CalOptima Community Network (CCN)

Lunch and Learn Meeting

October 18, 2016

Welcome

Michael German, Manager

Provider Relations

Agenda

- Provider Relations Updates

- Prior Authorizations Best Practices

- HEDIS 2016 Results

- Clinical Claims Editing

- Medical Management Update

- Q&A and Closing Remarks

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.
- Meeting materials will be available on the provider webpage at www.caloptima.org. after this meeting.

Please place your cell phones on silent

Provider Relations Updates

CCN Lunch and Learn

October 18, 2016

Sylvia Mora

Sr. Provider Relations Representative

Overview

- Community Network (CCN) Membership Update

- CalOptima Direct (COD) Authorizations

- New Online Credentialing Application

- National Committee for Quality Assurance (NCQA) Rating

CCN Membership Update

- Total Medi-Cal Members: **66,789**
  - ➤ Children: **17,236**
  - ➤ Adults: **47,508**
  - ➤ 65 years of age and older: **2,045**

- Total OneCare Connect Members: **2,012**

- Total Primary Care Providers: **613**

- Total Specialists: **2,511**

Data as of August 1, 2016

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COD Authorizations

- Three code sets were impacted, for dates of service from October 2015 <u>through</u> July 2016
  - ➢ 99201-99205
  - ➢ 99211-99215
  - ➢ 99241-99245

- Please refer to <u>www.caloptima.org</u> for the most current listing of procedure codes that require prior authorization

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New Credentialing Application Online

- CalOptima Community Network (CCN) credentialing application is now available online

- Steps to access:
  - ➤ www.caloptima.org
  - ➤ Click on "Providers"
  - ➤ Scroll down to "Credentialing"
  - ➤ Click on "Begin Practitioners Initial Credentialing Application Process"

Top NCQA Rating

- Top-ranked Medi-Cal plan for 3rd year in a row

- NCQA is the "gold-standard" for evaluating health plans

- The Rating is based on 3 categories:
  - ➢ Consumer Satisfaction
  - ➢ Quality of Care – Prevention
  - ➢ Quality of Care – Treatment

- *"**Thank you!**" to you and all our providers for helping us achieve this honor.*

Top NCQA Rating

CalOptima qualityx3

Top Medi-Cal Plan in California Three Years and Counting!

Questions

Authorization Requests

CCN Lunch and Learn

October 18, 2016

Debra Armas

Director of Utilization Management

Making it Easier

- Submit routine, in-network requests through Cerecons, provider portal.
- Authorization requests are to be submitted as routine to facilitate faster turnaround times for providers.
  - ➢ Regulatory turnaround time is five business days for a routine request when all information is included to make a decision.
  - ➢ Regulatory turnaround time is 72 hours for an urgent request.
    - ▪ Regulatory requirements must be met for an urgent request to be processed.
    - ▪ The physician office will be notified and the request will be changed to routine if urgent criteria is not met — creates delays for both provider and utilization management.
- Follow-up visits no longer require authorization.
  - ➢ Authorization is required for the follow-up CPT code, 99215.

Making it Easier (cont.)

- Faxing an Authorization Request Form (ARF)
  - ➤ Complete **all** fields.
  - ➤ Physician signature must be present.
  - ➤ **Must** include **all** of the following:
    - CPT codes
    - ICD-10 codes
    - Clinical justification for request
    - If requesting an out-of-network and/or tertiary provider, provide justification why service can't be provided by an in-network provider.
  - ➤ Incomplete ARFs will be returned to the provider's office for completion.

- The goal of the Utilization Management department is to process requests accurately and expeditiously to facilitate provider satisfaction.

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Questions

HEDIS Update

CCN Lunch & Learn

October 18, 2016

Jaylene Rossman, LVN

Project Manager, Medical Record Review

Achievements for HEDIS 2016

- Maintained our status of Top Rated California Medicaid Plan

- Maintained our 4.0 plan rating from NCQA

- Increased our Accreditation Status to Commendable

CalOptima quality x3
Top Medi-Cal Plan in California Three Years and Counting!

Thank You!

We want to thank all of you for helping us achieve our goals by providing quality care to our members.

Looking Forward

- Maintain our status of **"Top Rated California Medicaid Plan"** for the fourth year in a row

- Maintain or increase our Accreditation status of Commendable.

- Maintain or exceed 4.0 plan rating from NCQA.

- Develop stronger relationships with provider offices and health networks.

- Identify opportunities to improve member care.

Better Together

- Establishing working relationships
  - Communication is key
- Offering provider training
  - Training includes:
    - Overview of HEDIS Hybrid measures
    - Documentation requirements per NCQA
    - Common Chart Deficiencies
  - Sign up
    - https://www.surveymonkey.com/r/HEDIS_101
- Providing tools
  - Records needed
  - Code reference guide
  - HEDIS FAQs

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HEDIS 2017

- HEDIS medical record review/pursuit February–May
- HEDIS is time sensitive.
  - ➢NCQA sets strict deadlines we must abide by.
- Timely response to medical record request
- Contracted vendor is J&H Copy Services, Inc.
  - ➢There is no charge to the provider for this service.
  - ➢Combine all CalOptima members to one pull list.

Medical Record Pursuit

- J&H Copy Service has a Business Associate Agreement (BAA) with CalOptima and no further member release is required.

- J&H will schedule a time to come to your office and scan records. Records may also be faxed or mailed, if preferred.

