Stakeholder Update Webinar

Coordinated Care Initiative

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

SEPTEMBER 30, 2021

Agenda

- Department of Health Care Services (DHCS) Updates
  - DHCS Policy Update
  - September Cal MediConnect Dashboard
  - DME Fact Sheets
- Cal MediConnect COVID Vaccination Campaigns for Homebound Members
- Stakeholder Feedback and Q&A

DHCS Policy Updates

Anastasia Dodson, Deputy Director, Office of Medicare Innovation and Integration (OMII)

Overview: Cal MediConnect to EAE D-SNP and Medi-Cal Managed Care Transition

- Cal MediConnect beneficaries will be transitioned to exclusively aligned enrollment (EAE) D-SNPs and matching Medi-Cal Managed Care Plans on January 1, 2023. The Cal MediConnect demonstration will be ending on December 31, 2022.
- EAE D-SNPs and Medi-Cal Plans will maintain the integrated care and quality of care standards from Cal MediConnect.
- DHCS will continue to keep stakeholders and beneficaries engaged and informed throughout the transition process.
- Definitions:
  - "Aligned Enrollment" occurs when a beneficiary is enrolled in a D-SNP for Medicare benefits, a Medi-Cal managed care plan (MCP) for Medi-Cal benefits, and the D-SNP and MCP are both owned and controlled by the D-SNP parent organization.
  - "Exclusively Aligned Enrollment" is a state policy which limits a D-SNP's membership to only individuals with aligned enrollment.
  - "Non-aligned D-SNP" is a D-SNP with members enrolled in MCP(s) not affiliated with the D-SNP.

Key Policy Reminders

- Beneficiary enrollment in a D-SNP (or other Medicare Advantage plan) is <u>voluntary</u>.

- Medicare beneficiaries may remain in Medicare Fee-for-Service (Original Medicare) and do not need to take any action to remain in Medicare Fee-for-Service.

- For 2023, beneficiaries already enrolled in Cal MediConnect will automatically be enrolled in the Medicare D-SNP and Medi-Cal MCP affiliated with their Cal MediConnect plan – no action needed by the beneficiary.

Exclusively Aligned Enrollment Example

- **Example 1:**
  - Beneficiary initially enrolled in Medicare Fee-for-Service, and Medi-Cal "Plan E"
  - Beneficiary chooses to enroll in Medicare D-SNP "Plan F"
  - DHCS will change beneficiary Medi-Cal enrollment to Medi-Cal "Plan F" to match D-SNP "Plan F"

- **Example 2:**
  - Beneficiary initially enrolled in Medicare Fee-for-Service, and Medi-Cal "Plan F"
  - Beneficiary chooses to enroll in Medicare D-SNP "Plan F"
  - DHCS takes no further action since Medicare and Medi-Cal plans are aligned

- **Example 3:**
  - Beneficiary already enrolled in Cal MediConnect, automatically transitions to D-SNP and Medi-Cal plan aligned with Cal MediConnect plan.

Beneficiary Choices in CCI Counties

- Dual eligible beneficiaries have the following choices in CCI counties in 2023:
  - For those already enrolled in Cal MediConnect, automatically transition to the D-SNP and Medi-Cal plan affiliated with their Cal MediConnect plan;
  - Select/remain in Original (FFS) Medicare, and choose any Medi-Cal plan*;
  - Choose an exclusively aligned D-SNP, with automatic enrollment in affiliated Medi-Cal plan*;
  - Choose an MA plan (non D-SNP), with automatic enrollment in affiliated Medi-Cal plan*;
  - If available, choose an MA plan or maintain enrollment in a pre-2014 D-SNP, not affiliated with a Medi-Cal plan, and choose any Medi-Cal plan*;
  - In certain counties/locations, choose PACE or a FIDE-SNP (SCAN) for both Medicare and Medi-Cal benefits.

* Medi-Cal plan choices vary by county, model (i.e., County-Organized Health System (COHS), Two-Plan, Geographic Managed Care (GMC)), prime plan(s), and delegates, if any.

Next Steps on Aligned Enrollment

- Develop detailed enrollment process and beneficiary notices for 2023, in consultation with stakeholders.
- Develop integrated member materials, in consultation with stakeholders.
- Develop 2023 State Medicaid Agency Contract (SMAC), in consultation with stakeholders.
- Local outreach to support Cal MediConnect transition.
- Educate and promote new enrollment in exclusively aligned D-SNPs and affiliated Medi-Cal plans.

