



**L.A. COUNTY COORDINATED CARE INITIATIVE (CCI)
Stakeholder Workgroup
MEETING MINUTES**

Wednesday, April 15, 2015; 1-3 p.m.

Braille Institute
741N. Vermont Ave., Los Angeles, CA 90029

Facilitator: Susi Rodriguez Shapiro, CareMore Health Plan

**Call-In: 1-866-513-8896
Code: 9824142190#**

TIME	TOPIC	PRESENTER
1:00-1:15 p.m.	<p>Welcome/Introductions</p> <ul style="list-style-type: none"> • Meeting was called to order by Susi Rodriguez Shapiro and introductions were made by the health plan representatives and the stakeholders in the room. Participants via phone and WebEx were acknowledged and welcomed. • Susi stated that questions would be taken at the end of the presentations. 	<p>Susi Rodriguez Shapiro Director, Community Engagement & Outreach <i>CareMore Health Plan</i></p>
1:15 - 1:20 p.m.	<p>Approval of January 2015 Minutes</p> <ul style="list-style-type: none"> • Susi Rodriguez Shapiro obtained the motion to approve January 2015 Meeting Minutes from Pam Mokler and the motion was seconded by Carol Lee Thorpe. 	<p>Susi Rodriguez Shapiro Director, Community Engagement & Outreach <i>CareMore Health Plan</i></p>
1:20 - 1:30 p.m.	<p>Braille Institute Overview</p> <ul style="list-style-type: none"> • Rocio Vallejos Hoyt provided a brief overview of the Braille Institute community outreach programs. Independent living resources for clients living with low vision were also shared. Highlighted programs included: <ul style="list-style-type: none"> ✓ “Looking Good” personal grooming services. ✓ “Around Town” transportation services assistance. ✓ “Connection Point” for technical device training. 	<p>Rocio Vallejos Hoyt <i>Program Manager Braille Institute</i></p>
1:30 - 1:45 p.m.	<p>State Update on March Enrollment</p> <ul style="list-style-type: none"> • Hannah Katch gave a presentation on Cal MediConnect and reviewed the March, 2015 enrollment dashboard. • Hannah spoke on the program challenges for the beneficiaries. <ul style="list-style-type: none"> ✓ Enrollment statistics as of March, 2015 - 124,000 members 	<p>Hannah Katch Assistant Deputy Director, DHCS</p>



enrolled into Cal MediConnect program, of which a total 54,000 members reside in Los Angeles County.

- ✓ Passive enrollment for the program is transitioning into active enrollment. Department of Health Care Services (DHCS) is looking to learn of best outreach strategies, suggestions and ideas to strengthen the program.
- ✓ LA Opt Out rates are higher than the rest of California. In Home Supportive Services (IHSS) beneficiaries have been identified as the largest group of consumers to opt out prior to enrollment.
- **Stakeholder Question: Of the number of the people enrolled what is the number of those passively enrolled?**
- **Response(Hannah Katch):** Hannah did not have the data, but replied “it’s a significant portion”
- **Stakeholder Question - Any idea as to why IHSS have opted out at a much higher rate than other consumers?** Hannah didn’t know, but mentioned a conversation she had with an IHSS consumer. “When it’s a struggle to patch together a network of providers who meet your needs it can be scary to take a piece of patchwork out in fear of the whole network and support system falling apart.” Hannah is hoping to better understand how to transition these consumers, but she did not know enough about that to provide an answer.
- **Stakeholder Suggestion: Break out age grouping, younger groups have sets of values and attitudes on care coordination. Second, take away the phrase “that population,” look strategically at ethnic groups who do not trust the government vs. those who sort of trust the government, avoid a single approach or general population. How do we reach the groups who do not trust the government? Help intervene by looking at culture and diversity.**
- **Response (Hannah Katch)** Agreed and provided a confirmation that DHCS is looking into data points around regional and ethnic disparities as well as language and nationality differences to better understand where this population is coming from.
- **Stakeholder Question: San Mateo enrollment statistics review?** Hanna explained there is only one Health Plan in San Mateo County so these members had an opportunity to transition in a more seamless way within the Health Plan products.



