

TRANSCRIPT OF "QUARTERLY STAKEHOLDER UPDATE, PART 1-SD"

>> GOOD AFTERNOON, EVERYONE. BEFORE WE GET STARTED, I JUST WANTED TO DO A QUICK SOUND CHECK TO MAKE SURE THAT THE AUDIO IS WORKING PROPERLY. SO FOR EVERYONE ON THE PHONE, IF YOU CAN HEAR ME, PLEASE PRESS THE NUMBER TWO ON YOUR PIN PAD.

OKAY. AWESOME. IT SOUNDS LIKE, OR IT LOOKS LIKE THE SOUND IS WORKING. I JUST WANTED TO RUN THROUGH A QUICK, A FEW QUICK HOUSEKEEPING ITEMS BEFORE WE JUMP INTO THE CALL. WE WILL BE PAUSING FOR Q AND A AT THE END OF THIS PRESENTATION. SO WHEN WE DO PAUSE FOR THAT, I WILL BE GIVING OUT INSTRUCTIONS ON HOW THAT PROCESS WILL WORK.

I ALSO WANTED TO DO QUICK INTRODUCTIONS AROUND THE ROOM HERE AT DHCS. SO THIS IS COURTNEY KASHIWAGI, AND I'LL BE FACILITATING THIS CALL.

>> MARGARET TATAR.

>> PETER HARBAGE, OUTSIDE CONSULTANT.

>> RYAN MACDONALD.

>> NATHAN.

>> GREAT. AND I THINK WITH THAT, I'LL HAND IT OVER TO MARGARET.

>> THANK YOU, COURTNEY. AND FOR EVERYBODY ON THE PHONE THIS AFTERNOON, THANK YOU VERY MUCH FOR JOINING US TODAY, AND THANK YOU FOR YOUR CONTINUED INTEREST IN AND SUPPORT OF THE COORDINATED CARE INITIATIVE GENERALLY, AND OF COURSE CAL MEDICCONNECT AND MLTSS. WE ARE VERY GRATEFUL FOR THESE OPPORTUNITIES TO TALK TO YOU AND VERY GRATEFUL THAT YOU'RE TAKING THE TIME OUT OF OUR BUSY SCHEDULES TO JOIN US. SO AGAIN, THANK YOU FOR JOINING US ON TODAY'S CCI STAKEHOLDER QUARTERLY MEETING CALL.

I'D LIKE TO TAKE JUST A FEW MINUTES TO GO THROUGH OUR SCHEDULE FOR TODAY. WE HAVE GOTTEN FEEDBACK FROM A LOT OF YOU. AND AS YOU ALL KNOW, WE TAKE YOUR FEEDBACK VERY SERIOUSLY. SO WE HAVE DIVIDED UP WHAT WE HAVE TYPICALLY DONE IN THESE CALLS. WE HAVE DIVIDED UP THE CALL INTO TWO SESSIONS. SO WE WILL HAVE THE SESSION COMMENCING NOW, AND THEN WE WILL TAKE A BREAK AND WE WILL HAVE A SESSION LATER THIS AFTERNOON.

SO THIS FIRST SESSION IS DEDICATED TO GENERAL UPDATES SURROUNDING THE COORDINATED CARE INITIATIVE, INCLUDING UPDATES ON NOTICES, WHERE WE ARE IN ENROLLMENT, OUTREACH, OVERSIGHT, PROGRAM IN GENERAL. AND THIS MEETING WE ARE ALSO GOING TO GIVE YOU AN UPDATE ON OTHER DUALS DEMONSTRATION PROGRAMS AROUND THE COUNTRY. SO AGAIN, THE FIRST SESSION IS JUST GENERAL UPDATES.

THE SECOND SESSION, WHICH IS GOING TO START THIS AFTERNOON AT 3:30, IS GOING TO FOCUS ON SPECIFICALLY COORDINATING LONG TERM CARE SERVICES AND SUPPORTS THROUGH THE COORDINATED CARE INITIATIVE. TO THAT END, WE ARE GOING TO REVIEW WITH ALL OF YOU SOME RECENT EFFORTS AROUND THE MANAGEMENT AND INCLUSION OF THE NURSING HOME BENEFIT IN CCI PLANS AND COUNTIES. AND WE ARE ALSO VERY EXCITED TO HIGHLIGHT EFFORTS IN SAN DIEGO COUNTY, WHERE PLAN PROVIDERS, THE COUNTY, AND OTHER STAKEHOLDERS HAVE REALLY COME TOGETHER IN A WONDERFUL WAY TO CREATE A ROAD MAP FOR COORDINATING AND WORKING WITH THE IHSS PROGRAM WITHIN THE MANAGED CARE DELIVERY SYSTEM.

SO WE ARE VERY PLEASED TO BE ABLE TO SHARE THAT GOOD WORK FROM OUR SAN DIEGO PARTNERS, AND WE WILL BE DOING THAT THIS AFTERNOON AT THE 3:30 SECTION.

SO WITH THAT, THEN, WE WILL START OUR UPDATE, GENERAL UPDATE ON CAL MEDICONECT. SO THE FIRST THING I WANT TO TALK ABOUT IS A LITTLE BIT OF A GENERAL UPDATE IN CONNECTION WITH CAL MEDICONECT MATERIALS. I WANT TO GIVE A QUICK UPDATE ON THE REVISED CAL MEDICONECT NOTICES AND THE CHOICE FORM. SO AS YOU ALL KNOW, WE HAVE WORKED TO REVISE THESE DOCUMENTS. SPECIFICALLY, IN MAY WE PUT THESE DOCUMENTS THROUGH A FIRST PHASE OF CONSUMER TESTING.

WE HAD A NUMBER OF CONSUMERS IN LOS ANGELES TAKE A LOOK AT THE DOCUMENTS. THESE CONSUMERS IN LOS ANGELES WERE BENEFICIARIES WHO WERE ELIGIBLE FOR CAL MEDICONECT, AS WELL AS FAMILY CAREGIVERS AND OTHER COMMUNITY GROUPS. AND I SHOULD HAVE SAID THIS AT THE OUTSET. WE ARE VERY GRACEFUL TO OUR CMS PARTNERS FOR FACILITATING AND LEADING THIS BENEFICIARY TESTING EFFORT. SO AGAIN, VERY GRATEFUL TO OUR CMS PARTNERS FOR FACILITATING THIS BENEFICIARY TESTING PROCESS, AS WELL AS OF COURSE VERY GRATEFUL TO THOSE BENEFICIARIES WHO PARTICIPATED THIS ROUND OF BENEFICIARY TESTING.

SO WE RECEIVED RESULTS FROM THAT TESTING IN JUNE, AS WELL AS SOME SPECIFIC SUGGESTIONS FROM CMS, AS WELL AS THE BENEFICIARY TESTING VENDOR THAT WE AND CMS USED IN CONNECTION WITH THIS ROUND OF CONSUMER TESTING. SO SINCE THAT TIME, AND AS ALL OF YOU KNOW – I MEAN, WE CERTAINLY, YOU KNOW, WERE VERY GRATEFUL TO CMS, TO THE FOLKS WHO PARTICIPATED IN THE TESTING, AND TO ALL OF THE FOLKS WHO HAVE HELPED INFORM THIS PROCESS, WE HAVE WORKED VERY EXPEDITIOUSLY TO ACT ON THE RECOMMENDATION.

SO SINCE THE TIME THAT WE GOT THE SUGGESTED REVISIONS, WE HAVE REVISED THE NOTICES TO EMPHASIZE MORE CLEARLY, WE BELIEVE AND HOPE, THAT ENROLLMENT IN CAL MEDICONECT WOULD BE AUTOMATIC IF NOT ACTION WERE TAKEN. THE REVISED NOTICES ALSO CONVEY THAT BENEFICIARIES HAVE TO DO SOMETHING IF THEY DON'T WANT TO BE AUTOMATICALLY ENROLLED INTO CAL MEDICONECT. SO WE MADE THAT VERY VERY CLEAR.

THE OTHER BIG – THE NEXT BIG RECOMMENDATION WAS TO TELL BENEFICIARIES WHAT TO EXPECT TO RECEIVE AT EACH OF THE COMMUNICATION PHASES AND PRESENT A CALL TO ACTION. SO FOR EXAMPLE, VERY CLEARLY EXPLAINING THAT THE GUIDEBOOK AND CHOICE FORM WILL ARRIVE FOLLOWING THE 60-DAY NOTICE AND THAT IS THE BENEFICIARIES CAN USE THAT CHOICE BOOK TO TAKE ACTION ON THE CHOICES THAT THEY HAVE BEFORE THEM. THE TESTING ALSO SHOWED THAT BENEFICIARIES COULD BENEFIT ARE HELP IN TERMS OF WHAT THEIR OPTIONS WERE.

SO WE HAVE REVISED THE NOTICES TO, AGAIN, MAKE THOSE OPTIONS WE BELIEVE AND HOPE TO BE CLEARER AND MORE CONSISTENT WITH THE CHOICES THAT THE BENEFICIARIES HAVE. WE STRUCTURED THESE CHOICES TO BE MORE CONSISTENT WITH THE WAY THEY WILL BE PRESENTED, ALSO, ON THE REVISED CHOICE FORM.

MOVING ON THEN TO THE CHOICE FORM, THE BENEFICIARY TESTING VENDOR FOUND THAT BENEFICIARIES OFTEN DIDN'T READ THE INSTRUCTIONS FOR THE CHOICE FORM, AND AGAIN COULD BENEFIT FROM HELP AROUND THE ACTIONS THAT THEY NEEDED TO TAKE AS DESCRIBED ON THAT CHOICE FORM. SO THE REVISED CHOICE FORM ITSELF IS GOING TO INCLUDE MORE SPECIFIC INSTRUCTIONS ON THE FORM ITSELF TO HELP GUIDE BENEFICIARIES IN MAKING THEIR CHOICE. SO AGAIN, RATHER THAN HAVE – THE BENEFICIARIES NEED TO GO BACK TO THE GUIDEBOOK. THE FORM ITSELF IS GOING TO HAVE MORE DETAILED INSTRUCTIONS AND GUIDANCE FOR BENEFICIARIES TO EFFECTUATE THEIR CHOICE.

LASTLY, TESTING CONFIRMED THAT BENEFICIARIES, YOU KNOW, NEED AND REALLY WANT HELP UNDERSTANDING THEIR CHOICES. SO WE REFORMATTED ONE SECTION OF THE NOTICES, OUTLINING THOSE RESOURCES. SO FOR EXAMPLE, RESOURCES WITH HICAP AND THE OMBUDS NOW ARE VERY

CLEARLY HIGHLIGHTED ON THE FORMS. SO AGAIN, HOPEFULLY BENEFICIARIES WILL CLEARLY HAVE ACCESS TO RESOURCES THAT ARE GOING TO BE HELPFUL TO THEM EFFECTUATING THEIR CHOICES.

SO THOSE WERE THE SUMMARY OF ELEMENTS AND FEEDBACK THAT WE GOT ON THE CHOICE FORM, THE GUIDEBOOK, AND EVERYTHING THAT WAS SUBMITTED TO BENEFICIARY TESTING. WE TOOK THE NOTICES AND CHOICE FORMS AS REVISED – AGAIN, THAT I JUST SUMMARIZED – TO THE CALIFORNIA COLLABORATIVE. AGAIN, WE WERE WORKING VERY, VERY DILIGENTLY WITHIN VERY CLOSE TIME FRAMES TO EFFECTUATE THE RECOMMENDATIONS, BUT VERY MUCH TO HAVE A FINAL STAKEHOLDER COMMENT PROCESS. SO WE TOOK ALL OF THE REVISED MATERIALS TO THE CALIFORNIA COLLABORATIVE FOR A FINAL STAKEHOLDER COMMENT PROCESS, AND THAT ALSO WAS IN JUNE OF THIS YEAR.

SO WITH THAT FINAL INPUT FROM OUR STAKEHOLDER, SPECIFICALLY THE CALIFORNIA COLLABORATIVE, WE ARE WORKING ON FINALIZING THE NOTICES AND THE CHOICE FORM AND GETTING THEM READY TO SEND TO BENEFICIARIES. SO THIS PROCESS, INCLUDING TRANSLATING THE MATERIALS INTO ALL LANGUAGES, TAKES FROM ABOUT, YOU KNOW, SIX-EIGHT WEEKS. SO WE VERY MUCH ARE WORKING TO EXPEDITE THIS AS MUCH AS POSSIBLE AND INTEND TO START PHASING IN THE USE OF THE NEW NOTICES, INCLUDING THE NEW PART D NOTICE, THIS MONTH.

SO AGAIN, WE ARE VERY VERY GRATEFUL FOR ALL THE INPUT, FEEDBACK WE HAVE GOTTEN FROM STAKEHOLDERS. WE REMAIN VERY GRATEFUL TO CMS FOR HELPING US WITH THE BENEFICIARY TESTING VENDOR, AND WE ARE VERY EXCITED ABOUT OUR ABILITY TO PRODUCE THESE REVISED MATERIALS FOR CAL MEDICCONNECT AND MLTSS.

A COUPLE OF THINGS NEXT ON ENROLLMENT. WE AIM TO UPDATE EVERYBODY ON THIS CALL AND OUR STAKEHOLDERS IN GENERAL IN CONNECTION ON WHERE WE ARE ON ENROLLMENT. SO TYPICALLY, JUST BY WAY OF A LITTLE BIT OF BACKGROUND, I THINK ALL OF YOU KNOW THAT WE HAVE BEGUN TO PUBLISH AN ENROLLMENT DASHBOARD, THAT'S AVAILABLE TO CALDUALS.ORG. IT'S ALSO AVAILABLE ON THE DHCS WEBSITE. THE ENROLLMENT DASHBOARD IS GENERALLY UPDATED AROUND THE 12TH, 13TH OF EACH MONTH. SO STAY TUNED FOR THAT ENROLLMENT DASHBOARD THAT WE ANTICIPATE POSTING VERY VERY SHORTLY TO GIVE A SNAPSHOT AS TO WHERE WE ARE IN JULY.

BUT WHAT I HAVE TODAY IS A PREVIEW OF THAT. IT'S GOING THROUGH QC RIGHT NOW, BUT BY WAY OF A PREVIEW OF WHAT WE WILL ANTICIPATE WILL BE SHOWN ON THE DASHBOARD, WE CAN GO THROUGH A FEW KEY METRICS. SO OVERALL ENROLLMENT – AND I'LL REPEAT THIS. SO I'LL JUST GO THROUGH IT SLOWLY, AND THEN I'LL REPEAT IT FOR EVERYBODY – OVERALL ENROLLMENT FOR JULY IS AT 39,731. AGAIN, SUBJECT TO FINAL QC, BUT WE ANTICIPATE OVERALL ENROLLMENT TO BE 39,731.

