



**Meeting Title:** Navigators Project  
**Date:** Thursday, December 15, 2022  
**Time:** 11:00 AM – 12:00 PM  
**Call in:** Teams  
**Meeting Purpose:** Monthly Partner Meeting  
**Next Meeting:** January 19, 2023

ATTENDEES				
Sysvanh Kabkeo (DHCS)	Brandon Roberts (DHCS)	Nancy Ojeda (DHCS)	Tina Coulson (DHCS)	<b>DHCS Guests:</b> Derek Soiu Kathryn Floto
Alameda	Butte	Colusa	Fresno	Kern
Kings	LA DPH	Lake	Madera	Merced
Napa	Nevada	Orange	Placer	Riverside
San Bernardino	San Diego	San Luis Obispo	San Mateo	Stanislaus
Trinity	Tuolumne	Ventura	Ampla Health	Bonita Family Resource Center
California Coverage and Health Initiative	Catholic Charities	Center for Human Development	Community Service Solutions	Harwood Memorial Park/Family Resource Center Network
Innecare	Kaweah Health Foundation	Marin Community Clinic	Sacramento Covered	San Francisco Community Clinic Consortium (SFCCC)

1.	<b>Introductions/Roll Call</b>
2.	<p><b>Project Updates</b></p> <ul style="list-style-type: none"> <li>• Partners who have an executed agreement for the Health Navigators Project, SB 154 and implemented the project for the month of October, the first monthly data report is due on December 31, 2022, for October 2022. <ul style="list-style-type: none"> <li>- Partners who have an executed agreement but have not yet implemented for the month of October 2022, please submit a blank monthly data report</li> <li>- Submit the monthly data report in the designated partner folder in the SFTP. Any issues accessing the SFTP, please notify DHCS</li> </ul> </li> <li>• DHCS held another small data work group with select county and CBO partners, and members from the advocate community to continue the discussions of requesting additional data such as race/ethnicity, preferred language, and SOGI information <ul style="list-style-type: none"> <li>- Currently, DHCS is considering the request and engaging in further internal discussion to determine how to accommodate the request without making any impactful changes to the data template and partner work efforts,</li> <li>- DHCS will notify partners immediately if there are any changes to the template and/or partner efforts</li> </ul> </li> </ul>
3.	<p><b>DHCS Training: <a href="#">PowerPoint Presentation</a></b>  - COVID 19 Public Health Emergency [PHE]</p> <ul style="list-style-type: none"> <li>• Background</li> <li>• Unwinding Period</li> <li>• Annual Renewals</li> <li>• Young Adult Population</li> <li>• Change in Circumstances</li> <li>• Beneficiary Journey in unwinding period renewal</li> <li>• Medi-Cal to Covered California Transitions</li> <li>• COVID 19 Uninsured Group</li> <li>• DHCS Coverage Ambassadors</li> </ul>
4.	<p><b>Q&amp;A</b></p> <p><b>Q: If our agreement was not executed until November, do we skip submitting data for October?</b></p> <p><b>A:</b> Partners who have an executed agreement after the month of October 2022, are not expected to submit a monthly data report on the upcoming due date of December 30, 2022. <u>As another reminder, partners cannot begin to implement work efforts and bill for expenditures until their agreement has been executed; countersigned by DHCS.</u></p> <p><b>Q: Is the initial PHE unwind letter generic or specific to the beneficiary?</b></p>

**A:** The letter itself is not specific. It is a general letter as the beneficiaries' situation may be different depending on the individual's circumstance. The overall purpose of the letter is to encourage them to contact the county.

**Q: If the person auto-switched to Covered CA but doesn't make the first payment within the required time frame, are they unable to get back into Covered CA until the next open enrollment?**

**A: A response from Covered California:** An individual who lost Medi-Cal coverage and is eligible to auto-transition to Covered California but does not make their first premium payment by the due date, or does not elect the option for coverage by the due date (if they do not have a net premium), would still maintain a 60-day special enrollment period from the last day of their Medi-Cal coverage in which to pick a plan on their own. However, this could result in a gap in coverage as the new coverage start date would be the 1<sup>st</sup> day of the month following their plans selection. If they do not enroll within this 60-day special enrollment period, they would need another qualifying life event to be eligible to enroll outside of open enrollment.

**Q: Is this information for all DPSS counties.**

**A:** Yes, this information applies to all.

**Q: On the Monthly Data Report, Tab 2: Aggregative Data, do we enter data for Normal Operations or Focused Activities for the SB 154 report due on December 31, 2022.**

**A:** The project is implementing Phase I of the Public Health Emergency (PHE). Phase I is outreaching to beneficiaries to encourage them to update their contact information. Though all partners should continue to implement work efforts identified in the "Normal Operations" section of their work plan. Partners can and should be implementing efforts identified in the "During PHE" within the PHE tab of the work plan. Therefore, partners who have executed agreements and are implementing this project, may report data under "Normal Operations" and "Focused Activities for PHE" for the monthly data report.

**Q: Do the PHE activities count for the overall activities goals or are they separate?**

**A:** PHE activities are counted separate. For example, partners can conduct outreach efforts to individuals to get enrolled into Medi-Cal as well as provide outreach to beneficiaries to update their contact information prior to the PHE lift. Therefore, outreach can be counted under normal operations and focused activities for PHE. Please note, DHCS encourages all partners to make their best assessment and determination when classifying the appropriate data point. DHCS does not validate the aggregative numbers but wants to ensure partners are given the credit for the work being completed. DHCS relies on partners to be aware of the efforts they are implementing and determine where the credited effort should count under.

<p><b>Q: Will we still use the second section once the PHE ends and we're focusing on renewals from the PHE?</b></p> <p><b>A:</b> Yes, per the unwind plan, renewing and assistance with retaining coverage is the focus once the PHE ends.</p> <p><b>Q: Assisted with Redetermination is in both places, will the numbers be the same?</b></p> <p><b>A:</b> Based on the work efforts being implemented, DHCS encourages partners to make their best assessment and determination when identifying the appropriate data point between "Normal Operations" and "During PHE".</p> <p><b>Q: Define the difference between "Normal" and "PHE" retained/outreach/redetermination.</b></p> <p><b>A:</b> Normal redetermination/retention would be activities prior to PHE ending or if the renewal process was initiated for any reason other than the resumption of normal activities due to PHE ending. Normal outreach would be when the messaging, event, or social media posting is about Medi-Cal in general. PHE outreach is something that mentions the status of PHE, example, messaging that encourages beneficiaries to update their contact information to the county.</p>
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<b>ACTION ITEMS</b>			
	<b>Description</b>	<b>Due Date</b>	<b>Responsible</b>
1.	October 2022 Monthly Data Report	12/31/22	Partners with executed agreements