**CCI Stakeholder Webinar**

**Expanding Access to Integrated Care for Dual Eligible Californians**

Department of Health Care Services

January 24, 2020

Hilary Haycock:

Good morning. This is Hilary Haycock with Harbage Consulting, and I'm here at the Department of Health Care Services with Sarah Brooks. We are very excited this morning to be joining the California Collaborative to be discussing the proposal around expanding access to integrated care for dual eligible Californians.

Hilary Haycock:

Just to start with some housekeeping, we'll do a sound check. If you can hear me okay, please click the raise hand icon on the right side of your panel. Great. Seems like we're coming through. If we run into any technical difficulties and get disconnected, please just reconnect to the webinar using the same dial-in and link and we will get back with you as soon as we can.

Hilary Haycock:

So, today's roadmap. We'll be going over, as I said, the Medi-Cal Healthier California for All proposal around expanding access to integrated care for dual-eligible Californians. We'll be talking about some work we'll be doing for the Dual Special Needs Plan 2021 contracts, and we'll be discussing some new FAQs released on the Long-Term Care carve-in and taking plenty of time to be taking questions. With that, I'll hand it over to Sarah Brooks.

Sarah Brooks:

Thank you, Hilary. Good morning everyone. This is Sarah Brooks. I am the Deputy Director of our Health Care Delivery Systems here at the Department of Health Care Services. Very excited to be speaking with all of you today. So, last month the DHCS released the Expanding Access to Integrated Care for Dual Eligible Californians memo that describes the transition to a statewide MLTSS, or Managed Long-Term Services and Supports, and Dual-Eligible Special Needs Plan, or D-SNP, structure as part of the Med-Cal Healthier California for All, formerly known as CalAIM Initiative. We are asking for feedback on this proposal by January 31st, 2020 and look forward to receiving all your comments. The comments feedback should be sent to our Cal-AIM inbox, which I know is a little bit different than what we normally do. We sometimes ask you to send information to Cal Duals. For this purpose please send it to Cal-AIM. C-A-L-A-I-M@dhcs.ca.gov. And again, we look forward to receiving your comments.

Sarah Brooks:

So, our proposal is designed to build on the lessons learned from CCI and expand access to integrated care for dual eligibles across California. Under Medi-Cal Healthier California for All, DHCS will be carving in coverage of transplants and long-term care to all Medi-Cal managed care health plan model types. These include skilled nursing facilities, subacute facilities, pediatric subacute facilities, and intermediate facilities which include ICF DDs, ICF CDHs which is habilitative, ICF DDNs, which is nursing. The Multipurpose Senior Services Program, also known as MSSP benefit, will be carved out from the Coordinated Care Initiative starting January 1, 2021.

Sarah Brooks:

As part of Medi-Cal Healthier California for All, the state is proposing not to continue Cal MediConnect as currently structured beyond 2022 and will instead transition to a statewide MLTSS and Dual-Eligible Special Needs Plan structure. While duals will be mandatorily enrolled in an MLTSS plan, enrollment in a D-SNP will be voluntary.

Sarah Brooks:

There will not be passive enrollment of duals out of Medicare fee-for-service into a D-SNP, and we will discuss enrollment policies in a more detailed presentation later. Since the Coordinated Care Initiative will be ending at the end of 2022, the state will be using learnings and best practices to make this change so that duals across the state have an option to have a coordinated plan.

Sarah Brooks:

So this slide presents our timeline for what we plan to accomplish through 2026. Our ask is for stakeholders to provide specific feedback on the timeline, again, with comments being due back on January 31st.

Sarah Brooks:

So our goals in developing this policy are a few. They're laid out here on the slide. We want to build on lessons learned in Cal MediConnect. We'd like to create more opportunities for integrated care for dual eligibles. Definitely want to simplify administration, and we'd like to take advantage of the new Medicare federal rules, which provides some new flexibilities and benefits to using a D-SNP structure, many of which were developed from learnings from demonstrations, like Cal MediConnect.

Sarah Brooks:

So a little bit about mandatory enrollment into MLTSS. We will be expanding statewide mandatory enrollment of duals into MCPs or Medi-Cal managed care health plans by 2023. DHCS as a department is committed to providing beneficiary and provider education as well as technical assistance around MCP requirements for mandatory enrollment of MLTSS. As part of this work, the department will update education and enrollment materials used to assist dual eligibles to enroll into an MTP for their Medi-Cal benefits through CCI prior to implementation to help dual eligibles enroll in MLTSS benefits.

Sarah Brooks:

We also will help educate providers about necessary billing practices as well as the processes that will not change, building on materials and best practices previously developed under CCI. Finally, we'll provide technical assistance around new MCP requirements for duals. MCPs will have new responsibilities and tools to better serve beneficiaries, including an enhanced care management and in lieu of services benefit. Also, MLTSS managed care plans have different requirements around care coordination for duly eligible beneficiaries under CCI compared to Medi-Cal only beneficiaries. For example, they're not required to conduct health risk assessments, develop individualized care plans or convene interdisciplinary care teams for duals who are only in the plan for their Medi-Cal benefits. DHCS will determine what requirements apply to MCPs serving dual eligible beneficiaries and how those requirements will align with D-SNP requirements.

Sarah Brooks:

So what is a D-SNP? Excuse me. D-SNPs are Medicare advantage health plans that provide specialized care to duals and offer wraparound services, but must also maintain a state Medicaid agency contract with DHCS, also known as the SMAC. I like that acronym. The Bipartisan Budget Act, BBA, of 2018 permanently authorized D-SNPs, modified integration requirements and established a unified grievances and appeals procedures. D-SNPs are required to submit an updated SMAC by July 6, 2020 to meet the higher standards of coordinated care by January 1, 2021. DHCS will begin working on SMAC updates in 2019. These new integrated care requirements may include hospital and SNF admission notification requirements and integration of appeals and grievances, depending on level of capitation and DHCS contracts with the D-SNPs and whether there's exclusively aligned enrollment. Just noting that D-SNPs are a voluntary enrollment option for duals and, like other Medicare plans, follow Medicare marketing and enrollment rules.

Sarah Brooks:

So with respect to contracting with D-SNPs, DHCS will require MCPS to pursue D-SNPs that limit coverage to full benefit dual eligibles. Should the plan sponsor wants to offer coverage to partial benefit dual eligibles, DHCS will require separate plan benefit packages for partial duals. DHCS will also pursue several avenues with CMS to limit enrollment into Medicare advantage plans that are D-SNP look-alikes, but which do not offer integration and coordination with Medi-Cal. The department will request that CMS monitor the share of enrollees in MA plans who are duly eligible and designate plans with a high percentage of dual eligible enrollees in MA plans – look-alike plans. We have not yet determined a threshold at this time, so we will be working with CMS on that.

Sarah Brooks:

Look-alikes are characterized by high cost sharing for Medicare Part A and B benefits that most dually eligible beneficiaries are not required to pay and part D premiums and deductibles that are covered by the Part D Low-Income Subsidy, or LIS. These benefits designs are unappealing to non-dually-eligible Medicare beneficiaries who would have to pay these costs out of pocket.

Sarah Brooks:

The department will also request that CMS reject applications to offer MA plans targeted at dual eligibles. So the department will require that all D-SNPs must use a model of care addressing both Medicare and Medi-Cal services in order to support coordinated care, high-quality care transitions, and information sharing. DHCS will work with CMS to incorporate new Medi-Cal Healthier California For All model of care requirements into the D-SNP model of care as appropriate.

