

OCTOBER CCI STAKEHOLDER CALL

10-21-14

>> GOOD AFTERNOON, EVERYONE. THIS IS RYAN WITH THE HEALTH CARE SERVICES. THANK YOU FOR JOINING OUR CALL TODAY, OUR OCTOBER STAKEHOLDER UPDATE CALL ON THE CCI. JUST A COUPLE HOUSE CLEANING THINGS. WE ARE GOING TO TAKE QUESTIONS AFTER SOME OF OUR PRESENTS GIVE YOU SOME INFORMATION. AND HOW YOU POSE THAT YOU WANT TO ASK A QUESTION, PRESS ONE ON YOUR KEY PAD OF YOUR PHONE, AND IT WILL RAISE YOUR HAND. AND THEN WE WILL CALL ON FOLKS AS THEY COME IN.

JUST TO DO A QUICK SOUND CHECK, IF NEXT CAN HEAR ME OKAY, PLEASE RAISE YOUR HANDS. AGAIN, PRESS ONE, SO I CAN SEE IF FOLKS CAN HEAR US. OKAY. IT LOOKS LIKE EVERYONE CAN HEAR US.

SO WITH THAT I'M GOING TO TURN IT OVER TO HILARY HAYCOCK. SHE IS DEPUTY DIRECTOR – OR, SORRY, SHE DIRECTOR OF STRATEGIC COMMUNICATIONS AND OUTREACH WITH HARBAGE.

>> HI. THANK YOU FOR JOINING US TODAY AND TAKING THE TIME TO PARTICIPATE IN THE STAKEHOLDER UPDATE. WE ARE LOOKING FORWARD TO HEARING BACK FROM FOLKS ABOUT HOW CCI IMPLEMENTATION IS GOING IN YOUR COUNTY AND TO ANSWER ANY QUESTIONS. WE ARE GOING TO TRY TO RESERVE A FAIR AMOUNT OF THE TIME ON TODAY'S CALL FOR THAT, FOR Q AND A AND TO HEAR BACK FROM FOLKS.

AND I'D ALSO LIKE TO APOLOGIZE. MARIA CANTWELL WAS SUPPOSED TO BE ON THE CALL TODAY, BUT SHE HAD A LAST MINUTE – HAD TO GO OVER TO A LEGISLATIVE HEARING. SO WE WILL DO OUR BEST TO ANSWER YOUR QUESTIONS. AND AGAIN, LOOKING FORWARD TO HEARING FROM FOLKS.

WE HAVE TWO TOPICS WE WANTED TO BRIEFLY COVER BEFORE WE GET INTO THAT Q AND A PERIOD. THE FIRST IS ON THE JANUARY 2015 ENROLLMENT RAISE, AND THEN WE WANTED TO GIVE AN UPDATE FROM THE OMBUDSMAN, THE ACCOMMODATION ACT OMBUDSMAN.

SO ON JANUARY 2015 ENROLLMENT, JANUARY IS GOING TO BE A UNIQUE MONTH IN CAL MEDICONNECT ENROLLMENT AND WILL INCLUDE SEVERAL GROUPS WHO HAVE BEEN HELD OUT CAL MEDICONNECT PASSIVE ENROLLMENT UNTIL NOW. THE NORMAL BENEFICIARIES WITH JANUARY BIRTHDAYS IN ACTIVE COUNTIES WHO HAVE MEDICARE AND MEDI-CAL FEE FOR SERVICE WILL BE GOING IN IN JANUARY, AS USUAL. THERE ARE I THINK SLIGHTLY MORE JANUARY BIRTH MONTHS THAN WE HAVE SEEN IN PAST SORT OF MONTHLY ENROLLMENTS. AND SO WE ARE ESTIMATING AROUND 30 OR 33,000 FOLKS WITH JANUARY BIRTH MONTHS ENROLLING IN CAL MEDICONNECT.

IN ADDITION, WE ARE VERY EXCITED THAT IN JANUARY, SANTA CLARA COUNTY WILL BE GOING LIVE WITH CAL MEDICONNECT. AND SO THEY WILL BE ENROLLING BOTH THE JANUARY BIRTH MONTHS AND THE FOLKS IN THERE WHO ARE ALREADY IN MEDI-CAL MANAGED CARE PLAN, WILL BE CROSSWALKING INTO CAL MEDICONNECT IN JANUARY. AND THEN THE TWO NEW GROUPS, OTHER NEW GROUPS THAT WILL BE ENROLLING IN JANUARY, ONE OF THEM ARE BENEFICIARIES WHO ARE ENROLLED IN A TYPE OF MEDICARE ADVANTAGE PLAN CALLED A "DUALS SPECIAL NEEDS PLAN," OR D-SNP FOR SHORT, THAT IS ASSOCIATED WITH THE CAL MEDICONNECT PLAN.

SO FOR EXAMPLE, IN LOS ANGELES COUNTY, THAT WOULD BE FOLKS THAT ARE IN A D-SNP OPERATED BY HEALTH NET, L.A. CARE, CARE MORE, CARE FIRST, AND MOLINA, WILL BE CROSS WALKED INTO THE CAL MEDICCONNECT PLAN THAT IS AFFILIATED WITH THEIR D-SNP.

THEN ANOTHER GROUP IS FOLKS WHO ARE CALLED MEDICARE PART D, LIS REASSIGNEES. SO THIS IS BENEFICIARIES WHO HAVE HAD TO CHANGE THEIR PART D PLAN BASED ON PREMIUM CHANGES AND NEEDING TO BE IN A ZERO PREMIUM BENCHMARK PLAN. SO I'M GOING TO GO THROUGH THE D-SNP AND THE LIS POPULATIONS HERE NOW IN A LITTLE BIT MORE DETAIL.

SO ENROLLEES IN A D-SNP ARE GOING TO BE CROSSWALKING INTO THE CAL MEDICCONNECT PLAN. OVERALL, THERE ARE AROUND 60,000 OF THOSE FOLKS. I THINK WE INCLUDED A LINK TO AN FAQ DOCUMENT THAT HAS ALL OF THESE NUMBERS IN MORE DETAIL, SO I WOULD URGE YOU TO REFER TO THAT. BECAUSE WE ARE GOING TO TRY NOT TO GO TOO LONG ON THIS SECTION.

THOSE FOLKS WILL RECEIVE THE 90, 60, AND 30-DAY NOTICES, LIKE ALL OTHER BENEFICIARIES, EVEN THOUGH THEY ARE BEING CROSSWALKED. THERE ALSO WOULD BE AN INSERT IN THEIR 90 AND 60-DAY NOTICES THAT IS ALERTING THEM TO THE FACT THAT THEY WILL NOT BE ABLE TO CONTINUE IN THEIR D-SNP IF THEY OPT OUT OF CAL MEDICCONNECT. WE ARE TRYING TO TRANSITION FOLKS WHO ARE ELIGIBLE FOR CAL MEDICCONNECT FROM THEIR D-SNPs TO CAL MEDICCONNECT TO PROVIDE THAT EXTRA LAYER OF CARE COORDINATION WITH THEIR MEDI-CAL. AND SO THEY DO NOT, QUOTE UNQUOTE, KEEP THEIR MEDICARE EXACTLY THE WAY IT IS TODAY. IF THEY WANT TO STICK WITH THE MEDICARE PLAN THAT THEY HAVE BEEN RECEIVING THEIR MEDICARE BENEFITS FROM, THEY WILL NEED TO MOVE EITHER TO A REGULAR MEDICARE ADVANTAGE POLICY OR INTO THE CAL MEDICCONNECT PLANS. WE WANTED TO MAKE SURE THAT THAT WAS CLEAR TO FOLKS, WHAT THEIR MEDICARE OPTIONS WERE. SO THAT D-SNP INSERT WILL BE INCLUDED IN THEIR 90 AND 60-DAY NOTICES.

FOR THE LAS POPULATION – SO JUST BEAR WITH ME, HERE – EVERY YEAR MEDICARE PART D SETS UP A BENCHMARK ON HOW MUCH THE PART D PLAN PREMIUMS – SO ITS LIKE AN AVERAGE PREMIUM. AND THERE ARE PLANS THAT COME IN UNDER THAT BENCHMARK THAT ARE THEN ZERO PREMIUM DOLLAR PLANS TO DUAL ELIGIBLE BENEFICIARIES. IF A BENEFICIARIES CURRENTLY ENROLLED IN A PLAN THAT WILL NOW BE ABOVE THE BENCHMARK FOR THE NEXT YEAR, MEDICARE WILL AUTOMATICALLY REMOVE THEM INTO A PLAN THAT IS A ZERO PREMIUM DOLLARS, AND THAT IS TO PROTECT DUAL ELIGIBLE BENEFICIARIES WHO WE KNOW ARE LIMITED INCOMES, AND WE WANT TO MAKE SURE THAT THEY GET THE PART D PLAN THAT IS LOWEST COST TO THEM.

THERE ARE A GROUP OF FOLKS THAT HAD THAT REASSIGNMENT LAST YEAR. THESE ARE CALLED THE 2014 LIS POPULATION. AND BECAUSE THEY HAD BEEN PASSIVELY ENROLLED BY MEDICARE, THEY WERE HELD OUT OF CAL MEDICCONNECT PASSIVE ENROLLMENT FOR THE ENTIRETY OF 2014, AND THEY ARE NOW GOING TO BE ENROLLED INTO CAL MEDICCONNECT IN JANUARY 2015, AND THAT'S AROUND 11,000 FOLKS.

