Stakeholder Update Webinar

Coordinated Care Initiative

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MARCH 19, 2020

Roadmap

- Coronavirus (COVID-19) Response
- Cal MediConnect Performance Dashboard
- CalAIM Overview and Update
- Expanding Access to Integrated Care for Dual Eligible Californians
- Questions

COVID-19 Response

- **DHCS COVID-19 Response Website:** https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx
- DHCS response has been in close coordination with California Department of Public Health (CDPH) and Centers for Medicare & Medicaid Services (CMS)
  - Address emerging issues and concerns
  - Identify flexibilities to ensure beneficiaries have access to COVID-19 testing and treatment
  - Adjusting service delivery policies to reflect telehealth and social distancing
- Alignment with CDC Guidance: https://www.cdc.gov/coronavirus/2019-ncov/index.html

COVID-19 Response

- DHCS pursuing flexibilities with CMS:
  - **1135 Waiver:** Federal authority to waive requirements for Medicare, Medicaid and Children's Health Insurance Program (CHIP) under Section 1135 of the Social Security Act as a result of the President's declaration of a national emergency on March 13, 2020
  - **Appendix K**: Federal authority to modify 1915(c) Home and Community Based Services waivers
- DHCS Guidance to Managed Care Plans, Providers, Counties on DHCS COVID-19 webpage: https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-Response.aspx

COVID-19: Managed Care

- DHCS Guidance to Medi-Cal Managed Care Plans:
  - Limit prior authorization for services related to COVID-19
  - Provider networks and Out of Network providers
  - Telehealth flexibility
  - Pharmacy support and flexibility
  - Transportation guidance
  - Encounter data

COVID-19: 1135 Waiver Request

- Maintain provider capacity by waiving provider enrollment requirements, flexibility with credentialing, allowing payment in alternative physical settings
- Service authorization and utilization controls:
  - Waive prior authorization requirements in some cases;
  - Waive face-to-face requirements in many cases;
  - Suspend 100-day limitations on all drugs excluding narcotics/opioids;
  - Waive the requirement for a 3-day prior hospitalization for coverage of a skilled nursing facility (SNF) stay;
  - Flexibility for virtual/telephonic communication for covered State plan benefits.

COVID-19: 1135 Waiver Request (cont'd)

- Eligibility flexibilities
  - Expand Hospital Presumptive Eligibility to include the over 65/aged and disabled population
  - Waive costs associated with testing and treatment of COVID-19 for certain beneficiaries with share of cost
- State fair hearing requests and appeal deadlines for managed care enrollees
  - Additional 120 days for members to request a state fair hearing.

COVID-19: Appendix K Requests

- Allow telephonic or video assessments, in place of face-to-face assessments
  - Home and Community-Based Alternatives (HCBA) Waiver
  - Assisted Living Waiver (ALW)
  - HIV/AIDS Waiver
  - Multipurpose Senior Services Program (MSSP)
  - HCBS Waiver for Californians with Developmental Disabilities

