TRANSCRIPT OF 2-24 STAKEHOLDER CALL
RERELEASE OF THE L.A. ENROLLMENT STRATEGY
TRANSCRIBED BY ROBERT DEVON BELL

>> HI. GOOD AFTERNOON, EVERYBODY, AND THANK YOU ALL FOR JOINING US TODAY FOR THIS STAKEHOLDER CALL TO DISCUSS THE RE-RELEASE OF THE L.A. ENROLLMENT STRATEGY.

UNFORTUNATELY, TODAY'S CALL IS ONLY GOING TO GO UNTIL 12:30. MARGARET TATER, WHO WAS ORIGINALLY GOING TO BE LEADING THE CALL, IS OUT SICK. AND JANE OGLE, WHO IS HERE WITH US RIGHT NOW, HAS A SCHEDULING CONFLICT. SO I GUESS WITHOUT FURTHER ADO, LET'S JUST GO AHEAD AND HAND IT OVER TO JANE OGLE.

>> GREAT. THANKS, EVERYBODY.

AND WHAT WE REALLY WANTED TO DO TODAY, SINCE THE PAPER HAS BEEN OUT FOR A WHILE AND THE STRATEGY HAS BEEN KNOWN FOR A WHILE, IS JUST TAKE YOUR QUESTIONS, BECAUSE WE REALLY WANTED TO HAVE A CHANCE FOR PEOPLE TO ASK QUESTIONS.

SO AS YOU KNOW, THE REVISED ENROLLMENT STRATEGY SUGGESTS THAT THE STATE WILL CONTRACT WITH A TOTAL OF FIVE PLANS IN LOS ANGELES COUNTY: HEALTH NET, L.A.

CARE, CARE FIRST, CARE MORE, AND MOLINA. THE THREE PLANS THAT I MENTIONED LAST ARE OF COURSE PLANS THAT OPERATE IN L.A. COUNTY TODAY. THEY ALL THREE HAVE BEEN REVIEWED TO VARYING DEGREES FOR READINESS FOR CAL MEDICONNECT, AND WE THAT BY HAVING CONTRACTS WITH THOSE PLANS, WE WOULD BE ABLE TO OFFER SIGNIFICANT CHOICE TO L.A. RESIDENTS IN THEIR SELECTION FOR CAL MEDICONNECT PLANS.

THE STRATEGY DOES REQUIRE US TO DO AN ADDITIONAL READINESS REVIEW OF THOSE THREE PLANS. SO WE DON'T ANTICIPATE THOSE PLANS BEING READY FOR PASSIVE ENROLL, OR ANY ENROLLMENT, REALLY, UNTIL JULY 1ST, AND WE ANTICIPATE THAT HEALTH NET AND L.A. CARE WILL BE AVAILABLE FOR PEOPLE TO CHOOSE TO ENROLL ON APRIL 1ST.

SO THAT IS THE SORT OF VERY BASIC FRAMEWORK OF THE STRATEGY. AND WITH THAT, I REALLY AM GOING TO STEP BACK AND SEE IF THERE ARE QUESTIONS.

>> OKAY. SO FOR THOSE OF YOU WHO HAVE QUESTIONS, PLEASE PRESS THE NUMBER TWO ON YOUR PIN PAD.

FIRST WE HAVE ANN D'AMATO, FOLLOWED BY NANCY BULLFIN.

ANN, YOUR MIC IS OPEN.

>> GOOD AFTERNOON. MY QUESTION PROBABLY WON'T BE A SURPRISE TO YOU. BUT AGAIN, THROUGHOUT PROCESS I KNOW BENEFICIARIES WILL BE RECEIVING

NOTICES DESCRIBING THEIR CHOICES. BUT MY QUESTION TO YOU IS, HOW ARE THESE PATIENTS ABLE TO OPT OUT?

>> SO BENEFICIARIES WILL RECEIVE A NOTICE AT 60 DAYS AND AGAIN AT 30 DAYS THAT DESCRIBES THEIR ABILITY TO OPT OUT AND THE CHOICE FORM.

>> OKAY. AND WHAT WILL IT SAY? IT WILL SAY YOU CAN OPT OUT, YOU KNOW, CHECK THIS BOX?

>> I DON'T HAVE THE EXACT LANGUAGE IN FRONT OF ME.

>> OKAY. AND JANE, WHEN WILL THAT EXACT LANGUAGE BE MADE AVAILABLE?

>> IT'S AVAILABLE ON THE WEBSITE NOW, AT CAL DUALS.ORG.

>> RIGHT. AND I'M LOOKING AT THAT WEBSITE, AND ALL IT SAYS IS, IF THEY DO NOT STATE THAT THEY CHOOSE TO OPT OUT AND NOT JOIN A DEMONSTRATION HEALTH PLAN, THEY WILL BE PASSIVELY ENROLLED.

SO HOW – I GUESS MY QUESTION IS, HOW WILL THEY BE ABLE TO OPT OUT? WILL THERE BE A BOX TO CHECK? OR HOW WILL THAT BE DETERMINED?

