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SPEAKERS

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Kristin Mendoza-Nguyen:

Good morning, everybody. Welcome to our final series as part of the CalAIM Intermediate Care Facility for the Developmental Disabled Carve-In Office Hours. This is the last of our educational webinar series. As a reminder, a recording of today's session, the PowerPoint slides, and the meeting materials will be available on the DHCS ICF/DD Long-Term Care Carve-In webpage. You can find the link in that webpage in the Zoom chat. Next slide. We ask that you all take a minute now to add your organization's name to your Zoom name, so it appears as your name/organization. It helps us track any questions if we need to follow up. And you can click on the participant's icon, hover over your name and select rename, and then you can enter it how you would like it to appear. Next slide. A few things to note before we begin today's session. As a reminder, this is being recorded.

Kristin Mendoza-Nguyen:

The recording and slides will be posted on the webpage, and all participants are in listen-only mode, but can be unmuted during the various Q&A discussions. To participate in a Q&A discussion, please do use the raise hand feature and our team will unmute you. Throughout the Office Hours today you may also use the chat feature to submit any questions. Feel free to type any questions in the chat during the presentations, and our team will be monitoring them. Next slide. Today's agenda, we'll start with some updates and then we will transition to a couple panel discussions with some Medi-Cal managed care plans that we'll be discussing topics related to the ICF/DD Carve-In lessons learned and promising practices. There will be some Q&As throughout after each panel, and then there will be some time at the end to discuss any other stakeholder questions that have come up. Then lastly, we'll close out with next steps for today. With that, I will transition over to Bambi Cisneros, Assistant Deputy Director of the Health Care Delivery Systems at DHCS to kick us off with a brief update on the ICF/DD Carve-In.

Bambi Cisneros:

Great. Thank you so much, Kristin. Welcome, everyone. Thank you for joining. Before we dive into our panel of managed care plan speakers to discuss lessons learned and promising practices, I'll briefly provide a status on where we are with the Carve-In. So ICF/DD Homes and managed care plans continue to focus on developing and strengthening their partnerships to best support the ICF/DD Home residents. Continuity of Care continues to be the highest priority in order to provide access to care. And we are now at post-implementation, and the Department is monitoring the Carve-In through various ways. One of the ways we do that is providing technical assistance to the managed care plans. We also have been conducting the post-transitional monitoring and reporting and are almost through with the review of the model contracts. Really, what this does is ensures that the language has been adopted in the model contract language and that that language is appropriate and aligns with the All Plan Letter.

Bambi Cisneros:

We have provided contract feedback to managed care plans earlier this month, and we are targeting the review to be completed by the end of this month unless further technical assistance and feedback is needed to provide to the plans. These monitoring efforts continue to really help us identify opportunities for support and technical assistance as well as foster relationship building among the ICF/DD Homes, managed care plans and Regional Centers. We can go to the next slide, please. Okay, great. So now we will move into our panel discussion with guest speakers from Inland Empire Health Plan, L.A. Care Health Plan, and Molina Healthcare. Great. Oh, we can go to the next slide, please. So, in terms of how the panel is going to go, we will be discussing three topics across different panels. At the end of each panel discussion, there will be time at the end to ask our guest speakers questions related to the topic. So, I will ask that you please hold off on your questions until after the panel has presented.

Bambi Cisneros:

Then after the third panel discussion, we will have time for an open Q&A session where attendees can ask any Carve-In-related questions. We have three, so the first panel will really focus on service authorizations, and during this part, plans will discuss the key strategies that they're using to provide the necessary member information to providers to minimize administrative burden as much as possible. The second panel discussion will focus on billing and payment processes, and here the plans will share the training resources that are available to both contracted and non-contracted providers so that they can get the necessary information such as checking claim status and receiving timely payments. Then our third and final discussion will be on provider support and communication strategies. During this discussion, plans will share how they engage with and support the ICF/DD Homes during the onboarding process and what learning opportunities exist for providers.

Bambi Cisneros:

The plans will also share communication best strategies that have helped them strengthen their relationships with the ICF/DD Homes. Okay. Moving on to the next slide, please. Then before we turn it over to the panelists to discuss the first panel on service authorizations, we wanted to just give a brief policy reminder on service authorizations. Those are the plans are to utilize the determination and recommendation from the Regional Center as the medical necessity determination for a member's admission, admission to, or continued residency in an ICF/DD Home. Then plans are also to honor existing authorization requests for the duration of the treatment authorization and is now also responsible for approving any new treatment authorizations and reauthorization requests. So, with that, I will turn it over to Kristin to introduce our guest speakers and help facilitate the panel discussion.

Kristin Mendoza-Nguyen:

Great. Thank you, Bambi. So, I'd like to welcome Ben, the LTSS Liaison from IEHP and Blanca, the Director of Healthcare Services from Molina for our first panel on service authorizations. Next slide. So, a couple of questions for the service authorization topic

that we wanted to cover. We wanted to hear from plans is two things: streamlining the ICF/DD benefit authorizations and authorizing non-ICF/DD Homes services for DMEs and ancillary services. So, the first question for the panel is, how has this transition helped to inform your policies or procedures, and what strategies has your plan implemented that have been key to streamlining the ICF/DD benefit authorization process?

