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SPEAKERS

Hilary Haycock
Anastasia Dodson
Mei Shan Ng
Tarjani Padmani

Hilary Haycock:

All right. We're going to go ahead and get started. So once again, good morning, everyone. And welcome to the December Quarterly DHCS CCI Stakeholder Webinar. We are so pleased to have you with us today for our updates. We will have presentations from several great guest speakers. First, Anastasia Dodson, Deputy Director at the office of Medicare Innovation and Integration at DHCS, all session policy updates. We'll be hearing from Mei Shan Ng, a research data specialist at the Data Reporting Unit DHCS, who will be walking us through the company connect dashboard. And we are delighted to be joined by Tarjani Padmani, who is the manager of clinical pharmacy services at Health Net to talk about some of the work they're doing on COVID vaccinations.

Hilary Haycock:

So a few meeting management items to note before we begin. All participants will be on mute during the presentations. Please feel free to submit any questions or comments you have using the chat feature on the Zoom. During the Q&A portion at the end of the webinar if you would like to ask a question or provide comments and feedback live, please use the raise hand function, and we will call on you in turn and unmute you. With that, we'll go to the next slide. I already walked through this agenda a little bit. We're going to do some policy updates, review the dashboard and learn about the Health Net COVID-19 vaccination campaign before we get to Q&A. And with that, I will hand over to our first presenter, Anastasia Dodson, to give our updates from DHCS. Thanks so much.

Anastasia Dodson:

Wonderful. Thank you, Hilary. So glad to be with all today. We are having these quarterly meetings to talk about the coordinated care initiative in Cal MediConnect. And these are broader topics that we often discuss. And then we have some specific issues that we think about in the future for our D-SNP transition that we talk about in our monthly stakeholder meetings. So again, this meeting, I'm very excited to be talking about vaccination efforts. We know with COVID that it's an evolving situation, and it's very important that we keep focused on what are the best ways to reach people. There's still people that need to get vaccinated and need to get boosted. And so we're very appreciative for all the efforts that providers and community groups and health plans are doing on that effort. Health equity, addressing health disparities is a very important issue as well. And that crosses over into the efforts around vaccinations and other topics as well. So I just want to make sure to say on behalf of DHCS that continuing to address COVID issues and health equity continues to be at the forefront for us. So next slide.

Anastasia Dodson:

I don't have a lot to update for today, but I want to just remind everyone, every quarterly meeting, we want to make sure that we're being very clear with everyone on the transitions that are coming up in CCI counties around Cal MediConnect, transitioning to Exclusively Aligned Enrollment D-SNPs, and to make sure that it... Open enrollment has just ended. So we know that that was on the top of many beneficiaries' minds, thinking about the choices that they have. And now that we are past open enrollment, again, wanting to make sure that everyone knows what's going to happen in 2023, in the seven CCI counties, dual eligible beneficiaries who choose to be in a Medicare D-SNP. They must also be enrolled in the Medi-Cal Managed Care Plan that's owned by that same parent organization. And this is the same policy that we've been talking about for the last six months or so, probably a repeat for many of you, but just want to make sure we're continuing to be as clear as possible about what's going to be happening. And this D-SNP Exclusively Aligned Enrollment policy will allow a similar level of integration and care coordination as members saw in the Cal MediConnect demonstration that they currently have

right now. So there's been no change in that policy. We're still proceeding and working on all the details, as I said, in our monthly stakeholder meetings. Next slide.

Anastasia Dodson:

So in 2023, the Medi-Cal plans in the seven CCI counties are required to establish Exclusively Aligned Enrollment D-SNPs and dual eligible beneficiaries may choose to enroll in those plans among other options. Again, Medicare plan enrollment is always a choice for beneficiaries. Current Cal MediConnect beneficiaries, they will automatically transition to Exclusively Aligned Enrollment D-SNPs in the matching Medi-Cal plans on January 1st, 2023. The demonstration will end, but our goal is to have a very seamless transition so that people have no confusion about what's happening, that they know that their provider network should be approximately the same. And that there's no question about any prescription drug authorizations, any of those types of questions, they should really be seamless for the beneficiaries. And then, as we've said before, in non CCI counties, we will have Exclusively Aligned Enrollment D-SNPs and matching Medi-Cal plans starting potentially in 2026, maybe earlier. So that's, again, this technical policy that we've been talking about in meetings past. Next slide.

