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### **Coordinated Care Initiative Beneficiary & Provider Outreach Plan** *Updated February 2014*

The federal Centers for Medicare & Medicaid Services (CMS) is working with the California Department of Health Care Services (DHCS) to implement a health reform project in eight California counties. The project, called Cal MediConnect, aims to promote coordination of care and enhance the quality of life among Medicare and Medi-Cal enrollees, also called dual eligible beneficiaries. In addition, most Medi-Cal beneficiaries in these counties will choose Medi-Cal managed care plans for their Medi-Cal benefits, including long-term services and supports. These two policy transitions make up the California Coordinated Care Initiative (CCI) and are taking place in: Alameda, Los Angeles, Orange,<sup>1</sup> Riverside, San Bernardino, San Diego, San Mateo, and Santa Clara.

The state is committed to the implementation of a robust outreach and education plan specifically for the Coordinate Care Initiative that ensures eligible beneficiaries have accurate, actionable information for their own decision-making processes. The state and federal governments have taken unprecedented steps to make additional resources available at the state and local level to help assist beneficiaries, caregivers, providers and others through this transition. This document outlines the second version of that plan, which is intended to be iterative and adaptable as implementation of the CCI moves forward. After several years of policy and planning work, notices to beneficiaries have begun to be mailed and passive enrollment will take effect in a matter of weeks. As such, this seems an excellent time to provide an updated vision of the outreach and education work underway to support beneficiaries, their caregivers and providers during this transition.

#### **Purpose and Scope of Outreach and Education Plan**

The overarching goal of the outreach work is to help beneficiaries make informed choices based on their needs and have a good understanding of their options. At the same time, this plan acknowledges that there is an existing infrastructure for reaching these beneficiaries, which beneficiaries, their caregivers, and providers already know and trust. California's network of existing support for this population – through community-based organizations (CBOs), advocacy organizations, and social service agencies – also must have access to the information they need about the CCI. This plan aims to build on that foundation: to amplify and support existing work and find appropriate points where additional work will provide an important complement.

This plan is an outreach and education plan designed specifically for the Coordinated Care Initiative. It integrates aspects of what may be characterized as communications or marketing strategies including tools such as earned media and targeting, but it is not a marketing strategy, as its goal is to increase awareness among specific populations about their options under the program. However, part of ensuring that these populations have action-oriented information about their decision points and options will involve relaying the benefits of the program as well as what has been traditionally defined as and is legally considered insurance plan marketing information, such as details about differences in plan benefits. The state and its employees and

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<sup>1</sup> Orange County participation is on hold.

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consultants will not advise beneficiaries on which plans to select, but it will relay these details when appropriate.

### I. Target Audiences and Clarity of Reference

The outreach approach recognizes as its foundation that the Coordinated Care Initiative population today receives their information from established routes of communication. The state will help support and supplement those existing pathways with accurate information and a focus on facilitation and coordination with other important stakeholders at the state and local levels.

#### *Key Audiences*

Beneficiaries & Caregivers	Beneficiaries are the primary direct action takers under the Coordinated Care Initiative. They, and their caregivers and representatives, will be responsible for making decisions about health plans and how to receive their care. As such, this outreach plan is designed around the best way to ensure they have the information they need, whether they receive that information from Health Care Options (HCO), a Health Insurance Counseling & Advocacy Program (HICAP), a community-based organization, or a CCI outreach coordinator.
Providers	The CCI also represents a change for many providers serving eligible beneficiaries, including non-traditional providers, such as CBOs, which are or might become providers under the program, hospital discharge planners, and long-term supports and services providers [CBAS, Public Authorities, MSSP, Assisted/Independent Living Facilities, SNFs]. To help ensure continuity of care for beneficiaries, these providers will need information about what the CCI will mean for their practice. Providers are also often the person or entity that beneficiaries look to for health care advice, so providers will need to be educated about the CCI and what it means for the people they provide service to.
Local “Guides” and Stakeholders	“Guides” are organizations already supporting the dual eligible population that will need access to information and other resources about the CCI to fulfill their missions. This will include collaboration on events to educate beneficiaries, as well as creating and providing materials such as fact sheets, presentations, etc. for guides to use for outreach purposes.  These organizations include Community-based organizations (CBOs), unions, medical societies, the Area Agencies on Aging (AAAs) and the Health Insurance Counseling & Advocacy Program (HICAP), legal aid societies, other local advocacy organizations, legislative aides (all offices, including regional), insurance agents/brokers, county governments and agencies, tribes and tribal leaders.
Leadership	Advocates, policymakers in the executive and legislative branches (in California and nationally) and opinion leaders. This group will need to understand the CCI as it continues to develop and will also need ongoing information about the status of implementation.

