

## **CalOptima Community Network (CCN)**

**Provider Lunch and Learn Meeting for CCN Contracted Providers**  
**Tuesday, August 18, 2015**  
**12:05–2 p.m.**

### **Agenda**

<b>I.</b>	<b>Welcome and Introductions</b>	<b>Laura Grigoruk</b> <i>Director, Network Management</i>	<b>12:05–12:10</b>
<b>II.</b>	<b>Provider Relations Updates</b>	<b>Judy Roberts</b> <i>Provider Relations Representative</i>	<b>12:10–12:20</b>
<b>III.</b>	<b>Access &amp; Availability Standards</b>	<b>Marsha Choo</b> <i>Manager QI Initiatives</i>	<b>12:20 – 12:50</b>
<b>IV.</b>	<b>A day in the Life of a PCC</b>	<b>Jason Huebner</b> <i>Personal Care Coordinators</i>	<b>12:50–1:10</b>
<b>V.</b>	<b>Q &amp; A and Closing Remarks</b>	<b>Laura Grigoruk</b> <i>Director, Network Management</i>	<b>1:10–2</b>



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# **CalOptima Community Network (CCN)**

**Lunch and Learn Meeting  
August 18, 2015**



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# Welcome

**Laura Grigoruk, Director  
Network Management**

# Agenda

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- Provider Relations Updates
- Access & Availability Standards
- A day in the life of a PCC
- Q&A and Closing Remarks

# CCN Meeting Materials

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- Meeting Agenda
- Notes page
- CCN Question Sheet
  - Complete if you would like CalOptima staff to follow up with you after this meeting.
- Today's Meeting Evaluation
  - Please complete at the end of each presentation.

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**Please place your cell phones on silent**



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# **CalOptima Community Network (CCN)**

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**Judy Roberts  
Provider Relations Representative**

# Provider Relations Updates

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- ICD-10 Educational Forum
- Nurse Advice Line
- OneCare Connect Provider Hotline
- 2015 Timely Access Survey

# ICD-10 Educational Forum

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ICD-10 launches **October 1, 2015!**

- To learn more, see the CMS ICD-10 Quick Start Guide, and other resources at:  
[www.cms.gov/Medicare/Coding/ICD10](http://www.cms.gov/Medicare/Coding/ICD10)
- If you would like to attend, please call **714-246-8600** to register.

# OneCare Connect Member ID Card

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- OneCare Connect members receive one ID card integrating Medicare and Medi-Cal services into a single plan!
- Members must show this card when they obtain:
  - Any service
  - Prescriptions
  - Long-term supports and services
  - Certain behavioral health services

# OneCare Connect Member ID Card (cont.)



A Public Agency

**OneCare Connect**  
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OneCare Connect Cal MediConnect  
Plan (Medicare-Medicaid Plan)

**MedicareRx**  
Prescription Drug Coverage

**RxBIN:** <RxBIN#>

**RxPCN:** <RxPCN#>

**Dental Benefits**

**Group ID:** <Dental Group#>

**Member Name:** <Cardholder Name>

**Member ID:** <Cardholder ID#>

**Date of Birth:** <Member DOB>

**PCP Name:** <PCP Name>

**PCP Phone:** <PCP Phone>

**Health Network:** <HN Name>

**Health Plan (80840):** 7174526385

**Effective Date:** <Date Card Issued>

H8016-001



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# OneCare Connect Member ID Card (cont.)

In case of an emergency, call 911 or go to the nearest emergency room. Please call your PCP or Personal Care Coordinator as soon as possible.

