## Agenda

| I. Welcome and Introductions | Michael German  
Manager, Provider Relations  
12:05 - 12:10 |
|-----------------------------|---------------------------------------------------------------|
| II. Provider Relations Updates | Lupe Luna  
Provider Relations Representative  
12:10 - 12:20 |
| III. 2015 Highlights | Bridget Kelly  
Director, Communications  
12:20 – 12:40 |
| IV. HEDIS Update | Jaylene Rossman, LVN  
Project Manager, Medical Records Review  
12:40 – 1:00 |
| V. OneCare Connect (OCC) | Debbie Kegel  
Manager, Business Integration  
1:00 – 1:20 |
| VI. Behavioral Health Transition Update | Cortney Shaw  
Behavioral Health Manager  
1:20 – 1:40 |
| VII. Credentialing Update | Caryn Ireland  
Executive Director, Quality Analytics  
1:40 – 1:50 |
| VIII. Q & A and Closing Remarks | Michael German  
Manager, Provider Relations  
1:50 – 2:00 |
CalOptima Community Network (CCN)

Lunch and Learn Meeting
February 16, 2016
Welcome

Michael German
Manager, Provider Relations
Agenda

- Provider Relations Updates
- 2015 Highlights
- HEDIS Update
- OneCare Connect Update
- Behavioral Health Transition Update
- Credentialing Update
CCN Meeting Materials

• Meeting Agenda
• Notes page
• CCN Question Sheet
  ➢ Complete if you would like CalOptima staff to follow up with you after this meeting.
• Today’s Meeting Evaluation
  ➢ Please complete at the end of each presentation.
Please place your cell phones on silent
Provider Relations Updates

CCN Lunch and Learn
February 16, 2016

Lupe Luna
Provider Relations Representative
Overview

- CalOptima Community Network (CCN) Membership Update
- Child Health and Disability Prevention (CHDP) Claims
- Provider Directory Validation
CCN Membership Update

- Total Members: 50,556
  - Children: 13,987
  - Adults: 35,250
  - 65+: 1,409

- Total Providers: 604
  - Primary Care Providers: 86
  - Group Affiliated Practitioners: 358
  - Individual Practitioners: 160
CHDP Claims Update

- CHDP claims will require a HCFA 1500 claim form for submission
- Date of conversion is scheduled for March 1, 2016.
- Please look for update information by visiting our website, www.caloptima.org.
Provider Directory Validation

- CalOptima is updating the online provider directory
- Information to be validated includes:
  - Office hours / phone number / address
  - Languages spoken by the physician
  - Health network affiliations
- Please verify your provider’s information located on CalOptima’s website at, www.caloptima.org.
- To make changes, contact the Provider Relations department at 714-246-8600, or contact your provider relations representative.
2015 Highlights
CCN Lunch & Learn
February 16, 2016
Bridget Kelly
Director, Communications
2015: A Year of Achievement

- Accountability as a public agency
- Appreciation for our partners
HEDIS Update

CCN Lunch & Learn
February 16, 2016

Jaylene Rossman, LVN
Project Manager, Medical Record Review
Goals for HEDIS 2016

• Maintain our status of Top Rated California Medicaid Plan for the third year in a row
• Increase our Accreditation status from Accredited to Commendable
• Maintain or exceed 4.0 plan rating from NCQA
• Maintain or exceed 4.0 CMS STAR Rating
• Developing stronger relationships with provider offices and health networks
• Identifying opportunities to improve member care
HEDIS Overview

Healthcare Effectiveness Data & Information Set = HEDIS

• The most widely used set of health care performance measures for commercial, Medicare and Medicaid in the United States

• Developed and maintained by the National Committee for Quality Assurance (NCQA), a private, not-for-profit organization committed to assessing, reporting on and improving the quality of health care
HEDIS Overview (cont.)

• Results from HEDIS data collection serve as measurements for quality improvement process and preventive care programs.

• HEDIS rates are designed to evaluate the effectiveness of a health plan's ability to demonstrate an improvement in its preventive care and quality measures to plan’s members.

