

MAY CCI STAKEHOLDER CALL

5-15-15

1.0 HOURS

>> GOOD MORNING, EVERYONE, AND THANK YOU FOR JOINING US FOR MAY'S STAKEHOLDER UPDATE CALL FOR THE CCI. MY NAME IS RYAN, AND I WILL BE COVERING SOME HOUSEKEEPING TIPS BEFORE I TURN IT OVER TO YOUR SPEAKERS TODAY. IF YOU CAN HEAR ME, I WANT TO DO A QUICK SOUND CHECK. SO IF YOU CAN HEAR ME, PLEASE PRESS ONE ON YOUR KEY PAD. OKAY. IT LOOKS LIKE EVERYONE CAN HEAR US.

SO JUST A COUPLE OTHER HOUSEKEEPING TIPS. IF YOU FOR SOME REASON GET DISCONNECTED FROM TODAY'S CALL, IF THAT IS ON OUR END, WE WILL DIAL IMMEDIATELY BACK IN. YOU CAN USE THE DIAL IN INFORMATION AND PASS CODE THAT YOU USED TO GET INTO TODAY'S CALL, AND THEN YOU WILL BE CONNECTED BACK TO US AS SOON AS WE ARE BACK UP AND RUNNING.

AND THEN FOR THE Q AND A SECTION AFTER OUR PRESENTATION TODAY, WE WILL BE OPENING IT UP TO QUESTIONS. SO IF YOU HAVE A QUESTION WHEN WE OPEN THAT UP, PRESS ONE ON YOUR KEY PAD TO RAISE YOUR HAND. AND WE WILL TAKE QUESTIONS IN THE ORDER OF FOLKS RAISING THEIR HANDS.

AND WITH THAT I WILL TURN IT OVER TO CLAUDIA CRIST, WHO IS OUR MAIN PRESENTER TODAY. AND SHE IS THE ASSISTANT – OR SHE IS THE DEPUTY DIRECTOR OF HEALTH CARE SYSTEMS HERE AT THE DEPARTMENT OF HEALTH CARE SERVICES.

>> GOOD MORNING. THANK YOU, RYAN. AND THANK YOU ALL FOR JOINING US TODAY. WE WILL BE COVERING THREE TOPICS ON TODAY'S CALL, STARTING WITH A BRIEF ENROLLMENT UPDATE. ALSO SOME UPDATES ON THE WORK THAT WE ARE GOING TO ENSURE TO BENEFICIARY REPRESENTATIVES CAN MAKE ENROLLMENT DECISIONS. AND REALLY EXCITED TO SHARE THAT FOR TODAY'S CALL, WE ARE JOINED BY SEVERAL HEALTH PLAN REPRESENTATIVES AS WELL AS GREG KNOLLS FROM THE LEGAL AID SOCIETY OF SAN DIEGO.

THEY WILL BE SHARING SOME OF THEIR EARLY CAL MEDICONNECT SUCCESS STORIES. AND THIS IS IN DIRECT RESPONSE, AGAIN, TO YOUR REQUESTS FOR TOPICS TO BE DISCUSSED ON THIS PARTICULAR CALL.

SO I'LL GO THROUGH THE ENROLLMENT UPDATE FAIRLY QUICKLY. SO THIS IS CAL MEDICONNECT ENROLLMENT. LAST WEEK WE POSTED THE DASHBOARD, AND YOU CAN ACCESS THIS ON CALDUALS.ORG. I'M GOING TO GO THROUGH SOME OF THE HIGHLIGHTS.

AS OF MAY 1<sup>ST</sup>, WE HAVE 122,787 ENROLLEES IN THE SIX ACTIVE CCI COUNTIES. THIS IS JUST A SLIGHT DIP DOWN, FOR THOSE OF YOU WHO ARE TRACKING MONTH TO MONTH. HOWEVER, AS WE WILL SEE, THIS IS IN PART REFLECTIVE OF THE FACT THAT WE ARE REALLY NEARING THE END OF PASSIVE ENROLLMENT PHASE AND ARE STARTING MORE INTO THE ACTIVE ENROLLMENT FACE.

OF THOSE ENROLLEES, WE HAVE 54,773 IN LOS ANGELES, 18,745 IN SAN DIEGO, 14,768 IN RIVERSIDE, 14,680 IN SAN BERNARDINO, 10,087 IN SAN MATEO, AND 9,734 IN SANTA CLARA. THE INITIAL 12-MONTH PASSIVE ENROLLMENT IS COMPLETE IN SAN DIEGO, SAN BERNARDINO, RIVERSIDE. AND IT WILL BE COMPLETE IN LOS ANGELES AT THE END OF THIS MONTH.

THE DASHBOARD ALSO INCLUDES DETAILED ENROLLMENT OPT OUT AND DISENROLLMENT PERCENTAGES, AND YOU CAN FIND THIS CHART AT THE END OF PAGE TWO. THE OVERALL OPT-OUT RATE IS 50%, WHICH IS UNCHANGED FROM LAST MONTH.

THEY ARE ALSO NOTING A SLIGHT INCREASE IN THE DISENROLLMENT TREND. AND IF YOU LOOK AT THE DASHBOARD, YOU WILL SEE THAT IT'S GOING – HAS GONE UP BY 1 OR 2%, DEPENDING ON THE COUNTY. BUT AGAIN, AS A DISCLAIMER, THOSE DISENROLLMENT NUMBERS, WITH THE EXCEPTION OF SAN MATEO, I BELIEVE DO INCLUDE BOTH THOSE WHO WERE ACTUALLY ACTIVELY DISENROLLING AS WELL AS THOSE WHO ARE INVOLUNTARY DISENROLLMENTS, SUCH AS THOSE WHO FOR SOME REASON WITH MEDI-CAL BENEFITS.

SO STARTING WITH NEXT MONTH'S DASHBOARD, WE WILL ACTUALLY HAVE AN OPPORTUNITY TO LOOK AT THE ACTUAL DISENROLLMENT NUMBERS.

LAST MONTH WE ALSO SAID THAT WE WOULD BE RELEASING A MORE DETAILED BREAKDOWN OF ENROLLMENT DATA. AND WE HAVE NOW COMPLETED THAT REPORT AND ARE GETTING READY TO RELEASE IT AND POST IT SHORTLY. AND WE WILL ALSO WORK ON FURTHER BREAKDOWNS. BUT WE WANTED TO GET STARTED WITH THE FIRST INITIAL BREAKDOWN. AND WHAT YOU WILL SEE SHORTLY POSTED IS REALLY A BREAKDOWN OF THE TOP ENROLLMENT AND OPT OUT – OPT OUTS BY COUNTY FOR GROUPS SUCH AS ETHNICITY, AGE, AND LANGUAGE. WE ARE STILL WORKING ON DISPLAYING INFORMATION CLEARLY, AND WE WILL HOPE TO BE ABLE TO POST THAT SOON.

WANTED TO SPEAK BRIEF ON ENROLLMENT ASSISTANCE. THIS IS AN UPDATE ON THE WORK THAT WE HAVE EMBARKED ON TO ENSURE THAT BENEFICIARY REPRESENTATIVES CAN MAKE ENROLLMENT DECISIONS THROUGH HCL, OUR CALL CENTER. AND AS MANY OF THOSE OF YOU ON THE CALL KNOW, WE HAVE BEEN LOOKING AT THIS ISSUE DILIGENTLY FOR SOME TIME. AND THERE IS A SYSTEMS ISSUE FOR WHICH WE CURRENTLY CANNOT IMPLEMENT AN EASY FIX, THAT WOULD ALLOW SSI-LINKED BENEFICIARIES TO APPOINT AN AUTHORIZED REPRESENTATIVE WHO CAN THEN MAKE ENROLLMENT DECISIONS THROUGH HCL.

THAT SAID, WE DO HAVE A MEET TO ULTIMATE NEED OF THESE BENEFICIARIES AND ENSURE THAT THE BENEFICIARIES HAVE DESIGNATED ANOTHER INDIVIDUAL TO MAKE ENROLLMENT DECISIONS ON THEIR BEHALF. FOR THAT WE HAVE DEVELOPED A SCREENING PROCESS, WHICH WOULD ALLOW BENEFICIARY REPRESENTATIVES – OR AS WE PUT IT, AN “ENROLLMENT ASSISTANT” – TO CALL HCL AND MAKE AN ENROLLMENT DECISION ON THEIR BEHALF.

THIS WILL INCLUDE A SCRIPT THAT HCL WILL USE AS WELL TO ENSURE THAT PERSONS ARE IDENTIFYING THEMSELVES AND THE ADEQUATE BENEFICIARY THAT THEY ARE REPRESENTING, AS WELL AS THE CALLER WILL NEED TO ATTEST UNDER PERJURY OF LAW THEIR DESIGNATION BY THE BENEFICIARY TO MAKE THIS DECISION AND THE ABSENCE OF A CONFLICT OF INTEREST. AND THIS WILL BE FOLLOWING A BRIEF STATEMENT DEFINING A CONFLICT OF INTEREST, PARTICULARLY MONETARY.

THEY ALSO EXPLAIN THAT THIS IS A ONE-TIME PROCESS FOR ENROLLMENT DECISIONS ONLY. IT CANNOT BE USED GOING FORWARD OR FOR ANY MEDICAL DECISION. OF COURSE DHS DOESN'T HAVE THE ABILITY TO DIRECTLY VERIFY WHETHER THE BENEFICIARY HAS AUTHORIZED THE CALLER TO REQUEST ENROLLMENT OR DISENROLLMENT ON THEIR BEHALF. THAT SAID, WE DO BELIEVE WE WILL HAVE SUFFICIENT SAFEGUARDS IN PLACE TO PROTECT THE BENEFICIARIES, PREVENT POTENTIAL FRAUD AND ABUSE AND IMPROPER ENROLLMENT DECISIONS.

IN ADDITION TO THE QUESTIONS WE WILL BE ASKING THE CALLER, AS WELL AS THE ATTESTATION, WE WILL HAVE ADDITIONAL SAFEGUARDS IN PLACE, WHICH WILL INCLUDE TWO NOTIFICATION LETTERS TO – THAT DHCS SENDS TO BENEFICIARIES INFORMING THEM OF THE ACTION THAT WAS PROCESSED. THESE LETTERS INCLUDE INFORMATION ON WHEN ACTION WAS TAKEN AND HOW THE BENEFICIARY CAN CONTACT HCL TO CHANGE THEIR ENROLLMENT ACTION IF THEY IN FACT DID NOT AUTHORIZE THE ACTION TAKEN.