Cal MediConnect (CMC) Dashboard

Jacqulene Lang, CHES Data Reporting Chief, Managed Care Quality and Monitoring Division
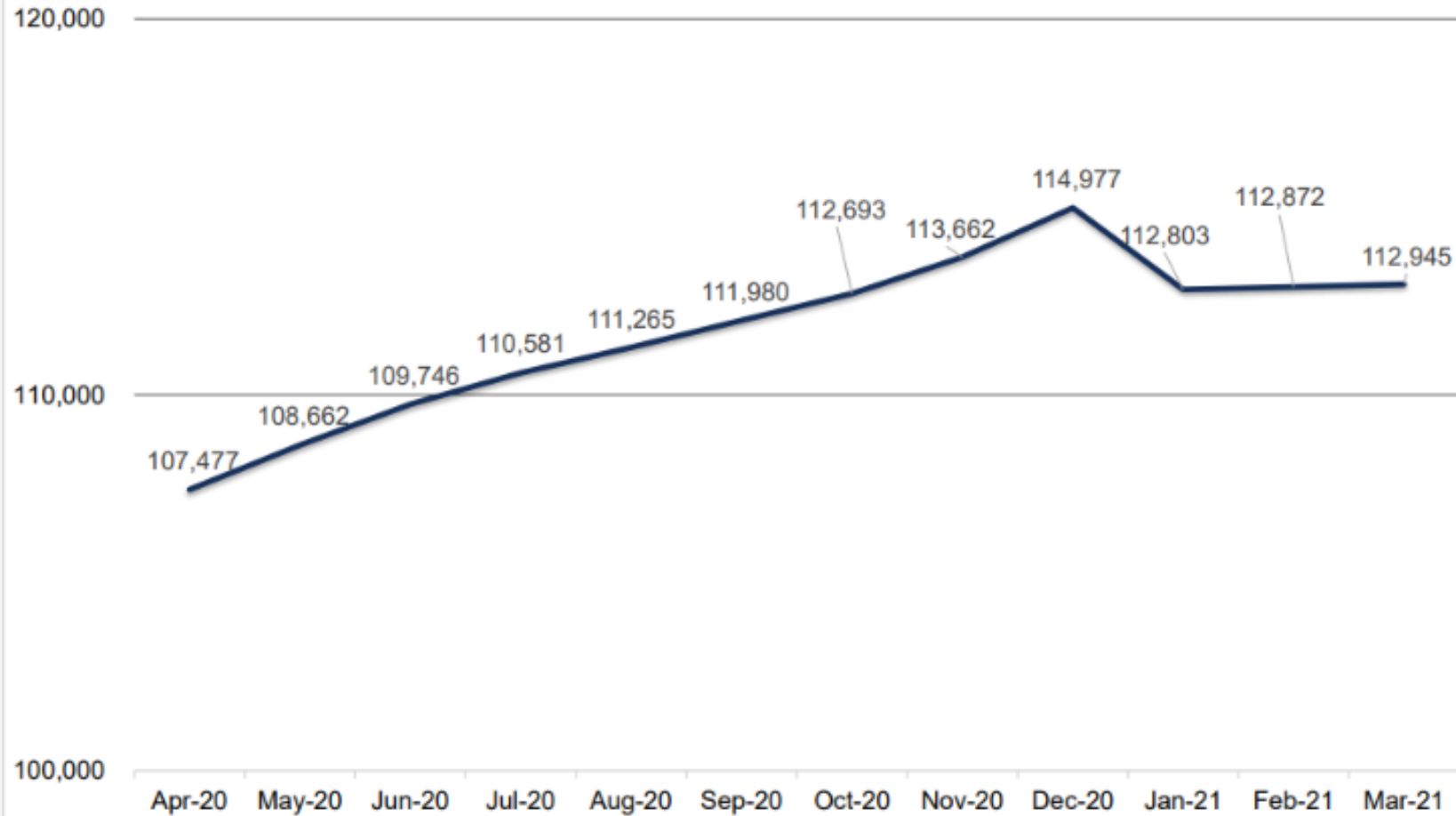
Cal MediConnect (CMC) Dashboard

- The September CMC Dashboard has been posted: https://www.dhcs.ca.gov/Pages/Cal_MediConnectDashboard.aspx
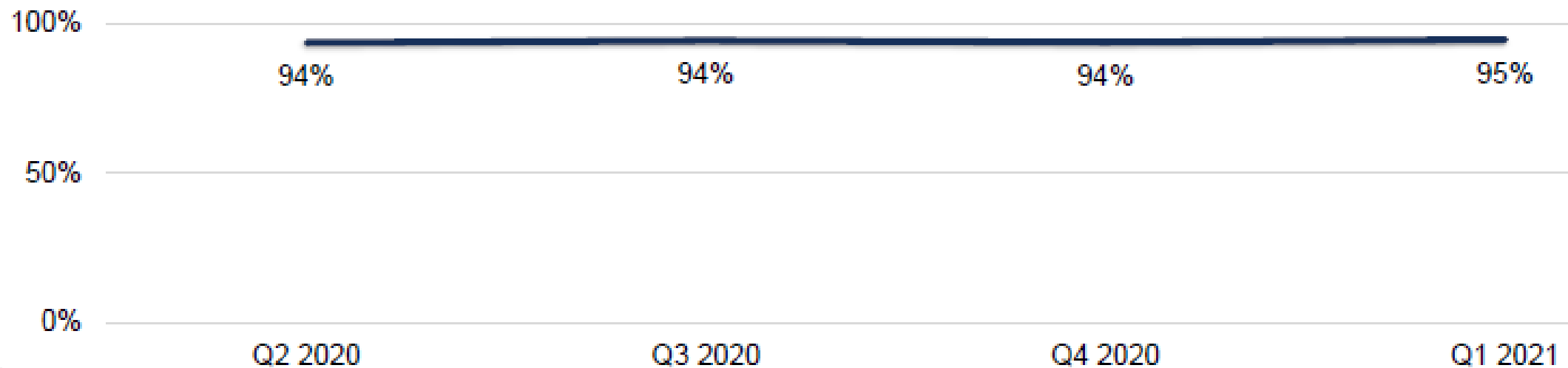
CMC Dashboard: Enrollment

Fig. 1: Monthly Enrollment

CMC Dashboard: Care Coordination

Fig. 8: Quarterly Rolling Statewide Percentage of Members Willing to Participate and who the Plan was able to Locate with an Assessment Completed Within 90 Days of Enrollment

