

NOVEMBER MONTHLY CCI STAKEHOLDER UPDATE CALL

>> GOOD AFTERNOON, EVERYONE. THIS IS RYAN MCDONALD WITH HARBAGE CONSULTING, AND THANK YOU FOR JOINING US THIS AFTERNOON FOR OUR NOVEMBER MONTHLY STAKEHOLDER UPDATE ON THE CCI. A COUPLE THINGS FOR TODAY'S CALL. WE WILL BE ASKING FOR YOU TO -- WE WILL BE ALLOWING FOR YOU TO ASK QUESTIONS. SO WHEN YOU DO HAVE THAT OPPORTUNITY, YOU CAN GO AHEAD AND HIT ONE ON YOUR PHONE, AND YOU WILL BE ABLE TO RAISE YOUR HAND, AND THEN THAT WILL INDICATE TO YOU THAT YOU ARE ASKING, OR WOULD LIKE TO ASK A QUESTION.

AND THEN IF YOU DO GET DISCONNECTED FOR ANY REASON, HOWEVER, YOU KNOW, WHILE WE DON'T ANTICIPATE ANY PROBLEMS TECHNOLOGY WISE, IF YOU ARE DISCONNECTED, YOU CAN GO AHEAD AND DIAL BACK IN. AND AS SOON AS WE ARE UP AND RUNNING YOU WILL BE CONNECTED TO THE CALL AGAIN.

AND SO BEFORE I TURN IT OVER, I WOULD LIKE TO JUST DO A SOUND CHECK. SO IF YOU CAN HEAR ME OKAY, PLEASE PRESS ONE ON YOUR KEY PAD RIGHT NOW. OKAY. GREAT. IT LOOKS LIKE EVERYONE CAN HEAR US.

SO WITH THAT I AM GOING TO TURN IT OVER TO MARY CANTWELL, WHO IS CHIEF DEPUTY DIRECTOR OF HEALTH CARE PROGRAMS AT THE DEPARTMENT OF HEALTH CARE SERVICES.

>> THANKS, RYAN. SO THANKS, EVERYONE, FOR JOINING US FOR OUR MONTHLY CALL. WE HOPE THAT YOU FIND THESE HELPFUL.

JUST REAL QUICKLY, WHAT WE ARE GOING TO GO OVER TODAY. WE WILL HAVE A BRIEF DISCUSSION OF OUR ENROLLMENT UPDATE FROM OUR NOVEMBER DASHBOARD AND THEN JUST GO OVER QUICKLY THE ANNOUNCEMENT WE MADE ABOUT ALAMEDA AND ORANGE COUNTIES LAST WEEK. AND THEN WE WILL OPEN IT UP FOR Q AND A FROM ALL OF YOU.

SO FIRST, AS I MENTIONED, WE WANT TO GIVE AN ENROLL UP UPDATE. WE DID POST OUR LATEST ENROLLMENT DASHBOARD LAST FRIDAY. IT'S AVAILABLE ON BOTH DHCS'S WEBSITE AS WELL AS CALDUALS.

SOME HIGH LEVEL NUMBERS TO TALK ABOUT. AS OF NOVEMBER 1ST, WE HAVE ABOUT 51,500 ENROLLEES IN THE FIVE ACTIVE COUNTIES. THAT'S ABOUT 25,000 IN L.A., 10,000 IN SAN DIEGO, APPROXIMATELY 7,000 IN BOTH RIVERSIDE AND SAN BERNARDINO, AND JUST UNDER 3,000 IN SAN MATEO.

IN ADDITION, THE HCO CALL CENTER DID RECEIVE ABOUT 59,000 CALLS IN OCTOBER. THAT'S ABOUT AN INCREASE OF 10,000 CALLS FROM SEPTEMBER. THE AVERAGE WAIT TIME WAS JUST OVER A MINUTE, AND THE WAIT TIME WENT DOWN FOR THE SECOND STRAIGHT REPORTING PERIOD. WE ARE ANTICIPATING THAT THE CALL VOLUME IS GOING TO GROW AS WE GET CLOSER TO THE JANUARY 1ST ENROLLMENT DATE, WHERE WE HAVE A LOT OF PEOPLE TARGETED FOR ENROLLMENT.

WE DID SEND OUT ABOUT 106,000 60-DAY NOTICES AND CHOICE BOOKS IN OCTOBER. AND THEN SAN MATEO COUNTY SENT OUT ABOUT 7,000 60-DAY NOTICES. SO AS I MENTIONED, THIS INFORMATION AS WELL AS SOME ADDITIONAL DETAIL IS AVAILABLE ON THE DASHBOARD THAT WE RELEASED, AGAIN, ON BOTH THE DEPARTMENT'S WEBSITE CALDUALS.ORG.

SO THE OTHER THING JUST WANTED TO BASE ON, WE DID ALSO ANNOUNCE LAST WEEK TWO UPDATES TO THE ENROLLMENT TIMELINE. AND AGAIN, YOU KNOW, WHAT WE SAID ALL ALONG THAT WE WERE ONLY GOING TO MOVE FORWARD IN COUNTIES WHEN WE AND THE PLANS WERE READY, AND THAT'S REALLY WHAT THE DECISIONS LAST WEEK WERE BASED ON.

SO FIRST WE DID ANNOUNCE THAT WE WILL NOT BE PROCEEDING IN ALAMEDA COUNTY WITH THE CCI. SO WE WILL ONLY BE MOVING FORWARD IN SEVEN COUNTIES. AND THIS IS REALLY A DECISION THAT WAS MADE AFTER EXTENSIVE DISCUSSIONS WITH THE HEALTH PLAN, WITH OUR PARTNERS AT THE DEPARTMENT OF MANAGED HEALTH CARE, WITH LOCAL STAKEHOLDERS, INCLUDING THE PROVIDERS AS WELL AS THE BOARD OF GOVERNORS FOR THE HEALTH PLAN, WHERE JUST GIVEN THAT THERE ARE SOME

ON GOING IMPROVEMENTS THAT ARE NEEDED ALAMEDA ALLIANCE HEALTH PLAN, EVERYONE THOUGHT IT WAS MORE IMPORTANT FOR THE HEALTH PLAN TO BE FOCUSING ON THE BENEFICIARIES THAT IT HAS CURRENTLY ENROLLED AND NOT HAVING THAT IN ANY WAY DILUTED BY HAVING TO PREPARE IN TERMS OF DOING ALL THE READINESS ACTIVITIES FOR CCI.

SO WE THINK THAT THIS, YOU KNOW, IS THE BEST DECISION. AND AGAIN, SORT OF THIS WAS DONE IN PARTNERSHIP WITH BOTH OUR COLLEAGUES AT THE DEPARTMENT OF MANAGED HEALTH CARE, AS WELL AS FOLKS IN THE LOCAL COMMUNITY. AND THEN IN ADDITION WE ALSO ANNOUNCED THAT PASSIVE ENROLLMENT WON'T BEGIN IN ORANGE COUNTY UNTIL NO SOONER THAN AUGUST 2015, ALTHOUGH WE WILL HAVE VOLUNTARY ENROLLMENT STARTING NO SOONER THAN JULY 2015. AND REALLY, A COUPLE OF THINGS. ONE IS, WE ARE, YOU KNOW, CAUTIOUSLY OPTIMISTIC ABOUT THE FACT THAT WE WILL BE READY TO MOVE FORWARD IN ORANGE COUNTY ACCORDING TO THESE TIMELINES BASED ON BOTH OUR ON GOING ENGAGEMENT WITH THE HEALTH PLAN LEADERSHIP ON THE CORRECTIONS THEY HAVE MADE TO THE ISSUES THAT WERE IDENTIFIED IN BOTH THE FEDERAL AND STATE AUDITS. AND AS WELL, THE FEDERAL GOVERNMENT IS SHOWING SUPPORT FOR THE HEALTH PLAN BY ALLOWING THEM TO AGAIN BEGIN ENROLLING INDIVIDUALS IN THEIR DSNIP, WHICH THEY HAD BEEN PREVENTED FROM DOING AFTER THE FIRST AUDIT ANNOUNCEMENT.

