00:07:51—Christopher Tolbert—Slide 15-16

So, to give a little bit more context here, the first pie chart, the 58% is referring to enrollment for females, and then, the 42% is for males. And then, for the non-EAE D-SNPs, the 57% is for female and then, 43% are for male. Next slide. So, this slide is about D-SNP enrollment by race and ethnicity. As we can see, for quarter three, those who are Hispanic have more than doubled the enrollment of other race or ethnic groups at 43% in Medi-Medi Plans. For the non-EAE plans, who identify as Hispanic, they also have the highest percentage of enrollment amongst non-EAE.

00:08:50—Christopher Tolbert—Slide 17-19

Okay, next slide. So, this slide is about D-SNP enrollment for quarter three by primary spoken language. As we can see, English is about half for Medi-Medi Plans as a primary spoken language, but Spanish is at about 36% for the Medi-Medi Plans. And just an interesting note, for the non-EAE D-SNPs, the primary language as a spoken language, we can see Cantonese is 10% compared to 1% in Medi-Medi Plans. Okay, next slide. So, this slide is the percentage of members with an individualized care plan completed within 90 days of enrollment into a Medi-Medi Plan. And as we can see, the statewide average is at 67% for the Medi-Medi Plans. Okay, next slide. And this one is an ICP completed within 90 days for the non-EAE plans and it's at 66%. Okay, next slide. Now, I'll hand it back over to Anastasia.

00:10:02—Anastasia Dodson—Slide 20

Thank you so much, Christopher. Great job. So, we're going to keep going through another section or two and then, Cassidy, I think, at some point, we'll have time for questions, right?

00:10:14—Cassidy Acosta—Slide 20

Yes. After this section, actually, we'll have a moment to stop and talk a little bit more about some of the questions that are coming in through the chat.

00:10:21—Anastasia Dodson—Slide 20-21

Perfect. Okay, great. So, we're going to switch gears a little bit and then come back for questions. This is about changes in 2025 in the Medicare Special Enrollment Period rules. Okay, next slide. So just table setting, you all probably know this, but in case you don't, there are some kind of usual times for people who have Medicare to make changes, to either choose a Medicare Advantage plan, Original Medicare, prescription drug plan. Those usual times are in the Medicare Open Enrollment Period in the fall, that's going to start soon, as well as the Medicare Advantage Open Enrollment Period, January through March of every year, each year. There are also what are called Medicare Special Enrollment Periods, SEPs. There's some that are for all Medicare beneficiaries and some that are just for people who are dually eligible for Medicare and Medi-Cal.

And those allow members to make changes at other times of the year, besides those usual times.

00:11:33—Anastasia Dodson—Slide 21-22

There's a complete list of Special Enrollment Periods on the CMS website. And for anyone who needs help or wants to make enrollment changes, they can call 1-800-MEDICARE. So that's table setting. Those usual open enrollment periods, that's not being changed for 2025. Let's go to the next slide. So, what is going to be changing for 2025 are Special Enrollment Periods related to dual eligibles and also those who are low-income subsidy. There's a small number of folks who they don't also have Medi-Cal, but they do get the low-income subsidy. So again, starting January 1st, 2025, people who are dually eligible or LIS, they can switch to Original Medicare with a standalone prescription drug plan once per month. Previously, there was a quarterly Special Enrollment Period for dual eligibles. That's going to be discontinued. So now, duals and LIS folks can change once per month to Original Medicare with a standalone prescription drug plan.

00:12:56—Anastasia Dodson—Slide 22

In addition, there will be a new type of Special Enrollment Period. It'll be a Special Enrollment Period related to integrated care, that will allow dually eligible members to choose a Medi-Medi Plan or SCAN Connections once per month throughout the year, in any month. That is brand new. And of course, members can already and will continue to be able to enroll in PACE in any month of the year, if they meet the PACE enrollment criteria. So that new SEP for integrated care, that is new for 2025. The last piece that we want to flag is that, for regular Medicare Advantage plans or other special needs plans, so D-SNPs that are not Medi-Medi Plans or I-SNPs or C-SNPs, dual eligible members are not going to be able to enroll in or change those regular MA or other Special Needs Plans outside of those usual times, except if there is a different Special Enrollment Period that applies, like moving out of a planned service area.

00:14:19—Anastasia Dodson—Slide 22

But this is a change, because, well, 2024, that quarterly SEP did allow folks to change their regular MA plans or other Special Needs Plans in that quarterly SEP. But the quarterly SEP is being discontinued. So, folks will not be able to change into a different regular MA plan mid-year in 2025, but they can choose a Medi-Medi Plan, SCAN Connections, or PACE in any month of the year. They just cannot newly enroll or change a regular MA plan mid-year. Let's go to the next slide.

00:15:04—Anastasia Dodson—Slide 23

So, this slide is giving the same information that I just gave on the other slide, but in somewhat different words, because it's complicated. We'll try to say things different ways, but the same point. Beginning, and it's called the Dual/Low-Income Subsidy

Special Enrollment Period, again, it begins in 2025 and allows a monthly election to leave and a regular MA plan for Original Medicare, plus a standalone prescription drug plan, or switch between standalone prescription drug plans, but still be in Original Medicare. But that dual Special Enrollment Period does not allow enrollment into Medicare Advantage or changes into Medicare Advantage plans, including those non-EAE D-SNPs. So, in combination, there is this Integrated Special Enrollment Period, that allows duals a monthly election to enroll into an integrated D-SNP, like our Medi-Medi Plans and SCAN's FIDE SNP, which is known as SCAN Connections. And that can be done any month of the year once per month. So same thing as I said on the previous slide, but in somewhat different language. Let's go to the next slide.

00:16:32—Anastasia Dodson—Slide 24

And the reason for this change was from the CMS regulation to simplify and reduce confusion around the Special Enrollment Periods. There's no longer a need to track quarterly usage of the dual and LIS Special Enrollment Period. In 2024, the rule is once per quarter, but you have to keep track of that. It's intended to increase transparency for Medicare beneficiaries and enrollment counselors. There are concerns about aggressive sales tactics that CMS Medicare has noted, that are targeted at dual eligibles outside of the fall open enrollment period. So, there's a reduced incentive for that. The TV commercials, everything I'm sure you've seen. And it does allow duals to leave Medicare Advantage plans at any time, if it's not working well for them. And it creates more opportunities for enrollment into integrated D-SNPs, like Medi-Medi Plans in California. Next slide.

00:17:41—Anastasia Dodson—Slide 25

And these are technical notes from CMS. I'll just read them through and I believe we have our CMS expert on the line for any questions. So, if the monthly Dual/LIS Special Enrollment Period and the Integrated Care Special Enrollment Period are used in the same month, it's the application date of whichever SEP is elected last in time that gets effectuated the first of the following month. And for those of you that are technical experts in that area, I think you know what that means; whichever was elected last in time. And Medicare Advantage plans, they can be selected during the fall open enrollment or the Medicare Advantage Open Enrollment Period, or if another SEP is available, again, moving out of the service area. And all those other SEPs, 5-star, losing/gaining Medicaid, change in residence outside of the service area, et cetera, those are all still available. And CMS is working on updated documents, guidance, and systems to reflect these changes. Next slide.

00:18:57—Anastasia Dodson—Slide 26

So, one thing specific in California, we have a Matching Plan Policy, and that means that people who have Medicare and Medi-Cal, Medicare provides by far the most benefits and is usually it's what people think of as their primary coverage source. So, when someone chooses to be enrolled in any type of Medicare Advantage plan, regular Medicare Advantage, or Medi-Medi Plan, et cetera, then in our systems at DHCS, we say Medicare is the lead. And on the back end, someone chooses to be in a Medicare Advantage plan, we automatically enroll them into the Medi-Cal plan that matches their Medicare plan, if there is a match. This is in 17 counties, our largest counties. And we do this, so that there is less confusion among providers, members, et cetera. Having a mismatched Medicare and Medi-Cal plan can lead to a variety of issues, concerns, problems. So, we match the Medi-Cal plan to the Medicare plan, if there is a match. And there's not always a match, but if there is, then we do that. So that policy will continue in 2025. We're not making changes to the Matching Plan Policy in 2025.

00:20:30—Anastasia Dodson—Slide 26

And there's certain scenarios where there could be an intersection with this Matching Plan Policy and the new Special Enrollment Periods. So, we have a webpage that we just launched, I think it was yesterday or today, that has more information about the new Special Enrollment Periods and then has a link to our Medi-Cal Matching Plan Policy. So, I'm sure the Aurrera team will put that link in the chat. And we have, right now, two scenarios for beneficiaries, but we'll keep working on more scenarios. And so, we'll add to that page in the coming weeks. And we hope that it's helpful in the upcoming Open Enrollment Period. Next slide.

00:21:23—Cassidy Acosta—Slide 27

Great. Thanks so much, Anastasia. We do have some time now for questions, so welcome folks to drop in any other questions that they might have or raise your hand and we can come around and unmute you. But I do see a couple in the chat, so we can go ahead and get started. A couple in the beginning around the D-SNP Dashboard and some D-SNP data for Christopher. Christopher, the first one is, "Is there any data that reflects enrollment in D-SNPs from planned marketing efforts?"

