



CalOptima Care Network (CCN)

Provider Lunch and Learn Meeting for CCN Contracted Providers

Tuesday, April 22, 2014

12:05 p.m. – 2:00 p.m.

Agenda

| | | | |
|-------------|--|---|----------------------|
| I. | Welcome and Introductions | Laura Grigoruk <i>Manager, Provider Service and Support</i> | 12:05 - 12:10 |
| II. | Provider Relations Updates | Arely Servin <i>Provider Relations Representative</i> | 12:10 - 12:30 |
| III. | Screening, Brief Intervention, Referral for Treatment (SBIRT) | Edwin Poon, PhD <i>Behavioral Health Manager</i> | 12:30 – 12:50 |
| IV. | ICD-10 Update - Training | Marsha Buford <i>Director, Coding Initiatives</i> | 12:50 – 1:30 |
| V. | Q & A and Closing Remarks | Laura Grigoruk <i>Manager, Provider Service and Support</i> | 1:30 – 2:00 |



CalOptima Care Network (CCN)

**Lunch and Learn Meeting
April 22, 2014**



Welcome

**Laura Grigoruk
Manager, Provider Service and Support**

Agenda

- Provider Relations Updates
- SBIRT Update
- ICD-10 Update
- Q&A and Closing Remarks

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CCN Meeting Materials

- Meeting Agenda
- Notes page
- CCN Question Sheet
 - Complete if you would like for CalOptima staff to follow up with you after this meeting
- Today's meeting Evaluation
 - Please complete the yellow evaluation at the end of each presentation
- Additional meeting materials and presentations are available on CalOptima website at www.caloptima.org

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- Please place your cell phones on silent



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Provider Relations

Lunch and Learn
April 22, 2014

Arely Servin
Provider Relations Representative

Provider Relations Update

- Medicare Crossover Claims
 - Submit Claims to CalOptima beginning July 1, 2014
PO Box 11070
Orange, CA 92856
- Medi-Cal Expansion
 - CalFresh Enrollment
 - Three new AID Codes:
 - 7U (19-64)
 - 7W (under 19)
 - 7S (parents of 7W)

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Provider Relations Update

- Staying Healthy Assessment
 - Implementation date: April 1, 2014
 - All PCPs must complete SHA training
- ACA PCP Rate Increase

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Screening, Brief Intervention, and Referral to Treatment (SBIRT)

April 22, 2014

Edwin Poon, Ph.D.
Manager, Behavioral Health Integration

Alcohol Misuse

- **Alcohol Related Medical Problems**
 - 26% of outpatients have alcohol-related disorders
 - Prevalence rate similar to hypertension and diabetes
- **Alcohol Related Legal or Psychosocial Problems**
 - Arrests (DUI)
 - Problems with job or school
 - Family or marital difficulties
- **Too Costly and Pervasive to Ignore....**
 - SBIRT can result in healthcare savings (\$3.80 to \$5.60 per \$1.00 spent)

Fleming, M. F., Mundt, M. P., French, M. T., Manwell, L. B., Stauffacher, E. A., & Barry, K. L. (2000).

10 Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. Medical Care, 38(1), 7–18.



Alcohol Misuse in Orange County

CalOptima Medi-Cal Member Admits and ER visits for FY 12-13

| ICD-9 Codes | Description | Acute Inpatient Admits | ER Visits |
|-------------|-------------------------------|------------------------|-----------|
| 305 | Alcohol Abuse | 2,330 | 7,334 |
| 303.90 | Alcohol Dependence | 337 | 244 |
| 291.81 | Alcohol Withdrawal | 183 | 101 |
| 303.00 | Alcohol Intoxication | 60 | 140 |
| 571.0-3 | Alcohol Hepatitis & Cirrhosis | 520 | 154 |

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Mental Health and Substance Use Disorder Services

Medi-Cal Managed Care Plan (MCP) for mild - mod (*Beacon/ CHIPA*)

MCP services beginning 1/1/14

- ✓ MH Services (evaluations, psychotherapy, and collateral)
- ✓ Coordination of care (no CM)
- ✓ Psychiatric consultation for medication management
- ✓ Psych testing when clinically indicated to evaluate MH condition
- ✓ Outpt laboratory
- ✓ Medications (anti-psychotic drugs - are covered by Medi-Cal FFS)
- ✓ Screening and Brief Intervention (SBI) - in Primary Care Office
- ✓ Beacon / CalOptima maintains same BH Access line - 15 years!

Diagnoses

- ✓ Dementias - Psych Consultation
- ✓ Mental Retardation - Coordinate with Regional Center
- ✓ Autism - Coordinate with RCOG
- Mild to Moderate mental illness
- ✓ Helping members
- ✓ Reducing medical utilization (IC)

OC Mental Health Plan (MHP) for SPMI (*Beacon / County*)

- Specialty MH Services before and now
- ✓ MH Services (assessments, therapy, rehabilitation and collateral)
 - ✓ Targeted Case Management
 - ✓ CMH Psychiatrists
 - ✓ Crisis Intervention and Stabilization
 - ✓ Therapeutic Behavior Services

Residential Services

- ✓ Adult Residential Tx Services

Inpatient Services

- ✓ Psychiatric Inpt Hospital & Pro Fees
- ✓ Crisis Residential Tx Services

Fee-for-Service Psychiatrists

- ✓ Typically moderate severity
- ✓ Lower Level of care for engaged members in the Recovery Model
- ✓ ASO - Beacon / CalOptima

Excluded Diagnoses

- ✓ Dementias
- ✓ Mental Retardation (*Intellectual Disability Disorder - DSM 5*)
- ✓ Autism
- Mild to Moderate mental illness
- ✓ Often not sufficient impairment to receive services

Drug Medi-Cal - County Alcohol & Other Drug Programs (AOD)

Drug Medi-Cal Providers

- ✓ Outpatient
- ✓ Intensive Outpatient
- ✓ Narcotic Treatment Program
- ✓ Direct or Access line possible
- ✓ Inpt Detoxification Services

County AOD Providers

- ✓ Residential
- ✓ Residential Drug Free Detox
- ✓ Outpatient
- ✓ Intensive Outpt
- ✓ OC LINKS access line

SBIRT

- ✓ Screening, brief intervention by PCP
- ✓ Referral for Treatment is a skill

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Mild



Mild/Moderate



Moderate/Severe



Severe/Acute



SBIRT

- SBIRT is an evidenced-based practice used to identify and prevent problematic use, abuse and dependence of alcohol and drugs
- The **benefits** of conducting the SBIRT are:
 - Reduced health care costs
 - Reduced severity of drug and alcohol use
 - Reduced risk of trauma

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Source: SBIRT: Screening, Brief Intervention and Referral to Treatment, *Opportunities for Implementation and Points for Consideration*. SAMSHA-HRSA Center for Integrated Health Solutions. Retrieved from: <http://www.integration.samhsa.gov>



SBIRT Goals

- Increase **access to care** for persons with substance use disorders and those at risk of substance use disorders
- Foster a **continuum of care** by integrating prevention, intervention, and treatment services
- **Improve linkages** between health care services and alcohol/drug treatment services

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WHY SBIRT?

- 100,000 people die annually as a result of alcohol related disorders
- 16% engage in Binge/Heavy Drinking (>5 drinks >1x in previous month)
- 25% of people with alcohol problems receive needed treatment
- 25% of people state, "Drinking has been a cause of trouble in their family"
- 50% of people have a family history of alcoholism among 1st or 2nd degree relatives

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SBIRT Requirements



State of California—Health and Human Services Agency
Department of Health Care Services

DATE: FEBRUARY 10, 2014

ALL PLAN LETTER 14-004



EDMUND G. BROWN JR.
GOVERNOR

Screening, Brief Intervention and Referral to Treatment (SBIRT)

- US Preventive Services Task Force (USPSTF) updated its alcohol screening recommendation in 2013
- Requires screening adults >18 yrs for alcohol misuse
- Provide risky or hazardous drinkers with brief behavioral counseling interventions to reduce alcohol misuse
- And/or referral to MH and/or alcohol use disorder services, as medically necessary
- Medi-Cal requirement (capitation reflects)
- SBIRT benefit targets "alcohol misuse" only

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PCP and Staff Training for SBIRT



State of California—Health and Human Services Agency
Department of Health Care Services

DATE: FEBRUARY 10, 2014

ALL PLAN LETTER 14-004



EDMUND G. BROWN JR.
GOVERNOR

- Health Networks (CalOptima) must have P&P that required PCPs and staff to attest they have required SBIRT training
 - Minimum of 4 hours of SBIRT training for supervising non licensed
 - Non-licensed staff-60 hrs (coursework) AND 30 hrs (F-to-F)
 - If no unlicensed staff, MD is “highly encouraged to take training”
- DHCS may request verification of required documentation as part of their audit and oversight responsibilities

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PCP SBIRT ROLE



State of California—Health and Human Services Agency
Department of Health Care Services