<p>1:45 – 2:00 p.m.</p>	<p>Primary Care Physician’s Cal MediConnect Experiences & Perspectives</p> <p>Veassa Johnson, M.D., M.B.A. Dr. Veassa Johnson gave a presentation on the importance of coordinated care and her support of the Cal MediConnect program benefits, illustrating the difference it has made in the lives of these Medi-Medi patients.</p> <ul style="list-style-type: none"> • Coordinated care system to stress prevention and evidence based medicine. <ul style="list-style-type: none"> ✓ Rapidly increasing medical costs due to technology, pharmaceutical therapies. As a country we rank 16th for medical outcomes. Coordinated care allows a shift in system prevention, evidence based medicine and patient centered care. ✓ A unique tool is the Staying Healthy assessment that compiles 27 questions about patient nutrition, patient safety, dental issues, mental health and substance abuse. This tool promotes patient participation, allows quality medical care by assisting the PCP, and providing patient education. The PCP is included as a part of the team. <p>Dr. Johnson began to see a Cal MediConnect patient that was overweight, had heart failure, depression, osteoporosis while taking 6-8 medications for chronic conditions. This patient is a CareMore member that is enrolled into a program, and has since had her heart condition under control, has lost 15 pounds since December, 2014 and is exercising regularly and less depressed.</p> <ul style="list-style-type: none"> • As health care providers have experienced a lot of problems when getting patients treated. A Rheumatologist denied an existing patient’s appointment because the Physician did not understand Cal MediConnect benefits to determine if they could still see the patient. The patient was quite upset. • There is much confusion about billing; the Doctor’s don’t know how to bill for these patients so they just do not take them. The problem with medical supplies is because the doctors just do not know how to order the supplies from a plan they are not a part of and beneficiaries do not understand the program and elect to opt out. Another reason for opt out is due to the beneficiaries being overwhelmed with mailings and paperwork. When they take various correspondences to the Doctor, the doctors themselves do not understand. • Educate the patients as well as the Doctors on Cal MediConnect benefits. 	<p>Veassa Johnson, M.D., M.B.A. Western Health Care A Professional Medical Corporation</p>
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Dr. Johnson is delighted to participate, but feels we need to get the word out on the benefits of the program.

- Dr. Johnson said there is much confusion about the Durable Medical Equipment (DME) billing process on how to apply for those services. If the Doctor is not a part of the management medical group they are often unfamiliar with the process.
- **Stakeholder Question: Can you elaborate more on the confusion on DME supplies, it should be just regular Medicare billing do you have any insight on that?** Doctors assigned to a managed group do not understand how to apply for supplies.
- **Stakeholder Question: Ombudsman for CCI refers the beneficiaries to communicate with their provider offices to get supplies delivered to them.** A widespread problem is the confusion that part of the patient’s medical coverage is now managed care.
- **Stakeholder Question : So having the bosses in the room what do you suggest we as program leaders do differently so providers are equipped with that knowledge they need to have to serve their patients?** Dr. Johnson proposed to look at the Doctors with largest Medi-Medi patients and visit those offices, if possible, and explain how Medicare has stayed the same and how managed care has improved coverage.
- **Stakeholder Question: If the Medical staff does not understand managed care, how does the member get assistance?** Medicare benefits are still good even though MediCal is now managed care. Dr. Johnson suggested visiting non-contracted PCP offices with large Medi-Medi population to educate on Cal MediConnect .
- **Stakeholder Comment: (Care1st)** They have done a lot of provider education, just recently hosted a Provider Summit for all of the Cal MediConnect providers, personally invited all the case managers and focused in on how they access the services, very clearly to these groups.
- **Stakeholder Question: What else can we do?** Pam said, “We don’t have access to Medicare Fee for Service Doctors, if they are not in our network, we don’t know who they are.”
- **Response (Dr. Johnson):** If the Doctor is seeing a large number of MediCal patients who are part of your plan, those are the Doctors who need to be approached.



