



PCP and SPC Forum

January 29, 2021
8-9AM

AGENDA

A. Overview: Rate Continue to Decrease

1. Restricted Knox Keene
2. Integration of Inpatient Professional Services with ACO

B. HEDIS Results and Interventions

1. RAF Coding for Seniors

C. Access: PCP Encounters

1. Specialty Availability and Access
2. Telehealth
3. Magnolia and CMB
4. CAPHS and Customer Service

D. Administration: Office Manager's Meeting

CALOPTIMA RATES

- Payments for MediCal Expansion (MCE) members continues to drop, especially on the inpatient side, which traditionally has funded the bulk of the merit-based incentives
- A proposal by the State to drastically cut MCE rates was successfully defeated in favor of a more gradual decline approach
- Despite multiple years of MCE cuts, Family Choice has kept rates steady and continued to make merit-based incentive payments

CALOPTIMA MEDI-CAL EXPANSION REDUCTION

July 1, 2019 Rate Cut:

1. -21% for Hospital MCE
2. -8% for Professional MCE

July 1, 2020 Rate Cut:

1. -14% for Hospital MCE
2. - 7% for Professional MCE

Obstacles to Family Choice Medical Group:

1. Fountain Valley Hospital contract changed from Per-Diem to DRG.
2. Hospitalist Program contract changed from Capitation rate to Fee-for-Service.

OVERVIEW: FAMILY CHOICE INITIATIVES

- Family Choice has undertaken several initiatives in response to the CalOptima rates cuts:
 - Beginning the process of applying for a Restricted Knox-Keene (RKK) license
 - Launching and growing the ACO
 - Integrating the Hospitalist program across the ACO and the CalOptima product lines
 - Refocusing on increasing HEDIS payments and improving RAF scores
- Each of these initiatives is both complicated and time-consuming


FAMILY CHOICE INITIATIVES--RKK

Restricted Knox-Keene (RKK) license allows Family Choice to control the hospital/institutional pool as well as the physician risk pool

- As funding for the hospital pool shrinks, controlling the outflows becomes increasingly important
- RKK will also allow Family Choice to expand into less saturated parts of Orange County
- An important hurdle, obtaining a letter of support from CalOptima, has been achieved

ANTICIPATED TIMELINE

Received
CalOptima Support
on 8/26/2020



Will attend pre-
filling Conference
on 2/10/2021



We hope to obtain
RKK by 7/1/2021

FAMILY CHOICE INITIATIVE-- HOSPITALIST PROGRAM

- Since the ACO needed a Hospitalist program with greater geographic coverage, it made sense for Family Choice to expand the IPA Hospitalist program and integrate the two
- Expanding the IPA Hospitalist coverage will also be beneficial in the RKK environment
- The ACO and the Hospitalist Program will be discussed in more detail during the next presentation, but the synergies should be noted:



HOSPITALIST PROGRAM

Growing the ACO program allowed for a more robust Hospitalist Program which will generate increased inpatient savings that Family Choice will control through its RKK license

HEDIS--OVERVIEW

- Family Choice continues to not fully benefit from this program--\$770,000 of missed opportunity for CalOptima (CO) MediCal
 - The majority is due to poor customer service/member experience scores
 - Not only did Family Choice receive a score of 0 (and \$0) for member experience but CO is threatening sanctions if scores do not improve

HEDIS--OVERVIEW

An office manager's meeting is also being scheduled to reinforce this message

- PCPs and Specialists are expected to offer standard office hours; Telehealth is a benefit for those members who prefer—it is not the default approach to patient engagement
- Patient surveys are offered in Vietnamese and Spanish; we can't hide behind cultural excuses
- MIC's office manager, Toni Nguyen, can be contacted directly at 714.658.5367 for scheduling issues; CMB is also working diligently to reduce waiting times

HEDIS OVERVIEW

Improving poor member
experience scores is Cal
Optima's highest priority!

Medi-Cal P4V Payment Summary for Family Choice Medical Group
Payment based on Measurement Year (MY) 2019 performance

	Score	Payment	PMPM	Left Behind
Clinical Measures				
Adult Performance	4	\$192,153	\$0.52	
Adult Improvement	0	\$0	\$0.00	
Child Performance	5	\$80,317	\$0.52	
Child Improvement	0	\$0	\$0.00	
Total Clinical Payment		\$272,470	\$0.52	
Member Experience				
Adult Performance	0	\$0	\$0.00	
Adult Improvement	0	\$0	\$0.00	
Child Performance	0	\$0	\$0.00	
Child Improvement	0	\$0	\$0.00	
Total Member Experience Payment		\$0	\$0.00	
Total Medi-Cal Payment		\$272,470	\$0.52	\$771,834

Please see payment detail page for details regarding your performance on each measure in the MY 2019 P4V program.

