



CCI Stakeholder Advisory Committee Meeting
Wednesday, December 2, 2015
1:00 pm – 3:00 pm
Meeting Minutes

Welcome and Introductions

Bobbie Wunsch, Facilitator

Review of future meeting dates: March 10th, June 9th, September 6th, and December 8th.

Stakeholder Committee Members in attendance:

- John Kotick, St. Barnabas
- Eileen Koons, Huntington Hospital
- Karen Widerynski, California Association of Health Facilities
- Demetria Saffore, CCI Member
- Jaime Garcia, Hospital Association of Southern California
- David Kane, Neighborhood Legal Services
- Denny Chan, Justice in Aging
- Jennifer Schlesinger, Alzheimer's Association
- Teresa Hernandez, Huntington Hospital
- Amanda Steele, SEIU
- Sandra Ko, Harbage Consulting
- Jason Samoza, Homeless Healthcare Los Angeles
- Russell Mahler, L.A. Care volunteer
- Rene van Beever, Center for Healthcare Rights
- Kirsten Martin, Partners in Care Foundation

L.A. Care Health Plan staff in attendance:

- Maria Lackner, L.A. Care
- Henry Charoen, L.A. Care
- Beau Hennemann, L.A. Care
- Jonathan Freedman, L.A. Care
- Gretchen Brown, L.A. Care
- Susan Ma, L.A. Care

September 18 Meeting Follow Up

Rina Cruz, Medicare Operations

Beau Hennemann, Senior Manager, Home and Community

Address of September 18th meeting action items:

Ms. Cruz addressed the question of how L.A. Care deals with members who can no longer consent.

She explained that L.A. Care has internal processes that allow member's families or their caregivers to access information on their behalf, when appropriate. They can call Member Services, who will transfer them to the appropriate department within L.A. Care. She also provided an update on the correlation between member retention and participation in the Cal MediConnect New Member Orientations. Between October of 2014 and December of 2015 there were a total of 158 orientations scheduled for new Cal MediConnect members. 71 new member orientations were completed. More than half of the scheduled orientations were not completed due to member no-shows or cancellations.

Ms. Koons: So what percentage of the total possible scheduled is that? Is that a fraction of all the people who could have been scheduled, or is that pretty much everybody?

Ms. Lackner: The new member orientations are offered to new Cal MediConnect members, as well as all Medi-Cal members. New member orientations are offered during L.A. Care's member onboarding calls. Depending on the members preference, the Plan will assist in identifying a Family Resource Center (FRC) that most convenient for the member.

New member orientations have been made available to all new CMC members since the inception of the program. Initially, information on the NMOs as provided via the new member materials. In 2015 we began conducting onboarding calls that, in addition to the NMOs, provide new members information on how to access their providers and benefits. The 158 represents members who expressed interest in attending an orientation when it was offered to them. If at the time they receive the onboarding call they are not interested or don't know if they can make it, then the information is obviously shared with them, and they are encouraged to go to any of the four Family Resource Centers for an orientation. Members can also contact Member Services at any time to schedule the new member orientation. This is face-to-face training. It's not done in a group setting unless there are multiple people available to do it at the same time. It's usually done a one-on-one basis, and conducted by our bilingual FRC specialist, who has been trained in the elements of member onboarding for Cal MediConnect members.

Ms. Saffore: Members that disenroll? I can tell you two reasons why they disenroll. One being that the member would not be able to keep the doctor that they've been seeing for a long time. Two: When they get into an HMO, it's difficult for them to get services.

Mr. Chan: I have two questions: 1) What's different about the information that's being presented during the orientation than if they just stuck with the regular onboarding call from L.A. Care? What supplemental information are you adding? 2) On the language demographics, how does that compare to your plan language demographics across the board with respect to Cal MediConnect membership?

Ms. Brown: In terms of your first question, the supplemental information, it really is the opportunity to speak with somebody individually. A lot of the information is similar to what they would have been receiving, but I think the value is always that interaction and dialogue with someone from the staff, that opportunity to ask questions specific to their unique circumstances.

