L.A COORDINATED CARE INITIATIVE (CCI)
Stakeholder Meeting
MEETING MINUTES

Wednesday, October 24, 2018
11:00am – 3:00pm
Braille Institute
741 North Vermont Ave. Los Angeles, CA 90029

TIME	TOPIC	PRESENTER(S)
11:00 – 11:15AM	**WELCOME & INTRODUCTIONS** Jennifer welcomed guests and each attendee introduced themselves. **Attendees:** ***Adriana Bowerman, Molina Healthcare*** ***Alexandra Bravo, Molina Healthcare*** ***Alice Yerikyan, St. Barnabas Senior Services*** ***Anthony Holton, UCLA*** ***Araceli Garcia, Blue Shield Care 1st Health Plan*** ***Azra S. Aslam, HealthNet*** ***Billy White, HealthNet*** ***Blanca Martinez, Molina Healthcare*** ***Brian Campos, Molina Healthcare*** ***Carol Lee Thorpe, Independent Living Systems*** ***Celine Oghoubian-Rangel, HealthNet*** ***Chelsey Leasure, HealthNet*** ***Cindy Christenson, Rockport Healthcare*** ***Clare Chao, HealthNet*** ***Claudia Aguilar, CareMore Health Plan*** ***Crystal Burrous, Blue Shield CA*** ***Dan Salo, LA Care Health Plan*** ***Daniela Sarmina, St. Barnabas Senior Services***	**Jennifer Rasmussen**

	Darren Dunaway, Human Services Association ***David Kane, Neighborhood Legal Services of Los Angeles*** ***Denny Chan, National Senior Citizens Law Center Justice in Aging*** ***Desirae Ortiz, Preferred IPA of California*** ***Diana McCulloch, LA Care*** ***Doris Doss, Human Services Association*** ***Edward Mariscal, HealthNet*** ***Eric Schwimmer, Anthem Blue Cross*** ***Erika Estrada, LA Care*** ***Francisco Moreno, Partner in Care*** ***Gilda Medrano, HealthNet*** ***Gloria Orellana-Frankhan, CareMore Health Plan*** ***Gretchen Nye, CMS, MMCO*** ***Hector Ochoa, Southern California Resources Services for Independent Living*** ***Henry Breadbunt, DRC – Disable Resources Center*** ***Hilary Haycock, Harbage Consulting*** ***Irene Martinez, Fiesta Educativa Incorporated*** ***Itzel Hernandez, Care1st*** ***Jennifer Rasmussen, Molina Healthcare*** ***Jennifer Schlesinger, Alzheimer's Los Angeles*** ***JoAnn Cannon, PASC*** ***Jorge Zamora, HealthNet*** ***Joyce Furlough , CareMore Health Plan*** ***Justice Pak, Communities Actively Living Independent & Free (CALIF)*** ***Karen Widerynski, California Association of Health Facilities*** ***Kelly Honda, Alzheimer's Los Angeles*** ***Kirsten Martin, Partners in Care*** ***Kristi Sugarmah-Coats, CMS*** ***Liliana Payan, Care 1st*** ***Linda Luna, BlueShield CA*** ***Lindsay Barnett, CMS, MCCO*** ***Lindsey Kouns, Molina Healthcare*** ***Martha Zuniga, HealthNet*** ***Megan Burke, The SCAN Foundation***	

	Megan Dankmyer, Molina Healthcare ***Michael Brodsky, LA Care*** ***Michael Tredinnick, DMH LA County*** ***Miguel Velasquez, St. Barnabas Senior Services*** ***Misty De La Mare, LA Care*** ***Monika Vega, Harbage Consulting*** ***Monina R. Alvarenga, HealthNet*** ***Naira Ovsepyan, Care 1st*** ***Nancy Chen, Molina Healthcare*** ***Nancy Stowe, HSALA*** ***Narine Avetisyan, CSI Coop*** ***Randy Nater, Molina Healthcare*** ***Rina Cruz, Care 1st*** ***Rona Lomeli, CareMore Health Plan*** ***Ruthy Argumedo, Molina Healthcare*** ***Ryan MacDonald, Harbage Consulting*** ***Samantha Dar, CSI Support & Development Senior Housing*** ***Scott Blackburn, APLA Home Health*** ***Tanis Sugden, Independent Living Systems*** ***Terrance Henson, Molina Healthcare*** ***Thomas S. Kudlick, HealthNet*** ***Tiffany Ngo, SCRS-IL*** ***Tina Hendizadeh, HealthNet*** ***Vatche Kelartinian, Heritage Clinic*** ***Veronica Sanchez Perez, CareMore Health Plan*** ***Yolanda Tenorio, Care 1st*** ***Yvonne Querido, DRC – Disabled Resources Center*** ***Zarai Espiritu – Fiesta Educativa***	
11:15 – 11:55AM	**PRESENTATION:** National Snapshot of the Financial Alignment Demonstration & CMS Perspective on Key Learnings and Innovations from the Demonstrations	**Gretchen Nye & Lindsay Barnette**
11:55AM – 12:45PM	**LUNCH**	
12:45 – 1:15PM	**PRESENTATION:** Broker Pilot, MSSP Transition & HCBA Waiver	**Hilary Haycock**
1:15 – 2:00PM	**PRESENTATION: Behavioral Health Discussion** • Dr. Tredinnick – DMH Perspective	**Dr. Michael Tredinnick & Dr. Michael Brodsky**