- Use of another copy service
  - ➢ Refer to HEDIS FAQs for more information

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HEDIS Contact

- HEDIS Team
  - HEDISmailbox@caloptima.org

- Jaylene Rossman
  - jrossman2@caloptima.org
  - 657-900-1056

- Irma Munoz
  - imunoz@caloptima.org
  - 714-347-5762

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Questions

New Enhancements to Claims Processing System

Provider Lunch and Learn

October 18, 2016

Alberta Forester

Director, Claims Administration

New Enhancements to Our Claims Processing System

As part of its operations, CalOptima is implementing a Clinical Editing Software Solution (CESS) within its Facets core system, in addition to Advanced Claims Editing (ACE) Software.

- Begins in December 2016.
- CESS will enable CalOptima to identify potentially incorrect code relationships on submitted claims, enabling us to manage cost effective health care, delivery and reimbursement.
- Will result in more accurate, efficient and consistent claims processing and reimbursement.

New Enhancements to Our Claims Processing System

The Optum solution selected by CalOptima has two parts:

- Clinical Editing Software Solution (CESS) will provide real-time automated clinical edits to include prepayment National Correct Coding Initiative (NCCI) edits, and be executed as claims are being processed.

- Advanced Claims Editing (ACE) will allow edits to ANSI 837 Professional and Institutional claims. Will permit repairable claims to be systematically returned to the original submitter for repair via a 277 ANSI response.

New Enhancements to Our Claims Processing System

- CalOptima will continue to provide additional information as we get closer to go-live.
- You will be informed through:
  - ➢ Provider newsletters
    - ▪ Provider Update
    - ▪ Provider Press
  - ➢ CalOptima's website
  - ➢ Remittance advice messaging
  - ➢ Lunch and learn sessions

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Questions

Diabetic Complications

Lunch and Learn

October 18, 2016

Himmet Dajee, M.D.

Medical Director

Definition

Body does not make enough insulin or cannot use insulin it makes. Insulin is a hormone that is secreted from the beta cells of the pancreas and controls the level of sugar in the blood.

Diabetic Complications

Insulin   Glucose

Pancreas cell

Cell

Food is converted into glucose (blood sugar).

As blood sugar levels rise, the pancreas makes insulin.

Blood carries glucose and insulin to every cell in the body.

Insulin acts like a key to open the cells.

Cells absorb glucose from the blood.
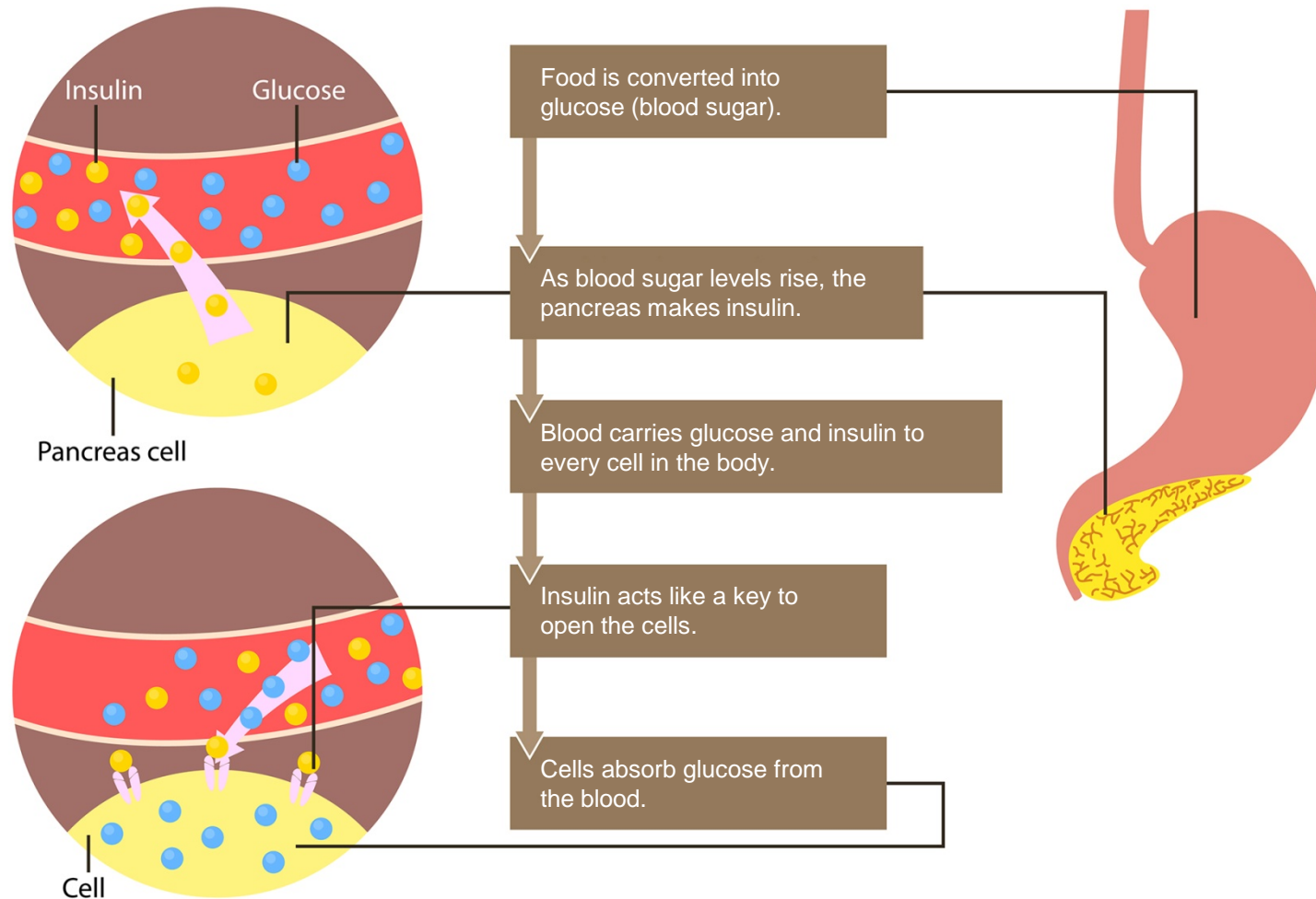
U.S. Population and Diabetes

