



Stakeholder Update Webinar

Coordinated Care Initiative

Agenda

11:00 - 11:05	Welcome and Introductions
11:05 - 11:15	March Cal MediConnect (CMC) Dashboard
11:15 - 11:30	Overview of 2023 Transition from CMC to Exclusively Aligned Enrollment (EAE) Dual Eligible Special Needs Plan (D-SNP)
11:30 – 11:40	2023 Transition from CMC to EAE D-SNP Outreach Efforts
11:40 - 12:00	Stakeholder Feedback and Q&A
Noon	Close

March CMC Dashboard

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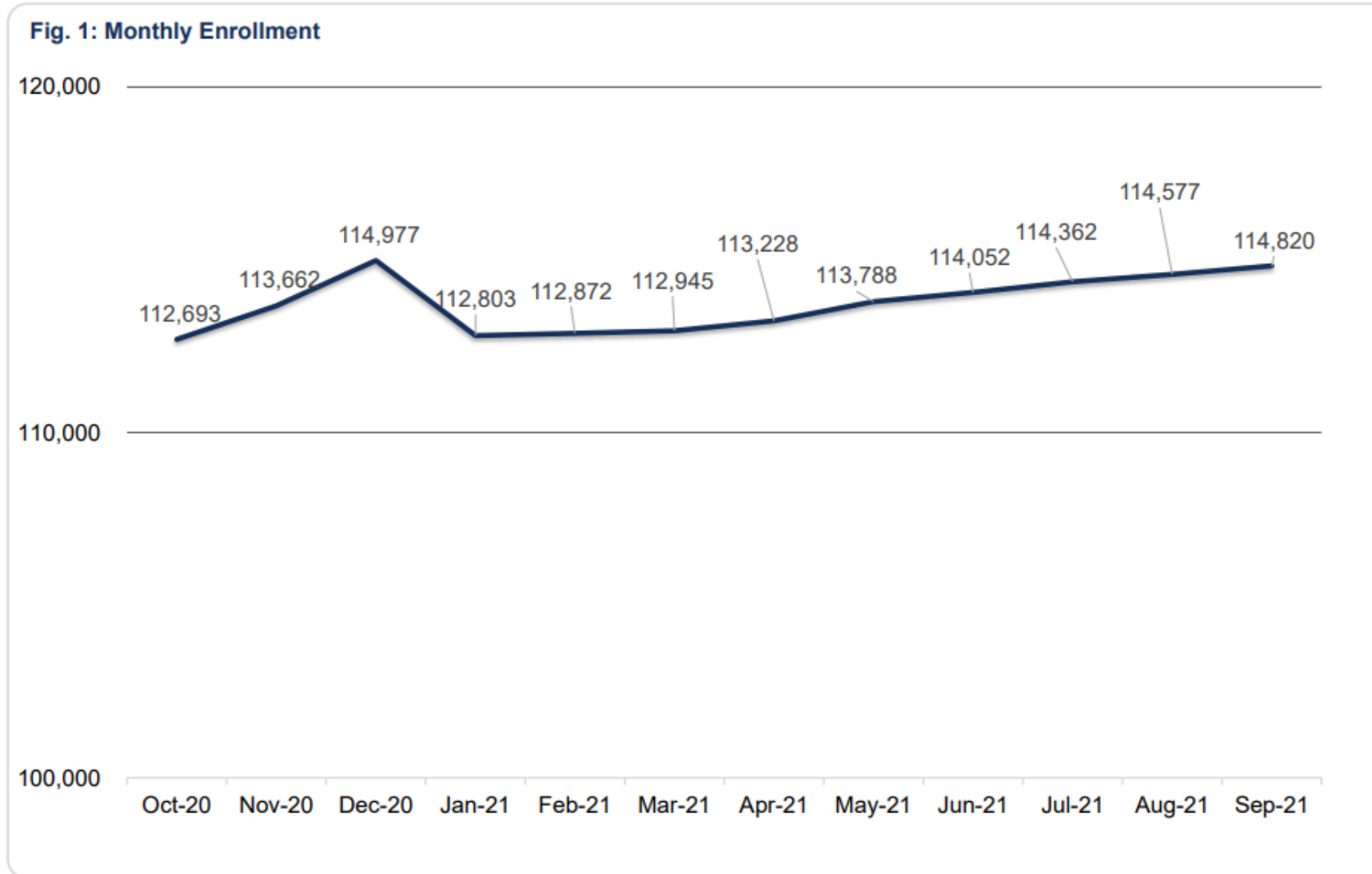
Mei Shan Ng
Research Data Specialist I, Data Reporting Unit
Department of Health Care Services