	• Dr. Brodsky – Health Plan Perspective	
	BEHAVIORAL HEALTH PANEL ***QUESTION #1: Jennifer Rasmussen (Molina Healthcare):*** "For Cal MediConnect, where a lot of the behavioral health services are covered through health plan regardless of severity, how does each plans handle determining whether a service is going to be covered by plan or county entity? • Dr. Jorge Zamora from HealthNet/MHN explained they have a bi-directional referral process through DMH and the health plan. They have CMC case managers who perform assessments and have specific conversations about where the member's needs would be met. Jorge explained that they dedicate a lot of training and time to the case management team so they are aware of CMC population (homeless, housing, etc). HealthNet then makes a determination whether they as a plan will serve them, if mild or moderate mental health impairment, or make the call to specifically refer to County mental health, if severely impaired. He highlighted that all of the plans share commitment to the member to provide a warm handoff and not to simply drop them off somewhere. • Rona Lomeda from CareMore explained that they work closely with Beacon for inpatient. Beacon authorizes the CMC members to hospitals and then they notify CareMore when transition of care is needed (Ex: After hospitalization, they coordinate with Beacon if the members needs to be in a SNF). CareMore has good contracts with hospitals. She clarified that whether the member is a BH Prime member, or a non BH prime member (upon discharge from SNF), they collaborate with Beacon. • Dr. Michael Brodsky from LACare explained that for LA Care and the CMC population, they estimate 10% membership is connected to DMH. Those services tend to be evaluated and provided by DMH. They also use Beacon for inpatient. Beacon has its own set of medical criteria – ToC and continuity of care. CMS provides incentives for them to do a good job of TOC, including quality withhold and prompt follow up. • Randy Nater from Molina Healthcare explained that they have a similar strategy at Molina with working with their members who have any kind of mental health issue (moderate to severe). They train their CM staff about what severe mental illness looks like, invite LA county DMH to their facility to host trainings, and host internal consultations about members if needed. If they feel that	***HealthPlan Representatives:*** • **Dr. Jorge Zamora** *(HealthNet)* • **Rona Lomeda** *(CareMore)* • **Dr. Michael Brodsky** *(LA Care)* • **Randy Nater** *(Molina)* • **Dr. Michael Tredinnick** *(DMH)*

the member has a severe mental illness, their team will warm transfer it over to the county. They have HRAs that are completed by their team which counties have been very receptive to taking them on, as well as warm transferring back to the plan. Also related to DHCS, Molina is focusing on members that end up back into the emergency room and they are trying to prevent this – case management is really involved. They have a remote based team in the field and try to get those members seen within the seven days. Most of Molina's provider network is directly contracted.

- Dr. Michael Tredinnick from LA County Department of Mental Health explained that in regards to hospitals, typically the member is already receiving the services with the department. They track them going both into the hospital and coming out so they get an appointment to see their clinician within 5 business days at latest when they come out. For members that are not connected to the department (when he talks about hospital, he's assuming they're going in with 51/50, a severe mental health need). As they come out, they are often working with the care plans (particularity with the transportation benefit – has been really great and is a way to make sure they get to the clinic). They are also working with the hospitals to make sure they have medications (hospital by hospital challenge) to make sure they have sufficient type of medications to get them through the next 2 weeks (even though they should be see within 5 days). They want to make sure they have sufficient meds as they transfer from one facility to the next. Overall, they have had excellent relationship with the plans.

QUESTION #2: Denny Chan (Justice of Aging): "Thank you to the health plans for making this part of the meeting agenda. I appreciate the opportunity to ask my question. In southern California, one thing that makes us prevalent here that isn't really in other parts of the county, is the extent to which health plans delegate care to provider groups. I was wondering for those health plans that do operate with a delegated model of medical care, what steps do you take to ensure to make sure your members who are with PPGs and IPAs, have their behavioral health needs met, whether it's through you because its non-specialty health or if it's through the county at the specialty mental health level? Thank you."

- Randy Nater from Molina Healthcare stated that with their delegated groups or IPAs, they try to continue to get to the referrals coming to the plan with an expert. Molina is constantly training their network on this particular measure and what that looks like in a medical setting. They do this training internally, keep track of any BH changes that are happening at the state level, and share the information to show that they are capturing this. Randy explained that they have internal reporting that is looked at every quarter and focus on groups that might not be scoring high.

- Dr. Michael Brodsky from LA Care explained that many of their strategies are similar. They host joint operating meetings with PPGs and have frequent sets of reminders for the primary care providers. He explained that LACare has a fair amount of membership that is working with SafetyNet related providers – the County Department of Health Services and the federally qualified health centers (both of which robust relationships with mental health providers). He reminded everyone of the regulatory elements that NCQA requires – they have added multiple measures that assess performance at the primary care level related to anti-depressant adherence, anti-psychotic medications, adherence to medicines for ADHD and a number of others. He noted that because of the NCQA, they have important talking points that they can hold the provider groups responsible for maintaining. He explained that this is the entry to greater dialogue for remaining vigilance on behavioral health conditions.