IN ADDITION, THERE ARE ANOTHER AROUND 11,000 FOLKS WHOSE CURRENTLY PART D PLANS ARE NOT GOING TO BE UNDER BENCHMARK FOR 2015 AND WHO OTHERWISE WOULD HAVE BEEN ASSIGNED A NEW PART D PLAN BUT ARE INSTEAD GOING TO BE MOVED INTO CAL MEDICCONNECT, WHICH WILL OF COURSE COVER THEIR PART D BENEFITS AT ZERO PREMIUMS. AND SO THAT GROUP WILL BE GOING IN.

IF THAT GROUP OPTS OUT OF COLLECT, IT'S IMPORTANT THAT THEY GO INTO A ZERO PREMIUM PART D PLAN FOR 2015 AND THAT THEY DON'T GET SORT OF AUTO REASSIGNED TO THE PART D PLAN THAT WILL COST THEM A PREMIUM STARTING IN JANUARY. AND SO WE ARE WORKING WITH CMS, AND THEY ARE GOING TO DO SOME EXTRA SWEEPS IN THE SYSTEM TO MAKE SURE THAT FOLKS IN THIS GROUP WHO OPT OUT GO INTO A ZERO PREMIUM PART D PLAN. BUT WE ARE ALSO TRYING TO LET FOLKS KNOW ABOUT THAT, SO BENEFICIARIES KNOW THAT THEY SHOULD CALL 1-800-MEDICARE AND PICK A PART D PLAN AND MAKE SURE THEY GET INTO A ZERO PREMIUM PLAN IF THEY OPT OUT OF CAL MEDICCONNECT.

BECAUSE OVERALL THIS IS GOING TO BE A VERY LARGE ENROLLMENT GROUP, AROUND 124,000 IN THE COUNTIES WHAT DHCSS SENDS ENROLLMENT NOTICES TO ANOTHER – I THINK 6,000 IN SAN MATEO, WE

JUST WANTED TO LET FOLKS KNOW ABOUT THIS, AS WELL AS DIFFERENT THINGS WE THAT WE ARE DOING TO HELP TRY TO SUPPORT THE POPULATION.

WE ARE GOING TO BE DOING THREE TELE-TOWN HALLS NEXT MONTH, ONE FOR THE D-SNP ENROLLEES, ONE FOR THE LIS ENROLLEES, AND ONE FOR EVERYONE ELSE. AND THIS WILL ALLOW US TO REALLY TARGET OUR EDUCATION AT THE D-SNP AND LIS POPULATIONS ABOUT THE DECISIONS THEY NEED TO MAKE SHOULD THEY CHOOSE TO OPT OUT.

WE HAVE BEEN COORDINATING EXTENSIVELY WITH THE HICAPS IN THESE COUNTIES, MAKE SURE THAT THEY UNDERSTAND, AS WELL AS THE OMBUDSMAN PROGRAMS. WE HAVE BEEN INCREASING STAFFING AT OUR HCO CALL CENTER AND INCREASING THEIR TRAINING, SO THAT THEY CAN PROVIDE THAT EXTRA SUPPORT TO BENEFICIARIES THROUGH THIS PROCESS. AS WE SAID, WE HAVE COME UP WITH THIS D-SNP INSERT TO HELP EXPLAIN THAT, AND WE HAVE BEEN WORKING WITH CMS TO INSURE THAT NOTIFICATIONS GOING TO THESE BENEFICIARIES FROM THEIR D-SNP PLANS AND OTHERS WILL REFERENCE THE CHANGE TO CAL MEDICCONNECT AND BE A LITTLE BIT SIMPLER FOR THEM, TO HELP, AGAIN, THAT EDUCATION PROCESS. BECAUSE WE KNOW THAT THIS CAN BE CONFUSING FOR FOLKS.

ADDITIONALLY, IN GETTING READY FOR JANUARY WHEN FOLKS START MOVING INTO THIS ENROLL, DHCS HAS A STRIKE TEAM THAT WE PUT TOGETHER WITH CAL MEDICCONNECT, THAT MEETS EVERY DAY AND THAT IS REALLY DESIGNED TO DO THAT TARGETED CASE MANAGEMENT, WORKING VERY CLOSELY WITH THE PLANS, WITH THE OMBUDSMAN AND OTHER FOLKS TO TARGET PROBLEMS TO HELP ADDRESS CONTINUITY OF CARE ISSUES AS THEY COME UP, TO ADDRESS SORT OF EMERGENCY ENROLLMENT NEEDS. SO THAT STRIKE TEAM WILL BE GEARING UP FOR JANUARY AND WILL BE REALLY WORKING ON THIS. SO THAT'S WHAT WE TRY TO DO TO MAKE SURE THAT FOLKS KNOW ABOUT THAT AS WELL.

SO WE KNOW THAT THIS IS A BIG TRANSITION, AND WE WANT FOLKS TO KNOW THAT WE ARE TAKING IT SERIOUSLY AND WE ARE WORKING VERY CLOSELY WITH ALL OF OUR PARTNERS TO MAKE IT AS SMOOTH OF A TRANSITION AS POSSIBLE, UNDERSTANDING THE CHALLENGE. AND HAPPY TO TAKE ANY QUESTIONS ON THAT LATER IN THE PROGRAM.

AND SO NOW I WOULD LIKE TO HAND IT OVER TO NATHAN ALLEN ABOUT THE OMBUDSMEN.

>> THANK YOU, HILARY. SO THIS IS NATHAN ALLEN FROM THE DEPARTMENT OF HEALTH CARE SERVICES. AND WE DID RECEIVE A FEDERAL GRANT FROM THE CENTER FOR MEDICARE AND MEDICAID SERVICES TO RUN AN INDEPENDENT OFFICE OF THE OMBUDSMAN FOR CAL MEDICCONNECT. SO THE KEYWORD THERE IS "INDEPENDENT." AND WHAT WE DID TO ENSURE THAT IS WE PARTNERS WITH THE DEPARTMENT OF MANAGED HEALTH CARE TO RUN AND OPERATE THE OFFICE OF THE OMBUDSMAN.

SO EARLIER THIS YEAR, DMHC, THEY RELEASED A REQUEST FOR PROPOSAL TO SOLICIT VENDORS FOR THE OFFICE OF THE OMBUDSMAN, AND THEY SELECTED THE LEGAL AID SOCIETY OF SAN DIEGO. AND LEGAL AID SOCIETY OF SAN DIEGO IS MORE OF AN UMBRELLA ORGANIZATION, AND THEY OPERATE OUT OF SAN DIEGO, AND THEY CONTRACT WITH MANY DIFFERENT LOCAL ENTITIES IN CAL MEDICCONNECT COUNTIES TO PROVIDE OMBUDSMAN SERVICES.

NOW, THE ROLE OF THE OMBUDSMAN IN CAL MEDICCONNECT IS FIRST AND FOREMOST, WE ARE OBVIOUSLY THE OFFICE OF THE OMBUDSMAN. BUT THEY WORK WITH BENEFICIARIES TO EMPOWER BENEFICIARIES AND THEIR FAMILIES. THEY WORK TO RESOLVE AND TROUBLE SHOOT ISSUES, AND MORE IMPORTANTLY – IMPORTANTLY ALSO IS THEY WORK TO TRACK AND TRAIN THE ISSUES THAT ARE COMING INTO THE OMBUDSMAN, AND THEY WORK WITH DHCS TO REPORT THOSE, AND WE TROUBLESHOOT THEM AS THEY COME IN.

IN TERMS OF FUNDING, THE GRANT WAS A THREE-YEAR GRANT. AND WE DO AN IDEA EACH YEAR OF WHAT THE ALLOCATED AMOUNT WILL BE FROM THE GRANT. HOWEVER, WE DO HAVE TO REAPPLY EACH YEAR. FOR YEAR ONE, WE DID RECEIVE APPROXIMATELY \$708,000. YEAR TWO WAS ORIGINALLY SUPPOSED TO BE \$650,000, AND IT WAS A LOWER AMOUNT DUE TO YEAR ONE ANTICIPATION OF START UP COSTS.

HOWEVER, WORKING CLOSELY WITH THE OMBUDSMAN AND THE DEPARTMENT OF MANAGED HEALTH CARE, WE WERE ABLE TO REAPPLY FOR YEAR TWO AND RECEIVE ABOUT \$1.145 MILLION. THE INCREASED FUNDING WAS THE MAXIMUM AMOUNT THAT WE COULD HAVE RECEIVED. AND WE HAD PETITIONED CMS FOR THE EXTRA MONEY DUE TO MANY REASONS, WHICH WOULD INCLUDE HIGH CALL VOLUME. TYPICALLY THE OFFICE OF THE OMBUDSMAN USUALLY FIELDS ABOUT 2% OF PHONE CALLS OF BENEFICIARIES THAT ARE TRANSITIONING INTO MANAGED CARE. FOR THIS PARTICULAR TRANSITION, THEY ARE DOING ABOUT 10%.

THE CALLS ARE ALSO LONGER IN DURATION DUE TO THE COMPLEXITY OF THE PROGRAM. THERE IS ALSO SPECIAL NEEDS OF THE BENEFICIARIES, AND THE NATURE OF THE SERVICES GENERAL ARE SPECIALIZED AS WELL.

SO THAT'S A GENERAL UPDATE ON THE OFFICE OF THE OMBUDSMAN. AND THE OMBUDSMAN ACTUALLY MAY BE ON THE PHONE TODAY AND PROVIDE AN UPDATE OF THEIR ACTIVITIES THAT THEY ARE CURRENTLY WORKING ON. SO I'M GOING TO PAUSE HERE FOR A SECOND TO SEE IF THEY ARE ON.

