



**CCI Stakeholder Meeting
Wednesday, July 30, 2014
1:00 pm – 3:00 pm
Meeting Minutes**

Welcome and Introductions

Bobbie Wunsch, Facilitator

Ms. Wunsch welcomed stakeholders and walked them through the handout materials. She emphasized that L.A. Care has developed a resource document which provides direct contact information to the following Cal MediConnect (CMC) resources: the Health Insurance Counseling and Advocacy Program (HICAP), Health Care Options (the State of California's enrollment broker), the Office of the CMC Ombudsman for L.A. County, and the Medi-Cal Managed Care Office of the Ombudsman. She also described the L.A. Care Health Plan contact card which provides resources to stakeholders such as the Member Services department, the L.A. Care CMC website, the 24-hour nurse line, and transportation services.

Stakeholders were also informed that L.A. Care (through the L.A. Care CCI Stakeholder Operational Workgroup) is taking questions and feedback and incorporating them into the minutes to provide answers to stakeholders concerns. This is reflected in the minutes from the last meeting on May 9, 2014 and will also be incorporated into the minutes from this meeting.

Howard Kahn, the CEO of L.A. Care, reported that L.A. Care is at the end of its first official CCI enrollment month. He expressed the start of the program has not been perfect, but that through collaboration we can work together to ensure that L.A. Care is being responsive to concerns and making operational adjustments to meet the needs of our members.

L.A. Care CCI/CMC Update

Maria Lackner, Manager, Medicare Product Management

Ms. Lackner reviewed L.A. Care's mission, which is to provide access to quality health care for Los Angeles County's vulnerable and low income communities and residents and to support the safety net required to achieve that purpose.

CCI Pending Lawsuit Update

It was reported that the decision of the lawsuit would be coming by the end of the week. Since the meeting, the Superior Court of California, on August 1, 2014, denied the injunction. It ruled that DHCS has authority to implement the CCI and that DHCS's actions are consistent with the legislative intent. Those bringing the action forward indicated that they intend to appeal the decision.

Overall Cal MediConnect Enrollment

The DHCS CMC Monthly Enrollment Dashboard reflects data as of July 1, 2014. The Dashboard indicates that there are 19,691 active CMC enrollments in LA County as of July 1, 2014. The Dashboard also notes that the L.A. County opt-out rate is 30.94% compared to the active Cal MediConnect counties which average 29.15% (this state-wide average includes L.A. County's opt-out rate). The data does not include the July crosswalk population. This Dashboard is available by clicking [here](#).

L.A. Care Enrollment Update

Enrollment into CMC began on a voluntary basis in L.A. County on April 1, 2014. L.A. Care has been receiving voluntary membership since April 2014. In addition to voluntary membership, on July 1, L.A. Care welcomed approximately 6,000 members into Cal MediConnect as part of the "Crosswalk" population. These are L.A. Care members who have chosen L.A. Care to manage their Medi-Cal benefits and who are also eligible for Medicare. As of July 1, 2014, both their Medicare and Medi-Cal benefits will be managed through one health plan.

Office of the Ombudsman Update

L.A. Care is working around several issues as it relates to enrollment this month and is collaboratively working with our Contract Management Team (CMT) on resolving these issues. L.A. Care conducts bi-weekly calls with the Office of the Ombudsman for L.A. County's CMC program to address member issues in a timely manner. This process has also helped identify activities or initiatives that will improve the transition. For example, as a result of an issue presented by the Office of the Ombudsman, L.A. Care sent a memo to all the tertiary care centers explaining the Continuity of Care requirements under the CMC program which states that:

- The Centers for Medicare and Medicaid Services (CMS) and California Department of Health Care Services (DHCS) mandate that CMC members are allowed to maintain their current providers and service authorizations for a period up to six (6) months for Medicare services and up to twelve (12) months for Medi-Cal services if specific criteria are met.
- Please continue to provide the necessary tertiary care and oncology services that are needed for CMC members during their transition into or out of the program. Please note that for individuals who do request to be disenrolled from CMC, it may take up to 45 days for this change to be processed. Until the disenrollment is effective, if the individual is an L.A. Care CMC member, L.A. Care will continue to cover their services.

Eligibility Update

L.A. Care has been able to clarify several eligibility issues as we have implemented the program. For example, although most beneficiaries with an end stage renal disease (ESRD) diagnosis are excluded from passive enrollment into CMC, it was clarified that ESRD beneficiaries who are currently enrolled in one of the CMC plans' other lines of business (such as Medi-Cal) on the first day of eligibility may be passively enrolled into Cal MediConnect.