- Rona Lomeda from CareMore explained that they have their own medical team that includes the provider's doctors/clinicians. They have a team that trains to make sure the medical team identifies a psych diagnosis. The team will then be able to collaborate and connect the patient to behavioral health programs that they have. Veronica explained that it depends of the diagnosis of the patient, but they will be able to triage the case based on the patient medications, admissions, social support, etc. She stated that CareMore wants to make sure they are aware about the whole conditions of a member. They have CareMore Care Centers that are able to see the patient for both medical and behavioral issues. They have a standard psychiatric team that is available during certain days and times. For example, if the medical doctor diagnoses a member with depression, CareMore has a psychotherapy team onsite that can see the member same day. They are able to provide follow up visits (if needed) and communicate with the case management team to ensure the member continues to receive the proper treatment. At CareMore, the patients are flagged based on their BHQ9 and they will provide follow up calls to make sure the member is taking their medication and arrange follow up appointments if their condition is getting worse. She explained that sometimes the psychotherapy department will be able to see the member in their home or other residing locations (assisted living, board and care, etc.) CareMore also partners with the Partial Program – an outpatient therapy for patients. When the members don't need to be hospitalized, they sometimes take them to the Partial Program. They are contracted with hospitals and Beacon and if they feel the member will benefit from the program, they will authorize it. Veronica went on to mention that sometimes the condition is not about simple depression – there is usual a root cause. At HeathNet, they evaluate the member and communication with them to

	find out the reasons one might be depressed (Ex: no family involvement, no family visits for years, homesickness, no food, etc). She explained that they connect with everyone in their groups (social workers, volunteers). She was proud to say that they have a Loneliness Program as well that reaches out to members to assist with depression and other issues. She stated that she is very proud of CareMore and what they are doing for their members. • Dr. Jorge Zamora from HealthNet returned the focus of the conversation back to the PPGs. Their PPGs are focused on diagnostic screening and they have a "no wrong door" policy for behavioral health. HealthNet encourages nurse case managers and the PCPs to call HealthNet's specialty trained CMC Case Managers if they need guidance to assess conditions. Jorge said that they encourage the PPGs (as well as the member) to call and consult. Because of the "no wrong door" policy, he said there is nothing wrong with a member calling to say that they are not sure what is going on with them. He suggested that maybe with the support of a nurse case manager, PPG (or other group), the member will have easier access to care. Jorge explained that HeatlthNet also has a utilization management team and other tools that ensure their PPGs are aware of the need to screen for behavioral health needs. At HealthNet, they want to ensure that their members are being treated holistically and that the PCPs aren't only focusing on medical conditions, but the entire well-being of their members.	
2:00 – 2:40PM	**TRANSPORTATION DISCUSSION & PANEL** Introduction: Duals Plan Letter 18-001 • Non-Medical Transportation – David Kane asked what is the DPL 18-001? He explained that it is a benefit that is provided to anyone that can raise their hand, call you at a health plan and say, "I can't get to my covered treatment without some transportation help." Kane explained that it is very broad. We are going to learn today how plans are implementing this benefit. It was effective in July 2017 and took a year later for state regulators to issue guidance to the health. He said it very much is still something new. **PANEL QUESTION #1: David Kane (LA County Ombudsman)** – "Can you provide an overview for how members request Non-Medical Transportation services? For example, what is the deadline to request a ride and how are members reminded that they can bring a companion on their ride with them, both ways?"	**David Kane** *(Neighborhood Legal Services of Los Angeles)* ***Health Plan Representatives:*** • **Claudia Aguilar** *(CareMore)* • **Nancy Chen** *(Molina)* • **Naira Ovespyan** *(Care 1st)* • **Gilda Medrano** (*HealthNet)*

- ***Response #1: Claudia Aguilar (CareMore)*** – "Members call us to schedule a ride. We ask them if they will be bringing an escort (also in EOC)."
  - ***David Kane:*** "Can you tell us a bit more about what you would advise a member if they would want to have this type of transportation?"
  - ***Claudia Aguilar:*** "As we walk through our script, we are asking them information and then ask if they are willing to bring an escort, we kind of hold their hand."
- ***Response #2: Nancy Chen (Molina)*** – "We use a vendor as the transportation solution. Members are instructed on how to get access to their transportation benefits through their handbook online (if they have online access) or through their case manager and other member points of contact like the call center. Also, the vendor is also instructed on how to assess whether a member needs an escort. We do ask for a 3 day turnaround. However, there are times where that is not realistic, the vendor is staffed 24/7 to address the urgent calls, midnight releases from hospitals, etc."
  - ***David Kane:*** "Can it be anyone that is the companion for a ride along for Non-Medical transportation that is a Molina member?"
  - ***Nancy Chen:*** "It's not going to be just anyone but it will be someone who is meaningful to the member."
  - ***David Kane:*** "Great, thank you."
- ***Response #3: Naira Ovsepyan (Care1st)*** – "We have a 24/7 call center available to arrange transportation – we don't have any limits. A member can call anytime and arrange transportation. We oversee the transportation as well. As far as the escort, it is in our protocol to ask the member the necessary questions about the escort going with them."
  - ***David Kane:*** "If someone calls and they want non-medical transportation and they don't mention that they want to bring someone, does someone ask 'Do you want to bring someone with you?'"
  - ***Naira Ovespyan:*** "The question is in the protocol to ask them member if they have an escort for the ride. It can be caregiver, family member."
  - ***David Kane:*** "Great, thank you."
- ***Response #4: Gilda Medrano (HealthNet)*** – "Our transportation vendor is LogistiCare. They have a dedicated CMC Call Center. Part of the call script does ask are you (or the member) traveling alone. At that time, the information regarding the companion will be taken. The companion does have to be 18 years or older and we have a 5 day advanced notice for routine transportation."
  - ***David Kane:*** "And if someone might have non-routine transportation, what would that HealthNet member do?"