Ms. Lackner: During the member onboarding call, because it is done over the phone, the amount of information we can provide is limited. So we do the high level descriptions of the benefits and the services that are available under Cal MediConnect, and the new member orientation goes into more detail, particularly around the MLTSS and supplemental benefits such as transportation. It provides members an opportunity to ask more detailed questions.

Ms. Brown: [Regarding Mr. Chan's language question] This is along the lines of our breakdown for Spanish and English. It obviously doesn't include some of the other languages. We'll have to follow up with you to get you that, but in terms of Spanish and English, the percentages of new member orientations that members attend are pretty much in line with that, about 60% and 30% or so. Obviously we don't have the other languages on there. We'll have to get back to you on that.

Ms. Wunsch: If a member was to walk in to a FRC and have other language needs, what happens to that member?

Ms. Lackner: The same thing that would happen if they were to call our call center. We have FRC representatives there that will call to coordinate interpreter services, if needed.

Ms. Wunsch: So at the next meeting we'll report back the other needs of the members.

CCI/CMC Program Updates

Jonathan Freedman, Chief of Strategy, Regulatory, External Affairs & Interim Chief Operating Officer
Gretchen Brown, Senior Director, Medicare Operations

Ms. Brown went over the Cal Duals enrollment dashboard for November 2015. The link to the dashboard can be found here,
<http://www.calduals.org/wp-content/uploads/2016/01/CMC-Enrollment-Dashboard-December-Final.pdf>

Mr. Freedman spoke about upcoming State budget decisions and the potential impact they could have on the Coordinated Care Initiative and Cal MediConnect. He also introduced the idea of a contingency plan> L.A. Care is exploring a new Medicare product, in the event the 2016 State budget should decide to pull the trigger to dissolve the CMC program currently in place.

Q&A

Mr. Freedman: The governor has, in this tenure, made the budget his number 1 priority. If we look to the way the Governor approached the ACA expansion, remember he wanted trigger language. If the Feds change the rules on the sharing ratio of the ACA, he wanted the ability to revisit and reopen it. I think that is what he's saying and , what he's likely to do with the CCI. I don't think you can take a unilateral action to stop something that the democrats in the legislature have as a priority. He's going to give them a chance to fix it.

Ms. Widerynski: Can you clarify the contingency plan? You're applying for a Medicare?

Mr. Freedman: A new Medicare product. There are different formulations of an MA. As it stands right now, If Cal MediConnect is turned off, L.A. Care does not, barring any Federal action a product for 2017. That's why we're going through a process now, again only as a contingency, to explore options to ensure there's a space and a product available in 2017 for our members to transition to and avoid any possible gaps in care. It would serve to preserve our niche and the program we've built.

Mr. Garcia: Sounds like you're working on a dual track, the MCO tax, as well as this backup plan. For the contingency strategy, does that require any legislation?

Mr. Freedman: No. There may be, although, are different interpretations, if the CCI does collapse.

Does everything revert back to Fee For Service? It will be up to the State and Feds to decide future directions should that occur.

Medi-Cal Duals Initiative

Beau Hennemann, Senior Manager, Home and Community

Henry Charoen, Medi-Cal Product Manager

Mr. Hennemann discussed the recent formation of an internal workgroup that is looking into improving the information that is available to opt-outs regarding their Medi-Cal plan.

Mr. Charoen spoke of the positive response from DHCS and touched on the timeline for distribution of the updated materials generated by the workgroup.

Q&A

Mr. Garcia: Are these new materials being tested with focus groups?

Mr. Charoen: Right now it is not the plan to test them with focus groups. We are letting our experts internally take a look at them, like our Marketing and Member Retention teams, who have the expertise in these types of materials. They know our members really well, so we're using their expertise in coming up with new member materials.

Mr. Hennemann: Some of the new materials are being adapted from existing materials. They have been proven very useful, and we're going to work off of those as a basis as to not start from scratch.

Ms. Wunsch: Henry and Beau, is there at timeline that this group might have further input in this process, since our next meeting isn't until March 10? Do you see a way for the group to have input, either a review of the materials or a review of the rollout? Any way this group could continue to provide you feedback before this new effort is launched?