>> SO THAT'S DETERMINED IN THE CHOICE FORM. THAT JUST TELLS THEM WHAT THEIR CHOICES WILL BE. THE CHOICE FORM HAS THREE BOXES ON IT. ONE SAID CAL MEDICONNECT. THE SECOND BOX IS A MEDI-CAL PLAN, AND THE INSTRUCTIONS THAT GO WITH THAT, THE FIRST BOX SAYS IF YOU PICK THIS BOX, YOU ARE PICKING A CAL MEDICONNECT PLAN. THE INSTRUCTIONS FOR THE OTHER BOX SAYS, IF YOU ARE PICK THIS BOX, YOU ARE PICKING A

MEDI-CAL PLAN AND YOU WILL REMAIN IN MEDICARE AS YOU RECEIVE IT TODAY. YOUR MEDICARE WILL NOT CHANGE. YOU WILL CONTINUE TO RECEIVE MEDICARE AS YOU DO TO, SOMETHING – WORDS STRONGLY TO THAT EFFECT.

AND THEN THE THIRD BOX OF COURSE IS IN CERTAIN ZIP CODES, THE PACE CHOICE.

>> OKAY. SO IF I GUESS IF THEY WANTED TO OPT OUT, THEY WOULD JUST CHECK THE SECOND BOX THAT SAYS THAT THEY WOULD REMAIN IN THE MEDICARE PROGRAM AS THEY ARE TODAY.

>> THAT'S RIGHT.

>> OKAY.

>> THANK YOU, ANN.

NEXT WE HAVE NANCY WILSON. NANCY, YOUR MIC IS OPEN.

>> YES. THANK YOU VERY MUCH.

OKAY, JANE. I JUST WANT TO VERIFY. WE'VE GOT L.A. CARE AND HEALTH NET THAT GO 4-1, AND CARE MORE, CARE FIRST, AND MOLINA 7-1, CORRECT?

>> THAT'S CORRECT.

>> OKAY. NOW I DO –

>> ASSUMING THAT EVERYBODY PASSES READINESS.

>> OKAY. THAT'S RIGHT.

I HAVE A COUPLE QUESTIONS, AND I SENT THAT TO INFO AT CAL DUALS. AND I DON'T KNOW IF THAT'S THE RIGHT E-MAIL, BECAUSE I DON'T GET RESPONSES. SO I PROBABLY

NEED TO VERIFY THAT. I LOVE YOUR UPDATES. THANK YOU VERY MUCH.

THE QUESTIONS THAT I HAVE, ON THE CMC, THEY ARE ON THE CMC I ASSUME THAT WE WILL HAVE ARF'S FOR AUTHORIZATION, IS THAT CORRECT?

>> I'M SORRY, I'M NOT –

>> LIKE A TAR OR AUTHORIZATION REQUEST FORM, SO WE MAKE SURE THAT IF THEY ARE ON CMC FOR OUR AUTHORIZATION, PROVIDING LONG-TERM CARE, THEN WE WOULD COMPLETE ONE OF THOSE FORMS? IS THAT THE WAY IT'S GOING TO OPERATE?

>> SO, YOU – IF YOU ARE PART OF A PLAN, YOU SHOULD BE WORKING WITH – AUTHORIZATION FOR LONG TERM CARE OPERATES. AND EVEN IF YOU AS A LONG-TERM CARE PROVIDER ARE NOT PART OF A PLAN, I THINK IT WOULD BE IMPORTANT TO GET IN TOUCH WITH THE PLAN, TO DISCUSS IF YOU HAVE CAL MEDICONNECT ENROLLED – ARE GOING TO HAVE CAL MEDICONNECT ENROLLEES IN YOUR CENTER, HOW YOU WILL BE WORKING WITH THEM ON AN ONGOING BASIS, BECAUSE OF THE ABILITY FOR PEOPLE IN CAL MEDICONNECT TO STAY IN THE FACILITY THAT THEY HAVE BEEN IN.

>> YES. I DON'T KNOW WHETHER EVERYBODY ELSE HAS BEEN HAVING THIS STRUGGLE, BUT WE HAVE CONTRACTS. AND YES, WE HAVE TRIED TO GET THE ADDENDUMS FOR THE LANGUAGE, AND IT'S JUST BEEN A VERY TEDIOUS AND LENGTHY PROCESS.

SO WE ARE WORKING ON THAT. IF YOU DON'T MIND, I'D JUST LIKE TO ASK TWO MORE QUESTIONS. AND THAT WAS, WHEN YOU ARE LOOKING AT ENSURING QUALITY, IT SEEMS – AND MY CONCERN IS ON THE MEDI-CAL PATIENTS, IF THEY OPT OUT, CERTAINLY I KNOW YOUR AUDITS ARE FAIRLY COMPREHENSIVE ON THE LOW PERFORMANCE ICON, IF THEY DON'T ACCOMPLISH WHAT YOU PERCEIVE THEM TO NEED.

BUT I'M JUST – HOW ARE YOU GOING TO ENSURE THE QUALITY ON AN ONGOING BASIS? ARE YOU GOING TO DO AUDITS ON AN ANNUAL BASIS?