Cal MediConnect (CMC) Dashboard

» The March CMC Dashboard has been posted:

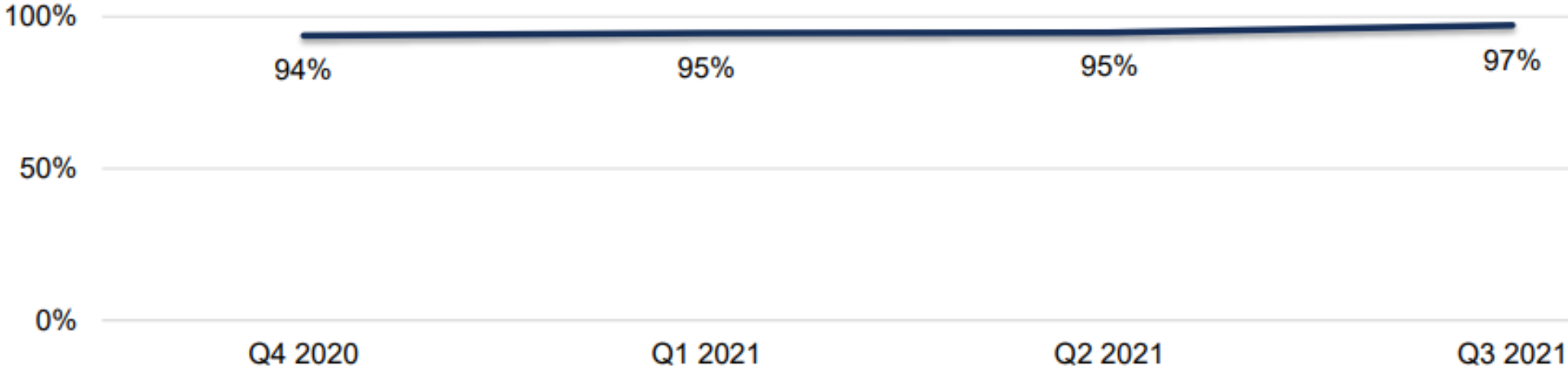
<https://www.dhcs.ca.gov/Documents/MCQMD/CMC-Dashboard-3-22.pdf>