ENROLLMENT IN SAN MATEO COUNTY, 2,801. ENROLLMENT IN RIVERSIDE, 4,817. ENROLLMENT IN SAN BERNARDINO, 4,596. ENROLLMENT IN SAN DIEGO, 7,826. ENROLLMENT IN LOS ANGELES, 19,691.

SO AGAIN, OVERALL ENROLLMENT, 39,731. SAN MATEO, 2,801. RIVERSIDE, 4,817. SAN BERNARDINO, 4,596. SAN DIEGO, 7,826. L.A., 19,691.

OTHER METRICS THAT WE CAPTURE ON OUR ENROLLMENT DASHBOARD, AS ALL OF YOU KNOW, CAPTURES OPT OUT RATES. IT CAPTURES SOME KEY METRICS IN CONNECTION WITH OUR CALL CENTER. AND AGAIN, WE ARE QC'ING ALL OF THIS. BUT IT LOOKS LIKE ON AVERAGE THE OPT OUT RATE IS AROUND 29%. A COUPLE OF THINGS ABOUT VOLUME AT OUR CALL CENTER. AS YOU CAN WELL IMAGINE, THERE HAS BEEN AN INCREASE IN CALL CENTER VOLUME. SO SIGNIFICANT INCREASE IN CALL CENTER VOLUME DUE TO ENROLLMENTS RECENTLY.

I THINK THAT THE NUMBER FOR THE MONTH OF JUNE IS AROUND 44,000 CALLS. THAT REPRESENTS AN INCREASE OF ABOUT 10,000 CALLS FROM THE PERIOD PRECEDING IN MAY. A COUPLE THINGS, THOUGH, ABOUT CALL CENTER METRICS. WE ARE PLEASED TO REPORT THAT THE KEY METRICS INDICATE THAT OUR CALL CENTER STAFF IS DOING A GOOD JOB HANDLING THAT INCREASE. SO AGAIN, NOTWITHSTANDING THE STEEP INCREASE IN CALLS, THE AVERAGE WAIT TIME IS STILL HOVERING HIGH 50 SECONDS, MAYBE AROUND 60 SECONDS. THAT IS CONSISTENT WITH EARLIER REPORTS.

AVERAGE TIME, AVERAGE CALL TIME, OR TALK TIME ON A CALL, IS STILL STEADY, LOOKING TO BE AROUND 9.3 MINUTES. THE ABANDONMENT RATE IS STAYING IN BETWEEN 2.5% AND 5%. AND SO AGAIN, CALL CENTER METRICS INDICATING THAT WE ARE MANAGING THE CALLS EFFECTIVELY. SO AGAIN, STAY TUNED FOR A FULL ENROLLMENT DASHBOARD. IT SHOULD BE POSTED BY TOP OF NEXT WEEK. BUT YOU'LL SEE THE METRICS AND OTHERS THAT I JUST WALKED THROUGH ON THAT DASHBOARD.

SO WITH THE ENROLLMENT UPDATE CONCLUDED, I'M GOING TO TURN IT OVER TO RYAN FROM HARBAGE CONSULTANTS, AND HE IS GOING TO TALK ABOUT OUR OUTREACH ACTIVITIES.

OH, BUT BEFORE WE DO THAT, ANY QUESTIONS? ANY QUESTIONS FOR ME? WE CAN ALSO DO LOTS OF QUESTIONS NOW, WE CAN DO THEM AT THE END, WHATEVER YOU LIKE.

>> FOR THOSE OF YOU WHO HAVE QUESTIONS, PLEASE PRESS THE NUMBER THREE ON YOUR PIN PAD. THE FIRST PERSON WE HAVE IS NICHOLAS MERCH, FOLLOWED BY LEILA MILTON. SO NICHOLAS, YOUR MIC IS OPEN.

>> HI THERE. CAN YOU HEAR ME OKAY?

>> YES. HI NICHOLAS. WE CAN HEAR YOU.

>> HI. I HAVE QUITE A FEW MEMBERS THAT ARE CONCERNED ABOUT THE OPT OUT. AS FAR AS MEDICARE, GOING BACK TO ORIGINAL MEDICARE AND ONLY HAVING THE MEDI-CAL MANAGED BY A PLAN. I'M NOT UNDERSTANDING, IF THEY DO THAT, WHO IS GOING TO PAY FOR THEIR 20% OF THEIR MEDICARE, IF MEDI-CAL IS NOW MANAGED BY EHP OR L.A. CARE OR ANY OF THE OTHER PLANS?

>> SURE. SO THIS IS PETER HARBAGE. IT SOUNDS LIKE THE QUESTION IS ON CROSSOVER CLAIMS. JUST FOR OUR RECORDS, CAN YOU JUST SAY WHERE YOU ARE CALLING FROM?

>> SURE. HEALTH CARE ADVISORY GROUP.

>> SO ON CROSSOVER CLAIMS, WHAT IS GOING TO HAPPEN UNDER THE PROCESS IS THAT IF A PERSON ENROLLS IN CAL MEDICONECT, THE HEALTH PLAN WILL PROCESS ALL OF THAT. THEY WILL BE RESPONSIBLE FOR BOTH THE MEDICARE AND THE MEDI-CAL PORTION OF THE PAYMENT. IF SOMEONE OPTS OUT OF CAL MEDICONECT AND THEN GOES INTO MEDI-CAL FOR MLTSS, THAT BENEFICIARY'S 20% COST SHARING WILL BE ADJUDICATED BY THE HEALTH PLAN

AND SO THAT CLAIM WILL GO TO THE HEALTH PLAN. IT IS OF COURSE ILLEGAL TO BALANCE BILL THE BENEFICIARY – THAT IS, CHARGE THE BENEFICIARY THE 20% IN ANY WAY. AND SO THE HEALTH PLAN WILL GET THAT, AND THE HEALTH PLAN WILL PROCESS THE CLAIM UNDER THE EXACT SAME RULES THAT THE STATE HAS ALWAYS USED.

>> OKAY. SO THEY STILL CAN – THE 20% IS NOT THE RESPONSIBILITY OF THE MEMBER, EVEN IF YOU OPT OUT –

>> THE 20% HAS NEVER BEEN THE RESPONSIBILITY OF THE MEMBER. IT IS ILLEGAL TO BALANCE BILL THE BENEFICIARY. AND THIS IS A MESSAGE THAT WE HAVE BEEN WORKING VERY HARD TO GET OUT TO THE MEDICAL COMMUNITY. BECAUSE BALANCE BILLING SEEMS TO BE SOMETHING THAT HAPPENS ALL TOO FREQUENTLY.

>> RIGHT. AND THAT'S A HUGE CONCERN AS FAR AS WHO IS GOING TO PAY THAT. BECAUSE THEY DON'T KNOW THAT ANSWER TO THE QUESTION. SO THAT'S GOOD –

>> WE HAVE BEEN WORKING – AS PART OF THE CONVERSATION ON CROSSOVER CLAIMS, WE HAVE BEEN WORKING WITH THE PROVIDER COMMUNITY. WE UNDERSTAND THAT THE PLANS ARE TRYING TO GET THIS MESSAGE OUT AS WELL. PART OF THE CHALLENGE ON THE PLAN SIDE, OF COURSE, IS THIS IS REALLY ONLY – THIS IS A BIGGEST CHALLENGE FOR A PHYSICIAN WITH WHOM THEY HAVE EVER HAD RELATIONSHIPS. ON SOME LEVEL THE PLAN DOESN'T KNOW WHO TO REACH OUT TO.

BUT WE HAVE BEEN WORKING VERY HARD TO REACH OUT CMA, THROUGH CMA FOUNDATION, THROUGH INDIVIDUAL COUNTY MEDICAL SOCIETIES, YOU KNOW, JUST A VARIETY OF WAYS. WE MAY START BACK WITH THE PONY EXPRESS AND BILLBOARD SOON. BUT THIS IS SOMETHING THAT IS – IT'S QUITE IMPORTANT

TO THE PROVIDER COMMUNITY. WE GOT LOTS OF QUESTIONS ON IT, AND WE ARE DOING OUR BEST TO MAKE SURE THAT THIS INFORMATION IS MADE AVAILABLE.

IN FACT, WE HAVE A VERY SPECIFIC SET OF FACT SHEETS ON THIS AND A PROVIDER TOOLKIT THAT IS GOING TO BE COMING OUT. I IMAGINE RYAN IN HIS SECTION WILL BE TALKING ABOUT SOME OF THAT.

>> CAN I ASK ONE QUICK QUESTION? CAN YOU LET US KNOW WHERE L.A. CARE IS RIGHT NOW IN THE STATUS OF THINGS? I KNOW THEY COULDN'T PASSIVELY ENROLL BECAUSE OF SOME SORT OF ISSUE WITH CMS. COULD YOU LET US KNOW WHERE THAT IS RIGHT NOW, YOU KNOW?

>> SURE. SO JUST TO ANSWER YOUR QUESTION AND FOR EVERYBODY ELSE WHO MAY NOT BE UP TO SPEED ON IT, L.A. CARE IS A PARTICIPATING PLAN IN LOS ANGELES COUNTY, AND IT IS ABLE TO RECEIVE VOLUNTARY ENROLLMENT INTO CAL MEDICONECT. ALSO, L.A. CARE IS ABLE TO RECEIVE THOSE BENEFICIARIES WHO HAD ALREADY AFFIRMATIVELY CHOSEN L.A. CARE. SO THEY ARE CROSS WALKED FROM L.A. CARE INTO THE DEMO. SO AGAIN, L.A. CARE IS ABLE TO PARTICIPATE AND ABLE TO TAKE VOLUNTARY ENROLLMENT INTO THE DEMO.

L.A. CARE, THOUGH, DID HAVE A LOW PERFORMING ICON FROM CMS IN CONNECTION WITH ITS MEDICARE LINE OF BUSINESS. SO UNTIL THE LOW PERFORMING ICON IS LIFTED, L.A. CARE WON'T BE ABLE TO RECEIVE PASSIVE ENROLLMENT IN THE CAL MEDICONECT PROGRAM. SO WHEN THE LPI, THE LOW PERFORMING ICON, IS LIFTED, WE ANTICIPATE THAT L.A. CARE WILL BE ABLE TO AGAIN, LIKE THE OTHER PLANS IN LOS ANGELES COUNTY AND THE OTHER PARTICIPATING CAL MEDICONECT PLANS, BE ABLE TO PARTICIPATE IN THE PASSIVE ENROLLMENT PROCESS.

>> GREAT. THANK YOU VERY MUCH.

>> THANK YOU.

NEXT WE HAVE LEILA MILTON, FOLLOWED BY ELAINE WONG EGIN. LEILA, YOUR MIC IS OPEN.

>> HI. THIS IS ACTUALLY – CAN YOU GUYS HEAR ME ALL RIGHT?

>> YES, WE CAN.

>> OH, OKAY. THIS IS DEXTER DIVAN CALLING FROM MOLINA HEALTH CARE. I'M FILLING IN FOR LEILA MILTON.

>> GREAT.

>> COULD YOU GO AHEAD AND REPEAT THE OVERALL ENROLLMENT NUMBERS AGAIN?

>> OH. SURE. OKAY. OVERALL ENROLLMENT NUMBERS. AGAIN, OVERALL ENROLLMENT AS OF JULY, ALL OF WHICH IS SUBJECT TO OUR ON GOING QC, SO STAY TUNED FOR THE HARD COPY – STAY TUNED FOR THE FULL REPORT WHEN IT'S POSTED. OVERALL ENROLLMENT, 39,731. SAN MATEO COUNTY, 2,801. RIVERSIDE, 4,817. SAN BERNARDINO, 4,596. SAN DIEGO, 7,826. AND LOS ANGELES, 19,691.

>> ALL RIGHT. THANK YOU SO MUCH.

>> YOU'RE WELCOME.

>> THANK YOU. NEXT UP WE HAVE ELAINE WONG EGIN, FOLLOWED BY ZARA MOVIGAR.

ELAINE, YOUR MIC IS OPEN.

>> THANK YOU SO MUCH FOR TAKING MY CALL. A QUESTION, QUICK QUESTION. BUT FIRST AN OBSERVATION RELATED TO THE FIRST QUESTION. AND THAT IS, WE ARE HEARING THAT PEOPLE ARE CONFUSED THAT IF THEY OPT OUT AND THEY JOIN A MEDI-CAL HEALTH PLAN, THAT THEIR PROVIDER, WHERE THEY GO FOR MEDICARE SERVICES, NEED TO BE IN THE NETWORK OF THE MEDI-CAL HEALTH PLAN. SO THAT'S A MISPERCEPTION PEOPLE ARE HAVING – THAT WE ARE HEARING ABOUT.

>> THANK YOU. AND WE WILL REDOUBLE OUR EFFORTS TO INCORPORATE THAT INTO OUR OUTREACH AND OUR EDUCATION EFFORTS. AND WE WILL ALSO INCLUDE THAT IN OUR WORK WITH THE PLANS, ELAINE. AS YOU KNOW, WE TAKE ALL FEEDBACK AND WORK VERY DILIGENTLY WITH HARBAGE, PETER, HIS TEAM, AND THEN WORK WITH OUR PLANS AND THE PROVIDER COMMUNITY TO DO EVERYTHING WE CAN TO ENHANCE UNDERSTANDING ABOUT THE PROGRAM. SO THANK YOU FOR THAT.

>> SURE, THANKS.

AND MY QUESTION, MARGARET, YOU MENTIONED ABOUT CALL VOLUME, ARE THESE CALLS TO HEALTH CARE OPTIONS OR ALSO TO THE OMBUDSMAN SERVICE?

>> GOOD QUESTION, AND I SHOULD HAVE CLARIFIED THAT, ELAINE.

MY METRICS, THE METRICS THAT I WAS JUST GOING OVER AND THAT YOU WILL SEE CAPTURED ON THE ENROLLMENT, THE JULY ENROLLMENT REPORT WHEN IT'S POSTED, HOPEFULLY TOP OF THE WEEK, THOSE WERE THE HCO CALL CENTER METRICS.

WE HAVE ON OTHER CALLS HAD UPDATES WITH REGARD TO CALL CENTER FROM THE OMBUDS PROGRAM, BUT THE CALLS, THE METRICS THAT I MENTIONED EARLIER ARE LIMITED TO HCO. BUT WE WILL MAKE A NOTE TO MAKE SURE THAT WE BRING TO THESE CALLS METRICS RELATING TO THE OMBUDS PROGRAM AS WELL.

