



CCI Stakeholder Operational Workgroup
Wednesday, May 27, 2015
1:00 pm – 3:00 pm
Meeting Minutes

Welcome and Introductions

Bobbie Wunsch, Facilitator

Henry Charoen, Medi-Cal Product Manager

John Baackes, Chief Executive Officer, L.A. Care

Ms. Wunsch welcomed stakeholders and reviewed meeting materials including the agenda and the February 26, 2015 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.

Mr. Charoen, L.A. Care's Medi-Cal Product Manager, introduced himself and briefly outlined his two major areas of responsibility: working with anything related to Medi-Cal on the operations side and working with L.A. Care's Medi-Cal Plan Partners.

Mr. Baackes, L.A. Care's Chief Executive Officer, was introduced and spoke about his experience working in managed care, specifically with dual eligible populations on the East Coast during his time at Senior Whole Health and AmeriHealth Caritas. He shared his optimism surrounding the future of the Cal MediConnect program at L.A. Care and his vision for it going forward.

L.A. Care CCI/CMC Update

Beau Hennemann, Manager of Home and Community Based Services, L.A. Care Health Plan

Maria Lackner, Manager of Medicare Product Management, L.A. Care Health Plan

MLTSS Service Coordination Updates

Mr. Hennemann provided an update on L.A. Care's MLTSS program now that the initial enrollment phase of the Coordinated Care Initiative (CCI) is coming to a close. He also discussed a possible extension to the MSSP program, currently set to expire in April of next year.

Mr. Henneman also provided an overview of MLTSS enrollment:

Current enrollment (does not include Plan Partner enrollment)

- CBAS
 - o 5,564 total enrollment
 - o 161 CMC members
- MSSP
 - o 903 total enrollment

- o 36 CMC members
- IHSS
 - o 57,261 total enrollment
 - o 3,039 CMC members
- LTC
 - o 3,590 total enrollment
 - o 270 CMC members

Per Mr. Henneman, the percentage of LTSS members in CMC is low. To review the PowerPoint presentation, [click here](#).

Cal MediConnect Program Update

Ms. Lackner gave an update on CMC enrollments and how L.A. Care’s numbers compare with those of Los Angeles County based on information on the Cal MediConnect Enrollment Dashboard, which can be found on the Cal-Duals site. She also addressed L.A. Care’s Health Risk Assessment completion rate, which is higher than the California Average for all other MMP Plans. Ms. Lackner also shared information related to the proposed voluntary enrollment process for Los Angeles County starting July 2015.

Behavioral Health Update

Dr. Clayton Chau, Medical Director of Behavioral Health

Dr. Chau discussed the work that L.A. Care has been doing with the County Department of Mental Health and the Institution for Mental Disease to better coordinate benefits for members and ensure that provider reimbursements are handled smoothly and in a timely manner.

Cal MediConnect Member Outreach

Regina Lightner, Senior Director, Sales & Marketing, L.A. Care Health Plan

Ms. Lightner presented a couple of new informational pieces that are going out to the duals population and revealed L.A. Care’s ongoing plan to simplify the language surrounding Cal MediConnect as relates to potential members. This will work towards making it easier for people to understand the benefits that would be afforded to them through CMC. The informational piece has been reviewed and approved by the regulatory agencies and was sent out in May. LA Care is already hearing back from members who are interested in understanding more about LA Care’s CMC program. Additional mailing campaigns are being planned for the near future.

New Structure for Stakeholder Advisory Committee

Bobbie Wunsch, Facilitator

Ms. Wunsch spoke of the new way that stakeholder meetings will be conducted in future, introducing the proposed charter for the LA Care Stakeholder Advisory Committee. The Committee will be made up of stakeholders who will be invited to join as representatives for their agency type and the constituents they serve. All meetings would remain open to the public. Formal invitations will be made to LA County agencies for committee membership consideration. Stakeholders who do not hold a formal seat are strongly encouraged to continue to participate and attend scheduled meetings.

Future Meetings

Bobbie Wunsch, Facilitator

The following dates are upcoming stakeholder workgroups:

- Los Angeles CCI (All Plan) Stakeholder Workgroup (Molina will host)
 - The California Endowment
- L.A. Care CCI Stakeholder Advisory Committee Meeting
 - September 18, 2015 (1 – 3 p.m.)
 - L.A. Care

Q&A

Q: Are you taking over management of IHSS workers?

A: No. IHSS is still managed by the County of Los Angeles, the Department of Public Social Services. They still determine program eligibility, they determine the hours of service a person can get. IHSS workers will still submit their timesheets to the county. We have an agreement with the county and a contract with the Department of Social Services. Although we are financially responsible for the benefit, they still administer the program. Our role is to coordinate IHSS services with the other services the member is getting.