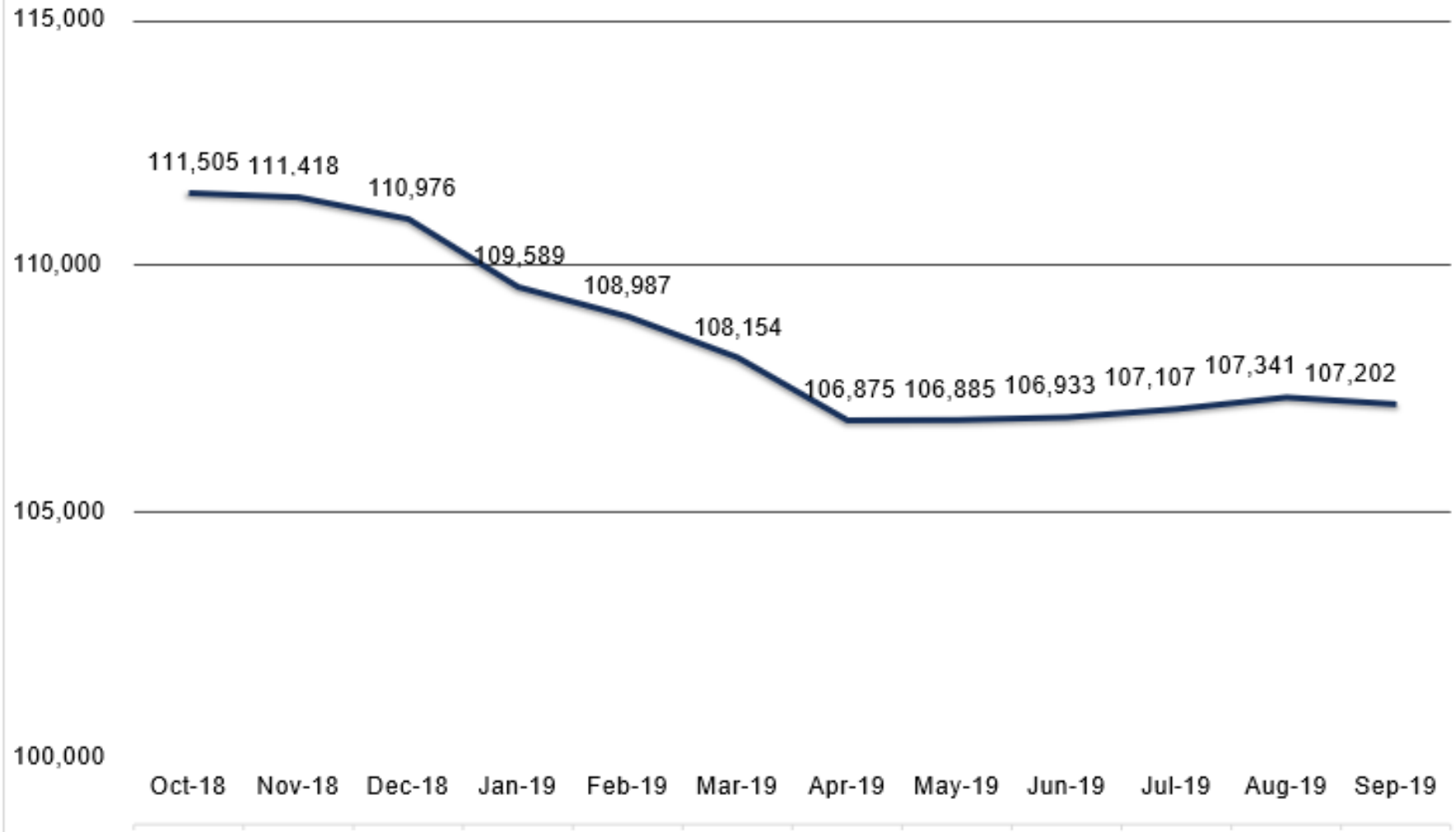
COVID-19: Program Flexibilities

- Program for All-Inclusive Care for the Elderly (PACE) organizations may:
  - Reduce or suspend day center operations;
  - Reduce or suspend any non-critical visits and gatherings;
  - Conduct telephonic assessments in lieu of in-home assessments to complete the enrollment process.
- Community Based Adult Services (CBAS)
  - DHCS and California Department of Aging developing guidance and federal flexibility request
- Health Homes Program:
  - Flexibility to use telephonic or video call assessments to substitute for face-to-face assessments
  - In-person visit requirements suspended until further notice