00:21:53—Christopher Tolbert—Slide 27

I don't think that it does, but I think the data that we have might reflect by race, ethnicity, people will enroll into those plans.

00:22:06—Anastasia Dodson—Slide 27

Cassidy or Christopher, I'm not quite understanding that question. Is it asking what's the source of the enrollment? Do you think that's...

00:22:18—Cassidy Acosta—Slide 27

Yeah, Tatiana, if you'd like to raise your hand, we can unmute you if you'd like to add a little bit of clarity around this. While we wait for that, there is one other question around the D-SNP Dashboard here from Kate Meyers, and this is sort of a suggestion. So, her suggestion is that "In the D-SNP Dashboard, info on enrollment in Medi-Medi Plans and non-EAE D-SNPs by race, ethnicity, and language. Would it be possible to add data on the race, ethnicity, and language composition of California's dually eligible population as a whole, to better help stakeholders understand whether or not this enrollment is reflective of or different from the dually eligible population as a whole?"

00:22:58—Anastasia Dodson—Slide 27

Great point. And we are behind the scenes in the process of migrating our different dashboards into slightly easier format. But I think, yes, and we might put that information into a different report that just has more general information about D-SNP enrollment, and we'll look at putting it there. Kate, one more thing is that the Open Data Portal has our first iteration of the LTSS dashboard, and that did include information about duals. And I believe it had the sort of break out of that population by race and ethnicity.

00:23:42—Cassidy Acosta—Slide 27

Great, thanks, Anastasia. And then, Tatiana, you should be able to unmute now.

00:23:47— Tatiana Fassieux—Slide 27

Thank you. So that was the second question that I asked, right? About the 12 months?

00:23:54—Cassidy Acosta—Slide 27

This is specifically around the data that reflects enrollment in D-SNPs from planned marketing efforts.

00:24:01— Tatiana Fassieux—Slide 27

Oh right, right. Okay. So, at California Health Advocates, we have been getting, over the course of the year or two, a lot of reports about inappropriate enrollment in D-SNPs and other MA plans. How was that enrollment initiated? Was it by an insurance cold call or the client voluntarily? Or what type of interaction caused that individual to be enrolled in a D-SNP?

00:24:36—Anastasia Dodson—Slide 27

Yeah, we don't have that information, Tatiana. CMS may have that, but we don't get that, as far as I know.

00:24:45— Tatiana Fassieux—Slide 27

Okay. So, we normally, at the Senior Medicare Patrol, keep a lot of data. And so, we have to report that to the Administration on Community Living. So yeah, we'll have to double check and see if there's any California-specific data on that. Thank you.

00:25:00—Cassidy Acosta—Slide 27

Thanks, Tatiana. And then, I know we have a couple of hands raised, but I'm going to take a couple more questions from the chat and then, we'll move on over. One question came in and asks, "When you say, "Medi-Medi," Anastasia, do you mean fully integrated dual eligible plans?"

00:25:17—Anastasia Dodson—Slide 27

So, we know that the term, "Medi-Medi," is commonly used for people who have both Medicare and Medi-Cal. And then, we named a category of integrated health plans, Medi-Medi Plans. And those plans are a type of D-SNP, where the same organization holds the Medicare contract and also holds the Medi-Cal contract with the state. There is a technical term with CMS called a Fully Integrated D-SNP, a FIDE SNP, that is technically different than the Medi-Medi Plans. We have one FIDE SNP in California, SCAN Connections. And there's lots more information on our website about all that.

00:26:06—Cassidy Acosta—Slide 27

Thanks, Anastasia. Another question came in from Anne. "If a patient is enrolled with a D-SNP, can they participate in PACE?"

00:26:14—Anastasia Dodson—Slide 27

You can't be in both at the same time, and the CMS systems will not allow that. So, PACE is actually another type of Medicare delivery system, just like a D-SNP, SCAN, Original Medicare, and Medicare Advantage. So, PACE is a choice amongst all of the Medicare choices that folks have. They have to meet certain level of need requirements to enroll in PACE, but a PACE enrollment is separate from a D-SNP enrollment.

00:26:48—Cassidy Acosta—Slide 27

Great. And then, Rick, I know that you had a question in the chat, but I am going to see if you can unmute to ask your question. You should be able to unmute, Rick, so let us

know if you're unable to. Okay. I'm going to go ahead and read your question out loud, Rick, but if you want to message in the chat to let us know if you're able to unmute, that would be helpful. But Rick had said that he has heard that none of the teaching...

00:27:26—Rick—Slide 27

Can you hear me?

00:27:28—Cassidy Acosta—Slide 27

I can.

00:27:29—Rick—Slide 27

Okay. So, mine is not about data. I had to accept the fact that this meeting was being recorded, but my question is not about data. My question is more specific to, I attended an event this year, and I had a conversation with someone who works for a couple of managed D-SNPs/managed care plans in a few of the counties. And he says, with D-SNPs, none of the teaching hospitals take D-SNPs, and I'm talking like Stanford Medicine, UC Davis, UCSF, et cetera. But then again, you get other benefits with D-SNPs, such as dental care benefits, extra money for food, that type of thing. I know it's my choice or my decision to go into a D-SNP or not, but then, unless all the hospitals accept a D-SNP, I don't see myself going into one. Because it's just not worth it if I can't keep what doctors I have. And then, my next question will be for later when we talk about dental. So, thank you.

00:29:01—Anastasia Dodson—Slide 27

Thank you so much, Rick, and I think you've got it. We recommend that each person look at what providers they're using, what providers they need, what services they need or may need in the future and make their decision after reviewing their own information and what's available in their communities. These are voluntary enrollments. We really like to promote continuity of care and we like to promote choice. So, you got it. It's networks, supplemental benefits and assessing what works for you.

00:29:53—Cassidy Acosta—Slide 27

Thanks, Anastasia. Okay, we have about five more minutes for questions. So, wanting to jump around a little bit and look at the Special Enrollment Period questions that have come in. Let's see. We've got one from Jan who's saying that her understanding of the new Special Enrollment Periods is that any Medi-Cal individual can use that Special Enrollment Period to enroll in any Medicare Advantage plan and she wants to make sure

that that's the correct understanding. And I think that we also have our CMS colleagues on the line, so we might be able to tap them for this as well.

00:30:23—Anastasia Dodson—Slide 27

Yeah, I don't know if Gretchen wants to chime in.

00:30:32—Gretchen Nye—Slide 27

I'm here. Can you say that again, Cassidy? Any Medi-Cal beneficiary? Sorry.

00:30:37—Cassidy Acosta—Slide 27

Yeah, of course. So, the question is my understanding and I think Jan, I can ask you.

00:30:41—Gretchen Nye—Slide 27

Jan's waving at us.

00:30:44—Cassidy Acosta—Slide 27

She is.

00:30:46—Jan Spencley—Slide 27

Actually, I'm so sorry. Hi, Anastasia. Good to see you. Hi, Julie. I wanted to say no, my question and if I worded it wrong, I'm sorry, my question was new to Medi-Cal, not to Medicare. New to Medi-Cal beneficiaries are still, and I think I saw the answer, that those people can select any plan they want, whether it's D-SNP and or a regular MA plan or a PACE, but they can select whatever they want or select to go to original Medicare. They're not in the integrated, they don't have to go the integrated route if that's not their choice.

Is that, and I wanted to make sure, Anastasia, that was your understanding as well. And part of my concern with this is if you look at the health plan applications and you look at, they have a list of everything, what are you eligible for? The SEPs, a lot of them merge the new to Medi-Cal, change in Medi-Cal status, and just Medi-Cal. They just merged that into one because historically obviously you could do whatever you wanted to and they're going to need to change that because that's different. So those are sort of two questions, maybe one question and one point.

00:32:08—Anastasia Dodson—Slide 27

Yeah, I don't know enough about the technical forms or processes that the plans use and which boxes they check off. But Gretchen, do you know?

00:32:20—Gretchen Nye—Slide 27

So, we are only changing the SEP for Part D, as Anastasia went over and applying the new Integrated Care SEP for Medi-Medi Plans in California and SCAN, so the integrated D-SNP. I would think, I'm not an expert in all of the Medicare SEPs, but I would think that a change in status like a member newly receiving Medicaid would allow them to have a SEP to change their Medicare plan because their status has changed. So, I think do any plan, none of those other SEPs are changing, I think.

00:32:58—Jan Spencley—Slide 27

To any plan? It doesn't-

00:32:59—Gretchen Nye—Slide 27

I can confirm. I can confirm, but I think they would have, they're existing a Medicare beneficiary and they have a change of status that would allow them to change their plan.

00:33:10—Jan Spencley—Slide 27

Thank you. I would appreciate that. And Tiffany's here as well. I believe she believes that too, but I wanted to make sure. Thank you.

00:33:18—Gretchen Nye—Slide 27

We can double check, but I'm pretty, we haven't adjusted any other SEPs, so I don't think anything we're doing here would change that for that situation.