ADDITIONALLY, DHCS MAINTAINS RECORDINGS OF ALL CALLS MADE TO HCL AND BENEFICIARY FILES, WHICH WOULD THEN ALLOW US TO INVESTIGATE SPECIFIC CIRCUMSTANCES OF ANY PARTICULAR CASE, SHOULD ANY FRAUD OR ABUSE BE REPORTED OR SUSPECTED.

FINALLY, AN ENROLLMENT DECISION MADE BY A BENEFICIARY'S REPRESENTATIVE, LIKE ANY MEDI-CAL ENROLLMENT DECISION, IS NOT PERMANENT AND EASILY BE CHANGED. MEDI-CAL HAS SYSTEMS IN PLACE TO ADDRESS HEALTH EMERGENCY OR CARE TRANSITION ISSUES THAT SHOULD BE SUFFICIENT TO ENSURE THAT THE BENEFICIARIES WILL CONTINUE TO RECEIVE ACCESS TO MEDICALLY NECESSARY MEDI-CAL SERVICES.

THE BENEFICIARY CAN MAKE A CHANGE AT ANY TIME. WE HAVE BEEN WORKING WITH STAKEHOLDERS TO DEVELOP THIS PROCESS AND HAVE CONSULTED STAKEHOLDERS ON OUR SAFEGUARDS. HOWEVER, WE STILL WELCOME ANY ADDITIONAL FEEDBACK YOU MAY HAVE ON THE PROCESS OR ADDITIONAL SAFEGUARDS THAT COULD BE INCLUDED IN EITHER THE TELEPHONE SCREENING OR THE FOLLOW-UP NOTICES.

IN THE MEANTIME, WE ARE WORKING ON IMPLEMENT FOR THIS PROCESS AND WE ARE ACTUALLY HOPING TO BE ABLE TO IMPLEMENT FAIRLY SHORTLY. WE HAVE ALREADY STARTED WITH TRAINING FOR HCL STAFF AND ARE WELL UNDER WAY. BUT DEFINITELY IF YOU HAVE ANY ADDITIONAL INPUT TO THIS PROCESS THAT WE JUST DESCRIBED, WE WELCOME IT.

NOW, TO THE MOST EXCITING PART OF TODAY'S CALL. I THINK BEFORE I TURN IT OVER TO OUR SPEAKERS, WHO WILL SHARE THEIR EARLY SUCCESS STORIES, I WANT TO THANK THEM FOR PARTICIPATING. THIS PROGRAM HAS NOW BEEN OPERATIONALIZED ON THE GROUND FOR ABOUT A YEAR IN SAN DIEGO, SAN BERNARDINO, RIVERSIDE, AND LOS ANGELES. WE ARE ACTIVELY WORKING WITH THE PLANS TO COLLECT ACCURATE AND USEFUL DATA IN ORDER TO HELP US IDENTIFY WHAT IS WORKING WELL AND TO WHAT EXTENT AND AREAS WHERE WE HAVE OPPORTUNITY TO WORK TOGETHER TO IMPROVE THE CARE THAT BENEFICIARIES RECEIVE.

AS WE CONTINUE THAT IMPORTANT WORK, WE ARE ENCOURAGED BY THE ANECDOTAL DATA AND PROMISING STORIES WE HAVE HEARD SO FAR. CARE COORDINATION IS KEY TO DELIVERING HIGHER-QUALITY CARE TO BENEFICIARIES AND IS A BIG COMPONENT OF THE BENEFICIARIES' OVERALL SATISFACTION EXPERIENCE WITH THE PROGRAM. AND I THINK WE ALL KNOW THAT THIS IS REALLY THE PROMISE OF CAL MEDICCONNECT LIES.

I'M REAL DELIGHTED THAT WE ARE ABLE TO SHARE A FEW STORIES OF HOW IT'S WORKING, AND I WANT TO NOTE FOR PATIENT PRIVACY REASONS, THESE STORIES ARE DEIDENTIFIED, AND THE REPRESENTATIVES JOINING US CANNOT ANSWER SPECIFIC QUESTIONS FOR THESE REASONS.

NOW I'D LIKE TO TURN IT OVER TO RYAN TO START INTRODUCING THIS VERY EXCITING SECTION OF OUR CALL TODAY.

>> THANK YOU, CLAUDIA. AND AS CLAUDIA MENTIONED, FOLKS, WE ARE GOING TO HEAR FROM REPRESENTATIVES FROM DIFFERENT CCI COUNTIES TO PRESENT SOME VERY EXCITING STORIES FROM THE EARLY WORK THAT HAS BEEN DONE ON – THROUGH CAL MEDICCONNECT.

OUR FIRST SPEAKER TODAY WILL BE DR. CHRIS ESCARRA, DIRECTOR OF BEHAVIORAL HEALTH FOR HEALTH PLAN OF SAN MATEO. DR. ESCARRA, YOUR MIC IS OPEN.

>> ALL RIGHT, GREAT. SO CAN YOU HEAR ME?

>> YES, WE CAN. THANK YOU.

>> WONDERFUL. WONDERFUL. SO AS STATED BEFORE, WE DID DEIDENTIFY THESE STORIES, SO THEY ARE MODIFIED FROM THE ACTUAL TO BE ABLE TO PROTECT THE CONFIDENTIALITY OF OUR MEMBERS.

WE HAVE TWO STORIES THAT WE ARE PRESENTING. ONE IN PARTICULAR IS QUITE – ONE OF OUR EARLIER SUCCESSES. THIS 71-YEAR-OLD MAN WAS ADMITTED TO SKILLED NURSING FACILITY FOR REHABILITATION FOLLOWING A SURGERY. AND BEFORE THAT HE HAD BEEN LIVING IN HIS SECTION EIGHT APARTMENT FOR OVER 20 YEARS. AND UNFORTUNATELY, AFTER A YEAR IN THAT NURSING FACILITY, HE –

WAS, HE LOST IT. AND SO THE BARRIER TO DISCHARGE FROM REHAB WAS ACTUALLY SECURING A NEW UNIT.

SO WE, THROUGH PARTNERSHIPS WITH TWO PARTICULAR AGENCIES – HE HAD A DEDICATED CASE MANAGER AND ANOTHER AGENCY HELPING WITH HOUSING ASSISTANCE – WE WERE ABLE TO FIND HIM A NEW – ONE, GAIN A SECTION EIGHT VOUCHER AND FIND HIM A NEW SECTION EIGHT APARTMENT. WE HELPED HIM MOVE IN AND SECURED A WAIVER TO ACTUALLY GET FURNITURE AND HOUSEWARES FREE OF CHARGE.

WITH HIS INDEPENDENCE RECLAIMED AND A DEDICATED CASE MANAGER TO HELP FACILITATE THIS TRANSITION UNTIL HE HAS FULLY ADDRESSED IT, HE IS VERY THANKFUL. HE OFTEN – HE SAYS THAT HE OFTEN CRIES WHEN HE LOOKS AROUND HIS HOUSING UNIT AND REALIZES HE IS FINALLY BACK HOME. SO THAT'S OUR FIRST STORY.

AND OUR SECOND STORY, WE WILL HIGHLIGHT A LITTLE BIT OF THE SYSTEM IN FACT THAT I THE MENTION AFTER. THIS 49-YEAR-OLD SINGLE MALE WAS ADMITTED TO A SINGLE – A SKILLED NURSING FACILITY FOR REHAB FOLLOWING COMPLICATIONS FROM A SURGERY. PRIOR TO THIS ADMISSION, HE WAS LIVING IN HIS CAR, BECAUSE HE HAD LOST HIS HOUSING. AND THE WAY HE HAD LOST HIS HOUSING WAS, THIS PERSON ALSO DEALT WITH A LOT OF BEHAVIORAL ISSUES AND HAD A SUICIDE ATTEMPT AND WAS PLACED SUBSEQUENTLY AFTER HIS SUICIDE ATTEMPT IN THE LOCKED PSYCHIATRIC UNIT.

AND THIS WAS A PROLONGED STAY, BECAUSE HE WAS TRANSFERRED AND STEPPED BACK TO A SUB ACUTE LOCKED UNIT. AND DURING THIS TIME, HE ACTUALLY DID NOT PAY RENT, OBVIOUSLY IN THE SECTION EIGHT HOUSING, AND WAS EVICTED. AND SO FOLLOWING HIS REHAB STAY AT THE SKILLED NURSING FACILITY, HE TRANSITIONED TO A LONG-TERM CARE FACILITY, LARGELY BECAUSE OF PLACEMENT ISSUES. HE HAD NO PLACE TO GO, AND REMAINED IN THAT SKILLED NURSING FACILITY FOR ALMOST A YEAR.

HE, AS I MENTIONED, HAD SIGNIFICANT BEHAVIORAL HEALTH ISSUES IN ADDITION TO SOME SUBSTANCE USE ISSUES AS WELL. HE ENROLLED IN CCI AND WITH OUR PLAN, AND WORK – AS WE WORKED WITH OUR COMMUNITY PARTNERS, BEHAVIOR HEALTH IN PARTICULAR, TO HELP HIM SECURE A UNIT IN A LARGE APARTMENT COMPLEX. HE CONNECTED HIM TO THE COUNTY BEHAVIOR HEALTH SYSTEM AS WELL AS TO A PRIMARY CARE PROVIDER WHO WAS FOLLOWING HIM AT THE SKILLED NURSING FACILITY TO EASE THE TRANSITION BACK INTO THE COMMUNITY.

SO HE SUCCESSFULLY – HE WAS ABLE TO GET BACK TO THE COMMUNITY EARLIER THIS YEAR, AND HE HAS ACTUALLY BEEN DOING QUITE WELL. JUST WANTED TO POINT OUT WITH THESE TWO PARTICULAR STORIES, CLEARLY THE IMPORTANT IMPACT TO THE TWO MEMBERS THEMSELVES. I THINK FOR US, THE BIGGER PIECE TOO IS THE SYSTEM IMPACT. IT'S REALLY – CCI HAS REALLY FACILITATED GREATER PARTNERSHIPS WITH COMMUNITY AGENCIES AS WELL AS COUNTY AGENCIES AND IN THOSE PARTNERSHIPS HAVE ACTUALLY ALLOWED US TO REALLY THINK OUTSIDE OF THE HISTORIC SILOS, TO REALLY WORK CREATIVELY AND REALLY IN AN AGILE WAY TO SERVE OUR MEMBERS IN THIS VERY VERY HELPFUL, BENEFICIAL WAY.

AND THE NICE THING AROUND THIS TOO IS THE NICE SIDE EFFECT OF THE SAVINGS. WE ARE TAKING A LOOK AT WHAT THESE SAVINGS WILL LOOK LIKE FINANCIALLY AT THIS POINT. BUT WE ARE DEFINITELY SEEING THAT AS ALSO THE OTHER BENEFIT.

>> ALL RIGHT. THANK YOU VERY MUCH FOR SHARING YOUR STORIES FROM SAN MATEO, DR. ESCARRA.

