



CalOptima Community Network (CCN)
Provider Lunch and Learn Meeting for CCN Contracted Providers
Tuesday, December 8, 2015
12:05 p.m. – 2:00 p.m.

Agenda

I.	Welcome and Introductions	Michael German <i>Manager, Provider Relations</i>	12:05 - 12:10
II.	Provider Relations Updates	Leticia Simpson <i>Provider Relations Representative</i>	12:10 - 12:20
III.	Readmission Incentive	Roberto Madrid, MD <i>Medical Director Quality & Analytics</i>	12:20 – 12:40
IV.	Behavioral Health Expansion	Nicole Ramirez <i>Manager, Behavioral Health Integration</i>	12:40 – 1:00
V.	Authorization for PCP vis-a-vis Specialty Visits	Debra Armas, RN <i>Director Utilization Management</i>	1:00 – 1:20
VI.	Staying Healthy Assessment	Novella Quesada, BSN <i>Manager Quality Improvement</i>	1:20 – 1:40
VII.	Q & A and Closing Remarks	Michael German <i>Manager Provider Relations</i>	1:40 – 2:00



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CalOptima Community Network (CCN)

Lunch and Learn Meeting

December 8, 2015



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Welcome

**Michael German, Manager
Provider Relations**

Agenda

- Provider Relations Updates
- Readmission Incentive
- Behavioral Health Expansion
- Authorization for PCP vs. Specialty Visits
- Staying Health Assessment

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.



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Provider Relations Updates

**CCN Lunch and Learn
December 8, 2015**

**Leticia Simpson
Provider Relations Representative**

Overview

- Primary care provider (PCP) assignment for Part A — only dual eligible members
- 24-Hour Nurse Advice Phone Line
- Claims transition for Child Health and Disability Prevention (CHDP) program

Part A — Only Dual Eligible Members

- Effective February 1, 2016, all CalOptima members with Medicare Part A only will be assigned to a primary care provider (PCP).
- These Part A-only members will remain in the CalOptima Community Network.
- Prior authorization requirements for these members will follow existing policies.
 - PCP visits do not require authorization.
 - Specialist visits require a referral and authorization.

24-Hour Nurse Advice Phone Line

- If our members need health advice, they should call their doctor first or your HN.
 - If they can't get a hold of their doctor, they can talk to one of our nurses 24 hours a day, 7 days a week by calling the CalOptima Nurse Advice Phone Line toll-free at **1-844-447-8441**. TDD/TTY users can call toll-free at **1-844-514-3774**
- Nurses can help members:
 - Figure out symptoms and what the member can do
 - Give facts about non-urgent and urgent care
 - Refer them to get help or see their doctor, go to urgent care or visit the hospital
 - Explain their condition or diagnosis
 - Learn about their medication
 - Provide interpreter services by phone

Claims Transition

- Upcoming transition for claims submitted under the Child Health and Disability Prevention (CHDP) program
- CHDP claims will be submitted via CMS 1500 form instead of PM 160 form
- Tentative launch on March 1, 2016

Provider Relations Updates

Questions?



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Readmission Reduction

CCN Lunch and Learn
December 8, 2015

Roberto Madrid, M.D.
Medical Director
Quality and Analytics department

Readmission Reduction

- On March 6, 2014, the CalOptima Board of Directors approved the board resolution for a readmission reduction incentive.
- Approved provider payments to support initiatives to reduce 30-day all cause (non maternity related) avoidable readmission reduction program for Medi-Cal
- Two-year program
- Multipronged
 - Provider reimbursement — primary focus
 - Health network incentive
 - Hospital incentive

Readmission Reduction (cont.)

- Provider reimbursement
 - Pay Medicare rates for CPT 99495 and 99496
 - Based on severity of the patient and billed after 30th post discharge date
 - Direct payment by the health network — CalOptima reimburses the health network
 - Poor uptake

Readmission Reduction (cont.)