|	Q2 2020	Q3 2020	Q4 2020	Q1 2021
	94%	94%	94%	95%

CMC Dashboard: Individualized Care Plan

Fig. 10: Quarterly Rolling Statewide Percentage of Members with an ICP Completed Within 90 Days of Enrollment
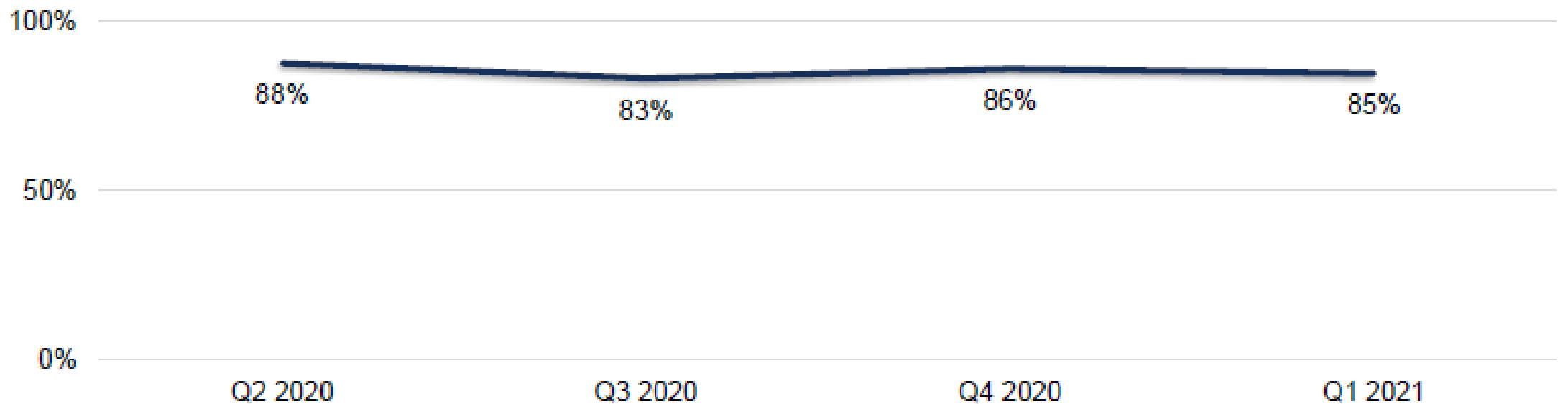
CMC Dashboard: Behavioral Health Emergency Room Utilization

Fig. 20: Quarterly Rolling Statewide Average Count of Emergency Room Behavioral Health Services Utilization per 10,000 Member Months

Quarter	Value
Q1 2020	18.1
Q2 2020	16.2
Q3 2020	18.0
Q4 2020	14.1
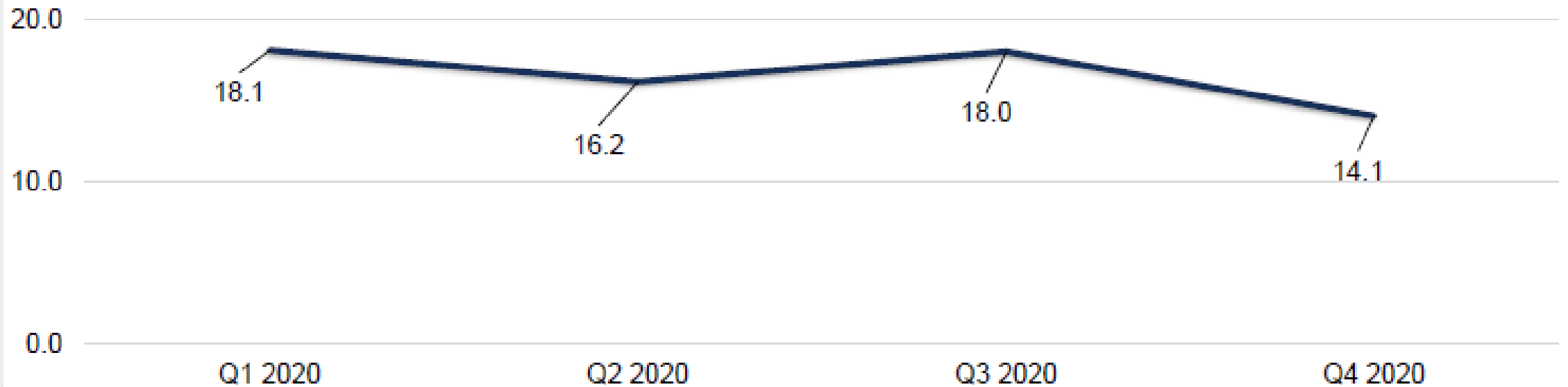
Update on Durable Medical Equipment (DME) Fact Sheets

Jack Dailey

Health Consumer Alliance Coordination, and Director of Policy and Training for Cal MediConnect Ombuds Services Program

Durable Medical Equipment (DME) Workgroup Background

- In September 2019, DHCS partnered with Aurrera Health Group and the U.S. Centers for Medicare & Medicaid Services (CMS) to send a 12-question survey on DME policies, procedures, and lessons learned to CMC plans.

- A workgroup consisting of representatives from DHCS, CMS, CMC plans, advocates, and providers was launched in October 2019 to review the challenges around accessing DME and to establish solutions to identified barriers.

DME Fact Sheet Development

- One finding was members, caregivers, providers, and others involved in the member's care may not understand the nuances of CMC coverage of DME.

- In response to this need, the workgroup developed two DME fact sheets:

    1. **Beneficiary Fact Sheet**: Targeted at dual eligible individuals enrolled in a CMC plan

    2. **Provider Fact Sheet**: Targeted at clinicians and clinical team members who see dual eligible individuals in a CMC plan

DME Provider Fact Sheet

- The **provider fact sheet** is a reference sheet for providers that includes background on CMC plans, DME coverage requirements, a Medicare/Medi-Cal benefits coverage reference chart, and resources.

DME Member Fact Sheet

- The **member fact sheet** includes information on CMC plans, what qualifies as DME, what DME is covered by CMC plans, DME assessments, the DME appeals process, and resources.

Disclosures

▶ This presentation is not an official position or statements from the Center for Medicare and Medicaid Services and the Medicare and Medicaid Coordination Office

▶ I am currently a Health and Aging Policy Fellow for the Health and Aging Policy Fellowship 2020-2021 which is funded by the John A. Hartford Foundation, Atlantic Philanthropies, and West Health Foundation

A Public Health and Safety Concern For Homebound Population

▶ Individuals that have behavioral health, cognitive or physical disabilities, and in addition may also have social deficits e.g. transportation, lack of internet or communications, health literacy that make it a "hardship" to leave their residence <u>are considered "home bound."</u>

▶ These subpopulations are at increased risk of adverse health and safety concerns during environmental or other emergencies (e.g. fire, water safety, hurricanes, tornadoes, floods etc.) or other public health emergencies (e.g. pandemics or epidemics).

▶ As we have witnessed during the COVID 19 pandemic these subpopulations are also challenged to receive appropriate care and preventive services i.e. vaccination.

▶ Their family caregivers and formal paid caregivers also have extreme burdens and anxiety about meeting the known needs of their loved ones.