>> GREAT. THANK YOU.

>> YOU'RE WELCOME.

>> THANK YOU. NEXT UP WE HAVE ZARA MOVIGAR, FOLLOWED BY MONISHA KOLO. ZARA, YOUR MIC IS OPEN.

>> HI. I'M WITH PREFERRED. I JUST WANTED TO MAKE A COMMENT THAT FROM WHEN WE HEAR, SOME OF THE BENEFICIARIES ARE NOT ABLE TO EVEN READ IN THEIR OWN LANGUAGES. AND THE TRANSLATED MATERIAL ARE NOT AS CLEAR. AND IF A RELATIVE OR A FRIEND OR A DOCTOR OFFICE WANTS TO HELP THEM, IF THEY HAD THE ENGLISH VERSION, IT WOULD HELP THEM READ THE INSTRUCTIONS TO HELP THE BENEFICIARIES IN TERMS OF MAKING A CHOICE.

IS IT POSSIBLE FOR THE BENEFICIARIES TO GET THE ENGLISH VERSION AS WELL AS THE TRANSLATED VERSION? OR IS THAT TOO MUCH PAPER?

>> WELL, DEFINITELY WANT TO MAKE SURE THAT FOLKS HAVE THE RIGHT RESOURCES TO BE ABLE TO HELP EVERYONE. SO ONE OF THE THINGS THAT WE HAVE DONE THAT MAY HELP IN THIS INSTANCE IS WE HAVE POSTED THESE DOCUMENTS ONLINE IN ALL THRESHOLD LANGUAGES, INCLUDING ENGLISH. SO MAYBE AS PART OF THIS – I KNOW CALDUALS.ORG REPORTS IT. IT'S AT THE DEPARTMENT OF HEALTH CARE SERVICES WEBSITE, SO WE CAN MAKE SURE YOU HAVE THAT. SO WHOEVER YOU ARE WORKING WITH CAN EASILY ACCESS THAT QUICKLY FROM ANYWHERE THAT HAS THE INTERNET AND CAN ACCESS THE PDF'S THAT ARE OUT THERE. AND THAT WAY THEY CAN READ IT THEIR LANGUAGE, IF IT'S ENGLISH OR A DIFFERENT LANGUAGE THAN WHAT THE MEMBER HAS IN THEIR HAND. THEY COULD EASILY ACCESS THOSE.

SO WHAT WOULD BE I THINK OUR BEST ROUTE. YOU'RE RIGHT, YOU KNOW, WE DON'T WANT TO CONFUSE PEOPLE AND SEND TOO MANY DIFFERENT DOCUMENTS TO THEM. THEY ARE GETTING MANY DOCUMENTS THROUGHOUT THE PROCESS. SO IT WOULD BE A PREFERENCE THAT WE SUPPORT IT WITH THOSE LINKS. AND IF YOU NEED THOSE, I'M SURE WE CAN GET THOSE TO YOU HOWEVER YOU WOULD LIKE.

>> YEAH, WE WILL GET YOU THOSE LINKS, SO YOU CAN HAVE THEM AT THE READY. AND THANK YOU FOR THE COMMENT.

>> YOU'RE WELCOME. THANK YOU.

>> THANK YOU.

SO WE ARE JUST GOING TO TAKE ONE MORE QUESTION DURING THIS SESSION. AND WE WANT TO REMIND EVERYTHING THAT YOU CAN E-MAIL IN YOUR QUESTION. YEAH, WE ARE GOING TO TAKE ONE MORE QUESTION FOR NOW. WE WILL BE OPENING UP FOR ANOTHER Q AND A LATER ON. BUT WE WANT TO REMIND EVERYBODY THAT YOU CAN ALWAYS E-MAIL YOUR QUESTIONS IN TO INFO@CALDUALS.ORG.

OUR NEXT QUESTION FOR THIS SESSION IS GOING TO COME FROM MONISHA KOLO. MONISHA, YOUR MIC IS OPEN.

>> YEAH, HI. THANK YOU. THIS IS MONISHA KOLO WITH DISABILITY RIGHTS CALIFORNIA. I WANTED A CLARIFICATION. I THINK WHAT I HEARD WAS THE CHOICE FORM, THE GUIDEBOOK, AND THE NOTICES ARE

STILL BEING REVISED AND FINALIZED AND WILL BE SENT OUT SOON BASED ON THE CMS VENDOR RECOMMENDATIONS, IS THAT CORRECT?

>> THIS IS JAVIER AGAIN. THE DOCUMENTS ARE STILL IN THE REVISION PROCESS. IT'S OUR EXPECTATION THAT YOU WILL START SEEING REVISED NOTICES ON THE 90 DAY START AT THE END OF THIS MONTH. AND THE 60 AND CHOICE FORM AND DOCUMENTS FOLLOWING THERE AFTER IN THE NEXT CYCLE, SO THAT STARTS SOMEBODY'S CYCLE WITH A NEW NOTICE.

THERE WILL STILL BE SOME NOTICES OUT PEOPLE RECEIVING THIS MONTH, THE 60'S AND 30'S THERE AFTER, THAT WE WILL START WITH THE VERSIONS THAT WERE PRIOR TO THIS TO CONTINUE THROUGH THAT PROCESS, SO WE DON'T HAVE ANY CONFUSION IN THE NOTICES. BUT YES, YOU WILL SEE THEM START IN THE NEXT WAVE OF NOTICING FOR THE 90 DAY.

>> THANK YOU.

>> OKAY. AND THEN IN TERMS OF THE TRANSLATING THE LANGUAGES, WHEN WILL THAT GO OUT? THE REVISED TRANSLATIONS, WHEN WILL THAT START GOING OUT?

>> YOU SHOULD START SEEING REVISED – ALL THE REVISED DOCUMENTS WILL BE TRANSLATED INTO ALL THE LANGUAGES WHEN THEY START. WE ARE NOT STARTING IT ON A STAGGERED APPROACH. WE ARE GOING TO HAVE IT ALL DONE IN TIME FOR THAT.

>> AND JUST ONE LAST QUESTION FOR MARGARET. YOU MENTIONED THERE WAS A STAKEHOLDER COMMENT PERIOD WITH THE CALIFORNIA COLLABORATIVE. COULD YOU SAY WHAT GROUPS THOSE WERE, OR ARE?

>> SURE. SO THE CALIFORNIA COLLABORATIVE IS A GROUP OF STAKEHOLDERS THAT MEETS EVERY WEEK. THE COLLABORATIVE HAS SACRAMENTO GROUP, THE COLLABORATIVE THAT MEETS EVERY FRIDAY. AND AS I UNDER IT, THERE ARE REGIONAL MEETINGS IN ALL OF THE LOCAL COMMUNITIES. SO REGIONAL COLLABORATIVES AS WELL, COMPRISED OF LOCAL ADVOCATES FROM EACH OF THE COMMUNITIES.

SO THE COLLABORATIVE HAS AS REPRESENTATIVES MEMBERS EITHER IN THE PERSON MEETING OR ON THE PHONE, AARP, SKIN, CADS IS REPRESENTED, IHSS AND ADVOCATES ARE REPRESENTED. THERE'S A VERY LONG LIST, AND PERHAPS WE COULD GET OUT TO ALL OF YOU A LIST OF THE CONSTITUENT MEMBERS OF THE COLLABORATIVE. AGAIN, I FREQUENTLY ATTEND THEIR WEEKLY MEETINGS. PETER ATTENDS VERY VERY FAITHFULLY, AND THEY ARE A VERY KEY COMPONENT OF OUR STAKEHOLDER WORK.

SO WE CAN GET YOU THAT CONSTITUENT LIST OF MEMBERS.

>> AND I'LL JUST ADD TO THAT THAT THERE WERE – REGARDING THE NOTICES, THIS IS A PROCESS THAT HAS BEEN UNDER WAY FOR WELL OVER A YEAR. THERE ARE MULTIPLE ROUNDS OF STAKEHOLDER COMMENT LAST YEAR. THERE WERE MULTIPLE ROUNDS THIS YEAR. WHAT MARGARET WAS SIMPLY FLAGGING IS THAT FOLLOWING THE BENEFICIARY TESTING FINDINGS, THAT THERE WAS A FINAL FINAL CHECK WITH THE CALIFORNIA COLLABORATIVE. SO IT WOULD BE ERRONEOUS TO THINK THAT THAT WAS THE ONLY CHECK IN WITH STAKEHOLDERS.

THERE HAS BEEN AN EXTENSIVE AND ON GOING PROCESS IN THE PREVIOUS NOTICES AND THE NEW NOTICES.

>> THANK YOU.

>> THANK YOU.

>> ALL RIGHT. AND SO WITH THAT QUESTION, WE REALLY APPRECIATE THAT. AND THIS IS RYAN WITH HARBAGE CONSULTING. SO I'M GOING TO MOVE ON TO OUR OUTREACH UPDATE, AND THEN WE WILL GET TO SOME QUESTIONS LATER ON IN THIS SESSION.

AS MANY OF YOU KNOW, WE HAVE CAL REACH COORDINATORS WORKING ACROSS ALL THE CCI COUNTIES, DELIVERING OUTREACH AND EDUCATION TO PROVIDERS, BENEFICIARIES, ADVOCATES, COMMUNITY-BASED ORGANIZATIONS, AND OTHER STAKEHOLDERS. SO PART OF OUR GENERAL UPDATE TODAY, I WANTED TO GIVE A BRIEF UPDATE ON OUR OUTREACH EFFORTS AND HIGHLIGHT SOME OF THE AREAS THAT WE ARE PROVIDING OUTREACH IN UNDER OUR OVERALL STRATEGIC OUTREACH PLAN THAT

HAS BEEN RELEASED LEVEL FOR EVERYONE TO VIEW, AND THEN TALK ABOUT A COUPLE OTHER PIECES OF OUR OUTREACH.

SO WITH THAT, AS I MENTIONED AT THE TOP, WE HAVE OUTREACH COORDINATORS. SO I WILL TOUCH A LITTLE BIT ON OUR OUTREACH TEAM AND WHAT THAT IS COMPOSED OF. SO AS MANY OF YOU KNOW, LIKE I SAID, WE HAVE OUTREACH COORDINATORS ON THE TEAM. THEY PROVIDE A LOT OF PRESENTATIONS, TRAININGS, WEBINARS, AND EDUCATION OUT TO THE COMMUNITY.

SO IF YOU OR ANYONE YOU KNOW NEEDS TO HAVE ANY KIND OF PRESENTATION, WEBINAR TRAINING, OR NEED MATERIALS, PLEASE FEEL FREE TO CONNECT WITH YOUR LOCAL COORDINATOR, IF YOU KNOW WHO THAT IS. OR IF YOU DON'T, YOU CAN ALWAYS E-MAIL US AT INFO AT CALDUALS.ORG, AND WE WILL CONNECT YOU WITH THE PROPER COORDINATOR IN YOUR AREA.

AND SO IN ADDITION TO OUR OUTREACH COORDINATORS, EXCITED TO ANNOUNCE THAT WE NOW HAVE TECHNICAL ADVISORS HELPING OUT OUR OUTREACH EFFORT. AND I KNOW A LOT OF YOU PROBABLY HAVEN'T HEARD OF THE TECHNICAL ADVISORS YET, SO I WANT TO TAKE A LITTLE BIT, TAKE A MACHINE HERE TO EXPLAIN A LITTLE BIT MORE ABOUT ADVISERS AND THEIR ROLE.

SO WE ACTUALLY HAVE – WE HAVE DEVELOPED OR ASSEMBLED A DIVERSE TEAM OF ADVISORS. AND THEY ARE PART TIME FOLKS, AND THEY ARE HELPING US IN EACH COUNTY. AND WHAT WE DID WAS WE REACHED OUT TO EACH SCAN FUNDED COALITION IN THE COUNTY AND ASKED THEM TO NOMINATE APPROPRIATE CANDIDATES FOR THIS POSITION.

AND WHAT WE WERE LOOKING FOR IS PEOPLE THAT HAD PRETTY EXTENSIVE EXPERIENCE IN THE FIELD. AND THAT WAS A LITTLE BROAD, BUT, YOU KNOW, PEOPLE THAT HAD EXPERIENCE IN THE HEALTH CARE FIELD, EXPERIENCE IN THE AGING COMMUNITY, IN THE DISABILITY COMMUNITY, AND OVERALL IF THEY HAD WORKED ON ANY KIND OF POLICY WORK SURROUNDING THE HEALTH CARE MOVEMENT IN THE LAST COUPLE YEARS.

SO THAT IS KIND OF WHAT WE ASKED FOR. AND WE RECEIVED MANY, MANY FABULOUS CANDIDATES. AND WE HAVE ESTABLISHED A GREAT TEAM. AND THEY ARE NOW WORKING TO HELP US DO A COUPLE THINGS, AND I WANTED TO TOUCH ON A COUPLE THINGS THAT THE ADVISORS HELP US WITH.

SO ADVISORS HELP OUR OUTREACH TEAM CONTINUALLY REFINE OUR COUNTY OUTREACH STRATEGIES AND HELP US GET, YOU KNOW, A BETTER UNDERSTANDING OF EACH COUNTY AS WE PROCEED WITH OUR OUTREACH. THEY HELP US IDENTIFY GROUPS THAT NEED OUTREACH THAT WE MAY NOT KNOW, AND THEY HAVE A LOT OF CONNECTIONS IN THE COMMUNITY, SO THAT HAS BEEN VERY HELPFUL. THEY ALSO HELP US WITH FLAGGING ISSUES AND PROBLEMS AND QUESTIONS THAT COME FROM THE COMMUNITY.

SO OVERALL, THE TECHNICAL ADVISORS AND THE OUTREACH COORDINATORS FORM OUR OUTREACH TEAM, AND THAT'S THE FOLKS YOU WILL PROBABLY BE COMING INTO CONTACT WITH IN MEETINGS PRESENTING. SO WITH THAT I WOULD LIKE TO GO ON TO A COUPLE AREAS THAT WE PROVIDE OUTREACH IN, A COUPLE DIFFERENT GROUPS THAT WE HAVE BEEN REACHING TO AS PART OF OUR OVERALL STRATEGIES. LIKE I SAID, THESE ARE NOT THE ONLY GROUPS WE REACHED OUT TO, BUT I JUST WANT TO PROVIDE SOME HIGHLIGHTS FOR TODAY.

