

FEBRUARY CCI STAKEHOLDER CALL

2-19-15

0.75 HOURS

>> GOOD AFTERNOON, EVERYONE, AND VERY SORRY WE ARE LATE STARTING THIS MORNING'S CALL. WE HAD SOME TECHNICAL DIFFICULTIES, SO THANK YOU FOR BEARING WITH US. IF WE HAVE ANY FURTHER ISSUES, PLEASE JUST, YOU GET KICKED OFF FOR ANY REASON, JUST DIAL BACK IN USING THE SAME NUMBER AND THE SAME PASS CODE THAT YOU PROVIDED WHEN YOU REGISTERED.

A COUPLE HOUSEKEEPING THINGS REAL QUICK BEFORE WE GET STARTED. IF YOU WANT TO ASK QUESTIONS, PLEASE PRESS ONE. THAT WILL RAISE YOUR HAND. THAT WILL NOTIFY US THAT YOU HAVE A QUESTION. WE WILL BE ANSWERING QUESTIONS FOLLOWING OUR INITIAL PRESENTATION HERE. AND SO WITH THAT, I WILL TURN IT OVER TO CLAUDIA CRIST WITH THE DEPARTMENT OF HEALTH CARE SERVICES.

>> THANK YOU, RYAN. AND WELCOME, EVERYONE. AGAIN, WE APOLOGIZE FOR THE TECHNICAL DIFFICULTIES AND WE WILL MAKE SURE THAT WE TAKE ALL MEASURES TO PREVENT THOSE FROM HAPPENING IN THE FUTURE. AND WITH THAT, I'D LIKE TO GO STRAIGHT INTO ENROLLMENT UPDATE FOR CCI. AND FOR THOSE OF YOU WHO HAVEN'T MET ME YET OVER THE PHONE OR IN PERSON, I THINK LAST TIME AT THE STAKEHOLDER CALL MARY CANTWELL ANNOUNCED THAT I WOULD HELP TO LEAD THOSE IN THE FUTURE.

AND AGAIN, MY NAME IS CLAUDIA CRIST. I'M THE NEW DEPUTY DIRECTOR FOR THE DEPARTMENT OF HEALTH CARE SERVICES, AND I'M VERY PLEASED TO BE HERE. LOOK FORWARD TO WORKING WITH YOU ALL ON CCI AND MANY OTHER THINGS. SO WITH THAT, STARTING WITH A BRIEF ENROLLMENT UPDATE.

LAST WEEK WE POSTED OUR ENROLLMENT DASHBOARD FOR THE MONTH AND WANTED TO GO OVER SOME OF THE HIGHLIGHTS. SO AS OF FEBRUARY 1<sup>ST</sup>, WE HAVE REALLY 123,079 ENROLLEES IN THE ACTIVE CCI COUNTIES, OF WHICH 54,758 ENROLLEES ARE IN LOS ANGELES, 19,942 IN SAN DIEGO, 15,058 IN RIVERSIDE, 14,875 IN SAN BERNARDINO, 10,157 IN SAN MATEO, AND 8,289 ARE IN SANTA CLARA, AND THAT'S OUR NEWEST COUNTY FOR CCI.

YOU CAN TAKE A CLOSER LOOK AT THE NUMBERS THAT I JUST WENT OVER AND SEE ON STATISTICS ON OUR ENROLLMENT DASHBOARD, WHICH IS AVAILABLE ON THE DHCS WEBSITE AS WELL AS ON CALDUALS.ORG. SHORTLY ALSO WE WILL BE RELEASING THE FEBRUARY OPT OUT INFORMATION. AND SINCE WE DON'T HAVE THAT POSTED FOR YOU YET, BUT WE WILL SO SHORTLY, I JUST WANTED TO GIVE YOU A LITTLE BIT OF A VERBAL PREVIEW OF WHAT YOU WILL HAVE A CHANCE TO SEE ON THERE.

SO AS A REMINDER, THE OPT OUT INFORMATION OR DASHBOARD SHOWS THREE MONTHS OF ENROLLMENT, OPT OUT, AND DISENROLLMENT DATA AUTHORIZE CAL MEDICCONNECT PROGRAMS IN THE CCI COUNTIES. IT'S UPDATED FOR NOVEMBER 2014, JANUARY 2015, AND FEBRUARY 2015. THE DATE IS A CUMULATIVE, AND THERE ARE THREE POPULATION CATEGORIES DESCRIBES ON THAT INFORMATION. ONE OF THEM IS THE OVERALL CAL MEDICCONNECT POPULATION. NEXT IS THE IHSS POPULATION, AND THEN THE THIRD CATEGORY IS THE NON-IHSS POPULATION. AND THOSE ARE ALL THE BREAKOUTS WE HAVE SO FAR.

WITHIN EACH POPULATION CATEGORY THEN WE FOCUS ON THREE MAJOR DISPOSITION TYPES: THOSE THAT ARE ENROLLED IN CAL MEDICCONNECT PLANS, THOSE THAT HAVE OPTED OUT PRIOR TO BEING

ACTIVELY ENROLLED IN A CAL MEDICCONNECT PLAN, AND THEN THOSE WHO CHOOSE TO DISENROLL AT SOME POINT IN THE TIME AFTER THEIR EFFECTIVE DATE IN A CAL MEDICCONNECT PLAN.

ALSO INCLUDED IS THE BREAKDOWN OF THE DATA WHEN NOT ACCOUNTING FOR LOS ANGELES COUNTY, AND THE REASON TO DO THAT IS KIND OF SHOW THE RESULTS TAKING OUT THE COUNTY WITH THE LARGEST VOLUME SO YOU CAN SEE THE DIFFERENCE. AND JUST OVERALL OBSERVATIONS, CONTINUE TRENDING RIGHT NOW, FOR THIS MONTH ANYWAYS, ALONG THE SAME LINES AS LAST MONTH, WITH L.A. HAVING THE LARGEST POPULATION AND ALSO HAVING THE LOWEST ENROLLMENT AND THE HIGHEST OPT OUT AND DISENROLLMENT RATES WHEN COMPARED TO THE OTHER COUNTIES, WITH SAN DIEGO COUNTY THE SECOND LARGEST OVERALL POPULATION BUT ALSO HAVING THE HIGHEST RATE OF OPT OUTS AND DISENROLLMENTS.

FOR FEBRUARY WHAT YOU WILL SEE ON THE DASHBOARD AS SOON AS IT'S RELEASED IS THAT THE OVERALL ENROLLMENT DECREASED BY 1% WHEN COMPARED TO JANUARY. OPT OUT RATES STAYED THE SAME, AT 48%, AND THE DISENROLLMENT RATES INCREASED OVERALL BY 1%.

BASED ON THE DATA THAT WE WILL HAVE, BENEFICIARIES ARE OPTING OUT BEFORE THEY ARE EVER ENROLLED IN A CAL MEDICCONNECT PLAN. SO I THINK FOR A LOT OF YOU ON THE PHONE THAT'S NOT NEW, MUCH MORE SO THAN THEY ARE DISENROLLING FROM THE ACTUAL PROGRAM ONCE THEY ARE IN IT. SO ONCE THEY ARE IN IT, WE STILL CONTINUE HAVE A PRETTY HIGH RETENTION RATE. AND FROM THAT PERSPECTIVE, IT'S GOING REALLY WELL.

BUT AS I THINK WE MENTIONED TO YOU, OUR FOCUS NOW IS REALLY TO LOOK AT MOVING FROM THE PASSIVE ENROLLMENT PHASE TO THIS NEXT PHASE OF ENROLLMENT AND LOOKING AT THOSE – THE POPULATION THAT IS NEWLY AGING IN AND QUALIFYING, AS WELL AS LOOKING AT HOW THE PROGRAM OVERALL IS WORKING FOR PEOPLE AND ALL OF THE STAKEHOLDERS AND PROVIDERS THAT ARE INVOLVED ALONG THE CARE CONTINUUM.