SO MICHELLE, IF YOU ARE ON THE LINE, COULD YOU PLEASE RAISE YOUR HAND, AND THEN WE WILL LOOK TO UNMUTE YOUR LINE.

>> AND AGAIN, YOU RAISE YOUR HAND BY PRESSING ONE.

>> OKAY.

>> SO WE ARE GOING TO GO TO GREG KNOLL. GREG – GREG, I'M – OH, BOY. MICHELLE. WONDERFUL, PERFECT.

>> HI, CAN YOU HEAR ME?

>> YES. GO RIGHT AHEAD. WE ARE EXCITED TO HEAR –

>> OKAY. I HAVE JUST BEEN TRYING TO E-MAIL NATHAN. I HAVE BEEN PRESSING ONE OVER AND OVER. HI. I'M PARTICIPATING ON GREG'S BEHALF TODAY. AND NATHAN INVITED ME TO TELL YOU A LITTLE BIT ON OUR ACTIVITIES. I THINK HE DID AN EXCELLENT JOB SUMMARIZING THE CONTRACT AND WHAT WE DO. I DON'T ACTUALLY THINK I HAVE MUCH TO ADD TO THAT, EXCEPT THAT I CAN EXPLAIN WHO OUR PARTNERS ARE.

WE ARE THE HEALTH CONSUMER ALLIANCE. WE HAVE BEEN IN EXISTENCE FOR MORE THAN 15 YEARS, AND WE HAVE A PARTNERSHIP OF LEGAL SERVICES PROGRAM AND WHAT WE CALL "BACK UP CENTERS" THAT HAVE FOCUSED ON PROVIDING DIRECT CONSUMER ASSISTANCE RELATED TO ACCESS AND ELIGIBILITY. AND WE HAVE STARTED FOCUSING FIRST ON LOW INCOME CONSUMERS. AND THEN WITH THE CAP GRANTS WE EXPANDED TO ALL CONSUMERS STATEWIDE.

AND SO THE CONTRACT IS WITH THE PARTNERS WHO SERVE THE AREAS WHERE THE PILOT IS IMPLEMENTED. AND OUR BACK UP CENTER FOR THIS CONTRACT IS THE NATIONAL SENIOR CITIZENS' LAW CENTER. AND SO JUST TO ADD WHAT NATHAN WAS SAYING, WE ALL OPERATE HOT LINES THAT ARE STAFFED BY ADVOCATES AND SUPERVISED BY ATTORNEYS. WE ARE A LEGAL SERVICES MODEL, AND WE FORM CONFIDENTIAL ATTORNEY-CLIENT RELATIONSHIPS WITH ALL THE CONSUMERS THAT CONTACT US. AND WE HAVE A RESPONSIBILITY WITH RESPECT TO THE QUALITY REVIEW BY LAWYERS FOR THE WORK.

WE SAY THAT OUR SERVICES REST ON THREE FOUNDATIONS: THE DIRECT SERVICES, AND THEN THOSE DIRECT SERVICES GIVE US AN ILLUSTRATION AND A VIEW INTO SYSTEMIC BARRIERS. AND SO WE PUT SOME DEDICATED RESOURCES TO IDENTIFYING AND ADDRESSING THOSE BARRIERS. AND THIS PARTNERSHIP ALLOWS US TO DO THAT IN A VERY COLLABORATIVE WAY.

WE HAVE A WEEKLY PHONE CALL WITH DHCS AND DMHC, AND IT ALSO INCLUDES HARBAGE CONSULTING, TO GO OVER THE KINDS OF SYSTEMIC BARRIERS OR QUESTIONS WE HAVE ABOUT BARRIERS. AND WE BRAINSTORM ABOUT SOLUTIONS TO THOSE PROBLEMS. AND WE – YOU KNOW, AND WE KEEP TABS ON THE PROGRESS WE ARE MAKING AND THE CHANGES AND THE IMPROVEMENTS. AND THEN WE DO A LOT OF OUTREACH AND EDUCATION.

AND AS NATHAN SAYS, THE POPULATION IMPACTED WAS VERY VULNERABLE. OUR CALL VOLUME WAS MUCH HIGHER THAN WE HAD ANTICIPATED, AND THEIR NEEDS MORE INTENSIVE THAN WE HAD ANTICIPATED. THERE IS JUST SO MUCH EDUCATION INVOLVED IN HOW TO ADAPT TO THESE CHANGES. SO WE WERE ABLE TO GET AN AUGMENTATION, AND WE ARE ABLE TO INCREASE OUR STAFFING IN ORDER TO DEAL WITH THE DEMAND.

AND I THINK THAT'S IT. IS THERE ANYTHING MORE THAT YOU WANTED ME TO TOUCH ON, NATHAN.

>> YEAH, MICHELLE. IF YOU DON'T MIND, CAN YOU MAYBE TALK A LITTLE BIT ABOUT THE MOST COMMON THINGS THAT YOU HELP BENEFICIARIES WITH, SO EVERYBODY ONLINE KNOWS HOW TO USE YOU AS A RESOURCE?

>> OH, OKAY. SO WE – WE HELP THEM BASICALLY ADDRESS BARRIERS. WE ARE NOT HERE TO COUNSEL THEM AND HELP THEM MAKE CHOICES BETWEEN THIS PLAN AND ANOTHER PLAN. WE ARE THERE TO MAKE SURE THAT THEY CAN UTILIZE SERVICES WHEN THEY NEED THEM. AND BECAUSE THERE ARE SO MANY QUESTIONS ABOUT THEIR RIGHTS AND THEIR OPTIONS GIVEN THE DIFFERENT NOTICING, WE ANSWER A LOT OF QUESTIONS AND STEP PEOPLE THROUGH THEIR CHOICES.

WE ALWAYS DO AN ASSESSMENT OF OUR CONSUMERS RIGHT AWAY AS TO WHETHER THEY HAVE IMMEDIATE HEALTH NEEDS, INCLUDING PRESCRIPTIONS THAT NEED TO GET FILLED OR APPOINTMENTS THAT NEED TO GET KEPT. AND SO WE HELP THEM TRY TO MAKE THE DECISION THAT IS BEST FOR THEM IN TERMS OF THE CHOICES THAT ARE OFFERED. AND WHERE THERE IS MORE QUESTIONS ABOUT COUNSELING, ABOUT THE OPTIONS AND KNOWING THE DIFFERENCES BETWEEN PROVIDERS, WE MAKE REFERRALS TO HICAP.

WAS THAT WHAT YOU WERE LOOKING FOR, NATHAN?

>> YEAH, THAT WAS GREAT. AND I THINK AT THIS POINT, THAT WOULD PROBABLY CONCLUDE THE OMBUDSMAN PORTION OF THE PRESENTATION. I WOULD TURN IT BACK TO HILARY.

THANK YOU, MICHELLE.

>> YEAH, THANK YOU SO MUCH, MICHELLE, FOR BEING ON THE LINE AND HELPING WALK US THROUGH ALL THE GREAT WORK THE OMBUDSMAN IS DOING. SUCH A WONDERFUL RESOURCE FOR BENEFICIARIES TO HAVE IN THIS PROGRAM.

AT THIS POINT I THINK WE ARE GOING TO START TAKING ANY COMMENTS OR QUESTIONS FROM FOLKS. SO – AND AGAIN, IF YOU WANT TO RAISE YOUR HAND, PRESS ONE AND WE WILL TAKE QUESTIONS IN THE ORDER THAT WE RECEIVE THEM.

OUR FIRST QUESTION – BEAR WITH US AS WE ARE –

>> SO OUR FIRST QUESTION WILL BE MICHAEL CONDON AND JERRY RILEY. YOUR MIC IS OPEN.

>> YES, THANK YOU VERY MUCH. I AM AN IHSS CONSUMER, AND I AM ON THE RAVA PROGRAM, AND I HAVE BEEN INVOLVED IN STAKEHOLDER CALLS SINCE THE CCI WAS FIRST CONCEIVED. AND ONE OF MY EARLY CONCERNS WAS ABOUT WERE THE PARTICIPANTS BEING ENROLLED INTO CAL MEDICCONNECT EITHER INADVERTENTLY OR BY SOME ACCIDENT, AND I WAS ASSURED THAT PEOPLE LIKE MYSELF AND OTHER CONSUMERS WOULD NOT RECEIVE THE BLUE ENVELOPE FOR ENROLLING. AND IN MY CASE, I DID RECEIVE THE ENVELOPE.

AS I SAID, I'M PRETTY WELL INFORMED ABOUT ALL OF THIS STUFF. IT WAS IMPOSSIBLE FOR ME TO FIGURE OUT HOW TO DO IT. I CALLED THE NUMBER, AND I GOT ON, AND THEY SAID THAT IT ACTUALLY COULD NOT BE DONE. WHEN I ALSO IDENTIFIED MYSELF, TO OPT OUT. BUT THEY TOLD ME THAT THERE WAS NO WAY THAT I COULD DO IT. WHEN I FINALLY IDENTIFIED MYSELF AS A DISABLED VETERAN AND RECEIVING CARE FROM THE VA, THEY WERE ABLE TO DO IT OVER THE PHONE FOR ME. BUT MY CONCERN IS THAT OTHER PEOPLE THAT ARE ON THE WAIVER ARE GOING TO RECEIVE A BLUE ENVELOPE AND NOT UNDERSTAND AND BECOME ENROLLED AND LOSE THEIR WAIVER SERVICES.

AND JOY IS ALSO HERE WITH ME, AND SHE HAS A QUESTION AND COMMENT, TOO.