>> WE DO AUDIT PLANS ON A SCHEDULE, WE HAVE BEEN WORKING WITH THE DEPARTMENT OF MANAGED HEALTH CARE TO UPDATE THAT SCHEDULE. I THINK THERE'S A MEDICAL REVIEW, THAT'S A SHORT REVIEW THAT I THINK HAPPENS EVERY YEAR, THEN WE WILL BE DOING REGULAR PLAN AUDITS EVERY OTHER YEAR, I THINK IS THE SCHEDULE THAT WILL BE GOING FORWARD.

SO THE MEDI-CAL PART OF IT.

>> OKAY.

>> SO THAT COORDINATED CARE INITIATIVE PROGRAM, OBVIOUSLY THAT WOULD INCLUDE LONG-TERM SERVICES.

>> OKAY. AND THEN IT SEEMS THAT WE HAVE GOT A LOT OF THESE PROVIDERS THAT ARE GOING OUT AND LOWBALLING CONTRACTED AMOUNTS. IS THERE EVER GOING TO BE A CERTAIN DECISION ON HOW TO CONTROL THE REIMBURSEMENT RATES WITH SOME OF THE CONTRACTORS?

BECAUSE AGAIN, YOU CAN COMPROMISE QUALITY OF CARE. SOME PROVIDER, LONG-TERM CARE PROVIDER SAYS OH, I'LL DO 75% OF YOUR REG LEVEL, AND THEN THAT PATIENT DOESN'T REALLY GET WHAT THEY NEED.

SO HOW – IS THERE GOING TO BE A SUGGESTED CONTROL ON THE NEGOTIATION ON THESE HEALTH PLANS, OR THAT'S JUST SOMETHING CMS IS JUST NOT GOING TO – OR DHCS IS NOT GOING TO APPROACH?

>> CMS HAS WHAT'S CALLED A POLICY OF NON-INTERFERENCE. AND IT WILL NOT INTERFERE WITH A PLAN-TO-PROVIDER NEGOTIATION ABOUT MEDICARE RATES.

>> OKAY.

>> WE, HOWEVER, PUT LEGISLATION AND WE HAVE HAD IN CONTRACT, THAT PARTICULARLY FOR OUR LONG-TERM CARE FACILITIES, THE MEDI-CAL RATES WILL APPLY FOR MEDI-CAL SERVICES IN THE LONG TERM CARE FACILITIES.

SO THERE ARE TWO SIDES TO THAT RATE. I WOULD SAY IN GENERAL, I THINK WE HAVE BEEN VERY CLEAR ABOUT THE MEDI-CAL RATES APPLYING FOR MEDI-CAL SERVICES, BUT CMS IS NON-INTERFERENCE FOR MEDICARE SERVICES, AND MEDICARE RATES IS SOMETHING THAT IS A NATIONAL POLICY.

>> OKAY. VERY GOOD.

AND THEN JUST LASTLY, ON THE MEDICARE ADVANTAGE –

>> UH-OH. SORRY, NANCY.

>> NANCY, WAIT A SECOND.

>> WHILE COURTNEY IS WORKING ON GETTING THAT BACK, IN TERMS OF E-MAILING QUESTIONS AT CAL DUALS, WHEN WE MADE THE INITIAL ANNOUNCEMENT, WE REALLY HOPED THIS PAPER WAS GOING TO ANSWER A LOT OF THEIR QUESTIONS, FOR THOSE WHO SENT IN QUESTIONS PRIOR TO THIS DOCUMENT BEING RELEASED. WE REALLY WANTED THIS TO BE A RESPONSE TO THOSE QUESTIONS.

SO IF YOU DO HAVE ADDITIONAL QUESTIONS AFTER REVIEWING THIS DOCUMENT, PLEASE SUBMIT IT TO INFO@CALDUALS. THAT IS THE CORRECT E-MAIL.

>> OKAY. VERY GOOD.

>> MEDICARE ADVANTAGE AND MANAGED CARE MEDI-CAL, IF THEY ARE ON THOSE CURRENTLY, THEY WILL STILL GET NOTIFICATION IN L.A. COUNTY FOR CAL MEDICONNECT, CORRECT?

>> THEY WILL GET NOTIFICATION IN OCTOBER FOR CAL MEDICONNECT. THEY COULD, UP UNTIL – WELL, THEY COULD IN JULY AND AUGUST GET NOTIFICATION ABOUT MLTSS, THAT CAL MEDICONNECT WILL BEGIN IN OCTOBER.

>> OKAY. VERY GOOD. THANK YOU SO MUCH, JANE. THANK YOU.

>> OKAY.

>> NEXT UP WE HAVE BETH GARVER. SORRY, JUST A SECOND.

BETH, YOUR MIC IS OPEN.

>> YEAH. I HAVE A QUESTION ABOUT THE CMS STAR RATING. WHAT'S POSTED ON THE CAL DUALS WEBSITE,

THAT'S OLD INFORMATION, CORRECT? WILL YOU BE POSTING THE CURRENT STAR RATING?

>> THE 3.5 STARS FOR THE PART C IS ACCURATE. THERE ARE OTHER ISSUES OF LOW PERFORMING ICON, BUT TO OUR KNOWLEDGE THAT IS THE MOST UP TO DATE STAR RATING.

