

June 2020 CCI Stakeholder Call

June 11, 2020

Hilary Haycock:

Hello. Good morning and welcome. Thank you all for joining us this morning for the DHCS June CCI stakeholder webinar. My name is Hilary Haycock from Aurrera Health Group and we are happy to have you. I'm going to do just a little bit of housekeeping, we'll start with the sound check. So, if folks don't mind clicking that raise hand icon on the right side of your panel to make sure you all can hear me okay. It's like folks can hear me just fine, that's great. Thanks so much. In the event that we run into any technical difficulties and are disconnected, please just bear with us, give us a minute or two, and then log back in using the same registration link and we will get back up and running as soon as we can.

Hilary Haycock:

So today's agenda. We're going to start with a number of DHCS updates. We are joined by our colleagues from CMS to discuss the 2020 flu season preparation, and we have several committee connect plans with us today to talk about some of the work that they have been doing in response to the COVID-19 emergency. So a full agenda, we're excited about it. And with that, I will hand it over to Anastasia Dodson from DHCS to walk us through some DHCS updates. Anastasia.

Anastasia Dodson:

Yes, good morning. Good morning, everyone. Okay. So we put a lot of materials in the slides and we're not going to be able to go in depth on every slide and every item, but I want to just flag that some of these items are very similar to what was presented at our stakeholder advisory committee meeting a couple of weeks ago. So, that is information you may have already heard, and of course, all of it is available on our website as well. So, but we're going to spend some time talking about DHCS's response to COVID-19 since our last quarterly webinar, a brief update on Cal MediConnect dashboard and CalAIM. Talk for a few minutes about the state budget and then Long-term care at home benefit that we're working on. Some options that we have around ESRD enrollment, and then the D-SNP update.

Anastasia Dodson:

Okay, excellent. All right, so just overall on our response, again, you've probably seen from all of the efforts that the administration has made as far as governor's press conferences and guidance from our state department of public health and guidance from DHCS to medical providers that we have a priority, as far as health care, maintaining access to care. We know that many facilities closed because of the shift by and large to telehealth and because of concerns about any type of in-person activity that might contribute to community spread of COVID. So there's been a lot that's happened as far as the healthcare delivery systems. In the last couple months, it's been... just a very, very rapid change, so we're monitoring that. So our priority is to maintain access to care, and a lot of that is through telehealth, and the flexibility permitted by CMS. But we're also monitoring network access and facility closures for providing extensive guidance to managed care plans and providers on the flexibilities that we have gotten approval on from CMS and to a governor's executive order.

Anastasia Dodson:

We're also doing a lot of communication and outreach and we've instructed our managed care plans to do outreach and communication. We know that there are existing health disparities in our healthcare

system right now, but unfortunately those are also reflected in outcomes on COVID and so that's something that's been a national issue and certainly in light of the events of the last couple of weeks that are highlighting the need to address health disparities to increase health equity among the broader societal issues. We just want to flag that health equity and health disparity is an important part of our approach on COVID.

Anastasia Dodson:

We've had a lot of provider outreach regarding the importance of immunizations. We are going to be enhancing that even more, because we're seeing a steep decline in the number of immunizations and vaccines being administered over the last couple of months for children and adults. And we've directed the managed care plans to do outreach to vulnerable populations that started a couple months ago, and it continues through phone calls, either individual calls or robocalls, as well as other outreach, via email and correspondence. All right, next slide.

Anastasia Dodson:

There's been a number of, of course, federal and state declarations of emergency, and that has allowed additional Medicaid flexibilities. So, we're going to get to those in just a sec, but also flagging that there was legislation that was signed, a couple of different pieces of legislation that provide increased federal funding in Medicaid and new options for States. Next slide.

Anastasia Dodson:

We've requested a number of different flexibilities from CMS. Some of those have been approved and some are still pending, but we've posted all of... And so when we get approval from CMS, then we translate that into guidance letters, either on a fee retrieving side, or the managed care side or both. In some cases for home and community based services, waiver programs, and those are those flexibilities that are approved through appendix K. But we've just had a really significant effort in getting flexibility, and we'll go through some of those. And there's also been some blanket guidance from CMS for all States. Next slide.

Anastasia Dodson:

So high level, the flexibility is granted by CMS, first abroad authority for using telehealth and telephonic means to deliver care, and to limit in-person visits, covering of COVID-19 testing and treatment with no cost sharing, streamlining the provider enrollment process. Extending the amount of times for beneficiary to request state fair hearing. We've got flexibilities and benefits and changes in payment rates and flexibilities and service authorizations, and then finally alternative settings. This is another area where we've worked very hard as far as anticipating and preparing for a surge and then as things developed over the last couple of months, we have looked at different ways to use that alternative setting authority, but we do have still a lot of different authority in place, as well as potential facilities for any surge to increase the hospital capacity. So we've got a lot of things in place, some of them have been implemented, some of them have been implemented and then scale back, depending on the need, but we have a lot of flexibilities. Next slide.