• HEDIS is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service.
HEDIS Measurement Period

• Data is reported to NCQA in June of the reporting year.
  ➢ Data reflects events that occurred during the measurement year (calendar year)
  ➢ HEDIS 2016 data is reported in June 2016; however, the data reported reflect services the members receive up to December 31, 2015
  ➢ HEDIS 2016 = 2015 data
HEDIS Hybrid Measures

• Hybrid measures
  ➢ 17 Hybrid Measures

• Medical records
  ➢ Medical record collection begins once the sample population is identified and approved by the NCQA certified auditors
  ➢ All medical record collection, abstraction, data entry and rate calculation must be completed by May 16th

• HEDIS is time sensitive
  ➢ NCQA has strict deadlines
Medical Record Review Process

- Identify non-compliant members selected for hybrid measures
  - Members that did not meet the measure criteria through administrative data alone
- Determine chart location
  - Using claims and encounters
- Medical record pursuit begins
  - Pull list are created and sent out
Medical Record Collection

- CalOptima will be working with J&H Copy Service for HEDIS 2016.
  - J&H Copy Service has a Business Associate Agreement (BAA) with CalOptima and no further member release is required.
  - Providers will be contacted if they have provided services for a member in the sample population or are the member’s PCP.
  - J&H will schedule a time to come to your office and scan records. Records may also be faxed or mailed if preferred.
  - J&H/CalOptima will be pursuing over 8,000 medical records.
  - Once received, the records need to be reviewed and the data entered into our HEDIS software.
  - Providers will be contacted if records are incomplete, illegible or if there are questions regarding the documentation.
CalOptima and Pursuit

• Initial pursuit
  ➢ Pull list created
    ▪ Sent to J&H and HN’s performing their own pursuit
    ▪ Providers with just a few records needed are kept in-house
    ▪ Providers identified as needing special arrangements are kept in-house

• Additional pursuit
  ➢ Members who remain non-compliant after initial pursuit
    ▪ Nurses and staff are trained to pursue additional records if other viable chases is identified
  ➢ Non-compliant members for whom we receive incomplete medical records
    ▪ Nurses and staff are trained to compare DOS found in record received against claims and encounter data
Pursuit Milestones

• Pursuit Milestones
  ➢ 03/18/2016 — 25 percent
  ➢ 04/01/2016 — 50 percent
  ➢ 04/18/2016 — 75 percent
  ➢ 05/09/2016 — 100 percent

• Point of contact for medical records
  ➢ Jaylene Rossman
    ▪ Phone: 657-900-1056; email: jrossman2@caloptima.org
  ➢ Irma Munoz
    ▪ Phone: 714-347-5762; email: imunoz@caloptima.org
  ➢ HEDISmailbox@caloptima.org
Medical Record Review Process (cont.)

• Medical record review
  ➢ Conducted by our team of HEDIS nurses
    ▪ Abstraction/data entry
    ▪ Over-read
  ➢ All MRR must be completed by May 16th

• Medical Record Validation (MRRV)
  ➢ Conducted by auditors
    ▪ Random selection of records from chosen measures

• Submission to NCQA
  ➢ Deadline June 15th
Prepare for HEDIS

• Get ready
  ➢ Assign one person to take requests and answer questions, if possible.
  ➢ Don’t put it off — it truly won’t go away.
  ➢ Inform the copy service if you have both EMR and paper records so they can get both in one trip.
  ➢ Discuss the best time for calls and for scanning records.
  ➢ Most frequently missed records — lab results. They are often kept in a separate area of an EMR or chart. Make sure the copy service knows where to find immunization forms, labs, consults, procedures (e.g., colonoscopy), etc.
HEDIS Awareness

• Educate Provider offices regarding HEDIS and the medical record review process.

  ➢ Provider trainings
  ▪ Hybrid Measures in detail
  ▪ Documentation requirements
  ▪ Common chart deficiencies
Avoid Medical Record Retrieval

- EMR and timely claims/encounters submissions
- Appropriate coding
  - Code all services rendered
  - Code all applicable diagnoses
  - Do NOT code “rule out” diagnoses
  - Improve timeliness of claims/encounter submissions

- Verify your office is using current ICD-9/ICD-10 and CPT codes
- Use of CPT Category II codes
- Refer to the CalOptima Coding Reference Guide for HEDIS 2016
Avoid Medical Record Retrieval (cont.)