AND YOU COULD E-MAIL THAT INTO CAL DUALS WHERE YOU THINK THE INFORMATION IS INACCURATE. WE CAN FIX THAT.

>> OKAY.

>> BETH.

>> NEXT WE HAVE YIN LAI, FOLLOWED BY AMBER CUTLER. I'M SORRY – YIN, YOUR MIC IS OPEN.

>> CAN YOU HEAR ME?

>> YES.

>> OKAY. IF THE BENEFICIARY CHOOSES TO OPT OUT, IS IT STILL PART OF THE PLAN THAT ALLOWS THE BENEFICIARIES TO HAVE DIFFERENT HEALTH PLANS THAT ARE MEDICARE AND MEDI-CAL HMO PLANS? FOR EXAMPLE, BENEFICIARIES CAN CHOOSE UNITED HEALTH CARE, MEDICARE HMO PLANS, LIKE AN MAPD AND HAVE THE L.A. CARE, MEDI-CAL HMO PLAN?

>> DURING 2014, THAT IS THE PLAN, YES. THAT IS CORRECT.

>> OKAY. AND WHEN WILL THAT TAKE EFFECT? BECAUSE CURRENTLY BENEFICIARIES ARE STILL RECEIVING NOTIFICATIONS THAT THEY WILL BE DISENROLLED FROM THE CURRENT MEDI-CAL PLAN ONCE THEY ENROLL INTO

ANOTHER – MAPD OR A SNIP PLAN. THAT'S NOT HEALTH NET OR L.A. CARE?

>> I WOULD IMAGINE THAT'S PART OF THE STC'S THAT WE ARE FINALIZING WITH CMS NOW. SO THAT WILL TAKE EFFECT PROBABLY THE BEGINNING OF MARCH.

>> MARCH? OH, OKAY. THANK YOU.

>> NEXT UP WE HAVE AMBER CUTLER. AMBER, YOUR MIC IS OPEN.

>> CAN YOU GUYS HEAR ME?

>> YES.

>> OKAY. PERFECT. I HAVE TWO QUESTIONS ABOUT THE VOLUNTARY ENROLLMENT PERIOD. DURING THE THREE-MONTH VOLUNTARY ENROLLMENT PERIOD, ARE ALL FIVE PLANS GOING TO BE AVAILABLE, OR JUST L.A. CARE AND HEALTH NET?

>> JUST L.A. CARE AND HEALTH NET WOULD BE AVAILABLE FOR VOLUNTARY ENROLLMENT.

>> OKAY. BECAUSE THAT'S NOT CLEAR ON THE L.A. ENROLLMENT STRATEGY.

>> OKAY. WE WILL MAKE THAT CLEAR. BECAUSE THE OTHER PLANS – READINESS.

>> OKAY. AND SO THAT WILL BE JULY, WHEN THEY START ACCEPTING PASSIVE ENROLLMENT.

AND THEN THE OTHER THING ABOUT THE VOLUNTARY ENROLLMENT PERIOD, WILL PEOPLE BE ABLE TO OPT OUT OF CAL MEDICONNECT WHEN THEY GET THAT NOTICE, OR CAN

THEY NOT OPT OUT UNTIL THEY RECEIVE THEIR FIRST PASSIVE ENROLLMENT NOTICE?

>> IF YOU OPT IN, YOU CAN OPT OUT. SO IF SOMEBODY VOLUNTARILY ENROLLS IN APRIL, THEY CAN CHOOSE TO DISENROLL IN MAY. THEY WON'T HAVE RECEIVED ANY INFORMATION.

>> OKAY. BUT LET'S SAY THEY GET THE VOLUNTARY ENROLLMENT NOTICE. AT THAT THAT'S NOT ACTIONABLE. SO IN APRIL THROUGH JUNE, THEY WON'T BE ABLE TO CALL AND OPT OUT OF CAL MEDICONNECT UNLESS THEY HAVE ALREADY OPTED IN?

>> YEAH. WE WOULDN'T HAVE ANY INFORMATION ABOUT THEM IN APRIL. SO IT WOULD BE VERY DIFFICULT FOR US TO PROCESS AND OPT OUT IN APRIL, BECAUSE THEY ARE UNKNOWN TO US.

>> OKAY. THANKS.

>> OKAY.

>> NEXT WE HAVE CELIA KERR. CELIA, YOUR MIC IS OPEN.

>> I HAVE A QUESTION RELATED, ACTUALLY, DENTAL CARE AND SKILLED NURSING FACILITIES FOR L.A. COUNTY MEMBERS OR BENEFICIARIES WHO ARE CURRENT IN SKILLED NURSING FACILITIES AND THEY ARE A FEE-FOR-SERVICE PLAN. ARE THEY GOING TO BE MOVED INTO ONE OF THE FIVE PLANS UNLESS THEY OPT OUT?

>> DENTAL SERVICES WOULD REMAIN FEE FOR SERVICE, ALTHOUGH I THINK SOME OF THE PLANS ARE OFFERING AN ENHANCED DENTAL BENEFIT.

