

APRIL CCI STAKEHOLDER CALL

4-22-15

0.5 HOURS

>> HELLO AND THANK YOU FOR JOINING US ON OUR MONTHLY STAKEHOLDER CALL. JOINING US FROM THE DEPARTMENT OF HEALTH CARE SERVICES WE HAVE CLAUDIA CRIST, DEPUTY DIRECTOR FOR HEALTH CARE DELIVERY SYSTEMS, AND WE HAVE HANNAH KOCH, ASSISTANT DEPUTY DIRECTOR FOR HEALTH CARE DELIVERY SYSTEMS.

BEFORE WE BEGIN I JUST WANT TO DO A QUICK SOUND CHECK. IF YOU CAN HEAR ME AND HEAR ME WELL, PLEASE PRESS ONE NOW. GREAT. ALSO JOINING US TODAY WE HAVE SARA BROOKS, CHIEF OF THE MANAGED CARE QUALITY AND MONITORING DIVISION. AND WE HAVE JAVIER PORTELLA, ACTING CHIEF OF THE MANAGED CARE OPERATIONS DIVISION.

AS REMINDER, WHEN WE – YOU'LL BE ALL BE ON MUTE. AND WHEN WE GET TO THE QUESTION AND ANSWER SESSION, YOU CAN ASK A QUESTION BY PRESSING ONE. NOW LET ME TURN IT OVER TO CLAUDIA CRIST.

>> THANK YOU, SOFAN. AND THANK YOU AGAIN, AND GOOD AFTERNOON. THANKS FOR JOINING US TODAY. WE ARE DOING OUR APRIL 22ND STAKEHOLDER UP DATE AND CALL. TODAY WE ARE GOING TO TALK ABOUT, AGAIN, GIVING YOU AN ENROLLMENT UPDATE, BUT ALSO SWITCHING THINGS UP A LITTLE BIT.

AS WE TALKED ABOUT LAST TIME, WE ASKED YOU TO SUBMIT IDEAS OR THINGS THAT YOU WOULD LIKE TO HEAR FROM US ABOUT ON THIS CALL SPECIFIC TO CCI. SO WE ARE ACTUALLY GOING TO COVER ONE OF THOSE TOPICS TODAY AND GIVE YOU A PREVIEW FOR NEXT TIME AS WELL, AND THEN OPEN IT FOR ANY QUESTIONS YOU MIGHT HAVE.

SO FIRST THE ENROLLMENT UPDATE FOR CAL MEDICONECT. WE RECENTLY POSTED OUR ENROLLMENT DASHBOARD AS OF APRIL 1ST. I'M GOING TO GO OVER SOME OF THOSE HIGHLIGHTS RIGHT NOW. OVERALL, AS OF APRIL 1ST, WE HAVE 122,520 ENROLLEES IN THE SIX ACTIVE CCI COUNTIES. AND IN LOOKING AT THAT, IF YOU COMPARE ONE MONTH TO THE NEXT, YOU WILL SEE THAT THERE IS A NET DECREASE OF ABOUT 1700 ENROLLEES OVERALL

AND THE MAIN REASON FOR THE SLIGHTLY LOWER ENROLLMENT IS A DECREASE OF SCHEDULED PASSIVELY ENROLLMENT, COMBINED WITH AN OPT OUT RATE THAT WE ARE AT 50%, OR 38% WITHOUT INCLUDING LOS ANGELES COUNTY. AND YOU'LL SEE THAT ON THE ENROLLMENT INFORMATION.

OUR OPT OUT RATE OVERALL HAS STAYED RELATIVELY FLAT IN THE LAST MONTH. WE ARE UP 1% COMPARED TO MARCH, BUT STEADY AT 38%, EXCLUDING LOS ANGELES, SINCE MARCH. OUR DISENROLLMENT RATES ARE UP 1% COMPARED TO LAST MONTH AND ARE CURRENTLY AT 15% OVERALL. THIS INCLUDES, THOUGH, BOTH INVOLUNTARY AND VOLUNTARY DISENROLLMENTS. SO IT DOES INCLUDE THOSE WHO LOSE MEDI-CAL BENEFITS. AND SO THAT WOULD BE CONSIDERED INVOLUNTARY DISENROLLMENT. SO WE ARE WORKING RIGHT NOW ON GETTING THE DATA ON WHAT PERCENT OF THAT IS ACTUALLY THE VOLUNTARY DISENROLLMENT, WHICH SHOULD BE A SMALLER NUMBER OF THAT.

