

## **Department of Health Care Services' September 2020 CCI stakeholder call September 21, 2020**

Alisa Chester:

Good afternoon everyone, and thank you for joining us for the Department of Health Care Services September CCI stakeholder webinar. My name is Alisa Chester, and I am Deputy Director of Medicaid Policy and Programs with Aurrera Health Group. Just very quickly, I'm going to do a housekeeping check. If you can hear me okay, please click on the raised hand icon on the right side of your panel. Wonderful. It looks like we're doing okay. So if you run into any technical difficulties and are disconnected, please reconnect to the webinar. Next slide.

Alisa Chester:

So on our agenda today, we're going to do updates from DHCS, including the CMC dashboard, and then we're going to have a presentation from the Centers for Medicare and Medicaid Services, as well as our Aurrera Health Group on 2020 flu season preparation. And then we're going to turn it over for questions. Please be ready for those. You can also ask questions into the chat function on the GoToWebinar panel. And with that, I am going to turn it over to Anastasia.

Anastasia Dodson:

Okay. Good afternoon, everyone. This is Anastasia Dodson in the director's office at the Department of Health Care Services, and very pleased to be here with you all today. We're going to provide a few updates. First I want to be sure I introduced our new Deputy Director for Health Care Delivery Systems, Kirk Davis. He's on enjoying the call today.

Kirk Davis:

Hi, everybody. Thanks, Anastasia. Kirk Davis, new to state service, not new to health care. I've been a nurse for a long time in the acute and post-acute environment in business development and operations. Really, really happy to be here. Thanks for joining us today.

Anastasia Dodson:

Great. So today on the DHCS portion of the webinar, we're going to go through a few items. The September Cal MediConnect dashboard, our COVID-19 response efforts in

the Central Valley counties. We're going to touch on the long-term care at home benefit, which I believe you all know we've stopped working on, but we'll talk about that for a sec. And then our ESRD enrollment policy, which is under development. Okay. Next slide. So the Cal MediConnect dashboard, I believe you're probably all familiar with. An update on that has been posted today on the DHCS website. Again, it's part of our commitment to transparency and making sure that we're monitoring and holding our plans accountable and publishing that data. So you can see it on the DHCS website. All right. Next slide.

Anastasia Dodson:

And then as far as COVID-19 response, of course, we're all, as a state and a nation, doing a lot more to make sure that we're preventing the spread and continuing to, whether it's wearing masks or doing social distancing or enhanced infection control in a variety of facilities. There's a lot of efforts underway to address COVID and in the Central Valley counties, DHCS, in addition to all of the flexibilities that we have requested and been approved for from the federal government in a variety of areas, whether it's telehealth or payment changes, program flexibilities, in particular we, starting in August, we started an effort to focus on the Central Valley counties because they were particularly hard hit by COVID. In those counties in general, there's only one county-organized health system so for the most part long-term care is not carved in.

Anastasia Dodson:

There may be, to that extent, a little less incentive and coordination because of the way that health plan is structured there. It's not like CCI or Cal MediConnect where it's all carved into the health plan. So we've asked the Medi-Cal managed care plans in the Central Valley counties to convene their local partners, particularly home and community-based services, so that includes PACE, MSSP, CBAS, other partners you'll see on the next slide, but making sure that we have providing information and technical assistance to the health plans.

Anastasia Dodson:

You'll see on our COVID website, we have a document for each county that describes the contact information and the names of all of the hospitals, skilled nursing facilities and all of the home and community-based services, and also the Medi-Cal managed care plans. So one document for each county and hoping that that is helpful for

making connections so that individuals who are being discharged from the hospital and may or may not be enrolled in a Medi-Cal managed care plan, that all of the, whether it's hospital discharge planners or other providers, have access to the array of services and getting those contact information and emails and phone numbers.

Anastasia Dodson:

The other thing that we're doing for Central Valley counties is asking for federal flexibility for institutional transitions, particularly around the HCBA waiver and the assisted living waiver, to look at allowing the prioritization for individuals who are in nursing facilities less than 60 days. So we recently got approval on that, and we are in the midst of planning on how to implement that, for how that would be implemented in Central Valley counties. So we think that's another tool to help provide choices to individuals, because we know that the right setting is dependent on the individual needs of the beneficiary. Some people, the skilled nursing facility may be the most appropriate choice. Sometimes things change. They can go home if they wish to. Sometimes there's a variety of home- and community-based services, and there may be a better fit among one or the other for different patients and individuals. So trying to make sure that we have as many options on the table for people as possible and making sure we communicate that out. All right. Next slide.