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Health Plans	Health plans are as much an audience as they are a key partner in this outreach and education effort.
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## II. Implementation: DHCS Project Lead from Sacramento

The following tasks are being executed at a leadership level to ensure appropriate infrastructure and support for all outreach activities:

- Beneficiary-friendly notices
- Interagency coordination
- Support for local agencies
- Outreach toolkit development
- “Train the trainer” program
- Health Care Options training and staffing
- User-friendly website
- Regular calls/meetings with key stakeholders
- Beneficiary outreach
- Provider outreach
- Population-specific outreach

### BENEFICIARY-FRIENDLY NOTIFICATIONS

Ensuring that all beneficiary notifications are in clear, consumer-friendly language is an absolutely critical part of the outreach effort.

- This includes updating the “What Are My Medi-Cal Choices?” booklet and required enrollment notices to target the duals population. As in all outreach materials, close attention will be paid to cultural competency and the development of accessible materials, including the availability of alternative formats.

**Status:** DHCS has led a stakeholder process on each of the state notifications, resulting in notices that are significantly more beneficiary-friendly. DHCS is continuing with this stakeholder process to continue to refine and improve mailings to beneficiaries. All notices will be translated into the required Medi-Cal threshold languages, and will be available in accessible formats.

### INTERAGENCY COORDINATION

A unique aspect of the CCI is the need for coordination among several state entities in supporting outreach and education for beneficiaries. While DHCS manages Medi-Cal, the Department of Social Services (DSS), the California Department of Aging (CDA), the Department of Managed Health Care (DMHC) and the Department of Rehabilitation (DOR) all have important roles. For example, DSS oversees in-home supportive services (IHSS), a critical service for many dual eligible beneficiaries. CDA oversees the HICAPs, which will play a key role in counseling beneficiaries about their plan options. Information sharing among these agencies and creating appropriate feedback loops will be a part of this outreach effort.

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### Status:

- Weekly calls among DHCS, CDA, DSS and DOR on both policy and outreach items are ongoing.
- DHCS and CDA are working closely on a number of outreach-related activities, including:
  - Establishing a call-triage strategy so that beneficiaries face “no wrong door” when contacting state and local agencies;
  - Developing materials for HICAP staff to use in answering beneficiary questions;
  - Developing county-specific materials for beneficiaries on who to call with CCI and Cal MediConnect questions and when they need assistance; and
  - Developing feedback mechanisms so that beneficiary issues and questions arising in HICAPs or HCO are shared among agencies, allowing the agencies to work together on solutions.
- DHCS and DMHC are working together to develop a special Cal MediConnect Ombudsman program to help beneficiaries enrolled in Cal MediConnect with complaints about their health plans and to educate beneficiaries about their rights and responsibilities as plan members.

### SUPPORT FOR LOCAL AGENCIES

Supporting local agencies in their efforts is a key part of this plan. Coordination with and support for agencies such as the county-based Health Insurance Counseling & Advocacy Programs (HICAP) and Area Agencies on Aging (AAA) will be an important. Many local agencies serve as important sources of information for beneficiaries. For example, HICAP already serves a role as a trusted source of information for Medicare beneficiaries. For outreach around the CCI to be successful, HICAPs will need additional funding and training to support beneficiaries. In addition, other local agencies will need materials, assistance with coordination of outreach efforts, support in their outreach efforts, and assistance in training their staffs.