SO WITH THAT SAID, WANTED TO ALSO GIVE YOU SOME NEW INFORMATION, FOR THOSE OF YOU WHO HAVEN'T SEEN IT YET. LAST WEEK WE ALSO RELEASED SOME NEW DATA ON THE HEALTH RISK ASSESSMENTS, OR HRAS. THOSE – THIS IS DATA ON THE COMPLETION RATES IN THE CAL MEDICCONNECT PROGRAM. AND THIS WILL BE REPORTED QUARTERLY. THE CAL MEDICCONNECT PLANS REPORT QUARTERLY ALSO TO THE DHCS ON CERTAIN MEASURES, INCLUDING THE HRAS.

YOU KNOW, JUST TO KIND OF REMIND FOLKS OF WHAT HRAS ARE INTENDED TO DO AND WHAT THEY ARE, OBVIOUSLY THEY ARE A SURVEY TOOL THAT ARE INTENDED TO ASSESS AN ENROLLEES CURRENT HEALTH RISKS AND IDENTIFY FURTHER ASSESSMENT NEEDS, INCLUDING BEHAVIORAL HEALTH, SUBSTANCE ABUSE, CHRONIC CONDITIONS, DISABILITY, FUNCTIONAL IMPAIRMENTS, ASSISTANCE IN KEY ACTIVITIES OF DAILY LIVING, DEMENTIA, COGNITIVE AND MENTAL STATUS, AND THE CAPACITY TO MAKE INFORMED DECISIONS.

OVERALL, OBVIOUSLY THIS WOULD BE A CRITICAL TOOL, THEN, WHEN WE LOOK AT CCI FROM A CARE COORDINATION PERSPECTIVE AND REALLY HELPING THE COMPLEX POPULATION AND THOSE THAT REALLY HAVE NEEDS THAT CAN BE IMPACTED MOST THROUGH THE CCI.

THOSE HRAS ARE REQUIRED TO BE COMPLETED WITHIN 48 DAYS FOR HIGH-RISK BENEFICIARIES, BUT OVERALL FOR 90 DAYS FOR LOW-RISK BENEFICIARIES. AND THERE ARE CRITERIA THAT OUTLINE THOSE.

THE HRA MEASURE ASSESSES WHETHER OR NOT THE HEALTH PLAN COMPLETES THE HRA WITHIN 90 DAYS OF THE BENEFICIARY'S ENROLLMENT SO WHEN YOU LOOK AT THE DASHBOARD, IT WILL BE THE 90-DAY ENROLLMENT STAT – STATISTIC. ON THERE IT IS IMPORTANT TO NOTE, THOUGH, THAT BEFORE WE TALK ABOUT THE STATISTICS THAT WE EXCLUDE BENEFICIARIES WHO THE HEALTH PLAN IS UNABLE TO REACH, AS WELL AS THOSE WHO ONCE THEY DO REACH THEM, CHOOSE NOT TO PARTICIPATE IN COMPLETING AN HRA. THAT IS CERTAINLY A CHOICE THEY HAVE, BUT THEY MAY NOT WANT TO PARTICIPATE.

AND SO WE DEDUCT THAT FROM THE DENOMINATOR, BECAUSE WE THINK IT'S A MORE APPROPRIATE WAY OF REPORTING THE METRIC OF THE ACTUAL COMPLETION RATE FROM A STANDPOINT OF THE HEALTH PLAN'S RESPONSIBILITY. BUT AT THE SAME TIME, OF COURSE GIVEN THAT ALMOST HALF THE BENEFICIARIES EITHER CANNOT BE REACHED OR CANNOT BE LOCATED OR REFUSE TO PARTICIPATE IN THE HRA, I THINK IT'S REALLY IMPORTANT THAT WE FOCUS ON, YOU KNOW, WHAT CAN BE DONE AROUND THAT. AND ALSO ONCE WE DO REACH – ONCE THEY ARE BEING REACHED, 78% THEN HAVE AN HRA COMPLETED ACROSS ALL CAL MEDICONECT PLANS.

SO EVEN THE 78%, WHILE THAT'S GOOD, OBVIOUSLY THERE IS OPPORTUNITY THERE. AND THE PLANS ARE WORKING ON BEST WAYS TO ENGAGE THE BENEFICIARIES ONCE THEY REACH THEM AND TO REALLY ENCOURAGE PARTICIPATION IN THE HRA. AND AS WE HAVE TALKED TO SOME OF THE PLANS, ONE OF THE CHALLENGES THAT HAVE BEEN SHARED WITH US I THINK ARE THINGS LIKE THE PLANS BEING EITHER NEW OR NOT AS FAMILIAR TO THE BENEFICIARY, SO THAT WHEN THEY DO GET A CALL FROM A HEALTH PLAN, YOU KNOW, THERE'S THAT LEVEL OF TRUST OF, YOU KNOW, WHY ARE YOU ASKING ME THESE QUESTIONS AND THOSE KINDS OF THINGS.

SO THEY ARE REALLY WORKING ON WAYS THAT – AND WE WOULD LOVE TO HAVE YOUR IDEAS, AS WELL – THAT THEY CAN ENCOURAGE BENEFICIARIES TO COMPLETE THE HRA. BECAUSE OBVIOUSLY IT IS DEFINITELY GOING TO BE A BENEFIT TO THAT BENEFICIARY FROM A CARE COORDINATION PERSPECTIVE. BUT IT'S REALLY IMPORTANT THAT WE WORK ON A COUPLE OF ITEMS. ONE OF THEM IS, YOU KNOW, THE COMPLETION ONCE THEY ARE BEING REACHED, BUT THEN ALSO WHAT CAN WE DO FOR THOSE FOLKS THAT WHEN THEY ARE REACHED THAT CHOOSE NOT TO – THAT DON'T WANT TO PARTICIPATE.

SO WITH THAT, THAT WAS THE BRIEF ENROLLMENT UPDATE AS WELL AS THE HRA UPDATE FOR THIS CALL. AND I THINK WE WANT TO OPEN IT UP TO QUESTIONS.

>> SO AGAIN, EVERYONE, IF YOU HAVE A QUESTION, PLEASE PRESS ONE ON YOUR KEY PAD TO RAISE YOUR HAND. AND WE WILL TAKE QUESTIONS AS THEY COME IN.

OKAY. OUR FIRST QUESTION COMES FROM BARBARA MCCLENDON. BARBARA, YOUR MIC IS OPEN.

>> GREAT. THANK YOU SO MUCH. SO ARE YOU GOING TO BE RELEASING DATA ABOUT WHAT YOU FIND IN THESE COMPLETED HRAS? FOR EXAMPLE, RATE OF PEOPLE WHO HAVE SOME SORT OF COGNITIVE IMPAIRMENT?

>> SO THIS IS SARA BROOKS WITH THE MANAGED CARE QUALITY MONITORING DIVISION. WE ARE NOT CURRENTLY COLLECTING THAT INFORMATION FROM THE PLANS, BUT WE WILL LIKELY BE HAVING SOME DISCUSSIONS WITH THEM IN THE NEAR FUTURE ABOUT WHAT SOME OF THE FINDINGS ARE.

AND SO BASED OFF OF THAT, WE MAY CIRCLE BACK AND PROVIDE SOME UPDATED INFORMATION. BUT CURRENTLY DON'T HAVE THAT DATA.

>> OKAY. BECAUSE THAT WOULD BE REALLY HELPFUL, I THINK, IN GAUGING HOW EFFECTIVE THESE HRAS ARE AT PICKING UP THINGS LIKE DEMENTIA. SO IF YOU SEE RATES THAT ARE LOW, LOWER THAN – I'M WITH THE ALZHEIMER'S ASSOCIATION – LOWER THAN WHAT WE WOULD ANTICIPATE SEEING, THAT COULD BE A SIGN THAT SOMETHING IN THAT HRA MAY NOT BE DOING WHAT THE PLANS NEED IT TO DO. THAT WOULD BE GREAT TO GET THE DATA. THANK YOU.