DATE: FEBRUARY 10, 2014

ALL PLAN LETTER 14-004



EDMUND G. BROWN JR.
GOVERNOR

- 1) **Pre-Screening**
 - SHA (Staying Healthy Assessment)
- 2) **Screening DHCS requires**
 - Alcohol Use Disorder Identification Test (AUDIT or AUDIT C)
- 3) **Brief Intervention (PCP or a supervised staff with SBIRT training)**
 - Offer to members with risky or hazardous alcohol use
 - Motivational interviewing and cognitive behavioral techniques
 - Personal feedback, education and resources, negotiated action plans, drinking use diaries, and stress management
- 4) **Referral to Treatment (The “how to refer” is part of training)**
 - Treatment for alcohol use disorders is not a covered service
 - Referral to their Drug Medi-Cal or County providers

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Alcohol Pre-Screen: Staying Healthy Assessment (SHA), Question 19

State of California — Health and Human Services Agency **Staying Healthy Assessment** Department of Health Care Services **Adult**

| | | | | |
|--|--|---|---|--------------|
| Patient's Name (first & last) | | Date of Birth | <input type="checkbox"/> Female <input type="checkbox"/> Male | Today's Date |
| Person Completing Form (if patient needs help) | | <input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other | Need help with form? | |


Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

| | | | | | | |
|----|---|----|-----|------|--|---|
| 1 | | | | | | Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | | | | | | Clinic Use Only: Nutrition |
| 9 | | | | | | Physical Activity |
| 14 | | | | | | Safety |
| 15 | Do you often feel sad, hopeless, or worried? | No | Yes | Skip | | Dental Health |
| 19 | In the past year, have you had: <input type="checkbox"/> (men) 5 or more alcohol drinks in one day? <input type="checkbox"/> (women) 4 or more alcohol drinks in one day? | No | Yes | Skip | | Mental Health |
| 20 | Do you use any drugs or medicines to help you sleep, relax, calm down, feel better, or lose weight? | No | Yes | Skip | | Alcohol, Tobacco, Drug Use |
| 21 | | | | | | Sexual Issues |

PRESCREENING QUESTION

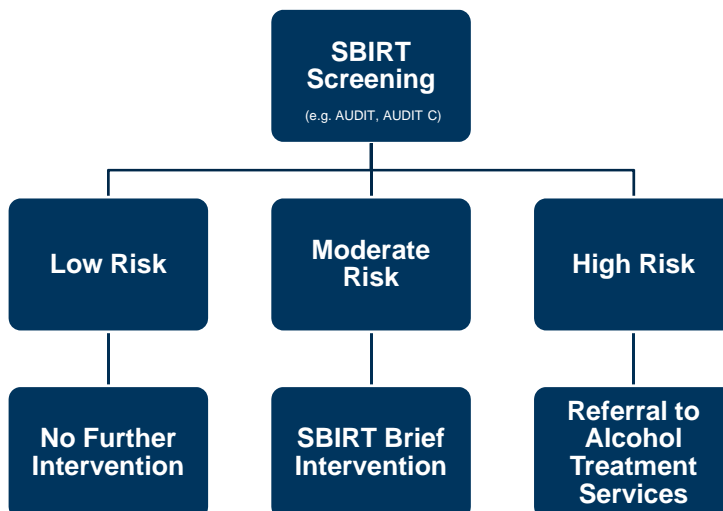
| | | | | | | |
|---|--|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Clinic Use Only | | Counseled | Referred | Anticipatory Guidance | Follow-up Ordered | Comments: |
| <input type="checkbox"/> Mental Health | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Patient Declined the SHA |
| <input type="checkbox"/> Alcohol, Tobacco, Drug Use | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| PCP's Signature: | | Print Name: | | Date: | | |
| SHA ANNUAL REVIEW | | | | | | |
| PCP's Signature: | | Print Name: | | Date: | | |

DHCS 7098 H (Rev 12/13) SHA (Adult) Page 2 of 2

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SBIRT Screening



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Example of a Medi-Cal Approved Screening Tool: AUDIT-C

AUDIT-C Questionnaire

Patient Name _____ Date of Visit _____

1. How often do you have a drink containing alcohol?

- ☐ a. Never
- ☐ b. Monthly or less
- ☐ c. 2-4 times a month
- ☐ d. 2-3 times a week
- ☐ e. 4 or more times a week

2. How many standard drinks containing alcohol do you have on a typical day?

- ☐ a. 1 or 2
- ☐ b. 3 or 4
- ☐ c. 5 or 6
- ☐ d. 7 to 9
- ☐ e. 10 or more

3. How often do you have six or more drinks on one occasion?

- ☐ a. Never
- ☐ b. Less than monthly
- ☐ c. Monthly
- ☐ d. Weekly
- ☐ e. Daily or almost daily

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Brief Intervention

- The focus of the primary care provider's brief intervention is to engage the patient in talking about their drinking behavior (risks vs. benefits) and treatment options.
- It includes the use of motivational interviewing to heighten awareness and provide education to the patient.
- The brief intervention is limited to:
 - Three sessions per year
 - 15 minutes per session
 - Can be combined in multiple visits

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Brief Intervention

1

- Explain screening results

2

- Provide information on safe consumption and give advice about positive behavioral change

3

- Assess patient's readiness to change

4

- Negotiate goals and strategies for change

5

- Arrange for follow-up treatment OR further assessment (referral to alcohol treatment services)

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Alcohol Consumption Guidelines

| MEN* | LEVEL OF RISK | WOMEN** |
|------------------------|----------------------|------------------------|
| Up to 4 drinks a day | Low Risk | Up to 2 drinks a day |
| 5-6 drinks a day | Moderate Risk | 3-4 drinks a day |
| 7 or more drinks a day | High Risk | 5 or more drinks a day |

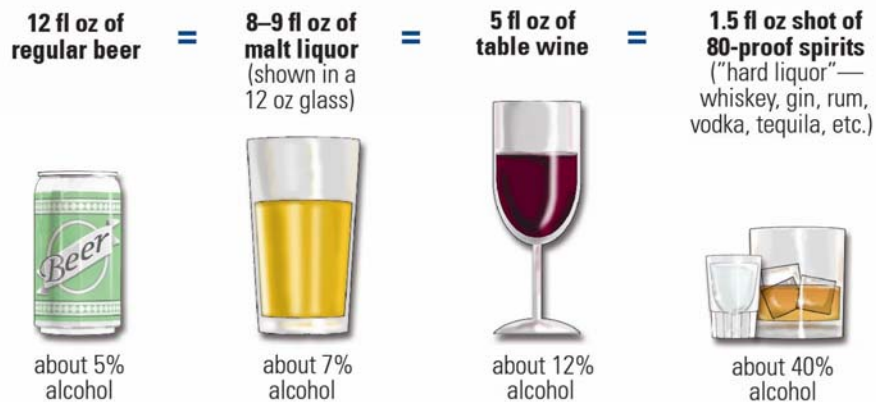
*No more than 14 drinks per week may be consumed

**No more than 7 drinks per week may be consumed

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Standard Drink



The percent of "pure" alcohol, expressed here as alcohol by volume (alc/vol), varies by beverage.

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Graphic courtesy of the National Institute on Alcohol Abuse and Alcoholism: <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/standard-drink>



Referral to Treatment

- If a patient is categorized as high risk, a referral to alcohol treatment services is appropriate by referring to:

➤ **The Access Line:** 1-800-723-8641

➤ **OC LINKS:** 1-855-625-4657

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SBIRT Resources

- **For links to SBIRT Resources, please go to:**

- <https://www.caloptima.org/en/Providers/ManualsPoliciesAndResources/SBIRTResources.aspx>

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ICD-10 Update

CCN Lunch and Learn

April 2014

Marsha Buford

Director of Coding Initiatives

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Topics to Discuss

- New Date
- Why Migrate to ICD-10
- Differences Between ICD-9 and ICD-10
- Provider Impact
- Coding Concepts
- 5010 & 1500 Format Changes
- Implementation Steps
- Websites/Questions

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ICD-10 New Date

- The House and Senate passed HR 4302 designed to patch the Sustainable Growth Rate that included a provision to delay ICD-10 to no earlier than October 1, 2015.
 - Provides more time to prepare and fully test your systems.
 - The delay of ICD-10 is an opportunity to regroup and evaluate timelines.
 - Start planning if you had not because next year will fly by

m1

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Slide 30

m1

See if later in slides

mbuford, 3/18/2014

New ICD-10 Codes

Z73.1 – Type A Behavior Pattern



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ICD Overview

International Classification of Disease (ICD) codes, developed by the World Health Organization (WHO), are a cornerstone of health information.

- Define patient health status
- Provide surgical or diagnostic procedure codes

ICD-9 Issues:

- More than 38 years old; has outlived its usefulness
- U.S. is the last industrialized nation using ICD-9
- Running out of codes to assign, especially for new procedures



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ICD-10 Code Implementation

Diagnoses are used for coding of diseases and signs, symptoms, abnormal findings, complaints, social circumstances and external causes of injury or diseases.

- ICD-10-CM (Clinical Modification = diagnosis codes)
 - Used by all providers in every health care setting
 - Expansion to meet reporting needs
- ICD-10-PCS (Procedure Codes)
 - Replaces ICD-9-CM Procedures
 - Used only for inpatient institutional procedure coding
 - Not used on physician claims, even those for inpatient visits
- CPT/HCPCS will continue to be used for payment of physician claims

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ICD-10 Value

Health and Human Services (HHS) mandates that all covered entities, (including providers, clearing houses, health plans,) must transition to this new code set.

