



CalOptima Care Network (CCN)

Provider Lunch and Learn Meeting for CCN Contracted Providers

Tuesday, June 17, 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	Leticia Simpson <i>Provider Relations Representative</i>	12:10 - 12:30
III.	CalOptima's Fraud, Waste & Abuse Program	Theresa Jackson <i>Claims Manager Compliance</i>	12:30 – 12:50
IV.	Health Education Services	Reshma Thomas <i>Supervisor Health Ed</i> Jorge Castañeda <i>Health Educator</i>	12:50 – 1:10
V.	New Authorization Request Form	Pat Miller, RN <i>Manager, Prior Authorizations</i> Judy Riley, RN <i>Supervisor, Prior Authorizations</i>	1:10 – 1:30
VI.	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
June 17, 2014**



Welcome

Laura Grigoruk
Manager, Provider Service and Support

Agenda

- Provider Relations Updates
- Fraud, Waste & Abuse
- Health Education Services
- New Authorization Request Form
- 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

<https://www.caloptima.org/en/Providers/ProviderEventsAndWorkshops.aspx>

4



- Please place your cell phones on silent



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Provider Relations

Lunch and Learn
June 17, 2014

Leticia Simpson
Provider Relations Representative

Provider Relations Updates

- Enrollment in CalOptima Care Network (CCN)
- Community Network
- ACA Primary Care Rate Increase (CHDP)

7



Enrollment in CalOptima Care Network

CalOptima Care Network (CCN) is a managed care model for members who:

- Is at least 21 years of age and:
 - ☐ Is diagnosed with End Stage Renal Disease
 - ☐ Is a candidate for Solid Organ Transplant
 - ☐ Has received a Solid Organ Transplant
 - ☐ Is diagnosed with Hemophilia
- Has a Breast and Cervical Cancer, Long Term Care or Foster Aid Code
- Is a LIHP transitioning member whose PCP is only contracted with CCN

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CalOptima Direct Contracted Community Network

New Physicians wishing to participate are required to meet quality standards as well as:

- Provide services to CalOptima members in **all** current and future programs including Medi Cal and Duals Demonstration (Cal MediConnect).
- Register with the Department of Health Care Services (DHCS) as a Medi-Cal provider.
- Successfully complete the CalOptima credentialing process.

CalOptima will contact providers with existing CalOptima Care Network (CCN) contracts to discuss their options for participation

For further questions please contact Provider Relations department @ 714-246-8600 or providerservices@caloptima.org.

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ACA PCP Rate Increase

- COD & CCN payment issued for non-CHDP services provided between 1/1/13-6/30/13
- CHDP payments are on hold
- Payments from CalOptima's delegated Health Networks should be issued within approximately 60 days
- CalOptima is waiting for funding from DHCS for dates of service after 6/30/13

FAQ's can be found online @ www.caloptima.org/Providers

10





Office of Compliance

Theresa Jackson
Manager SIU/Claims Oversight
Office of Compliance

June 17, 2014

The Reason We Are Here:

The
“F”
Word



Fraud

Fraud: knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program.

13



Waste

Waste: is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to a health care benefit program. Waste is not generally caused by criminal negligent actions, but rather the misuse of resources.

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Abuse

Abuse: includes actions that may, directly or indirectly, result in: unnecessary costs to a health benefit program, improper payment, payments for services that fail to meet professionally recognized standards of care, or services that are not medically necessary.

Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

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FWA

All of these components are commonly referred to as FWA (Fraud, Waste and Abuse). They all affect CalOptima's ability to provide compassionate, efficient and cost-effective medical care to our members.

16



Examples of Fraud

- Services not Rendered: Billing for services and/or supplies never performed or provided.
- Up-Coding: Billing for a higher level of treatment than was provided. Most common in the various Evaluation and Management (E&M) Codes.
- Unbundling: Billing for services already included in the primary treatment (e.g. billing for separate office visit when it is covered in a global surgical code).

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Examples of Fraud (Cont.)