Anastasia Dodson:

Our disaster SPA, it expanded presumptive eligibility, allowed hospital PE for two periods within a 12 month period, and remove limits on prescriptions among other things. There were a host of flexibilities in the disaster SPA, but just choosing a few to highlight here. There's also been some eligibility changes

as a result of the federal requirements as well as recognizing the capacity and Telework factors going on for County eligibility offices. We've delayed processing in redetermination and delayed discontinuance is a negative action. There's been governor's executive orders in many different areas. For DHCS, we'll also want to flag that there was an executive order that extended the timeframe for managed care beneficiary risk based, risk assessments. Next slide.

Anastasia Dodson:

And specific to Cal MediConnect plans, there's been flexibility that CMS has provided great flexibility on the Medicare side. And so we've worked together with CMS to clarify what of the guidance that we've issued applied to Cal MediConnect plans. And so CMS provided that guidance because again, there's Medicare flexibilities that would also apply to Cal MediConnect plans. And there's been expedited approval of COVID-19 related member communications, such as mail, and text, robocall and email. Overall, for both MediCal and Telemedic connect, with postponed and delayed some monitoring activities where in-person visits are required, so that we're reducing the burden on provider offices. Next slide.

Anastasia Dodson:

And then specifically on feedback, I just want to flag, you're probably aware that because feedback is traditionally oriented in an in-person setting at the CBAS center, we've had to develop an alternative approach for CBAS centers. So it's called temporary alternative services, and it's a modified service delivery approach that allows the CBAS centers to continue to provide services via telehealth or telephonic or virtual communication. They conduct wellness checks and risk assessments at least weekly, and then have daily interactions with beneficiaries who are enrolled, are participating at CBAS in the program. We've also got an exemption to not require an initial face-to-face interview, and plans can conduct eligibility terminations by phone. All right, next slide.

Anastasia Dodson:

So these are the web pages that have resources, of course, there's others besides these, but these are the main landing pages that we could get. The California COVID page, which has a great number of resources and information. The DHCS COVID webpage, which has all the guidance that we've published, California department of public health has their guidance, and of course the Federal Centers for Disease Control and Prevention. I'll just say there's other things that we've done that we don't have time to cover today, but again, want to flag the tremendous work that's been done, as far as outreach across different disciplines, such as mental health and substance use disorders, things that we...

Anastasia Dodson:

At DHCS, since we are one large department that covers many different delivery systems, just want to flag that all of those different program areas have been included in the different types of flexibilities that we've been implementing. And we've certainly been partnering with other departments, department of aging, department of social services, et cetera. As far as communication and thinking about ways that we can continue to outreach to people and maintain access. So, as I said in the beginning, access, communication and outreach are very important. Okay, next slide.

Anastasia Dodson:

Shifting gears, this is our Cal MediConnect dashboard reminder that we periodically post updates to the dashboard, and we will be posting the June 2020 version shortly. And the link is there on the slide. Okay, next slide.

Anastasia Dodson:

All right. So for updates on CalAIM, you've already probably seen the announcements that we've sent out at this site. It gives the specific dates to reinforce the list of initiatives that we had planned to implement January 1st, 2021, we will not be implementing them on January 1st. We are looking at new date, and we're going to, of course, keep stakeholders updated, and re-engage later this year. We're concurrent with that, we are discussing an extension of our existing 1115 waiver, because that 1115 waiver does expire at the end of this calendar year. So we are talking with CMS about extending that waiver, and we're going to provide updates when they're available. In the meantime, though, the 1915(b) specialty mental health waiver, we have gotten approval to extend that for six months. And part of what we had intended with CalAIM was to shift many of the programs that are authorized under the 1115 waiver into the 1915(b) waiver.

Anastasia Dodson:

So getting that extension is important, and then we'll continue to work with CMS to figure out the best way to extend both waivers, hopefully for a year, and then we will really... are very helpful about getting back on track in partnership with all of you, with the provider community, managed care plans, advocates to continue on the implementation path for CalAIM. And in the meantime though, I just want to flag that our managed long-term services and supports, dual special needs program, decent framework, those dates were later than January 1st, 2021. So, we're still intending to proceed with those dates, which would begin in 2023 for D-SNP and CCI counties, so it will... Just to note that because there's other interactions there that make it important and appropriate for us to continue with that 2023 implementation dates. All right, next slide.