CMC Dashboard: Enrollment

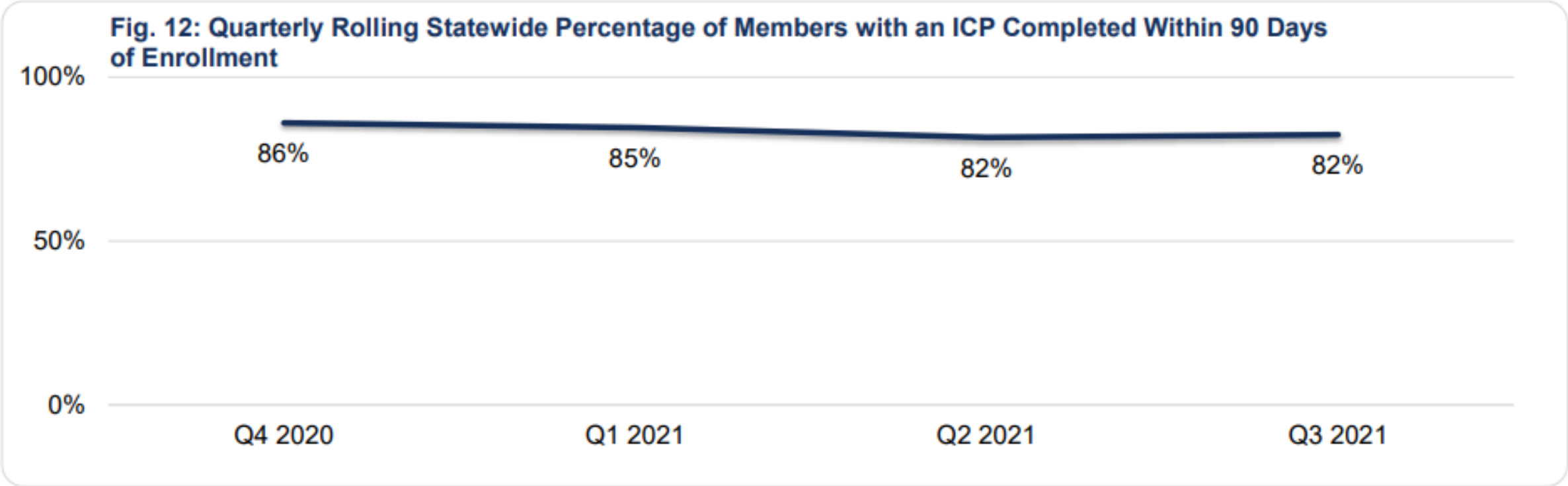


CMC Dashboard: Care Coordination

Fig. 8: Quarterly Rolling Statewide Percentage of Members Willing to Participate and who the Plan was able to Locate with an Assessment Completed Within 90 Days of Enrollment

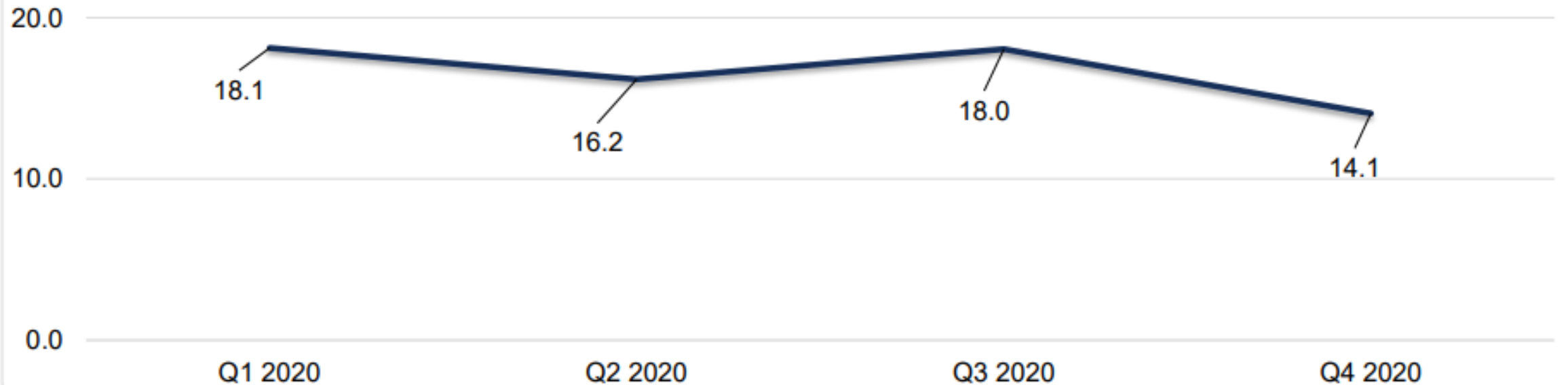


CMC Dashboard: Individualized Care Plan

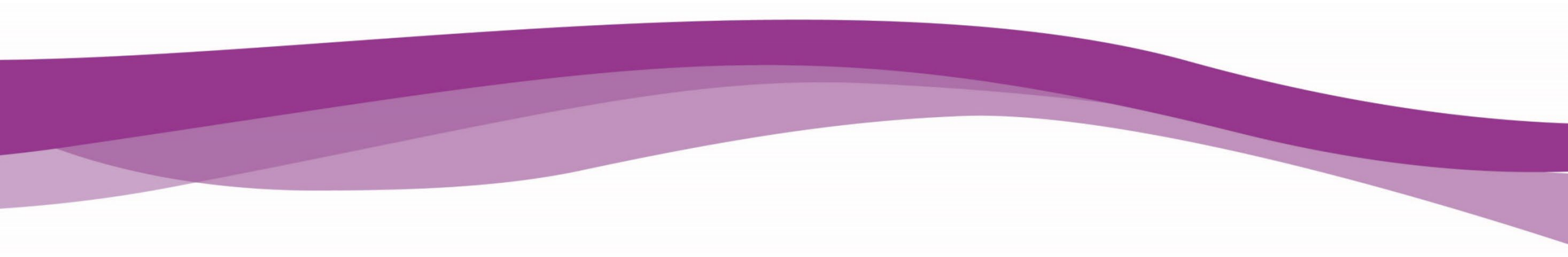


CMC Dashboard: Behavioral Health Emergency Room Utilization

Fig. 24: Quarterly Rolling Statewide Average Count of Emergency Room Behavioral Health Services Utilization per 10,000 Member Months



