

STAKEHOLDER CALL 5-16-14
60 MINUTES

>> GOOD AFTERNOON, EVERYONE, AND THANK YOU FOR JOINING US FOR OUR MONTHLY CPI STAKEHOLDER UPDATE. MY NAME IS RYAN, AND I'M WITH DHCS. AND JUST A COUPLE HOUSEKEEPING THINGS. TODAY'S CALL, IF YOU WOULD LIKE TO ASK A QUESTION, WE WILL BE FIELDING QUESTIONS, PRESS ONE ON YOUR PHONE. AND YOU WILL RAISE YOUR HAND, AND WE WILL GET TO QUESTIONS AS THEY ARE ASKED.

AND SO I WANT TO DO A SOUND CHECK REALLY QUICK. SO IF EVERYONE CAN HEAR ME, PLEASE PRESS ONE AND RAISE YOUR HAND SO I KNOW EVERYONE CAN HEAR. OKAY. IT LOOKS LIKE WE ARE GOOD ON SOUND.

SO WITH THAT I WILL TURN IT OVER TO DEPUTY DIRECTOR MARGARET TATAR.

>> HI, EVERYBODY. THANK YOU VERY MUCH FOR JOINING US THIS AFTERNOON. AS ALWAYS, WE ARE INCREDIBLY GRATEFUL FOR YOUR TIME AND ATTENTION TO ALL THINGS RELATING TO THE COORDINATED CARE INITIATIVE. SO THANK YOU AGAIN FOR YOUR ATTENTION.

WE HAVE A NUMBER OF UPDATES TODAY. ENROLLMENT INTO CAL MEDICCONNECT AND LOTS OF NEWS IN CONNECTION WITH POLICY PROPOSALS. BUT FIRST OF ALL, I THINK THAT WE WILL START WITH OUR CAL MEDICCONNECT ENROLLMENT UPDATE.

A COUPLE OF THINGS BY WAY OF BACKGROUND. IN THE LAST CALL, WE CAULKED THROUGH A NEW DOCUMENT THAT IS GOING TO BE MADE AVAILABLE TO THE PUBLIC, WHICH IS OUR CAL MEDICCONNECT ENROLLMENT DASHBOARD. THE CAL MEDICCONNECT ENROLLMENT DASHBOARD WILL HAVE, OR ALREADY DOES HAVE, KEY METRICS RELATING TO CAL MEDICCONNECT ENROLLMENT. IT HAS NUMBERS RELATED TO THE CALL WAIT TIMES AND ALL KINDS OF METRICS RELATED TO ALL THINGS ENROLLMENT INTO CAL MEDICCONNECT.

OUR PLAN IS THAT THAT ENROLLMENT DASHBOARD WILL BE UPDATED ON A MONTHLY BASIS. SO FOR EXAMPLE, APRIL'S WAS POSTED SOME TIME TOWARD THE END OF THAT FIRST WEEK IN APRIL. WE ANTICIPATE THAT WE WILL HAVE AN UPDATED ENROLLMENT DASHBOARD FOR MAY POSTED EARLY NEXT WEEK. AND AS WE HAVE ANNOUNCED BEFORE, THAT ENROLLMENT DASHBOARD WILL BE POSTED BOTH ON THE DHCS WEBSITE AS WELL AS CALDUALS.ORG.

SO AHEAD OF THE POSTING FOR THAT ENROLLMENT DASHBOARD, WE WANT TO GIVE YOU SOME MAY ENROLLMENT NUMBERS NOW, A PREVIEW, IF YOU WILL, OF WHAT YOU WILL BE ABLE TO SEE, THE ENROLLMENT DASHBOARD WHEN IT IS LIVE NEXT WEEK. SO OVER ALL IN CAL MEDICCONNECT, WE ARE AT 15,850 ENROLLEES. I'LL GIVE YOU THE BREAKDOWN NOW BY COUNTY. WE HAVE 3,000 IN SAN MATEO. WE HAVE 3,150 IN RIVERSIDE. WE HAVE 3,500 IN SAN BERNARDINO. WE HAVE 6,250 IN SAN DIEGO, AND WE HAVE 27 ENROLLEES IN LOS ANGELES COUNTY. SO CERTAINLY WE ARE ANTICIPATING OF COURSE THAT OUR NEXT ENROLLMENT UPDATE FOR JULY WILL REFLECT A SIGNIFICANT JUMP IN ENROLLMENT AS WE LIVE IN LOS ANGELES COUNTY WITH PASSIVE ENROLLMENT.

AS FOR OTHER ISSUES RELATING TO ENROLLMENT, AS I SAID, THE DASHBOARD CONTAINS A NUMBER OF KEY METRICS FOR YOUR INFORMATION, REFLECTING THE ENROLLMENT PROCESS. SO THE SECOND PAGE OF THAT DASHBOARD THAT IS UP NOW FOR APRIL AND WILL BE UP NEXT WEEK FOR MAY HAS OPT OUT RATES IN IT AS WELL AS NOTICE MAILING DATES, THE HCO CALL CENTER STATISTICS.

AGAIN, BY WAY OF PREVIEW, A COUPLE OF KEY METRICS THAT YOU WILL SEE REFLECTED IN THE MAY NUMBERS. ON AVERAGE ABOUT 18.75% OF BENEFICIARIES ARE OPTING OUT OF CAL MEDICCONNECT. SO AGAIN, THE OPT OUT RATIO, OPT OUT PERCENTAGE IS ABOUT 18.75%. AVERAGE WAIT TIMES AS

REFLECTED IN THE MAY DASHBOARD ARE JUST AROUND 25 SECONDS FOR CALLERS. THIS IS DOWN SIGNIFICANTLY FROM 45 SECONDS IN OUR APRIL REPORT. SO AGAIN, WE ARE PLEASED ABOUT IMPROVED STATISTICS THERE. AND THEN THE AVERAGE TOP TIME ON CALLS – THAT IS TO SAY, THE AVERAGE TIME A BENEFICIARIES IN A CSR AND A CALL CENTER REPRESENTATIVE SPEND TOGETHER ON THE PHONE – IS STEADY AT JUST A LITTLE OVER 10 MINUTES. AND WE WILL SEE THOSE STATS AGAIN ON THE MAY DASHBOARD WHEN WE POST IT NEXT WEEK.

A COUPLE OF THINGS THAT WE WANT TO DESCRIBE IN TERMS OF OTHER ACTIVITIES WE ARE UNDERTAKING IN ORDER TO ENHANCE BENEFICIARY UNDERSTANDING OF THE ENROLLMENT PROCESS IN CAL MEDICONECT. I'D LIKE TO TELL YOU A LITTLE BIT ABOUT SOMETHING WE HAVE JUST LAUNCHED, WHICH IS OUR MONTHLY TELETOWN HALL. SO THIS IS A NEW OUTREACH EFFORT THAT WE HAVE DEVELOPED, AND WE AGAIN JUST LAUNCHED LAST EVENING.

WHAT WE ARE DOING IS HOSTING WHAT WE ARE CALLING A MONTHLY TELETOWN HALL. AND THIS TELETOWN HALL IS GOING TO BE AVAILABLE FOR BENEFICIARIES WHO HAVE JUST GOTTEN THEIR 60-DAY NOTICES AND THEIR CAL MEDICONECT CHOICE PACKETS. SO ON THE THEORY THAT THEY HAVE JUST RECEIVED THIS 60-DAY NOTICE, THE CHOICE PACKET, AND THE FORMS PURSUANT TO WHICH THEY WOULD MAKE THEIR CHOICES AND LEARN ABOUT CAL MEDICONECT, WE FIGURED THAT WOULD BE A REALLY GOOD TIME TO HOST A CALL FOR THOSE WHO WANT TO CALL IN AND REALLY HEAR ABOUT THE PROGRAM, HEAR ABOUT THEIR CHOICES, AND HAVE AN ABILITY TO ASK QUESTIONS IN LIVE TIME AS THEY ARE BEING INFORMED ABOUT THE PROGRAM.

SO BENEFICIARIES IN ALL CCI COUNTIES THAT WOULD HAVE RECEIVED THOSE 60-DAY NOTICES GOT A SAVE THE DATE PHONE CALL AND THEN A PHONE CALL AT THE TIME OF THE TELETOWN HALL MEETING LAST EVENING. THE TELETOWN HALL, THE INAUGURAL ONE LAST NIGHT, IT LASTED ABOUT AN HOUR. AND AGAIN, BENEFICIARIES WERE ABLE TO ASK QUESTIONS ABOUT THE NEW PROGRAM, CAL MEDICONECT, AND THEIR CHOICES IN CONNECTION WITH CAL MEDICONECT.

WE ARE PARTICULARLY PLEASED TO REPORT THAT AGAIN, FOR THIS INAUGURAL TELETOWN HALL, WE HAVE MORE THAN 1,600 BENEFICIARIES PARTICIPATING. SO 1,600 BENEFICIARIES PARTICIPATED. THE CALL WAS – EXCUSE ME – SIMULCAST IN SPANISH, SO WE WERE ABLE TO OFFER IT IN BOTH ENGLISH AND SPANISH. WE CERTAINLY ARE VERY EXCITED ABOUT THIS NEW WAY FOR US TO IMPART INFORMATION ABOUT CAL MEDICONECT DIRECTLY TO BENEFICIARIES IN LIVE TIME, AND WE LOOK FORWARD TO CONDUCTING THESE ON A MONTHLY BASIS. FOR THE BENEFIT OF THOSE ON THE CALL TODAY AND ANYBODY WHO MIGHT BE INTERESTED IN AVAILING THEMSELVES OF THAT CALL OR FUTURE CALLS, YOU CAN LISTEN TO THE RECORDING AND YOU CAN SEE THE TOWN HALL SCRIPT. BOTH OF THOSE WILL BE AVAILABLE ON THE DHCS WEBSITE VERY SOON.