Anastasia Dodson:

Right. A state budget update, I'm sure you're all aware of the May revision proposal and some of the components there, it's been a very difficult time for the state as a whole, as far as needing to adapt to all the changes due to COVID and the significant change in our unemployment rate and economic forecast for the coming year or two. So as a result of those difficult economic conditions, we'd had to include reductions in the May revision that are very significant. We have tried to maintain Medi-Cal eligibility as a priority in the May revision, but unfortunately there's been other reductions managed care rate prop 56, elimination and modification of optional benefits, which does include the proposal elimination of MSSP and CBAS. And those optional benefits, in the May revision were proposed for elimination no sooner than July 1st, 2020.

Anastasia Dodson:

We recognize that there are definitely implementation issues with any proposed elimination, and so we would not necessarily anticipate, if those were approved that they would be operationalized, so at first... but that is the starting date where we would work with you all on the appropriate changes to our federal authorities and... So those are topics that are under budget discussion. We're waiting to hear from the legislature on their budget, that they are required to interact by June 15th. So there's a lot of budget negotiations under way that... so we'll see what happens next week. In the meantime though,

program requirements, current program requirements remain in place until any program changes are finalized. Next slide.

Anastasia Dodson:

Okay, basically we have a new benefit that the department is looking at developing, it's called Long-Term Care Home. And this is intended to help address the COVID pandemic as well as some of the larger issues that we've seen and would like to address anyway, to give a coordinated and bundled set of home and community based services for those who are transferring from hospitals to home or from skilled nursing facilities to home. And these are, of course, in light of what we've seen in very unfortunate times now with any kind of congregate care, whether it's skilled nursing facilities or assisted living, et cetera, there have been a very, very high proportion compared to the community-based population as far as COVID infections and COVID death.

Anastasia Dodson:

And so, it's a very troubling time, troubling situation. So we're hoping that this can help alleviate and prevent individuals from having some of the short-term stays at skilled nursing facilities and then shipping folks from long-term stays to home settings. Again, it's something that regardless of COVID is a policy that the administration and the previous administration had hoped to further with many of our policies, but it's taken on a greater urgency and now in COVID. Next slide.

Anastasia Dodson:

So we're coordinating with multiple groups and agencies, including the master plan for aging LTSS subcommittee. And there will be some upcoming stakeholder meetings in June and July, and then we'll need to seek approval from CMS for this benefit and we hope to implement it in early 2021. And we have a new email inbox there for further questions, you can email that inbox. And again, we will be engaging with stakeholders and providing more information. Next slide.

Anastasia Dodson:

Alright, another topic just to give you some general information and then we would appreciate any further feedback from all of you on this. The federal government issued a final rule for 2021 on Medicare advantage that allows Medicare beneficiaries with a diagnosis of end stage renal disease to enroll into a Medicare advantage plan beginning in 2021. So we are considering the implications for Cal MediConnect and whether to expand the enrollment options to allow beneficiaries with the diagnosis of ESRD to opt in, and that would maintain alignment with the Medicare advantage rule.

Anastasia Dodson:

Currently, beneficiaries with an ESRD diagnosis in most of the CCI counties cannot enroll in Cal MediConnect. Although if they develop ESRD while enrolled, they can remain enrolled. And San Mateo in Orange County for Cal MediConnect, those counties that we have a structure, so that beneficiaries with ESRD may enroll. So this was an issue that came up many years ago and the initial design of CCI and Cal MediConnect. And now with this flexibility that CMS is providing on the Medicare advantage side, we want to get feedback from all of you about this potential option that California could implement for Cal MediConnect, and that would be effective in calendar year 2021. So we've reached out to a couple of the major providers and we would appreciate any other feedback on this policy. There's a Cal Duals email inbox that you can send comments on and we look forward to dialogue and Q and As, on it. All right, next slide.

Anastasia Dodson:

That's right. These new updates, I think we spoke about this at our last webinars. There are information sharing requirements for the upcoming contracts and we're updating those contracts with those requirements. Because of COVID, we have shifted to a new policy for the information sharing requirements and we've made it a broader statewide effort among D-SNP where they must send hospital and skilled nursing facility admissions data for all the rules to the state in 2021 on a monthly basis. And then we'll use that data and information to develop a more robust information sharing policies, such as sharing that information with the appropriate managed care plans and different types of coordination activities that we can look at developing in the future. All right, next slide. Okay, and Hilary, just checking, shall I present on the flu season preparation?

Hilary Haycock:

Nope. We are going to hand it over to Kerry Branick from the Centers for Medicare and Medicaid Services to talk about the work they are leading on this.

Anastasia Dodson:

Okay.