2023 Transition from Cal MediConnect (CMC) to Exclusively Aligned Enrollment (EAE) D-SNP

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Key Policy Reminders

- » Beneficiary enrollment in a D-SNP (or other Medicare Advantage plan) is voluntary.
- » Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.
- » For 2023, beneficiaries already enrolled in Cal MediConnect will automatically be enrolled in the Medicare D-SNP and Medi-Cal MCP affiliated with their Cal MediConnect plan – **no action needed by the beneficiary.**

D-SNP Definition

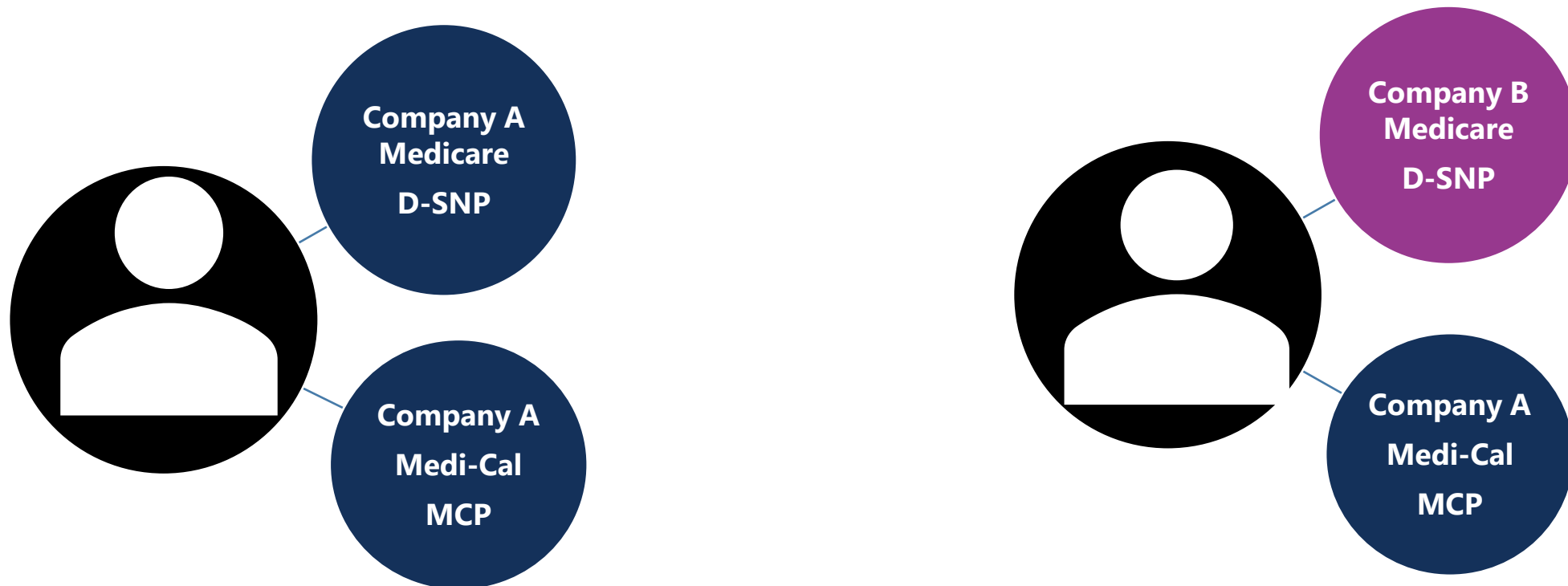
- » D-SNPs are Medicare Advantage (MA) health plans that provide specialized care for dual eligible beneficiaries.
- » D-SNPs must have a State Medicaid Agency Contract (SMAC) with the state Medicaid agency, DHCS, in California.
- » DHCS can choose whether to contract with specific D-SNPs.
- » How is a D-SNP different than a Cal MediConnect (CMC) plan?
 - » CMC plans coordinate Medicare and Medi-Cal benefits under a single health plan and single contract.
 - » D-SNPs include Medicare benefits and coordinate with Medi-Cal benefits. D-SNPs have separate contracts with CMS and DHCS.