- ***Gilda Medrano:*** "For any urgent transports or discharges, there is a 24/7 line and we will transfer them."
- ***David Kane:*** "Great, thanks."

PANEL QUESTION #2: David Kane – "How are plans handling mileage reimbursements today or if you aren't doing it today, how are you planning on doing it in the future? By way of background, one way of medical transportation can be provided to members is through a private vehicle – it could be through a relative or a friend who drives the member and then they could be reimbursed, for example."

- ***Response #1: Claudia Aguilar (CareMore)*** – "Member contacts the plan requesting mileage reimbursement for using private means for their medical visits. Member provides the information and then submits it for processing."
  - ***David Kane:*** "Interesting. From the member perspective, what does that look like? Do you call the plan? Fill out a form?"
  - ***Claudia Aguilar:*** "The member calls us. We gather all the information and someone from our team with contact the facility to make sure that the member was taken to that facility, we gather that information and then the member would receive reimbursement for that."
  - ***David Kane:*** "So you calculate the mileage back and forth and that's how you figure it out?"
  - ***Claudia Aguilar:*** "Yes."
  - ***David Kane:*** "Excellent, so no paperwork or anything like that is needed from the member?"
  - ***Claudia Aguilar:*** "No."
  - ***David Kane:*** "Great, thanks."
- ***Response #2: Nancy Chen (Molina)*** – "For Molina, the member must meet the 4 criteria: not having a drivers license, not having a working vehicle, etc. – outline part of the DPL. Once the member qualifies, they schedule the appointment in advance and they submit a mileage reimbursement form then the member returns the form to our vendor for reimbursement."
  - ***David Kane:*** "Great, thanks. And there are 4 criteria outlined in the dual plan letter. My understanding is you don't need to meet all of them, you just need to meet one of them. What is your understanding at Molina?"
  - ***Nancy Chen:*** "We make sure that the member is meeting all of them."
  - ***David Kane:*** "Interesting, OK. Thank you."
- ***Response #3: Naira Ovsepyan (Care1st)*** – "Currently we will provide transportation for our members 24/7 and same day transpiration. The reimbursement process is available if the

member needs to use their own vehicle, the member will call into our department, we will collect necessary information – the grievance department handles the reimbursement process. We do communicate with the member once we have all the necessary information and the grievance coordinator will contact the member with the reimbursement check. That's our current process."

- ***David Kane:*** "Great, thank you."

- ***Response #4: Gilda Medrano (HealthNet)*** – "At HealthNet we currently do have mileage reimbursement, it is part of the call script. At the time of the reservations, it is assigned as mileage reimbursement, we do request for LogistiCare a cover letter and a gas reimbursement form by mail or fax. The member is required to have the doctor's office sign the gas reimbursement form as proof of the appointment and then returns it to Logistic claims for a check to be reimbursed. The reason why the plan is requesting for LogistiCare to do this is to ensure we are doing our due diligence in identifying and addressing any potential fraud. Also, prior to the DPL, the members were able to drive themselves and be reimbursed – that was a change that we agreed upon based on the APL 0 the members can no longer be the drivers."
  - ***David Kane:*** "Ok thank you. We know from the plan perspective that fraud, waste, and abuse is a high priority and that comes from regulators and other people in your companies for example. One thing for the ombudsman is that we make sure that doesn't get in the way of the beneficiary accessing a service that they are entitled to. When we are representing consumers, we are working on that and we know that you have the competing priority to make sure that fraud, waste and abuse doesn't happen. I just pulled up the DPL. On mileage reimbursement, it's pretty simple. A member simply must attest (they could do this over the phone, electronically, in the doctor's office, however you can get it going). They simple have to say one of many things, not all of them: they don't have a driver's license or they don't have a working vehicle or they are unable to travel or wait for medical/dental services alone or they have a physical, cognitive, mental or developmental limitation – it's not that you need to meet all four. We want to make sure that's clear because this is a really amazing program for people if they can simply have a family member direct them to their appointments."

PANEL QUESTION #3: David Kane – "How are plans handling any non-medical transportation prior authorizations - if you are doing that at all?"

- ***Response #1: Claudia Aguilar (CareMore)*** **–**"There is no prior authorization required. The member just needs to give us a call and we can schedule their transportation to take them to their doctor's appointment."
  - ***David Kane:*** "Great. No authorization needed for a mileage reimbursement? Excellent. Thanks."
- ***Response #2: Nancy Chen (Molina)*** – "There is no prior authorization required to access non-medical transportation benefits wholly."
  - ***David Kane:*** "Across the board. Great."
- ***Response #3: Naira Ovsepyan (Care1st)*** – "We don't require prior authorization for our members as well for non-medical transportation."
  - ***David Kane:*** "Good. Thanks."
- ***Response #4: Gilda Medrano (HealthNet)*** – "For HealthNet does not require a PCS form or a prior authorization. However, we do ask LogistiCare to scan the PCS form to the physician's office just to ensure that the member is getting the proper level of transportation. The member can call and say 'ambulatory curb to curb' and the form goes to the doctor and the doctor says 'No the member actually needs assistance from the door.' We just want to make sure they are getting the proper transportation."
  - ***David Kane:*** "Interesting. You mentioned PCS. Do you mind sharing what that is and how it works for people?"
  - ***Gilda Medrano:*** "The Physician Certification Statement. This is a form the doctor fills out identifying the level of transportation that the member needs based on their medical condition."
  - ***David Kane:*** Right. "Not required for non-medical transportation. Only required for non-emergency medical transportation. I can see why HealtNet would want to do this. You want to make sure that for your non-medical transportation that's not being provided where somebody actually needs non-emergency transportation."
  - ***Gilda Medrano:*** "Yes, and the form does state that HealthNet does not require the form to be completed. However, we would like if the doctor fills it out."
  - ***David Kane:*** "Great, thank you."

