



A Public Agency

CalOptima
Better. Together.

CalOptima Community Network (CCN)

Lunch and Learn Meeting

February 14, 2017



A Public Agency

CalOptima
Better. Together.

Welcome

**Michael German, Manager
Provider Relations**

Agenda

- Provider Relations Updates
- Election Impacts & Strategic Budget
- HEDIS Record Chasing
- 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



A Public Agency

CalOptima
Better. Together.

Provider Relations Updates

**CCN Lunch and Learn
February 14, 2017**

**Leticia Simpson
Provider Relations Representative**

Overview

- Community Network (CCN) Membership Update
- Disclosure of Medical Records
- Provider Trainings and Resources
- Provider Advisory Committee (PAC) Nominations

CCN Membership Update

- Total Medi-Cal Members: **68,507**
 - Children: 16,856
 - Adults: 48,964
 - 65 years of age and older: 2,687
- Total OneCare Connect Members: **1,801**
- Total Primary Care Providers: **631**
- Total Specialists: **2,485**

Data as of 02/14/2017

Disclosure of Medical Records

- All Contracted Providers are contractually obligated to provide medical record release for the following reasons:
 - Quality of Care Issues
 - Facility Site Reviews
 - HEDIS
 - Audits (DHCS, CMS, & other internal audits)
- Additional details can be found in your CalOptima Direct (COD) Contract under Article 6 – Records, Audits and Reports (pg. 20-21)

Provider Trainings and Resources

- Department of Health Care Services (DHCS) Staying Healthy Assessment (SHA) training
- Seniors and Persons with Disabilities (SPDs)
- Cultural and Awareness and Sensitivity training
- Steps to access:
 - www.caloptima.org
 - Click on Providers
 - Click on Manuals and Resources
 - Click on Provider Trainings

PAC Nominations

- The PAC supports and advises the CalOptima Board of Directors and CalOptima executive leadership
 - It is comprised of 15 voting members – each seat representing a constituency that works with our members
 - PAC members serve three-year terms
- CalOptima is accepting nominations for these PAC seats:
 - Community Health Centers Representative
 - Hospital Representative
 - Physician Representative
 - Traditional/Safety-Net Representative
- Interested applicants should contact Cheryl Simmons
 - Phone: 714-347-5785; Email: csimmons@caloptima.org

Questions





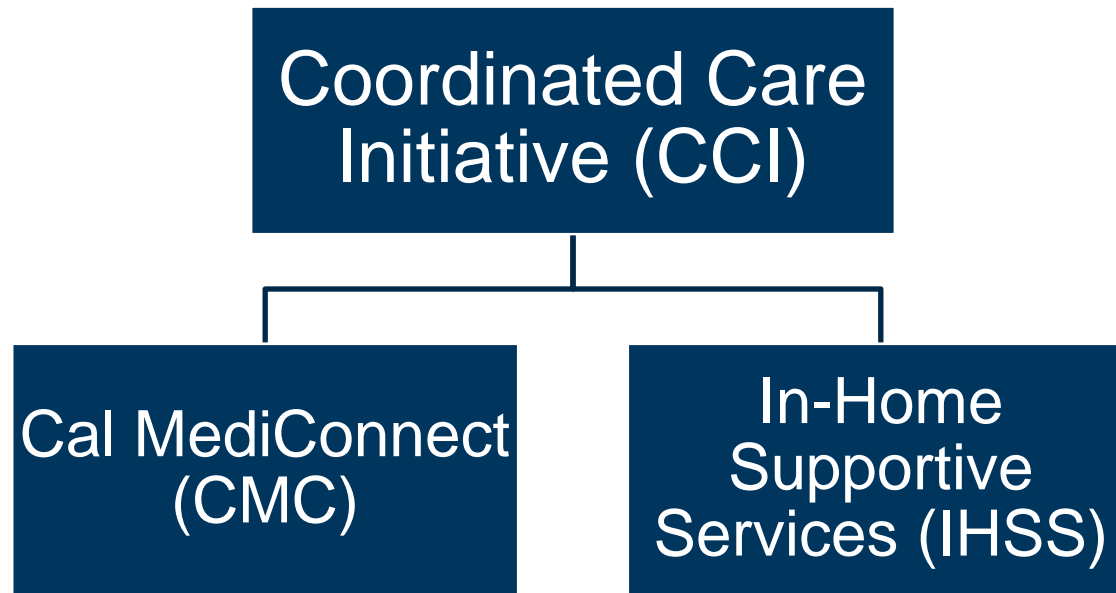
CalOptima
Better. Together.

