



CalOptima
Better. Together.

CalOptima Community Network (CCN)

**Lunch and Learn Meeting
October 13, 2015**



CalOptima
Better. Together.

Welcome

**Laura Grigoruk, Director
Network Management**

Agenda

- Provider Relations Updates
- Behavioral Health Overview
- CalOptima TechAssist Program
- HEDIS Introduction

CCN Meeting Materials

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

Please place your cell phones on silent



CalOptima
Better. Together.

Provider Relations

Lunch and Learn
October 13, 2015

Arely Servin
Provider Relations Representative

Provider Relations Updates

- ICD-10
- New Prior Authorization Requirement for Specialist and PCPs
- 20Th Anniversary Community Wellness Event

ICD-10 Authorization Requirements

- CalOptima will continue to use existing authorizations even if the services span the ICD-10 compliance date.
 - Claims submitted for services 10/1/15 and greater will require the ICD-10 code for payment.
- New authorization requests for services 10/1/15 and on need to be submitted with ICD-10 code.

ICD-10 Billing Requirements

ICD-10 is effective 10/1/15 based on date of service or date of discharge.

- Continue to report ICD-9 codes for services rendered thru 9/30/15.
- A claim cannot contain both ICD-9 codes and ICD-10 codes. CalOptima will not pay claims containing both ICD-9 and ICD-10 codes.
- For dates of service prior to October 1, 2015, submit claims with the appropriate ICD-9 codes.
- For dates of service on or after October 1, 2015, submit with the appropriate ICD-10 codes.

New Prior Authorization Requirement Effective October 1, 2015

| | Member Has an Assigned PCP | Member Does Not Have an Assigned PCP (transitional, auto assigned, new CalOptima members) |
|--|---|---|
| Specialty Care Physicians (SCP) | <p>All visits must be authorized, including post hospital discharge visits.</p> <p>All initial requests must originate from PCP post hospital discharge visit. If a specialist is acting as a PCP (OB-GYN, IM, Peds, FP, GP) and refers to a specialty, all visits must be authorized.</p> <p>SCP may request additional visits once initial visit request is approved.</p> | <p>Initial visit does not require authorization. Additional visits must be authorized.*</p> <p>Members may self refer or may be referred by other practitioners to specialists for one visit only.</p> <p>SCP requests additional visits after initial visit.</p> |

New Prior Authorization Requirement: cont

| | Member Has an Assigned PCP | Member Does Not Have an Assigned PCP (transitional, auto assigned, new CalOptima members) |
|-----------------------------|--|--|
| Primary Care Provider (PCP) | <p>No authorization required for visits to assigned PCP.</p> <p>Visits to non-assigned PCP will be considered out-of-network and require authorization even if the provider is acting in the capacity of a PCP (treated similarly to SCP).</p> | <p>No authorization required with contracted PCP.</p> <p>For non contracted PCPs, initial visit does not require authorization. Additional visits must be authorized.*</p> |

* Contracted practitioners reimbursed at contract rate, non-contracted practitioners reimbursed at Medi-Cal or Medicare rates per LOB



A Public Agency

CalOptima

Better. Together.