OUR NEXT SPEAKER IS GREG KNOLLS FROM SAN DIEGO. HE IS THE EXECUTIVE DIRECTOR AND CHIEF COUNSEL AT THE LEGAL AID SOCIETY OF SAN DIEGO. AND JUST ONE MOMENT, GREG, WHILE I UNMUTE YOUR MIC. OKAY, GREG, YOU ARE LIVE.

>> GREAT. THANK YOU VERY MUCH, RYAN.

WE ARE ALSO THE STATE-WIDE COORDINATOR FOR OMBUDS SERVICES IN THE CCI CAL MEDICONECT PROGRAM. AND WE WORK VERY CLOSELY WITH OUR HEALTH PLANS AND OUR ENTIRE COMMUNITY,

TRYING TO GET THROUGH WHAT WE CALL THE "GROWING PAINS" OF ANY NEW PROGRAM, THIS ONE HAVING MAYBE SOME MORE CHALLENGES THAN OTHERS.

BUT WE HAVE A NUMBER OF HEALTH PLAN SUBMITTED STORIES TO SHARE.

THE FIRST IS THAT THE DAUGHTER OF AN 87-YEAR-OLD MEMBER WITH A HISTORY OF SEVERAL CHRONIC, DEBILITATING MEDICAL CONDITIONS, MULTIPLE FALLS, ER VISITS, FREQUENT NOCTURNAL INCONTINENCE, KEPT BEING TOLD BY HER MOTHER'S PHYSICIAN'S OFFICE THAT THE HEALTH PLAN DID NOT COVER INCONTINENCE SUPPLIES. THE CASE MANAGER ASSURED HER THAT THE PLAN DID COVER THESE SUPPLIES AND OTHER NECESSARY DURABLE MEDICAL EQUIPMENT AND THAT THE CASE MANAGER WOULD HELP HER TO OBTAIN THEM. WITHIN FOUR DAYS THE SUPPLIES WERE DELIVERED. THE CASE MANAGER FOLLOWED UP WITH THE MEMBER'S DAUGHTER, WHO EXPRESSED HER PROFOUND APPRECIATION.

SECOND STORY IS, A 92-YEAR-OLD MEMBER DENIED HAVING ANY MEDICAL CONDITIONS OR NEEDS AT ALL. BUT, BASED ON INFORMATION ALREADY IN THE SYSTEM, IT WAS DISCOVERED THAT SHE HAD CHRONIC KIDNEY DISEASE STAGE THREE. THE HEALTH PLAN WAS ABLE TO EDUCATE THE MEMBER ON HER CONDITION, EXPEDITE AN IHSS IN-HOME SUPPORTIVE SERVICES REFERRAL, AND THEN SET UP AN APPOINTMENT WITH HER NEW PRIMARY CARE PHYSICIAN.

FINALLY, A HOMELESS, SCHIZOPHRENIC PERSON WITH A HISTORY OF SEVERAL SUICIDE ATTEMPTS AND NON-COMPLIANCE WITH HIS PSYCHIATRIC MEDICATIONS HAD NOT SEEN A PHYSICIAN LITERALLY IN YEARS. THE HEALTH PLAN WAS ABLE TO COORDINATE CARE WITH HIS NEW PRIMARY CARE PHYSICIAN AND PSYCHIATRIST. NOW THE MEMBER UNDERSTANDS THE IMPORTANCE OF REMAINING COMPLIANT WITH HIS MEDICATION AND EVEN CHECKS IN WITH THE HEALTH PLAN AT LEAST ONCE A WEEK TO ASSIST WITH THE COORDINATION OF HIS OWN MEDICAL CARE. THROUGH INTERDEPARTMENTAL TEAMWORK, THE MEMBER HAS ACCOMPLISHED MORE IN ONE MONTH THAN HE HAS IN THE PAST DECADE REGARDING HIS HEALTH.

ONE OF THE THINGS THAT WE HAVE NOTICED IS THE OMBUDS, WHEN WE TRY TO TALK TO FOLKS ABOUT THEIR SATISFACTION WITH HOW THEY'RE BEING TREATED BY THE HEALTH PLANS AND THEIR CARE COORDINATION TEAMS, WE FIND OUT THAT WHEN YOU ASK THEM ABOUT HOW DOES YOUR CARE COORDINATION GO, THEY HAVE NO IDEA WHAT YOU ARE TALKING ABOUT. CARE COORDINATION, THAT IS SOMETHING, YOU KNOW, WE KNOW ABOUT. IF YOU ASK THEM, HOW ARE YOU GETTING ALONG WITH YOUR NURSE – A HA. FACES LIGHT UP, PEOPLE GET EXCITED AND SAY OH, SHE IS WONDERFUL AND THEY ARE DOING THIS AND THEY ARE DOING THAT. SO IT'S REALLY – IT'S ALL ABOUT TRYING TO LEARN HOW TO DELVE DEEPLY IN PATIENT SATISFACTION.

WE ALSO HAVE A NUMBER OF STORIES FROM THE OMBUDS PERSPECTIVE, WHERE THINGS MAYBE DIDN'T GO AS SMOOTH. BUT BECAUSE OF THE CLOSE WORKING RELATIONSHIP WITH HEALTH PLANS AND THE ADVOCATES, WE WERE ABLE TO GET THE INDIVIDUAL CONSUMERS EXACTLY WHAT THEY NEEDED IN TERMS OF CARE COORDINATION. SO THANK YOU FOR THE OPPORTUNITY TO SHARE SOME OF SAN DIEGO'S STORIES.

>> THANK YOU, GREG. AND WE REALLY APPRECIATE YOU BEING ON TODAY TO SHARE SOME SAN DIEGO STORIES FROM EARLY WORK UNDER CAL MEDICONNECT.

THE NEXT SPEAKER WE HAVE IS GINA KENDRICK, AND SHE IS REPRESENTING INLAND EMPIRE HEALTH PLAN. GINA, YOUR MIC IS OPEN.

>> OKAY. HI, EVERYBODY. ARE YOU THERE?

>> YES.

>> OKAY. SO IHP HAS A FEW STORIES. BUT LIKE THE LAST CALLER, COORDINATION OF CARE IS DEFINITELY A STRUGGLE FOR THIS POPULATION. OUR FIRST STORY WAS ABOUT A BRAND-NEW CAL MEDICONNECT MEMBER THAT WE WERE REACHING OUT TO TO DO OUR RISK ASSESSMENT, OUR HEALTH RISK ASSESSMENT. WHEN THE CARE MANAGER CONTACTED THE MEMBER, SHE WAS EXTREMELY UPSET. SHE HAD BEEN CHALLENGED TO TRY TO GET A PACEMAKER REFERRAL. SHE ALSO HAS HEPATITIS C, SO

NEEDED TO GO INTO OUR CENTER OF EXCELLENT HEPATITIS CLINIC. SHE WAS EXTREMELY FRUSTRATED WITH NOT BEING ABLE TO COORDINATE THAT CARE.

THE CARE MANAGER REALLY TRIED TO GAIN HER TRUST, GET ALL THE INFORMATION, WAS ABLE TO GO AHEAD AND GET HER LABS, TO GET HER DIRECTLY OVER TO OUR CENTER OF EXCELLENCE FOR HEPATITIS. SHE WAS ABLE TO WORK WITH THE PCP AND THE CARDIOLOGIST TO GET THE PACEMAKER GOING. AND INTERESTINGLY ENOUGH, LIKE THE LAST CALLER, THIS MEMBER NOW CALLS US ON A ROUTINE BASIS, INSTEAD OF US REACHING OUT TO HER AND CARE MANAGEMENT, TO LET US KNOW THAT SHE IS ABLE TO WALK UP AND DOWNSTAIRS NOW THAT SHE HAS HAD HER PACER. SHE FEELS LIKE SHE IS GETTING MORE EXERCISE, HER HIGH BLOOD PRESSURE IS IN CONTROL.

BUT THIS WAS SOMEBODY THAT WHEN SHE ROLLED INTO IHP WAS REALLY STRUGGLING WITH GETTING SOME SPECIALTY REFERRALS THAT OBVIOUSLY COULD HAVE REALLY CAUSED HER A LOT OF GREAT HARM. SO NOW SHE IS IN OUR CARE MANAGEMENT PROGRAM, AND SHE IS THE ONE THAT IS REACHING OUT TO US, LET US KNOW HOW SHE IS DOING. AND SO FAR ALL OF HER SPECIALTY CARE NEEDS HAVE BEEN MET.

THE NEXT CASE WE HAD WAS VERY INTERESTING, ANOTHER NEW MEMBER THAT ROLLED IN WHO WAS GETTING SOME WOUND CARE FROM A HOME HEALTH AGENCY. AND FOR SOME REASON, THE HOME HEALTH AGENCY JUST STOPPED SEEING THE MEMBER. SO AS WE CALLED OUT TO DO AN HRA ON THIS MEMBER, AGAIN, THE MEMBER – TOLD THE STAFF THE HOME HEALTH AGENCY HADN'T BEEN THERE. AND OF COURSE THE CARE MANAGER ASKED A COUPLE OF GOOD QUESTIONS, FOUND OUT THAT THE MEMBER WAS SPIKING A FEVER, THEY SOUNDED LIKE THEY WERE INFECTED.

WHILE WE WERE WORKING TO GET HER SOME WOUND CARE AND SOME HOME HEALTH, THE CARE MANAGER ALSO GOT HER TRANSPORTATION IMMEDIATELY THAT DAY TO THE EMERGENCY ROOM, WHERE SHE WAS ADMITTED. SHE WAS ADMITTED FOR A COUPLE DAYS, PUT ON IV ANTIBIOTICS AND THEN DISCHARGED TO HOME HEALTH AGENCY – ACTUALLY A SPECIALTY WOUND CARE HOME HEALTH AGENCY. SHE IS DOING GREAT, IS IN CARE MANAGEMENT, AND CALLED BACK TO THANK THE NURSE FOR ALL OF THE HELP.

THE LAST CASE, WHICH IS I THINK ONE OF OUR SPECIAL ONES, IS ONES OF OUR NURSES IS A BREAST CANCER SURVIVOR. AND AS SHE WAS REACHING OUT TO DO AN INITIAL CALL WITH ONE OF OUR MEMBERS, SHE GOT HOLD OF A MEMBER WHO HAD JUST BEEN RECENTLY DIAGNOSED WITH BREAST CANCER AND DOESN'T KNOW WHERE TO GO. SO THIS NURSE WORKED AT GETTING ALL OF HER REFERRALS FOR SPECIALTY CARE BUT ALSO WAS ABLE TO GET HER THE SUPPORT GROUPS THAT SHE NEEDED. BECAUSE LIKE I SAID, OUR NURSE KNOWS THIS AREA VERY WELL. WORKED CLOSELY WITH IHSS TO INCREASE HER HOUSE SO SHE COULD HAVE SOME ADDITIONAL HOURS PROVIDED IN THE HOME WHILE SHE WAS GOING THROUGH HER SURGERY AND HER CHEMOTHERAPY.