Exclusively Aligned Enrollment (EAE)

- » EAE is a state policy that limits a D-SNP's membership to only individuals with aligned enrollment.
 - » All beneficiaries enrolled in a D-SNP are also enrolled in a matching Medi-Cal plan.
 - » D-SNPs will only be allowed to enroll new members who are in their aligned MCP.
 - » Ensures beneficiaries receive more integrated and coordinated care.
- » EAE is like the CMC approach:
 - » One entity is responsible for both Medicare and Medi-Cal benefits.
 - » Simplifies care coordination.
 - » Allows plans to better integrate benefits, communication to members, and member materials.

Aligned Enrollment

- » If a dual eligible beneficiary chooses to receive their Medicare benefits in a Dual Eligible Special Needs Plan (D-SNP), they must receive their Medi-Cal benefits from an aligned Medi-Cal managed care plan (MCP) operated by the same parent company.



EAE D-SNPs in 2023

» EAE D-SNP Policy in 2023:

- » In 2023, Medi-Cal plans in CCI counties will be required to establish EAE D-SNPs, and duals may choose to enroll in those plans, among other options.
- » Cal MediConnect beneficiaries will automatically transition to EAE D-SNPs and matching Medi-Cal MCPs on January 1, 2023. The Cal MediConnect demonstration will end on December 31, 2022.
- » Non-CCI counties will have EAE D-SNPs and matching Medi-Cal MCPs no later than 2026.

2023 CMC to EAE D-SNP Transition

- » CCI and Cal MediConnect will continue until **December 31, 2022**.
- » On **January 1, 2023**, beneficiaries in CMC plans will be **automatically** transitioned into exclusively aligned D-SNPs and MCPs operated by the same parent company as the CMC plan.
 - » There will be **no gap in coverage**.
 - » Provider networks should be **substantially similar**.
- » Beneficiaries will begin to receive notices from their CMC plan about the transition **starting in October 2022**.

EAE Opportunities and Benefits

- » Similar to Cal MediConnect (CMC) approach
- » Financial Incentives
 - » One entity financially responsible for both Medicare and Medi-Cal benefits
 - » Incentivizes Community Supports for dually eligible beneficiaries
- » Integrated Member Materials permitted by CMS
- » Benefit Coordination permitted by CMS
 - » Unified plan benefit package integrating covered Medi-Cal and Medicare benefits
 - » Coordinated benefit administration
 - » Unified process/policy for authorizing Durable Medical Equipment (DME)
 - » Enable plan-level integrated appeals
- » Integrated Beneficiary and Provider Communications permitted by CMS
- » Simplified Care Coordination

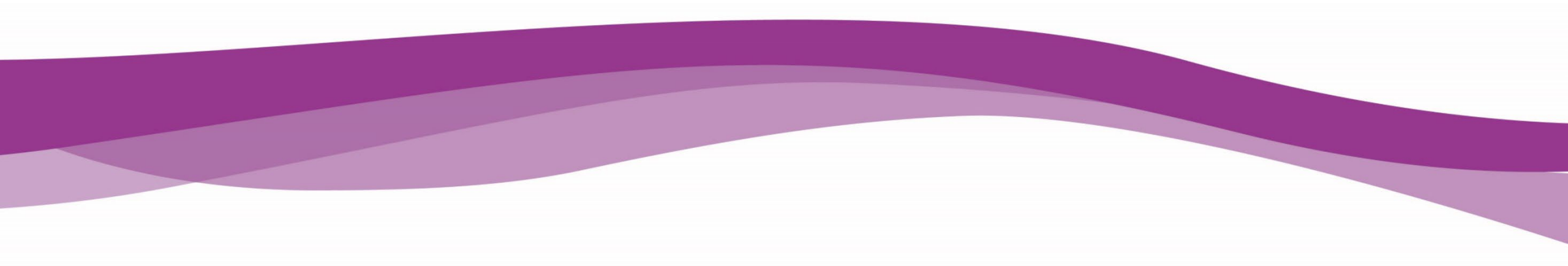
Integrated Care Coordination & Materials

- » Enrollment in the Medi-Cal MCP owned by the same parent organization will allow similar integration and care coordination as members in CCI counties saw in Cal MediConnect.
 - » For example, integrated member materials and coordination across Medicare and Medi-Cal benefits and services.
- » Integrated materials are a benefit of EAE D-SNPs, DHCS is working closely with CMS on their development. For example, members will have one health plan card and one number to call for both Medicare and Medi-Cal benefits.

