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CalOptima Update

**Provider and Member Stakeholder Joint Meeting
February 20, 2015**

Agenda

- Welcome/Audit Results (Bill Jones)
- Program Brand/Provider Network (Javier Sanchez)
- Cal MediConnect Update (Candice Gomez)
- Model of Care Update (Terrie Stanley)
- Key Dates and Q&A (Candice Gomez)



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Audit Results

Bill Jones

Chief Operating Officer

Excellent Audit Results

- Three regulatory reviews completed successfully in the past four months
 - State audit of Medi-Cal
 - State/federal audit of PACE
 - Federal reaudit of OneCare





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Program Brand/ Provider Network

Javier Sanchez
Chief Network Officer

Cal MediConnect Launch Prerequisites

- State audit
- Federal reaudit
- Joint readiness review



Cal MediConnect Brand Strategy

- Encourage familiarity through OneCare brand
 - The Cal MediConnect transition may create feelings of upheaval in both the existing OneCare member base and the transitioning fee-for-service population
 - We can ease this transition and minimize concern by building Cal MediConnect into our existing OneCare brand identity
 - Key message: OneCare Connect is a new option for a plan members already know

Other County Experiences

County	Plan Names	Opt-Out %
San Mateo	CareAdvantage (Same as D-SNP)	13.55%
Riverside	IEHP DualChoice (Same as D-SNP) Molina Dual Options (D-SNP is Options Plus)	35.63%
Los Angeles	LA Care Cal MediConnect HealthNet Cal MediConnect Care 1 st Cal MediConnect CareMore Cal MediConnect Molina Dual Options (D-SNP is Options Plus)	53.09%

Source: CalDuals.org opt-out figures, February 1, 2015

OneCare Connect Provider Network

- Health Networks
 - Leverage existing OneCare health networks
 - Launch CalOptima Community Network
 - Target providers participating in fee-for-service Medicare
 - Continue to onboard additional networks via RFP
- Mental Health and Substance Use Disorders
 - Windstone
 - County for carved out Specialty Mental Health
 - Drug Medi-Cal
- Other Networks
 - Vision: VSP
 - Pharmacy: Same PBM as Medi-Cal and OneCare
 - Dental: Carved out to Denti-Cal

Community Network Advantages

- Member choice

- Supports options for members in all programs
- Allows for continuity of care
 - Examples: Medical Services Initiative, Covered California and eventually OneCare Connect
- Potentially minimizes opt-out rate for OneCare Connect

- Provider choice

- Creates opportunity for independent providers and small medical groups to serve CalOptima members
- Provides options for providers who do not currently contract or fully participate with health networks
- Honors doctor-patient relationships

Community Network Constructs

1. Accept any willing and qualified provider
2. Allow enrollment of eligible members
3. Limit total auto enrollment to 10 percent of CalOptima's overall membership
4. Establish direct contracts with independent and group providers (no delegation of services)

CalOptima Network Structures

CalOptima
Care
Network

CalOptima
Community
Network

**High-Needs Medi-Cal
Members**

Foster Children
End-Stage Renal Disease
Transplant-Listed
Hemophilia Members
Long-Term Care
Breast and Cervical Cancer Program
UCI Health Center Patients
St. Joseph Heritage Patients
Auto-Assigned to Clinics

High-
Needs
Medi-Cal
Members
(CalOptima
Care
Network)

All
Medi-Cal
Members
(March)

OneCare
Connect
Members
(July)

Final Launch Activities

- CalOptima Community Network launch activities
 - Recontract with current CalOptima Care Network providers
 - Credential and execute contracts with new providers
 - Create/revise internal policy and procedures
 - Finalize a budget
 - Create/revise member materials
 - Submit member materials for regulatory review and approval
 - Design and execute information system changes
- Medi-Cal members who select the network may access services as soon as April 1, 2015

Contracting Status

- Contracting status, as of February 10:
 - 208 primary care providers
 - 601 specialists
 - 12 community health centers
 - 9% are new to the CalOptima delivery system
- OneCare Connect directory must be ready for posting by May 1 and mailing prior to June 1
- Interested providers can contact Provider Relations at **714-246-8600**



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Cal MediConnect Update

Candice Gomez

Executive Director, Program Implementation

What Is Cal MediConnect?