PANEL QUESTION #4: David Kane – "How are the processes any different (if they are), when a member seeks non-medical transportation to or from treatments that are not part of the Cal MediConnect Contact? So something that you all don't cover as part of your Cal MediConnect line of business?"

- ***Response #1: Claudia Aguilar (CareMore)*** – "Transportation is provided to members for all services covered by Medi-Care and Medi-Cal including DentiCal specialty and mental health treatments."
  - ***David Kane:*** "So how is it different? If at all for the member?"
  - ***Claudia Aguilar:*** "There is no difference. They call and they schedule to these appointments."
  - ***David Kane:*** "Great, thanks. How does the plan verify that they are going to a sevice that is covered by Medi-Care or Medi-Cal if it's not part of your line of business?"
  - ***Claudia Aguilar:*** "The provider's information is in our system. If it's not in the system, we will call and verify."
  - ***David Kane:*** "Excellent, thanks."
- ***Response #2: Nancy Chen (Molina)*** **–** "For Molina, the process is not different. Irrespective of whether it's a covered benefit by the MCPs (Managed Care Plan) or if it is a carved out service such as mental health, behavioral health and dental is one in the same process."
  - ***David Kane***: "Excellent, thank you."
- ***Response #3: Naira Ovsepyan (Care1st)*** – "We are following the same process so we aren't denying any transportation. If it's a not covered benefit, we will still provide transportation if it's a services benefit."
  - ***David Kane:*** "Thanks."
- ***Response #4: Gilda Medrano (HealthNet)*** – "For HealthNet it's not different. We cover carved out services as well."
  - ***David Kane:*** "Excellent. On the non-medical transportation side, fortunately, access to the carved out services is less of a barrier than it is on the non-emergency medical transportation side. The challenge there is how do you get this out of network provider to be filling out the forms required for you, the plan, to process the non-emergency transportation. Happy to hear that it is easier under this benefit."

PANEL QUESTION #5: David Kane – "Does your Cal MediConnect plan still offer a limited amount of courtesy rides? And how does this relate to the expanded and active non-medical transportation benefit that we have right now? These were those 30 courtesy rides that we had way back when to help make our Cal MediConnect plans more marketable."

- ***Response #1: Claudia Aguilar (CareMore)*** – "There is no limit to the amount of rides that the member can use during their benefit year. It makes it a lot easier for them."
  - ***David Kane:*** "Good. So no more 30. Excellent. Thanks."

- ***Response #2: Nancy Chen (Molina)*** – "There is no cap on the transportation benefit, however, Molina does offer an additional 30 one-way trips for non Medi-Cal covered services."
  - ***David Kane:*** "Oh great. Excellent. So if it falls outside of Medi-Care or Medi-Cal covered benefits, then you can have 30 one-way trips?"
  - ***Nancy Chen:*** "30 one-way trips, correct."
  - ***David Kane:*** "Cool, thanks."
- ***Response #3: Naira Ovsepyan (Care1st)*** – "We provide unlimited transportation to our members – there are no limits."
  - ***David Kane:*** "For Medi-Cal and Medi-Care covered services?"
  - ***Naira Ovsepyan:*** "Yes."
  - ***David Kane:*** "Great."
- ***Response #4: Gilda Medrano (HealthNet)*** – "For HealthNet, we do not require PCS form, therefore courtesy rides are not necessary. However, there are six courtesy rides that are provided when it is NEMT in order for LogistiCare to waive the PCS form."
  - ***David Kane:*** "Great. Yes, that makes sense on the NEMT side."

David Kane explained that Molina really paved the way on making transpiration available to people on a courtesy basis even if it falls outside of the covered benefits. He said it is something to look at and he said it sets them apart from other lines of business.

PANEL QUESTION #6: David Kane – "Does your Cal MediConnect plan use ride sharing services such as Lyft or Uber to provide non-medical transportation? How do you make sure when the Lyft shows up that the member knows that their ride? How do you make sure that when the notification is sent to the member that their ride is there, it doesn't go to their landline as a text message? So they in affect get nothing? Do you use Lyft/Uber? If you do, how do you handle those obstacles?"

- ***Response #1: Claudia Aguilar (CareMore)*** – "Yes, we use Lyft for non-medical transportation. The members are screened with a list of questions (Ex: Do you use a wheelchair, cane or walker?). If the member does not require any special assistance the member is informed at the time they schedule the trip that they will be picked up by a Lyft driver. If the member chooses not to use Lyft, a traditional fleet it used. If member agrees to using Lyft. By using Lyft, there will be less waiting time – this is what we tell the member. However, they must be waiting outside the curb or in the designated pick up location where they can be easily visible. The vehicle should have a Lyft sticker visible on their windshield so the member can easily identify the driver. The driver will not exit the vehicle. The drive will only wait five minutes once they arrive onsite.

To ensure that the member is picked up on time with no issues, we ask for the member's cell phone number if available, so the driver can call them directly if they cannot be found."