IN THE COMING WEEKS, WE ARE ALSO GOING TO BE RELEASING ACTUALLY A MORE DETAILED BREAK DOWN OF ENROLLMENT DATA FOR EACH OF THE COUNTIES, SO THAT YOU HAVE A LITTLE BIT MORE OF A BREAKDOWN, EVEN, ON OPT OUTS AND OPT OUTS SPECIFIC TO SEVERAL SUB CATEGORIES THAT WE HAVE

RUN, AND WE LOOK FORWARD TO GETTING YOUR FEEDBACK ON THOSE AND TO DISCUSSING THOSE FOR THE NEXT STAKEHOLDER MEETING.

SO FOR MAY WE HAVE APPROXIMATELY 12,700 BENEFICIARIES TARGETED FOR PASSIVE ENROLLMENT. AND THEN AS I THINK MANY OF YOU KNOW, ORANGE COUNTY IS SLATED TO START PASSIVE ENROLLMENT IN AUGUST. AT THE SAME TIME, THOUGH, WE ARE TRANSITIONING FROM A PASSIVE TO AN ACTIVE ENROLLMENT PHASE MORE AND MORE SO. FOR EXAMPLE, PASSIVE ENROLLMENT IN RIVERSIDE, SAN BERNARDINO, AND SAN DIEGO IS ENDING AT THE END OF THIS MONTH.

AS FAR AS THE INFORMATION THAT WE ASKED YOU TO SUBMIT THROUGH THE CALDUALS.ORG WEBSITE – AND THIS, AGAIN, PART OF OUR ON GOING COMMITMENT TO THE STAKEHOLDERS AND TO YOUR ENGAGEMENT – WE DID SEND A BRIEF RECAP OF OUR MONTHLY STAKEHOLDER CALL LAST TIME. AND WE WILL DO SO AGAIN AFTER TODAY'S CALL.

ADDITIONALLY, WE ASKED YOU TO SEND US IDEAS AND-OR TOPICS THAT YOU WOULD LIKE TO HEAR DISCUSSED DURING THE STAKEHOLDER CALL. WE WANT TO THANK EVERYONE WHO SUBMITTED THEIR IDEAS AND TOPICS, AND WE RECEIVED SEVERAL. AND SO THERE WERE SOME THEMES, AND ONE OF THE ONES THAT WE RECEIVED THAT WE WILL BE COVERING TODAY IS THE REASONS PEOPLE WHO HAVE OPERATED SHOULD CONSIDER CAL MEDICONNECT AS AN OPTION FOR THEMSELVES. AND THIS WAS TAKEN DIRECTLY FROM YOUR CALDUALS.ORG SUBMISSION.

SO WE WILL GO INTO MORE DETAIL ON THAT. AND NEXT MONTH, AS A PREVIEW FOR YOU, ONE OF THE OTHER ITEMS THAT WAS SUBMITTED THAT YOU WANTED TO HEAR ABOUT, YOU WANTED TO HEAR SOME SUCCESS STORIES FROM CAL MEDICONNECT. AND WE ARE ACTUALLY WORKING WITH OUR HEALTH PLANS, WHO WILL BE SHARING SOME EXAMPLES AT THE CALL NEXT TIME.

WITH THAT I'M ACTUALLY GOING TO TURN IT OVER TO THE ASSISTANT DEPUTY, HANNAH KOCH, WHO IS GOING TO TALK TO YOU ABOUT ONE OF THE TOPICS YOU WANTED TO HEAR ABOUT, WHICH SPECIFICALLY SAYS WHY SHOULD – OR REASONS PEOPLE HAVE OPTED OUT SHOULD CONSIDER CAL MEDICONNECT AS AN OPTION FOR THEMSELVES.

>> THANK YOU, CLAUDIA. SO THERE ARE SO MANY REASONS WHY CAL MEDICONNECT CAN REALLY HELP BENEFICIARIES COORDINATE AND BETTER MANAGE THEIR HEALTH CARE NEEDS. WE DEVELOPED THIS PROGRAM BASED ON REALLY HEARING FROM YOU ABOUT WHAT YOU NEED AND WHAT BENEFICIARIES NEED TO BETTER COORDINATE AND IMPROVE THEIR HEALTH AND HEALTH CARE.

SO A FEW OF THOSE REASONS I'M JUST GOING TO TALK ABOUT BRIEFLY BEFORE WE OPEN IT UP FOR QUESTIONS. CAL MEDICONNECT REALLY COMBINED BENEFICIARIES' EXISTING MEDICAL, BEHAVIORAL HEALTH CARE, LONG-TERM SERVICES, AND PRESCRIPTION DRUG COVERAGE, WHICH CAN FREQUENTLY, WITHOUT CAL MEDICONNECT, BE DIFFERENT – COMPLETELY DIFFERENT AND CONFUSING SYSTEMS. THIS CREATES A REALLY POWERFUL TOOL TO IMPROVE THE HEALTH CARE AND EXPERIENCE OF BENEFICIARIES.