Characteristics of Homebound Older Adults: Potential Barriers for Accessing the COVID-19 Vaccine - ASPE April 2021

▶ Approximately 1.6 million adults 65 years of age and over living in the United States may have trouble accessing the COVID-19 vaccine because they are homebound; 51% of these older adults face at least one additional barrier, such as living alone or lacking technology.

▶ Nearly 15% of Hispanic older adults are homebound, compared to 7% of Black older adults, 5% of older adults who are American Indian, Asian, or Pacific Islander, and 3% of those who are White.

▶ Just under half of homebound older adults are connected to assistance programs and services such as food stamps, Meals-on-Wheels, and in-home rehabilitative care; vaccinating homebound older adults could be facilitated through partnerships with these programs.

▶ Almost all homebound older adults--96%--report having seen their doctor in the past year; working more closely with primary care providers and health centers may also benefit vaccination efforts.

▶ https://aspe.hhs.gov/homebound-vaccine-covid

Prevalence & Characteristics Homebound Older Adults 2020-2021

▶ Homebound 70+ increased due to COVID 19 and public health recommendations to "stay at home." **Increased from 1.6 million (2019) to 4.2 million (2020)**

Figure. Proportion of Community-Dwelling Older Homebound Adults Aged 70 Years or Older, 2011-2020
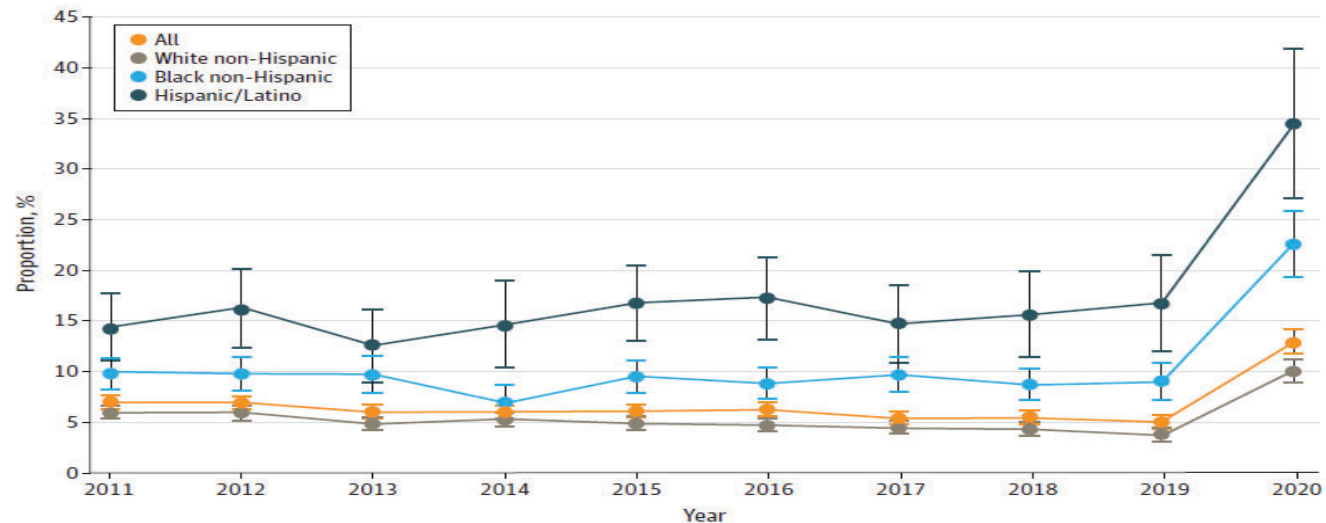
Prevalence 2011-2020 :
- **All - 5%- 13%**
- **Hispanic/Latino- 12.6%-35%**
- **Black; 7%- 23%**
- **White 4% - 10%**

Characteristics:
28% no phone
51% no computer
52% no email use

Ankuda, C. K., Leff, B., Ritchie, C. S., Siu, A. L., & Ornstein, K. A. (2021). Association of the COVID-19 Pandemic With the Prevalence of Homebound Older Adults in the United States, 2011–2020. *JAMA Internal Medicine*. Retrieved from https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2783103?guestAccessKey=1c10d2ce-9dd8-4feb-beaf-

484880ac9b61&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamainternalmedicine&utm_content=olf&utm_term=082321

Prevalence & Characteristics Homebound Older Adults 2020-2021

▶ Disproportionate Affected Dual Eligible Beneficiaries

- Higher risk of hospitalization and death.

- White non-Hispanic individuals are more likely to reside alone (caregiver adequacy?)