Sarah Brooks:

The department will not require D-SNPs to operate as fully integrated, or FIDE, or highly integrated, or HIDE, D-SNPs. However, the plan may pursue that designation. Instead, DHCS contracts with D-SNPs will require all D-SNPs to notify or arrange for another entity or entities, to notify the state or the designee, designees, of hospital and skilled nursing facility admissions for at least one state-identified population of high-risk enrollees to improve coordination of care during transitions of care. Currently, the seat is developing this admissions notification policy including identification or identifying the high-risk target population, which entity will be notified by D-SNPs, the timeframe for the notification, and the notification method.

Sarah Brooks:

As part of this effort, DHCS will be examining contract requirements and federal quality-based standards. The department may potentially require D-SNPs to provide the state annual Medicare Part C and D reporting and any compliance actions taken including areas of quality or access by CMS. We are definitely interested in your feedback on what quality and reporting results D-SNPs should report to DHCS on an annual basis, so we’d love to hear from you on this issue. DHCS will align D-SNP quality improvement and oversight requirements with MCP requirements including new requirements under CalAIM and to the extent possible. Additionally, DHCS will provide education and training to the Long-Term Care Ombudsman to support this population following the transition out of Cal Medi-connect.

Sarah Brooks:

The department is exploring pathways to encourage aligned enrollment of dual eligibles into matching MCPS and D-SNPs to promote more integrated care. So with respect to voluntary enrollment, DHCS is not proposing a widespread passive enrollment policy for the D-SNP transition. This is different than Cal MediConnect. Beneficiaries in Medicare fee for service or in a D-SNP that is not ending can keep their Medicare the way it is now. I think that's an important point to make. With respect to default enrollment, the department will allow D-SNPs to pursue approval from CMS in DHCS to enroll unless the member chooses otherwise. Existing MCP enrollees into the D-SNP when the enrollees become newly eligible for Medicare. This is designed to help maintain member access to their existing network providers. Members can choose Medicare fee for service using the existing Medicare enrollment policies.

Sarah Brooks:

And then with respect to crosswalk enrollment, the department will request that CMS allow the department to crosswalk transition beneficiaries from a Cal MediConnect plans to a D-SNP and MCP operated by the same parent organization. The D-SNPs offer a substantially similar provider network, cover the same or more benefits as account Medi-Connect product, and may not impose additional cost sharing requirements and may be subject to additional CMS requirements such as financial criteria and Cal MediConnect performance metrics. The department will request CMS provide this criteria in sufficient time for Cal MediConnect plans to plan their transition.

Sarah Brooks:

DHCS will request that CMS allow a crosswalk transition for full benefit dually eligible individuals from an integrated D-SNP that is no longer available to the individual and to another comparable D-SNP in instances where integrated care coverage would otherwise be disrupted. For example, if during medical reprocurement, a parent organization will no longer offer an MCP and/or D-SNP in the county, CMS will enroll the member in a comparable integrated plan.

Sarah Brooks:

A little bit about aligned enrollment. DHCS does propose on or is proposing only allowing D-SNPs to enroll beneficiaries who are already in their matching MCP product to promote coordination and integrated care. If a beneficiary wanted to change their D-SNP plan, they would have to first change their MTP plan during open enrollment.

Sarah Brooks:

And then, look-alike plans. The department will request that CMS crosswalk dual eligibles enrolled into Medicare Advantage lookalike plans into D-SNP products offered by the same organization. With respect to exceptions to aligned enrollment, the department is considering creating flexibility for MCPs that do not currently operate Medicare plans to stand up their Medicare product after 2023. DHCS is considering other flexibilities for MCPS operating in rural areas where they cannot meet Medicare network adequacy or other requirements.

Sarah Brooks:

D-SNPs without Medi-Cal contracts and service areas. So DHCS is proposing grandfathering existing dual eligible members of D-SNPs that do not have a matching MCP product in the service area. Moving forward, beneficiaries would not be able to join a D-SNP if they are not also in the plan's MCP products.

And finally, delegated MCP. So currently D-SNP regulations may not allow crosswalk or default enrollment for plans that do not have a direct contract with the state Medicaid agency. DHCS will request CMS determine how to allow Cal Medi-Connect plans that do not have a direct Medi-Cal contract to participate in aligned enrollment.

Sarah Brooks:

The department is also working towards protecting beneficiaries as much as possible through multiple efforts. These efforts do include limiting churn, marketing and brokers and sending notices to MLTSS duals. So a little bit about those items. With respect to limiting churn, the D-SNPs can allow members to remain enrolled in the plan to resolve any Medi-Cal eligibility issues. In terms of marketing and brokers, the department will ensure consumer protections are standardized across the state. D-SNPs will be required to target marketing materials only to enrollees in their affiliated MCPs. Insurance brokers will be required to explain the value of enrolling in an integrated product, as well as how to navigate a health system network, including the delegated model, and receive training on how to work with limited English proficiency beneficiaries and the importance of using beneficiary-facing materials that are culturally appropriate and in Medi-Cal thresholds languages.

Sarah Brooks:

With respect to sending notices to the MLTSS duals, the department will send notices to MLTSS dual eligible members informing them of their new option to enroll in a matching D-SNP. DMHC and DHCS will review marketing rules to ensure D-SNPs are able to educate members in their matching MCP plan about their integrated care options. In addition to finalizing the Healthier California For All policy proposal, DHCS is working on updating existing D-SNP contracts to be in compliance with a new rule from CMS taking effect in plan year 2021.

Sarah Brooks:

Under the new contract requirement, a D-SNP that is not designated as a fully integrated dual eligible D-SNP or highly integrated D-SNP is required to notify the state Medicaid agency or the state's designee when their enrollees experience Medicare-covered hospital and skilled nursing facility admissions for at least one group of high-risk full benefit dual eligible individuals. Starting in 2021, the department will require D-SNPs to have a contract with the state specifying a process to share information on hospital and SNF admissions for a high-risk group of Medicaid managed care enrollees.

Sarah Brooks:

The state plans to work closely with stakeholders to create a robust policy, a new contract language to promote information sharing in order to improve care transitions for dually eligible members in California.

Sarah Brooks:

In late January, we are launching a technical workgroup to meet through the end of February or early March. This policy will be posted for public comment in April and finalized in May. SMACs are due to CMS on July 6th, 2020 and we will finalize this policy before July when D-SNPs will have to submit their final SMACs to CMS.

Sarah Brooks:

So, I also wanted to flag for you all that this week DHCS did release an FAQ on long-term care carve-in with information on benefits in long-term care facilities, transitioning to the carve-in, including scope and timing, rates, quality improvement, and oversight items as well. To find that FAQ, you can visit calduals.org. It is posted on that website. With that, I'll pass it back over to Hillary.

Hilary Haycock:

Great. Thank you everyone. We always put a lot of information out to folks, but hopefully not too much of it is new and it tracks on the policy released in December. We'd like to now open it up for any questions or comments for members of the collaborative.

Hilary Haycock:

You're welcome to raise your hand and we'll open your mic or you can type a question in and we will read it and answer it. We have a question. "Within D-SNP lookalike plans, there are non-duals, partial duals, and full duals. Is the intent for partial or full duals that may not have Medicaid with the MA carrier in a specific county to be crosswalked and remain with the MA carriers in D-SNP? I think this gets to the grandfathering question. Duals that are in a... It's about D-SNP look-alike plans.

Hilary Haycock:

The department's policy is that we are going to request that CMS not renew contracts for D-SNIP lookalikes because we don't think that they are the best option. They don't provide integrated care. That said, for members that are in an actual D-SNP, but one that is not connected to a Medi-Cal plan, those folks will – because that D-SNP still does have the requirements around coordination with the Medi-Cal benefits, we’ll be grandfathering existing beneficiaries into those plans. If that makes sense.