Cal MediConnect Performance Dashboard

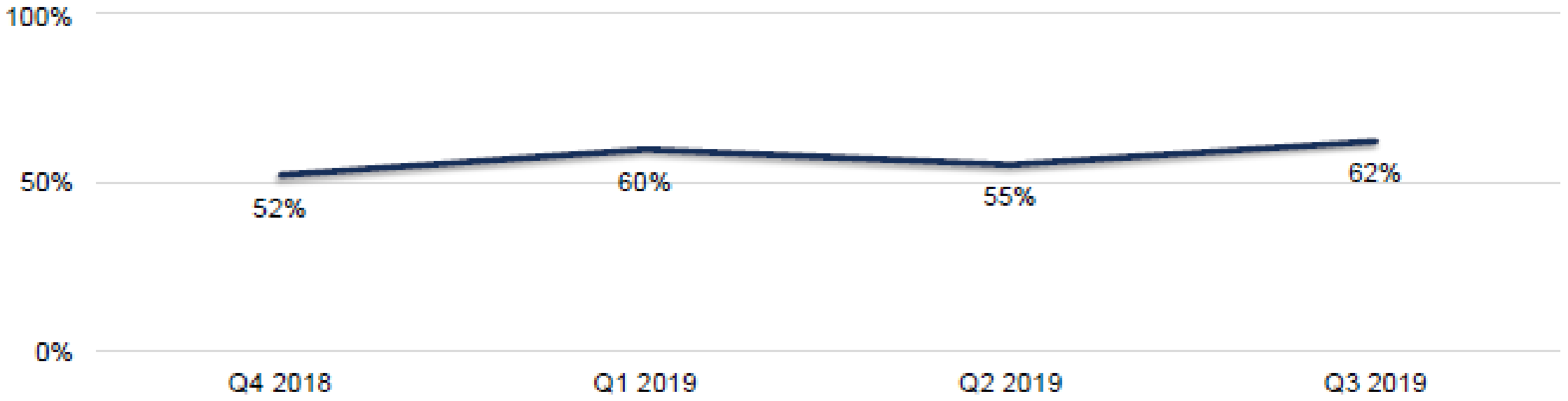
CMC Performance Dashboard

Fig. 1: Monthly Enrollment



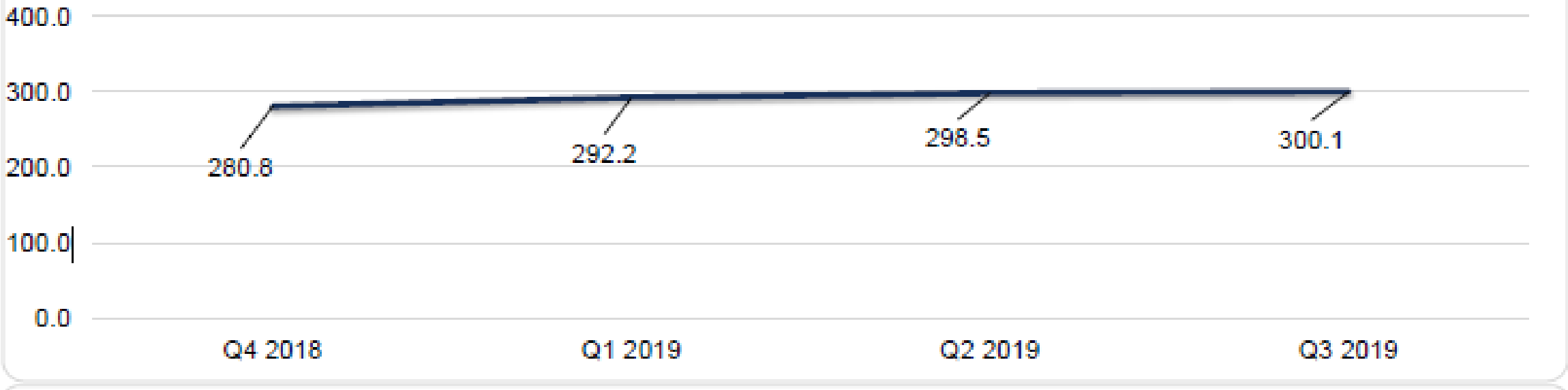
Health Risk Assessment Completion

Fig. 10: Quarterly Rolling Statewide Percentage of Members with an ICP Completed Within 90 Days of Enrollment



Members Receiving LTSS

Fig. 22: Quarterly Rolling Statewide Average of Members Receiving LTSS per 1,000 Members



Quality Withhold

Medicare-Medicaid Plan	CW6 Benchmark: 1.00	CW7* Benchmark: 69%	CW8* Benchmark: 56%	CW11* Benchmark: 56%	CW12* Benchmark: 73%	CW13 Benchmark: 80%
Anthem	Met	Met	Met	Met	Met	Met
Blue Shield	Met	Not Met	Not Met	Met	Met	Not Met
CHG	Met	Met	Met	Met	Met	Met
Health Net	Met	Not Met	Met	Met	Met	Not Met
IEHP	Met	Not Met	Not Met	Met	Met	Not Met
L.A. Care	Met	Met	Met	Met	Met	Met
Molina	Met	Met	Not Met	Met	Met	Met
CalOptima	Met	Met	Not Met	Met	Met	Met
HPSM	Met	Met	Met	Met	Met	Met
SCFHP	Met	Met	Met	Met	Met	Met

