

MEETING MINUTES

NAVIGATORS PROJECT MONTHLY PARTNER MEETING

Date: Thursday, June 15, 2023
Time: 11:00 AM – 12:00 PM
Webinar: Teams (1-279-895-6425) - 250840766#
[Click here to join the meeting](#)

ATTENDEES				
o Sysvanh Kabkeo	o Brandon Roberts	o Nancy Ojeda	o Tina Coulson	o Estephanie Arreola
o Genevrah Saelee	o Danielle Pinto	o Alameda	o Butte	o Fresno
o Kern	o Kings	o LA DPH	o Lake	o Madera
o Merced	o Napa	o Orange	o Placer	o Riverside
o San Bernardino	o San Diego	o San Luis Obispo	o San Mateo	o Stanislaus
o Trinity	o Ventura	o Ampla Health	o Sacramento Covered	o Innercare
o Catholic Charities of California (CCC)	o Community Service Solutions (CSS)	o Kaweah Health Foundation	o Bonita Family Resource Center (BFRC)	o Marin Community Clinic (MCC)
o California Coverage and Health Initiative (CCHI)				

11:00 – 11:05

Introductions/Roll Call (introduce the new analyst)

11:05 – 11:10

Project Updates

- Project Deliverables
 - April 2023 data is due June 30
 - Submit the monthly data report through the SFTP
- [Bulletin 2023-004](#) Immigrant Assistance Services was published earlier this month. Partners were notified via email.
 - This bulletin provides information of immigration services organizations and encourages project partners to collaborate with these organizations to provide accurate education and information involving immigration concerns from individuals when partners are implementing activities involving the full-scope coverage expansion.
- Augmentation Process
 - Updated Work Plan and Budget Plans were reviewed and sent back to partners for revisions and corrections.
 - Allocation Amendments will be/were issued to those partners that received an augmentation on June 16.
 - Please remember partners have 60 days from date of issuance to sign and return to DHCS for countersignature.
 - If you have a BOS process, please let DHCS know and provide an anticipated BOS date.

11:10 – 11:55

Navigators Project Data Template – Proposed Changes PowerPoint Presentation

- Monthly Data Template
 - The Navigators Project is encountering issues with partners submitting incomplete data on a monthly basis and wants to provide partners with detailed explanations of the fields and expectations for this deliverable.

- The first half will cover issues that DHCS is encountering when reviewing the data and submitting for verification against MEDS.
- The second half will cover proposed changes (release date TBD) to the monthly template with the intent to facilitate the completion of the data template.

- Monthly Data Template Cont.
 - This is required deliverable from all participating partners with an executed Allocation Agreement
 - The deliverable is required on a monthly basis
 - For specific due dates and more information please refer to [Bulletin 2022-005](#)

- Current Monthly Data Template
 - The current data template consists of three tabs.
 - Tab 1 provides instructions on how to complete the data template.
 - Tab 2 is requesting partners to enter aggregate data for all of the Data Points (DP) involved with project implementation.

- Current Monthly Data Template Cont.
 - Tab 3 is where partners are to list all successful enrolled and retained individuals.
 - Only successfully enrolled and retained individuals should be listed on this tab.
 - If an individual is denied or discontinued from Medi-Cal, partners can count those individuals in the aggregate data tab under DP5, Assisted with Application and/or DP8, Assisted with Redetermination.
 - Each individual should be listed separately.

- Monthly Data Reporting Discrepancies and Successes
 - In reviewing of the SB 154 data files submitted so far, the following discrepancies were found.
 - Regarding the Data Points
 - None were indicated.

- Per the instructions, at least one Data Point is required.
 - Conversely, we have received data files where both Data Points were indicated on the same row.
 - Per the instructions and by definition, the same individual cannot be both enrolled and retained in the same month. So while at least 1 DP should be indicated, only 1 DP can be indicated. Not both.
- Monthly Data Reporting Discrepancies and Successes Cont.
 - Per the instructions, partners should use a number 1 to indicate a DP or TP. Partners should not use an "X".
 - At a minimum, partners should be providing at least a Social Security Number or the CIN for each individual.
 - If the SSN is not available to the partner the CIN must be provided and vice versa.
- Monthly Data Reporting Discrepancies and Successes Cont.
 - When the information is not known or is not relevant, please leave the cell blank. Do not use other values that are not valid for the information requested.
 - You do not need to use Unknown, N/A, a number 0, etc. Please just leave the cell blank.
 - *Please note that we are not saying that if you do not know the minimum required information it is okay to submit the template incomplete, DHCS is saying that in the event an individual does not have a SSN, do not fill in that cell with any other values. If you indicate DP1, do not use a zero for DP2.
 - Partners have erroneously not only provided incorrect information for what the column is requesting but it is being duplicated for more than one column.
- Monthly Data Reporting Discrepancies and Successes Cont.
 - Some partners are using an outdated version of the data template.