Anastasia Dodson:

Let's see. I don't know if you can hear me, but next slide gives the list of the county-level collaborative meetings. Hmm. Let's see. I don't know if folks can still hear me.

Alisa Chester:

Yeah. We can hear you, Anastasia.

Anastasia Dodson:

Oh, there you go. Okay. Perfect. All right. So this slide gives the list of all of the partners that have been invited to those county-level collaborative meetings. As I said, hospitals, nursing facilities, HCBS waivers and providers, the county social service agencies, county public health area agencies on aging, the full array of partners. Really, this is a great effort that does not need to be specific for COVID, but frankly COVID just makes it even more important that the choices are highlighted and available, and that there's no delay in placements and referrals. Okay. Next slide.

Anastasia Dodson:

All right. So for our long-term care at home benefit, which we really had very productive and helpful conversations with stakeholders on this summer, we're not going to be moving forward with this benefit proposal. We were unable to reach an agreement between the administration and the legislature, but we really thank everyone and appreciate the interest and feedback and support for development of this benefit. So we're going to continue to focus on the other flexibilities that we've talked about, HCBA waiver and assisted living waiver flexibility, the convenings in the Central Valley. Many of you may know, we started the stakeholder process for our HCBA waiver renewal as well. So we continue to have a lot to work on, and of course we're always open to new ideas, but we've got some good ideas now we're continuing to work on. So we will keep in touch with all of you on that. All right. Next slide.

Anastasia Dodson:

Okay. And then the final piece is that we have been in conversation with the CMS and the Cal MediConnect plans around enrollment of individuals with end stage renal disease or ESRD into Cal MediConnect. Way back when Cal MediConnect was first launched there was a decision to, frankly, not include individuals with ESRD in the initial enrollment, but that in San Mateo and Orange County beneficiaries with ESRD may enroll, and then those folks that are already enrolled that develop ESRD, they can remain enrolled. So we are looking at potentially changing this policy to allow beneficiaries with a diagnosis of ESRD to opt in, and that would maintain alignment with the Medicare Advantage rules. So we're still reviewing this potential policy change. We've met with Cal MediConnect plans and we've met with providers about this change and spoken with advocates. So we're continuing to review this potential policy change, and we will keep you all informed as to the policy decision on this.

Anastasia Dodson:

Again, I welcome your comments and questions in the chat box and then at the end, we'll work with our host here to respond to any questions on those topics. So I'll hand it off to Kerry Branick for the Cal MediConnect flu prevention efforts.

Anna Williams:

Good afternoon. This is Anna Williams, and I'll be presenting today. I'm with CMS' Medicare- Medicaid coordination office, and I'm a state lead on the Cal MediConnect demonstration. Thanks for the opportunity today to share a bit more about this year's

flu prevention campaign. CMS has been partnering with DHCS, the MMPs, ombudsman and other stakeholders for several years now, and this year more than ever it's vital that the dually eligible population and that we all take steps like getting this year's flu shot to prevent the spread of flu. Next slide, please.

Anna Williams:

As you can see, there's a stark and continuous disparity in the percentage of dually eligible beneficiaries who receive the annual influenza vaccine. When we consider this aligned with the other health disparities among the dually eligible population, it's clear that there's a great need to work toward closing this gap, especially as we face this unprecedented public health emergency. Next slide, please.

Anna Williams:

In the past, we've appreciated collaborating with DHCS, health plans, ombudsman and provider organizations, such as the California Association of Adult Day Services. This year, there are three different ways that we're promoting access to and education around the flu vaccine. We're prioritizing the flu vaccine among health plans and supporting efforts to outreach for providers and members. We're supporting state and local stakeholders by identifying community partners and resources that will amplify this message. And then we're improving beneficiary outreach by leveraging CMS-tested messaging, reaching out directly to beneficiaries and making resources publicly available. Soon we'll also begin marketing a health plan roundtable webinar discussion that will take place in October and offer plans and providers an additional opportunity to talk with one another about promising practices across the country. This webinar will be free and open to the public, and we welcome you all to join, so stay tuned for more to come. Next slide, please.

Anna Williams:

In an effort to reach beneficiaries directly, CMS, in partnership with DHCS and the MMPs, is sending postcards to beneficiaries, something we've done over the past several years. This year's postcards have a new message. CMS tested a number of messages with dually eligible beneficiaries, and you can see the updated messaging on this slide. The language on the postcard is the statement that resonated most with the population, and we're excited to share it with beneficiaries. I'd also like to acknowledge the work of the MMPs and putting this together. We were able to work with them to get the most up-to-date mailing addresses along with preferred

languages of the members, and this year we're expanding the mailing of the postcards to be available in 14 languages, large print and English and in Spanish and in braille. These postcards, along with many other marketing and educational materials, will be posted on the CalDuals website in the coming days and weeks, and there are also additional resources on the cms.gov and cdc.gov websites.