Hilary Haycock:

Thank you, Anastasia for a lot of updates. That was great. Kerry, are you with us?

Kerry Branick:

I'm on. Thanks for the opportunity to talk with everyone today. Since 2017, we've... at CMS has been working with the department and with the Cal MediConnect plan to leverage the demonstration infrastructure, to try to promote influenza vaccinations. We intend to do that again for 2020, but we are cognizant that the current public health emergency presents new challenges for all of us to reaching and enabling access for vaccination. And into this first slide looking at Medicare fee for service data, so these are not beneficiaries that are in Cal MediConnect but rather in original Medicare. But you can see there's a significant disparity between Medicare beneficiaries and duly eligible beneficiaries in receiving the flu vaccination, approximately 36% of duly eligible beneficiaries compared to almost 50% of Medicare only beneficiaries. Next slide please.

Kerry Branick:

I think I'm seeing a delay on slides on my end, but this should be the slide that has a Russian postcard on the right hand side of it. So in Cal MediConnect, 70% of enrollees that were surveyed last year, report having a flu shot the previous year, and we've seen year over year improvement in Cal MediConnect since we started to separate in 2017, and we hope to see that continue. In previous years, we've sent a bunch of different things to try to promote through vaccination, but it is included translating postcards developed by the CDC into the threshold languages for Cal MediConnect enrollees, and formatting them in a way, and posting them electronically at the Cal Dual site, so that organizations and providers in California can brand and customize them to their own organizations and to their own clients. And so the slide has an example of a Russian translated postcard used in 2018.

Kerry Branick:

We've also worked with the Cal MediConnect plan directly to get the most recent mailing address data and language spoken. And we've mailed these postcards directly to Cal MediConnect and released as well, and so we intend to do that again this year. As I noted though, that the COVID-19 pandemic poses unique challenges for the upcoming flu season. And I know Anastasia noted earlier that the state is already seeing decreases in vaccinations for children and adults over the last few months. I think we can all imagine that some of the traditional ways to access through vaccinations, an ad-hoc visit to your provider office, or it's a health care, at the local community center, or maybe at the CBAS center, that these might not be as available and, or people might be reluctant to go.

Kerry Branick:

Further, the CDC has raised the prospect of a second wave that of COVID-19 that could coincide with the annual flu season and this will obviously pose tremendous challenges to our healthcare delivery system, which is already tasked during regular flu season, and certainly has been stressed in the response to COVID. So we are starting a little earlier this year, but we are seeking any innovative approaches to improve the take up of flu vaccinations. Very interested if anyone is aware of local promising practices for vaccine efforts in your community, or whether there is something different that CMS or with any Cal MediConnect that we could be doing to be more helpful. So we welcome any and all feedback. There's contact information on the slide for myself and for my colleague, Anna William, we'll be working on this as well. And for those of you that we've partnered with in the past to promote flu vaccinations, we'd love to do so again. Thank you.

Hilary Haycock:

Great. Thank you so much, Kerry. Appreciate that. All right, I am going to hand it over now to our colleagues from Santa Clara Family Health Plan, to talk about the work that they have been doing around COVID-19.

Christine Turner:

Great, good morning. This is Chris Turner. I'm the COO for Santa Clara Family Health plan, and I'm joined by Lori Anderson, who's our operations director for Long-Term Services and Support. Lori, I don't know if you want to say hi.

Lori Andersen:

Good morning, everyone.

Christine Turner:

So we wanted to share information about what we have done, in terms of conducting outreach to our vulnerable populations. And so next slide, please. Just a very quick overview of Santa Clara Family Health Plan. So we are based in Santa Clara County, and we have both Medi-Cal and the Cal MediConnect line of business. We're a public agency and we work in collaboration with our healthcare safety net. Next slide.

Christine Turner:

In terms of our programs and membership, we have about 250,000 Medi-Cal members. And I think this month we went over 9,000 Cal MediConnect, so we're excited about that. We convened a cross functional group amidst all of the COVID stuff going on and identified interventions and activities that we can do to assist our most vulnerable populations. Of course, our Cal MediConnect folks all fall in the

category of being vulnerable based on their age and demographics. So we really went through the exercise of looking, defining and identifying what all our vulnerable populations were and trying to think through the interventions and messaging that would be important to those various groups. Once we had done that, we did a bunch of activities, including we developed a robocall campaign and a member mailing with a general COVID-19 reminders and resources, that was sent out to all of our Cal MediConnect members.

Christine Turner:

We created a list of community resources that could be shared with members, it's on our website. It's also available for mailing. When we're having conversations with our members, our case managers use it, our customer service team uses it to assist with the shelter-in-place, or COVID related needs. And that resource document has been updated weekly and shared with all staff. We implemented our CBAS Targeted Alternative Services, that was a program referenced to earlier in the call. We expanded our nurse advice line to include the telehealth services. And so our nurse advice line has the ability to hand off to MD live physicians for telehealth visits.