Benefits of the Transition to EAE D-SNPs

- » Matching Medicare and Medi-Cal plans will help beneficiaries with all their health care needs and will coordinate benefits and care, including medical and home and community-based services, DME, and prescriptions. This coordination will be similar to what is done in CMC.
- » Beneficiaries will continue to have access to a provider network through their matching D-SNP and MCP, which will include similar providers they see today, or the matching plans will help them find a new doctor they like.
- » Beneficiaries will not pay a plan premium or deductible when they receive services from a provider in their health plan's network.
- » If a beneficiary's provider is not currently in the network, there will be a continuity of care period, where the beneficiary can continue to see their provider for up to 12 months (in most cases). The beneficiary must have a prior relationship with the provider, and the provider and health plan must agree to terms, including payment terms.

Medicare Aligned Enrollment in non-CCI Counties



Aligned Enrollment, or Matching Plan Policy

- » Medicare is the lead plan.
- » Dual eligible beneficiaries who are enrolled in a Medicare product must be enrolled in a matching Medi-Cal managed care plan **if one is available.**

Matching Plan Policy

- » In 2022 and ongoing, in the 12 “matching plan” counties, Medicare plan choice determines Medi-Cal plan at the Medi-Cal prime level.
 - » Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, and Stanislaus counties.
- » In 2023, in CCI counties, Medi-Cal plan alignment with Medicare choice extends to Medi-Cal delegate plans with full-risk for all Medi-Cal managed care benefits.
- » In 2023, in the remaining non-CCI counties (Alameda, Contra Costa, Fresno, Kern, Sacramento, San Francisco, and Stanislaus counties), aligned enrollment will continue at the Medi-Cal prime level.

D-SNP Look-Alike Plan Transition

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Overview: D-SNP Look-Alike Plans

- » D-SNP “look-alike” plans are MA plans marketed to dually eligible beneficiaries but not required to provide care coordination with Medi-Cal benefits, integrated care, or joint enrollment.
- » Look-alike plans are MA plans with 80% or more of members eligible for Medi-Cal, meaning they mostly serve dual eligible beneficiaries.
- » Look-alike plans do not meet D-SNP integration requirements.
- » Enrollment in look-alike plans increased in CCI counties in recent years, due to plan marketing efforts and limits on D-SNP enrollment in those counties.

D-SNP Look-Alike Plan Non-Renewal

- » CMS is limiting enrollment into MA plans that are D-SNP look-alike plans.
 - » Starting in 2022, CMS will not enter into contracts with new MA plans that project 80% or more of the plan's enrollment will be entitled to Medicaid.
 - » Starting in 2023, CMS will not renew contracts with MA plans (except SNPs) that have enrollment of 80% or more dual eligibles (unless the MA plan has been active for less than one year and has enrollment of 200 or fewer individuals).

D-SNP Look-Alike Transition

- » CMS will permit an MA organization to transition its D-SNP look-alike membership into another MA plan or plans (including into a D-SNP) offered by the same MA organization, or another MA organization that shares the same parent organization as the MA organization.
- » The look-alike transition is designed to ensure continuity of care and cost-sharing protections for dual eligible beneficiaries, as well as provide better options for people currently enrolled in a look-alike plan.
- » CMS will work with D-SNP look-alike plans to facilitate the “crosswalk” enrollment of their members to D-SNPs or other MA plans.

2023 CMC to EAE D-SNP Transition Outreach Efforts

Cassidy Acosta
Deputy Outreach Director
Aurrera Health Group

Recap: CMC Outreach in Prior Years

Beneficiaries

- » Beneficiary-facing materials, including a beneficiary slide deck and toolkit
- » Outreach presentations
- » Health fairs for seniors, adults with disabilities, and caregivers

Advocates and Other Professionals

- » Materials for case managers and service providers, such as an advocate slide deck and hospital case manager toolkit
- » Community-based communications workgroups and attended local collaborative and stakeholder meetings
- » Virtual resource fairs for advocates and stakeholders

Providers

- » Provider-facing materials, including a provider slide deck and toolkit
- » Provider webinars and in-person presentations to physicians and their office staff

Successful Strategies from CMC Outreach

- » Build rapport and strengthen relationships with community stakeholders, e.g., through local, county-based communications workgroups.
- » Develop accessible outreach materials to educate beneficiaries about their health care options.
- » Equip social service providers and other community-based organizations (CBOs) with the knowledge to educate the dually eligible beneficiaries they serve.
- » Create tailored materials for providers and conduct focused provider outreach, including partnering with health plans to effectively reach providers.
- » Encourage stakeholder participation and feedback throughout material development.
- » Use both in-person and virtual approaches to reach a variety of audiences.