>> MY CONCERN IS THAT, YOU KNOW, PROVIDERS AND CONSUMERS ARE IN ISOLATED PLACES IN THEIR OWN HOMES, AND IT'S VERY HARD FOR THEM TO CONNECT. BUT I HAVE BEEN ABLE TO CONNECT TO A COUPLE HUNDRED PEOPLE, ESPECIALLY IN SAN DIEGO. AND WE ARE BOTH HERE IN SAN DIEGO. AND I GOT A CALL – OR I GOT AN E-MAIL FROM SALLY JOHNSON, WHO IS A PROVIDER, WHO WAS TAKING CARE OF SAM, A CONSUMER, A HIGH END, SEVERELY IMPAIRED CONSUMER, YOU KNOW, GETTING 283 MAX.

AND SHE WAS CUT DOWN BY THE 7%. THEY BOTH WERE. AND THEN SHE WAS FORCED, PASSED, YOU KNOW, INTO A MANAGED CARE ORGANIZATION. BECAUSE APPARENTLY IN SAN DIEGO, THERE'S NO WAY TO OPT OUT OR DO A FEE FOR SERVICE. BECAUSE WE TRIED TO. WE TRIED TO GET THE PERSON OVER THE PHONE WHEN WE CALLED THE NUMBER ON THE TOP, AND THEY SAID YOU CAN'T DO IT. THERE'S NO WAY TO FILL IT OUT. AND I CAN SEND YOU THE FORMS THAT SAN DIEGO SENT US OR WHATEVER, BUT YOU WEREN'T ABLE TO OPT OUT AND TO HAVE YOUR FEE FOR SERVICE DOCTOR.

SO THEY WERE ESSENTIALLY FORCED INTO MANAGED CARE. DURING THAT TIME SAM WAS NOT ABLE TO GET THE CARE THAT HE HAD FROM HIS FEE FOR SERVICE DOCTORS. HE NEEDED INJECTIONS IN HIS KNEES AND HIS BACK. AND IT WAS KAISER, I GUESS, THAT CUT HIM DOWN TO NOT BEING ABLE TO – I'M NOT SURE IF IT WAS KAISER, BUT WHOEVER THE MANAGED CARE ORGANIZATION IS – CUT HIM DOWN SO THAT HE WASN'T ABLE TO HAVE THE SAME SERVICE AND THE SAME INJECTIONS THAT HE WAS HAVING AT THE SAME INTERVALS.

AND IT BECAME EXCRUCIATINGLY PAINFUL FOR HIM. IT BECAME IMPOSSIBLE FOR SALLY TO CONTINUE TO CARE FOR HIM, AND SO HE WAS INSTITUTIONALIZED. AND I THINK THAT YOU'RE NOT EVEN TRACKING THIS STUFF. THAT, YOU KNOW, SAM IS JUST GOING TO BE IN AN INSTITUTION. WHEN I CALLED SALLY BACK AND I TOLD HER THAT BECAUSE HE WAS BOTH MEDICARE AND MEDI-CAL – HE WAS A MEDI-MEDI, OR DUAL – THAT HE COULD HAVE OPERATED OUT, AND SHE BEGAN TO WEEP AND CRY AND SAID, "YOU MEAN I DID IT ALL WRONG?"

AND THIS IS WHAT YOU ARE DOING TO PEOPLE. JUST WANTED TO LET YOU KNOW.

>> THANK YOU VERY MUCH FOR SHARING YOUR CONCERNS AND FOR SHARING THAT STORY. THAT DEFINITELY SOUNDS UNFORTUNATE. AND I WOULD – AND I HOPE THAT, YOU KNOW, WE HAVE ADDRESSED SOME OF THE CONFUSION AROUND THE CHOICE FORM, REVISED CHOICE FORM, AND WOULD REALLY ENCOURAGE FOLKS TO USE HICAP AND THE OMBUDSMAN AS RESOURCES FOR THEIR QUESTIONS. BUT THANK YOU AGAIN FOR SHARING THOSE STORIES.

ON THE WAIVER PROGRAM, THERE WAS A DATA ISSUE WHERE WAIVER FOLKS RECEIVED NOTICES AND WERE ERRONEOUSLY ENROLLED. AND THOSE ISSUES HAVE BEEN RESOLVED AND FOLKS HAVE BEEN RETURNED TO FEE FOR SERVICE, AND WE HAVE MADE SURE TO PROTECT THEIR WAIVER PARTICIPATION. SO THAT WASN'T AN ISSUE THAT WE WORKED TO RESOLVE, TO KEEP THAT COMMITMENT OF MAINTAINING FOLKS' WAIVER PARTICIPATION. SO AGAIN, THANK YOU.

OUR NEXT CALLER IS NANCY HAYWARD. AND NANCY, YOUR MIC IS LIVE.

>> HI. THIS IS NANCY HAYWARD. THANKS FOR TAKING MY CALL. CAN YOU GO OVER SANTA CLARA – I'M CONFUSED. AS OF JANUARY, ARE PEOPLE GOING TO BE ROLLED IN BY BIRTHDAY, OR ARE THEY CALL GOING IN AS ONCE?

>> YEAH. SO SANTA CLARA WILL BE GOING BY BIRTH MONTH, FOR THOSE IN MEDICARE AND MEDI-CAL FEE FOR SERVICE. THE FOLKS WHO WILL ALSO BE ENROLLING IN JANUARY WHO MIGHT NOT HAVE JANUARY BIRTH MONTHS ARE THE D-SNP ENROLLEES, THE 2015 LIS REASSIGNEES, AND THE MEDI-CAL CROSS WALKS. AND SO THAT IS CONSISTENT WITH THE OTHER CCI COUNTIES, WHERE IN THE FIRST MONTH ALL OF THE MEDI-CAL MANAGED CARE PARTICIPANTS ARE ENROLLED IN THE SAME MONTH.

AND THEN SINCE SANTA CLARA IS STARTING THE SAME – YOU KNOW, JANUARY 2015, THE D-SNP AND THE LIS WILL ROLL OVER AS WELL AS THE JANUARY BIRTH MONTHS. FOLLOWING THIS, STARTING IN FEBRUARY, IT WILL JUST BE FEBRUARY BIRTH MONTHS IN SANTA CLARA. AND THEN MARCH BIRTH MONTHS, ET CETERA.

>> THANK YOU FOR THAT QUESTION, NANCY.

AND OUR NEXT CALLER FOR A QUESTION IS CARLA WASHBURN. CARLA, YOUR MIC IS OPEN.

>> HI. I HAVE WORKED CLOSELY WITH REGIONAL CENTER CONSUMERS. AND I HAD JUST – I WONDER WHAT INFORMATION IS BEING COMMUNICATED THROUGH DDS TO REGIONAL CENTERS OF THESE CONSUMERS WHO ARE ENROLLING IN THESE NEW PROGRAMS. THEY WILL BE GOING THROUGH A CHANGE AND THEY ARE EXCLUDED FROM THE CCI CAL MEDICCONNECT.

>> HI. YES, THANK YOU FOR ASKING ABOUT REGIONAL CENTER FOLKS. SO IF A BENEFICIARIES IS RECEIVING SERVICES THROUGH A REGIONAL CENTER, THEY ARE EXCLUDED FROM CAL MEDICCONNECT, WHICH MEANS THAT THEY CAN STAY IN THEIR D-SNP. BUT EVEN THE POOL STAYS FOR PEOPLE WHO ARE – AS LONG AS THE D-SNP IS GOING TO CONTINUE WITH THE PLAN, IT WILL BE OPEN TO PEOPLE WHO ARE EXCLUDED FROM CAL MEDICCONNECT.

HOWEVER, THOSE FOLKS WILL NEED TO CHOOSE A MEDI-CAL MANAGED CARE PLAN FOR THEIR MEDI-CAL BENEFITS. AND I DO BELIEVE THAT THE LONG-TERM CARE DIVISION IS WORKING WITH CDS TO PROVIDE INFORMATION TO REGIONAL CENTERS, AND WE WILL FOLLOW UP WITH THEM ON THAT.

>> ALL RIGHT. THANK YOU FOR YOUR QUESTION.

OUR NEXT QUESTION COMES FROM MARIE BARRETT. MARIE, YOUR MIC IS OPEN. MARIE? OKAY.

WE WILL MOVE DOWN THE LIST. THE NEXT QUESTION COMES FROM SUZY SHAPIRO. SUZY, YOUR MIC IS OPEN.

>> I JUST WANTED TO CLARIFY. MICHELLE, WHO WAS TALKING FROM THE OMBUDS GROUP, DID SHE SAY THAT THEY HAD RECEIVED FUNDING TO EXPAND THEIR SERVICES?

>> SO THIS IS NATHAN. MICHELLE'S LINE IS LIKELY MUTED AT THE MOMENT. BUT WE DID RECEIVE INCREASED FUNDING OTHER THAN WHAT WAS PROJECTED FOR YEAR TWO. SO THEY USED A FUNDING TO INCREASE RESOURCES WITH THE OMBUDSMAN TO HELP SERVE THE FOLKS WHO ARE CALLING IN.

>> OKAY. THANK YOU FOR YOUR QUESTION, SUZY.

OUR NEXT QUESTION COMES FROM DEE GREY. DEE, YOUR MIC IS OPEN.

>> HI. THIS IS A QUESTION FOR MICHELLE. I'M NOT SURE SHE IS STILL ON THE LINE. BUT THE HEALTH CONSUMER ALLIANCE HAS ALWAYS HAD EXCELLENT FACT SHEETS, AND I'M WONDERING IF THEY HAVE ANY OR WILL HAVE ANY REGARDING THE CCI.