Ben Jauregui:

Good morning. Good morning. This is Ben from IEHP LTSS Liaison. Thank you for having us today. The transition has helped us to learn a lot about ICF/DDs, our partners, our new partners in caring for our members. We've definitely learned before the transition. During the transition, we continue to learn as we partner with them to ensure that our members are getting the best care possible. We definitely, in the beginning, learned and set policies in place to ensure that we would ensure access, ensure the Continuity of Care, so we updated our policies to ensure that was in there. We did a lot of education internally to our teams to make sure that they were aware of the benefit and the Carve-In. So, we also started attending meetings. I attended meetings at Regional Center vendor meetings to start to meet the folks and get to know the ICF/DD Homes and started communicating then at that time and learning about them.

Ben Jauregui:

So, all that learning was communicated to our internal teams here, our contracting team, our claims team. We started meeting also to ensure that we were communicating through various departments. So we learned definitely the authorization process, we needed to modify our authorization process on Bed Holds and LOAs to make sure that our members could seamlessly be away from the facilities and we would still hold the beds and that Leave of Absences would still be approved. So, we very simply just continue to use the same authorization but just added a review line, and that made it a lot simpler for everybody involved. So definitely the authorization process was something that needed to be tailored to our folks here. Also, I'm thankful to May, our manager of Long-Term Care who happens to be on the call. She dedicated staff to the authorization process. So, we have two nurses and two coordinators and that's all they do, ICF/DD authorizations. So that way, they could be familiar and then also communicating, collaborate with the ICF/DD. So ICF/DDs have direct contact with those staff, and I think that really improved and helped our authorization process.

Kristin Mendoza-Nguyen:

Great. Thank you, Ben. Nice to hear that there's dedicated staff. Okay. The second question specifically on authorizing non-ICF/DD Home services for DME and ancillary services, "What challenges have you encountered in connecting residents with DME and other ancillary service providers, and how have you addressed those challenges?" Believe this is for Blanca.

Blanca Martinez:

Good morning, everyone. I do apologize, but my camera is not working, and that is not intentional. I was planning on being on camera, but really thankful to be able to participate in this meeting and have this meeting with you all. So, the challenges that we and I think other health plans and the ICFs have encountered is when we receive the TAR data, if we did receive the TAR data, I should start with that, it did not always include all the information needed to execute the services. So, for example, the rendering provider was not part of that TAR, so that definitely, we went to 2024, with that presenting itself as a challenge. So, what did we do to mitigate that or to address that? So we proactively outreached to the ICFs whether they're a network or not, and we asked them to please provide us with the member's physician that is rounding at the ICF, any specialists that the members are seeing, and then DME if the member is receiving incontinent supplies, wheelchair repairs, et cetera, we ask that we please be number one made aware of who. Who is the DME vendor you're working with so that we then can outreach to the DME company and those providers to help with coordinating the care contracting with them or executing agreements to ensure that we honor Continuity of Care during trainings that we hosted.

Blanca Martinez:

We also included this information in a toolkit that was developed for our ICFs to guide them through all of the processes, including accessing DME or continuing to access DME and for the members to continue to access services. We continue to do that. We continue to outreach and attempt to obtain this information. Today we met with a pretty large DME company, and we're working closely with them to ensure that they understand how to obtain authorization and how to process claims, because similar to the ICFs, even the DME companies, this is new territory. So, we are working closely with them and walking them through the process and making sure that they understand how to navigate our world, if you will. So that's definitely another thing that we're doing. So, I do want to provide an example because I think examples are always very helpful.

Blanca Martinez:

We were made aware by one of the ICFs that a member of ours did need incontinent supplies. When we reached out to the DME vendor that was working with that ICF, we had a really challenging time connecting or reaching them and being able to engage with them. So, for the sake of the member and in agreeance with the facility, we redirected it to another pretty large provider and the member was able to receive their services. So, we are definitely attempting to continue with maintaining that under Continuity of Care, continuing to work with the vendor that our ICFs have history with and have been servicing our members. But in this example, the member really needed services, and we all agreed that it would make sense to redirect. Also, all of our ICFs know who to contact. I think all of the health plans including Molina, we have set up Liaisons, representatives. For Molina, I'm one of the Liaisons, reach out to us directly by phone or email so that we can support and continue to address any challenges as they come forward. Thank you so much.

Kristin Mendoza-Nguyen:

Great, thank you, Blanca I will now turn to any stakeholder questions on service authorizations that might come through the chat or if folks have any that they'd like to raise, raise their hands. Okay, folks. I see one in the chat from Kimberly Marotta. "For Molina authorizations, is there a fax number instead of the portal?"