Provider and Partner Outreach Goals for 2023 CMC Transition and New D-SNP Enrollment

Three Strategic Goals:

1. Educate providers and CBOs about the Exclusively Aligned Enrollment D-SNPs and equip them with the information and tools to help beneficiaries through the transition and support new enrollment into D-SNPs.
2. Build and strengthen relationships between Health Insurance Counseling and Advocacy Programs (HICAP), ombudsman, health plans, long-term services and supports (LTSS) providers, county agencies, and CBOs.
3. Establish stakeholder buy-in for the initiative and increase understanding of and participation in integrated care.

Provider and Partner Outreach Strategy for 2023 CMC Transition and New D-SNP Enrollment



Audiences of Focus

Providers

Community-Based
Organizations



Outreach Activities

Educational Presentations

Town Halls

Communications Workgroups

Stakeholder Meetings

Health Fairs and Conferences



Outreach Materials

FAQs

Slide Decks

Fact Sheets

Contact Sheets

Audiences of Focus

Providers

- Physicians
- Physician office staff
- Hospitals
- LTSS service providers
- Medical social workers
- Community health workers
- Others as identified

Community-Based Organizations

- Area Agencies on Aging and HICAP
- Independent Living Centers
- Senior centers
- Disability programs
- Social service agencies
- County departments on aging
- Others as identified

Outreach Activities

- » **Educational Presentations:** Reach audiences of focus such as providers, their staff, and In-Home Supportive Services (IHSS) social workers to prepare them to help beneficiaries with the transition and support beneficiaries enrolling in D-SNPs.
- » **Town Halls:** Host regional events in partnership with key stakeholders to share information about the transition and new D-SNP enrollment.
- » **Communications Workgroups:** Facilitate county-based workgroups to get feedback, develop materials, and conduct outreach activities.
- » **Stakeholder Meetings:** Participate in local collaboratives by delivering outreach reports and sharing information and materials about the transition and new D-SNP enrollment.
- » **Health Fairs and Conferences:** Conduct outreach at events aimed to reach providers and CBOs.
- » **Beneficiary Outreach:** Generally, a separate effort led by health plans, in partnership with providers and CBOs, with overall support from DHCS and CMS.

Provider and Partner Outreach Materials

- » **Slide decks:** Used to educate providers and CBOs, includes an overview of the new D-SNP enrollment and CMC transition.
- » **FAQs:** Tailored for providers and CBOs and developed in partnership with the local communications workgroups.
- » **Toolkits:** Provide detailed information about new D-SNP enrollment and CMC transition. Able to be divided into separatable inserts and will include talking points and materials for providers and CBOs to share with the beneficiaries they serve.
- » **Fact Sheets:** Summarize information about the transition, as well as the benefits of exclusively aligned D-SNPs and Medi-Cal plans. Tailored to specific stakeholders, including HICAP/other CBO counselors, physicians, social service providers, caregivers, beneficiaries, etc.
- » **Contact Sheets:** Help identify key contacts in a county, such as health plans, ombudsman entities, and HICAP.

Who to Contact for Help

- » Beneficiaries can access free counseling on their health coverage by contacting the **Health Insurance Counseling and Advocacy Program (HICAP)**: 1-800-434-0222
- » If beneficiaries want to join or change health plans, they can contact **Health Care Options**: 1-844-580-7272.
 - » If beneficiaries are in a COHS county (San Mateo and Orange), they should contact the MCP directly.
- » If beneficiaries cannot resolve issues with their health plan, they can contact the ombudsman:
 - » Cal MediConnect Ombudsman Program: 1-855-501-3077
 - » Medi-Cal Managed Care Ombudsman: 1-888-452-8609

Questions?

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Next Steps

- » For more information on the Coordinated Care Initiative (CCI) – including enrollment, quality data, and toolkits – visit www.calduals.org. You can send any questions or comments to info@CalDuals.org.
- » Next Managed Long-Term Services and Supports (MLTSS) & Duals Integration Stakeholder Workgroup Meeting: **Thursday, March 24th at 10 A.M.**
- » Next Quarterly CCI Stakeholder Engagement Webinar: **June 2022**