WITH CAL MEDICONNECT, BENEFICIARIES CAN REALLY GET THE CARE THAT THEY NEED, WHEN THEY NEED IT. AND BY REALLY UNLOCKING THE POWER OF DOCTORS AND PROVIDERS WORKING TOGETHER AND SHARING INFORMATION, RATHER THAN BEING IN TOTALLY SEPARATE SYSTEMS, CAL MEDICONNECT CAN HELP BENEFICIARIES MANAGE THEIR HEALTH, GET ACCESS TO THE SERVICES THEY NEED, IT CAN REALLY REDUCE THE TIME THEY SPEND BOUNCING FROM ONE DOCTOR OR ONE TEST TO ANOTHER, WHICH LEADS TO A BETTER EXPERIENCE FOR THEM AND ALSO MORE TIME FOR THEM TO FOCUS ON LIVING THEIR LIFE INSTEAD OF TRYING TO MANAGE AND COORDINATE ALL THEIR DIFFERENT CARE.

AS I NOTED, CAL MEDICONNECT BENEFICIARIES CAN REALLY HAVE THE PEACE OF MIND OF KNOWING THAT ONE HEALTH PLAN WILL WORK TOGETHER WITH ALL OF THEIR PROVIDERS TO MAKE SURE THAT THEY HAVE THE CARE THAT THEY NEED. BENEFICIARIES DON'T HAVE TO BE WORRIED OR CONFUSED WHAT PLAN IS COVERING WHAT EXPENSE OR WHERE TO GO FOR DIFFERENT SERVICES THAT THEY NEED. NOW ALL OF THEIR MEDI-CAL AND MEDICARE BENEFITS, INCLUDING THEIR PRESCRIPTION DRUG COVERAGE THROUGH PART D, THEY ARE ALL COVERED BY ONE PLAN, AND THAT'S CAL MEDICONNECT.

WITH THIS PLAN BENEFICIARIES ALSO ONLY HAVE TO HAVE ONE CARD. AND THEY ALSO HAVE ACCESS TO A NUMBER TO CALL FOR 24-7, WHICH IS STAFFED BY TRAINED – AND MIGHT KNOW THESE PEOPLE JUST AS THEIR NURSES, WHO CAN HELP ANSWER THEIR QUESTIONS AND MAKE SURE THAT ALL OF THEIR DIFFERENT PROVIDERS AND DOCTORS ARE TALKING TO EACH OTHER AND SHARING INFORMATION. THESE CARE COORDINATORS REALLY ORGANIZE AND MATCH A BENEFICIARY'S BENEFITS ACROSS ALL OF THEIR DIFFERENT HEALTH CARE SETTINGS.

CARE COORDINATOR ARE THERE TO HELP BENEFICIARIES UNDERSTAND THEIR OPTIONS AND ALSO JUST TO MAKE SURE THAT THEY ARE NOT ALONE IN MANAGING THEIR HEALTH. THEY ARE ABLE TO REALLY LOOK AT THE WHOLE PICTURE AND MAKE SURE THAT BENEFICIARIES ARE GETTING THE FULL SPECTRUM OF SERVICE THAT THEY NEED. AND THESE CARE COORDINATOR CAN ALSO LINK BENEFICIARIES TO HOME AND COMMUNITY-BASED SERVICES AND OTHER SERVICES THAT CAN REALLY HELP THEM LIVE IN THEIR COMMUNITIES LONGER.

IN CAL MEDICONNECT, BENEFICIARIES CAN ALSO HAVE A CARE TEAM THAT WILL WORK WITH THEM TO SEE IF THERE ARE COMMUNITY RESOURCES OR OTHER MAYBE BENEFITS THAT THEY NEED BUT MAYBE AREN'T ACCESSING NOW, WHICH CAN BE ENORMOUSLY HELPFUL. AND AS PART OF THIS CARE TEAM, PROVIDERS ARE ABLE TO REVIEW BENEFICIARY'S INDIVIDUAL HEALTH PROFILE AND HISTORY AS WELL AS THEIR CARE PLAN AND ARE ABLE TO WORK WITH EACH OTHER, ALL OF THE DIFFERENT PROVIDERS, TO IMPROVE THEIR OVERALL HEALTH PLAN CARE EXPERIENCE.

THESE CARE TEAMS ELIMINATE THE GAPS IN SHARED INFORMATION AND COMMUNICATION THAT CAN OFTEN HAPPEN WHEN THESE SYSTEMS ARE COMPLETELY SILOED AND NOT WORKING TOGETHER. AND THIS REALLY IMPROVES THE QUALITY OF CARE THAT BENEFICIARIES RECEIVED.

