Meeting Minutes

NAVIGATORS PROJECT MONTHLY PARTNER MEETING

Date: Thursday, October 19th, 2023

Time: 11:00 AM – 12:00 PM

Attendees				
Sysvanh Kabkeo	Brandon Roberts	Nancy Ojeda	Tina Coulson	Estephanie Arreola
Danielle Pinto	Genevrah Saelee	Alameda	Butte	Fresno
Kern	Kings	LA DPH	Madera	Riverside
Napa	Nevada	Orange	Placer	San Bernardino
Trinity	San Diego	San Luis Obispo	San Mateo	Bonita Family Resource Center
Lake	Tuolumne	Ventura	Ampla Health	Innercare
Kaweah Health Foundation	Catholic Charities of California	Center for Human Development	Community Service Solutions	San Francisco Community Clinic Consortium
Marin Community Clinic	Sacramento Covered			

Introductions/Roll Call

Outreach and Enrollment Strategy: Hospital Presumptive Eligibility

- HPE presentation by Access Unit's team
  - HPE enrollment is initiated by Medi-Cal Qualified Providers (QPs) in the emergency department settings. Participation in presumptive eligibility is voluntary and not all Medi-Cal QP staff are trained to evaluate for HPE. As a result, there is not always trained staff onsite during an emergency department visit and the patient would need to apply for regular Medi-Cal to review for coverage.

- HPE covers all age ranges including ages 65 and older, who are not receiving Medicare Parts A or B. The HPE application does not distinguish between the types, and a "yes" response to the question will trigger a denial.
- HPE determinations are made by Medi-Cal (QPs) based on the applicant's self-attested information. No verification is needed, and determinations are made in real-time.
- HPE Applications for Navigators – Discussion
  - Key take-aways:
    - HPE can be another outreach and enrollment strategy for you.
    - Some HPE beneficiaries could use your help in completing Medi-Cal applications.
    - Check and make connection to HPE partners in your area as soon as you can.
  - DHCS is asking partners to identify those areas in their community where they can be of assistance in enrolling potentially eligible individuals.
  - Counties assign eligibility workers to hospitals that treat a large number of uninsured patients. In some cases, eligibility workers are the only source of informal trainers to keep potentially eligible patients up to date with policy changes but can also serve as a trusted source.
  - For more information on how you could assist both HPE hospitals and beneficiaries interested in applying for Medi-Cal, we will provide partners with the Presumptive Eligibility article on Creating a Pathway to Ongoing Medi-Cal Coverage.

Project Deliverables
- FY 2023-24 (FY2) Quarter 1(Q1): Due October 31
- Q1 reflects expenses and activities from July 1, 2023, through September 30, 2023, please use the updated Quarterly Invoice Template that was provided to partners on September 28th.
- Renewal and Discontinuance Survey
  - The September Renewal List and July Discontinued List were due on October 16, 2023.
  - The new survey for the October Renewal and August Discontinued List will be released today, October 19th, 2023.

Best Practice Survey
- DHCS Health Navigators are in the process of developing a one-time questionnaire for project partners to complete.
- This questionnaire is intended to capture project partners best practices regarding each data point on the Monthly Data Report.
- Project staff should expect to receive the questionnaire no later than October 20th.
- The results of this questionnaire will be used so that DHCS can share it with other partners who may be struggling with innovative approaches, for posting on our web page, and possibly share during our upcoming stakeholder meeting to assist the navigators.

Results of RV and Disc lists' effort: Survey
- Share results: October survey results for renewal list have been reviewed.
- There was a total of 242,284 records sent out and from those there was a successful rate of 32% (successful meaning direct contact was made).
- The top two reasons for members not returning the renewal were: change in household composition and needed assistance.
- We noticed that very few individuals did not submit their renewal due to having other health insurance.
- Three common responses given from individuals were:
  - Already submitted and are waiting for county to process.
  - Did not receive packet but completed online.
  - They were not aware of the upcoming renewal.
  - October survey results for discontinued list have been reviewed.
    - There was a total of 25,111 records sent out and from those there was a successful direct contact rate of 18%.
    - The top two reasons for renewals not being returned were:
    - Change in household composition.
    - They submitted a packet, but follow-up is needed.
  - Three common responses given from individuals were:
    - Did not receive renewal packet.