	<ul style="list-style-type: none"> • Stakeholder Question: Approach the PCP who has a lot of MediCal patients to pay a personal visit and explain the benefits of the program to the patient and to the doctor's staff for assistance in management of the patients. 	
<p>2:00 - 2:15 p.m.</p>	<p>Behavioral Health's Cal MediConnect Experiences & Perspectives</p> <ul style="list-style-type: none"> • Behavioral Health (BH) is an important part of the duals demonstration. We are on a good track for coordinating care and getting people the services they need. • The CareMore Model of Care for behavioral health includes comprehensive treatment with County Dept of Public Health substance abuse and Mental Health disorders. CareMore employed mental health providers (Nurse Practitioners, Therapists, Physicians and Psychologists) and Beacon Health Solutions. Cal MediConnect supports an integrated model of care. This allows physical healthcare and behavioral health providers to work very closely together. • CCI State requests person-centered model is important, with a clinically efficient innovated systems approach to develop a treatment plan that helps manage the chronic health conditions and restore patients to their fullest mental, physical and emotional health so they can live as independent as possible in the least restrictive environment. Manage chronic health conditions as well as mental health to help patients flourish. • CareMore has a relationship with Beacon and county services to coordinate medical concerns more efficiently. Our model has programs to help manage dual eligible inpatient care, specialty mental health coordination with nursing homes, assisted living facilities, board and care and home visits if needed. • Stakeholder Comment: The issue is training member who has dual deaf/bipolar or blind/significantly depressed, use a wheelchair and alcohol/drug users. One of the problems to provide Continuity of Care (COC) due to various access issues. • Stakeholder Question: How are these issues handled? How is staff educated to help with multiple very complex set of issues? 	<p>Mark Schnose, PhD Regional Director, Behavioral Health Clinical Operations</p>



	<ul style="list-style-type: none"> • Reply (Dr. Schnose): “To answer your question we always try to improve and always do better to accommodate the needs of the patient.” 	
<p>2:15 – 2:25 p.m.</p>	<p>Long Term Services & Support (LTSS), Cal MediConnect Experiences & Perspectives</p> <ul style="list-style-type: none"> • David Nolan voiced concerns surrounding the Opt out situation. “It’s not right to allow Opt outs to continue because in the end it is going to kill the Duals program.” • Duals project has such potential to significantly help these members get coordinated care. • At 60% opt out rates, there are rumors of the Duals project being shut down. The moment beneficiaries Opt out, the ability to provide creative support and services are no longer available. • “Bring Them Back” a group commitment to bring 20% of the Opt out beneficiaries back. If necessary, attend weekly meetings to solve how to make this program work. • Bring 20% of the Opt outs back in by the end of the year will support the viability of the program. <ul style="list-style-type: none"> ➢ The approach is to focus on IHSS social workers in LA County, the front line to sell this program to the right people. ➢ Focus on physicians making Opt out decisions based on their own personal reasons, rather than what is best for the patient. ➢ Focus on Nursing Homes influencing Opt out of MMP ➢ Stop being reactive and create a defined plan that is proactive. ➢ DHCS and Center for MediCare and Medicaid Services (CMS) need to take the cuffs off, we need to be able to contact the members and say why we think Cal MediConnect is a better program. Discuss sending packets to members. It is time to say Cal MediConnect is a good thing for them, not only by using information in booklets. • Stakeholder Comment: Another approach how to bring people pack into CCI is the Nursing Homes Decertification issues. Ombudsman has the data for these facilities and there is a large variation of coordinated care. This is why managed care gets involved, it is up to the Health plans to determine how to best approach these massive transitions and another way to show the program is working. 	<p>David Nolan Director LTSS California</p>



<p>2:25 - 2:40 p.m.</p>	<p>Member and Caregiver Experiences Ms. Teresa Delgadillo, a daughter/caregiver, spoke on the improvement Cal MediConnect has had on her Mother.</p> <ul style="list-style-type: none"> ✓ As a Caregiver to her Mother, Mrs. Delgadillo provides transportation and care daily. Past injuries contributed to her Mother’s loss of freedom and travel. Her mother suffers from depression. ✓ Mrs. Delgadillo paid for a membership and joined the gym in efforts to help raise her Mother’s spirit. However, she noticed the machines were hurting her more than helping her. Once the membership ended physical therapy was prescribed for a limited time and her condition worsened. ✓ Cal MediConnect “Blue Envelope” arrived. Because of enrolling her into Cal MediConnect her Mother’s quality of life has improved. Zumba classes were sponsored by the Health Plan and she was becoming happier each day. Mrs. Delgadillo learned that transportation was available and the “Nifty After Fifty” program was introduced, where a supervised trainer was on-site who understood her Mother’s injuries. All provided at no cost. The participation has improved her view of life. Her Mother is much happier and less depressed. <p><u>Stakeholder Comment:</u></p> <ul style="list-style-type: none"> • Cal MediConnect is beneficial to the caregivers as well as the members. Caring for a loved one can be challenging, it is important we approach the benefits from the caregiver’s perspective because they are key influencers for our members. 	<p>Teresa Delgadillo Caregiver for her Mother</p>
<p>2:40 - 2:55 p.m.</p>	<p>Health Plan Representatives for Q&A</p> <p><u>Stakeholder Question:</u> I heard speakers say this program is temporary – if this doesn’t work will this program be removed?</p> <p><u>Response (Care 1st)</u> Hopefully this will expand beyond the 3 years. We need to continue to have ongoing communication to see what we can do to evolve this into what it needs to look like.</p>	<p>Susi Rodriguez Shapiro, M.S.G. Director, Community Engagement & Outreach Team -</p>