- Health network incentive
 - Must have accurately reconciled all payments for CPT 99495 and 99496
 - Paid out only if additional funds are available
 - \$100,000 for lowest readmission rate
 - \$50,000 for most improved readmission rate

Readmission Reduction (cont.)

- Hospital incentive
 - Paid out only if additional funds are available
 - \$100,000 for lowest readmission rate
 - \$50,000 for most improved readmission rate

CalOptima Results

	Baseline	Year #1
Readmissions	2,456	3,890
Discharges	14,092	22,858
Rate	17%	17%

- Not statistically significant
- Decrease four readmissions for every thousand members
- Baseline year 7/1/13–7/1/14
- Year #1 7/1/14–7/1/15

Payments to PCPs

Health Network	Amount	Performance
CHA	\$6,611	Lowest risk adjusted readmission rate
FCMG	\$2,499	3% reduction in readmission rate
Noble	\$1,668	3% reduction in readmission rate

- Total of \$11,322 was paid out to PCPs
- ~45 payments made for 3,890 readmissions
- Groups that paid more to their providers had better performance — statistically significant

Next Steps

- Performance

- Vetted in the Quality Improvement Committee, Quality Assurance Committee and Board of Directors meetings
- Payments will be made based on the performance parameters described.

Performance

- Providers
 - Did we fully utilize this program?
- Health Networks
 - Did we leave money on the table?
 - Did we educate our PCPs about this program?
 - Did we work with our PCPs to get them timely and accurate payments?
- Hospitals
 - Do we have a program to reduce readmissions?
 - Can we strengthen a health network relationship to improve performance?

Readmission Reduction

Questions?



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Prior Authorizations

December 8, 2015

Debra Armas

Director, Utilization Management

Prior Authorization Guidelines

- Primary care provider (PCP) visits
 - When member has an assigned PCP or group physician
 - No prior authorization required for initial visits
 - No prior authorization required for follow-up visits
- Specialty care practitioner visits
 - Consults must originate from the PCP or CalOptima Community Network (CCN) contracted specialist.
 - Prior authorization will include one specialty consult plus one follow-up visit.
 - Additional specialty follow-up visits will require prior authorization.

Urgent Prior Authorizations Requests

- Urgent Referral Guidelines
 - Urgent referrals are ONLY to be submitted when the normal turnaround time frame for authorization will be detrimental to the 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.
- To summarize — **Urgent referrals are submitted in urgent/emergent situations only.**
- All referrals are to be submitted as routine unless meeting the guidelines above.
- Retrospective authorization requests are never urgent.

Additional Prior Authorization Info

- Services that don't require prior authorization
 - Emergency services
 - Urgent care visits
 - Sensitive services (including family planning)
 - Abortion
 - Human immunodeficiency virus (HIV) testing
 - Basic prenatal care services
 - Routine obstetric services
 - Minor consent services
 - Primary preventive care services

Prior Authorizations

Questions?



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Behavioral Health

CalOptima Community Network (CCN)