FIRST OF ALL I'D LIKE TO TALK ABOUT ETHNIC COMMUNITY OUTREACH. AND AS MANY OF YOU KNOW, CALIFORNIA IS A VERY CULTURALLY VARIED STATE. AND IT'S DEFINITELY REFLECTED IN THE DIVERSITY OF THE CCI COUNTIES. AND THAT'S REALLY WHY I WANTED TO TOUCH ON THE ETHNIC COMMUNITY OUTREACH THAT WE HAVE BEEN DOING. I'M COVERING – WHEN I REFER TO ETHNIC COMMUNITY OUTREACH, I'M REFERRING TO ALL THE COMMUNITIES THAT SPEAK BOTH ENGLISH AND NON-ENGLISH IN AN ETHNIC COMMUNITY.

SO A COUPLE HIGHLIGHTS. WE PARTNERS WITH NEW AMERICA MEDIA. AND NEW AMERICA MEDIA, AS MANY OF YOU KNOW, WE HAVE BEEN DOING ETHNIC MEDIA ROUND TABLES ACROSS THE CCI COUNTIES, AND WE HAVE COMPLETED EVENTS IN SAN MATEO, SAN DIEGO, LOS ANGELES, RIVERSIDE, AND SAN BERNARDINO, THAT CORRESPONDS WITH ENROLLMENT TIMELINES. SO IF YOU ARE IN ALAMEDA, SANTA

CLARA, AND ORANGE, LOOK FOR THOSE TO BE HAPPENING CLOSER TO THE FALL. AND THOSE ARE REALLY FANTASTIC EVENTS WHERE OUR PARTNER, NEW AMERICAN MEDIA, PULLS A LOT OF THEIR ETHNIC OUTREACH PARTNERS – SORRY, THEIR ETHNIC MEDIA PARTNERS IN EACH COUNTY. AND WE PROVIDE A DIALOGUE AND WE TALK, HEAR FROM BENEFICIARIES, PHYSICIANS, PROFESSIONALS, AND THEY TALK ABOUT THE CCI AND HOW THE PROGRAM IS GOING TO HELP CHANGE THEIR EXPERIENCES WITH THE CURRENT SYSTEM. AND SO LOOK FOR THOSE IN YOUR COUNTY IF YOU HAVEN'T SEEN THEM.

IN ADDITION TO THAT, WE HAVE BEEN ASKED AND HAD A VERY GOOD TIME PROVIDING OUTREACH TO DIFFERENT ETHNIC TELEVISION STATIONS ACROSS THE COUNTIES. WE HAVE DONE SPANISH, VIETNAMESE, CHINESE, AND ARMENIAN SPOTS FOR TELEVISION STATIONS THAT PROVIDE INFORMATION AND NEWS TO THOSE COMMUNITIES. AND WE ALWAYS LOOK FOR MORE OPPORTUNITIES ON THOSE FRONTS.

IN ADDITION, TO CLOSE OUT OUR ETHNIC MEDIA OUTREACH HIGHLIGHT HERE, WE ARE TRANSLATING MANY OF OUR MATERIALS, OUR OUTREACH MATERIALS, AND CAN YOU FIND THOSE ON CALDUALS.ORG. OR IF YOU WANT TO E-MAIL US AND REQUEST MATERIALS INTO INFO@CALDUALS.ORG, WE ARE TRANSLATING FACT SHEETS, SLIDE DECKS, AND ALL KINDS OF OTHER OUTREACH MATERIALS. AND WE WILL BE TRANSLATING MANY OF THOSE INTO THE THRESHOLD LANGUAGES FOR THE COUNTIES.

WITH THAT I WOULD LIKE TO PROVIDE A BRIEF IHSS – A BRIEF UPDATE ON OUR IHSS OUTREACH. OUR TEAM CONTINUES TO PROVIDE OUTREACH AND EDUCATION TO IHSS RECIPIENTS AND CAREGIVERS AND THOSE PROFESSIONALS THAT WORK WITH THOSE GROUPS. WE ARE WORKING WITH LOCAL UNIONS SUCH AS UDW, SCIU, COUNTY AGENCIES, PUBLIC AUTHORITIES, AND OTHERS TO PROVIDE IHSS-SPECIFIC OUTREACH ACROSS THE CCI COUNTIES.

SPECIFIC HIGHLIGHTS INCLUDE SOME WORK WE ARE DOING IN SAN DIEGO WITH UDW. WE HAVE A STANDING MONTHLY PRESENTATION FOR IHSS CAREGIVERS THAT HAS BEEN GOING ON FOR A COUPLE MONTHS NOW, AND WE HAVE HAD SOME REALLY GREAT TURN OUTS THERE. WE ARE WORKING WITH THE LOS ANGELES PUBLIC AUTHORITY AND COUNTY DEPARTMENT OF SOCIAL SERVICES TO EDUCATE IHSS RECIPIENTS AND CAREGIVERS, AND THE GOAL IS TO GET FACT SHEETS AND FLIERS INTO THE HANDS OF THOSE RECIPIENTS AND CAREGIVERS. AND THEN WE CONTINUE TO PROVIDE TRAININGS TO NEW CAREGIVERS AND ALSO TRAINING TO CAREGIVERS THAT ARE ALSO WORKING WITH FOLKS IN THEIR HOMES, AND WE WILL CONTINUE TO DO THAT THROUGHOUT OUR OUTREACH EFFORT.

ONE LAST HIGHLIGHT HERE IS OUR PROVIDER OUTREACH. AND PETER MENTIONED ONE OF THE COMPONENTS THAT I WANT TO TALK ABOUT TODAY A LITTLE BIT EARLIER. OUR OUTREACH TEAM HAS ALWAYS KNOWN HOW IMPORTANT IT IS TO OUTREACH TO PROVIDERS, SPECIFICALLY PHYSICIANS AND OTHER PROVIDERS THAT PROVIDE CARE FOR PEOPLE THAT WILL BE IMPACTED BY THE CCI. AND SO BECAUSE OF THAT, I WOULD LIKE TO HIGHLIGHT A COUPLE THINGS THAT WE HAVE COMING FOR YOU.

I'LL REALLY EXCITED TO ANNOUNCE THAT WE HAVE COMPLETED OUR FIRST DRAFT OF OUR PHYSICIAN TOOLKIT. AND WE WANT TO HEAR FROM YOU ABOUT THAT. SO WE ARE GOING TO – EARLY NEXT WEEK WE WILL BE RELEASING THAT PHYSICIAN TOOLKIT FOR PUBLIC COMMENT FROM ALL OF YOU. AND WE ARE LOOKING TO DO ROUGHLY A TWO-WEEK COMMENT PERIOD ON THAT. SO LOOK FOR AN E-MAIL EARLY NEXT WEEK TO PROVIDE YOUR FEEDBACK AND COMMENTS ON OUR PHYSICIAN TOOLKIT. AND THE PHYSICIAN TOOLKIT WILL INCLUDE A LETTER FOR PHYSICIANS EXPLAINING THE PROGRAM TO THEM, A LETTER THAT PHYSICIANS CAN SEND TO THEIR PATIENTS TO HELP THEM UNDERSTAND THE PROGRAM. AND THEN IT HAS A SERIES OF FACT SHEETS THAT COVER PHYSICIAN SERVICES AND PAYMENTS, CONTINUITY OF CARE, CARE COORDINATION, AND ALSO WORKING WITH FOLKS THAT CHOOSE TO OPT OUT AND THAT ARE GOING IN MEDI-CAL MANAGED CARE AND FEE FOR SERVICE MEDICARE. SO LOOK FOR THAT E-MAIL EARLY NEXT WEEK TO COME OUT OF CALDUALS.

A COUPLE MORE HIGHLIGHTS ON THE PROVIDER FRONT. WE ARE DOING SOME WORK WITH THE CMA FOUNDATION, AND WE ARE GOING TO BE DOING A SERIES OF PHYSICIAN-AIMED WEBINARS WITH THE CMA FOUNDATION. WE CONTINUE TO DO WORK WITH CAPG, AND WE HAVE PROVIDED A SERIES OF WEBINARS

FOR CAPG MEMBERS IN THE PAST, AND WE CONTINUE TO PROVIDE INFORMATION, PRESENTATIONS AND SUCH TO CAPG MEMBERS. AND SO IF ANY OF YOU KNOW – OUR OUTREACH TEAM CONTINUES TO PROVIDE OUTREACH TO PROVIDERS, HOSPITALS, MEDICAL GROUPS, IPA'S, AND EVERYONE ELSE, PHARMACISTS. SO IF ANYONE HEARS OF ANY OF THOSE GROUPS THAT NEED OUTREACH, PLEASE LET US KNOW AND WE WOULD BE HAPPY TO CONNECT THEM WITH OUR COORDINATOR.

AND THEN JUST TO CLOSE OUT THE OUTREACH UPDATE, I JUST WANTED TO HIGHLIGHT A COUPLE TOOLS YOU CAN CONTACT US IF YOU NEED OUTREACH. SO WE HAVE OUR E-MAIL LIST, AND THAT IS SOMETHING YOU CAN SIGN UP FOR. AND MANY OF YOU OR ALL OF YOU PROBABLY ALREADY ARE, BUT THAT'S A TOOL FOR OTHERS TO USE. IF YOU WORK WITH ANYONE THAT WOULD LIKE TO RECEIVE OUR E-MAIL UPDATES.

OUTREACH REQUESTS CAN HAPPEN A COUPLE DIFFERENT WAYS. YOU CAN ALWAYS REQUEST IT OF A TECHNICAL ADVISOR, OUTREACH COORDINATOR, IF YOU KNOW THEM PERSONALLY. WE ALSO HAVE INFO@CALDUALS.ORG, WHICH YOU CAN SUBMIT REQUESTS FOR PRESENTATIONS, WEBINARS, TRAININGS, OR MATERIALS. AND WE ALSO HAVE A FORM, AN ONLINE FORM ON CALDUALS WHERE YOU CAN REQUEST A PRESENTATION OR TRAINING. AND YOU CAN FILL OUT THE FORM AND PUT SPECIFICS IN THERE ABOUT WHAT YOU WANT TO REQUEST.

AS ALWAYS, AS WE HAVE ALWAYS HAD, WE HAVE A CALENDAR OF OUTREACH EVENTS ON CALDUALS. THOSE ARE ONLY PUBLIC EVENTS, SO WE POST ALL PUBLIC EVENTS THAT WE ARE AWARE OF AND THAT WE PROVIDE. AND IF YOU EVER WANT ANY OF YOUR EVENTS LISTED ON OUR CALENDAR, PLEASE LET US KNOW THROUGH INFO@, AND WE WILL BE HAPPY TO LIST THAT, INCLUDING ANY REGISTRATION INFORMATION.

AND THEN THE LAST POINT I WANT TO TOUCH ON, WHICH MANY OF YOU HAVE PROBABLY ALREADY SEEN, IS OUR WEEKLY UPDATE. SO WE RELEASE, ONCE A WEEK, A WEEKLY UPDATE ON OUR OUTREACH ACTIVITIES. IT'S A NEWS LETTER THAT COMES OUT, IT DOES ABOUT A WEEK BEHIND. IT TALKS ABOUT THE CURRENT WEEK, AND THEN WE LOOK INTO THE FUTURE FOR ABOUT A MONTH ON OUTREACH ACTIVITIES. AND AGAIN, THAT'S A TOOL THAT WE ARE VERY HAPPY TO INCLUDE INFORMATION, IF ANY OF YOU ARE OUT THERE DOING OUTREACH, WE ARE HAPPY TO INCLUDE YOUR INFORMATION IN OUR WEEKLY UPDATE, AND WE WILL DEFINITELY SPECIFY THAT IT WAS YOU DOING THE WORK AND NOT US.

SO WITH THAT, PLEASE, IF YOU HAVE ANY QUESTIONS, PLEASE E-MAIL US AT INFO@CALDUALS.ORG. IF YOU NEED ANY OUTREACH, PLEASE LET US KNOW.

AND IF ANY OF YOU HAVE ANY QUESTIONS FOR ME, WE ARE GOING TO OPEN UP FOR A COUPLE QUIZ.

>> YEAH. SO FOR THOSE OF YOU WHO HAVE QUESTIONS, PLEASE PRESS THE NUMBER THREE.

OKAY. FIRST UP WE HAVE ALICIA LANDY, AND THEN FOLLOWED BY BOBBY THOMPSON. ALICIA, YOUR MIC IS OPEN.

>> OKAY. YEAH, THIS IS ALICIA LANDIS FROM SAN DIMAS, CALIFORNIA. AND MY QUESTION IS, DOES MY INSURANCE ALSO INCLUDE EYE EXAMS AND NEW GLASSES WHEN NEEDED?

>> IT WOULD DEPEND WHAT INSURANCE – THIS IS PETER. IT WOULD DEPEND WHAT INSURANCE YOU ARE REFERRING TO.

>> OKAY. NOW HERE IS THE THING. I WANTED YOU GUYS TO CLARIFY THAT I HAVE ASPERGER'S SYNDROME, WHICH IS A TYPE OF COMPREHENSION DISABILITY. SO IF I DON'T GET WHAT YOU GUYS ARE TRYING TO TELL ME, THEN IS THERE ALSO ANOTHER WAY THAT YOU CAN EXPLAIN IT IN A WAY TO WHERE I CAN UNDERSTAND WHAT YOU ARE SAYING?

>> YES. THE EASIEST THING FOR YOU TO DO IS TO SEND AN E-MAIL TO INFO AT CALDUALS.ORG. AND WE WILL CALL YOU – INCLUDE YOUR PHONE NUMBERS, AND WE WILL CALL YOU AND HELP YOU AS MUCH AS WE CAN.

>> OKAY. HERE IS ALSO – NOW, I HAVE ANOTHER QUESTION. I ALSO SIGNED UP TO DO THE PART TWO OF THE SESSION. I WANT TO KNOW – BECAUSE FOR SOME REASON THIS IS STARTING TO BECOME A LITTLE

BIT OVERWHELMING FOR ME. IS THERE A WAY I CAN OPT OUT OF THE SECOND SESSION AND THEN HAVE YOU GUYS – HAVE ME E-MAIL YOU GUYS, LIKE, WHAT I NEED TO KNOW?

>> ABSOLUTELY. IF YOU INCLUDE WHAT YOU ARE LOOKING FOR TO THAT SAME E-MAIL ADDRESS, INFO@CALDUALS.ORG, WE CAN HELP YOU AS MUCH AS WE CAN. AND IF WE DON'T KNOW THE ANSWER, WE WILL GET YOU IN TOUCH WITH SOMEBODY WHO DOES.