- Concerned they would no longer qualify based on income.
- Forgot to submit, and/or forgot they had already submitted their renewal to the county.
- Partners are asked to share comments, suggestions, or additional observations regarding the RV & Disc Lists.
  - DHCS is sending out a new survey (third survey) and that survey will be for the October renewal and August disc due November 15th.
    - Survey Link: A link will be sent to partners once it is available.
  - DHCS recently provided partners with the November renewal list as of October 10th and the August disc list as of October 3rd.
  - For partners who do not submit their survey response on time, you will need to submit your response in PDF format. A copy of the survey in PDF format was provided to partners via email on Thursday, August 24, 2023.

Navigators Project Updated Templates
- Monthly Data Report Template
  - A newly revised data template will be distributed to partners in the upcoming weeks and will be effective as of November 1, 2023.
  - Once made available, it is a requirement that partners use this new template as a signature will be required and cannot be replaced with any other formatted template.
- Quarterly Invoice Template
  - On September 28th, DHCS provided partners with the updated quarterly invoice template.
  - DHCS was made aware of a slight error within the email language. The "Total Amount Expended to Date" column (Column H) should reflect your new total spent to date which would include your FY1 actual amount plus the amount billed for the quarter.

Rate of expenditure concern
- During our project partner site visits, DHCS has notified some partners of their spending rate being low.
- DHCS wants to ensure all partners are on track with their spending as there is only two years left of the project implementation.

- Partners who may have knowledge of not being able to spend their full allocation should notify DHCS as soon as possible.

Medi-Cal Expansion to Newly Eligible Immigrants
- Beginning January 1, 2024, California will expand full-scope Medi-Cal to all adults with low incomes from ages 26 to 49 years old, regardless of immigration status.
- DHCS encourages all project partners to incorporate this initiative when hosting or participating in outreach events.
- Although an individual may not be eligible for full-scope coverage at this time, if they qualify for restricted scope, they will automatically be transitioned to full scope when this is implemented.

Q&A

Q: Are the results of the Renewal (RV) and Discontinued lists' survey based on one county?
A: No, statewide.
Q: Will the results be sent as a document?
A: Information shared during this meeting will be included in the meeting minutes.
Q: Now that DHCS knows the top reasons of the RV and Disc lists, they will most likely be the same each month. Will DHCS discontinue the survey at some point?
A: DHCS will inform partners if there is a change in strategies. At this time, all partners are required to complete and submit each survey released to partners.
Q: When is the quarterly report due?
A: The FY2 Q1 Progress report and invoice are due October 31st.
Q: Can a single master calendar be provided with all deliverable due dates?
A: Deliverable due dates for the quarterly invoices, quarterly progress reports, and monthly data files are listed on Bulletin 2022-005. Due dates regarding the RV and Disc lists are provided on the survey and on the email, notification sent out to all partners. If there are other ongoing deliverables that are not accounted for, please email the Health Navigators Inbox and we will address as needed.

Q: Partners are not currently collecting the data points: Race, Ethnicity, Spoken Lang, Written Lang, Sex. It will be difficult to obtain this information and return to DHCS.

A: DHCS is asking that partners make an honest effort to collect all of this data and submit it monthly. This can be asked when interacting with the individual or off the application and other forms partners assist in completing.

Q: Is Sex supposed to be birth sex or identified gender?

A: DHCS is following the information the way it is currently stored in MEDS. At this time, DHCS is asking partners to collect sex assigned at birth. As policy updates are made, DHCS will update processes to align. The instructions on the new monthly data template provide the current guidance and will allow for the options of male, female, or declined to state.

Q: Do we no longer need to report those that we validate as eligibility approved and posted to MEDS?

A: Once you have conducted your own validation that someone is indeed enrolled or has been granted another year of Medi-Cal coverage, you can report an enrollment and retention number under Data Points #1 and #2 respectively as you had done before. The only change that DHCS modified is for partners not to report the SSN or CIN because DHCS will not be doing any data validation and will take your reported data in good faith. Partners are still expected to do some sort of follow up to ensure the individual on the report was successfully enrolled and retained.

Q: Without the CIN and SSN, we will not be able to confirm whether someone was enrolled and retained. Are we expected to collect this on the back end in order to do that (manual) research?

A: How ever the partner would like to determine/validate the individual was successfully enrolled/retained is up to them. DHCS is not requiring partners to submit the CIN or SSN information in the report.

Q: Is there a list of assigned state analyst for each county?