CAL MEDICONNECT IS REALLY DESIGNED TO HELP BENEFICIARIES ACCESS THE SERVICES AND SUPPORTS THAT KEEP THEM IN THE COMFORT AND SECURITY OF THEIR HOME AS LONG AS POSSIBLE. AND JUST BY ESTABLISHING THIS ROUTINE CONVERSATION WITH THE FULL RANGE OF THEIR PROVIDERS, BENEFICIARIES HAVE THE SUPPORT THAT THEY NEED TO STAY ON THIS CARE PLAN THAT THEY THEMSELVES HELPED TO DEVELOP, AND THAT REALLY CAN KEEP THEM HEALTHY FOR MUCH LONGER.

BY JUST GETTING THESE DOCTORS AND SPECIALISTS AND OTHER PROVIDERS TO WORK TOGETHER TO MEET BENEFICIARIES NEEDS, CAL MEDICONNECT CAN REALLY HELP BENEFICIARIES STAY ON TOP OF THEIR HEALTH. AND THIS COORDINATED CARE CAN HELP SMALL PROBLEMS FROM JUST ESCALATING INTO BIGGER ISSUES OR EVEN INTO MEDICAL EMERGENCIES.

SO AS A RESULT, CAL MEDICONNECT AND THIS CARE COORDINATION AND THESE CARE TEAMS CAN REALLY PAVE THE WAY FOR THEM, FOR BENEFICIARIES TO STAY IN THEIR COMMUNITIES LONGER. AND IT ALSO HELPS IMPROVE THE QUALITY OF CARE THAT BENEFICIARIES RECEIVE. AND ACTUALLY CARE COORDINATION AND CARE TEAMS ARE JUST A COUPLE OF THE BENEFITS OF CAL MEDICONNECT. THE PROGRAM CAN ALSO – IT COMES WITH SPECIFIC ADDITIONAL BENEFITS.

SO IN ADDITION TO RECEIVING MEDI-CAL'S NON-EMERGENCY TRANSPORTATION BENEFITS, CAL MEDICONNECT COVERAGE ACTUALLY GIVES BENEFICIARIES ACCESS TO EXPANDED NON-MEDICAL TRANSPORTATION COVERAGE, AND THAT INCLUDES 31 LAY TRIPS PER YEAR, AS WELL AS THE CHOICE OF USING A PASSENGER CAR, TAXI, OR DECIDING ANOTHER FORM OF PUBLIC OR PRIVATE TRANSPORTATION WORKS BEST FOR THE BENEFICIARIES.

IN ADDITION TO THAT, CAL MEDICONNECT ALSO OFFERS ADDITIONAL VISION BENEFITS, WHICH INCLUDES AN ANNUAL EYE EXAM AND \$100 FOR FRAMES, FOR GLASSES, EVERY TWO YEARS. AND FINALLY, AS BENEFICIARIES TRANSITION INTO CAL MEDICONNECT, PLANS ARE REQUIRED TO MAKE SURE THAT THEIR CARE CONTINUES AND IS NOT DISRUPTED IN THEY CAME FROM A DIFFERENT PROVIDER AND ARE TRANSITIONING ON TO A CAL MEDICONNECT, AND MAYBE THEIR PREVIOUS PROVIDER IS NOT PARTICIPATING IN THEIR CAL MEDICONNECT PLAN.

IT IS THE PLAN'S RESPONSIBILITY TO MAKE SURE THAT THAT TRANSITION HAPPENS SMOOTHLY AND THAT THE BENEFICIARY CONTINUES TO HAVE ACCESS TO THEIR PREVIOUS PROVIDERS FOR ABOUT SIX MONTHS, PROVIDED THEY HAVE SEEN – THAT THAT BENEFICIARIES HAS SEEN THEIR PREVIOUS PROVIDERS AT LEAST ONCE IN THE LAST 12 MONTHS FOR A PRIMARY CARE PROVIDER AND TWICE IN THE LAST 12 MONTHS FOR A SPECIALIST.

IN ADDITION, UNLESS THERE IS A SAFETY CONCERN, BENEFICIARIES CAN ALWAYS REMAIN IN THEIR CURRENT NURSING FACILITY, EVEN AFTER JOINING CAL MEDICONNECT.