STAYING ON THE TOPIC OF NOTICES AND ENROLLMENT, A COUPLE OF UPDATES RELATING TO CAL MEDICONECT NOTICES AND THE NOTICE PROCESS. FIRST OF ALL I'LL TALK A LITTLE BIT ABOUT ACCESSIBLE FORMAT FOR NOTICES. SO FIRST THING THERE, ON LAST MONTH'S CALL, FOR THOSE OF YOU WHO MAY HAVE NOT BEEN ABLE TO JOIN, ON LAST MONTH'S CALL WE ANNOUNCED AND DISCUSSED A NEW POLICY FOR ACCESSIBLE FORMATS FOR CAL MEDICONECT MATERIAL. SO SPECIFICALLY, UNDER THIS NEW POLICY BENEFICIARIES WHO WANT TO AVAIL THEMSELVES OF MATERIALS IN ALTERNATIVE FORMATS CAN CALL HEALTH CARE OPTIONS ONCE, AND AT THAT TIME REQUEST MATERIALS IN AN ALTERNATIVE FORMAT SUCH AS LARGE PRINT, BRAILLE, OR AUDIO. AND AFTER THAT ONE REQUEST THAT THE BENEFICIARY MAKES TO HEALTH CARE OPTIONS, WE WILL ENSURE THAT ALL MAJOR CAL MEDICONECT MATERIALS THEREAFTER, SUCH AS FOR EXAMPLE THE 60-DAY NOTICE, THE 30-DAY NOTICE, GUIDEBOOK AND CHOICE BOOK, WE WILL MAKE SURE THAT ALL OF THOSE MAJOR MATERIALS ARE TRANSMITTED AUTOMATICALLY IN THAT ALTERNATIVE FORMAT TO THAT BENEFICIARY REQUEST – TO THAT BENEFICIARY PURSUANT TO THE REQUEST.

UNDER THE PRIOR POLICY AND THE WAY WE DO THIS IN THE MEDI-CAL PROGRAM GENERALLY, BENEFICIARIES HAVE TO MAKE SERIAL REQUESTS FOR ALTERNATIVE FORMATS. BUT AGAIN, HAVING HEARD FROM ADVOCATES AND STAKEHOLDERS LOUD AND CLEAR THAT IN CAL MEDICONNECT IT WOULD BE VERY HELPFUL FOR US TO FLAG THE SYSTEM SO THAT WE CAN ALLOW FOLKS TO MAKE THE REQUEST ONCE, WE ARE DOING THAT AND MONITORING IT VERY CLOSELY SO WE CAN ENSURE EFFICACY AND HOW IT'S BEING USED.

SO THAT'S BEEN IN PLACE NOW FOR ABOUT A MONTH. AND SO FAR IN TERMS OF OUR TRACKING, WE ARE ABLE TO REPORT THAT SEVEN BENEFICIARIES HAVE CALLED TO REQUEST MATERIALS IN THIS WAY PURSUANT TO THIS NEW POLICY. SO WE ARE VERY GLAD THAT WE WILL BE ABLE TO PROVIDE THAT SERVICE TO THESE BENEFICIARIES.

ANOTHER ISSUE WITH REGARD TO NOTICES IS THE CONSUMER TESTING OF THE NOTICES THAT IS GOING ON RIGHT NOW. SO AGAIN, BY WAY OF BACKGROUND, FOR THE BENEFIT OF THOSE WHO MAY NOT HAVE BEEN ON THE CALL LAST MONTH, WE ANNOUNCED AT THAT TIME THAT WE WERE DOING A COUPLE THINGS WITH REGARD TO THE NOTICES THAT ARE ALREADY OUT AND THE CHOICE FORM THAT WE ARE USING RIGHT NOW. WE ANNOUNCED THAT WE HAVE WORKED TO REVISE THESE DOCUMENTS AND THAT WE ARE WORKING WITH OUR FEDERAL PARTNERS AT CMS TO PUT THESE DOCUMENTS THROUGH CONSUMER TESTING. SO WE ARE USING CMS'S CONTRACTOR TO DO CONSUMER TESTING ON THE MATERIALS, AGAIN TO ENSURE THAT THEY ARE AS CLEAR TO BENEFICIARIES AS POSSIBLE AND THAT WE CAN ENSURE THAT BENEFICIARIES ARE MAKING INFORMED CHOICES FROM THESE MATERIALS.

SO JUST THIS PAST WEEK, WE PUT THESE DOCUMENTS THROUGH THE FIRST SET OF THAT CONSUMER TESTING – THAT IS TO SAY, OUR FEDERAL PARTNERS THROUGH CMS'S VENDOR COMMENCED THE TESTING. THERE WERE A NUMBER OF CONSUMERS IN LOS ANGELES. THEY TOOK A LOOK AT THE DOCUMENTS. THIS INCLUDED BOTH BENEFICIARIES WHO ARE ELIGIBLE FOR CAL MEDICONNECT, AS WELL AS FAMILY CAREGIVERS AND INTERMEDIARIES FROM COMMUNITY GROUPS.

WE ARE ALSO PLANNING TO WORK WITH RESIDENTS OF NURSING FACILITIES HAVE THEM PROVIDE FEEDBACK ON THE DOCUMENTS AS WELL. HOPEFULLY WE WILL HAVE THE RESULTS OF THIS CONSUMER TESTING BY THE END OF MAY. AGAIN, WORKING THROUGH OUR FEDERAL PARTNERS AT CMS AND ITS CONTRACTOR, WE VERY MUCH ANTICIPATE THAT THE TESTING WILL BE CONCLUDED AT THE END OF MAY. WE WILL HOPE TO HAVE RESULTS SHORTLY THEREAFTER, AND AT THAT POINT WE ANTICIPATE THAT WE WOULD ANALYZE THE RESULTS. AND ANY RECOMMENDATIONS COMING FROM THOSE RESULTS WE WOULD THEN WORK IF NECESSARY TO FURTHER REFINE THE NOTICES AND CERTAINLY SUBMIT ANY REFINEMENTS OR REVISIONS TO THOSE NOTICES OR MATERIALS TO A ROUND OF STAKEHOLDER COMMENT IF NECESSARY OR IF WE REVISED BEFORE WE ULTIMATELY WOULD FINALIZE THEM. SO GLAD TO BE ABLE TO AVAIL OURSELVES OF THIS KIND OF CONSUMER TESTING, AND VERY HAPPY THAT WE ARE REPORT THAT WE ARE MAKING PROGRESS ON THIS ISSUE.

SO NEXT – AGAIN, KEEPING ON THE THEME OF NOTICES, I WANTED TO LET EVERYBODY KNOW ABOUT A COUPLE OF NOTICE ISSUES THAT WERE RECENTLY IDENTIFIED WITH REGARD TO NOTICES THAT HAVE BEEN ISSUED AND LET YOU KNOW STEPS THAT WE HAVE TAKEN AND ARE TAKING TO REMEDIATE THESE ISSUES. SO AGAIN, ON THE TOPIC OF NOTICES, A COUPLE OF THINGS THAT HAVE COME TO OUR ATTENTION THAT WE NEED – WE THE STATE NEED TO REMEDIATE.

ONE HAS TO DO WITH NOTICES ISSUED FOR BENEFICIARIES IN LOS ANGELES COUNTY. SO IN LOS ANGELES COUNTY, IT HAS COME TO OUR ATTENTION THAT ABOUT 3,000 BENEFICIARIES WHO WERE RECEIVING THEIR 60-DAY NOTICES RECEIVED 60-DAY NOTICES THAT ERRONEOUSLY ASSIGNED THEM TO L.A. CARE. SO AS YOU ALL KNOW, L.A. CARE IS NOT GOING TO BE ABLE TO RECEIVE PASSIVE ENROLLMENT UNLESS AND UNTIL IT ADDRESSES THE LOW PERFORMING ICON. SO WHILE PASSIVE ENROLLMENT FOR LOS ANGELES COUNTY WILL START IN JULY, L.A. CARE WILL NOT BE OPEN FOR PASSIVE ENROLLMENT IN JULY. SO ABOUT 3,000 BENEFICIARIES, HOWEVER, RECEIVED 60-DAY NOTICES THAT INDICATED THAT THEY

WOULD BE ASSIGNED TO L.A. CARE. AND IN FACT OF COURSE IT SHOULD NOT HAVE BEEN THAT WAY. THEY SHOULD HAVE BEEN ASSIGNED TO ANOTHER HEALTH PLAN IN LOS ANGELES COUNTY.

THIS HAPPENED BECAUSE OF THE PASSIVE ENROLLMENT LOGIC WASN'T FULLY UPDATED AFTER WE MADE THE ADDITION OF THE NEW PLANS THAT ARE NOW SERVING LOS ANGELES COUNTY. SO THAT LOGIC HAS BEEN CORRECTED, AND WE ARE CONFIDENT THAT THIS ISSUE HAS BEEN ADDRESSED ON A GO FORWARD BASIS.

