

MARCH CCI STAKEHOLDER CALL

3-25-15

0.5 HOURS

>> GOOD AFTERNOON, EVERYONE, AND THANK YOU FOR JOINING US TODAY FOR OUR MONTHLY STAKEHOLDER CALL FOR MARCH OF 2015. WITH ME TODAY – MY NAME IS RYAN, AND I AM WITH HARBAGE CONSULTING. AND WITH US TODAY WE HAVE CLAUDIA CRIST, DEPUTY DIRECTOR OF HEALTH CARE DELIVERY SYSTEMS. WE ALSO HAVE HANNAH KOCH, ASSISTANT DEPUTY DIRECTOR OF HEALTH CARE DELIVERY SYSTEMS. WE HAVE SARA BROOKS, WHO IS CHIEF OF MANAGED CARE QUALITY AND MONITORING DIVISION. AND WE HAVE JAVIER PORTELLA, ACTING CHIEF, MANAGED CARE OPERATIONS DIVISION.

JUST A COUPLE THINGS BEFORE WE GET STARTED TODAY. IF YOU HAVE ANY ISSUES WITH BEING DISCONNECTED FROM THE CALL TODAY, WE DON'T NORMALLY ANTICIPATE THAT, BUT PLEASE USE THE SAME CALL IN PHONE NUMBER AND PIN NUMBER THAT YOU USED TO JOIN US. AND THEN BEFORE WE GET STARTED, I WANT TO DO A SOUND CHECK. SO IF YOU CAN ALL HEAR ME, PLEASE PRESS ONE ON YOUR KEY PAD NOW.

OKAY. IT LOOKS LIKE EVERYONE CAN HEAR US. SO WITH THAT I WILL TURN IT OVER FOR – TO BEGIN OUR CALL, TO CLAUDIA CRIST.

>> THANK YOU VERY MUCH, RYAN.

HELLO. WELCOME, EVERYONE, TO OUR STAKEHOLDER CALL. WE ARE GOING TO COVERED THREE ITEMS. ONE OF THEM IS OUR STANDING ITEM OF THE ENROLLMENT UPDATE. WE ARE ALSO GOING TO COVER CONTINUITY OF CARE TODAY, AS WELL AS SOME UPDATES ON WORK THAT WE HAVE BEEN DOING WITH HEALTH CARE OPTIONS AND THEN OPEN THE LINES TO ANY QUESTIONS OR COMMENTS THAT YOU MAY HAVE.

SO BRIEF UPDATE ON THE CAL MEDICCONNECT ENROLLMENT. EARLIER THIS WEEK WE POSTED OUR LATEST ENROLLMENT DASHBOARD. I'M GOING TO GO OVER SOME OF THE HIGHLIGHTS THERE. AS OF MARCH 1ST, WE HAVE 124,239 ENROLLEES IN THE SIX ACTIVE CCI COUNTIES, OF WHICH JUST OVER 54,000 ARE IN LOS ANGELES, A LITTLE OVER 20,000 IN SAN DIEGO, OVER 15,000 IN RIVERSIDE COUNTY, 15,000 IN SAN BERNARDINO COUNTY, A LITTLE OVER 10,000 IN SAN MATEO COUNTY, AND THEN LAST BUT NOT LEAST, 8700 IN SANTA CLARA COUNTY.

THE DASHBOARD ALSO INCLUDES SOME DETAILED ENROLLMENT, OPT OUT, AND DISENROLLMENT PERCENTAGES. THOSE NUMBERS ARE GOING TO CONTINUE TO BE UPDATED EVERY MONTH. GENERALLY WE ARE SEEING ENROLLMENT AND OPT OUT RATES REMAIN STEADY, BUT CLEARLY WE ARE GOING TO BE MOVING INTO THE PASSIVE ENROLLMENT PHASE NOW. SO IT WILL BE INTERESTING TO SEE HOW THE FOLLOWING MONTH'S DASHBOARDS – EXCUSE ME, THE ACTIVE ENROLLMENT PERIOD. SO IT WILL BE INTERESTING TO SEE HOW THE FOLLOWING MONTHS' NUMBERS WILL LOOK LIKE AND HOW PEOPLE ARE FEELING ABOUT THE PROGRAM.

SO OBVIOUSLY ENROLLMENT NUMBERS CAN ONLY TELL US SO MUCH, ESPECIALLY, AS I MENTIONED, AS WE ARE ACTIVELY WORKING TOWARDS THE ACTIVE ENROLLMENT AND REALLY WANTING TO MAKE SURE THAT THIS IS SOMETHING THAT OUR BENEFICIARIES WANT TO CHOOSE AND ENROLL IN AND THAT IT'S

GREAT FOR THEM. SO IN THE LAST TWO MONTHS, HANNAH KOCH, OUR ASSISTANT DEPUTY AND I, TOGETHER WITH SEVERAL COLLEAGUES, HAVE BEEN DOING EXTENSIVE OUTREACH AND MEETING WITH VARIOUS STAKEHOLDER GROUPS AND INDIVIDUALS TO LEARN REALLY FROM MORE ON-THE-GROUND PERSPECTIVE. AND WE HAVE ALSO LISTENED TO THE QUESTIONS AND CONCERNS DURING OUR MONTHLY STAKEHOLDER CALLS HERE ON THE PHONE.

WE ARE BEGINNING TO DEVELOP A CLEAR UNDERSTANDING OF THE CCI. IN ADDITION TO AREAS THAT NEED IMPROVEMENT, THINGS THAT ARE WORKING WELL, WE HAVE HEARD ENCOURAGING STORIES OF SOME THINGS THAT ARE GOING REALLY WELL RELATED TO CARE COORDINATION, WHICH IS VERY ENCOURAGING.