Health Risk Assessment Update

L.A. Care Health Plan is conducting the required Health Risk Assessments (HRAs) on our CMC members. As of July 15, L.A. Care has completed more than 2,400 HRAs. The Medical Management staff continues to monitor this progress. Although face-to-face assessments are offered to all members, the majority of assessments to date are being conducted via telephone. The HRAs are taking approximately 25-45 minutes to complete.

Network Expansion Update

As of this meeting, L.A. Care has contracted with 15 PPGs and 57 hospitals throughout the County. Contracting efforts continue.

Continuity of Care Update

Halima Bascus, RN, Director of Utilization Management

The Continuity of Care (CoC) provisions required under CMC were described as the ability for a member to continue to see their existing providers that are currently managing their health care needs. The purpose of CoC is to ensure members do not experience gaps in ongoing necessary health care service as they transition into the CMC program and if necessary, to new providers within the L.A. Care network.

Ms. Bascus stated the following services are covered under CoC: medical, psychosocial, mental and behavioral health, managed long-term services and supports (MLTSS), and pharmacy. Services not eligible for CoC include: durable medical equipment (DME) e.g. wheelchairs and hospital beds; medical supplies e.g. syringes and gauze; non-emergency medical transportation; and carved out services. CoC is provided for members if the following criteria are met: (1) evidence of pre-existing relationship with the provider, (2) provider must be willing to accept payment based on the current Medicare or Medi-Cal fee schedule, and (3) there is no provider quality of care issues.

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. A beneficiary who is a long term resident of a nursing facility prior to enrollment will not be required to change nursing facilities during the duration of the project, as long as there are no quality issues with the nursing home.

The Medical Management department has multiple methods to identify members who may require CoC. It is imperative that they have accurate and updated information to identify patients. Ms. Bascus encouraged stakeholders to collect and gather as much information as they can when reporting CoC issues.

CoC can be requested in the following formats:

- verbally via telephone to L.A. Care Member Services at 888-839-9909
- In writing, at L.A. Care Health Plan, 1055 W. 7th Street, Los Angeles, CA 90017
- 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

Behavioral Health Update

Dr. Clayton Chau, Medical Director of Behavioral Health Services

Dr. Chau stated behavioral health focuses on member care using the concepts of:

- person-centered planning
- the social model of disability
- the independent living philosophy
- and a recovery model

L.A. Care has partnered with Beacon Health Strategies; an NCQA accredited managed behavioral health organization, to provide behavioral health services to Cal MediConnect members. The scope

of services provided by Beacon includes inpatient and outpatient care for mental health crisis prevention and treatment, and substance abuse diagnosis and treatment. The approach is integration of medical and behavioral health services.

Members who meet criteria for carved out specialty mental health and/or Drug Medi-Cal services will be linked to the Los Angeles Department of Mental Health and the Department of Public Health (LADMH and DPH) for specialized services. L.A. Care is utilizing a 'no wrong door' approach. Therefore, members and providers can contact any one agency and will be directed to the right level of care in a timely manner.

L.A. Care Health Plan Cal MediConnect Website

Misty De Lamare, Communications Manager

Ms. De Lamare introduced and presented a virtual tour of the L.A. Care Cal MediConnect website. The website can be visited at www.calmediconnectla.org.

Q&A

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

Question 1: Regarding the DHCS CMC Monthly Enrollment Dashboard (dated 7/1/14), has DHCS broken out passive versus voluntary enrollees?

Answer: No, the Dashboard reflects total enrollment and does not differentiate between passive or voluntary enrollment.

Question 2: Is L.A. Care experiencing challenges with providers who will not agree to the Continuity of Care provisions? Are these providers giving a reason for not participating?

Answer: Yes, we are working with some providers who are not open to participating in Cal MediConnect. Some providers have indicated that they do not want to work with a managed care plan. In most cases, the problem does not seem to be about the Medicare or Medi-Cal rates. In these situations, we work directly with the member to identify a similar in-network provider to ensure that we can meet their needs. In some situations, we are seeing that many providers are not clear on the goals or processes around Cal MediConnect and specifically around the Continuity of Care element. We are working to educate providers as much as possible so a member's care is not compromised.

Question 3: Has utilization data been used in the Continuity of Care process?

Answer: Yes, we have been using the utilization data provided by DHCS and CMS and any other data that we have access to. Unfortunately, not everything is included in the utilization data that was made available and it has not been as useful as we had hoped.