- Part of a national pilot program for people with Medicare and Medi-Cal (“Medi-Medi” or “dual eligibles”)
- California implementing Cal MediConnect via legislation, called the Coordinated Care Initiative (CCI)
- CCI includes two primary components:
 - Cal MediConnect, which integrates Medicare and Medi-Cal into a single plan (instead of Medicare with Medi-Cal wrap)
 - CalOptima’s plan is **OneCare Connect**
 - Integration of two additional Managed Long-Term Services and Supports as a managed care plan benefit
 - Multipurpose Senior Services Program (MSSP)
 - In-Home Supportive Services (IHSS)

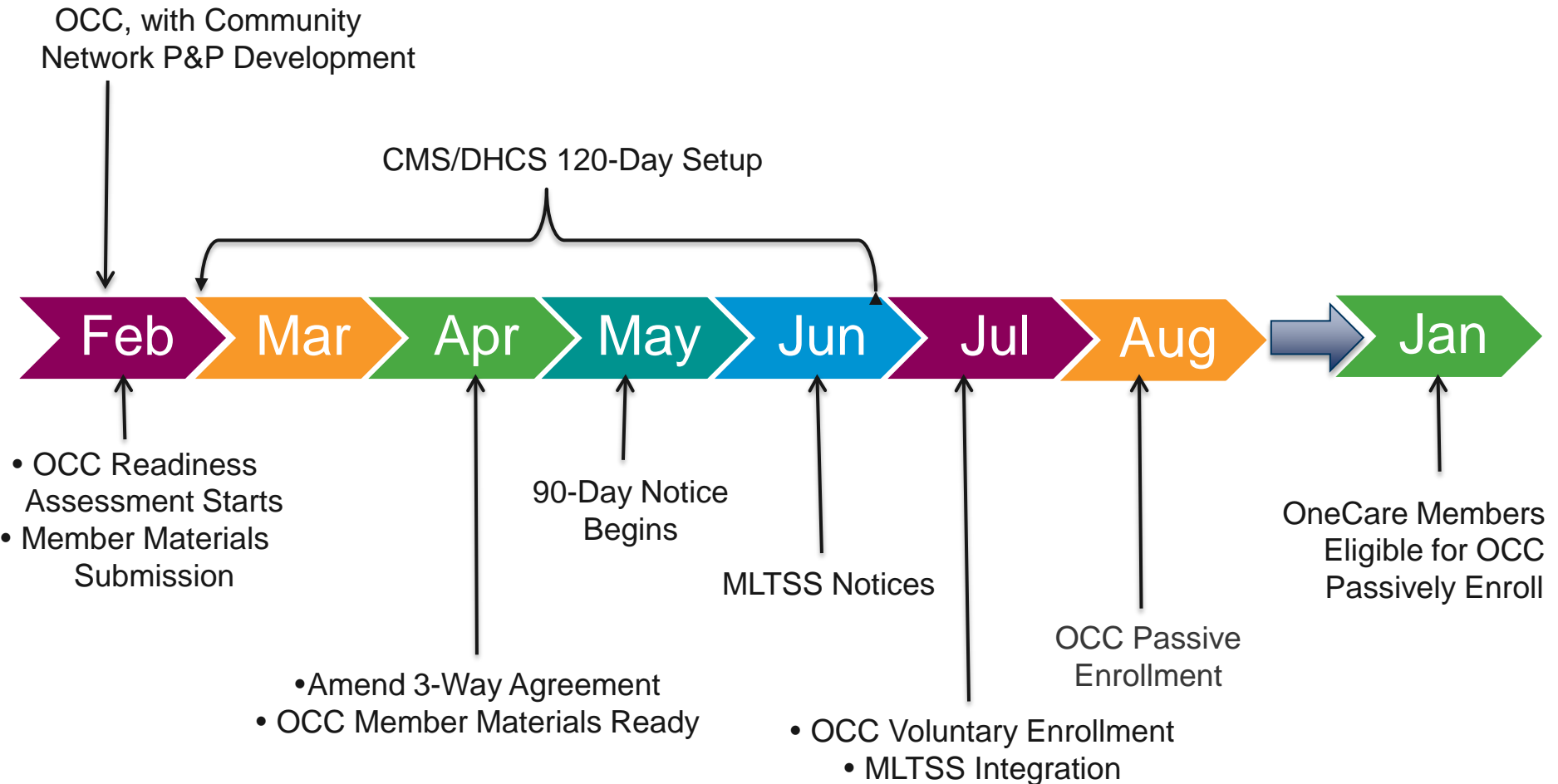
Eligibility Details

- Age 21 and older, living in Orange County
- Enrolled in Medicare Parts A, B and D
- Eligible for full Medi-Cal benefits
- Medi-Cal members with a share of cost who reside in nursing homes, or who are enrolled in the Multipurpose Senior Services Program or have In-Home Supportive Services
- *Excluded are people under 21; people with other health insurance; people with other share of cost; people in certain waiver programs; people receiving services through state or regional developmental centers or intermediate care facilities; people confined to correctional facilities; and people living in veterans homes*

Statewide Enrollment as of 1/1/15

County	Active Enrollment Start Date	Passive Enrollment Start Date	Enrollment as of 1/1/15	Participating Plans
Los Angeles	4/1/2014	5/1/2014	56,240	Care 1st, Care More, Health Net LA Care, Molina
Orange	Anticipated 7/1/2015	Anticipated 8/1/2015	0	CalOptima
Riverside	4/1/2014	5/1/2014	14,536	Inland Empire Health Plan, Molina
San Bernardino	4/1/2014	5/1/2014	14,398	Inland Empire Health Plan, Molina
San Diego	4/1/2014	5/1/2014	19,683	Care 1st, Community Health Group Health Net, Molina
San Mateo	4/1/2014	4/1/2014	10,226	Health Plan of San Mateo