**Customer Service:** 1-855-705-8823

**Customer Service TDD/TTY:** 1-800-735-2929

**Behavioral Health:** 1-800-577-4701

**24-Hour Nurse Advice:** 1-844-447-8441

**Pharmacy Help Desk:** 1-888-609-0004

**Dental:** 1-888-704-9838

**Website:** [www.caloptima.org/OneCareConnect](http://www.caloptima.org/OneCareConnect)

**Submit Medical Claims to:**

CalOptima OneCare Connect

PO Box 11065

Orange, CA 92856

**Claim Inquiry:** 1-714-246-8885

**Submit Prescription Claims to:**

PerformRx

200 Stevens Drive

Philadelphia, PA 19113

**Claim Inquiry:** 1-888-609-0004



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# New Nurse Advice Line

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- Your CalOptima patients can call our Nurse Advice Line at **844-447-8441**, 24 hours a day, 7 days a week to:
  - Discuss symptoms
  - Receive information about non-urgent and urgent care
  - Be directed for care to see a doctor, go to urgent care or to seek emergency care
  - Inform the member about his or her medication
  - Provide interpreter services by phone
- Important: CalOptima's Nurse Advice Line does not replace calling 911 in case of an emergency and is not meant to replace a doctor's care

# Questions About OneCare Connect?

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- Call the CalOptima OneCare Connect Provider Hotline at 714-246-8600
- Available from 8 a.m. to 5 p.m. to provide answers regarding:
  - Eligibility
  - Authorizations
  - Contracting
  - Continuity of care
  - Claims

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# Questions?



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# **2015 Access and Availability Standards of Care**

**Health Network Forum**

**August 18, 2015**

**Marsha Choo**

**Manager of Quality Initiatives**

# Access and Availability

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- Accessibility ensures that members have:
  - Access to routine, urgent, preventive and specialty care
  - After-hours access to care
  - Monitored: Annual Timely Access Study
- Availability ensures that there is:
  - An adequate number and type of contracted or participating providers to meet the health needs of our members
  - An adequate network of participating providers that is geographically accessible to our members
  - Monitored: Quarterly data pull

# 2015 Access and Availability Standards

## ACCESS TO MEDICAL CARE

COVERED SERVICES		STANDARDS OF CARE
Emergency Services		Immediately, 24 hours a day, 7 days a week
Urgent Care Services		Within 24 hours
Urgent Appointments		
Urgent appointments for services that <b>do not</b> need prior authorization		Within 48 hours after request
Urgent appointments for services that <b>need</b> prior authorization		Within 96 hours after request
Non-Urgent Services		
Acute care		Within 3 business days
Primary care		Within 10 business days
Routine physical exams and health assessments		Within 30 calendar days

# 2015 Access and Availability Standards (cont.)

## ACCESS TO MEDICAL CARE:

COVERED SERVICES	STANDARDS OF CARE
Initial Health Assessment (IHA) or Individual Health Education Behavioral Assessment (IHEBA) (Medi-Cal Only)	Within 120 days after enrollment
Health Risk Assessment (OneCare/OCC)	Within 90 days after enrollment
Specialty Care	Within 15 business days
Ancillary Services	Within 15 business days
In-office Wait Times for Appointments	Less than 45 minutes before seen by a provider

# 2015 Access and Availability Standards (cont.)

## ACCESS TO MEDICAL CARE:

COVERED SERVICES	STANDARDS OF CARE
<b>Rescheduling Appointments</b>	Appointments will be rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice.
<b>Minor Consent Services (Medi-Cal)</b>	Offered to any CalOptima member under age 18 without parental consent

## FAMILY PLANNING SERVICES:

COVERED SERVICES	STANDARDS OF CARE
<b>First Prenatal Visit (Medi-Cal)</b>	Within 10 business days

# 2015 Access and Availability Standards (cont.)

## BEHAVIORAL HEALTH CARE SERVICES:

COVERED SERVICES	STANDARDS OF CARE	Notes
<b>Routine Behavioral Health Care (Medi-Cal and OneCare)</b>	Within 10 business days	<b>Medi-Cal:</b> Managed by Beacon <b>OneCare:</b> Managed by Windstone
<b>Emergency Care That is Not Life-threatening</b>	Within 6 hours after receipt of request	<b>Medi-Cal:</b> Covered benefit through the county <b>OneCare:</b> Managed by Windstone
<b>Urgent Care Appointments</b>	Within 48 hours after receipt of request	<b>Medi-Cal:</b> Covered benefit through the county <b>OneCare:</b> Managed by Windstone