OF COURSE THERE IS STILL OPPORTUNITY, THERE IS STILL MORE TO LEARN, AND WE WANT TO CONTINUE MEETING WITH OUR STAKEHOLDERS. WE HAVE BEEN TRAVELING FOR THAT, MEETING AT DIFFERENT VENUES, AND WE WANT TO HEAR FROM YOU ABOUT YOUR EXPERIENCES WITH THE PROGRAM AS WELL, AND IDEAS, AND CONTINUE TO HEAR ABOUT IDEAS AND OPPORTUNITIES TO STRENGTHEN IT.

LOOKING FORWARD, WE ARE PREPARING TO START VOLUNTARY ENROLLMENT IN ORANGE COUNTY THIS JULY AND THEN PASSIVE ENROLLMENT IN AUGUST. WE ARE CURRENTLY CONDUCTING, FINALIZING THE READINESS ACTIVITIES WITH CAL OPTIMA, WHICH IS THE HEALTH PLAN THERE, AND ARE SHARING LESSONS LEARNED FROM OTHER COUNTIES. WE ARE ENCOURAGED, REALLY ENCOURAGED BY SOME OF THE PROACTIVE STEPS CAL OPTIMA IS TAKING AND IS PLANNING ON TAKING TO ENSURE PROVIDER NETWORKS MEET THE NEEDS OF THE BENEFICIARIES THERE, AND MECHANISMS FOR ROBUST STAKEHOLDER COMMUNICATIONS ARE IN PLACE.

WE ALL WANT THE – OBVIOUSLY THE ENROLLMENT IN ORANGE COUNTY TO BE AS SUCCESSFUL AS POSSIBLE. AND AGAIN, AM VERY ENCOURAGED ABOUT THE PROACTIVE STEPS THAT CAL OPTIMA IS TAKING IN THINKING ABOUT LESSONS LEARNED AND THINKING OUTSIDE OF THE BOX AND BEING VERY BENEFICIARY CENTERED IN THERE, IN THEIR THOUGHTS AROUND THIS. SO WE WILL CONTINUE TO LOOK FOR OPPORTUNITIES FOR IMPROVEMENT IN OTHER COUNTIES WELL, SPECIFICALLY AROUND BENEFICIARY EDUCATION AND COMMUNICATION AS WELL AS CARE COORDINATION.

GOING INTO THE NEXT PIECE OF CONTINUITY OF CARE, WOULD LIKE TO GIVE YOU AN IMPORTANT UPDATE REGARDING THE CAL MEDICCONNECT'S CONTINUITY OF CARE POLICIES. WE EXPECT TO RELEASE REVISED POLICIES THROUGH A DUALS PLAN LETTER THIS FRIDAY. THE LETTER CLARIFIES PRIMARY CARE PROVIDER ASSIGNMENTS AND CONTINUITY OF CARE REQUIREMENTS FOR PLANS WITH DELEGATED PROVIDER ENTITIES. AND I KNOW THIS IS SOMETHING THAT WAS INTERESTING TO A LOT OF YOU, AND IT'S A TOPIC THAT WAS NEAR AND DEAR TO MANY STAKEHOLDERS' HEARTS.

MOVING FORWARD, AS A BENEFICIARY TRANSITIONS INTO A CAL MEDICCONNECT PLAN, IF THE BENEFICIARY HAS AN EXISTING RELATIONSHIP WITH A PRIMARY CARE PROVIDER THAT IS IN THE PLAN'S NETWORK, THE PLAN WILL BE REQUIRED TO ASSIGN THE BENEFICIARIES TO THAT PRIMARY CARE PROVIDER UNLESS THE BENEFICIARIES CHOOSES A DIFFERENT ONE.

IF THE PLAN CONTRACTS WITH DELEGATED ENTITIES, THE PLAN WILL THEN BE REQUIRED TO ASSIGN THE BENEFICIARY TO A DELEGATED ENTITY THAT HAS THE BENEFICIARY'S PREFERRED PRIMARY CARE PROVIDER IN ITS NETWORK. AND FINALLY, IF THE BENEFICIARY HAS AN EXISTING RELATIONSHIP WITH A DOCTOR THAT IS IN THE PLAN'S NETWORK AND THE BENEFICIARY WISHES TO CONTINUE TO SEE THE DOCTOR, THE PLAN MUST ALLOWED THE BENEFICIARY TO CONTINUE TREATMENT WITH THESE DOCTORS FOR THE CONTINUITY OF CARE PERIOD REGARDLESS OF WHETHER THE DOCTOR IS IN THE NETWORK OF THE PLAN'S DELEGATED ENTITY TO WHICH THE BENEFICIARY IS ASSIGNED, AS LONG AS THE CONTINUITY OF CARE REQUIREMENTS ARE MET.

HEALTH CARE OPTIONS. WANTED TO ALSO GIVE YOU SOME UPDATE ABOUT THE WORK THAT WE HAVE BEEN DOING TO MONITOR AND IMPROVE THE QUALITY OF SERVICES AT HEALTH CARE OPTIONS, WHICH IS THE CAL MEDICCONNECT CALL CENTER OPERATED BY MAXIMUS. SINCE OCTOBER OF LAST YEAR, OF 2014,

THE DEPARTMENT OF HEALTH CARE SERVICES AND MAXIMUS' LEADERSHIP HAVE BEEN WORKING TOGETHER TO IMPROVE BENEFICIARIES' EXPERIENCE. THIS IS OBVIOUSLY, AGAIN, BASED ON FEEDBACK AND INPUT FROM MANY OF YOU AS WELL.