Santa Clara	1/1/2015	1/1/2015	7,825	Anthem Blue Cross, Santa Clara Family Health Plan
Alameda	NA	NA	NA	11/13/14 – DHCS announced Alameda would not be implementing CCI
Total			122,908	

Anticipated Timeline



CalOptima OCC Enrollment

- Voluntary enrollment expected to begin July 1, 2015
 - Marketing expected to begin May 1, 2015
- Passive enrollment expected to begin August 1, 2015
 - CalOptima responsible for 90-, 60- and 30-day notice process beginning May 1, 2015
- Total eligible for passive enrollment: \approx 64,000
 - FFS passive enrollment by birthday month
 - August 2015–July 2016 birthdays: \approx 4,200/month eligible
 - 2,772/month passively enrolled based on 34% opt-out rate
 - OneCare and LIS Reassignment expected January 1, 2016 (in addition to FFS)
 - \approx 15,000 eligible for passive enrollment
 - \approx 1,000–2,000 OneCare members not eligible for OCC

Readiness Assessment Preparation

- Readiness Assessment
 - February 10: CalOptima received tool
 - February 24: CalOptima submission due
- Deliverables include:
 - Plan to oversee downstream providers
 - Key function staffing
 - Plan and delegated
 - Care Coordination
 - Customer Service
 - Grievance and Appeals
 - Network tables for Medicare and Medi-Cal
 - System testing
 - Plan and delegated
 - Test case scenarios



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Model of Care Update

Terrie Stanley

Executive Director, Clinical Operations

OneCare Model of Care Components

- Personal Care Coordinator (PCC)
- Member Health Risk Assessment (HRA)
- Interdisciplinary Care Team (ICT)
- Individual Care Plan (ICP)

Personal Care Coordinator (PCC)

- Funded by CalOptima
- Non-licensed with significant health care and relational experience, including language concordance
- Every member is assigned a PCC
- Health networks submit required monthly documentation for CalOptima oversight