- Black non-Hispanic and Latino individuals are more likely multi-person household which improves caregiver support but increases exposure risk of COVID 19.
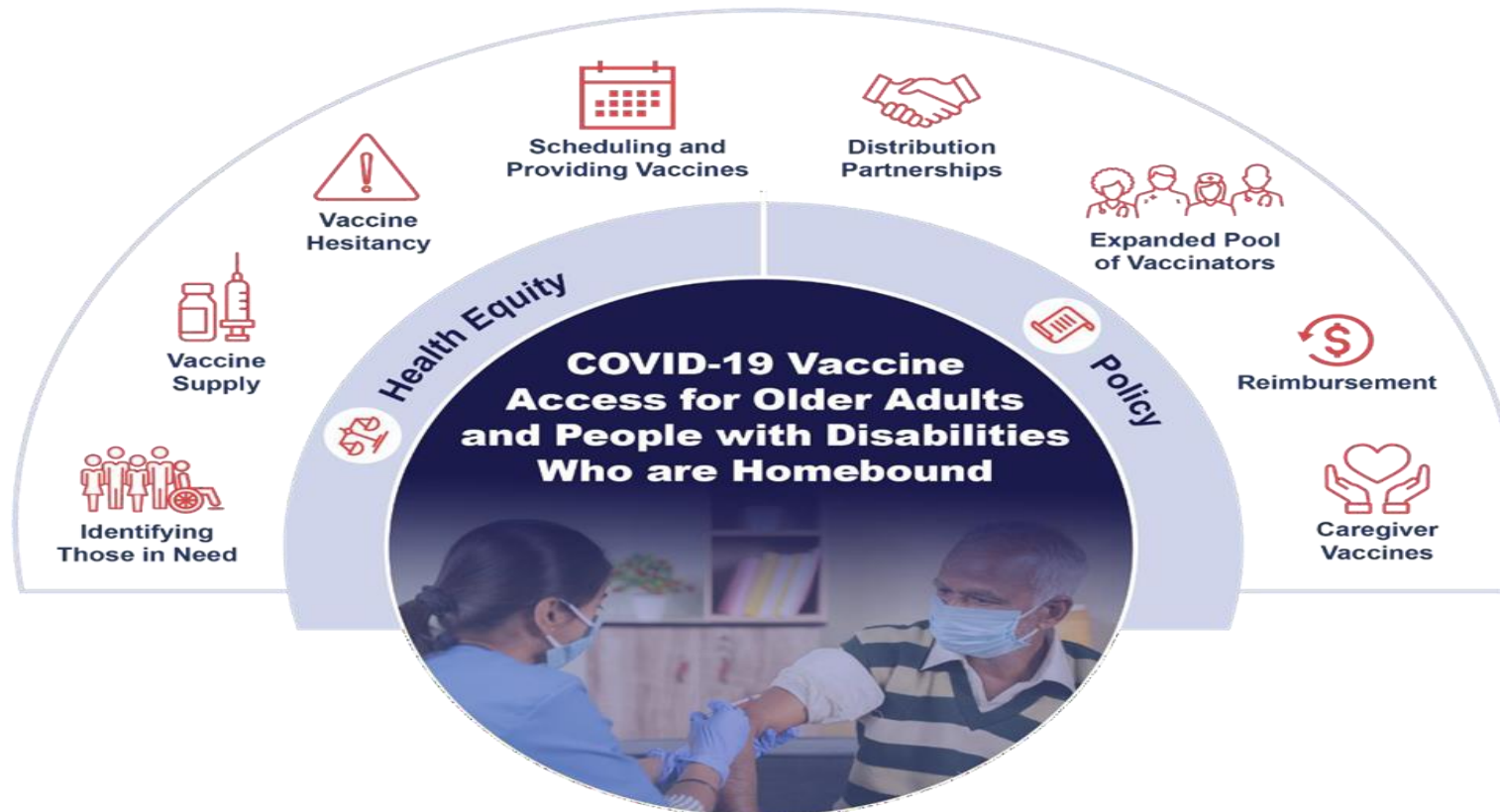
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484880ac9b61&utm_source=silverchair&utm_medium=email&utm_campaign=article_alert-jamainternalmedicine&utm_content=olf&utm_term=082321

Challenges for Those Who are Homebound

Scheduling and Providing Vaccines
Distribution Partnerships
Vaccine Hesitancy
Expanded Pool of Vaccinators
Vaccine Supply
Health Equity
Policy
Reimbursement
Identifying Those in Need
Caregiver Vaccines

COVID-19 Vaccine Access for Older Adults and People with Disabilities Who are Homebound

Adapted Trust for America Health : Age Friendly Public Health Project

Definitions are a Challenge

▶ Definition of home bound vs the semi-homebound challenges data collection and epidemiology -

▶ **CMS Definition** (Determining Homebound (cgsmedicare.com):

The Centers for Medicare and Medicaid Services (CMS) released a clearer definition of homebound to be used when deciding if patients are eligible for home health services under Medicare.

➢ **Patients are considered "confined to the home" or "homebound" if they meet these two criteria:**

➢ Patients either need supportive devices such as crutches, canes, wheelchairs, and walkers; special transportation; or help from someone else in order to leave their home because of illness or injury OR have a condition that makes leaving the home medically inadvisable.

➢ "There must exist a normal inability to leave home; and leaving home must require a considerable and taxing effort."

Other Definitions

- "Do you require help going outside" and "How much difficulty do you have when leaving the house by yourself ?"
  - National Health and Aging Trends Survey(NHAT) https://aspe.hhs.gov/homebound-vaccine-covid

- Homebound older adults defined as leaving home once a week or less.
  - Ornstein KA, Leff B, Covinsky KE, et al. Epidemiology of the homebound population in the United States. *JAMA Intern Med*. 2015;175(7):1180-1186

Other Challenges With Definitions

▶ States may have their own definitions for Homebound status for LTSS or HCBS.

▶ Data systems lacking to estimate younger adults and children that meet a home bound status definition.

The Adverse Consequences of Unmet Need Among Older Persons Living in the Community: Dual-Eligible Versus Medicare-Only Beneficiaries

Community dwelling dual eligible:

▶ 45% need assistance in one or more Activities of Daily Living.

▶ 50% report having need for assistance in one or more mobility tasks.

▶ These rates are 2X Medicare only population.

Key Lessons Learned from MMP July Homebound Vaccine Review

▶ COVID 19 caused many plans to re-evaluate their screening, targeting, analytics, and care management operations.

▶ In general, MMPs were challenged to begin to see the need for a "homebound registry" and are in process to develop.

   ▶ California as state, and MMPs operating in California, already had built into operations registry to readily identify members at risk during public health emergency or natural disaster.

▶ Many MMP stated that the "definition of "homebound" needs more standardization. Almost all plans expanded their view of "homebound" to more broadly include home restricted due to psychosocial issues, BH Issues, IDD issues, SDOH vulnerability.

▶ Many but not all MMP began to modify their analytics and move to a predictive analytics model adding broad set of CPT, ICD 10 codes, prior authorization/authorization codes,

Key Challenges Learned from MMP July Homebound Vaccine review

▶ Data integration systems with state, Medicare, Medicaid, public health and community based organizations that permitted accurate accounting of vaccination status were often delayed. Causes undue burden and effected vaccination strategies.

▶ Highly variable across states and MMP, but not having in place pre-COVID 19 PHE strong community partnerships with community organizations i.e. Area Agency on Aging etc. Some states do have this and it was reported how valuable this was to address vaccine access, vaccination rates, and vaccine hesitancy.

▶ Vaccine access and availability.

▶ Vendors for in home vaccination.

▶ Prolonged timeline by states for getting health plan staff certified for home bound vaccination (e.g. nurse practitioners).