Question 4: Current Medi-Cal standards are more generous for durable medical equipment (DME) coverage than Medicare standards. In CMC, how does L.A. Care handles these requests?

Answer: We want to ensure our members have access to the services and equipment they need. We attempt to follow the Medi-Cal standards in this situation and will follow up to emphasize this with our team members.

Question 5: Regarding Continuity of Care for Skilled Nursing Facilities, how long will a facility enter into a relationship with a plan?

Answer: Cal MediConnect members residing in nursing homes will not have to change nursing homes, as long as there are no quality issues with the nursing home.

Question 6: How is the Continuity of Care process going for L.A. Care to date?

Answer: L.A. Care's Continuity of Care (CoC) process is working well. We have made refinements that allow us to triage, identify urgent CoC cases and provide appropriate timely coordination. We track and review every case that comes to the CoC unit and make adjustments to our processes as needed. We continue to conduct outreach to Medicare providers to educate them on CoC and maintaining the patient physician relationship. We are also working closely with the Office of the Ombudsman for L.A. County to address concerns as they escalate through our plan specific process. Advocates working to address CoC requests can contact Mabel Ponce at L.A. Care directly. Mabel's role is to route these requests to the dedicated CoC unit to address the member's needs in a timely manner.

Mabel Ponce
Senior Member Advocate, Member Services
mponce@lacare.org
213-694-1250 ex. 4551

Question 7: In relation to behavioral health, how are plans determining a member's need is specialty versus non-specialty?

Answer: L.A. County has developed a one-page screening form that can be used by anyone. An algorithm is used to determine the member's level of need. It also provides a phone number to immediately call to make an appointment. Thus far, the process has been successful for Medi-Cal Expansion and is now implemented for Cal MediConnect. The one-page screening form can be located by clicking [here](#).

Question 8: How robust is the provider network for mental health services?

Answer: While there are some providers that are not willing to work with a managed care plan, L.A. Care, working with Beacon, has many participating providers to serve this population. Currently, approximately 10% of members accessing behavioral health benefits are being treated by the County Department of Mental Health as they meet the medical necessity for this level of care.

Question 9: For specialty mental health clients, do providers need to send the health plan a copy of the care plan?

Answer: Yes, if a member is receiving specialty mental health services, the health plan needs a copy of the care plan. This requirement also holds true for non-specialty mental health and substance use disorder treatment providers.

Question 10: Is the L.A. Care Cal MediConnect website available in alternative languages or formats?

Answer: At this time, the L.A. Care Cal MediConnect website is only available in English, but member documents are available in all threshold languages.

Question 11: What is L.A. Care's strategy for outreaching to hospitals?

Answer: L.A. Care is currently partnering with hospitals throughout the County to reach FFS providers and educate them about Cal MediConnect. The purpose of the outreach is to better inform doctors about the program so they can help patients make the best decision for their healthcare needs.

Question 12: What is the status of L.A. Care's outreach to the disabled community?

Answer: L.A. Care recognizes that this is a priority throughout the County. We are working collaboratively with the L.A. Communications Workgroup to better identify specific tactics to meet this need. L.A. Care will also be following up with Disability Rights California on next steps.

Question 13: If a member is in a skilled nursing facility (SNF) that is out of network, is the facility paid at a FFS rate or is it a new payment rate?

Answer: Out-of-network skilled nursing facilities are paid the same rate as they currently are by FFS Medicare/Medi-Cal if they remain non-contracted. If they come in network, their Medicare rate will change. Medi-Cal will stay the same.

Question 14: How can advocates help members who are confused about Medi-Cal PCP assignment?

Answer: L.A. Care does not assign a Medi-Cal PCP to dual beneficiaries. We encourage advocates and members who have questions regarding any PCP assignment for any one of our programs to contact L.A. Care Member Services. That number is 1-888-522-1298.

Question 15: If the member has a Medicare PCP but then needs to access a Medi-Cal only benefit, how does this process work?

Answer: L.A. Care Member Services can assist. Generally, the Medicare PCP would coordinate with the Medi-Cal managed care plan to access or refer to the Medi-Cal only services. There are also additional resources available for providers as part of the DHCS provider toolkit (currently in draft and

will be released on CalDuals.org when finalized).

Question 16: Is there current outreach to large health institutions throughout L.A. County regarding Cal MediConnect and Continuity of Care?

Answer: Yes, L.A. Care has been in close contact with many large health institutions in the area about CMC in general, and the specifics around Continuity of Care. We continue to educate contracted and non-contracted providers as much as possible.

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.