Stakeholder Advisory Committee Webinar

July 16, 2020
Webinar Tips

• Please use either computer or phone for audio connection.
• Please mute your lines when not speaking.
• For questions or comments, email: SACInquiries@dhcs.ca.gov
Welcome and Introductions
Budget Updates
COVID-19 Updates: Telehealth
• Comprehensive policy update was implemented in summer 2019 after extensive stakeholder engagement.

• Licensed providers have flexibility to determine if service delivery is appropriate for audio-visual, two-way communication or store-and-forward.
  – Physicians, nurses, mental health practitioners, substance use disorder providers, dentists, Federally Qualified Health Centers, Rural Health Clinics, Indian 638 clinics, and other licensed providers may use telehealth
  – Beneficiaries retain choice for service delivery modality

• E-Consults allowed for licensed providers
  – Not available for FQHCs, RHCs, and Indian 638 clinics

• Modifiers used with claims to indicate if the service is provided for synchronous or store-and-forward services.
Virtual/Telephonic Communication During PHE

• During the public health emergency (PHE), DHCS will pay the same rate for telephonic services as face-to-face under the following circumstances:
  – Encounter must meet the requirements of billed visits that would have otherwise been provided in a face-to-face encounter
  – The encounter replaces a face-to-face visit
  – Service is clinically appropriate for modality used
  – Service provided meets all procedural and technical components of the service

• Applies to all provider types, including Federally Qualified Health Centers (FQHC), Rural Health Clinics (RHC), and Tribal 638 clinics.
Virtual/Telephonic Communication Flexibilities During PHE (cont.)

- Home of the beneficiary can serve as an originating site.
- Use of telephonic visits without visual of beneficiary.
- Establishment of a new patient via telehealth with visual of beneficiary.
- DHCS will review these PHE flexibilities to determine which ones should be permanent provisions, and whether federal approvals are necessary.
Flexibilities for FQHC, RHC, and Tribal 638 Clinics During PHE

• Can receive their Prospective Payment System rate or All-Inclusive Rate for telephonic services that meet billed visit requirements.

• Can bill with HCPCS code G0071 for virtual/telephonic services that do not meet visit requirements.

• Associate marriage and family therapists and associate clinical social workers can be billable providers in FQHCs and RHCs.
  – This is currently allowed for Tribal 638 clinics

• Tribal 638 clinics can provide services outside of the four walls and still receive reimbursement.
Teledentistry

• Medi-Cal enrolled dentists and allied dental professionals (under the supervision of a dentist) may render limited services via synchronous/live transmission teledentistry, so long as such services are within their scope of practice.

• For dental services provided via teledentistry, providers are to use appropriate billing code based on the telehealth modality used – synchronous or store-and-forward.

• Dental providers will be reimbursed based upon the applicable CDT procedure code according to the Schedule of Maximum Allowance (SMA).
Effective March 25, 2020, a temporary teledentistry exception was implemented to allow for dental providers who provide consultation services by telephone or video to remote Medi-Cal members.

Providers may use CDT code D9430 in lieu of an in-person visit for purposes of live streaming video or telephone with a Medi-Cal patient with oral health issues.

Providers would be reimbursed the SMA rate for CDT code D9430 plus applicable transmission fees, as appropriate.
COVID-19 Updates: Medi-Nurse Line
Medi-Nurse Line: Overview

• Medi-Nurse line offers 24/7 advice for people without health insurance or who have fee-for-service Medi-Cal but don’t have a regular doctor to oversee their care.

• Medi-Nurse is not designed for callers who already have a health plan that covers COVID-19 services.

• Accessed by calling 1 (877) 409-9052.
  – Available in multiple languages, through LanguageLine (Spanish +17 additional languages)
• All callers can ask general questions about COVID-19 symptoms, and get additional information about and referrals to helpful COVID-19 resources.

• All callers who present with COVID-19 symptoms will also have access to trained and knowledgeable nurses for clinical consultation and triaging, including but not limited to:
  – Directions to self-isolate and perform home self-care techniques.
  – Directions to get tested and/or seek treatment, inclusive of referrals to COVID-19 resources such as information relative to testing sites using the locator tool via COVID19.ca.gov.