Medicare-Medicaid Plan	CAW6 Benchmark: 90%	CAW7 Benchmark: 10% Decrease	CAW8* Benchmark: 55%	CAW9* Benchmark: 78%	Total # of Measures	Total # Met	% Met	% of Withhold Received
Anthem	Not Met	Met	Met	Met	10	9	90%	100%
Blue Shield	Met	Not Met	Not Met	Not Met	10	4	40%	100%^
CHG	Not Met	Met	Met	Met	10	9	90%	100%
Health Net	Met	Met	Not Met	Met	10	7	70%	100%^
IEHP	Met	Met	Met	Not Met	10	6	60%	75%
L.A. Care	Met	Not Met	Met	Met	10	9	90%	100%
Molina	Not Met	Met	Met	Not Met	10	7	70%	100%^
CalOptima	Not Met	Met	Met	Not Met	10	7	70%	100%^
HPSM	Not Met	Met	Met	Met	10	9	90%	100%
SCFHP	Not Met	Met	Not Met	Met	10	8	80%	100%
California Averages					**10**	**8**	**75%**	**98%**

CalAIM Overview

CalAIM Overview

- Comprehensive framework for the upcoming waiver renewals that encompasses a broader delivery system, and program and payment reform across the Medi-Cal program. Includes initiatives and reforms for:
  - Medi-Cal Managed Care
  - Behavioral Health
  - Dual Eligibles and Managed Long-Term Services and Supports (MLTSS)
  - Dental
  - Other County Programs and Services

CalAIM Goals

- Identify and manage member risk and need through Whole Person Care approaches and addressing social determinants of health;
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes and drive delivery system transformation through value-based initiatives, modernization of systems and payment reform.

Long Term Services and Supports Goals

- Improved Care Integration;
- Person-Centered Care;
- Leverage California's Robust Array of Home- and Community-Based Services;
- Build on Lessons and Success of Cal MediConnect (CMC) and Coordinated Care Initiative (CCI); and
- Support Governor's Master Plan for Aging.

Expanding Access to Integrated Care for Dual Eligible Californians

Overview

- Dual Eligible Special Needs Plans (D-SNPs)
  - Cal MediConnect Transition to Aligned Enrollment
  - D-SNP Integration Requirements
  - Transitions and Enrollment Policies
- Medi-Cal
  - Mandatory Medi-Cal Managed Care
  - Long-Term Care Carve-In
  - In Lieu of Services (ILOS)

Aligned Enrollment

- Vision: Dual eligible beneficiaries to receive more integrated and coordinated care through aligned D-SNP and Medi-Cal Managed Care Plans (MCPs)
  - D-SNPs are Medicare Advantage health care plans that provide specialized care to duals and offer wrap-around services but must also maintain a State Medicaid Agency Contract (SMAC) with DHCS

- Beginning in 2023 in CCI counties
- Phased-in approach for non-CCI county MCPs
- Technical MCP workgroup starting in Spring 2020

D-SNP Integration Requirements

- Starting with 2021 federal D-SNP information sharing policy, building toward alignment with CalAIM model of care requirements

- Other requirements to phase-in starting in 2023:
  - Integrated member materials
  - Include dementia specialists for care coordination
  - Coordination with carved-out LTSS benefits
  - Consumer involvement in existing D-SNP governance structure
  - DHCS/CMS contract management teams and audit coordination

Transitions & Enrollment Policies

- Aligned Enrollment
- Voluntary Enrollment
- Default Enrollment
- Crosswalk Enrollment
- “Look-Alike” Plans
- D-SNPs without Medi-Cal Contracts in Service Area
- HIDE/FIDE
- Delegated MCPs
- Marketing/Brokers
- Limiting Churn