>> THANK YOU.

>> THAT'S A GREAT, GREAT POINT. AND WE WILL MAKE SURE TO LOOK AT YOUR DATA AS WELL TO SEE WHAT WE SHOULD BE EXPECTING.

>> THANK YOU, BARBARA.

OUR NEXT QUESTION COMES FROM JHELISA GOMEZ. JHELISA GOMEZ.

>> YES, FRANK FREDERICO, CAL OPTIMA. THE QUESTION IS, OVER WHAT PERIOD OF TIME IS THIS DATA BEING ACCUMULATED WHEN IT COMES TO TRYING TO CONTACT THEM? 50% WERE NOT CONTACTED. WAS THAT WITHIN THE 90-DAY TIME FRAME, OR IS THERE A 180-DAY TIME FRAME?

>> AND YOUR QUESTION IS SPECIFIC TO THE HRA DATA, CORRECT?

>> YES.

>> YEAH. SO THE DATA REFLECTS WHETHER OR NOT THE BENEFICIARIES – EXCUSE ME, WHETHER OR NOT THE HRA WAS CONDUCTED WITHIN 90 DAYS OF ENROLLMENT OF THE BENEFICIARY.

>> WELL MY QUESTION IS, IS THAT ALL YOU DID UP TO 90 DAYS, AND THEN YOU GOT THE 50% NON-CONTACT RATE? OR DID YOU GO BEYOND THAT, DID YOU GIVE THEM ANOTHER 45 DAYS TO GET IT?

>> NO, WE JUST WENT UP TO THE 90 DAYS. THERE IS ADDITIONAL DATA THAT WE ARE LOOKING AT RIGHT NOW THAT GOES BEYOND THAT 90-DAY PERIOD, BUT THIS DATA ITSELF JUST REFLECTS THE 90-DAY PERIOD.

>> OKAY. THANK YOU.

>> THANK YOU FOR YOUR QUESTIONS.

OUR NEXT QUESTION COMES FROM DEBRA DOCTOR. DEBRA, YOUR MIC IS OPEN.

>> THANK YOU FOR TAKING MY CALL. I'M DEBRA DOCTOR FROM DISABILITY RIGHTS CALIFORNIA. AND MY QUESTION ALSO IS ABOUT THE HRA DASHBOARD. IT DOES NOT SEEM TO DIFFERENTIATE BETWEEN – IT DOESN'T DIFFERENTIATE BETWEEN THE COMPLETION OF THE HIGH-RISK POPULATION, WHICH HAD A DEADLINE OF 45 DAYS, AND THE LOW RISK AT 90 DAYS.

SO THAT'S MY FIRST CONCERN. THOSE DEADLINES WERE PUT IN, YOU KNOW, THE STATUTE FOR A REASON. AND I THINK WE NEED TO SEE WHAT THE DIFFERENCE IS. AND EVEN AT THE 90-DAY REQUIREMENT IT APPEARS, EVEN CORRECTING FOR PEOPLE WHO WOULDN'T BE REACHED, THAT SOME PLANS FELL FAR SHORT OF THE GOAL, INCLUDING, SURPRISINGLY TO ME, THE HEALTH PLAN OF SAN MATEO.

SO THE NEXT – THOSE WERE QUESTIONS, AND NEXT IS AN OBSERVATION. IF THE PLANS ARE HAVING SO MUCH TROUBLE WITH SUCH A SMALL NUMBER OF WHO OPTED IN, ONE WONDERS WHAT WOULD HAVE BEEN THE RESULT IF THE ENROLLMENT WHICH WAS SOUGHT AND PREDICTED HAD ACTUALLY BEEN ACCOMPLISHED.

AND NOT THAT, YOU KNOW, CONSUMERS HAVE ACCESS TO THIS , BUT I DON'T KNOW HOW THE STATE CAN ENCOURAGE PEOPLE TO OPT IN WHEN THE PLANS, FOR WHATEVER REASONS, HAVEN'T BEEN ABLE TO DELIVER THE REQUIRED HEALTH RISK ASSESSMENTS TO THE RELATIVELY SMALL NUMBER OF PEOPLE WHO DID OPT IN.

SO HAVE I MISSED SOMETHING HERE?

>> NO, REALLY APPRECIATE YOUR COMMENTS, DEBRA. AND WE WILL TAKE KIND OF EACH OF THEM SEPARATELY.

SO IN TERMS OF THE 45 DAY DATA, YOU'RE RIGHT. AND FOR THOSE THAT ARE ON THE PHONE THAT AREN'T FAMILIAR, THERE IS A REQUIREMENT THAT THE HRA BE COMPLETED IN 45 DAYS FOR HIGH-RISK BENEFICIARIES, SO THOSE INDIVIDUALS THAT WERE IDENTIFIED AS HIGH RISK THROUGH THE RISK STRATIFICATION PROCESS FOR THE PLAN, AND THEN 90 DAYS FOR LOW RISK.

SO WE ARE IN THE PROCESS OF MODIFYING DATA, REPORTING REQUIREMENTS, AND WILL HAVE THAT 45-DAY DATA IN THE NEAR FUTURE BUT DON'T HAVE IT CURRENTLY AT THIS TIME.

WE DID WANT TO GO AHEAD AND GET SOME DATA OUT THERE, SO YOU HAVE SOMETHING TO REACT TO AND LOOK AT. BUT THAT'S – SOME MORE TO COME ON THAT.

AND THEN IN TERMS OF KIND OF SOME OF THE DISCREPANCIES ACROSS THE PLANS, I DO WANT TO NOTE THAT – AND I THINK CLAUDIA MAY HAVE MENTIONED THIS, BUT WE DO KNOW THAT THERE ARE SOME INCONSISTENCIES IN TERMS OF THE WAY THAT PLANS MAY HAVE CATEGORIZED SOME BENEFICIARIES IN TERMS OF WHERE THEY REPORTED THEM. AND SO THAT MAY BE REFLECTED IN FOR EXAMPLE, TO YOUR POINT, HEALTH PLAN OF SAN MATEO HAVING A LOWER PERCENTAGE THAN OTHER PLANS.

THEY PERHAPS MIGHT HAVE INCLUDED INDIVIDUALS THAT THEY WEREN'T ABLE TO REACH THAT PERHAPS NEVER COMPLETED THE HRA IN THEIR NON-HRA COMPLETE, AS OPPOSED TO OTHER PLANS MAY HAVE PUT THEM IN THE BUCKET OF UNABLE TO REACH OR UNWILLING TO PARTICIPATE.

SO THERE IS SOME DIFFERENCE IN TERMS OF THE WAY THAT THE DATA IS REPORTED HERE, AND WE ARE WORKING WITH CMS TO STANDARDIZE THE WAY THAT THOSE DATA ARE REPORTED. I DO THINK, THOUGH, IN LOOKING AT THE DATA THAT ARE HERE, WE DO SEE THAT THE HIGH MAJORITY – THAT THE MAJORITY OF PLANS DID COMPLETE A SIGNIFICANT, AND AS YOU CAN SEE, 100% FOR SEVERAL PLANS AND 90% FOR ANOTHER – DID COMPLETE A SIGNIFICANT PERCENTAGE OF THE HRAS. AND I BELIEVE THE PLANS ARE CONTINUING TO WORK AND THINK ABOUT HOW THEY CAN EACH BENEFICIARIES AND ENSURE THERE IS COMPLETION OF THE HRA.

>> THANK YOU FOR YOUR QUESTIONS, DEBRA.

OUR NEXT QUESTION COMES FROM JOE RILEY AND MICHAEL CONDON. JOE RILEY AND MICHAEL CONDON, YOUR MIC IS OPEN.