### Status:

- The state has helped secure CMS grant funding to support HICAP capacity for the CCI. This grant funding requires quarterly data reporting on call volume and other selected indicators, which will help the state monitor beneficiary access of HICAP counseling.
- HICAPs have received additional training through a series of trainings provided by California Health Advocates.
- DHCS and CDA have partnered to provide updated materials and other resources to HICAPs including fact sheets and frequently asked question documents.
- DHCS has partnered with private organizations, including SCAN Foundation, to provide additional supports to the HICAPs.
- Outreach coordinators have begun to build relationships with local organizations, local coalitions, and local workgroups to begin to coordinate outreach efforts and to support outreach efforts already underway in the CCI counties.

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### OUTREACH TOOLKIT DEVELOPMENT

DHCS will develop an outreach materials “toolkit” to educate health plan staff, beneficiaries, community based organizations, advocate groups, and providers and provider groups. The toolkit will also supplement the enrollment notices. See Appendix A for more details on the toolkit. There will be a special focus on developing materials for community organizations that support limited English proficiency individuals.

**Status:** Some fact sheets and other materials have been made available on CalDuals.org. DHCS is releasing a comprehensive first set of toolkit materials concurrently with this version of the outreach plan, including:

- Presentation slide decks for beneficiaries, advocates and providers;
- Beneficiary fact sheets on eligibility, continuity of care, plan member rights and responsibilities, IHSS services, and the PACE program;
- Provider fact sheet on payment policies under the CCI; and
- General brochure on the CCI.

Tool kit materials have been, and will continue to be, developed with stakeholder input. Efforts will be made to provide materials in threshold languages. As further toolkit needs are identified, DHCS will develop additional materials. In addition, DHCS will provide county specific toolkit materials as needed.

### “TRAIN THE TRAINER” PROGRAM

Understanding that DHCS does not have outreach capacity to reach all beneficiaries, an educational program and toolkit will be created to support local organizations in training their staffs to assist beneficiaries and providers. In some areas, plans are developing these efforts already, and DHCS can support those efforts as needed.

- This program will include assisting and developing a plan for outreach through Benefits Counselors and Legal Advocates.
- Note: this program will include an effort to educate these groups on how the substance abuse/mental health benefits will be administered under this program.
- This program will also work for community-based organizations (CBO and Provider Coordination). Support and help existing communication channels that are available through local Area Agencies on Aging (AAA) and other community-based organizations. Examples include: Meals on Wheels Programs, Para-transit agencies, Senior Centers and Senior Centers without Walls.

**Status:** DHCS outreach coordinators have been working directly with CBOs to provide materials and support. DHCS has been in contact with local organizations to offer training.

### HEALTH CARE OPTIONS TRAINING AND STAFFING

Health Care Options, run by DHCS with MAXIMUS as the contractor, will serve as a primary contact for beneficiaries as they make their plan choices. DHCS must develop materials to train

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DHCS/MAXIMUS call center staff so they are familiar with choice packets and prepared to answer questions. It is critical that these materials are available in some permutation to all potential intake points for a provider and/or beneficiary.

### **Status:**

- DHCS is in the process of standing-up a CCI-specific HCO call center where all customer service representatives will provide service only to CCI-eligible beneficiaries. There is a separate CCI-specific HCO phone number for CCI-eligible beneficiaries that will route them directly to that separate call center.
- DHCS has developed CCI-specific FAQs for HCO customer service representatives and provided training for the representatives.
- DHCS has coordinated development of those materials with other agencies touching beneficiaries, particularly CDA.

## **USER-FRIENDLY WEBSITE**

DHCS will continue to update and refine CalDuals.org, a consumer friendly website through which beneficiaries and their advocates can access relevant information.

**Status:** CalDuals.org has become an important source of information for state-level advocates. DHCS has recently updated the website to include beneficiary and provider portals that provide targeted, audience-specific materials.