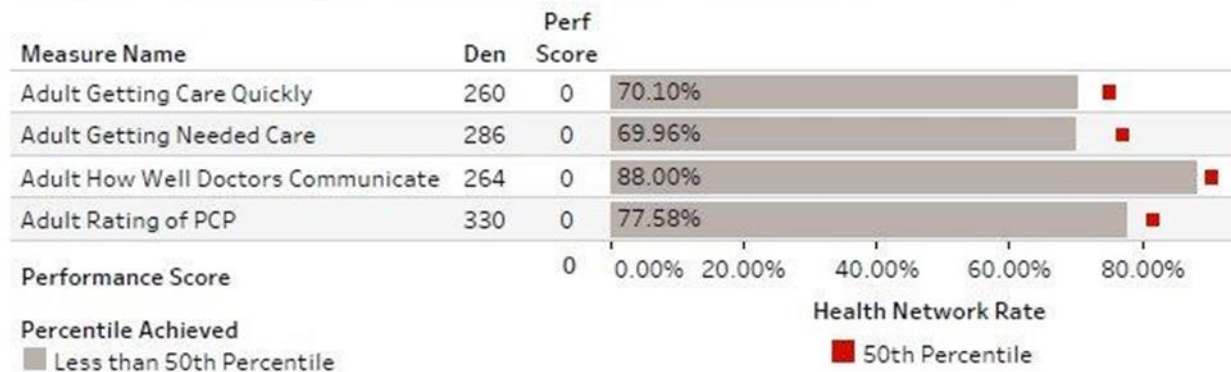
CalOptima Overall Performance Calculation - Adult Member Satisfaction

Total MM	Weighted MM	Perf Score	Weighted Performance	Perf PMPM	Performance Funds	Payment Factor
3,726,585	4,716,141	50	16,008,093	\$0.40	\$1,490,634	\$0.09

Family Choice Medical Group Performance Payment Calculation - Adult Member Satisfaction

Non-SPD MM	SPD MM	Total MM	Weighted MM	Perf Score	Weighted Performance	Performance Payment	PMPM
336,423	31,593	368,016	462,795	0	0	\$0	\$0.00

Family Choice Medical Group Performance Measure Results - Adult Member Satisfaction



NCQA 2019 California Medicaid CAHPS Percentiles

Measure Name	50th Percentile	75th Percentile	90th Percentile
Adult Getting Care Quickly	74.86%	76.48%	80.46%
Adult Getting Needed Care	77.01%	78.81%	80.51%
Adult How Well Doctors Communicate	90.29%	92.04%	93.37%
Adult Rating of PCP	81.47%	84.72%	86.96%

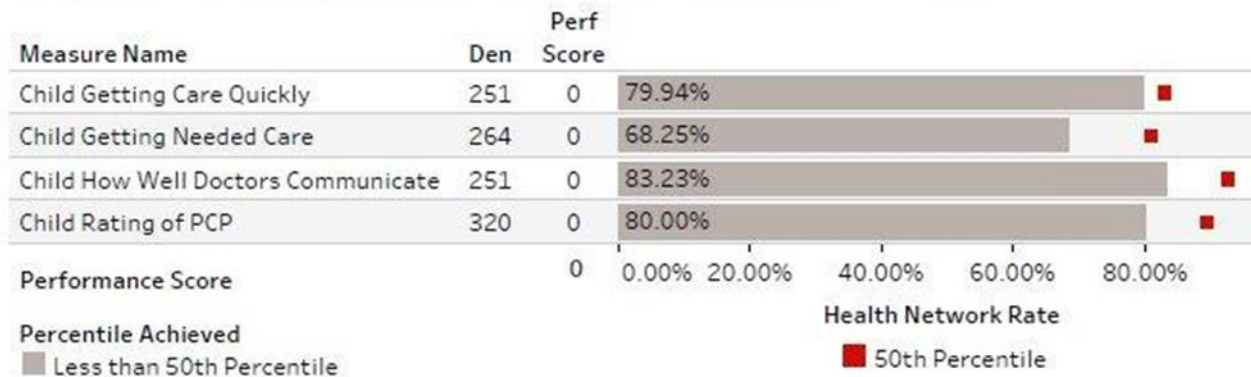
CalOptima Overall Performance Calculation - Child Member Satisfaction