- Medically unnecessary services: Adding medical history to allow for higher E&M codes.
- ICD-9 Up-Coding: Using false or inflated diagnosis codes in order to increase the Risk Adjusted Premium (RAP) paid by the health benefit program.
- Drug Diversion: A member obtains prescriptions for narcotics for personal use, resale to the pharmacy or on the street.

18



Additional Examples

- Soliciting or Receiving Kickbacks
- Prescription Altering or Forging
- Misrepresentation of Status
- Resale of Drugs obtained through Prescription
- Loaning Benefits Card to Someone not Qualified

19



CalOptima's Partners

- California Department of Health Care Services
- California Department of Justice
- Office of the Inspector General
- Federal Bureau of Investigation
- NBI MEDIC
- Local Law Enforcement

20



How to Report FWA

- Compliance Hotline (877) 837-4417
- Available 24/7
- Calls cannot be traced to caller
- Every call is investigated by CalOptima SIU team
- May be referred to external agencies for further investigation and criminal action

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Questions

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22





Health Education Services Kit

Reshma Thomas
Health Education Supervisor

Jorge Castañeda
Health Educator

Health Education Department

Services provided to CalOptima members:

- Health education and nutrition counseling with a Health Educator or a Registered Dietitian
- Referrals to community health education classes and support groups
- Health Education Telephone Library at:
1 714-246 8895, or toll free at: 1-866-441-8161

Health Education Department Cont.

Examples of Health Education Topics:

- Asthma
- Cancer
- Depression
- Diabetes
- Immunizations
- Healthy Eating
- Heart Disease
- Nutrition
- Parenting
- Physical Activity
- Smoking Cessation
- Sexually Transmitted Diseases
- Weight Management

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Health Education Department Cont.

All CalOptima members are eligible to receive Health Education services by:

- Calling CalOptima at **1-714-246-8500** or toll-free at **1-888-587-8088** TDD/TTY users can call **1-800-735-2929**
- Email: healthpromotions@caloptima.org
- Filling out request form and faxing: **1-714-338-3127**
- Request form and Health Education materials are at: www.caloptima.org

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Health Education Services Kit

Background:

- Conducted a Brief Provider Survey in 2013
- Results indicated a need for Health Education Materials for Providers

Purpose:

- Promote awareness
- Support our Providers
- Promote Staying Healthy Assessments(SHA)
- Resources to hang up in your back office



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Health Education Services Kit Cont.

Each Kit Contains...

- 3 pockets with:
 - 10 health education sample materials
 - 3 posters for patient waiting rooms and lobby
 - All 9 SHA (ready to print/copy)
 - Health Education Request form (ready to print/copy)

28



Health Education Services Kit Cont.

- **Pocket #1**

- Poster on General Health Education Services for Members
- Flier for Providers on Health Education Services
- 10 Health Education Sample Materials (English)

- **Pocket #2**

- Poster on Healthy Eating for Members
- 9 Staying Healthy Assessments (ready to copy) in English

- **Pocket #3**

- Poster on Physical Activity for Members
- 1 Health Education/COPTP Request Form (ready to copy)

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Health Education Services Kit Cont.

Who should get the HE Services Kit?

- All PCPs working with CalOptima members

To request additional Health Education Services Kits:

- Please contact Jorge Castañeda at **1-714-347-5751** or email at jcastaneda@caloptima.org
- For all other Health Education questions, please call Health Education Supervisor Reshma Thomas at **1-714-246-8850** or email: rthomas@caloptima.org

Take Your Kit Today!

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Questions...

Thank you!
We look forward to working with you.

Sincerely,
CalOptima's Health Education Department

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New Authorization Request Form

June 17, 2014

Pat Miller RN
Manager, Prior Authorizations

Judy Riley, RN
Supervisor, Prior Authorizations

The Prior Authorization dept has been noticing an increase in the number of authorization requests submitted as “Urgent”.

Review of these authorization requests, determined that they did not meet the definition of urgent.

This could result in delays in processing appropriately submitted requests.

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Definition of Urgent is ONLY:

when normal time frame for authorization will be detrimental to patient's life or health jeopardize the patient's ability to regain maximum function, or results in loss of life, limb or other major bodily function.