SO THE REASON THAT WE -- EVEN THOUGH WE ARE OPTIMISTIC, THE REASON THAT WE DID ANNOUNCE THAT ONE-MONTH CHANGE IN THE START OF PASSIVE IS REALLY TO MAKE SURE THAT WE HAVE THE FINAL APPROVALS, THE FINAL AUDIT REPORTS AND EVERYTHING COMPLETED IN TIME FOR US TO HAVE ENOUGH TIMELINE FOR THE NOTICING FOR PASSIVE ENROLLMENT. AS YOU KNOW, WE DO A 90-DAY NOTICE BEFORE PASSIVE ENROLLMENT. AND WE WANTED TO MAKE SURE THAT WE WEREN'T RUNNING INTO ANY PROBLEMS WITH TIMELINE IN TERMS OF GETTING THOSE OUT ACCORDING TO THE TIME FRAME WE ARE SUPPOSED TO.

SO WE ARE EXCITED THAT WE ARE -- AGAIN, CAUTIOUSLY OPTIMISTIC WE WILL BE ABLE TO MOVE FORWARD IN ORANGE COUNTY AND EXCITED ABOUT BEING ABLE TO THEN, AT THAT POINT, HAVE SEVEN -- ALL SEVEN COUNTIES PARTICIPATING.

SO THAT WAS THE BRIEF UPDATE THAT WE WANTED TO PROVIDE HERE. AND SO NOW HAPPY TO OPEN IT UP TO QUESTIONS ABOUT THESE ISSUES, OR IF ARE OTHER TOPICS THAT PEOPLE WOULD LIKE TO ASK ABOUT.

>> ALL RIGHT. AGAIN, EVERYONE, IF YOU HAVE A QUESTION PLEASE PRESS ONE ON YOUR KEY PAD, AND THAT WILL INDICATE US THAT YOU HAVE A QUESTION. AND THEN WE WILL UNMUTE YOU SO YOU CAN ASK YOUR QUESTION. AND WE WILL GET STARTED WITH THAT.

OKAY. OUR FIRST QUESTION COMES FROM RANDY HICKS. RANDY, YOUR MIC IS OPEN.

>> OKAY. SO THIS IS RANDY FROM CALIFORNIANS FOR DISABILITY RIGHTS. WE HAVE MEMBERS THAT WERE SUPPOSED TO ENROLL IN ALAMEDA COUNTY. WHAT IS GOING TO -- HOW ARE THEY GOING TO BE INDICATED THAT THEY ARE NO LONGER A CCI COUNTY, AND HOW ARE THEY GOING TO MAKE SURE THAT THEY HAD THE SAME SERVICE THAT THEY HAD BEFORE? ESPECIALLY NOW THAT THEY NEED TO UPDATE, ENROLL THEM. AND THEY ARE GOING TO HAVE THEM IN SOME KIND OF MANAGED HEALTH CARE PLAN. AND ARE THEY GOING TO GO LET THEM GO BACK TO FEE FOR SERVICE? I GUESS THAT'S THREE QUESTIONS.

>> THAT'S ALL RIGHT. THANKS SO MUCH. YEAH, SO WE WILL NOT BE TAKING ANY ENROLLMENT ACTIONS WITH ANY INDIVIDUALS IN ALAMEDA COUNTY. SO THEIR MEDICARE WILL STAY HOWEVER THEY ARE CURRENTLY HAVING MEDICARE. THEY WILL HAVE THE OPPORTUNITY TO ACTUALLY PICK A DSNIP OR A MEDICARE ADVANTAGE PLAN, THERE'S NO LIMITATIONS TO THAT. AND IN TERMS OF THEIR MEDI-CAL BENEFITS. AGAIN, THEY WILL HAVE THE ABILITY TO VOLUNTARILY ENROLL INTO THE MEDI-CAL MANAGED CARE PLANS IN THAT COUNTY. BUT THEIR LONG-TERM SERVICES AND SUPPORTS WOULD REMAIN A FEE FOR SERVICE BENEFIT. SO IT'S ESSENTIALLY, YOU KNOW -- NOTHING IS CHANGING FROM HOW THEY HAVE

HAD IT UP UNTIL NOW. AND WE DEFINITELY WILL MAKE SURE THAT IT'S CLEAR IN LOCAL COMMUNITIES THAT WE AREN'T MOVING FORWARD IN ALAMEDA, SO FOLKS WHO THOUGHT PERHAPS THEY WOULD BE MOVING INTO A CAL MEDICCONNECT OPTION ARE AWARE THAT THAT WILL NO LONGER BE HAPPENING IN THAT COUNTY.

>> AND THIS IS RIGHT. I WORK ON OUTREACH. AND WE HAVE -- WE HAVE BEEN UPDATING OUR LOCAL STAKEHOLDERS IN ALAMEDA COUNTY SINCE THE DECISION WAS MADE. AND WE HAVE ALSO -- WE HAVE PEOPLE ON THE GROUND THAT DO OUTREACH, AND WE ARE WORKING WITH ALL OUR PARTNERS THAT WE HAVE BEEN WORKING WITH COLLABORATIVELY TO LET THEM KNOW. AND SO THEY ARE ALL -- YOU KNOW, ALL THE STAKEHOLDERS ALAMEDA ARE GETTING TO BE KNOWLEDGEABLE ABOUT THIS CHANGE, AND THEY ARE GOING TO HELP US MOVE THAT MESSAGE FORWARD.

THANK YOU, RANDI, FOR YOUR QUESTION. OUR NEXT QUESTION COMES FROM STEVEN HORN. STEVEN, YOUR MIC IS OPEN.

>> THANK YOU. HI, MARY. STEVE HORN, PRESIDENT OF CALIFORNIA MEDICAL TRANSPORTATION ASSOCIATION. AND I KNOW THERE'S BEEN SOME E-MAILS GOING AROUND. THE BIG PROBLEM WE ARE HAVING, AND WONDERING WHAT THE DEPARTMENT IS GOING TO DO TO ADDRESS IT, IS AT THE BEGINNING OF EACH MONTH WHEN THE ELIGIBILITY TRANSITIONS INTO THE CCI, AND WE DON'T HAVE AUTHORIZATION TO TRANSPORT THE ESRD PATIENTS, AND WE DON'T HAVE AUTHORIZATION TO TRANSPORT ON GOING CANCER -- YOU KNOW, THE CRITICAL, THAT CANNOT WAIT TO GET AUTHORIZATION FOR TRANSPORTATION. AND THAT OUR PROVIDERS AREN'T GETTING PAID FOR THAT INITIAL TRANSITION PERIOD.

ANY IDEA ON SOLUTIONS AND HOW YOU GUYS CAN COME UP WITH A SOLUTION? BECAUSE WE HAVE MET WITH THE PLANS MANY TIMES, AND STILL NO RESOLVE AT THIS POINT.

>> SURE, STEVE. I THINK WE CAN PROBABLY TALK MORE OFF LINE TO GET SORT OF MORE SPECIFIC EXAMPLES. BUT I KNOW IN THE CONVERSATIONS WE HAVE AT LEAST HAD WITH OUR HEALTH PLANS, IN GENERAL OUR UNDERSTANDING IS THAT THEY ARE HONORING AUTHORIZATIONS FROM BEFORE THE TRANSITION AND THAT MANY OF THEM DON'T HAVE PRIOR AUTHORIZATION REQUIREMENTS FOR TRANSPORTATION UP TO A CERTAIN AMOUNT EACH MONTH. AND SO IF YOU ARE STILL EXPERIENCING ISSUES OR THOSE THINGS AREN'T HAPPENING, I THINK IT WOULD BE -- YOU MAY HAVE BEEN E-MAILING MY STUFF AND I HAVEN'T SEEN THEM, BUT IT WOULD BE GOOD TO GET THOSE SPECIFIC EXAMPLES SO THAT WE CAN MAKE SURE THAT PLANS ARE DOING WHAT WE HAVE BEEN INFORMED THEY ARE DOING WITH RESPECT TO ENSURING THAT, PARTICULARLY POPULATIONS LIKE ESRD WHO NEED TO GET TO THEIR MEDICAL APPOINTMENTS, THAT THERE ISN'T BEING ANY DISRUPTION IN CARE.