>> LET ME UNMUTE MICHELLE HERE, SO SHE CAN RESPOND.

MICHELLE, YOUR MIC IS OPEN.

>> YES. WE – I HAVE TO LOOK INTO THAT. BUT WE HAVE BEEN WORKING CLOSELY WITH THE NATIONAL SENIOR CITIZENS' LAW CENTER, AND THEY HAVE BEEN PREPARING A LOT OF MATERIALS. AND I DON'T KNOW THAT WE POSTED ANYTHING SPECIFIC ON THE CCI, BUT I CAN LOOK INTO THAT.

AND I ALSO WONDERED IF PEOPLE WANTED OUR TELEPHONE NUMBER, LOCALLY IN SAN DIEGO OR STATEWIDE. MAYBE IT CAN BE CONTRIBUTED THROUGH THIS LIST WHEN IT'S OVER, WHEN THE CALL IS OVER.

>> ABSOLUTELY. WE CAN FOLLOW UP WITH INFORMATION ABOUT HOW TO ACCESS THE OMBUDSMAN SERVICES.

>> OKAY. THANK YOU.

>> THANKS, MICHELLE.

>> THANKS, MICHELLE.

OUR NEXT QUESTION IS GOING TO COME FROM DAVID KANE.

DAVID, YOUR MIC IS OPEN.

>> HI. THANKS. THIS IS DAVID CALLING FROM THE L.A. COUNTY OMBUDSMAN. I JUST HAVE TWO QUESTIONS. HILARY, YOU MENTIONED THAT THERE WERE GOING BE SOME EXTRA SWEEPS DONE AT CMS TO ENSURE THAT THERE WAS NO AUTO REASSIGNMENT OF LIS REASSIGNEES TO NON-BENCHMARK PLANS.

I WAS WONDER IF AT SOME POINT IN THE FUTURE YOU THINK THAT WILL MAKE IT UNNECESSARY FOR BENEFICIARIES TO CALL 1-800-MEDICARE TO SELECT A NEW BENCHMARK PLAN.

AND THEN THE SECOND QUESTION IS ABOUT THE D-SNP INSERT THAT IS GOING INTO THE CAL MEDICCONNECT NOTICES. IS THAT SOMETHING THAT YOU ALL CAN SHARE WITH ADVOCATES, SO WE KNOW WHAT IS BEING SENT TO THE BENEFICIARIES? THANK YOU.

>> YEAH. THOSE ARE EXCELLENT QUESTIONS, DAVID. THANK YOU.

YOU KNOW, THE CMS SWEEP IS GOING TO HAPPEN PRETTY LATE IN DECEMBER. AND SO IT SHOULD HOPEFULLY PICK UP FOLKS WHO HAVEN'T SELECTED A MEDICARE PART D PLAN. WE DO WANT TO CONTINUE TO ENCOURAGE BENEFICIARIES TO CALL 1-800-MEDICARE AND MAKE THOSE CHOICES. YOU KNOW, WHEN FOLKS PICK THEIR OWN PLAN, IT HELPS MAKE SURE THAT THEY KNOW WHAT PLAN THEY ARE GOING INTO AND HOW TO ACCESS SERVICES. AND I THINK IT SETS THEM FOR SUCCESS IN A PART D. AND OF COURSE THEN IT ALSO, YOU KNOW, HELPS MAKE SURE THEY ARE IN THE RIGHT PLAN. SO WE DO WANT TO CONTINUE TO ENCOURAGE FOLKS TO MAKE SURE THAT THEY ARE IN THE RIGHT PART D PLAN FOR 2015, AND THE CMS IS SWEEP IS A BACK UP OPTION TO HELP PROTECT BENEFICIARIES.

ON THE D-SNP INSERT, WE HAVE – THAT IS AVAILABLE. IT'S POSTED ON THE CALDUALS NOTICES PAGE. THERE IS SORT OF A D-SNP SECTION, AND THAT INCLUDES BOTH THE D-SNP INSERT AND THE LETTERS THAT THE D-SNP PLANS ARE SENDING TO BENEFICIARIES. IN ADDITION, THE FAQ DOCUMENT THAT WAS SENT OUT TO FOLKS ON THIS CALL, THE LAST PAGE OF THAT IS A CHART THAT WALKS THROUGH ALL OF THE VARIOUS NOTICES THAT WILL BE SENT TO BENEFICIARIES. AND IT HAS HYPERLINKS TO WHERE THOSE NOTICES EXIST ON THE CALDUALS WEBSITE. SO IT'S AVAILABLE BOTH THOSE WAYS, AND WE DEFINITELY APPRECIATE AND WANT TO MAKE SURE THAT FOLKS WHO ARE HELPING SERVE THIS POPULATION CAN SEE THE NOTICES THAT THEY WILL BE RECEIVING.

>> OKAY. THANK YOU FOR THAT QUESTION.

OUR NEXT QUESTION COMES FROM PETER HANSEL.

PETER, YOUR MIC IS OPEN.

>> ALL RIGHT. THANK YOU FOR TAKING MY QUESTION. SO I WANTED TO SHARE THAT PACE ORGANIZATIONS, WHICH IS ONE OF THE ENROLLMENT CHOICES IN CAL MEDICCONNECT, ARE CONTINUING TO RUN INTO PROBLEMS WHEN THEY CONTACT PEOPLE THAT HAVE BEEN REFERRED. THEY ARE FINDING THAT THEY HAVE ALSO BEEN CONTACTED BY HEALTH PLANS AND RECEIVED MATERIALS FROM THE HEALTH PLANS. AND THIS CAME UP AT A MEETING A WEEK OR TWO AGO, AND I THINK HILARY WAS THERE.

SO I GUESS MY QUESTION IS, WHAT IS THE DEPARTMENT DOING? THIS SEEMS SORT OF CONTRARY TO THE INTENT OF GIVING PACE A PERIOD OF TIME TO CONTACT THESE BENEFICIARIES DO THE ASSESSMENTS.

>> YEAH. HI, PETER. THANK YOU FOR YOUR QUESTION. WE ARE DEFINITELY LOOKING INTO THIS, AND I WOULD – SO WE ARE DEFINITELY LOOKING INTO THIS, AND WE HAVE RAISED IT WITH DHCS. SO WE ARE GOING TO TAKE A LOOK AND GET BACK TO YOU AND CAL PACE ON THE QUESTION. SO THANK YOU FOR RAISING THIS, FOR THOSE ISSUES.

>> THANK YOU FOR YOUR QUESTION, PETER.

AND NEXT QUESTION COMES FROM ANN D'AMATO.

ANN, YOUR MIC IS OPEN.

>> HI. THANK YOU VERY MUCH FOR TAKING MY CALL. I HAVE A QUESTION. AND I THINK YOU TOUCHED UPON IT, BUT I JUST WANT FURTHER CLARIFICATION SO THAT I'M CLEAR ON THIS.

SO I UNDERSTAND THAT BENEFICIARIES IN THE D-SNPS WILL BE RECEIVING A 30, 60, AND 90-DAY NOTICE AND WILL RECEIVE AN INSERT IN THEIR 60 AND 90-DAY LETTERS SAYING THAT IF A BENEFICIARY DECIDES TO OPT OUT, THEY WILL NOT BE ABLE TO KEEP THEIR D-SNPS.

SO GUESS MY QUESTION REALLY IS, WILL THE BENEFICIARIES IN PART D ALSO GET A 30, 60, AND 90-DAY NOTICE LETTER? AND IF THEY DO, WILL THEY ALSO RECEIVE AN INSERT OUTLINING THAT IF A

BENEFICIARIES OPTS OUT, THEY WOULD NEED TO CALL THE 800 NUMBER TO CHOOSE A ZERO PREMIUM PLAN FOR 2015?

>> THANK YOU FOR THE QUESTION.

THERE IS NOT – THERE IS A PART D INSERT THAT WENT OUT WITH THE 90-DAY NOTICE TO LET FOLKS KNOW THAT THEIR PART D COVERAGE IS TRANSITIONING TO CAL MEDICCONNECT. WE DIDN'T DEVELOP A SPECIFIC LIS REASSIGNMENT INSERT FOR THESE FOLKS, BECAUSE THE REGULAR NOTICES THAT THEY WOULD RECEIVE FROM DHCS CONFIRMING THAT THEY HAVE OPTED OUT DO INSTRUCT THEM TO CALL 1-800-MEDICARE TO SELECT A NEW PART D PLAN. SO THEY WOULD RECEIVE THAT WHEN THEY ACTUALLY STARTED FILLING IN AND RETURN THE CHOICE FORM, AND THEY WILL ALSO RECEIVE THAT GUIDANCE FROM HCO CUSTOMER SERVICE REPRESENTATIVES IF THEY CALL TO MAKE THAT CHOICE, WHEN THEY CALL TO OPT OUT. SO THEY WILL RECEIVE THAT INFORMATION THOSE WAYS.

>> THANK YOU FOR YOUR QUESTION, ANN.

OUR NEXT QUESTION COMES FROM IRA MITHALMEN.

IRA, YOUR MIC IS OPEN.

>> HI. I JUST WANT TO CONFIRM I HEARD YOU GUYS CORRECTLY WITH RESPECT TO ENROLLMENT DATES AND NUMBERS. SO WHAT I HEARD WAS EFFECTIVE JANUARY 2015 THERE IS GOING TO BE A BIG WAVE, AND THAT THERE WILL BE 30,000 PEOPLE DUE TO BIRTH DATES THAT WILL BE ENROLLED, EITHER I GUESS ACTIVELY OR PASSIVELY. I WANT TO MAKE SURE I HEARD THAT RIGHT. SO IS THAT CORRECT?