Due to our findings we are implementing a new authorization request form with a defined area for “Urgent” requests.

Here is a preview of the new authorization request form (implementation date TBD).

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P.O. BOX 11833 ORANGE, CA 92856 Phone: (714) 246-8686

AUTHORIZATION REQUEST FORM (ARF)

☐ ROUTINE Fax to (714) 246-8579 ☐ RETRO Fax to (714) 246-8579

*** IN ORDER TO PROCESS YOUR REQUEST, ARF MUST BE COMPLETED AND LEGIBLE ***

PROVIDER: Authorization does not guarantee payment, ELIGIBILITY must be verified at the time services are rendered.

Patient Name: _____ Last _____ First _____ <input type="checkbox"/> M <input type="checkbox"/> F D.O.B. _____ Age: _____	
Mailing Address: _____ City: _____ ZIP: _____ Phone: _____	
Client Index # (CUI): _____ Name of ICF/SNF (if applicable): _____	
Referring Provider: _____	Provider Rendering Service (Physician, Facility, Vendor): _____
Provider NPI#: _____ TIN#: _____	Provider NPI#: _____ TIN#: _____
Medi-Cal ID#: _____	Medi-Cal ID#: _____
Address: _____ Phone: _____	Address: _____ Phone: _____
Fax: _____	Fax: _____
Office Contact: _____	Office Contact: _____
Physician's Signature: _____	Physician's Signature: _____
Diagnosis: _____	ICD-9: _____

AUTHORIZATION REQUEST

☐ **URGENT REQUEST** Fax to (714) 246-8579. "Urgent" is defined as when normal time frame for authorization will be detrimental to patient's life or health, jeopardize patient's ability to regain maximum function, or result in loss of life, limb or other major bodily function. Urgent requests are addressed within 72 hours.

☐ Inpatient Facility ☐ Outpatient Facility ☐ SNF Estimated Length of Stay: _____


Date(s) of Service: _____ Retro Date(s) of Service: _____

List **ALL** procedures requested along with the appropriate CPT/HCPCS

REQUESTED PROCEDURES	PATIENT HISTORY (Include supporting Medical Records)	CODE (CPT or HCPCS)	QUANTITY (REQUIRED)

DO NOT WRITE BELOW THIS LINE **FOR CalOptima USE ONLY**

STATUS		Authorization Number: # _____	
<input type="checkbox"/> Approved	Signature: _____	Date: _____	
<input type="checkbox"/> Not a Covered Benefit	Comments: _____		
<input type="checkbox"/> Not Medically Indicated			
<input type="checkbox"/> Alternative Treatment			
<input type="checkbox"/> Modified			
Authorized Health Plan: _____	Phone: _____		

 **CalOptima**
Better. Together.

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Our turn around time for urgent requests has not changed and they will continued to be processed within 72 hours of receipt.

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Provider NPI#: _____ TIN#: _____	Provider NPI#: _____ TIN#: _____
Medi-Cal ID#: _____	Medi-Cal ID#: _____
Address: _____ Phone: _____	Address: _____ Phone: _____
Fax: _____	Fax: _____
Office Contact: _____	Office Contact: _____
Physician's Signature: _____	Physician's Signature: _____
Diagnosis: _____	ICD-9: _____

AUTHORIZATION REQUEST

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Enrollment Health Plan: _____	Phone: _____		

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Better. Together.

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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
AltaMed Medical Group	(877) 861-6728	Kaiser Foundation Health Plan	(800) 464 - 4000
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

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

PROVIDER UPDATE

May 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: 714-246-8577

Sylvia Mora: 714-246-2482

PROVIDER OUTREACH AND EDUCATION EMAIL:

bsaccompan@caloptima.org

WHAT'S INSIDE. . .