- ***David Kane:*** "Great, thanks. If the member here, if Lyft is being sent for them, do they have any way of knowing the license number, or do they learn the color of the Lyft thing to be able to identify the ride?"
- ***Claudia Aguilar:*** "Yes, we do have that information to provide – make, model, license plate number and the name of the driver."
- ***David Kane:*** "Ok, normally the way that Lyft works is you would request your ride not so much in advance. How does the member learn these details when they are waiting for the driver to arrive?"
- ***Claudia Aguilar:*** "We give them that information. When member is scheduling the ride with us, we tell them to call us five minutes prior and we will tell you exactly. If not, be outside and the driver should arrive within five to ten minutes. If the member calls back for a pickup then we can tell them right there and then what the make and the model of the vehicle is. And the ETA, so in a couple minutes, go ahead and walk outside."
- ***David Kane:*** "Great. So if you call five minutes before your transportation is supposed to show us, that is when you learn the details of the ride from Lyft?"
- ***Claudia Aguilar:*** "Yes."
- ***David Kane:*** "Excellent, thanks."

- ***Response #2: Nancy Chen (Molina)*** – "For Molina, we do not use Lyft or any ride sharing option to support the transportation benefits."
  - ***David Kane***: "OK, thanks."
- ***Response #3: Naira Ovsepyan (Care1st)*** – "CareFirst is not contracted with Lyft or Uber so we do not use Lyft or Uber for our members."
  - ***David Kane:*** "Thank you."
- ***Response #4: Gilda Medrano (HealthNet)*** – "For HealthNet, LogistiCare does have Lyft in their network so we do use Lyft. The Lyft driver is required to have the logo and the member is advised of this information when they call and they are assigned a Lyft. We did have this question brought to our attention and we recently asked LogistiCare to ask the following questions in their call script: Do you have a cell phone? If so, does it have the capability of receiving text messages? If the response is yes, then the Lyft can be assigned. If the response does not have a cell phone or cannot receive text messages with the information, we ask LogistiCare to put Lyft on their exclusive list."
  - ***David Kane:*** "Great, excellent. Thank you."

- David Kane explained that as Ombudsmen, they have received several calls from beneficiaries (the health plans' members). He said that the members are having a hard time using Lyft as non-medical transportation. They know it's working really well for a lot of people, but those people don't call. For those people that do call, the issues are "I'm waiting for my car to arrive and I just don't know which of these three or four rideshare cars are mine." It's a barrier and he thinks it should be looked at by the plans to see if there is any way for the Lyft cars to have a specific designation that they are providing non-medical transportation - that they are visible to members and they can distinguish their vehicle from other vehicles that might be on the road. He said it was just a suggestion from the ombudsman.

PANEL QUESTION #7: David Kane – "How are member grievances about both types of transportation (non-medical and non-emergency medical transportation) handled depending on where they are filed? It's our understanding that a member can contact the transportation broker or the health plan or the driver of the van and say "I have a problem." How do you handle that at your health plan?"

- ***Response #1: (CareMore)*** – "We don't outsource our transportation scheduling. It's all done by associates employed by us. All our associates are trained to know how to identify a grievance and are required to log them upon receipt. Associates will resolve the issue on hand and we will follow up with the vendor for response to the member's complaint. All members can call the health plan to follow up on their grievance."
  - ***David Kane:*** "Great, so for a CareMore member, you call CareMore and that is where the grievance is filed?"
  - ***Claudia Aguilar:*** "Correct. They call us."
  - ***David Kane:*** "Excellent. Thanks. Is there any other way they can file their grievance? Can they file it with the actual company that is providing transportation?"
  - ***Claudia Aguilar:*** "We prefer that they call us."
  - ***David Kane:*** "OK, you prefer that but it is possible to do it?"
  - ***Claudia Aguilar:*** "They will be brought to us."
  - ***David Kane:*** "Great, excellent."
- ***Response #2: Nancy Chen (Molina)*** – "We do not delegate grievances. Grievances comes to the plan. Members are instructed to call us if they have a concern about their transportation. The intake process would be similar to other grievances about any other medical services or complaints. One example that you brought up is, if I called the vendor and I had a complaint about their service, they are instructed to direct the member (through contract provisions and

basic join operation meetings), to direct the member to the plan. We also expect to see on a routine basis reporting regarding the member complaints and that is reconciled to our internal tracking."

- ***David Kane:*** "Great. In both of these examples where the grievance go directly to the plan, that's where the member would follow up?"
- ***Nancy Chen****:* "Yes."
- ***David Kane:*** "Excellent, thanks."

- ***Response #3: Naira Ovsepyan (Care1st)*** – "We also educated our members to contact the health plan to file a grievance or complaint or any issues they have. We do have a grievance department that handles the grievances for our members. When a grievance is resolved, a letter of resolution is sent to our members. After resolution is done, investigation is processed, the grievance coordinator sends a resolution letter to our members."
  - ***David Kane:*** "Great. Thank you."
- ***Response #4: Gilda Medrano (HealthNet)*** – "For HealthNet a member could call LogistiCare to complain about a ride. If LogistiCare cannot resolve the issue in 24 hours, then it is considered a 1st Level complaint. We have delegated to LogistiCare to resolve these type of complaints and then report it at the end of the month. If LogistiCare cannot resolve the issue within 24 hours, LogistiCare sends the report back to our A&G department and it is filed as a grievance."
  - ***David Kane:*** "Great, thanks."

QUESTIONS FROM ATTENDEES:

Question #1: Monina R. Alvarenga (HealthNet) – "I just wanted to clarify what the representative from Molina said about the thirty trips that they give. I understood when you said it is for non-covered services?"