ICD-10 major objectives:

- Increased coding accuracy, standardization, and expandability
- Better identification of members for care management
- Potential for deeper population-level analytics for public health
- Improved quality and outcomes data
- Improves communication between physicians

ICD-10 represents a major change in the medical coding system

- New code structure and coding rules
- New terminology to define medical procedure (CPT/HCPC not impacted)
- Much greater specificity in ICD-10
- Greatest impact is in Cardiology, Obstetrics, and Orthopedics

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ICD-10 Impact



Physician

- ICD-10-CM
- CPT/HCPCS



Hospital

- Inpatient: Both ICD-10-CM & ICD-10-PCS
- Outpatient: ICD-10-CM & CPT/ HCPCS



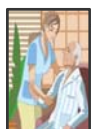
Behavioral Health

- ICD-10-CM
- CPT/HCPCS
- DSM-IV



Laboratory

- ICD-10-CM
- CPT/ HCPCS



Long Term Health Care

- ICD-10-CM
- CPT/HCPCS



All Other

- ICD-10-CM
- CPT/HCPCS

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ICD-9-CM vs. ICD-10-CM: Coding

| ICD-9-CM | ICD-10-CM |
|--|--|
| • 3–5 digits | • 3–7 digits |
| • Alpha “E” and “V” on first character | • Alpha or numeric for any characters |
| • No place holder characters | • Include place holder character (‘X’) |
| • Approximately 14,000 codes | • Approximately 69,000 codes |
| • Severity parameters limited | • Extensive severity parameters |
| • Does not include laterality | • Common definition of laterality |
| • Combination codes limited | • Combination codes are common |
| • Index and Tabular structure | • Index and Tabular section similar |

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ICD-9 vs. ICD-10: Asthma Specificity

| Asthma Codes in ICD-9-CM | | Asthma Codes in ICD-10-CM |
|--------------------------|--|--|
| 493.00 | Extrinsic asthma, unspecified | J45.20 - Mild intermittent asthma, uncomplicated J45.30 - Mild persistent asthma, uncomplicated J45.40 - Moderate persistent asthma, uncomplicated J45.50 - Severe persistent asthma, uncomplicated |
| 493.10 | Intrinsic asthma, unspecified | |
| 493.01 | Extrinsic asthma with status asthmaticus | J45.22 - Mild intermittent asthma with status asthmaticus J45.32 - Mild persistent asthma with status asthmaticus J45.42 - Moderate persistent asthma with status asthmaticus J45.52 - Severe persistent asthma with status asthmaticus |
| 493.11 | Intrinsic asthma with status asthmaticus | |

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ICD-9 vs. ICD-10: Diabetes Specificity

| Diabetes Codes in ICD-9-CM | | Diabetes Codes in ICD-10-CM |
|----------------------------|---|---|
| 249.70 | Secondary diabetes mellitus with peripheral circulatory disorders, not stated as uncontrolled | E08.52 — Diabetes mellitus due to underlying condition with diabetic peripheral angiopathy with gangrene |
| 785.4 | Diabetic gangrene | |
| 443.81 | Diabetic peripheral angiopathy | |
| 250.31 | Diabetes with other coma, type I, not stated as uncontrolled | E10.11 — Type 1 diabetes mellitus with ketoacidosis with coma |
| 250.60 | Diabetes with neurological manifestations, type II or unspecified, not stated as uncontrolled | E11.41 — Type 2 diabetes mellitus with diabetic mononeuropathy |
| 355.9 | Mononeuritis of unspecified site | |

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Routine Child Health Exam

| Routine Child Health Exam ICD-9-CM | | Routine Child Health Exam ICD-10-CM |
|------------------------------------|--------------------------------------|---|
| V202 | Routine infant or child health check | <p>Z00.129 — Encounter for routine child health examination without abnormal findings</p> <p>Z00.121— Encounter for routine child health examination with abnormal findings</p> |

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Varying Changes By Clinical Areas

Changes in the number of codes

| Clinical Area | ICD-9 Codes | ICD-10 Codes |
|------------------------------|-------------|--------------|
| Fractures | 747 | 17099 |
| Poisoning and toxic effects | 244 | 4662 |
| Pregnancy related conditions | 1104 | 2155 |
| Brain injury | 292 | 574 |
| Diabetes | 69 | 239 |
| Migraine | 40 | 44 |
| Bleeding disorders | 26 | 29 |
| Mood related disorders | 78 | 71 |
| Hypertensive Disease | 33 | 14 |
| End stage renal disease | 11 | 5 |
| Chronic respiratory failure | 7 | 4 |

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Same Condition – Different Codes



ICD-9 Code = 82111
Open fracture of shaft
of femur

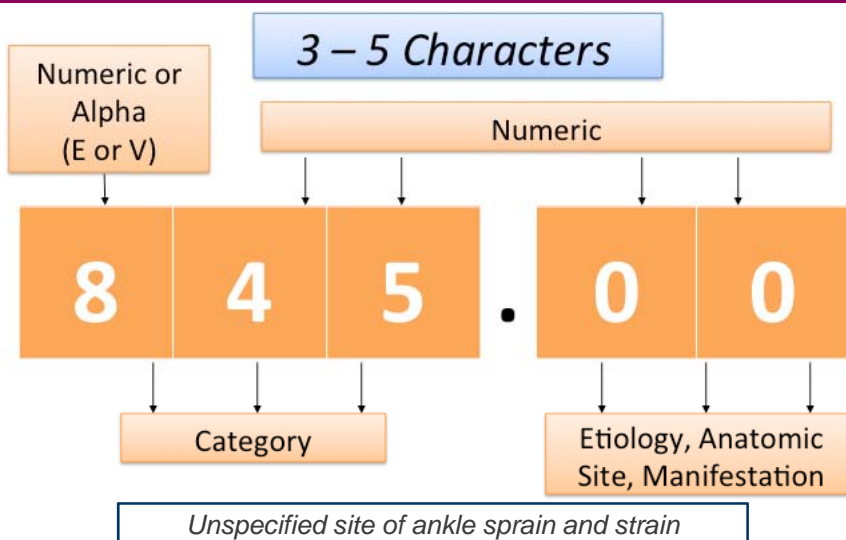


ICD-10 Code = S72351C
Displaced comminuted
fracture of shaft of right
femur, initial encounter for
open fracture type IIA, IIB,
or IIC

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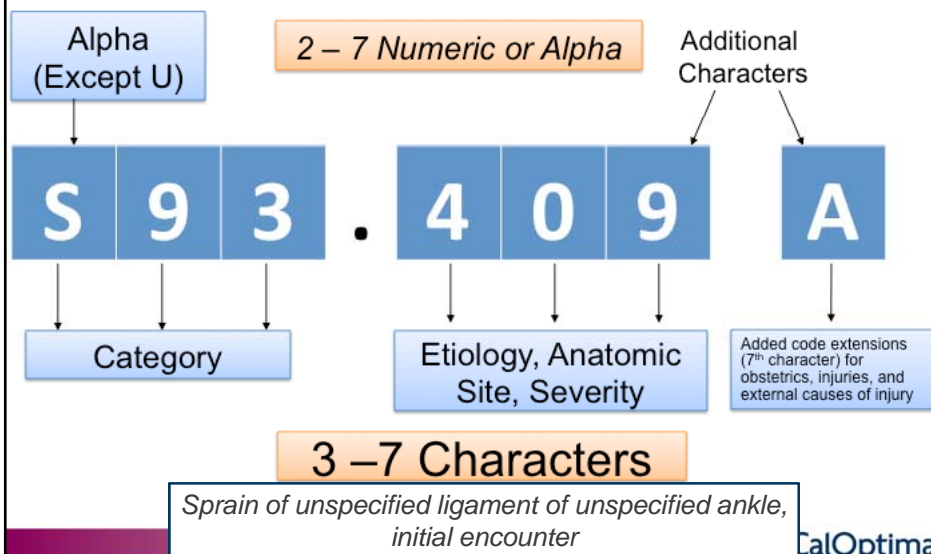
ICD-9 CM Code Layout



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ICD-10 CM Code Layout



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Procedure Terminology Changes

| ICD-9 Procedure Term | ICD-10 Procedure Term |
|---------------------------|--|
| • Amputation | • Detachment |
| • Arthroscopy, Cystoscopy | • Inspection, Endoscopic Approach |
| • Aspiration | • Drainage |
| • Cesarean Section | • Extraction of Products of Conception |
| • Incision | • None |
| • Radical Mastectomy | • Resection (right, left or bilateral) |
| • Tracheostomy | • Bypass |
| • Colostomy | • Bypass (colon) to skin |

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New Diagnosis Codes

Y92241 - Hurt at the library



Z63.1 - Problems with the in-laws



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What Providers Need to Do

Determine the impact of ICD-10 to your practice.

