



Coordinated Care Initiative (CCI)/ Cal MediConnect Advisory Committee

Wednesday, December 3, 2014

Member Attendance: James Beaubeaux, San Diego County Medical Society (SDCMC); Chris Duke, Aging and Independence Services (AIS); Debra Fitzgerald, Healthy San Diego (HSD); Kim Fritz, Care1st; Michelle Galvan, OptumHealth; Paula Goncalves, Community Research Foundation (CRF); Karis Grounds, 2-1-1 San Diego; Lisa Hayes, Molina Healthcare; Walter Hekimian, Edgemoor; Pam Hoye, Dual Eligible Consumer; Carol Hubbard, Program of All-Inclusive care for the Elderly (PACE); Kim Huynh, Harbage Consulting; Greg Knoll, Consumer Center for Health Education and Advocacy (CCHEA); Richard Lawrence, United Domestic Workers (UDW); Rogelio Lopez, Health Net; Sabra Matovsky, Molina Healthcare; Pamela Mokler, Care1st; Vickie Molzen, AIS; Juanita Rettinghaus, Edgemoor; Bud Sayles, In-Home Support Services Public Authority (IHSS); Brenda Schmitthener, AIS; George Scolari, Community Health Group; Mark Sellers, AIS; Cheryl Wilson, San Diego Senior Alliance; and Judith Yates, Hospital Association of San Diego and Imperial Counties (HASDIC).

Guest Attendance: Megan Dankmyer, Molina Healthcare; Terrance Henson, Molina Healthcare; and Noah Solomon, Care1st.

Welcome and Introductions

Additions to the Agenda

- TeleTownhall Update
- 1115 Waiver Workgroup Discussion

Review and Approval of the November 5, 2014 Meeting Minutes

- The November 5, 2014 meeting minutes were approved as written.

CCI Consumer Feedback Updates

- Ombudsman – The Ombudsman shared a comprehensive summary of the phone calls taken related to Cal MediConnect, including
 - The San Diego Consumer Center for Health Education and Advocacy (CCHEA) received 1,902 intake calls in November 2014, including San Diego CCI/Cal MediConnect calls; 715 total San Diego CCI/Cal MediConnect calls were received.
 - Since April, CCHEA has received a total of 18,513 intake calls.
 - The average wait time in November was 15 seconds and the average talk time was 7 minutes, 5 seconds.
 - The majority of questions continue to be related to the Cal MediConnect program rules and plan choices. Trends include expediting disenrollment and advocating continuity of care when passive enrollment disrupts urgently needed or previously scheduled services.
 - The Ombudsman staff began receiving calls from Dual Eligible Special Need Plans (D-SNP) enrollees; the D-SNP call volume was not as high as previously anticipated.
 - Issues have risen concerning continuity of care processes for health providers already in a network outside of Cal MediConnect; beneficiaries are asked to complete the continuity of care process when their treating physician, although already a plan provider, due to being a part of a different network, outside of Cal MediConnect.
 - DHCS has provided clarification for the above issue stating plans should not require the continuity of care process for providers under a plan, regardless of network; letters of

agreement and continuity of care procedures are only necessary when the beneficiary wants to continue treatment temporarily with an established non-plan provider.

- HICAP
 - No updates.
- CCI Advisory Committee Members
 - The issues concerning enrollment in the California Program of All-Inclusive Care for the Elderly (PACE) have been resolved; consumers are no longer receiving welcome notices from the alternative plan they choose in the event of denial from PACE during the 60-days of the PACE application review period.
 - Local Health Care Options made contact with 160 clients in November, an increase of 40 contacts over the previous month.

CCI Updates

- CCI Health Plans
 - Health Net continued work on the transition of MSSP to a managed care benefit, attended a homeless conference, worked toward completing a strategic plan concerning the reporting requirements on the LTSS All Plan Letter, and continued training case managers inside medical groups and workers at the plan level.
 - Care1st has been preparing for the high volume of prospective members transitioning from D-SNP on January 1st.
 - Molina finalized contracts with all Sharp facilities December 1st and Palomar and Pomerado Hospital will be joining on January 1st, and encountered issues with the enrollment forms while working to enroll members in Cal MediConnect:
 - Consumers can only enroll by calling Healthcare Options (HCO) because there is no current enrollment form.
 - Brokers that started Medi-Medi applications before the cutoff date were not accepted, and the consumers applying were placed back in a fee-for-service plan.
 - Community Health Group focused on improving the interdisciplinary care team. It was noted more consumers may be participating as they now have a voice in their health care and are designated to a person they can call frequently; calls are placed as much as every day.
 - Pace received more referrals in November than usual as a result of the D-SNP transition.
 - The Health Plans held a successful two hour meeting with the Hospitals' Ambulatory Services concerning behavioral health services.
- Harbage Consulting (Regional Coordinator and Technical Advisor)
 - The CCI Rollout Tracker survey link was emailed to the CCI Advisory Committee, a report will be available in the next monthly meeting.
 - Four animated cartoon videos were sent to the advisory committee; closed caption and Spanish versions of the videos will soon be available. The videos will be posted on the Cal Duals website.
 - Jane Ogle of Harbage Consulting will be releasing a live caption video for CCI consumers.
 - Joe Garbanzos of Harbage Consulting began work with a team in LA to expand outreach.
 - Outreach was made to 350 In-Home Supportive Services (IHSS) care givers, 130 consumers through churches and senior apartments, three advocate organizations and 24 social workers; 1500 flyers were distributed through Meals on Wheels.
- Skilled Nursing Facilities (SNF) Workgroup Update
 - The monthly meeting was cancelled, a conference call will be held on Jan 18th.
 - The California Association for Adult Day Services (CAADS) conference was held on December 4th in Palm Springs; experiences were shared of successful collaborations.