FIRST, THE STAFF FROM DHCS, THE DEPARTMENT OF HEALTH CARE SERVICES CCI TEAM, ARE ON-SITE – I'M GOING TO CALL, REFER TO ON HEALTH CARE OPTIONS AS "HCO" FROM NOW ON – AT THEIR CALL CENTER, THREE DAYS A WEEK. THE STAFF MONITOR PERFORMANCE, PROVIDE TRAINING TO THE CUSTOMER SERVICE REPRESENTATIVES, AND PROVIDE DHCS AND MAXIMUS' LEADERSHIP REGULAR UPDATES. THIS WORK IS LED BY OUR MANAGED CARE OPERATIONS DIVISION.

NEXT, DHCS HAD ENGAGED IN ON GOING TRAINING OF ALL HEALTH CARE OPTIONS, CUSTOMER SERVICE REPRESENTATIVES, INCLUDING A FOUR-WEEK TRAINING FOR NEW HIRES. THIRD, WE HAVE REVIEWED THE MATERIALS THE CUSTOMER SERVICE REPRESENTATIVES USED TO ANSWER QUESTIONS AND UPDATE MAXIMUS REGULARLY ON IMPORTANT POLICY CHANGES.

ANOTHER ITEM THE DEPARTMENT HAS DONE IS REVIEW RECORDED CALLS DAILY. PRIOR TO FEBRUARY, AT LEAST ONE CALL PER SERVICE REPRESENTATIVE WAS REVIEWED EVERY TWO WEEKS. MOVING FORWARD OUR FOCUS IS ON REVIEWING CUSTOMER SERVICE REPRESENTATIVES WHO HAVE BEEN HIRED IN THE LAST SIX MONTHS. THIS PROCESS GIVES THE DEPARTMENT THE ABILITY TO PROPERLY MONITOR QUALITY, IDENTIFY AREAS OF CONCERN, AND PROVIDE INDIVIDUALIZED TRAINING AND FEEDBACK. IT ALSO ALLOWS THE DEPARTMENT TO MONITOR QUICKLY AND ELEVATE AND RESOLVE ISSUES THAT ARE IDENTIFIED.

OUR PARTNERS AT HARBAGE DO SOME SECRET SHOPPING EACH WEEK AS WELL, TO TEST THE CUSTOMER SERVICE REPRESENTATIVES' KNOWLEDGE OF THE PROGRAM AND FLESH OUT CONCERNS THEY HEAR ON THE GROUND. AND ALL OF THIS OVERSIGHT WORK IS REPORTED UP WEEKLY TO HEALTH CARE OPTIONS AND MAXIMUS LEADERSHIP AS WELL.

THESE REPORTS ARE THEN USED TO IDENTIFY HOT BUTTON ISSUES, BROADER GAPS IN INFORMATION, TRAINING NEEDS, AND POTENTIAL AREAS OF IMPROVEMENT AND AREAS WHERE HEALTH CARE OPTIONS MAY NEED CLARIFICATION FROM THE DEPARTMENT.

THIS ENHANCED COLLABORATION AND OVERSIGHT HAS LED TO A MORE ROBUST, ONGOING PROCESS, GIVING MAXIMUS AND THE DEPARTMENT THE ABILITY TO ADJUST ONGOING TRAINING ON THE FLY AND IMPROVED EDUCATION OF THE CCI PROGRAM THROUGHOUT THE CALL CENTER. TWICE A WEEK, DHCS AND MAXIMUS LEADERSHIP HAVE A CHECK IN TO DISCUSS AND ELEVATE ISSUES, SHARE INFORMATION, AND IDENTIFY OPPORTUNITIES FOR IMPROVEMENT.

WE ARE TRULY THAT THESE STEPS WE HAVE TAKEN AND FEEDBACK LOOPS WE HAVE IMPLEMENTED ARE RESULTING IN AN ENHANCED EXPERIENCE FOR BENEFICIARIES WHO CALL HEALTH CARE OPTIONS. AND OF COURSE THE WORK NEVER ENDS. WE CONTINUE TO WORK ON IMPROVING VARIOUS AREAS AND HAVE LOTS MORE TOPICS THAT WE WANT TO BRING TO THIS GROUP. BUT FOR NOW I WOULD LIKE TO STOP THERE AND OPEN IT UP FOR QUESTIONS.

>> THANK YOU, CLAUDIA.

AND AGAIN, EVERYONE, IF YOU HAVE ANY QUESTIONS TODAY, PLEASE PRESS ONE ON YOUR KEY PAD AND WE WILL TAKE THOSE QUESTIONS AS THEY COME IN.

OKAY. OUR FIRST QUESTION TODAY WILL COME FROM PAT PLAYSDALE. PAT, YOUR MIC IS OPEN.

>> I'M WITH THE CALIFORNIA HOSPITAL ASSOCIATION. I HAD A QUICK CLARIFICATION QUESTION ON THE CONTINUITY OF CARE REQUIREMENTS, IN PARTICULAR FOR RESIDENTS OF SKILLED NURSING FACILITIES. I CERTAINLY UNDERSTAND, IT'S VERY CLEAR FROM THE POLICY, DUAL PLAN LETTERS THAT YOU SENT OUT THAT IF A PATIENT IS RESIDING IN A SKILLED NURSING FACILITY, THAT EVEN IF THAT SKILLED NURSING FACILITY IS NOT CONTRACTED WITH THE PLAN, THAT THEY HAVE THE ABILITY TO STAY THERE.