- Create an ICD-10 project management team
- Identify how ICD-10 will affect your practice
- Develop and complete an impact assessment
 - Where is ICD-9 used today?
 - Will your current system accommodate ICD-10
 - Plan for remediation of systems and changes to workflow
 - Ask your EHR vendors, clearing houses, billing services about ICD-10 readiness and timeframes
- Examine your superbill/encounter forms
 - Identify your top diagnoses and map these codes to ICD-10

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Roles in the Physician Office

Identify impact of ICD-10

Practice Manager

Manage staff

Manage systems/
vendors

Manage
Accounts
Receivable/
Payable

Front Office -

Verify benefits and coverage/copays

Submit referrals and authorization requests



Back Office -

Room patients

Assist physician



Business Office -

Code and bill claims

Manage denials/appeals



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Training

Physicians

- Documentation improvement
- General ICD-10 education

Front Office

- General ICD-10 education
- Targeted training based on duties; referrals and authorizations

Back Office

- General ICD-10 education
- Medical record documentation support

Business Office

- Coder/biller training specific to practice (i.e. cardiology, urology, general)
- Anatomy & Physiology Training

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Clinical/Business/Coding Relationships

1. The role of the clinician is to document as accurately as possible the nature of the patient conditions and services done to maintain or improve those conditions.
2. The role of the coding professional is to assure that coding is consistent with the documentation.
3. The role of the practice manager is to assure that all billing is accurately coded and supported by the documented facts.

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ICD-10 Coding Concepts

Key concepts necessary for successful coding

- Follow coding conventions and guidelines
- Use “unspecified” codes only when payer allows and it is warranted
- Familiarize yourself with new concepts
 - Laterality
 - Initial vs. subsequent encounter
 - Underdosing
- Open a dialogue with your physician

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Summary

- Clinical documentation is not just about coding, and coding is not just about payment.
- Accurate coding is a requirement for good healthcare data.
- Good healthcare data is critical to improving the quality of care, effectiveness of care and assuring patient safety.
- Complete and accurate documentation of important clinical concepts of the patient condition is a requirement for good patient care.
- The requirements for documentation to support ICD-10 are consistent with documentation to support good patient care and improve healthcare data.

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5010 & CMS 1500 Form Impact

- EDI Format – 5010
 - Already includes qualifier to identify version of ICD codes reported
 - Qualifier in place for ICD-9 vs. ICD-10
- CMS 1500 Claim Form Changes
 - Expanding number of Diagnosis Codes from 4 to 12
 - Form accommodates a maximum of 7 characters in length
 - Indicator added to identify version of ICD codes reported
 - ICD-9 = 9 and ICD-10 = 0
 - **CalOptima will require use of new form effective 6/1/14**
 - National Uniform Claim Committee Website: www.nucc.org
 - CalOptima website:
<https://www.caloptima.org/Home/Providers/ClaimsAndEligibility.aspx>

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New CMS-1500 Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE, JANUARY 2012

| | | | |
|--|--|---|--|
| 1. PROVIDER NAME <input type="checkbox"/> Surname <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name <input type="checkbox"/> Last Name <input type="checkbox"/> | | 2. PATIENT NAME <input type="checkbox"/> Surname <input type="checkbox"/> First Name <input type="checkbox"/> Middle Name <input type="checkbox"/> Last Name <input type="checkbox"/> | |
| 3. DATE OF SERVICE MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/> | | 4. DATE OF BILLING MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/> | |
| 5. PROVIDER'S OFFICE ADDRESS STREET <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/> | | 6. PATIENT'S ADDRESS STREET <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/> | |
| 7. PROVIDER'S PHONE NUMBER AREA CODE <input type="text"/> NUMBER <input type="text"/> | | 8. PATIENT'S PHONE NUMBER AREA CODE <input type="text"/> NUMBER <input type="text"/> | |
| 9. PROVIDER'S FAX NUMBER AREA CODE <input type="text"/> NUMBER <input type="text"/> | | 10. PATIENT'S FAX NUMBER AREA CODE <input type="text"/> NUMBER <input type="text"/> | |
| 11. PROVIDER'S EMAIL ADDRESS EMAIL <input type="text"/> | | 12. PATIENT'S EMAIL ADDRESS EMAIL <input type="text"/> | |
| 13. PROVIDER'S TAX ID NUMBER TAX ID <input type="text"/> | | 14. PATIENT'S TAX ID NUMBER TAX ID <input type="text"/> | |
| 15. PROVIDER'S BUSINESS TYPE TYPE <input type="text"/> | | 16. PATIENT'S BUSINESS TYPE TYPE <input type="text"/> | |
| 17. PROVIDER'S BUSINESS ADDRESS STREET <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/> | | 18. PATIENT'S BUSINESS ADDRESS STREET <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP <input type="text"/> | |
| 19. PROVIDER'S BUSINESS PHONE NUMBER AREA CODE <input type="text"/> NUMBER <input type="text"/> | | 20. PATIENT'S BUSINESS PHONE NUMBER AREA CODE <input type="text"/> NUMBER <input type="text"/> | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) | | 22. ICD-9 CODE ICD-9 CODE <input type="text"/> | |
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| 99. ICD-10 CODE ICD-10 CODE <input type="text"/> | | 100. ICD-9 CODE ICD-9 CODE <input type="text"/> | |

The new CMS-1500 form expanded diagnosis field to allow for 12 diagnosis codes.

ICD-9 = 9 vs. ICD-10 = 0 indicator (Box 21 – V.)

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CalOptima Editing for Compliance

CalOptima will follow CMS guidelines that state that a Claim or Encounter, electronic or paper, cannot contain both ICD-9 and ICD-10 codes.

- Both ICD-9 and ICD-10 codes can not be on the same claim. CalOptima will reject non-compliant claims and encounters.
 - ICD-9 codes will no longer be accepted on claims with DOS or date of discharge **after** 9/30/15
 - ICD-10 codes will not be accepted on claims with DOS or date of discharge **before** 10/1/15
- CPT/HCPCS are still used for payment

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10 Steps to Successful Implementation

1. Provide Organization with Awareness
2. Establish Interdisciplinary Steering Committee
3. Develop Strategy and Plan
4. Assess Functional Area Opportunities and Gaps
5. Initiate Interdisciplinary Project Management
6. Partner with Vendors
7. Integrate Internal and External Systems
8. Provide Detailed Training
9. Simulate and Manage Change
10. Launch Successful Implementation

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ICD-10 Funnies

ICD-10 Code Funnies

F15: Mental and behavioral disorders due to use of other stimulants, including caffeine



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ICD-10 Websites and Questions

- ICD-10 General Information at the CMS website: www.cms.gov/ICD10
- CMS: <http://www.roadto10.org/>
- AHIMA Resources: www.ahima.org/icd10
- AAPC: <http://www.aapc.com/ICD-10/training.aspx>
- Contexo Media: <http://www.contexomedia.com/icd-10/>
- HC Pro: <http://icd-10.hcpro.com/>
- World Health Organization ICD-10 Interactive Self-Learning Tool: apps.who.int/classifications/apps/icd/ICD10Training/
- WEDI website: www.wedi.org
- Questions: ICD10questions@caloptima.org
 - Let us know if you are interested in partner testing via Office Ally

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CCN Lunch and Learn Q & A

- Yellow Evaluation Form: please complete and leave behind
- In your packet there is a form for you to write any questions that we have not addressed today
- What questions do you still have?

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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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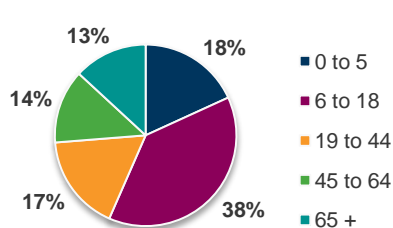


Mission: To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

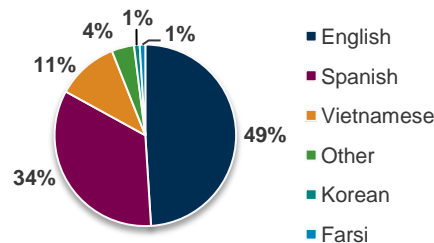
Membership Data as of February 28, 2014

| Total CalOptima Membership 509,891 | Program | Members |
|---|---------------------------------------|---------|
| | Medi-Cal | 509,891 |
| | OneCare (HMO SNP)* | 16,094 |
| | Multipurpose Senior Services Program* | 448 |
| * Membership already accounted for in total Medi-Cal membership | | |

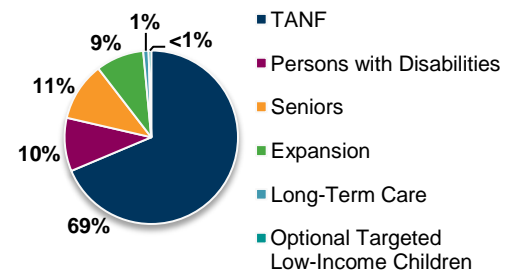
Member Age (All Programs)



Languages Spoken (All Programs)



Medi-Cal Aid Categories



Financial Information FY 2013–14 Budget

| Program | Annual Budgeted Revenue | % Total Budgeted Revenue |
|-----------------------------|-------------------------|--------------------------|
| Medi-Cal | \$1,494,670,540 | 86.93% |
| OneCare | \$213,601,373 | 12.42% |
| MSSP | \$1,949,675 | 0.11% |
| Healthy Families Program | \$102,042 | 0.01% |
| All Other Lines (ASO, PACE) | \$9,104,537 | 0.53% |

Total Budgeted Annual Revenue

\$1.7 billion

Current Reserves = \$309.7 million
(as of February 28, 2014)

CalOptima **has the fourth lowest administrative cost ratio (4.66%)¹** out of 14 county organized health systems and local initiatives in California.