## **REGULAR OUTREACH TO KEY STAKEHOLDERS**

Coordination with stakeholders is key to successful outreach to CCI-eligible beneficiaries. Clear lines of communication between stakeholders and DHCS will help to flag implementation issues and provide feedback advocates are receiving from their constituencies.

**Status:** DHCS is already hosting or participating in regularly scheduled stakeholder meetings, and will continue to identify opportunities to increase communications:

- DHCS hosts quarterly calls or meetings with stakeholders.
- DHCS participates, as invited, in weekly Sacramento-based and monthly local collaborative meetings of stakeholders to provide updates and solicit feedback.
- DHCS hosts weekly calls with health plans on policy and outreach issues, and will begin monthly calls with health plans specifically focused on communications and outreach activities.
- DHCS is exploring starting regular calls with county-level stakeholders, as key outreach activities shift from the state to local levels.

## **BENEFICIARY OUTREACH**

DHCS will utilize existing methods of informing consumers of program changes and their choices. Beneficiaries who must choose a Cal MediConnect or Medi-Cal managed care plan will receive notices 90, 60 and 30 days ahead of their coverage date. In addition, HCO will make

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calls to beneficiaries following receipt of their 60-day packet, which will include information on their plan choices.

DHCS will work to expand on this outreach, always respecting privacy protections.

**Status:** Existing methods of beneficiary outreach are ongoing. In addition:

- The state is exploring a strategy for hosting monthly tele-townhall calls with beneficiaries who have received 60-day notices with their plan choices. During these calls, beneficiaries would be able to ask questions of DHCS staff.
- Outreach coordinators are working with local groups to deliver presentations to beneficiaries where they are – at senior centers, nursing homes and the like.

### PROVIDER OUTREACH

Providers are a trusted source of information for beneficiaries, and their participation in CCI is key to ensuring long-term continuity of care. DHCS will work with provider associations to ensure that information flows in a timely manner for gatherings and publications, as well as work to assist with routine member inquiries and clarification.

**Status:** DHCS is in regular contact with many provider associations to share information and provide materials. The recently updated CalDuals.org website now offers easy access to provider-specific information. In addition, the state has partnered with CAPG to deliver a series of physician group-oriented webinars to CAPG members on key Cal MediConnect topics, and would welcome similar partnerships with other provider associations.

### POPULATION-SPECIFIC OUTREACH

Given the wide range of beneficiaries affected by the CCI, DHCS has developed several population-specific outreach approaches for the following groups:

- Ethnic/minority and limited English proficiency beneficiaries
- Ethnic/minority physicians
- Beneficiaries in nursing facilities and their authorized agents
- Beneficiaries who are homeless or are living in low-income housing
- Beneficiaries accessing nutritional programs and other social services and community based programs
- Faith based groups

The goal is to ensure that information about the CCI reaches these populations through their unique communications touch points.

**Status:** DHCS has already begun this outreach. DHCS has provided a presentation for the Network of Ethnic Physician Organizations and is looking for more opportunities to work with that group. In addition, DHCS is working with New America Media to host an ethnic media roundtable in each CCI county. The first roundtable occurred in San Mateo County in January, and reached a number of ethnic media outlets including those serving the Korean, Pilipino and

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Spanish-speaking communities. In addition, outreach coordinators are working with technical advisors to hone and implement the strategies for reaching these diverse groups of beneficiaries and other stakeholders.

### **III. Implementation: County Based Outreach Coordinators and Technical Advisors**

At the heart of the local outreach effort will be two teams of people based across the eight CCI counties, technical advisors and outreach coordinators. Both groups will be supported by federal funds through DHCS as CalDuals consultants are supported today, and although they will have some overlapping objectives and will coordinate their efforts, they will have very distinct roles and responsibilities. In line with the overall aims of this plan, both technical advisors and outreach coordinators will build bridges between the local resources, community based organizations, various stakeholders, the health plans, and the individuals making decisions on how to participate. They will operate under the established approach of inclusiveness and accessibility and serve to help support community work and educate both beneficiaries and providers in the community. Their roles are designed to ensure the availability of accurate information that will allow beneficiaries to make an informed decision—not to “sell” the CCI.