Diabetes: 29.1 Million
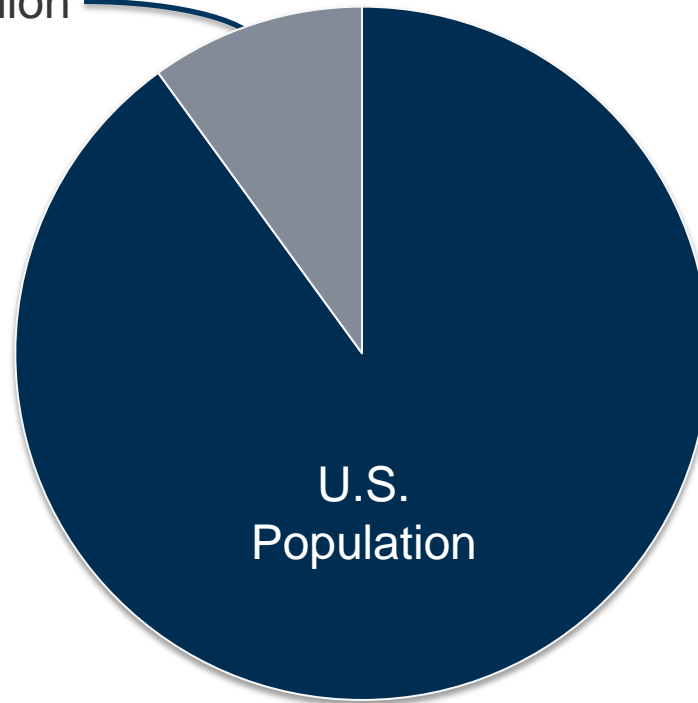
U.S. Population

29.1 million people or 9.3% of the U.S. population have diabetes

Source: http://www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html

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Prevalence of Diabetes

- The prevalence of diabetes increases with:
  - Body mass index
  - Age
  - Ethnicity

- Pre-diabetes
  - Onset occurs 5–10 years before diagnosis

Symptoms and Complications of Diabetes

- Symptoms
  - Always tired
  - Frequent urination
  - Sudden weight loss
  - Wounds that won't heal
  - Always hungry
  - Sexual problems
  - Blurry vision
  - Vaginal infections
  - Numb or tingling hands or feet
  - Always thirsty

- Complications
  - Neuropathy
  - Nephropathy
  - Coronary heart disease
  - Stroke
  - Retinopathy
  - Peripheral vascular disease

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Dangers of Diabetes

- Risk of dying 10–15 years earlier than a non-diabetic
- The risk for heart attack and cardiac death is 2–8 times greater.
- High rate of out-of-hospital deaths
- Three times greater risk of fatal stroke and blindness
- Four times greater risk of heart failure
- Ten times greater risk of requiring dialysis
- Four hundred times greater risk of losing a leg
- Poor outcome after coronary angioplasty, stent and/or bypass surgery
- Greater risk in women than men

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Overview of Diabetic Complications, Macrovascular

- Ischemic heart disease
- Cerebrovascular disease
- Peripheral artery disease or peripheral vascular disease (PAD/PVD)
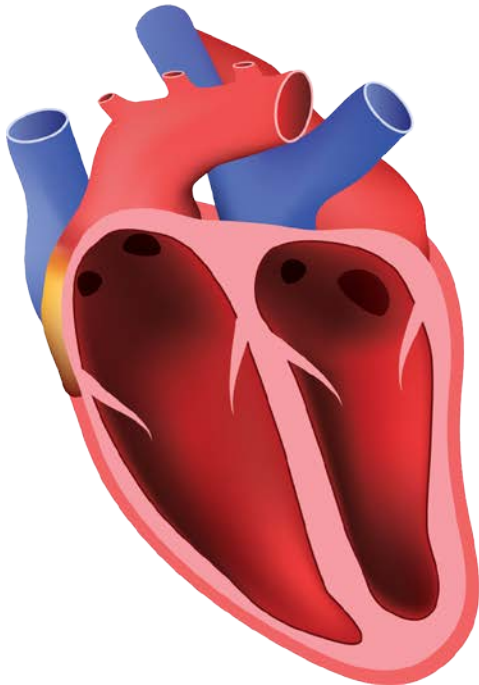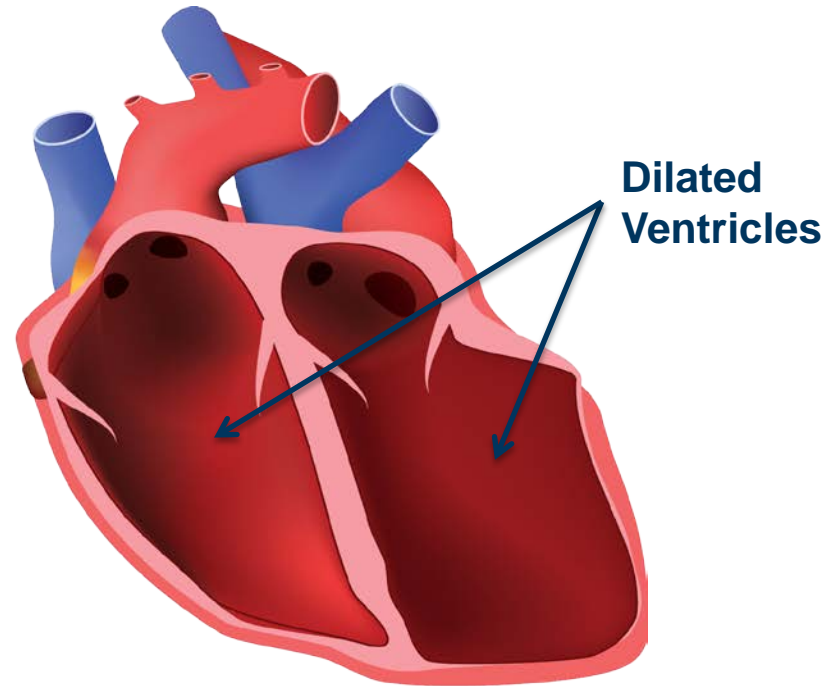- Atherosclerosis of aorta disease
- Diabetic myonecrosis