Community Focus

CalOptima is viewed as a trusted source in the community to provide updated and accurate information about the Affordable Care Act (ACA) and the local impact. CalOptima supported local community stakeholders through:

52 community activities including:

- Health Fairs
- Town Halls
- Workshops
- Speaking Engagements
- Community Health Care Coalition Meetings
- Health Care Committee Meetings
- Community, Stakeholder and Public Events

Program Quality

CalOptima Medi-Cal received **accreditation with commendable status** from the **National Committee for Quality Assurance**.



CalOptima ranked **4th out of 46 plans** in California for overall Medi-Cal quality on Medi-Cal Managed Care Performance Dashboard.

CalOptima OneCare received **from Medicare**

| | |
|-----------------------------|-----------|
| Overall Star Rating | 3.5 stars |
| Health Plan Services | 3.5 stars |
| Drug Plan Services | 4.0 stars |

Member Satisfaction

2,547 — Average number of customer service calls per day in February

83 percent of CalOptima members surveyed reported **satisfaction** with physician interaction and communication.

96 percent of attendees rate the CalOptima new member orientation as good or excellent.

Provider Network

CalOptima has a strong provider network contracted to serve our members.

1,821 primary care providers

4,836 specialists

30 acute and rehab hospitals

32 community health centers

491 pharmacies

106 long-term care facilities

Sources

1. Administrative Cost Ratio: Department of Managed Health Care, full-service plans 2012 annual data for local initiatives and county organized health plans in California. Contra Costa County Medical Services is first with 2.72%. Second is Partnership HealthPlan with 4.25%. L.A. Care Health Plan is third with 4.53%. 2012 is the last full year of reported data as of 2/14.
2. Membership Data based on unaudited financials.
3. Community Focus: CalOptima Public Affairs data.
4. Program Quality: Medi-Cal-California Department of Health Care Services 2011 Healthcare Effectiveness Data and Information Set (HEDIS) measures. DCHS Medi-Cal Managed Care Performance Dashboard, 2013 Q3 HEDIS Aggregated Quality Factor Score. Centers for Medicare & Medicaid Services, 2014 Medicare Star Ratings for CalOptima OneCare (HMO SNP).
5. Member Satisfaction: Annual CalOptima Customer Service and Provider Relations data as of 1/14.
6. Provider Network: CalOptima contracting data.



CalOptima
A Public Agency
Better. Together.

PROVIDER UPDATE

March 2014 Issue

PROVIDER RESOURCE LINE
714-246-8600

providerservices@caloptima.org

**PROVIDER RELATIONS
REPRESENTATIVES**

Adriana Ramos: 714-246-8712

Arely Servin: 714-246-8738

Jacqueline Nguyen: 714-246-8476

Judy Roberts: 714-246-8616

Leticia Simpson: 714-246-2577

Sylvia Mora: 714-246-2482

**PROVIDER OUTREACH AND
EDUCATION DEPARTMENT**

EMAIL: bsaccompan@caloptima.org

WEBSITE: www.caloptima.org

Please visit our CalOptima website at www.caloptima.org to view the provider manuals and information on topics that include but are not limited to:

- Member Rights and Responsibilities
- QI Program and Goals
- Privacy and Confidentiality
- Pharmaceutical Management Procedures
- Clinical Practice Guidelines
- Complex Case Management
- Disease Management Services
- Utilization Management

Request hard copies by calling
714-246-8600.



Michael Schrader
CalOptima CEO

Updates from the Desk of CalOptima CEO Michael Schrader

CalOptima sincerely appreciates the support the community has expressed regarding our work to resolve the OneCare audit findings. I am pleased to say that we are making significant progress. As of today, the Centers for Medicare & Medicaid Services has accepted 51 out of 57 of our corrective action plans. I look

forward to providing regular updates regarding our continued, concerted efforts to address all the audit findings, allowing CalOptima to operate in a way that is more responsive to members.

The CalOptima Board of Directors had its broad responsibility to the community in mind during their meeting this month, as it approved an action that strengthens access to daily community-based health care services for more than 3,500 frail seniors in Orange County. With this action, CalOptima will absorb a state-imposed budget reduction of \$2.2 million to ensure that providers of critical Community-Based Adult Services (CBAS) remain operational. The move will contribute to the financial stability of the 30 centers CalOptima contracts with to provide adult day health care services. CBAS centers are important to the well-being of our members and an essential component in CalOptima's current and future plans for a comprehensive, integrated health care system.

The Board also approved implementing the CalOptima Community Network. The network is designed to strengthen the health care safety net, protect existing doctor-patient relationships and provide doctors with a new path to serve CalOptima members. Maintaining the strength of our existing health network partnerships while adding the community network will give members and providers the choices and flexibility needed in this dynamic health care environment. Providers interested in participating in the CalOptima Community Network should contact our Provider Relations department at 714-246-8600.



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PROVIDER UPDATE

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Claim Processing — Free

Electronic data interchange (EDI) is a controlled transmission of claims data between providers and CalOptima. When choosing to use EDI, providers lessen the time it takes to process claim submissions significantly, thus greatly reducing payment cycle times.

Here are some of the benefits of using EDI:

- Increases productivity without increasing staff
- Eliminates printing claims, cost of mailing and supplies that go along with mailing
- Once set up, providers can send claims to all payers
- Correctly entered, claims will auto adjudicate and will not require manual work
- EDI is the most efficient way to process claims and receive payments

To get started, email CalOptima at ebusiness@caloptima.org for more information.

Register With CalOptima Link

Want to view a member's claim status? Or perhaps you are looking to verify their eligibility? Providers are discovering how easy and fast it is to accomplish both and improve their delivery of quality care to our members, when using CalOptima Link.

Once registration is completed online, CalOptima Link also offers providers a fast and accurate method of:

- Submitting referrals online
- Viewing authorization status
- Viewing clinical alerts at a glance
- Viewing lab and pharmacy data
- Creating reports
- Viewing referral information
- Printing remittance advice details
- And more!

To register with CalOptima Link, please visit <https://www.cerecons.com/caloptima/physician/LoginDefault.aspx> and click on "Provider Registration."

March is National Nutrition Month

National Nutrition Month is an education and information campaign created annually in March by the Academy of Nutrition and Dietetics. The campaign focuses attention on the importance of making informed food choices and developing sound eating and physical activity habits.

This year's National Nutrition Month theme is "Enjoy the taste of eating right," which reinforces the fact that healthy food can also taste good. At CalOptima, we urge providers to encourage members to make healthy food choices by:

- Drinking more water
- Eating more fruits and vegetables
- Providing ideas to add more vegetables to everyday foods.
- Reminding patients to begin their day with a good start, by eating breakfast!

Additional information about nutrition and proper eating habits is available in the CalOptima Health and Wellness Library, located on our website at <https://www.caloptima.org/en/HealthEducation.aspx>. For more information, contact the CalOptima Health Education department at 714-347-3272.

Looking for Health Education Materials?

Contact the Health Education Department
by fax 714-338-3127 or
email healthpromotions@caloptima.org.



PROVIDER UPDATE

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DHCS Issues New Requirements for Screening, Brief Intervention, and Referral to Treatment



California Department of
HealthCareServices

Effective January 1, 2014, all Medi-Cal providers are required to conduct an alcohol screening for members 18 years of age and older, who answer “yes” to the Staying Healthy Assessment (SHA) alcohol pre-screen question. Brief interventions will be offered to members who screen positively for risky or hazardous alcohol use, or at any time that a potential alcohol misuse problem is identified. Any member identified with possible alcohol use disorders should be referred to an alcohol and drug program within the county they reside for evaluation and treatment.

CalOptima encourages all primary care providers to offer and document Screening, Brief Intervention, and Referral to Treatment (SBIRT) services in accordance with the following requirements:

1. All licensed providers, as well as non-licensed providers who meet the requirements below, may offer SBIRT services in the primary care setting.
2. Non-licensed health care providers must provide SBIRT under the supervision of a licensed health care provider. Licensed health care providers eligible to supervise staff are currently limited to licensed physician; physician assistant; nurse practitioner and psychologist.
3. At least one supervising licensed provider per clinic or practice must take four hours of SBIRT training within 12 months after initiating SBIRT services.
 - Beyond the first 12 months of providing SBIRT services, at least one supervising licensed provider per clinic or practice must have completed training.
 - At all times, rendering licensed providers are highly encouraged, but not required, to take training in order to provide SBIRT services.
 - A minimum of four hours of SBIRT training is highly encouraged for both supervising and rendering licensed providers within the first 12 months after initiating SBIRT services; however, rendering licensed providers are not required to take training in order to provide the services.
 - For solo physician practices, the physician is highly encouraged, but not required, to take the training within 12 months after initiating SBIRT services.
4. Trained non-licensed providers, including but not limited to health educators, Certified Addiction Counselors, health coaches, medical assistants, and non-licensed behavioral assistants, must meet the following requirements. Requirements listed under b and c must be completed before providing SBIRT services.
 - A. Be under the supervision of a licensed provider listed in #2 above.
 - B. Complete a minimum of 60 documented hours of professional experience such as coursework, internship, practicum, education or professional work within their respective field. This experience should include a minimum of 4 hours of training directly related to SBIRT services (such as motivational interviewing).
 - C. Complete a minimum of 30 documented hours of face-to-face client contact within his or her respective field, in addition to the 60 hours of clinical professional experience described above. These contact hours may include internships, on-the-job training, or professional experience and SBIRT services training.
5. The supervising licensed provider and the non-licensed providers of SBIRT services must attest that they have obtained the required training on SBIRT within 12 months after initiating the provision of SBIRT services. The training is a one-time requirement.