Mr. Charoen: Definitely. We're really open to your input, and we welcome it. Please feel free to email or call us at any time. We're very open to whatever input you may have.

Mr. Chan: I know that initially, sometime last year, there was conversation that L.A. Care and other plans were talking to some of the other MA plans and trying to work out coordinating and some of those issues. I'm wondering if we can get, a brief update, on the status of how those conversations went. Or that they're ongoing, any takeaways from those?

Mr. Charoen: You're right. Late last year/early this year there were some very strategic conversations going on with D-SNPs in L.A. County that continued to have a D-SNP within the Cal MediConnect environment. This was to help coordinate care for Medi-Cal managed care members who are dual eligible and have Medicare coverage with a D-SNP that was not part of the Medi-Cal managed care delivery system. Those conversations did initiate. Dr. Carter, as well as Maribel Ferrer, who is the Senior Director of Medi-Cal Operations and Member Services began to have those conversations and

they are continuing. We had several conversations with all the D-SNPs, like Brand New Day, Universal Care, and what we ultimately came up with was implementation of this automated tool called "E-Console". We've used it internally in other areas within L.A. Care. It's an automated electronic way, instead of using faxes, for, authorizations for services like DME. It was successfully launched, so we're still waiting to analyze impact once it is implemented for a longer frame of time. Please keep in mind that the volume of members that fall in this category that are with D-SNPs are extremely low.

Mr. Chan: I vaguely recall that earlier this year, L.A. Care sent out mailers to the opt-outs, and I think that there were roughly 66,000 of those mailers, correct me if I'm wrong. Are these materials going to be sent to that group?

Ms. Lackner: Denny, you're right. It's our understanding that the initial roll-out of the communications and the information regarding Cal MediConnect to our existing Medi-Cal Duals was for the opt-out population, people who we could identify within our Medi-Cal line of business that had opted out of participating in Cal MediConnect, meaning that they are eligible for Cal MediConnect. That's our continued understanding. That's the only population that we've addressed these communications to.

Mr. Chan: So these mailers that are coming out Quarter 1 of 2016 are for that population, as well as those that have their MA with another plan?

Ms. Lackner: Yes. The communication that will be directed toward the Medi-Cal only Duals will be for everyone; not only for the opt-out population. The strategy impacts all of them in terms of how they are accessing their Medi-Cal benefits with L.A. Care and their Medicare benefits with another health plan, regardless of who that health plan is.

Mr. Chan: One more question: Do we have a sense of what that number is?

Mr. Charoen: It's about 117,000.

Mr. Kane: Thank you for that update; it was helpful. I think it's great to be working on member-facing materials and educating members, but what we haven't actually talked about is how you can improve the services that are provided to your Medi-Cal members. Our office at the Ombudsman is in regular communication with L.A. Care, particularly around transportation as one benefit. But there should also be an assessment on the services being provided for this population. I just wanted to highlight one population that might be difficult to put into a chart. If you're creating a chart saying that you get this from your Medicare, you get this from your Medi-Cal, it gets more complicated when you have Part B-only Medicare Duals in your Medi-Cal plan. Not with your plan, but with a different plan. Our office did see a very serious case where there was a lack of coordination of benefits at a hospital that adversely impacted a member, so I think that's something to flag and to watch out for.

Mr. Hennemann: We have had discussions about how it's much more complex for a partial dual. We're actually taking a multi-phase approach to this project. The biggest group is going to be the full duals that have opted out. That's who we are looking to roll out at the beginning of the year. We've also talked about how we do the same thing for the partial duals because you can't have the same grid that says "this is what you get from Medicare, and this is what you get from us," because that grid looks completely different, and it becomes much more complex. So we've decided that we're going to focus on the full duals first, and then tackle the partials once we get this implemented.

Balance Billing – Outreach and Education

Maria Lackner, Sr. Manager Medicare Product Management

Ms. Lackner spoke about the practice of balance billing and the efforts being made to curb it by way of getting the beneficiary out of the middle, and educating providers, as well as their staff, around the prohibition of balance billing.