Key Innovations & Best Practice Learned from MMP July Homebound Vaccine review

▶ Formation of collaborative coalition for MMP, MCO, MLTSS, AAA/CBO, Public Health and State.

▶ MMP with active and formed partnerships (formed pre-COVID) with CBO and Public Health were described as "invaluable" and permitted greater ability to pivot to home bound member needs, vaccine access, in home vaccination, and coordination.

▶ MMP reported AAA/CBO "more trusted" and felt they could address vaccine hesitancy and were able to coordinate local services to meet needs.

▶ CMO engagement (internal and external) for education, engagement, trusted expert, and leadership. CMO in some plans did ZOOM town hall meetings with members which was described as beneficial to address questions and permit peer to peer relations of vaccinated and vaccine hesitant.

Key Innovations & Best Practice Learned from MMP July Homebound Vaccine review

▶ Development of new CPT code for COVID 19 Prevention and Counseling with coordination of primary care visits.

▶ New data systems and dashboards that allowed stratification by age, gender, ethnicity, language, race, and including social vulnerability index scores. Dashboards shared enterprise wide in a "all hands-on deck" value framework and with care management staff.

▶ Using technology like IVR for outreach and using call in wait time with pre-recorded CDC information messages.

▶ Specific person-centered approaches for sub-populations (e.g. IDD).

▶ Use of in-home vaccination vendors like EMT, Home Health Care Agencies, AAA/CBO.

Case Study: LA Care

Overview (Health Plan Focused):
Homebound Vaccination Partnership in L.A. County

- Met weekly since April 2021.

- Shared efforts with other health plans.
  - DHCS statewide Medical Director Meeting in April 2021 and other venues.

- DPH worked with community-based organizations (e.g. Department of Aging).

Provided by LA Care

Analytics and Identification

- Reviewed CMS Definition of Homebound individuals (and updates).

- **Used an emergency preparedness/power outage (wildfire, earthquake and other natural disasters) analytic and identification model.**
  - **Health Plan of San Mateo***

- Employed clinical and risk adjustor groupers to identify HCPCS and ICD-10 codes of individuals that are likely to be homebound (see next two slides).
  - As an example, excluded people with ESRD (who can be vaccinated at the dialysis center or in the community).

- Reviewed the codes and logic with DPH vaccination team and geriatricians and other health plans.

- Removed those who have been vaccinated.

Screening, Targeting and Care Coordinating

- Based on our data, over 50% of the "homebound" members were already vaccinated by April 15.

- Pharmacies –
  - Transportation challenges

- Federally Qualified Health Centers –
  - Transportation

- Hospitals and Emergency Rooms –
  - Transportation and convenience

- Primary care and palliative care –
  - Most are not registered as vaccine administrators

- Others –
  - Regional Centers (people with disabilities e.g. Cerebral Palsy)
  - L.A. Care complex care management program

Provided by LA Care

Key Successes and Challenges

Successes
- Leadership and passion.
- Collaboration –
  - Clear roles and responsibilities.
  - Involved the home health vendor.
- Strong analytics and agreement on criteria.
- Agreed upon work plan.
- Meet regularly.

Challenges
- Major outreach challenge contacting members (contact info outdated, unable to leave message etc.)
- Vaccine hesitancy –
  - Still deciding (waiting to talk with their provider).
  - Declined vaccination at this moment.
  - Members were provided thorough education/counseling on the vaccine, vaccine trials, risks vs. benefits, etc.
- New processes for homebound member referrals (and self-referrals).
  - CDPH introduced new option in MyTurn for the public to select a Homebound option to request in-home vaccination.
    - Data sharing challenges (did not get insurance information).
      - LA County DPH assumes the role for now.

Provided by LA Care

Other CA MMP and D-SNP Successes

- SCAN Health Plan
  - Started early in looking at ways to address homebound.
  - Set goal of 70% vaccination rate.
  - Focused on closing equity gap, focused interventions, and metrics dashboard.
  - Major intervention was using Med Arrive (EMT scheduling software) and Falk (ambulance).
  - Achieved Homebound vaccination rate of 35% to 71%, closed gaps for Blacks, Latino, Low Income, and Community Needs Index by 11%, 7%, 7%, and 8% respectively.
  - EMT approach was very effective in addressing vaccine hesitancy and getting caregivers vaccinated.
  - High member satisfaction 5/5 and high Net Promoter Score 97.

Other CA MMP and D-SNP Successes

▶ **Blue Shield Promise Cal MediConnect Plan**: A COVID task force was established with Health San Diego in 2020. Health plans, community organizations and county leaders attend to share up to date information, resources, best practices and work together to address barriers for San Diego residents, including homebound members.

▶ **CHG Cal MediConnect MMP:** Robust multi-prong outreach and communication approaches using identified preferred language, i.e. Post-cards, outreach calls, use local SME and university leaders to address neighborhoods and clinics, created video using local celebrities and trusted figures in the communities to educate on COVID 19 issues and vaccine.

▶ **Molina California:** Care Connections (home based NP program); predicative analytics for identification, broad CBO partnership and collaboration.