- Healthy San Diego Behavioral Health Workgroup Meeting Update
 - The Behavioral Health Work Group meeting will not take place in December.
 - Recent discussion has focused on coordination and promoting provider and interdisciplinary team participation concerning completing care plans.
 - A provider information sheet was created to provide support and outline steps on how to complete required forms.
- Community Based Adult Services (CBAS) Update
 - Community Based Adult Services (CBAS) are satisfied with the relations that have developed with the Health Plans. CBAS have begun receiving referrals from Health Plans.
 - Changes were made to the CBAS Waiver. The changes included a settlement to establish the rules for the next 18 months, and a document detailing the reporting requirements and expectations that were approved by Centers for Medicare and Medicaid Services (CMS).
 - Plans now have the ability to negotiate rates and providers.
 - Loving Care Adult Day Health Care received a letter from California Health and Wellness to set up meeting to establish a contract, stating they are now a Managed Care Plan. The letter is not accurate and these inaccuracies are being addressed directly by the State.
 - California Health and Wellness and UnitedHealthcare are expected to become Managed Care Plans for the January 2015 bid.
- Communication Workgroup Update
 - Cal MediConnect Enrollment Dashboard Report
 - Community Health Group's enrollments are projected to drop due to the large number of enrollees transitioning from D-SNP into other plans.
 - There is a discrepancy concerning the 15,241 total Pending enrollments for January. Per the SCAN foundation report there will be 18,500 new enrollees.
 - Clarification was provided concerning opt out rates—there is no way to accurately calculate the opt out rate from the dashboard.
- Long Term Services and Support (LTSS) Update
 - Multipurpose Senior Services Program (MSSP) will hold a meeting with all Health Plans to clarify billing, reconciling and other processes, and to discuss care plans and assessments in an effort to resolve current issues.
- In-Home Supportive Services (IHSS) Update
 - It was suggested that Aging and Independence Services (AIS) meet with the Health Plans to assist the Health Plans with understanding the assessments and reports they receive from the State.
 - An All Plan Letter states all members must be assessed by an IHSS social worker and all social workers must be part of the interdisciplinary care team (ICT).
 - An enhancement will be made to the IHSS data program CMIX to provide information concerning which health plan IHSS members belong to.

TeleTownhall Update

- A third vendor bid was acquired for the TeleTownhall call.
- Survey questions were added to the script and it has now been finalized.
- The next focus will be to set up trials, with the official call tentatively scheduled to go out in January.
- Individuals will receive a notice followed by the call.

Success Stories

- The health plans collaborated to gather emerging stories of successful enrollments in the Cal MediConnect program.
- The anecdotes demonstrate examples of members doing exceptionally well while enrolled in a health plan or members who have had problems that were successfully resolved.
- It was noted a statewide perspective is needed on emerging positive experiences to change the perception of the community; while there are problems, there are also solutions and successes.
- The Advisory Committee would like Harbage to take stories back to DHCS and strategized on developing a state-wide document or feed.

Dual Eligible Special Needs Plan (D-SNP) Transition

- Although the deadline to enroll in a Dual Special Needs Plan (D-SNP) plan was October 15th, many brokers assisted consumers to enroll until November 30th.
- Consumers who enrolled in a D-SNP between October 15th and November 30th were rejected by the State and defaulted into a fee-for-service plan.

2015 Meeting Schedule

- Discussion concerning a transition from a monthly meeting to a quarterly meeting will be tabled until March.

1115 Waiver

- The Concept Paper issued by the State suggests using Medicaid dollars to fund housing for Long Term Care patients into a lower acuity setting.
- Ideally, integration of all services and care coordination should occur and include being able to utilize Medicare dollars for permanent housing for vouchers and access to housing.
- There is a great need to provide the homeless with housing to improve case management and to prevent unnecessary emergency room visits and long hospital stays.
- The 1115 waiver was developed for populations the 361 State Plan Amendment missed.
- It was proposed the CCI Advisory Committee have a corporate member of Supportive Housing speak at a meeting to clarify funding and other items covered by the 1115 waiver.

Updates and Announcements

- The CCI Advisory Committee Members received a link to complete a survey to provide CCI program feedback.
- The December Joint Committee, Quality Improvement Subcommittee, Health Plan Work Group, and Behavioral Health Work Group meetings have been cancelled.
- San Bernardino County Executives will be guests in the January CCI/Cal MediConnect Advisory Committee meeting.
- The 2-1-1 Annual Event will be held on February 20th, 2015 at the San Diego Convention Center.

Suggested January Meeting Agenda Items

- None

Next Meeting

The next meeting will be held on January 7th, 2015 from 9:30am–11:30am at the San Diego County Medical Society.

Meeting minutes transcribed by Aracely Soriano