Anna Williams:

We would like to promote these resources and the flu prevention message to as many stakeholders as possible, and we're happy to provide support through tailored messaging and other outreach supporting. We encourage all stakeholders to share with us any way that we can be of help in amplifying your efforts. Next slide, please.

Anna Williams:

We've also been engaging on this year's flu campaign in other ways. The CMS Medicare account managers have talked with every D-SNP and CMS and DHCS staff have talked with every Cal MediConnect plan about the importance of promoting flu vaccination. In particular, we've discussed new ways the plans are promoting flu prevention and vaccination in 2020, given the additional challenges with COVID-19 and potential barriers to traditional means of obtaining a flu shot. Through discussion with California's MMPs, we've learned of innovative approaches to tackling this additional challenge. Among other efforts, Blue Shield Promise is offering a drive-through flu shot clinic that allows individuals to remain in their vehicle while waiting for their vaccination. IEHP is conducting a texting campaign to notify members of the nearest pharmacy to get a flu shot and LA Care is providing educational member communications that emphasize the importance of getting a flu shot during the COVID-19 pandemic. The Medicare-Medicaid coordination office has also compiled a checklist and I think we could pull up the checklist now, please.

Anna Williams:

Great. Thank you. So this checklist includes strategies that MMPs and others can employ. The contents of the checklist come in large part from innovative strategies MMPs have previously employed and shared with us. So this checklist can be used by plans to engage beneficiaries, providers, care teams and others, and it will also be made available on the CalDuals website so you can view it there. Please feel free to review this checklist and let us know if you have any feedback or if there are any other ideas that could be added to this checklist. We can go back to the slides now,

please. I'm not seeing the slides pop up, but I bet they will in a moment. All right, so we encourage any comments and feedback you may have on the checklist or any other ways that CMS can help promote this year's flu prevention messaging and education. You can switch to the next slide, please.

Anna Williams:

We're also eager to help amplify flu prevention efforts at the local level. If there are things that CMS can do to amplify your messaging, we'd love to work with you and hear from you on how we can be the most helpful. So please feel free to share any thoughts or ideas we can discuss at the end in the Q&A section, or we're happy to work with you offline. You can see my email is available here, so please feel free to reach out. Lastly, I'd like to thank everyone who has had a hand in the flu prevention campaign. We look forward to continuing to partner with you all to prevent the spread of flu during this crucial time. Thanks.

Alisa Chester:

Thanks, Anna. I'm now going to turn it over to Ryan.

Ryan MacDonald:

Good afternoon, everyone, and thanks for joining us today. Just to build off a little bit of what Anna just covered, every year or at least the past, I think, three or four years at least, our CCI outreach team has been helping CMS promote flu prevention and vaccination. I just wanted to share a little bit about what we do and, not to be too redundant with what Anna said, but direct you to some of those materials that we also house on CalDuals.org. Next slide, please.

Ryan MacDonald:

Oh, and by the way, sorry, for those of you who I don't know, this is Ryan MacDonald. I am the Director of Outreach Engagement at Aurrera Health Group, and I work on the CCI outreach effort for DHCS. Okay. So here you see some of the stuff that our outreach team does. So we support CMS and this effort each year by sharing campaign materials with stakeholders. We're obviously doing that virtually because of COVID right now, but we are still sharing materials that are both on our website and we also include some of that into our normal materials, like a slide in the slide deck, or a mention of the importance of flu vaccination and prevention when we're presenting to folks.

Ryan MacDonald:

We also encourage stakeholders, if they're working with professionals as opposed to beneficiaries or maybe providers, we also encourage them to engage beneficiaries and also other professionals and folks in the area, in the field, about flu prevention and vaccination. We do, again, add some of the messaging to our materials and communications. As Anna mentioned on calduals.org, there is a section of the website where we house and maintain, also, some updated messaging materials and information. We also promote the National Influenza Vaccine Week and the social media storm, again, that Anna mentioned. Next slide, please.

Ryan MacDonald:

So again, CalDuals.org does house a ton of great information and materials for all different types of stakeholders. We have things for beneficiaries, providers, other stakeholders that are supporting beneficiaries out there. I gave an example here where beneficiaries from our homepage, there is a button that says, "Get your Flu Shot." They can click on that. We typically give that a treatment when flu season starts so you'll see that change. We'll change it to a red color or something that pops so folks can see that on the homepage and providers and advocates have similar buttons on their respective landing pages on CalDuals.org. Next slide, please.