IF THAT SAME PERSON, RESIDENT IS ADMITTED TO A HOSPITAL AND THEN NEEDS TO RETURN TO A SNF, ARE THEY – DO THEY HAVE THE RIGHT TO RETURN TO THE SNF THAT THEY WERE RESIDING IN PRIOR TO

THEIR HOSPITALIZATION, OR MUST THEY GO TO A PLAN, TO A PLAN CONTRACTED FACILITY? AND I WILL POINT OUT, THESE ARE CIRCUMSTANCES WHERE SOMEONE MAY HAVE LIVED IN A SNF FOR A NUMBER OF YEARS AND MAY WANT TO GO BACK TO THEIR OTHER – SO THE SNF THAT THEY HAVE BEEN RESIDING IN.

THAT CIRCUMSTANCE IS NOT EXPLICITLY ADDRESSED THE CONTINUITY OF CARE REQUIREMENTS. COULD YOU SPEAK TO THAT, PLEASE.

>> SURE. SO THIS IS SARA BROOKS. THANK YOU FOR YOUR QUESTION. SO, YOU KNOW, IT'S DEPENDENT ON THE SITUATION. BUT GENERALLY I WOULD SAY YES, THEY HAVE THE RIGHT TO GO BACK TO THE SNF. IF THERE WAS A BREAK FOR SOME REASON – I DON'T KNOW WHY THAT WOULD HAPPEN, BUT, YOU KNOW, IF THEY WENT HOME FOR A YEAR OR SOMETHING LIKE THAT, THEN OBVIOUSLY IT WOULDN'T APPLY. BUT IF THEY ARE GOING FROM THE SNF TO THE HOSPITAL AND BACK TO THE SNF, YEAH, THAT STILL APPLIES.

>> THANK YOU FOR YOUR QUESTION, PAT.

OUR NEXT QUESTION COMES FROM DAVID FEINE. DAVID, YOUR MIC IS OPEN.

>> HI. THIS IS DAVE FEINE WITH CALIFORNIA ASSOCIATION OF MEDICAL PRODUCT SUPPLIERS. I JUST HAD A QUICK QUESTION ABOUT THE UPDATE TO THE MONTHLY ENROLLMENT DASHBOARD. IT APPEARS AS THOUGH THE FORMATTING THAT YOU GUYS USE TO REPORT OPT OUTS HAS CHANGED FROM PRIOR MONTHS. THIS IS NOW SHOWING JUST PERCENTAGES, WHEREAS IN THE PAST THERE WERE SOME ACTUAL COUNTS BY COUNTY.

ARE YOU GOING TO BE TRACKING AND PUBLISHING THE COUNTS SOMEWHERE ELSE, OR CAN YOU EXPLAIN WHY WE CHANGED THE FORMATTING?

>> SURE, DAVE. SO THIS IS JAVIER PORTELLA. SO JUST ONE, WE HAVE CHANGED THE COMPLETE METHODOLOGY OF THE OPT OUT PROCESSING THAT WE HAVE BEEN SHARING AND INCLUDED THAT IN THE DASHBOARD. SO OPT OUTS USED TO BE BASED ON A METHODOLOGY THAT TOOK INTO ACCOUNT THE NOTICES THAT ARE OUTLINED ABOVE ON THAT PAGE. AND NOW IT'S ACTUALLY LOOKING AT THE ASSESSMENTS OF THE MEMBERS IN DETERMINING THEIR OPT OUT.

AND FROM A NUMBER AND PERCENTAGE STANDPOINT, IT GETS A LITTLE TOO MUCH ON THE PAGE. WE CAN DEFINITELY TAKE BACK THE RECOMMENDATION IF FOLKS LIKE TO SEE NUMBERS VERSUS PERCENTAGES. BUT THE DESIGN IS JUST A NEW DESIGN TO BE ABLE TO REALLY TALK ABOUT OPT OUTS DISENROLLED, WHICH HAS BEEN A REQUEST FROM STAKEHOLDERS FOR A LONG TIME. SO WE HAVE CHANGED OUR METHODOLOGY TO REALLY LOOK AT THE ASSESSMENT AND OUTCOMES OF THE NUMBERS BASED ON ENROLLMENT FACTORS.

AND SO THAT'S WHY THAT'S THERE. BUT PERCENTAGES WERE JUST A PART OF THE WAY IT WAS DESIGNED UP. IT'S GOING TO BE HARD TO DISPLAY BOTH AND KEEP IT TO TWO PAGES, BUT WE CAN DEFINITELY TAKE A LOOK IF FOLKS ARE INTERESTED IN SEEING NUMBERS.

>> THANK YOU FOR YOUR QUESTION, DAVID. OKAY. SO WE ARE CURRENTLY THROUGH THE QUESTIONS THAT HAVE COME IN. SO PLEASE, AGAIN, IF YOU HAVE A QUESTION PRESS ONE ON YOUR KEY PAD AND WE WILL GET TO THOSE AS THEY COME IN.

>> ALSO IF THOUGHTS COME TO YOU AFTER THE STAKEHOLDER CALLS OR BETWEEN CALLS, PLEASE FEEL FREE TO CONTINUE TO SUBMIT QUESTIONS OR COMMENTS THROUGH THE CALDUALS.ORG WEBSITE. THAT IS SOMETHING THAT IS MONITORED VERY CLOSELY, AND WE CAN SEE WHETHER WE HAVE ANY TRENDS WITH ISSUES OR CONCERNS OR QUESTIONS. WE CAN CERTAINLY MAKE SURE THAT THOSE GET ANSWERED AND RESPONDED TO. AND IF THERE ARE TRENDS, THEN WE WILL EVEN BRING THEM TO LIKE A STAKEHOLDER CALL.