00:33:27—Jan Spencley—Slide 27

And my other thing is I went and looked at some yesterday just to be sure that sometimes the SEP, the list, you know how there's a list of, it's huge, of 'what's your situation'. In other words, why do you qualify for an enrollment right now? New to Medicare is number one, but then after that there's a big, long list and you move, do this, do that. But for some plans the Medicaid one is integrated, and the Medicaid and LIS is integrated. So, I wanted to make sure that there's a separate one for the circumstances that SEP, that has a limit, limits what they can do versus the SEPs that don't limit what they can do.

00:34:16—Anastasia Dodson—Slide 27

Sounds like we'll look into that, and we can also put information on our DHCS webpage that points you to such and such. And the other thing, Jan and to everybody, if there is confusion, we can work with the Medi-Medi Plans. We'll try to iron it out.

00:34:38—Jan Spencley—Slide 27

It's also the non-Medi-Medis. My issue is in San Diego is if I've got somebody that's a Sharp client, I want to make sure that if we get them on Medi-Cal, that they can stay in a Sharp plan, which is not a D-SNP because it's an access to care issue for me.

00:34:55—Anastasia Dodson—Slide 27

Yeah, totally understand. It's probably not everything's solved right this minute, but we will keep working with CMS and with plans to make sure it's clear.

00:35:09—Jan Spencley—Slide 27

Just to make sure that their forms are clear so that they can distinguish between the different SEPs because right now some of them are merged. That's all.

00:35:20—Anastasia Dodson—Slide 27

Got it. Cassidy, I see we have a lot of questions. I'm not reading them all, but maybe we can squeeze a couple more minutes. What's the gist of a lot of these questions coming in?

00:35:29—Cassidy Acosta—Slide 27

I know that we did get one question specifically on the Medi-Cal Matching Plan Policy that I thought might be helpful to address. One individual asked, if there is no match, does a member's Medi-Cal get assigned to Kaiser?

00:35:44—Anastasia Dodson—Slide 27

Yeah, I know it's a complicated thing. So, for people who have just Medi-Cal, there is a certain protocol, if they do not, if they're new to Medi-Cal and they need to select a plan and there's a default enrollment process or if they're in certain county, it's another different process. For people who are dually eligible before that normal Medi-Cal plan enrollment process happens, they look for the matching plan. If there's no matching plan, if they're either not in an MA plan or there's no matching plan, then the regular process applies. And I think that's probably the good enough answer for now. And Kaiser, or not Kaiser or what have you, it's the regular process for all other Medi-Cal beneficiaries.

00:36:40—Cassidy Acosta—Slide 27

Great. And I think I'm scrolling through. We do have a lot of questions in the chat. I think that there are a couple that help address some of the other questions around the Matching Plan Policy. I think in the interest of time, Anastasia, it might be helpful to

move into the next section and we do have some other areas where we can take some more stakeholder Q&A.

00:36:59—Anastasia Dodson—Slide 27

Okay.

00:37:00—Cassidy Acosta—Slide 27

All right. Then I will turn it back over to you, Anastasia, to walk us through updates on the SMAC and Policy Guide.

00:37:07—Anastasia Dodson—Slide 28

Okay, great. So, this is switching gears a little bit, not enrollment but more the guidance that we give to D-SNPs. And some of it is dry government stuff, but we want to make sure you know what we're doing, full transparency. Next slide.

00:37:27—Anastasia Dodson—Slide 29

So again, all D-SNPs have to have a SMAC with DHCS. We, every year, update the language in SMAC templates and we post them on our website and we look to make any changes that we need to, to align with everything else going on with Medi-Cal. And so, once a year we refresh and any other feedback that we hear from you all. Next slide.

00:37:55—Anastasia Dodson—Slide 30

So, there's two contracts. One is for EAE D-SNPs, which have an affiliated Medi-Cal plan and the same organization doing both. And then the other is the non-EAEs, which sometimes also have the same Medi-Cal plan for their members, sometimes not. Most of the sections are the same. This is just showing you on this slide that the integrated materials and the supplemental benefits sections are only for the EAE D-SNP. And this is the same slide we've covered in previous stakeholder needs. Next slide.

00:38:30—Anastasia Dodson—Slide 31

So, the Policy Guide is an additional document that provides more detailed information and yes, we have a version of the Policy Guide for each year, but we don't publish the whole thing all at once. We have multiple chapters in our Policy Guide and we will publish one or two chapters at a time and we put them all in one single document. And we have a description at the top as to what's changed in the most recent version. So, we do release Policy Guide chapters on a rolling basis. Right now, we're updating some pieces for 2024 and 2025. Next slide.

00:39:20—Anastasia Dodson—Slide 32

And this is kind of a list of the chapters and where we're at. We start with care coordination and at some point soon we'll be publishing the Medicare Continuity of Care, the Aligned Network Guidance. And after that we'll be getting the Quality Metrics Reporting Requirements for 2025 out. And we did just release the Dental Benefits chapter. Next slide.

00:39:42—Anastasia Dodson—Slide 33

And then this gives you kind of a roadmap for the Policy Guide chapters 2024, 2025, all the same chapters but Integrated Materials is different. And there are, for the most part, alignment in the content across EAE and non-EAE. Next slide.

00:40:08—Anastasia Dodson—Slide 34

So, one more thing that we want to cover with you all. This is definitely more beneficiary facing. So, there are integrated materials requirements. So, we'll go to the next slide.

00:40:25—Anastasia Dodson—Slide 35

So that consumers don't get a separate Medicare handbook and a separate Medi-Cal Handbook from their plan. If they're in a Medi-Medi Plan, they get one Member Handbook, they get one ID card, one Summary of Benefits. So those requirements are part of the federal requirements, and we work with CMS to provide those template materials. They're a high priority for DHCS and CMS and the plans because they are really essential for supporting a member's ability to understand and access their benefits, 'what is covered in my plan?' So, we have those integrated member material requirements in our Policy Guide and we have the templates for 2025 posted on the CMS website, but we have a link on the DHCS website to the materials on the CMS website. So, you can look there and you can see the link and these slides will be published and you can look at those materials way in advance of 2025 now. Next slide.

00:41:31—Anastasia Dodson—Slide 36

Okay, good. And let's do a little bit more on dental, but this is not our marquee dental part just yet, but it's coming very soon. Next slide.

00:41:44—Anastasia Dodson—Slide 37

So, we know that coordination across Medicare and Medi-Cal for dental benefits has been a high priority for members, for advocates, for providers. So, we continue to have language in the SMAC and the Policy Guide around having Medi-Cal Dental benefits mentioned as part of the member materials and marketing materials, to try to reduce the confusion of, "Oh, okay, there's a supplemental dental benefit, but I also have Medi-

Cal, how does it work together?" So, we want to promote awareness among dual eligible beneficiaries of their Medi-Cal Dental benefits in addition to any other supplemental dental benefits that they may get through a D-SNP. So, we've got those coordination requirements in our D-SNP Policy Guide. All right, let's go to the next slide.

00:42:46—Anastasia Dodson—Slide 38

Okay, one other update and at some point, we'll probably go around for another set of questions. So, at our previous stakeholder meeting, we talked about a Default Enrollment Pilot that we have just recently started and it's definitely a pilot. We are learning new things every week as we kind of go through it. Next slide.

00:43:10 Anastasia Dodson—Slide 39

So, we've started with a single Medi-Medi Plan in San Diego County. And the way this process works, and this is a federal process, not specific to California, but this is what is used in other states as well. When someone has Medi-Cal and then they become eligible for Medicare as well, the member, if they're in the plan, in this pilot, the member gets a 60-day notice and then also a 30-day notice in advance. And if they do not take any action after getting those notices and a phone call, then they will be automatically enrolled into the Medicare plan, the Integrated D-SNP that's affiliated with their Medi-Cal plan and members don't have to do anything. And we are pleased that people are getting continuity of care and getting a chance to try out the Medi-Medi Plan, see if they like it. They can choose to disenroll if it's not working for them. But it is, again, a way to promote continuity of care to get better integrated care for dually eligible beneficiaries. They do have the choice to choose a different Medicare option and that information is spelled out in the notices. Next slide.

00:44:44 Anastasia Dodson—Slide 40

This pilot does not impact people who are already enrolled in Medicare, people who are dually eligible. If you already have Medicare, this pilot does not impact you. And people who are already enrolled in Medicare, maybe they don't have Medi-Cal, but then they newly enroll in Medi-Cal, those folks are not impacted by this pilot. It's only for people who already have Medi-Cal and then are newly eligible for Medicare. It's a small number of people each month. So, in San Diego County, Community Health Group is implementing this pilot. And for example, the cohort, the group that's newly eligible for Medicare in August is a little over 150 members. So, this pilot is quite small. Next slide.

00:45:41 Anastasia Dodson—Slide 41

Again, what is this default enrollment? It's a federal option and we've talked about this on the previous slide. The member receives two notices and they're automatically enrolled into the D-SNP unless they choose a different option. And that can be original Medicare or another Medicare Advantage plan and we want to promote integrated care. Next slide.

00:46:08 Anastasia Dodson—Slide 42

Here's the other states and Puerto Rico. Twelve other states have implemented default enrollment. There's also CMS guidance on the process. Next slide.