>> OKAY. YEAH, BECAUSE I SIGNED UP FOR THE 3:30 SESSION. BUT TO BE HONEST WITH YOU, I DON'T KNOW IF I CAN HANDLE THE OTHER SESSION WITHOUT GOING BALLISTIC.

>> I UNDERSTAND. IT'S A LOT. BUT WE WILL TALK WITH YOU ONE-ON-ONE AND BE AS HELPFUL AS WE CAN BE.

>> OKAY. THANK YOU SO MUCH. AND THEN IS THERE A WAY I CAN OPT OUT AFTER WE GET DONE WITH THIS SESSION?

>> YOU DON'T NEED TO OPT OUT. IT'S NOT LIKE YOU ARE TAKING SOMEONE ELSE'S SPOT. YOU DON'T NEED TO OPT OUT. JUST DO WHAT YOU ARE GOING TO DO. SO THANK YOU SO MUCH.

>> THANK YOU.

>> THANK YOU. NEXT UP WE HAVE BOBBY THOMPSON, FOLLOWED BY STEPHANIE FURTADO. BOBBY, YOUR MIC IS OPEN.

>> THANK YOU. HI, THIS IS BOBBY THOMPSON FROM UNITED HEALTH CARE. A QUICK QUESTION ON THE PHYSICIAN TOOLKIT THAT IS COMING OUT, I BELIEVE YOU SAID NEXT WEEK. THAT TOOLKIT, IS THAT COMING FROM MEDI-CAL? AND A FOLLOW UP TO THAT, IS THAT PHYSICIAN TOOLKIT GOING OUT JUST TO THE PHYSICIANS WHO ARE PARTICIPATING IN CAL MEDICONNECT, OR A CERTAIN GROUP OF FOLKS? I GUESS WHERE IS YOUR TARGET MARKET FOR THAT.

>> THANK YOU FOR THE QUESTION, BOBBY. THE PHYSICIAN TOOLKIT, WHAT I REFERENCED THAT IS GOING TO COME OUT NEXT WEEK IS WE ARE GOING TO SEND IT OUT FOR PUBLIC COMMENT. SO WE ARE NOT RELEASING THE FINALIZED VERSION OF THE TOOLKIT NEXT WEEK. IT WILL BE RELEASED FOR YOU ALL TO MAKE COMMENT ON. AND THAT WILL COME OUT THROUGH AN E-MAIL THROUGH CALDUALS, JUST LIKE THE E-MAIL ANNOUNCEMENT FOR THIS CALL DID.

AND THEN IT'S NOT ONLY TARGETED TOWARDS PHYSICIANS THAT HAVE ALREADY JOINED A NETWORK, IT'S TARGETED FOR PHYSICIANS OF ALL KINDS, BOTH PHYSICIANS IN NETWORK AND OUT OF NETWORK. IT DOES HAVE A LOT OF INFORMATION SPECIFIC FOR FEE FOR SERVICE DOCTORS TO UNDERSTAND THE PROGRAM, BUT I THINK IT'S DEFINITELY A GREAT TOOL FOR PHYSICIANS OF ANY TYPE TO USE, TO UNDERSTAND THE PROGRAM AND TO HELP THEIR PATIENTS UNDERSTAND.

>> GREAT. GREAT.

>> AND IT'S FOCUSED – THE FOCUS IS CAL MEDICONNECT. SO IT'S NOT A MEDI-CAL FOCUS PER SE, OR A MEDICARE FOCUS PER SE. IT IS A TOOLKIT FOR THIS SPECIFIC PROGRAM THAT WE ARE LAUNCHING FOR DUALS, CAL MEDICONNECT.

>> GREAT. MY SECOND QUESTION, ON YOUR OPT OUT RATE. YOU HAD MENTIONED OPT OUT RATE WAS 29%, IF MEMORY SERVES ME RIGHT. DO YOU KNOW THE OPT OUT RATE SPECIFICALLY FOR THE RIVERSIDE AND SAN BERNARDINO COUNTY?

>> WE PROBABLY DON'T HAVE THAT IN FRONT OF US. BUT AGAIN, IF YOU E-MAIL INFO@CALDUALS.ORG, WE WILL MAKE THAT AVAILABLE TO YOU. ITS ALSO ON THE DASHBOARD THAT IS MADE PUBLICLY AVAILABLE.

>> PERFECT.

>> YEAH, GOOD QUESTION. AND WHEN I WAS GOING THROUGH THOSE NUMBERS, I THINK I MENTIONED THAT WE PUBLISH A MONTHLY ENROLLMENT DASHBOARD THAT IS POSTED ON CALDUALS.ORG AS WELL AS THE DHCS WEBSITE. IT'S GENERALLY POSTED AROUND THE 12TH OF THE MONTH. SO AS SOON AS YOU TAKE A LOOK AT THAT, I THINK YOU WILL HAVE ALL OF THE METRICS YOU ARE LOOKING FOR.

>> FANTASTIC. THANK YOU.

>> THANK YOU. NEXT UP WE HAVE STEPHANIE FURTADO. AND THEN AFTER STEPHANIE, WE WILL TAKE A QUESTION FROM ROB SIKORSKI. STEPHANIE, YOUR MIC IS OPEN.

>> HI, THIS IS STEPHANIE FURTADO OF FAMILY HEALTH CENTERS OF SAN DIEGO. I HAD A QUESTION ABOUT OUTREACH AND WHAT KIND OF OUTREACH YOU ARE DOING TO THE DEAF OR HARD OF HEARING COMMUNITY.

>> SO THANK YOU FOR THAT QUESTION, STEPHANIE. WE ARE MORE THAN HAPPY TO PROVIDE OUTREACH TO ANYONE THAT WE COME IN CONTACT WITH THAT WANTS TO LISTEN TO US. AND WE HAVE BEEN WORKING WITH DIFFERENT GROUPS ACROSS THE DIFFERENT COUNTIES UNDER THE CCI THAT WORK WITH THE DEAF AND HARD OF HEARING COMMUNITY. AND WE PROVIDE PRESENTATIONS IN ANY WAY THAT THEY, YOU KNOW, NEED IT. AND GENERALLY WHAT WE HAVE DONE IS WE HAVE HAD ONE OF OUR OUTREACH COORDINATORS DO A PRESENTATION. WE HAVE HAD ASL INTERPRETERS WITH US AT THE PRESENTATION.

SO IF YOU KNOW OF ANY GROUPS OR ANYONE THAT NEEDS OUTREACH, PLEASE HAVE THEM CONTACT US AT INFO@CALDUALS.ORG. OR IF THEY DO KNOW ONE OF THE COORDINATORS THE COUNTIES, WE WOULD BE HAPPY TO SET UP A TRAINING, A PRESENTATION, OR GET THEM THE MATERIALS THAT THEY NEED.

>> OKAY. WILL DO.

>> THANK YOU.

SO OUR LAST QUESTION FOR THIS Q AND A QUESTION IS GOING TO BE COMING FROM ROB SIKORSKI. AGAIN, I SEE WE HAVE A NUMBER OF QUESTIONS IN THE QUEUE. SO WE ENCOURAGE YOU TO SUBMIT YOUR QUESTIONS OR COMMENTS TO INFO@CALDUALS AND WE CAN ADDRESS THEM THERE, OR LATER ON DURING ONE OF THE Q AND A SESSIONS.

SO ROB, YOUR MIC IS OPEN.

>> HI. THIS IS ROB SIKORSKI CALLING REGARDING SAN MATEO. AND I WANTED TO GO BACK TO THE INITIAL QUESTION THAT WAS ASKED ABOUT CROSSOVERS AND THE PAYMENT EXPECTED, THE REIMBURSEMENT EXPECTED FROM A MANAGED CARE PLAN. AND WE ABSOLUTELY UNDERSTAND THE ONE COMPONENT, WHICH IS NO BALANCE BILLING. AND YOU STATED THAT THE PLAN SHOULD PAY IN SECONDARY POSITION THE SAME AS MEDI-CAL.

SO OUR QUESTION IS, WHAT ACTIONS CAN PROVIDERS TAKE WHEN THIS IS NOT OCCURRING?

>> YOU WOULD NEED TO FOLLOW UP WITH THE PLAN. I MEAN, THE PLAN IS CONTRACTUALLY OBLIGATED TO DO THIS.

>> THE PLAN – AS PETER WAS SAYING, FOLLOW UP WITH THE PLAN. SPECIFICALLY ALL OF OUR PLANS HAVE OPPORTUNITIES FOR YOU TO FILE PROVIDER GRIEVANCES. SO YOU CAN FOLLOW UP WITH PROVIDER RELATIONS OR NETWORK MANAGEMENT FOLKS. YOU CAN ALSO, YOU KNOW, FILE A GRIEVANCE WITH THE PLAN.

>> WE STARTED WITH PROVIDER RELATIONS, AND WE WERE TOLD WE WERE INTERPRETING THE MOU INCORRECTLY. SO THE NEXT STEP THEN IS TO GO TO THEIR GRIEVANCE DEPARTMENT?

>> YES.

>> OKAY.

>> AND YOU CAN ALWAYS E-MAIL INFO@CALDUALS.ORG.

>> WE SET THAT UP A WEEK AGO. SO JUST WANTED TO MAKE SURE THERE WASN'T ANYTHING ADDITIONAL.

>> OKAY. WE WILL FOLLOW UP. THANK YOU.

>> THANK YOU.

>> THANK YOU. WE WILL GO AHEAD AND CONTINUE ON WITH OUR PRESENTATION.

>> YEAH. UNFORTUNATELY, THERE IS MORE ON THE AGENDA. AND SO WE ARE GOING TO KEEP MOVING. THIS IS PETER HARBAGE. I WILL ABBREVIATE MY PIECE, BECAUSE I KNOW IT'S A LONG LINE OF FOLKS IN THE QUEUE, AND I WOULD RATHER TAKE QUESTIONS.

SO I'M GOING TO JUST WRAP UP RYAN'S SECTION BY ALSO MENTIONING TO FOLKS THAT THERE WAS A NEWS PIECE BY PBS, A SEVEN OR EIGHT-MINUTE SEGMENT THAT RAN NATIONALLY ON CCI. IT WAS A PRETTY GOOD OVERVIEW OF THE PROGRAM. SO IN TERMS OF OUTREACH, THAT'S A LINK THAT WE HAVE AVAILABLE AT CALDUALS, AND IT PROVIDES A PRETTY GOOD OVERVIEW. IF YOU HAVE PEOPLE WHO NEED TO LEARN ABOUT CCI, THEY COULD WATCH THAT AND GET A PRETTY GOOD SENSE OF THE PROGRAM, ADDITION TO ALL THE OTHER MATERIALS AND RESOURCES.

MY SECTION – AND AGAIN, I'M GOING TO KEEP IT ABBREVIATED – IS ABOUT OVERSIGHT AND IMPLEMENTATION IMPROVEMENTS. AND I'LL START, AND THEN MARGARET IS GOING TO JUMP IN. DHCS HAS WORKED HARD TO BE TRANSPARENT ON BOTH WHAT IS WORKING AND WHAT CAN BE IMPROVED IN TERMS OF CAL MEDICCONNECT AND THE CCI. BOTH OF THESE PROGRAMS ARE LARGE AND EXPENSIVE. AND SO THERE HAVE CERTAINLY BEEN OPPORTUNITIES TO TALK ABOUT HOW THINGS ARE GOING AND HOW THINGS CAN BE CHANGED. AND THAT TRANSPARENCY HAS REALLY BEEN A HALLMARK OF THESE CALLS AND OUR MANY OTHER STAKEHOLDER CALLS AND THE INFORMATION THAT THE DHCS HAS MADE AVAILABLE.

I WANT TO FLAG FOR FOLKS THAT THERE'S A NEW DOCUMENT AT CALDUALS. IT'S THE NOTICE AND ENROLLMENT ISSUE TRACKER. THE DOCUMENT LISTS OUT THINGS THAT HAVE HAPPENED IN TERMS OF THE NOTICING AND ENROLLMENT PROCESS, WHERE WE HAVE GOTTEN QUESTIONS OR WE HAVE IDENTIFIED ISSUES. AND SO WHAT WE ARE TRYING TO DO – AND THERE ARE CERTAINLY OUTSIDE ADVOCATES WHO ARE DOING THIS AS WELL, BUT WHAT THE DEPARTMENT HAS TRIED TO DO IN THIS DOCUMENT IS TO LIST OUT WHAT THE ISSUE WAS, WHAT BENEFICIARIES WERE IMPACTED INCLUDING THEIR MONTH OF ENROLLMENT AND THE NUMBER OF BENEFICIARIES, WHAT WAS THE CAUSE OF THE ENROLLMENT FOR NOTICE ISSUE, WHAT DHCS HAS DONE TO ADDRESS THAT ISSUE, WHETHER IT WAS A ONE-TIME ISSUE OR A SYSTEMATIC ISSUE LEADING TO A SYSTEM CHANGE. AND THEN WHAT OUTREACH AND EDUCATION THAT HAPPENED IN ORDER TO LET BENEFICIARIES KNOW WHAT HAD HAPPENED AND TO GET THEM THE CORRECT INFORMATION.

THE ENROLLMENT TRACKER ALSO TALKED ABOUT WHETHER OR NOT THE ISSUE IS OPEN OR CLOSED. THE DEPARTMENT HAS WORKED VERY HARD TO ADDRESS ALL ISSUES AND QUESTIONS THAT HAVE COME IN IN TERMS OF NOTICE AND ENROLLMENT. AND I THINK THE TRACKER REFLECTS THAT, BASED ON THE VAST NUMBER OF ISSUES THAT ARE CLOSED.

THERE ARE ISSUES THAT HAVE COME IN FOR THE CURRENT MONTHS AND FOR THE END OF JUNE, AND THOSE ARE BEING ADDRESSED. AND THE DEPARTMENT WILL CONTINUE TO WORK ON THOSE.

AND SO WITH THAT, INSTEAD OF TAKING QUESTIONS ON THE TRACKER RIGHT NOW, I THINK WHAT I AM GOING TO DO IS HAND IT BACK OVER TO MARGARET TO TALK ABOUT OVERSIGHT AND IMPLEMENTATION.

>> GREAT. THANK YOU, PETER. AND AGAIN, TO EVERYBODY, THANK YOU FOR STAYING WITH US. WE APPRECIATE WE ARE GOING THROUGH A LOT OF MATERIAL ON THIS CALL. LIKE PETER, I WANT TO GET US TO QUESTIONS. SO I'LL GO THROUGH WHAT I WANTED TO TALK ABOUT PRETTY FAST.