Hilary Haycock:

All right, Connie Arnold, your line is open.

Sarah Brooks:

Hi, Connie.

Hilary Haycock:

She there? Do you have Connie Arnold?

Hilary Haycock:

All right, we're going to we'll come back to you if you raise your hand again. Okay, so another typed-in questions. For existing Cal MediConnect members, will those members be enrolled into the same plans, MCP and D-SNP if available?

Sarah Brooks:

So the intent is to crosswalk Cal MediConnect beneficiaries into the applicable Medi-Cal managed care plan in D-SNP.

Hilary Haycock:

Great. All right. We are going to try... Connie Arnold, your line is unmuted again. All right. All right, Connie? Mmm... Pat Blaisdell. Good morning.

Pat Blaisdell:

Good morning, thank you. The various combinations of D-SNPs and MCP plans, I think, are a little bit confusing. One question I had: I understand that MCPS will be required to develop a D-SNP, existing D-SNPs will not be required to necessarily develop an MLTSS plan. Is that correct?

Hilary Haycock:

Yeah. So like a- Yeah, that's correct. Okay.

PART 1 OF 4 ENDS [00:23:04]

Speaker 1:

Like a Medi-Cal managed care plan.

Hilary Haycock:

Yeah, yeah. That's correct.

Pat Blaisdell:

Okay. So, then ... And I also understand you said that D-SNPs will not enroll new members, unless they are also in the aligned MCP plan. So, if I'm a D-SNP that doesn't have a specific MCP plan ... If I'm not offering the MLTSS, will that mean that I can't enroll new Medi-Medis?

Sarah Brooks:

That will be the Department's policy at this time. We are seeking feedback on that through this proposal.

Pat Blaisdell:

I see, okay. So, it would mean that the exist ... If I'm an existing D-SNP and I don't necessarily want to develop an MCP plan, then I'm at risk of not being able to enroll people a few years down the line.

Hilary Haycock:

Yes. The goal of the Department's policies is to move towards aligned enrollment where members are enrolled in the same parent plan for both their Medi-Cal and Medicare benefit.

Pat Blaisdell:

Okay. Thank you for that clarification.

Sarah Brooks:

Thank you. Thanks for your question.

Hilary Haycock:

Thanks Pat. All right. Here's a question about the proposed timeline for membership crosswalks from lookalike D-SNPs.

Sarah Brooks:

What the timeline is?

Hilary Haycock:

Yeah, and -

Sarah Brooks:

Oh. Yeah, I don't think that – we are still working on what that will look like. We'll need to -

Hilary Haycock:

... Oh, we're not cross walking from D-SNP.

Sarah Brooks:

... Oh from D-SNP. Oh sorry.

Hilary Haycock:

From lookalike.

Sarah Brooks:

Oh yeah, sorry. I missed the, that. Yeah, so we are not ... As Hilary said, we're not crosswalking from lookalike D- SNPs. So, not sure if that's a specific question or if there's something else. If so, please let us know. Thank you.

Hilary Haycock:

Great. There was a question about the DHCS D-SNP technical workgroup.

Sarah Brooks:

Mm-hmm (affirmative).

Hilary Haycock:

…and if consumer advocates have been asked to participate. We are still putting that workgroup together -

Sarah Brooks:

Mm-hmm.

Hilary Haycock:

... this month. But, it is likely going to include some plan representatives, representatives from nursing facilities and hospitals.

Sarah Brooks:

And hospitals. Yeah.

Hilary Haycock:

So, it will include a variety of entities and that plan will then be released for public comment. Katie Trueworthy, we have un-muted your line. (Silence)

Sarah Brooks:

I wonder if it [inaudible 00:25:41] would be.

Hilary Haycock:

Yeah. Katie, I don't know if your phone's on mute or not?

Sarah Brooks:

There you are.

Hilary Haycock:

Great.

Robbin Pricet:

So, this is actually Robin, you've unmuted my line. I did have a question…

Sarah Brooks:

Oh.

Robin Pricet

…but, I know you just called out Katie. So, I'll pause and see if she wanted to speak up first.

Hilary Haycock:

No, the line that is un-muted is the line we are calling on. So, go right ahead.

Robin Pricet:

All right. Well, this is Robin Pricet from Anthem. I just had a question regarding the clarification around lookalikes plans. Just around what the expectation on collaboration is that D-SNPs with lookalike plans can expect, because I know some of the challenges or why we have some of those lookalike plans in place, is due to our inability to obtain approval for those county areas. So, with the requests for CMS not to allow them to continue, will the organization also collaborate with the D-SNPs that have lookalikes to work on obtaining those county approvals? (Silence)

Sarah Brooks:

So, we want to make sure we're clear on your question. But, at this time we are not thinking that there's a concern with D-SNP or with lookalikes becoming D-SNPs. So, I think…

Hilary Haycock:

Yeah, so. I mean we would strongly encourage any plan that has D-SNP lookalike in a non-CCI county to consider transitioning to – from an MA D-SNP lookalike to an actual D-SNP product.

Sarah Brooks:

Yeah.

Hilary Haycock:

We would strongly encourage those transitions. The state is not denying contracts for D-SNPs. So, there shouldn't be a challenge getting a D-SNP up and running in an area where you have a Medicare lookalike and then that D-SNP would be able to do the coordination with Medi-Cal…

Sarah Brooks:

Yeah.

Hilary Haycock:

…that best serves the members. I don't know if that answers the question. Okay. All right. Will duals from lookalikes or CMC plans be grandfathered into existing D-SNPs, even in counties where the D-SNP does not have a direct Medi-Cal contract? So. Know there's a lot of different enrollment policies. So, let's just walk through them. So, duals from lookalike. There is no plan to crosswalk a dual in a lookalike Medicare product into a different Medicare product.

Sarah Brooks:

Right.

Hilary Haycock:

What the department is trying to do with lookalikes is ask CMS to not renew their Medicare contract because we would prefer that members be in a D-SNP that offers actual coordination. Duals and CMC plans will be crosswalked into a D-SNP and MCP, under the same parent organization as their CMC plan as long as that D-SNP is able to meet a number of federal requirements around provider network, etc. And so, the question about counties where the D-SNP does not have a direct Medi-Cal contract, possibly, this is referring to the plans in LA that are the delegated MCPs?

Sarah Brooks:

Yeah, and I think that's something that we need to have further discussion around. But, there are two prime plans on the Medi-Cal – on the MCP side in California, in LA. Right, we have Health Net and LA Care. Under Cal Medi connect we have additional plans. The intent would be to require Health Net and LA Care in these instances to establish a D-SNP by 2023 with the ending of Cal Medi connect.

Hilary Haycock:

Perfect, Yeah. Okay. Denny Chan, your line is unmuted.

Denny Chan:

Hi, good morning. Can you hear me?

Hilary Haycock:

Yes, good morning.

Denny Chan:

Great. Thank you. Thank you for coming to the collaborative and presenting this information. I have a couple of questions. I guess, the first one that everyone's talking about is about the D-SNP crosswalking. And I guess where the confusion is coming from is, that on page six of the D-SNP proposal, it does say that DHCS could request that CMS crosswalks through eligibles enrolled into Medicare Advantage lookalike plan into decent products offered by the same organization. So, I think that's where people are asking about what the timeline is for that. It appears to be saying that if people are on lookalikes and there is a D-Snip that's a non lookalike D-SNP that's offered by the same company, that the Department is considering cross walking those individually.

Hilary Haycock:

Right. And so, I think where we're sort of ... that is, it's a ‘could’ request. So, we're looking for input on that. It's not sort of one of the things that we’re ...