- All awarded partners for the SB 154 iteration were sent the new template. If you need that new template, please let us know and we will send it.
- The Eligibility date has been a topic of a few discussions and we understand the confusion, we do need partners to provide an eligibility date for all rows submitted.
- DHCS is in the process of revising the monthly data template, with the revision of the template, we have added a new column for the renewal date and have enhanced the instructions to clear up confusion.

- Monthly Data Reporting Discrepancies and Successes Cont.
 - Not all data files have had discrepancies or errors. We have received data files that include the minimum required information and in the correct format.
 - A great example of how to correctly complete the template using a number 1 under each category to indicate the age group, the DP, and at least one and up to all the Target Populations that apply.
 - DHCS has requested all partners to submit a data report for each month, and has requested partners who do not have data to report to please submit a template indicating No Data.

- Monthly Data Reporting Discrepancies and Successes Cont.
 - Another example of how to correctly complete the minimum required category information.
 - Also an example of how partners are required to provide at least a social security number and/or the CIN.

- Proposed Monthly Data Template Changes
 - DHCS selected 6 project partners to participate in a data workgroup.
 - DHCS met with the workgroup on June 2nd and on June 6th to go over the Monthly Data Template

- The workgroup provided feedback to DHCS and as a result some proposed changes to the template were made.
- Proposed Monthly Data Template Changes Cont.
 - The following changes were made:
 - The instructions tab (Tab 1) was updated to provide clearer definition of the eligibility and renewal dates.
 - As well as making the requirements for the minimum information needed clearer.
 - On the aggregate data tab (Tab 2), the PHE section for aggregate counts will be removed.
 - On the Enrollment and Retention tab (Tab 3):
 - The street address and age categories will be removed.
 - A column for renewal date will be added, with the effort to clear up the eligibility date confusion.
 - Now the eligibility date will be related to DP1 and the renewal date will be related to DP2.
- Proposed Monthly Data Template Changes Cont.
 - DHCS intends to test the new template with the data workgroup prior to releasing and implementing the new template with all project partners.
 - The updated Monthly Data Template is displayed.

Additional Information and Resources

- [ACIN I-26-23](#): This letter was published by the Department of Social Services to inform County Welfare Departments of DHCS' efforts to support beneficiaries retain their Medi-Cal coverage during the unwind. It provides information regarding the Navigators Project funding and purpose.

CMS' Call-to-Actions

- With the resumption of Medi-Cal (Medicaid) renewal starting as early as February 2023 in some states, CMS has expressed

11:50 – 11:55

concerns on a high rate of procedural termination such as beneficiaries having failed to return their renewal paperwork.

- Early data from a few states indicate that around 30% of beneficiaries requiring an annual renewal were terminated. Of these terminations, approximately 79% is due to procedural reasons.
- CMS is directing all state Medicaid agencies and their partners to take all possible efforts to maximize coverage and minimize procedural terminations.
- To help all DHCS Navigators Project's partners the outreach and retention efforts, the Navigators Project Team is looking into making a list of monthly renewals due available due to all primary CBO partners. For county partners, we'll expect that you can obtain this list from your respective county.
 - Follow-up note: The Navigators Project team is working to obtain two lists for partners to leverage to assist in decreasing procedural terminations. The first list will be monthly redeterminations (after ex parte), and the second list will be monthly discontinuances for "failure to cooperate." Both lists should be available for the August 2023 renewal period.
- Navigators will be developing some guidance on this issue (via a bulletin) to provide further direction on how to possibly decrease the procedural termination rate and engage in further outreach and messaging.
- In addition, we'll be available to provide further technical assistance.

Q&A

Q: What if the individual does not have either a SSN or a CIN due to being undocumented?

A: Every individual who has an application registered with the county will be issued a CIN. It may not be immediately obtainable and may require follow-up with the county or the individual. Whether the county approves or denies their eligibility, there will always be a CIN associated with the

individual. The CIN is also known as the Benefits Identification Card (BIC) number.