PROVIDER UPDATE

Page 4 of 8

Prescription Drug Abuse

Prescription drug abuse is on the rise and has devastating consequences. The State of California has declared March as Prescription Drug Abuse Awareness Month and uses the slogan, "Spread the Word...One Pill Can Kill." People often assume that prescription medications are safe, but they are only safe when used as prescribed by the individual's doctor. Questions people should ask themselves are: Where do I keep my prescription medication? Should I keep this medication if I am no longer using it? Who has access to my prescription medication?

California legislative information cites 20,044 prescription drug overdose deaths in the U.S. in 2008. Death rates by overdose due to pain relievers now exceed death rates of heroin and cocaine overdose combined. In 2009, there were 1.2 million emergency room visits due to abuse of prescription medications, an increase of 98.4 percent from 2004. Prescription drug abuse accounts for \$72.5 billion dollars annually in health care costs and 70 percent of people who abuse prescription medications report getting them from a family member or friend. The statistics are astounding and awareness of this issue is crucial. The National Institute on Drug Abuse names pain medications known as opioids, central nervous system depressants used for anxiety and sleep problems and stimulants taken for ADHD and narcolepsy as the most abused classes of prescription medications. Prescription drug abuse affects people of all ethnicities and socioeconomic backgrounds. Today, prescription medications can even be found sold on the streets.

The National Coalition Against Prescription Drug Abuse suggest the following as warning signs that someone might be abusing prescription medications:

- Altered mood or attitude, including temper outbursts
- Changes in sleeping patterns
- Not engaging in routine responsibilities, such as missing work or school
- Unexplained weight loss or gain
- Slurred speech
- Loss of energy
- Poor hygiene



For more information, please visit: www.drugabuse.gov or www.ncapda.org.

Volunteers Needed For CalOptima Provider Advisory Committee Positions

CalOptima is seeking candidates to fill a combined six volunteer seats on its Provider Advisory Committee (PAC). Members of the PAC advise the CalOptima Board of Directors and staff on issues regarding CalOptima programs. Each seat represents a constituency that CalOptima serves. Interested individuals with knowledge of Medi-Cal and Medicare are encouraged to apply. Applicants must reside or work in Orange County. Service is voluntary, with no salary.

PAC is looking for representatives to fill the following two-year seats: long-term care services representative (two seats), physician representative (two seats), non-physician representative and pharmacy representative. PAC volunteers must commit to attending monthly meetings and serving on at least one subcommittee. For more information, call Maria Wahab at 714-796-6143.

The deadline to apply is Friday, April 11. Applications and nomination process information are at www.caloptima.org in the "About Us" section under "Board and Advisory Committees."

PROVIDER UPDATE

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Medical Services Initiative



Open Authorizations, Continuity of Care and MSI Members

CalOptima is working to process the 56,000 people who are estimated to transition automatically from the Medical Services Initiative (MSI) program and become CalOptima members in the first six months of 2014. Here are a few things to remember to ensure accurate processing of authorizations and continuity of care for our members:

Eligibility: An out-of-network provider may be eligible to see MSI transition members if they: are registered with Medi-Cal or Medicare, have no quality of care issues, accept the rates according to payer responsibility (CalOptima or health network) and can demonstrate that he or she has seen the member at least once in 2013.

MSI Open Authorizations: All open MSI authorizations are honored, if the service is covered by Medi-Cal and is medically necessary. For Durable Medical Equipment (DME) and ancillary services, CalOptima and the health networks must honor the authorization or units allowed, but can choose to require the use of in-network providers. Providers should remember to always follow CalOptima or the assigned health networks' authorization process.

Expired MSI Authorizations: Providers must obtain authorization from CalOptima or the assigned health network for ongoing services, once the provider has utilized the units previously authorized by MSI or if the service(s) are planned to continue after the expiration of the MSI authorization.

Continuity of Care: Members must request continuity of care by contacting the health network. All outcomes are tracked and reported to the Department of Health Care Services (DHCS). Members have the right to request 12 months of continuity of care with an out-of-network primary care provider (PCP) or specialist without regard to the condition criteria if an existing relationship can be demonstrated between the member and the provider.

Continuity of care is limited to physician services and is not applicable to: CalOptima carve-out services, DME and ancillary services or services not covered by Medi-Cal.

Processing Requests for Continuity of Care: The health network must begin to process the request for continuity of care within five working days after receipt. All requests must be completed within 30 calendar days from the date the health network received the request, or sooner if the member's medical condition requires more immediate attention. If a provider meets all of the necessary requirements, the health network must allow the member to have access to that provider for the length of the continuity of care period, unless the provider is only willing to work with the health network for a shorter time frame.

A continuity of care request is considered complete when: the member is informed of his or her right of continued access; when the health network and the out-of-network Fee-for-Service (FFS) provider are unable to agree to a rate; the health network has documented quality-of-care issues; or when the health network makes a good faith effort to contact the provider and the provider is non-responsive for 30 calendar days.

Aid Codes for Transitioning MSI Members:

Aid code **L1** is used for the LIHP/MSI members automatically transitioning to CalOptima (and after redetermination). Aid code **M1** is used for those enrolling directly into Medi-Cal, and includes expansion membership.

For more information about prior authorization requests or continuity of care, call the Provider Resource Line at 714-246-8600.

PROVIDER UPDATE

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New Staying Healthy Assessment Forms Required

The California Department of Health Care Services (DHCS) requires primary care providers (PCPs) to administer a Staying Healthy Assessment (SHA) or approved alternate Individual Health Education Behavioral Assessment (IHEBA) on all Medi-Cal managed care members within 120 days of enrollment with CalOptima and again at defined intervals. Providers should review the Staying Healthy Assessment at every well visit.

The new SHA was developed based on feedback from providers and allows for more accurate documentation of the educational needs of different age groups. The new SHA is designed to help providers:

- Identify and track high-risk behaviors of CalOptima members.
- Prioritize health education needs of CalOptima members.
- Initiate discussion and counseling regarding high-risk behaviors.

Providers are encouraged to begin using the new SHA as soon as possible. **All CalOptima PCPs must complete a training regarding the SHA before April 1, 2014.** Call the Provider Relations department at 714-246-8600 to schedule a training. More information about the new SHA forms and how to complete the required training can be found on the CalOptima website at: <https://www.caloptima.org/en/Providers/ManualsPoliciesAndResources/HealthEducation/StayingHealthyAssessmentIHEBAForms.aspx>.

CMS eHealth University Preps Providers for ICD-10



CMS has launched [eHealth University](#), a new go-to resource to help providers understand, implement, and successfully participate in [CMS eHealth programs](#).

eHealth University features a full curriculum of materials and information, all in one location. The education modules are organized by level, from beginner to advanced, and simplify complex information in a variety of formats, including fact sheets, guides, videos, checklists, webinar recordings, and more.

As part of eHealth University, CMS is offering several resources to help you prepare for the **October 1, 2014, ICD-10 compliance date**. These include:

- [Introduction to ICD-10](#) — This fact sheet provides an introduction to ICD-10 and explains the key steps for switching to ICD-10.
- [Transition Checklist: Large Practices](#) and [Transition Checklist: Small and Medium Practices](#) — These checklists outline tasks and estimated time frames for important ICD-10 transition activities for small, medium, and large practices.
- [Basics for Small and Rural Practices](#) — This beginner-level fact sheet provides basics about the ICD-10 transition for small and rural practices, including background on ICD-10, important questions to answer about ICD-10 preparations, and resources to help prepare for the compliance date.
- [Introduction to ICD-10 for Providers](#) — This in-depth guide for providers explains the background behind ICD-10, why the transition is important, how providers can prepare for ICD-10, and important resources to help transition.

Once you have an understanding of the basics of ICD-10 through these beginner-level resources, check out the intermediate and advanced resources also available on the [eHealth University website](#). By using these tools, you can better prepare for October 1, 2014, and help ensure a smooth transition to ICD-10.

PROVIDER UPDATE

Page 7 of 8

"Pain Management"

*A CME Workshop for Physicians and
Licensed Health Care Professionals*

Guest Speaker

Shalini Shah, M.D.

