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## **DRAFT Cal MediConnect Voluntary Enrollment Strategy for 2016**

Robust beneficiary and provider outreach and education has always been a core part of the design and implementation of the Coordinated Care Initiative (CCI) and Cal MediConnect. This strategy, designed to expand awareness of Cal MediConnect and encourage voluntary enrollment, builds on the work already underway by the Department of Health Care Services (DHCS) and its partners, including Cal MediConnect plans and community stakeholders. This strategy also incorporates many of the lessons learned about how best to reach and educate beneficiaries and providers about Cal MediConnect. These strategies will include streamlined enrollment and mandatory Managed Long-Term Services and Supports (MLTSS) plan enrollment. DHCS will also explore other voluntary “opt-in” strategies in partnership with the Centers for Medicare & Medicaid Services (CMS), health plans, and other stakeholders.

### **BENEFICIARY OUTREACH**

Beneficiary outreach will be focused on two main goals – ensuring eligible beneficiaries understand the Cal MediConnect program and can make an educated choice about whether it is right for them, and also making the enrollment process simpler and more beneficiary-friendly.

#### **Improved Materials for Beneficiaries**

Early evaluation data on the Cal MediConnect enrollment process has indicated that beneficiaries could benefit from specific additional information and materials, particularly information around how to keep seeing their current doctors and decision guides. In response, DHCS has developed new materials to support beneficiaries and their providers and caregivers in the decision-making process.

- 1) The Cal MediConnect Beneficiary Toolkit has been developed to support beneficiaries, their key supports, and options counselors in choosing the best option for the beneficiary, in addition to the formal notices and guidebooks. The Toolkit has undergone stakeholder review and beneficiary user testing with Health Research for Action at the UC Berkeley School of Public Health. It will be finalized by the end of July and then shared with health plans, advocates, and community organizations, including HICAPs and the Ombudsman.
- 2) The new Cal MediConnect and MLTSS Resource Guide and Choice Book will be mailed on an ongoing basis to newly eligible beneficiaries following an initial “catch-up” mailing for beneficiaries in Medi-Cal fee-for-service who are newly eligible for Cal MediConnect following passive enrollment. In addition, these materials will be used to educate beneficiaries already eligible for Cal MediConnect, but not enrolled in an MLTSS plan, about their options. These materials have undergone stakeholder review and beneficiary user testing with Health Research for Action at the UC Berkeley School of Public Health. DHCS anticipates finalizing these materials Fall 2016.

- 3) DHCS and CMS continued to refine and refresh the scripts used by Health Care Options and 1-800-Medicare through 2015 and are reviewing them again in preparation for new enrollment.
- 4) DHCS is continuing to update and develop new tools for state outreach coordinators and other community organizations to use in ongoing outreach and education activities for beneficiaries.

## **Streamlined Enrollment**

Streamlined enrollment will provide a simpler method for beneficiaries to enroll in the Cal MediConnect product associated with their current MLTSS plan. This approach reflects an important lesson from ongoing beneficiary outreach: The best way to educate beneficiaries is through one-on-one conversations that can answer their specific questions about their providers and how to make a smooth transition. It will also be a beneficiary-friendly enrollment procedure, eliminating an extra step for beneficiaries to take to have their enrollment choice effected.

DHCS believes that sufficient beneficiary safeguards will be in place and that beneficiaries' enrollment experience will be improved. As part of streamlined enrollment, HCO would reach out to the beneficiary to inform the beneficiary that their choice is being processed. DHCS will closely monitor this process to ensure beneficiary protections are working and plans are operating appropriately.

Streamlined enrollment would begin in July 2016 and prior to the start of streamlined enrollment, DHCS will work with the plans to ensure the process is smooth and beneficiary protections are in place. The HCO script for streamlined enrollment outbound calls have been updated based on stakeholder feedback.