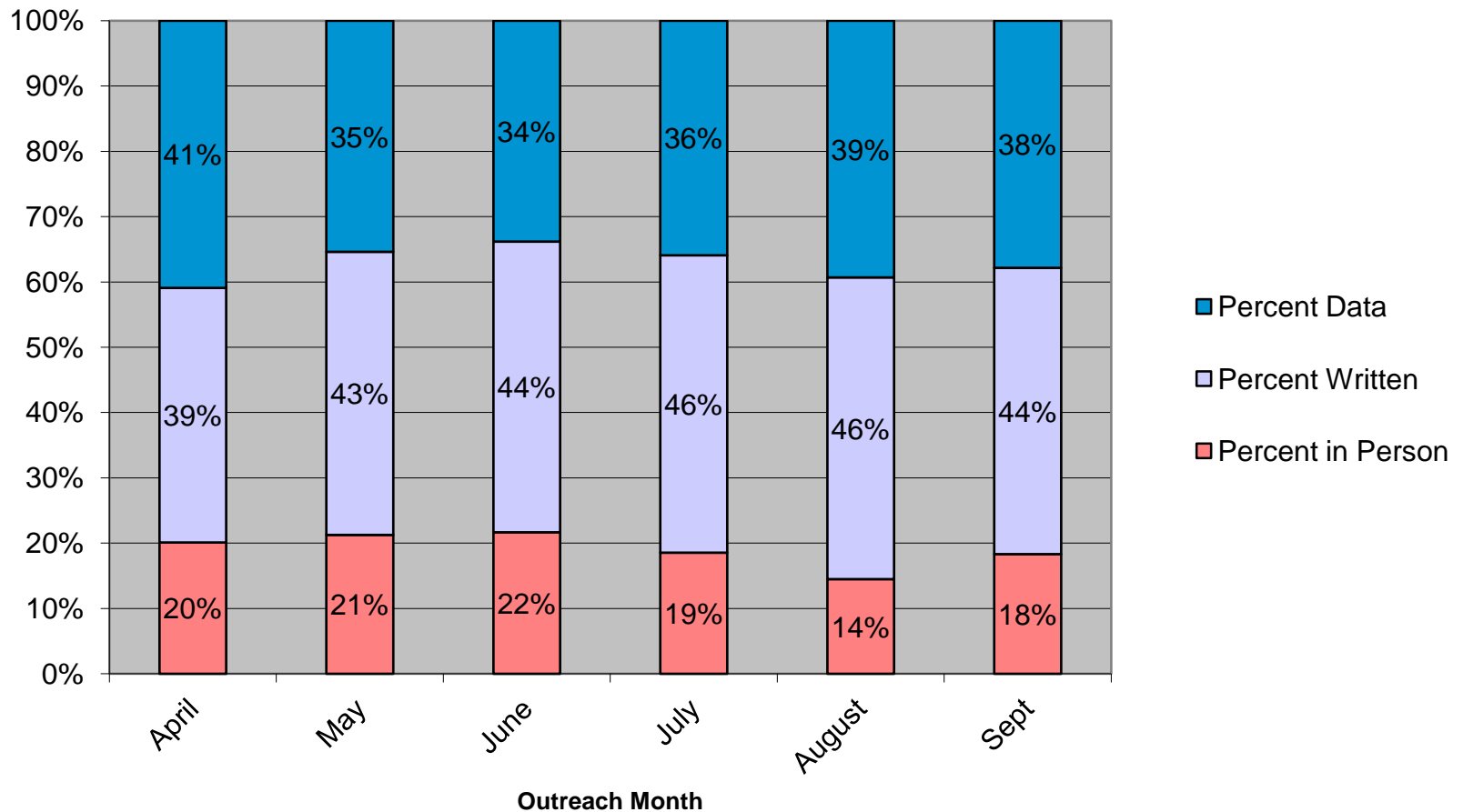
Personal Care Coordinator (Cont.)

- Single point of contact for member
 - Establish and maintain ongoing relationship
- PCCs facilitate:
 - Advance preparation for and documentation of ICT
 - Implementation of ICP
 - Communication across the continuum — CalOptima (documentation and reporting), PCP, health network, case management, long-term services and supports, disease management health coaches, behavioral health providers, etc.

Health Risk Assessment (HRA)

- Instrument that contains information on actionable member health concerns, including ADLs, behavioral health, community resource needs and chronic conditions
- Mailed and/or conducted by phone
- Separate outreach process for members in long-term care facilities
- “Unable to contact” process enhanced to increase opportunities to reach member