Ryan MacDonald:

So just a little bit more on the materials. So if you navigate to CalDuals.org, you'll find postcards. This is an example of the old messaging. Anna showed you the new stuff. Again, as she mentioned, in the next couple of weeks we will be updating CalDuals.org with all the new messaging and information. But to give you an example, we do have information in many different languages. So this is an example in Spanish from last year. There's flyers, posters and a lot of other materials. A lot of different languages, like I said. There's draft language there as well as, obviously, CMS offers to create custom stuff, but we do have some draft information there for social media, newsletters, blogs. We also share some newsletter or information blog-wise, will go on to CalDuals and will be sent out through our email mechanisms as part of that. Next slide, please.

Ryan MacDonald:

A couple of things I just want to close out here. I think Anna touched on many great things that plans and other stakeholders are doing and have done in years past. We



actually have done this for a while and we've gotten a lot of really great feedback from beneficiaries in particular. So I want to share a couple of things here that are some promising practices, but we've actually heard this stuff pretty much directly from consumers, so I thought it was valuable to share. So often they find flu information that doesn't have local information where they can get it. So we've heard that it would be really valuable if you're creating local materials or engaging locally if you know of locations folks can get their shots or if there's drive-through because of COVID or ways that that needs to happen.

Ryan MacDonald:

That's great information to include in marketing or messaging materials. We've heard a lot of feedback that it's great for those beneficiaries that do get on webpages or their caregivers are navigating that, to post information on websites and/or where beneficiaries are living accessing services. We mentioned there's posters. If you could potentially work with the CBO to get a poster posted. I know it's difficult with COVID, but there are folks still doing that type of stuff out there that we're working with. Obviously you can, or maybe not so obviously, but put trained beneficiary-facing staff to remind beneficiaries as they're talking to them about the importance of flu vaccinations, and you can also add flu prevention vaccination messaging onto hold messaging, or call trees, et cetera, where beneficiaries might be calling.

Ryan MacDonald:

With that, that is all I have to say today, but we appreciate all the help over the years, again, and we're really excited to support CMS again this year on this campaign. Here we have, if you need to get to our team, [info@calduals.org](mailto:info@calduals.org). You can contact me, [ryan@aurrerahealth.com](mailto:ryan@aurrerahealth.com). We can support with getting materials out to you or work with you if you need any support that we can offer. Thank you.

Alisa Chester:

Thanks so much, Ryan, and thank you to all the presenters for their time today. I'm now going to open it up for questions. There are two ways to ask a question. You can submit a question into the text box, or you can raise your hand and we will unmute you. We did get two questions that may be of interest to other people. One person asked where the link to get the PowerPoint for today's presentation will be. We will post this information on [calduals.org](http://calduals.org) and we are also going to send the materials to people who join the webinar today. We also had a question from Catherine who

asked when the ESRD change will take effect. If DHCS implements the ESRD change, this would take effect in 2021. Let's see. Does anyone have a question? If you would like to raise their hand. Denny, I'm going to unmute you.

Denny Chan:

Hi. Can you hear me?

Alisa Chester:

Yes, we can hear you.

Denny Chan:

Great. Wonderful. Thank you first to the department for organizing, as usual, this reoccurring stakeholder meeting. Really thankful to hear all the updates from everyone on the agenda, and in particular appreciated hearing about all the work that the department is doing in the Central Valley. My question is we are six plus months into the pandemic. In early March and April, the state had asked for a number of flexibilities and CMS had authorized a number of those flexibilities and in particular gave guidance to Medicare Advantage and Part D plans. Because this pandemic is certainly not going away and there's still significant community spread in California, older adults, including duals who are dually enrolled in Cal MediConnect in the southern CCI counties, are largely still sheltering in place. I'm wondering if there's any update from the department on what ongoing guidance is being given to plans during this time.

Denny Chan:

It strikes me that the initial flexibilities and work that was done in March and April should probably be adjusted now that we're in it for the long haul. And any monitoring, if the department could speak to any monitoring the department is doing of plans. This is the opportunity for the care coordination that motivated the design and implementation of CTI and Cal MediConnect to shine. I'm wondering if there are any steps now, in light of this long-standing pandemic, to really dig deep and ensure that care coordination is happening for duals we know are more likely to be susceptible to the virus. So any updates on that or anything the department can say in response to that question would be appreciated. Thank you.

Alisa Chester:

Thanks, Denny.

Anastasia Dodson:

Hi, Denny.

Alisa Chester:

Anastasia, do you have a response?