>> OKAY. WELL, THE PROBLEM OF COURSE IN THE SKILLED NURSING FACILITIES IS, ON THE FIVE PLANS, IT'S EASY IF THE PATIENT CAN GET UP AND GO TO ONE OF THEIR NETWORK DOCTORS OR DENTISTS. NOT SO EASY WHEN THEY ARE LYING IN BED IN A SKILLED NURSING FACILITY. SO THERE'S AN ACCESS ISSUE FOR THEM.

>> THEY WILL HAVE TO ENROLL –

>> CONTACTED IN THE PAST, SOME OF THE PLANS, AND THE PROBLEM OF COURSE SINCE WE ARE REALLY A PORTABLE MOBILE COMPANY, IS THAT THEY CAN'T ASSIGN MEMBERSHIP TO US, SO WE SORT OF HIT A BRICK WALL THERE.

SO WE ARE TRYING TO SEE HOW WE ARE GOING TO CONTINUE CARING FOR THESE PATIENTS AND MAKE SURE THAT THEY DO HAVE ACCESS AND CONTINUITY.

>> DENTAL BENEFITS UNDER MEDI-CAL WILL BE CONTINUE TO BE PRIMARILY A FEE-FOR-SERVICE BENEFIT.

>> OKAY. SO THEY ARE NOT GOING TO BE MOVED. AND WHAT ABOUT THE ONES THAT ARE – LET'S SAY THAT THEY DO OPT FOR ONE OF THE FIVE PLANS, AND THEN SIX MONTHS LATER THEY GO INTO A SKILLED NURSING FACILITY, WHERE AGAIN THEY ARE NOT GOING TO HAVE ACCESS?

>> THEY HAVE TO SOMEHOW – MAYBE THE SKILLED NURSING FACILITIES, UPON ADMISSION, WILL – I'M NOT SURE WHAT IS GOING TO HAPPEN TO THOSE PATIENTS. WE DON'T WANT THEM TO BE IN AN HMO OR ONE OF THESE FIVE PLANS AND NOT HAVE ACCESS TO DENTAL CARE. SOME OF THEM

ARE JUST BY THEMSELVES. I MEAN, THEY HAVE NO FAMILY INVOLVED.

>> IT'S THE PLAN'S RESPONSIBILITY TO MAKE SURE THAT PEOPLE HAVE ON GOING ACCESS TO AND COORDINATION OF ALL OF THEIR BENEFITS, INCLUDING ANY BENEFITS THAT THEY RECEIVE AS THEY MOVE INTO A SKILLED NURSING FACILITY.

>> OKAY. I'M SORRY. THE FIRST PART WE DID NOT HEAR. WHO'S RESPONSIBILITY?

>> THE PLAN HAS RESPONSIBILITY FOR THE COORDINATION OF ALL BENEFITS, WHETHER THEY ARE PLAN BENEFITS OR WHETHER THEY ARE COORDINATING FEE FOR SERVICE BENEFITS, AND PARTICULARLY WHETHER PEOPLE ARE MOVING TO DIFFERENT LOCATIONS OF CARE, WHETHER IT'S FROM HOME TO SKILLED NURSING OR HOSPITALS TO SKILLED NURSING, OR SKILLED NURSING TO HOME.

>> OKAY. I'M NOT SURE THAT THEY HAVE THE ABILITY RIGHT NOW, OR AT LEAST THEY DIDN'T LAST YEAR. AND MAYBE THEY HAVE IMPROVED THEIR SYSTEMS TO KNOW WHERE THEIR MEMBERS ARE RESIDING.

OKAY. I APPRECIATE IT. THANK YOU.

>> NEXT WE HAVE JO AND MICHAEL, AND THEN WE ARE GOING TO GO BACK TO BETH GARBER. JO AND MICHAEL, YOUR MIC IS OPEN. JO AND MICHAEL? JOEY? MAYBE YOU'RE ON MUTE?

>> ON IT, OR WILL THEY HAVE TO WAIT FOR A LONG TIME TO GET BACK ON THE WAIVER SERVICES?

>> SORRY, YOU CUT OUT. WE ONLY HEARD THE LAST TWO WORDS.

>> OKAY. IF SOMEONE'S ON THE WAIVER PROGRAM, AND LET'S SAY THEY ACCIDENTALLY ENROLL IN A PLAN, DO THEY – THEN THEY WILL LOSE THEIR WAIVER SERVICES. BUT WILL THEY BE ABLE TO GET RIGHT BACK ON THE WAIVER SERVICES, OR WILL THEY HAVE TO BE ON A WAITING LIST

>> SO IF SOMEBODY IS IN WAIVER SERVICES, THEY WON'T ACTUALLY GET INFORMATION ABOUT THE PLAN TO ENROLL.

>> YEAH, BUT WHAT IF THEY HAPPEN TO HEAR FROM THEIR FRIEND AND THEY GET ON? WILL THEY BE ABLE TO GET THE WAIVER SERVICES BACK RIGHT AWAY?

>> I WOULD HAVE TO CHECK WITH WAIVER. I WOULD ASSUME THAT OUR GOAL WOULD BE TO MAKE SURE THAT PEOPLE MAINTAIN THEM, BEST LEVEL OF SERVICE THAT THEY CAN. SO I WILL CHECK IN THE WAIVER PEOPLE.