	<p><u>Response (Health Net):</u> On Lok/PACE was a demonstration that has been in existence for decades. A bold move on the part of the State and CMS in LA County is to try and make this work. There is new opportunity to speak with people one-on-one and hopefully we do not have to focus on that.</p> <p><u>Stakeholder Comment/Question:</u> What is the IHSS data across the board, is it underutilized? As a member for IHSS advocacy benefits, there are concerns of low hours for IHSS recipients who are enrolled. The plans need to speak with people one-on-one to make it easier to understand.</p> <p><u>Response(Health Net):</u> There is still opportunity to develop the department of social services to ensure that we fully understand the benefit and are fully taking advantage of the benefits for the members. We are not where we need to be quite yet.</p> <p><u>Response (Care1st):</u> A report was sent to the state on IHSS hours and how many had been granted, along with the number of hours and number of members who have received an increase in hours which was much more than expected.</p> <p><u>Stakeholder Question:</u> Can you provide us with that information?</p> <p><u>Response (Care1st)</u> I do not have that in front of me and I do not know if that report is going to be available. It was an ad hoc report, not a regular report.</p> <p><u>Response (DHCS):</u> A report is being formatted so that it can be reported out to the public.</p> <p><u>Stakeholder Question:</u> Dr. Johnson asked: Are health plans moving away from a simple</p>	CareMore
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disease model. Is this a phase or a trend nationwide, or is this just an experiment?

Response (Molina):

Member focused level of care health plans are evolving from being payers, to being active participants of care. Lots of anxiety around the longevity of the program, but plans are very focused on attention to patient level of care.

Response (L.A. Care):

Demonstrations are occurring in different states across the nation to explore what works best.

Response (CareMore): CareMore and Anthem are implementing a program in Virginia and the results will speak for themselves.

Stakeholder Question:

Where can we get evaluation marketing research for this program to compare numbers for person centered care and outcomes? If this is a demonstration how is this shown or proven to be more effective than the alternative?

Response (DHCS):

CMS is doing an independent evaluation in each state and it will not be available until after the demonstration is done. Also, there is ongoing monitoring at the state level, polling in numbers in more of a real time way to feed it back to the plans.

Response (CareMore):

Also reposts are being conducted at the plan level, feeding information to the State level so there will be more information captured.

Stakeholder Comment:



	<p>SCAN is conducting an in depth review to turn quicker results, while looking at those who opt out and those who opted in and compares the data from the perception of the member.</p> <p>How care coordination is developed, how it is perceived, and understood.</p> <p>Suggest you have SCAN folks do a presentation on their findings.</p>	
<p>2:55 - 3:07 p.m.</p>	<p>Closing Remarks</p> <p>Susi thanked everyone for attending and participating in the CCI Stakeholder Workgroup meeting, including the people on the WebEx and the Conference Call-In service. She also thanks the Braille Institute for allowing us to use their conference center for this event. Susi reminded the participants of the following:</p> <ul style="list-style-type: none"> ➤ Next Meeting: July 15, 2015 <ul style="list-style-type: none"> ○ Location: The California Endowment Center ○ Facilitated by Molina Healthcare ○ Time: 1:00 p.m. – 3:00 p.m. <p>Meeting was adjourned at 3:07 p.m.</p>	<p>Susi Rodriguez Shapiro, M.S.G. <i>Director, Community Engagement & Outreach Team - CareMore</i></p>