CCI Stakeholder Meeting
Friday, May 9, 2014
1:00 pm – 3:00 pm
Meeting Minutes

Welcome and Introductions
Bobbie Wunsch, Facilitator

L.A. Care CCI/CMC Update
John Wallace, Chief Operating Officer

Mr. Wallace stated that L.A. Care is open for voluntary enrollment through January 2015 for the Cal MediConnect (CMC). L.A. Care has 15 CMC members effective as of May 2014. DHCS has distributed approximately 42,000 voluntary enrollment notices to L.A. County CMC eligibles with October, November and December birth months.

The "crosswalk" population was described as dual eligible members (duals) who are currently with a Medi-Cal managed care plan for their Medi-Cal and have fee for service (FFS) Medicare benefits. Approximately 16,000 of these duals are currently for Medi-Cal with L.A. Care and their Medicare and Medi-Cal will be "crosswalked" or enrolled into the CMC program on July 1, 2014. We are preparing to serve these members, prioritizing member choice and ensuring correct PCP assignment by cross referencing historical Medi-Cal and Medicare encounter and claims data. We will also conduct outreach calls. Approximately, 5,500 Medi-Cal beneficiaries are currently enrolled in a CBAS program. L.A. Care will work cooperatively with the CBAS centers to also ensure L.A. Care honors correct PCP assignment for this population.

L.A. Care contracted with Neighborhood Legal Services (NLS) to deliver unbiased education to community based organizations in regards to CCI/CMC. To date, NLS has delivered 3 presentations to about 100 participants. Attendees have included staff from the following organizations: the County Department of Mental Health, County Department of Public Health, Department of Managed Health Care, social workers, clinic staff, hospital staff and other community based organizations who work with and/or are a trusted source of information for dual eligibles. The next NLS presentation is set to occur on 5/19 at Maternal Health and Child Access from 9 a.m. – 12 p.m.

The following information was provided as resources to stakeholders:

To obtain information about L.A. Care Health Plan or LA Care's Cal MediConnect Program, call L.A. Care Member Services Department at 1-888-522-1298 (TTY: 1-888-212-4460).

The Health Insurance Counseling and Advocacy Program (HICAP) is available to help you understand coverage

changes and your options. For more information please contact 1-213-383-4519 (TTY:711) or 1-800-434-0222.

Health Care Options (HCO) staff can provide information about Cal MediConnect and manage enrollment, disenrollment or opting-out of Cal MediConnect. In addition, they can help with enrollment into managed care for Medi-Cal by calling 1-844-580-7272.

The Cal MediConnect Ombudsman Program assists with beneficiary complaints and troubleshooting with Cal MediConnect issues. You can reach Ombudsman services at 1-800-896-3203. The Health Consumer Center of Neighborhood Legal Services of Los Angeles is serving as the Ombudsman in Los Angeles County.

The Medi-Cal Managed Care Office of the Ombudsman assists with beneficiary complaints and troubleshooting with Medi-Cal/MLTSS issues. They can be reached at 1-888-452-8609.

Member Onboarding
Maribel Ferrer, Senior Director of Member and Medi-Cal Services

Ms. Ferrer discussed enrollment processing and the mission and philosophy of the L.A. Care member outreach, retention, and engagement (MORE) unit. The mission of the unit is "to inform, educate, engage, and empower members and create a positive member experience that translates to increased member satisfaction." The philosophy was noted as, "going above and beyond the average level of service to make an impact and understand our customers."

Ms. Ferrer also described the approach in which new member welcome calls are made. The roles of the member service navigators were described as "serving as the bridge of communication among the member, member's caregivers, providers and health plan services addressing any barriers to accessing care." L.A. Care's Family Resource Centers also provide new member orientations for L.A. Care members.

Medical Management Update
Anna Edwards, RNP; Director of Care Management &
Halima Bascus, RN,BSN,PHN; Director of Utilization Management

The Health Risk Assessment (HRA), Individualized Care Plan (ICP), Interdisciplinary Care Team (ICT) were described at length. The requirements in these areas were described as utilizing best clinical outcomes to satisfy the members experience and guaranteeing that L.A. Care adheres to its model of care and CMS requirements.

Continuity of Care (COC) was described as the ability for a member to continue to see their existing providers that are currently managing their health care needs. Members may submit COC request to L. A. Care Member Services in three ways:

- Verbally via a telephone call to L.A. Care Member Services at 888-839-9909.
- In writing/on their own behalf to L.A. Care Health Plan 1055 W. 7th Street, Los Angeles, CA 90017.
- Or in writing/via a provider on behalf of their patient who is an L.A. Care member at L.A. Care Health Plan 1055 W. 7th Street, Los Angeles, CA 90017.