Q: So if new people want to get IHSS and MSSP services, do they contact L.A. Care or the county?

A: Either way. They can call the IHSS or MSSP hotline number and start the process that way, but they can also call us and we will fill out the application and get it to the DPSS for them.

Q: Is implementation of Care Plan Options something that L.A. Care retains, or is it something delegated to the IPAs?

A: We don't delegate for MTLSS services to any of our provider groups, and that includes CPOs. We maintain it ourselves.

Q: What are you doing to address transportation issues?

A: CMC offers a supplemental transportation benefit. A beneficiary can receive up to 40 1-way trips per year, in addition to our standard transportation benefit. CMCM members simply contact LA Care's member services department to help coordinate the transportation with our vendor, Logisticare. In addition, L.A. Care also has a transportation specialist who is focused on helping our MLTSS members access other transportation in the community, whether it be Access, Dial-a-ride, or the bus system. The kind of transportation may vary, depending on the need of the patient. If they can travel by taxi, or if they need an access van, all of that info is taken at intake when the member contacts LA Care or our transportation vendor.

Q: How do patients access the transportation services, and how are determinations regarding the patient's mode of transport made?

A: We contract with Logisticare, who is a transportation vendor. Logisticare is provided our enrollees' membership information. Ideally, we direct members to Member Services Department, who then make a warm transfer to our vendor, who in turn does the intake and makes an assessment of the beneficiary's needs.

Q: If we end up with 30,000 total enrollees in Cal MediConnect by the end of June, how does this compare to initial projections? Is this good, or not?

A: It is significantly lower than projected early in the demonstration; however whether this is a good or a bad thing is fairly subjective. Some of the health plans may feel that a smaller population is better for a demonstration and a bit easier to create and develop initiatives for.

Q: Do you collect data from members who are disenrolling from CMC to determine they are leaving?

A: We have done both formal and informal surveys of members who have left, most of whom stipulate that their provider was not participating in CMC, and identifying that as the main reason for opting out. Others have reported not understanding the benefit structure, nor the value added as a member compared to services they'd be receiving in traditional format of Medicare Fee-For-Service.

Q: For what length of time are you looking to provide temporary eligibility to members who may lose Medi-Cal eligibility for a short time?

A: One month. The deeming process is still being developed.

Q: Is L.A. Care working on a retention campaign to secure their CMC membership?

A: Yes. We are analyzing our membership data, and one of our goals is to retain our membership. We have a workgroup that meets bi-weekly. We review internal and external enrollment data that to review utilization and disenrollment trends.

Q: One disconnect when it comes to understanding Cal MediConnect, as well as issues with disenrollment, is the physician. Is LA Care doing anything different moving forward about engaging the physicians?

A: We are engaging at the provider level with our contracting team, our provider relations group, which works with our IPAs, and with our field sales team. In addition, for the last two or three months we have been engaging Fee-For-Service Medicare providers through meal and learn sessions. We are providing them with the basic CMC educational sessions, similar to what Harbage and Community Advocates are doing, covering the program, where it originated, what the benefits are, and so forth. We hold these sessions once or twice a month, and although we're coming to the end of our series (the last one is coming up in June), we are looking at opportunities to do additional sessions. We are also going to be partnering with LACMA.

Q: How did you get to the number 66,000?

A: Under Medi-Cal's direct line of business, we know who is a dual eligible. They provide that info. We

do have approval from the State DHCS to provide our members information regarding the demonstration. That's where the 66,000 came from.

Q: Is it possible some of those 66,000 duals had recently opted out?

A: There could be some who had already opted out. According to the phone calls and the response we're getting, they didn't understand what they were opting out of, so we think that continuing to reach out to them is a good thing.

Q: Do you have dates for the next two mailings?

A: This first mailing went out in May. The idea was to get it out there before passive enrollment ends. Pending CMS approval, we're hoping to get the second mailing out by the end of June. We want to get both of them out before open enrollment begins.

Q: Can I get more information on the out-bound calls you mentioned? When are they happening and to whom? On what schedule?

A: The mailing piece is not being accompanied by an outbound call. The only communication we're sending the beneficiaries is the piece earlier mentioned by Ms. Lightner. Telephonic communication occurs only when someone returns one of the response cards. That gives us permission to reach out to them. That is the only call that is associated with this mailing campaign.

Q: Regarding the new structure, would you consider including an informal family caregiver for your advisory committee. That is a population which could use representation.

A: That's an excellent suggestion, and we will certainly talk about it.

Q: What is the difference between someone on the advisory committee versus a member of the public attending the meeting?

A: The difference is that any recommendations that come out of these meetings will come from the committee and be forwarded up through the channels at L.A. Care. The public can make comment but will not sit as part of the formal committee nor make decisions when they are tasked to the committee.