- Mental Health Awareness
- CalOptima Community Network Delivers Choice for Patients and Providers
- Additional Clinical Practice Guidelines
- Understanding Medicaid Benefits and Services
- CMS Hosts National Provider Call

CalOptima's Medi-Cal Members Received Top Quality Care in State During Unprecedented Growth



Out of the top 46 health plans evaluated by the State of California, **CalOptima is ranked 4th in overall quality** according to the Department of Health Care Services (DHCS) Medi-Cal Managed Care Performance Dashboard report released in May.

Further analysis shows that CalOptima boasts an exemplary model for delivering Medi-Cal services. When broken down by different types of health plans, CalOptima ranks even higher.

According to the DHCS Dashboard:

- CalOptima ranked **1st among all County Organized Health Systems.**
- CalOptima ranked **1st among all Medi-Cal managed care plans of more than 100,000 members.**
- CalOptima ranked **2nd among all public Medi-Cal managed care plans.**
- CalOptima ranked **2nd among all Medi-Cal managed care plans in Southern California.**

During 16 months of unprecedented growth, CalOptima experienced a 46 percent increase in membership, adding nearly 175,000 new members. This increase is primarily the result of three major events between December 2012 and April 2014:

1. The transition of nearly 84,000 children from the Healthy Families Program (HFP) to Medi-Cal
2. The transition of nearly 38,000 adults from the Medical Services Initiative (MSI) program to Medi-Cal
3. The addition of more than 50,000 individuals after the expansion of the Medi-Cal program under the Affordable Care Act.

Rankings based on DHCS Medi-Cal Managed Care Performance Dashboard, 2013 Q4

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Mental Health Awareness Helps Lower Barriers to Treatment

The National Alliance on Mental Illness defines mental illness as a treatable condition that interferes with a person's thinking, feelings, mood, relationships with others and daily activities. Mental health issues affect each individual differently, and individualized treatment is needed to assist a person with recovery.



The World Health Organization reports that one in four people experience mental illness during their lifetime, and though it is one of the most common health issues in the world, it is one of the hardest to accept. The stigma of mental illness is a barrier for treatment, and it is important that we continue to develop our awareness to decrease this stigma. Although mental illness affects millions of people in the U.S., the National Institute of Mental Health reports that only a small percentage of those affected get the necessary behavioral health treatment they need. There are many ways to work towards de-stigmatizing mental illness. When talking with someone about mental illness, it is important to educate them that mental illness is a treatable condition.

The Substance Abuse Mental Health Services Administration recommends using "person-first" language; instead of referring to a person as a bipolar, refer to the person as having bipolar disorder. Treatment for mental illness includes, but is not limited to, medication, therapy and supportive services.

If you feel that a patient is in need of mental health services, refer the patient to call the Access Line for screening and referral services as appropriate. The Access Line, 1-800-723-8641, is available 24 hours a day, 7 days a week. OC LINKS is also a resource for people who are looking for information about mental health services. OC LINKS is available Monday through Friday from 8 a.m. to 6 p.m.: 1-855-OC-LINKS or 1-855-625-4657.

For more information please visit these sites: www.nami.org, www.samhsa.gov, www.nimh.nih.gov and www.who.int.

Medical

Physical
Therapy



PACE
CalOptima
Better. Together.

What Is CalOptima PACE?

Dietary
Program

Social
Activities

- A different way to deliver care to the county's most vulnerable seniors.
- An option to providers and caregivers to keep seniors in their homes and remain independent.
- A one-stop shop for your patients, combining acute and long-term care with social services.

Valuable Option:

CalOptima PACE provides frail seniors age 55 and older, a choice to remain at home and live independently with dignity as long as possible.

One-Stop Shop:

CalOptima PACE provides a team of health care professionals, delivering quality health care in one location.

For more information call 714-468-1100

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Reward Your Favorite Doctor

You can help CalOptima recognize outstanding health care professionals, community groups and individuals who, in the past 12 months, went above and beyond to serve our members.

2014
CIRCLE OF CARE
AWARDS

Nomination for this award is based on the following criteria:

- The nominee's service to CalOptima members.
- The nominee's accomplishments during the past 12 months.
- A nominee may only be a Circle of Care Award recipient a total of five times.
- Only one nomination form per nominee is needed.
- Self-nominations are welcome.
- Completed nomination forms must be submitted by:
Friday, June 20, 2014.