HOWEVER, AS I SAID AT THE OUTSET, THE IMPORTANT THING IN THIS INSTANCE IS REMEDIATION. SO A COUPLE OF THINGS IN CONNECTION WITH REMEDIATION FOR THOSE 3,000 BENEFICIARIES WHO WERE IN RECEIPT OF THAT 60-DAY NOTICE WITH THE ERRONEOUS ASSIGNMENT TO L.A. CARE. NUMBER ONE, THOSE BENEFICIARIES WILL RECEIVE NEW 60-DAY NOTICES THAT IN FACT HAVE THE CORRECT PLAN ASSIGNMENT. MOREOVER, THEY WILL NOT BE PASSIVELY ENROLLED INTO CAL MEDICCONNECT UNTIL AUGUST. SO WE ARE DELAYING THEIR ULTIMATE PASSIVE ENROLLMENT INTO CAL MEDICCONNECT BY ONE MONTH SO AS TO GIVE THEM TIME TO UNDERSTAND THEIR HEALTH CHOICES AND MAKE SURE THAT THEY COMPLETELY UNDERSTAND THEIR HEALTH CHOICES AND WHY THEY ARE GETTING THIS SECOND 60-DAY NOTICES BEFORE THEY ARE ULTIMATELY ASSIGNED INTO A PLAN.

THIRDLY, THEN, WE ARE ALSO MAKING OUTBOUND CALLS TO THESE 3,000 BENEFICIARIES – AGAIN, TO MAKE SURE THAT THEY UNDERSTAND WHAT HAPPENED, WHY THEY ARE GETTING ANOTHER 60-DAY NOTICE, AND WHY THEY HAVE EXTRA TIME BEFORE THEY ARE ULTIMATELY PASSIVELY ENROLLED INTO CAL MEDICCONNECT.

THE SECOND NOTICE ISSUE THAT I WANT TO TELL YOU ABOUT HAS TO DO WITH RIVERSIDE AND SAN BERNARDINO. IN RIVERSIDE AND SAN BERNARDINO, WE HAVE IDENTIFIED 308 BENEFICIARIES WHO LIVE IN ZIP CODES NOT SERVED BY THE PLANS IN THAT COUNTY, IN THOSE AREAS. THEY WERE GIVEN NOTICES THAT WERE ERRONEOUSLY PASSIVELY ENROLLING THEM INTO THE PLAN WITH AN EFFECTIVE DATE OF MAY 1. SO AGAIN, THEY ARE IN RURAL ZIP CODES, EXCLUDED FROM CAL MEDICCONNECT. THEY RECEIVED PASSIVE ENROLLMENT NOTICES INDICATING THAT THEY WERE IN THE PLAN EFFECTIVE MAY 1. WE HAVE CANCELED THESE ENROLLMENT TRANSACTIONS, AND THESE BENEFICIARIES ARE GETTING A NOTICE INFORMING THEM OF THAT ACTION.

BENEFICIARIES IMPACTED, AGAIN, BY THESE ERRONEOUS NOTICES ARE GOING TO RECEIVE A REINSTATEMENT LETTER FROM THEIR MEDICARE PART D PLAN. WE HAVE BEEN WORKING WITH OUR FEDERAL PARTNERS TO ENSURE THAT. AND THEN LASTLY OF COURSE, WE ARE MAKING OUTBOUND CALLS TO THESE INDIVIDUALS. SO AGAIN, BY WAY OF REMEDIATION IN THAT INSTANCE, WE CANCELED THE ENROLLMENT TRANSACTION, WE SENT A NOTICE TO THE BENEFICIARIES TO THAT EFFECT. THIRDLY, THE BENEFICIARY IS GOING TO RECEIVE A REINSTATEMENT LETTER FROM THEIR PART D PLAN. AND FOURTH, WE ARE MAKING OUTBOUND CALLS TO ALL OF THESE IMPACTED BENEFICIARIES.

AS ALWAYS, THROUGH THIS PROCESS WE ARE COMMUNICATING THESE ISSUES TO NOT ONLY OF COURSE OUR HCO CALL CENTER STAFF BUT TO OUR PARTNERS AND COLLABORATORS THE HICAP AND THE OMBUDS PROGRAM SO THAT THEY ARE ABLE TO RESPOND TO ANY QUESTIONS, INQUIRIES, OR CONCERNS FROM THE AFFECTED BENEFICIARIES IN THESE COUNTIES.

SO I THINK THAT WAS ALL THAT WE WANTED TO DO BY WAY OF NOTICE AND ENROLLMENT UPDATES FOR THE PROGRAM TODAY. AND WITH THAT I'LL TURN TO A DIFFERENT TOPIC FOR UPDATING EVERYBODY, AND THAT HAS TO DO WITH THE DEPARTMENT'S POLICY PROPOSAL RELATING TO DUAL ELIGIBLE SPECIAL NEEDS PLANS. SO OUR D-SNP POLICY PROPOSAL, WHICH IS REFLECTED IN A PROPOSAL THAT WE RELEASED A COUPLE WEEKS AGO AND IS NOW REFLECTED IN TRAILER BILL LANGUAGE BEFORE THE LEGISLATURE.

SO BY WAY OF BACKGROUND IN CONNECTION WITH THE D-SNP POLICY PROPOSAL, A COUPLE OF POINTS. A COUPLE OF SIGNIFICANT ISSUES EXIST UNDER CURRENT LAW RELATING TO D-SNP. SO FOR EXAMPLE, BY WAY OF BACKGROUND AGAIN, FOR EVERYBODY'S BENEFIT, D-SNPS ARE A PARTICULAR KIND

OF MEDICARE ADVANTAGE PLAN SERVING DUAL ELIGIBLES. AND UNDER FEDERAL LAW, A D-SNP HAS TO HAVE A MIPA CONTRACT WITH A STATE MEDICAID AGENCY IN ORDER TO COMPLETE ITS BID TO CMS IN CONNECTION WITH THE PROGRAM OFFERING.

WE HAD AUTHORITY IN PRIOR YEARS TO ENTER INTO THESE MIPA CONTRACTS WITH D-SNPS, AND WE DID SO IN PRIOR YEARS. AT ISSUE NOW IS THE FACT THAT DHCS DOES NOT HAVE AUTHORITY TO EXECUTE MIPA WITH D-SNPS OPERATING ANYWHERE IN THE STATE AFTER CALENDAR YEAR 2014. THEREFORE, THIS PRECLUDES ANY D-SNP FROM BEING ABLE TO COMPLETE ITS BID TO CMS FOR ITS D-SNP PRODUCT FOR CALENDAR YEAR 2015. AS I SAID AT THE OUTSET, WITHOUT THIS MIPA CONTRACT WITH THE STATE AGENCY, A D-SNP IS NOT ABLE TO OPERATE IN A STATE. IT'S NOT ABLE TO COMPLETE ITS BID. SO THE D-SNPS IN CALIFORNIA WOULDN'T BE ABLE TO OPERATE IN 2015. SO UNDER CURRENT LAW, UNDER EXISTING POLICY AND CURRENT LAW IN CALIFORNIA, ALL CAL MEDICONNECT ELIGIBLE BENEFICIARIES WERE SUBJECT TO AND ARE SUBJECT TO PASSIVE ENROLLMENT FROM THE D-SNPS AS WELL AS FROM ALL MA PLANS INTO CAL MEDICONNECT. AND THE START DATE FOR THAT – COMMENCEMENT OF THAT PASSIVE PROCESS WOULD BE JANUARY OF 2015.

WE HEARD LOUD AND CLEAR FROM STAKEHOLDERS, THAT THERE WERE CONCERNS ABOUT THAT CURRENT POLICY AND CURRENT LAW. WE HEARD SPECIFICALLY FROM STAKEHOLDERS THAT IT WAS REALLY IMPORTANT TO RESPECT THE CHOICES OF BENEFICIARIES WHO HAD SELECTED TO RECEIVE THEIR CARE FROM THOSE D-SNP PLANS AND FROM THOSE MA PLANS. WE ALSO HEARD THAT IT WAS IMPORTANT TO PROTECT CONTINUITY OF CARE, AS WELL AS OF COURSE BENEFICIARY CHOICE OF PLAN.

AT THE SAME TIME, OF COURSE, HEARING THESE CONCERNS WE ALSO VERY MUCH WANTED TO PROMOTE THE RELATED GOAL OF THE SUPPORTING ENROLLMENT INTO CAL MEDICONNECT. BECAUSE AGAIN, WE VERY MUCH BELIEVE THAT CAL MEDICONNECT HAS IMPORTANT BENEFITS FOR DUALS IN OUR STATE AND HAS THE PROMISE OF ENSURING CARE COORDINATION AND BRINGING MEDICARE AND MEDICAID BENEFITS TOGETHER INTO ONE PLAN. SO WE VERY MUCH IN THE DEVELOPMENT OF OUR D-SNP POLICY AND THE RELATED TRAILER BILL LANGUAGE THAT'S AVAILABLE NOW, TRY TO STRIKE A BALANCE BETWEEN THOSE GOALS. AGAIN, BENEFICIARIES' CHOICE OF PLANS, THE D-SNPS OR OTHER MA PRODUCTS, AND OUR GOAL OF PROMOTING ENROLLMENT INTO CAL MEDICONNECT.