Blanca Martinez:

Yes, there is. Feel free to reach out to me, and I can provide you with that information.

Kristin Mendoza-Nguyen:

Thank you, Blanca. Any other questions? I'm just scanning to see if folks are raising their hands.

Bambi Cisneros:

It might be helpful seeing the comment in the chat from Diane. Maybe if some plans want to share how they have been working to contract with the existing DME providers that have already been working with the ICF/DD Homes. I know that plans have outreached to them, tried to see where those relationships are and worked on those contracting processes. If anyone is able to share what that process looked like, if there are some promising practices that can be shared with others here, that would be helpful.

Kristin Mendoza-Nguyen:

Any comments on the plans? There is one individual with their hand raised. I'll give you guys a moment. Okay. Then Rick Hodgkins, we'll ask you to unmute yourself.

Rick Hodgkins:

Yes, I did have one question. Excuse me. I don't know if this question could be answered now or at the very end of today's webinar, but I understand people with intellectual... Now I'm developmentally disabled myself, but I'm in an ILS agency living on my own. I was under the impression that those who recently resided in the recently shuttered developmental centers are in the ICF/DDs. Are these the kind of people in the ICF/DD Homes? I'm just thinking of much cheaper, more cost-efficient, more cost-effective alternatives like SLS or perhaps Level 3 community care Homes as opposed to what we're talking about here, because I asked this question in advance shortly after I registered for this webinar. Thank you.

Kristin Mendoza-Nguyen:

Thank you, Rick. Just given the topic at hand, the team might have to follow up with you on your question separately, but we can follow up after we circle back with some DHCS folks as well. I hope that's okay because we do want to stick to the service authorization topic if possible for right now. Okay. Just circling back to the DMEs, were there any other comments or items from the plans specifically around efforts contracting with DME

providers that ICF/DD Homes have historically been working with? If there's any folks from the contracting team that could potentially speak to that.

Tameia Marshall:

Hi, Tameia Marshall from L.A. Care. Thank you. So, with us, to be completely transparent, what we did was we asked those DME providers to submit letters of interest, and so they did. We were able to contract with the ones that were really connected with a variety of the ICF providers so that not only can we maintain the Continuity of Care, but some providers are really just used to working with those DME providers and to maintain those relationships. So that was important, and we were able to make good on that for not only the providers but the DME providers as well.

Kristin Mendoza-Nguyen:

Great. Thank you, Tameia.

Tameia Marshall:

Thank you.

Kristin Mendoza-Nguyen:

Okay. So for the interest of time, I'm going to move us to the next panel discussion and then we will also there is some time at the end for some additional questions for others that come in through the chat either on this topic or the others. So, with that I'm going to ask to go to the next slide and then Bambi, I'll turn it over to you to introduce the next topic. Do we have Bambi?

Bambi Cisneros:

Great. Sorry about that. I was having a little coughing fit. Thank you, Kristin.

Kristin Mendoza-Nguyen:

No worries.

Bambi Cisneros:

So, the next discussion will center on billing and payment processes. So here the plans are to communicate their payment protocols so that ICF/DD Homes are able to bill claims and invoices correctly and then subsequently be paid timely. So to ensure that the billing and payment goes smoothly, plans do need to have a process for ICF/DD Homes to submit electronic claims to be able to receive those payments, pay claims as soon as practicable, but no later than 30 days after receipt of the claim and provide education on how to submit claims and provide sufficient detail if more information is needed to process the claim.

Bambi Cisneros:

So those are our expectations of the plans. In addition, for Homes to ensure that they are set up for success, Homes should also review each of the plan's, billing guidance to understand each plan's claim processes and particularly their clean claims requirements. Reach out and work with the plan directly to discuss payment timeframes, particularly if there are cash flow challenges that are anticipated. Then of course, continue to work with managed care plans as they establish relationships. So, with that, I will turn it back over to Kristin to introduce our guest speakers and begin the discussion.

Kristin Mendoza-Nguyen:

Great, thank you Bambi. So, for our billing and payment processes, we have two health plans, a couple of representatives. We have Tameia from L.A. Care and Nancy and Janice from Molina Health Plan. Next slide. So, our first question is specifically on billing, training and support. "How has your MCP supported ICF/DD Homes with billing and specifically with submitting clean claims?" Go ahead, Tameia.

Tameia Marshall:

Hi, Tameia Marshall again from L.A. Care. So, we did a few things. We actually hosted a webinar in January where we really thoroughly explained and dissected the UB-04, and this was aimed at improving the accuracy of the claims and the claim submissions. We also were able to dedicate an account manager strictly for ICF providers that was able to support them beyond standard business hours to include evenings and weekends. Proactive outreach was extended after meeting internally with our claims department, and we were able to contact some of the providers that claims had denied and provided extensive education, and we were able to extend the webinar PowerPoint just as a guide for the ICF providers to submit, excuse me, resubmit the claims.