Supplemental Information

Older Adults and Dual Eligible
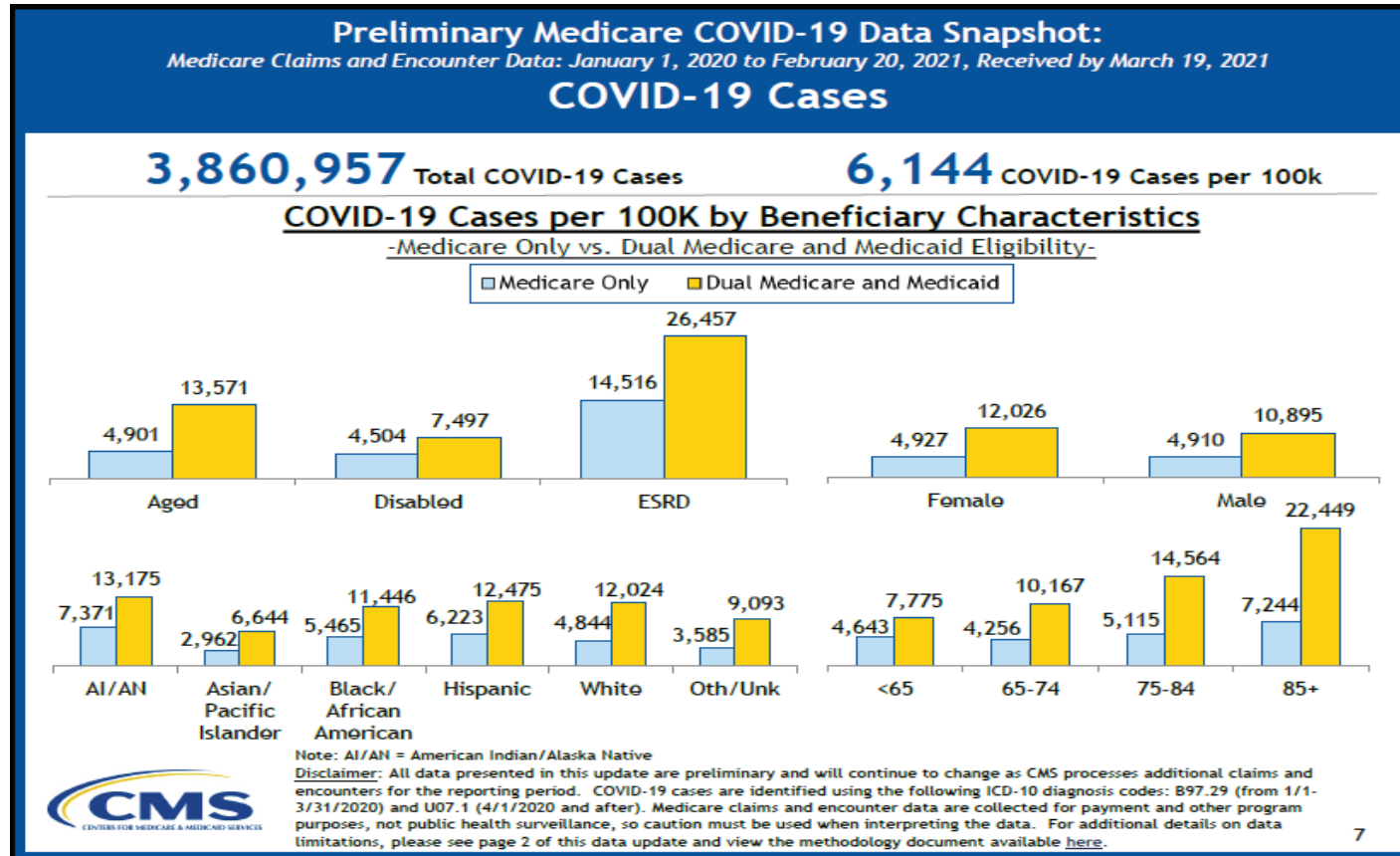# National Health Annual Trend Survey- NHAT

- **Medicare age**: In 2011, the prevalence of homebound individuals was 5.6% (95% CI, 5.1%-6.2%), (roughly 2 million people) including an estimated 395,422 people who were completely homebound and 1,578,984 people who were mostly homebound.
https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/2296016

- In 2018, 21% of older adults reported difficulties moving from place to place, 8% had difficulties with self-care, 8% had difficulties with cognitive ability, and 14% reported difficulties with independent living.
http://www.advancingstates.org/sites/nasuad/files/HCBS-Primer.pdf

Dual Eligible High-Risk Group

Preliminary Medicare COVID-19 Data Snapshot:
Medicare Claims and Encounter Data: January 1, 2020 to February 20, 2021, Received by March 19, 2021
COVID-19 Cases

3,860,957 Total COVID-19 Cases   **6,144** COVID-19 Cases per 100k

COVID-19 Cases per 100K by Beneficiary Characteristics
-Medicare Only vs. Dual Medicare and Medicaid Eligibility-

☐ Medicare Only   ☐ Dual Medicare and Medicaid

Aged: 4,901 / 13,571
Disabled: 4,504 / 7,497
ESRD: 14,516 / 26,457
Female: 4,927 / 12,026
Male: 4,910 / 10,895

AI/AN: 7,371 / 13,175
Asian/Pacific Islander: 2,962 / 6,644
Black/African American: 5,465 / 11,446
Hispanic: 6,223 / 12,475
White: 4,844 / 12,024
Oth/Unk: 3,585 / 9,093

<65: 4,643 / 7,775
65-74: 4,256 / 10,167
75-84: 5,115 / 14,564
85+: 7,244 / 22,449

Note: AI/AN = American Indian/Alaska Native
Disclaimer: All data presented in this update are preliminary and will continue to change as CMS processes additional claims and encounters for the reporting period. COVID-19 cases are identified using the following ICD-10 diagnosis codes: B97.29 (from 1/1-3/31/2020) and U07.1 (4/1/2020 and after). Medicare claims and encounter data are collected for payment and other program purposes, not public health surveillance, so caution must be used when interpreting the data. For additional details on data limitations, please see page 2 of this data update and view the methodology document available here.

7

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Examples: Analytics and Identification

Categories of HCPCS Code

➤ **HCPCS Codes * Only for Age 16 and Older**

- ○ Raised Toilet Seat
- ○ Oxygen - Portable Devices
- ○ Oxygen - Stationary Devices
- ○ Respiratory Supplies
- ○ IV Infusion Supplies
- ○ Hospital Bed and Accessories
- ○ Patient Lift
- ○ Home Ventilator
- ○ Power Wheel Chair
- ○ Non Emergency Transportation with Non Dialysis related trip with more than 6 trips in last 12 months

Category	HCPC Codes
Raised Toilet Seat	E0244
Catheter and Urinary Related	A4300-A4360
Oxygen- Devices	E0430-E0440
Respiratory Supplies	A7000-A7408
IV Infusion Supplies	E0776-E0791
Hospital Bed and accessories	E0250-E0361
Patient Lift	E0621-E0642
home Ventilator	E0465-E0466
Wheel Chair Power	K0011-K0014
Non Emergency Transportation with non-dialysis Trips with more than 6 trips in last 12 months	A0080, A0090 A0100, A0110, A0120, A0130, A0140, A0160