SO AGAINST THAT BACKDROP, THEN, AND WITH THAT BACKGROUND, OUR D-SNP PROPOSAL FOR 2015 IS AS FOLLOWS. IT HAS A COUPLE OF COMPONENTS. SO I'LL JUST WALK THROUGH THE MAJOR COMPONENTS OF THAT D-SNP POLICY. SO FIRST, IN NON-CCI COUNTIES, IN COUNTIES OTHER THAN THE EIGHT CCI COUNTIES, WE ARE SEEKING AUTHORITY TO ENTER INTO MIPA CONTRACTS WITH D-SNPS IN THOSE COUNTIES. AND WE ARE SEEKING THE AUTHORITY TO ENTER INTO THOSE CONTRACTS UNDER THE SAME TERMS AND CONDITIONS AS SET FORTH IN CURRENT LAW FOR CALENDAR YEAR 2014.

NUMBER TWO, IN CCI COUNTIES, A COUPLE OF BREAKS IN THE POLICY, A COUPLE OF VERY SPECIFIC ELEMENTS IN THE POLICY. SO IN CCI COUNTIES, WE PROPOSE TO OFFER MIPA CONTRACTS TO NON-DEMO D-SNPS – SO AGAIN, PLANS THAT HAVE D-SNPS BUT THAT ARE NOT PARTICIPATING IN CAL MEDICONNECT. SO WE ARE PROPOSING TO OFFER THOSE PLANS MIPA CONTRACTS SUBJECT TO A FEW CONDITIONS. SO NUMBER ONE, WE WOULD IMPOSE THE SAME TERMS AND CONDITIONS ON THOSE D-SNPS AS WE DO UNDER CURRENT LAW AND AS ARE SET FORTH IN CURRENT LAW IN 2014.

AND THEN SECONDLY WE WOULD ESTABLISH ELIGIBILITY CONDITIONS FOR THOSE NON-DEMO D-SNPS, SPECIFICALLY THE ELIGIBLE POPULATION TO BE SERVED IN THOSE NON-DEMO D-SNPS WOULD BE ONLY THOSE WHO ARE NOT ELIGIBLE FOR CAL MEDICONNECT. OR IF THEY ARE CAL MEDICONNECT ELIGIBLE, THEY WOULD HAVE BEEN IN THAT D-SNP AS OF 12-31-14. SO AGAIN, RESPECTING THE CHOICE OF THOSE BENEFICIARIES WHO HAVE ELECTED TO RECEIVE THEIR CARE FROM THEIR D-SNPS, BUT THEN LIMITING THE FUTURE ELIGIBILITY TO THOSE WHO ARE EXCLUDED FROM PARTICIPATING IN CAL MEDICONNECT.

NUMBER THREE, THEN, ALSO IN CCI COUNTIES – AND THIS HAS TO DO WITH WHAT WE ARE DOING WITH THOSE PLANS THAT ARE D-SNPS BUT ALSO CAL MEDICONNECT PLANS. SO IN CCI COUNTIES, WE PLAN AND

PROPOSE TO OFFER MIPA CONTRACTS TO D-SNPS THAT ARE ALSO PARTICIPATING AS CAL MEDICCONNECT PLANS. AGAIN, FOR THE PURPOSE OF ENSURING THAT PEOPLE WHO ARE EXCLUDED FROM CAL MEDICCONNECT WOULD BE ABLE TO SERVED IN THOSE D-SNP PLANS.

AS SET FORTH IN CURRENT LAW – AND WE REFLECT THIS IS IN OUR PROPOSAL FOR THIS YEAR AS WELL – WE ANTICIPATE AND CONTINUE TO ANTICIPATE THAT CAL MEDICCONNECT ELIGIBLE BENEFICIARIES CURRENTLY BEING SERVED IN THOSE D-SNP PLANS THAT ARE OFFERED BY CAL MEDICCONNECT PLANS WILL BE CROSS WALKED INTO CAL MEDICCONNECT THROUGH THE PASSIVE ENROLLMENT PROCESS. THAT WOULD BE IN JANUARY OF 2015.

SO THEN TO SUMMARIZE, THE RESULT OF THIS POLICY FOR PASSIVE ENROLLMENT INTO CAL MEDICCONNECT, WE WOULD PASSIVELY ENROLL D-SNP ENROLLEES INTO CAL MEDICCONNECT WHEN THE D-SNP IS ALSO, YOU KNOW, A CAL MEDICCONNECT PLAN. AND AGAIN, THAT IS CONSISTENT WITH CURRENT LAW AND POLICY AS SET FORTH IN THE LEGISLATION FROM LAST YEAR AND OUR MOU. WE ARE ALSO, THOUGH, PROPOSING IN THIS TRAILER BILL LANGUAGE THAT WE WILL NOT PASSIVELY ENROLL ANY OTHER MA ENROLLEES INTO CAL MEDICCONNECT IF THEY ARE IN A NON-CAL MEDICCONNECT D-SNP OR IN ANY OTHER MA PLAN. SO INDIVIDUALS WHO ARE NO LONGER ELIGIBLE FOR PASSIVE ENROLLMENT INTO CAL MEDICCONNECT WOULD BEGIN ENROLLING INTO MLTSS IN OCTOBER OF 2014.

SO I THINK, AGAIN, ON A HIGH LEVEL THAT REFLECTS THE KEY ELEMENTS OF OUR D-SNP PROPOSAL. AGAIN, BY WAY OF SUMMARY, THE GOALS OF THE D-SNP PROPOSAL ARE TO PROMOTE ENROLLMENT INTO CAL MEDICCONNECT, RESPECT PLAN CHOICE AND CONTINUITY OF CARE BY ALLOWING BENEFICIARIES TO REMAIN IN THEIR CURRENT MA PRODUCTS. AS FOR D-SNPS, THE PROPOSAL SPECIFICALLY ADDRESSES THE ISSUE RAISED, AND WE HAVE HEARD FROM NON-CAL MEDICCONNECT D-SNP PLANS THAT THEY SHOULD GET A MIPA CONTRACT FROM US AND THAT THEY SHOULD BE ABLE TO SERVE THOSE BENEFICIARIES WHO HAVE CHOSEN THEM AS A PLAN.

CERTAINLY WE VERY MUCH BELIEVE IN THE POLICY OBJECTIVES OF THE CAL MEDICCONNECT PROGRAM AND THE PROMISE OF, AGAIN, FULLY INTEGRATED CARE ACROSS THE CONTINUUM FOR BENEFICIARIES. SO HOPEFULLY WE HAVE BEEN ABLE TO SET THAT FORTH IN THIS POLICY. AND OF COURSE THROUGH THESE CALLS AND THROUGH ALL OF OUR STAKEHOLDER WORK, WE LOOK FORWARD TO KEEPING EVERYBODY UP TO DATE ABOUT NOT ONLY POLICIES LIKE OUR D-SNP PROPOSAL, BUT ENROLLMENT INTO THE PLANS AND THEN THE ONGOING SUCCESSFUL IMPLEMENTATION OF CAL MEDICCONNECT.

>> OKAY.

>> SO WITH THAT I THINK WE WILL OPEN IT UP TO QUESTIONS.

>> OKAY, EVERYONE. AGAIN, IF YOU HAVE QUESTIONS, PLEASE PRESS ONE ON YOUR PHONE, AND WE WILL TAKE AS MANY QUESTIONS AS WE HAVE TIME FOR TODAY. AND IF WE DON'T GET TO YOUR QUESTION, PLEASE KNOW THAT YOU CAN E-MAIL US AT INFO@CALDUALS.ORG. AND WE WILL START WITH MATT ROBINSON. MATT, YOUR MIC IS OPEN.

>> HEY, MARGARET. MATT ROBINSON WITH THE ASSOCIATION OF HEALTH FACILITIES.

>> HI, MATT.

>> HI. JUST A QUESTION HERE TO CLARIFY. I DON'T KNOW IF YOU SAID IT OR NOT, BUT IF A PLAN – DOES AN MA PLAN QUALIFY AS OTHER COVERAGE AND THEN EXEMPT BENEFICIARIES FROM ENROLLMENT? SO WOULD THE BENEFICIARIES BE EXEMPT FROM CAL MEDICCONNECT AND ALSO EXEMPT FROM MLTSS?

>> SO MATT, THIS IS AMY TURNIPSEED. THE OTHER COVERAGE IS REFERENCING IF SOMEONE HAS LIKE VETERAN BENEFITS OR A PENSION, NOT – MEDICARE DOESN'T COUNT AS THE OTHER COVERAGE. BECAUSE MEDICARE – THE MEDICARE ADVANTAGE PLAN IS JUST A TYPE OF JUST OF MEDICARE COVERAGE THEY RECEIVE.

>> OKAY. OKAY.

>> MAKE SENSE? SO THEY WOULDN'T BE EXEMPT – UNDER THE OTHER COVERAGE, IF YOU HAVE A MEDICARE ADVANTAGE PLAN, THAT'S NOT CONSIDERED OTHER COVERAGE. BUT NOW WITH THIS POLICY,

THEY WOULD BE CONSIDERED EXEMPT FROM PASSIVE ENROLLMENT INTO CAL MEDICCONNECT, BECAUSE THEY ARE IN A MEDICARE ADVANTAGE, NON-D-SNP PRODUCT.