>> THANK YOU FOR HAVING THIS CALL AND TAKING MY QUESTION. MY QUESTION IS, IS THAT I THINK THAT THERE WAS THESE GOALS FOR THE CECY AND I TO MAKE EVERYTHING LESS FRAGMENTED, LESS CONFUSING, MORE COORDINATED, AND COST SAVING. AND I WAS WONDERING IF – WHAT THE CRITERIA WAS FOR TAKING THE POISON PILL, WHERE YOU WOULD JUST STOP THIS EFFORT.

AND THE OTHER THING IS, ARE YOU COLLECTING DATA FOR PEOPLE WHO END UP GOING INTO A HOSPITAL OR FIELD NURSING FACILITY OR THAT DIE BECAUSE – AND THE REASONS WHY?

>> SO THIS IS CLAUDIA. I'M GOING TO TAKE THE POISON PILL QUESTION, AND THEN HAVE MY TEAM SPEAK A LITTLE BIT TO – AND MAYBE WE MAY HAVE A CLARIFYING QUESTION FOR YOU AS WELL. BUT I THINK OUR CHIEF DEPUTY, MARY CANTWELL, MENTIONED LAST TIME THAT, YOU KNOW, THERE ARE SEVERAL CRITERIA WE USE TO EVALUATE THE PROGRAM. AND OBVIOUSLY IN – FOR A BIG PART OF THE COUNTIES, A LOT OF IT HAS JUST GONE UNDER WAY AND IN OTHER AREAS IT HAS BEEN UNDER WAY FOR A FEW MONTHS.

AS FAR AS THE FINANCIAL ASPECT OF THIS, THAT WOULD BE EVALUATED IN JANUARY OF – WE WOULD HAVE THAT EVALUATION IN JANUARY OF 2016. AND SO THERE MIGHT BE A FINANCIAL ASSESSMENT BEFORE – IT WOULD BE REALLY, I THINK, NOT REALISTIC TO LOOK AT A FINANCIAL ASSESSMENT OF THE PROGRAM, GIVEN THAT THINGS ARE LIKE RIGHT IN THE MIDDLE OF BEING ROLLED OUT AND BEING DONE. SO AS FAR AS THE OFFICIAL REQUIREMENT FOR MEASUREMENT, THAT WOULD BE A JANUARY 2016 NUMBER.

AND SO THERE IS A REALLY SIGNIFICANT EFFORT THAT WE ARE PUSHING AND WORKING REALLY WITH A LOT OF NOT JUST THE PLANS, BUT REALLY ALSO DOING A LOT OF OUTREACH TO HELP ENSURE THAT THE CARE COORDINATION IS HAPPENING OR LISTENED TO AND TRY TO FIGURE OUT HOW TO WORK ON SOLUTIONS WITH THOSE FOLKS ON WHEN IT'S NOT HAPPENING, WHY IS IT NOT HAPPENING, WHAT ARE THE ISSUES, WHAT ARE ANY SORT OF HANDOFF ISSUES.

BECAUSE CLEARLY, YOU KNOW, THE OPPORTUNITY TO DEFRAGMENT AND DESILO THE SYSTEM IS TREMENDOUS WITH CCI, AND IT'S A MATTER OF LOOKING AT OKAY, WHAT ARE THOSE GROWING PAINS THAT ARE HAPPENING RIGHT NOW, WHAT ARE THE THINGS THAT NEVER REALLY WORKED AS THEY – YOU KNOW, AS WE WERE HOPING TO START WITH? OR WHAT IS WORKING REALLY WELL, TO MAKE SURE WE CONTINUE TO DO THAT.

AND SO THIS IS WHERE WE REALLY APPRECIATE A LOT OF PEOPLE'S INPUT AND SUGGESTIONS BUT ALSO EXPERIENCES THAT PEOPLE ARE HAVING, BOTH ON THE GOOD AND THE OPPORTUNITY SIDE. I'M NOT SURE IF MY COLLEAGUES HAVE ANYTHING TO ADD ON THE DATA COLLECTION.

>> I THINK WE DO OBVIOUSLY COLLECT DATA IN TERMS OF BENEFICIARIES THAT ARE DECEASED, FOR DISENROLLMENT PURPOSES. BUT WE DON'T NECESSARILY REPORT THAT DATA OUT. MAYBE YOU COULD CLARIFY A LITTLE BIT MORE ABOUT THE DATA COMPONENT OF THE QUESTION.

>> YEAH. MY QUESTION IS THAT DOWN HERE IN SAN DIEGO, I'M A PROVIDER AND I HAVE CONTACT WITH SOME PEOPLE AND SOME BENEFICIARIES. AND A FEW PEOPLE WHO HAD FEE FOR SERVICE WERE HAPPY WITH THEIR SERVE AND THEY WERE PUT INTO IT – YOU KNOW, PASSIVELY ENROLLED, TRIED TO OPT OUT,

COULDN'T, DIDN'T KNOW THAT THAT WAS AN OPTION. ENDED UP GOING INTO A SKILLED NURSING FACILITY AND BEING VERY UNHAPPY AND COSTING MORE.

SO I WONDERED, ARE YOU TRACKING THAT? BECAUSE I'M SURE THAT'S NOT THE GOAL. AND, YOU KNOW, HOW YOU CAN ACTUALLY BE REALISTIC ABOUT WHAT'S HAPPENING AND WHAT IS MEETING THE GOALS, WHETHER IT'S REALLY – PEOPLE ARE BETTER OFF, YOU KNOW – YOU KNOW, TAKING THAT – THE STATISTICS AND FINDING OUT THOSE ANSWERS.

>> OKAY. THANK YOU FOR THE CLARIFICATION.

I MEAN CERTAINLY THE DEPARTMENT, AND I KNOW CMS IS COMMITTED TO UNDERSTANDING, YOU KNOW, THE PROGRAM AND EVALUATING THE PROGRAM TO DETERMINE HOW IT'S OPERATING. AND I THINK YOU ARE FAMILIAR WITH THIS AND THOSE ON THE LINE ARE FAMILIAR WITH THE FACT THAT WE HAVE AN RTI WHO IS DOING AN EVALUATION OF CAL MEDICONNECT.

WE ALSO HAVE BEEN FUNDED THROUGH THE SCAN FOUNDATION TO DO TWO DIFFERENT EVALUATION APPROACHES. ONE IS THE RAPID CYCLE POLLING PROJECT, WHICH WILL BE CONDUCTED OVER THE NEXT YEAR HERE AND WILL BE PROVIDING US WITH SOME PRETTY QUICK REAL TIME INFORMATION ABOUT THE EXPERIENCE OF BENEFICIARIES CCI COUNTIES AND THEN ALSO IN NON-CCI COUNTIES, SO WE WILL HAVE A COMPARISON GROUP. AND THEN SEPARATELY WE ALSO HAVE A THREE-YEAR EVALUATION THAT THE SCAN FOUNDATION IS FUNDING AS WELL. SO YES, WE ARE TAKING A LOOK AT ALL OF THOSE DIFFERENT COMPONENTS AND HAVE A LOT OF DIFFERENT ANALYSES AND DATA PROJECTS AND PROCESSES IN THE WORKS.

>> THANK YOU FOR YOUR QUESTIONS.

NEXT QUESTION COMES FROM SYLVIA YEE. SYLVIA, YOUR MIC IS OPEN.

>> HELLO. THANK YOU FOR THIS CALL AND FOR TAKING MY QUESTION. I'M WITH DISABILITY RIGHTS EDUCATION AND DEFENSE FUND. I JUST HAD A QUESTION CONCERNING THE HRA, AND IT MAY GO A LITTLE BIT BEYOND THE DASHBOARD.

BUT MY QUESTION IS FOR THOSE WHO WERE UNABLE TO BE TRACKED AND WHO WEREN'T GIVEN AN HRA WITHIN A DESIGNATED TIME. ARE THERE ANY IMPLICATIONS FOR HOW THEY GET SERVICES, THEN, FROM THE PLAN? I MEAN, IF THEY AREN'T ABLE TO TRACK THEM AND SOMEONE SORT OF TURNS UP TO GET PRESCRIPTION SERVICES. AND IN SOME WAYS I CAN SEE THAT IT MAY SEEM LIKE AN IDEAL OPPORTUNITY TO REACH OUT TO THEM WITH REGARD TO THE HRA.