Sarah Brooks:

So, certainly. I think yeah. When we put together the document, we wanted to seek feedback as Hillary was saying. And so, in some instances you'll see that we use language such as ‘could’ because, we thought that was an area for specific feedback to be provided.

Denny Chan:

Okay. That's helpful, thank you. My next question is about one of the aligned enrollment policies or proposals. On the bottom of page five it says "DHCS could only allow D-SNPs to enroll beneficiaries who are already in the matching MCP product to promote coronation integrated care. If the beneficiary wanted to change their D-SNP plan, they would have to first change their MCP plan during open enrollment." And so, I know concurrently with the D-SNP proposal there is a broader proposal to create an annual enrollment period for Medi-Cal. So, does that mean that if someone wanted to change their Medicare, they would need to wait until the end of the year during the Medi-Cal open enrollment period, assuming that a proposal is implemented to be able to make a Medicare plan change?

Sarah Brooks:

So Danny, I think that's a great question. And I think this document actually preceded some discussions that we had here at the state and with stakeholders regarding the annual open enrollment proposal that you talked about. DHCS will be coming out with an update with respect to that proposal in our upcoming Medi-Cal Healthier California for All newsletter. And what I would say is that, we will not be moving forward with that proposal, and so, this piece here where tied to aligned enrollment will change. And so, I understand your question. But, it doesn't have relevance anymore given our policy decision, if that makes sense?

Denny Chan:

Okay. So, if you're retaining the monthly enrollment period, then duals on D-SNPs on the Medicare side could make that change basically the next month?

Sarah Brooks:

Correct.

Denny Chan:

OK, thank you, I appreciate that very much.

Sarah Brooks:

Well, they can change within them. You can change your Medi-Cal managed care plan within the month.

Hilary Haycock:

And then the following month they could change their Medicare.

Sarah Brooks:

Yeah.

Hilary Haycock:

Yeah. And I will say that – because we won't be under the demonstration authority, we will be moving to the standing Medi-Care enrollment rules and so, there'll be ... It's basically quarterly eligibility,

Denny Chan:

Yeah.

Sarah Brooks:

Yeah.

Hilary Haycock:

Yeah.

Denny Chan:

Okay. That's a very helpful clarification, thank you. My last question goes back to the timeline that you presented and something that I'm trying to figure out as we're preparing our comments is, what exactly the 2026 MLTSS statewide change is about? My understanding based on everything the state has proposed, is that by 2023 all the changes to LTSS should have already been implemented. So, for example, MSSP will be taken up by 2021. Long-term care is coming in for the Medi-Cal only population in 2021 as well, and then coming in for the duals in 2023. So, what exactly is the 2026 MLTSS timeline about?

Sarah Brooks:

So, that's a really good question, Denny. And really the background there ties to the larger proposal on Medi-Cal Healthier California for All. As you know, we have another work group that is talking about in lieu of services. Those services would be optional for health plans beginning in 2021 with our thinking being that they would become mandatory by 2026. And so, some of those services include MLTSS services and that's kind of the connection between the 2026 date if that makes sense?

Denny Chan:

I see. So, basically what you're saying in 2026 is, voluntary in 2021 for in lieu of services and then you're seeking to go mandatory by 2026?

Sarah Brooks:

Correct.

Denny Chan:

Okay. And are there any other things tied up with the MLTSS statewide 2026 timeline or is that really all you're thinking?

Sarah Brooks:

That's the main component.

Denny Chan:

Okay. Thank you so much.

Sarah Brooks:

Yeah.

Hilary Haycock:

Great, thanks Danny. As always. All right. A question from Janine Angel: can Cal MediConnect plans have a D-SNP plan in the same county prior to 2023?

Sarah Brooks:

So, at this time we are not looking or we will not be able to approve Cal MediConnect plans to have a D-SNP prior to that date.

Hilary Haycock:

All right. So, there's a question from Wendy Peterson. We indicated that MSSP would be carved out in all seven CCI Counties. But, what about non-CCI counties?

Sarah Brooks:

So, MSSP will not change in non-CCI counties. It continues to be a waiver benefit in those counties under 1915 and so, you won't see any change to MSSP in non CCI counties.

Hilary Haycock:

Okay. Another question from Janine Angel: for counties where there is adequacy for an MCP but not for a D-SNP up under CMS requirements, will waivers for the D-SNP adequacy be accepted?

Sarah Brooks:

So, what I would say is that we welcome feedback from you all with respect to the 2023 timeline for D-SNPs. Whether or not the department should consider a hard deadline in 2023, or if we should consider a phased in approach for D-SNPs, or if there are other things that we should consider, for example, in areas where you believe that we may not be able to actually implement a D-SNP. So, we look forward to receiving your feedback on that issue.

Hilary Haycock:

I think I failed to mention earlier, so, sincere apologies. You're also joined by our colleague,

Sarah Brooks:

Yeah.

Hilary Haycock:

Kerry Branick -

Sarah Brooks:

Oh no…

Hilary Haycock:

... from CMS. Sorry Carrie. And the on the line ... So, I don't know if you want to weigh in on any possibility for CMS network adequacy requirement waving?

Kerry Branick:

Yeah, no problem. Hi everyone. Thanks for including me. I think we would have to take that back. You know we have different Medi-Care network adequacy requirements in the demonstration because, we have demonstration authority to do so. We don't have that same authority in regular Medi-Care Advantage. And so, offhand I'm not sure that we have an ability to do that. But, I'm happy to take that back.

Hilary Haycock:

Thanks Kerry. All right. There's a question about when the depart .. – From Maria Lackner – about when the department expects for D-SNP lookalikes to no longer be available. There is a timeline for that.

Sarah Brooks:

I think that's something that we are still discussing internally. But, we don't have a timeline at this time.

Hilary Haycock:

Yeah. All Right. Dan Salo, your line is unmuted.

Dan Salo:

Yes, thank you. I just wanted to get clarification with regards to in Los Angeles County. Because, we do have plan partners with CMC plans, they will all be converting to a D-SNP and a crosswalk, and they as a plan partner for our Medi-Cal business, they would be considered an aligned plan and will be continued to enroll dual eligibles into their newly aligned D-SNP, is my understanding. Is that correct from your perspective?

Hilary Haycock:

So yeah. So, that is definitely the policy that we're hoping to move towards. It is a little ... We're working with CMS to figure out how to do that, since around the requirements that the MCPs have a direct state contract for some of the aligned enrollment policies. But, because the end goal is for a member to be in a matching MCT and D-SNP, that is the policy goal.

Dan Salo:

Yeah. So for example, we contrac— A-Anthem is one of our Medi-Cal plan partners. So in essence, they do have an aligned Medi-Cal line of business and currently coordinate under Cal MediConnect with that Medi-Cal and there'll be converting to a D-SNP and we'll continue to be operating as an aligned plan.

Sarah Brooks:

Yeah.

Hilary Haycock:

Yeah.

Dan Salo:

The follow-up question that, if I may: For plans that currently are not participating in CMC, do not have any relationship with Medi-Cal are standalones. We've been approached by plans with a…offering to try and create some kind of, what I'm calling "a lookalike plan partner relationship" in order to kind of have a lookalike aligned plan by offering us a MIPA contract. Is that what the expectation is? Is that the two plan model in LA is to sign MIPA contracts with the what I call "standalone lookalikes?"

Sarah Brooks

The department does not have that expectation.

Dan Salo:

Okay. Thank you.

Hilary Haycock:

Thank you. All right. Questions from Connie Arnold. Is a current dual going to be mandatorily enrolled in a managed care plan? Will there be options for opt out and medical exemption requests?