## **Mandatory MLTSS Enrollment Phase**

In lieu of passively enrolling beneficiaries currently eligible for Cal MediConnect who are not currently enrolled in MLTSS or Cal MediConnect plans, DHCS will mandatorily enroll them into MLTSS plans no sooner than September 2016. Moving forward, newly eligible beneficiaries will receive notices and be mandatorily enrolled into MLTSS plans on a monthly basis. San Mateo and Orange counties have already been mandatorily enrolling MLTSS-eligible beneficiaries into their MLTSS plan, so this section only applies to the non-COHS counties.

Eligibility for mandatory enrollment into MLTSS will follow existing eligibility rules and include both new duals and non-duals who are new to Medi-Cal in the CCI counties and those duals who move into CCI counties.

Existing Medicare beneficiaries new to Medi-Cal, will receive the new Cal MediConnect and MLTSS Managed Care Resource Guide and Choice Book from DHCS. These materials will help Cal MediConnect-eligible beneficiaries understand all three of their options. Beneficiaries will have an opportunity to choose a Cal MediConnect plan. If they do not, the default option would be enrolling into a Medi-Cal managed care plan. Beneficiaries who do not make an active Cal MediConnect or MLTSS plan selection would be assigned to a Medi-Cal health plan according to the Medi-Cal managed care default algorithm that is based in part on the quality of the Medi-Cal health plans, giving higher enrollment numbers to those health plans with higher performance.

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## Potential Additional Mailing to Eligible Beneficiaries

DHCS is exploring sending an informational mailing to beneficiaries eligible for Cal MediConnect. The mailing will provide clear, simple information about Cal MediConnect, inform beneficiaries that they have the option to enroll, and direct them to Health Care Options and other resources to learn more about the program. DHCS would adapt the mailing from Cal MediConnect Beneficiary Toolkit, which has undergone stakeholder review and beneficiary user testing. The mailing would be sent to beneficiaries who are eligible for Cal MediConnect, but who are not currently enrolled in a Cal MediConnect plan and who are not subject to mandatory MLTSS enrollment. The mailing would be sent no earlier than late fall 2016.

## Tele-Town Halls

Tele-town halls have been an effective strategy for reaching beneficiaries, and allowing them the opportunity to directly ask questions about Cal MediConnect and their choice process. Tele-town halls make it easier for homebound beneficiaries and some beneficiaries with disabilities to get important information. DHCS will look to partner with the Cal MediConnect plans and other stakeholders (including the Los Angeles Communications Workgroup and the county IHSS public authorities) to hold tele-town halls for eligible beneficiaries who want to learn more about Cal MediConnect.

## PROVIDER OUTREACH

Informed providers are crucial to the future success of the CCI because they play an important and unique role as a trusted source of information for beneficiaries. Therefore, providers require special consideration during outreach. Over the past few years, DHCS and partners have learned lessons that will be key to guiding future provider-related outreach efforts. If providers are informed and actively promote the CCI rather than opposing it, beneficiaries are more likely to trust that the program is intended to help. This will increase the likelihood of beneficiaries either enrolling or at least giving fair consideration to the benefits of enrolling.

Additionally, acknowledging the impact of provider race and ethnicity on participation is key. Providers from diverse backgrounds are often community leaders, key trusted sources of information, and are very influential when beneficiaries make health related decisions. The following section describes key provider outreach activities designed to support providers and which are based on lessons learned from prior provider outreach and newly available data.

Some general outreach strategies we will use include communicating timely information on new enrollment processes and policy improvements (such as continuity of care) to providers directly by partnering with provider associations to communicate to membership, using Medi-Cal and Medicare bulletins and newsletters, and doing additional outreach to large provider organizations identified by the Cal MediConnect Ombudsman that have resisted continuity of care in the past.

DHCS has also released the Cal MediConnect Physician Toolkit and other resources to aid providers in educating their patients about the program. DHCS and CMS will work with partners to share these additional tools and information with providers.

## Focused Outreach on Participating Providers Associated with High Opt-Out Rates

DHCS has conducted a detailed analysis of beneficiaries who have opted out of the program and their most frequently used providers to more effectively focus provider education and outreach activities, in partnership with the health plans and other partners conducting intensive provider education. This work will be informed by – and be built on – our existing provider outreach and education efforts and materials, including the CCI Physician Toolkit. DHCS has separated the provider data by plan network and shared the data with Cal MediConnect health plans to help them in their education and outreach efforts, and the plans and state outreach staff will be coordinating these efforts.