Brain
TIA
CVA
Dementia

Heart
ACS
CHF

PVD

Ischemic Heart Disease

Cholesterol plaque

Blood clot

Coronary arteries

Dying muscle
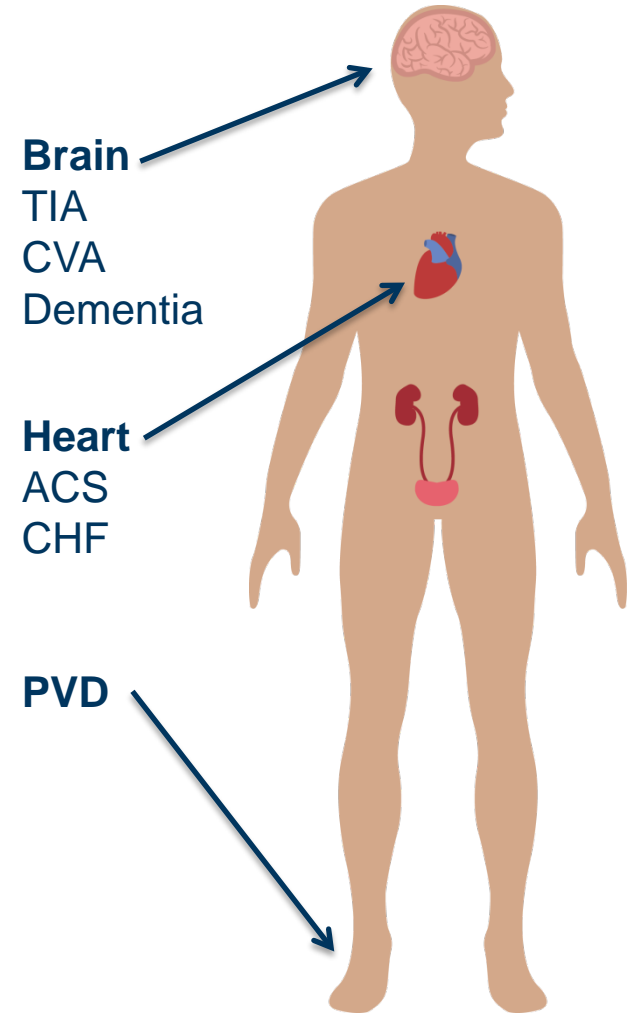
Healthy muscle
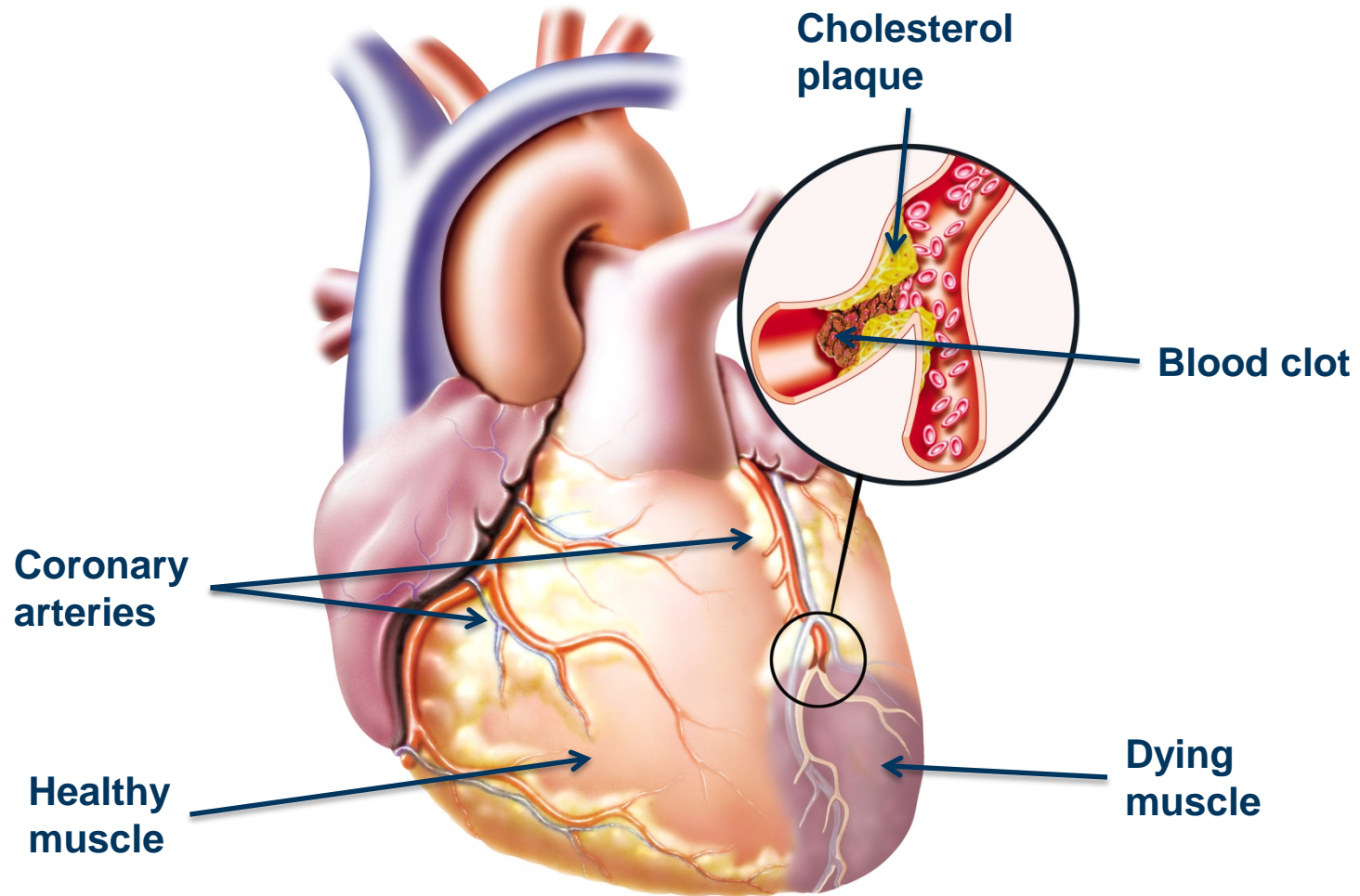
Cardiomyopathy