Sarah Brooks:

So, the intent is to mandatorily enroll duals by 2023 into managed care plans. Medical exemption requests will continue on the Medi-Cal side.

Hilary Haycock:

Although duals in a Medi-Cal plan don't receive most of their medical care.

Sarah Brooks:

Yeah. So, I think [crosstalk] yeah, so I think Hillary's a point. Most of the ... But, you still could apply from her.

Hilary Haycock:

There won't be mandatory enrollment for duals in a Medicare product.

Sarah Brooks:

Correct.

Hilary Haycock:

It's a very important distinction to make. So, it will not impact folks' Medicare doctors. Follow up from Connie is about, is IHSS carved out, MSSP carved out, other LTSS carved out?

Sarah Brooks:

Yes. Those are carved out.

Hilary Haycock:

So the main LTSS services that will be in an MCP are?

Sarah Brooks:

Skilled nursing facilities and CBAS.

Hilary Haycock:

Which is the same as many posts as COHS counties and CCI today.

Sarah Brooks:

Yeah. So, I think what you'll see is that we're standardizing the benefits statewide. That's the intent of including the long-term care benefit and also major organ tech transplants, which we're not talking about today. But, that's why we're adding them so that we'll have a standardized benefit across the state in both COHS and non COHS counties with respect to MLTSS services that are available and covered through the health plan.

Hilary Haycock:

Maya Altman, your line is unmuted.

Sarah Brooks:

Hi Maya.

Maya Altman:

Hi, Thank you. Well, my question may be direct a little bit more towards Kerry Branick. But, you know, FIDE SNPs under the current rules. My understanding is that, plans in California can – cannot qualify for a FIDE SNP that's fully integrated dual eligible SNP because we don't have behavioral health integrated and we don't have most of our long-term services and supports integrated - really just CBAS. But, if a plan is using in lieu of services to basically integrate some LTSS-like services, is there any way that at least individual plans depending on what they actually do, could qualify for the FIDE SNP designation?

Sarah Brooks:

So yeah, Kerry. Is her line just open?

Hilary Haycock:

Yeah.

Sarah Brooks:

Okay. Carrie, I'm not sure if you have any comments with respect to that.

Kerry Branick:

Yeah. Hi Maya, I don't think that we have considered that. And so, I think it would be helpful to have a conversation with you all to take that into consideration. I'm not sure if that's a scenario that we've considered and is fairly specific to California.

Maya Altman:

Okay.

Kerry Branick:

I know Maya is aware of this. But, for others on the phone, if you, particularly health plan staff, CMS did issue guidance last Friday addressed providing some clarity around HIDE and FIDE SNP designation and how to consider those requirements and designations in population carve outs and Medicaid service carve out. So, if you haven't seen that, I would encourage you to take a look at that HPMS memo.

Hilary Haycock:

Great. Thank you, Carrie. Thank you, Maya. All right. From Janine McBride. This goes to Medi-Cal Rx. I don't know if we have the right people in the room to answer this. But, are the Medi-Cal covered drugs and the MLTSS drugs carved out to the California fee for service program starting in January 2021.

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Sarah Brooks:

... The program starting in January 2021. Yeah, for Cal MediConnect plans, so I'm just walking through the different scenarios. For Cal MediConnect plans, we are not carving out prescription drugs effective 2021. So there will be no change for the Cal MediConnect plans. On the MLTSS side, for the Medi-Cal managed care plans, there will be a carve out effective January 1, 2021. I believe that answers your question, but please let me know if you need further information.

Hilary Haycock:

From Selena Coppi Hornback. How will this change in lieu of services affect the assisted living waiver?

Sarah Brooks:

So I think that's a great question. The assisted living waiver today I believe is in 15 counties across the state, with about ... I think there's 5,744 slots available. We are looking at with the inclusion of in lieu of services under the managed care plans, what impact that might have to both our assisted living waiver and our home and community-based alternatives waiver. I would expect that there may be some changes to those waivers, but I think that we need to have further discussion with stakeholders to make final decisions with respect to those issues. Just noting that there are requirements. So in 2026, if we were to include in lieu of services as mandatory benefits and they were included in our state plan, we can't have services in both our state plan and provided under a waiver, and so we'd need to make some decisions there.

Hilary Haycock:

So there are some questions from Maria Lackner. Will the state eventually deny D-SNP product contracts to plans that do not have a Medi-Cal contract either direct or delegated?

Sarah Brooks:

Yes, it is expected that ... We are not taking that position today, but with the understanding that in several years we will likely not be able to continue additional new contracts.

Hilary Haycock:

And there are many counties with MA plans who offer D-SNPs where the D-SNPs do not have Medi-Cal plans and contracts, and we are aware of that and that those D-SNPs. And the goal is to grandfather folks into D-SNPs in counties where the D-SNP doesn't have a matching Medi-Cal plan, but to try to move towards that alignment in wellness. All right, Connie Arnold, we are going to unmute your line. Are you there, Connie?

Connie Arnold:

Can you hear me?

Hilary Haycock:

[crosstalk] Yay, victory. All right.

Connie Arnold:

I was on the computer last time. Sorry. What is the impact to duals in non-CCI counties, and CCI counties as far as enrollment? Is there a difference? That's one question.

Sarah Brooks:

At this time, we're not proposing that there be a difference. We're taking feedback with respect to the D-SNP policy. Well, sorry, let me take a step back. That's not on the D-SNPs.

Hilary Haycock:

So folks in Cal MediConnect plans would be crosswalked into D-SNPs.

Sarah Brooks:

Yeah.

Connie Arnold:

So I'm in Sacramento County and it’s a non-CCI county, and I know people in LA County and they're in a CCI plan. Can you explain what the difference is? Is it just going to be mandatory enrollment across the board?

Sarah Brooks:

So we're looking to require that all Medi-Cal managed care plans have a D-SNP by 2023 and that we would enroll dual eligibles mandatorily across the state by 2023.

Hilary Haycock:

But only into Medi-Cal managed care.

Sarah Brooks:

Yeah, thank you for clarifying.

Hilary Haycock:

Yeah, so in the CCI counties, your friends in LA, if they're in a Cal MediConnect plan, they would eventually be crosswalked into, say, it's Health Net's Cal MediConnect plan. They would be crosswalked into Health Net's D-SNP and a Medi-Cal managed care plan.   
  
Hilary Haycock:

They should have access to the same network of providers under the matching D-SNP and Medi-Cal plans. If your friend in LA is in Medicare fee for service and just in the Health Net, for example, Medi-Cal plan, there would be no change for that person under this. They would stay in their Medi-Cal managed care plan. They would have the option to go into the D-SNP, but that would be completely voluntary. For someone in Sacramento, a dual who is currently in fee-for-service for both Medicare and Medi-Cal, under this proposal they would be mandatorily enrolled into a Medi-Cal managed care plan in Sacramento. And they'd have the option of going into a matching D-SNP, but it would be completely voluntary. So those how the world will look to beneficiaries, and CCI, and non-CCI counties.

Connie Arnold:

So, for instance, if somebody sees doctors at Sutter Health in Sacramento County, will they be able to continue if they are Medicare or Medi-Cal to see those fee-for-service doctors that they've been going to? And will they be able to also go see disability specialists at Stanford? That's part one.

Hilary Haycock:

So the proposal is not making any mandatory changes to how someone in Medicare fee-for-service continues to see their doctor. So if they're a Medicare fee for service, and through Medicare they're seeing physicians at Sutter, and they're going to specialists at Stanford, they would be able to maintain those relationships. Nothing would change on the Medicare side.

Connie Arnold:

Okay, that's great. And if a disabled person, say, they have spinal muscular atrophy and they live in LA, they see doctors at UCLA, and they're also enrolled in a core plan LA care. Will they still be able to see their specialists at UCLA?