>> BUT THEY ARE NOT EXEMPT FROM MLTSS. DOES THAT ANSWER YOUR QUESTION, MATT?

>> YES. YES. SO THEY ARE NOT, THEN, EXEMPT FROM MLTSS?

>> CORRECT. ABSOLUTELY CORRECT.

>> OKAY. THANK YOU.

>> THANK YOU, MATT.

NEXT QUESTION COMES FROM KIM. KIM, YOUR MIC IS OPEN.

>> SORRY, KIM, YOU DON'T HAVE A LAST NAME.

>> NO LAST NAME. I APOLOGIZE.

>> IF YOU ARE KIM WHO ASKED A QUESTION –

>> WE WILL GO BACK.

>> KIM, WE ARE GOING TO GO BACK TO YOU, OKAY? SO STAY ON AND WE WILL GET YOU IN A FEW MINUTES.

>> THE NEXT QUESTION COMES FROM WALTER KINNEMAN. WALTER, YOUR MIC IS OPEN. WALTER?

NEXT QUESTION COMES FROM JAIME SANCHEZ. SORRY. JAIME, YOUR MIC IS OPEN.

>> YES, JAIME?

>> OKAY. WE ARE READY. WE ARE SEEING A DELAY IN THE MEDICARE – THE PATIENTS OPTING OUT.

>> I'M SORRY, CAN YOU REPEAT YOUR QUESTION? IT WAS KIND OF – WE HEARD A COUPLE VOICES.

>> OH. WE ARE SEEING A DELAY IN THE PATIENTS OPTING OUT. THEY OPERATED OUT BEFORE MAY, BEFORE IT STARTED, AND WE ARE NOT SEEING IT. THEY ARE STILL SHOWING IT AS ACTIVE.

>> SO WE HAVE BEEN MADE AWARE – I THINK THE QUESTION IS FOR EVERYONE, WHO THOSE WHO MAY BE CALLED – TO OPT OUT, THE TRANSITION OF INFORMATION WASN'T FULLY COMPLETED AND THEY ARE STILL IN THE SYSTEM. DHCS AND CMS ARE WORKING ON THAT, AND SOMETIMES THERE'S A DATA LAG BETWEEN THE SYSTEMS. BUT IF THEY'RE IN THERE, THEY ARE CONTINUOUSLY – IT SHOULD BE PROCESSING. SO THEY SHOULD BE OPTED OUT.

>> SO HOW ARE WE SUPPOSED TO MANAGE THESE PATIENTS IF WE HAVE NO –

>> I'M SORRY. WHICH ORGANIZATION ARE YOU WITH? SO THAT I CAN HELP.

>> ROCKPORT HEALTH CARE SERVICES.

>> YEAH. THERE WAS A DATA LAG, BUT THAT SHOULD BE ADDRESSED NOW. AND WE CAN CONFIRM THAT AND FOLLOW UP WITH YOU IF WE HAVE YOUR INFORMATION. WE WILL FOLLOW UP WITH YOU FROM YOUR ORGANIZATION NAME, BUT THAT SHOULD BE A CURED.

>> OKAY.

>> AND WE WILL FOLLOW UP WITH YOU, OKAY?

>> THANK YOU.

>> YOU'RE WELCOME.

>> THANK YOU, JAIME.

NEXT QUESTION COMES FROM JOHN, AND WE DON'T HAVE A LAST NAME. SO JOHN, YOUR MIC IS OPEN.

>> JOHN? HELLO? HELLO. WE CAN HEAR YOU.

>> OKAY. NEXT PERSON.

>> OKAY. NEXT QUESTION COMES FROM SIMEON THEREX. SIMEON, YOUR MIC IS OPEN.

>> SIMEON, DO YOU HAVE A QUESTION?

>> SO WHILE WE ARE GOING TO THE NEXT QUESTION, FOR THOSE WHO ARE ON THE LINE, WE ARE A LITTLE CONCERNED THAT THERE MAY BE AUDIO ISSUES. BECAUSE THE LAST FEW FOLKS WHOSE MICROPHONES WE HAVE OFFERED, WE HAVEN'T HEARD YOU. BUT PLEASE BE PATIENT WITH US, AND WE WILL TRY TO GET YOU.

>> OKAY. NEXT QUESTION COMES FROM DIANNE ALEXANDER. DIANNE, YOUR MIC IS OPEN.

>> HI. MY NAME IS DIANNE ALEXANDER. I'M FROM SHARP HEALTH CARE. CAN YOU HEAR ME?

>> YES.

>> ALL RIGHT. HA HA.

WE HAVE EXPERIENCED QUITE A FEW PROBLEMS WITH OUR ENROLLMENT. AS THE GENTLEMAN HAD SAID BEFORE, THE OPT OUT PORTION, THERE WAS A DELAY ON THAT. WE HAVE SEEN THAT SOME OF THOSE PATIENTS WHO HAD CHOSEN TO OPTED OUT ARE NOW SHOWING UP AS DISENROLLED. THE BIGGER PROBLEM HAS BEEN – BECAUSE THEY HAVE TO CHOOSE THE MEDI-CAL PLAN ON THE MLTSS SIDE. SO WHEN WE HAVE – IN BOTH INSTANCES, ONE WITH THE CARE FIRST PLAN ON THE CAL MEDICONECT SIDE AND ONE WITH CARE FIRST ON THE MLTSS SIDE, AND ALSO WITH CHG ON THE MLTSS SIDE, WE HAVE BEEN UNABLE TO GET AUTHORIZATION FROM THE PLAN.

WE HAVE SPOKEN WITH THEM AT LENGTH TO EXPLAIN THAT THE PATIENT HAS BEEN ENROLLED INTO THE PLAN, EITHER THROUGH CAL MEDICONECT OR MLTSS. AND TO DATE WE HAVE STILL NOT BEEN ABLE TO GET ANY INFORMATION OR AUTHORIZATION FROM CHG. AND WE DID GET A TURN PHONE CALL FROM CARE FIRST JUST YESTERDAY SAYING THAT THEY CANNOT ISSUE OR THAT THEY DO NOT COVER LONG TERM CARE AND THAT THE PATIENTS WHO HAVE BEEN ENROLLED WILL BE – THEY HAVE PUT IT THROUGH A RETROACTIVE DISENROLLMENT FOR YOU, BECAUSE THEY WILL NOT COVER LONG TERM CARE.

>> DIANNE, THANK YOU FOR BRINGING THIS TO OUR ATTENTION. IN TERMS OF THIS IS SOMETHING WE – WE HAVE CONTRACT MANAGERS. WE HAVE – EVERY PLAN HAS A CONTRACT MANAGER TEAM THAT HAS REPRESENTATIVES FROM CMS AND DHCS, AND THEY WORK SPECIFICALLY ON THESE PLAN ISSUES. SO IF YOU CAN E-MAIL US AT INFO@CALDUALS, WE GOT THE TWO PLAN NAMES. WE WILL WORK WITH THEIR CONTRACT MANAGERS TO REMEDY THESE ISSUES.

BUT THERE IS ISSUES LIKE THAT THAT ANY PROVIDER IS HAVING WITH THE PLANS, PLEASE SEND THEM TO INFO@CALDUALS. WE SHARE IT WITH THE CONTRACT MANAGEMENT TEAM, IT'S TRACKED ON A TRACKING DOCUMENT FOR THE QUICKEST RESOLUTION AS POSSIBLE.

>> AND DIANNE, THANK YOU FOR CALLING. JUST BY WAY OF CLARIFICATION FOR YOU AND FOR EVERYONE ELSE -- AND OF COURSE WE WILL FOLLOW UP, AS AMY INDICATED, THROUGH THE CONTRACT MANAGEMENT TEAM – BUT JUST TO CLARIFY AGAIN, FOR YOU AND FOR EVERYONE ELSE, LONG-TERM CARE IS A BENEFIT THAT IS PROVIDED BOTH IN CAL MEDICONECT – AGAIN, THE FULLY INTEGRATED PRODUCT INCLUDES THE LONG-TERM CARE BENEFIT. THE LONG-TERM CARE BENEFIT IS ALSO INCLUDED AS A BENEFIT IN MANAGED LONG-TERM SERVICES AND SUPPORTS.

SO PLANS FOR EXAMPLE IN SAN DIEGO COUNTY THAT OFFER MANAGED LONG TERM SERVICES AND SUPPORTS ARE IN FACT REQUIRED TO PROVIDE THE LONG TERM CARE BENEFIT UNDER THE MLTSS PROGRAM OR UNDER THE MEDI-CAL ONLY MLTSS PROGRAM. SO WE WILL FOLLOW UP WITH YOU, AND THEN WE WILL FOLLOW UP SPECIFICALLY WITH THE PLANS IN SAN DIEGO THAT YOU MENTIONED.

>> YEAH, I –

>> SORRY.