Tameia Marshall:

Lastly, we were able to conduct that training that we had. We extended individually for ICF providers that reach out or that we see have tended to go in the way of not receiving any payment. We reach out to them individually, check on their calendar, see where we can meet with them independently. Sometimes this happens with family members or friends that's helping them bill to ensure that they know how to submit and resubmit claims and to, of course, result in payment. Thank you.

Kristin Mendoza-Nguyen:

Thank you, Tameia. Then the next question on common provider challenges. "What are some common challenges that your providers experience with submitting claims and/or billing your plan, and how have you helped ICF/DD Homes overcome similar or other billing challenges?" I believe Molina, either Janice or—

Janice Ocampo:

Hi. Oh, there you go. Hi. So sorry. I'm having trouble with my video as well. So, one of the most common challenges we've identified for this provider population is with the

utilization of the UB-04 form to bill the services, for example, billing the appropriate revenue codes and accommodation code combinations. In order to help the providers overcome these billing challenges, we did develop an ICF/DD toolkit which did include how to submit a claim and the billing requirements. In addition to the toolkit, our LTSS Liaisons also provided individual education and guidance sessions with individual ICF/DD providers. We also continue to offer individual support on an ongoing and as-needed basis.

Kristin Mendoza-Nguyen:

Great. Thank you, Janice. A follow-up question on the toolkit, if that could be shared with others, if there's a link, or you can share it in the chat. We can ensure that gets circulated.

Janice Ocampo:

Yes, we can go ahead and share that. Thank you.

Kristin Mendoza-Nguyen:

Great, thank you. This wasn't a question, but just it was more of a follow-up because there was a comment in the chat. So, understanding that ICF/DD Homes coming into managed care is new for most of them and oftentimes, they have to contract with multiple health plans, can either Tameia or Janice, can you guys speak a little bit about how have you guys helped them understand the differences between the billing processes, particularly codes for example, between the different plans that they may contract with? If you can speak to that and the technical assistance that you offered, I think that would be helpful for folks.

Tameia Marshall:

Absolutely. So, I myself have been out to the Homes. When I see that a provider is experiencing challenges, whether it be anything regarding the billing because January codes are different from February codes, so just showing them that and really going in and dissecting what codes apply to them, showing them where it needs to go on the UB-04 and walking them through that process. We've done that and we continue to do that and if there's a need to evolve and do that with family members, then we invite them over. We've also set up webinars on the weekends to help make sure that that education is extended to all.

Kristin Mendoza-Nguyen:

Great. Any questions for our panelists on billing and payment, or if there's folks who want to raise their hand? I'm seeing a comment about processes around billing portals and EFT. Can folks speak to follow up on the process there?

Tameia Marshall:

Sure. So, I know that for L.A. Care what we have is partial access to a portal, but we can definitely get you that access while you're going through the contracting portion so that you are able to verify eligibility and view claim status. I'll put my information in this

chat so that if you have not received that, that we get that to you in an expedited manner. As far as EFT, you're able to sign up for that as well on our website, and I can also navigate and assist with that if needed.

Kristin Mendoza-Nguyen:

I know Tameia spoke broadly about L.A. Care, but I know in a lot of the trainings for the plans oftentimes, whether there's instructions on EFT setup online, I think that's also something that the MCP LTSS Liaisons can help connect folks with as well. Then I see Stephanie has her hand raised. I'm going to unmute you. Do you want to ask your question? There we go.

Stephanie Schram:

Hi, can you hear me? I'm sorry.

Kristin Mendoza-Nguyen:

Yes, go ahead, Stephanie.

Stephanie Schram:

Hi, this is Stephanie Schram from the Contra Costa Health Plan. I have a question. How often are you paying your ICFs? So, are you paying claims as they come in? Are they batched monthly? Are they batched every two weeks? How is that rolling for you guys?

Tameia Marshall:

That's a great question. I can speak on behalf of L.A. Care, and I can say that once we receive the claim, it is processed. I really can't speak to if it's batched monthly, biweekly, but I know that we have 30 calendar days to process claims, and we're trying to do that prior to that. If we see anything prior that shows us that this is going to deny, then the outreach is extended to those providers along with the education.

Stephanie Schram:

Yeah, my cluster of ICF facilities are cranky about the payment schedule, and they've been reminded repeatedly about the 30 days, but we're trying to get them paid the way they were paid for Medi-Cal, which is every two weeks. I was just wondering if anybody else was struggling with that. So, thank you.

Tameia Marshall:

Thank you.

Kristin Mendoza-Nguyen:

Thank you, Stephanie. Thank you, Tameia. Any other questions? Diane VanMaren, the team can unmute you.

Diane VanMaren:

Thank you. I just want to echo the continued concerns with respect to payment and billing such as what Stephanie brought up. Then also in looking at the meeting chat, I'm not sure what all the managed care plans are on this call, but people have been calling out Kaiser as well as CalViva as far as even getting billing and payment processes established. I think there has been a continued pervasive problem which has been documented through the use of lag funding that many ICF/DD Homes have needed to take through the Regional Center system. So, to me, this is very indicative that there continues to be substantive billing and payment process issues with the managed care plans. One of the key issues has been that the managed care plans can use different billing codes, and they're not using the Fee-for-Service Medi-Cal billing codes, which I think confused many ICF/DD Home providers who had been using those codes.