L.A. Care's mission is to provide access to quality health care for Los Angeles County's vulnerable and low income communities, residents; as well as support the safety net required to achieve that purpose. Continuity of Care truly aligns with our mission as it prevents lapses in care, ensuring members have access to services throughout the continuum of their care.

Managed Long Term Services and Supports (MLTSS) Update
Dr. Trudi Carter, Chief Medical Officer
Judy Cua-Razonable, Dir. of Home & Comm. Based Svs & Long Term Svs & Supports &
Beau Hennemann, Long Term Services and Supports Manager

Gretchen Brickson was introduced as L.A. Care's Senior Director of Long Term Services and Supports. Her wealth of knowledge and experience offers great support to the Department and L.A. Care.

Following the introduction, it was explained that, effective April 1, 2014, MLTSS became a health plan benefit for existing L.A. Care Medi-Cal members who are also full duals. Beginning on July 1, 2014, the benefit will be extended to all existing L.A. Care Medi-Cal members regardless of their Medicare status. Beginning on August 1, 2014, duals who are excluded from enrollment in CMC, Medi-Cal only seniors and persons with disabilities (SPD) and partial duals will begin mandatory enrollment into a Medi-Cal managed care plan for their MLTSS benefits. This enrollment will be by birth month. (Please note: since this meeting, DHCS has revised the enrollment date for MSSP recipients. MSSP beneficiaries eligible for Cal MediConnect will be enrolled effective October 1, 2014. Similarly, MSSP recipients receiving services through Medi-Cal managed care or fee for service Medi-Cal and who opt out of Cal MediConnect or are not eligible will be enrolled into a Medi-Cal managed care plan for their MLTSS benefits.

LTSS services stay within the L.A. Care plan level and are not delegated to our preferred provider groups (PPGs).

L.A. Care formed a dedicated LTSS Department to work with individuals, stakeholder groups and agencies to help transition these beneficiaries. Plan partners are responsible for LTSS services. L.A. Care does provide oversight to ensure consistency and L.A. Care is responsible for final outcomes and service delivery.

Members and providers can contact the L.A. Care LTSS department with referrals at 1-855-427-1223 or LTSS@lacare.org. CBAS and LTC services require prior authorization. If a referral does not meet criteria the request it will be referred to the appropriate LTSS team and/or to L.A. Care Case Management (Social Work, Complex Case Management, Disease Case Management).

Q&A
The section below focuses on the Q&A portions that were discussed.

Question 1: How can someone opt out of the Cal MediConnect Program?

Answer: A person can opt out of the Cal MediConnect program by using the Department of Health Care Services' Health Plan Choice Form. In order to do this, the individual should leave Section 3 blank (i.e., not select a CMC plan). By leaving Section 3 blank, the individual is electing not to enroll into the Cal MediConnect program.

However, it is also important to note that, although someone may want to opt out of the Cal MediConnect program, they will still need to enroll into a Medi-Cal managed care plan to receive their MLTSS benefits. This requires making a plan selection in Section 5 on the choice form. You can mail the completed form back in the self-addressed stamped envelope or call Health Care Options (HCO) to make that decision in real time. The number to HCO is 1-844-580-7272.

Question 2: Is there a blank form that we can print from the internet and provide to clients in case they have lost their mailed materials?

Answer: The choice form version that is available on the CalDuals website (www.calduals.org) and in the handouts provided to you today are only samples. The choice forms are pre-coded for each individual eligible for enrollment in the program. Because of this, you cannot print it out, fill it in and mail it back. When the individual receives the choice form in the mail, it is prepopulated with their personal information and a barcode which is unique to every individual. The bar code is specific to each beneficiary because these forms are electronically processed/scanned when they are received by the State. If you have a printed form from the internet, it will not scan.

If you lost your choice form, need a copy or would like to enroll or opt out, it is best to call Health Care Options (HCO) to request a new form and/or make your enrollment decision over the phone with a HCO representative. The number to HCO is 1-844-580-7272.

Question 3: The experience that we have had with helping our participants call this past week as they have begun receiving the blue envelope packet is that HCO does not seem to have accurate information. Our participants are being directed to join Cal MediConnect and these are individuals who simply want to enroll into a managed care plan. The participants are getting confused and frustrated. Can L.A. Care help convey this message to HCO?

Answer: Yes, we will communicate this information to the California Department of Health Care Services.

Question 4: Regarding continuity of care and the historical claims data that will be transmitted to the preferred provider groups (PPGs), will that be done through a secure portal?

Answer: Yes.

Question 5: For those members who are auto-assigned to a PPG, will L.A. Care identify them in a way so that the PPGs can reach out to them immediately? How will that auto-assigned member be identified for eligibility?