Behavioral Health

Cortney Shaw

Manager, Behavioral Health

BHI Overall Vision and Purpose

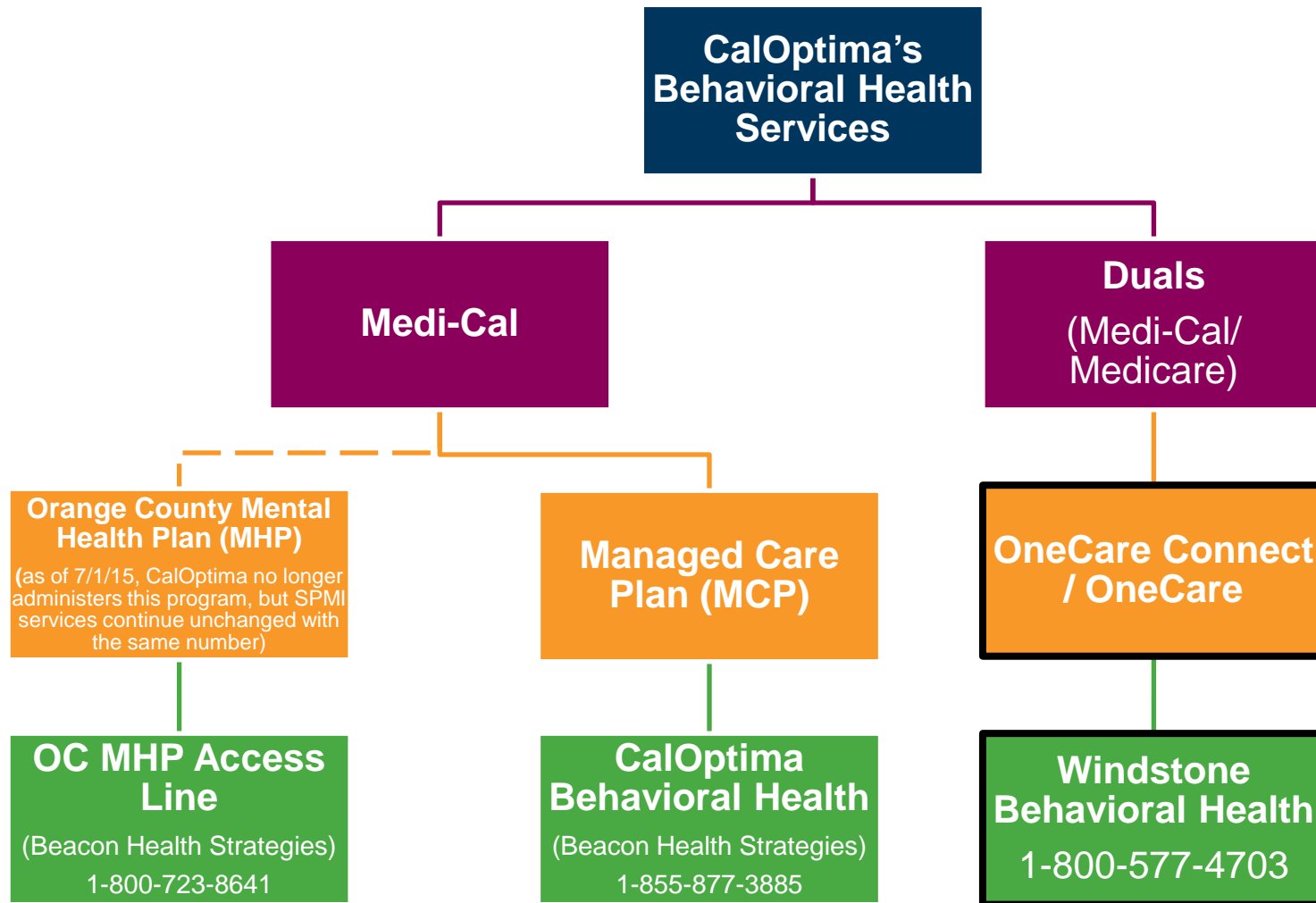
1. Integrate Behavioral Health at all levels of CalOptima operations
2. Provide oversight and accountability to Behavioral Health services provided to CalOptima members
3. Serve as subject matter experts for Behavioral Health (Mental Health and Substance Use Disorder) for all lines of business

Prevalence and Impact of Mental Illness

- One in five adults—approximately 44 million Americans—experiences mental illness in a given year
- Mood disorders, such as depression, are the third most common cause of hospitalization in the U.S. for both youth and adults ages 18 to 44.
- About 8.4 million adults have co-occurring mental health and addiction disorders
- Individuals living with serious mental illness face an increased risk of having chronic medical conditions
- Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions

Source: www.nami.org/factsheets

Behavioral Health Services



Behavioral Health Services Continuum



Severe/Acute



Moderate



Moderate



Mild

MCP BH Benefits

- **Outpatient mental health services** for all Medi-Cal members including:
 - Individual and group psychotherapy
 - Psychological testing when clinically indicated
 - Medication management
 - Outpatient laboratory and supplies
 - Psychiatric consultation
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) in a primary care setting for individuals over 18 years of age
- Behavioral Health Treatment (BHT) for children under 21 years of age diagnosed with Autism Spectrum Disorder (ASD)

Behavioral Health Treatment (BHT) for Autism Spectrum Disorder

- On September 15, 2014, Medi-Cal began to offer BHT services
- What is BHT?
 - The use of behavioral techniques (e.g., positive reinforcement, prompting, shaping, etc.) to bring about meaningful and positive change in behavior
 - Treatment program is customized based on the person's skills, needs, interests, preferences and family situation
 - Can help foster basic (e.g., looking, listening and imitating) and complex (e.g., reading, conversing and understanding another person's perspective) skills
 - Goal is to develop or restore, to the maximum extent practicable, the functioning of an individual with autism spectrum disorder

Medi-Cal Criteria for BHT Services

- Under 21 years of age
- Has an autism spectrum disorder (ASD) diagnosis
- Exhibits the presence of excesses and/or deficits of behaviors that significantly interfere with home or community activities
- Medically stable and without a need for 24-hour medical/nursing monitoring
- Had a comprehensive diagnostic evaluation
- Ordered by a licensed physician or surgeon or developed by a licensed psychologist

Referral for Medi-Cal BH Services

Call **CalOptima Behavioral Health** at:

855-877-3885

For screening and referral to mental health services.