Diane VanMaren:

And so there needs to be, I think, a more comprehensive effort on the part of MCPs to please convey whether they're contracted or not. But if you have a member in an ICF/DD Home, you should be paying that ICF/DD Home, and there needs to be direct communication because they have tried. We have sent many an issue through the Department of Healthcare Services, but there needs to be proactive effort on the part of the LTSS Liaisons and particularly on the payment and billing folks to make sure that the homes have the correct billing information and code system to be used so that they can provide you with clean claims because there's been an enormous amount of confusion. Thank you.

Bambi Cisneros:

Kristin, I think it would be good to share out with this group also the billing resources guide that was developed. So, I'm seeing some concerns here about some specific plans. We did gather information from all of the plans on their billing information, which they would need to be posting on their website and sharing with their providers. So, we'll share that with this group. If there's something specific with CalViva, please just email us at the Long-Term Care transition inbox and we will follow up. I'm seeing something with Kaiser as well. I don't know if someone can unmute and just provide a little bit more detail. We have followed up with Kaiser on instances, so just would want to better understand the situation here.

Kristin Mendoza-Nguyen:

Okay, great. I think if folks from specific plans, if you guys can connect the folks in the chat, that would be helpful. Then as Bambi mentioned, we can circulate some resources on billing processes. In the interest of time, Bambi, I'm going to proceed to the last panel discussion and then we can circle back to other questions as well at the end. Does that work okay?

Bambi Cisneros:

That works.

Kristin Mendoza-Nguyen:

Okay, next slide and then I'll hand it to you.

Bambi Cisneros:

Okay, great. So, our last panel discussion here is around provider support and communication. We wanted to, before diving in there, wanted to give a brief policy reminder on our expectations for plans, and we've been talking about that here, is that the plans must provide training and communication support for ICF/DD Home providers whose residents have transitioned to managed care. Plans are also required to have an LTSS Liaison, many of them on the panel on this call today, who really serves as that single point of contact for the homes to assist with claims and payment inquiries as well as care transitions. Just wanted to remind folks here that in that role, the LTSS Liaisons may provide warm handoffs to connect the providers with other plans staff who can address specific questions or needs across the managed care plans. So, I think you're hearing that there's claims staff, there's folks from provider contracting, and so there's just different functional areas within the plan.

Bambi Cisneros:

So, we would see the LTSS Liaison as being your point of contact to be able to do those warm handoffs. Plans must also provide additional supports. So, what this means is that plans are to ensure that providers have access to the information to connect ICF/DD Home providers with the information that they need to support access to care under Continuity of Care, and plans do use provider portals to share the status on claims and authorizations with contracted providers. But understanding that some ICF/DD Homes are not yet in the process of being contracted plans are to find ways that they can provide access to this information through other means. So, with that, I will turn it back over to Kristin to lead the final discussion.

Kristin Mendoza-Nguyen:

Great. Thank you, Bambi. So next slide. We will welcome back all three of our previous plans, and welcoming Ben, Maricris, Blanca, Hayat, Teresa, and Laura. Next slide. So, for our first question for this panel, "Since the go live date, what communication challenges have you encountered and what strategies have you developed and/or leveraged to address those challenges?"

Maricris Tengco:

Good morning, everyone. My name is Maricris Tengco. I am a Clinical Manager in the MLTSS department at L.A. Care, also one of the MLTSS or LTSS Liaisons. So, thank you for this question, Kristin. So, one of the communication challenges we encountered during the ICF/DD Carve-In transition was identifying the correct contact information of the ICF/DD Homes, so that's even way before January 1st Carve-In. So, some strategies we develop in L.A. Care is we use the contact list provided by DHCS and invited all ICF/DD Homes in L.A. County for introductory webinar in October.

Unfortunately, the participation was low, and we were not sure if those contact information are the folks that's supposed to be in that webinar. So, we added some

strategies by sending letters via email to all L.A. County ICF/DD Homes outlining the upcoming Carve-In changes, information on how to submit for authorization as well as provided the MLTSS Liaison and contract manager contact information.

Maricris Tengco:

We also formed the dedicated team, like liaison team to proactively call each facility to provide the MLTSS liaison contact and establish a connection with potential ICF/DD providers who may be joining our network. We validated contact information and requested any existing TARs for LAC members so that they can submit it to us, and we can convert them to LAC authorizations. We also connected providers to our dedicated account manager in our contracting team for support. I know some of the Regional Centers are in attendance, and we leverage a relationship with Regional Centers to share the LAC MLTSS Liaison and account manager contact information. We attended the quarterly webinar held by our behavioral health team with Regional Center to share information about the Carve-In and providing our contact information. As we all know, this is very new to all of us, so everyone is learning. So, another challenge we encountered was the lack of awareness and confusion about the transition and process changes and the contract requirements. So, what we did with that is that we facilitated subsequent webinars in December and two additional webinars in January.