>> I'M SORRY, YOU GOT CUT OFF. CAN YOU –

>> YEAH. THE PROBLEM – YOU KNOW, OBVIOUSLY GREAT THAT YOU ARE GOING TO FOLLOW UP WITH THE PLAN. BUT THERE SEEMS TO BE NO – THERE SEEMS TO BE NO CONNECTION FOR THE FRONT LINE PEOPLE THAT WORK AT THE PLANS TO HAVE ANY INFORMATION ABOUT WHAT IS GOING ON. AND MAYBE, I DON'T KNOW, THE CONNECTION THAT YOU ARE HAVING IS AT A HIGH LEVEL WITH THE CONTRACT MANAGERS, BUT THE ACTUAL PLANS HAVE NO IDEA HOW THEY ARE GOING TO RECEIVE CLAIMS, HOW THEY ARE GOING TO MANAGE THE POPULATION, IF THEY NEED AUTHORIZATION, HOW WE ARE GOING TO DO CONTINUED AUTHORIZATION. BECAUSE ALL OF OUR PATIENTS ARE LONG TERM – YOU KNOW, SKILLED NURSING FACILITY, LONG-TERM CUSTODIAL RESIDENTS. AND THEY HAVE NO IDEA HOW THEY ARE GOING TO RECEIVE OR MANAGE ANY OF THOSE – I MEAN, JUST OUR FACILITY ALONE IS OVER 200 PATIENTS.

>> THANK YOU. WE WILL TAKE THAT BACK TO THE PLANS. WE HAVE TALKED ABOUT MAKING SURE INFORMATION IS PASSED THROUGH ALL OF THE PLAN STAFF AND LEADERSHIP UNDERSTANDING THIS INFORMATION. BUT WE WILL DEFINITELY TAKE THAT BACK. THANK YOU.

>> OKAY. THANK YOU, DIANNE.

NEXT QUESTION COMES FROM NANCY WILSON. NANCY, YOUR MIC IS OPEN.

>> YES. THANK YOU FOR TAKING THE CALL. I AGREE WITH DIANNE. WE ARE HAVING THE SAME ISSUE, CONCERN ABOUT AUTHORIZATION, NOT ONLY FOR THE LONG-TERM CARE POPULATION, BUT CERTAINLY FOR THE SHORT-TERM MEDICARE PATIENTS THAT ARE COMING IN.

MY QUESTION, THOUGH – I CAN ASK ANOTHER. WE HAVE SOME VOLUNTARY ENROLLEES – I MEAN, IT WAS DURING THE VOLUNTARY PROCESS. THEY ENROLLED, AND AGAIN, IN ORDER TO HAVE – THEY WERE ALREADY ENROLLED IN CMC PRIOR TO THE PASSIVE ENROLLMENT THIS LAST WEEK IN THE SAN DIEGO AREA. AND AGAIN, WE ACTUALLY WENT AHEAD AND DID A CHANGE IN BILLING ON OUR END BUT COULD NOT GET ANY AUTHORIZATION. AND CHT ACTUALLY TOLD US THEY WOULD NOT AUTHORIZE UNTIL AUGUST 1ST.

SO AGAIN, WE ARE AT THE MERCY OF DELIVERING SERVICE AND NOT EVEN KNOWING IF WE ARE GOING TO GET PAID OR IF WE HAVE TO HAVE SOME KIND OF CASE MANAGER TO COME IN AND DO ASSESSMENT. SO WE APPRECIATE YOU FOLLOWING THROUGH WITH THAT. AGAIN, WE ARE JUST TRYING TO MAKE SURE THAT WE HAVE AN ORGANIZED WAY IN WHICH WE CAN GET THE AUTHORIZATION.

AND THEN ONE LAST QUESTION ABOUT, HOW ARE THESE PATIENTS ASSIGNED TO THE HEALTH PLAN? I MEAN, IS IT JUST ARBITRARY, BY WHAT IS CHOSEN? AS YOU MENTIONED ABOUT THE L.A. CARE, THEY WERE ASSIGNED TO L.A. CARE, AND L.A. CARE DOESN'T HAVE THE LOW PERFORMANCE ICON REMOVED YET. HOW IS THAT DONE?

>> SO, A COUPLE THINGS. AND WE WILL – AS WE HAVE SAID BEFORE, WE ARE VERY GRATEFUL FOR THESE ISSUES BEING BROUGHT TO OUR ATTENTION, AND WE WILL FOLLOW UP WITH YOU IF YOU COULD PLEASE GET US THE DETAILS ON CALDUALS.ORG, AND WE WILL FOLLOW UP WITH COMMUNITY HEALTH GROUP AS TO THE STATUS OF THE AUTHORIZATIONS THAT ARE NECESSARY FOR ENROLLEES IN THE COMMUNITY HEALTH GROUP CAL MEDICONNECT PLAN.

AS TO THE ASSIGNMENT OF BENEFICIARIES INTO CAL MEDICONNECT PLANS – SO AGAIN, THE PROCESS FOR ENROLLMENT IS THAT BENEFICIARIES GET A 90-DAY NOTICE, A 60-DAY NOTICE WITH A CHOICE PACKET. AND IN THE 60-DAY NOTICE THEY ARE TOLD THAT IF THEY DON'T MAKE A CHOICE, THEY WOULD BE ASSIGNED TO A PLAN THAT IS IDENTIFIED IN THAT NOTICE. BUT AGAIN, VERY MUCH ENCOURAGE PEOPLE TO MAKE AN AFFIRMATIVE CHOICE ON THEIR OWN. THE 30-DAY NOTICE, THEN, IS AGAIN ANOTHER REMINDER SAYING THIS IS A PLAN IN WHICH YOU WILL BE GETTING CARE.

FOR THOSE FOLKS WHO MAKE VOLUNTARY ASSIGNMENTS, THEY COULD MAKE VOLUNTARY – I MEAN VOLUNTARY SELECTIONS, THEY ARE MAKING VOLUNTARY SELECTIONS BASED ON THEIR OWN CHOICE, WHAT THEY KNOW ABOUT THE PLAN OR WHAT THEY BELIEVE WILL BE THE BEST FOR THEIR PARTICULAR CIRCUMSTANCES. WHEN WE DO ASSIGNMENTS – AGAIN, BASED ON – PURSUANT TO WHICH WE DO ASSIGNMENTS AT THAT 60-DAY NOTICE AND 30-DAY NOTICE INTO A PLAN FOR THOSE WHO DON'T MAKE A VOLUNTARY SELECTION TO EFFECTUATE THIS PASSIVE ENROLLMENT PROCESS. WE USE AN ALGORITHM THAT TAKES INTO ACCOUNT THE – WE LOOK AT CLAIMS DATA FOR BENEFICIARIES THAT WE GET FROM CMS, AND THEN WE LOOK AT WHERE THEY RECEIVE MOST OF THEIR CARE.

SO AGAIN, WE HAVE THIS ASSIGNMENT PROCESS THAT ATTEMPTS TO LINK BENEFICIARIES TO THE PLAN THAT HAS THE PROVIDERS, THE GREATEST NUMBER OF PROVIDERS THAT THEY HAVE BEEN RECEIVING CARE FROM.

>> THAT'S A HIGH-LEVEL DESCRIPTION OF AN ASSIGNMENT, THE ASSIGNMENT ALGORITHMS THAT WE USE. BUT WE WILL FOLLOW UP. AND IF YOU COULD LET US KNOW THROUGH CALDUALS.ORG THE

SPECIFICS ABOUT AUTHORIZATION ISSUES. BUT WE WILL FOLLOW UP BOTH WITH YOU, AND THEN WE HAVE IT ON OUR LIST TO GET IN TOUCH WITH COMMUNITY HEALTH GROUP RIGHT AWAY.

>> THANK YOU. WE WILL DO SO.

>> THANK YOU, AND THANK YOU FOR CALLING.

>> THANK YOU, NANCY. NEXT QUESTION COMES FROM MICHAEL PLUM. MICHAEL.

>> HI. CAN YOU HEAR ME?

>> YES.

>> OKAY. I HAVE A QUESTION ABOUT THE D-SNP POLICY THAT YOU TALKED ABOUT. SO YOU MENTIONED THAT YOU ARE GOING TO BE EXTENDING OR INTEND TO EXTEND MIPA CONTRACTS TO THE PLANS THAT ARE PARTICIPATING IN CAL MEDICONECT SPECIFICALLY FOR THE PURPOSE OF HOUSING MEMBERS THAT ARE CURRENTLY ENROLLED INTO D-SNPS BUT ARE NOT ELIGIBLE FOR CAL MEDICONECT. AND YOU MENTIONED THAT THE MEMBERS WITHIN THOSE D-SNPS THAT ARE ELIGIBLE FOR CAL MEDICONECT WILL BE CROSS WALKED.

THE ONE TOPIC THAT I KNOW IS OUTSTANDING THAT I DIDN'T HEAR YOU COMMENT ON WAS IN THE EVENT THAT SOME OF THOSE CROSSWALK MEMBERS OPT OUT OF CAL MEDICONECT, WILL THEY HAVE THE OPPORTUNITY OR OPTIONS TO REENROLL IN THAT D-SNP PLAN. SO DO YOU HAVE A COMMENT WITH RESPECT TO THE POLICY ON THAT?