Anastasia Dodson:

Hi. Yes, this is Anastasia. So yes, we certainly recognize that the flexibilities that the federal government approved and that the state and then health plans and providers have implemented, those are important, and then we also know that providers, beneficiaries health plans... We have all been learning from the last six months as we go through and think about, how do people access and contact their providers? How do people get groceries? How do people communicate with a variety of services that they might be accessing, or get transportation assistance and get deliveries? So I'll say that really, the health care delivery system as a whole is transforming and has transformed. We want to continue to support that transformation. We also recognize that addressing health disparities has always been something that's important, but even more so as we see the data come in.

Anastasia Dodson:

So in our regular communications with the managed care plans, frankly with all of the managed care plans, we are emphasizing that they should be looking at ways to continue to engage all beneficiaries in things like preventive care, preventive services. So again, you're all familiar with all of the different implications of the pandemic, whether it's around the need for immunizations in kids, or then flu vaccinations for older adults, the transition to telehealth and making sure that people who may not have high-speed internet or a device, that there are efforts within the administration and in local communities to address that. So infection control in healthcare delivery systems sites. All of those things are under way. So I guess, anyway, the shorter answer to your question is that we have regular communications with the health plans, with the CEOs, and we continue to emphasize the need to communicate with beneficiaries and to look at the data and make sure that any opportunities that there are to remind beneficiaries or work through providers to contact beneficiaries, that those efforts continue.

Anastasia Dodson:

We are also looking at ways to continue our more formal monitoring efforts. Of course, we had to suspend certain types of in-person visits that we might make, but we're looking at ways to replace those visits with reviews of documents that we can make remotely. So I think that summarizes it, but again, I just want to emphasize that it's both state oversight and engagement, but it's also managed care plans partnering with their providers and communicating with beneficiaries and providers communicating with beneficiaries on a variety of topics, not just COVID, but also preventative services and looking at ways to address health disparities. All of those things are important now and we know it's going to be still sometime before things are back to the way they were before. So we want to continue to look at new ways and what we've learned over the last six months to continue those communications.

Alisa Chester:

Thank you, Anastasia. Anyone else on the line have a question or a comment, please raise your hand. Sorry, just questions. All right. Sorry. I just lost it. Patricio, I'm going to unmute you. Oh, you are self-muted so I cannot unmute you.

Patricio Camacho:

... if I can. Can you hear me now?

Alisa Chester:

Yes, we can hear you.

Patricio Camacho:

Okay. Hi, everybody. Thank you very much. Thank you for the great information. My name is Patricio Camacho, LA Care in Los Angeles, and thank you very much for everybody and the great information that you provide us. I was wondering, because I'm new to these type of forums, if you guys had any, being new to the dual population or coming back after 10 years of not dealing with this population, if there are any messages or any information. I mean, we know that, or the viewers are aware that a lot of duals are because there is no... I mean, a lot of duals have two plans, have one medical plan, Medicaid plan, and one Medicare plan. Obviously they encounter the balance billing issues. However, there is a large population that is in that situation. Is there any marketing or campaign to address or to convey the benefits of being under one plan for both Medicare and Medicaid?

Alisa Chester:

Ryan, do you want to answer this?

Ryan MacDonald:

Yes. Great. Thank you. Thank you very much for the question. So I am the outreach director at Aurrera Health Group. For most of the time the demonstration or the Cal MediConnect CCI program has been going on, we have been doing outreach and education on the ground. There's also a lot of other stakeholders that do outreach and education, whether that's to beneficiaries, other stakeholders, providers. So there's a lot of groups out there that do this. Our team has done it for, like I said, a long time. We work with many different stakeholders, both on the phone, including plans and community-based organizations directly with consumers, et cetera. We have CalDuals.org, which is a website that's available to all stakeholders.

Ryan MacDonald:

The landing page is built for consumers and beneficiaries for the most part, and there's a ton of information on there. Beyond that, I'd be happy to connect with you offline if you want to talk more deeply about the work we've done over the years, the work we do now and today. If LA Care was interested in working with us for any reason on something specific you had in mind, we'd be happy to talk about that as well. So you could email me. My name is [ryan@aurrerahealth.com](mailto:ryan@aurrerahealth.com), and I'd be happy to have more of that conversation with you.

Patricio:

Thank you, Ryan. Thank you, everyone.

Alisa Chester:

Thank you. I'm not seeing any other questions coming in, so with that, I want to take another moment. If you could go to the next slide, Lilly. I just want to say thank you for joining us today. For more information on the Coordinated Care Initiative, please visit [CalDuals.org](http://CalDuals.org) and you can send any additional questions or comments to [info@calduals.org](mailto:info@calduals.org). Thank you everyone for joining us today.