Anastasia Dodson:

So again, a reminder enrollment in Medicare Advantage, and the D-SNP is voluntary. Beneficiaries can remain in Medicare fee for service. And then for 2023, Cal MediConnect beneficiaries are automatically enrolled into the D-SNP and matching Medi-Cal plan. So nothing else, again, nothing new, but just a reminder of what is coming up. And we have a lot of efforts in a lot of different areas planning for this, whether it's the operational fees of enrollment or the care coordination standards, which we have talked about in our work groups, but nothing new to report. Okay, next slide.

Anastasia Dodson:

So this is something that we... This durable medical equipment is an area that can be complex for dual eligible beneficiaries to navigate, because there are some areas that are covered by Medicare and some areas that are covered by Medi-Cal and can be confusing for providers. And so Cal MediConnect is a good way to provide a more seamless benefit to beneficiaries. And it relies on the health plan and to a certain extent, on providers to make sure that the information is being communicated to beneficiaries. And so we have fact sheets about durable medical equipment in Cal MediConnect and how it's woven together between the two benefits. And the fact sheets are posted on the DHCS website, and hopefully they are helpful. We have one for providers and then also one for beneficiaries. And again, we're not going to go into too much detail here. We'll let you read the fact sheets and see if there are any questions, but we worked collaboratively with a variety of stakeholders on these fact sheets.

Anastasia Dodson:

And in thinking about the types of benefits that people normally access through the durable medical equipment benefit, we know that those types of services and benefits are really important for people's everyday living. They're being able to have, whether it's mobility or activities of daily living, really essential to have access and make sure that again, providers and beneficiaries are very clear so that there's no disruption in care. Particularly, if there's a new type of equipment or other type of service that are needed, or if there's a new provider, any change in someone's condition, we want to make sure that this information is available. So Hilary, should we take questions? And I know your team and perhaps others at DHCS may be on that can answer some of any detailed questions about the DME issue.

Hilary Haycock:

We have one question in the chat for certain disabilities that need special equipment like a shower chair or special types of wheelchairs. Not quite sure what the question is, but I assume that if there are a need for specialized equipment that that's covered under the DME benefit.

Anastasia Dodson:

Right. There are certain rules as to what's covered by Medicare and what's covered by Medi-Cal. And so the health plans, that is their responsibility to help beneficiaries navigate that. But we hope these fact sheets can help because sometimes if it's a conversation between a beneficiary and a provider, then they may be able to sort it out that way. But certainly, we expect the health plans, the Cal MediConnect plans to make sure whatever is medically necessary and covered by Medi-Cal and Medicare is provided to the beneficiary.

Hilary Haycock:

Great. Yeah. So question from how the program works. People get a prescription from their doctor and then the health plan is responsible for fulfilling that. So good questions, Fernando. All right. That is the only question coming up in the chat. And so I think we are good to move on. But of course, if folks have other questions or comments that come up, we'll be doing another Q&A session after we've gone through our other presentation. So thank you so much, Anastasia. Great. I'm going to hand it over to Mei, now to go through the December Company Connect Dashboard.

Mei Shan Ng:

Thank you, Hilary. So the quarter at the December Cal MediConnect Dashboard has been published. Next slide, please. It has been published on the DHCS website and you may visit this link to download the PDF. Next.

Mei Shan Ng:

In the dashboard for figures one to six, it presents the enrollment and demographics. So what do you see right now is figure one for the monthly enrollment. The statewide enroll in CMC increase from 110,581 members in July, 2020 to 114,052 members in June of 2021. In quarter two, 2021, 51% of the enrollees spoke English and 33% spoke Spanish as to a primary language. With 39% of the enrollees identifying as Hispanics and males and females aged 65 and above represent 30% and 45% of the total CMC population, respectively. Next slide, please.

Mei Shan Ng:

Here we have the CMC dashboard for care coordination trends. Figure eight shows that the percentage of members with a health risk assessment also known as HRA completed within 90 days of enrollment remained at 95% in quarter one, 2021, to quarter two, 2021. Next.

Mei Shan Ng:

Here we have figure 12. Individualized Care Plans. So figure 12 shows that the percentage of members with an ICP completed within 90 days of enrollment has decreased from 85% in quarter one to 82% in quarter two of 2021. Next.

Mei Shan Ng:

And finally, we have figure 24 showing the rate of CMC members seeking care in the emergency room

for behavioral health services. The utilization has decreased from 18.1 business per 10,000 member months in quarter one, 2020, to 14.1 in quarter four of 2020. And that's all I have for CMC dashboards. Thank you. And I'll pass it back to Hilary.