SO THESE ARE JUST A FEW OF THE REASONS BENEFICIARIES SHOULD LOOK TO SEE IF CAL MEDICONNECT IS RIGHT FOR THEM. AND AS PASSIVE ENROLLMENT ENDS IN SAN DIEGO, SAN BERNARDINO, AND RIVERSIDE, WE ARE REALLY LOOKING FORWARD TO WORKING WITH ALL OF YOU, ALL OF THE STAKEHOLDERS TO GET THIS MESSAGE OUT TO BENEFICIARIES WHO COULD BENEFIT FROM CAL MEDICONNECT, TO MAKE SURE THAT THEY KNOW THE BENEFITS OF THIS PROGRAM, TO TAKE A LOOK AND SEE IF IT'S THE RIGHT PROGRAM FOR THEM.

WE HOPE THAT YOU FIND THE INFORMATION THAT WE SHARE DURING THIS MONTHLY STAKEHOLDER CALL VALUABLE. AND AS WE MENTIONED, WE WILL BE DISCUSSING NEXT MONTH – BASED ON YOUR SUGGESTIONS, WE WILL BE DISCUSSING SOME CAL MEDICONNECT SUCCESS STORY.

SO WE ENCOURAGE ANYONE, AS ALWAYS – ANYONE WHO HAS QUESTIONS OR IDEAS OR TOPIC SUGGESTIONS FOR FUTURE CALLS TO E-MAIL INFO@CALDUALS.ORG. AND AS ALWAYS, YOUR COMMENTS AND FEEDBACK ARE VERY IMPORTANT TO US AS WE CONTINUE TO IMPLEMENT THE COORDINATED CARE INITIATIVE AND CAL MEDICONNECT, AND WE HOPE THAT YOU WILL CONTINUE TO STAY IN TOUCH WITH US ABOUT SUGGESTIONS, CONCERNS, OR ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE.

AND NOW WE ARE GOING TO OPEN IT UP FOR QUESTIONS.

>> GREAT. SO AS A REMINDER, TO ASK A QUESTION, PLEASE PRESS ONE. AND OUR FIRST QUESTION COMES FROM LISA IVANOVICH. YOUR LINE IS OPEN. LISA?

>> HI. I DON'T BELIEVE I PRESSED THE BUTTON FOR A QUESTION, BUT THANK YOU FOR THE OPPORTUNITY.

>> OKAY.

>> THANK YOU, LISA.

>> TO ASK A QUESTION, PRESS ONE.

OUR NEXT QUESTION COMES FROM KAY GREENE AT REGAL MED.

>> HI. I HAVE A QUICK QUESTION ABOUT THE ESID BENEFICIARIES. SO I NOTICED IN THE OTHER COUNTIES EXCEPT FOR SAN MATEO AND ORANGE COUNTY, SO THEY ARE INCLUDED IN THE CAL MEDICONNECT?

>> THIS IS JAVIER PORTELLA. THEY ARE NOT INCLUDED IN CAL MEDICONNECT UNLESS THE MEMBER IS DIAGNOSED WITH THE SRD WHILE THEY ARE ENROLLED, IN ANY OF THE COUNTIES. SO HOPEFULLY THAT IS CLEAR IN WHATEVER YOU ARE LOOKING AT. BUT THEY ARE NOT ENROLLED TODAY. WE ARE EXPLORING WITH THE PROGRAM OVERALL ANY NEXT STEPS WITH THE SRD POPULATIONS. BUT TODAY THEY MUST – IF THEY GAIN IT, THEY CAN STILL IN, ESSENTIALLY, IS THE BEST WAY TO SAY IT. BUT NOT PRIOR TO ENROLLMENT.

>> OKAY. ON THE CCI FACT SHEET THAT WAS UPDATED ON MARCH 2015, IT SAYS THAT THAT POPULATION OF PATIENTS ARE EXCLUDED EXCEPT IN SAN MATEO AND ORANGE COUNTY. SO THAT IS INCORRECT?

>> WE WILL DOUBLE CHECK THE CHART FOR THE MARCH 22ND YOU ARE SAYING, JUST TO MAKE SURE IT'S ACCURATE. BUT IT COULD BE WRONG ON THE CODES. WE WILL DOUBLE CHECK.

>> THANK YOU FOR THAT QUESTION.

OUR NEXT QUESTION COMES FROM JANELLE LIM. JANELLE, YOUR LINE IS OPEN.

>> HI. CAN YOU HEAR ME?

>> YES.

>> OKAY. YES. I'M FROM SAN DIEGO, AND I'M – YOU'RE SAYING THAT PASSIVE ENROLLMENT IN THIS MONTH. BUT WE ARE UNDER THE IMPRESSION THAT WHEN PASSIVE ENROLLMENT BEGAN IN MAY LAST YEAR, THAT ACTUALLY APRIL AND MAY BIRTHDAYS WENT IN. SO WE ARE A LITTLE CONFUSED AS TO THE 210 PEOPLE WHO ARE BEING PASSIVELY ENROLLED THIS MONTH ARE. WE THOUGHT APRIL WAS ALREADY TAKEN CARE OF LAST YEAR.