This number is available 24 hours a day, 7 days a week.

TTY/TDD: 800-735-2929

Medi-Cal BH Referral Process

Referral to CalOptima BH for Screening

(by PCP, county programs, community, self, etc.)

Medi-Cal Eligibility Verification

Screening by Licensed Clinician

Referral to BH Services

(as medically necessary)

OneCare & OneCare Connect

- Behavioral health services include inpatient and outpatient care, integrated with medical care and services:
 - Inpatient services (general acute, emergency services)
 - Partial hospitalization/intensive outpatient
 - Psychological testing
 - Psychiatric office visits
 - Individual and group outpatient psychotherapy
- Specialty mental health services are referred to the County of Orange by Windstone Behavioral Health

OneCare & One Care Connect BH

- Key differences between the two programs for BH
 - OneCare is open to members 18 and older
 - OneCare Connect is open to members 21 and older

OneCare & OneCare Connect BH Services

Call Windstone Behavioral Health at:

800-577-4701

For screening and referral to mental health services.

This number is available 24 hours a day, 7 days a week.

TDD/TTY: 800-735-2929

Duals BH Referral Process

Referral to CalOptima BH for Screening

(by PCP, county programs, community, self, etc.)

Eligibility Verification

Screening by Clinician

Referral to BH Services

(as medically necessary)

Questions?

Please email behavioralhealth@caloptima.org



CalOptima
Better. Together.

CalOptima TechAssist Program

**CCN Lunch N Learn Meeting
October 13, 2015**

**Lissette Millan and Valerie Stens
COREC, Project Specialists**



CalOptima
Better. Together.

HEDIS Introduction

**CCN Lunch and Learn Meeting
October 13, 2015**

**Mary Botts
Manager, HEDIS**

HEDIS

Healthcare Effectiveness Data and Information Set (HEDIS®)

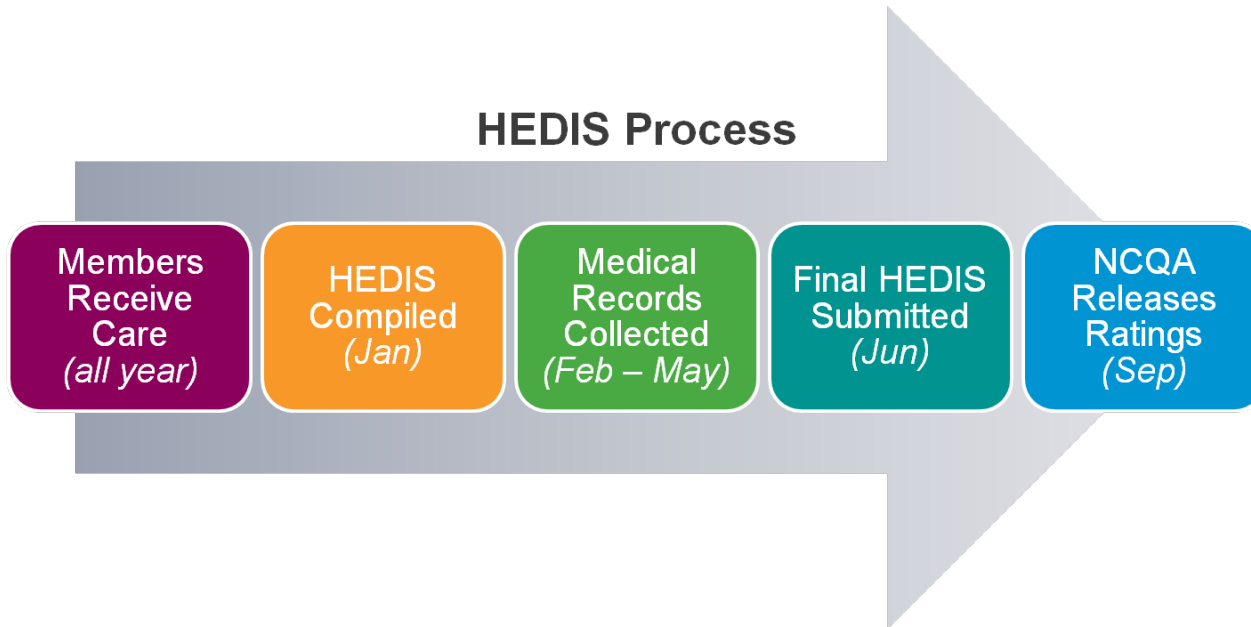
- The National Committee of Quality Assurance (NCQA) defines HEDIS as “a set of standardized performance measures designed to ensure that the public has the information it needs to reliably compare organization performance.”
 - NCQA is a private, not-for-profit organization dedicated to improving health care quality and is active in quality oversight and improvement initiatives at all levels of the health care system.