- ***Nancy Chen:*** "Yes, that is correct. That is in addition to the unlimited rides for covered services."
- ***Monina Alvarenga:*** "I wanted to point out that HealthNet offers unlimited rides for everything – even non-covered services. We wanted to call them out and I just wanted you to know that."
- ***Nancy Chen:*** "We appreciate the question."
- ***Claudia Aguilar:*** "Same for CareMore."
- ***Nancy Chen:*** "No, those aren't carve out services. To clarify, all covered services through Medicaid and Medicare are covered unlimited – included the carved out services. Those that aren't covered (Equine Therapy is not covered by any benefits), we would provide a one-way 30 times to that therapy. Any of the non-covered that you would deny the claim for, we would provide transportation."

	Question #2: Denny Chan (Justice in Aging) **–** "I have a follow up question related to the non-covered services if your plan is offering transportation services, what criteria are you using to evaluate what continues a non-covered service? I remember there was a meeting where one of the plans in Massachusetts as part of their care plan options was offering transportation to the beneficiary's temple – a place of religious worship. That made a really big difference in his health and well-being. I'm wondering when you're saying you're providing these trips to things that aren't covering and reimbursable under Medi-Care and Medi-Caid, what is the criteria you are using to make the coverage determination? Thank you." • ***Nancy Chen (Molina):*** "The coverage determination is based off of the plan offering. The benefits that are covered, for example, the CMC product has a specific limit of coverage for certain types of benefits such as office visits. On the peripheral would be the carve outs that aren't covered by the plan itself. That distinction on the outer circle, outer rim are those benefits that aren't covered through the government program at all – that is defined within the DOFR between Molina and the vendor. If there is any questions or concerns regarding the ride, the member can call the point of contact at Molina (as a vendor) to clarify whether that benefit falls under a particular coverable ride under the DOFR." • ***Denny Chan:*** "Just as a follow up to be certain clear on this, you have in the peripheral range of services that are not covered under CMC (whether its carved in or carved out), you have a list of defined things that your vendor will cover transportation to and so the member needs to just call member services to find out if the non-CMC covered service is something that you would provide one of those thirty trips to. Is that correct?" • ***Nancy Chen:*** "That is about right. That is flushed out in part of the script. "Where are you going member? What type of services are you getting?" In essence, that is correct." ***Question #3: Denny Chan (Justice in Aging)*** **–** "My other question is about utilization. With the changes in the law, with requirement covering non-medical transportation for Medi-Cal members whether they are dual eligible or not, I'm wondering if your plans have seen increase in utilization because we expect that as advocates that is there is a huge need (for opt out population), we assume that there is an increase. I am wondering if you have made any observations about utilization post July 2017 compared to prior July 2017." • ***Nancy Chen (Molina):*** "Good question. Yes, we have seen an uptake in utilization as a result of both the APL and the DPL."	

- ***Naira Ovsepyan (Care1st)*** – "Yes, we also notice an increase in our transportation – big difference between this year and last year."
- ***Gilda Medrano (HealthNet)*** – "At HealthNet as well, we have seen an increase in utilization."
- ***Claudia Aguilar (CareMore)*** – "Same."

Question #4: Jennifer Schlesinger (Alzheimer's Los Angeles) – "I'm curious to know how your systems flag members with cognitive impairments so that your vendors can ensure that there is door to door (or hand to hand) services and how do you communicate this information to your vendors so they are providing the necessary service."

- ***Claudia Aguilar (CareMore):*** "If they need hand to hand, we don't use Lyft. If they need door to door, we don't use Lyft. At the time that they are scheduling the ride we ask if the member needs door to door and if the answer is yes, we use a regular fleet and we will make a note so the driver knows he needs to hand over the member to the office."
- ***Jennifer Schlesinger (Alzheimer's LA):*** "So there is reliance then on someone having the appropriate insight to be able to make that self-assessment?"
- ***Claudia Aguilar (CareMore):*** "When they call us to schedule a ride, we ask them if they need the extra help. They will let us know and at that point we will let the vendor know."
- ***Jennifer Schlesinger:*** "So I guess my question is what do you do for people who have Alzheimer's or dementia or cognitive impairment? They don't necessarily have the insight to their disease to know the level of help that they need. How do your systems flag these high risk members?"
- ***Claudia Aguilar (CareMore):*** "There is a caregiver traveling with the member."
- ***Rona Lomeda (CareMore):*** "We pay for that. It's not a benefit, but we offer it. We are connected with an agency that we pay extra to ensure that the patient is safe, especially if the patient doesn't have the capacity. We hire the agency to go with the patient wherever they are going and report to us. We pay them hourly."
- ***Jennifer Schlesinger:*** "Are you talking about members with dementia that live alone? I see two different groups. I see people that have dementia who have a caregiver who may be able to coordinate care. I see people who have dementia that live alone and can't self-assess – you're contracting with an agency to help with them?"
- ***Rona Lomeda (CareMore):*** "We find out the exact situation of the member. It's a case to case basis. Our goal is to make sure the patient is safe so we will coordinate the caregiver to arrive at the patient's home, wait for the driver to pick them up, and escort them to go wherever they are going (back and forth). The agency gives us a report of the timeframe (ex: 4 hours) and the