SO THIS MEMBER IS ALSO VERY GRATEFUL. WE ARE GOING TO KEEP THIS NURSE, EVEN THOUGH WE ARE DONE BY AN ALPHA FIT, THIS NURSE IS GOING TO TAKE REALLY GOOD CARE OF THIS MEMBER. BECAUSE OF HER HISTORY WITH BREAST CANCER, SHE HAD A LOT TO OFFER THIS NEW CAL MEDICONNECT MEMBER.

>> ALL RIGHT. THANK YOU VERY MUCH FOR SHARING THOSE STORIES FROM INLAND EMPIRE HEALTH PLAN, GINA.

OUR NEXT SPEAKER, WE ARE GOING TO NOW MOVE TO LOS ANGELES COUNTY. AND OUR FIRST SPEAKER FROM LOS ANGELES COUNTY IS EDDIE MORENO, WHO IS THE DIRECTOR OF COMMUNITY OUTREACH AND ENROLLMENT WITH CARE FIRST HEALTH PLAN. EDDIE, YOUR MIC IS OPEN.

>> GOOD MORNING. HI, CAN YOU HEAR ME? GOOD MORNING.

>> YEP. YES.

>> GREAT. THANK YOU VERY MUCH. GOOD MORNING TO EVERYONE ON THE CALL, AND THANK YOU ALSO FOR BEING ON THE CALL AND INVITING US TO PARTICIPATE.

I THINK I WANTED TO GET STARTED, I THINK JUST FROM HEARING ALL THE STORIES RESONATING AND THE IMPORTANCE OF HAVING THIS CARE NAVIGATOR AND THE NURSE, YOU KNOW, WHATEVER WE WANT TO KIND OF CALL IT. I WENT OVER THERE AND DISCUSSED THIS WITH THE MANAGER OF OUR CARE NAVIGATORS AND MET WITH THEM, AND I KIND OF WANTED TO GIVE YOU GUYS THE PERSPECTIVE OF WHAT THEY FEEL THEY DO, THEIR FUNCTIONS HERE AND HOW CRITICAL THIS IS FOR THIS PROGRAM AND PEOPLE AND STAKEHOLDERS AND EVERYBODY TO REALLY UNDERSTAND.

SO THIS IS – I WANTED TO START JUST WITH, JUST TO GIVE YOU A LITTLE SHORT THING OF WHAT THEY FEEL THEY DO HERE FOR OUR CAL MEDICONNECT MEMBERS AS CARE NAVIGATORS, AND THEN I'LL JUMP INTO TWO STORIES THAT KIND OF RESONATE SOME OF THE THINGS THAT THEY ARE DOING HERE FOR OUR MEMBERS.

SO OUR CARE NAVIGATORS REALLY OFFER PERSONAL RESOURCES FOR OUR CAL MEDICONNECT MEMBERS. THEY ARE HERE TO GUIDE OUR MEMBERS WITH ANY ISSUES THEY HAVE, WHETHER IT'S WITH THEIR CLINICAL OR SOCIAL NEEDS, TO PREVENT DELAYS IN THEIR CARE. OUR CARE NAVIGATORS DO STRIVE TO BUILD AN EFFECTIVE, TRUSTING RELATIONSHIP WITH OUR MEMBERS AND COACH THEM TO SELF ADVOCATES AND EDUCATE ON HOW TO NAVIGATE THROUGH THE SYSTEM. THEY ARE HERE TO REALLY ASSIST THEM AS A WHOLE PERSON.

SO THE FIRST STORY – AND SOME OF OUR STORIES ARE SIMILAR TO SOME OF THE STORIES HAVE BEEN SHARED – DO START OFF WITH A MEMBER DID CALL US UPSET, INITIALLY UPSET, STATING THAT I WAS TRANSFERRED TO A DOCTOR AND WILL CHANGE HER DOCTOR, AND IN THE MIDDLE OF GETTING AN AUTHORIZATION FOR AN ORTHOPEDIC SPECIALIST.

THE CARE NAVIGATOR PROCEEDED TO ASSIST THIS UPSET MEMBER BY CONTACTING OUR ENROLLMENT DEPARTMENT TO HAVE THAT PCP CHANGED BACK AND THEN CONTACTED THE MEDICAL GROUP ASSOCIATED WITH THIS PCP TO ASSURE THAT THEY ALSO CHANGE THAT AND UPDATE THAT ON THEIR SYSTEM. SHE THEN WENT AND TOOK THAT EXTRA STEP TO CONTACT OUR UN DEPARTMENT TO EXPEDITE THIS REFERRAL. SHE WAS ABLE TO HAVE IT PROCESSED AND APPROVED.

SHE THEN CONTACTED THE MEMBER, AND THE MEMBER WAS EXTREMELY HAPPY AND THANKFUL FOR ALL OF HER ASSISTANCE AND NOW CONTINUES ALSO TO CONTACT OUR CASE MANAGERS DIRECTLY FOR ANY SERVICES THAT THE MEMBER MAY NEED. A GREAT EXAMPLE ON THE CLINICAL SIDE, BEING – HAVING THIS CARE NAVIGATOR NAVIGATE A SHARING THAT THE PROCESSES ARE COMPLETED AND THE SERVICES WERE RENDERED FOR THIS MEMBER.

THE NEXT STORY, ITS ONE OF THE KEY ONES, AND WE DEFINITELY SEE A LOT. AND I THINK IT'S ONE OF THE ONES THAT ALSO HIGHLIGHTS WHAT'S IMPORTANT ABOUT THIS PROGRAM, WHERE COMBINING BOTH MEDICARE BENEFITS AND MEDI-CAL BENEFITS INTO ONE IS GOING TO FACILITATE SERVICES TO FOLKS A LOT MUCH – A LOT EASIER, AND MORE SPECIFICALLY TO INCONTINENCE SUPPLIES, WHICH IS THE NEXT STORE WHAT I'M GOING TO TALK ABOUT.

SO ONE OF OUR CARE NAVIGATOR RECEIVED A CALL FROM, AGAIN, AN UPSET MEMBER THAT A NEED OF THEIR COLOSTOMY – AND I HAD TO LOOK THAT UP, AND THAT'S A BOWEL MOVEMENT BAG – SUPPLIES AS SOON AS POSSIBLE. SO THE CARE NAVIGATOR WAS ABLE TO CONTACT THE MEDICAL GROUP ASSOCIATED WITH THE PCP AND HAVE THEM PROCESS THE REQUEST FOR THE NECESSARY SUPPLIES AND GET THEM APPROVED. SHE THEN REACHED OUT TO THE VENDOR TO DISPENSE THE SUPPLIES URGENTLY. THE MEMBER WAS NOTIFIED AND RECEIVED THE SUPPLIES WITHIN A COUPLE OF DAYS AND WAS VERY HAPPY WITH THE SERVICES THEY PROVIDED.

SO THANK YOU VERY MUCH AGAIN FOR GIVING ME THE OPPORTUNITY TO SHARE THESE STORIES. AND I'LL TAKE IT BACK TO YOU, NOW, RYAN.

>> THANKS SO MUCH, EDDIE. WE REALLY APPRECIATE YOU SHARING STORIES FROM CARE FIRST' POINT OF VIEW AND THE WORK YOU GUYS ARE DOING OUT IN LOS ANGELES COUNTY. THANK YOU.

THE NEXT SPEAKER WE HAVE IS ROSETTI WONG. AND ROSETTI IS COMMUNITY OUTREACH MANAGER WITH CARE MORE HEALTH PLAN. JUST ONE SECOND WHILE I GET YOU ON THE LIST, ROSETTI. OKAY, ROSETTI, YOUR MIC IS LIVE.

>> OKAY. THANK YOU, RYAN. GOOD MORNING, EVERYONE. WE HAVE BEEN EXPERIENCING, YOU KNOW, MORE OR LESS THE SAME THING AS THE PREVIOUS SPEAKERS HAS BEEN TALKING ABOUT. AND WE DO HAVE FOR TODAY, SHARING A COUPLE OF STORIES, ACTUALLY A LITTLE BIT DIFFERENTLY. WE HAVE, YOU KNOW, ACTUALLY DIRECT DIALOGUE WITH A COUPLE OF MEMBERS. AND THE FIRST ONE I WOULD LIKE TO SHARE IS OF THE MEMBER WHO IS ACTUALLY IN HER LATE 20'S. AND SHE IS ONE OF THE PERSONS WITH DISABILITIES.

AND I CAN DIRECTLY QUOTE IT FROM HER. SHE BASICALLY STATED, "MY MOM HELPS ME WITH EVERYTHING, BECAUSE SOMETIMES THINGS ARE REALLY HARD FOR ME. BUT MY MOM MOSTLY SPEAKS SPANISH. AND WHEN WE WERE CHANGED TO THIS CAL MEDICONNECT PLAN, WE WERE WONDERING WHAT WAS GOING TO HAPPEN. AND WE CALLED MEMBER SERVICES A FEW TIMES TO GET HELP WITH AN INTERPRETER FOR MY DOCTOR'S VISIT, AND AGAIN FOR TRANSPORTATION. AND AFTER THAT WE ARE STARTING TO FEEL REALLY POSITIVE ABOUT CHANGES SO FAR. AND AFTER OUR FIRST APPOINTMENT, WE ARE BOTH SMILING BECAUSE WE FELT OUR QUESTIONS WERE ALL ANSWERED. AND THE PEOPLE WE MET WERE VERY NICE. AND THE DOCTOR ALSO SAID THAT I CAN GO TO THIS NIFTY AFTER 50, WHICH IS A FITNESS PROGRAM OFFERED ADDITIONALLY TO THE MEMBER," AND SHE FEELS LIKE SHE CANNOT BELIEVE IT.

AND SHE IS SO HAPPY, AND NOW THAT HER MOM WANTS TO JOIN CAL MEDICONNECT, TOO. AND ALSO A LITTLE SPECIAL NOTE FROM THE INTERPRETER, SHE IS STATING THAT AFTER THE PATIENT AND MOM LEFT, SHE HASN'T SEEN SOMEONE WHO WAS SO HAPPY, AND SHE LEFT A SMILE IN THEIR FACES FOR A WHILE. AND ALSO IT MADE HER HAPPY.