- Dilated ventricle and thinned, weakened walls

Normal Heart **Dilated Cardiomyopathy**

Dilated Ventricles

Cerebrovascular Disease

Ischemic Stroke

Hemorrhagic Stroke
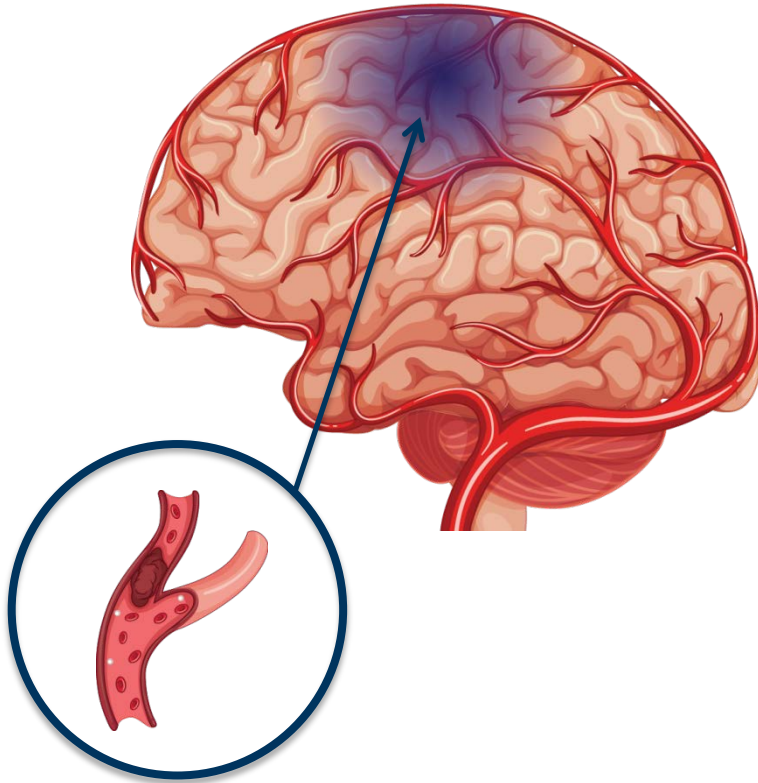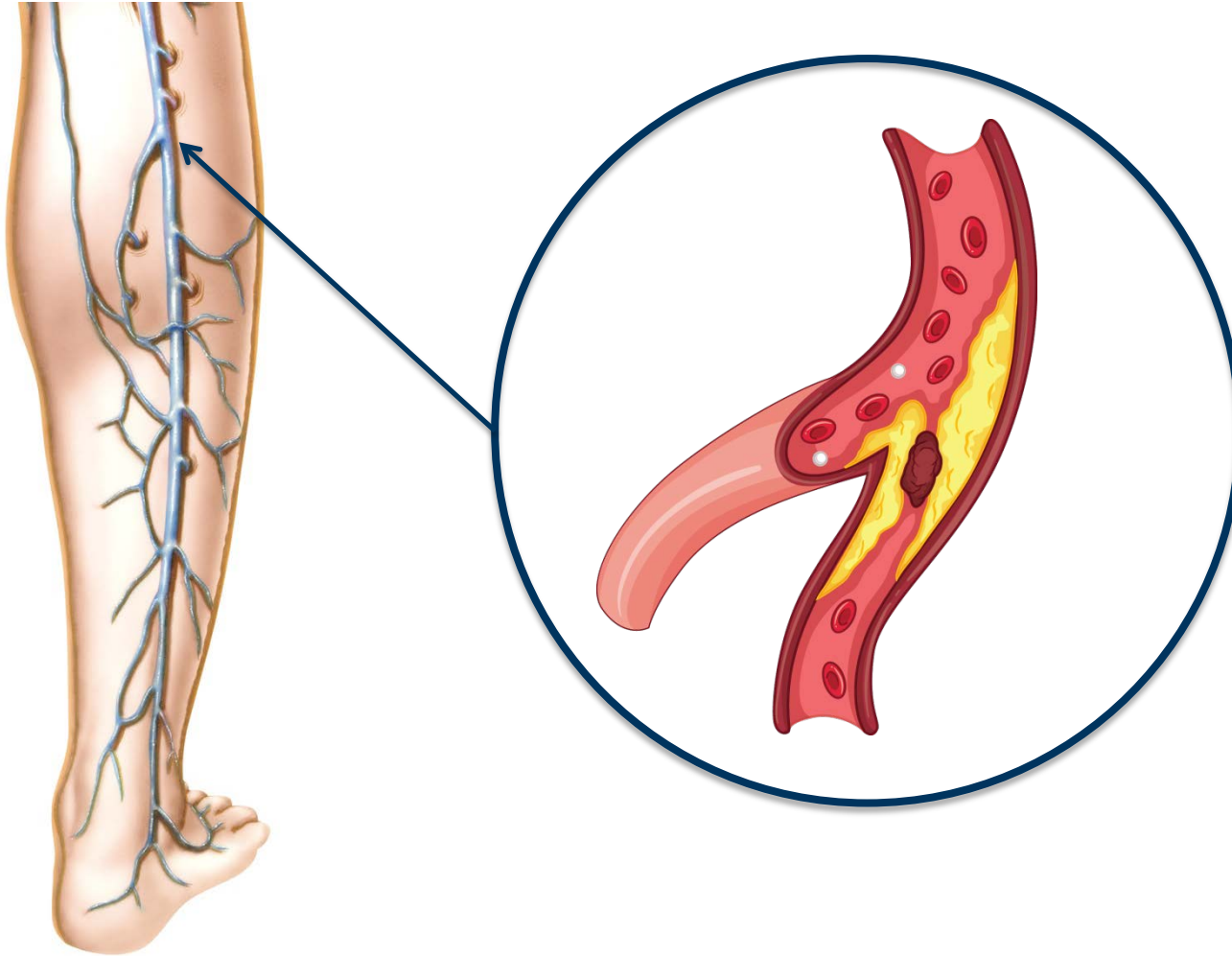