Maricris Tengco:

We continued our outreach by dedicated team. We called them, we emailed them, we even did a Home visit as Tameia stated in her presentation earlier to proactively anticipate and address the needs of the ICF/DD provider community. We also have internally our daily meetings to think on updates and discuss concerns identified by various interaction with ICF/DD Homes. This focus group worked together to triage and solution issues. So we have from our UM team, from our claim team, from our contracting team, from our MLTSS team, in partnership with Health Net, and I saw Ed is here as well, we develop monthly MCP alignment meetings, so informed by previous experiences, comprehensive alignment meetings with L.A. County managed care plans were initiated. So, in this our participants are Health Net, Blue Shield Promise, Anthem, Molina, and Kaiser. So, this session fostered collaboration and a unified understanding, ensuring cohesive approaches and strategies across the board. We want it to be easy for our ICF/DD providers by aligning some of our processes. We also accommodated provider schedules of our meetings.

Maricris Tengco:

My team would call the ICF/DD providers after 5:00 to really walk through a step-by-step process of how to submit authorizations, what requirements are needed. We even call them weekends and as I said, even evenings. Another challenge, and I think these are the common challenge that we encountered is the technical difficulties such as sometimes no access to fax, encrypted email and unfamiliarity with managed care plan practices. Again, this is new, and everyone is learning. So, we actively attended DHCS webinars to stay informed and aligned to information shared with ICF/DD Homes. So, we are just one team going with based on what DHCS guidance. Support Homes with technical assistance, as I said, staying on phone to ensure successful information

exchange, like how to submit authorizations, timely response and connection to business partners to resolve authorization questions and claim issues. We provided ongoing assistance like LTSS liaison and contracting teams. So those are some that we provided as to mitigate the communication challenges we had during the transition. Thank you for the opportunity to share now. Back to you, Kristin.

Kristin Mendoza-Nguyen:

Great, thank you, Maricris. The next question is for Molina. "How do non-contracted ICF/DD Home providers access necessary information related to member claims, referral status and access to care under continuity of care?"

Teresa Suarez:

Hi, everyone. Good morning. I'm Teresa Suarez, one of the LTSS Liaisons for Molina. I'm sorry. All providers can easily reach out to their dedicated LTSS Liaisons at Molina as well as utilize Molina's claim customer service line to obtain timely updates on the status of the claim submitted. Molina has also provided extensive support for our non-contracted providers, including the ICF/DD toolkit, which Blanca just shared in the chat for all of you guys. The toolkit outlines the step-by-step process to submit claims for processing. Additionally, Molina offers customized individual meetings with these providers as well.

Laura Gonzalez:

Hi, and I'm Laura Gonzalez. I am one of the LTSS Liaisons also at Molina, and I would also like to share that all providers can easily reach out to their dedicated LTSS Liaison at Molina as well as utilize the Molina claims customer service line to obtain timely updates on the status of claims that have been submitted. To touch on how non-contracted ICF/DD Homes providers can access necessary information related to referral status and Continuity of Care, sorry, I'll hand it over to Blanca Martinez to speak to the referral status and Continuity of Care. Sorry.

Blanca Martinez:

Oh, that's okay. I think overall, we've set up ourselves and I'm sure other health plans have done this where there's an email address, there's contacts that you can directly reach out to so that we can support you whether you're in network or you're not in network. At the end of the day, we just want to make sure that our members are receiving the services and that we make this transition as smooth as possible. I know there's been a lot of bumps in the way, and I appreciate everyone's patience and just your collaboration in helping us set this up. So, for Molina, you can contact myself, Blanca Martinez, and the Liaison Trista as well, email, like I said, phone call. We will help you also if needed, check the status of the referral and then also obtain an update on the Continuity of Care requests.

Blanca Martinez:

So if you prefer to call us versus going through the pathways that Laura referred to and checking through our systems like Availity, then you are able to outreach to us, and we

can help with that, and not just give you the update and the information, but if we come across a situation where the member needs help and we need to coordinate with the physicians, with the ancillary providers, we will assist with that as well. We have a team of care managers that can support if Trista and I are not going to be the ones working directly to coordinate that for you guys. I believe that's it for me. Thank you.

Kristin Mendoza-Nguyen:

Thank you, Molina team. Appreciate it. The last question is for IEHP for Ben, "Can you share a recent success story how your LTSS Liaison has worked with your Homes to resolve an issue? Do we have Ben?"

Ben Jauregui:

Can you hear me?

Kristin Mendoza-Nguyen:

Yes, I can hear you. Go ahead.