YOU KNOW, AS PETER INDICATED, TRANSPARENCY AND COLLABORATION THAT WE ENJOY WITH ALL OF YOU HAVE REALLY BEEN HALLMARKS OF OUR WORK APPROACH AND OUR WORK EFFORT ON ALL THINGS RELATED TO THE COORDINATED CARE INITIATIVE. SO THESE EFFORTS – THE TRACKING LIST, FOR EXAMPLE, THAT PETER JUST TALKED ABOUT AND ALL OF WHAT WE ARE DOING TO OVERSEE IMPLEMENTATION OF CAL MEDICCONNECT ARE REALLY JUST, YOU KNOW, EXAMPLES OF THE KIND OF TRANSPARENCY AND RESPONSIBILITY THAT WE FEEL ARE SO IMPORTANT TO THE PROGRAM AND TO ALL OF YOU.

SO HERE WE ARE WATCHING IMPLEMENTATION VERY CLOSELY. WE ARE WATCHING IT CLOSELY TO ENSURE THAT BENEFICIARIES PROTECTIONS ARE BEING ENFORCED, THAT BENEFICIARIES ARE GETTING THE SERVICES AND CARE THAT THEY NEED, AND THAT ANY AND ALL TRANSITION ISSUES THAT ARISE ARE BEING ADDRESSED EXPEDITIOUSLY.

THERE ARE TWO CRITICAL AREAS OF FOCUS AND RESOURCES FOR THIS TYPE OF OVERSIGHT IN CAL MEDICCONNECT. CERTAINLY AS WE ALL TALK OVER THE NEXT FEW YEARS ABOUT CAL MEDICCONNECT, I THINK YOU WILL SEE A NUMBER OF WAYS IN WHICH WE OVER SEE PROGRAMS. WE WILL HAVE LOTS OF CONVERSATIONS ABOUT THE VARIOUS WAYS IN WHICH WE WILL BE OVER SEEING THE PLANS, THE PROVIDERS IN THIS PROGRAM. BUT THE TWO THAT I WANTED TO TALK ABOUT TODAY, PARTICULARLY AT THIS STAGE OF THE IMPLEMENTATION OF THE PROGRAM, ARE THE CONTRACT MANAGEMENT TEAM AND THE CAL MEDICCONNECT OMBUDSMAN PROGRAM.

SO FIRST THE CONTRACT MANAGEMENT TEAM. THIS IS A TERM THAT YOU WILL HEAR US TALK ABOUT A LOT IN THE FUTURE. AND AGAIN, AT THIS PARTICULAR STAGE OF IMPLEMENTATION OF THE PROGRAM, WE THOUGHT THAT IT WAS A GOOD IDEA TO INTRODUCE THE IMPORTANT WORK THAT THE CONTRACT MANAGEMENT TEAM DOES IN TERMS OF OVER SEEING THE PROGRAM AND FULFILLING OUR RESPONSIBILITY TO ALL OF YOU THAT THIS IS FULFILLING THE PROMISE OF COORDINATED CARE.

SO THE CAL MEDICCONNECT CONTRACT TEAM IS A THREE-WAY EFFORT. IT IS COMPRISED OF REPRESENTATIVES FROM DHCS, CMS, AND THE CAL MEDICCONNECT PLANS. THIS IS HOW WE WILL BE TRACKING QUALITY METRICS AND DOING ALL THE KINDS OF FEEDBACK THAT YOU CAN IMAGINE ARE SO CRITICAL WITH THE PLANS THAT ARE PARTICIPATING IN CAL MEDICCONNECT.

SO FOR EXAMPLE, WE HAVE BEEN WORKING CLOSELY THROUGH THE CONTRACT MANAGEMENT TEAM IN DEVELOPING KEY CONTRACT FOR STAKEHOLDERS AND PROVIDERS TO CONTACT THE PLANS WITH PLAN-SPECIFIC QUESTIONS. SO AGAIN, THE NORMAL COURSE OF ANY TRANSITION, ANY PROGRAM LAUNCH, WE RECOGNIZE THAT THERE ARE QUESTIONS.

WE ALSO RECOGNIZE THAT OUR PLANS WOULD LIKE TO BE HELPFUL IN THE RESOLUTION OF THOSE QUESTIONS AND ISSUES. SO AGAIN, WORKING THROUGH THE TEAM, WE HAVE DEVELOPED A LIST OF KEY CONTACTS IN THE PLANS SO THAT STAKEHOLDERS AND PROVIDERS AT THE LOCAL LEVEL CAN CONTACT THE PLANS WITH SOME PLAN SPECIFIC QUESTIONS. THAT DOESN'T MEAN THAT THEY HAVE TO ONLY GO THERE. WE DON'T WANT THERE TO BE ANY WRONG DOOR. BUT AGAIN, WE WANT THERE TO BE MANY OPPORTUNITIES FOR PEOPLE TO GET THEIR QUESTIONS ANSWERED AND GET THEIR NEEDS MET.

SO THE CONTRACT MANAGEMENT TEAM IS ALSO TRACKING PLAN ACTIVITIES VERY CLOSELY AS ENROLLMENT BEGINS. FOR EXAMPLE, PLANS IN LOS ANGELES ARE IN DAILY CONTACT WITH THEIR CONTRACT MANAGEMENT TEAM AS ENROLLMENT HAS STARTED IN JULY. WE THINK THIS CLOSE COMMUNICATION IS VERY VERY HELPFUL TO ENSURE THAT COMMUNICATIONS ARE OPEN, FREQUENT, GRANULAR, AND ADDRESSING ALL ASPECT OF THE TRANSITION, SO THAT AGAIN, AS ANY ISSUE ARISES, WE ARE ALL ABLE TO ADDRESS IT AS FAST AS POSSIBLE, THUS MAKING IMPLEMENTATION OF CAL MEDICCONNECT JUST AS SMOOTH AS POSSIBLE.

SO AGAIN, CONTRACT MANAGEMENT TEAM, YOU WILL HEAR LOTS ABOUT THAT IN THE FUTURE. THE OTHER THING I WANTED TO TALK ABOUT – AND WE HAVE TALKED ABOUT IT BEFORE ON THESE CALLS – IS THE CAL MEDICCONNECT OMBUDS PROGRAM AND OUR PARTNERS AT THE DEPARTMENT OF MANAGED HEALTH CARE, WHICH IS THE AGENCY THAT OVER SEES THE CAL MEDICCONNECT OMBUDS PROGRAM. SO I THINK MOST OF YOU KNOW ALL THIS, BUT AGAIN, THE NEW OMBUDSMAN PROGRAM WAS DESIGNED TO PROVIDE OMBUD SERVICES SPECIFIC TO THE NEEDS OF CAL MEDICCONNECT BENEFICIARIES, THEIR FAMILIES, THEIR CAREGIVERS.

EARLIER THIS YEAR, DHCS AND THE DEPARTMENT OF MANAGED HEALTH CARE, DMHC, RAN AN RFP, DID A REQUEST FOR PROPOSAL PROCESS FOR VENDORS TO OPERATE AND SERVE AS THE OMBUDS PROGRAM FOR CALIFORNIA'S CAL MEDICCONNECT PROGRAM. PURSUANT TO THAT PROCESS, THE LEGAL AID SOCIETY

OF SAN DIEGO WAS IDENTIFIED AND SELECTED AS THE PRIMARY INDEPENDENT ENTITY THAT WOULD BE RESPONSIBLE FOR ADMINISTERING THESE OMBUDSMAN SERVICES.

SO LEGAL AID OF SAN DIEGO HAS PARTNERS WITH LOCAL ORGANIZATIONS IN EACH OF THE CAL MEDICCONNECT COUNTIES, AND THEN THOSE LOCAL ORGANIZATIONS WERE ALSO CHOSEN FOR THEIR HIGH LEVEL OF EXPERTISE IN PROVIDING OMBUDS SERVICES. AND FURTHERMORE, THEY HAVE BEEN TRAINED ON THE SPECIFICS OF THE CAL MEDICCONNECT PROGRAM, SO THAT THEY CAN AGAIN RESPOND TO QUESTIONS ABOUT THE PROGRAM. SO WE ARE VERY PLEASED THAT THE OMBUDS PROGRAM WAS ABLE TO LAUNCH ON TIME, APRIL 1ST, AND BE READY FOR QUESTIONS AS THEY ARISE FROM BENEFICIARIES WITH ANYTHING HAVING TO DO WITH THEIR CARE IN A CAL MEDICCONNECT PLAN.

THE OMBUDS PROGRAM, YOU KNOW, HELPS BENEFICIARIES NAVIGATE, IT HELPS THEM LEARN HOW TO GET THEIR NEEDS MET IN A MANAGED CARE ENVIRONMENT, JUST ANSWER GENERAL QUESTIONS, AND THE OMBUDS PROGRAM CAN ALSO HELP BENEFICIARIES DISENROLL FROM THE PLANS IF THEY WANT TO. SO WE ARE SEEING A FULL RANGE OF ISSUE FROM THE EXPERIENCE, FROM PLANS. SO AGAIN, WE ARE MONITORING ALL OF THIS VERY VERY CLOSELY.

AS PETER SAID, WE REALLY WANT TO OPEN THIS UP FOR QUESTIONS. I'LL CLOSE WITH TWO STORIES FROM CAL MEDICCONNECT PLANS. AND NO DETAILS ABOUT FOLKS, BUT TWO STORIES FROM BENEFICIARIES IN CAL MEDICCONNECT PLANS REPRESENTING WHAT WE REALLY BELIEVE IS THE PROMISE OF FULLY COORDINATED CARE, AND NOT ONLY THE PROMISE OF FULLY COORDINATED CARE, BUT THESE STORIES REPRESENT THE KIND OF CHANGE THAT WE REALLY HOPE CAL MEDICCONNECT CAN BRINGS TO THE LIVES OF BENEFICIARIES AND THEIR FAMILIES.

SO ONE IS A DUALY ELIGIBLE PERSON LIVING IN A SKILLED NURSING FACILITY AS A RESULT OF A BROKEN HIP AND SOME SUBSEQUENT INFECTIONS. AS HEALTH IMPROVED, THIS BENEFICIARIES RECEIVED A DISCHARGE. THE BENEFICIARY WAS OF COURSE ANXIOUS TO LEAVE THE NURSING HOME BUT WAS CONCERNED ABOUT HER HOUSING SITUATION. THERE WAS AN UNEXPECTED LENGTH OF STAY IN A NURSING FACILITY. THIS BENEFICIARIES HAD LOST AN APARTMENT AND ACCESS TO SOME HOUSING VOUCHERS.

SO AGAIN, A PERIOD OF GREAT ANXIETY FOR A BENEFICIARIES COMING OUT OF A SKILLED NURSING FACILITY. BECAUSE OF THE COORDINATED CARE INITIATIVE AND THE CAL MEDICCONNECT PROGRAM, THIS BENEFICIARY IS WAS ELIGIBLE FOR SOME EXPANDED LONG-TERM SERVICES SUPPORTS.

THE OMBUDS PROGRAM WORKED IN THE PLAN WHO WAS SERVING THIS BENEFICIARY AND CONNECTED THE BENEFICIARY TO COMMUNITY TRANSITIONS PROGRAM. THAT GOT SOME INTENSIVE CASE MANAGEMENT AND SOME FINANCIAL ASSISTANCE. LONG STORY SHORT, THIS BENEFICIARY IS LIVING INDEPENDENTLY IN THE COMMUNITY THROUGH THE CARE MANAGEMENT AND THE COORDINATION RECEIVED FROM NOT ONLY THE PLAN, BUT ALSO FROM THAT SUCCESSFUL COLLABORATION WITH THE OMBUDS PROGRAM.

SO AGAIN, FULLY EXPECT TO BE SHARING MORE STORIES LIKE THAT AS EVIDENCE OF WHAT WE FULLY BELIEVE THE PROMISE OF THIS PROGRAM TO BE. WE KNOW THAT CAL MEDICCONNECT MAY NOT BE RIGHT FOR EVERY BENEFICIARY. BUT AGAIN, WE BELIEVE THAT THERE ARE MANY FOLKS, MANY CALIFORNIANS WHO WILL BENEFIT FROM JUST THE KIND OF SERVICES THAT I JUST DESCRIBED.

SO AGAIN, IN THE INTERESTS OF MOVING THINGS ALONG, I'M GOING TO ASK RYAN TO GIVE A BRIEF UPDATE ABOUT THE STATUS OF DUALS PROGRAMS AS THEY ARE BEING IMPLEMENTED IN OTHER STATES, AND THEN WE WILL OPEN THINGS UP FOR QUESTIONS. THANK YOU.

>> THANK YOU, MARGARET.

AS MARGARET MENTIONED, THERE ARE OTHER STATES BESIDES CALIFORNIA THAT ARE WORKING ON PROGRAMS THAT ARE TRYING TO COORDINATE CARE FOR DUAL ELIGIBLE BENEFICIARIES. AND SO WE WORKED WITH CMS TO PULL TOGETHER A LIST OF SOME INFORMATION ON THOSE OTHER STATES, WHICH WE THOUGHT YOU ALL MIGHT FIND INTERESTING.

SO 10 OTHER STATES, OR 10 STATES TOTAL, HAVE APPROVED CAPITATED MODEL DEMONSTRATIONS. AND ALL DEMONSTRATIONS REQUIRE 60 AND 30-DAY NOTICES. AND TO POINT OUT – I WANTED TO POINT OUT THAT CALIFORNIA HAS ACTUALLY ADDED AN ADDITIONAL 90-DAY MAILING. AS YOU KNOW, WE HAVE THE 90-DAY NOTICE. AND THAT IS AN ADDITIONAL BENEFIT FOR BENEFICIARIES TO UNDERSTAND THE PROGRAM ABOVE AND BEYOND THE OTHER STATES.

WE HAVE FIVE STATES THAT ARE CURRENTLY ACCEPTING ENROLLMENT. SO I AM GOING TO GIVE A LITTLE BIT OF ENROLLMENT NUMBER FOR THOSE STATES. AGAIN, EARLIER WE HEARD THAT CALIFORNIA HAS MORE THAN – AND THESE ARE NUMBERS THAT ARE SPECIFIC TO TOTAL ENROLLMENT.