Blood vessel blockage
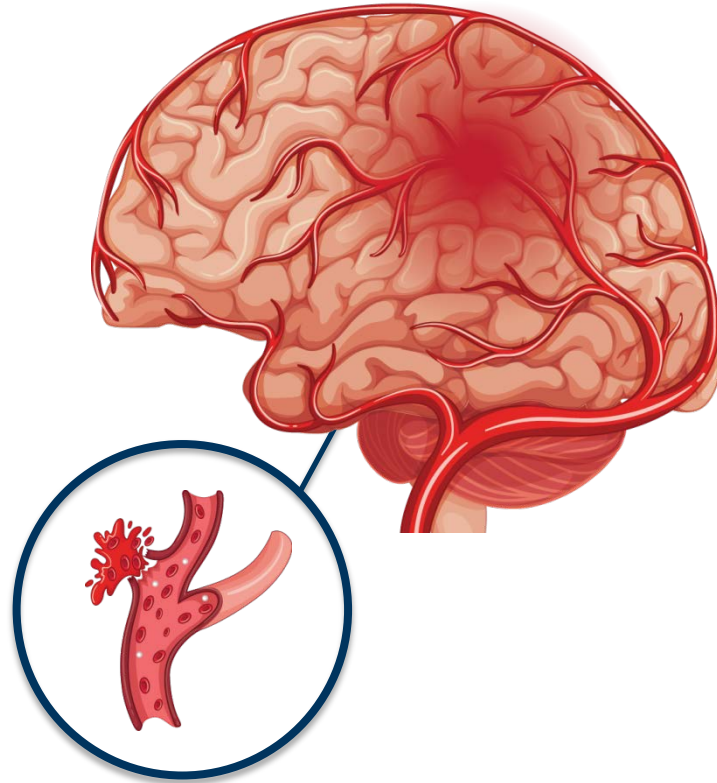
Blood vessel rupture

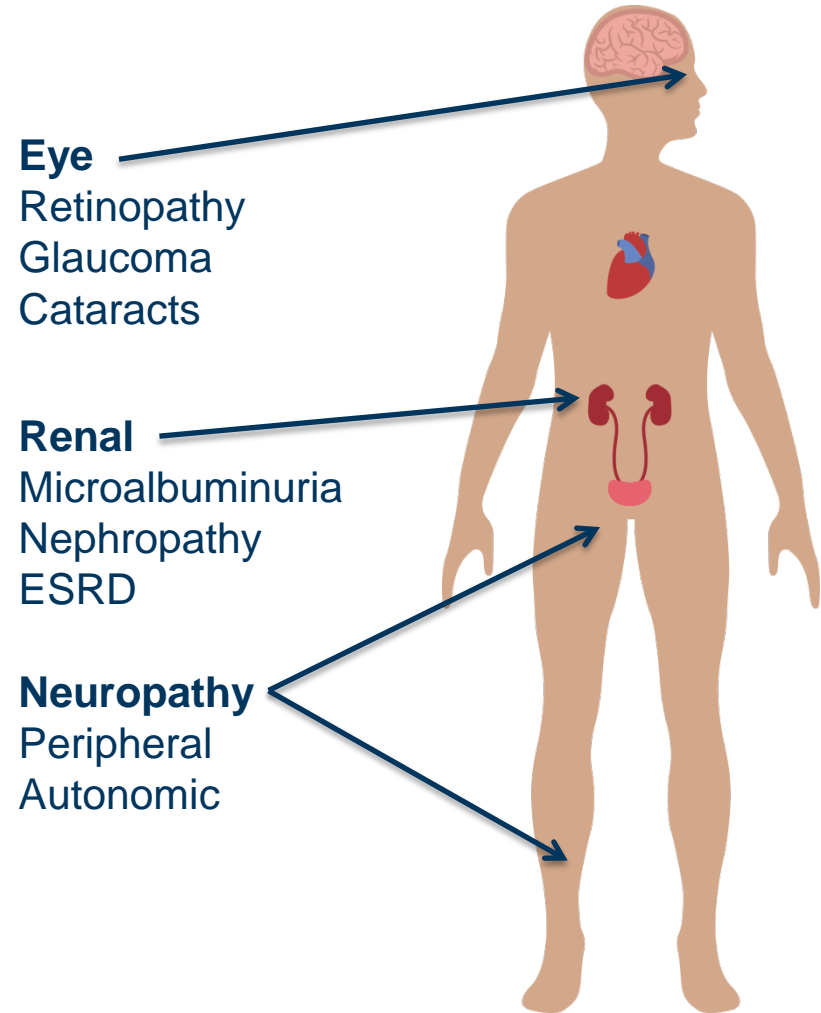# Peripheral Artery Disease, Peripheral Vascular Disease, PAD/PVD