DHCS has categorized these 83,899 providers into different clusters, based on priority for outreach. Together, these clusters account for approximately 41 percent of beneficiary opt outs. In partnership with DHCS, Cal MediConnect health plans will conduct different outreach and education activities, based on priority.

- 1st Priority: In person visit from an outreach coordinator or representative that has been appropriately trained offering training, education, and copies of enrollment materials and other provider-related resources such as webinars. State outreach staff would collaborate with health plans to split this work and be available to train health plan representatives if/as needed. Plans should consider follow-up calls to these providers, as appropriate.
- 2nd Priority: Multiple telephone calls from an outreach coordinator or representative that has been appropriately trained offering training, education, and copies of beneficiary enrollment materials and other provider-related resources. State outreach staff would collaborate with plans on this work.
- 3rd Priority: One telephone call from an outreach coordinator or representative that has been appropriately trained offering training, education, and copies of beneficiary enrollment materials and other provider-related resources.
- 4th Priority: Letter offering education and training and includes a copy of beneficiary enrollment materials and other provider-related resources. The state can help collaborate with the plans to draft template language based on the provider toolkit, but the plans would be responsible for printing and mailing.

Directed outreach to associations, provider groups, advocates, beneficiaries, and other stakeholders in each county is also needed. The available data will be used to support the overall provider outreach strategy that will include:

- Language-specific outreach and activities focused at language-speakers associated with high opt-outs.
- Outreach in certain zip codes or geographic regions within a county.
- Outreach to associations that represent certain types of provider groups that are associated with a proportionately high amount of opt-outs.
- Materials with specific, focused information could be created based on the needs of the different provider populations identified. For example, if specific provider types/groups have unique needs or questions, targeted materials/information could be helpful.

DHCS will use different resources for these outreach activities:

- a) The CCI Physician Toolkit is undergoing minor revisions and will be located at <http://www.calduals.org/providers/physician-toolkit/>.
- b) DHCS has physician slide decks that are county-specific and have been refined based on provider feedback and lessons learned. These will be used for in-person trainings and education, and to train health plan staff providing outreach.

- c) Beneficiary-friendly resources that providers can share with their patients, including the new Cal MediConnect Beneficiary Toolkit.

## Focused Toolkits for Specific Types of Providers

DHCS is committed to supporting our partners in their efforts to meet the needs of Californians dually eligible for Medicare and Medi-Cal. We know that specific types of providers and partners may need focused information on the basics of Cal MediConnect and how they can work with health plans to serve beneficiaries.

Together with the California Hospital Association and Cal MediConnect health plans, we have developed the Cal MediConnect Hospital Case Manager Toolkit, a new resource that can be used in CCI counties to support Cal MediConnect enrollees before, during, and after hospitalization. This toolkit gives guidance, answers common questions, and provides important information about Cal MediConnect to hospital case managers and discharge planners. The toolkit can support hospital case managers as they work with beneficiaries through the admissions and discharge processes and also includes details on how to access and build upon care coordination services provided by Cal MediConnect health plans.

DHCS will partner with health plans and stakeholders to draft a variety of toolkits for other specific groups of providers, including behavioral health providers and social workers. DHCS welcomes stakeholder comment on other types of providers who may need focused information about Cal MediConnect.

## Non-Participating Physicians

Fee-for-service (FFS) providers generally need education on the CCI and how it impacts their practice and the beneficiaries in their care. Many of these providers are misinformed or uninformed about the CCI. This misinformation sometimes leads to beneficiaries opting out from the program for fear that they will not be able to still receive care from their FFS provider. Education on topics such as continuity of care, billing, and the intricacies of the CCI are essential for FFS providers.