BUT AT THE SAME TIME, I WOULD HATE FOR THAT TO POTENTIALLY DELAY THE TREATMENT THEY HAVE COME TO SEEK.

>> YOU KNOW, CERTAINLY PLANS ARE LOOKING AT OPPORTUNITIES TO COMPLETE THE HRA OUTSIDE OF KIND OF THAT INITIAL PROCESS THAT THEY GO THROUGH, WHERE THEY REACH OUT AND TRY TO DO IT IN PERSON, OVER THE PHONE, THROUGH THE MAIL, WHATEVER THE BENEFICIARY PREFERS. SO DEFINITELY PLANS ARE LOOKING AT, YOU KNOW, WHEN BENEFICIARIES COME IN FOR SERVICES, ARE THERE OPPORTUNITIES TO COMPLETE THE HRA? WHERE ARE THESE BENEFICIARIES SHOWING UP ELSEWHERE THAT WE MIGHT ACCESS THOSE SERVICES? OR WHERE MIGHT THEY BE ABLE TO GET UPDATED CONTACT INFORMATION, SO THAT THEY CAN REACH OUT TO THE BENEFICIARIES?

BUT IN NO WAY – YOU KNOW, IF AN HRA ISN'T COMPLETED, IN NO WAY IS THERE A BARRIER TO A BENEFICIARY BEING ABLE TO ACCESS CARE. OBVIOUSLY BENEFICIARIES ARE STILL ABLE TO ACCESS CARE. CONTACT THE PLAN, THEY ARE STILL AVAILABLE, STILL HAVE THE OPPORTUNITY FOR CONTINUITY OF CARE AND ALL OF THOSE DIFFERENT THINGS AS WELL.

>> THANK YOU FOR YOUR QUESTION, SYLVIA.

OUR NEXT QUESTION COMES FROM MARIA MAJAYENIS. MARIA, YOUR MIC IS OPEN.

>> YES, HI. MY NAME IS MARIA MAJAYENIS, AND I'M FROM LOS ANGELES COUNTY.

>> HI, MARIA.

>> HI. I JUST WANTED TO KNOW, IS THERE ANY THOUGHT OR – REGARDING THAT ENROLLMENT RATE DATA THAT YOU POSTED OR JANUARY TO GET INFORMATION REGARDING THE ACTUAL RATES FOR THE COUNTIES, LIKE HOW MANY CASES ARE IN EACH OF THE COUNTIES? LIKE FOR LOS ANGELES, I KNOW YOU HAVE IT BROKEN OUT BY PERCENTAGES.

IS THERE ANYWAY WE COULD KNOW HOW MANY OF THOSE CASES WE HAVE IN L.A. COUNTY?

>> LIKE –

>> LET ME LOOK AT THAT. FOR EXAMPLE, UNDER THE OVERALL, OVERALL RATE AND THEN THE IHSS AND NON-IHSS CASES, DO WE KNOW HOW MANY CASES OF THOSE ARE IN L.A. COUNTY?

>> YES. YES, THAT IS ON THE – THAT IS ON THE JANUARY DATA THAT WE RELEASED. AS WELL, IT WILL BE ON THE FEBRUARY DATA AS WELL.

>> DO WE HAVE – LIKE HOW MANY NUMBERS IN L.A. WE HAVE THAT ARE OPTING OUT OR DISENROLLED OR – YOU KNOW, HOW MANY OF THOSE ARE IHSS BENEFICIARIES? I SEE THAT IT'S ONLY PERCENTAGES. DO WE HAVE THE ACTUAL NUMBERS?

>> THIS IS JAVIER PORTELLO WITH THE MANAGED COOPERATION DIVISION. SO THE CHART IS DERIVED FROM NUMBERS, IT'S HOW THE PERCENTAGES ARE FORMULATED. SO THERE ARE NUMBERS AVAILABLE. WE CAN LOOK AND SEE WHAT THE BEST WAY TO PRESENT THOSE NUMBERS ARE. YOU KNOW, PERCENTAGES ARE ALWAYS TAKEN TO – TAKE A BETTER LOOK AT WHAT IS BEING SPLIT.

BUT VOLUME-WISE, WE CAN LOOK AND SEE WHAT WE CAN DO TO KIND OF GIVE YOU THE REPRESENTATIVE VOLUME THAT HAS BEEN ASSESSED IN THOSE PERCENTAGES. WE CAN SEE WHAT CAN BE RELEASED.

>> THANK YOU, MARIA.

OUR NEXT QUESTION COMES FROM MARCELLO ESPIRITU. MARCELLO, YOUR MIC IS OPEN.

>> HI. THANKS FOR TAKING MY CALL. I HAVE A QUESTION IF THE DATA FOR HRA IS – IF IT CAN BE LOOKED AT AS FAR AS THOSE WHO ARE PASSIVELY ENROLLED AND THE PERCENTAGE OF HRA COMPLETION VERSUS THOSE WHO ARE ACTIVELY ENROLLED THEMSELVES INTO CAL MEDICONECT, AND IF YOU NOTICE DIFFERENCES.

AND THEN ALSO, IF HEALTH CARE OPTIONS HAS IN PART OF THEIR SCRIPT FOR THOSE WHO DO OPT IN AND CHOOSE CAL MEDICONECT, IF THEY PREPARE THE PERSON TO EXPECT CONTACT FROM THEIR HEALTH PLAN BY NAME.

>> FOR THE HRA DATA, WE DON'T CURRENTLY HAVE THE ABILITY TO BREAK IT OUT IN THAT FORMAT.

>> AND THEN FROM A HEALTH CARE OPTIONS PERSPECTIVE, WE DO INFORM THEM THEY WILL GET MORE INFORMATION FROM THEIR HEALTH PLAN. I WILL HAVE TO VALIDATE IF YOU GO DOWN TO AN HRA DISCUSSION, BUT ITS MAINLY ABOUT THAT THEY WILL RECEIVE MORE CONTACT INFORMATION AND MAILINGS FROM THE PLAN, AS WELL AS CONFIRMATION OF THEIR ENROLLMENT.

I DON'T THINK WE TALKED ABOUT THE HRA, BUT WE ARE HAPPY TO SHARE IF WE DO OR NOT.

>> THANK YOU MARCELLO.

AT THIS POINT WE ARE THROUGH ALL THE QUESTIONS IN THE QUEUE. SO IF WE HAVE A LITTLE BIT OF TIME LEFT, YOU HAVE A QUESTION, AGAIN, PLEASE PRESS ONE ON YOUR KEY PAD.

>> AND WHILE YOU ARE DOING THIS – THIS IS CLAUDIA – I JUST WANT TO ACKNOWLEDGE THAT WE ARE HEARING IN YOUR QUESTIONS, NOT JUST QUESTIONS BUT ALSO SUGGESTIONS, YOU KNOW, IN BETWEEN THE LINES, SOMETIMES INDIRECTLY, SOMETIMES MORE DIRECTLY. SO PLEASE REST ASSURED THAT WE ARE NOT IGNORING THAT.

AND I THINK THAT BY THE KIND OF QUESTIONS YOU ARE ASKING, IT IS GIVING US A GOOD IDEA AS TO ALSO WHAT SOME OF YOUR CONCERNS OR WHAT YOU ARE WONDERING ABOUT. THAT MIGHT HELP US LOOK INTO SOME THINGS AS WELL.

SO, YOU KNOW, THE MOST RECENT ONE WITH MARCELLO WAS A GREAT EXAMPLE, BUT THERE WERE OTHERS OTHER THE CALL TODAY. SO I JUST WANTED TO ACKNOWLEDGE THAT AND THANK YOU.