Common Causes of Diabetes Amputations

- Sixty percent of non-traumatic lower extremity amputations are due to diabetes
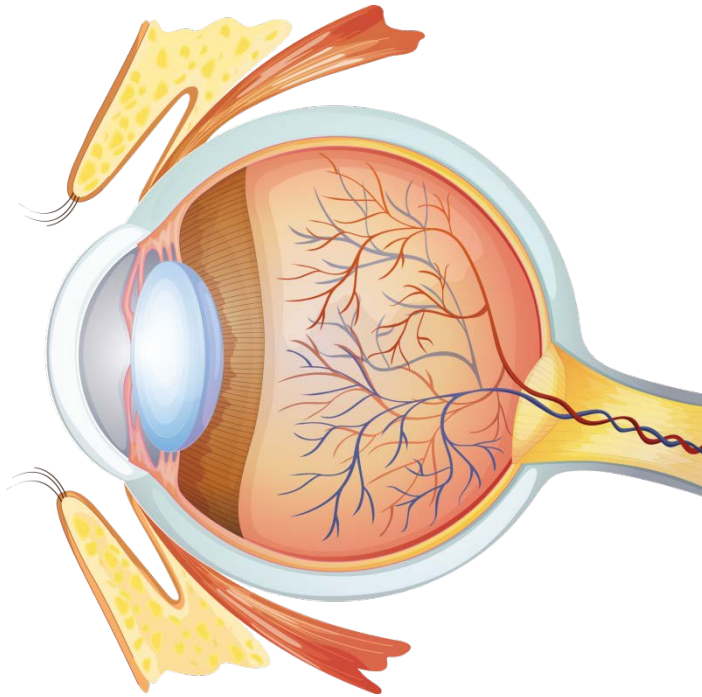
Overview of Diabetic Complications, Microvascular

- Retinopathy
- Neuropathy
  - Peripheral autonomic
- Nephropathy
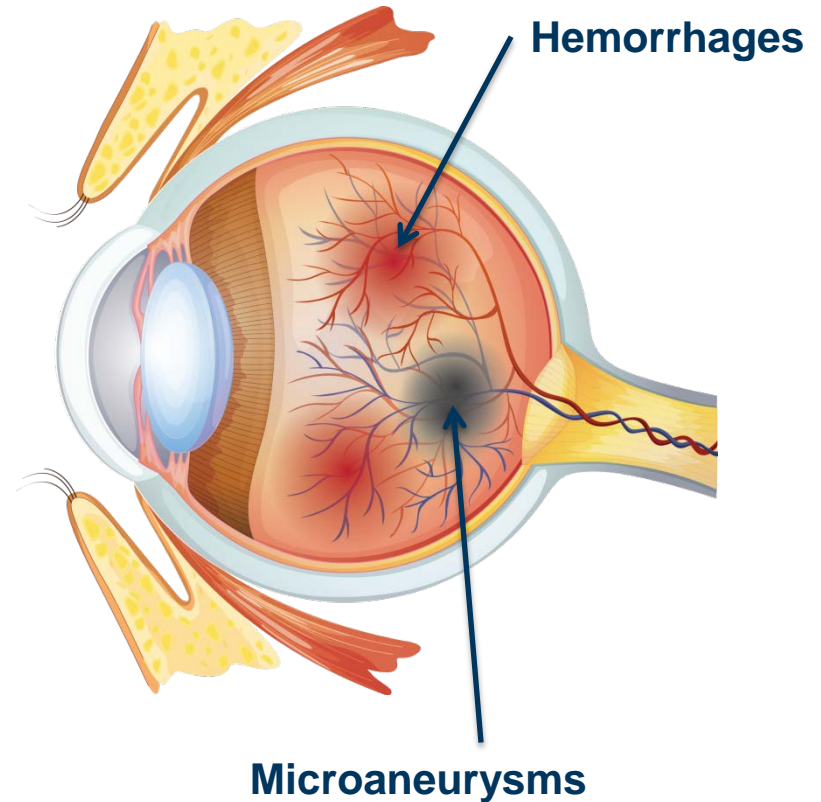- Periodontal disease
- Erectile dysfunction