To download a nomination form, go to the Provider Events and Workshops page on our website at www.caloptima.org.

Mail, deliver, fax or email nomination forms to:

CalOptima: Network Management Department

Attention: Maria Wahab

505 City Parkway West, Orange, CA 92868

Email: mwahab@caloptima.org Fax: 714-796-6679

Care Management Rolls Out Updated Prenatal Notification Report (PNR) Form

The Care Management team at CalOptima is excited to share the newly updated Prenatal Notification Report (PNR) form. For the providers who serve members requiring prenatal care, please remember to send a completed PNR to our Care Management team. This form helps track expectant members and provide them and their babies with the appropriate and quality care they need.

New Updates:

- Providers now have the option to submit a fully completed PNR form to: **PNRS@caloptima.org** or by fax to 714-246-8677.
- Access the new PNR form, provider guide and example of how to complete a PNR form on the CalOptima website in the Providers section at <https://www.caloptima.org/Home/Providers/CommonForms.aspx>.

If you have any questions, please contact a member of our Care Management team at 714-246-8686.

CalOptima Community Network Delivers Choice for Patients and Providers

Launching in late 2014, the development of CalOptima Community Network is designed to increase flexibility for doctors and increase capacity to serve members in new or expanded programs. In Addition, the new network will strengthen Orange County's health care delivery system, protect existing doctor-patient relationships and provide doctors with a new path to serve CalOptima's vulnerable, low-income members.

For more information about participating in the new CalOptima Community Network call the Provider Relations department at 714-246-8415.

**You Now
Have
A Choice!**

Update... Crossover Claim Submissions

Effective June 1, 2014, all claim submissions for dual eligible Medicare and Medi-Cal crossover claims should be sent to: CalOptima, P.O. Box 11070, Orange, CA 92856. For claim status, please contact Customer Service at CalOptima at 714-246-8885.

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Additional Clinical Practice Guidelines

CalOptima hopes you have found the current listing of Clinical Practice Guidelines (CPG) helpful to your practice. In order to continue to assist you with managing your member's care CalOptima has added additional (CPG) to the Manuals, Policies and Resources section of our website located at www.caloptima.org.

Our main source of reference continues to be the National Guideline Clearinghouse supported by the Agency for Healthcare Research and Quality.

The following CPGs are currently available for your reference:

- Management of Adults with Hypertension
- Bell's Palsy
- Cholesterol Treatment Guidelines
- Lung Cancer Screening
- Mucous Clearance in Hospitalized Patients

CPG Clinical Practice Guidelines

The CalOptima Utilization Management Committee will continue to amend the CPGs as it receives updates. The Provider Relations department will send out a fax blast to notify you of any changes or additions to the CPGs on the website. We hope that you find the information helpful, and we are open to suggestions for additional CPG postings at any time. Please contact Novella R. Quesada, RN, quality improvement manager, at 714-246-8485, if you have questions, comments or concerns.

New SHA Forms Required — Training Still Available

The California Department of Health Care Services (DHCS) recently updated the Staying Healthy Assessment (SHA) forms. **As of April 1, 2014, Primary Care Providers (PCPs) are required to use the revised SHA forms.**

Providers are encouraged to begin using the new SHA forms immediately. DHCS requires PCPs to be trained and administer the SHA within 120 days of enrollment to all Medi-Cal managed care patients as part of their Initial Health Assessment (IHA) and well-care visits.

Training is still available. All CalOptima PCPs are required to complete training on the new SHA requirements and sign a training attestation form.

More information about the new SHA forms and how to complete the required training are on the CalOptima website at: <https://www.caloptima.org/en/Providers/ManualsPoliciesAndResources/HealthEducation/StayingHealthyAssessmentIHEBAForms.aspx>.



Looking for Health Education Materials?