>> YES. AND ALL OF THE NUMBERS ARE AVAILABLE IN THE FAQ DOCUMENT THAT WE – THAT LINK WAS SENT TO FOLKS AS PART OF THE INVITATION TO THIS CALL, WE THE RECIRCULATE IT AFTER THIS CALL.

THERE ARE APPROXIMATELY 30,000 FOLKS WHO HAVE JANUARY BIRTH MONTHS, WHO ARE RECEIVING CAL MEDICCONNECT PASSIVE ENROLLMENT NOTICES FOR ENROLLMENT IN JANUARY.

>> THANK YOU FOR YOUR QUESTION, IRA.

OUR NEXT QUESTION COMES FROM KIM SELFON.

KIM, YOUR MIC IS OPEN.

>> HI. CAN YOU HEAR ME?

>> YES, WE CAN.

>> OKAY. I HAVE A QUESTION. I HAVE A CLIENT THAT JUST CALLED ME, AND HE HAS A POWER OF ATTORNEY FOR HEALTH CARE AND FINANCES FOR HIS MOTHER, WHO WAS PASSIVELY ENROLLED INTO CAL MEDICCONNECT. AND HE CALLED TO DISENROLL HER AND WAS TOLD THAT – FROM HEALTH CARE OPTIONS – AND WAS TOLD THAT THE POWERS OF ATTORNEY FOR HEALTH CARE AND FINANCES DON'T APPLY AND THAT THEY ARE NOT ABLE TO TALK TO HIM AND THAT HE CANNOT DISENROLL HER WITH THAT.

SO I WANTED TO – I MEAN, I BELIEVE THAT IS NOT CORRECT. AND I WANTED TO FIND OUT, YOU KNOW, WHAT THE POLICY IS.

>> YEAH. THANK YOU. AND WE ARE – DHCS IS WORKING TO DEVELOP A FACT SHEET AND SORT OF FAQ DOCUMENT ON AUTHORIZED REPRESENTATIVES. BECAUSE THIS ISSUE HAS COME UP, AND IT'S SOMETHING THE DEPARTMENT HAS BEEN LOOKING AT PRETTY ACTIVELY.

BASED ON PATIENT PROTECTION LAWS AND PATIENT PRIVACY LAWS, THE DEPARTMENT IS LIMITED IN WHO THEY CAN ALLOW TO MAKE ENROLLMENT CHOICES ON BEHALF OF BENEFICIARIES. AND FOLKS HAVE TO BE IN THE MEDS DATA SYSTEM AS AUTHORIZED REPRESENTATIVES IN ORDER FOR HCO TO TAKE AN ENROLLMENT DECISION FROM THEM OVER THE PHONE.

AND SO TO BECOME AN AUTHORIZED REPRESENTATIVE, THERE IS A FORM. IT IS AVAILABLE ON THE DHCS WEBSITE, AND IT HAS TO BE TURNED IN TO THE COUNTY TO PUT THE PERSON ON – IN SORT OF THE STATE RECORD ON FILE AS BEING THEIR AUTHORIZED REPRESENTATIVE AND ABLE TO MAKE THAT ENROLLMENT CHOICE.

AND SO THAT IS A – THAT IS – THAT IS A DIFFERENT THING THAN BECOMING SOMEONE'S POWER OF ATTORNEY. AND THAT UNFORTUNATELY IS OUR CURRENT UNDERSTANDING OF STATE LAW.

>> THANK YOU FOR YOUR QUESTION, KIM.
OUR NEXT QUESTION COMES FROM KAREN WIDIERNSKI.
KAREN, YOUR MIC IS OPEN.

>> HI. THANK YOU. MY QUESTION WAS – I DO HAVE ANOTHER QUESTION. THE UNENROLLMENT STATISTICS I THINK ARE ABOUT 40% FOR CAL MEDICONNECT. CAN YOU – DO YOU GUYS KNOW OR CAN YOU WEIGH IN ON, IS THAT ANTICIPATED? IS THAT SEEN TO BE WHAT WE ASSUME IS JUST MAKE PEOPLING CHOICES, OR IS THAT A VOTE OF NO CONFIDENCE FOR CAL MEDICONNECT, OR HOW IS THAT BEING VIEWED? THAT SOUNDED PRETTY HIGH TO ME.

>> THANK YOU FOR THE QUESTION. THERE WAS ALWAYS ANTICIPATION THAT SOME NUMBER OF BENEFICIARIES TO CHOOSE TO OPT OUT FROM CAL MEDICONNECT AND REMAIN IN MEDICARE FEE FOR SERVICE OR A MEDICARE PLAN. OTHER STATES ARE ALSO SEEING OPT OUT PERCENTAGES THAT ARE NOT COMPLETELY DISSIMILAR FROM CALIFORNIA'S OPT OUT PERCENTAGE IN MANY COUNTIES. AND SO YEAH, THAT WAS – IT WAS ANTICIPATED THAT NOT EVERY BENEFICIARY WOULD CHOOSE CAL MEDICONNECT. IT IS SOMETHING THE DEPARTMENT IS LOOKING AT AND HOPE THAT WE CAN LEARN FROM OPT OUT TRENDS ABOUT WHAT, YOU KNOW, BENEFICIARIES NEED AND ARE LOOKING FOR AND HOW WE CAN SERVE THE POPULATION.

>> THANK YOU FOR YOUR QUESTION, KAREN.
AND OUR NEXT QUESTION COMES FROM JULIE SMITH.
JULIE, YOUR MIC IS OPEN. JULIE? OKAY. JULIE, YOU ARE THERE, GO AHEAD AND RAISE YOUR HAND AGAIN AND WE WILL GET BACK TO YOU. BUT WE WILL MOVE FORWARD NOW.

NEXT QUESTION WILL COME FROM MIRIAM SANGULIAN.
MIRIAM, YOUR MIC IS OPEN.

>> HI. I WANT TO BRING UP SOME ISSUES. I WANT FOR A PROVIDER. WE ARE HAVING MASSIVE ISSUES WITH THE HEALTH PLANS. EVERY SINGLE TIME I CALL THEM FOR A PATIENT THAT WAS PASSIVELY ENROLLED, THEY CANNOT HELP US. THEY TELL US TO CALL THE IPA. IPA DOES NOT HAVE THE INFORMATION FOR THIS CURRENT PATIENT. WHAT HAPPENS IS THAT HEALTH PLANS, WHEN THEY GIVE THE INFORMATION TO THE IPA'S OR NEW ENROLLED MEMBER INFORMATION TO THE IPA, USUALLY IT TAKES THEM 30-60 DAYS TO GET THAT INFORMATION. AND ONCE THE MEMBER FINDS OUT, THE PASSIVELY ENROLLED MEMBER FINDS OUT THEY HAVE AN HMO, THEY ARE ASSIGNED TO AN HMO, THEY DISENROLL. SO THE IPA NEVER GETS THIS PATIENT'S INFORMATION, BECAUSE IT WAS ONLY FOR A 30-DAY PERIOD. THUS THE IPA ENDS UP PAYING THE DOCTORS NOTHING.

CURRENTLY I HAVE A COUPLE OF THEM. THEY ARE DENYING THE CAPITATION PAYMENTS, THEY ARE DENYING MY CLAIM. AND OTHER ISSUES COME UP, LIKE INCONTINENCE SUPPLIES. IT TOOK ME 18-20 DAYS FOR A SINGLE MEMBER, FOR THE HEALTH PLAN TO GIVE THE INFORMATION TO THE IPA. AND THIS IS WHEN THE – THIS WAS A MOLINA HEALTH PLAN. WHEN MOLINA CUSTOMER SERVICE EMPLOYEES OR THE CASE MANAGERS, TWO OR THREE OF THEM WERE CALLING FOR THE EXACT SAME PATIENT TO GET AN AUTHORIZATION FOR REFERRAL AUTHORIZATION FOR A COUPLE OF THINGS FOR THE SAME MEMBER, IT TOOK THEM 20 DAYS TO DOWNLOAD THE PATIENT'S INFORMATION INTO THE IPA SITE.

I MEAN, MY ISSUE IS THAT THE HEALTH PLANS NEED TO BE EDUCATED AND NEED TO BE EDUCATED REALLY GOOD SO THEY CAN EDUCATE IPA'S AND THEN THEY CAN EDUCATE US. WITHOUT THAT THERE IS NO CONTINUOUS CARE. PATIENTS CALL THEIR HEALTH PLAN, THEY TURN THEM OVER TO IPA. NOBODY CAN HELP US. I END UP SPENDING OR WASTING AN ENTIRE DAY ON A SIMPLE QUESTION THAT I CANNOT GET THE ANSWER.

MY BASIC THING IS THAT ALL THE HEALTH PLANS NEED TO BE REALLY REALLY GOOD EDUCATED. THE NEXT ONE IS THAT ONCE THE PATIENT IS PASSIVELY ENROLLED, A LOT OF PATIENTS WE APPLY FOR THE PRESCRIPTION MEDICATION. SOME OF THEM REQUIRE A SPECIFIC MEDICATION THAT WASN'T COVERED OR IS ON TIER TWO OR THREE. SO WE HAVE TO APPLY FOR AUTHORIZATION AND GET APPROVAL ON THEIR

PREVIOUS PART D PROGRAM. ONCE THEY ARE PASSIVELY ENROLLED, THEY LOSE THAT APPROVAL, THEY LOSE THAT MEDICATION COVERAGE.