SO THIS REALLY KIND OF FEEDS INTO THIS AS WELL. SO PLEASE, WE ENCOURAGE YOU TO UTILIZE THAT AS WELL.

>> OUR NEXT QUESTION COMES FROM NORMA JEAN VISCOVO. NORMA JEAN, YOUR MIC IS OPEN.

>> YES. I AM FROM THE INDEPENDENT LIVING CENTER OF SOUTHERN CALIFORNIA. AND WE WORK WITH OF COURSE MEMBERS THAT ARE DISABLED, THAT ARE GOING INTO THE SYSTEM.

WE ARE HAVING MORE PROBLEMS WITH EQUIPMENT, DURABLE MEDICAL EQUIPMENT. I GET CALLS FROM THE CASE MANAGERS, FROM THE DIFFERENT HOSPITALS, THAT ARE NOT KNOWING HOW THE HANDLE THAT. I WONDER IF THERE HAS BEEN ANY TRAINING FOR THAT AND HOW THEY ARE HANDLING IT. AND WE CAN'T – WE ARE CONTRACTED WITH SEVERAL OF THE HMOS, BUT WE ARE GETTING CALLS THEY ARE HAVING PROBLEMS WITH THAT. SO I JUST WONDER WHAT IS HAPPENING ON THAT END AND HOW THAT TRAINING IS GOING FOR THE PEOPLE THAT ARE THE CASE MANAGERS.

>> HI. THIS IS CLAUDIA. I'M SO SORRY. THERE ARE A COUPLE ASPECTS TO YOUR QUESTION THAT I NEED TO TAKE BACK AND GET MORE INFORMATION ABOUT. WOULD IT BE POSSIBLE FOR YOU TO E-MAIL IN YOUR QUESTION?

>> ALL RIGHT.

>> THANK YOU, AND WE WILL MAKE SURE TO GET BACK.

>> ALL RIGHT.

>> THANK YOU, NORMA. OUR NEXT QUESTION COMES FROM DAVID KANE. DAVID, YOUR MIC IS OPEN.

>> HI. THANK YOU. I JUST HAD A QUESTION ABOUT THE CLARIFICATION IN THE UPCOMING CONTINUITY OF CARE LETTER REGARDING DELEGATED ENTITIES. WONDERING IF ANY OF THE DEPARTMENTS HAVE PLANS TO ISSUE RECOMMENDATIONS TO THE HEALTH PLANS ON HOW THEY SHOULD COMMUNICATE THE LIMITATIONS OF THE PROVIDER NETWORKS TO THEIR PROSPECTIVE AND CURRENT MEMBERS.

>> YEAH, SO THAT INFORMATION IS CURRENTLY INCLUDED IN THE MEMBER GUIDANCE THAT IS PROVIDED TO BENEFICIARIES. WE ARE HAVING DISCUSSIONS AROUND HOW TO CLARIFY THAT INFORMATION AND PERHAPS LOOK AT OTHER VENUES TO COMMUNICATE IT TO BENEFICIARIES. SO THAT IS DEFINITELY ON OUR RADAR.

>> THANK YOU, DAVID.

OUR NEXT QUESTION COMES FROM MARIA MARAGENIS, IHSS PROGRAM IN LOS ANGELES COUNTY. AND I WAS CALLING REGARDING IN REFERENCE TO THE DASHBOARD. THE SECTION ON THE OPT OUT RATES, DOES THIS MEAN THAT THESE ARE THE NUMBERS THAT HAVE OPTED OUT AS OF MARCH 1ST, AND IS IT FROM THE NUMBERS THAT HAVE ALREADY BEEN ENROLLED OR DISENROLLED? AND COULD YOU KIND OF EXPLAIN THE METHODOLOGY BEHIND HOW THIS IS – THIS WORKS?

>> SURE. SO I'LL DO A BRIEF OVERVIEW OF THAT. AND YOUR FIRST QUESTION IS CORRECT, THAT AS OF MARCH 1ST, THAT IS THE SNAPSHOT OF THE ELIGIBLE POPULATION THAT WE HAVE NOTICED THROUGH THE TRANSITION PERIOD AND ALL THE DISPOSITIONS OF THEM.

SO THE DIFFERENCE IN THE METHODOLOGIES AT A HIGH LEVEL IS WE USED TO, IN THE DOCUMENT JUST AS THE DASHBOARD WENT, JUST TO BALANCE IT AGAINST THE NUMBER OF 90-DAY NOTICES MAILED. THAT WAY THE NUMBERS WERE TACKED AND TIED TO A CERTAIN POINT OF THE 90-DAY NOTICES THAT ALWAYS DISREGARDED I BELIEVE THE LAST TWO MONTHS OF NOTICES. BECAUSE THOSE MEMBERS HAD NOT HAD AN OPPORTUNITY TO REALLY GET THE NOTICES. IT ACTUALLY MIGHT HAVE BEEN LAST MONTH ONLY. IT WAS DESCRIBED ON THE DASHBOARD PREVIOUS.

AND THEN ESSENTIALLY A PERCENTAGE AGAINST THE NUMBERS OF OPT OUTS THAT WE HAVE FLAGGED IN OUR SYSTEM. BASED ON FEEDBACK, WE HEARD THAT A LOT OF FOLKS WANTED TO SEE WHAT THE DISENROLLMENT RATES WERE VERSUS OPT OUTS AND NOT HAVE THEM ALL LUMPED TOGETHER. AND SO THE METHODOLOGY BEING USED NOW IS REALLY TO DETERMINE THE NUMBER OF ELIGIBLES THAT WE HAVE – SINCE WE HAVE NOTICED ALL THOSE THAT ARE ELIGIBLE FOR THE PROGRAM STILL AND WHAT THEIR DISPOSITION IS, EITHER DISENROLLED OR OPT OUT. SO IT'S MORE DESCRIPTIVE IN THAT FACTOR THAN HOW MANY OF THEM ARE ENROLLED BASED ON THE DATA THAT WE HAVE AT THAT POINT IN TIME.