Transitions & Enrollment Policies

- Aligned Enrollment:
  - Goal: Dual eligibles are enrolled in “aligned” D-SNP and MCP operated by same organization
  - D-SNPs only allowed to enroll new members who are in aligned MCP
  - Begins in CCI counties on January 1, 2023; phases into other counties by 2025
  - Beneficiaries already in a non-aligned D-SNP when aligned enrollment is effective may stay; no new enrollment into non-aligned D-SNPs
- Voluntary Enrollment:
  - Medicare managed care is OPTIONAL and voluntary
  - Individuals in Medicare FFS will not be passively enrolled into Medicare managed care, they will remain in Medicare FFS
  - Individuals in a Medicare managed care product will remain enrolled in that MA or D-SNP plan

Transitions & Enrollment Policies

- Default Enrollment
  - Aligned D-SNPs may automatically enroll existing MCP members into the plan when they become Medicare eligible (through age or disability)
- Crosswalk Enrollment
  - Transition duals from CMC into aligned D-SNP and MCP operated by the same parent company
  - Transition duals from a D-SNP that is no longer available into another comparable D-SNP, for example if Medi-Cal reprocurement changes which D-SNPs provide aligned enrollment
  - Existing, recent HRAs and care plans will transition with crosswalk members
- “Look-Alike” Plans
  - DHCS will request CMS approval to crosswalk enrolled in MA “look-alike” plans into aligned D-SNPs

Transitions & Enrollment Policies

- D-SNPs without Medi-Cal Contracts in Service Area
  - Duals enrolled in a non-aligned D-SNP (without a matching MCP) will be able to stay in that D-SNP
  - The D-SNP will not be allowed to enroll new members after aligned enrollment takes effect in the county
- Delegated MCPs
  - DHCS will work with CMS to find a path for MCPs without a direct contract with DHCS to participate in aligned enrollment
- Marketing/Brokers
  - Require D-SNPs to target marketing to MCP enrollees
  - Enhance training for brokers on integrated care, health plan navigation, and cultural competency
- Limiting Churn
  - Allow 6 month deeming period in D-SNPs

Mandatory Medi-Cal Managed Care & MLTSS

- 2021: MLTSS Expansion
  - Mandatory Medi-Cal managed care for non-duals
  - Long-term care carve-in for non-duals, and duals already in managed care
  - In Lieu of Services added to Medi-Cal managed care

- 2023: Full benefit duals mandatory in Medi-Cal managed care
  - Including LTC residents previously in FFS Medi-Cal

Mandatory Medi-Cal Managed Care & MLTSS

- DHCS is leveraging lessons learned to support transitions to Medi-Cal managed care and MLTSS:
  - Developing long-term care carve-in best practices tip sheet based on CCI transition.
  - MLTSS evaluation efforts are underway to look at how the expansion of mandatory Medi-Cal managed care and MLTSS impact utilization and health outcomes.

Medi-Cal Managed Care & Long-Term Care

The LTC carve-in includes:

- Skilled nursing facilities
- Subacute facilities
- Pediatric subacute facilities
- Intermediate care facilities
  - ICF/DD (Developmentally Disabled)
  - ICF/DDH (Habilitative)
  - ICF/DDN (Nursing)
  - Specialized rehabilitative services in skilled nursing facilities and ICFs

DHCS will provide technical assistance to plans on long-term care carve-in.