Ben Jauregui:

Well, I thought long and hard of which one I could share, and there's so many stories to share. I have been very engaged and involved with our provider since December when I started attending the vendor meetings at our local Regional Center. I have been helping to onboard them, educate them about managed care, explaining the terms that we use in managed care and just helping them to understand our processes and as well as me learning from them and understanding their processes. I think the biggest success story is just being engaged and being available for them and connecting them to the right people. I think that's probably been the biggest help that I've been able to do. In addition to all the engagement and education activities that we've done, we are available directly myself through my work cell phone. I'd be happy to receive calls and text. I do text with the providers regularly and also set up direct contacts with our authorizations team, our contracts team, and our provider call center.

Ben Jauregui:

Our providers have direct access to staff there and, of course, I'm here to assist. I do monitor emails to make sure that we're responding on time and assisting and can jump in at any time. The biggest takeaway I think, or the most, I think helpful thing that we've done is, again, just to be engaged, to be involved and be available to our providers, we've done several things to ensure that communication. We attended those Regional Center meetings. I'd held meet and greets very early on in early January with all of our providers. All of those that wanted to meet with me, we had a meet and greet. We provided weekly technical assistance calls. We also scheduled a training with our clearinghouse, claims clearinghouse Office Ally, and they were able to provide a training to all of our providers on how to submit claims.

Ben Jauregui:

We also met with the leadership over at Regional Center to ensure we establish lines of communication and collaboration. I also met with CAHF, the California Association of Health Facilities, to ensure there was communication there. They were actually involved in a part of our trainings, and they will continue to be a part of our quarterly meetings that we've set up to meet with our providers, so done a lot of work to, again, just be known. Everybody knows me, has my contact information, can get a hold of me. I think that's the best thing that I could have done in order to ensure that they know that they can contact somebody quickly if there's an issue or concern and I can either help them through the process or connect them to the right people.

Kristin Mendoza-Nguyen:

Thank you.

Ben Jauregui:

You're welcome.

Kristin Mendoza-Nguyen:

Oh, go ahead, Ben.

Ben Jauregui:

I was just going to say some of the things I was able to help with was contracting process, the claims process and setting up EFTs. That was something we helped with early on. Explaining Continuity of Care or ensuring Continuity of Care, health plan, member ID cards, that was something that I helped with a lot of folks wanting to receive those or know and learn how to print them from our provider portal. They are available on the provider portal, so I assisted several folks in accessing those. Then access to the provider portal, we did learn it wasn't as easy as just turning on a switch. That was something that we had to work on the back end but assisted several vendors or Homes partners with access to the provider portal.

Kristin Mendoza-Nguyen:

Great, thank you. Thank you to all the panelists for sharing all that great information. I think just one follow up, which I think probably all or more than one of you can probably speak to, because there was a question about acknowledgement and knowing who the LTSS Liaisons are. I know since the plans have so much staff, I think it's a pretty key role because you guys really help the homes navigate and understand who the right person might be, whether it's the liaison or somebody else at the plan. But should there be a change in the contact information for a specific liaison, how have you all communicated that to the providers and helped share that if there is a change in that information just to ensure that connectivity remains? Can any plans speak to that?

Tameia Marshall:

For L.A. Care, we had a change when it came to the account managers who would oversee certain facilities. So, what we did was did a warm handoff emailing the providers letting them know and bridging that relationship with the new account manager.

Kristin Mendoza-Nguyen:

Great.

Maricris Tengco:

To add to that, this is Maricris. Specific for the liaison, I know that I added some team members as liaisons, but it comes to me and those are my team. So, if I needed support, then I just ask my team to follow up or call the facilities, the ICF/DD providers. So, I have one specific nurse that really communicating with the providers, so if I can't follow up, then my team members, my teammates would follow up with that.

Kristin Mendoza-Nguyen:

Great, thank you. Then—

Dana Durham:

Let me just step in here and help answer this a little bit, and most of the Liaisons won't be as familiar with this as their compliance officers are. If there is a change in the Liaison, the plan must notice their contracted provider within five days are those providers that they're working with. There have not been these changes, which is probably why you're not getting that as an answer, and they will notice every contracted provider. But we're also making sure that the Regional Centers have a list of all the liaisons as well as we're sending them to providers on a quarterly basis to make sure that they're updated. So, I think we are really committed to making sure that the Homes have the right contacts. So, thanks for the question.

Kristin Mendoza-Nguyen:

Perfect. Thank you, Dana. We're running short on time, but I do want to acknowledge there were some earlier questions in the chat that we did not get to, and the team has been tracking those, so I just wanted to flag a couple of those. There were a number of comments and exchanges on when members change plans mid-month, and I did see a chat from Stephanie Conde from DHCS. But I just wanted to acknowledge that and then also pause to see if either Dana, Bambi or Steph wanted to hop on to discuss if there's any follow up for those particular ones for folks. In case they did not see the chat, I just wanted to raise it because I know there was activity. Oh, Stephanie Conde is having issues getting off mute.

Stephanie Conde:

So sorry.

Kristin Mendoza-Nguyen:

Oh, there we go.