00:46:20 Anastasia Dodson—Slide 43

Community Health Group is approved for the pilot and is sending out notices and processing those transactions. We are still working with health plans and CMS about the implementation of the pilot in San Mateo County. And as soon as we have an ETA when that would be implemented in San Mateo County, we will let you all know. Next slide.

00:46:49 Anastasia Dodson—Slide 44

This gives some data on what's happening and just kind of a ballpark. You can see it varies by month, but the notices are being sent to, let's say for the September cohort, 172 and then it decreases to 147 because some people have already chosen a different Medicare Advantage plan. So those folks do not get the 30-day notices. And then we'll see how many are actually enrolled through the default enrollment process. Next slide.

00:47:35 Anastasia Dodson—Slide 45-46

Again, we talked about this, the 60-day, 30-day notice. Let's keep going to the next slide because I know there's questions. Enrollment in Medi-Medi Plans is voluntary, and people can either go ahead and they don't have to do anything and they'll be enrolled, and if they don't, then they can choose another option. Next slide.

00:48:02 Anastasia Dodson—Slide 47

And there's Continuity of Care requirements. So, members in most cases, they can keep their primary care physician or specialist and they won't pay a premium or pay for doctor visits if they go with a provider that works for their plan. All right, next slide.

00:48:20 Anastasia Dodson—Slide 48

We are working closely with the plans and looking at the enrollment results. There are some technical things that we're continuing to work on. It's truly a pilot and we're just

curious to see how it will go and want to hear what happens, good, bad, whatever the feedback is. Next slide.

00:48:44 Anastasia Dodson—Slide 49

And this just gives an idea of what happens in other states. On the 2021-2022, 23% of folks canceled enrollment prior to the effective date and then 8% disenrolled after the effective date, so we'll see how that compares to California. Next slide.

00:49:08 Anastasia Dodson—Slide 50

We have a lot of stakeholder engagement. We'll keep going. I know we've got other questions coming in. Okay.

00:49:17 Cassidy Acosta—Slide 51

All right, thank you so much, Anastasia. So, we do have some time here as well for questions. I'm going to start with some Default questions and then if we have additional time, we can circle back on some of the SEP questions that have come in. One question in the chat asks, "will the default enrollment program be expanding to additional counties?"

00:49:36 Anastasia Dodson—Slide 51

We are not making any plans for expansion right now. We're really just trying to see how it's going and it's really very early to say. So, we will keep you all posted.

00:49:52 Cassidy Acosta—Slide 51

Great. Another question in the chat on Default Enrollment in San Diego. Tatiana is asking if members are already receiving Social Security benefits. So, either Social Security Disability Insurance or SSI.

00:50:09 Anastasia Dodson—Slide 51

I don't know. I mean if they're eligible for Medicare, whether it's by disability or age, that's the criteria for if they get those notices.

00:50:24 Cassidy Acosta—Slide 51

Great. Another question in the chat, "will there be any noticing to the public on Default Enrollment?"

00:50:32 Anastasia Dodson—Slide 51

Well, this meeting right now is part of our engagement. We have a webpage, and we have, in San Diego County for example, we have had stakeholder engagement in a large

group meeting and then Community Health Group, other forums are talking with local stakeholders. So, if there's any other suggestions you have, we're glad to hear them.

00:51:03 Cassidy Acosta—Slide 51

Great. And then I think I'm seeing one other question around Default in the chat then we can take Rick's question, and then look at some of the older SEP questions that came in. But Anastasia, could you talk a little bit more about how the Default Enrollment, how DHCS plans to define success for the Default Enrollment Pilot?

00:51:23 Anastasia Dodson—Slide 51

Good question. Well, we know some things that we don't want to happen, which is we do not want any substantial number of beneficiaries expressing any concerns about either not getting properly notified or not having access to any providers. But success in general looks like, if we want to look at the numbers, the number of people who after they've been enrolled that choose to disenroll, we would hope that number would not be high. But on the other hand, even if it is more than we might expect, I think that could be for various reasons. We know Medicare is a competitive marketplace in some ways, but really the complaints or any sort of continuity of care issues are kind of a fundamental item that we watch.

00:52:30 Cassidy Acosta—Slide 51

Thanks, Anastasia. I do see Beth, you had a suggestion in the chat around TV ads and radios knowing that a lot of members may not be looking at this information on their own. So, thank you so much for that.

00:52:42 Anastasia Dodson—Slide 51

I should mention we did make some short videos. We encourage people to take a look at those. We have links on our Medi-Medi Plan webpage. And again, Community Health Group is kind of carrying the ball on this, so they'll need to make sure that they're answering member questions and outreaching and engaging as needed.

00:53:12 Cassidy Acosta—Slide 51

Thanks, Anastasia. All right, Rick, you should be able to unmute now. Cassidy Acosta:

Are you able to unmute, Rick?

00:53:48 Cassidy Acosta—Slide 51

Okay, Rick, we do have one more section where we can talk about Q&A, so we're going to hold your question until then. Anastasia, I know that there are a couple of other

Special Enrollment Period questions in the chat that we might be able to take. I've seen Gretchen from CMS going through and answering a lot of them, but one that came in recently is, "how will the new Special Enrollment Periods adapt to what happened in the 2024 Annual Enrollment Period where major medical groups dropped out of Medicare Advantage plans?"

00:54:21 Anastasia Dodson—Slide 51

If I'm understanding the gist of it, I mean, so CMS sets the requirements and options for Special Enrollment Periods. We of course are very interested to see what's happening in the overall health care delivery system marketplace and who's aligned with what Medicare delivery system. So, Cassidy, can you say the question again or how?

00:54:50 Cassidy Acosta—Slide 51

Of course. "How will these new SEPs adapt to what happened in 2024 Annual Enrollment Period where major medical groups dropped out of Medicare Advantage plans?" And I don't know if, Gretchen, if you're still on, if you have anything that you'd like to share on this as well.

00:55:07 Gretchen Nye—Slide 51

How will the SEP affect large medical groups leaving Medicare Advantage, is the gist the question. I don't know. I think we hope that it won't, but I don't know how that interplay would work. I mean, if there's additional detail or thoughts on why that might happen, that might be helpful for us.

00:55:43 Cassidy Acosta—Slide 51

Thanks, Gretchen. All right. And then Jan, I see your hand raised so you should be able to unmute.

00:55:50 Jan Spencley—Slide 51

I just want to say there's a separate SEP, if your doctors leave, with MAPD, it's a lot easier. With the loss of Scripps in San Diego, most people were trying to go to a Medicare supplement and that was where the bigger issue was because obviously Scripps was no longer taking any Medicare Advantage and so many of the, several of the health plans created an SEP loss of provider group and allowed them to move to a SEP, not all, but that really didn't have a lot to do with our population, sadly.

00:56:35 Gretchen Nye—Slide 51

Thank you. That clarification is helpful. I don't think our SEP would necessarily apply in that situation for either of our SEPs here.

00:56:51 Cassidy Acosta—Slide 51

Thanks, Gretchen. All right, in the interest of time, I think we are good to move on to our next section, which is going to be on dental care coordination and best practices for dual eligible beneficiaries. So, with this, I will turn it over to Navish.

00:57:05 Navish Reddy—Slide 52-53

Thank you so much, Cassidy. And good afternoon, everyone. My name's Navish Reddy. I will start off with our Medi-Cal Dental topic. Next slide please.

00:57:19 Navish Reddy—Slide 54

All right. Medi-Cal Dental. So Medi-Cal covers a variety of dental benefits administered by Medi-Cal Dental providers. Medi-Cal will pay up to $1,800 a year for covered dental services. This does not limit covered or medically necessary dental services. Medi-Cal Dental services come through two systems, so Fee-for-Service and specifically in Los Angeles and Sacramento counties, we also have Dental Managed Care plans. Next slide.

00:57:58 Navish Reddy—Slide 55-56

So Medi-Cal Dental benefits include but are not limited to diagnostic and preventive dental hygiene, including examinations every 12 months, x-rays and teeth cleanings every 12 months, and fluoride varnish every 12 months. Benefits also include fillings, root canal treatments, scaling and root planing, crowns, emergency services for pain control, tooth extractions, periodontal maintenance, and complete and partial dentures, which include denture relines. Next slide please. Dental benefits for dual eligible members. All dual eligible beneficiaries have Medi-Cal Dental benefits. Most beneficiaries are in Medi-Cal Dental Fee-for-Service. Dual eligible members in Sacramento and Los Angeles counties may also receive services through Medi-Cal Dental Managed Care plans. Many of the D-SNPs offer dental as a supplemental benefit, although benefits and provider networks do vary. Next slide please.

00:59:15 Navish Reddy—Slide 57

Medi-Cal Dental resources for members. So Medi-Cal Dental for members, we have two sites actually Smile, California as well as for our Spanish-speaking members, Sonrie, California. And just a couple examples of what's provided there. We do have flyers. So, on this slide specifically, we do highlight the Dental Care for Seniors Flyer as well as A Healthy Smile Never Gets Old brochure. This includes other flyers and brochures for

other agents as well. Medi-Cal Dental find a dentist, this is our telephone service center line which is 1-800-322-6384. Medi-Cal Dental Provider directory, which is linked. And then specifically for DMC plans, which are in Sacramento and Los Angeles counties, which include Liberty Health Net Access, they have their own plan directories where members can go. Oh, I'm so sorry. We're supposed to move on to the next slide.