	agency bills us for those four hours. If they are not in the home setting (ex. Assisted living, custodial living, SNF), sometimes we ask the SNF if they can send their staff. It is a collaboration with their staff whatever the situation is." ***Question #5: Meeting Attendee*** - "If you have someone who is in a wheelchair and not able to get around and they are traveling with their personal care assistant, is it required (and I hope it is) of whoever the driver is that they will assist the personal care assistant with getting the member from their door, to the car, and then back to their apartment. I don't want to say which insurance agency it was, but they never help the wife with her husband. He is a large man in a wheelchair with oxygen and she is crying the blues, she has even offered to tip, and he will not help get the member from the apartment, wheel him down into the care." • ***Claudia Aguilar (CareMore):*** "Our expectation is to assist the member from door to door (and please tell us if that is our member)." • ***Nancy Chen (Molina):*** "I was going to say the same, please, I would encourage you to let us know offline so we can work with our vendors to make sure that your people are being serviced appropriately. It is Molina's expectation that the vendor is supporting the members door to door as well. In certain cases, they might fall out of today's discussion and enter into more of the non-merchant medical transportation and that is a full separate discussion we will have next year probably. Where there is more assistance and more training regarding the driver's awareness of how to assist these members properly. Our expectation is that the member receives door to door care." • ***Naira Ovsepyan (Care1st)*** – "Yes, we also provide door to door services for our members. Whenever we take the calls, the information is being relayed to us and we relay the messages to our transportation vendors. They must provide door to door." • ***Gilda Medrano (HealthNet)*** – "For HealthNet, a wheelchair would fall under an EMT. If door to door is requested, the drivers are called to assist. This is part of the call script and also in regards to PCS form, if it is something that the member calls and says this is what I need, the first transfer will be set up that way and the physician has the option to say "no the member actually needs assistance" and the next transfer will be set up accordingly." **David Kane:** "Thank you panelists from the health plans – we appreciate it."	
2:40 – 2:50PM	**HEALTH PLAN UPDATES**	***All Health Plans:***

	• **BlueShield/Care1st –** Rina Cruz explained that CareFirst will be changing its name come 1/1. CareFirst was acquired by Blue Shield about three years ago and there is another CareFirst organization in Arizona. Since they had it first, they had to change their name. She said they are working with regulators and DHCS. They have different teams working with their partners at Harbage and Justice in Aging to make sure that anything out in the community is being changed. Come 1/1, CareFirst will be 'Promise Health Plan' – the name that has been registered. Reena explained that for those that receive emails from them, the current email (which has CareFirst as their address) will continue for another year but, at the bottom of the emails, there should be a tagline that says "Please update our address to the BlueShield address." Come 1/1, if you start hearing 'Promise,' that's CareFirst. • **Veronica Sanchez Perez** – CareMore Cal MediConnect will be changing its name starting 1/1/2019. They will be Anthem BlueCross Cal MediConnect supported by CareMore health. They will still have the CareMore Care Centers and will still be delivering the care that the Anthem BlueCross Cal MediConnect members are counting on. They will still have the nifty after fifty. She said that if anyone hears out in the community that CareMore is going away that is not the case. The representative was happy to say CareMore health will still be providing the care. The members have been notified of the transition. Their community partners have been notified. The representative is going to be working with Harbage - Monica reached out and we will be updating anything that needs to be updated. She will be reaching out to Denny at Justice and Aging. Their old logo will be updated to a new one. Veronica asked if any of the organizations need the logo, to please reach out. She said they will be keeping everyone updated. • **HealthNet** – Thomas Kudlick stated that they are not changing their name. They were acquired a couple years ago but that's not something they did. Tom explained that he was new to Cal MediConnect and CCI. He was thrusted in because Chris Cameron got a promotion at Centene. They are doing a lot of interesting things, trying to assess, revitalize and do new things. Tom explained they are trying to move into the benefits. They are also trying to also move beyond just health benefits and look at some other things. Tom explained HealthNet will be looking at transitions out of hospitals and prevention of return. • **LACare** – Misty De La Mare from LACare stated that they are the nation's largest publically operated health plan and the only local plan in LA County. She was excited to share that within the next year they will be expanding their Family Resource Centers. They currently have five	• **Rina Cruz** *(BlueShield/Care1st)* • **Veronica Sanchez Perez** (CareMore) **Representative** • **Thomas Kudlick** *(HealthNet)* • **Misty De La Mare** *(LACare)* • **Jennifer Rasmussen** *(Molina)*

	Family Resource Centers out in the community: Boyle Heights, Palmdale, Lynwood, Inglewood and Pacoima. They are going to be launching at least three new FRCs in 2019 – East LA, Pomona, and the Mid-City Koreatown area. She said that the expansion will be a nice compliment to all of the members but also to the CalMedi Connect members. The resource centers will be available for free exercise, health nutrition and other wellness classes, as well as some screenings that are available onsite. They hope long term to expand to at least thirteen family resource centers across the county that will be accessing members as well as non-members. • **Molina** – Jennifer Rasmussen from Molina Healthcare stated that there are no specific updates for Molina.	
2:50 – 3:00PM	**CLOSING REMARKS** • Jennifer Rasmussen thanked all of the plans for providing their updates and participating in the planning of the meeting. She invited the attendees to visit the tables on the side of the room because most of the plans brought some collateral and goodies. She also thanked the Braille Institute for hosting the event. She said she appreciated the use of the facility. They will be looking at the format and talking about what this meeting looks like going forward. She explained that all the details haven't been all worked out yet so they do not know the date of the next meeting. She requested if anyone has any comments/questions or things they want to make sure get addressed at future meetings to please forward requests to one of the plans. Jennifer thanked everyone for coming and appreciated their active participation.	**Jennifer Rasmussen**