• Uninsured callers will also be referred to a qualified provider in the county of the caller who can perform presumptive eligibility (PE) determinations to provide temporary coverage to minimally obtain COVID-19 testing, testing related and treatment services.
Impact of Medi-Nurse Line (May 2020 to current):
- **11,000+ Calls**
- **2% Abandonment Rate** (better than industry standard of 5-8%)
- **81% Uninsured**
- **52 (90%) California counties serviced**

**Note:** QP refers to Qualified Provider
Medi-Nurse Line Statistics (cont.)

Age Group and Gender

- 0-20: 43% (male), 57% (female)
- 21-64: 43% (male), 57% (female)
- 65+: 37% (male), 63% (female)

Language

- English: 78%
- Spanish: 21%
- Other Language: 1%
Medi-Cal 2020
Section 1115 Waiver Update
Overview

• Medi-Cal 2020, California Advancing and Innovating Medi-Cal (CalAIM), and COVID-19
• Plan for 12-Month 1115 Waiver Extension Request
  – Programs not included in the extension request
  – Programs included in the waiver extension request
• Financing and Budget Neutrality
• 1915(b) Specialty Mental Health Services Waiver
  – second extension request
• Timeline and Next Steps
The current 1115 waiver (Medi-Cal 2020) is set to expire on December 31, 2020.

Prior to the COVID-19 public health emergency, DHCS planned to implement CalAIM in conjunction with the end of the waiver period.

COVID-19 has greatly impacted all aspects of California’s health care delivery system, due to focus on surge planning, infection control, transition to telehealth/telework, and reprioritization of resources.

Health care systems, plans, providers, and counties requested a delay in CalAIM, due to the need to address the pandemic.

While the state is still committed to CalAIM, a one-year extension of the Medi-Cal 2020 waiver is crucial to maintaining the current delivery system and services for beneficiaries.

The final FY 2020-21 state budget reflected a delay in funding for CalAIM.
Medi-Cal 2020
12-Month Extension Request

• DHCS must request a waiver extension from CMS in order to keep Medi-Cal 2020 from expiring on December 31.

• 12-month extension will provide the necessary federal authority and Medicaid matching funds.
  – Support the financial viability of the delivery system in the context of COVID-19

• Waiver extension proposal to be released for public comment on July 22.
  – 30-day comment period will close on August 21
  – Goal to submit 1115 Extension request to CMS by September 15
Components of Medi-Cal 2020 Waiver Extension Request

- Medi-Cal Managed Care
- Whole Person Care
- Global Payment Program
- Drug Medi-Cal Organized Delivery System
- Low-Income Pregnant Women
- Former Foster Care Youth
- Community-Based Adult Services
- Coordinated Care Initiative
- Dental Transformation Initiative & Designated State Health Programs (DSHP)
- Tribal Uncompensated Care
- Rady’s CCS Pilot
Components NOT included in Extension Request

• Public Hospital Re-Design and Incentives in Medi-Cal (PRIME)
  – PRIME reporting metrics and funding to be transitioned to Medi-Cal managed care Quality Incentive Payment (QIP) program
  – Request submitted to CMS in early 2020
12-Month Extension

Key Elements
Whole Person Care

• Continue WPC Pilot Program as currently structured.
• Additional year of funding at FY 2019-2020 (PY 4) expenditure levels.
• New target population for individuals impacted by COVID-19.
• Allow WPC pilots to modify their budgets in response to COVID-19.
Global Payment Program and Dental Transformation Initiative

• 12-month extension of authority and federal matching funds for:
  – Global Payment Program extended to December 31, 2021
  – Safety Net Care Pool/UCC funding continues
DMC-ODS

• 12-month extension of authority for county-based pilots, including expenditure authority for residential SUD services in IMDs; Medi-Cal funding.

• Technical changes:
  – Remove limitation on the number of residential treatment episodes that can be reimbursed in a one-year period
  – Clarify that reimbursement is available for SUD assessment and appropriate treatment even before a definitive diagnosis is determined
  – Clarify the recovery services benefit
  – Expand access to MAT
  – Increase access to SUD treatment for American Indians and Alaska Natives
Other Programs in the Extension Request

- **Low-Income Pregnant Women**: Extension; No changes
- **Former Foster Care Youth**: Extension; No changes
- **CBAS**: Extension; No changes except temporary COVID provisions attachment
- **CCI**: Extension; No changes
- **Dental Transformation Initiative**: Extension including Designated State Health Programs mechanism; transition to State Plan in 2022; Discontinue Domain 4
- **Tribal Uncompensated Care Waiver Amendment**: Extension; Requirement for CRIHB to contract with any willing Tribal health program enrolled in Medi-Cal
- **Rady’s CCS Pilot**: Extension; No changes
Financing

- **Whole Person Care**: Requesting an additional year ($300 million) of federal funding equal to 2020 program (PY4) expenditures

- **GPP**: Continued FFP for value-based payments to participating Public Health Care Systems that incur costs for services to the remaining uninsured

- **Budget Neutrality**: Request to continue treatment of following expenditures to eliminate impact to calculation
  - DMC-ODS
  - CBAS
  - Health Homes
  - Out-of-State Former Foster Youth
  - Managed care payments for the ACA new adult expansion population
  - Hospital Quality Assurance Fee program related payments
1915(b)
Specialty Mental Health Services
Waiver Extension
1915(b) Specialty Mental Health Services (SMHS) Waiver Extension

• On May 8, 2020, DHCS formally requested an extension of the state’s current Medi-Cal SMHS Waiver authorized under Section 1915(b) of the Social Security Act.