Provided by LA Care

Examples : Analytics and Identification

Code	Description
A80	Acute poliomyelitis
A81	Atypical virus infections of central nervous system
F02	Dementia in other diseases classified elsewhere
F20	Schizophrenia
G10	Huntington's disease
G12	Spinal muscular atrophy and related syndromes
G20	Parkinson's disease
G30	Alzheimer's disease
G32	Other degenerative disorders of nervous system in diseases classified elsewhere
G37	Other demyelinating diseases of central nervous system
G60	Hereditary and idiopathic neuropathy
G61	Inflammatory polyneuropathy
G71	Primary disorders of muscles
G81	Hemiplegia and hemiparesis
R53	Malaise and fatigue
S06	Intracranial injury
S88	Traumatic amputation of lower leg
G82	Paraplegia (paraparesis) and quadriplegia (quadriparesis)
G83	Other paralytic syndromes
G93	Other disorders of brain
I12	Hypertensive chronic kidney disease
I50	Heart failure
I63	Cerebral infarction
I67	Other cerebrovascular diseases
I69	Sequelae of cerebrovascular disease
J96	Respiratory failure, not elsewhere classified
L89	Pressure ulcer
M33	Dermatopolymyositis
N18	Chronic kidney disease (CKD)
P94	Disorders of muscle tone of newborn
Q05	Spina bifida
S14	Injury of nerves and spinal cord at neck level
S78	Traumatic amputation of hip and thigh
Z99	Dependence on enabling machines and devices, not elsewhere classified

Provided by LA Care

Reporting:
LA Care COVID-19 Vaccine Data To Date
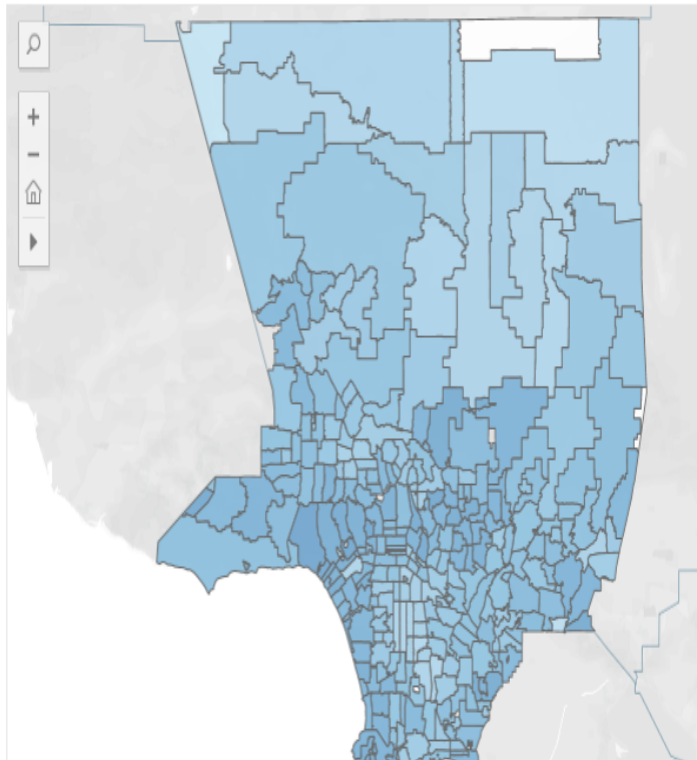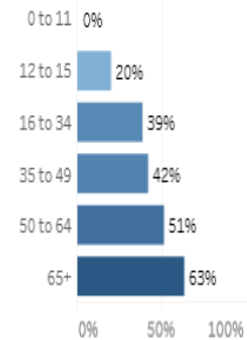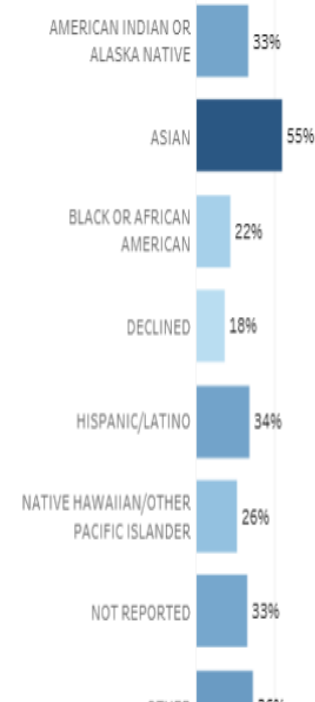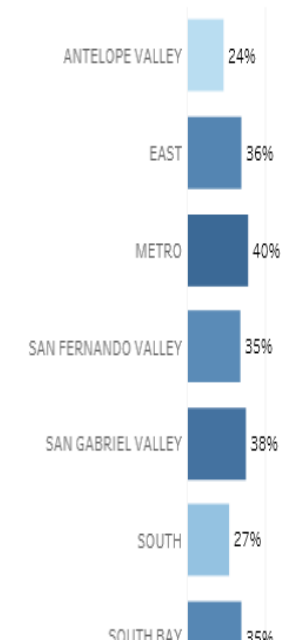
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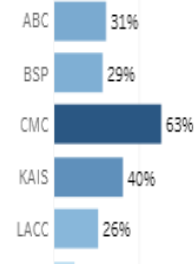
Questions

- If you have a question, please click on the "raise hand" icon and our team will unmute you.

- Please feel free to type any questions into the chat.

Next Steps

- For more information on the Coordinated Care Initiative (CCI) – including enrollment, quality data, and toolkits – visit www.calduals.org. You can send any questions or comments to info@CalDuals.org.

- Next Managed Long-Term Services and Supports (MLTSS) & Duals Integration Stakeholder Workgroup Meeting: **Wednesday, October 13th at 11 A.M.**

- Next Quarterly CCI Stakeholder Engagement Webinar will be held on **Thursday, December 9th at 11 A.M.**