>> THANK YOU FOR YOUR QUESTION, STEVEN. AND CURRENTLY WE DO NOT HAVE ANY OTHER QUESTIONS IN THE QUEUE. SO PLEASE DO RAISE YOUR HAND BY PRESSING NUMBER ONE IF YOU HAVE A QUESTION.

OKAY. WE HAVE ANOTHER QUESTION. THIS QUESTION COMES FROM ROBERT MCLAUGHLIN. ROBERT, YOUR MIC IS OPEN.

>> YEAH, THANK YOU VERY MUCH. I'M JUST WONDERING WHAT SORT OF COMMUNICATIONS ENROLLEES MAY OR MAY NOT HAVE HAD IN ALAMEDA COUNTY ABOUT THE TRANSITION, AND WHAT SORT OF COMMUNICATIONS ARE THEY GOING TO GET ABOUT THE SUSPENSION OF THE PROCESS FOR ALAMEDA COUNTY RESIDENTS?

I WOULD JUST LIKE TO KNOW IF THERE'S, YOU KNOW, A CLEAR COMMUNICATIONS COMING OUT THAT THIS IS NOT A PROCESS THAT IS MOVING FORWARD, AND THAT THEY MAY MAINTAIN THEIR EXISTING HEALTH CARE RELATIONSHIPS AND SO ON.

>> SURE. SO THE DEPARTMENT NEVER SORT OF SENT ANY NOTICES OUT TO THE POPULATIONS IN ALAMEDA, SINCE THEY WERE -- YOU KNOW, WE NEVER ACTUALLY LANDED ON A TIME FRAME THAT WE PULLED BACK FROM. SO IN TERMS OF OFFICIAL NOTIFICATION, THEY HAVE NEVER GOTTEN NOTIFICATION THAT WE WERE CHANGING THEIR SERVICES. BUT AS RYAN MENTIONED, AND I'LL LET HIM GO OVER IT

AGAIN, WE HAVE DEFINITELY BEEN IN CONTACT WITH THE LOCAL COMMUNITY STAKEHOLDERS TO MAKE SURE THAT PEOPLE ARE AWARE.

SO RYAN, WHY DON'T YOU JUST SHARE THAT AGAIN.

>> YEAH. SO WE HAVE AN OUTREACH TEAM THAT WORKS IN EACH COUNTY, DOING OUTREACH AS ENROLLMENT HAPPENS AND PRIOR TO ENROLLMENT. AND SO WE HAVE BEEN WORKING IN ALAMEDA COUNTY FOR A NUMBER OF MONTHS, GEARING UP FOR ENROLLMENT. AND NOW THAT THAT HAS CHANGED, WE STILL HAVE PEOPLE ON THE GROUND. AND WE ARE INFORMING FOLKS AS MUCH AS WE POSSIBLY CAN THAT THIS IS NO LONGER HAPPENING IN ALAMEDA COUNTY.

WE ARE ALSO WORKING WITH LOCAL STAKEHOLDERS. THERE IS AN ESTABLISHED STAKEHOLDER AND COMMUNICATIONS GROUP IN ALAMEDA COUNTY. THEY HAVE ALL BEEN INFORMED, AND THAT KIND OF BRANCHES OUT TO LOTS OF DIFFERENT COMMUNITY-BASED ORGANIZATIONS AND OTHER STAKEHOLDERS. AND SO WE ARE DOING OUR BEST TO GET THE WORD OUT ON THE GROUND. AND THANK YOU FOR THAT QUESTION, ROBERT.

AND WE DO NOT HAVE OTHER QUESTIONS -- HERE COMES ANOTHER ONE.

THIS QUESTION IS FROM THE L.A. CANCER NETWORK. WHOEVER IS THE NETWORK, YOUR MIC IS OPEN.

>> HI. MY NAME IS MARIA. WE HAVE A QUESTION. ACTUALLY THIS IS IN REGARDS TO THE MANAGED CARE AND THE 20% ON THE CHEMOTHERAPY. PATIENTS WERE BEING COVERED BY STRAIGHT MEDI-CAL. BUT NOW WITH THIS MANAGED CARE, THE QUESTION IS DO THEY HAVE TO BE -- DO WE HAVE TO BE CONTRACTED WITH THESE IPA'S? BECAUSE IN THE PAST WE DIDN'T HAVE TO. AND I UNDERSTAND HOW WITH ALL OF THESE CHANGES, I'M NOT SURE IF IT'S -- IF THEY ARE STILL GOING TO BE RESPONSIBLE FOR THAT 20%.

>> SO ONE, IT WAS A LITTLE BIT HARD TO UNDERSTAND YOU. THERE WAS A LOT OF FEEDBACK. BUT IF YOU ARE TALKING ABOUT MEDICARE PATIENTS PREVIOUSLY WHO WERE GETTING THE 20% THROUGH FEE FOR SERVICE, AND NOW YOU ARE ASKING IF THE PLAN IS GOING TO BE RESPONSIBLE, THE ANSWER IS YES.

BUT YES, THERE NEEDS TO BE A CONTRACT -- THERE'S A PERIOD OF TIME FOR CONTINUITY OF CARE, BUT THEN THERE WOULD NEED TO BE A CONTRACTING RELATIONSHIP AFTER THAT TIME PERIOD. I BELIEVE FOR MEDICARE SERVICES -- IT'S -- MONTH --

>> BECAUSE THE PATIENTS ARE UNDER THE IMPRESSION THAT NOTHING IS GOING TO CHANGE. EVERYTHING STAYS THE SAME. THE BENEFITS ARE STILL GOING TO GET PAID THE SAME. HOWEVER, WE ARE DEALING WITH THE CLAIMS, AND I DON'T KNOW IF THAT IS STILL GOING TO BE THE CASE. A LOT OF THESE IPA'S, THEY WERE NOT CONTRACTED WITH.

>> RIGHT. SO THERE ARE TWO THINGS. ONE IS -- YOU KNOW, IS IF THEY ARE IN CAL MEDICONNECT. THEIR MEDICARE BENEFIT WOULD BE MANAGED BY THE HEALTH PLAN. AND AGAIN, THERE WOULD BE A PERIOD OF CONTINUITY OF CARE. BUT YES, YOU KNOW, THE GOAL HERE IS TO HAVE ORGANIZED, MANAGED CARE. AND SO THE PLAN WOULD BE RESPONSIBLE FOR THE OVERALL COORDINATION OF THAT CARE. AND IT WOULD MEAN THE NEED TO BE CONTRACTED WITH THE PLAN OR THEIR DELEGATED ENTITIES.

TO THE DEGREE SOMEONE OPTS OUT OF CAL MEDICONNECT OR IS NOT ELIGIBLE FOR ENROLLMENT IN CAL MEDICONNECT AND IS ONLY ENROLLED ON THE MEDI-CAL SIDE, THERE'S NOT A NEED FOR THE CONTRACT. BUT THE HEALTH PLAN IS RESPONSIBLE FOR THE 20%. SO I'M NOT SURE WHICH GROUP YOU ARE TALKING ABOUT, BUT HOPEFULLY I COVERED BOTH ISSUES.

>> THANK YOU FOR YOUR QUESTION, MARIA.

AGAIN, PLEASE IF YOU HAVE A QUESTION PRESS ONE ON YOUR KEY PAD TO RAISE YOUR HAND, SO WE KNOW YOU HAVE A QUESTION.

OKAY. IT LOOKS LIKE WE HAVE A COUPLE OTHERS COMING IN. OUR NEXT QUESTION COMES FROM AARON STARFIRE. AARON, YOUR MIC IS OPEN.