Christine Turner:

Our take on that, I think I looked at the report this week and it was about 350 total visits, so not a ton, but important for those people who needed those services. We collaborated on targeted outreach for vulnerable populations with our providers and our partners, our community partners, specifically with our MSSP, CBAS, behavioral health and CB-CMEs for our health homes population. We conducted targeted outreach call campaigns to high risk populations that included folks like... well, I think that's on the next slide actually. And we supplemented our case role manager for outbound calls to include code related resources and just to check in, in terms of how people are doing with the shelter in place order. Next slide.

Christine Turner:

So some of the targeted member populations that we identified, again, we included all of our Cal MediConnect members. We looked at people who were making calls to our nurse advice line regarding COVID-19, and the follow-up phone calls with all of those folks. Anybody in our Medi-Cal population who was age 65 with multiple chronic conditions, our MSSP and CBAS folks. Folks who are in our Health Homes program, folks who're accessing SMI services in behavioral health, people who are in active case management, folks who were discharged recently and then our pregnant and postpartum member, obviously who are not CMC.

Christine Turner:

And some of the various activities we did, we have the robocalls and mailed flyers. And then we did outbound calls, with our cross group of folks within our organization and including customer service, representatives, people in case management, some of our provider partners, and we responded to member inquiries or care transitions. We informed them regarding COVID-19 safety protocols. We conducted assessments for safety knowledge and tried to identify unmet needs and hardships, as well as their health, get an idea about their own health status. And then we assisted with Access To Telehealth, providers and resources. So if a member was having a hard time connecting to their primary care physician, we made sure to let them know that we had telehealth as a backstop for any provider offices, where there were access related issues. We coordinated care to address those barriers to care,

and we just provided comfort in terms of having a conversation with people, who were pretty anxious and stressed, and in need of human contact. Next slide.

Christine Turner:

So this was all done very quickly, and so at the end of it, we did our worked well and what we're still learning. We had a really good cross functional team, and a well-defined scope. We did weekly check-ins, and we had primary owners for activities. We were able to build on our strong provider relationships, which was super helpful, and we had timely and strong support from our IT team, in terms of learnings that we will apply next. And we're already applying this in terms of our flu campaigns, an outreach that we want to do.

Christine Turner:

We feel like we had a need to confirm clear understanding of the leadership and business responsibilities for all of that activities up front, instead of fumbling our way through a little bit, and then identifying project risks upfront and troubleshooting with the team to mitigate those risks. Avoiding scope creep or changes, communicating more frequently so we can get quicker sign-offs and keep a forward momentum going. Sending out project status reports and to-do checklists prior to our team meetings so that people are more prepared for those quick check-ins and then monitoring our momentum with providers and our plan partners. Next slide. I think that might be it. Yeah. So any questions or...

Hilary Haycock:

Well, we're going to hold questions for the end, but that was an incredibly informative presentation. So thank you both for sharing all you're doing and for all you're doing to support beneficiaries during this -

Christine Turner:

Yeah, absolutely. Thank you.

Hilary Haycock:

Yeah, appreciate it. Great. So we'll turn to our friends at the Health Plan of San Mateo.

Katie-Elyse Turner:

Okay, thanks Hilary. Good morning everyone, appreciation to Anastasia and Kerry for the updates as well as to the Santa Clara team for that really great overview of their plans work and learning over the last few months. My name is Katie-Elyse Turner and I'm health plan at San Mateo's Duals Demonstration and Medicare Risk Adjustment director. Hilary and Lily, if we could go to the agenda slide, please. Great. Thank you.

Katie-Elyse Turner:

So my colleagues and I really appreciate the opportunity to share some insights into how our plan has responded to the COVID-19 pandemic over the last few months and how we will... in the next coming months. I'm going to talk through some of our priorities and strategy and then hand things off to my colleagues, Kati Phillips, and Gabrielle Ault-Riché to walk through the specifics of our network support response, as well as our member access response, respectively. Next slide please.

Katie-Elyse Turner:

So HPSM is a County organized to health system that serves San Mateo county's vulnerable, underserved, and underinsured residents. We've operated a Medicare line of business focused on dual-eligible beneficiaries since 2006, with about 10 years as a D-SNP and participating in the CCI with Cal MediConnect beginning in 2014. We also have a number of special programs that address other eligible members, social determinants of health, and Gabrielle will touch on some of those in a few minutes. Next slide please.