HEDIS is History

- Due to the fact that HEDIS reporting is a large undertaking of data-gathering and verification, NCQA's final publically released HEDIS ratings are always representative of prior performance by health plans.
- More specifically, each year, NCQA releases each health plan's scores which are based on data from the previous year. For example, HEDIS 2015 is actually based on 2014 data, HEDIS 2014 is based on 2013 data and so on.

HEDIS is History (cont.)

- This allows health plans time to collect data for an entire calendar year, adjust that data based on patient medical records, if necessary, and verify all of the data through internal and external auditing. Only then do health plans submit their HEDIS information to NCQA.



What does HEDIS measure?

- HEDIS 2016 consists of 88 measures across 7 domains of care that address important health issues.
- HEDIS Domains of Care
 - Effectiveness of Care
 - Access/Availability of Care
 - Experience of Care
 - Utilization and Risk Adjusted Utilization
 - Relative Resource Use
 - Health Plan Descriptive Information
 - Measures Collected Using Electronic Clinical Data Systems

What is a HEDIS Measure?

- Clinical Measure — Calculates the percentage of members who receive a certain standard of care
 - Breast Cancer Screening (BCS) — women 50–74 years of age who had a mammogram to screen for breast cancer any time between October 1, 2013 and December 31, 2015.
 - Immunizations for Adolescents (IMA) — adolescents 13 years of age who had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) by their 13th birthday. The measure calculates a rate for each vaccine and one combination rate.

What is a HEDIS Measure? (cont.)

- Survey Measure — results summarize member (or parent) experiences through ratings, composites and question summary rates.
 - The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program included a myriad of survey products designed to capture consumer and patient perspectives on health care quality. NCQA uses the adult and child versions of the CAHPS Health Plan Surveys for HEDIS.

Data Collection

- Data is obtained using the following data collection methods
 - Administrative method — electronic data
 - Hybrid method — electronic data and medical records (uses a sample population)
 - Survey method — conducted by an NCQA-certified vendor
- These methodologies, designed by NCQA, require that the health plan:
 - Identify the eligible population for the specific HEDIS measure (denominator)
 - Determine the number of that population who are found to have received the service required for that measure (numerator)
 - Calculate rates based on the above (numerator/denominator)

Administrative Data

- All submitted claims and encounters (including pharmacy and vision services) received by December 20th are utilized for administrative data.
 - It is critical that ICD9-CM, ICD10-CM and/or CPT codes approved by NCQA be submitted to ensure the member receives the necessary screening and the provider receives credit for performing the screening.
 - The CPT, ICD10-CM and ICD9-CM codes reported on the health insurance claim form or billing statement must be supported by the documentation in the medical record.
- Coming Soon: Code Reference Guide for appropriate ICD9-CM, ICD10-CM and CPT codes regarding Hybrid measures for HEDIS 2016

Hybrid Data Process

- The Administrative Data Collection Methodology determines the members eligible for each measure.
- A Statistical Sampling of approximately 411 Sample Members is selected for each Hybrid measure.
- If those Sample Member results are negative electronically, medical records are used to verify whether or not the service was completed.
- CalOptima will be reporting 23 measures between our Medi-Cal and OneCare populations that are Hybrid, requiring approximately 8,000 records.

Medical Record Collection

- NCQA deadline is very short and strict.
 - Medical record collection begins once the sample population is identified and approved by the NCQA-certified auditors (mid-February).
 - Requests for medical records are sent to our providers as soon as possible by our record retrieval vendor.
 - Additional pursuit and follow ups are done by CalOptima.
 - All medical record collection, abstraction, data entry and rate calculation must be completed by May 15th.
 - After the May 15th completion date, a sample of medical records is sent to the auditors for primary source validation.

Medical Record Collection (cont.)

- CalOptima will be working with J&H Copy Service for HEDIS 2015.
 - J&H Copy Service has a Business Associate Agreement (BAA) with CalOptima and no further member release is required.
 - Providers will be contacted if they have provided services for a member in the sample population or are the member's PCP.
 - J&H will schedule a time to come to the provider office and scan or download records. Records may also be faxed or mailed, if preferred.
 - J&H/CalOptima will be pursuing over 8,000 medical records.
 - Once received, the records need to be reviewed and the data entered into our HEDIS software.
 - Providers will be contacted if records are incomplete, illegible or if there are questions regarding the documentation.