>> HI. GOOD AFTERNOON, THANKS FOR TAKING THE QUESTION. THIS IS JUST A QUESTION REGARDING THE RECENT INFORMATION ABOUT SPD'S IN RURAL COUNTIES BEING TRANSITIONED INTO MANAGED MEDICAL. TWO QUESTIONS: ONE, DOES THAT CORRELATE AT ALL TO THE CCI? AND TWO, DO YOU KNOW IF NFAH WAIVER PATIENTS WILL CONTINUE TO BE CARVED OUT OF THAT PERSONS WITH DISABILITIES POPULATION FOR THAT?

>> SURE. SO NOW I FORGET WHAT THE FIRST QUESTION -- OH, THE RURAL SPD TIMELINE CONNECTED WITH CCI? NO, NONE OF THOSE COUNTIES ARE ACTUALLY INVOLVED IN THE COORDINATED CARE INITIATIVE. THIS IS SORT OF A CONTINUATION OF OUR EXPANSION OF MANAGED CARE IN THOSE RURAL COUNTIES LAST YEAR, WHERE WE INITIALLY ENROLLED THE ADULT, NON-DISABLED ADULTS AND CHILDREN. AND NOW DECEMBER 1ST WE ARE GOING TO BE ENROLLING SPD'S, AS YOU NOTED. AND MY UNDERSTANDING IS THE NIF, AH PEOPLE WILL CONTINUE TO HAVE THOSE SERVICES CARVED OUT.

YEAH, THE PEOPLE WILL BE ENROLLED, BUT THE SERVICES WILL BE CARVED OUT.

>> THANK YOU FOR YOUR QUESTION, AARON. AND WE HAVE ANOTHER QUESTION FROM ROBERT MCLAUGHLIN. ROBERT, YOUR MIC IS OPEN.

>> THANK YOU AGAIN. AND I JUST WANTED TO MAKE SURE I GOT THE DATA THAT YOU OFFERED EARLIER IN THE CALL ABOUT CALL VOLUME. WAS IT -- DID I UNDERSTAND CORRECTLY THAT YOU HAVE HAD 59,000 CALLS INTO YOUR CALL CENTER?

>> IN OCTOBER.

>> IN OCTOBER ALONE? AND IN YOU ARE FINDING ANY -- YOU KNOW, RELATIONSHIP ABOUT THESE CALLS? I MEAN, THAT SEEMS LIKE A LOT OF CALLS FOR 51,000 ENROLLEES. IS THAT SOMETHING THAT IS CREEPING UP AS AN ISSUE? OR ARE THERE SPECIFIC PROBLEMS THAT ARE COME WILLING OUT OF THESE CALLS THAT NEED TO BE ADDRESSED?

>> SURE. NO, THAT'S FINE.

SO KEEPING IN MIND THAT THE 51,000 IS PEOPLE WHO ARE ACTUALLY ENROLLED IN CAL MEDICONECT. SO THERE'S NOTICES GOING OUT TO SORT OF BROADER, A BROADER GROUP OF THOSE -- OBVIOUSLY PEOPLE ARE CALLING TO OPT OUT OF CAL MEDICONECT. SO THAT'S A LARGER -- ACTUALLY THAT'S NOT IN THE 51,000. AND AS WELL YOU HAVE TO THINK ABOUT, YOU KNOW, PEOPLE START CALLING ONCE THEY GET THEIR 90-DAY NOTICE. SO WE HAVE 51,000 ENROLLED AS OF NOVEMBER 1ST, BUT THERE'S NEARLY 110,000 SCHEDULED FOR ENROLLMENT ON JANUARY 1ST, WHICH IS WHERE WE THINK REALLY THE OCTOBER CALL VOLUME WAS REALLY FOLKS WHO WERE SCHEDULED TO ENROLL SORT OF -- PROBABLY JANUARY, MAYBE DECEMBER AND FEBRUARY.

SO, YOU KNOW, IT'S REALLY JUST PEOPLE CALLING TO MAKE SURE THEY UNDERSTAND THEIR OPTIONS. OR THEY ARE MAKING A CHOICE, BECAUSE THEY CAN MAKE A CHOICE THROUGH THE CALL CENTER. I DON'T THINK WE ARE SEEING SORT OF ANYTHING ELSE. IT'S REALLY A PLACE FOR PEOPLE TO GET INFORMATION THAT, YOU KNOW, EITHER THEY DIDN'T UNDERSTAND IN WHAT THEY RECEIVED OR JUST WANTING TO TALK THROUGH, TO MAKE SURE THAT THEY ARE VERY CLEAR ON WHAT CHOICES ARE AVAILABLE TO THEM AND THAT THEY DON'T HAVE TO USE A PIECE OF TO MAKE A CHOICE BUT CAN DO IT OVER THE PHONE.

>> AND THIS IS RYAN AGAIN. IN WORKING WITH THE HEALTH CARE OPTIONS LEADERSHIP, WE HAVE BEEN ABLE TO UNDERSTAND THAT THE CALL VOLUME IS NOT A STRUGGLE FOR THEM CURRENTLY. AND JUST A LITTLE BIT OF INSIGHT IS THAT CALL VOLUME GENERALLY IS HIGHER AT THE BEGINNING OF THE MONTH, BECAUSE LETTERS AND NOTICES ARE GOING OUT, JUST TO GIVE YOU A LITTLE BIT OF THE BACKGROUND THERE.

OKAY. OUR NEXT QUESTION IS COMING FROM BETH GARVER. BETH, YOUR MIC IS OPEN.

>> HI. I WANTED TO ASK, IN PREPARATION FOR THE JANUARY ENROLLMENT, WHETHER NUMBERS ARE GOING TO BE SIGNIFICANTLY HIGHER THAN WHAT WE HAVE BEEN SEEING? WHAT HAS THE DEPARTMENT DONE TO ENSURE THAT THE PLANS ARE PREPARED FOR THIS AND WHAT OVERSIGHT IS IN PLACE FOR

THAT? I'M CONCERNED, BECAUSE WE ARE WAITING EXCESSIVE PERIODS FOR AUTHORIZATIONS NOW. AND SO MY CONCERN IS, WHEN THE VOLUME GOES UP SIGNIFICANTLY IN JANUARY, WHERE IS THAT GOING TO LEAVE US AS PROVIDERS?

>> SURE. WE -- YOU KNOW, WE DEFINITELY ARE WORKING VERY CLOSELY WITH THE HEALTH PLANS WHENEVER WE HAVE SORT OF A NEW ENROLLMENT GO INTO PLACE. THE TEAM UNDER JAVIER PORTELLA IS REALLY MONITORING THAT, HAVING CONSTANT COMMUNICATION WITH THE HEALTH PLANS. AND WE HAVE RAMPED UP IN TERMS OF BEING PREPARED FOR MORE CALLS TO OUR CALL CENTER AND OMBUDS OFFICE, SO THAT WE ARE ABLE TO RESPOND QUICKLY TO INDIVIDUALS' CONCERNS.

THE OTHER THING I DO WANT TO NOTE, BECAUSE I THINK IT'S IMPORTANT, IS THAT OUT OF THAT ABOUT 110, I THINK ABOUT 60,000 OF THOSE PEOPLE ARE ACTUALLY INDIVIDUALS WHO ARE IN THE CAL MEDICONNECT PLAN THAT THEY ARE GOING TO BE ENROLL IN, THEY ARE ACTUALLY IN THAT PLAN'S DSNIP NOW. SO IN A LOT OF WAYS IT WON'T REALLY BE A CHANGE FOR THEM. IT'S TECHNICALLY A DIFFERENT PRODUCT, BUT IT'S SORT OF THE SAME PEOPLE THAT THEY WILL BE WORKING WITH. AND WE HAVE SEEN, ACTUALLY, PRETTY LOW OPT OUT RATES FOR THAT POPULATION SO FAR AS WELL. BECAUSE AGAIN, THAT IS VERY SIMILAR. SO A LITTLE MORE THAN HALF OF THOSE PEOPLE ARE REALLY ALREADY ENROLLED IN THOSE PLANS, THEY ARE JUST ENROLLED IN THEIR DSNIP PRODUCT.