***Outreach Coordinators*** will work in specifically assigned counties. One of their primary functions will be to support local county groups, as requested, to ensure they have the information and assistance they need. These groups include but are not limited to: health plans, local community-based organizations (CBOs), advocacy organizations, and social service agencies.

Coordinators will also play a role in direct beneficiary and provider contact. Coordinators will know how to answer and refer beneficiary, caregiver, and provider questions to relevant sources and supplement any gaps that may exist for the group.

The role of the coordinator will be slightly different in each county so as to meet the needs in that county. Different activities can include:

- Participating in local stakeholder coalitions, particularly as they relate to communications and outreach to the beneficiary population;
- Providing informational presentations to beneficiaries and providers;
- Delivering “train the trainer” presentations to organizations who regularly interact with the beneficiary population and need support understanding and explaining the CCI; and
- Ensuring there is good information flow between the counties and the state, particularly to identify information and outreach needs in local communities.

Outreach Coordinators will ideally have backgrounds in community organizing and/or communications skills. Experience with health policy – on an advocate or personal level – is preferred but not required. Individuals with experience reaching out to an elderly, disabled, or provider population will also be given preference. They will go through an intensive training program that reviews the relevant policy as well as outreach principles.

***Technical Advisors*** will be individuals who work for or are recruited from local stakeholder groups within the counties. The advisors will work in their specific county, participate in the

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development and refinement of county-specific outreach plans, review materials such as components of the toolkit, and serve in a critical role within the community relaying information to the public and working with the management team on troubleshooting issues.

Technical advisors will have backgrounds in Medi-Cal policy, beneficiary counseling re: health coverage options, local advocacy work, and/or direct experience with the DHCS 2011 Seniors and Persons with Disabilities (SPD) transition. Advisors will participate in sessions intended to debrief them on the current status of policy and the overall outreach plan – as well as to share their on-the-ground experiences with other advisors and management.

More specifically, Technical Advisors and Outreach Coordinators will:

- *Assist with an initial landscape assessment.* This activity will primarily consist of Outreach Coordinators meeting with local stakeholders to understand the unique needs of each county, and to best determine how DHCS outreach efforts can amplify and complement existing work. [See Appendix B for more information.]
- *Develop a local, county specific outreach plan.* Using the overall outreach plan context, enrollment information for each county, and the landscape assessment, Technical Advisors and Outreach Coordinators will develop a tailored county outreach plan, which will operate in tandem with the overall state outreach plan.
- *Support local/community based organizations,* including, but not limited to, local health plans, Health Insurance Counseling and Advocacy Program (HICAP) agencies, AAA, Independent Living Centers, Aging and Disability Resource Centers (ADRC), Caregiver Resource Centers, Public Authorities, and Health Consumer Centers, as well as local advocates, local senior centers, and county agencies. They will also be familiar with and work with services such as 2-1-1 through the United Way.
- *Work in cooperation with health plans and PACE programs* to support their beneficiary and provider outreach.
- *Work with and inform provider groups,* including but not limited to the California Medical Association (CMA), CMA county affiliates, California Association of Physician Groups (CAPG), ethnic and specialty medical societies, local hospital associations, durable medical equipment (DME) suppliers, pharmacists, and community based organizations that act in a provider capacity (such as transportation support services).
- *Conduct direct outreach employing various mechanisms, including:*
  - Discussions and presentations with key stakeholders, beneficiaries, and providers in their ‘home’ settings, including places like senior centers, low-income housing complexes, churches and care centers (as well as settings such as nursing homes).
  - Attendance at health fairs and other pre-organized events to offer presentations or materials.

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- Supporting the Health Care Options (HCO) enrollment specialists that are stationed at the county eligibility offices to help them advertise their weekly enrollment sessions.
- One-on-one listening sessions for relationship building purposes.
- *Create a meeting structure for county leaders.* If needed and not duplicative around existing local initiatives, the team will develop an infrastructure to support leadership meetings in each CCI county for representatives of all major areas of interest—including but not limited to hospitals, physicians, county health/mental/social services leaders, representatives from the health plans, PACE programs, and advocates. The goal will be for each local group to become self-sustaining.
- *Assist with media events as needed.* There should be an effort to reach people through the media.

Note: Both of these parties will also conduct outreach to ethnic/minority communities, particularly by working with community-based organizations (CBOs). Efforts will be made to hire coordinators with appropriate language capabilities throughout the regions.

**Status:** A team of seven Outreach Coordinators have been hired across California to begin this work. They have been trained and have begun reaching out to local stakeholders to develop relationships and make presentations. In addition, Technical Advisors are being recruited in each county through local stakeholder coalitions.

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## Appendix A: CCI Toolkit

The toolkit will be available for download online and selected materials will be made available at events and presentations. The toolkit will include a series of fact sheets that explain policy issues, such as the enrollment policy, changes to long-term supports and services, and other topics, as needed. In addition, the toolkit will include audience-specific presentation slide decks and general informational materials.

The toolkit will have tailored materials for different levels of audiences:

- Beneficiaries
- Providers
- Advocates and “Guides” - CBOs, HICAP staff

As appropriate, toolkit materials will be circulated for stakeholder input prior to finalization. Where possible, toolkits materials will be provided in languages other than English, in accessible formats, and in county-specific form.

### Basic Toolkit

Concurrent with this iteration of the outreach plan, DHCS is releasing the first set of toolkit materials, which include:

- Slide decks for beneficiaries, providers and advocates
- Beneficiary fact sheets on:
  - Eligibility
  - Continuity of Care
  - Member Rights & Responsibilities
  - IHSS Services
  - PACE Programs
- Provider fact sheet on payment under the CCI
- General CCI brochure

Previous materials released publically include county-specific beneficiary fact sheets on who to call for more information about enrollment, health plan options and problems with your plan, as well as fact sheets on a number of policy topics, available on CalDuals.org.

### Potential Future Toolkit Components

DHCS is continuing to identify topics for toolkit materials, including fact sheets, presentations, videos, infographics and other media. The state welcomes input on what material would be helpful.

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### Appendix B: Landscape Assessment

An initial step will be collecting an inventory of assets, resources and partnership opportunities within: DHCS, other departments of the California Health and Human Services Agency, CMS, community-based organizations and CCI health plans.

The beneficiary audience assessment will begin with interviews with at least the following:

- Health plan and PACE program executives including but not limited to individuals in the following areas: marketing, member services, community education, provider relations
- County officials, particularly those involved in providing social services
- HICAP managers
- AAA directors
- Centers for Independent Living managers
- Case management and enrollment staff from managed care plans
- Leaders of key consumer advocacy organizations
- Dual eligible beneficiaries
- Nursing homes

The provider audience assessment will begin with interviews with at least the following:

- Physicians
  - Groups
  - Specialty physician societies
  - County medical societies
  - Ethnic medical societies
  - Any other opportunities to speak with independent physicians
- Hospitals
  - Private
  - County public hospitals
  - Community clinic associations
- DME suppliers
- Community based organizations who act in provider capacity at times (transportation)
- Pharmacies
- Nursing homes/skilled nursing facilities
- IHSS workers and their unions
- County agencies
- CBAS providers and staff
- MSSP site directors and staff
- Ancillary sites and providers such as hospital associated pharmacies, outpatient physical therapy clinics
- Case management and enrollment staff from managed care plans and PACE programs

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### **Appendix C: Outreach Plan Refinement Timeline**

The outreach and education plan will be revised as necessary throughout the process of policy finalization and enrollment. Refinement will take place in the course of the mentioned outreach activities while taking into consideration any relevant policy shifts.

Any updates to the plan may be re-released for stakeholder and plan input. Certain portions of the plan, such as sections of the toolkit, may be released for input throughout the year.