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



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Understanding Medicaid Benefits and Services

As our look back period rapidly approaches, we are reminded of NCQA's Medicaid Benefits and Services Standard. The 2014 standard covers the following elements, along with explanation of what will be expected to be reflected in your policy and procedures:

Direct Access to Women's Health Services

Women are allowed direct access to in-network women's health specialties for covered routine and preventive health care services.

Medicaid law requires that women be allowed direct access to women's health specialists for routine and preventive health care services. Routine and preventive health care services include, but are not limited to, prenatal care, breast exams, mammograms and Pap tests. Direct access means that the organization cannot require women to obtain a referral or prior authorization as a condition to receiving such services from specialists in the network. Direct access does not prevent the organization from requesting or requiring notification from the practitioner for data collection purposes. Women's health specialists include, but are not limited to, obstetricians, gynecologists and certified nurse midwives.

Second Opinions

Provide a second opinion from an in-network provider or arrange for the member to obtain a second opinion outside the network.

Medicaid law requires that members have the right to a second opinion from a qualified health care professional. If an appropriate professional is not available in-network, the organization must arrange for a member to obtain the second opinion out-of-network at no more cost to the member than if the service was obtained in-network.

Out-of-Network Services

If unable to provide necessary and covered service to a member in-network, the organization must adequately and timely cover the same service out-of-network, for as long as the organization is unable to provide the service.

Out-of-Network Cost to Member

If the organization approves a member to go out-of-network because it is unable to provide a necessary and covered service in-network, the organization must coordinate payment with the out-of-network practitioner and ensures that the cost to the member is no greater than it would be if the service was furnished in-network.

Hours of Operation Parity

Medicaid law requires the organization to ensure that network practitioners offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid members. If the provider serves only Medicaid recipients, hours offered to Medicaid managed care enrollees must be comparable to those for Medicaid fee-for-service members.

All five of these elements will be audited in 2015 as part of CalOptima's delegation oversight responsibilities.

Please feel to contact Novella R. Quesada, RN, at 714-246-8485 if you have any further questions regarding the NCQA Medicaid Benefits and Services.



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CMS Hosts National Provider Call — Stage 2 Meaningful Use for EP's



Are you an eligible professional (EP) participating in Stage 2 Meaningful Use of the Medicare and Medicaid Electronic Health Records (EHR) Incentive Programs?

If so, you will want to join the Centers for Medicare and Medicaid Services (CMS) on May 29 from 10:30 a.m. – Noon for a National Provider Call to learn more about Stage 2 requirements. During the scheduled national call, CMS will provide information related to Stage 2 requirements, reporting options, and data submission processes for EPs in the Medicare EHR Incentive Program.

According to an announcement by CMS, participants will have two opportunities to ask questions.

CMS experts will be available to answer questions submitted prior to the call, as well as respond to participant questions during a live Q&A session. Please email your questions to e-measures@mathematica-mpr.com no later than May 21 to be considered. More details and registration information are available below:

<http://ehrintelligence.com/2014/05/13/may-29-cms-to-host-call-on-stage-2-meaningful-use-for-eps/>

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:

- CMS-1500 Field Name Changes in Provider Manual Sections
- Ado-Trastuzumab Emtansine HCPCS Code Update
- New Meningococcal Vaccine Benefit
- Tositumomab Discontinued
- Updated Diagnostic Restrictions for Aldesleukin
- Carfilzomib HCPCS Code Update
- Loxapine Inhalation Powder is a New Medi-Cal Benefit
- Ocriplasmin HCPCS Code Update
- Intravenous Immune Globulin Demonstration is a Medi-Cal Non-Benefit
- Taliglucerase Alfa HCPCS Code Update
- New Medi-Cal Benefit: Catridecacog
- Rate Update for Apheresis
- Sermorelin Acetate No Longer a Medi-Cal Benefit



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 April 2014 General Medicine Bulletin 478 on the Medi-Cal website at [Medi-Cal: Medi-Cal Update - General Medicine | April 2014 | Bulletin 478](#).

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"What to Expect with Obesity Treatment"

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

Guest Speaker

Patricia A. Riba, M.D.