• As originally approved by CMS, this 1915(b) waiver was set to expire on June 30, 2020.

• DHCS requested CMS’ approval to extend the term of the waiver through December 31, 2021.
1915(b) Specialty Mental Health Services (SMHS) Waiver Extension (continued)

• On June 2, 2020, DHCS received a response from CMS approving a six-month extension to December 31, 2020, acknowledging the need for an additional extension request due to the delay of CalAIM.

• DHCS is now seeking a second extension to the 1915(b) waiver to December 31, 2021, to coincide with DHCS’ extension request for the 1115 waiver.
Next Steps

• Public Comment
  – The 30-day public comment period will start on July 22, 2020
  – Waiver extension request & all other documentation will be posted on the DHCS website
  – Comments made at public meetings will be transcribed
  – Written comments can be submitted to 1115waiver@dhcs.ca.gov by COB on August 21, 2020
  – Written comments on the 1915(b) waiver extension can be submitted to MCBHD@dhcs.ca.gov by COB on August 21, 2020

• Tribal Consultation (held via webinar)
  – Wednesday, July 29, 2020

• Public Hearings (held via webinar)
  – Friday, August 7, 2020 3:30 p.m. – 5:00 p.m.
  – Monday, August 10, 2020 2:00 p.m. – 3:30 p.m.
Questions and Comments
Medi-Cal Enrollment Update
Medi-Cal Applications

Applications Received Through County Offices

Data Source: Statewide Automated Welfare Systems (SAWS)
County Application Pathways

- Online
- In Person
- Phone
- Mail/Fax
- Other
  - Includes applications received from sources not included in the above categories, such as those received by IHSS, and CBO(s) referrals, etc.

Note: This data is reported at the application level, with a single application potentially including more than one person (for example, a parent and two children are likely to apply for health coverage on a single application).
County Application Pathway
- Online Applications -

Online Application Total

Data Source: Statewide Automated Welfare Systems (SAWS)
County Application Pathway - In Person Applications -

In-person Applications Total

Data Source: Statewide Automated Welfare Systems (SAWS)
County Application Pathway
- Phone Applications -

Data Source: Statewide Automated Welfare Systems (SAWS)
County Application Pathway
- Mail/Fax Applications -

Data Source: Statewide Automated Welfare Systems (SAWS)
County Application Pathway
- Other Applications –

Data Source: Statewide Automated Welfare Systems (SAWS)
CalHEERS Application Pathways

- Online
- Phone
- Mail/Fax
- Email

Note: This data is available on the California Health and Human Services (CHHS) Open Data Portal (ODP) - https://data.chhs.ca.gov/dataset/insurance-affordability-programs-applications-received-through-calheers-by-submission-channel
Assister Application Pathways

- Agent
- Service Center Representative (SCR)
- Certified Enrollment Counselor (CEC)
- Plan-Based Enroller

Note: This data is available on the CHHS OPD - https://data.chhs.ca.gov/dataset/applications-submitted-for-insurance-affordability-programs-with-the-help-of-an-assister
Medi-Cal
NEW Enrollments

Individuals newly enrolled in Medi-Cal with no history of Medi-Cal eligibility previously

<table>
<thead>
<tr>
<th>Month</th>
<th>2019 Monthly total</th>
<th>2020 Monthly total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan</td>
<td>110,548</td>
<td>109,184</td>
</tr>
<tr>
<td>Feb</td>
<td>80,721</td>
<td>73,661</td>
</tr>
<tr>
<td>Mar</td>
<td>87,762</td>
<td>78,642</td>
</tr>
<tr>
<td>Apr</td>
<td>87,082</td>
<td>74,589</td>
</tr>
<tr>
<td>May</td>
<td>86,162</td>
<td>60,714</td>
</tr>
</tbody>
</table>

Data Source: MIS/DSS
Medi-Cal New Enrollments
Female by Age

April 2019 - Female 44,095
April 2020 - Female 37,454

Data Source: MIS/DSS
Medi-Cal New Enrollments Male by Age

April 2019 - Male 42,987

- 0 to 17: 45.7%
- 18 to 25: 14.0%
- 26 to 34: 11.3%
- 35 to 44: 8.8%
- 45 to 54: 7.9%
- 55 to 64: 4.5%
- 65+: 7.8%