SO I THINK THAT ALL THE SERVICES THAT WE ARE PUTTING TOGETHER FOR THE MEMBERS WHO FEEL WELCOME. BECAUSE THEY ARE INTO SOMETHING THAT IS POSSIBLY TOTALLY NEW FOR THEM, AND WE JUST WANT TO MAKE SURE THAT THEY ARE IN, YOU KNOW, A HAPPY JOURNEY WITH THE CAL MEDICONNECT CLIENT.

AND THE SECOND STORY IS ACTUALLY FOR SOMEONE WHO IS ALSO ORIGINALLY HAVING A LITTLE BIT DIFFICULTY OF GETTING – KNOW WHAT HIS ELIGIBILITY OF DURABLE MEDICAL SUPPLIES. AND THIS GENTLEMAN ACTUALLY STARTED TO HAVE PASSIVELY ENROLLED TO CAL MEDICONNECT PLANS, AND HE WAS PLEASED TO GET HIS INITIAL APPOINTMENT QUICKLY. AND DUE TO HIS DIABETIC PROBLEMS, HIS FEET AND SHOES OBVIOUSLY ARE NEEDING SOME SPECIAL CARE. AND HE IS ABLE TO GET HIS FIRST SPECIAL, QUOTE UNQUOTE SPECIAL SHOES, AS A COVERED BENEFIT. AND HE HIMSELF AND HIS SON ARE VERY HAPPY ALSO FOR THE HIGH LEVEL OF ATTENTION THEY WERE ABLE TO RECEIVE.

SO WE HAVE A COUPLE OF OTHER STORIES, BUT I FEEL THAT, YOU KNOW, THESE ARE REPRESENTING, YOU KNOW, A FEW OF OUR MEMBERS' FEELING ABOUT THIS NEW CAL MEDICONNECT PLAN. AND WE HOPE TO BE ABLE TO ADDRESS ALL – MORE OF THE NEEDS AT AN UPCOMING TIME. THANK YOU.

>> THANK YOU, ROSETTI. WE REALLY APPRECIATE YOU SHARING STORIES FROM THE WORK THAT CARE MORE IS DOING FOR OUR DUAL ELIGIBLE BENEFICIARIES.

OUR NEXT SPEAKER WILL BE MARTHA SANTANA CHIN, WHO IS THE VICE PRESIDENT OF DUAL ELIGIBLE HEALTH SERVICES MANAGEMENT WITH HEALTH NET. JUST ONE SECOND WHILE I GET YOU ON THE LIST, HERE. OKAY, MARTHA, YOUR MIC IS OPEN.

>> THANK YOU AND GOOD MORNING. CAN YOU HEAR ME OKAY?

>> YES, YOU'RE LOUD AND CLEAR.

>> FANTASTIC. THANK YOU. I'D LIKE TO JUST SHARE WITH YOU SOME STORIES FROM OUR HEALTH NET TEAM AND OUR CARE MANAGERS AND REALLY FOCUS ON THE IMPACT THAT THE PROGRAM ACTUALLY HAS ON FAMILIES. BECAUSE IN MANY CASES, THERE ARE FAMILY MEMBERS THAT ARE TRYING TO DO THEIR

VERY BEST TO SUPPORT OUR CAL MEDICCONNECT MEMBERS, AND THEY REALLY JUST NEED A LITTLE EXTRA HELP.

SO THE FIRST CASE IS A MEMBER WHO IS IN HER 80'S, HAS ALZHEIMER'S AND DEPRESSION, AND LIVES WITH HER FAMILY, WHO ALSO HAPPEN TO BE HER CAREGIVERS. AND OVER THE YEARS THEY HAVE STRUGGLED WITH MANY ISSUES THAT COME AS YOU ARE DEALING WITH PEOPLE THAT HAVE BOTH OF THESE CONDITIONS AND MANY OTHER CONDITIONS. AND THE FAMILY BEGAN TO GET OVERWHELMED AND REALLY DISTRESSED, AND THERE WAS A LOT OF PRESSURE BEING PUT ON THE FAMILY BY HAVING TO HANDLE ALL THE ISSUES FOR THIS SPECIFIC MEMBER.

AND WHEN OUR CARE MANAGER COMMUNICATED WITH THE MEMBER AND THEIR CAREGIVERS, THE FAMILY MEMBERS, WHAT WE WERE ABLE TO DO IS IDENTIFY THE NEED THAT THEY COULD QUALIFY FOR IN-HOME SUPPORT SERVICES AND THAT THAT SUPPORT WOULD REALLY HELP RELIEVE SOME OF THE STRESSES THAT THE FAMILY HAD BEEN FEELING. SO THE MEMBER HAS SINCE BEEN APPROVED TO RECEIVE IHSS SERVICE HOURS, AND NOW THEY HAVE A CAREGIVER THAT COMES IN AND HELPS WITH BATHING AND LAUNDRY, COOKING, CLEANING, AND OTHER THINGS.

AND BETWEEN THE CARE MANAGER AND THE DOCTOR, THEY HAVE BEEN REALLY WORKING WITH THE FAMILY AND WITH THE MEMBER. AND THEY FEEL MUCH BETTER AFTER SOME OF THESE INTERVENTIONS HAVE BEEN PUT IN PLACE. THE FAMILY HAS REPORTED, YOU KNOW, BEING VERY HAPPY, AND THEY ARE REALLY APPRECIATING THE EXTRA SUPPORT THAT THEIR MOM IS GETTING. SO THAT SAID, THAT'S A NICE STORY ABOUT A FAMILY WHOSE STRESS HAS BEEN RELIEVED A LITTLE BIT HERE THROUGH THE PROGRAM.

THE SECOND STORY IS ABOUT A MEMBER WHO IS IN HIS 80'S, HIS DEMENTIA, CANCER, AND HEART PROBLEMS. THIS SPECIFIC MEMBER HAS A PRIMARY CAREGIVER WHO HAPPENS TO BE HIS SON. AND THE SON OVER THE YEAR HAS DONE HIS BEST AS HE COULD TO MAKE SURE THAT ALL HIS FATHER'S NEEDS WERE BEING MET. WHEN WE, OUR CASE MANAGER CONNECTED WITH THE MANAGER, THEY FOUND THAT THERE WERE DEFINITELY NEEDS THAT NEEDED TO BE MET TO SUPPORT THE MEMBER MUCH BETTER.

YOU KNOW, THERE ARE PHYSICIAN SERVICES THAT HAD TO BE COORDINATED, OTHER TREATMENTS THAT HAD TO BE RENDERED. BUT THERE WERE BASIC THINGS RELATED TO MEDICAL EQUIPMENT AND INCONTINENCE SUPPLIES THAT THE SON NEEDED A LITTLE EXTRA HELP, ESPECIALLY JUST NAVIGATING TO MAKE SURE THAT THE FATHER GOT WHAT THEY NEEDED. AND TO TOP IT OFF, THIS SPECIFIC MEMBER HAD ALSO HAD A HISTORY OF FALLS, SO THE SON WAS VERY CONCERNED ABOUT THE FACT THAT, YOU KNOW, LEFT UNATTENDED, THE MEMBER MAY END UP FALLING AGAIN.

SO THROUGH THE INTERVENTIONS FROM THE CASE MANAGER AND THE SUPPORT THAT THE CASE MANAGER GAVE THE SON AND THIS MEMBER, THE MEMBER NOW HAS A WHEELCHAIR, IS ROUTINELY GETTING THEIR INCONTINENCE SUPPLIES, AND HAS ALL OF THEIR DOCTORS VISITS SET UP. SO BOTH THE MEMBER AND THE SON NOW ARE REPORTING THAT THEY HAVE A LITTLE BIT MORE PEACE OF MIND IN GETTING THE EXTRA SUPPORT THEY NEED TO CARE FOR THE ISSUES THAT IS AFFECTING THEM.

AND THEN THE THIRD STORY IS ABOUT A WOMAN WHO IS A MEMBER. SHE IS A INDIVIDUAL IN HER 60'S WHO SUFFERS FROM MULTIPLE CHRONIC CONDITIONS AND WHOSE LANGUAGE IS NOT – HER PRIMARY LANGUAGE IS NOT ENGLISH, IT'S ANOTHER LANGUAGE. SHE – NOT ONLY IS SHE SUFFERING FROM ISSUES HERSELF, BUT SHE ALSO HAPPENS TO BE THE PRIMARY CAREGIVER FOR HER MOTHER, WHO HAS ALZHEIMER'S. AND SHE REPORTED TO HER CARE MANAGER THAT SHE HAD BEEN FEELING OVERWHELMED AND REALLY HADN'T TAKEN THE OPPORTUNITY OR MADE THE TIME TO TAKE CARE OF HER OWN ISSUES.

SO BY GETTING SOCIAL WORK SUPPORT INVOLVED WITH THE FAMILY, THERE ARE RESOURCES THAT ARE BEING PROVIDED NOW TO THE FAMILY, SPECIFICALLY THE MOTHER AND ALSO OF COURSE THE DAUGHTER, AND A NUMBER OF PROVIDER APPOINTMENTS, PHYSICIAN APPOINTMENTS HAVE BEEN SCHEDULED, AND THE MEMBER IS NOW ENGAGED WITH A VARIETY OF PHYSICIANS TO TAKE CARE OF HER OWN ISSUES. AND SHE HAS NOW REPORTED THAT SHE FEELS MORE HOPEFUL THAN SHE HAD EVER BEFORE.

BUT JUST TO SUMMARIZE, I THINK THE PROGRAM REALLY AFFECTS NOT JUST OUR MEMBERS BUT THEIR FAMILY. AND IT'S AN IMPORTANT PART OF WHAT WE DO IN HELPING TO SUPPORT THE NEEDS OF OUR MEMBERS BY TAKING CARE OF THE FAMILY'S NEEDS AS WELL. SO AGAIN, THANK YOU FOR THE OPPORTUNITY FOR ALLOWING US TO SHARE, AND I'LL KICK IT BACK OVER TO YOU, RYAN.

>> THANK YOU, MARTHA. WE REALLY APPRECIATE YOU BEING ON TODAY TO SHARE SOME OF THE GREAT WORK THAT HEALTH NET IS DOING FOR CAL MEDICONNECT MEMBERS.

OUR NEXT SPEAKER COMES FROM L.A. CARE. AND WE HAVE MARIA LACKNER, WHO IS MANAGER OF MEDICARE PRODUCT MANAGEMENT. MARIA, YOUR MIC IS OPEN.

>> HI, RYAN. CAN YOU HEAR ME?

>> YES, WE CAN HEAR YOU.

