

Coordinated Care Initiative (CCI) Implementation

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**DEPARTMENT OF HEALTH CARE SERVICES
(DHCS)**



**CALIFORNIA DEPARTMENT OF AGING
(CDA)**

**MULTIPURPOSE SENIOR SERVICES PROGRAM
(MSSP)**

Housekeeping

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- “Raise your hand” button—please click if you can hear us
- If calling in (instead of listening through your computer speakers), be advised that there may be charges
- If you are disconnected, please follow the link you received after registering to sign back in
- Type your questions in the question or chat box (typically on the upper right-hand side of your screen)
- Keep questions brief and clear – it will be helpful if you indicate the subject of your questions first. For example:
 - “Claims Process – how many days do the MSSP sites have to reconcile the WP/HPM?”
- Many questions will be answered at the end of the presentation as time permits

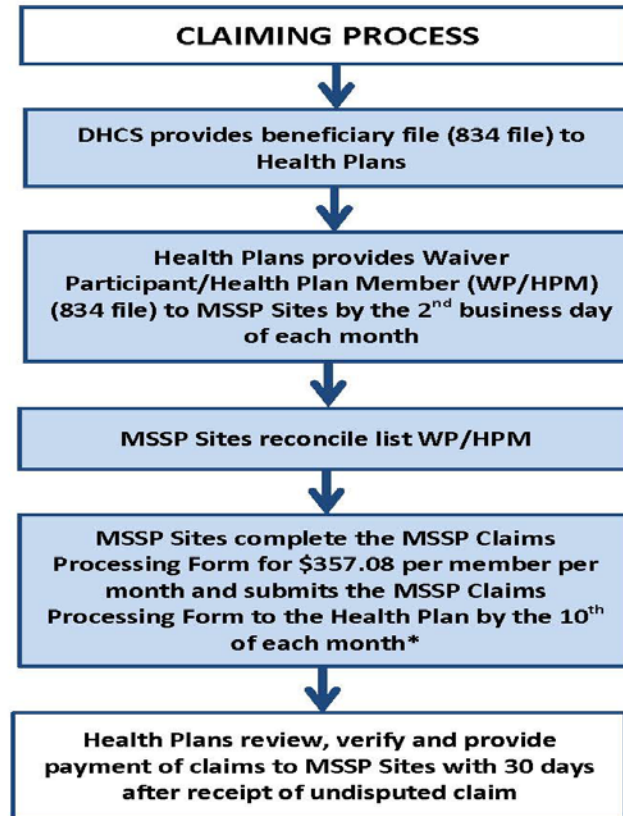
AGENDA

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- INTRODUCTION
- CLAIMS PROCESS
- ENCOUNTER DATA SUBMISSION PROCESS
- TIMING OF CLAIM SUBMISSION
 - RECONCILIATION & ADDITIONAL SUBMISSION
- CONTRACT REQUIREMENTS (adjacent counties)
- QUESTIONS

CLAIMS PROCESS

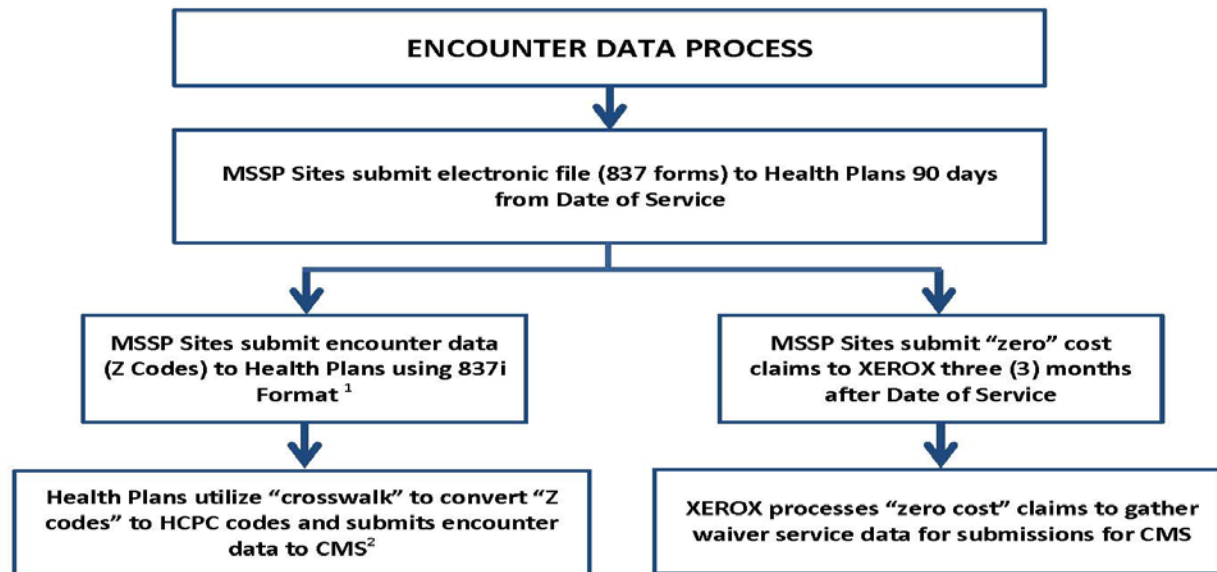
CCI Claiming Process Between MSSP Sites and Health Plans As of 5/30/2014



* Must occur prior to the 10th of each month for reconciliation by MSSP Sites. If due date is on a weekend or a holiday, claims will be due the following business day. MSSP Sites/Health Plan Contract states reconciliation must occur by the 5th of each month; however, the State will allow an additional five (5) days for MSSP Sites to reconcile list for accuracy of claim.

ENCOUNTER DATA SUBMISSION PROCESS

CCI Encounter Data Process Between Health Plans and MSSP Sites
As of 5/30/2014



¹ MSSP Sites have three (3) months to submit encounter data to Health Plans

² Health Plans are responsible for converting "Z codes" to HCPS codes and Legacy numbers to NPI

Implementation - Lessons Learned

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- **Reconciliation Requirements:**
 - Plans have ability to identify MSSP beneficiaries and their corresponding MSSP Sites
 - ✦ Health Plans should utilize the 834 file & Historical Data generate a report on its plan members and submit it to the sites
 - Upon receipt of “Monthly Plan Member Report (MPMR)” from Plans, MSSP Sites must reconcile the MPMR to Waiver Participant enrollment and prepare claim for submission to Plan
- **Timeline**
 - Initial monthly claim submission changed from 5th of every month to the 10th of every month
- **Second Monthly Claim Submission**
 - MSSP Sites may submit a second claim during the month

Implementation – Lessons Learned

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- Health Plans beneficiaries served by MSSP Site in an adjacent county.
 - ✦ Health Plans needs to contract with adjacent county MSSP Site.
- Medi-Cal Notice Requirement for beneficiaries
 - ✦ A hospitalization does not preclude the payment to the site if it occurs within the same month.
- Security of Protected Health Information (PHI)
 - ✦ Health Plans & MSSP Sites must ensure security measures are met for transfer of PHI.
- Fee-for-Service (FFS) Claims
 - ✦ MSSP Sites must monitor expenditures and reconcile with claims submission to ensure compliance with MSSP Site budget.
 - ✦ Sites must continue the same billing process under FFS until effective date of implementation of CCI.

Contact Information

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QUESTIONS

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