Dr. Patricia Riba is the founder and Medical Director for Dr. Riba's Health Club (DrRHC), a community-based organization designed to prevent and treat nutrition-related health problems in children aged 0 to 18 years and their families. Her mission is to promote healthy lifestyles in children, families, and communities by addressing medical, nutritional, social, economic and behavioral issues in a comprehensive, compassionate, and empowering manner. Dr. Riba attended Boston University School of Medicine and completed her residency in general pediatrics at Children's Hospital of Orange County.

Objectives:

- Identify the appropriate psychology of feeding children and division of responsibility.
- Recognize the medical and psychological consequences of childhood obesity.
- Practice ways of approaching and counseling patients on the issue of obesity.
- Explain how to follow the progress of obesity treatment in pediatrics.
- Describe the basics of nutrition and what you need to know to treat obesity.

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:

Thursday,
May 29, 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:

May 23, 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.*

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Important Meetings



CalOptima Quality Assurance Committee Meeting:
May 21, 5:30 p.m.

CalOptima Board of Directors Meeting:
June 5, 2 p.m.

CalOptima Provider Advisory Committee Meeting:
June 12, 8 a.m.

CalOptima Care Network Lunch and Learn Meeting:
CalOptima's Fraud, Waste and Abuse Program
CalOptima Care Network (CCN) Enrollment
June 17, Noon.

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.

Visit the CalOptima Website

Please visit the 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
- Changes to the Approved Drug List (Formulary)
- Clinical Practice Guidelines
- Complex Case Management
- Disease Management Services
- Utilization Management



Request hard copies by calling **714-246-8600**.

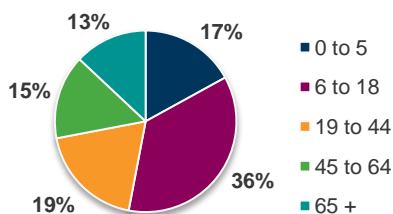


Mission: To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

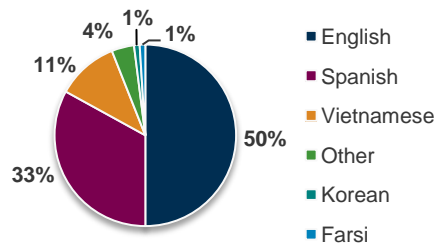
Membership Data as of April 30, 2014

Total CalOptima Membership 552,728	Program	Members
	Medi-Cal	552,728
	OneCare (HMO SNP)*	15,594
	Multipurpose Senior Services Program*	442
* Membership already accounted for in total Medi-Cal membership		

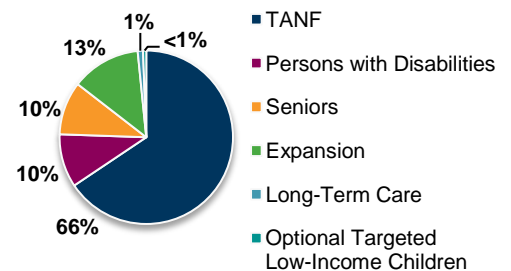
Member Age (All Programs)



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 = \$328.5 million
(as of April 30, 2014)

CalOptima spends more than 95 cents of every dollar on member care.

Our administrative cost ratio is the fourth lowest (4.74%)¹ out of 15 public plans in California, and second lowest amongst all county organized health systems.



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:

56 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 on for overall quality on Medi-Cal Managed Care Performance Dashboard :

- **1st** out of all County Organized Health Plans.
- **1st** out of all Medi-Cal managed care plans with more than 100,000 members.
- **2nd** out of all public Medi-Cal managed care plans.

Member Satisfaction

2,419 — Average number of customer service calls per day in April

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.

1,808 primary care providers

4,894 specialists

30 acute and rehab hospitals

32 community health centers

494 pharmacies

107 long-term care facilities

Sources

1. Administrative Cost Ratio: Department of Managed Health Care, full-service plans 2013 annual data for local initiatives and county organized health plans in California. 2013 is the last full year of reported data as of 5/14.
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 Q4 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 5/14.
6. Provider Network: CalOptima contracting data.