Q: What if their application is denied?

A: Do not count as an enrollment data point; however, partners can still receive credit for the effort such as (DP 5) Application Assistance or (DP 8) Redetermination Assistance on Tab 2 of the Monthly Data report.

Q: Can you explain how someone cannot be enrolled and retained in the same month?

A: An enrollment is associated with a new applicant being enrolled into Medi-Cal. A retention is related to an individual who is currently on Medi-Cal and required to get his or her annual Medi-Cal eligibility renewal completed.

Q: Will there be any additional reporting requirements for the focused activities completed with additional awarded funds?

A: At this time, no. The intent is to remove the PHE Aggregate Data and all data will be reported under the Normal Operation table. The new monthly data template has not been distributed. Partners will be notified once the updated template is released to partners.

Q: For the SFTP, is it the same folder we used for the prior Navigators Project?

A: Yes, it is the same. Partners who had access in the previous iteration should still have access to the Navigators Project SFTP folder. Please reach out to DHCS if you do not have access.

Q: With the new monthly data template, will a new field be added for assisting individuals who fall under the Medi-Cal expansion population?

A: No, for the Medi-Cal Expansion Population partners should use Target Population (TP) 12. This TP can be used for the various Medi-Cal Expansions and other population groups not specified in TP1-11.

Q: As we wait for the updated budget reflecting the augmented funds, if we have modifications, do we submit an updated budget plan now or wait for the updated budget plan to be approved and finalized?

A: We ask that partners hold off from making changes to their budget plans until the annual Budget Plan updates are submitted (due July 31) unless absolutely necessary. For partners that will not be able to secure approval for their amendments before the annual Budget Plan update is due, please use the pending amendment Budget Plan as the starting point for the update. If there is an immediate need for a budget revision, please reach out to DHCS.

Q: Is the data for discontinued cases available per county?

A: Not at this time. The only cases we have a list for are the cases that have a renewal due in August 2023 and a packet is required. DHCS will take this list into consideration and will look into the possibility of providing a list of discontinued cases as well.

Q: What happens if we have unspent funds from FY 1?

A: DHCS requests all partners to roll over any unspent funds to FY 2, FY 3 and/or close out period. DHCS will be requiring all partners to submit an updated budget plan by July 31st, reflecting actual expenditures spent for FY 1 and redistribute any unspent funds into the next fiscal years.

Q: Can you explain what is allowed in the “List” that was mentioned? I am wondering from a county perspective what is allowed to provide in terms of data and if the report is coming directly from DHCS and allowable to be filtered off to CBOs. It would be important to know it is appropriate to share data. We want to make sure we are covered in terms of data privacy and confidentiality.

A: DHCS intends to issue a bulletin with more detailed information about this effort and our expectations from all project partners. DHCS is asking for partners to provide minimum contact information, such as: names, language (written and spoken), phone number, email, date the renewal is due, etc. As a project partner, county partners are required

to comply with the Privacy & Security Agreement (PSA) or Health Insurance Portability & Accountability Act Business Associate Addendum (BAA) (as appropriate) and CBO partners are required to comply with the BAA when it comes to sharing Protected Health Information (PHI)/Personally Identifiable Information (PII)/Personal Information (PI) information. Partners must incorporate the PSA and BAA into their agreements with their subcontractors to ensure that they are in compliance with state and federal requirements for receiving and using this information.

Q: Can DHCS explain why the augmentation funds will need to be spent in FY 2

A: The additional funds were awarded to provide funding support to partners in implementing the required focused Medi-Cal expansions and additional renewal events activities.

Q: How about the case number so if they complete the renewal, the case number can assist in matching up the renewal date with the Medi-Cal Case?

A: We will work with our internal unit and discuss this concern with them.

Q: Is each list being sent for each different county?

A: DHCS intends to send a list separated by county. This means that partners will only be sent a list with information for the county(ies) for which they were awarded SB 154 funding. If a partner was awarded for more than one county, they will receive a list for each county. Furthermore, partners who were awarded for only one county will only receive the list for that specific county.

Next Meeting: Thursday, July 20, 2023

NOTE:

For individuals with disabilities, DHCS will provide free assistive devices, including language and sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into braille, large print, audio, or electronic format. To request alternative format or language services, please call or write:

Department of Health Care Services
Health Enrollment Navigators Project 1501
Capitol Avenue, Sacramento, CA 95814
healthnavigators@dhcs.ca.gov

Please note that the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting or event.