Results: HRA Response by Type



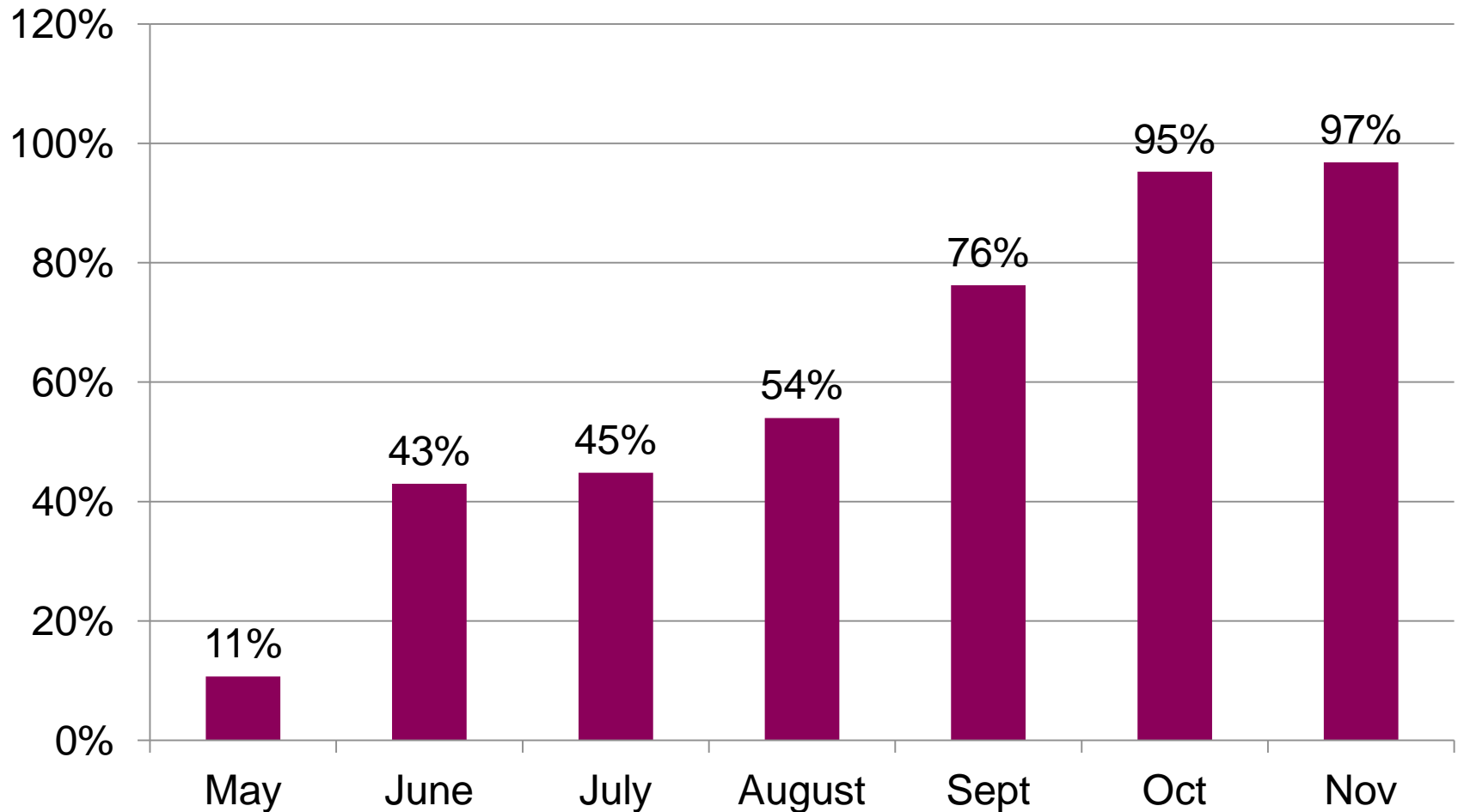
Interdisciplinary Care Team (ICT)

- ICT will always include the member, PCC and PCP
- Depending on the member's needs, the ICT may also include social workers, case managers, specialists, pharmacists, behavioral health providers, disease management staff, and long-term services and supports representatives