- California Immunization Registry (CAIR)
  - Potential to submit files electronically to CAIR
  - If entering data manually, you can enroll online: [http://cairweb.org/enroll-now/](http://cairweb.org/enroll-now/).
  - CAIR can help with electronic billing for Medi-Cal beneficiaries.
Can’t Make It All Go Away

• We appreciate your time and commitment to our members and understand that you are very busy.
• We also understand that CalOptima is not the only health plan requesting records, and that HEDIS is not the only project that requires records.
• We wish we COULD make it all go away — but since we can’t, here are some tips to help…
Comparing Medi-Cal and OneCare Connect (OCC)

CCN Lunch & Learn
February 16, 2016

Debra Kegel, Manager
Business Integration
Background

• Medi-Cal is California’s Medicaid program
  ➢ Long-standing, permanent program
  ➢ CalOptima is the only Medi-Cal plan in Orange County

• Cal MediConnect is part of a national pilot program for people with Medicare and Medi-Cal (“Medi-Medis” or “dual eligibles”)
  ➢ Cal MediConnect integrates Medicare and Medi-Cal into a single plan (instead of Medicare with a Medi-Cal wrap)
    ▪ OneCare Connect is CalOptima’s Cal MediConnect plan
    ▪ It is the only Cal MediConnect plan in Orange County
• 17,228 members enrolled, as of February 1, 2016
  ➢ Includes approximately 10,000 OneCare members who transitioned on January 1, 2016
• Passive enrollment continues through July 2016
• Opt-out rate is approximately 45 percent, which is in line with other counties
# Medi-Cal – OneCare Connect Comparison

<table>
<thead>
<tr>
<th>Membership Criteria</th>
<th>CalOptima Medi-Cal</th>
<th>OneCare Connect (OCC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Orange County Aid Code</td>
<td>• Orange County Aid Code</td>
<td>• Orange County Aid Code</td>
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<tr>
<td>• Full-scope Medi-Cal</td>
<td>• Full-scope Medi-Cal</td>
<td>• Full-scope Medi-Cal</td>
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<tr>
<td>• With or without Medicare</td>
<td>• Have Medicare Parts A, B &amp; D</td>
<td>• Have Medicare Parts A, B &amp; D</td>
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<tr>
<td>• Exclusions:</td>
<td></td>
<td>• Exclusions:</td>
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<tr>
<td>— Under 21</td>
<td>— Under 21</td>
<td>— Under 21</td>
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<tr>
<td>— Share of Cost (unless in LTC, MSSP or IHSS)</td>
<td>— Share of Cost (unless in LTC, MSSP or IHSS)</td>
<td>— Share of Cost (unless in LTC, MSSP or IHSS)</td>
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<tr>
<td>— Most 1915c waiver programs and Regional Center participants</td>
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<tr>
<td>— Those with other health insurance</td>
<td>— Those with other health insurance</td>
<td>— Those with other health insurance</td>
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<thead>
<tr>
<th>Enrollment</th>
<th>CalOptima Medi-Cal</th>
<th>OneCare Connect (OCC)</th>
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<tbody>
<tr>
<td>Mandatory; members in Orange County must have CalOptima (CalOptima is a COHS)</td>
<td>Not required; members may receive Medicare through FFS, MA or OCC</td>
<td></td>
</tr>
</tbody>
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Comparison (Cont.)

<table>
<thead>
<tr>
<th>Enrollment Process</th>
<th>CalOptima Medi-Cal</th>
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<tbody>
<tr>
<td></td>
<td>• SSA processes application</td>
</tr>
<tr>
<td></td>
<td>• DHCS assigns to CalOptima</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OneCare Connect (OCC)</th>
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</thead>
<tbody>
<tr>
<td>• CalOptima conducts enrollment</td>
</tr>
<tr>
<td>➢ Passively enrolls FFS members (through July 1, 2016)</td>
</tr>
<tr>
<td>➢ Accepts voluntary enrollment applications</td>
</tr>
<tr>
<td>• CMS and DHCS determine eligibility</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Membership</th>
<th>CalOptima Medi-Cal</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• 757,685</td>
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</tbody>
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<table>
<thead>
<tr>
<th>OneCare Connect (OCC)</th>
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</thead>
<tbody>
<tr>
<td>• 17,228</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Benefits</th>
<th>CalOptima Medi-Cal</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• Medi-Cal only</td>
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</tbody>
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<thead>
<tr>
<th>OneCare Connect (OCC)</th>
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</thead>
<tbody>
<tr>
<td>• Medi-Cal</td>
</tr>
<tr>
<td>• Medicare</td>
</tr>
<tr>
<td>• Supplemental benefits</td>
</tr>
<tr>
<td>➢ Enhanced vision</td>
</tr>
<tr>
<td>➢ Enhanced dental</td>
</tr>
<tr>
<td>➢ 30 one-way taxi rides per year</td>
</tr>
</tbody>
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## Comparison (Cont.)