AND I WAS TOLD BY A PHARMACIST THAT BECAUSE THERE IS A GAP FOR JUST ONE MONTH, WHEN THE PATIENT IS DISENROLLED FROM THE PASSIVE ENROLLMENT, THAT THE PHARMACIES DO NOT GET PAID FOR THAT ONE MONTH. THEY CHECK – THEY BILL THE HEALTH PLAN AGAIN. HEALTH PLAN IS SAYING IT'S MEDICARE'S RESPONSIBILITY. THEY CHECK MEDICARE SITE, MEDICARE IS SAYING PATIENT IS ENROLLED, IS ACTIVE, BUT IT'S NOT TELLING HOW OR WHERE THEY CAN SUBMIT THE CLAIMS. AND THEY ARE JUST UP THE – THEY CANNOT GET PAID. THIS ONE MONTH PASSIVE ENROLLMENT IS CREATING SUCH A HEADACHE FOR EVERY SINGLE PHYSICIAN, HOSPITAL. NOBODY KNOWS WHERE TO SPEND CLAIMS. JUST THAT ONE MONTH, BECAUSE PATIENT WAS PASSIVELY ENROLLED.

I MEAN, I'M GETTING READY TO TURN THEM AWAY, BECAUSE MOLINA IS THE MAJORITY IN L.A. COUNTY. AND EVERY SINGLE TIME I CALL, IT'S A DIFFERENT ANSWER, IT'S A DIFFERENT STORY. THEY KEEP TELLING ME FOR INCONTINENCE SUPPLIES – I WAS ASKING THEM QUESTIONS, THEY TOLD ME BILL THE IPA. ONCE THEY DENY IT, WE WILL TAKE CARE OF IT. IT'S LIKE WHY CAN'T I BILL YOU DIRECTLY OR WHY CAN'T I ASK FOR AUTHORIZATION?

THEY JUST GIVE US THE RUN AROUND. NOBODY KNOWS. THEY NEED TO BE EDUCATED. WITH THEM KNOWING, WE ARE LOST. HEALTH PLANS DON'T KNOW, THE EMPLOYEES DON'T KNOW ANYTHING, WHOEVER IS ANSWERING THE PHONE. AND ALSO, THEY NEED TO HAVE MORE PEOPLE ANSWERING THE PHONE AND THE CONCERNS OF EVERYBODY. WE CANNOT WAIT OR WASTE ON THE PHONE 40 MINUTES AT A TIME TO ANSWER A SIMPLE QUESTION.

>> THANK YOU VERY MUCH FOR SHARING THOSE CONCERNS WITH US, MIRIAM. WE DEFINITELY – WE HAVE TAKEN THEM DOWN, AND WE WILL FOLLOW UP WITH THE HEALTH PLANS. WE ARE DOING PROVIDER OUTREACH TO THE PLANS AND TO THE MEDICAL GROUPS AROUND IMPROVING SOME OF THOSE COMMUNICATION ISSUES THAT HAVE BEEN FLAGGED FOR US AROUND THE CAL MEDICONECT TRANSITION, AND SO VERY MUCH APPRECIATE THAT AND WOULD BE HAPPY IF YOU HAVE SPECIFIC CONCERNS THAT WE CAN HELP FOLLOW UP WITH MOLINA, HAVE YOU E-MAIL INFO@CALDUALS.ORG, SO WE CAN TRY TO HELP TROUBLESHOOT SOME OF THAT. SO THANK YOU VERY MUCH FOR RAISING THOSE.

ON THE PRESCRIPTION DRUGS, WE WILL ALSO FOLLOW UP WITH CMS. BECAUSE THAT SEEMS LIKE A CONCERN, BECAUSE PRESCRIPTION DRUG COVERAGE SHOULD BE SEAMLESS. IT SHOULD BE THE PART D PLAN UNTIL THEY SWITCH OVER TO CAL MEDICONECT. AND THEN EVEN IF THE DRUG IS NOT COVERED UNDER THE TOP TIER OF THE FORMULARY, BENEFICIARIES ARE GUARANTEED A 30-DAY SUPPLY TO HELP WITH THAT TRANSITION. SO THAT IS DEFINITELY A CONCERN THAT WE WILL FOLLOW UP WITH CMS ON. SO THANK YOU FOR RAISING THOSE. WE APPRECIATE THAT.

>> THANK YOU, MIRIAM.

AND OUR NEXT QUESTION COMES FROM ROY MARTINEZ.

ROY, YOUR MIC IS OPEN.

>> YES. THE BIGGEST CONCERN I GUESS THAT BENEFICIARIES HAVE IS WHEN THEY GET PASSIVELY ENROLLED, A LOT OF THEM REALLY DO NOT OPEN THEIR MAIL OR EVEN READ THEIR MAIL. AND THEY GET PASSIVELY ENROLLED, THEY GO BACK TO THEIR DOCTOR, AND THEN THEIR DOCTOR IS SAYING THAT THEY CAN'T SEE THEM ANY MORE.

THE OTHER – ALSO ONE THING THAT I WANTED TO ASK IS, IF THEY HAVE A CHOICE TO OPT OUT, WOULDN'T IT BE NICE TO SEE MAYBE AN OPT OUT BOX THAT THEY COULD CHECK?

>> HI, ROY. YEAH, THANK YOU FOR YOUR QUESTIONS. ON THE FIRST PIECE OF FOLKS NOT KNOWING THEY HAVE BEEN PASSIVELY ENROLLED BECAUSE THEY DON'T READ THEIR MAIL OR DON'T GET THE PHONE CALLS, IN ADDITION TO THE NOTICES, BENEFICIARIES RECEIVE PHONE CALLS FROM HCO CUSTOMER SERVICE REPRESENTATIVES TO MAKE SURE THEY GOT THEIR MAIL AND IF THEM IF THEY HAVE ANY

QUESTIONS. AND WE ARE ALSO DOING TELE-TOWN HALLS AFTER BENEFICIARIES RECEIVE THEIR 60-DAY PACKETS.

SO WE RECENTLY WERE – I THINK WE DISCUSSED THIS ON LAST MONTH'S CALL – UPDATED THE CONTINUITY OF CARE POLICY TO ALLOW FOR RETROACTIVE CONTINUITY OF CARE, TO ALLOW PHYSICIANS TO SEE PATIENTS IF THEY PRESENT AT THE DOCTOR'S OFFICE AND THEY HAVE BEEN ENROLLED INTO CAL MEDICCONNECT AND DIDN'T REALIZE IT, SO THAT THOSE PHYSICIANS CAN GET PAID FOR THOSE SERVICES CAN HAVE THAT COMFORT AND GO AHEAD AND SEE THOSE PATIENTS.

THE OTHER QUESTION YOU HAD WAS ON WHETHER THE CHOICE FORMS SHOULD SAY "OPT OUT." AND THIS IS DEFINITELY SOMETHING THAT WE HAVE HEARD FROM FOLKS AND THAT WE HAVE TRIED TO ADDRESS A LITTLE BIT WHEN WE HAD THE NEW CHOICE FORM BENEFICIARY IS TESTED. AND OUR BELIEF THAT BENEFICIARIES AREN'T ACTUALLY IN CAL MEDICCONNECT. AND SO WHILE OPT OUT IS A TERM THAT MANY STAKEHOLDERS USE, IT'S NOT SOMETHING THAT NECESSARILY RINGS TRUE. SO WE REVISED THOSE CHOICE FORMS SO THAT THEY READ "KEEP MY MEDICARE THE WAY IT IS NOW." AND WE FEEL LIKE THAT – OUR BENEFICIARY TESTING SHOWED THAT "KEEP MY MEDICARE THE WAY IT IS NOW" IS UNDERSTANDABLE TO BENEFICIARIES. BUT DEFINITELY APPRECIATE THAT QUESTION. SO THANK YOU VERY MUCH.

>> ALL RIGHT. JUST REAL QUICK BEFORE WE MOVE ON WITH QUESTIONS, WE STILL HAVE A FAIR AMOUNT OF QUESTIONS IN THE QUEUE, AND WE ARE COMING UP ON ABOUT 10 MINUTES LEFT ON THE CALL. SO IF WE DON'T GET TO YOUR QUESTIONS TODAY, PLEASE REMEMBER YOU CAN E-MAIL US AT INFO@CALDUALS.ORG. AND AGAIN – SO IF WE DON'T GET TO YOUR QUESTION TODAY, OR IF YOU END UP HAVING QUESTIONS AFTER YOUR CALL TODAY.

OUR NEXT CALLER WITH A QUESTION IS ROBERT MACHADO.

ROBERT, YOUR MIC IS OPEN.

>> HI. THIS IS MILDRED AND ROBERT MACHADO, WITH A QUESTION. CAN YOU HEAR US

>> YES, WE DID:

>> OKAY, GREAT. THANKS.

SO ON THE ATTACHMENT, THE FAQ ATTACHMENT FOR THIS MEETING, ONE OF THE BULLET POINTS UNDER WHAT EXTRA HELP MIGHT D-SNP ENROLLEES NEED IN THEIR ENROLLMENT PROCESS, THE SECOND BULLET POINT, MEDI-CAL MANAGED CARE, THE FIRST SENTENCE SAYS "IF A CMC-D-SNP ENROLLEES WANTS TO OPT OUT OF CAL MEDICCONNECT, THEY CANNOT STAY IN THEIR D-SNP."

CAN SOMEONE CLARIFY WHAT THAT SENTENCE MEANS?

>> YEAH. THANK YOU.