Tuesday, December 8, 2015

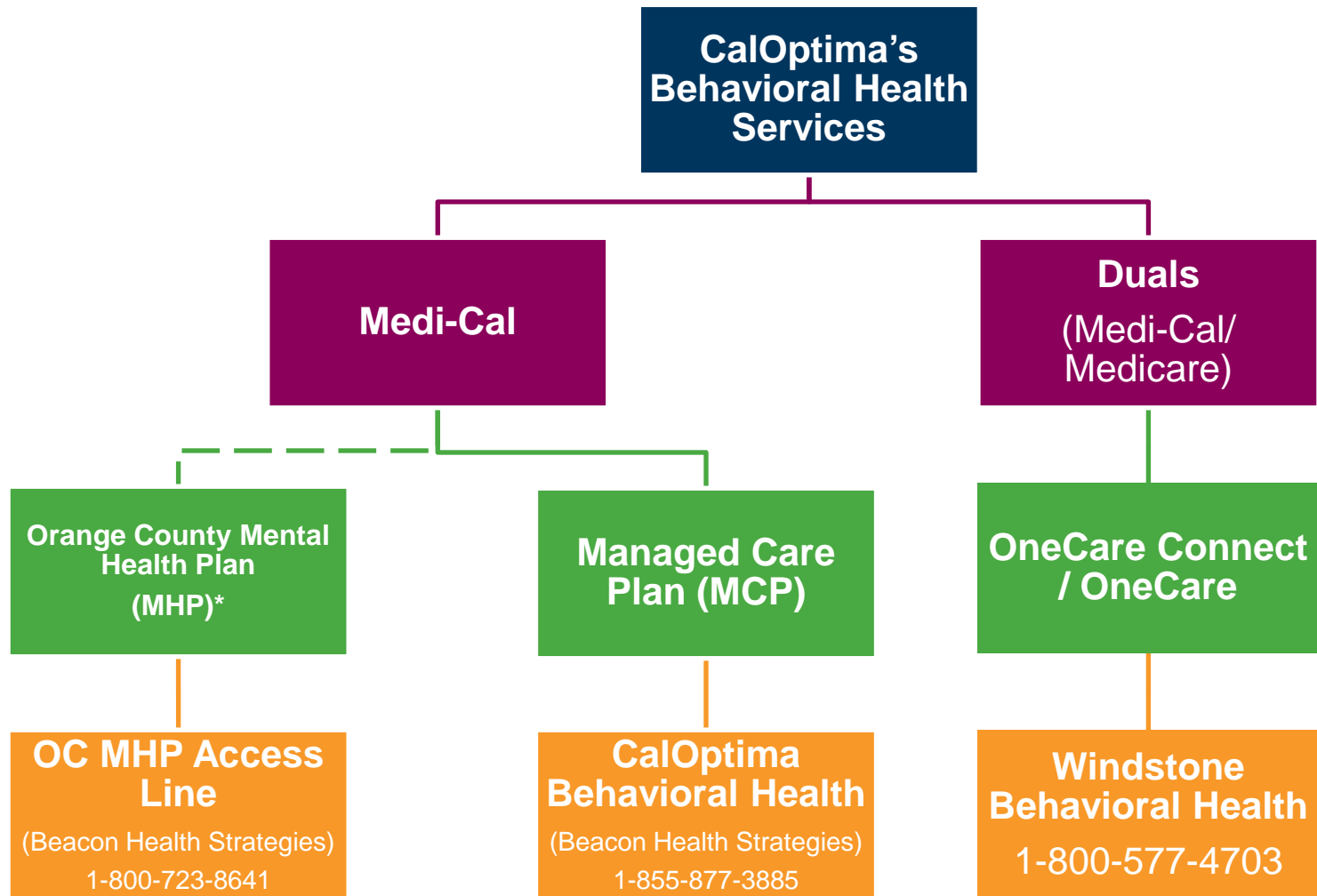
Nicole Ramirez

Manager, Behavioral Health

BHI Overall Vision and Purpose

1. Integrate Behavioral Health at all levels of CalOptima operations.
2. Provide oversight and accountability for Behavioral Health services provided to CalOptima members.
3. Serve as subject matter experts for Behavioral Health (mental health and substance use disorder) for all programs.