<table>
<thead>
<tr>
<th></th>
<th>CalOptima Medi-Cal</th>
<th>OneCare Connect (OCC)</th>
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</thead>
<tbody>
<tr>
<td><strong>Threshold Languages</strong></td>
<td>• English, Spanish, Vietnamese, Farsi, Korean, Arabic, Chinese</td>
<td>• English, Spanish, Vietnamese, Farsi, Korean</td>
</tr>
<tr>
<td><strong>Network Assignment</strong></td>
<td>• Most members assigned to Health Network or CCN</td>
<td>• All members assigned to Health Network or CCN</td>
</tr>
<tr>
<td></td>
<td>➢ Certain exclusions apply</td>
<td>• Auto assignment if not selected by member</td>
</tr>
<tr>
<td></td>
<td>• Auto assignment if not selected by member</td>
<td></td>
</tr>
<tr>
<td><strong>PCP Assignment</strong></td>
<td>• Most members have PCP</td>
<td>• All members have PCP</td>
</tr>
<tr>
<td></td>
<td>➢ Certain exclusions apply</td>
<td></td>
</tr>
<tr>
<td>Personal Care Coordinator</td>
<td>CalOptima Medi-Cal</td>
<td>OneCare Connect (OCC)</td>
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<td>---------------------------</td>
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</tr>
<tr>
<td></td>
<td>• Seniors and Persons With Disabilities (SPDs) only</td>
<td>• All members</td>
</tr>
<tr>
<td>Annual Health Risk Assessment (HRA)</td>
<td>• SPDs only • Conducted by CalOptima ➢ New members since 2013 ➢ Soon will begin for all SPDs • Shared with PCP</td>
<td>• All members • Conducted by CalOptima • Shared with PCP • If not completed, CalOptima sends notification letter to PCP</td>
</tr>
</tbody>
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Comparison (Cont.)

<table>
<thead>
<tr>
<th>Individual Care Plan</th>
<th>CalOptima Medi-Cal</th>
<th>OneCare Connect (OCC)</th>
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<tbody>
<tr>
<td></td>
<td>• Required for SPDs only</td>
<td>• All members</td>
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<tr>
<td></td>
<td>• Based on HRA</td>
<td>• Based on HRA</td>
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<tr>
<td></td>
<td>• Member and PCP (Basic Care Management level)</td>
<td>• Basic Care Management Level:</td>
</tr>
<tr>
<td></td>
<td>• Member and Interdisciplinary Care Team (higher level Care Coordination or Complex Care Management)</td>
<td>➢ Summary care plan developed by CalOptima and sent to PCP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Member and PCP</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Care Coordination or Complex Care Management Levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ Developed by Interdisciplinary Care Team and member</td>
</tr>
<tr>
<td></td>
<td></td>
<td>➢ PCP invited to participate</td>
</tr>
<tr>
<td></td>
<td>• Must be signed by PCP within 30 days of HRA date and returned to CalOptima</td>
<td></td>
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</tbody>
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RCOC Transition Update

Cortney Shaw, MA
Behavioral Health Manager
RCOC Transition and Continuity of Care Update

• Medi-Cal members diagnosed with Autism Spectrum Disorder (ASD), under the age of 21, currently receiving BHT services from RCOC began transitioning to CalOptima in February 2016

• Will occur in 6 phases by birth month:

- February 2016: January, February
- March 2016: March, April
- April 2016: May, June
- May 2016: July, August
- June 2016: September, October
- July 2016: November, December

• Members will receive a 60 day and 30 day notice from CalOptima notifying them of the transition and their transition date
CCN Lunch and Learn Q & A

• Evaluation Form — Please complete and leave behind.

• In your packet, there is a form on which you can write any questions about anything that we have not addressed today.

• What questions do you still have?
CalOptima’s Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner