A G E N D A

1. Welcome

2. State budget and legislative update (15 minutes)

3. PACE rate setting update (15 minutes)

4. DHCS and CMS guidance and initiatives (20 minutes)
   • CalPACE comments on PACE Policy Letter 18-01
   • DHCS policy on use of brokers by duals plans
   • HPMS Quarterly Agenda document

5. Upcoming meetings and events (5 minutes)

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Place</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>07.24.2018</td>
<td>Quarterly Public Policy Call</td>
<td>Phone (267) 930-4000</td>
<td>10:00am-11:00am</td>
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<tr>
<td>08.02.2018</td>
<td>Monthly Member Call</td>
<td>Phone (267) 930-4000</td>
<td>3:00pm-4:00pm</td>
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<tr>
<td>08.07.2018</td>
<td>Member Meeting</td>
<td>California Endowment -Adelante Room, 1414 K Street, Sacramento, CA 95814</td>
<td>12:00pm-3:00pm</td>
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<tr>
<td>08.07.2018</td>
<td>Board Meeting</td>
<td>California Endowment -Adelante Room, 1414 K Street, Sacramento, CA 95814</td>
<td>3:00pm - 4:30pm</td>
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<tr>
<td>08.07.2018</td>
<td>Member Dinner</td>
<td>Ella Dining Room &amp; Bar, 1131 K Street, Sacramento</td>
<td>5:30pm-7:30pm</td>
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<tr>
<td>08.08.2018</td>
<td>Combined DHCS CMS Meeting</td>
<td>California Endowment -Adelante Room, 1414 K Street, Sacramento, CA 95814</td>
<td>8:30am-11:30am</td>
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6. Other business

7. Adjourn

Attachments
• CalPACE comments on PACE Policy Letter 18-01
• CMS policy change re: Cal MediConnect plans’ use of agents and brokers – 6/11/18
• Webinar Invitation: A New Way for Nonprofits to Fund Employer-Sponsored Health Insurance
Rachel and Carrie—

Thank you for providing additional time for PACE organizations to provide comments on the draft PACE Policy Letter 18-01.

After reviewing the draft policy letter, our only comment is that the changes in Appendix 1 represent a significant increase in the number of attestations and uploads that are required for service area expansions. The new attestations and uploads represent a significant new burden for PACE organizations and we don’t believe the additional items are necessary to determine an organization’s ability to undertake a service area expansion. However, we understand that these items are required to maintain consistency with recent changes in CMS PACE application guidance. We will consider these for future comments to CMS on the PACE application.

Thank you for your consideration of our comments.

Peter--

Peter Hansel
Chief Executive Officer
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phansel@calpace.org www.calpace.org

Good morning Peter,

Thank you for speaking with me this morning regarding the DRAFT PACE Policy Letter 18-01 and the public comment period for providing updated information on the PACE Application Process. As you had noted on the phone, there was not a final extension date identified for submitting comments. The extension due date for submitting comments is COB, Friday, June 29, 2018.

Your current contact for the PACE Program is Carrie Lane and she is cc in this email. Please contact Carrie if you have any additional questions.

Thank you,

Rachel
Rachel Luxemberg | Department of Health Care Services | Integrated Systems of Care Division | Project Management & Process Improvement Section | Phone: 916.713.8255
DATE: June 11, 2018

TO: California Medicare-Medicaid Plans

FROM: Lindsay P. Barnette
Director, Models, Demonstrations & Analysis Group

SUBJECT: California MMPs: Update to Agent/Broker Compensation Policy for Contract Year 2019

The purpose of this memorandum is to announce a marketing policy change applicable to California Medicare-Medicare Plans (MMPs) starting for Contract Year (CY) 2019 enrollments. This guidance supplements the guidance in section 120 of the CY 2018 California MMP State-specific Marketing Guidance posted at: https://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/CACY2018MarketingGuidance072417.pdf.

For CY 2019 enrollments, California MMPs approved by the California Department of Health Care Services will be permitted to use and compensate independent agents/brokers for MMP enrollments consistent with all applicable Medicare guidance, including the forthcoming Medicare Marketing and Communications Guidelines (MCMG) for CY 2019. This policy change is being implemented on a pilot basis subject to monitoring and oversight by the contract management team (CMT). The CMT will issue additional guidance to approved MMPs describing additional CMT monitoring and oversight requirements on agent/broker facilitated enrollments, ad hoc reporting, and training expectations for contracted independent agents/brokers. With advance notice, the CMT may also require an MMP previously approved to use and compensate independent agents/brokers to stop using independent agents/brokers.

We clarify that all California MMP enrollments facilitated by health plans must use the streamlined enrollment process as described in the August 2016 California Department of Health Care Services guidance, “Plan Submission of Opt-In Cal MediConnect (CMC) Enrollment Requests,” even when the enrollment is facilitated by an independent agent or broker. Enrollment processes will not change for MMPs operating in county-organized health systems counties (H7885 and H8016), should these plans be approved to use and compensate independent agents/brokers.

California MMPs will continue to have the flexibility to compensate independent agents and
brokers in the two specific scenarios detailed in section 120 of the CY 2018 California State-specific Marketing Guidance.

California MMPs interested in participating in this pilot must request approval from the Department of Health Care Services by June 30, 2018. Under the pilot, DHCS expects to prioritize the requests of MMPs providing no other Medicare Advantage plans in the Cal MediConnect service area. Upon approval, MMPs must report their use of independent agents/brokers and compensation amounts in the Health Plan Management System (HPMS) by July 27, 2018, subject to the guidance in the May 25, 2018 HPMS memorandum, “Contract Year 2019 Agent and Broker Compensation Rate Adjustments, Submissions, and Training and Testing Requirements” and the applicable Medicare MCMG requirements. Please note that the July 27, 2018 compensation submission deadline will not be extended.

This guidance will be incorporated into the forthcoming final CY 2019 marketing and communications guidance for California MMPs, which will be issued to California MMPs later this year following the release of the CY 2019 MCMG.

If you have any questions about the contents of this memorandum, please contact the Medicare-Medicaid Coordination Office at MMCOCapsModel@cms.hhs.gov.
CalPACE Webinar Invitation
A New Way for Nonprofits to Fund Employer-Sponsored Health Insurance

Please join us on Thursday, July 19th at 10:00 AM for a complimentary webinar introducing a new way for nonprofits with more than 50 employees on benefits to finance their employer-sponsored health insurance plan. **In this webinar we will:**

- Learn what partial self-insurance is and how it differs from traditional fully-funded and self-funded models
- Discuss how partial self-insurance can save nonprofits valuable dollars in premium reductions
- Showcase "real life" examples from nonprofits that are using partial self-insurance successfully

**Date:** Thursday, July 19, 2018  
**Time:** 10:00am – 10:30am  
**Cost:** Free  
**About:** Nonprofits across the country –especially in California- are moving away from the traditionally fully-insured model of insurance to partial self-insurance to lower healthcare costs and to improve health benefit coverage for staff. In the webinar, you will hear how partial self-insurance -specifically the Nonstop Wellness program- has helped nonprofits reinvent how they purchase and offer healthcare coverage to their employees. Kevin Mattson, CEO of San Diego PACE, will kick off the 30-minute conversation.

*We kindly ask that you register for the webinar by July 15.*

[www.calpace.org](http://www.calpace.org)  |  hello@calpace.org  |  (855) 921-PACE