Reasons for Negative Results

- We found that the most common reasons for a negative score across all measures are due to:
 - Lack of documentation in the medical record
 - No immunization flow sheet
 - No preventive health documentation sheet; No BMI
 - No diabetes flow sheet
 - No anticipatory guidance or health education noted
 - No indication of referrals
 - Diabetic retinal exam
 - HbA1c testing
 - Services received, but outside of the recommended time frame.
 - Prenatal visit (1st trimester)
 - Postpartum visit (21–56 days after delivery)
 - Immunizations after the 2nd birthday
- If it is not documented — it was not done!

Can't Make It All Go Away

- We appreciate your time and commitment to our members and understand that you are very busy.
- We also understand that CalOptima is not the only health plan requesting records, and that HEDIS is not the only project that requires records.
- We wish we COULD make it all go away — but since we can't, here are some tips to help...

Missed Opportunities

- Missed opportunities for positive results
 - Consider any visit the last time you will see the member.
 - Sick child visit — if possible, do all components of a well visit.
 - Weight Assessment — include height and weight, BMI value, and for those under 21, BMI percentile calculated or graphed
 - Postpartum visit — a pap smear will also count for Cervical Cancer Screening — two measures at the same visit.
 - Cervical Cancer Screening — document Total or Partial Hysterectomy
 - High Blood Pressure — if high, repeat blood pressure later in visit
 - Post discharge visit — Reconcile current medications to discharge medications
 - Discuss advanced care plans during visit.

Missed Opportunities (cont.)

- Update your exam forms to make sure they include all components of a well-care visit and weight assessment.
 - Health history
 - Physical developmental history
 - Mental developmental history
 - Physical exam
 - Health education and/or anticipatory guidance
 - Height and weight
 - BMI percentile for children and adolescents
 - BMI value for adults
 - Counseling for nutrition
 - Counseling for physical activity

Avoid Medical Record Retrieval

- EMR and timely claims/encounters submissions
- Appropriate Coding
 - Code diagnoses to the appropriate specificity and include all procedure codes for services rendered.
 - Verify your office is using current ICD-10 and CPT codes (e.g., your office does yearly review of superbills)
 - Use of CPT Category II codes
 - Refer to the CalOptima Coding Reference Guide for HEDIS 2016

Avoid Medical Record Retrieval (cont.)

- California Immunization Registry (CAIR)
 - Potential to submit files electronically to CAIR
 - If entering data manually, you can enroll online:
<http://cairweb.org/enroll-now/>.
 - If you have an electronic health record (HER), sending immunizations to CAIR can help the practice qualify for “Meaningful Use” incentive payments.
 - CAIR can help with electronic billing for Medi-Cal beneficiaries.

Be Prepared — Some Measures Just Need Medical Records

- Get ready
 - HEDIS is time sensitive, and the review period has been shortened in the past two years.
 - Assign one person to take requests and answer questions, if possible.
 - Don't put it off — it truly won't go away.
 - Inform the copy service if you have both EMR and paper records so they can get both in one trip.
 - Discuss the best time for calls and for scanning records.
 - Most frequently missed records — lab results, BMI. They are often kept in a separate area of an EMR or chart. Make sure the copy service knows where to find immunization forms, BMI graphs, labs, consults, procedures (e.g., colonoscopy), etc.

HEDIS FAQs

- To learn more about HEDIS, please visit the Providers page of the CalOptima website or use the link below
 - https://www.caloptima.org/en/~media/Files/CalOptimaOrg/508/Providers/ProviderCommunications/ProviderFAQs/HEDIS_2015FrequentlyAskedQuestions_508.ashx

Provider Training Opportunity

- Pilot Program
 - October–Mid-November
 - Provider Office with 10+ practitioners
 - 10–15 offices
 - First come, first served
- To sign up, email us at HEDISMailBox@caloptima.org.
 - Group/Office name
 - Number of practitioners
 - Contact name and number
 - Available dates and times

CalOptima's Mission

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

CalOptima Health and Wellness Community Event

CalOptima began servicing Orange County in October 1995. Join us at a health and wellness community event to honor our 20th anniversary.

- Health and Wellness Information
- Community Resource Booths
- Entertainment

Saturday, November 14, 2015

10 a.m. to 2 p.m.

At CalOptima Parking Lot

CCN Lunch and Learn Q & A

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

CalOptima's Mission

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