SO IT JUST GOES A DEEPER DIVE OF SPLITTING OUT OPT OUT VERSUS DISENROLLED. AND IT DOES ASSESS TOTAL ELIGIBLES THAT HAVE BEEN NOTICED FOR THE TRANSITION.

>> AND I THINK ONE MORE QUESTION THAT I HEARD YOU ASK ABOUT IS IF THE OPT OUT MEANS THOSE ARE PEOPLE THAT HAVE ALREADY BEEN ENROLLED. AND SO THE ANSWER IS, THOSE PEOPLE HAVE GOTTEN THEIR NOTICES. BUT THEY ARE NOT PHYSICALLY ENROLLED YET. SO THESE ARE PEOPLE THAT ARE OPTING OUT ONCE THEY RECEIVE THEIR NOTICES PRIOR TO ACTUALLY BEING ENROLLED, WHICH IS WHY ITS IMPORTANT TO LOOK AT DISENROLLMENT, ESPECIALLY AS WE MOVE INTO THE ACTIVE KIND OF ENROLLMENT PHASE OF THIS, TO LOOK AT PEOPLE ARE ACTIVELY DISENROLLING. IN OTHER WORDS, THEY HAVE BEEN IN THE PROGRAM, THEY ARE FOR SOME REASON – ONE REASON OR ANOTHER, THEY ARE ACTIVELY CHOOSING, PICKING UP THE BAR AND CHOOSING TO ACTUALLY DISENROLL, VERSUS THOSE THAT MAY BE DISENROLLED BECAUSE THEY NO LONGER QUALITY OR THINGS LIKE THAT.

SO WE ARE EVEN LOOKING AT POTENTIALLY DOING – LOOKING AT THOSE NUMBERS TO SEE HOW MUCH OF THOSE DISENROLLEES ARE ACTUALLY ACTIVELY DISENROLLING.

>> THANK YOU FOR YOUR QUESTIONS, MARIA.

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

>> HI. THANK YOU. I'M CALLING FROM THE HICAP IN SANTA CLARA COUNTY. TALKING ABOUT THOSE WHO HAVE OPTED OUT HAVING TO MANDATORILY ENROLL IN A MANAGED CARE PLAN, I THINK OTHER COUNTIES THAT STARTED AHEAD OF US PROBABLY SAW THIS, BUT A LOT OF PROVIDERS ARE DENYING ACCESS TO THOSE WHO OPT OUT BUT HAVE TO PICK A MEDI-CAL PLAN, FOR REASONS SUCH AS THEY AREN'T CONTRACTED WITH A MEDI-CAL PLAN THE PERSON IS ENROLLED IN OR THEY ARE UNABLE TO BUILD THE MEDI-CAL PLAN.

AND SO MANY OF THOSE WHO HAVE OPTED OUT ARE FINDING DIFFICULTIES, EITHER BEING TURNED AWAY, STOPPING FROM NECESSARY APPOINTMENTS, OR SIMPLY SWITCHING DOCTORS BELIEVING THAT THIS IS IN FACT TRUE. AND I SEE THIS HAPPENING IN ORANGE COUNTY, WHERE THEY ARE GOING TO START.

SO I'M WONDERING IF – AND I KNOW THERE IS SOME OUTREACH TO THAT EFFECT, BUT THERE ARE PLANS FOR DHCS IN, I GUESS MORE FORCEFUL OR CLEAR LANGUAGE TO PROVIDERS, SAY THAT THEY CANNOT DENY ACCESS TO DUALS IN MEDI-CAL PLANS FOR THAT – GOING FORWARD? IT SEEMS LIKE THAT STRONG STATEMENT OUGHT TO BE MADE BY THE DHCS TO PROVIDERS, SO THEY DON'T FALSELY INFORM THEIR CLIENTS OR THEIR PATIENTS.

>> SO THIS IS JAVIER PORTELLA, AND THANK YOU FOR THE COMMENTS. AND DEFINITELY YOU'RE RIGHT, IT'S SOMETHING THAT WE HAVE WORKED THROUGH A LOT OF THE TRANSITION, CONTINUES TO GROW. THESE ARE MEDICARE PROVIDERS AT THAT POINT AND THEN THE MEDICARE FEE FOR SERVICE SYSTEM.

AND AS FAR AS THE DEPARTMENT, THE MEDI-CAL DEPARTMENT OR MEDICAID DEPARTMENT AGENCY ACTUALLY DIRECTING THEM. IT'S SOMETHING WE WORK CLOSELY WITH CMS ON TO MAKE SURE WE ARE COMMUNICATING AS MUCH AS WE CAN.

WE HAVE RELEASED A FEW BULLETINS IN THE PAST, PROVIDER BULLETINS THAT HELP EXPLAIN THAT THEY SHOULD NOT BE DENYING CARE AND THAT THE PLANS SHOULD BE PAYING THEM REGARDLESS OF CONTRACT OR NO CONTRACT RELATIONSHIP, THAT WE CAN SHARE AGAIN – I KNOW SANTA CLARA IS KIND OF STARTING IN THE MIDDLE OF THIS, SO IT MIGHT BE GOOD FOR US TO REMIND PROVIDERS THAT THESE ARE – THESE THINGS ARE OUT THERE BY ANOTHER BULLETIN. AND WE CAN TAKE THAT BACK AND LOOK AT WHAT WE CAN DO.