BUT DEFINITELY, YOU KNOW, WE KNOW IT'S A LARGE NUMBER. AND WE ARE PREPARED TO MAKE SURE THAT WE ARE RESPONDING QUICKLY TO ANY ISSUES THAT ARISE AND THAT THE HEALTH PLANS ARE IN CONSTANT CONTACT WITH US TO MAKE SURE THAT THERE AREN'T ANY DISRUPTIONS IN SERVICES.

>> THANK YOU FOR YOUR QUESTION, BETH.

AGAIN EVERYONE, IF YOU HAVE A QUESTION, PLEASE PRESS ONE ON YOUR KEY PAD TO RAISE YOUR HAND.

OKAY. WE HAVE ANOTHER QUESTION FROM BETH GARVER. BETH, YOUR MIC IS OPEN.

>> YEAH. I'M SORRY, I JUST WANTED TO PIGGYBACK ON THAT. ALTHOUGH THOSE PATIENTS MIGHT ALREADY BE WITH THE PLANS, A LOT OF THEM, THEY ARE IN LONG-TERM CARE, THEY ARE GOING TO NEED NEW AUTHORIZATION. SO I JUST -- I JUST WANTED TO SEE IF THE STATE -- IF YOU GUYS COULD SPEAK TO WHAT KIND OF EFFORTS THE PLANS WERE DOING TO RAM UP AND BE READY. BECAUSE, YOU KNOW, I'M NOT SURE ANYBODY CAN APPRECIATE WHAT THE DELAY IS GOING TO BE PROVIDERS. BECAUSE WE ARE AGAIN, ALREADY SEEING DELAYS WITH THE VOLUME THAT THEY ARE SEEING NOW.

SO WHEN WE ARE UP TO OVER A HUNDRED THOUSAND, IT'S GOING TO BE A SIGNIFICANT IMPACT ON PROVIDERS.

>> ARE YOU SPECIFICALLY TALKING ABOUT NURSING FACILITIES?

>> YES.

>> YEAH. SO WITH NURSING FACILITIES, YOU KNOW, THE CONTINUITY OF CARE REQUIREMENT IS THAT THEY CAN REMAIN IN THEIR NURSING FACILITY FOR AS LONG AS THEY NEED TO BE IN THE NURSING FACILITY WITHOUT HAVING TO BE MOVED OUT, AS LONG AS THERE'S NO QUALITY OF CARE ISSUES. AND SO I GUESS I'M NOT 100% CLEAR ON WHAT THE CONCERN IS. BECAUSE THERE WOULDN'T BE ANY SORT OF NEED FOR MOVING PEOPLE OR, YOU KNOW, ENSURING THEIR SEPARATE AUTHORIZATION. SO I GUESS MAYBE I'M NOT ENTIRELY UNDERSTANDING WHAT CONCERN YOU HAVE.

>> YEAH. I GUESS YOU'RE NOT UNDERSTANDING. BECAUSE WE NEED AN AUTHORIZATION FOR LONG-TERM CARE WHEN THE PATIENT TRANSITIONS INTO A PLAN. SO I UNDERSTAND THEY DON'T NEED TO MOVE. BUT THEY NEED AN AUTHORIZATION. AND THAT IS WHAT WE ARE NOT GETTING TIMELY.

>> OKAY. WE CAN DEFINITELY LOOK INTO THAT. UNDERSTAND THAT EVENTUALLY THE PLAN WANTS TO HAVE AN AUTHORIZATION, BUT THAT SHOULDN'T BE PREVENTING YOU FROM CONTINUING TO RECEIVE PAYMENT. BECAUSE AGAIN, WE HAVE THE CONTINUITY OF CARE REQUIREMENT. SO WE CAN LOOK INTO THAT, AND WE CAN GET BACK TO YOU.

>> THANK YOU, BETH.

AGAIN, IF YOU HAVE QUESTIONS, PLEASE PRESS ONE AND RAISE YOUR HAND. OKAY. WE HAVE ANOTHER QUESTION FROM THE L.A. CANCER NETWORK. I BELIEVE IT WAS MARIA. MARIA, YOUR MIC IS OPEN.

>> YES. I WANTED TO ASK WHAT THE PERSON WAS TALKING ABOUT EARLIER. HOW LONG IS THE CONTINUITY OF CARE COVERAGE FOR UNDER THE CAL MEDICCONNECT?

>> SO IT DEPENDS SOMEWHAT ON THE SERVICE. IN GENERAL FOR, YOU KNOW, PHYSICIAN SERVICES IT'S SIX MONTHS. SO THAT'S GENERALLY THE RULE OF THUMB. BUT AGAIN, FOR LONG-TERM CARE, IT'S DIFFERENT. AND FOR THE MEDI-CAL BENEFITS IT'S DIFFERENT AS WELL. BUT FOR THE MEDICARE PHYSICIAN AND HOSPITAL SERVICES, IT'S SIX MONTHS.

>> AND THEN ALSO JUST TO ADD, FOR MEDI-CAL, STRAIGHT MEDI-CAL SERVICES, THE CONTINUITY OF CARE PERIOD IS 12 MONTHS. SO THAT IS THE OTHER PERIOD. AND LIKE MARY SAID, IT DEPENDS ON WHETHER IT'S A MEDICARE OR A MEDI-CAL SERVICE. AND AS MARY MENTIONED ON THE LAST RESPONSE, CONTINUITY OF CARE FOR NURSING FACILITIES IS DIFFERENT. FOLKS ARE ALLOWED TO CONTINUE TO STAY IN THEIR NURSING FACILITY REGARDLESS OF THE NURSING FACILITY'S CONTRACT WITH HEALTH PLANS, AS LONG AS THERE ARE NO QUALITY CONCERNS WITH THAT FACILITY.

SO THANK YOU, MARIA, FOR YOUR OTHER QUESTION. AND NOW WE WILL GO TO MICHAEL CONDON AND JOE RILEY. MICHAEL CONDON AND JOE RILEY, YOUR MIC IS OPEN.

>> YES, THANK YOU VERY MUCH. I'M WONDERING WHAT THE PERCENTAGE IS OF PEOPLE WHO ARE OPTING OUT, YOU KNOW, AND WHAT THE PERCENTAGE OF WHO ARE PASSIVELY ENROLLED, WHO DIDN'T MAKE A CHOICE? ALSO, I WAS HOPING -- HERE IN SAN DIEGO, WE HAVE FIVE PLANS. AND THERE ARE PEOPLE WHO ARE, WHO HAVE BEEN INSTITUTIONALIZED BECAUSE OF MANAGED CARE, BECAUSE OF THE, YOU KNOW, COORDINATED CARE INITIATIVE, WHERE THEY WEREN'T ABLE TO GET THE SAME SERVICES THAT THEY HAD IN THEIR FEE FOR SERVICE DOCTOR. THEY WERE UNAWARE THAT THEY WERE ABLE TO OPT OUT, BECAUSE THEY HAD MEDICARE. AND THEY ENDED UP INSTITUTIONALIZED, IN A MUCH MORE COSTLY THING, WHICH I THOUGHT WAS THE OPPOSITE OF WHAT YOU GUYS WERE TRYING TO DO.

SO WHAT I'M ALSO ASKING IS, I THINK THERE IS LIKE 11,000 UNANSWERED COMPLAINTS FOR NURSING HOMES IN CALIFORNIA. SO I'M, YOU KNOW -- DON'T KNOW EXACTLY, YOU KNOW, WHAT YOU ARE DOING THERE. BUT I'M HOPING THAT WHEN PEOPLE HAVE PROBLEMS WITH THE MANAGED CARE ORGANIZATION OR WITH THE NURSING HOME THAT THEY ARE IN, IF WE COULD HAVE LIKE AT THE CALDUALS SITE OR A WEBSITE DEDICATED TO PEOPLE LIKE CONSUMERS AND INDIVIDUAL PROVIDERS THAT ARE ON THE FIELD, CAN COMPLAIN SO THAT OTHER PEOPLE CAN SEE A PATTERN WITH THAT PARTICULAR MANAGED CARE ORGANIZATION OR NURSING HOME, AND IF YOU GUYS COULD ORGANIZE THAT.