>> OKAY. WE STILL DO NOT HAVE ANY QUESTIONS IN THE QUEUE. WE DO NOW. OKAY.

SO OUR NEXT QUESTION COMES FROM DEBRA DOCTOR. DEBRA, YOUR MIC IS OPEN.

>> THANK YOU. I WAS WONDERING IF THERE IS DATA AVAILABLE ON – WELL, IT'S SORT OF CONNECTING THE DOTS BETWEEN THE HEALTH RISK ASSESSMENT AND THEN WHATEVER OFFER OF SERVICES BEING MADE. AND KIND OF A SUBSET OF THAT IS HOW MANY PEOPLE OR HOW MANY OF THE OPTIONAL BENEFITS HAVE BEEN AUTHORIZED FOR PEOPLE. THE OPTIONAL BENEFITS MEANING THE IHSS-LIKE SERVICES AND SO ON THAT WERE PART OF THE – YOU KNOW, THE PITCH FOR THIS PROGRAM.

SO I'D LIKE TO KNOW HOW MANY PEOPLE ARE GETTING THOSE.

>> SO IN TERMS OF THE HRA DATA ITSELF, WHAT'S REPORTED TO THE CMS IS SUMMARY DATA. WE DON'T HAVE AN OPPORTUNITY AT THE STATE LEVEL OR AT THE FEDERAL LEVEL TO CONNECT THAT DATA TO SPECIFIC SERVICES THAT ARE BEING PROVIDED. THAT DATA WOULD BE HOUSED AT THE PLAN LEVEL.

IN TERMS OF THE SECOND PART OF YOUR QUESTION, CAN YOU CLARIFY THAT A LITTLE BIT FOR ME.

>> IS THE STATE ASKING PLANS TO REPORT HOW MANY OF THOSE OPTIONAL SERVICES THEY ARE AUTHORIZING?

>> YEAH. SO FOR THE CARE PLAN OPTION SERVICES, THOSE OPTIONAL SERVICES THAT YOU ARE TALKING ABOUT, THAT IS REPORTED IN THE ENCOUNTER DATA THAT THE PLANS ARE REPORTING TO CMS AND TO THE STATE. SO AT A LATER DATE, WE WILL HAVE SOME ABILITY TO DO ANALYSIS OF IT. WE DON'T YET HAVE THAT DATA AVAILABLE AT THIS TIME, THOUGH.

>> THANK YOU, DEBRA.

OUR NEXT QUESTION COMES FROM LAURA MILANO. LAURA, YOUR MIC IS OPEN.

>> HI. THANKS FOR TAKING MY CALL AS WELL. I WAS WONDERING IF THERE WILL BE ANY DISCUSSION FORUMS ABOUT THE MANAGED LONG-TERM SUPPORT SERVICES, AS WE HAVE A SKILLED NURSING, LONG-TERM CARE FACILITY IN LOS ANGELES IN WHICH WE ARE ENCOUNTERING GREAT DIFFICULTY WITH SOME OF THE MANAGED CARE ORGANIZATIONS AND GETTING CLAIMS PAID.

>> I THINK IF YOU ARE HAVING ISSUES, OBVIOUSLY THE FIRST STEP WOULD BE TO GO THROUGH THE PLAN AND TO WORK WITH THE PLAN. BUT IF AFTER YOU HAVE EXHAUSTED THAT PROCESS IF YOU CONTINUE TO HAVE CONCERNS, THEN YOU SHOULD REACH OUT TO THE STATE DIRECTLY. AND WE CAN, AFTER TALK ABOUT THE PLAN, DETERMINE KIND OF WHAT APPROPRIATE NEXT STEPS MIGHT BE.

>> THANK YOU, LAURA.

OUR NEXT QUESTION COMES FROM DENNY CHEUNG. DENNY, YOUR MIC IS OPEN.

>> HI. CAN YOU HEAR ME?

>> YES, WE CAN.

>> GREAT. THANKS FOR TAKING MY CALL. I JUST HAVE A QUICK QUESTION ABOUT DISENROLLMENT DATA AND DISENROLLMENT RATES. IS THAT MEASURED ANYTIME AFTER EFFECTIVE ENROLLMENT DATE, AFTER PASSIVE ENROLLMENT DATE? OR IS IT – I THINK THERE WAS SOMETHING ON AN EARLIER CALL WHERE IT SEEMED LIKE THERE WAS, LIKE, A MEASURE LIMITING THAT. BUT I JUST WANT A CLARIFICATION ON WHEN THAT MEASURE STARTS.

>> YOU'RE CORRECT. ANYTIME A MEMBER HAS AT LEAST ONE MONTH OF EFFECTIVE COVERAGE, THEY ARE CONSIDERED TO BE DISENROLLED IN THE OPT-OUT ASSESSMENT.

>> THANK YOU, DENNY.

AGAIN, WE ARE OUT OF QUESTIONS IN YOUR QUEUE. SO PLEASE PRESS ONE IF YOU HAVE A QUESTION.

OKAY. WE HAVE ANOTHER QUESTION FROM LISA SUGARMAN. LISA, YOUR MIC IS OPEN.

>> THANK YOU. HI. JUST A REALLY QUICK QUESTION. I'M WONDERING IF YOU CAN JUST CLARIFY FOR ME, BECAUSE I'M NOT ABLE TO FIND QUICKLY ON THE CALDUALS WEBSITE.

IF AN INDIVIDUAL OPTS OUT OR DISENROLLS FROM CAL MEDICONECT, THEY RETAIN THEIR MEDI-CAL MANAGED CARE PLAN ENROLLMENT. BUT WHAT ARE THE RULES ABOUT WHAT – DO THEY AUTOMATICALLY



GO BACK INTO MEDICARE FEE FOR SERVICE, OR ARE THEY ALLOWED TO ENROLL IN AN MA PLAN IN THEIR COUNTY?

I SHOULD KNOW THE ANSWER TO THIS QUESTION, I JUST NEED SOME QUICK CLARIFICATION ON THAT.

>> SURE. SO MEMBERS WHO OPT OUT – WHICH MEANS THEY ARE OPTING OUT BEFORE THEIR EFFECTIVE DATE OF COVERAGE IN CAL MEDICONECT – IT'S INTENDED TO BE SEAMLESS, SO THEY ARE RELINKED BACK UP WITH WHATEVER THEIR MEDICARE STATUS WAS WHILE PASSIVE WAS HAPPENING. SO THEIR PART D PLAN IS RELINKED BACK UP. IF THEY HAPPEN TO BE – THAT IS REALLY THE QUICK LINKAGE, THEY GO BACK TO MEDICARE FEE FOR SERVICE.

SO THEY DISENROLL AFTER THE FACT, THEN THE MEMBER IS REQUIRED TO – THEY WILL BE RELINKED TO A PART D PLAN THROUGH, I BELIEVE IT'S CALLED THE ALLY NET PROCESS, OR THEY CAN SELECT A PART D PLAN THROUGH THEIR NORMAL PROCESSING AND BE PUT BACK IN MEDICARE FEE FOR SERVICE.

THEY DO HAVE THE RIGHT TO JOIN A MEDICARE PRODUCT, BUT A D-SNP – THERE IS D-SNP POLICY OUT THERE THAT LIMITS THE ENROLLMENT IN THESE COUNTIES FOR D-SNPS ONLY. MEDICARE PRODUCT LINES OTHER THAN LIKE THE MA PLANS CAN BE ENROLLED ON GOING. SO THEY DO THE RIGHT – THOSE CHOICES TO JOIN THOSE PLANS, AND THOSE WILL HAVE THE IMPACT ON THE ENROLLMENT AS WELL.

SO THE AUTOMATIC PROCESS IS TO GO TO ALLIED NET AFTER THEY ARE CONSIDERED DISENROLLED, WHICH MEANS AFTER THEIR EFFECT OF GETTING CAL MEDICONECT. IF IT'S PRIOR TO THAT, IT'S AN OPT OUT, WHICH MEANS THE REASSIGNMENT PROCESS WILL TAKE PLACE AUTOMATICALLY AND LINK THEM TO THE PART D PLAN THEY HAVE AT THAT MOMENT IN TIME.