>> OKAY. THANK YOU.

>> THANK YOU. NEXT GOING BACK TO BETH GARVER. AND AGAIN, WE WANT TO REMIND EVERYONE THAT IF YOU DO HAVE QUESTIONS, PLEASE PRESS THE NUMBER TWO ON YOUR PIN PAD.

BETH, YOUR MIC IS OPEN.

>> MY QUESTION HAS BEEN ANSWERED. THANK YOU.

>> OKAY. ALL RIGHT. WE HAVE NO OTHER QUESTIONS AT THIS TIME.

>> OKAY. WELL, IF THERE ARE NO OTHER QUESTIONS.

>> JUST KIDDING. SORRY, NEVER MIND.

CARRIE JENKINS, YOUR HAND JUST WENT UP. SO CARRIE, YOUR MIC IS OPEN.

>> THANK YOU. I JUST WANTED TO ASK ABOUT THE ENROLLMENT FOR DEFAULT. DID YOU SAY IN RESPONSE TO ANOTHER QUESTION THAT ONLY HEALTH NET AND L.A. CARE WOULD HAVE DEFAULTS IN L.A. COUNTY?

>> NO.

>> THAT ONLY HEALTH NET WOULD? THANK YOU.

>> NO, I DIDN'T. WHAT I SAID WAS THAT BEGINNING IN APRIL, HEALTH NET AND L.A. CARE WILL BE OPEN FOR ENROLLMENT, AND A PERSON CAN CHOOSE TO JOIN HEALTH NET OR L.A. CARE. BEGINNING IN JULY, ASSUMING THAT ALL THE OTHER THREE PLANS HAVE PASSED THE READINESS REVIEW, HEALTH NET, CARE FIRST, CARE MORE, AND MOLINA WILL BE AVAILABLE TO ACCEPT PASSIVE ENROLLMENT, DEFAULT ASSIGNMENT.

L.A. CARE WILL BE ABLE TO BEGIN TO ACCEPT PASSIVE ENROLLMENT, DEFAULT ASSIGNMENT, WHEN IT HAS CURED ITS LOW PERFORMING ICON, WE HOPE WILL BE BY JANUARY 15TH.

>> THANK YOU VERY MUCH.

>> OKAY.

>> NEXT UP WE HAVE RENA BURNS, FOLLOWED BY CASSIDY. RENA, YOUR MIC IS OPEN.

>> THANK YOU. I DID JUST WANT TO VERIFY THAT I HAVE GOT IT STRAIGHT. IF SOMEONE IS ENROLLED IN THE WAIVER

PROGRAM FOR THE ASSISTED LIVING, THEY WOULD STAY IN THAT PROGRAM AND NOT RECEIVE THE OPTIONS – WILL ENROLL IN A PLAN, IS THAT CORRECT?

>> THAT'S CORRECT.

>> THANK YOU.

>> THANK YOU, RENA.

NEXT UP WE HAVE CASSIDY, FOLLOWED BY EDWARD A. KLEIN.

CASSIDY, YOUR MIC IS OPEN.

>> HI. SO I UNDERSTAND THAT THE PEOPLE WHO ARE ELIGIBLE FOR CAL MEDICONNECT WILL BE GETTING A NOTICE TO OPT IN, STARTING APRIL. SO LET'S SAY I'M A DUAL, AND I GET A LETTER SAYING, SAYING YOU MAY OPT IN, AND I CALL AND SAY I DO NOT WANT TO OPT INTO THIS PROGRAM, WILL I THEN LATER GET A NOTICE SAY THAT I AM BEING PASSIVELY ENROLLED AND NEED TO OPT OUT?

>> RIGHT NOW, THAT'S PROBABLY THE CORRECT SCENARIO.

>> OKAY. THANK YOU.

>> THANK YOU. NEXT UP WE HAVE EDWARD A. KLEIN.

EDWARD, YOUR MIC IS OPEN.

>> WILL THE 30-DAY AND 60-DAY NOTICES GO OUT THAT TIME PERIOD BEFORE APRIL 1, OR BEFORE JULY 1?

>> BEFORE JULY 1.

>> THANK YOU.

>> THANK YOU. BETH GARVER, YOUR HAND IS UP AGAIN?

>> YEAH. CAN I JUST ASK, THE OPT OUT THAT YOU JUST WENT OVER, JANE, WHERE IS IT CORRECT THAT SOMEBODY IS GOING TO HAVE TO OPT OUT POTENTIALLY TWICE?

>> IF SOMEBODY GETS A LETTER SAYING THAT CAL MEDICONNECT IS AVAILABLE IN L.A. COUNTY STARTING IN APRIL, THAT'S ALL THE LETTER IS GOING TO SAY. SOME TIME LATER THEY WILL GET A CHOICE, A LETTER ABOUT WHAT THE OPTIONS ARE IN L.A. CARE AND THE 90, 60, AND 30-DAY NOTICE. WE HAVEN'T ACTUALLY EVEN FINALIZED WHAT A LETTER WOULD LOOK LIKE OR WHETHER OR NOT A LETTER IS ACTUALLY GOING TO GO OUT.