Hilary Haycock:

Yes. The way that we are proposing enrollment in CCI counties is that folks that are in Medicare fee-for-service now and seeing doctors through Medicare fee-for-service stay in Medicare fee for service seeing their physicians. Folks that are in a Cal MediConnect plan with a provider network would be cross walked to a D-SNP plan that has substantially similar provider networks to maintain that continuity of care.

Connie Arnold:

Okay. So if they want to disenroll from their LA Care now, how would they do that?

Hilary Haycock:

So [crosstalk] if they want to disenroll from Cal MediConnect, the Cal MediConnect enrollment policies are the same as ever. So they call Health Care Options and let them know. Yeah.

Connie Arnold:

Okay. And you mentioned about waiver participants, so WPCS waiver participants, is that carved out? Is there going to be a visible change?

Sarah Brooks:

So at this time, WPCS, which are provided out of their home and community based alternatives waiver, there's not going to be any change to that waiver. No.

Connie Arnold:

Okay. In the future, is there contemplation that it will be changed or carved in?

Sarah Brooks:

We're not looking to carve in the waiver as a responsibility of the health plans at this time.

Connie Arnold:

Okay. And if somebody has Medi-Cal only, and they're just a Medi-Cal only, and the disabled person sees specialists in two counties, are they going to be mandatorily enrolled in this managed care plan and not be able to continue seeing their disabilities specialist in the other two counties they go to for their doctoring?

Sarah Brooks:

So you're saying if a person is in Medi-Cal fee for service today and they access care in two counties?

Connie Arnold:

Yes, or if they have a MER, a Medical Exemption Request on file and they see specialists for something like spinal bifida. Are they going to be able to continue going between two counties to see their physicians or are they going to be locked into some Special Needs Plan or some mandatory managed care underperforming plan?

Sarah Brooks:

So this policy does not affect the Medi-Cal exemption request or the MER process at all. So individuals that have MERs will continue to go through that same process. I think you're probably very familiar with it, it sounds like, but the MERs will continue. And then as they expire, individuals will need to submit additional information to continue their MER, but there's no change to the MER policy or process that is reflected in this policy that we are talking about today.

Connie Arnold:

That's great. Now, is there any way to simplify the MERs so that they don't have an attorney to get that request in and approved?

Sarah Brooks:

So no requirement that an attorney be involved with the MER. Really, it's just the physician has to sign off on the MER exemption form. Those are submitted to my area actually under the Managed Care Quality and Monitoring Division. We work closely with healthcare options in terms of overseeing that area. Again, no changes to the MER process today.

Connie Arnold:

Okay, well, thank you so much and I appreciate that information. And it will relieve the minds of some recipients out there.

Sarah Brooks:

Great. Thank you so much for your question.

Hilary Haycock:

Thank you, Connie. All right, a question from Megan Burke. The transition from Cal MediConnect to D-SNP and MCP will be occurring at the same time as commercial plan brief procurement, which could create challenges for new MCP D-SNPs with varying experience operating these products. What are our thoughts around plans to mitigate challenges to ensure successful transition for duals and health plans?

Sarah Brooks:

Just for background for people that are on the phone, the department has issued a timeline that's posted on our website that does show that we'll be reprocuring the commercial plans in 36 counties in California tied to the Medi-Cal managed care plan line of business. There is, to your point, overlap between the timelines and I think that we want to work with you all to discuss what options there are to help mitigate issues. But at this time, I think we are waiting perhaps to see feedback from you all at the end of the month so that we can further discuss internally and see what issues need to be talked about.

Hilary Haycock:

Great. All right. I think we've gotten this question before, but we'll answer it again. No, this is a new one. Can a non-Cal MediConnect plan launch a D-SNP in a CCI county prior to the end of Cal MediConnect?

Sarah Brooks:

No, that would not be something that the department would approve at this time.

Hilary Haycock:

Question, will Denti-Cal be affected by any of these changes?

Sarah Brooks:

So Medi-Cal dental is not impacted by any of these changes, no.

Sarah Brooks???:

So will any care management requirements, such as HRAs or ICPs for D-SNPs be adjusted for transitioned CMC members or lookalikes into D-SNP plans, for example, and not subject to the initial 90 days requirement?

Hilary Haycock:

Yeah, so this is something that I think put on the proposal and are interested in hearing feedback on, but we are considering that for the members cross walking from a Cal MediConnect plan to a D-SNP, that if they have a health risk assessment that is within the prior year and an ICP, that the plan would not be required to conduct that HRA and ICP again for the member within the first 90 days of the D-SNP. We're proposing that policy for a couple of reasons. One is that if a member's had an HRA within a year, we don't want to bother them and go back to them unnecessarily as well as attempting to reduce some of the burden on the plans to do HRAs and ICPs for a quite large population all at once, as the transition will happen all at once for the Cal MediConnect population. And the last reason is we really want to be creating strong incentives for the plans in Cal MediConnect to really continue to work hard on their HRA and ICP completion rates, which are not the best scenario to be worked on. And so we think this is a good policy to try to encourage folks to get as much of that done ahead of the transition as possible.

Hilary Haycock:

Will members be able to be in an MCP plan under one parent and then in another plan D-SNP. And how would you envision coordination between non-matching D-SNPs and MCPs?

Sarah Brooks:

So we will be requiring that members be enrolled in the same line of business, essentially, and the same managed care plan, and the same D-SNP line of business. So I think that answers the question, there wouldn't be sharing of information outside of that.

Hilary Haycock:

Yeah, because the goal is for coordination and better integration. And for that to happen, we think it's easier if the same D-SNP is an MCP. All right, I think this is Robin Pricet from Anthem's line again. You're unmuted. That or it's Katie Trueworthy.

Katie Trueworthy:

Sorry. No, Robin was still on mute. Thanks. I just wanted to go back to your last comment around the 90 day proposal for the HRA just to make sure I'm following because any changes to that may conflict with our part C, or annual data validation, or CMS SNP program audits if that frequency isn't consistent with that. Just because unless these members are moving to the same plan, essentially D-SNP to a D-SNP, it wouldn't require outside of their standard timeframe. But if they're changing altogether, I'm just concerned that's not consistent and would impact plans, reporting, stars, data validation, et cetera. So can you just clarify that statement around the HRA proposal for 90 days?

Hilary Haycock:

I might tap in Kerry Branick, who has more fluency with Medicare requirements.

Kerry Branick:

Hi. Yeah, we would need a ... I think if I'm understanding your question, that the state proposal is that for those beneficiaries that they're proposing would move from the Medicare, Medicaid plan to the corresponding D-SNP and Medicaid managed care plans offered by the same organization, that CMS would waive or modify the care plan in HRA timely completion requirements for that D-SNP product such that the plan would be able to apply to HRAs and care plans that had been completed the previous year while that beneficiary was in the MMP product. We are considering the proposal and eager on comments from the stakeholder process as the state is, too, but are looking at whether we would have to use demonstration authority or if we have other ways to potentially modify those requirements in this case. But you are right, that some of the implications for that is audit protocols, stars, data validation, et cetera. So we are thinking through that, should the state decide they ultimately want to make that request.

Katie Trueworthy:

Okay. Thank you.

Hilary Haycock:

Great. So we have a related question, which is about for members who are unable to be reached or have declined and whether the plan would need to make those outreach attempts again.

Sarah Brooks:

So if they've declined it ...

Hilary Haycock:

An HRA…

Sarah Brooks:

Yeah. I think they probably would be required to reach out again.