Q&A

Mr. Kotick: A question in a couple of parts. 1) You commented on the education of consumers. What is the plan and what is the responsibility of providers in terms of posting information in their offices, or front offices, about dual eligible patients never being required to pay money? 2) What are, if any, penalties to repeat providers who continue to balance bill? What are your courses of action with them?

Ms. Lackner: Regarding any provider requirements for posting those notifications, we're not aware that there are any regulatory requirements for them to post any information at the provider offices. We, as part of our education to the providers, are requesting that they are informing not only their front office staff, who accept beneficiary insurance confirmation and information at the point of service, but also to educate their billing agencies or vendors that they're working with to do the billing. To your second question, we do have a process that we are putting in place for addressing the identification of the multiple offenders. We are analyzing reports and identifying repeat offenders. Dr. Carter, our Chief Medical Officer, in collaboration with our Provider Relations unit is conducting individual outreach to better understand the circumstances of the why and also educate the provider on the rules against this practice. Thankfully, we are not seeing many repeat offenders. On the contrary, we are seeing new providers listed month to month which means that this may be a bigger issue across the board. In conversation with our regulators, they have identified that this is an issue on a larger scale, and not unique to L.A. Care. CMS and DHCS start looking at not only how they can support the health plans in this education process, but also see if they can develop strategies for non-contracted providers who we, the health plans, have minimal reach to educate.

Ms. Koons: Early on, some of the feedback I was hearing was for really - - is that people are afraid to call out that it is happening to them. Their concern is the implication that they're going to lose their provider that they value, so they just suck it up. Are you seeing that play out? It sounds like what you're saying is that it's an awareness thing, and once people are aware, they stop doing it.

Ms. Lackner: That's a really good question and that is our estimation, hence our educational strategies. Because it is really early on in this initiative, we only have a couple of months' worth of data. We anticipate that as the education continues to our provider groups, providers and vendors, the overall number of reported incidents will diminish. As you state, if there is fear on behalf of the member, we may not know the true impact of this practice that is where we heavily rely on our partnerships with stakeholders like NLS, the Ombudsman, Justice in Aging and communication from all of our valued stakeholders. The calls that are being conducted by Dr. Carter, providers report they're not aware this is happening to their patients. There were some reports where the beneficiary didn't present their Cal MediConnect card; the beneficiary provided a Medicare only or a Medi-Cal card. There were very minimal instances where billing collections had been involved, I think it was only one, and immediately that was called off as well. Education is our initial step, and we're going to continue to monitor this on an ongoing basis, not only to identify if our strategies are working, but also to identify any repeat offenders, as well.

Ms. Koons: To be clear, does this mean you're losing providers?

Ms. Lackner: We're not aware of any provider who has terminated their contracting with us due to this being called to their attention that is not our intent, at least not initially. We want to provide the benefit of the doubt and continue to monitor.

Mr. Kane: I'm glad we flagged that the non-contracted provider remains a big problem because this issue sort of exploded when people ended up in Medi-Cal managed care because, I think, largely, of the largely non-contracted providers. Have you found any partners in other plans or in the state or any other workgroup that you think might be looking at that population and how to reach them?

Ms. Lackner: Neighborhood Legal Services and the Ombudsman are very committed and very active in wanting to see how we can tackle this. In terms of addressing other partners, both Gretchen and I have had conversations with other Cal MediConnect health plans to try to determine whether or not this is a larger issue, if they're seeing it. At this time, they are reporting initial monitoring and tracking activities, likely as a result of the regulators asking all plans to take a closer look. There may be some opportunities here for us to reinforce some messaging and do what we can. Again, as you mentioned, it's really the providers we *can't* reach that may continue to be an issues, and I think by making sure we have our regulatory partners with us at the table when we're talking about the strategies that they're becoming more and more aware. We let them know that our biggest challenge is not contracted providers; rather, it's the non-contracted providers. We have asked in the past whether or not there are opportunities for CMS and/or for DHCS to send out memos or provider bulletins or something that goes out to the general provider public that will help reinforce some messaging. We haven't been very successful at that, so we're hoping that this acute kind of situation of balanced billing may have some additional leverage. If anyone around the table has some ideas regarding partnerships or things that we can collaborate on, it's definitely something that we're committed to doing and continuing to do in terms of helping address the issues, we're open and willing.