>> THANK YOU, LISA. OUR NEXT QUESTION COMES FROM JOE RILEY AND MICHAEL CONDON. JOE RILEY, MICHAEL CONDON, YOUR MIC IS OPEN.

>> YES. I WAS WONDERING ABOUT THE HEALTH RISK ASSESSMENT. YOU KNOW, IF THOSE NUMBERS ARE SO HIGH, DOES THAT MEAN THAT THE BENEFICIARIES AREN'T GETTING SERVICES? IF YOU CAN'T REACH THEM AND THERE ISN'T – ARE THEY NOT GETTING ANY SERVICES, THEN? IS THAT WHAT THAT MEANS?

>> THANK YOU FOR THAT QUESTION. THEY DEFINITELY GETTING SERVICES, AND THEY ARE NOT PRECLUDED FROM GETTING ANY SERVICES. IT JUST MEANS THAT THEY COULD PROBABLY HAVE THE BENEFIT OF ADDITIONAL SERVICES THAT THEY, YOU KNOW, WOULDN'T COME OUT NECESSARILY WOULDN'T DOING AN HRA, BUT AS FAR AS ANY OF THEIR SERVICES THAT THEY WOULD NORMALLY ACCESS OR WOULD NEED, THEY DON'T HAVE ANY LIMITATIONS THERE.

>> THANK YOU FOR YOUR FOLLOW-UP QUESTION

AND WITH THAT, WE ARE THROUGH THE QUESTIONS IN THE QUEUE. IF YOU HAVE A QUESTION, PLEASE PRESS ONE. OKAY. WELL, AS ALWAYS, PLEASE E-MAIL US. WE HAVE A COUPLE MORE QUESTIONS COMING IN. THANK YOU FOR PRESSING ONE, AND WE WILL GET TO YOUR QUESTION.

NEXT QUESTION COMES FROM GISELA GOMEZ. GISELA, YOUR MIC IS OPEN.

>> HI. THANK YOU FOR TAKING OUR CALL. SO RELATED TO THE HRA DATA AND THE UNABLE TO REACH AND UNWILLING TO PARTICIPATE, WILL THE DATA BE BROKEN DOWN FURTHER TO IDENTIFY THOSE THAT WERE ACTUALLY UNWILLING TO PARTICIPATE IN THE HRA VERSUS THOSE THAT WERE UNREACHABLE?

>> YES. SO I THINK AT THIS TIME WE ARE GOING TO CONTINUE TO – UNTIL WE FURTHER DEFINE WHAT – WHICH BENEFICIARIES SHOULD BE INCLUDED IN WHICH GROUPS SO THAT PLANS ARE MORE CONSISTENT IN TERMS OF THEIR REPORTING, WE ARE GOING TO KEEP THEM COMPILED TOGETHER. WHAT I CAN TELL YOU, THOUGH, IS THAT THE BREAK OUT SHOWS THAT THE HIGH MAJORITY OF GROUPS WERE UNWILLING TO PARTICIPATE AND UNABLE TO BE LOCATED IS COMPRISED OF THE UNABLE TO BE LOCATED. SO IT'S REALLY A SMALL PERCENTAGE OF BENEFICIARIES THAT WERE UNWILLING TO PARTICIPATE.

>> THANK YOU FOR YOUR QUESTION.

NEXT QUESTION COMES FROM CATHERINE HOFFMAN. CATHERINE, YOUR MIC IS OPEN.

>> HI. THIS TIME I WAS HAVING TECHNICAL DIFFICULTIES. SORRY ABOUT THAT.

>> ONE OF THOSE DAYS.

>> HA HA. JUST AS YOU WERE TALKING EARLIER ABOUT KNOWING THAT THE PEOPLE WHO WEREN'T RESPONDING TO THE HRA WERE IN FACT USING SERVICES, THAT CLUED ME IN THAT ONE OF THE THINGS THAT COULD BE DONE IS TAKING A LOOK AT PEOPLE WHO ARE RESPONDING TO THE HRA AND THOSE WHO ARE NOT ON THEIR SERVICE USE. AND THAT WOULD GIVE YOU AN IDEA OF HOW REPRESENTATIVE THE RESPONDENTS WERE.

IS THAT A POSSIBILITY BY THE PLANS, TO DO THAT INVESTIGATION THEMSELVES?

>> YEAH. I MEAN, I THINK THAT IS A POSSIBILITY BY THE PLANS, AND I BELIEVE THAT'S SOMETHING THAT THE PLANS DO DO IN TERMS OF ANALYSIS. IT'S NOT DATA, THOUGH, THAT WE HAVE AT THE STATE OR FEDERAL LEVEL, AS I MENTIONED BEFORE. BUT DEFINITELY I THINK PLANS ARE CONSISTENTLY MINING THEIR DATA TO IDENTIFY, YOU KNOW, WHO IS ACCESSING SERVICES, HOW, WHAT IS THE BEST WAY TO REACH OUT TO BENEFICIARIES, ENSURING THAT EVERYONE IS GET ALL MEDICALLY NECESSARY SERVICES THAT THEY NEED.

>> THANK YOU FOR YOUR QUESTION. NEXT QUESTION COMES FROM KATARINA SKAPINOVA. KATARINA, YOUR MIC IS OPEN.

>> HI. THIS IS KATARINA FROM RICO MEDICAL GROUP. MY QUESTION IS, DO YOU COLLECT DATA ON WHY PEOPLE DISENROLL OR OPT OUT FROM THE CAL MEDICONECT?

>> SO WE DON'T COLLECT SPECIFIC DATA ON THIS MARK. YOU KNOW, THE ORIGINAL DESIGN WAS TO NOT HAVE TOO MUCH OF A BURDEN ON THE PROCESS. BUT IT IS SOMETHING WE ARE ASSESSING AND REASSESSING THE BEST WAYS OF CAPTURING. WE ONLY HAVE ANECDOTAL REMARKS FROM WHAT OUR CALL CENTER REPS AND FEEDBACK OUT.

SO WE DON'T COLLECT ANY ACTUAL DATA TO ASSESS THE REASONS FOR OPT OUT, AS THERE SEEMS TO BE LOT OF VARIOUS REASONS AND IT'S NOT A -- IT WASN'T PRACTICAL TO TRACK IN THE EARLY PART OF THE PROCESS.

>> THANK YOU FOR YOUR QUESTION.

NEXT QUESTION COMES FROM LINDA MACK. LINDA, YOUR MIC IS OPEN.

>> YES, THANK YOU. I APOLOGIZE, I MISSED THE LAST COUPLE OF MEETINGS. AND I WAS JUST CURIOUS IF YOU HAVE TOUCHED ON THE SUBJECT IN TERMS OF PASSIVE ENROLLMENT FOR MEMBERS WHO OPT OUT AND GO BACK TO FEE FOR SERVICE, AT WHAT POINT DO YOU RE -- I GUESS AT WHAT POINT DOES A MEMBER GET BACK ON THE PASSIVE ENROLLMENT QUEUE AGAIN?

>> SO, THANK YOU FOR YOUR QUESTION. MEMBERS ARE ONLY ALLOWED TO BE PASSIVELY ENROLLED ONCE A YEAR, AND ALSO OUR PASSIVE PROCESS IS SET UP AND DESIGNED TO ONLY HAPPEN, DEPENDING UPON THE COUNTY, OVER A 12-MONTH PERIOD, FOR EXAMPLE, AND NOT CONTINUE. AND SO IT DOES NOT GRANT MEMBERS MORE THAN ONCE IN THE PASSIVE PROCESS. SO IF THEY DO OPT OUT, THEY DON'T GET PASSIVELY ENROLLED AGAIN. IT'S JUST PART OF THE COMMITMENT TO PASSIVE.

