



CalOptima Community Network (CCN)
Provider Lunch and Learn Meeting for CCN Contracted Providers
Tuesday, February 16, 2016
12:05 p.m. – 2:00 p.m.

Agenda

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



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CalOptima Community Network (CCN)

Lunch and Learn Meeting

February 16, 2016



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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



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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.



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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

A Year of Achievement 2015 at CalOptima

January	February	March	April	May	June	July	August	September	October	November	December	
Growth After one year of Med-Cal expansion, CalOptima...	Compliance CalOptima's OneCare program achieves...	Increased Access CalOptima launches...	New Technology CalOptima...	Program Launch CalOptima takes the first step in the launch of OneCare Connect, a pilot program for low-income seniors and people with disabilities who are eligible for both Medicare and Medi-Cal. CalOptima sends the first notices to potential enrollees, informing them about how the program improves health outcomes and better coordinates care.	Community Engagement CalOptima begins spreading the word about OneCare Connect, inviting the people with disabilities who are eligible for both Medicare and Medi-Cal. CalOptima sends the first notices to potential enrollees, informing them about how the program improves health outcomes and better coordinates care.	Nurse Advice Line CalOptima introduces the 24-hour Nurse Advice Phone Line, increasing member access to health information around the clock.	Milestone for FACE CalOptima FACE, an innovative health care program that provides community-based care for vulnerable seniors, passes a milestone of serving 100 participants.	First Members OneCare Connect's first 300+ members join the new plan.	Accredited for Quality CalOptima's Medi-Cal program is accredited for three years by the National Committee for Quality Assurance.	Top-Rated Medi-Cal Plan in California For the second year in a row, CalOptima is named the highest-rated Medi-Cal plan in California, according to the National Committee for Quality Assurance.	20 Years of Service CalOptima marks our 20th anniversary, celebrating two decades of improved health for Orange County's vulnerable residents.	Language Capability CalOptima ensures that language is not a barrier to receiving health care services by implementing Chinese and Arabic, as well as Spanish, Vietnamese, Korean and Farsi.

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2015: A Year of Achievement



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HEDIS Update

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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/>.
 - 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...



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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

Background (Cont.)

- 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

	CalOptima Medi-Cal	OneCare Connect (OCC)
Membership Criteria	<ul style="list-style-type: none"> • Orange County Aid Code • Full-scope Medi-Cal • With or without Medicare 	<ul style="list-style-type: none"> • Orange County Aid Code • Full-scope Medi-Cal • Have Medicare Parts A, B & D • Exclusions: <ul style="list-style-type: none"> ➤ Under 21 ➤ Share of Cost (unless in LTC, MSSP or IHSS) ➤ Most 1915c waiver programs and Regional Center participants ➤ Those with other health insurance
Enrollment	Mandatory; members in Orange County must have CalOptima (CalOptima is a COHS)	Not required; members may receive Medicare through FFS, MA or OCC

Comparison (Cont.)

	CalOptima Medi-Cal	OneCare Connect (OCC)
Enrollment Process	<ul style="list-style-type: none"> • SSA processes application • DHCS assigns to CalOptima 	<ul style="list-style-type: none"> • CalOptima conducts enrollment <ul style="list-style-type: none"> ➢ Passively enrolls FFS members (through July 1, 2016) ➢ Accepts voluntary enrollment applications • CMS and DHCS determine eligibility
Membership	<ul style="list-style-type: none"> • 757,685 	<ul style="list-style-type: none"> • 17,228
Benefits	<ul style="list-style-type: none"> • Medi-Cal only 	<ul style="list-style-type: none"> • Medi-Cal • Medicare • Supplemental benefits <ul style="list-style-type: none"> ➢ Enhanced vision ➢ Enhanced dental ➢ 30 one-way taxi rides per year

Comparison (Cont.)

	CalOptima Medi-Cal	OneCare Connect (OCC)
Threshold Languages	<ul style="list-style-type: none"> English, Spanish, Vietnamese, Farsi, Korean, Arabic, Chinese 	<ul style="list-style-type: none"> English, Spanish, Vietnamese, Farsi, Korean
Network Assignment	<ul style="list-style-type: none"> Most members assigned to Health Network or CCN <ul style="list-style-type: none"> ➤ Certain exclusions apply Auto assignment if not selected by member 	<ul style="list-style-type: none"> All members assigned to Health Network or CCN Auto assignment if not selected by member
PCP Assignment	<ul style="list-style-type: none"> Most members have PCP <ul style="list-style-type: none"> ➤ Certain exclusions apply 	<ul style="list-style-type: none"> All members have PCP

Comparison (Cont.)

	CalOptima Medi-Cal	OneCare Connect (OCC)
Personal Care Coordinator	<ul style="list-style-type: none"> Seniors and Persons With Disabilities (SPDs) only 	<ul style="list-style-type: none"> All members
Annual Health Risk Assessment (HRA)	<ul style="list-style-type: none"> SPDs only Conducted by CalOptima <ul style="list-style-type: none"> ➤ New members since 2013 ➤ Soon will begin for all SPDs Shared with PCP 	<ul style="list-style-type: none"> All members Conducted by CalOptima Shared with PCP If not completed, CalOptima sends notification letter to PCP

Comparison (Cont.)

	CalOptima Medi-Cal	OneCare Connect (OCC)
Individual Care Plan	<ul style="list-style-type: none"> • Required for SPDs only • Based on HRA • Member and PCP (Basic Care Management level) • Member and Interdisciplinary Care Team (higher level Care Coordination or Complex Care Management) 	<ul style="list-style-type: none"> • All members • Based on HRA • Basic Care Management Level: <ul style="list-style-type: none"> ➢ Summary care plan developed by CalOptima and sent to PCP ➢ Member and PCP • Care Coordination or Complex Care Management Levels <ul style="list-style-type: none"> ➢ Developed by Interdisciplinary Care Team and member ➢ PCP invited to participate • Must be signed by PCP within 30 days of HRA date and returned to CalOptima



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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	March 2016	April 2016	May 2016	June 2016	July 2016
<ul style="list-style-type: none">• January• February	<ul style="list-style-type: none">• March• April	<ul style="list-style-type: none">• May• June	<ul style="list-style-type: none">• July• August	<ul style="list-style-type: none">• September• October	<ul style="list-style-type: none">• November• December

- Members will receive a 60 day and 30 day notice from CalOptima notifying them of the transition and their transition date

Questions



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



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OneCare (HMO SNP)

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OneCare Connect

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PACE

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