Katie-Elyse Turner:

So our top priority in responding to the COVID-19 pandemic have really been ensuring, consistent communication, health care access, and community support for our members, as well as for our providers. To get those efforts up and running quickly and comprehensively somewhat similar to what you just heard from Santa Clara, we created focused internal leadership groups with the mandate to align and integrate existing work streams and existing relationship resources. And then also to spearhead new approaches or initiatives based on needs that we identified in the community over time.

Katie-Elyse Turner:

So I'm going to hand the next set of slides off to my colleague, Kati, to walk through how we're working with our provider network on these couple of items. And then we'll hand things off to our colleague Gabrielle, who'll walk through our efforts to ensure our member's healthcare and supports to access, really with a focus on our efforts to reduce the impacts of social isolation and loneliness. So Kati, I will hand things off to you.

Kati Phillips:

Great, good morning, everyone. I'm Kati Phillips, the provider network manager at HPSM, and as we've just heard, we've had a few key areas of focus over the last few months to support our provider community and member care needs. And that has included supporting providers as they make the shift to providing care virtually. This involved tracking and establishing reimbursement mechanisms for these services in alignment with Medicare and medical reimbursement policy updates, which we were very happy to see to support our provider community, and member Access To Care.

Kati Phillips:

We've had a number of providers getting set up on platforms to provide telemedicine. This was not something ubiquitous across our network before the public health emergency, and have been trying to support that rapid transition as I'm sure many folks on the call have also been involved in. And we've also been exploring ways that we can further support this transition in the short term while we collectively see how things pan out in the longer term, also in terms of reimbursement support.

Kati Phillips:

We've sent out a number of communications updating our provider community on the telemedicine reimbursement policies, also have posted information on our website. And we've also conducted several rounds of outreach to our providers, including primary care and other high priority provider types to determine status of clinics, whether they're open, whether for in-person or virtual visits, if they closed temporarily and when they would reopen. And if they were set up to provide telemedicine, which did change for several clinics over the course of those rounds of outreach.

Kati Phillips:

And then we also have been working very closely with our nursing facility partners. At HPSM, we've been running a nursing facility, learning collaborative for about the last two years, and we're very fortunate to have the relationship and communication channel infrastructure established with our facilities prior to the public health emergency. We were able to quickly tap into that infrastructure and move our check-ins to weekly coalition calls that include facility administrators, medical directors, HPSM staff, and our County public health partners, as well as other key guests, including industry subject matter experts. And it was varied based on the topic of the week.

Kati Phillips:

As an example, we have a call coming up this afternoon where we'll be focusing on a potential partnership for COVID testing needs and facilities, and have been coordinating very closely with our County public health partners, which we are also very fortunate to have a great working relationship with, and have been able to respond together quickly to facility needs, as developments have occurred. And then we've also set up a reimbursement mechanism to support this provider community so that they can best serve our members and focus on what they do best.

Kati Phillips:

And then another area of focus for us, as it relates to what you'll hear about next on member service access has been around provider outreach and recruitment. So I mentioned during the telemedicine overview that we've conducted outreach to our providers to inquire about open and closure status, telemedicine capabilities and any challenges or needs that they may have, that we can help support. We're also exploring other access solutions around eConsult platforms and infrastructure, and have been doing targeted provider recruitment for specific provider types, including primary care, behavioral health, and speech therapy with an emphasis on what can be provided virtually. And then we've also been supporting our County public health partners to credential volunteer staff, to make sure that there's adequate staffing available during the public health emergency. Then we can go to the next slide. Oh, sorry, back to the access, there we go.

Kati Phillips:

So one unique thing that we've done in addition to what we just covered is we have an arrangement with L.A. Care to leverage their agreement with Teladoc, for providing virtual primary care. We're very thankful for this partnership and how quickly we were able to get something in place. As we learned that not all of our primary care clinics were set up to provide telemedicine, and we want our members to have access to primary care as opposed to needing to go in person to urgent care or the emergency room unless clinically advised. And now I'll turn it over to my colleague, Gabrielle, to hear more on the member service access front. Gabrielle, you may still be on mute.

Gabrielle Ault-Riché:

Thank you very much, Kate. My name is Gabrielle Ault-Riché, I'm a director of customer support, and I'm really excited to share with you some of the member outreach initiatives that we've been working on. And actually, if we can go back one slide, that would be great, and I will finish that one up. Yeah, so in addition to the work that Kati was, uh, speaking to related to our provider network and telemedicine, really are from a member outreach perspective. Our first priority, when all of this started was to ensure that the clinical concerns of our most vulnerable members were being addressed. So really thinking about our duals members on NSPD. And so, one of the first things we did was leverage our existing HRA

vendor and another vendor to conduct telephonic wellness checks with those members. So those calls focused on ensuring members had the medication that they needed, the medical supplies they needed, and really answering any of their clinical questions about COVID-19 risks, or other existing conditions that they had and connecting them with care.