Total MM	Weighted MM	Perf Score	Weighted Performance	Perf PMPM	Performance Funds	Payment Factor
3,216,058	3,471,562	54	28,573,389	\$0.40	\$1,286,423	\$0.05

Family Choice Medical Group Performance Payment Calculation - Child Member Satisfaction

Non-SPD MM	SPD MM	Total MM	Weighted MM	Perf Score	Weighted Performance	Performance Payment	PMPM
151,577	2,559	154,136	161,813	0	0	\$0	\$0.00

Family Choice Medical Group Performance Measure Results - Child Member Satisfaction



NCQA 2019 California Medicaid CAHPS Percentiles

Measure Name	50th Percentile	75th Percentile	90th Percentile
Child Getting Care Quickly	83.05%	84.96%	87.13%
Child Getting Needed Care	81.04%	83.27%	84.00%
Child How Well Doctors Communicate	92.66%	93.31%	94.31%
Child Rating of PCP	89.47%	91.22%	93.08%

Payment Detail - Measurement Year 2019 Pay for Value Program
 Medi-Cal Adult Clinical Performance Calculation
 Family Choice Medical Group

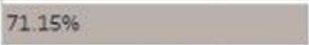

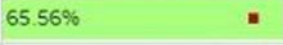

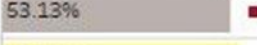


CalOptima Overall Clinical Performance Calculation - Adult Clinical Measures

Total MM	Weighted MM	Perf Score	Weighted Perf	PMPM	Performance Funds	Payment Factor
3,726,585	4,716,141	65	21,540,868	\$0.60	2,235,951	\$0.10

Family Choice Medical Group Performance Payment Calculation - Adult Clinical Measures

Non-SPD MM	SPD MM	Total MM	Weighted MM	Perf Score	Weighted Perf	Payment	PMPM
336,423	31,593	368,016	462,795	4	1,851,180	\$192,153	\$0.52

Performance Measure Results for Family Choice Medical Group - Adult Clinical Measures

Measure	Denom	Perf Score	
Adult Access to Preventive Care Services All Members	26,105	0	71.15% 
Avoidance of Antibiotic Treatment in Adults All Ages	1,284	1	39.80% 
Breast Cancer Screening Total	4,527	2	65.56% 
Cervical Cancer Screening	11,955	0	59.98% 
Comprehensive Diabetes Care Eye Exams	2,430	0	53.13% 
Comprehensive Diabetes Care HbA1c <8.0% (Adequate Control)	2,430	1	55.56% 
Medication Management for People with Asthma 19-50 years - 75% Compliance	73	0	36.99% 
Performance Score		4	0.00% 50.00%
75th Percentile			
50th Percentile			
			Less than 50th Percentile
			Health Network Rate
			50th Percentile
Measure			50th 75th 90th
Adult Access to Preventive Care Services: All Members			81.81% 84.97% 87.24%
Avoidance of Antibiotic Treatment in Adults: All Ages			34.23% 41.07% 48.88%
Breast Cancer Screening: Total			58.67% 63.98% 69.23%
Cervical Cancer Screening			60.65% 66.49% 72.02%
Comprehensive Diabetes Care: Eye Exams			58.88% 64.72% 69.53%
Comprehensive Diabetes Care: HbA1c <8.0% (Adequate Control)			50.97% 55.96% 60.77%
Med Management for People with Asthma: 19-50 yrs - 75% Compliance			41.37% 46.01% 52.13%

CalOptima Overall Clinical Performance Calculation - Child Clinical Measures

Total MM	Weighted MM	Perf Score	Weighted Perf	PMPM	Performance Funds	Payment Factor
3,216,058	3,471,562	40	19,438,070	\$0.60	1,929,635	\$0.10

Family Choice Medical Group Performance Payment Calculation - Child Clinical Measures

Non-SPD MM	SPD MM	Total MM	Weighted MM	Perf Score	Weighted Perf	Payment	PMPM
151,577	2,559	154,136	161,813	5	809,065	\$80,317	\$0.52

Performance Measure Results for Family Choice Medical Group - Child Clinical Measures