THEY CAN VOLUNTARILY ENROLL AT ANY TIME, AND I KNOW PLANS ARE LOOKING AT HOW THEY CAN TO DO OUTREACH TO MEMBERS, TO LET THEM KNOW THEY CAN ALWAYS COME BACK TO THE PROGRAM. BUT I MEAN DEFINITE -- THIS DATE AS FAR AS WHAT OUTREACH WILL DO IN 2015 TO HELP REMIND FOLKS THE PROGRAM IS STILL ALIVE AND GOING.

BUT PASSIVE DOES ONLY HAPPEN ONCE FOR A MEMBER. AND PART OF THAT IS IMPACTED BY THE RULES THAT WE HAVE -- THE AGREEMENTS WITH THE MS TO NOT PASSIVELY ENROLL MEMBERS MORE THAN ONCE A YEAR. BUT WE HAVE ALSO COMPLETED TO ONLY DO PASSIVE THROUGHOUT THE 12-MONTH PERIOD BASED ON BIRTH MONTHS. AND SO THERE ARE SOME LIMITATIONS ON PASSIVE.

>> THANK YOU FOR YOUR QUESTION, LINDA. OUR NEXT QUESTION COMES FROM JOEL TORREZ. JOEL, YOUR MIC IS OPEN.

>> CALLING FROM L.A. CARE. I JUST HAVE A QUESTION MORE SO THAN ANYTHING ELSE, FOR CLARITY. WHAT IS IT WHEN THEY -- BECAUSE WE HAVE MEMBERS WHO COME IN TO CAL MEDICONECT IN THE

BEGINNING AND THEN THEY DROPPED OUT AFTER A MONTH. AND IT GOES TO THE PREVIOUS QUESTION, IN HOW CAN THEY COME BACK IN. IS THERE A WINDOW? I KNOW YOU SAID THAT THERE WASN'T – NOT WASN'T, BUT WE HAVE NECESSARILY STATISTICS ABOUT THAT.

BUT IN GENERAL, IS THERE AN OPPORTUNITY, CAN THEY “OH, I CHANGED MY MIND, I WANT TO COME BACK “? CAN THEY DO THAT WITHIN THE MONTH, OR DO THEY HAVE TO WAIT UNTIL THE NEXT MONTH?

>> SO IF THEY OPT OUT, THEY CAN OPT IN ESSENTIALLY AT ANY TIME THEY WOULD LIKE. BUT IT'S ALWAYS EFFECTIVE THE 1<sup>ST</sup> OF THE FOLLOWING MONTH. AND YOUR OPT OUTS ARE ESSENTIALLY CANCELING WHAT IS ABOUT TO HAPPEN. SO FOR YOUR EXAMPLE, IF THEY CALLED TODAY TO OPT OUT FOR MARCH, THEY COULD CALL BACK BEFORE THE END OF FEBRUARY TO GET BACK IN FOR MARCH.

SO THEY HAVE THAT ABILITY, BUT IT'S ALL BASED ON TIMING AND HOW THE TRANSACTION RULES WOULD ACTUALLY ALLOW THEM FOR TO BE IN FOR COVERAGE.

>> THANK YOU FOR YOUR QUESTION. WE ARE GETTING CLOSE TO THE END OF OUR CALL. WE HAVE A COUPLE MORE QUESTIONS, SO WE WILL TAKE AS MANY AS WE CAN BEFORE THE END. NEXT QUESTION COMES FROM MARCELLO ESPIRITU. MARCELO, YOUR MIC IS OPEN.

>> THERE WAS MENTION OF PEOPLE WHO ARE NEWLY AGING IN AND QUALIFYING. I WAS WONDERING IF YOU COULD TALK ABOUT THE PROCESS FOR THEM WHEN IT COMES TO SAY RECEIVING CAL MEDICONECT LETTERS. LET'S JUST SAY THEIR BIRTH MONTH IS – HASN'T HAPPENED YET, BUT THEY PICK UP MEDI-CAL OR MEDICARE, BECOME DULY ELIGIBLE AND SO FORTH.

>> SO FOR NEWLY AGED IN FOLKS – AND JUST TO DEFINE IT FOR THE CALL, FOLKS THAT GAIN MEDICARE, LET'S JUST SAY THEY GET, ARE ELIGIBLE FOR MEDICARE TODAY AND THEY GAIN MEDICARE TODAY – THEY ARE NOT PART OF PASSIVE. THEY ARE PASSIVELY ASSIGNED THROUGH THE PART D PROCESS, AND THAT'S CONSIDERED A PASSIVE ASSIGNMENT FOR THE YEAR.

AND SO THERE'S THIS STATE BETWEEN DATA TRANSMISSION, AND CMS IS NOT ABLE TO PASSIVELY ASSIGN THEM THROUGH THE 90-DAY PROCESS. SO BECAUSE THEY HAVE BEEN PASSIVELY ASSIGNED, AND THEIR PART D PLAN DOES UNFORTUNATELY NOT ALLOW US TO PASSIVELY ASSIGN THEM IN CAL MEDICONECT. SO THEY REALLY RECEIVE NO NOTIFICATION TODAY, BUT THAT DOES GO TO OUR STRATEGIES AND 15 AND HOW WE LOOK TOWARDS WORKING WITH THOSE TYPE OF ENROLLEES AND LETTING THEM KNOW WHAT'S AVAILABLE TO THEM AS FAR AS CHOICES GO AND GETTING INFORMATION TO THEM.

BUT TODAY WE DO NOT PASSIVELY ENROLL WITH WHAT IS CALLED AN AGED-IN ENROLLEE AS WE – IT'S ON A PASSIVE PROCESS.

>> AND THIS GOES BACK – THIS IS CLAUDIA – TO MY COMMENT EARLIER ABOUT REALLY MAKING THAT TRANSITION FROM THE PASSIVE ENROLLMENT TO MORE OF AN ACTIVE ENROLLMENT AND, YOU KNOW, ALL THE KIND OF STRATEGIES AND TACTICS THAT WILL BE IMPORTANT TO HAVE AS PART OF THAT, AND OBVIOUSLY MAKING SURE THAT THE PROGRAM WORKS NICELY AND AS DESIGNED AND INTENDED.

>> THANK YOU FOR YOUR QUESTION, MARCELLO, OUR LAST QUESTION FOR THE CALL TODAY WILL COME FROM MAUREEN. MAUREEN, YOUR MIC IS OPEN.

>> HI. YES. I HAVE A QUESTION ABOUT THE STATUS OF THE CAL MEDICONECT WITH ORANGE COUNTY AND THE START OF THE MLTSS FOR ORANGE COUNTY. IS THERE AN UPDATE ON WHEN THAT MIGHT START?

>> SO WE HAVE ALWAYS DISCUSSED THAT JULY WILL BE VOLUNTARY FOR CAL MEDICONECT, WHICH WILL ALSO START THE MLTSS BENEFIT FOR FOLKS THAT ARE ENROLLED IN THE PLAN, WHICH IS ALMOST EVERYBODY IN ORANGE COUNTY. PASSIVE FOR CAL MEDICONECT WILL BEGIN IN AUGUST ON A BIRTH MONTH, ROLLING 12-MONTH BASIS. SO JULY AND AUGUST ARE THE TWO DATES TO WATCH OUT FOR IN ORANGE COUNTY.

>> THANK YOU FOR YOUR QUESTION, MAUREEN.

SO THAT BRINGS US TO THE END OF TODAY'S CALL. AGAIN, IF YOU HAVE QUESTIONS FOLLOWING THE CALL, PLEASE E-MAIL US AT [INFO@CALDUALS.ORG](mailto:INFO@CALDUALS.ORG), AND WE WILL GET A RESPONSE TO YOU AS QUICK AS POSSIBLE. AND THANK YOU VERY MUCH FOR JOINING OUR CALL, AND WE LOOK FORWARD TO TALKING WITH YOU NEXT MONTH. THANK YOU.