Answer: We are developing an indicator to support this need for our PPGs. Today we provide it in an 834 file that goes out to our PPGs and we are exploring the feasibility of placing that indicator on our eligibility lists so the PPG is able to make that determination. There will be an effective date, however, you wouldn't know if it was a beneficiary that came in due to choice or auto-assignment. We are currently working on that piece and will get you an update as soon as one is available.

Question 6: Are the welcome kits and other materials ready and available in all of the threshold languages and other alternative formats? Is the provider directory available in print?

Answer: It is part of our commitment to our members and it is also a regulatory requirement to have welcome kits and other materials available both in translated and alternative formats. We do translate all of our materials as necessary and provide alternative formats like braille and large print by request. The provider directory is now available. The most up-to-date provider directory is available online at http://www.calmediconnectla.org

Question 7: I have a case where a patient requested disenrollment, but the start month did not go through retroactively as requested. Who or what agency is liable to pay for that service?

Answer: Disenrollment is processed by the state. As long as that member is in our network, L.A. Care would be responsible.

Question 8: How much flexibility do you have in addressing the member's whole needs? The reason why I ask is because a member's social needs, their housing status, etc. can be very complex. If they don't have a place to live or they get kicked out or they are hungry, their care plan is going to be meaningless because they won't really be able to follow that care plan. As much as the Interdisciplinary Care Team sounds to me like an excellent concept, I think that it is really not going be effective at all for those members who are experiencing severe social challenges.

Answer: We will work directly with individual members based on their need and work with them to find appropriate solutions.

Question 9: Is housing status a listed question on the HRA?

Answer: Yes.

Question 10: When does the HRA need to be completed and do all the plans use the same HRA?

Answer: Upon enrollment in the CMC program, the HRA needs to be completed within 45-90 days. There is a risk stratification mechanism that indicates the completion date according to high and low risk. For the high risk beneficiaries, the HRA needs to be completed within 45 calendar days. For individuals at lower risk, the HRA needs to be completed within 90 calendar days. Not all of the health plans are using the same HRA tool, but there are certain indicators within the tool that must be addressed according to CMS regulations. All of the HRA tools need to be approved by CMS.

Question 11: Will CBAS participants who are currently enrolled in a Medi-Cal health plan like LA Care have an HRA conducted again if they choose to enroll in Cal MediConnect and already have a similar tool completed at their CBAS center?

Answer: Yes.

Question 12: The HRA completion rate was explained to be low. What is the rate of completion?

Answer: The average range of completion was between 20-30% for our existing DSNP Medicare population. For CMC, it is still too soon to determine the rate of completion.

Question 13: On what basis is an individualized care plan developed when no HRA is completed?

Answer: Outreach to the member should be completed to perform a clinical assessment and form the ICP from the discussion with the member and the members' goals and preferences. If unable to contact, the care plan can include continued communication with providers to support care needs.

Question 14: There is much confusion about SNFs and the payment with Hospice services. If a hospice is not contracted with you, yet the member has signed up for that particular hospice, how does the SNF get paid?

Answer: Hospice services themselves are not included in the Cal MediConnect program. However, an individual eligible for hospice services would remain in the Cal MediConnect program and L.A. Care would be responsible for all non-hospice services. Any services provided by the hospice provider will be paid for through fee for service Medicare.

Question 15: If ICT is at level of IPA/PPG and needs a Pharmacist on the team, can we engage the Health Plan Pharmacist? If yes, who should we contact?

Answer: Yes, this can be arranged. Contact the Care Management department to request participation in PPG ICT meetings including Pharmacy as a specialist.

Question 16: Does the CBAS referral need to come from an L.A. Care provider? For example, can the Medicare PCP refer on behalf of a patient with Original Medicare + L.A. Care Medi-Cal if the PCP is not contracted with LA Care?

Answer: CBAS referrals should come from the PCP which does not need to be an L.A. Care physician.

Question 17: If an individual chooses to enroll into Cal MediConnect and has multiple providers e.g. eye specialists, ear specialists, cardiologists, podiatrists, as well as a primary care; how will it work if some or all of those providers are not within the health plans network?

Answer: An authorization will be issued to all requested providers as long as the following criteria are met:

- quality
- payment acceptance
- established relationship

The completion of covered services shall not exceed 6 months for Medicare services and 12 months for Medi-Cal services from the effective date of coverage for the newly enrolled member.

Future Meetings
Bobbie Wunsch, Facilitator

The next meeting will be announced in a stakeholder communication via e-mail. The L.A. Care Stakeholder Operational Workgroup meets on a quarterly basis.