>> THANK YOU FOR THAT QUESTION. THE PROPOSAL THAT WE HAVE OUT NOW CONTEMPLATES THAT, AGAIN, A BENEFICIARY IS CROSS WALKED INTO CAL MEDICONECT FROM THE PLAN, FROM THE D-SNP. AND IF THAT BENEFICIARY ELECTS TO OPT OUT OF CAL MEDICONECT, THEY WOULD NOT BE ABLE TO REENROLL INTO THAT OTHER PREEXISTING D SNIP. AGAIN, YOU KNOW, WE VERY MUCH BELIEVE THAT CAL MEDICONECT OFFERS THE PROMISE OF FULLY INTEGRATED CARE ACROSS THE CONTINUUM, INCLUDING THE MEDICAID SERVICES AS WELL AS THE MEDICARE SERVICES.

THE CAL MEDICONECT PLANS WITH WHICH WE HAVE BEEN WORKING ARE FULLY ENGAGED AROUND THE POLICY OBJECTIVES OF CAL MEDICONECT. SO WE VERY MUCH BELIEVE THAT CROSS WALKING THEIR D-SNP ENROLLEES IS CONSISTENT WITH THOSE OBJECTIVES, AND THE D-SNP PLANS THAT THEY HAD OFFERED IN THE FUTURE WOULD THEN ONLY BE AVAILABLE TO EXCLUDED POPULATIONS. THANKS FOR HAVING ME CLARIFY THAT.

>> THANK YOU, MICHAEL. OUR NEXT QUESTION COMES FROM RASHI KESARWANI. SORRY ABOUT THE PRONUNCIATION OF YOUR NAME.

>> THANK YOU. CAN YOU HEAR ME? THIS IS RASHI KESARWANI WITH THE LAO.

>> YES, WE CAN HEAR YOU.

>> OKAY, GREAT. SO I HAD A QUESTION WHICH I, I'M NOT SURE IF YOU'LL BE ABLE TO ANSWER, BECAUSE IT RELATES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES, BUT I'LL GO AHEAD AND ASK IT ANYWAY.

I RECENTLY READ AN ARTICLE THAT DESCRIBED A DUAL ELIGIBLE WHO HAS A DEVELOPMENTAL DISABILITY. HE HAPPENED TO HAVE CEREBRAL PALSY. AND IT SAID THAT THIS INDIVIDUAL WAS RECEIVING NOTIFICATIONS ABOUT ENROLLING IN CAL MEDICONECT. AND MY UNDERSTANDING IS THAT AN INDIVIDUAL WHO IS RECEIVING DEVELOPMENTAL DISABILITY WAIVER SERVICES FROM A REGIONAL CENTER IS EXEMPTED FROM ENROLLING IN CAL MEDICONECT.

AND SO I HAVE A COUPLE OF QUESTIONS. ONE, ARE THE BENEFICIARIES NOTICES GOING TO INDIVIDUALS WHO ARE RECEIVING DEVELOPMENTAL DISABILITY WAIVER SERVICES IN ERROR, POTENTIALLY? OR COULD AN INDIVIDUAL WITH A DEVELOPMENTAL DISABILITY WHO IS A DUAL ELIGIBLE BUT PERHAPS FOR SOME REASON NOT ON THE WAIVER, COULD THEY ENROLL IN CAL MEDICONECT?

>> SO RASHI, THIS IS AMY. AND I'LL HAVE TO – I DON'T HAVE THE POLICY IN FRONT OF ME, BUT IF A PERSON WHO HAS A DD WHO RECEIVES A WAIVER SERVICE – OR FOR REGIONAL CENTER BENEFIT, THEY

ARE EXEMPT FROM PASSIVE ENROLLMENT AND FROM ENROLLMENT INTO CAL MEDICONNECT. SO THEY SHOULD NOT BE RECEIVING NOTICES.

WE ARE AWARE THAT EARLY ON A COUPLE MONTHS AGO, SOME OF THESE ENROLLEES DID RECEIVE NOTICES. WE REMEDIED THE SITUATION, WE CALLED THEM, WE SAID THEY WOULD NOT BE CHANGING THEIR BENEFITS, AND SO THEY DID NOT RECEIVE THE ENROLLMENT PACKET. I BELIEVE THEY RECEIVED THE 90-DAY NOTICE. THE ERROR WAS RESOLVED AND THEY WERE NOT PASSIVELY ENROLLED INTO CAL MEDICONNECT.

>> OKAY. SO IT COULD BE THAT THIS ARTICLE WAS PROFILING AN INDIVIDUAL WHO RECEIVED THAT NOTICE IN ERROR.

>> WE BELIEVE SO.

>> OKAY. OKAY. WELL THAT'S HELPFUL TO HAVE THAT INFORMATION. I APPRECIATE IT.

>> YOU'RE WELCOME. THANK YOU.

>> THANK YOU, RASHI.

NEXT QUESTION COMES FROM DANIEL RIVERO. DANIEL, YOUR MIC IS OPEN.

>> THANKS FOR TAKING MY QUESTION. THIS IS DANIEL WITH THE CITY OF HOPE. ONE OF MY QUESTIONS WAS ALREADY ANSWERED. THE SECOND ONE IS IN TERMS OF L.A. CARE. IS THERE ANY CORRESPONDENCE THAT WE CAN INTERNALLY SHARE WITH OTHER FOLKS, PERHAPS IN THE PATIENT FINANCIAL SERVICES, REGISTRATION AND SO FORTH? IF YOU GUYS CAN GIVE US SOME POINTERS OR GUIDANCE TO SEE IF THERE'S ANYTHING ON THE HELP – ON THE WEBSITE OR IF YOU COULD MAYBE SEND US AN E-MAIL WITH CORRESPONDENCE THAT WE CAN SHARE INTERNALLY.

>> ARE YOU LOOKING FOR HOW TO GET IN TOUCH WITH PROVIDER NETWORK FOLKS AT L.A. CARE? I'M SORRY.

>> NO, MORE LOOKING INTO THE PASSIVE ENROLLMENT OF THE 3,000 MEMBERS THAT WERE BEING SENT THE WRONG INFORMATION. BY THE TIME I JOINED THE CALL, YOU GUYS WERE SPEAKING ABOUT L.A. CARE AND THE 3,000 MEMBERS THAT WERE GIVEN THE PASSIVE ENROLLMENT.

>> OKAY. ARE YOU WITH L.A. CARE? ARE YOU WITH A PROVIDER GROUP?

>> I'M WITH A PROVIDER GROUP.

>> OKAY. SO FOR L.A. CARE, THE PLAN DOESN'T NEED TO DO ANYTHING. IF THEY RECEIVE THE NOTICE ERRONEOUSLY, DHCS SENT THEM A NOTICE SAYING YOU WERE ASSIGNED TO L.A. CARE IN ERROR, THIS IS YOUR NEW HEALTH PLAN, YOU WILL NOT BE GOING INTO L.A. CARE.

>> AND WE ALSO CALLED ALL OF THOSE PEOPLE OR ARE IN THE PROCESS OF CALLING THEM. SO AGAIN, THERE WERE 3,000 PEOPLE WHO GOT THE 60-DAY NOTICE SAYING THAT THEY WOULD BE PASSIVELY ENROLLED INTO L.A. CARE. AND THAT WAS ERRONEOUSLY OF THE LOW PERFORMING ICON, AND IT'S NOT OPEN FOR PASSIVE YET. SO AS AMY WAS SAYING, THE REMEDY IS THAT WE ARE GOING TO SEND THEM ANOTHER NOTICE. WE ARE GOING TO CALL THEM, AND WE ARE ALSO GIVING THEM EXTRA TIME. SO THEY WILL BE NOT BE SUBJECT TO ANY PASSIVE ENROLLMENT UNTIL AUGUST.

SO AGAIN, L.A. CARE DOESN'T HAVE – THIS IS AN ISSUE THAT THE STATE IS TAKING CARE OF VIS-À-VIS THE BENEFICIARIES. DOES THAT HELP?

>> IT DOES. IT CLARIFIES. THANKS.

>> OKAY. YOU ARE VERY WELCOME. THANK YOU.

>> THANK YOU, DANIEL.

OUR NEXT QUESTION COMES FROM VALERIE HARTFIELD. VALERIE, YOUR MIC IS OPEN.

>> YES. I'M MEDICARE D SPECIALIST FOR THE NORTH LOS ANGELES COUNTY REGIONAL CENTER. AND WE HAVE RECEIVED THIS WEEK SIX DISENROLLMENTS FROM MEDICARE D PLANS TELLING CLIENTS, SIX CLIENTS WHOSE BIRTHDAYS ARE IN JULY THAT THEY WILL BE NOT IN THEIR PLANS AS OF JULY THE 1ST. SO I'M ASSUMING THAT THIS IS CONNECTED TO THE SITUATION WE ARE TALKING ABOUT. THEY DIDN'T GET

ANY NOTICES, THE CLIENTS. BUT THIS IS FROM THE PLANS. AND THEY ARE JUST GOING TO DROP THEM UNLESS THEY CALL AND SAY DON'T DROP ME.

YOU KNOW, BUT I CALLED – I'M SORRY IF I'M NOT MAKING MYSELF CLEAR – I CALLED HEALTH CARE OPTIONS TO FIND OUT WHAT TO DO FOR THEM, AND THEY KIND OF SAID WELL, YOU'RE GOING TO HAVE TO OPT OUT FOR THE – THE WHOLE THING. BUT THEY NEVER GOT ANY LETTERS FROM YOU GUYS THAT THEY WERE GOING TO BE IN THE PLAN.