Measure	Denom	Perf Score		
Adolescent Well-Care Visits	8,370	1	57.69%	■
Appropriate Testing for Pharyngitis	1,405	0	18.65%	■
Appropriate Treatment for Upper Resp Infect	5,130	0	83.18%	■
Childhood Immunizations Status Combo 10	330	1	35.45%	■
Childrens Access to Primary Care Practitioner 12 - 19 years	6,349	0	88.86%	■
Medication Management for People with Asthma 5-11 years - 75% Compliance	90	2	38.89%	■
Well-Child Visit 3-6 Years	1,552	1	77.84%	■
Well-Child Visits in the First 15 Months of Life 6 Well Child Visits	233	0	49.36%	■
Performance Score		5	0.00%	50.00%
			75th Percentile	Less than 50th Percentile
			50th Percentile	Health Network Rate
				50th Percentile
Measure	50th	75th	90th	
Adolescent Well-Care Visits	54.26%	62.77%	68.14%	
Appropriate Testing for Pharyngitis	81.46%	86.51%	90.77%	
Appropriate Treatment for Upper Respiratory Infection: (Inverted Rate)	91.85%	94.88%	96.79%	
Childhood Immunizations Status: Combo 10	34.79%	42.02%	49.27%	
Childrens Access to Primary Care Practitioner: 12 - 19 years	90.21%	92.29%	94.64%	
Med Management for People with Asthma: 5-11 yrs - 75% Compliance	30.62%	35.90%	42.84%	
Well-Child Visit 3-6 Years	72.87%	78.46%	83.85%	
Well-Child Visits in the First 15 months of Life: 6+ Visits	65.83%	69.83%	73.24%	

GOOD NEWS!

- Family Choice scored significantly higher in the OneCare and OneCare Connect programs



OCC P4V Payment Summary for Family Choice Medical Group
Payment based on measurement year (MY) 2019 performance

	Score	Payment	PMPM	Left Behind
Clinical				
Performance	5	\$148,904	\$6.92	
Improvement	2	\$37,898	\$1.76	
Member Satisfaction				
Performance	6	\$121,038	\$5.63	
Improvement	0	\$0	\$0.00	
Total Payment		\$307,839	\$14.31	\$122,321

RAF (RISK ADJUSTMENT FACTORS FOR SENIORS)

Conifer Value Based Care has engaged AdvantMed to assist Family Choice with a Medicare Risk Adjustment Coding Guideline Review

Please cooperate with requests for chart copies or access to records in your office

Millions of dollars that legitimately belong to the Group are not being claimed!!—Only Providers can fix

Quality Review Process

- Advantmed will perform a quality coding reviews that will be shared with the client on a monthly basis.
- This report will include critical accuracy and over-all accuracy, both for the current quality sample as well as the project total.
- A summary of any corrective and preventive actions implemented by Advantmed based on the audit findings.
- The monthly report will be reviewed during the regularly scheduled project status calls.
- Any guidance supplements or clarifications issued by Advantmed to the coding team will be available as attachments to the report.

Note: To provide a mechanism for coding feedback and guideline alignment, Advantmed's portal provides access to an over-read tool that can be utilized to review completed records and communicate any questions or observations related to the codes reported and their associated outcomes. Training for use of this tool and a detailed process review will be addressed during the implementation phase of your project.

Common Documentation Deficiencies

Below are a series of additional comments used to identify commonly encountered documentation deficiencies and their descriptions:

- **Missing Manifestation Code:** Used to identify conditions where details regarding assignment of an additional code are not available. Example: Provider documents “dementia in diseases classified elsewhere” but fails to identify the underlying etiology.
- **Invalid Corrections:** Corrections and addendums are not considered valid unless they are signed and dated by the provider.
- **Unacceptable Symbols:** Documentation such as “↑BP” is not a valid replacement for high blood pressure.
- **ICD-10 Code Without Description:** The provider should never document an ICD-10 code as a replacement for their diagnostic statement.
- **Conflicting Documentation:** Used to identify cases where a provider documents mutually exclusive statements. Example: Patient with a BKA has an exam that reports normal findings on the bilateral foot exam.

OFFICE MANAGER'S MEETING

- To be scheduled in near future
- Need office email addresses to send out meeting invite
 - Please contact Donna at 657-318-1135 for more info
- Office Manager Meeting Incentive: \$50 gift card per office