Transportation Services

Henry Charoen, Medi-Cal Product Manager

Maria Lackner, Sr. Manager Medicare Product Management

Ms. Lackner updated the committee on efforts to make L.A. Care's transportation services more accessible and more effective for beneficiaries.

Q&A

Mr. Garcia: I'm curious to know are they measured on timeliness. Because I think that's an area that's been raised to me in terms of hospitals, that the transportation is either not there on time when the patient is ready to go home or the patient is late for their treatment. We're talking now about a particular type of people who might be going to a facility for cancer treatment, where they may have multiple appointments on the same day. If they're late for the first one, that ruins the entire day, so if they're not measured on timeliness, I guess I would make a suggestion that there be some effort to look at that area.

Ms. Lackner: We are working with our Vendor Management teams to analyze utilization reports.. Timeliness is definitely one We are most interested in.

Mr. Kotick: There is a small tool that you might want to consider with your vendor, and that is when the

vendor takes the patient to their destination, have something that can be signed off at the destination point, indicating the time of arrival. That could be as simple as a post card that the patient presents to the front desk, and you fill it out. You can even do a sampling of that because what you get versus what your provider may get may be two different things.

Ms. Lackner: Agreed. That's a great idea; thank you, John.

Ms. Koons: I know that Logisticare is a vendor across several of the health plans, so I can't just separate out what I'm hearing from L.A. Care, but it feels to me like there's this new bubble of issues that are rising. It starts with somebody identifying that they have a need for transportation and then what do they do with that need. Even before whether they arrived timely or not, just the access part. For the populations that we work with, the profile of those individuals, it feels like an inaccessible benefit. That's the issue that I'm really hearing. Everything from "I don't know what phone number to call" or "I called the wrong number" or "I didn't call within the right number of days" or "I didn't write down who I talked to or the confirmation number" or the language barrier, or the daughter did it and, , the fragmentation. All these are different versions of the same issue and it seems like it was kind of quieting down for a while, and it seems like we're seeing it again.

Ms. Lackner: One of the things that we have been trying to stress with our providers and even our members is that as soon as an issue does occur, let L.A. Care know immediately. If we have the information as quickly as possible, we can pinpoint what the actual issue is/was. We're looking at how we're communicating our benefit to our members and providers. We are determining how both are interacting with the benefit and what can be done to help streamline the information, the authorization process and the communication of the different types of transportation available for our CMC and Medi-Cal members.

Suggested Agenda Topics for Future Meetings

Mr. Chan: This has been a great meeting; I learned a lot and appreciate you hosting and inviting us to the table. I think what will be helpful in advance of the next meeting is to speak to the Scan Foundation report released identifying some preliminary data about members' experiences in Cal MediConnect. Thankfully, some of that data seems to indicate that people are happy with Cal MediConnect overall. It did also, however, indicate some areas where beneficiaries, whether they were in Cal MediConnect or Fee For Service experienced similar levels of problems. Transportation was one of them, language access, ancillary services; they seem to report having a similar level of problems with those particular topics. I'm wondering if we can hear more about what L.A. Care is doing about these specific areas.

Mr. Garcia: I would be interested in learning about case management in terms of the coordination between the PCP, the health plan, and how that relates to the hospital.

Mr. Kotick: It would be helpful to have an update from Jonathan about where we stand with the State legislature and our esteemed governor.

Mr. Kane: To build on the Medi-Cal only duals initiative, focusing more on the services that are

provided, I think would be a useful use of our time. In particular, I'm interested in learning about how L.A. Care is operationalizing the requirements in the All Plan letter to stratify the risk for the Medi-Cal only population, who are the members. And then what is L.A. Care doing with that data. There isn't much guidance from the State about what you're supposed to do with that data.

Future Meetings

- All Plan Meeting (hosted by Health Net)
 - January 20, 2016 (1 – 3 p.m.)
- L.A. Care CCI Stakeholder Advisory Committee Meeting
March 10, 2016 (1 – 3 p.m.)