# 2015 Access and Availability Standards (cont.)

## TELEPHONE ACCESS SERVICES:

TELEPHONE ACCESS SERVICES	STANDARDS OF CARE
Telephone Wait Time During Business Hours	30 seconds or less
Call Abandonment Rate	Will not be more than 5 percent
Urgent Message During Business Hours	Return call within 30 minutes
Non-emergency and Non-urgent Message During Business Hours	Return call within 24 hours
Telephone Triage or Screening Service	Available 24 hours a day, 7 days a week
Telephone Triage or Screening Wait Time	30 minutes or less

# 2015 Access and Availability Standards (cont.)

## MEDICAL PROVIDER AVAILABILITY:

TELEPHONE ACCESS SERVICES	STANDARDS OF CARE
<b>After-hours Access</b>	A PCP or designee shall be available 24 hours a day, seven days a week to respond to after-hours member calls or to a hospital emergency room practitioner.
<b>After-hours Phone Message:</b>	After-hours phone message instructing members to dial 911 or go to nearest emergency room (in emergency situation)

# 2015 Access and Availability Standards (cont.)

## MEDICAL PROVIDER AVAILABILITY:

PRACTITIONER ACCESS/AVAILABILITY	STANDARDS OF CARE
Primary Care Provider (PCP) Access	Within 10 miles or 30 minutes from the member's residence.
PCP Availability	Ratio of physician PCPs to members is 1:2,000
Non-Physician Practitioner Availability	Ratio of non-physician to members is 1:1,000 or less
High Volume Specialist Access	Within 30 miles or 45 minutes of member's home
Specialist Availability	Ratio of specialists to members is 1:5,000 (Except for neurology which is 1:10,000 and Obstetrics/Gynecology which is 1:2,000)

# 2015 Access and Availability Standards (cont.)

## MEDICAL PROVIDER AVAILABILITY:

PRACTITIONER ACCESS/AVAILABILITY	STANDARDS OF CARE
Hospital and Ancillary Facility Access	Within 15 miles or 30 minutes from a member's residence
Hospital Availability	Ratio of hospitals to members is 1:25,000 or less
Skilled Nursing Facility Availability	Ratio of skilled nursing facilities to members is 1:2,500 or less

## BEHAVIORAL HEALTH SERVICES AVAILABILITY:

PRACTITIONER AVAILABILITY	STANDARDS
Psychiatrist	Ratio of practitioners to members is 1:10,000 or less
Psychologist	Ratio of practitioners to members is 1:15,000 or less
Licensed Clinical Social Worker	Ratio of practitioners to members is 1:10,000 or less
Marriage and Family Therapist	Ratio of practitioners to members is 1:3,000 or less

# 2015 Access and Availability Standards (cont.)

## OTHER SERVICES:

CULTURAL AND LINGUISTIC SERVICES	STANDARDS
<b>Interpreter Services</b>	Offered 24 hours a day, 7 days a week
<b>Written Materials</b>	All written materials to members shall be available in threshold languages determined by OneCare program.
<b>Alternative Forms of Communication</b>	Informational and educational information for members in alternative formats will be available at no cost in the threshold languages in at least 14 pt. font, audio format, or Braille upon request or as needed within 21 days of request or within a timely manner for the format requested.
<b>Telecommunication Device for the Deaf (TDD)</b>	Available upon request at no cost
<b>Cultural Sensitivity</b>	Practitioners and staff shall encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrate these beliefs into treatment plans.