BUT THERE HAS BEEN COMMUNICATION RELEASED. AND YOU'RE RIGHT, JUST MAYBE BECAUSE OF THE TIMING OF THE RELEASE VERSUS THEIR STARTING DATE, THAT MAY BE HELPFUL FOR YOU AND YOUR COMMUNITY. BUT IF THEY ARE MEDICARE FEE FOR SERVICE PROVIDERS, IT'S HARD FOR THE DCHS TO CLEARLY DIRECT THEM TO DO ANYTHING. AND SO WE DO TRY TO FEED THIS INFORMATION BACK TO CMS TO WORK WITH THEM ON THE MEDICARE FEE FOR SERVICE SIDE.

I DON'T KNOW IF OTHERS IN THE ROOM HAVE ANYTHING TO ADD TO THAT, BUT I THINK WE CAN DEFINITELY SHARE THE BULLETIN AGAIN AS A LINK, AS WELL AS TRY TO REMIND THE PLANS IN SANTA CLARA TO SHARE IT OUT, TOO.

>> YEAH, THIS IS CLAUDIA. THANK YOU, AND THANKS, JAVIER. AND I AGREED, CERTAINLY, WITH EVERYTHING JAVIER SAID. AND DO APPRECIATE YOUR FEEDBACK, SO IT SOUNDS LIKE THIS IS A GOOD OPPORTUNITY TO PUT NEW OR ADDITIONAL COMMUNICATION OUT AND REINFORCE THAT MESSAGE. AND SO WE WILL INCORPORATE THAT INTO OUR PLAN.

>> THANK YOU, MARCELLO.

OUR NEXT QUESTION COMES FROM MARISOL. MARISOL, YOUR MIC IS OPEN.

>> HI. I'M CALLING FROM THE SAN DIEGO COUNTY MEDICAL SOCIETY, AND WE ARE A MEMBERSHIP ORGANIZATION FOR PHYSICIANS IN SAN DIEGO. AND I HAVE RECEIVED A COUPLE OF PHONE CALLS FROM SOME PRACTICES IN THE PREVIOUS – LAST WEEK, ACTUALLY. THEY HAVEN'T BEEN SEEING THOSE – THEY ARE MEDICARE FEE FOR SERVICE PHYSICIANS, AND THESE PATIENTS OPTED OUT OF CAL MEDICONNECT PROGRAM, BUT, YOU KNOW, HAD THEIR MEDI-CAL HMO.

BUT THEY ARE NOT SEEING THEIR CLAIMS CROSSOVER. THEY ARE NOT SEEING THAT 20%. SO THEY ARE ASKING ME QUESTIONS SUCH AS, CAN WE BILL THE PATIENT THAT 20%. AND I KNOW THAT THEY CAN'T. BUT ONE OF THESE PRACTICES, THEY HAVE CONTACTED MEDICARE AND ASKED ABOUT THAT 20% CROSSOVER. AND MEDICARE, THE REPRESENTATIVE FOR MEDICARE SAID THAT THESE SECONDARY MEDICAL HMO PLANS ARE NOT COMMUNICATING THAT CROSSOVER PART TO MEDICARE. AND THAT'S WHY THEY ARE NOT SEEING THAT 20%.

HAVE YOU GUYS HEARD ANYTHING ABOUT THAT?

>> SO THIS IS JAVIER PORTELLA AGAIN. WE HAVE NOT HEARD IT THAT WAY, I WOULD SAY. THE PLANS, AS FAR AS CROSSOVER GOES, DO NOT COMMUNICATE ANYTHING TO MEDICARE OR CMS. YOU KNOW, OF COURSE ASSUMING THAT THE 20% YOU SPEAK OF – I KNOW IT'S NOT PAID ON EVERY CLAIM BY OUR MEDICAL PROGRAM. IT JUST DEPENDS ON THE CLAIM, OF COURSE. SO ASSUMING THAT ANY PORTION OF THE 20% WAS BEING PAID PRIOR TO THE TRANSITION, THE PLANS ARE STILL RESPONSIBLE FOR THAT.

PLANS DO HAVE THEIR OWN BILLING PROCESSING. SO THERE MAY BE – THEY NEED TO GET IN TOUCH WITH THE PLAN ABOUT HOW THE BILLING PROCESSING GOES. WHAT WE ARE WORKING ON WITH THE PLANS IS TRYING TO CREATE AN AVENUE FOR THEM TO BE ABLE TO GET DIRECT FEEDS FROM THE MEDICARE BILLING SYSTEM, SO THEY DON'T HAVE TO REQUEST ANY OTHER INFORMATION FROM THE PROVIDER.

SO THERE MAY BE A POTENTIAL EXTRA STEP FOR THE PROVIDER TODAY, WHICH IS THAT THEY NEED TO REACH OUT TO THE PLAN AND UNDERSTAND HOW THEY BILL FOR ANY ADDITIONAL MEDI-CAL COSTS THAT THEY WOULD BE – NORMALLY DO. I SAY THAT BECAUSE NOT EVERY CLAIM IN MEDICARE FEE FOR SERVICE HAS THE 20% THAT MEDI-CAL WOULD ACTUALLY PAY. SO THEY NEED TO WORK THROUGH THAT PROCESS.