Stephanie Conde:

Hi, good afternoon, everyone. Stephanie Conde with Managed Care Operations Division. I did put an inbox in the chat for those that are having issues with mid-month changes. There should not be, there are some rare occasions where there would be, so we do want to do a little research. So, if you send my team an email, we will reply asking for the PHI (Protected Health Information) details so the member-level details in order to provide that research. So, we will look into those as a priority if you can just send us an email. Thanks, everyone.

Kristin Mendoza-Nguyen:

Thank you, Stephanie.

Bambi Cisneros:

Thank you, Steph. I also added on the chat that there is a date by which AEVS, the Automated Eligibility Verification System will be updated in order for providers to see the member's enrollment in a subcontracted plan partner in LA. So that system fix will be in effect June 24th. But want to just take that opportunity just to orient to the AEVS system to be able to check for the member's plan enrollment at that time.

Kristin Mendoza-Nguyen:

Thank you. There was an earlier question, and this is a question for the plans from Grace Kano, "What is the option for admission of individuals who are not yet Regional Center eligible? For example, newborns, those with traumatic injuries that are discharged from hospitals and need placement, Regional Center eligibility intake starts after placement, how can we get MCPs to authorize without an HS-231?" I don't know if any plans can speak to that question.

Maricris Tengco:

Hi, this is Maricris from L.A. Care. It's our timing because we just met with our NCMP alignment regarding the issue and that is something we're still like we want to be aligned with, but I know that the DHCS required HS-231 because Regional Center is the one determining the eligibility or level of care of that member for ICF/DD. So, what we're aligning on, and if anyone wants to speak about it, but what we're thinking is while we're waiting for HS-231, we can go ahead and issue the authorization for a month until we get the HS-231. That is what we're thinking of.

Kristin Mendoza-Nguyen:

Great. Thank you, Maricris.

Blanca Martinez:

Just to add to that, once that's finalized that will be communicated to the ICFs whether they're a network or not.

Kristin Mendoza-Nguyen:

Great, thank you guys. Then with that, I know we tried to cover as much as we could. There will be some follow-ups to folks as Bambi and Steph had noted throughout the chat. But with that I'm going to hand it over to Bambi to help close this out for today.

Bambi Cisneros:

Great. Thank you, Kristin. Thank you for all of the panelists and the plans who have been actively engaged in this discussion and all the continued work. Before we dive into next steps, and we can go to the next slide, please. In going through the resources, I do want to take a moment to emphasize some of the key points here. I think what you're hearing from providers is that their portal access is really, really critical. I think this is where the two-way communication is really important because the ICF/DD Homes, they are audited and overseen by other entities that's not just DHCS. So, they're also overseen by Department of Public Health and the Department of Developmental Services. So, for example, there are things that they need to be able to see and report on, for example, referrals information that it's critical for them to have that information.

Bambi Cisneros:

So, I do urge the providers and when you're working with the plans and letting them know that your need for portal access to really stress the why, why that's really critical information for you to have. I think that's going to help the plan really understand and figure out ways to, if it's not portal access, some other workaround, make sure that you're getting that critical information. Then I think the last piece here, and it's really been paramount through all of our work with the Carve-In is really the timely payments, really important that Homes are paid timely. Many of them are small, and they just don't have the financial reserves. So, I think what you're hearing is that many of them have applied for lag funding. So, I just wanted to lift that here because there are downstream impacts for when payments are not made timely because that means they're jeopardizing their ability to do repayment through that lag funding that they have applied for.

Bambi Cisneros:

I know this stems to the clean claims and making sure that those claims are accurate, correct so they can be paid timely. But I think as we're in this learning phase and Homes are learning the different billing protocols and codes that plans have, we urge the plans to please communicate, communicate, communicate, and let the providers know what is missing, what do they need because it's a training opportunity for them too. So just wanted to just take the opportunity to just lift those themes. I know it's really critical for this transition. So just in closing, wanted to provide here on this slide just our webpage, which has a lot of different policy guidance and resources. So linked here on our webpage, we have our All Plan Letter. We have a resource guide, FAQs, and we're

working on another iteration of FAQs, which we're hoping to get out or targeting to get out by the end of this week and other materials, and just would encourage you to visit that page for any updates.

Bambi Cisneros:

Just finally, this webinar series is not the end of our communication plan for 2024. The Department is thinking about ways to really continue this learning series between managed care plans and the providers and just keep thinking through on what that might look like coming up in the fall. So, I do encourage you to check the ICF/DD Carve-In webpage for dates and registration in the next few months as we think through what this learning series opportunities would look like and, of course, would love your participation. Then the next slide I believe has our email address here, the LTCTransition@dhcs.ca.gov. We monitor this mailbox daily. So, if there are concerns, questions that were not resolved here and need assistance, please do reach out at this inbox. With that, really want to thank you all for your participation, your time and your commitment serving this population and helping us work through all of the different policy guidance. We do appreciate your time and efforts and wish you all a great rest of your day. Thank you so much.