>> HI. YEAH, SURE. SO I'M NOT -- THERE WAS SORT OF A LOT OF COMMENTS. SO FIRST, IT IS ON OUR ENROLLMENT DASHBOARD THAT I NOTED BEFORE WHERE IT IS POSTED BOTH ON OUR WEBSITE AND CALDUALS. AS OF THE NOVEMBER DASHBOARD, THE OVERALL OPT OUT PERCENTAGE AS A PERCENTAGE OF PASSIVE IS ABOUT 33%. SO THAT IS AVAILABLE ON THE DASHBOARD, AND WE UPDATE THAT MONTHLY. IT ALSO SHOWS THE ENROLLMENTS BY COUNTY AS WELL. SO I THINK IF YOU HAVEN'T HAD A CHANCE TO TAKE A LOOK AT THAT, TAKE A LOOK AT THAT, I THINK THAT ANSWERS YOUR QUESTIONS RELATED TO ENROLLMENT AND OPT OUT.

SO WITH RESPECT TO THE OTHER ISSUES THAT YOU RAISED, WE DO HERE AT DHCS MAINTAIN, SEPARATE FROM THE DASHBOARD I WAS JUST TALKING ABOUT, WE ACTUALLY DO MAINTAIN -- SEPARATE FROM THE DASHBOARD I WAS JUST TALKING ABOUT, WE ACTUALLY DO MAINTAIN AN OVERALL MEDI-CAL MANAGED CARE PLAN DASHBOARD. AND WE DO REPORT BY PLAN ON GRIEVANCES AND APPEALS. SO DEFINITELY TAKE A LOOK AT THAT AND LET US KNOW IF THERE ARE OTHER THINGS THAT YOU THINK WOULD BE HELPFUL THAT WE MIGHT BE TRACKING.

IN TERMS OF THE COMPLAINTS ABOUT NURSING FACILITIES, THAT IS ACTUALLY MANAGED BY OUR DEPARTMENT OF PUBLIC HEALTH. THEY ARE THE ONES WHO DO THE INVESTIGATIONS, BECAUSE THEY ARE

THE LICENSING ENTITY OF OUR NURSING FACILITIES. SO I WOULD HAVE TO CHECK IN WITH THEM IN TERMS OF WHAT THEY DO IN TERMS OF REPORTING GRIEVANCES. I JUST, I DON'T KNOW THAT AND IT'S NOT WITHIN OUR DEPARTMENT.

>> AND THIS IS RYAN AGAIN. I WOULD LIKE TO ALSO POINT OUT THAT IF ANYONE HAS -- HAS A COMPLAINT OR CONCERN, THEY CAN CERTAINLY ALWAYS SEND THAT IN TO INFO@CALDUALS.ORG, AND WE ARE DEFINITELY IN THERE EVERY DAY, AND WE HAVE STAFF WORKING ON THAT, ON THOSE COMPLAINTS AND THAT FEEDBACK. AND WE SEND THAT DIRECTLY TO DHCS STAFF IF NECESSARY. AND WE ALSO -- YOU CAN ALSO PUT -- YOU CAN PUT COMPLAINTS ON THE WEBSITE. THERE ARE SOME OF THE PAGES YOU CAN ACTUALLY PUT A POST, A BLOG POST ESSENTIALLY ON THERE AND PUT COMMENTS AND CONCERNS IN THERE. AND WE ALSO MONITOR THOSE AS WELL.

>> I AND SHOULD MENTION THAT OBVIOUSLY ALSO OUR OMBUDS PROGRAM IS AVAILABLE TO INDIVIDUALS WHO ARE HAVING ISSUES WITH THEIR HEALTH PLAN IN ORDER TO HELP RESOLVE THOSE ISSUES. SO THAT IS ANOTHER RESOURCE FOR CONSUMERS.

>> THANK YOU FOR YOUR QUESTION. OUR NEXT QUESTION COMES FROM DONNA HARRIS. DONNA, YOUR MIC IS OPEN.

>> YEAH, I JUST WANT TO REVISIT THE WHOLE AUTHORIZATION CONCERN. BECAUSE EVEN THOUGH WE HAVE CONTINUITY OF CARE IN OUR FAVOR, AND WE UNDERSTAND THAT THAT MEANS OUR RESIDENTS CAN STAY WHERE THEY ARE BECAUSE OF THE CONTINUITY OF CARE, WITHOUT AN AUTHORIZATION, WE ARE NOT GOING TO GET PAID, WHICH CREATES A BIG CASH FLOW ISSUE. BECAUSE WE ARE USED TO BEING PAID, BILLING AND BEING PAID TIMELY WITH ACS AND THE STATE. AND AS WE MOVE TO THESE HEALTH PLANS, AND WE ARE WAITING MONTHS AND MONTHS FOR AUTHORIZATION, WE ARE ALSO NOT GETTING PAID DURING THAT TIME. BECAUSE WITHOUT THE AUTHORIZATION, THEY WILL NOT PROCESS AND PAY A CLAIM.

SO IT'S A BIG CONCERN, AND WE ARE ALREADY -- LIKE BETH INDICATED, WE ARE ALREADY EXPERIENCING THAT WITH THE CURRENT VOLUME.

>> THAT'S -- LIKE I SAID, IN RESPONSE TO BETH, CERTAINLY THAT'S SOMETHING I CAN LOOK INTO AND FIND OUT WHAT IS GOING ON AND PROVIDE INFORMATION BACK. SO I ASSUME WE HAVE THEIR CONTACT INFO IF THEY ARE REGISTERED? OKAY. SO WE CAN GET BACK TO YOU ON THAT AND MAKE SURE THAT THEY ARE NOT CAUSING THOSE KIND OF ISSUES.

>> THANK YOU FOR YOUR QUESTION AND COMMENT, DONNA.

OUR NEXT QUESTION COMES FROM TOMMY CHITRIE. TOMMY, YOUR MIC IS OPEN.

>> HI. THANKS. SPEAKING SPECIFICALLY ABOUT SOME NURSING FACILITIES, WE ARE SEEING THAT CERTAIN HEALTH PLANS ARE REQUESTING THAT WE NOTIFY THEM WITHIN 24 HOURS FOR BED HOLD AUTHORIZATIONS. AND TO ME, THAT'S JUST A BIT UNREASONABLE, ESPECIALLY SPEAKING OF WEEKEND TRANSFER OUTS. AND A LOT OF TIMES, WE ARE ALREADY IN PROCESS OF AN AUTHORIZATION FOR THE MEMBER'S CUSTODIAL CARE. AND I JUST WAS CURIOUS IF DHCS HAS ANY REGULATION IN PLACE THAT KIND OF SUPERSEDES THAT. BECAUSE, YOU KNOW, WITH DHS WE ARE ALWAYS ALLOWED TO REQUEST BED HOLDS AS NEEDED WHENEVER WE SUBMIT IT FOR THE TAR.

BUT IT SEEMS LIKE SOME OF THESE HEALTH PLANS ARE BEING MORE STRICT WITH THEIR AUTHORIZATION REQUIREMENTS. AND THAT'S LEADING TO US HAVING CLAIMS DENIED, ALTHOUGH UNDER TITLE 22 WE ARE REQUIRED TO HOLD THE BED. SO WE ARE HOLDING THE BED, BUT GETTING DENIED PAYMENT. AND THAT DOESN'T SEEM QUITE FAIR TO THE PROVIDERS. AND THE HEALTH PLANS, UNFORTUNATELY SOMETIMES AREN'T REALLY WILLING TO COOPERATE WITH US. THEY ARE JUST DENYING, SAYING THE AUTHORIZATION WAS NOT REQUESTED TIMELY.

AND LIKE I SAID, FOR ME 24 HOURS TO BE UNREASONABLE. SO JUST WANTED TO SEE IF YOU HAD ANY OVERSIGHT ON THAT.