Gabrielle Ault-Riché:

And then in addition, our vendor that pre-COVID was conducting in-person home-based assessments, continued to meet with members in their homes to do those clinical assessments. Of course, they also implemented screening protocols and ensured PPE usage and all of the extra things given COVID-19. But we felt that it was important to continue those in-person visits, because particularly for our members that we already knew were more isolated, we thought that it was important that they continue to have someone there on the ground, in-person to be able to check in and just make sure that their needs were being met. Can you go to the next slide, please.

Gabrielle Ault-Riché:

And then from a medication standpoint, we changed some of our rules around pharmacy authorizations in order to allow for easier access to early refills, and 90 day supplies, want to make sure everyone had the medications that they needed. We also promoted free medication delivery so that our members could stay sheltering in place and expanded our MTM, our Medication Therapy Management script to also cover COVID related topics. And then we recognize that while a lot of our focus had been on our older adult members and our members with chronic conditions than pregnant women and new moms, as well as our members with asthma really have unique risks related to COVID. And so we wanted to make sure that we were including them in our focus. Our health education team already had existing outreach efforts for those populations. So we just expanded the script to make sure that we were going through COVID related topics and concerns for that outreach as well. Next slide.

Gabrielle Ault-Riché:

It also quickly became clear that providing members with access to timely and accurate information, as well as the local resources would be really important. And so we set up a micro site within HPSM website that included information about, not only how to prevent COVID infection, but also of whole host of local resources for meal delivery, telehealth options and behavioral health. It also included information about changes to the medical eligibility process in terms of the pause on redeterminations and other topics that we were hearing through the call center and care coordination teams, hearing as concerns from our members.

Gabrielle Ault-Riché:

In addition, our health education team is currently in the process of developing messaging for a text message campaign that we'll be rolling out soon, that will cover a lot of these same topics. And then in order to publicize the fact that we had this new whole set of resources and information, we sent a postcard to all of our members driving them to that micro site and also providing key phone numbers as a quick cheat sheet that we thought that they might need to use. Next slide.

Gabrielle Ault-Riché:

The other need that we identified early on was around food insecurity and access to food. So to address this, we started by expanding our existing meal delivery program. Pre-COVID, that program was designed as a short-term program for members with complex health condition. But we recently

expanded it to also include pregnant women and new moms, based on feedback that we had been receiving through our outreach to that population, that that was one of the concerns that they had. And then we also partnered with the San Mateo County aging and adult services to plan and help them implement the FEMA funded Great Plates Delivered program, which I'm sure many of you are familiar with, which delivers three restaurant meals daily to seniors, so that was a big initiative for us. And then we're currently in discussions with a few different groups around how to coordinate free grocery delivery for members. So many of our members are already... received CalFresh benefits, but the delivery component is really the tricky piece. So we are still exploring different solutions for that. Next slide.

Gabrielle Ault-Riché:

And then finally, the other main concern that we had, was around as Katie-Elyse mentioned, the impact of increased social isolation on our members, particularly for those who were already experiencing social isolation prior to shelter-in-place. We know that due to members different medical conditions and housing situations, that many folks were already dealing with issues around social isolation and loneliness and that the shelter-in-place really just exacerbated that. So we started by developing a system for HPSM staff at any level, from any department to make social calls to members. So, unlike the clinical wellness calls that we were doing, these calls just focus on what somebody is up to that day or how they're feeling, just to provide an opportunity to connect and chat. If the member wants that kind of interaction, that it's there for them.

Gabrielle Ault-Riché:

We also tweaked an existing in person social program that we had had for older adults, and that program now provides buddy calls, so from one older adult to another. Again, just an opportunity for social interaction for those that may be limited in that area. And then we recently implemented what we called The Dear Neighbor postcard writing campaign, in which volunteers from anywhere, we have them actually from different states even, can sign up on our website. And we send them a stack of postcards and they can hand write positive uplifting messages, and return those scripts to us and then we mail them out to our duals and SPD members. So again, just an extra attempt at connecting with our members in different ways. Next slide.

Gabrielle Ault-Riché:

So, yeah, needless to say, it has been a busy few months. But I think one of the main things this experience really reinforced for us is just how critical a role safety in the health plans like HPSM, like Santa Clara, and others play in really meeting the needs of some of our highest need residents. And I think it is because we have that local focus, that we're able to leverage the relationships that we already have with community-based organizations. And then the healthcare system and our members to meet, not only the clinical access needs of our members, which of course are front and center in terms of priority, but to also start addressing their needs for just human connection and social support, which often are just as important as the clinical components. And with that, I will turn it over for questions or what comes next.