State Budget & Federal Overview

**CalOptima Community Network (CCN)
Provider Lunch and Learn Meeting
February 14, 2017**

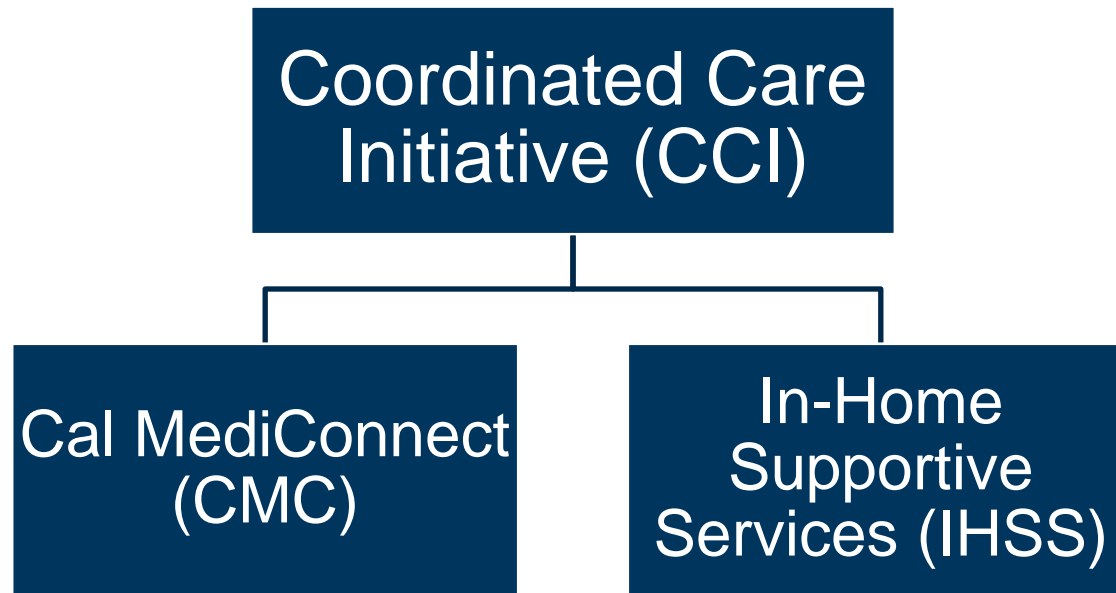
**Shamiq Hussain
Senior Policy Analyst, Government Affairs**

Governor's Proposed Budget for FY17–18



- Discontinue broader CCI
- Continue CMC
- Return detached parts of IHSS program to counties

Reason for Dissolution of CCI



- Poison pill provision
- Higher costs for IHSS

About IHSS

- IHSS is a Medi-Cal benefit
- IHSS is a program for low-income people over 65 years of age, the blind and the disabled
- IHSS workers provide IHSS beneficiaries with domestic help in the home

County Administration of IHSS

UNDER CCI	AFTER CCI ENDS
Counties (including Orange County Social Services Agency) determine beneficiary eligibility and authorize hours	Counties resume responsibility for all functions
Managed Care Plans (including CalOptima) hold financial risk	
State is responsible for collective bargaining for IHSS workers	

Affordable Care Act (ACA) in OC

Expansion Members & Dollars

234,000

30% of CalOptima membership

\$1.1 Billion

30% of CalOptima revenue

Source: CalOptima membership and finance data

Future of the ACA

- Budget reconciliation process led to release of budget blueprint
 - Blueprint calls for four congressional committees to develop ACA repeal language
 - House Energy and Commerce
 - House Ways and Means
 - Senate Finance
 - Senate Health
- Budget reconciliation bill could reduce or eliminate funding for Medicaid Expansion
 - 30 percent of CalOptima membership
 - \$1 billion in annual revenue

Current Efforts

- Participating in legislative events with the Association for Community Affiliated Plans and Local Health Plans of California
- Educating the Orange County delegation on the economic impact of Medi-Cal growth
- Focusing on collaboration with local stakeholders to develop advocacy strategies for Orange County

Questions





CalOptima
Better. Together.

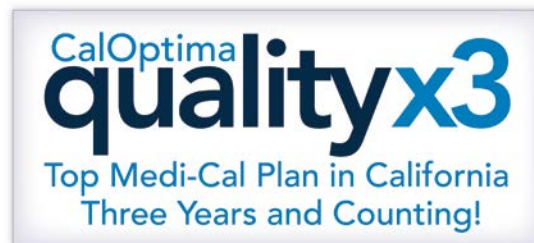
HEDIS Update

CCN Lunch & Learn
February 14, 2017

Jaylene Rossman, LVN
Project Manager, Medical Record Review

Goals for HEDIS 2017

- 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



NCQA's Medicaid Health Insurance Plan Ratings 2016-2017

CalOptima, A Public Agency

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 reported in June 2017 reflects events that occurred during the measurement year (2016)
 - HEDIS 2017 data is reported in June 2017; however, the data reported reflect services the members receive up to December 31, 2016.
 - HEDIS 2017 = 2016 data

HEDIS Hybrid Measures

- Hybrid measures
 - 16 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 15th
- HEDIS is time sensitive
 - NCQA has strict deadlines

Medical Record Review Process

- Identify non-compliant members selected for hybrid measures
 - Members who 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 work with J&H Copy Service for HEDIS 2017
 - 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 provider offices and scan records. Records may also be uploaded, faxed or mailed if preferred
 - J&H/CalOptima will be pursuing around 10,000 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 health networks with special arrangements
 - Eye care providers 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 are identified
 - Non-compliant members for whom we receive incomplete medical records
 - Nurses and staff are trained to compare dates of service (DOS) found in record received against claims and encounter data

Pursuit Milestones

- Pursuit Milestones

- March 17, 2017 — 25 percent
- April 3, 2017 — 50 percent
- April 21, 2017 — 75 percent
- May 8, 2017 — 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

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 15th
- Medical Record Review 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

- HEDIS Provider Trainings
 - Second year
 - Eleven total trainings
 - One hundred total participants
- Training topics:
 - Overview of HEDIS Hybrid Measures
 - Documentation Requirements per NCQA
 - 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-10 and CPT codes
- Use of CPT Category II codes
- Refer to the CalOptima Coding Reference Guide for HEDIS 2017

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

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



A Public Agency

CalOptima

Better. Together.



A Public Agency

Medi-Cal

CalOptima

Better. Together.



A Public Agency

OneCare (HMO SNP)

CalOptima

Better. Together.



A Public Agency

OneCare Connect

CalOptima

Better. Together.



A Public Agency

PACE

CalOptima

Better. Together.