>> SURE, THANKS. THAT'S AT A LEVEL OF DETAIL I'M UNFORTUNATELY NOT WELL VERSED IN. BUT I WILL CERTAINLY TAKE THAT BACK TO MY STAFF TO UNDERSTAND THAT ISSUE A LITTLE BIT MORE. AND WE WILL GET BACK TO YOU WITH AN ANSWER ON THAT.

>> THANK YOU FOR YOUR QUESTION. AND OUR NEXT QUESTION COMES FROM MILDRED DEJESUS. MILDRED, YOUR MIC IS OPEN.

>> YES. HI. THANK YOU. ACTUALLY, JUST AS I'M LISTENING TO THIS CALL, WE GOT A CALL FROM A BENEFICIARY WHO IS IN OUR DSNIP PROGRAM. THIS IS L.A. CARE. AND SHE SAYS THAT SHE CONTACTED HEALTH CARE OPTIONS TO REQUEST ENROLLMENT INTO CAL MEDICCONNECT. AND SHE WAS TOLD THAT SHE WOULD HAVE TO WAIT UNTIL APRIL. HER BIRTHDAY WAS THIS PAST JUNE. AND SO I'M WONDERING IF YOU HAVE ANY IDEA AS TO WHY THERE WOULD BE A FOUR-MONTH GAP, ACTUALLY. BECAUSE SHE WAS REQUESTING TO BE ENROLLED INTO CAL MEDICCONNECT FOR JANUARY 1ST, JUST AFTER OUR DSNIP TERMINATES.

>> YEAH, THAT DOESN'T MAKE SENSE TO ME. SO I WILL GET BACK -- I'LL GO BACK TO OUR FOLKS, YOU KNOW, UNDER JAVIER WHO IS RESPONSIBLE FOR THAT. WE MAY WANT TO JUST BE IN TOUCH WITH YOU TO GET, YOU KNOW, THE INFORMATION THAT WE NEED. OBVIOUSLY IT'S PROTECTED INFORMATION, SO WE DON'T WANT TO DISCUSS IT ON A PHONE CALL -- BUT SO THAT WE CAN MAKE SURE THAT WE UNDERSTAND WHAT THE SITUATION WAS AND WE CAN GO BACK AND FIGURE OUT WHAT HAPPENED ON THE CALL.

SO WE WILL REACH OUT TO YOU AND GET THE DETAIL ON THAT.

>> ALL RIGHT, THANK YOU, MILDRED. AND OUR NEXT QUESTION COMES FROM NANCY HAYWARD. NANCY, YOUR MIC IS OPEN.

>> HI, MARY. NANCY HAYWARD HERE, CAPITAL ASSOCIATION OF HEALTH FACILITIES. DO YOU GUYS HAVE AN OFFICIAL ANSWER YET ON INCAPACITATED RESIDENTS IN SKILLED NURSING FACILITIES AND WHO IS MAKING THEIR HEALTH CARE CHOICES TO OPT IN AND OPT OUT? YOU KNOW, THAT HAS BEEN SOMETHING WE HAVE BEEN ASKING FOR SOMETHING OFFICIAL ON PROBABLY FOR TWO YEARS. AND GIVEN THAT PROBABLY 40% OF SKILLED NURSING FACILITIES MAY LACK CAPACITY, IT'S A CRITICAL ISSUE, AND WE WERE HOPING TO SEE SOMETHING OFFICIAL SOME TIME SOON.

>> SURE.

>> AND THE OTHER QUESTION, THAT WE HAVE HAD SEVERAL NURSING FACILITIES ON THE LINE. IF YOU COULD POST THE ANSWERS IN A PUBLIC FORUM, OR AT LEAST WHEN YOU HAVE THE ANSWERS TO SEND IT OUT TO ALL THE PARTICIPANTS, THAT WOULD BE HELPFUL.

>> SURE.

>> THANK YOU.

>> SURE. SO WE AGREE THAT THE ISSUE ABOUT THE INCAPACITATED MEMBERS AND ABILITY TO MAKE, YOU KNOW, HEALTH CARE CHOICES, WHETHER TO OPT IN, OPT OUT, OR ACTUAL MEDICAL DECISIONS IS CRITICALLY IMPORTANT, YOU KNOW. OBVIOUSLY THERE ARE A VARIETY OF LEGAL ISSUES INVOLVED IN THAT, AND THAT'S REALLY WHAT WE HAVE BEEN TRYING TO WORK THROUGH, BOTH HERE IN THE DEPARTMENT AND WITH OUR CMS COLLEAGUES.

SO WE ARE HOPING TO FIND SOLUTIONS AND BE ABLE TO GET SOME PLACE ON THAT. I DON'T HAVE A PARTICULAR TIME FRAME, BECAUSE IT IS SOMETHING WE HAVE BEEN HEAVY WORKING ON FOR QUITE A WHILE, JUST RUNNING INTO VARIOUS ISSUES RELATED TO HOW DOES SOMEONE GET IDENTIFIED AS AN AUTHORIZED REPRESENTATIVE FOR ENROLLMENT DECISIONS AND WHAT ARE THE SORT OF -- YOU KNOW, PATIENT RIGHTS ISSUES AROUND THAT AND MAKING SURE THAT WORKS -- MAKING SURE THERE IS SOMEONE WHO CAN MAKE DECISIONS, AND AT THE SAME TIME PROTECTING THE RIGHTS OF THE PATIENTS, THAT NOT JUST ANYBODY CAN MAKE ANY DECISIONS FOR THEM.

SO WE WILL BE CONTINUING TO WORK ON IT AND PROVIDE UPDATES AS WE HAVE THEM. BUT UNFORTUNATELY, I DON'T HAVE A SPECIFIC TIME FRAME. BECAUSE IT IS A PRETTY CHALLENGING ISSUE.

>> AND ALSO NANCY, TO YOUR FIRST QUESTION. WE CAN -- WE DO HAVE EVERYONE THAT REGISTERED FOR THE CALL TODAY'S E-MAIL ADDRESS. SO WE CAN SEND OUT AN E-MAIL WITH THE RESPONSES TO THE QUESTIONS THAT WE ARE NOT ABLE TO ANSWER TODAY.

OKAY. WE HAVE A COUPLE FOLKS THAT HAVE -- A COUPLE MORE QUESTIONS IN HERE. SO WE HAVE ANOTHER QUESTION FROM MICHAEL CONDON AND JOE RILEY.

>> YEAH, THIS IS JUST A FOLLOW UP ON THE OTHER ONE. IF SOMEONE IS IN A NURSING FACILITY, CAN THEY -- DO THEY GET THE HELP TO GET OUT? LIKE IS THERE THE -- SPECIFICALLY THE DISTINCT WAIVER THAT THEY COULD GET INTO FROM BEING IN A NURSING FACILITY FOR OVER 90 DAYS?

>> I'M SORRY, I DON'T KNOW THAT I KNOW ENOUGH TO ANSWER THAT QUESTION. IF YOU COULD ACTUALLY E-MAIL THAT QUESTION IN, SO THAT I CAN SORT OF HAVE IT RIGHT AND GET IT TO THE RIGHT PEOPLE, WE CAN DEFINITELY AGAIN GET BACK TO YOU ON THAT. I APOLOGIZE THAT I DON'T HAVE THE RIGHT KNOWLEDGE TO ANSWER THAT RIGHT NOW.

>> AND YOU CAN GO AHEAD AND SEND THAT IN TO INFO@CALDUALS.ORG, AND WE WILL GET THAT OVER TO MARY AND HER TEAM. THANK YOU FOR THAT FOLLOW UP.

AND WE HAVE ANOTHER QUESTION FROM ROBERT MCLAUGHLIN. ROBERT, YOUR MIC IS OPEN.

>> THANK YOU ONCE AGAIN. AND MARY, I HAVE A QUESTION GOING BACK TO THE NURSING HOME ISSUE AND THE NUMBER OF OPEN COMPLAINTS THAT ARE NOT BEING INVESTIGATED BY THE DEPARTMENT OF PUBLIC HEALTH. WE HAD A BRIEFING FROM THEM RECENTLY, AND IT SOUNDS LIKE IT'S GOING TO BE TWO YEARS BEFORE THEY EVEN GET TO A PROCESS THAT WILL, YOU KNOW, CREATE TIME FRAMES FOR COMPLETING INVESTIGATIONS OF COMPLAINTS.