>> OKAY. SO ON YOUR CCI NOTICES AND STATUS AS OF 2-4-14, WHERE IT SAYS L.A. VOLUNTARY NOTICE, THAT'S VOLUNTARY ENROLLMENT FROM APRIL TO JUNE?

>> THAT IS VOLUNTARY ENROLLMENT FROM APRIL TO JUNE, AND WE HAVEN'T FINALIZED THAT NOTICE, WE HAVEN'T EVEN DECIDED IF IT'S GOING TO GO OUT. BECAUSE ALL IT WILL SAY IS, CAL MEDICONNECT IS AVAILABLE IN LOS ANGELES COUNTY.

>> OKAY. WELL, THAT'S CONCERNING.

THE OTHER THING IS THE – ALL ALONG, THAT THEY HAD – THEY ONLY HAD TO OPT OUT ONE TIME FOR THE ENTIRE DEMONSTRATION. SO NOW THAT'S DIFFERENT, AND THEY MIGHT – I MEAN , THIS IS GOING TO CONFUSE THE HECK OUT OF PATIENTS. THEY ARE GOING TO OPT OUT, AND THEN THEY ARE GOING TO GET MORE LETTERS, AND THEY WILL HAVE TO OPT OUT AGAIN.

>> SO IT'S OUR INTENT, AND WHAT WE HAVE BEEN WORKING TOWARDS, IS HAVING PEOPLE MAKE INFORMED CHOICES. AND THAT CONTINUES TO BE OUR GOAL, THAT PEOPLE CAN MAKE AN INFORMED CHOICE ABOUT WHETHER OR NOT THEY WANT TO PARTICIPATE IN THE DEMONSTRATION, AND WE ARE CONTINUING TO WORK TOWARDS THAT GOAL. WE HAVEN'T, AS I SAY – THE PRE-APRIL 1 NOTICE HAS NOT BEEN COMPLETELY FINALIZED YET.

>> AND DO YOU NOT EXPECT THAT, ACCORDING TO YOUR CHART, UNTIL APRIL?

>> SINCE THERE IS NOTHING ANYBODY CAN DO UNTIL AFTER THE BEGINNING OF APRIL, WE ARE CONCERNED ABOUT SENDING OUT SOMETHING THAT DOESN'T HAVE ANY ACTIONABLE ACTION ATTACHED TO IT.

>> OKAY. THANK YOU.

>> NEXT UP WE HAVE JEFF ZUCKHART, FOLLOWED BY CECILE YEAH WONG.

SO JEFF, YOUR MIC IS OPEN.

>> THANK YOU. MY QUESTION HAS TO DO WITH A MEDI-CAL PATIENT WHO HAS ELECTED A HEALTH PLAN IN L.A. COUNTY. THEIR PHYSICIAN THAT THEY HAVE HAD NOW IS NOT A PART OF, IS NOT A MEMBER OF L.A. CARE OF HEALTH NET OR WHATEVER PLAN THEY CHOOSE. HOW WILL PHYSICIAN COVERAGE CONTINUE IN THAT REGARD?

>> SO FOR PHYSICIAN COVERAGE WHEN A PERSON ELECTS TO JOIN CAL MEDICONNECT, THEY CAN ASK FOR CONTINUITY OF CARE FOR UP TO SIX MONTHS WITH A

PHYSICIAN THAT THEY HAVE SEEN PRIOR TO ENROLLMENT IN CAL MEDICONNECT. AND IT WOULD BE UP TO THEIR PHYSICIANS OR THE MEMBER TO CONTACT THE PLAN THEY HAVE ENROLLED IN AND SAY I WANT TO CONTINUE TO SEE DR. JOHN, BECAUSE I HAVE SEEN HIM IN THE PAST.

AND THE PLAN WOULD REACH OUT TO THAT PHYSICIAN, CREATE A LETTER OF AGREEMENT SO THAT THEY COULD CONTINUE TO PROVIDE SERVICES FOR UP TO SIX MONTHS AFTER ENROLLMENT. OF COURSE THE GOAL IS TO PHYSICIANS PARTICIPATE IN THE PLAN, SO THAT – SO THAT THAT CONTINUITY CAN CONTINUE.

>> DURING THAT SIX-MONTH PERIOD, WILL THEY THEN – WHO WILL THEY BILL.

>> THEY WILL BILL THE PLAN.

>> THEY BILL THE PLAN? EVEN IF THEY ARE NOT A MEMBER, THE PLAN WILL RECOGNIZE AND ACCEPT THOSE CLAIMS FROM THE DOCTOR?

>> SO IT WOULD BE THE RESPONSIBILITY OF THE PROVIDER TO SET UP AN ARRANGEMENT WITH THE PLAN SO THAT THEY COULD BILL. DO A LETTER OF AGREEMENT. THE PLAN HAS AN OBLIGATION TO MAKE SURE THAT THE PROVIDER ISN'T BARRED FROM MEDICARE OR MEDI-CAL AND THAT THE PLAN HAS AN OBLIGATION TO OFFER MEDICARE RATES FOR MEDICARE SERVICES AND MEDI-CAL RATES FOR MEDI-CAL SERVICES.