DHCS Guidance and Oversight for LTC Carve-In

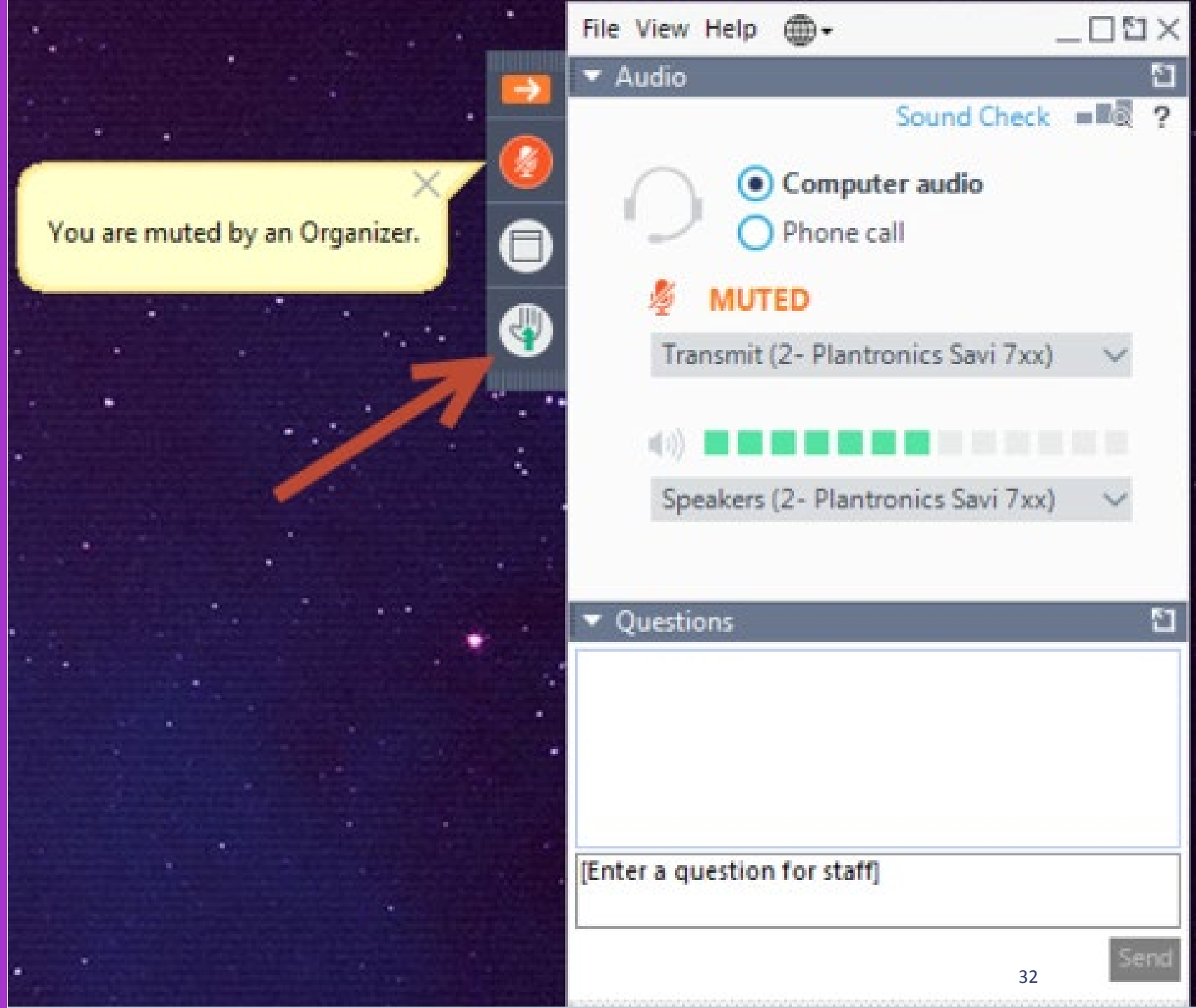
- MCPs will contract with providers to build their networks
- DHCS released information about LTC carve-in in September 2019, to allow adequate time for plans and providers to prepare and establish contracts.
- DHCS is working on minimum requirements for MCPs to demonstrate readiness.
- There are existing MCP timely access standards for SNFs that DHCS monitors and includes in Annual Network Certification. In 2021, DHCS will include this validation in the EQRO timely access study.

Medi-Cal Managed Care In Lieu of Services

- Housing Transition Navigation Services; Housing Deposits; Housing Tenancy and Sustaining Services
- Short-term Post-hospitalization Housing
- Recuperative Care (Medical Respite); Sobering Centers
- **Respite Services**
- **Day Habilitation Services**
- **Nursing Facility Transition/Diversion to Assisted Living Facilities**
- **Community Transition Services/Nursing Facility Transition to Home**
- **Personal Care and Homemaker Services**
- **Home Modifications**
- **Meals/Medically Tailored Meals**

Q & A

If you have a question, please click on the “raise hand” icon.



Next Steps

For more information about CalAIM please visit https://www.dhcs.ca.gov/calaim.

For more information on the CCI – including enrollment, quality data, and toolkits – visit www.calduals.org.

You can send any questions or comments to info@CalDuals.org.

CalAIM Questions?

- Email CalAIM@dhcs.ca.gov