SO CALIFORNIA HAS MORE THAN 39,731 ENROLLEES. MASSACHUSETTS STARTED ENROLLMENT IN OCTOBER OF 2013 AND HAS NOW 13,000 ENROLLEES. ILLINOIS BEGAN ENROLLMENT IN MARCH 2014 AND NOW HAS 19,300 ENROLLEES, ROUGHLY. VIRGINIA BEGAN THEIR ENROLLMENT IN APRIL OF THIS YEAR, AND THEY HAVE CURRENTLY ROUGHLY 2000 ENROLLEES. AND OHIO BEGAN ENROLLMENT IN MAY OF THIS YEAR, AND THEY HAVE OVER 9,000 ENROLLEES. SO ONE INTERESTING POINT TO POINT OUT ABOUT OHIO IS THEY ARE THE ONLY STATE THAT HAS JUST VOLUNTARY ENROLLMENT, SO THAT NUMBER IS PRETTY IMPRESSIVE FOR OHIO.

FIVE MORE STATES HAVE START DATES BETWEEN NOW AND APRIL 2015, AND THOSE ARE NEW YORK, SOUTH CAROLINA, WASHINGTON STATE, MICHIGAN, AND TEXAS. AND THEN THERE ARE TWO MANAGED FEE FOR SERVICE DEMONSTRATIONS IN WASHINGTON AND COLORADO, AND THEN MINNESOTA IS ALSO PARTNERS WITH CMS FOR A SEPARATE DEMONSTRATION.

AND JUST TO GIVE A COUPLE POINTS OF INTEREST FOR THOSE THREE STATES. WASHINGTON IS BUILDING ITS MEDICAID HEALTH HOME MODEL, TARGETING MEDICARE AND MEDICAID ENROLLEES WITH CHRONIC HEALTH CONDITIONS. THE SECOND DEMONSTRATION BEGAN ON JULY 1ST, 2014, AND APPROXIMATELY 20,000 MEDICARE-MEDICAID ENROLLEES ARE ELIGIBLE. COLORADO, ON THE OTHER HAND, WILL MAKE THE STATE'S ACCOUNTABLE CARE COLLABORATIVE AVAILABLE FOR 48,000 MEDICARE AND – SORRY, MEDICARE AND MEDICAID ENROLLEES.

ENROLLMENT IS ANTICIPATED TO BEGIN IN COLORADO IN LATE SUMMER 2014. AND THEN FINALLY WE HAVE MINNESOTA. AND BUILDING ON THE STATE'S MINNESOTA SENIOR HEALTH OPTION, MSHO PROGRAM, CMS AND MINNESOTA WILL WORK TOGETHER TO IMPROVE THE BENEFICIARY EXPERIENCE IN HEALTH PLANS THAT MAINTAIN CONTRACTS WITH BOTH CMS AS MEDICARE ADVANTAGE SPECIAL NEEDS PLANS WITH THE STATE TO DELIVER MEDICAID SERVICES.

SO THIS IS JUST A BRIEF UPDATE. AND THEN I ALSO WANTED TO POINT OUT THAT CMS IS FACILITATING FORUMS FOR STATES TO SHARE LESSONS LEARNED FROM VARIOUS DEMONSTRATION PROJECTS. SO YOU CAN LOOK FORWARD TO THAT INFORMATION AT SOME POINT IN THE FUTURE.

AND WITH THAT, I BELIEVE WE HAVE SOME TIME HERE LEFT FOR QUESTIONS.

>> YEP. SO FOR THOSE ON THE PHONE WHO WOULD LIKE TO ASK A QUESTION, PLEASE PRESS THE NUMBER THREE ON YOUR PIN PAD.

OKAY. FIRST WE HAVE BETH GARVER, FOLLOWED BY DAVID FINE.

BETH, YOUR MIC IS OPEN.

>> THANK YOU. I HAVE TWO QUESTIONS. THE FIRST ONE IS REAL SIMPLE. DID I UNDERSTAND YOU THAT THE ENROLLMENT TRACKER IS ON THE CALDUALS WEBSITE?

>> YES, IT IS.

>> AND WHERE WOULD I FIND IT? I HAVE BEEN SEARCHING FOR IT.

>> WE CAN SEND YOU A LINK, BETH. I CAN'T THINK OF IT OFF THE TOP OF MY HEAD WHERE IT'S POSTED, BUT I CAN GET YOU A LINK RIGHT AFTER THE CALL.

>> OKAY. GREAT. THANK YOU. AND THEN THE OTHER THING IS, I HAVE HEARD RUMBLINGS, WHEN IT COMES TO THE DELEGATION OF THE MEDICARE BENEFIT DOWN TO MEDICAL GROUPS, IP'S, AND HOSPITALS, THERE HAS BEEN SOME RUMBLINGS THAT THE MEDICAL GROUPS THAT ARE AT RISK FOR THE

SKILLED STAY ARE GOING TO HAVE A BILL – THE PLAN THAT MAINTAINS THE MEDICAL BENEFITS FOR THE COINSURANCE.

NOW, I KNOW YOU GUYS SAID THAT THE HEALTH PLAN WILL PAY THE ENTIRE AMOUNT, AND THERE WILL NO LONGER BE A COINSURANCE. BUT I HAVE HEARD RUMBLINGS FROM THE DELEGATED GROUPS THAT ARE ONLY AT RISK FOR THE MEDICARE BENEFITS, THAT THEY ARE GOING TO HAVE A SPLIT BILL. THEY WILL PAY US THE 80% OF THE MEDICARE AFTER DAY 21, AND WE ARE GOING TO HAVE TO SPLIT BILL THE COINSURANCE TO THE HEALTH PLANS. CAN YOU CLARIFY THAT?

I WOULD THINK THE DELEGATED GROUPS WOULD FOLLOW WHAT THE PLANS WERE DOING.

>> SO, BETH. I MEANT WHAT I SAY. MAYBE WE CAN DO THAT BY – MAYBE WE CAN TALK ABOUT THAT BY E-MAIL. I THINK WHAT WE ARE TRYING TO DO IS JUST STAY FOCUSED ON THE AGENDA AS BEST WE CAN FOR TODAY ON OUTREACH AND THE TRACKER.

>> OH, I'M SORRY.

>> THAT SOUNDS A LITTLE BIT MORE – NO, IT'S TOTALLY FINE AND I APPRECIATE THE QUESTION. BUT IT SOUNDS A LITTLE BIT MORE TECHNICAL FOR THIS AUDIENCE. BUT LET'S DEFINITELY TALK ABOUT IT.

>> THANK YOU. NEXT UP WE HAVE DAVID FINE, FOLLOWED BY MATT WOLF.

DAVID, YOUR MIC IS OPEN.

>> HI, IS DAVE FINE WITH THE CALIFORNIA ASSOCIATION OF MEDICAL PRODUCT SUPPLIERS. AND I HAD A FOLLOW ON QUESTION FOR PETER. THANKS FOR EXPLAINING THE STUFF ON THE CROSSOVER. BUT I'M WONDERING, BASED ON YOUR LAST RESPONSE, WHETHER IF WE HAVE MORE SPECIFIC QUESTIONS RELATED TO CROSSOVERS AND RELATED TO MEDICAL HEALTH PLANS WHEN THERE IS RISK DELEGATION IN TERMS OF WHO IS RESPONSIBLE FOR THE 20%, WHETHER IT'S THE HEALTH PLAN FOR THE IPA, SHOULD WE SEND THOSE QUESTIONS VIA E-MAIL, OR CAN YOU ANSWER THAT NOW?

>> LET'S GO AHEAD AND DO IT BY E-MAIL, IF THAT'S OKAY WITH YOU.

>> NO PROBLEM. THANK YOU.

>> THANK YOU.

>> THANK YOU. NEXT UP WE HAVE MATT WOLF, FOLLOWED BY JERRY OLIT.

MATT, YOUR MIC IS OPEN.

>> THANK YOU. YES, MY NAME IS MATT WOLF. I'M FROM MOLINA HEALTH CARE. AND I WAS WONDERING IF THERE'S GOING TO BE AN UPDATE ON THE QUALITY MEASURES THAT ARE DUE FOR SUBMISSION AT THE END OF HAD THIS MONTH, THE STATE-SPECIFIC REPORTING TEMPLATE. I'M WONDERING WHEN THAT'S GOING TO BE AVAILABLE.

>> THAT'S A GREAT QUESTION. WE REALIZE THAT WE STILL OWE EVERYBODY INFORMATION. WE WILL FOLLOW UP BY E-MAILS.

>> THANK YOU.

>> THANK YOU.

>> NEXT UP WE HAVE JERRY OLIT, FOLLOWED BY MARCIA POTTER.

JERRY, YOUR MIC IS OPEN.

>> THANK YOU FOR TAKING MY CALL, AND I APOLOGIZE FOR MY ROUGH VOICE. I HAVE A COLD. SO, MY APOLOGIES. I HAVE A BRIEF QUESTION AND THEN I WILL JUST STEP OUT, STEP OFF. MY QUESTION IS, IT'S MY UNDERSTANDING THAT THE CALIFORNIA ASSOCIATION OF HEALTH FACILITIES, CAHF, SENT A VERY DETAILED LETTER LOOKING FOR SOME RESPONSE AS TO HOW ALL OF THIS IS AFFECTING THE LONG TERM CARE INDUSTRY. AND I WAS WONDERING IF YOU COULD RESPOND TO WHERE THAT – WHERE THE LETTER IS IN THE PROCESS OF GETTING ANSWERED. THANK YOU.

>> YOU'RE WELCOME. THIS IS MARGARET, AND CERTAINLY WE HAVE BEEN WORKING VERY VERY CLOSELY WITH CAHF IN CONNECTION WITH A NUMBER OF THINGS RELATED TO THE CAL MEDICONECT PROGRAM. SO SPECIFICALLY WE HAVE BEEN WORKING WITH THE HEALTH PLANS AND THE NURSING FACILITIES IN THE DEVELOPMENT OF A DUALS PLAN LETTER AND IN ALL PLAN LETTERS. SO A DUALS PLAN

LETTER AND AN ALL PLAN LETTER TO PROVIDE SPECIFIC GUIDANCE TO THE PLANS IN CONNECTION WITH THE BENEFIT AND WITH REQUIREMENTS IN THE CCI LEGISLATION AND THE MOU RELATING TO THE BENEFITS.

SO WE HAVE BEEN WORKING ON THAT, AND WE HAVE HAD A NUMBER OF CALLS TO, AGAIN, ADDRESS CONCERNS AND HOPEFULLY ADDRESS ANY CONFUSION AND, YOU KNOW, ENCOURAGE AND DO EVERYTHING THAT WE CAN DO TO, YOU KNOW, MAKE CAL MEDICONECT SUCCESSFUL. AS FOR SPECIFIC COMMUNICATION, I WILL CERTAINLY CHECK FILES. I DON'T HAVE IT AT THE READY FOR THIS CALL TODAY, BUT I WILL CHECK FILES. AND IF THERE'S A SPECIFIC COMMUNICATION TO WHICH AN ANSWER IS REQUIRED, WE WILL MAKE SURE THAT WE ANSWER THAT VERY VERY QUICKLY.

BUT AS I SAID, I MEAN, WE HAVE BEEN WORKING VERY CLOSELY WITH CAHF ON THE DEVELOPMENT OF GUIDANCE AND ONGOING EFFORTS TO ENSURE THAT THE CAL MEDICONECT PROGRAM IS BEING IMPLEMENTED EFFECTIVELY VIS-À-VIS THE SPECIFIC BENEFIT AND PROVIDERS THAT CAHF REPRESENTS.

>> OKAY. THANK YOU.

>> YOU'RE WELCOME.

>> THANK YOU. NEXT UP WE HAVE MARCIA POTTER, FOLLOWED BY ELAINE KURDOVICH.

MARCIA, YOUR MIC IS OPEN.

>> THANK YOU, JUST A NUMBER OF QUESTIONS ABOUT BILLING HAVE COME UP. SO I'LL MAKE THIS SHORT. WHAT IS THE BEST RESOURCE AND TRAINING FOR BILLING METHODS AND PROCEDURES FOR THE DUALS?

>> WELL, IT'S IMPORTANT TO KEEP IN MIND THAT CAL MEDICONECT BUILDS ON THE EXISTING MEDICARE AND MEDI-CAL PROGRAM. AND SO AGAIN, FOR SOMEBODY WHO IS IN CAL MEDICONECT, YOU'RE GOING TO BE WORKING WITH THAT PERSON'S HEALTH PLAN IN ORDER TO UNDERSTAND THE SPECIFICS ABOUT THEIR BILLING SYSTEM AND CLAIMS AND SO ON.

FOR SOMEBODY WHO IS NOT IN CAL MEDICONECT, YOU KNOW, THAT PERSON IS STILL GOING TO BE, YOU KNOW, IN A MEDICARE ADVANTAGE PLAN OR MEDICARE FEE FOR SERVICE. AND THEN THE HEALTH PLAN WILL NOW BE RESPONSIBLE FOR CROSSOVER CLAIMS AND MEDICAL – AND OTHER MEDICAL CLAIMING FOR LONG TERM CARE SERVICES.

CALDUALS.ORG HAS A NUMBER OF RESOURCES THAT ARE AVAILABLE. IF YOU NEED TO KNOW SPECIFICALLY HOW TO DO A CLAIM, THAT IS SOMETHING YOU ARE GOING TO NEED TO SPEAK WITH THE RELEVANT PAYER ABOUT.

>> AND IF YOU HAVE SOME SPECIFIC QUESTIONS, PLEASE, PLEASE FEEL FREE TO WRITE YOUR QUESTION TO CALDUALS.ORG, AND WE WILL HELP IN TERMS OF THE PLAN OR PLANS WITH WHICH YOU SHOULD BE WORKING. IS THAT HELPFUL?

>> YES, VERY HELPFUL.

>> OH, GOOD. WRITE TO US AT CALDUALS.ORG, WE WILL HELP YOU OUT.

>> NEXT UP WE HAVE ELAINE KURDOVICH, FOLLOWED BY JANELLE LIM.

ELAINE, YOUR MIC IS OPEN.

>> HI. THIS IS ELAINE KURDOVICH FROM UC BERKELEY SCHOOL OF PUBLIC HEALTH. I JUST WANTED TO RECEIVE THE E-MAIL WITH THE LINK TO THE TRACKING LIST, IF POSSIBLE.

>> WE WILL GET THAT AROUND TO THE FOLKS ON THIS CALL. SOMEONE SHOULD TELL ME THAT THAT'S NOT POSSIBLE? OKAY. WE WILL SEND THE TRACKING LIST AROUND TO THE PEOPLE WHO ARE ON THIS CALL.

>> THANK YOU.