01:00:22 Navish Reddy—Slide 58-60

Apologies. And then finally, there's also the Medi-Cal Dental Member Handbook, which provides more details for members to look through. Next slide, please. Okay. All right. Enrolling as a dental provider. So, to enroll as a Fee-for-Service Medi-Cal provider, providers can visit the PAVE portal, which is the provider application and validation for enrollment provider portal. The PAVE portal is a web-based application that allows dental providers to submit enrollment applications and require documentation electronically. If a provider decides to join with a DMC provider or a Dental Managed Care plan, the numbers for each plan are provided. So, we have, as I mentioned before, Health Net, Access, and Liberty. So, to enroll, you would have to go to them directly. It would not be something that's done through the PAVE system. Next slide, please. And then finally, additional resources for our dental providers. Although Smile, California is more so for members, Smile, California Partners and Providers section is there just to add some additional details. We also do have the Provider Handbook, the Manual of Criteria, which is section five of the Handbook. And then within the Manual of Criteria, we also have a Schedule of Maximum Allowances. With that, I will pass it on over to Anastasia. Anastasia Dodson.

01:01:05 Anastasia Dodson—Slide 61-62

Thanks so much, Navish. We're going to go to another section and then I believe we'll have time for discussion and also special presentation from Justice in Aging. So next slide. How do these wonderful Medi-Cal Dental benefits interact with the Medicare dental benefits for people who are dually eligible? So, Medicare does not cover most dental care. There are some dental services that Medicare covers in certain settings, and that list got expanded in 2024 and may be expanded slightly again in 2025. But for the most part, Medicare does not cover a lot of preventive and restorative services. So, some Medicare Advantage plans, including D-SNPs, some offer supplemental dental benefits, and those are extra benefits beyond what traditional Medicare offers. Those supplemental benefits and then the provider networks that are administering those supplemental benefits, they can be different for each Medicare Advantage plan, different for each D-SNP. So, if there is, let's say, a network for the supplemental benefit,

then just like any other managed care situation, you have to go to that in-network provider to get those supplemental dental benefits. But that's why, in a few slides back, we talked about the member materials, the handbook, each health plan makes its own decision about these supplemental dental benefits. And you can see in the handbooks that health plans publish what they cover as far as the supplemental dental benefits. Next slide.

01:03:58 Anastasia Dodson—Slide 61-63

So again, you can sort of tell where this is going. There's a possibility of these supplemental benefits plus this already robust Medi-Cal Dental benefits. So about 91% of D-SNPs in California offered supplemental dental benefits, it's pretty common. Preventive dental benefits for the most part, and even more so the comprehensive dental benefits. So, we do have additional information about the supplemental benefits including dental benefits in a chart book that's published a few years ago or a couple years ago. But it does change every year, so we'll relook at that from year to year. Next slide.

01:04:47 Anastasia Dodson—Slide 64

So, we have been working with all of you, talking with you for the last year or two about how we can write good policy to promote coordination of dental benefits. The fundamental requirement on all D-SNPs is that they are required to coordinate across all Medicare and Medi-Cal benefits, including dental. So that is a federal requirement for D-SNPs. They have to include information about Medi-Cal Dental benefits in their member and marketing materials, that goes back to that Policy Guide chapter, that references the dental coverage information from Medi-Cal. And we'll continue that requirement in 2025. So that's one way that we have tried to make things easier for members to navigate.

01:05:38 Anastasia Dodson—Slide 64

D-SNPs can monitor and increase the overlap. They can compare which dentists are in their supplemental dental network and they can compare that list to who's enrolled in Medi-Cal Dental and try to increase the overlap so that someone doesn't have to go to one provider for their supplemental dental and a different provider for their Medi-Cal Dental. Ideally, of course, it would go to the same provider office. And the D-SNPs, again, they're required to coordinate and they can coordinate with our Medi-Cal Dental Fee-for-Service team that Navish talked about, as well as the Dental Managed Care plans for provider referrals, coordination of benefits. So, that's the ideal state, and we're trying to provide TA to all the D-SNPs, and this is an issue bigger than D-SNPs,

Medicare Advantage in general. So, we're always looking for ways to improve here. Next slide.

01:06:40 Anastasia Dodson—Slide 65-66

So, we do have a fact sheet that we published, I think last year. It's for providers, it's not member-oriented, but it does provide an overview of certain billing rules, putting all of the intersection in writing on the fact sheet. We hope that is helpful. Next slide. Okay, good. So now we're going to get to what it means in practice. And Cassidy, I believe we have another presenter here.

01:07:16 Cassidy Acosta—Slide 66

We do. So happy to introduce Amber Christ from Justice in Aging.

01:07:22 Amber Christ—Slide 66

Hi everyone. Hi Anastasia. Hi Navish. I'm so glad to be here. It's been a long time since I've been on a California stakeholder call. I'm the Managing Director of Health Advocacy at Justice in Aging, and we've been working on oral health and trying to improve access to oral health for older adults since around 2015. And really to improve that access for people who are dually eligible through the myriad of different delivery systems that they're enrolled in, which we just heard, right? Dental is primarily through Medi-Cal Fee-for-Service, but you can also get it through Dental Managed Care. Medicare doesn't really cover dental unless you're in a Medicare Advantage plan. There might be supplemental benefits and how does that all work together? So, some of this is going to be a little bit duplicative of what Anastasia and Navish already covered, but I think that's kind of important since this is just one of those really thorny issues where dually enrolled individuals face a lot of challenges in accessing care. Maybe not as complex as the new Special Enrollment Periods, but a pretty close rival here and a really long-standing issue.

01:08:28 Amber Christ—Slide 67-68

Next slide. So, as Anastasia said, Medicare coverage is primary and typically is primary for a dually eligible person, yet in Original Medicare, routine dental coverage is actually excluded under the law. And there's an actual exclusion of routine oral health coverage in federal law. Yet there is currently, we're working at Justice in Aging to add a dental benefit to Medicare and to Medicare Part B, but that's going to take a while. So, we've been working to kind of expand access to dental coverage within Medicare through a small exception that allows for dental coverage when it is necessary or integral to the clinical success of medical treatment. So, I just wanted to spend a little bit of time there

on the medically necessary dental is what we like to call that because we usually think that traditional Medicare, Original Medicare doesn't cover any dental services.

01:09:32 Amber Christ—Slide 68

And over the last three years, CMS has really clarified that, in certain circumstances, it does. And so, to give some examples of where that might apply now, it includes things like, let's say you have neck cancer or some other form of cancer and you need chemotherapy, but because of a dental issue like gum disease or an infection, you can't get that chemotherapy you need in order to get that treatment for that underlying medical condition, for the cancer. You can't get the chemotherapy. And chemotherapy reduces your immune system, so it just puts you at further risk if you have an infection in your mouth and you need dental care. That's where Medicare would step in and pay for that dental coverage now. And so, we've been working to sort of operationalize that over the last three years that that clarification has been put in place, and CMS continues to expand the types of conditions in which they think it is dental subversive could be integral to the success of that medical treatment.

01:10:36 Amber Christ—Slide 68

For example, this year, there are comments out right now as we speak due in September to make it clear that such treatment would be permissible under Medicare, covered under Medicare for end-stage renal disease. So, we're seeing that kind of carve out. But it's still limited coverage expansion in terms of Medicare coverage of dental services and for people with pretty complex medical conditions. But I really wanted to flag that because that is something that is under original Medicare and therefore will be required for Medicare Advantage plans. And I know this has been slow to be operationalized, but something really important to keep in mind as an available coverage for dental services. And of course, Medicare is definitely going to be primary in those situations. And I do want to point back out that fact sheet that Anastasia pointed to that is aimed at providers, but I think it's a really helpful fact sheet to show when Medicare pays and then when Medicaid will pay and how providers should seek reimbursement, and when they're not able to bill the consumer for services. It's really important about that too.

01:11:55 Amber Christ—Slide 68-69

So, you've got this narrow exception of when dental gets covered under Medicare. And then of course we've got that supplemental coverage that Medicare Advantage plans can offer and that D-SNPs can offer, and Medi-Cal is going to be secondary to that coverage. And so that fact sheet, again, plays out that scenario of when Medicare will be primary, and Medi-Cal will be secondary. And then Medi-Cal, the benefit as Navish

covered, is a pretty comprehensive coverage. So, I really do recommend looking at that fact sheet to see what the coverage looks like. And then if we go to the next slide, I want to point out what we typically see when we have that dual coverage, the barriers to access we see, and that really comes to light in coordination of benefit issues. So, since we have coverage under both Medicare, particularly those supplemental benefits, and then we have coverage under Medi-Cal, how do those benefits work together?

01:13:01 Amber Christ—Slide 69

And some common issues we see in this scenario with the coordination of the benefits is that, for example, you might have the D-SNP offering dental coverage but it doesn't cover everything that Medi-Cal's covering. So, then the provider might want to see a Medicare denial first or doesn't realize what's covered. There's just a lot of complexity when benefits are overlapping, but the scope of coverage differs. It's similar to what we see for Durable Medical Equipment, for example. We have different coverage standards under Medicare and Medi-Cal, and as a result, the person trying to access those services is kind of caught in this trap of coordination of benefits. And in a catch 22 where they just circle around trying to get coverage on the Medicare side, and then they can't without a denial, and then they get told that they can't see it on the Medicaid side, and it's just a real mess for the actual consumer.