Hilary Haycock:

Great. Thank you so much for that informative presentation. We appreciate it. All right. We will now move to our next presentation before we go to Q&A. And so I would like to invite our next presenter, Tarjani...

Tarjani Padmani:

Thank you.

Hilary Haycock:

...to walk us through the presentation. Thank you so much.

Tarjani Padmani:

Thank you. Hello everyone. My name is Tarjani Padmani and I am the manager of clinical pharmacy services at Health Net. And I have been heavily involved in member outreach program for COVID vaccines, as well as other population health programs. And I'm happy to be sharing a little bit about COVID vaccine outreach program, that our team has been very committed to, to help increase vaccination rates of our members and communities and ultimately, improve outcomes. Next slide, please.

Tarjani Padmani:

So first I wanted to provide a brief overview of our process, which involves various components, such as data analytics, member identification, member outreach, and vaccine scheduling. We make sure to keep reviewing the latest data and having our data analytics team provide details on vaccination rates and disparities in different populations, which helps us then develop a member list of high risk priority members to perform outreach to and connect to vaccine appointments. I also wanted to point out that this process is true for all lines of business, including Cal MediConnect, but the data and examples I will be sharing are maybe from the Medi-Cal outreach due to this line of business having the lowest vaccination rates at the moment and therefore the highest priority. But we are actively performing outreach to all of our members. Next slide, please.

Tarjani Padmani:

So before I get into more details, I wanted to highlight all of the different teams at Health Net that have come together to perform this outreach. The company as a whole recognizes the importance and urgency around getting our members vaccinated. So all of the different skilled and talented teams listed here have been successfully trained in this outreach and have been consistently successful in providing the education and resources needed for a member to feel comfortable moving forward. And we also hold touch bases and all team meetings to discuss.

Tarjani Padmani:

Updates, member success stories, ideas, and barriers to help improve on a regular basis. And all clinical questions are referred to the clinical pharmacy team to further educate and counsel our members. Next

slide, please.

Tarjani Padmani:

So through data analytics, we're able to have consistently updated data such as in the example here, of vaccination rates in different populations. And we're able to see rates and disparities among different lines of business, age groups, race and ethnicity counties, those with chronic conditions, and home bound members, as well as others. We then prioritize outreach according to where we see the highest need. And when we see a need for a specific race or ethnicity, and also one by age group and by county, we can then combine them and start with for example, African American population in Los Angeles county ages 50 to 64. So we really are able to narrow down to our highest priority members and then go on to the next priority population. And ultimately, we are reaching all of our members in some way, whether it be from a telephonic outreach, robocalls, text messages or mailers. Next slide, please.

Tarjani Padmani:

We also have our own events such as our employee and community member COVID-19 and flu vaccine events. And we also partner with existing events and vaccination sites to drive members to these locations. And we have been very successful at driving members to these specific locations, using a geo location tool to help focus our efforts on members in the direct radius of the events. We're able to prioritize members within half a mile to a mile usually of the site, making it convenient for the member and their families. And some members are very happy that they can walk over to events that they didn't know were near their homes. And for any members that don't have transportation, we do offer free transportation to and from these vaccination sites. Next slide, please.

Tarjani Padmani:

So the COVID-19 vaccine member outreach is very comprehensive and our team members make sure to touch all the necessary points, according to the member's specific needs, questions, hesitancy, and barriers. Some of the most common hesitancy that we address us are worries about side effects, the safety and efficacy of the vaccine, which we address by going into the details of the vaccine studies. Worries about chronic conditions worsening if they get the vaccine, which we address with the facts around the higher risk of severe illness and hospitalization for people who do get infected with COVID and have comorbid conditions. And worries about medications they may be taking that they fear may interact with the vaccine. So we're able to look up their provider information and connect them with their provider to further counsel and help the member feel comfortable moving forward once given all of the vaccine resources.

Tarjani Padmani:

And we also make sure to make our outreach specific to the population that we're outreaching to. So for example, when outreaching to parents of children who are now eligible to receive the vaccine, we make sure to address vaccine schedules since they may fear that the child may be overloaded with all of the other vaccines that they need to get. And also, questions about whether the vaccine as well as others cause autism. And also various other questions that we can help answer to help parents get the facts they need to make an informed decision for their children. Next slide, please.

Tarjani Padmani:

So through our efforts, we are seeing an improvement in vaccination rates in all of the different populations, and we receive updated information through claims data, care, the state and national

registries and other methods. And in the example shown here for one of our Medi-Cal lines of business, we show a 6.5% increase from baseline for homebound members and a 8.1 increase from baseline for the American Indian and Alaskan native populations, which are two of our priority populations that we perform targeted, specific outreach for. And as the work continues, we're looking forward to seeing these rates continue to rise. Next slide, please.