>> HI, THERE. SO YES, VERY SIMILAR TO SOME OF THE PREVIOUS TESTIMONY FROM SOME OF THE OTHER HEALTH PLANS. THE STORY THAT I'M GOING TO GO AHEAD AND SHARE WITH YOU ALL THIS MORNING IS ALSO FROM A FAMILY CARETAKER AND HAPPENS TO BE A GRANDCHILD FOR A 73-YEAR-OLD DUAL MEMBER WHO WAS VOLUNTARILY ENROLLED INTO CAL MEDICONNECT. AND I REALLY THINK THAT READING HER TESTIMONY, OR THE TESTIMONY VERBATIM IS REALLY POWERFUL. I THINK IT HELPS TO REINFORCE MANY OF WHAT – MUCH OF WHAT SOME OF THE OTHER PLANS HAVE BEEN STATING, WHICH IS, YOU KNOW, THIS PROGRAM HAS REALLY SERVED TO BENEFIT NOT ONLY THE BENEFICIARY THEMSELVES WITH COORDINATION OF THEIR CARE BUT REALLY HELPED OR IS HELPING AS A SUPPORT AND A SUPPORT SYSTEM FOR SOME OF THESE CARETAKER WHO HAVE HAD TO NAVIGATE ON BEHALF OF THE BENEFICIARIES SOME OF THESE VERY COMPLICATED NETWORKS.

SO I'M GOING TO GO AHEAD AND READ IT DIRECTLY. JUST PLEASE FOLLOW ALONG. IT STARTS WITH, "I AM MY GRANDMOTHER'S CARETAKER. SHE TURNS 73 THIS YEAR IN JULY. SHE HAS BEEN DIAGNOSED WITH DEMENTIA, DIABETES, HIGH BLOOD PRESSURE, RHEUMATOID ARTHRITIS, AND HIGH BLOOD PRESSURE" – I'M SORRY, HIGH CHOLESTEROL.

"SOON AFTER ENROLLMENT, A NURSE CALLED ME TO INFORM ME THAT SHE WOULD BE GOING TO OUR HOUSE TO CONTACT AN INITIAL ASSESSMENT OF OUR GRANDMOTHER. AFTER THE ASSESSMENT, WE WERE GREETED VIA TELEPHONE BY HER NEW HEALTH PLAN CASE MANAGER, AND THEN THERE AFTER WE WERE VISITED BY HER NEW SOCIAL WORKER. GRANDMA'S NEW PRIMARY CARE DOCTOR, WHO SHE LOVES, HELPED US GET HER APPROVED FOR IHSS, WHICH HER PREVIOUS DOCTOR HAD DENIED. THE DOCTOR AND THE CASE MANAGER WORKED TOGETHER AND ALSO ASSISTED US IN GETTING GRANDMA A WALKER AND A SHOWER CHAIR BECAUSE OF HER RECENT FALLS.

"AND WHEN IT WAS TIME TO SEE THE CARDIOLOGIST FOR HER CHECKUP ON HER RECENTLY INSTALLED PACES MAKER, THE CASE WORKER WAS ABLE TO GET US AN APPOINTMENT. HER SOCIAL WORKER ASSISTED US IN FILLING OUT THE PULSE FORM, WHICH IS, AS MANY OF YOU KNOW, A TYPE OF ADVANCE DIRECTIVE, BECAUSE I TOLD HER THAT IT WAS A TOUCHY SUBJECT FOR ME AND I NEEDED GUIDANCE. HER SOCIAL WORKER ALSO HELPED ME FIND INEXPENSIVE RESOURCES TO GIVE GRANDMOTHER A NOTARIZED POWER OF ATTORNEY, IN CASE HER DEMENTIA HER INTO CONFUSION AND INABILITY TO MAKE DECISIONS FOR HERSELF."

SO THE TESTIMONY THAT I JUST READ OBVIOUSLY, YOU KNOW, ALLUDES TO MANY OF THE CONDITIONS AND THE ISSUES THAT INDIVIDUALS, PARTICULARLY THOSE DUAL MEMBERS WHO ARE TARGETED FOR CAL MEDICONNECT, CAN REALLY BENEFIT FROM. AND IT REALLY ALSO IS A TESTIMONY OF SOMEONE WHO IS APPRECIATIVE OF SOME OF THE ADDITIONAL SUPPORT AND SERVICES THAT THEY ARE ABLE TO ACCESS WITH THE HELP OF THE HEALTH PLAN OR PROVIDER GROUP, CASE MANAGERS, AND NURSES.

SO I'LL GO AHEAD AND SHARE IT BACK WITH YOU ONLINE. THANK YOU FOR LETTING ME SHARE.

>> THANK YOU, MARIA. AND WE REALLY APPRECIATE YOU SHARING L.A. – SOME SUCCESS STORIES FROM L.A. CARE.

NOW, THANK YOU FOR ALL OF OUR COUNTY PARTNERS THAT SHARED ALL OF THOSE WONDERFUL SUCCESS STORIES FROM EARLY ON. THEY REALLY SHOWED THE GREAT BENEFIT THAT CAL MEDICCONNECT AND COORDINATED CARE PROVIDE FOR BENEFICIARIES. AND NOT ONLY BENEFICIARIES, BUT ALSO FOR THEIR FAMILY MEMBERS AND CAREGIVERS.

AND WITH THAT I'M GOING TO TURN IT BACK TO CLAUDIA TO SHARE CLOSING REMARKS BEFORE WE OPEN UP FOR Q AND A.

>> THANK YOU SO MUCH. AND THANKS TO ALL OF YOU FOR SHARING YOUR STORIES WITH US AND WITH THE FOLKS ON THE CALL. AS YOU CAN SEE, BEHIND EACH OF THOSE STORIES ARE STAFF, PROVIDERS, CAREGIVERS, AND ALSO WHO ARE ALL COMMITTED TO FULFILLING CAL MEDICCONNECT'S PROMISES REALLY TO SOME OF OUR MOST VULNERABLE POPULATIONS. THESE STORIES ARE JUST A SMALL SAMPLE OF THE WAYS IN WHICH CAL MEDICCONNECT CAN AND IS MAKING A DIFFERENCE IN THE LIVES OF BENEFICIARIES. WE DO HOPE THAT YOU FIND INFORMATION THAT WE SHARED DURING THIS MONTHLY STAKEHOLDER CALL VALUABLE, AS WE CONTINUE TO WORK ON IMPLEMENT AND ALSO OPPORTUNITIES FOR IMPROVEMENT.

WE ENCOURAGE EVERYONE WHO HAS QUESTIONS OR IDEAS OR TOPIC SUGGESTIONS FOR A FUTURE CALL TO E-MAIL TO [INFO@CALDUALS.ORG](mailto:INFO@CALDUALS.ORG). AS ALWAYS, YOUR COMMENTS AND FEEDBACK ARE VERY IMPORTANT TO US, AND WE DO CONTINUE TO – AS WE CONTINUE TO IMPLEMENT CCI.

NOW I WOULD LIKE TO OPEN UP THE LINES FOR QUESTIONS.

>> ALL RIGHT, FOLKS. AND AS I MENTIONED AT THE TOP OF THE CALL, IF YOU HAVE QUESTIONS, PLEASE PRESS ONE ON YOUR KEY PAD. AND THAT WILL ALERT US THAT YOU HAVE A QUESTION, AND WE WILL TAKE QUESTIONS AS THEY COME IN.

OKAY. OUR FIRST QUESTION COMES FROM DAVID KANE. DAVID, YOUR MIC IS OPEN.

>> HI. THANK YOU. MY QUESTION IS FOR CLAUDIA. I JUST WANT TO CONFIRM THAT THE ALTERNATIVE, AR REPRESENTATIVE PROCESS AT HEALTH CARE OPTIONS IS AVAILABLE TO ALL CCI BENEFICIARIES AND NOT JUST SSI-LINKED MEDI-CAL BENEFICIARIES.

>> THAT IS – YES, AS SOON AS IT GOES LIVE, THAT IS ABSOLUTELY CORRECT.

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

>> THANK YOU. THANK YOU FOR THIS CALL. YOU KNOW, YOU HAVE A FEW PICKED ANECDOTAL STORIES ABOUT CAL MEDICCONNECT, BUT I WANT TO TELL YOU ABOUT ONE IN SAN DIEGO. THERE WAS A PROVIDER WHO WAS UNRELATED. HER NAME WAS SALLY, AND SHE TOOK CARE OF SAM, WHO WAS AT THE MAXIMUM OF IHSS HOURS. AND THEY WERE PASSIVELY ENROLLED INTO THE CCI, BECAUSE THEY WERE IN SAN DIEGO.

AND SAM HAD A CHRONIC CONDITION, ONE OF HIS CONDITIONS, AND IT REQUIRED INJECTIONS IN BOTH HIS KNEES AND BACK BIMONTHLY, WHICH IS WHAT HE GOT FROM HIS REGULAR PHYSICIAN, WHICH WAS A FEE FOR SERVICE WHEN HE HAD JUST REGULAR WITH A DUAL. HE HAD MEDI-CAL MEDICARE. AND WHAT HAPPENED WHEN HE WAS PASSIVELY ENROLLED IS THAT THE MANAGED CARE ORGANIZATION TOLD BOTH SALLY AND SAM THAT HE COULD NOT HAVE THE SAME FREQUENCY OF INJECTIONS, AND THEY WOULD NOT DO AS MANY VISITS. AND SO SAM SUFFERED SO MUCH AND WAS IN A LOT OF PAIN. AND IT WAS AGONIZING FOR SALLY THAT WITHIN A MONTH OF HAVING BEEN WITH THE MANAGED CARE ORGANIZATION, PUT THEM INTO A SKILLED NURSING FACILITY.

SO I WONDER HOW MANY STORIES LIKE THAT THAT YOU ARE NOT TELLING, YOU KNOW, AND WHAT THE DATA, THE ACTUAL DATA PROVES ABOUT HOW PEOPLE ARE ACTUALLY BEING HANDLED. BECAUSE THAT IS THE OPPOSITE OF WHAT WE WANT TO HAVE HAPPEN, AND THAT'S EXACTLY WHAT HAPPENED. SO I JUST WANT TO PUT – GIVE A DIFFERENT PERSPECTIVE, BECAUSE EVERYONE IS JUST PUTTING A POSITIVE SPIN. BUT I HAVE, FROM WHAT I GET FROM CONSUMERS AND PROVIDERS, IS THEY ARE NOT HAPPY WITH THE MANAGED CARE ORGANIZATION. AND EVERYBODY IS TRYING TO OPT OUT, AND THE STATE AND THE COUNTIES AND, YOU KNOW, THE MANAGED CARE ORGANIZATIONS MAKE IT VERY DIFFICULT FOR PEOPLE

TO EVEN KNOW THAT THEY HAVE THAT OPTION. BECAUSE SALLY WAS UNAWARE, AND SO WAS SAM, THAT THEY HAD THE OPTION TO OPT OUT AND KEEP THEIR FEE FOR SERVICE. THANK YOU.