01:13:55 Amber Christ—Slide 69

We also see what happens in these coordination of benefit issues that people are improperly billed for services. So, you get charged for covered services. This can be because the D-SNP dental provider doesn't know that the person can't be billed or they're being billed possibly for services that aren't covered under the D-SNP but are covered under the Medi-Cal plan. And Anastasia pointed this out, if the provider in the Medicare Advantage or D-SNP plan isn't enrolled in Medi-Cal, then they're going to start billing for covered services in the Medi-Cal side because they're not getting reimbursed from the D-SNP. So, I think it's important, again, to look at that coordination of benefits fact sheet. But it's also, as Anastasia pointed out, when it comes to these supplemental benefits for the D-SNPs, some of that template language that's now in the D-SNP Policy Guide is really important for beneficiaries to have when they're looking at their coverage, that they understand what the D-SNP is covering and they understand what the Medi-Cal plan is covering.

01:15:03 Amber Christ—Slide 69

So, it's really good to see that new policy guidance and what will be required for D-SNPs to have in their member materials. I think that that's a good baseline to start at, but

obviously these coordination of benefit issues get really complicated really fast. So, it's one thing to show what's covered by what, but it's another to walk through what these coordination issues are and actually to provide that care coordination. And so, we're going to talk a little bit later about some of those best practices. But before I get there, I just wanted to point out to these barriers to coordination of care. So, some examples here of how complicated this can become for dually enrolled people. So, if you're in a D-SNP plan or standard Medicare Advantage plan that's also offering dental, and you're also in Medi-Cal and the D-SNP is offering some sort of dental benefit.

01:15:56 Amber Christ—Slide 69

If the D-SNP provider is not enrolled in Medi-Cal, you're going to see huge coordination issues. This means that people, as Anastasia also noted, will have to go to two different providers to get care. That's impossible normally under the best of circumstances but think about that in terms of dental coverage. You're going to perhaps your dental provider and you're getting all of your preventative care, so you're getting your cleanings and your annual X-rays. And then all of a sudden you need maybe something that's a bit more extensive like a root canal, or maybe you need dentures and then suddenly your D-SNP doesn't provide that coverage and now you have to go to Medi-Cal to get that, but now you have to see a new provider. But that dental provider isn't going to want to just provide you dentures, they're going to want to re-establish your entire treatment plan, right?

01:16:48 Amber Christ—Slide 69

They're going to want to do those X-rays and do all of those things. And in practice what that looks like in the dental world is even more siloed than it is in the medical world. So, the idea that one dental provider is going to share all their dental records with another dental provider, just think about that complexity. And here we have people trying to navigate that who are in the least resource to navigate that situation, but also have really complex medical needs that they're trying to also navigate at the same time. Not to mention that we have issues on the Medi-Cal Dental side of finding providers. We hear you might have access in the D-SNP with that D-SNP contracted provider, but once you need to find a provider on the Medi-Cal side, and clearly this isn't just a coordination issue, this is a problem with the Medi-Cal Dental and the provider network adequacy overall.

01:17:40 Amber Christ—Slide 69

But when you're a dual trying to navigate the system and you're calling 25 different providers to get access to care, the Medi-Cal Dental program should be helping with

that, but the health plans can also play a role and helping to connect people to those dental services. And then finally, there's a real lack of coordination, not just to get to the dental services, so connecting people to dental services, but then making sure that the dental providers and the medical providers are coordinating as well. Our oral health is not separate from our overall health. Diabetes is exacerbated by poor oral health, infections arising out of the mouth and untreated oral health and gum disease will impact your diabetes and vice versa. And now untreated oral health and poor oral health is a risk factor for Alzheimer's and dementia. So, it's really important that there's coordination between the medical side and dental providers.

01:18:39 Amber Christ—Slide 69-70

And I will note that the California Dental Program, the Medi-Cal Dental Program, formerly Denti-Cal, does have a contractor that is supposed to provide some of that kind of case management. And that's really important. But the Medi-Cal plans also need to be leveraging that coordination benefit, but also doing their own coordination and support of the member and not just relying on that on the dental side, but really making that connection between the medical and dental. And let's not forget about transportation. Everybody has to get transportation to these dental services, and that's in the purview of the Medi-Cal plan or the integrated plan, whatever delivery system they're in. So next slide. I can go without the slide. But this is not intended to be comprehensive. I think that there are a lot of resources out there.

01:19:48 Amber Christ—Slide 70

There was a recent webinar by the resources for integrated care, and I know folks across California have been working to improve the coordination and quality of dental care that dually eligible people are receiving. The health plan of San Mateo has some really promising practices. But I think just generally what we want, we want dually eligible people to have access to comprehensive quality dental services in a very timely manner. What we do not want is that having dual coverage, having both Medicare and Medicaid, actually impedes access to care. But yet, that's so often what we see, and we really want to eliminate that barrier and make sure that people have that access. And then we really want to increase access and address that quality and improve quality of care and address disparities. So, I think some best practices, this first one is, what are we adding when we have a Medicare Advantage plan offering dental?

01:20:53 Amber Christ—Slide 70

And by and large, Medi-Cal is offering pretty extensive dental coverage. So, if the Medicare plan is going to offer coverage, ideally it would be supplementing what's

already available to people as an entitlement under the Medi-Cal Dental program. So, things like implants, for example. If we're going to supplant coverage, if we're going to provide overlapping coverage, then we really need to be intentional about what that looks like because otherwise we run into these coordination of benefit issues and people having to see multiple providers. So, if we're going to supplement or supplant coverage, then we really need to be thinking about that as a means of improving access to an actual provider. So maybe the providers that are contracted with the D-SNP provide a more secure provider network compared to maybe on the Medi-Cal Dental provider side. If we're going to do that though, then we really want those providers to be enrolled in Medi-Cal as well.

01:21:57 Amber Christ—Slide 70

We want that overlap so that we're seeing that there are no coordination of benefit issues, that we're completely eliminating that issue because the provider's billing can bill both and they're not going to inadvertently try to bill the enrollee. So, I think that's just a factor to consider if we're going to provide overlapping services, we really need to be intentional about how we go about that and that we're really then making sure that those contracted providers with a D-SNP or with the D-SNP's contracted, like a lot of D-SNPs contract with Delta Dental, that Delta Dental is having their providers enroll in the Medi-Cal program. I also think that plans need to be familiar with adhering to the Medi-Cal contract requirements regarding dental coordination. So, we talked about the D-SNP requirements and some of the work going on there, but within the Medi-Cal contract there's also dental coordination requirements.

01:22:57 Amber Christ—Slide 70

Notably, each of the Medi-Cal managed care plans have to have a dental liaison, someone who is helping people connect to dental services through the Medi-Cal Dental program into that carve out. But a requirement of the Medi-Cal contract is to screen everyone for their oral health needs. So, we want to be adhering to those. And then how does that look like with the coordination with the D-SNP if someone's also enrolled in a D-SNP and being very intentional about how that dental liaison is also working with the care coordinator in the D-SNP. And then there's really using the care coordinators within either the D-SNP or in just an MLTSS plan, we should be training those care coordinators on the importance of oral health and then how to connect members to oral health. Like knowing about how coordination of benefits work, knowing about that Medi-Cal Dental coordination that's offered through the Medi-Cal Dental program.

01:23:52 Amber Christ—Slide 70

And then it should be incorporating oral health into Enhanced Care Management benefit if the person is in an MLTSS plan only. And then ensuring care coordinators are just working with that dental liaison like I noted before. And then I think lastly is a real focus on populations that are hard to reach or at risk. We see real issues for people residing in institutional settings like nursing facilities who can't get access to oral health, people who have cognitive impairments or whose first language is not English. We want to start to think about how do we coordinate for those folks? Can we get in the dental contract in the D-SNP? Are the contracted D-SNP dental providers going into nursing settings, for example, because they should be. So how are we improving that access to really hard to reach dually eligible individuals or people who face barriers to accessing dental coverage because of their medical conditions or their language, for example.

01:25:00 Amber Christ—Slide 70

And then we really should be setting benchmarks on an improving access and thinking about how we address disparities. Dental utilization among adults in Medi-Cal Dental is exceedingly low, and it is even lower for certain subpopulations. And so, we want to be increasing utilization and really addressing disparities. We know that there are enormous disparities based on race and other factors with regard to oral health access and oral health outcomes. And so, the plans can really play a role in that. So, I'll stop there and hopefully I didn't go over time, and open it up for questions.

01:25:40 Cassidy Acosta—Slide 71

Thank you so much, Amber. No, that was perfect. And we do have a couple of questions in the chat, but I think we'll go ahead and see if Rick, you can unmute.

01:25:52 Rick—Slide 71

Can you hear me now?

01:25:54 Cassidy Acosta—Slide 71

We can, Rick.