>> SO THIS IS AMY AGAIN. THE WAY – IF SOMEONE IS ABOUT TO BE PASSIVELY ENROLLED, AND I BELIEVE YOUR SIX BENEFICIARIES WERE PROBABLY GOING TO ENROLLED IN JULY, THEY SHOULD HAVE GOTTEN THEIR 60-DAY NOTICE FROM THE STATE, DHCS, AROUND MAY 1ST.

>> THEY ARE REGIONAL CENTER CLIENTS.

>> OH. THEY ARE REGIONAL CENTER CLIENTS. THEN THEY SHOULD HAVE NEVER GOTTEN THE PART D NOTICE. SO WE WILL FLAG THAT WITH DMS. IF THEY ARE IN A REGIONAL CENTER, THEY SHOULD NOT HAVE BEEN PASSIVELY ENROLLED IN CAL MEDICONECT. THEY WILL NOT BE CHANGING THEIR PART D PLAN. SO IF YOU COULD E-MAIL INFO@CALDUALS WHICH REGIONAL CENTER, WE WILL WORK WITH – WE WILL WORK HERE AND WITH CMS TO MAKE SURE THAT IS REMEDIED. BUT IF THEY ARE ENROLLEES AT A REGIONAL CENTER, THEY SHOULD NOT BE DISENROLLED FROM THEIR PART D PLAN.

>> THANK YOU VERY MUCH.

>> SORRY.

>> -- PARTICULAR PERSON TO E-MAIL?

>> YOU CAN E-MAIL ME. MY NAME IS AMY, AND MY E-MAIL IS AMY@HARBAGECONSULTING.COM. AND WE WILL WORK ON THAT INFORMATION. OR YOU CAN E-MAIL INFO@CALDUALS AND IT GETS FORWARDED TO ME.

>> BUT WE WILL FLAG THIS AND MAKE SURE – IF YOU COULD JUST MAKE SURE, IF YOU SEND IT TO INFO@CALDUALS, JUST MAKE SURE YOU INCLUDE CONTACT INFORMATION FOR YOU SO WE CAN FOLLOW UP.

>> BECAUSE YOU KNOW WHAT? CAL HEALTH OPTIONS ARE SAYING THAT THE CONSUMERS HAVE TO FILL OUT THOSE MEDI-CAL FORMS TO OPT OUT OF MEDI-CAL AND GET THE DOCTOR TO SIGN IT AND DO ALL THAT STUFF, YOU KNOW? AND I'M SAYING WAIT A MINUTE – HA HA. THAT DOESN'T MAKE SENSE TO ME, THAT WE HAVE TO GO TO THAT LENGTH. BECAUSE THEY WERE NEVER PUT IN THE PROGRAM TO BEGIN WITH. IS THAT TRUE?

>> WE WILL TAKE CARE OF IT. SO IF YOU COULD JUST, AGAIN, GET US AN E-MAIL TO [CALDUALS](mailto:INFO@CALDUALS), INFO@CALDUALS, AND THEN PROVIDE CONTACT INFORMATION, AMY WILL FOLLOW UP AND WE WILL TAKE CARE OF THAT.

>> WONDERFUL.

>> THANK YOU VERY MUCH.

>> THANK YOU, VALERIE.

OKAY. WE ARE UNDER FIVE MINUTES LEFT TODAY. SO I JUST WANT TO LET YOU KNOW, WE ARE GOING TO GET THROUGH AS MANY QUESTIONS AS WE CAN. WE STILL HAVE A LOT OF HANDS RAISED. SO IF WE DON'T GET TO YOUR QUESTION, PLEASE E-MAIL US AT INFO@CALDUALS AND WE WILL RESPOND TO YOU THERE.

OUR NEXT QUESTION COMES FROM ANEA TROSDOWSKA. ANEA, YOUR MIC IS OPEN.

>> ANEA, CAN YOU HEAR US? OR ARE YOU THERE?

>> OKAY. WE WILL MOVE.

>> SO IF YOU CAN'T HEAR US OR YOUR QUESTION GOT ANSWERED, WE WILL TALK TO YOU NEXT TIME.

>> OKAY. OUR NEXT QUESTION COMES FROM KEVIN MORATI. KEVIN, YOUR MIC IS OPEN.

>> YES, GOOD AFTERNOON. CAN YOU HEAR ME?

>> YES.

>> YES. I HAD A QUESTION IN REFERENCE TO PROPOSED POLICY FOR ENROLLMENT OF THE MEMBERS ALREADY ASSIGNED TO PLANS WHO HAVE PARTICIPATED IN CAL MEDICCONNECT. I UNDERSTAND THE MEMBERS ARE GOING TO BE ASKED TO PARTICIPATE IN CAL MEDICCONNECT. HOW IS THIS GOING TO BE IMPLEMENTED. IS THAT FROM THE PLAN, OR IS IT GOING TO BE THEY ARE GOING TO GET THEIR 90, 60, 30-DAY LETTERS? OR WHAT PROCESS IS GOING TO BE USED?

>> YES. SO IF A PERSON IS IN A CAL MEDICCONNECT PLAN D-SNP AND THEY ARE ELIGIBLE FOR COMMENT, THEY WILL RECEIVE THE 90, 60, AND 30-DAY NOTICES EXPLAINING WHAT CAL MEDICCONNECT IS AND THEIR OPTIONS AND THE PLAN, WHICH WOULD BE THEIR SAME D-SNP HOST PLAN THAT THEY SHOULD BE ASSIGNED TO. SO THEY WILL RECEIVE THAT INFORMATION THE SAME AS ANYONE ELSE WHO IS ELIGIBLE FOR CAL MEDICCONNECT.

>> OKAY. SO THE EXCEPTION IS THAT IF THEY OPERATE OUT, THEY ARE NOT SIGNING BACK TO THE SAME D-SNP PLAN?

>> THAT IS CORRECT.

>> THAT'S CORRECT. THAT'S CORRECT. SO THAT D-SNP PLAN – SO IF A BENEFICIARY WERE IN A D-SNP PLAN AND THAT PLAN IS ALSO GOING TO BE PARTICIPATING AS CAL MEDICCONNECT PLAN, THAT D-SNP WOULD NOT BE AVAILABLE TO THE BENEFICIARY IN THE EVENT THAT HE OR SHE WANTED TO DISENROLL FROM CAL MEDICCONNECT. THAT D-SNP PLAN WOULD ONLY BE OPEN TO AND AVAILABLE TO THOSE BENEFICIARIES EXCLUDED FROM PARTICIPATION IN CAL MEDICCONNECT. AND AGAIN, THE POLICY OBJECTIVE THERE IS THAT WE BELIEVE – AND AGAIN, WE BELIEVE THAT OUR CAL MEDICCONNECT PLANS WHO HAVE CHOSEN TO PARTICIPATE IN CAL MEDICCONNECT VIEW CAL MEDICCONNECT, AND WE CERTAINLY VIEW CAL MEDICCONNECT, AS A FULLY INTEGRATED OPTIONS WITH IMPORTANT BENEFITS FOR THIS POPULATION. SO WE BELIEVE THAT THE BENEFICIARIES WILL BE HAPPY SERVED IN THAT CAL MEDICCONNECT PLAN.

>> OKAY, I UNDERSTAND. NOW, IT'S GOING TO BE THE SAME PROCESS? IT'S GOING TO BE BY BIRTHDAY, OR IT'S GOING TO BE ALL AT ONCE?

>> SO IT'S GOING TO BE JANUARY 1ST, 2014, TO COINCIDE WITH THE MEDICARE SCHEDULING, ALL AT ONCE.

>> ALL AT ONCE. SO IF A D-SNP PLAN THAT IS ALSO A CAL MEDICCONNECT PLAN HAS – I'M JUST GOING TO MAKE THIS UP – 1,000 ENROLLEES WHO ARE ALSO CAL MEDICCONNECT ELIGIBLE AND ABLE TO PARTICIPATE IN THE DEMONSTRATION, THEY WILL ALL BE CROSS WALKED, PASSIVELY ENROLLED, INTO THAT CAL MEDICCONNECT PLAN EFFECTIVE JANUARY OF 2015.

>> SO IT'S ALL GOING TO BE – VERY GOOD. IS IT A PROPOSAL, OR IS IT ALREADY APPROVED?

>> WELL, THE ISSUE OF THE CROSS WALKING OR PASSIVE ENROLLMENT OF D-SNP ENROLLEES FOR A PLAN THAT IS ALSO A CAL MEDICCONNECT PLAN IS IN CURRENT LAW, AND IT'S REFLECTED IN THE MOU AT CMS, AND IT'S ALSO REFLECTED IN THE TRAILER BILL LANGUAGE THAT WE WALKED THROUGH EARLIER ON THIS CALL. SO IT'S CURRENT LAW AS WELL AS REFLECTED IN THIS YEAR'S D-SNP POLICY PROPOSAL. THAT HELP? THANK YOU.

>> OKAY. WE ARE AT TIME, EVERYONE. SO THANK YOU FOR JOINING US TODAY, AND WE REALLY APPRECIATE YOU CONTINUE TO BE ENGAGED THE CCI AND OUR MONTHLY STAKEHOLDER UPDATE. AGAIN, IF YOU HAD QUESTIONS THAT WE DIDN'T GET TO TODAY, PLEASE E-MAIL US AT INFO@CALDUALS.ORG. THANK YOU VERY MUCH, AND HAVE A NICE AFTERNOON.