Behavioral Health Services

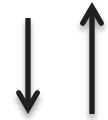


*As of 7/1/15, CalOptima no longer administers this program, but SPMI services continue unchanged with the same number)

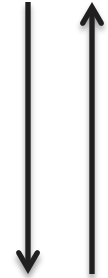
Behavioral Health Services Continuum



Severe/Acute



Moderate



Moderate



Mild



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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 skills (e.g., looking, listening and imitating) and complex skills (e.g., reading, conversing and understanding another person's perspective)
 - 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

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)



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OneCare Connect Behavioral Health

- OneCare Connect provides access to all needed behavioral health services (mental health and substance use disorder treatment) currently covered by Medicare and Medi-Cal.
- Behavioral health services are offered through the plan and coordinated:
 - 1) By **Windstone Behavioral Health** for non-specialty mental health services
 - 2) With the **County of Orange Health Care Agency Behavioral Health Services** for specialty mental health services (SMHS) for members with serious and persistent mental illness (SPMI)
 - 3) With the state Drug Medi-Cal providers

Accessing and Coordinating Services

- All OneCare Connect members can access behavioral health services through **self-referral**.
- In addition to self-referral, physicians may refer a member to Windstone for services.
- Windstone providers manage members admitted to psychiatric hospitals and coordinate with post-hospitalization case management.

Specialty Mental Health Services

Specialty Mental Health Services available through County

These services may include:*

- Mental health assessment and therapy
- Targeted case management
- Psychiatrist support services
- Crisis intervention
- Crisis stabilization
- Adult residential treatment services
- Crisis residential treatment services
- Psychiatric inpatient hospital services

Services available through Drug Medi-Cal

- Intensive outpatient treatment services
- Residential treatment services
- Outpatient drug-free services
- Narcotic treatment services

* For Medi-Cal specialty mental health services, county maintains the authority to determine which services within the array shall be available and adequate to meet the needs of the community. This authority is specified in regulation (CCR Title 9, Section 1810.345) and within the federally approved state Medi-Cal 1915(b) waiver.

Prevalence and Impact of Mental Illness

- One in four adults — approximately 58 million Americans — experiences mental illness in a given year.
- Less than one-third of adults and one-half of children with a diagnosable mental disorder receive mental health services in a given year.
- About 5 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 Care Coordination

- Components for coordination of behavioral and physical health care include:
 - **Health Risk Assessment (HRA)**, includes behavioral health questions
 - **PCP assessment**, includes the Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 - **Interdisciplinary Care Team (ICT)**, includes behavioral health providers
 - **Individualized Care Plan (ICP)**, includes the behavioral health provider in the development

Behavioral Health Care Coordination (cont.)

- The primary care provider (PCP):
 - Conducts an assessment after a member HRA is completed
 - History and physical, SBIRT, lab work, etc.
 - Patient Health Questionnaire (PHQ)-9, Generalized Anxiety Disorder (GAD)-7, Alcohol Use Disorders Identification Test (AUDIT) or AUDIT-C
 - Identifies if a member is receiving behavioral health services either at:
 - Windstone — inpatient or outpatient
 - Windstone provides PCP with initial and follow-up updates every six visits
 - County or county-contracted provider — outpatient
 - Telecare (TAO), Mental Health Association (MHA), Providence
 - Drug Medi-Cal Provider
- Health Network's Personal Care Coordinator (PCC) assists in identifying the member's behavioral health provider(s), as needed

If Member Is Receiving BH Services

- Member's behavioral health provider(s) requested to participate in ICT
 - Windstone, County or FSP Clinic, or Drug Medi-Cal provider
- Behavioral health providers may include the member's psychiatrist, psychologist, care coordinator, social worker and/or nurse practitioner.
- ICT to review:
 - Mental health diagnoses
 - Frequency and type of treatment
 - Behavioral health treatment plan (inpatient, partial hospitalization, outpatient care)
 - Psychiatrist prescribed medications, including recent changes or intent to change

If Member Is Receiving BH Services (cont.)

- ICT to review (cont.):
 - Metabolic monitoring request/coordination of all lab monitoring
 - Answers to PCP behavioral health consultation questions (differential diagnosis, depression/anxiety/psychological factors affecting pain management)
 - Suggestion for PCP's behavioral health follow up and/or resumption of care
- Behavioral health providers evidence participation in ICT by signing the member's ICP.