01:25:56 Rick—Slide 71

Okay. So, I don't know, can't remember what her name was offhand, but that you mentioned that dental and oral problems exacerbate diabetes. I could not agree anymore. I agree. But with that said, I have a question. Now I have Medicare and Medi-Cal, I don't have an Advantage and I don't have a D-SNP. With that said, has anyone heard of a bill? And I wish this was incorporated into CalAIM. There is a bill, and it probably will be brought up again next legislative session. It's Assembly Bill 2701 by

assembly member Carlos Villapudua, a Democrat from Tracy or Stockton. And that what this bill will eventually have happen, if signed into law, maybe it'll be part of next year's budget, is that this will allow Medi-Cal patients 21 and over to see their dentist for cleanings and exams, including X-rays, twice a year. In other words, what they're finding out is 12 months is not sufficient enough, whether they have problems exacerbated by poor oral health or not. Brushing your teeth and flossing your teeth every day, twice or three times a day, is not going to cut it either. You have to see your dentist twice a year. It's actually recommended not only by the American Dental Association, but also by the California Dental Association.

01:27:34 Rick—Slide 71

And furthermore, my brother commented to me on one time, "Why don't you get braces? Your teeth are crooked. I don't like that." And what he doesn't know is my father was able to pay for his braces, but nobody was able to get me braces. And it turns out braces are not a cosmetic thing. Braces actually help to keep the teeth straight so that they are easier to keep clean. I have teeth that are crowded, for example. So, I just wanted to point those things out that if we're going to take better care, we need to support AB2701, and hopefully it'll be brought up again next year, if it did not make it into this year's budget and be incorporated into CalAIM. Thank you.

01:28:26 Cassidy Acosta—Slide 71

Thanks, Rick. Curious if there's any thoughts before we move on to the next set of questions.

01:28:36 Anastasia Dodson—Slide 71

Point taken. Technically we can't respond on state legislation in a forum like this, but I don't know if, Navish, there is any sort of exceptions for the frequency or anything you want to share about how Medi-Cal allows certain cleanings or procedures?

01:28:58 Navish Reddy—Slide 71

Thank you, Anastasia. Kind of like you mentioned, since this is regarding AB2701, I unfortunately cannot comment more on it, but Rick, I do appreciate your comment on that and your candor.

01:29:16 Cassidy Acosta—Slide 71

Thanks. Brianna, I see you have your hand raised. You should be able to come off mute now.

01:29:21 Brianna—Slide 71

Hi, thank you. I actually have questions on the move to MLTSS in 2027. Is that something that I can ask right now? It didn't seem like it was in the agenda, kind of more on the D-SNP side today.

01:29:37 Anastasia Dodson—Slide 71

Yeah, thanks for reaching out. It's not on the agenda for today, but please do, you could send an email to the info@CalDuals inbox, and if you have a suggestion on a particular topic, we'll circle back with the right team at DHCS on that.

01:29:54 Brianna—Slide 71

Okay, great. Oh, perfect, someone put it in the chat. Thank you so much. Appreciate it.

01:30:02 Cassidy Acosta—Slide 71

Thank you, Brianna. Okay. And then I do know that we have a couple of questions in the chat. Navish, a couple for you to start with. "Are the Medi-Cal Dental services available for both adults and children?"

01:30:12 Navish Reddy—Slide 71

Yes. Medi-Cal Dental services are both for adults and children. I think this one was just a little more focused on the adult portion of it, but yes, they are available for children as well.

01:30:22 Cassidy Acosta—Slide 71

Great. Another question. "Can a member receive both Medi-Cal Dental Fee-for-Service and Medi-Cal Dental Managed Care, or will they receive one or the other?"

01:30:31 Navish Reddy—Slide 71

It is one or the other, and I'm sorry if the way I presented that seemed a little off, but yes, it is one or the other. Fee-for-Service or DMC plan. And again, those DMC plans are only available in Sacramento and Los Angeles counties.

01:30:48 Cassidy Acosta—Slide 71

Great. Thank you for adding some clarity there. And then a couple of questions here for Navish and Anastasia. The first is, "would the dental care coordinators assist members with getting denials or EOBs from the Medicare Supplemental Dental plans?"

01:31:03 Anastasia Dodson—Slide 71

Can you say the first part of that? I'm not seeing it in the chat.

01:31:08 Cassidy Acosta—Slide 71

Of course. "Would the Medi-Cal Dental care coordinators assist members with getting denials or EOBs from the Medicare Supplemental Dental plans?"

01:31:22 Navish Reddy—Slide 71

I want to make sure I'm understanding that question correctly. Is it with getting or assisting if they receive a denial or ...

01:31:32 Cassidy Acosta—Slide 71

Brittany, I think this is your question, if you'd like to raise your hand and we can unmute you to provide a little bit more clarity here. And while we wait for her, we can move on to the next question which is, "will Medi-Cal Dental benefits always be secondary if a dual eligible beneficiary also has a standalone dental plan?"

01:31:56 Navish Reddy—Slide 71

Okay. Yeah, as for a standalone dental plan, if a member has a standalone dental plan, that will be the primary and that's always the case.

01:32:07 Cassidy Acosta—Slide 71

Great. And then Brittany, you should be able to unmute now.

01:32:11 Brittany—Slide 71

Hello. My question was kind of to the extent to what the dental care coordinators were due. If a member is wanting to see a Medi-Cal Dental provider and they are needing a denial letter from the Supplemental Dental Plan, is it within the scope of the dental care coordinators to assist with getting that denial paperwork or EOB?

01:32:48 Anastasia Dodson—Slide 71

I'm going to jump in that this is an area that we have heard from plans in the past, and this is one of our next items on our to-do list internally at DHCS, working across our Third-Party Liability, Dental Division, et cetera. And I definitely appreciate plan representatives being on the call and chiming in on the chat, but we do have separate meetings for our health plans, so we're trying to keep the questions on this call related to questions from consumers or providers, advocates. But it sounds like we should just put this dental coordination issue back on the agenda for our next call with all of the D-SNPs, and we're happy to do that.

01:33:39 Cassidy Acosta—Slide 71

Great. Thanks, Anastasia. And I do note that there was some discussion in the chat too around plans being interested in continuing this discussion. So, agree that we can take that one back. I do know that there was some conversation in the chat, and this is a question for Amber. There was some discussion in the chat around D-SNPs aligning their dental D-SNP networks with the Medi-Cal Fee-for-Service Dental Networks. And was curious if you'd like to share any of your thoughts around this and whether or not you consider it a best practice?

01:34:09 Amber Christ—Slide 71

Yeah, definitely a best practice, and I think we saw in the chat there's some plans that have been doing that. It just creates far less of those coordination of benefit issues. We're going to see the providers enroll them both, and so it doesn't matter if the D-SNP is offering overlapping or actual supplemental to the Medi-Cal benefits, it's just going to create a lot more smoothness in accessing those benefits. I'd be interested too if folks are running into problems with accomplishing that, but I think it's definitely a best practice.

01:34:49 Cassidy Acosta—Slide 71

Thanks, Amber. I'm not seeing any other questions in the chat, so I think that we are set to move on to our last section for today's meeting.

01:35:03 Anastasia Dodson—Slide 71

Looks like Janine has another, one more.

01:35:06 Cassidy Acosta—Slide 71

Yeah, Janine you should be able to unmute.

01:35:09 Janine—Slide 71

Hi, thank you. I did put something in the chat. I don't know that it maybe got missed because there's a lot going on in there. I'm just wondering if the Medi-Cal Dental would ever be carved into the Medi-Cal Managed Care or thoughts about that. Because I think having it within the Medi-Cal Managed Care side would for especially our exclusive aligned D-SNP members, would greatly support all of this coordination so we wouldn't have to coordinate with a Fee-for-Service provider, which sometimes can be very challenging. I don't know if it ever was or if it will ever be. I just wanted to throw that out there.

01:35:54 Anastasia Dodson—Slide 71

That's a good question. No, and we do have a pilot with Health Plan of San Mateo, and we're in the process of looking at data to figure out which systems have better results for members. So yeah, it's interesting. But I mean something like that though is a significant undertaking for us. So certainly, no promises, but we do have that. And Navish, maybe you want to add more.

01:36:24 Navish Reddy—Slide 71

Nothing more to add. I think you covered exactly what I was going to bring up, which was Health Plan of San Mateo being the pilot program.

01:35:33 Janine—Slide 71

Thank you. Appreciate that. Thank you.

01:36:35 Navish Reddy—Slide 71

Thank you.

01:36:38 Cassidy Acosta—Slide 71

Great. All right. Well, then, I am happy to turn it over to Dr. Laura Miller to share a little bit more about Enhanced Care Management and Community Supports resources.

01:36:47 Laura Miller—Slide 72-73

Great. Thank you so much, Cassidy. It's nice to be here with you all this afternoon. Yes, I'm going to be talking about ECM and CS, Enhanced Care Management and Community Supports. Next slide, please. So, we are absolutely committed to data transparency. So, on August 2nd, DHCS released the updated ECM and CS Quarterly Implementation Report with data through Q4 2023. You can see the link here at the bottom. It is really beautiful. I love it. So just to talk about some headline numbers. Through Q4 2023, over 183,000 unique members have received ECM, 140 plus thousand have used Community Supports, and over 352,000 unique Community Support services have been delivered.