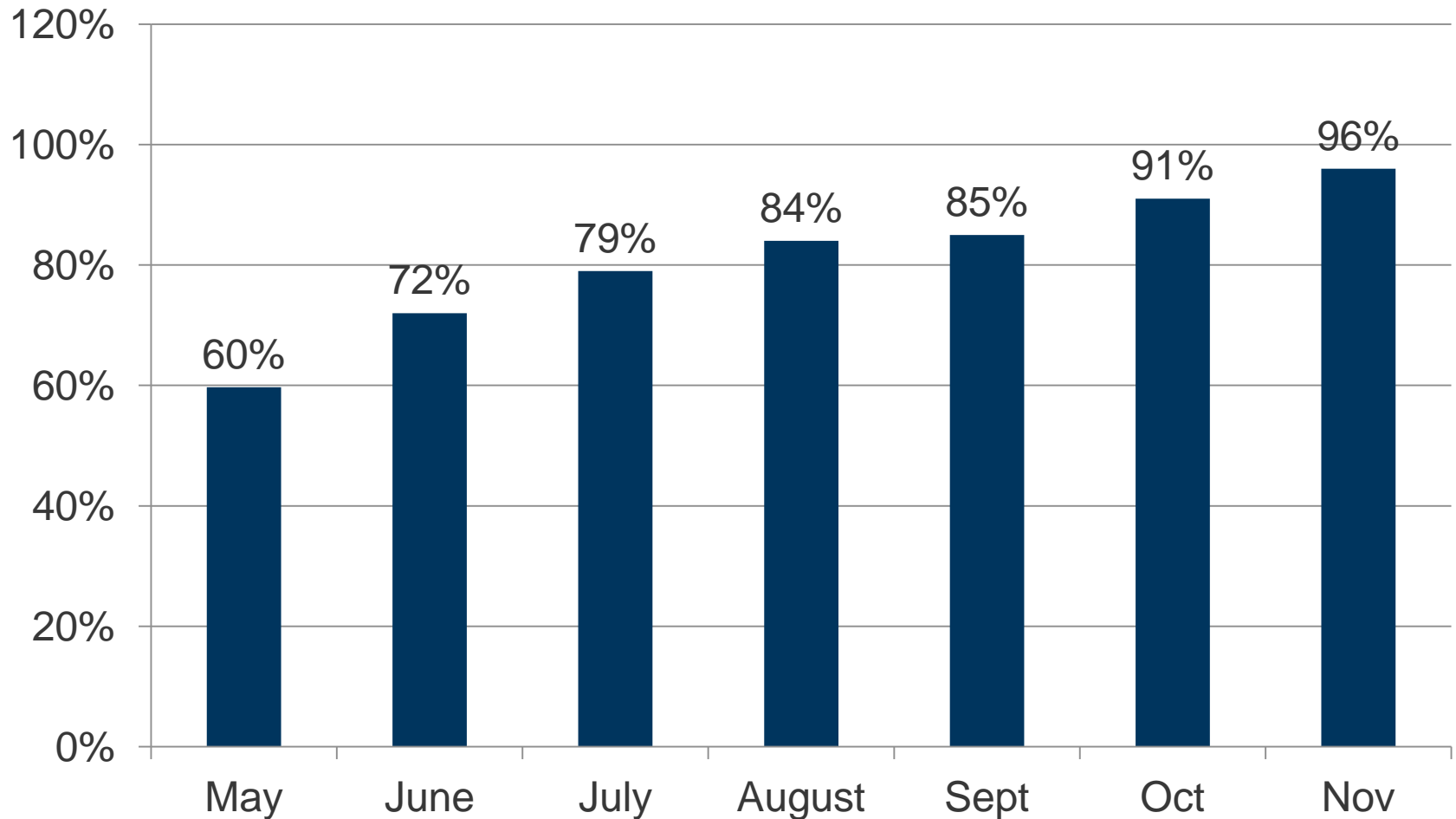
Individual Care Plan (ICP)

- ICPs are developed by the ICT
- Address issues identified by the HRA and ICT participants
- Presented in a member-centric format considering language, cultural differences, alternative formats and health literacy

Results: ICTs and ICPs Returned



Results: ICT and ICP Quality Scores



OneCare and OneCare Connect

- OneCare Model of Care process is the basis for the OneCare Connect process, with some slight differences
 - Outreach attempts
 - PCCs
 - ICTs
 - ICPs



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Key Dates and Q&A

Candice Gomez

Executive Director, Program Implementation

Key Dates

- CalOptima Board Meeting
 - Thursday, March 5 at 2 p.m.
- Stakeholder Meetings
 - Friday, March 20 at 8 a.m.
 - Friday, April 17 at 8 a.m.
- CalOptima Informational Series
 - OneCare Connect
 - Friday, May 1, noon



Q&A