>> SO YOU ARE CORRECT THAT THE START OF THE TRANSITION WAS TWO BIRTH MONTHS AND EVENTUALLY HAD FOLKS ENDING WITH, BY BIRTH MONTH, MARCH 1ST. HOWEVER, WE HAD A SECOND POPULATION, WHICH WAS A HOLDOVER FROM THE DUALS SPECIAL NEEDS PLANS THAT WE ALLOWED FOR A SECOND ROUND OF ENROLLMENT IN THE EARLY PART, WHICH IS SCHEDULED FOR MAY 1ST ENROLLMENT.

SO THERE IS THE D-SNP, AS MOST FOLKS CALL THEM, ENROLLEES THAT ARE WITH THE PLANS THAT JOINED BETWEEN A SMALL WINDOW AT THE END OF 14 THAT WE ALLOWED FOR ANOTHER ROUND OF PASSIVE FOR THEM, BECAUSE THEY DIDN'T HAVE ENOUGH TIME TO GET APPROPRIATELY NOTICED BY JANUARY 1.

>> OKAY. THANK YOU.

>> GREAT QUESTION.

>> THANK YOU FOR YOUR QUESTION.

OUR NEXT QUESTION COMES FROM GARY PASSMORE. GARY, YOUR LINE IS OPEN.

>> HI, GUYS. I GUESS, CLAUDIA, YOU CAN HANDLE THIS. I WANT TO GO BACK TO YOUR OPENING COMMENTS ABOUT DISENROLLMENT AND THE 15% RATE, AND THE FACT THAT IT WAS HEAVILY INFLUENCED BY THE LOSS OF MEDI-CAL. AND I'M WONDERING IF YOU COULD GIVE US SOME EXAMPLES OF CIRCUMSTANCES IN WHICH THE DUALS POPULATION LOSES ITS MEDI-CAL ELIGIBILITY, SINCE ONLY RARELY DOES THEIR INCOME STATUS CHANGE.

>> HI, GARY. THANK YOU FOR THAT QUESTION. AND I HOPE – MY INTENT WAS NOT TO SHARE THAT IT WAS HEAVILY RELATED DUE TO MEDI-CAL OR DUE TO –

>> OH, OKAY.

>> -- INVOLUNTARY DISENROLLMENT, BUT IT INCLUDES INVOLUNTARY DISENROLLMENTS AND THAT WE ARE GOING TO SEE WHAT SUBSET OF THAT WOULD ACTUALLY BE VOLUNTARY. AND I'M GOING TO TURN IT OVER TO JAVIER TO SPEAK ABOUT SOME OF THE EX SPECIFIC EXAMPLES, BECAUSE I THINK THAT'S A GREAT QUESTION FOR EVERYONE AS TO WHEN PEOPLE MIGHT BE DISENROLLED.

>> SURE. AND SO WHEN WE SAY, YOU KNOW, LOSS OF MEDI-CAL WAS JUST ONE OF THOSE EXAMPLES. FOLKS THAT ARE NOT ON SOCIAL SECURITY COULD LOSE THEIR MEDI-CAL IF THEY DON'T RESPOND TO THE REDETERMINATION LETTERS ANNUALLY TO THE COUNTY LEVEL. WE HAVE SEEN DISCONTINUANCE OF A MEDI-CAL FOR THOSE REASONS.

YOU KNOW, THEY COULD TURN THAT BACK ON FOR THE ELIGIBILITY REASONS. BUT, YOU KNOW, THAT IS THE MAIN REASON WE SAY LOSS OF MEDI-CAL ELIGIBILITY. THERE ARE OTHER THINGS LIKE MEMBERS LEAVE THE COUNTY, WHICH INVOLUNTARILY DISENROLLS THEM, OR POTENTIALLY JOIN ANOTHER MA PRODUCT OR CHANGE THEIR PART D PLAN THAT COULD CREATE THIS – AGAIN, WHICH IS WHAT CLAUDIA IS SPEAKING TO, IS WE ARE LOOKING INTO THE AREA OF WHAT THAT TRUE NUMBER OF VOLUNTARY DISENROLLMENTS -- WE NEED THE MEMBER CALL TO FULLY DISENROLL FROM THE PROGRAM – IF WE CAN ISOLATE THAT NUMBER OUT OF THOSE DISENROLLMENTS. BUT WE WANT TO GIVE THE PICTURE THAT DISENROLLMENTS IS WIDER THAN FOLKS JUST CALLING AND ASKING TO DISENROLL.