>> OKAY. ONE MORE QUESTION IN THAT SAME REGARD, AND THAT IS, SO IF THE DOCTOR DOESN'T CHOOSE TO

PARTICIPATE IN ONE OF THE HEALTH PLANS, WILL THE HEALTH PLAN THEN REASSIGN A DOCTOR TO COME INTO THE FACILITY FOR FACILITY VISITS?

>> YES, THEY WOULD EVENTUALLY DO THAT. THEY WOULD HAVE TO, BECAUSE THEY WOULD BE RESPONSIBLE FOR ASSURING ON GOING CARE.

>> OKAY. ALL RIGHT. AND IS IT THE FACILITY'S RESPONSIBILITY TO FIND A DOCTOR FOR THEM?

>> IT'S THE PLAN'S RESPONSIBILITY TO MAKE SURE THERE'S COVERAGE.

>> OKAY. ALL RIGHT. THANK YOU.

>> OKAY.

>> THANKS, JEFF.

NEXT UP WE HAVE CECELIA WONG. CECELIA, YOUR MIC IS OPEN.

>> HI. I HAD THE SAME QUESTION JEFF DID. YOU ANSWERED MY QUESTIONS. THANK YOU.

>> OKAY. THANK YOU.

IF THERE ARE ANY MORE QUESTIONS, PLEASE PRESS TWO.

WE ARE GOING TO TAKE TWO MORE, SINCE WE ARE RUNNING SHORT ON TIME. SO FIRST UP WE HAVE MIKE RHYME, FOLLOWED BY PAUL DWORK.

SO MIKE, YOUR MIC IS OPEN.

>> YEAH. THANK YOU FOR TAKING MY QUESTION. DO WE ANTICIPATE THAT THE 200-MEMBER BAN WILL BE LIFTED IN 2015?

>> NO, THE 200,000 MEMBER CAP IN L.A. COUNTY IS FOR THE DURATION OF THE DEMONSTRATION.

>> OKAY. THANK YOU, JANE.

>> THANK YOU. AND FINALLY, WE HAVE PAUL DWORK.

PAUL, YOUR MIC IS OPEN.

>> YEAH. GOOD AFTERNOON. I JUST HAD A QUICK QUESTION REGARDING PROVIDER OF SERVICE. I'M A MEDICAL SUPPLY PHARMACY. AND BY NOT – BY BEING LOCATED ON THE EDGE OF L.A. COUNTY, I HAVE NOW BEEN NOT ABLE TO BILL L.A. CARE ANY LONGER. THEY SAY YOU HAVE TO BE LOCATED WITHIN L.A. COUNTY. IS THERE ANY WAIVERS. I HAVE SENT LETTERS, AND THEY SAID NOPE, YOU ARE NOT IN L.A. COUNTY, YOU CAN'T BILL ANY MORE. IS THERE ANYTHING WE CAN DO ABOUT THAT?

>> COULD YOU SEND YOUR QUESTION TO INFO @ CAL DUALS.ORG? BECAUSE I'M NOT REALLY SURE I UNDERSTAND. IF BY SAYING YOU ARE ON THE EDGE OF L.A. COUNTY, YOU ARE IN A DIFFERENT COUNTY.

>> I'M IN VENTURA COUNTY INSTEAD OF L.A. COUNTY.

>> OH, OKAY.

>> SO WHAT I'M ASKING IS, IS THAT AS A TAXPAYER WITHIN THE STATE OF CALIFORNIA, MY TAX DOLLARS ARE GOING TO – HA HA – PATIENTS IN LOS ANGELES THAT I CAN'T BILL ANY LONGER FOR, BECAUSE I'M IN VENTURA COUNTY. I MEAN, ALL MY TAX DOLLARS ARE GOING FOR MEDICAID IN VENTURA? NONE OF IT IS GOING TO L.A.?

>> I HAVE NO IDEA.

>> WELL, WHAT I'M ASKING IS, I MEAN, AS A CALIFORNIA RESIDENT, WHY AM I BEING – WHY IS ANYBODY BEING EXCLUDED FROM BILLING. IF THEY ARE NOT IN L.A. COUNTY, THEY CAN'T BILL L.A. COUNTY ANY MORE.

>> I DON'T KNOW ANYTHING ABOUT L.A. COUNTY'S PRACTICES. I KNOW THAT THE PLANS HAVE AN OBLIGATION TO CREATE A SUFFICIENT NETWORK OF PROVIDERS TO PROVIDE SERVICES TO THEIR BENEFICIARIES, AND THAT HAS BEEN THE ONGOING RULE, THAT THEY HAVE A SUFFICIENT NETWORK OF PROVIDERS. WE MONITOR THAT ON A QUARTERLY BASIS.

>> WHERE DO YOU SAY I SHOULD SEND MY QUESTION TO?

>> INFO @ CAL DUALS.ORG.

>> THANK YOU.

>> OKAY. THANKS, PAUL.

SO AGAIN, FOR THOSE OF YOU WHO HAVE ANY LAST-MINUTE QUESTIONS OR COMMENTS, PLEASE SEND THEM IN TO INFO AT CAL DUALS.ORG. AND THANK YOU AGAIN FOR JOINING US TODAY.