>> SO THIS IS DEBRA. AND I WANTED TO JUST KIND OF FOLLOW UP AND REALLY APPRECIATE YOUR COMMENTS AND APPRECIATE YOU SHARING YOUR EXPERIENCE WITH US.

DEFINITELY WE WANT TO MAKE SURE THAT BENEFICIARIES KNOW THEIR RIGHTS IN TERMS OF OPTING OUT OF THE PROGRAM. WE DO THAT BY WAY OF SENDING THREE NOTICES TO THEM PRIOR TO THEIR EVEN BEING ENROLLED INTO THE PROGRAM, AND THEN HAVE OTHER WAYS OF COMMUNICATING WITH THEM AS WELL. BUT OBVIOUSLY ALWAYS WELCOMING FEEDBACK IN TERMS OF HOW WE MIGHT GET THAT MESSAGE OUT MORE.

IN TERMS OF YOUR SPECIFIC SITUATION, YES, DEFINITELY IT'S NEVER OUR GOAL TO HAVE SOMEBODY PUT INTO A SNF. WE ARE TRYING TO GET PEOPLE OUT INTO THE COMMUNITY. AND I THINK THAT'S A GOAL OF THE PROGRAM AND DEFINITELY A COMMITMENT OF THE DEPARTMENT OF HEALTH CARE SERVICES AND ALL THE DIFFERENT ENTITIES THAT ARE WORKING ON THIS PROGRAM. IT SOUNDS LIKE WITH YOUR INDIVIDUAL INSTANCE, WE MAY NEED TO TAKE A LITTLE BIT MORE LOOK INTO THAT, AND I'D BE HAPPY TO – DO WE HAVE HER INFORMATION ON THERE – I'D BE HAPPY TO FOLLOW UP WITH YOU, JUST SO WE CAN CHECK INTO THAT, IF THAT WOULD BE OKAY. BECAUSE WE DEFINITELY WANT TO LOOK AT THAT.

I MEAN, I DO THINK THAT AT TIMES WHEN BENEFICIARIES TRANSITION INTO MANAGED CARE PLANS, THERE CAN BE CHANGES IN TREATMENT. AND SOMETIMES THAT IS BECAUSE POTENTIALLY THE TREATMENT NEEDS TO BE MODIFIED. WELL, I WOULDN'T SAY SOMETIMES, I WOULD SAY GENERALLY THE MANAGED CARE PLAN IS LOOKING AT HOW CAN WE BEST COORDINATE THE CARE, AND HOW CAN THE CARE BE MODIFIED, HOW CAN WE LOOK AT STREAMLINING AND MAKING SURE ALL THE MEDICATIONS WORK TOGETHER.

AND SO I'D LIKE TO FOLLOW UP WITH YOU ABOUT YOUR SPECIFIC EXAMPLE AND SITUATION, SO WE CAN TRACK THAT BACK. BUT DEFINITELY THAT IS NOT THE INTENT OF THE PROGRAM, AND I THINK THAT WITH SOME OF THE GREAT STORIES WE HAVE HEARD TODAY, WE KNOW THERE ARE SOME DEFINITELY POSITIVE EXPERIENCES, AND WE WANT TO CONTINUE TO BUILD ON THOSE.

>> THANK YOU, SARA. AND THANK YOU FOR YOUR COMMENTS AND SHARING YOUR EXPERIENCE WITH US. WE WILL DEFINITELY FORWARD THE DEPARTMENT YOUR INFORMATION, AND WE WILL FOLLOW UP WITH YOU.

OUR NEXT QUESTION COMES FROM GORDANA VIKOTICH. GORDANA, YOUR MIC IS OPEN.

>> HI. GOOD MORNING. CAN YOU HEAR ME?

>> YES.

>> OKAY. HI. I JUST – THANK YOU FOR SHARING THE STORIES, MARTHA AND L.A. CARE, EVERYONE. ALWAYS GREAT TO HEAR STORIES, AND I'M CONFIDENT THAT WE ARE MAKING SOME POSITIVE IMPACTS OUT THERE. I JUST – I'M STILL CONCERNED, AND I THINK I SENT AN E-MAIL AFTER THE LAST MEETING – I'M STILL CONCERNED WITH THE COORDINATION OF CARE AND CONTINUITY OF CARE FOR THE PATIENTS, THE DUAL PATIENTS THAT ARE HOSPITALIZED AND THE COORDINATION OF CARE BETWEEN THE HOSPITAL, THE SKILLED NURSING FACILITIES, AND THE HOMES. AND, YOU KNOW, NOT TO BE NEGATIVE, JUST – I'M JUST THROWING THIS OUT THERE FOR OUR HEALTH PLAN PARTNERS AND FOR THE TEAMS. JUST PLEASE DIG A LITTLE DEEPER, AND I THINK WE STILL HAVE A LOT OF ROOM FOR IMPROVEMENT. AND LET'S DO A LITTLE BIT OF A BETTER JOB IN WORKING WITH OUR CASE MANAGEMENT TEAMS AT THE HOSPITALS TO HELP THESE PATIENTS HAVE SEAMLESS TRANSITIONS.

IT'S JUST – I DON'T THINK THAT IT'S AS SMOOTH AS WE WOULD LIKE IT TO BE. JUST MY TWO CENTS, AND THANKS AGAIN. THAT'S ALL.

>> SO AGAIN, THIS IS SARA BURK. AND I RECOGNIZE YOUR COMMENTS, AND WE REALLY APPRECIATE THEM AND WANTED TO MAKE YOU AWARE OF THE FACT THAT WE ARE ACTUALLY WORKING ON A DUALS PLAN LETTER, WHICH AS YOU KNOW IS AN EXTENSION OF OUR CONTRACT, WHICH WILL PROVIDE KIND OF

SOME STANDARDIZATION TO OUR HEALTH PLANS IN TERMS OF WHEN BENEFICIARIES ARE BEING DISCHARGED FROM THE HOSPITAL, WHAT THE PROCESSES SHOULD BE TO ENSURE THAT COORDINATION IS HAPPENING IN THE SAME WAY ACROSS ALL PLANS.

REALLY APPRECIATE YOU RAISING THAT POINT AND OTHERS THAT HAVE ASKED QUESTIONS ABOUT THIS, AND ALSO ENCOURAGE YOU IF YOU HAVE SPECIFIC EXAMPLES TO SUBMIT THOSE SO WE CAN FOLLOW UP WITH THE PLANS ON THEM.

>> THANK YOU FOR YOUR COMMENTS, GORDANA.

OUR NEXT QUESTION COMES FROM KEN RASMUS. KEN, YOUR MIC IS OPEN.

>> THANK YOU. I JUST HAD A COUPLE COMMENTS. WHEN I HEAR THE STORIES THAT ARE BEING TOLD THIS MORNING AND HEAR ABOUT OSTOMY SUPPLIES TAKING TWO DAYS WHEN THEY WERE GETTING THEM WITH NO CONCERNS PRIOR TO BEING PART OF THE CCI, AS WELL AS WOUND CARE THAT DOESN'T GET DELIVERED AFTER BECOMING PART OF THE CCI RESULTING IN HOSPITALIZATION, AND THEN THE FRUSTRATED FAMILY MEMBERS AND ALL THAT GOES ALONG I'M SURE WITH THE FAMILIES BEING INVOLVED AND THE CONCERNS THAT COME FROM ALL DIRECTIONS, I'M NOT SURE HOW THESE ARE VIEWED AS SUCCESS STORIES.

MY UNDERSTANDING AS WELL IS THE FRUSTRATION THAT THE PATIENTS ARE GOING THROUGH RIGHT NOW DUE TO THE DISRUPTION IN CARE AFTER BECOMING PART OF THE CCI. THINGS WERE GOING GREAT. NOW I'M PART OF THE CCI AND THINGS ARE COMPLETELY DISRUPTED. SO I JUST WANTED TO PUT THAT OUT THERE AS WELL. I THINK PROBABLY A LOT OF US ON THE CALL MAYBE SHARE THAT SAME FEELING. BUT I'M JUST NOT HEARING THE LEVEL OF SUCCESSFUL FEEDBACK THAT WE ARE TRYING TO PORTRAY ON THIS PHONE CALL. THANK YOU.

>> THANK YOU.

>> THANK YOU FOR THOSE COMMENTS. I APPRECIATE THOSE. THIS IS CLAUDIA. I DON'T THINK WE CAN, FOR PROTECTION OF THE PARTICULAR PATIENTS OR BENEFICIARIES, THAT WE WANT TO ASK THE HEALTH PLANS TO RESPOND. BUT I DON'T THINK NECESSARILY WE KNOW OR DON'T KNOW THAT THERE WAS A DISRUPTION AS A RESULT OF – IN THOSE PARTICULAR CASES AS A RESULT OF THE TRANSITION TO CAL MEDICONNECT OR THAT THEY WERE ACTUALLY NOT GETTING NECESSARILY SOME OF THOSE SERVICES BEFORE.

OF COURSE, YOU KNOW, WAITING TWO DAYS, EVEN, FOR OSTOMY SUPPLIES IS – IF YOU ARE DOING WHO HAS AN OSTOMY, IT'S NOT GREAT. SO I THINK THIS IS – AS I SAID, THERE ARE CARES THAT WE CONTINUE TO IMPROVE AND WORK ON. AND, YOU KNOW, AS WE CONTINUE WITH IMPLEMENTATION, HAVING SOME OF THOSE GROWING PAINS. BUT AS YOU CAN SEE, WE WANTED TO HIGHLIGHT SOME OF THE STORIES OF ONCE PEOPLE ARE ACTUALLY ENROLLED AND DO RECEIVE THE SERVICES THAT ARE BEING OFFERED AS PART OF CAL MEDICONNECT AND CCI, WHAT IT IS THAT THEY ARE GETTING THAT THEY MAY NOT NECESSARILY HAVE GOTTEN BEFORE.

AND I THINK THE PURPOSE OF TODAY, AND THE REQUEST FROM THE STAKEHOLDERS FOR TODAY'S CALL, WAS TO HEAR POSITIVE STORIES BECAUSE OF SOME OF THE NEGATIVE STORIES THAT PEOPLE HAVE BEEN SHARING OUT THERE. AND SO JUST SO YOU KNOW, THAT IS THE INTENT OF TODAY'S CALL, AT YOUR REQUEST.

>> THANK YOU, CLAUDIA. AND THANK YOU, KEN, FOR YOUR COMMENTS.

OUR NEXT QUESTION COMES FROM CECILIA GILLIAN. CECILIA, YOUR MIC IS OPEN. CECILIA? OKAY. IT LOOKS LIKE CECILIA MAY HAVE HUNG UP. IF WE MISSED YOU, CECILIA, PLEASE RAISE YOUR HAND AGAIN AND WE WILL GET BACK TO YOU.