April 2020 - Male 38,130

- 0 to 17: 37.2%
- 18 to 25: 14.3%
- 26 to 34: 11.9%
- 35 to 44: 9.6%
- 45 to 54: 2.4%
- 55 to 64: 17.0%
- 65+: 7.5%

Data Source: MIS/DSS
Medi-Cal New Enrollments
Ethnicity

April - 2019 Total 87,082
1.9% Filipino is the largest of the remaining ethnicities

April - 2020 Total 75,584
2.1% Filipino is the largest of the remaining ethnicities

Data Source: MIS/DSS
April - 2019 Total 87,082
1.2% Vietnamese is the largest of the remaining languages

April - 2020 - Total 75,584
0.9% Vietnamese is the largest of the remaining languages

Data Source: MIS/DSS
Medi-Cal
Re-Enrollments

Individuals re-enrolled into Medi-Cal after a “break in aid” during the previous 12-Month Period

Data Source: MIS/DSS
Medi-Cal
TOTAL Enrollment

Data Source: MIS/DSS
Uninsured COVID-19 Testing Group
COVID-19 Presumptive Eligibility (PE)

• COVID-19 Coverage Group (aka COVID-19 PE):
  – For uninsured individuals
  – Services limited to medically necessary COVID-19 testing, related to testing, and treatment services
  – 12-month enrollment period or end of public health emergency, whichever comes later

• COVID-19 PE Application Pathways:
  All PE Qualified Providers, including:
  – Hospital PE
  – Child Health and Disability Prevention Gateway
  – PE for Pregnant Women

• COVID-19 PE Applications as of 7/3/2020: 7,289
COVID-19 Resources/Links

- CA COVID-19 webpage: https://covid19.ca.gov/
- DHCS COVID-19 webpage: https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%919-Response.aspx
- California Department of Public Health COVID-19 webpage: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/ncov2019.aspx
Medi-Cal Long-Term Care at Home Update
• Provide qualifying Medi-Cal beneficiaries and their families with more choices in living situations and long-term care settings.

• Provided through State-licensed agencies that will arrange for and/or directly provide skilled nursing care and related services in the home.

• Allow qualifying Medi-Cal beneficiaries currently residing in SNFs to safely move from a facility to a home.

• Allow qualifying Medi-Cal beneficiaries that may require SNF services in the future to avoid institutionalization.
Long-Term Care at Home Overview, Cont.

• Allow qualifying Medi-Cal beneficiaries to be discharged from a hospital to a home placement in lieu of a SNF stay.

• Support efforts to reduce population pressure at SNFs.

• Statewide Medi-Cal benefit for Fee-For-Service and Managed Care delivery systems.
Model of Care

Four Primary Components

• Individual, Person-Centered Assessment
• Transition Services
• Care Coordination
• Medical and Home and Community Based Services
Financing and Cost

• Bundled per diem rate encompassing Long-Term Care at Home services.

• Some services may be billed and reimbursed outside of the per diem.

• Per diem rates may be tiered based on acuity.

• Clinically appropriate utilization controls will be established as benefit is intended to be cost effective option in lieu of institutional placement.

• Transitional Services will be reimbursed as a one-time payment paid separately from the bundled per diem.
Federal Authority

• DHCS will seek approval from the Federal government through the Section 1915(i) State Plan.

• This will allow flexibilities that are not available through 1915(c) waiver programs.
Policy Focus Areas

• Agency license requirements

• Payment structure

• Medicare – Medicaid Dual Eligible Beneficiaries
Policy Focus Areas, Cont.

• Eligibility and service interaction with other Home and Community-Based Programs: IHSS, PACE, CBAS, 1915(c) waiver programs, Money Follows the Person/California Community Transitions.

• The Medi-Cal Managed Care Plan role in the Long-Term Care at Home.
Stakeholder Process and Schedule

• DHCS is engaging the public through iterative exchanges of feedback and recommendations.

• The primary public stakeholder group for this initiative is the Master Plan for Aging, Long-Term Services and Supports Subcommittee.

• Additional stakeholder feedback will be solicited through other structured processes (e.g., Stakeholder Advisory Committees, targeted surveys, etc...) as well as ad hoc discussions.
Upcoming Meetings & Publications

• Master Plan for Aging, Long-Term Services and Supports Subcommittee: Friday, July 17 from 3 p.m. – 5 p.m.: https://www.chhs.ca.gov/home/master-plan-for-aging/subcommittees/ltss/#july-17-2020

• Medi-Cal Long-Term Care at Home Benefit Design, 2nd Iteration & FAQ: https://www.dhcs.ca.gov/provgovpart/Pages/Ltcathome-workgroup.aspx
Questions

If you would like to contact DHCS regarding Long-Term Care at Home, please send an email to:

LTCatHome@dhcs.ca.gov
Public Comment
Next Steps and Final Comments