A: DHCS will make all partners aware of who their assigned analyst is. Introductions and an initial check-in meeting will be set up between each partner and their assigned analyst.

Q: When you offer additional money to some partners at that time, can we build in substantial time for thoughtful proposals and budget development?
A: DHCS will take this recommendation into account as possible.
Q: Will the PRUCOL Form be needed as part of the application enrollment process for the new 2024 Full-scope Medi-Cal policy.
A: The answer to this question is outside of the Navigators purview to answer; however, more information about the January 2024 Full-Scope expansion can be found here: DHCS Adult Expansion webpage and on ACWDL 23-08.

NAVIGATORS PROJECT MONTHLY PARTNER MEETING – FOLLOW UP

Date: Wednesday, October 25th, 2023

Time: 2:00PM – 2:30PM

Monthly Data Report Template
- DHCS scheduled this follow up meeting with all project partners to address some concerns/feedback received and to provide clarity on requirements regarding the changes to the data template and required information.
- DHCS would also like to provide answers and additional information to a few questions that were brought up during our monthly partner meeting, Thursday, October 19.
- As mentioned during our monthly partner meeting, DHCS will be releasing a newly revised monthly data template. This template will be effective as of the November 1, 2023, data month.
- Once made available, it is a requirement that all partners use this new template.
- Partners who do not utilize the new version of the data template will be required to correct and resubmit the data file.
- DHCS want to ensure partners are aware that a signature will be required and cannot be replaced with any other formatted template.

- As reminder, by releasing the template in November, partners will actually be submitting this new template to DHCS for November data due by January 31, 2024.
- Please refer to <u>Bulletin 2022-005</u> for monthly data report due dates
- Once partners receive the updated monthly data template, DHCS requests partners to review the revised instructions carefully to ensure the report is completed accurately and completely.

A brief summary of the changes made to the template:
- Tab 1, Instructions, provides detailed information for how partners are to complete each tab and provides definitions for data points and reporting fields.
- Tab 2, Aggregate Data Reporting, reflect the overall totals of each data point 1- 8. In addition, partners are required to sign in the designated area reflecting all information on the report is true to the best of their knowledge.
- Due to the feedback and concern posed by some partners about signing under the penalty of perjury, the signature clause has been modified.
- Regarding the feedback to the language of signing under penalty of perjury:
    - DHCS acknowledges partners feedback and concern and will be changing the language.
    - DHCS will be leveraging the language in the Allocation Agreement to substantiate that by the partner signing, the partner agrees to the information tb be true to the best of their knowledge.
    - "By signing and submitting this report, I certify on behalf of my agency that this information is true and correct to the best of my knowledge. I understand that, pursuant to the Health Navigators Project Allocation Agreement, Section D, Monthly Data Report Attachment 4, partners are required to submit accurate and complete monthly data reports. Additionally, pursuant to the Health Navigators Project Allocation Agreement, Section E3, failure to comply with the terms of the Allocation Agreement may be cause for termination of any and all obligations of the State under the Allocation Agreement, including any subsequent Allocation payments. Further, I understand that all monthly data reports are subject to

review and audit upon the discretion of the Department of Health Care Services, and discovery of falsified data reports will result in termination of the project partner's Allocation Agreement."

- Tab 3, Enrollment and Retention, as with the previous monthly data report, only those individuals who were **successfully** enrolled or retained should be identified on this section.
    - Partners will still need to track and validate successful outcomes of application assistance and redetermination assistance to confirm successful enrollment and retention.
    - Partners are expected to do their due diligence and receive some sort of valid confirmation that the individual's benefits were enrolled or retained.
    - Verification can be as simple as calling the individual to confirm they received a BIC card, received a benefits confirmation letter, or some other method. CBO partners do not need to confirm enrollment with their local county.
    - If the partners encountered and assisted in any way individuals in populations that would automatically receive benefits due to their circumstances, such as the homeless population or those with no income, can be counted as enrolled if the partner can confirm successful enrollment status.
- DHCS removed fields that were used for validation. Though those fields are removed, partners are required to only provide those who were successful.
- In addition, DHCS added Demographic fields that will only be required for the individuals identified on this tab.
    - The Demographic fields are required, and partners should make the best and all efforts to obtain and document the required demographic information.
    - Partners should provide the information obtained directly from the individual or through the application/renewal forms completed by or with the individual.
    - If the individual refused to answer/provide the information, please leave the cells blank or use "Declined to State".