>> GOT IT. OKAY. YEAH, I LOOK FORWARD TO WHATEVER YOU GUYS COME UP WITH EXPLAINING THAT. BECAUSE THAT SEEMS TO ME A KIND OF SURPRISINGLY HIGH RATE OF DISENROLLMENT. SO I'M HOPING THAT THERE ARE MULTIPLE REASONS, AND EACH THEM CAN BE DEALT WITH. THANKS.

>> THANK YOU, GARY.

>> OUR NEXT QUESTION COMES FROM NORMA JEAN VISCADO. NORMA, YOUR LINE IS OPEN.

>> HI. NORMA JEAN VISCADO, AND WE WORK SOMEWHAT WITH THE – WE WORK WITH THE CCT PROGRAM. WHEN PEOPLE ARE MOVED IN THE HMO INTO A CONVALESCENT HOME OR INTO A NURSING HOME DURING THEIR STAY WITH YOU, ARE YOU STILL USING THE CONTINUUM CARE COORDINATOR THAT WOULD DETERMINE OR HELP TO KNOW WHETHER THAT PERSON CAN GET OUT OR GO BACK IN? SO HOW WOULD THAT BE CONNECTED? WOULD THERE BE A FOLLOW THROUGH?

>> THANK YOU FOR YOUR QUESTION. THIS IS SARA BROOKS. SO I THINK WHAT YOU ARE ASKING IS, SO IF SOMEBODY IS ADMITTED TO A SNF DURING ENROLLMENT, THEN IS CONTINUITY OF CARE UTILIZED? I WANT TO – COULD YOU RESTATE YOUR QUESTION? I'M SORRY.

>> IF THAT PERSON IS IN THERE AND NOW IT'S TIME FOR THAT PERSON TO GET OUT, DOES THE COORDINATED CARE PERSON THEN WORK WITH THEM AS TO WHETHER THEY ARE GOING TO GET OUT? DO THEY HAVE ANY CONNECTION TO THAT, TO MOVE BACK TO ADDITIONAL SERVICES INTO THE SYSTEM? WHO IS THAT DETERMINED BY?

>> OKAY. SORRY. THANK YOU SO MUCH. EXCELLENT QUESTION.

SO YEAH, THE HEALTH PLAN WOULD BE WORKING WITH THE BENEFICIARY THROUGH THE CARE COORDINATOR TO ENSURE A SMOOTH TRANSITION OUT OF THE SNF TO THE COMMUNITY FOR THE BENEFICIARY AND PROBABLY WOULD ALSO BE CONTACTING OUR LONG-TERM CARE DIVISION TO UTILIZE, KIND OF, AND LEVERAGE THEIR RESOURCES AND INFORMATION IN THAT AREA AS WELL. AND THEN CONTINUITY OF CARE WOULD CONTINUE, SO THE HEALTH PLAN WOULD ENSURE THAT THAT OCCURS, SO THAT THE BENEFICIARY COULD CONTINUE TO SEE THEIR SAME PROVIDERS.

>> ALL RIGHT. THANK YOU VERY MUCH.

>> THANK YOU.

>> THANK YOU FOR THAT QUESTION. IF YOU HAVE A QUESTION, PLEASE PRESS ONE. JUST A REMINDER, IF YOU HAVE A QUESTION, PLEASE PRESS ONE.

>> IN THE MEANTIME, WHILE WE ARE CHECKING TO SEE IF WE HAVE ANY MORE QUESTIONS – THIS IS CLAUDIA – I JUST WANTED TO THANK YOU AGAIN FOR SUBMITTING THOSE TOPIC SUGGESTIONS THAT YOU DID. AND AGAIN, WE SHARED WITH YOU WHAT WE WILL COVER NEXT TIME BASED ON YOUR SUGGESTION. BUT THAT OF COURSE WASN'T THE ONLY OPPORTUNITY FOR YOU TO PROVIDE SUGGESTIONS, SO WE REALLY ENCOURAGE YOU TO, IF YOU HAVE ADDITIONAL TOPICS THAT YOU WANT US TO COVER THAT ARE RELATED TO CCI, TO SUBMIT THOSE THROUGH THE CALDUALS.ORG WEBSITE.

WE ARE HAPPY TO DO THAT, AND WE ARE GLAD THAT YOU ARE ABLE TO CONTRIBUTE TO MAKING THIS, YOU KNOW, MORE MEANINGFUL FOR YOU. AND WE WANT TO CONTINUE TO DO THAT.

>> SO WE HAVE A QUESTION FROM GORDANA WUKITICH.

