



**CCI Stakeholder Operational Workgroup
Thursday, February 26, 2015
1:00 pm – 3:00 pm
Meeting Minutes**

Welcome and Introductions

Bobbie Wunsch, Facilitator

Ms. Wunsch welcomed stakeholders and reviewed meeting materials including the agenda and the October 23rd, 2014 meeting minutes. Stakeholders in attendance were informed the meeting will be assisted by an operator on the phone to support with the queue of questions and that the meeting would be recorded.

L.A. Care CCI/CMC Update

John Wallace, Interim CEO, L.A. Care Health Plan

CEO Update

L.A. Care's Board of Governors has selected a new CEO, John Baackes. Mr. Baackes will begin his tenure at L.A. Care on March 23, 2015. Mr. Baackes has a robust background in Medicare and serving the duals population. He has most recently overseen a health plan in Massachusetts where he is currently serving as the president of AmeriHealth Caritas VIP Plans, which is participating in several duals demonstrations nationally.

Transportation Vendor

L.A. Care is working closely with Logisticare - its transportation vendor - to address issues that have been raised through Cal MediConnect (CMC) member requests for transportation services. L.A. Care is pleased to report that Logisticare is addressing the issues and has implemented a corrective action plan to cure those issues.

Opt-Outs

Although State DHCS reports continue to track the high opt out rates within the Cal MediConnect program, L.A. Care is committed to the program and to serving the beneficiaries who elect to participate.

New Medicare Medical Director

Dr. Rafael Amezcua recently joined L.A. Care and serves as the Medicare Medical Director. Dr. Amezcua will be working with all Medicare units including health services, MLTSS and product development.

L.A. Care's Delegated Model Update

Lynnette Hutcherson, Senior Director of Clinical Assurance

Rus Billimoria, Senior Director of Health Services, Preferred IPA

Lynnette Hutcherson provided an overview of L.A. Care's delegated model and Rus Billimoria described the delegated model from the perspective of the PPG level. To review the PowerPoint presentation, [click here](#).

Integrating MLTSS into the CCI & CMC Program

Beau Hennemann, Manager of Home and Community Based Services

Mr. Hennemann provided an update on L.A. Care's MLTSS program post CCI and CMC implementation. To review the PowerPoint presentation, [click here](#).

Integrating Stakeholder Feedback

Gretchen Brown, Senior Director of Medicare Operations

L.A. Care values community stakeholder input and time dedicated to the CCI and CMC programs. Stakeholder input and feedback is important and contributes to ensuring that duals in Los Angeles County are well served.

Ms. Brown introduced Craig Stephens, a representative from L.A. Care's Pharmacy department. Mr. Stephens announced that as of January 1, 2015, L.A. Care is utilizing a new Pharmacy Benefits Manager (PBM), Navitus.

Mr. Stephens reported L.A. Care, Arkray and Navitus have agreed to make institutionalized Arkray diabetic testing supplies payable for Long Term Care (LTC) pharmacies through the PBM. This is specific to test strips and lancets. This applies to both L.A. Care Medi-Cal and CMC members. L.A. Care requested stakeholders notify the Plan of any issues.

Future Meetings

Bobbie Wunsch, Facilitator

The following dates are upcoming stakeholder workgroups:

- L.A. CCI Stakeholder Workgroup (CareMore Health Plan will host)
 - April 15, 2015 (1- 3 p.m.)
 - The Braille Institute
- L.A. Care CCI Stakeholder Operational Workgroup
 - May 27, 2015 (1 – 3 p.m.)
 - L.A. Care

Ms. Wunsch wrapped up the meeting by informing stakeholders that the L.A. Care Stakeholder Operational Workgroup will be restructured. L.A. Care will continue to convene a workgroup comprised of stakeholders from the following groups/organizations:

- PPG/IPA
- Physicians/Practitioners
- MSSP

- CBAS
- IHSS
- SNF
- DME vendor
- Behavioral Health
- CMC Members
- CCI/Medi-Cal Members
- Legal Aid and Advocacy Agencies

The restructured group will ultimately advise L.A. Care on development, implementation and the operations of its CCI and CMC programs. Membership of this workgroup will be based on the unique and multi-dimensional needs of the Los Angeles CCI/CMC eligible community. At the next L.A. Care CCI Stakeholder Operational Workgroup, the restructure will be further discussed.