Q&A

Q: Does DHCS require that contractors require signatures on this report from subcontractors?

A: DHCS is requesting the project partner to sign the monthly data report. Subcontractors can complete the document, however, partners are expected to review the document and sign prior to submitting to DHCS.

Q: Will e-signature be accepted?

A: Electronic signatures are acceptable. Please sign however excel allows.

Q: Was the new template sent as finalized?

A: The new template is not finalized. DHCS will send out the new monthly data template prior to November 1st.

Q: Are we still entering "1" as opposed to "X" on the DP/TP fields?

A: Yes, partners are stilling entering "1" to indicate the DP and TP(s). Please refer to the instructions tab for more guidance.

Q: Assistance Date, is this the application date, the renewal date, or the date action was completed?

A: Yes. Assistance date should be the application date or the renewal data when it is known to the partner. If those dates are not known by the partner, the date the partner assisted or encountered the individual can be used.

Q: Can you make them all drop down boxes to make sure different answers aren't included?

A: The demographic section of the monthly data report is drop down. However, partners have the option of typing in the information manually for demographics. The other fields are fill in only.

Q: For the August data, we are using the template sent on 7/31, correct?

A: Yes, partners should be using the current monthly data template, that was sent on July 31st, through the October 2023 **data** month.

Q: CalSAWS combines Race and Ethnicity on our system and may have the same information when our data is pulled, is this sufficient?

A: DHCS is asking partners to submit all of the demographic information to the best of their ability. DHCS will look into this system functionality and provide updated guidance as needed.

Q: Why were the CIN and SSN identifiers dropped?

A: DHCS is no longer needing this information. However, partners can collect this information for their internal validation/follow up processes. There is a significant administrative hurdle that prevents some partners from submitting their complete work efforts due to the challenges associated with not have access to system such as SAWs.

Q: So, we can add individuals from prior reports that are enrolled after we submit a report into subsequent report?

A: Once the partner is able to confirm if the individual was enrolled or retained, the individual can be submitted on the reporting data month the partner was able to confirm the information in. Partners should keep the original assistance date. For example, if you assisted an individual in November but did not confirm their status of enrollment or retention until December, that individual will can be reported on the December monthly data report (or the next data report the partner will submit to DHCS) if the November report has not been submitted to DHCS. The Assistance Date should still reflect the November date as the assistance was given in that month. Please keep in mind, DHCS allows the report to be submitted 60 days after the data month to assist with the required follow up.

Q: To clarify on when to report actual Enrollment/Retention; if the individual was assisted in November, but actual Enrollment/Retention didn't occur until January, do we report that on Tab 3 in Nov or in Jan?

A: For this particular scenario, this depends on when the partner submitted the report to DHCS. November Data is due at the end of January. Therefore, if you assisted the individual in November, and you have not submitted the report to DHCS by the end of January, the individual should be reported on the November report. DHCS extended the monthly data report to be submitted 60 days vs. 30 days because of the time it may take the partner to validate the status of the individual. However, if you assisted the individual in November, was not able to confirm status until February, that individual should be reported on the December report that is due at the end of February. The Assistance Date field should reflect the November date assisted.

Q: Can we leave the SSN and CIN columns in?

A: Partners can gather this information for their internal reports or validation process, but please remove the columns prior to submitting to DHCS.

Q: Concerning "***At least one TP should be indicated for each individual. More than one and all that apply can be indicated**,"* -- **(a)** May we still submit those rare records where no TP is marked as "1"? **(b)** I'm concerned that when DP2=1 (Retained=Yes), we seem to have a few more records that don't show that any TP=1. Is this permissible? (Example: Client first enrolled as TP5=1 (Homeless), but when they were retained, they were no longer homeless, but were still economically eligible for Medi-Cal coverage.)

A: Partners are required to indicate at least one TP per individual listed on the Enrollment and Retention tab. Partners are asked to use self-disclosed information or make the best inference given the situation in which the individual was assisted in and with. TPs are not validated.

Action Items:

1. CalSAWS combines Race and Ethnicity on our system and may have the same information when data is pulled. Partners requesting confirmation that reporting the same information for both categories is okay per the data template requirements?

Next Meeting: Thursday, November 16th, 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:

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Health Enrollment Navigators Project 1501
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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.