Dr. Shalini Shah specializes in the treatment of acute and chronic pain in both pediatric and adult patients. Dr. Shah is board certified in anesthesiology and pain medicine and uses a multidisciplinary approach and interventional techniques to treat pain disorders in a state-of-the-art clinic. Dr. Shah completed residency in anesthesiology at Cornell University, New York Presbyterian Hospital. She completed a fellowship in pediatric and adult pain medicine at Harvard Medical School at Brigham and Women's Hospital and Children's Hospital of Boston.

Objectives:

- Review the current options in management of pain.
- Identify the assessment protocols and tests to determine pain levels for the most common disorders.
- Explain recent developments in the research and understanding of chronic pain.
- Describe options for interventional techniques and indications, and updates on interventional pain management for low back pain.
- Recognize pharmacologic options for pain management and their implications.
- State addiction or dependence in setting of pain management.

CME Credit Offered — 1.0 Unit

For questions call Byron Naté at 714-347-3203 or Lynne Saccoman at 714-246-8623.

Accreditation Statement:

This activity has been planned and implemented in accordance with the Institute for Medical Quality and the California Medical Association's CME Accreditation Standards (IMQ/CMA) through the joint sponsorship of the County of Orange Health Care Agency and CalOptima. The County of Orange Health Care Agency is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. The County of Orange Health Care Agency takes responsibility for the content, quality and scientific integrity of this CME activity.

Credit Designation Statement:

The County of Orange Health Care Agency designates this educational activity for a maximum of 1 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity. This credit may also be applied to the CMA Certification in Continuing Medical Education.

When:

Wednesday,
March 26, 2014

Time:

6:30–8:30 p.m.

Where:

Doubletree Hotel
100 The City Drive
Orange, CA 92868

Dinner Provided

**No Charge – Registration
Required**

RSVP Today!

Please RSVP by:

March 21, 2014

To Byron Naté with
CalOptima, at
bnate@caloptima.org or
fax at 714-338-3128.

Name:

Specialty:

Medical License #:

Phone#:

Email Address:

*Due to limited space,
this clinical workshop
is available for
licensed health care
professionals only.*

PROVIDER UPDATE

Page 8 of 8



Important Meetings

CalOptima Board of Directors Meeting:

April 3, 2 p.m.

CalOptima Provider Advisory Committee Meeting:

April 10, 8 a.m.

CalOptima Care Network Lunch N Learn Meeting:

ICD-10 Training: Are You Ready? Compliance is only five months away!

April 22, 12 p.m.

CalOptima Investment Advisory Committee Meeting:

April 28, 3 p.m.

Visit the Provider Events and Workshops section of the CalOptima website to view the provider activities calendar and download registration forms. CalOptima's office is located at: 505 City Parkway West, Orange, CA 92868.

Unless otherwise specified, meetings are held at CalOptima.

We want to hear from you. . .

Our goal is to make sure that our monthly fax-blast newsletter provides information that fits your needs and interests. Are there topics you would like us to cover? How do you like the *Provider Update*? We hope you'll take a moment to provide us with your input, and send your feedback to: mdowner@caloptima.org

Provider Code Updates

Based on recent Operating Instruction Letters (OILs) received from the Department of Health Care Services, CalOptima has updated the procedure codes for the subjects listed below:

- Screening, Brief Intervention and Referral to Treatment for Alcohol Misuse: New Benefit
- Covered Services Update for Non-Physician Medical Practitioners
- Diagnosis Code Added for Biochemical Assays
- Update to Filgrastim Injection
- Policy Updates to Unclassified Injections
- National Correct Coding Initiative Quarterly Update for January 2014



For CalOptima's prior authorization required list, please refer to the CalOptima website: www.caloptima.org. For detailed information regarding these changes, please refer to the February 2014 General Medicine Bulletin 476 on the Medi-Cal website at [Medi-Cal: Medi-Cal Update - General Medicine | February 2014 | Bulletin 476](#).

Contact List

| CalOptima Departments | | |
|---|--------------------------------------|------------------|
| Department | Phone | Fax |
| Provider Resource Line | (714) 246 - 8600 | |
| Care Coordination & Prior Authorization | (714) 246 - 8686 or (888) 587-7277 | (714) 246-8579 |
| Claims Department | (714) 246 - 8885 | |
| Customer Service & Member Liason | (714) 246 - 8500 or (888) 587 - 8088 | (714) 246 - 8580 |
| OneCare Provider Inquiries | (714) 246 - 8600 | |
| Pharmacy: PerformRX Help Desk | (888) 962 - 3100 | (855) 452 - 9135 |
| Provider Enrollment & Registration | (714) 246 - 8468 | (714) 246 - 8448 |
| Vision Service Plan | (800) 615 - 1883 | (800) 884 - 1021 |

| CalOptima Health Networks | | | |
|----------------------------------|---------------------|---------------------------|---------------------|
| Health Network | 24 Hour Line | Health Network | 24 Hour Line |
| AMVI Care Health Network | (866) 796 – 4245 | Monarch Family HealthCare | (888) 656 - 7523 |
| Arta Western Health Network | (800) 780 - 8879 | Noble Mid-Orange County | (888) 880 - 8811 |
| CalOptima Direct | (888) 587 - 7277 | Prospect Medical Group | (888) 747 - 2684 |
| CHOC Health Alliance | (800) 424 - 2462 | Talbert Medical Group | (800) 297 - 6249 |
| Family Choice Health Network | (800) 611 - 0111 | United Care Medical Group | (877) 225 - 6784 |
| Kaiser Foundation Health Plan | (800) 464 - 4000 | | |

| Other Agencies | |
|--|------------------|
| Medi-Cal Provider Support Line | (800) 541 - 5555 |
| California Children's Services (CCS) Program | (714) 347 - 0300 |
| Denti-Cal (Dental Services for Medi-Cal beneficiaries) | (800) 322 - 6384 |
| Health Insurance Counseling & Advocacy Program (HICAP) | (714) 560 - 0424 |
| Ombudsman Services | (888) 452 – 8609 |
| Orange County Mental Health Inpatient Services (ETS) | (714) 834 - 6913 |
| Orange Mental Health Plan | (800) 723 – 8641 |
| Orange County Health Care Agency CHDP Program | (714) –567-6224 |
| Regional Center of Orange County (RCOC) | (714) 796 – 5354 |
| Social Services Agency | (714) 541 - 4895 |

Website: www.caloptima.org

CalOptima Direct-Administrative and CalOptima Care Network Provider Relations Representative Territory

| Provider Relations Representative | Territories | |
|---|---|---|
| Jacqueline Nguyen Telephone: 714-246-8476 Fax: 714-481-6435 Email: jacquelinenguyen@caloptima.org | Fountain Valley Garden Grove Huntington Beach Seal Beach Stanton | Sunset Beach Tustin Westminster CHOC PSF CVS Minute Clinics Dialysis Centers |
| Leticia Simpson Telephone: 714-246-8577 Fax: 714-571-2404 Email: lsimpson@caloptima.org | Los Alamitos Santa Ana Out of County Providers Family Care Centers/Urgent Care Centers | Audiology |
| Judy Roberts Telephone: 714-246-8616 Fax: 714-481-6466 Email: jroberts@caloptima.org | Anaheim Anaheim Hills Atwood Brea La Habra La Mirada La Palma Placentia Yorba Linda Villa Park | Gateway Medical Group Gerinet Southern CA Hospitalist Network St. Joseph Heritage Healthcare UCI Medical Center Specialists Long Term Care Centers Transportation Family Planning |
| Arely Servin Telephone: 714-246-8738 Fax: 714-481-6379 Email: aservin@caloptima.org | Buena Park Cypress Fullerton AltaMed Health Services Camino Health Center Central City Community Health Center CHOC Clinics Friends of Family Health Center Hurtt Family Health Clinic La Amistad Laguna Beach Community Clinic Nhan Hoa Comprehensive Care Clinic | North OC Regional Health Foundation Share Our Selves Free Medical Clinic Sierra Health Center St. Jude Mobile Family Health Clinic 2 St. Jude Neighborhood Health Center UCI Family Health Centers VNCOC Asian Health Center CBAS Centers Community Outreach Medical Services |
| Sylvia Mora Telephone: 714-347-8482 Fax: 714- 481-6371 Email: smora@caloptima.org | Orange Hospitals Ambulatory Surgical Centers DME Providers | Orthotic & Prosthetic Providers Home Health Agencies |

CalOptima Direct-Administrative and CalOptima Care Network Provider Relations Representative Territory

Adriana Ramos

Telephone: 714-347-8712

Email: aramos@caloptima.org

Aliso Viejo
Corona Del Mar
Costa Mesa
Dana Point
Irvine
Laguna Beach
Laguna Hills
Laguna Niguel
Laguna Woods
Lake Forest
Mission Viejo
Newport Beach
Rancho Santa Margarita
San Clemente
San Juan Capistrano
Silverado
Trabuco Canyon



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD-10. COMPLIANCE DATE OCTOBER 1, 2014

News Updates | February 6, 2014

ICD-10 in 2014

With less than one year to go until the October 1, 2014, ICD-10 compliance date, now is the time to assess your progress. CMS continues to work with health care organizations to develop and distribute a variety of resources to help you with your ICD-10 planning and preparation.