AT THIS POINT WE ARE THROUGH OUR QUESTIONS IN THE QUEUE. WE HAVE A COUPLE MORE MINUTES, SO WE COULD TAKE A QUESTION OR TWO MORE. AGAIN, IF YOU HAVE A QUESTION, PRESS ONE ON YOUR KEY PAD. AND THAT WILL ALERT US, AND WE WILL TAKE YOUR QUESTION.

OKAY. WE HAVE ANOTHER QUESTION THAT COMES FROM PAULINE NOSCHER. PAULINE, YOUR MIC IS OPEN.

>> HI. YEAH, I HAVE A QUESTION. SO WE HAVE BEEN HEARING A LOT OF ISSUES OF PEOPLE BEING IN MANAGED CARE PLAN THROUGH THE COORDINATED CARE INITIATIVE AND BEING IN A NURSING HOME, AND HAVING PROBLEMS WHERE, YOU KNOW, FOR WHATEVER REASON – THERE WAS ONE ISSUE WHERE THE NURSING HOME WAS DECERTIFIED. THE DEPARTMENT OF HEALTH CARE SERVICES SAID – CONTACTED THE MANAGED CARE PLAN, THEY WERE ALL ISSUED EVICTION NOTICES, AND THAT CREATES TRANSFER TRAUMA AND LOTS OF PROBLEMS.

SO I'M WONDER WHAT ISSUES ARE – OR HOW IS CONTINUITY OF CARE BEING ADDRESSED SPECIFICALLY FOR PEOPLE IN NURSING HOMES TO AVOID TRANSFER TRAUMA, AND THE WHOLE ISSUE OF BEING IN A PLAN THAT DOESN'T MATCH THEIR NURSING HOME, AND WHAT KIND OF – WHAT IS GOING TO BE DONE TO MAKE THAT INFORMATION AVAILABLE TO PEOPLE, SO THEY CAN PICK PLANS ACCORDINGLY OR PICK NURSING HOMES ACCORDINGLY AND ALSO NOT BE IN JEOPARDY WHEN THEIR – WHEN A NURSING HOME IS DECERTIFIED?

>> SO, THANK YOU. EXCELLENT QUESTION. SO FIRST OF ALL, I THINK AS YOU KNOW, THE CONTINUITY OF CARE REQUIREMENTS IN RELATIONSHIP TO SKILLED NURSING FACILITIES ARE THAT THE BENEFICIARY CAN STAY WITH THEIR SAME SNF FOR THE DURATION OF THE DEMONSTRATION. AND IF THEY WERE TO BE FOR EXAMPLE ADMITTED TO THE HOSPITAL AND THEN DISCHARGED, THEY WOULD HAVE THE RIGHT TO GO BACK TO THAT SNF AS WELL.

IN THE CIRCUMSTANCE, HOWEVER, YOU ARE TALKING ABOUT WHERE DECERTIFICATION OCCURS, UNFORTUNATELY THE BENEFICIARIES DO NEED TO BE MOVED TO A NEW FACILITY. AND SO AT THAT TIME WE DO WORK CLOSELY WITH OUR HEALTH PLANS TO NOTICE THE BENEFICIARIES, SO THEY PROVIDE THEM WITH A NOTICE THAT EXPLAINS TO THEM THEIR RIGHTS, WHAT THE TIMELINE IS FOR WHEN THEY NEED TO MOVE, THAT A CARE CASE MANAGER WILL BE COMING OUT TO THEM, TO MEET TO THEM, TO PROVIDE THEM WITH THEIR OPTIONS, AND THEN WORKS WITH THAT BENEFICIARIES AND THEIR CAREGIVER OR WHOMEVER ELSE MIGHT REPRESENT THEM.

AND ALSO WITH THE LONG TERM CARE OMBUDSMAN IN THE LOCAL COMMUNITY AND FACILITY TO TRANSITION THAT BENEFICIARIES TO A NEW PLACEMENT. AND SO, YOU KNOW, THERE ARE INSTANCES SUCH AS THAT WHEN CONTINUITY OF CARE IS NOT AVAILABLE. WHEN A FACILITY HAS BEEN DECERTIFIED, WE ARE NOT ABLE TO PAY MEDI-CAL DOLLARS OR MEDICARE DOLLARS TO THAT FACILITY. AND SO IT'S NO LONGER AVAILABLE AS A PROVIDER OR SERVICE ENTITY IN MEDI-CAL OR IN CAL MEDICONNECT, EITHER OF THEM.

AND SO THAT IS KIND OF WHAT OUR PROCESS IS. WE HAVE BEEN WORKING CLOSELY WITH THE LONG-TERM CARE OMBUDSMAN TO DEVELOP SOME OF THESE PROCESSES AND WITH THE DEPARTMENT OF PUBLIC HEALTH TO MAKE SURE, TO YOUR POINT, THAT THERE ISN'T ANY TRAUMA OR THAT WE MINIMIZE IT TO THE GREATEST EXTENT POSSIBLE WHEN BENEFICIARIES ARE TRANSITIONED TO THEIR NEW FACILITIES.

>> AND THIS IS CLAUDIA. THANK YOU, SARA, FOR SHARING THE PROCESS. I THINK WHAT I WOULD LIKE TO ADD TO THAT IS THAT, YOU KNOW, WE UNDERSTAND THAT IN SOME INSTANCES THE RESIDENTS OF THE SKILLED NURSING FACILITY HAVE BEEN THERE FOR QUITE A WHILE. THAT IS THEIR HOME, THEY CONSIDER THAT THEIR HOME. SO IT CAN BE VERY TRAUMATIC.

AT THE SAME TIME, ONE NEEDS TO WEIGH THAT WITH THE FACT THAT IF THEY ARE IN FACT IN A HOME THAT IS ACTUALLY UNSAFE FOR THEM, AND THAT IS THE REASON WHY THEY WERE DECERTIFIED, WE NEED TO DO WHAT IS RIGHT FOR THEM. AND THAT IS A TOUGH, TOUGH THING. IT'S A VERY TOUGH TOPIC, AND WE DO APPRECIATE YOU BRINGING THAT UP.

>> OKAY. WE WILL TAKE ONE MORE QUESTIONS BEFORE WE CLOSE OUT. THE LAST QUESTION COMES FROM GREG KNOLLS. GREG, YOUR MIC IS OPEN.

>> THANKS, RYAN. I DID NOT HAVE AS MUCH OF A QUESTION AS I DID, TRYING – AS I WANTED TO AT LEAST – SET SOME MAYBE MISCONCEPTIONS. I NOTICE THERE ARE SOME PEOPLE ON THE PHONE THAT ARE TALKING ABOUT PASSIVE ENROLLMENT, WHICH WE PLEASE PRAY IS BEHIND US AND WE ARE NOW GOING TO ACTIVE ENROLLMENT. THE OTHER THING IS THAT THERE ARE PLENTY OF BAD STORIES. ONE OF THE THINGS THAT THE OMBUDS OFFICE IS DOING WITH ALL OF ITS PARTNERS, INCLUDING THE JUSTICE IN AGING, IS THAT WE ARE TRYING TO FIND THOSE INDIVIDUAL SITUATIONS, CORRECT THEM, AND GIVE EDUCATION TO PEOPLE AND GET PEOPLE INVOLVED IN TRYING TO MAKE THIS WORK PROPERLY.

THIS IS A SEA CHANGE IN HOW DOCTORS INTERACT WITH THEIR PATIENTS AND WITH ALL OF THE OTHER TYPES OF CAREGIVERS, FROM SOCIAL SERVICES TO MEDICAL CARE. AND SO THERE ARE PLENTY OF THE STORIES THAT PEOPLE WERE SAYING. ONE OF THE THINGS THAT HAS BOTHERED US IS WE KNOW THAT THERE ARE SOME GOOD STORIES, BUT ALL WE HEAR ARE NEGATIVE STORIES. I WAS REALLY GLAD TO HEAR THAT THERE ARE SOME PEOPLE THAT ARE BENEFITING. I'M VERY CONCERNED THAT, YOU KNOW, THE CALLS TO ME – THEY DON'T TAKE TIME OUT OF THE SAY AND SAY GREG, I JUST THOUGHT I WOULD CALL YOU AND TELL YOU HOW GREAT EVERYTHING IS GOING. THAT'S NOT WHO CALLS THE OMBUDS PEOPLE.

IT'S THOUSANDS UPON THOUSANDS OF PEOPLE THAT ARE CONFUSED, THAT NEED SOME ASSISTANCE. AND THOSE FOLKS ARE GETTING HELPED, AND LESS PEOPLE ARE CALLING. BUT THE FACT IS, THERE ARE A LOT OF BAD STORIES FROM HOW THIS WAS ROLLED OUT. AND I THINK WHAT WE ARE TRYING TO DO IS TO PAINT ANOTHER PICTURE THAT THERE IS A QUALITY, THERE IS A – WE OUGHT TO STOP TALKING ABOUT BLUE ENVELOPES AND START TALKING ABOUT MAYBE WHAT IS THE VALUE ADDED TO THIS KIND OF CARE?

AND I THINK THAT IS REALLY THE ONLY PURPOSE, NOT TO SAY THESE GOOD STORIES ARE REALLY THE ONLY STORIES AND THAT EVERYTHING IS PERFECT NOW. NOTHING IS GOING TO BE PERFECT FOR A WHILE, BECAUSE IT'S A VERY DIFFICULT PROGRAM AND ONE THAT NEEDS ALL OF OUR WORK TO MAKE IT BE SUCCESSFUL FOR THE CONSUMERS. AND THAT'S IT FOR ME.

>> ALL RIGHT. THANK YOU FOR HELPING US CLOSE OUT, GREG. I WILL GIVE IT TO CLAUDIA FOR ONE MORE MINUTE TO TAKE US TO THE END.

>> THANK YOU. I JUST WANTED TO THANK GREG REAL QUICK FOR SHARING. I WANTED TO SHARE WITH THE GROUP ON THE CALL THAT WE ARE CONTINUING TO WORK WITH STAKEHOLDERS AND ALSO THROUGH YOUR FEEDBACK, BUT ALSO WITH THE OMBUDS AND SEVERAL OTHER FOLKS TO CONTINUE TO WORK ON AREAS THAT WE NEED TO IMPROVE ON. AND WE REALLY APPRECIATE EVERYBODY THAT SHARED THEIR STORIES TODAY, BUT ALSO PEOPLE THAT PROVIDE INPUT AND CONCERN THAT WE CONTINUE TO REFINE.

SO REALLY REALLY, THANK YOU SO MUCH FOR CONTINUING TO ENGAGE WITH US AND PARTICIPATE. WE SO APPRECIATE IT. THANK YOU.