Eye
Retinopathy
Glaucoma
Cataracts

Renal
Microalbuminuria
Nephropathy
ESRD

Neuropathy
Peripheral
Autonomic

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Diabetic Retinopathy

Healthy Eye

Diabetic Retinopathy Eye

Hemorrhages

Microaneurysms

Diabetic Peripheral Neuropathy

- Symptoms
  - Motor
    - Weakness
    - Atrophy
    - Deformity
    - Abnormal stress
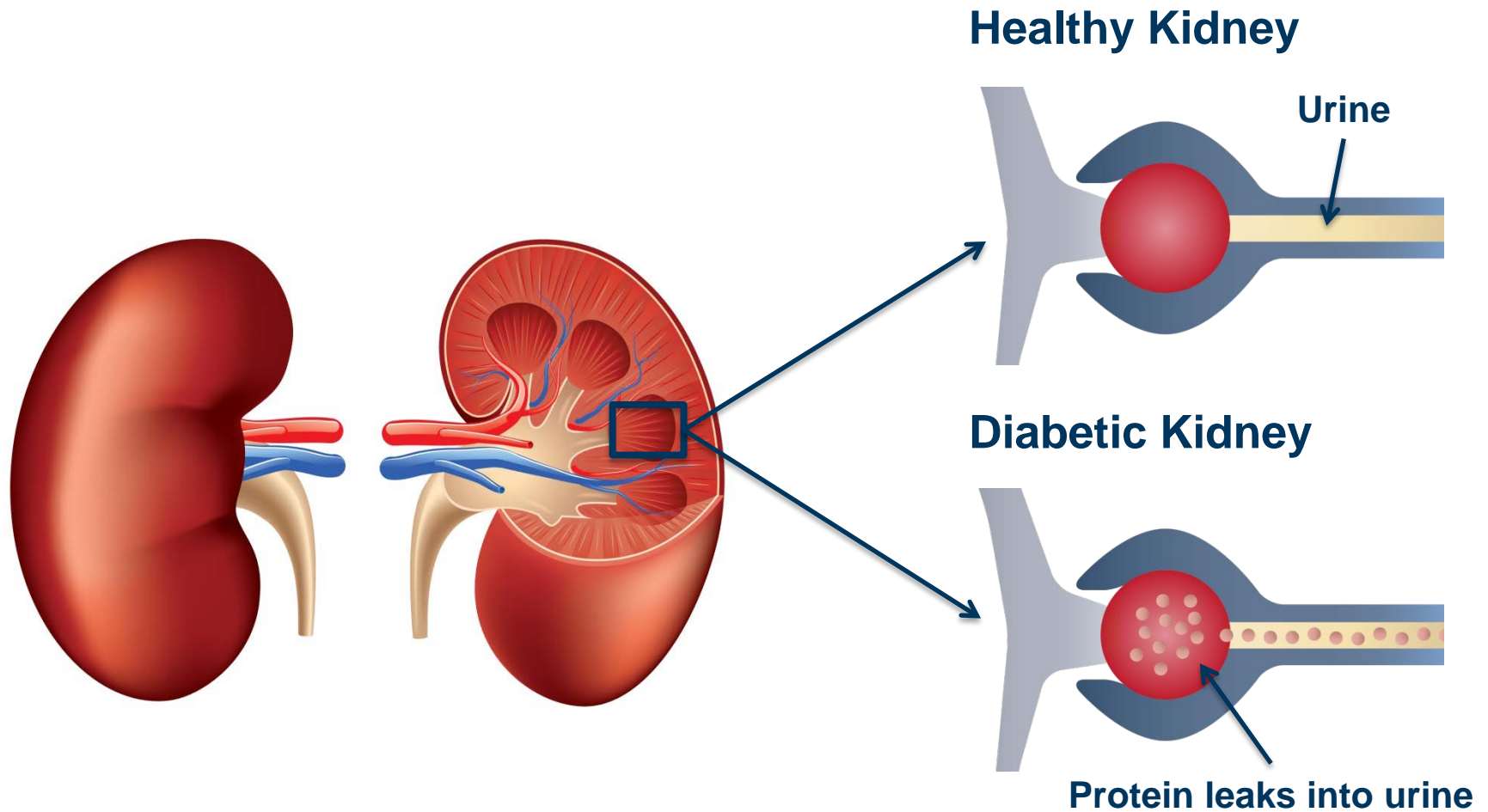   - High plantar pressure
    - Callus formation
  - Sensory
    - Loss of protective sensation
  - Autonomic
    - Anhidrosis
    - Dry skin
    - Sympathetic tone (altered blood flow regulation)

Nephropathy

Healthy Kidney

Urine

Diabetic Kidney

Protein leaks into urine

Diabetes and Periodontal Disease

- Periodontal microbiota
- RAGE activation
- Exaggerated and sustained inflammation
- Impaired repair
- Enhanced periodontal tissue breakdown

Acute Metabolic Complications of Diabetes Mellitus

- ## Diabetic Ketoacidosis
  - Occurs when your body produces high levels of blood acids called ketones. The condition develops when your body can't produce enough insulin.

- ## Hyperosmolar Hyperglycemic State
  - Occurs in patients with type 2 diabetes who have some concomitant illness that leads to reduced fluid intake. Infection is the most common preceding illness, but many other conditions can cause altered mentation, dehydration or both.

- ## Hypoglycemia
  - A clinical situation characterized by a reduction in plasma glucose concentration.

- ## Coma
  - When blood sugar gets too high — 600 milligrams per deciliter (mg/dL) or more — causing severe dehydration

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Diabetic Complications

- Gestational Diabetes
- Gastroparesis

CalOptima's Mission

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

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?

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