Tarjani Padmani:

And I also just wanted to highlight the latest vaccination rate for our Cal MediConnect line of business. We're showing 69.74% vaccinated, which is above average and of the vaccinated members, 91.1% are fully vaccinated. So we continue to also inform and encourage our eligible members to get their booster dose if fully vaccinated. And also compared to this state, our members vaccination rate is above average in all Cal MediConnect counties, where we do have membership. And we're also doing very well in all of our other lines of business and continue to improve this rate. Next slide, please.

Tarjani Padmani:

So I wanted to share a quick member success story of a member with diagnoses of hypertension, diabetes, and gout, who was referred to the clinical pharmacy team due to concerns about vaccine safety. The daughter who was a caregiver stated that her mother had had her first dose of the Moderna vaccine about four to five weeks prior, but had not received the second dose because they had read somewhere that the one dose may be enough. And they were worried about the side effects from the second dose. Next slide, please.

Tarjani Padmani:

So the clinical pharmacist explained to the caregiver that she needs to make an appointment for the second dose within the next two weeks to be fully effective since the CDC recommends the second dose close to that four week interval. However, it can be fully effective for up to 42 days, according to the data. And they also educated the caregiver on the supportive evidence of the vaccine and risks for not being fully vaccinated and being exposed to the virus, especially with these comorbidities of hypertension and diabetes. And they also received the safety and efficacy data as well as information about side effects and how it's basically the body's immune response to the vaccine. So she was extremely appreciative of the information and agreed that her mother needed to her second dose. So the pharmacist was able to schedule the second dose within that week. And this is just one of the many, many member success stories that we have. Thanks to the efforts of the outreach team, as they continue to do great work to meet with or to meet the specific needs of each individual member. Next slide, please.

Tarjani Padmani:

All right. And that is all I had, but please let me know if you have any questions or would like any further information and I would be happy to also take it back and provide further details. And thank you so much for having me share all this wonderful work with you all today. Thank you.

Hilary Haycock:

Thank you so much for that great presentation. Sounds like a lot of good work is happening. We'll now open it up for questions. So happy to take those either through the chat or folks are welcome to raise their hands and we will unmute you and have you join the conversation. There were some previous questions during the dashboard presentation regarding some of the behavioral health visits. I'm not sure Mei, if you have any follow up information about why we're seeing the trends we have in the slides, or if

that's something maybe we can take back and discuss in the next dashboard release.

Mei Shan Ng:

Yes. Why the behavioral health visits have gone down? We do not have an answer for that question right now, but we'll be more than happy to take it back and reach out to plans to find out.

Hilary Haycock:

Great.

Mei Shan Ng:

And the second question, whether the behavioral health arena includes a breakdown between mental health and substance use disorder or co-occurring. In the figure that was presented today, those three were not separated, but we will check it out to see. We'll reach out to plans to see if they do actually collect the data in those separate categories. Thank you.

Hilary Haycock:

Great. All right. I'm not seeing any other raised hands or comments in the chat, but definitely want to pause and make sure that we're providing plenty of opportunity if folks have questions.

Anastasia Dodson:

Yeah. Hilary, while we're waiting for any other questions, I wanted to just express appreciation for the excellent participation that we had in our monthly stakeholder meeting last month around outreach. And just to say that we're still absorbing and thinking about all the great feedback we got on what strategies might work and various factors at play, and all of various partners too. So it was a very rich discussion and I'm sure many of you were on it. So thank you again for participating in that.

Hilary Haycock:

Yeah. So you're very grateful for our broader CCI and duals stakeholder committee community is very engaged. Well, I'm not seeing any additional questions or comments. Of course, if anything ever comes up, you can reach us at info@calduals.org, and we're always happy to respond to any questions or comments that come up. The next monthly workgroup meeting for the managed long term services and supports MLTSS and Duals Integration Stakeholder Workgroup Meeting is on Thursday, January 20th at 10:00 AM. So please join us for that. You can find information about how to register on the DHCS dual page. And our next quarterly CCCA Engagement Webinar will be March, 2022. So looking forward to see you then. And if folks have anything that they want to hear about, about CCI, please let us know info@calduals.org. As always, we want to keep you informed about how the program is working. With that, we will give folks some time back. Thank you again for joining us and have a wonderful rest of your day and a very happy holiday season.

Mei Shan Ng:

Thank you.