BUT ADDITIONALLY AS WE WORK THROUGH THIS KIND OF ELECTRONIC FEED, WHICH IS WHAT THEY ARE USED TO IN THE FEE FOR SERVICE MEDI-CAL SIDE, THAT MAY ENHANCE THEIR NEED TO HAVE TO WORK WITH THE PLAN DIRECTLY ON BILLING. THEY MAY JUST BE ABLE TO GET PAID FROM THE PLAN AS THEY WORK THROUGH THAT PROCESS.

>> AND MARISOL, ALSO IF FOR SOME REASON YOU ARE NOT ALREADY FAMILIAR – AND IF YOU ARE, PLEASE ACCEPT MY APOLOGIES – BUT I WANTED TO MAKE SURE THAT, ESPECIALLY BECAUSE YOU ARE FROM A MEDICAL SOCIETY, THAT YOU ARE AWARE OF THE PHYSICIAN TOOLKIT THAT WAS ISSUED, THAT IS AVAILABLE ON THE CALDUALS.ORG WEBSITE AS WELL. IT HAS RECEIVED REALLY GREAT FEEDBACK FROM THE PHYSICIAN PROVIDER COMMUNITY AS WELL AND DOES ANSWER SOME OF THOSE QUESTIONS.

SO IF YOU ARE NOT ALREADY AWARE, I WOULD ALSO ENCOURAGE YOU GUYS TO CHECK OUT THE TOOL.

>> THANK YOU, MARISOL.

OUR NEXT QUESTION COMES FROM DASCHA DUO. DASCHA, YOUR MIC IS OPEN.

>> I NO LONGER HAVE A QUESTION. IT'S BEEN ANSWERED. THANK YOU.

>> THANK YOU, DASCHA.

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

>> YES. YOU KNOW, I HAD AN ADDITIONAL QUESTION ON THE DASHBOARD. IN TERMS OF THE – AGAIN, IN THE CHART OF THE OPT OUT RANGE, YOU HAVE PERCENTAGES. AND FOR EXAMPLE, L.A. – 28% OVERALL HAVE ENROLLED. DOES THAT MEAN THAT THE 54,541 REPRESENT 28% OF – WHAT?

>> THE 54,541 REPRESENTS 28% OF THOSE THAT HAVE BEEN NOTICED OF THE TRANSITION AND ACTUALLY COULD ENROLL BY THAT DATE. SO IT WOULD ONLY BE THOSE NOTICED 90 DAYS PRIOR TO MARCH 1ST, IF THAT'S THE DASHBOARD TOOL.

>> THEY ALSO HAVE RECEIVED A 90-DAY NOTICE. OF THOSE, 28% HAVE ONLY ENROLLED?

>> UP TO THE 90-DAY NOTICE FOR MARCH 1ST, CORRECT.

>> OKAY. BECAUSE –

>> I APOLOGIZE. I'M THE ONLY ONE WITHOUT A DASHBOARD IN FRONT OF ME. IS IT 28% ENROLLED?

>> YES, THAT IS CORRECT.

>> OKAY. THEN YES, THAT'S ACCURATE.

>> AND THEN I YOU WENT FROM THE IHSS – YOU SEE IF YOU MOVE FURTHER OVER, YOU SEE THE DIFFERENCE THEN BETWEEN THE IHSS COMMUNITY ENROLLEES AND THE NOT IHSS

>> YES. I DID WANT TO KNOW THE PERCENTAGE FROM WHAT NUMBER. BECAUSE, YOU KNOW, I HAVE TO EXPLAIN THIS TO MY EXECUTIVE STAFF. SO, YOU KNOW, IN ORDER FOR ME TO DO THAT I NEEDED TO KNOW FROM WHAT NUMBER THAT PERCENTAGE IS COMING FROM.

>> IT'S OF THE TOTAL ELIGIBLE THAT HAVE BEEN NOTICED.

SO I WILL EXPLAIN FOR FOLKS, BECAUSE THERE'S A NUANCE HERE, THAT PEOPLE MAY HAVE RECEIVED A 90-DAY NOTICE AND NO LONGER BE ELIGIBLE FOR THE PROGRAM, AND THEY WOULDN'T BE IN THE DENOMINATOR HERE FOR THE COUNT.

SO IT'S ONLY THOSE THAT HAVE RECEIVED A 90 NOTICE AND ARE ELIGIBLE FOR THE PROGRAM THAT ARE COUNTED IN THIS. AND THAT'S WHY I THINK FOLKS EARLIER ASKED FOR NUMBERS. IT MIGHT HELP SHOW THE PICTURE A LITTLE BIT CLEARER. BUT WE WILL TAKE A LOOK AT WHAT ELSE WE CAN BE DOING TO ENHANCE THE DASHBOARD.

>> THANK YOU FOR YOUR FOLLOW-UP QUESTION, MARIA.

WE ARE THROUGH OUR QUESTIONS IN THE QUEUE. SO AGAIN, IF YOU HAVE ANY QUESTIONS, PLEASE PRESS ONE ON YOUR KEY PAD, AND WE WILL TAKE YOUR QUESTION.

ALL RIGHT. SO IT LOOKS LIKE WE DON'T HAVE OTHER QUESTIONS. SO PLEASE, LIKE CLAUDIA MENTIONED, IF YOU DO HAVE QUESTIONS BEFORE OUR NEXT STAKEHOLDER CALL OR IF YOU HAVE QUESTIONS THAT COME UP LATER TODAY OR IN THE INTERIM, PLEASE E-MAIL US AS INFO@CALDUALS.ORG, AND WE WILL RESPOND TO YOU. AND WE WILL DO THAT IN SHORT ORDER.

AGAIN, THANK YOU FOR JOINING US TODAY FOR OUR MARCH STAKEHOLDER CALL, AND WE WILL TALK TO YOU ALL IN APRIL. THANK YOU.