# Summary of Changes from 2014

## ACCESS TO CARE:

COVERED SERVICES	2014 STANDARDS OF CARE	2015 STANDARDS OF CARE
<b>In-office Wait Times for Appointments</b>	Less than 30 minutes before seen by a Provider	Less than 45 minutes before seen by a Provider
<b>Emergency Messages During Business Hours</b>	Provider returning emergency messages <b>during</b> business hours within 5 minutes	Standard removed
<b>Emergency Messages After Business Hours</b>	Provider returning emergency messages <b>after</b> hours within 5 minutes	Standards removed
<b>Specialist Availability</b>	Ratio of specialists to members is 1:5,000	Neurology 1:10,000 and Obstetrics/Gynecology 1:2,000
<b>Behavioral Health Practitioner Availability</b>	N/A	New Standards

# 2015 Timely Access Study

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## Timely Access Study:

- Two-prong approach
  - Provider Relations staff and facility site review nurses will be surveying offices in person at an office visit — \$20 gift card
  - DSS vendor to conduct telephone survey — \$20 gift card
- Fielding timeline: July–September
- Final vendor reports will be submitted to CalOptima by end of October, 2015

All Access and Availability Standards Follow CalOptima Policies GG.1600 and MA.7007.

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# Questions?



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# **Personal Care Coordinator (PCC): Roles and Responsibilities**

**CCN Lunch & Learn  
August 18, 2015**

**Jason Huebner  
Medi-Cal SPD PCC  
Case Management**

# CalOptima Community Network PCC: Role and Responsibilities

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- Functions as the member's primary point of contact
  - Liaison between CalOptima, member, PCP and specialists
- Supports the member in accessing and using the health care system
  - Assists in scheduling appointments with PCP
    - Assists members in reaching preventive care goals
  - Facilitates linking members to community resources and other sources
- Notifies the health team regarding triggers or key events to ensure real time response
  - Communicates with member, PCP and case management as indicated

# CalOptima Community Network PCC: Role and Responsibilities (cont.)

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- Coordinates and schedules Interdisciplinary Care Team (ICT) meetings
  - Communicates with member to support ICT participation
  - Participates in the Interdisciplinary Care Team (ICT) meetings
  - Facilitates the signing and distribution of the final Individual Care Plan (ICP) to all members of the ICT
  - Facilitates getting the member-friendly version of the final ICP to the member
- Works with case management to resolve access, medical and psychosocial issues
  - Notifies primary care provider of barriers to care
  - Facilitates the completion of paperwork requirements for referrals

# What is an Interdisciplinary Care Team?

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- An Interdisciplinary Care Team (ICT) is a collaborative, multidisciplinary team that:
  - Performs an analysis and incorporates information from a member's initial or annual Health Risk Assessment (HRA)
  - Develops an Individualized Care Plan (ICP) for all members
  - Communicates the ICP to the member and all participants of the ICT
  - Recommends and coordinates referrals to appropriate medical, behavioral health or home- or community-based providers and resources

# Who Should Have an ICT?

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- Members with care management levels (CML) of **complex case management** and **care coordination** must have an ICT.
- Members with a CML of **basic case management** may have an ICT, if requested.

# ICT Potential Participants

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- Member
- Caregiver or authorized representative (with member's consent), when appropriate
- Primary care provider (PCP)
- Specialist(s), when appropriate
- Assigned PCC
- Ambulatory case manager
- Behavioral health specialist

# ICT Potential Participants (cont.)

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- Health network medical director and UM staff
- Social worker
- Pharmacist
- Hospitalist
- Hospital case manager and/or discharge planner
- Others based on member need

# Goals of the ICT

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- Supports the member's right to self-direct care
- Facilitates the member, caregiver or authorized representative in care plan development
- Facilitates linkage to appropriate behavioral health and long-term services and supports (LTSS)
- Improves member engagement
- Improves member and provider communication
- Prevents duplication of services
- Improves member satisfaction
- Improves member outcomes
- Prevents transition of the member to a higher level of care

# Goals of CalOptima Community Network PCC

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- Opportunity to be the change agent for members navigating our fragmented and complex health care system:
  - Improves patient satisfaction and retention
  - Improves the overall care experience for the member
  - Improves physician and health care professional satisfaction
- Facilitates genuine patient-centered care

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# Questions?

# CCN Lunch and Learn Q & A

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- Evaluation Form — Please complete and leave behind.
- In your packet, there is a form on which you can write any questions about anything that we have not addressed today.
- What questions do you still have?

# CalOptima's Mission

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

