



Santa Clara
Family Health Plan

Cal MediConnect Santa Clara County Stakeholder Meeting 7.16.14

Recent CMS Guidance

June 4: Certification of Monthly Enrollment and Payment Data for Medicare-Medicaid Plans will NOT be required

June 6: Final Demonstration Year 1 Medicare-Medicaid Plan Quality Withhold Methodology and CMS Core Technical Notes

June 18: Updated Medicare Marketing Guidelines

June 26: Dual Eligible Special Needs Plans All Plan Letter Contracting Requirements

Duals Plan Letters (DPLs) and All Plan Letters (APLs)

May 12: **DRAFT** APL 14- _ Care Coordination Requirements for MLTSS

May 22: APL 14-002 Facility Site Reviews and Medical Record Review

June 12: DPL 14-005, supersedes 12-004 Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities with reporting instructions and reporting template.

June 18: DPL 14-002 Requirements for Nursing Facility Services.

Lessons Learned – Cal MediConnect Launch

- Beneficiaries improperly passively enrolled
- Beneficiaries already enrolled in Medi-Cal managed plans were erroneously disenrolled from Medi-Cal when they opted out of Cal MediConnect, resulting in disruption of care
- Beneficiaries who opted out of Cal MediConnect were passively enrolled anyway
- Duals improperly receiving notices that they were eligible for Cal MediConnect

Lessons Learned – Cal MediConnect Launch

- Duals receiving notices to enroll or opt-out without sufficient time to choose or make arrangements (beneficiaries slated for CCI enrollment in August 2014 did receive notices in May and June)
- Duals residing in zip codes where passive enrollment is prohibited were passively enrolled into Cal MediConnect (without receiving notices)
- Continuity of Care – some CMC beneficiaries told by existing physician they “weren’t covered”; don’t understand that they will be paid by the health plans per continuity of care requirements

Anthem Lessons Learned Los Angeles and VA

- Anthem MMP enrollment
- Anthem opt out rates before enrollment
- Anthem opt out rates after enrollment
- Anthem daily/weekly reports

DHCS Mailing Effective dates for 1/1/15

CMC Mailing	Expected Mailing Date
90 Day Notice	September 26, 2014
60 Day Notice	October 29, 2014
Choice Packet	October 31, 2014
30 Day Notice	November 24, 2014

To review draft notices

<http://www.calduals.org/implementation/ci-documents/notices>

CCI Program Component - SCC	Benefit Begins?	For Whom?
Mandatory Managed Long Term Services & Supports MLTSS	<u>July, 2014</u>	CURRENT PLAN MEMBERS who are: <ul style="list-style-type: none"> • Receiving LTSS now • Eligible for LTSS
	<u>August, 2014</u>	MEMBERS AND FFS members who are: <ul style="list-style-type: none"> • Medi-Cal only <i>Fee for Service (FFS)</i> • Medi-Cal <i>Fee For Service not eligible for Cal Medi-Connect</i>
	<u>October, 2014</u>	MSSP participants (all in October)
Cal MediConnect (CMC)	<u>January 2015</u>	<ul style="list-style-type: none"> • Begin passive enrollment of all duals • Dual eligibles in Medi-Cal FFS who opt out of CMC must choose a Medi-Cal managed care plan for Medi-Cal benefits

Santa Clara Family Health Plan - CCI Updates

Managed Long Term Services and Supports (MLTSS) & CMC

- Enrollee and provider communications
- Pre-launch outbound calls to IHSS and LTC beneficiaries/members
- Staff Training
- Provider & LTSS meetings – coordinate implementation w/ partners
- Capacity Building: IT, Case Management, Member Services, etc.
- CMIPS (IHSS) data shared with health plans (7/15)
 - Stratification of high/low risk
 - Health plan assessment review for IHSS & LTC
- Stakeholder engagement

Questions & Comments