>> NEXT UP WE HAVE JANELLE LIM, FOLLOWED BY LASHAWN FRANCIS.

JANELLE, YOUR MIC IS OPEN.

>> YES. HI. THANK YOU FOR TAKING MY QUESTION. WE HAVE – SO I'M FROM SAN DIEGO COUNTY, AND WE HAVE SOME QUESTIONS REGARDING THE DASHBOARD WHEN IT COMES TO THE OPT OUT REQUEST. WE

HAVE DIFFICULTY UNDERSTANDING EXACTLY WHAT THAT TABLE IS TRYING TO COMMUNICATE. BECAUSE IT SAYS OPT OUT REQUEST BY MONTH PER COUNTY. BUT YET THE LAST COLUMN SAYS PERCENT OF PASSIVE ENROLLED.

SO CAN YOU CLARIFY THAT TABLE A LITTLE BIT FOR ME, PLEASE. THANK YOU.

>> SURE. SO I'M LOOKING AT –

>> THE SECOND PAGE, IN PURPLE AND WHITE?

>> YEAH. AND YOU WILL SEE AN OPT OUT REQUEST BY MONTH, BY COUNTY.

>> YEAH.

>> AND SO YOU HAVE – AND THEN YOU HAVE A NUMBER FOR THAT COUNTY PER MONTH.

>> SO SAN DIEGO SHOWS, FOR APRIL, FOR EXAMPLE, 1,724 WERE OPT OUT REQUESTS IN APRIL. 1,767 IN MAY. 2,154 IN JUNE. THAT TOTAL OF APRIL THROUGH JUNE WAS 6,375.

>> AND THEN THE PERCENTAGE CALCULATION, THAT NUMBER, THAT 6300 NUMBER WOULD BECOME YOUR NUMERATOR. AND THE DENOMINATOR WOULD HAVE BEEN THE – I THINK IT'S FOOTNOTED.

>> YEAH, ITS FOOTNOTED AT NUMBER THREE. SO THE PERCENT WOULD BE APPLIED TO ALL OF THOSE WHO GOT THE 90-DAY NOTICE. SO THE NUMERATOR – PETER DOES IT NICELY BY BEING MATHEMATICAL – THE NUMERATOR WOULD BE THAT 6,000 NUMBER, THE DENOMINATOR WOULD BE THE SUM TOTAL OF ALL OF THOSE WHO HAD RECEIVED 90-DAY NOTICES.

>> FOR THAT COUNTY.

>> IN THAT PERIOD.

>> IN THAT PERIOD. AND JUST FOR SIMPLICITY AND KEEPING IT STRAIGHTFORWARD, THAT DENOMINATOR ISN'T ACTUALLY PROVIDED HERE.

>> OKAY. THANK YOU.

>> THANK YOU. NEXT UP WE HAVE LASHAWN FRANCIS, FOLLOWED BY KIM RUTLEDGE. LASHAWN, YOUR MIC IS OPEN.

>> HI. THIS IS ACTUALLY CHRISTINE WITH CMA. CAN YOU HEAR ME?

>> YES. HI. HOW ARE YOU?

>> HI, MARGARET. I'M CALLING ABOUT TIMING. THIS QUESTION WAS POSED TO ME. IF A MEMBER IS AUTOMATICALLY ENROLLED, THEY WANT TO OPT OUT OR CHANGE PLANS, IS THERE A DEADLINE WITHIN THE MONTH FOR THAT CHANGE TO BE EFFECTIVE?

>> NO. PEOPLE CAN OPT OUT AT ANY TIME.

>> SO HOW LONG WILL IT TAKE BEFORE THAT IS REFLECTED IN THE ELIGIBILITY SYSTEMS, BETWEEN A'S, POS, AND THE HEALTH PLAN'S ELIGIBILITY INFORMATION?

>> I WILL HAVE TO CONFIRM THIS. I THINK THAT IT'S A MATTER OF DAYS, BUT IT MAY DEPEND ON WHETHER IT'S A FRIDAY AND THEN HOW IT HITS ON THE WEEKEND. SO I HAVE TO CONFIRM THAT FOR YOU, AND I'LL FOLLOW UP VIA E-MAIL.

>> THANK YOU SO MUCH.

>> YOU'RE WELCOME.

>> THANKS. NEXT UP WE HAVE KIM RUTLEDGE, FOLLOWED BY CA CARINA MARCOSIAN.

KIM, YOUR MIC IS OPEN.

>> HI. I WAS JUST WONDERING WHAT THE STATUS WAS OF CAL OPTIMA IN ORANGE COUNTY, IF THEY ARE STILL UNDERGOING REVIEW AND IF THEY ARE STILL SLOTTED TO START ENROLLMENT IN JANUARY 2015.

>> HI, KIM. SO KIM'S QUESTION HAS TO DO WITH ORANGE COUNTY. AND AS WE HAVE UPDATED FOLKS ON THIS CALL BEFORE, JUST BY WAY OF BACKGROUND, CAL OPTIMA HAD BEEN SCHEDULED TO START CAL MEDICONECT IN JANUARY, NO SOONER THAN JANUARY OF NEXT YEAR BECAUSE OF ISSUES WITH REGARD TO AN AUDIT OF ITS MEDICARE PRODUCT. SO CAL OPTIMA WAS AUDITED LAST YEAR IN CONNECTION WITH ITS MEDICARE PRODUCT WITH REGARD TO ISSUES AND FINDINGS FROM THAT AUDIT. AMONG OTHERS, IT

CANNOT PARTICIPATE IN CAL MEDICONNECT UNLESS AND UNTIL THOSE AUDIT ISSUES HAVE BEEN ADDRESSED.

AS A RESULT OF THAT AUDIT ON THE FEDERAL SIDE, THE STATE ALSO CONDUCTED A FOCUS REVIEW OF THE CAL OPTIMA MEDI-CAL PROGRAM IN SOME OF THE SAME AREAS WHERE THERE HAD BEEN FINDINGS ON THE FEDERAL SIDE. SO CAL OPTIMA IS CURRENTLY WORKING THROUGH CAPS, BOTH VIS-À-VIS THE FEDERAL GOVERNMENT AND VIS-À-VIS THE STATE.

THAT IS ACTUALLY NOT ME.

>> OKAY. SORRY ABOUT THAT.

>> SORRY ABOUT THAT. BUT ANYWAY, CAL OPTIMA, AS WE UNDERSTAND IT, IS WORKING THROUGH THOSE ISSUES. AND WE ARE HOPING TO BE – WORK WITH CAL OPTIMA TO FIGURE OUT A START DATE THAT IS GOING TO BE EFFECTIVE AND GOING TO BE TIMED SO THAT WE CAN ALL BE CONFIDENT THAT IT HAS WORKED THROUGH AND CLOSED ALL OF THE CAP ISSUES FROM BOTH OF THOSE AUDITS.

SO AT THE MOMENT, WE DON'T HAVE A SPECIFIC START DATE.

>> THANKS, KIM.

NEXT UP WE HAVE CARINA MARCOSIAN, FOLLOWED BY KELLY GREENE.

CARINA, YOUR MIC IS OPEN.

>> YES, HI. I'M A PROGRAM DIRECTOR FOR A COMMUNITY-BASED ADULT SERVICES. APPARENTLY WE EXPERIENCE A LOT OF DIFFICULTIES BECAUSE OF CAL MEDICONNECT. A LOT OF OUR PATIENTS, I'M TALKING ABOUT 40 PATIENTS, WHO OPT OUT ON THE PAPER, SUBMITTED ON TIME, THEY AUTOMATICALLY AS OF JULY 1ST WAS PUT IN A CAL MEDICONNECT. AND THE FAMILY AND THE PATIENT, THE DOCTORS, EVERYBODY CALLING US. AND IT'S EXTREMELY DISAPPOINTING THAT WHEN WE CALL THE HEALTH CARE OPTIONS WITH MEDICARE, THEY SAID WE DID RECEIVE A PACKAGES, BUT THEY HAVE NO TIME TO REALLY DO IT ON THE COMPUTER.

SO ALL OF THESE PEOPLE, LIKE I SAID, 42 PATIENTS, WERE AUTOMATICALLY ENROLLED IN CAL MEDICONNECT. THEY CANNOT RECEIVE THE PLANNED SURGERY, THEY CANNOT RECEIVE THEIR SUPPLIES, THEIR MEDICATION. WE ARE BOMBARDED WITH THE PHONE CALLS.

I WANT TO KNOW, WHAT DO YOU – I ALREADY CALLED DEPARTMENT OF HEALTH SERVICES. I CALLED TO THE LAWYER FROM THE NATIONAL ORGANIZATION, AND I DON'T KNOW. WHAT ELSE CAN YOU SUGGEST?

>> THIS IS PETER. THIS IS AN ISSUE THAT HAS BEEN FLAGGED TO US PREVIOUSLY. YOU SAID YOU HAD CALLED NATIONAL SENIOR CITIZENS LAW CENTER. THIS IS AN ISSUE THAT THEY FLAGGED FOR US. I'LL ASSUME THAT IT'S THE SAME ISSUE. IN THIS PARTICULAR CASE, IT SEEMS LIKE THERE WAS AN OPPORTUNITY FOR HCO TO PROCESS THE FORMS THAT HAD BEEN SUBMITTED, AND WE ARE WORKING WITH DHCS AND HCO TO BETTER UNDERSTAND WHAT EXACTLY HAD HAPPENED.

THE GOAL OF THIS PROCESS IS FOR THE INDIVIDUALS YOU ARE REFERRING TO IS TO BE WHAT IS CALLED "RETROACTIVELY DISENROLLED," MEANING IT WILL BE AS IF THE ENROLLMENT HAD NEVER HAPPENED. AND THAT PROCESS IS ON GOING. I WISH I HAD A RESOLUTION FOR YOU, AND I ANTICIPATE THERE WILL BE A RESOLUTION IN THE NEAR FUTURE. BUT I UNDERSTAND YOUR FRUSTRATION.

>> OKAY. THANK YOU VERY MUCH. I HOPE IT WILL NOT – I DON'T KNOW HOW MANY MORE PATIENTS WILL BE AFFECTED, BUT AT THIS POINT WE ARE IN THE ONES WHO ARE ACTUALLY IN A VERY BAD SITUATION, AND CONFRONTING ALL OF THE PATIENTS AND THE FAMILIES. SO HOPEFULLY –

>> I TOTALLY UNDERSTAND, AND THAT SOUNDS LIKE A VERY DIFFICULT SITUATION TO BE IN.

>> IT IS VERY DIFFICULT. BECAUSE IF IT'S PLANNED SURGERY AND NOTHING CAN BE DONE, AND FIVE DAYS FOR THEM SEEMS LIKE 45. SO HOPEFULLY IT WILL BE RESOLVED SOON.

>> THANK YOU.

>> THANK YOU.

>> THANK YOU. YEAH, WE ARE GOING TO SQUEEZE IN ONE MORE QUESTION, FROM KELLY GREENE.

KELLY, YOUR MIC IS OPEN.

>> THANK YOU VERY MUCH. THIS IS KELLY GREENE WITH THE ASSEMBLY HEALTH COMMITTEE. GOING BACK TO THE CONTRACT MANAGEMENT TEAMS, YOU HAD MENTIONED TO LOOK OUT FOR THEM IN THE FUTURE. AND SO I WAS WONDERING HOW – WHEN WILL THEY BEGIN WORK OR COME ONLINE? AND THEN, WILL THE INFORMATION THAT THEY ARE WORKING ON OR THE ISSUES THAT THEY ARE WORKING THROUGH OR THE QUALITY METRICS AND FEEDBACK THAT THEY ARE TRACKING, WILL THAT INFORMATION BE ROUTINELY MADE AVAILABLE TO THE PUBLIC? THANK YOU.

>> YOU'RE WELCOME, KELLY. SO THE CONTRACT MANAGEMENT TEAM IS SORT OF THE OVERSIGHT VEHICLE THAT WORKS ON A DAY-TO-DAY BASIS TO OVERSEE THE PLANS AND ENSURE THAT THE TRANSITION GOING EFFECTIVELY. CERTAINLY AS WE HAVE DONE IN ALL THINGS RELATED TO CAL MEDICCONNECT AND CCI, I ANTICIPATE THAT WE SHOULD BE ABLE TO BEGIN TO, YOU KNOW, REPORT TO THE STAKEHOLDERS ON THE OVERSIGHT OF THE PLANS AND SORT OF LIKE, YOU KNOW, WHAT WE HAVE DONE IN CONNECTION WITH FOR EXAMPLE OUR REPORTING ON OUTREACH, OUR REPORTING ON ENROLLMENT METRICS, AND OUR REPORTING ON ALL THINGS RELATED TO CAL MEDICCONNECT.

IT WILL LIKELY BE SOMEWHAT ITERATIVE, AND IN THIS CASE WE WILL BE DOING IT IN CONNECTION WITH OUR PARTNERS AT CMS. SO WHEN I WAS TALKING ABOUT THE CAL MEDICCONNECT CONTRACT MANAGEMENT TEAM, IT REALLY IS THE SORT OF FLAG EFFECT THAT THAT IS THE VEHICLE FOR OVER SEEING THE PLANS, AND WE WILL CERTAINLY KEEP IT IN OUR SITES. AND I ANTICIPATE WE WILL BE TALKING ABOUT IT ON THESE CALLS IN THE FUTURE.

SO THE SPECIFICS AND THE EXACT METRICS AND THE EXACT WAY IN WHICH WE WILL HEAR FROM THE RESULTS OF THAT WORK IS YET TO BE FULLY DEVELOPED. BUT CERTAINLY WANTED TO DISCLOSE THAT THAT'S A CRITICAL COMPONENT OF HOW WE OVER SEE THE PLANS.

>> THANK YOU. AND SO AGAIN, I SEE THAT THERE ARE SOME MORE QUESTIONS THE QUEUE. SO WE ENCOURAGE YOU TO SEND IN ANY MORE QUESTIONS AND COMMENTS TO INFO@CALDUALS.ORG, AND WE WILL MAKE SURE THAT THEY ARE ADDRESSED.

>> AND CERTAINLY DURING THE SECOND SESSION – I APPRECIATE YOU WAITED IN THE QUEUE ONCE. SO CERTAINLY FOR THE SECOND SESSION, YOU HAVE THE OPPORTUNITY TO FLAG THAT YOU HAVE A QUESTION AGAIN. AND WE LOOK FORWARD TO STARTING THAT SECOND SECTION AT 3:30. SO WE HOPE YOU WILL JOIN US THEN.

>> THANKS, EVERYONE.