>> HI, THIS IS GORDANA WUKITICH. CAN YOU JUST CONFIRM THE E-MAIL ADDRESS? I HAVE MORE THAN JUST A QUESTION. I HAD A COUPLE OF COMMENTS THAT I WANTED TO SEND OVER YOUR WAY. AND I'LL JUST E-MAIL THEM SO THAT WE DON'T TAKE UP EVERYONE'S TIME. CAN YOU JUST CONFIRM, IS IT THE INFO@CALDUALS.ORG E-MAIL ADDRESS?

>> YES, THAT'S CORRECT.

>> AND THEN ALSO JUST AN OBSERVATION. I NOTE THAT WE WERE – AND AGAIN, PLEASE, THIS ISN'T TO BE CRITICAL. WE WERE MENTIONED, OR YOU WERE MENTIONING THE COORDINATED CARE. I'M A LITTLE CONCERNED, AND JUST AN OBSERVATION OVER HERE, THAT THERE STILL SEEMS TO BE A DISCONNECT WITH THE COORDINATED CARE INITIATIVE AND THE COORDINATED CARE BETWEEN THE HEALTH PLAN, THE HOSPITAL, AND THE PROVIDER.

AND I THINK – I THINK WE NEED TO DO A LITTLE MORE – JUST A SUGGESTION, AND I'M SURE EVERYBODY IS DOING IT – A LITTLE MORE PROVIDER EDUCATION AS TO WHO IS ACCOUNTABLE AND RESPONSIBLE FOR THAT PATIENT AFTER THEY HAVE BEEN HOSPITALIZED, AND THEN WHETHER IT'S BETWEEN THE SNFS, SENDING THEM BACK HOME, AND THAT ASSUMPTION OF FOLLOW THROUGH, SO THERE'S A SMOOTH TRANSITION AND EXACTLY WHAT WE ARE REFERRING TO, CONTINUITY OF CARE.

BUT I'LL GO AHEAD AND SEND MY COMMENTS ON E-MAIL.

>> THANK YOU SO MUCH, AND WE LOOK FORWARD TO RECEIVING THOSE. AND ACTUALLY, WE WILL TAKE YOUR INPUT AND INCORPORATE IT INTO OUR PROVIDER OUTREACH. SO WE WILL ACTUALLY MAKE SURE THAT WE HAVE THAT IN THE MATERIALS. THERE'S ONGOING OUTREACH TO VARIOUS FOLKS, INCLUDING PROVIDERS. AND WE WILL MAKE SURE THAT INCORPORATE THAT INTO THOSE MATERIALS AND INTO THE INFORMATION THAT WE SHARE WITH THEM. THANK YOU.

>> YOU'RE WELCOME.

>> THANKS.

>> SO OUR NEXT QUESTION COMES FROM GARY PASSMORE. GARY, YOUR LINE IS OPEN.

>> THANKS. THIS IS FOR HANNAH. I FOUND YOUR PRESENTATION, HANNAH, TO BE REMARKABLY WELL ORGANIZED AND THOROUGH. AND I AM SUSPICIOUS THAT YOU HAD SOMETHING IN FRONT OF YOU. AND I'M WONDERING IF THERE'S A WAY YOU COULD SHARE WITH US THAT INFORMATION FOR WHEN WE GO OUT AND ARE ASKED A QUESTION OR JUST GENERALLY TAKE A PRESENTATION. SOME OF THOSE ARE GOOD POINTS I WOULD LIKE TO HAVE IN MY HEAD, AND IT WOULD HELP TO SEE IT.

>> THANKS VERY MUCH, GARY. YOU KNOW, THERE ARE SO MANY BENEFITS OF CAL MEDICONNECT. WE REALLY JUST MENTIONED A FEW, BUT WE WILL THINK ABOUT WHETHER THERE IS A WAY TO ORGANIZE THOSE BENEFITS INTO A FACT SHEET OR SOME MATERIALS THAT YOU CAN TAKE WITH YOU WHEN YOU ARE TALKING WITH PROVIDERS.

>> GREAT, THANKS.

>> AND THANK YOU FOR THE COMPLIMENT.

>> HA HA.

>> OKAY. SO I THINK WE ARE OUT OF QUESTIONS RIGHT NOW. IF YOU HAVE A QUESTION, PLEASE PRESS ONE. OKAY. SO I THINK WE ARE DONE WITH QUESTIONS.

THAT CONCLUDES OUR APRIL CCI STAKEHOLDER CALL. AS CLAUDIA AND HANNAH HAVE MENTIONED, IF YOU HAVE ADDITIONAL QUESTIONS OR FEEDBACK, PLEASE E-MAIL INFO@CALDUALS.ORG. THANK YOU FOR JOINING.