State outreach staff trained in physician outreach will collaborate with health plans and PACE programs to support their outreach to FFS physicians. Outreach staff will work with health plans and other community partners to identify providers who may benefit from direct outreach and offer them presentations and resources such as the CCI Physician Toolkit. Ideally, through coordination with entities such as the local Cal MediConnect Ombudsman programs and local HICAP programs, less informed providers can also be identified and targeted for outreach. By working with community and plan partners, FFS providers that need information will be identified and then outreach staff will follow up and offer CCI information and outreach.

Outreach staff will work with and inform provider groups, including but not limited to the California Medical Association (CMA), CMA county affiliates, California Association of Physician Groups (CAPG), ethnic and specialty medical societies such as the Network of Ethnic Physician Organizations (NEPO), local hospital associations, durable medical equipment (DME) suppliers, pharmacists, and community based organizations that act in a provider capacity (such as transportation support services). This includes collaborating with such groups to provide CCI education to their members through live presentations, webinars, and material disbursement.

It is also understood that FFS providers often times are not members of medical groups and IPAs,

so outreach staff will need to focus part of the outreach effort on specialty associations that are more likely to have FFS providers as members. For example, working with such groups as the California Academy of Family Physicians and the Association of Black Women Physicians will be an integral part of reaching FFS providers.

Further, outreach staff will work with provider associations to ensure that information flows in a timely manner for gatherings and publications, as well as work to assist with routine member inquiries and clarification. This will be done through direct communications with the outreach team and association staff and members and also through [info@calduals.org](mailto:info@calduals.org).

Other strategies DHCS and its outreach team will pursue in coordination with stakeholders include:

- Identify and use physician champions.
- Monthly webinars.
  - Targeted webinars.
  - Unique webinars tailored for specific groups/offices.
- Update and distribute physician toolkit and other resources.
- Provider gatherings—summits or smaller events.
- Use data (if DHCS has FFS data) to target outreach.
- Purchase and use physician marketing data to guide outreach.
- Focus on direct contact w/ physicians and their staff.
- Provide shorter, more tailored presentations when providers know the program but have questions or problems.
- Give physicians beneficiary materials for their patients.

## Providers Serving Ethnic Communities

Providers from culturally and ethnically diverse backgrounds have been found to be less likely to support the CCI than others. These providers are often community leaders, key trusted sources of information, and are very influential when beneficiaries make health related decisions. It's important to have specific consideration and approaches to working with providers of diverse backgrounds. By understanding and acknowledging these providers' unique needs and concerns, especially in regards to their impact on the ethnically and racially diverse CCI-eligible population, a stronger relationship with these providers, improved communication channels, and information uptake in this population is achievable.

Strategies to reach these communities include:

- Partnering with ethnic media outlets to share information about the program.
- Meeting with key community leaders that can open doors for providers in their community.
- Building relationships or leveraging current relationships with associations and medical groups/IPAs that work with providers of diverse backgrounds.
  - Engaging groups like the Network of Ethnic Physician Organizations (NEPO), and developing materials specific to their needs, including flyers and presentations.
- Supporting health plans in reaching out to these physicians and sharing best practices with the plans.
- Identifying physician champions from different, diverse communities.
- Soliciting input from culturally diverse providers and provider groups during policy development to generate pre-implementation buy-in.
- Using newly available data to direct outreach to providers of diverse backgrounds.

## Other Providers

LTSS and other providers are often trusted sources of information for beneficiaries and it's important to provide special attention to their needs and create materials based on those needs. These providers generally need education about the CCI and how it impacts them and the beneficiaries they work with. LTSS providers also frequently need information about contracting with CCI plans, navigating the managed care system, billing, and how to best help the beneficiaries they serve.

Strategies for outreach will include:

- Focused toolkits and best practices resources for providers such as hospital case managers, county social services case managers, and/or behavioral health providers and case managers. DHCS will partner with health plans and other stakeholders to inform the creation of these materials and to understand where the needs are.
- Outreach staff will identify providers that may need these materials and provide outreach to them, offering trainings for them and their staff.
- Monthly standing webinars for advocates and other professionals.
- Regular engagement with community organizations that serve seniors and people with disabilities.