Q&A

Q: What are L.A. Care and Logisticare doing to mitigate transportation issues?

A: L.A. Care has met with our transportation vendor (Logisticare) to address the concerns brought to our attention. A corrective action plan has been developed and Logisticare is addressing the issue. L.A. Care will continue to oversee Logisticare activities and appreciates stakeholder input if additional concerns arise.

Q: What outreach or education is done to members that are assigned to one of the 34 medical groups in terms of informing the member of which group they are assigned to and how to access those services?

A: Information on accessing services is in the member handbook. If a member experiences issues with access to services, they can call Member Services for assistance at 888-522-1298.

Q: What process would be triggered if a member was denied services or a wheelchair?

A: That would be handled through our grievance and appeals process. When a member is denied a service, the member receives a Notice of Action or an Integrated Denial Notice, otherwise known as a denial letters. The letter provides the reason for denial and information regarding the appeal process. If the member or the member's provider feels the decision was incorrect, they can appeal the decision. Members can reference their member handbooks, the L.A. Care website (www.lacare.org) or call Member Services (888-522-1298) for more information on how to file an appeal.

Q: Who would conduct an assessment that determines whether or not an individual requires either a standard, modified or power wheelchair?

A: It depends on the delegate. Our delegated health plans will have a different process than we have. Their provider network is also different than ours. At L.A. Care, we utilize a DME in-home vendor to

conduct an assessment if need. If the member had an evaluation at a certified seating clinic, that assessment would be factored into the review of the determination.

Q: From the beneficiary's experience, how does delegation and integration come together?

A: While delegation does occur, this should be seamless to the member. The delegation and integration comes together with the provider, case manager, interdisciplinary care team (ICT), and the health plan. The primary care provider is driving the decisions for the members care and what needs to happen. The primary care provider will submit any requests for services or changes to the care plan and to the ICT. The ICT is responsible for communicating these changes to the member.

Q: How are behavioral health case managers involved? How does that interaction occur?

A: The L.A. Care Behavioral Health department with licensed clinicians and our behavioral health vendor Beacon Case Managers work hand-in-hand with the case managers on the physical health side providing assistance with care planning, making sure that the PCP has all information from behavioral health providers, and vice versa. L.A. Care reinforces the importance of integrating behavioral health providers in the clinic setting. The behavioral health case managers participate in all Interdisciplinary Care Team meetings.

Q: In regards to continuity of care (CoC) where a non-contracted provider continues to see a beneficiary for a period of time, who does the non-contracted provider call to begin the CoC process?

A: If a non- contracted provider is going to see a CMC member regularly for a period of time, they should begin the CoC process by contacting the health plan or the assigned provider group. If the member needs to see the provider often during the granted CoC, the provider group can also implement what we call a "standard referral". This allows for a number of visits to be provided within an authorization so the provider does not have to continually call back for authorizations. This referral status must also follow CoC guidelines and time restrictions.

Q: Are medical records shared between the medical group and the health plan and how does that information get shared?

A: Health information can be shared between the health plan and our provider groups and providers. L.A. Care has a secured web-based portal where information is securely shared with the appropriate providers. Providers must be known and approved by the plan and registered with the system in order to have access to the information. As an example, the Health Risk Assessment (HRA) information is available through a similar web-based system.

Q: If someone has original Medicare with another health plan and Medi-Cal with L.A. Care does L.A. Care provide case management services?

A: L.A. Care is only responsible to coordinate care for the secondary Medi-Cal benefits, i.e. MLTSS,

durable medical equipment, etc. In this situation, case management service is the responsibility of the Medicare Fee-For-Service provider or another health plan. We do attempt to coordinate with the PCP office, but ultimately it is their responsibility.

Q: Does L.A. Care pay the IHSS worker directly?

A: No. That is a State and County responsibility.

Q: Do you make referrals to assisted living sites?

A: Yes. Even though Assisted Living Waiver services are carved out of health plan benefits and members must disenroll from Cal Mediconnect to receive waiver services, our goal is to make sure members are getting the right care in the setting of their choice.