Hilary Haycock:

Great. Thank you so much. All right, we do have a few minutes for questions today. That was very robust presentation, so I just want to thank folks for that. If you folks want to ask a question, go ahead and raise your hand, and we will unmute your line. Melyn – Cadabes, it looks like your audio is not... you

need to enter your audio pin, I didn't do that. While we're waiting for that, Margarita Bermudez, your line is unmuted.

Margarita Bermudez:

Hi. Yes, thank you. Well, thank you so much, and it was really great to see all of the great work that all of the plans we're doing, especially during these challenging times. So in one of the presentations, they talked about the big issues that nursing homes or having, as you know, a half of the... a third to a half of the COVID related deaths have been in nursing homes, and that includes people with dementia. So I know that like San Mateo, the health plan... San Mateo was talking about how they specifically reached out to new moms and people with asthma, but I was just wondering about, people with Alzheimer's and their caregivers and the social isolation that happened with them because they couldn't go to adult day centers, and if there's anything that health plans did during the time, or are planning to do.

Katie-Elyse Turner:

Thank you. I don't know what's the plan. Either the health plans wants to or has been doing anything specific on Alzheimer's and wants to respond to that.

Christine Turner:

This is Chris from Santa Clara, and I was going to ask if Lorie wants to share any of the work that we did with CBAS and LTC centers.

Lori Andersen:

Yes. I would just say that our outbound call campaign was to community folks in the community, but by making those calls to our vulnerable population, both at CBAS, MSSP, and a lot of those folks we recognize did have dementia or Alzheimer's, and we built into our awareness of the wellness checks and so forth, is to do it as well with the caregivers and to... that's part of our check-in, I guess I would say, is how are things going, and many of our CBAS members do have dementia. And so those calls and the work that's happening with the alternative services is addressing that population. I was a little confused by your question, in terms of whether it was outreach to nursing home residents, but we did have contact with our nursing facilities as well in Santa Clara, but we were not allowed in the facility. And so it was very challenging to do more than just stay on top of what was happening and to provide support and education as they might have mentioned.

Hilary Haycock:

Great. All right. Our next question is from Denny Chan.

Denny Chan:

Hey Hilary, can you hear me okay?

Hilary Haycock:

Yes.

Denny Chan:

Great, wonderful. Well, thank you to the state and all the plans. I know people have been really busy, in light of COVID and I appreciate all the updates and the work that everyone's been doing. My question is

for DHCS. I noted that in the May revise, the governor did propose to eliminate CBAS and MSSP. I wanted to first start off by saying, we think this decision or this proposal is extremely misguided, particularly during a time when we're fighting international pandemic and without these home and community based services, older adults and duals will face a higher risk of institutionalization, so we think it's irresponsible. But my question is what is DHCS's vision for home and community based services and managed long-term services and supports after the pandemic?

Denny Chan:

I know that there's a new benefit that is being developed, but without CBAS and MSSP, those are two of the largest HCBS programs in the state other than IHSS. And so when we think about the delivery system, what that looks like in a new descent model, what's going to be left to coordinate for these plans without two of the larger HCBS programs? Thank you.

Anastasia Dodson:

Thanks, Danny. Yeah, this is Anastasia, and I'll just start by saying, of course, very difficult budget time and budget decisions as to what was in the May revision, so your concerns are certainly well understood. I mean, there are a number of other services that are available to support those MSSP and CBAS participants that are not proposed for reduction, managed care plans, provide a wide range of services and support. There's also home and community based waiver programs, as well as just a variety of social supports that are available outside of Medicaid. So, I think it's probably a longer conversation about that, I know we're just about at time, but... Anyway, your concerns are duly noted and as we look at the long-term care at home potential benefit and other CalAIM efforts, we'll continue to look at... making sure that we're meeting the needs of people and supporting them particularly, as they're staying at home and the different and evolving delivery system models that have been developed and will continue to be developed. Great examples from the health plans here about what they're doing in different ways to serve people. Thank you.

Hilary Haycock:

Great, thank you. So we are in fact at time. We want to thank everyone for participating today. We will be sending the slides around and we'll post them as well as the recording on calduals.org. Like usual, you are welcome to send any other additional questions to info@CalDuals.org, and we will do our best to coordinate a response back to you. So please feel free to go ahead and email us, with your additional questions. I know we reviewed a lot and weren't able to take a lot of questions today, but thank you again. Also, to all of our panelists and speakers, we really appreciate your time this morning, and I hope everybody has a great day and stay safe and stay healthy. Thank you.