If Member Not Receiving BH Services

- PCP to communicate to member reason for behavioral health referral
- Health Network or PCC completes a warm handoff referral to Windstone and includes:
 - Reason for referral
 - Differential diagnosis or other consultation question
 - Psychiatric medication recommendations vs. assume management of psych meds
 - Psychotherapies to address psychological factors affecting medical condition
 - Evaluate and manage concurrent co-morbid serious mental illness

Referral for 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.

TTY/TDD: **800-735-2929**

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**

Questions?

Please email behavioralhealth@caloptima.org



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SHA, SBIRT, Tobacco Cessation, Coding for PCP

December 8, 2015

Novella R. Quesada, R.N., B.S.N.
Manager, Quality Improvement

Changes To SHA Periodicity

- DHCS Policy Letter 13-001 (revised) supersedes MMCD PL 99-007.
- Please note the updated SHA Periodicity listed below, and in your handout:

Table 1: SHA Periodicity

DHCS Form Numbers	Periodicity	Administer	Administer/Re-Administer		Review
	Age Groups	Within 120 Days of Enrollment	1 st Scheduled Exam (after entering new age group)	Every 3–5 Years	Annually (intervening years)
DHCS 7098 A	0–6 Months	√	√		
DHCS 7098 B	7–12 Months	√	√		
DHCS 7098 C	1–2 Years	√	√		√
DHCS 7098 D	3–4 Years	√	√		√
DHCS 7098 E	5–8 Years	√	√		√
DHCS 7098 F	9–11 Years	√	√		√
DHCS 7098 G	12–17 Years	√	√		√
DHCS 7098 H	Adult	√		√	√
DHCS 7098 I	Senior	√		√	√

DHCS Fact Sheet - SBIRT

- What is SBIRT?
 - Screening, Brief Intervention and Referral to Treatment (SBIRT), to reduce alcohol misuse in adults in primary care settings.
- SBIRT is a three-part process:
 1. Universal screening
 2. Brief intervention
 3. Referral to treatment
- Please see handout for more details.

Tobacco Cessation Requirements

- DHCS issued an update effective 11/1/14 for “**Medical** Tobacco Cessation Requirements for Primary Care Providers.”
- It includes the appropriate codes to support monitoring and evaluation.
- How can CalOptima help your PCP office?
 - All seven FDA-approved tobacco cessation medications are **covered by CalOptima without restrictions**. These are: bupropion SR, Varenicline, nicotine gum, nicotine inhalers, nicotine lozenge, nicotine nasal spray and the nicotine patch)
 - CalOptima’s Health Education department provides smoking cessation education to members of all ages. Please contact them at healthpromotions@caloptima.org or through our Customer Service number.

IHA and IHEBA Forms

- DHCS requires an Initial Health Assessment (IHA), and the Individual Health Education Behavioral Assessment (IHEBA).
- Please note these deadlines for CalOptima's Medi-Cal members:
 - For IHA, within 120 days of CalOptima enrollment or documented within the past 12 months of the member's enrollment.
 - For IHEBA, within 120 days of CalOptima enrollment as part of their IHA. For existing patients, administer the IHEBA if there is no form in the medical record or when the patient enters the next age category.
- Copies of the IHA and IHEBA are in your handouts.

Billing Codes

- Effective November 1, 2014
 - Smoking Cessation Intervention Coding — **Non billable**
 - 99406
- Effective January 1, 2015, [OIL #475-14]
 - SHA Coding — **Billable (effective March 1, 2015)**
 - 96150 (Initial)
 - 96151 (Subsequent visits)
- Effective January 1, 2015
 - SBIRT Coding — **Billable**
 - H0049
 - H0050

Questions?

CCN Lunch and Learn Q & A

- What questions do you still have?
- Evaluation Form — Please complete and leave behind.
- In your packet, please use the form for questions that we have not addressed today.

CalOptima's Mission

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