SO THE ONLY BENEFICIARIES THAT ARE CURRENTLY ENROLLED IN A D-SNP WHO WILL BE PASSIVELY ENROLLED INTO CAL MEDICCONNECT ARE BENEFICIARIES WHO ARE ELIGIBLE FOR CAL MEDICCONNECT AND WHO ARE ENROLLED IN A D-SNP THAT IS RUN BY – THAT'S AFFILIATED WITH A CAL MEDICCONNECT PLAN. THIS IS WHAT I WAS SAYING EARLIER. THERE ARE FOLKS LIKE IN L.A. WHO ARE ENROLLED IN A HEALTH NET D-SNP WHO ARE ELIGIBLE FOR CAL MEDICCONNECT WHO WILL BE PASSIVELY ENROLLED INTO CAL MEDICCONNECT.

THOSE BENEFICIARIES, IF THEY WANT TO OPT OUT OF THAT CAL MEDICCONNECT PLAN, WILL NOT BE ABLE TO STAY IN THEIR D-SNP. THE D-SNPS ARE GOING TO BE CLOSED TO BENEFICIARIES WHO ARE ELIGIBLE FOR CAL MEDICCONNECT IN CCI COUNTIES STARTING IN 2015. AND SO THOSE FOLKS, IF THEY WANT A D-SNP-LIKE PRODUCT, WOULD NEED TO GO INTO CAL MEDICCONNECT. AND OTHERWISE, THEIR OPTIONS ARE TO GO INTO A STRAIGHT MEDICARE ADVANTAGE PLAN OR TO GO INTO ORIGINAL MEDICARE.

>> THANK YOU FOR YOUR QUESTION.

OUR NEXT QUESTION COMES FROM VICKI PULATIN.

VICKI, YOUR MIC IS OPEN.

>> JUST A QUESTION ABOUT THE AUTHORIZED REP FORM THAT YOU WERE REFERRING TO ON THE PREVIOUS CALL. IS IT AN MC-306 YOU ARE REFERRING TO, OR IS IT A DIFFERENT FORM?

>> THAT IS THE FORM.

>> OKAY. OKAY. THANK YOU.

>> THANK YOU FOR YOUR QUESTION, VICKI.

OUR NEXT QUESTION COMES FROM MARIA MAGALANIS.

MARIA, YOUR MIC IS OPEN.

>> YES. THIS IS MARIA MAGALANIS, AND I'M FROM LOS ANGELES COUNTY. AND I WAS CALLING AGAIN IN TERMS OF THAT AUTHORIZED REP FORM. WE GOT A CALL FROM ONE OF OUR ADVOCATES AT SSI BENEFICIARIES THAT WANT TO OPT OUT OF THEIR MEDICARE CANNOT OPT OUT OF CAL MEDICONNECT BECAUSE THEY DON'T HAVE THAT AUTHORIZED FORM.

AND BECAUSE THESE SSI BENEFICIARIES ARE NOT ON THE COUNTY MEDI-CAL PROGRAM, ARE WE – I KNOW YOU INDICATED THAT THERE IS GOING TO BE A RELEASE ON THIS. IS THIS GOING TO BE INCLUDED AS PART OF THE RELEASE, WHAT WE DO WITH THOSE SSI BENEFICIARIES WHO WANT TO OPT OUT AND NEED AN AUTHORIZED REP?

>> YEAH, IT IS ONE THING THE STATE IS LOOKING AT. AND IT'S PART OF THE CHALLENGES THAT WE WERE FACING IN LOOKING AT THE AUTHORIZED REPRESENTATIVE SITUATION. THANK YOU.

>> THANK YOU FOR YOUR QUESTION, MARIA.

AND OUR NEXT QUESTION COMES FROM JULIE HUMPHREY. JULIE, YOUR MIC IS OPEN.

>> YES. HOW – SOMEONE WAS SPEAKING EARLIER ABOUT PROVIDERS BEING ABLE TO BILL FOR THE TIME FRAME OF PEOPLE BEING – DURING THE TIME THAT THEY ARE PASSIVELY ENROLLED. HOW DO PROVIDERS ACTUALLY BILL FOR THOSE VISITS THAT ARE CAUGHT UP IN THE PASSIVE ENROLLMENT?

>> YES. SO PROVIDERS SHOULD – PHYSICIANS THAT WANT THAT CONTINUITY OF CARE SHOULD CONTACT THE HEALTH PLAN AND LET THEM KNOW, AND THE HEALTH PLAN CAN START THAT PROCESS. IT'S A PHONE CALL.

WE HAVE CONTACT INFORMATION FOR ALL OF THE HEALTH PLANS AVAILABLE ON CALDUALS IN THE PROVIDER SECTION, IN THE PHYSICIAN TOOLKIT. THE CONTINUITY OF CARE POLICY WAS JUST RELEASED, SO WE DON'T HAVE OUR UPDATED FACT SHEET UP ON THAT YET. BUT THERE'S A FACT SHEET CALLED "CONTRACTING WITH THE CAL MEDICONNECT PLANS," AND THAT HAS CONTACT INFORMATION. AND THAT'S HOW I WOULD RECOMMEND FOLKS REACH OUT. AND LOOK FOR THAT CONTINUITY OF CARE FACT SHEET COMING SOON.

>> THANK YOU FOR YOUR QUESTION, JULIE.

AND OUR NEXT QUESTION COMES FROM PAULETTE. PAULETTE, YOUR MIC IS OPEN.

>> YES. I WAS CALLING TO FIND OUT IF A FAMILY OR PERSON WAS MOVING TO AN AREA DOWN THAT WOULD BE AFFECTED BY THE SERVICES, WHO WOULD THEY CONTACT? WOULD THEY CONTACT THE PERSON IN THE COUNTY THAT THEY ARE CURRENTLY IN, OR DO THEY CONTACT THE COUNTY THAT THEY ARE GOING TO?

>> YEAH. THANK YOU FOR THE QUESTION.

IF YOU ARE A MEDI-CAL BENEFICIARY AND YOU MOVE, YOU SHOULD LET THE COUNTY KNOW WHERE YOU ARE – LIKE WHERE YOU ARE MOVE. SO IF YOU ARE MOVING TO SAN DIEGO, YOU SHOULD CONTACT SAN DIEGO COUNTY AS SOON AS POSSIBLE AND LET THEM KNOW YOU WHAT ARE A MEDI-CAL BENEFICIARIES MOVING INTO THEIR SERVICE AREA, AND THEY CAN ESTABLISH YOUR MEDI-CAL IN SAN DIEGO COUNTY.

THIS IS – YOU KNOW, BENEFICIARIES – HAVING ACCURATE ADDRESSES FOR BENEFICIARIES IS A BIG CHALLENGE IN THE MEDI-CAL PROGRAM AND FOR HEALTH PLANS. SO WE WOULD STRONGLY ENCOURAGE FOLKS TO LET THE COUNTIES KNOW WHEN THEY MOVE.

>> THANK YOU FOR YOUR QUESTION, PAULETTE. WE ARE SHORT ON TIME HERE, SO I'M GOING TO TAKE ONE MORE QUESTION. AGAIN, WE DIDN'T GET YOUR QUESTION TODAY OR IF YOU HAVE QUESTIONS FOLLOWING THE CALL, PLEASE E-MAIL US AT INFO@CALDUALS.ORG.

AND OUR LAST QUESTION WILL COME FROM MARIE BARRETT.

MARIE, YOUR MIC IS OPEN. MARIE?

OKAY.

>> ALL RIGHT. I THINK WE HAVE INSTEAD – MICHELLE, ARE YOU – DID YOU HAVE A QUESTION YOU WANTED TO ASK? YOUR MIC IS OPEN.

>> NO. I JUST WANT TO LET PEOPLE KNOW HOW TO FIND US.

>> OKAY, GREAT. GO AHEAD.

>> OH. OKAY. I THOUGHT YOU WERE GOING TO SEND THEM INFORMATION.

>> OH, OKAY. SORRY, I MISUNDERSTOOD. ALL RIGHT, GREAT. WE WILL SEND THAT OUT. AND THEN OUR LAST QUESTION WILL COME FROM NANCY HAYWARD.

NANCY.

>> OH, HI. I SENT YOU AN E-MAIL. COULD YOU REPEAT AGAIN WHAT YOU SAID ABOUT ICF DD RESIDENTS IN D-SNPS HAVING TO ENROLL IN A MEDI-CAL PLAN?

>> SO IF YOU ARE AN ICF DD RESIDENT, WHICH I DID NOT DISCUSS. I THINK I TALKED ABOUT THE WAIVER OR A REGIONAL CENTER. ICF DD RESIDENTS ARE EXCLUDED FROM CAL MEDICCONNECT, AND THEY ARE EXCLUDED IN TWO-PLAN GNC COUNTIES FROM MLTSS. SO THAT WOULD INCLUDE THE CCI COUNTIES OF LOS ANGELES, SAN DIEGO, RIVERSIDE, SAN BERNARDINO, SANTA CLARA.

SO ICF DD RESIDENTS FROM EXCLUDED FROM BOTH CAL MEDICCONNECT AND MLTSS, WHETHER THEY ARE IN A D-SNP OR NOT.

>> ALL RIGHT. THANK YOU, NANCY.

AND AGAIN, THANK YOU EVERYONE FOR JOINING US TODAY FOR OUR CCI STAKEHOLDER UPDATE CALL. LOOK FOR ANOTHER CALL NEXT MONTH, AS WE CONTINUE TO ROLL ALONG.

AND THANK YOU, EVERYONE. AND I'M GOING TO END THE CALL NOW, SO HAVE A NICE AFTERNOON.