01:37:46 Laura Miller—Slide 73

Certainly, room for growth, room for improvement, but we're really pleased both with the growth in the programs and the commitment to data transparency. It is August, we're talking about Q4 2023. There is a significant amount of scrubbing and cleaning that has to get done on the QIMR data, which is why there is that lag. We are making some enhancements internally in how we receive that data, so hopefully we can have a

faster turnaround time. But please do take a look at that website on the ECM and CS Community Quarterly Implementation Report. It's quite beautiful. Next slide.

01:38:32 Laura Miller—Slide 74-75

So, I'm going to give a brief update around Community Supports. Next slide. So, this is really honing in on dual eligible beneficiaries and how they are receiving Community Supports. So, I won't go through all of the numbers on this slide. But you can see from Q1 2022, the beginning, there were a little over 3,000 duals who received Community Supports. By the time of our most recent data Q4 '23, there were over 38,000.

01:39:10 Laura Miller—Slide 75-76

So going from 3,000 to 38,000 is pretty impressive, and just honing in on Q4, duals represent just over 28% of the total members who receive Community Supports in Q4 '23. Next slide. This is a similar view breaking down the exact Community Support services where duals received these exact Community Support services. So again, there are a lot of numbers on this slide. I won't go into them in detail.

01:40:18 Laura Miller—Slide 76

I think the thing to draw attention to here is that for the nursing facility transition and the community transition services, these two that are in the second column at the top, these are our long-term care populations of focus. You can see that duals are highly represented as receiving these Community Supports. So, 78% of those getting nursing facility transition are duals, and 87% of people in the community transition services are duals. So again, duals are utilizing these Community Support services, and in some cases, they are overrepresented in a good way compared to the baseline population.

Next slide.

01:41:26 Laura Miller—Slide 77

And then this is by demographics. You can see the ethnicity breakdown. Approximately 42% of duals receiving Community Supports were male and 58% were female. 75% of the duals receiving Community Supports were the 65 or older group, 25% were the under 64, and duals represent about 28% of the total population receiving Community Supports. Next slide.

01:42:03 Laura Miller—Slide 78-79

I'm going to talk a little bit about Enhanced Care Management now for duals. Next slide. So, this is looking at dual eligible beneficiaries who received ECM by Population of Focus in Q4 '23. So, I won't read all the numbers here, but you can see that duals are

well represented in the Populations of Focus. I will call out that the individuals transitioning from incarceration is still a relatively low number, only 138 members in Q4 2023.

01:42:46 Laura Miller—Slide 79

The JI population is our most recently launched Population of Focus and the network is growing, but it's not to where it needs to be yet. There's a note at the bottom of the slide. The data for these slides are essentially from the same source as the webpage, but there are a few different methodologic issues. So, the numbers won't be exactly the same as what you see on the DHCS webpage, but again, this hones in specifically on duals to give you a sense of how duals are receiving these services. Next slide.

01:43:33 Laura Miller—Slide 80

These are more of the Populations of Focus. I misspoke a tiny bit on the Community Supports slides. I'm sorry. This slide is about the two long-term care ECM Populations of Focus, where you can see that 76% of duals are age 65 or older in the Population of Focus for individuals living in community and at risk of long-term care. And 71% of duals are age 65 or older in the population of those transitioning out of nursing facilities. We've got some more slides on this as we go along, but it makes complete sense that duals would be highly represented with these two Populations of Focus. Next slide.

01:44:31 Laura Miller—Slide 81-82

So, we're going to speak to those Populations of Focus for the long-term care. I first want to draw your attention to a spotlight on ECM for long-term care populations. I may have talked about this before in other forums that you've been on, but DHCS has produced several spotlights for ECM Populations of Focus, and they really are an amalgamation of the highlights of the policy for this Population of Focus as well as member vignettes to really help everyone understand how ECM can support members. And also, it does have bright spots in terms of what plans and providers are doing.

01:45:18 Laura Miller—Slide 82

There are two case vignettes. One is about an older adult living with Parkinson's who wishes to remain at home. So, that person qualifies for the Population of Focus for people living in community at risk for long-term care. So, let's get them all the supports they need to be able to stay in community and not have to go into long-term care. The second vignette is about an older adult who is temporarily in a skilled nursing facility recovering from a stroke. ECM is absolutely super helpful in terms of getting that older

adult out of the nursing facility and back home with the right services to be successful living at home.

01:46:06 Laura Miller—Slide 82

And the other piece about the spotlight is it really shows how Community Supports, ECM, and transitional care services can all work together to support members and their caregivers. So, I saw the link go in the chat. Please do take a look at that. I always tell people, it's really good bedtime reading. It's much easier than reading policy, and they're really helpful resources, I think, for members to understand ECM, providers, plans, advocates. They're really helpful. I really appreciate the resource. Next slide.

01:46:47 Laura Miller—Slide 83

So, this is looking specifically at 2023, all four quarters of 2023, looking at the growth in membership of people in ECM, in the long-term care Populations of Focus. The top band looks at those living in adult nursing facility residents who are transitioning out to community. You can see nice growth over time, but also, you'll note that the raw numbers are really different. There are many, many more people. 92% of those in the two Populations of Focus are in the Population of Focus for folks living in community at risk for long-term care.

01:47:37 Laura Miller—Slide 82

So again, I think both Populations of Focus started in Q1 of '23, so you have a whole year worth of data. The number of members in both populations more than doubled, which is I think very good. And again, 92% are those living in community at risk for long-term care. Definitely there are opportunities for growth here, especially in the Population of Focus for those living in skilled nursing who want to get out and simply need the services to do so.

01:48:23 Laura Miller—Slide 83-84

I think that's a really rich area of opportunity. So, I encourage you to talk about this in your local areas to really help get the word out about this benefit. Next slide. Here are some additional resources. We have webpages linked here and as always, the mailbox CalAIMECMILOS@dhcs.ca.gov is a clearinghouse for all things related to ECM and Community Supports. The ILOS in there is a vestige. It used to be that Community Supports were called In Lieu of Services, but we're getting used to calling them Community Supports now. And I think that may finish my portions out.

01:49:19 Cassidy Acosta—Slide 84

I think so, Laura, and I think in the interest of time, we're almost at the end, but I do know we have a couple of minutes, so if you're open to taking just a couple of questions, we can take those right now.

01:49:31 Laura Miller—Slide 84

Sure, if you can tee them up, that'd be great.

01:49:33 Cassidy Acosta—Slide 84

Perfect. Susan, I see you have your hand up, so you should be able to unmute.

01:49:37 Susan—Slide 84

Thank you, Cassidy, and thank you, Dr. Miller, beautiful presentation. My question is actually for Anastasia. Would the department consider a FAQ from today's webinar? It was excellent and there are some amazing questions and answers.

01:49:58 Anastasia Dodson—Slide 84

Right. On which? Any particular topic? On dental, on the SEP?

01:50:03 Susan—Slide 84

I think we could use both. It's all so new and it will really help guide us.

01:50:10 Anastasia Dodson—Slide 84

We can look at putting more information on the DHCS webpage, and I'm glad for also our CMS colleagues, because the SEPs are their policy, so we want to be a little careful about stating things that are on the federal side. But yeah, thank you, Susan. Point well taken.

01:50:28 Susan—Slide 84

Thank you.

01:50:31 Cassidy Acosta—Slide 84

Great, thanks Susan. And then Laura, one question around the data that you presented earlier on ECM and Community Supports. Can you share if this is for D-SNPs or for duals in general?

01:50:41 Laura Miller—Slide 84

This is for duals in general. We have data on D-SNPs receiving ECM-like services, but this is for people who are dually eligible who are receiving Medi-Cal ECM, essentially. You'll recall that anybody in Fee-for-Service Medicare, the vast majority are in a

Managed Medi-Cal Plan. And so, they are eligible for and can receive Medi-Cal ECM. It's a good question.

01:51:22 Cassidy Acosta—Slide 84

Perfect. Thank you, Laura. Then I do see Justice in Aging had a comment in here around DHCS sharing data on dual eligible utilization by plan status. So, Fee-for-Service Medicare, D-SNPs, both EAE and non-EAE. Happy to take that back.

01:51:40 Anastasia Dodson—Slide 84

Yeah, Cassidy, just to chime in, and I noticed Janet had a similar question about that. So, the data that's on these slides, dual-specific, is not currently on the general Community Supports or ECM Dashboard yet, but we're hoping that it will be eventually a duals breakout. But in the meantime, that's why we are publishing the data via these slides. So, when people ask us, rightly so, "Well, what's the breakout for duals?" We will say, "The best available is actually on these slides," and we'll publish them.

01:52:21 Cassidy Acosta—Slide 84-85

Thanks, Anastasia. All right, with that, I think we can move on to our last slide for today. So, thank you all so much for attending today's MLTSS and Duals Integration Stakeholder Workgroup, and thank you to our speakers for such wonderful presentations, and to everyone in the chat for the great discussion. Our next workgroup will be held at 10:00 AM on Thursday, November 14th. And materials from this meeting will be posted to the DHCS webpage shortly. Thanks again to everyone and hope you all have a great rest of your afternoon.