Sarah Brooks:

Yeah. So I think there would be a requirement given that it's under a new structure, that you would reach out again. But then if the beneficiary declined, then we would understand that you wouldn't move forward after that.

Hilary Haycock:

Okay. If the state is proposing to grandfather D-SNP members who do not have matching Medi-Cal plans, what care coordination requirements would be required for that population?

Sarah Brooks:

Yeah, I mean, essentially the same care coordination requirements are going to be applied across the board, so there wouldn't be any differences.

Speaker 5:

All right. Pat Blaisdell, you are unmuted again.

Pat Blaisdell:

Thank you. So I understand that existing duals will not be passively enrolled or won't have to switch their Medicare current enrollment, but that there will be a default assignment for newly eligible Medicare recipients. So one of my questions is does that apply both to people who age into Medicare and to folks who qualify for Medicare via SSI determination or it's more of the younger, newly eligible that applies to both?

Hilary Haycock:

Yeah, so I think that – Kerry Branick, maybe you want to take it – I think part of that is going to be a technical question for the plans. I think it's a lot easier for plans to know folks that are aging in and to be able to do the appropriate notification. But, Kerry, I don't know if you have experience in other states.

Kerry Branick:

Pat, I'm sorry, I didn't totally understand the question. Do you mind saying it again?

Pat Blaisdell:

Yeah, there would be two types of Medi-Cal beneficiaries that might become newly eligible for Medicare and thus newly dual. One would be the folks that are aging in, and those are pretty straightforward. And then there would be the others who become disabled and then are determined to be disabled and eligible for Medicare after a period of time. So those would also be new duals, but it's a different entry process I would assume.

Kerry Branick:

Yeah. So the requirement around default enrollment is that the state would have to provide the D-SNP with the Medicare eligibility information on the Medicaid managed care enrollees on a monthly or even a more frequent basis. And so that's something that the state would need to work out with those D-SNPs that we're applying as part of that approval process. But I certainly recognize that for those beneficiaries that are aging into Medicare, it is much more often clear on what their effective date would be and it can be a little bit more tricky for folks that qualify for Medicare through other means. But we do have a lot of technical assistance and support from our office for state Medicaid agencies and some newer files that CMS shares with states on a regular basis that we've been working on over the last couple of years to try to provide more accurate and timely Medicare eligibility information for state Medicaid agencies.

Pat Blaisdell:

Okay. Thank you. That's helpful. So when somebody becomes newly eligible as a dual, and let's just take the more straightforward case of somebody who maybe they've been working and they've had some other coverage or they've been straight Medi-Cal, but now they're 65 and they qualify for Medicare,

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Pat Blaisdell:

There's going to be a default enrollment. And it sounds like the default enrollment would be into the D-SNP that corresponds with whatever their managed Medi-Cal care plan is. Is there an opportunity for that newly eligible dual to have a choice of opting out for traditional Medicare and/or joining up with an existing D-SNP that they might feel meets their needs better? What level of choice, and how would that work? And then back to the other scenario, that might become somewhat more complicated if someone's newly disabled. Well, forget I said that. Let's just go with a straightforward case. If somebody is newly eligible as a Medicare beneficiary, they're going to be default enrolled into their D-SNP. What options or choice might they have if they would prefer to be in another D-SNP or in traditional Medicare? How would they go about that? Is it a passive enrollment with an opt out, or what?

Kerry Branick:

Hi Pat, this is Kerry Branick again. The person would retain all their abilities and rights to choose to receive their Medicare in a different way, whether it's through fee for service and selecting a Part D plan, or choosing another Medicare advantage, or D-NSP, or other Medicare product. It is kind of like passive enrollment, but the beneficiary continues to receive both information from the DSNP that they are identified as being eligible for default enrollment as well as all of the other ... You're welcome to Medicare information that CMS would send out.

Kerry Branick:

We have some rather detailed FAQs on default enrollment on our integrated care resource center.com website. I know your email Pat, so I'll send it to you directly. But other folks…

Pat Blaisdell:

Oh great, thank you.

Kerry Branick:

…go to that website. And I can give it to the Harbage team too, but there's more information there about sort of the process on how default enrollment works and Medicare more broadly. This isn't something that would be unique in California, but default enrollment is something that dual special needs plan, that type of Medicare advantage plan, can apply to do with state Medicaid agency permission in other states as well.

Pat Blaisdell:

Okay. But that seems to be somewhat ... It may be my understanding, but previously I thought I heard that new dual eligibles will not be allowed to enroll in D-SNPs if the D-SNP doesn't have the MCP plan. Did I mishear that?

Hilary Haycock:

Right. But they could change their MCP plan to match their preferred D-SNP, yeah.

Pat Blaisdell:

Right, but if the D-SNP doesn't have an MCP plan. And I thought I heard that you were not going to allow new enrollees into D-NSP plans that don't have an aligned MCP plan.

Hilary Haycock:

That is correct, yes.

Pat:

Okay. So they wouldn't have full choice in that case. They wouldn't be able to go into a D-SNP that doesn't have a corresponding MCP plan, even if they wanted that particular D-SNP.

Kerry Branick:

They could go to any other Medicare plan or a fee for service for which they're eligible. For DSNP [crosstalk 01:12:47]-

Pat Blaisdell:

For which they're eligible?

Kerry Branick:

Right, right. Congress gives the ...

Pat Blaisdell:

…may not be able to…

Kerry Branick:

…ability to define the eligibility for the D-SNPs in their state.

Pat Blaisdell:

Gotcha. Okay. And just a comment, the permutations seem to be almost infinite. I'm hoping that we have a really robust process for providing consumer and consumer agent support on what the various choices are. And I think we've all kind of commented on that briefly, but I think the number of permutations and what an individual beneficiary might be able to do, or want to do. It's going to be really important for there to be very clear cut guidance and not just in writing to kind of plow through, but maybe somebody, a disinterested party of sorts to help, like a HICAP except somebody who's really making sure HICAP understands this well enough to be able to really help people with it. Just the comment that I would have, this is so much more complicated than even the passive enrollment piece was and we certainly encountered difficulties with that.

Hilary Haycock:

Thank you so much Pat.

Sarah Brooks:

So, yeah. Appreciate your comments. Thank you, Pat.

Hilary Haycock:

All right. There was a question about how many DSNPs are in LA. I will be honest, we have that data. We don't have it in front of us.

Sarah Brooks:

Yeah.

Kerry Branick:

I will make a pitch for MyCareMyChoice.org which is a really wonderful resource for duals created by The SCAN Foundation. You can go to mycaremychoice.org, you can enter a zip code, and you can find all of the integrated Medicare products available to you there. So would recommend Connie with that question to go to mycaremychoice.org.

Hilary Haycock:

There's a question about Medi-Cal beneficiaries being able to change their Medi-Cal plan outside the annual enrollment change period. I think we talked about this a little.

Sarah Brooks:

So beneficiaries moving forward, there will not be a change to our enrollment policies and so beneficiaries will be able to change their Medi-Cal managed care plan on a monthly basis.

Hilary Haycock:

So the question, if all full dual eligibles, regardless if they're enrolled in a lookalike or a straight MA plan, will they be required to enroll in D-NSP?

Sarah Brooks:

No.

Hilary Haycock:

If plans are in a Medicare Advantage plan ...

Sarah Brooks:

Plans are in the Medicare Advantage plan.

Hilary Haycock:

Beneficiaries are on a Medicare Advantage plan.

Sarah Brooks:

Oh, yeah. Sorry, I thought it was [crosstalk 00:06:46].

Hilary Haycock:

Beneficiaries are on a Medicare Advantage plan.

Sarah Brooks:

Yeah.

Hilary Haycock:

They are on a Medicare Advantage plan. The only potential time that they might be transferred to a different plan is if their Medicare Advantage plan was ending.