No matter where you are in your transition, there are ICD-10 resources available to you. Check the [provider resources](#) page on the CMS website frequently for news and information to help you prepare, and visit your professional organization's website for resources tailored specifically to your needs. These resources can help you:

- **Plan your journey** – Look at the codes you use, prepare a budget, and build a team
- **Train your team** – Many options and resources are available
- **Engage your partners** – Talk to your software vendors, clearinghouses, and billing services
- **Test your systems and processes** – Test within your practice and with your partners

2014 is the year of ICD-10. The ICD-10 transition will affect every part of your practice, from software upgrades, to patient registration and referrals, to clinical documentation and billing. With everyone in health care working toward a successful transition, now is the time to make sure you are ready too.

Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare for the **October 1, 2014**, compliance date. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD-10. COMPLIANCE DATE OCTOBER 1, 2014

News Updates | November 18, 2013

ICD-10: Less Than One Year Out

Matthew Albright, Director, Administrative Simplification Group

Less than one year to implement ICD-10...so let's talk.

No matter where you are in your transition, we hope you will take time this month to take some action on ICD-10. For its part, the Centers for Medicare & Medicaid Services (CMS) is working closely with medical and trade associations, listening to their challenges and working collaboratively with them on solutions.

If you are a provider, payer, or other health care entity, you should prepare for your ICD-10 transition now. A large part of that preparation includes having conversations and building collaborations with your trading partners and vendors, as well as with your peers and professional associations. By communicating and working together, we can move toward a successful transition to ICD-10 that will improve the detail of data captured through coding and facilitate patient care coordination across clinical settings—a goal that is shared by many other CMS eHealth initiatives.

As we enter the final year of the ICD-10 transition, CMS is developing additional resources and increasing outreach to providers, payers, and vendors to help ensure industry readiness by October 1, 2014.

Based on feedback from medical and trade associations and other stakeholders, we have developed a variety of ICD-10 resources for [Providers](#), [Payers](#), and [Vendors](#). These resources cover topics ranging from a basic [introduction to ICD-10](#) to Continuing Medical Education/Continuing Education courses with a [roadmap](#) and [guide](#) for small practices. For a more in-depth explanation of how to guide a practice, hospital, or payer organization through the ICD-10 transition, CMS has created the Online



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD-10. COMPLIANCE DATE OCTOBER 1, 2014

ICD-10 Guide, which can be found on the [Provider Resources page](#). The ICD-10 website also offers checklists and timelines, as well as FAQs, guides, and tips geared toward various audiences. CMS also attends conferences and hosts online events, to educate and encourage providers to transition to ICD-10.

Our health care partner associations also offer resources and trainings on ICD-10 designed specifically for their members. Check the [Provider Resources page](#) for a list of some partner associations that offer ICD-10 resources.

With less than one year to go before the October 1, 2014, transition date, now is the time to talk to others and make progress on ICD-10.

Want more information about ICD-10?

Visit the CMS [ICD-10 website](#) for the latest news and resources to help you prepare for the **October 1, 2014**, deadline. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



ICD-10. COMPLIANCE DATE OCTOBER 1, 2014

News Updates | November 7, 2013

Back to School: Identify How ICD-10 Will Affect Your Practice

In order to be fully prepared for the October 1, 2014, ICD-10 transition, you need to know exactly how ICD-10 will affect your practice. Although many people associate coding with submitting claims, in reality, ICD codes are used in a variety of processes within clinical practices, from registration and referrals to billing and payment.

The following is a list of important questions to help you think through where you use ICD codes and how ICD-10 will affect your practice. By making a plan to address these areas now, you can make sure your practice is ready for the ICD-10 transition.

- **Where do you use ICD-9 codes?** Keep a log of everywhere you see and use an ICD-9 code. If the code is on paper, you will need new forms (e.g., patient encounter form, superbill). If the code is entered or displayed in your computer, check with your EHR and/or practice management system vendor to see when your system will be ready for ICD-10 codes.
- **Will you be able to submit claims?** If you use an electronic system for any or all payers, you need to know if it will be able to accommodate the ICD-10 version of diagnoses and hospital inpatient procedures codes. If your billing system has not been upgraded for the current version of HIPAA claims standards—Version 5010—you will not be able to submit claims. Check with your practice management system or software vendor to make sure your claims are in the HIPAA Version 5010 format and that your system or software can include the ICD-10 version of diagnoses and hospital inpatient procedures codes.
- **Will you be able to complete medical records?** If you use any type of electronic health record (EHR) system in your office, you need to know if it will



ICD-10

Official CMS Industry Resources for the ICD-10 Transition
www.cms.gov/ICD10



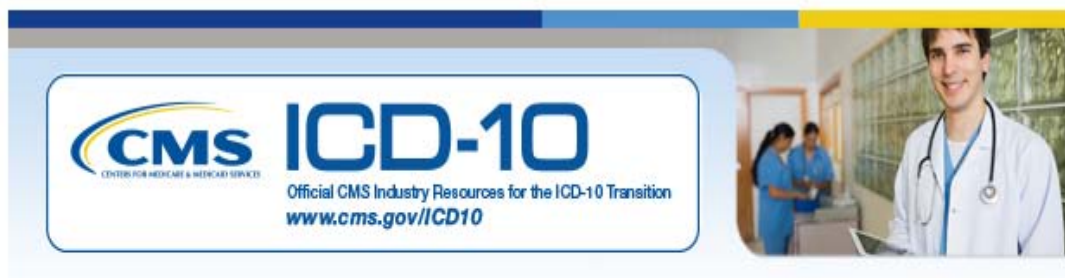
ICD-10. COMPLIANCE DATE OCTOBER 1, 2014

capture ICD-10 codes. Look at how you enter ICD-9 codes (e.g., do you type them in or select from a drop down menu) and talk to your EHR vendor about your system's capabilities for ICD-10. If your EHR system does not capture ICD-10 codes and you use another terminology (SNOMED), you will still need ICD-10 codes to submit claims.

- **How will you code your claims under ICD-10?** If you currently code by look up in ICD-9 books, purchase the ICD-10 code books in early 2014. Take a look at the codes most commonly used in your office and begin developing a list of comparable ICD-10 codes. Alternatively, check your software for an ICD-10 look up functionality.
- **Are there ways to make coding more efficient?** For example, develop a list of your most commonly used ICD-9 codes and become familiar with the ICD-10 codes you will use in the future; and invest in a software program that helps small practices with coding.

Want more information about ICD-10?

Visit the CMS [ICD-10 website](http://www.cms.gov/ICD10) for the latest news and resources to help you prepare for the **October 1, 2014**, deadline. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



ICD-10.

COMPLIANCE DATE OCTOBER 1, 2014

News Updates | March 17, 2014

Road to 10: The Small Physician Practice's Route to ICD-10

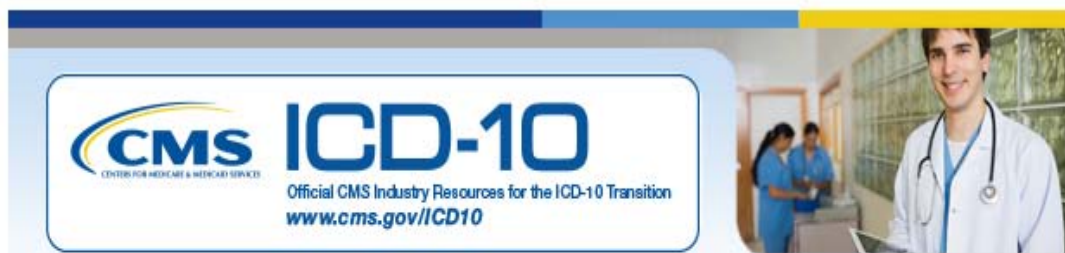
The Centers for Medicare & Medicaid Services (CMS) is pleased to announce the release of the **Road to 10**, a free online resource built with the help of physicians in small practices. Available on the Provider Resources page at cms.gov/ICD10, this tool is intended to help small medical practices jumpstart their ICD-10 transition.

The **Road to 10** gives providers the capability to build ICD-10 action plans tailored for their practice needs. The customized action plans break down the transition into concrete steps:

- Plan Your Journey – Look at the codes you use, prepare a budget, and build a team;
- Train Your Team – Find options and resources to help your team get ready for the transition;
- Update Your Processes – Check your clinical documentation and update policies, procedures, systems, and forms;
- Engage Your Partners – Talk to your software vendors, clearinghouses, and billing services; and
- Test Your Systems and Processes – Test within your practice and with your partners.

The tool is designed for use by small practices in primary care as well as all specialties. The **Road to 10**'s resources include common ICD-9 and ICD-10 codes, clinical documentation primers, and clinical scenarios for:

- Family practice
- Internal medicine
- Pediatrics



ICD-10.

COMPLIANCE DATE OCTOBER 1, 2014

- OB/GYN
- Cardiology
- Orthopedics

Keep Up to Date on ICD-10

Visit the CMS [ICD-10 website](http://www.cms.gov/ICD10) for the latest news and resources to help you prepare for the **October 1, 2014**, compliance date. Sign up for [CMS ICD-10 Industry Email Updates](#) and [follow us](#) on Twitter.



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