I'M WONDERING, YOU KNOW, WHERE DOES THAT PUT THE DEPARTMENT OF HEALTH CARE SERVICES IN, YOU KNOW, THE PROCESS OF MOVING SO MANY PEOPLE IN THESE MANAGED CARE PLANS, AND THE MANAGED CARE PLANS THEN HAVING A ROLE IN PLACING PEOPLE INTO NURSING HOMES WITH, YOU KNOW, NO REAL CLEAR UNDERSTANDING WHAT THE QUALITY OR THE ENVIRONMENT WITHIN THOSE NURSING HOMES ARE. AND THERE MAY NOT BE AN ANSWER RIGHT NOW, BUT IF YOU HAVE ANY KIND OF FEEDBACK YOU MIGHT BE ABLE TO OFFER, I'M JUST WONDER WHAT DOES DHCS DO WITH BHP IN ORDER TO ASSURE THAT THOSE ENVIRONMENTS ARE SAFE FOR VERY FRAIL AND VULNERABLE CLIENTS?

>> SURE. I'LL PROBABLY HAVE, YOU KNOW, A PARTIAL ANSWER FOR YOU. I MEAN, CERTAINLY IT IS OBVIOUSLY A CONCERN OF OURS TO MAKE SURE THAT NOT ONLY OUR BENEFICIARIES BUT ANYONE WHO ARE IN -- GETTING SERVICES IN NURSING FACILITIES, THAT THEY ARE GETTING APPROPRIATE CARE AND QUALITY CARE. IT IS ONE OF THE REASONS WHY, YOU KNOW, WE THINK ACTUALLY HAVING THE MANAGED CARE PLAN AND THEIR ABILITY TO ACTUALLY MAKE A DECISION THAT THIS ISN'T A FACILITY THAT IS PROVIDING QUALITY CARE, AND BE ABLE TO SORT OF NOT CONTRACT WITH THAT FACILITY OR MOVE PEOPLE OUT IF THAT'S AN ISSUE. SO TO SOME DEGREE, I ACTUALLY THINK HAVING THE MANAGED CARE PLANS BE ABLE TO DO THAT CAN ACTUALLY BE A BENEFIT.

IN ADDITION, YOU KNOW, AS I MENTIONED, WE DO HAVE THE OMBUDS PROGRAM THAT DOES ALLOW FOR IF THERE ARE ISSUES THAT THE OMBUDS CAN HELP WORK WITH THE HEALTH PLAN TO MAKE SURE THAT PEOPLE ARE NOT OBVIOUSLY GETTING POOR CARE OR LOW QUALITY CARE. BUT I THINK SORT OF A BROADER DISCUSSION OF SORT OF WHAT ELSE WE COULD DO AND HOW DO WE PARTNER WITH DEPARTMENT OF PUBLIC HEALTH IS SOMETHING, YOU KNOW, CERTAINLY I WOULD BE INTERESTED IN AND CERTAINLY CAN REACH OUT TO MY COLLEAGUES OVER THERE TO TALK ABOUT IT, GIVEN THAT SUCH A LARGE MAJORITY OF THE POPULATION IN NURSING FACILITIES ARE MEDICAID PATIENTS, OBVIOUSLY WE HAVE A VERY HIGH INVESTMENT IN MAKING SURE THAT THEY ARE RECEIVING QUALITY CARE.

>> THANK YOU FOR THAT FOLLOW UP, ROBERT.

THE NEXT QUESTION WILL COME AGAIN FROM MARIA WITH THE L.A. CANCER NETWORK. MARIA, YOUR MIC IS OPEN.

>> I JUST HAD A QUESTION. WHY ARE THESE MEDICARE PATIENTS, MEDICARE, MEDI-CAL, WHY DO THEY GET ENROLLED AUTOMATICALLY IF THEY DON'T CHOOSE A PLAN? I THINK THAT'S NOT FAIR FOR THESE PATIENTS, ESPECIALLY IF THEY ARE IN THE MIDDLE OF CHEMOTHERAPY.

WHY IS THE STATE AUTOMATICALLY ENROLLING THEM IF THEY DON'T CHOOSE TO ENROLL OR THEY CHOOSE TO, BUT YOU AUTOMATICALLY ENROLL THAT. I DON'T THINK THAT IS FAIR FOR THE PATIENT. IS THAT GOING TO CHANGE IN THE FUTURE SOME

>> SO UNDER THE AUTHORIZING LEGISLATION IN OUR AGREEMENT WITH THE FEDERAL GOVERNMENT, WE DO HAVE A PASSIVE ENROLLMENT PROCESS, WHICH INCLUDES -- WE ACTUALLY HAVE A LITTLE MORE NOTICING THAN THE FEDERAL GOVERNMENT REQUIRES, WHERE WE DO DO THREE SEPARATE NOTIFICATIONS TO MAKE SURE PEOPLE ARE AWARE OF THEIR OPTIONS AND, YOU KNOW, AS RYAN TALKED ABOUT, DOING A LOT OF OUTREACH IN THE COMMUNITY TO MAKE SURE THAT PEOPLE UNDERSTAND THIS IS HAPPENING SO THAT THEY CAN MAKE A DECISION.

BUT AT THIS POINT THERE IS NO PLANS TO CHANGE THE PASSIVE ENROLLMENT PROCESSION OTHER THAN TO CONTINUE TO MAKE SURE WE ARE DOING APPROPRIATE OUTREACH TO PEOPLE UNDERSTAND WHAT IS HAPPENING. AND IF THEY DO NOT WANT TO PARTICIPATE IN CAL MEDICONECT, THAT THEY KNOW THAT THEY CAN OPT OUT AND THE VARIOUS METHOD BY WHICH THEY CAN DO THAT TO ENSURE THAT THEY ARE NOT ENDING UP IN A HEALTH PLAN THAT THEY DID NOT WANT TO BE ENROLLED INTO.

>> AND ALSO I THINK TO ADD TO THAT -- THIS IS RYAN AGAIN -- REMEMBER THAT AS PEOPLE ARE PASSIVELY ENROLLED INTO CAL MEDICONECT, THEY DO HAVE THE OPTION IN ANY MONTH TO DISENROLL. SO WHILE THEY MIGHT CHOOSE TO JOIN THE PROGRAM OR MIGHT BE PASSIVELY ENROLLED, THEY CAN DISENROLL IN ANY MONTH, AND THAT CHOICE WILL BE REFLECTED THE FIRST OF THE FOLLOWING MONTH. AGAIN, THAT'S NOT POSSIBLE ON THE MEDI-CAL SIDE. PEOPLE DO NEED TO PICK A MEDI-CAL PLAN, BUT THEY CAN SWITCH MEDI-CAL PLANS IN ANY MONTH IF THEY ARE NOT HAPPY WITH THE PLAN THAT THEY CHOSE, JUST TO ADD ON TO MARY'S -- BUT THANK YOU FOR THAT FOLLOW UP, MARIA.

AGAIN, YOU HAVE A QUESTION, PLEASE PRESS ONE ON YOUR KEYBOARD TO RAISE YOUR HAND. OKAY. ONE MORE TIME, IF YOU HAVE A QUESTION, PLEASE PRESS ONE. SO I AM NOT SEEING ANY OTHER QUESTIONS. SO THANK YOU TODAY -- OR THANK YOU FOR JOINING US TODAY, AND WE WILL BE FOLLOWING UP ON EVERYTHING WE DISCUSSED DURING THE CALL. AND IF WE ASKED YOU TO MAIL SOMETHING IN TO US, PLEASE DO THAT AND WE WILL FOLLOW UP WITH YOU.

AGAIN, THANK YOU FOR JOINING US TODAY, AND HAVE A NICE AFTERNOON.

>> THANKS, EVERYONE. BYE.