Question, if members are default enrolled, would the member need to use an SEP to change plans? That might be a good Kerry question.

Kerry Branick:

I'm sorry, can you repeat it Hilary?

Hilary Haycock:

Yeah, sure. If a member is default enrolled, so I'm assuming default enrolled into a D-NSP, would they need to use an SEP, a special enrollment period, to change their plan?

Kerry Branick:

This one's a weighty one. I will have to confirm, but I believe that there is a special election period separate from the quarterly one that would apply for someone that had default enrollment. So I don't believe it would use your quarterly one. So you would be able to change and you would still have another opportunity to change within that quarter as well. But I will look into that specifically. That's a pretty specific scenario.

Hilary Haycock:

And we can try to include that in our revised policy proposal. A plan to ... Sorry. How does this new plan seek to address some of the shortcomings that were identified in studies of the current CCI Cal MediConnect efforts to coordinate, refer to, and increase access to LTSS?

Hilary Haycock:

So I think that the state has really looked at Cal MediConnect and CCI, and really tried to think about what is working and what isn't working, and how do we take some of the best practices and expand them statewide. I think that the state has seen plans do a lot of really innovative work in trying to move members from long-term care facilities back into the community and provide additional supports there. There've been a number of pilot projects that CMS has helped sponsor in LA around committee connect plans in the long-term care facilities. And so I think that's how you can see that translated into the statewide long-term care carve-in.

I think otherwise you can look at the states wanting to expand the use of in lieu of services, and that sort of builds on some of the challenges and opportunities identified through care plan options and Cal MediConnect. So I think you can really see the state trying to look at what's working and expanding that, and look at what's not working and trying to pivot and identify new ways to better serve beneficiaries.

I'll say too that the other main component of Medi-Cal Healthier California For All, enhanced care management I think owes a fair amount to lessons learned from demonstrations like Cal MediConnect, the Health Homes Program where we're working with plans to do that sort of higher level care coordination. So, excellent question and thank you for that.

Hilary Haycock:

All right, will the slides and recordings we made available? Yes. On CalDuals.org we will be posting all of this. I would say CalDuals.org is as always your place to go for information about dual eligibles in California, items related to the Medi-Cal Healthier California for All are also being distributed through Medi-Cal Healthier California for All newsletter and that website on DHCS. So we are trying to push that information out through multiple ways. But I would again recommend that folks wanting to stay in the loop sign up for both the two newsletter distributions, the calduals.org one and Medi-Cal Healthier California For All and the just general DHCS stakeholder email.

Hilary Haycock:

All right. Does the UHCF plan to lift the full dual D-SNP enrollment freeze in CCI counties prior to the end of Cal MediConnect?

Sarah Brooks:

No, DHCS is not an anticipating making that change.

Hilary Haycock:

If a dual can still be allowed to enroll in a regular MA plan, why can't they enroll in a D-SNP LAL plan, which is really a regular MA plan with modified ...

Sarah Brooks:

A D-SNP LAL plan?

Hilary Haycock:

Oh, lookalike. Okay., I've never seen LAL for lookalike. That it's really a regular MA plan with modified copays.

Sarah Brooks:

So I think this goes back to what we've been talking about, that we're really looking for integration and care coordination to be strengthened under this proposal. And so, looking to have beneficiaries to the extent possible be enrolled in align D-SNP and medical managed health plan.

Hilary Haycock:

D-SNPs are required to do coordination.

Sarah Brooks:

Yes.

Hilary Haycock:

Medicare, MA LALs. Oh, some kind person said there are 11 D-SNPs, three I-SNPs and 18 V-SNPs. Thank you. Thank you for that, Julianne Holloway.

Hilary Haycock:

All right, when a dual is enrolled in both a health plan’s MCP and D-SNP, which regulatory bodies demographic information when – for D-SNP – we can use the member’s communicated address found to update their demographics at the health plan or for an MCP we must use the 834 file, which is not always accurate, or what the number of confirmed is correct?

Sarah Brooks:

So what I would say is health plans have additional information on beneficiary demographics that you should utilize all information that you have. Separately, the department is going to be having a workgroup tied to Medi-Cal Healthier California For All with respect to beneficiary and demographic information. We'll be seeking workgroup members in the near future here and our intent is to strengthen that information that does come through on the 834 file.

Hilary Haycock:

I know data is always a challenge. If a dual is with a D-SNP but wants to change their Medi-Cal plan, will they be disenrolled from the D-SNP upon the change to a different MCP? Yeah. I think because the Medi-Cal plan is controlling, I do think that if they wanted to change their MCP, they would need to switch to the ...

Sarah Brooks:

MCP’s D-SNP.

Hilary Haycock:

Yep.

Sarah Brooks:

Yeah.

Hilary Haycock:

All right. CCI counties are struggling with coordinating care for opt-out members. How will the proposed changes assist with this challenge?

Sarah Brooks:

Well, I mean, I think that with our policy, our proposal, that we're putting forward here to better integrate and align care and have individuals be in the same line of business for accessing their care on the Medi-Cal and Medicare side can only strengthen care coordination. And I think some of the complexities around the opt-outs have been because of the information that is available to the managed care plan, the Medi-Cal managed care plan with respect to data about services that the individual is receiving. In addition, care plans and such are not always shared and so I think this will allow for better information and integration as a result.

Hilary Haycock:

Yeah, great. All right. Dan Salo, your line is open.

Dan Salo:

Hi, thanks. I just had a question with regards to dual eligibles that are enrolled in C-SNPs. Will there be any coordination of care requirements or alignment requirements with dual eligibles enrolled in the C-SNP plans?

Sarah Brooks:

No, we don't believe so.

Dan Salo:

Thank you.

Sarah Brooks:

Thank you.

Hilary Haycock:

Great. Well, no one else has their hand raised? Okay, we got one more question. Will it be involuntary, disenrollment from the D-SNP back to Medicare fee for service via the DTRR or will the new member be advised to enroll in the other members’ MCP D-SNP? I think this level of detail about how the aligned enrollment policies will be operationalized we have not yet figured out. We will be convening a very, very, very technical work group to sort through some of those issues once we have the high-level policy plans finalized. All right. Chester Brown. Your line is unmuted.

Chester Brown:

Sure, this is a quick question. I really wanted to know. Has the state actually looked at the volume of enrollment in D-NSP lookalike plans and the potential disruption that can occur if they're moved from their current MA plan, that doesn't have a DSNP for that particular county?

Sarah Brooks:

So we have not done an analysis of that at this time. I think that's great feedback. If you can provide that to us, maybe we'll take it from today as well. But that's great feedback that you can provide in response to that proposal as well.

Hilary Haycock:

I think part of the grandfathering for existing DSNP policy is designed to try to minimize consumer disruption. All right. At this time, I don't any additional questions. We want to thank everyone for what I think was a really great discussion, great questions. We really appreciate everyone really digging in on this policy. We are really looking forward to receiving any comments back. They are due January 31st, again, to CalAIM@dhcs.ca.Gov. We also wanted to highlight for this group that we are having a Medi-Cal Healthier California For All LTSS meeting on February 24th here in Sacramento from 1 to 5. We'll have a couple of call ins, so there's registration information also available on calduals.org. We will be hopefully at that meeting releasing the final Expanding Access: Integrating Care for Dual Eligible Californians policy. So we'll be discussing that as well as some of the other items such as the 2021 information sharing and consumer protection. So we think it will be a great afternoon and we would love to see you there. So please join us. And with that we will give you back all a half an hour and hope you have a great rest of your Friday.

Sarah Brooks:

Thank you everyone.