Depression Screening Incentive Ending Soon

In May 2017, CalOptima launched an incentive program to support screening for clinical depression in adolescents, with the goal of increasing the rate of depression screening with a focus on 12-year-old members during their annual well-child visits.

The project has done well, based on the number of claims that we received from all the depression screenings conducted over a two-year span. CalOptima provider participation has greatly contributed to the successful completion of the project, and we hope you will continue to screen your patients for depression on a routine basis.

As of May 31, 2019, the project will end. Providers are required to submit claims for the incentive within 90 days from the date of service. If claims are not submitted within the 90-day period, the incentive claim will not be paid out.

Additionally, we may invite you to share your experience with the Depression Screening Initiative by completing a survey. If selected, your feedback will provide useful information for future projects and identify any areas for improvement.

The questionnaire will only take about five minutes to complete.

Fax the completed survey to 714-796-6656 or email behavioralhealth@caloptima.org. For additional information call 657-900-1097.
Provider Code Updates

Based on the Medi-Cal bulletins, CalOptima has updated the procedure codes for the subjects listed below:

- 2nd EPSDT Psychology, Mental & Behavioral Health Code Conversion Correction
- NICU/PICU Services Code Conversion Reminder
- Policy Update for Physician Administered Drugs
- Updated TAR Submission Requirement and Diagnosis Codes for Tocilizumab

For detailed information regarding these changes, please refer to the April 2019 General Medicine bulletin on the Medi-Cal website at Medi-Cal: Medi-Cal Update - General Medicine | April 2019 | Bulletin 538 For CalOptima’s prior authorization required list, please refer to the CalOptima website: www.caloptima.org.

Providing Informing Materials to Members Through Electronic Formats (Medi-Cal Only)

The Department of Health Care Services (DHCS) recently released All Plan Letter 19-003 (APL 19-003) Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format.

The purpose of APL 19-003 is to provide Medi-Cal managed care plans, like CalOptima, with clarification and guidance regarding the provision of written materials to members such as the Provider Directory, Formulary and Member Handbook to Medi-Cal members in an electronic format. CalOptima is currently evaluating the impact this guidance has on new member welcome packets. Any updates or changes to the welcome packet materials will be announced in a future communications.


Access for Freestanding Birth Centers and Midwife Services

The Department of Health Care Services (DHCS) recently released a reminder regarding All Plan Letter 18-022 (APL 18-022): Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services, which requires CalOptima, to provide members with access to services from freestanding birthing centers (FBCs), certified nurse midwives (CNM), and licensed midwives (LM). CalOptima’s provider network must include a minimum of one Freestanding Birthing Center, Certified Nurse Midwife and Licensed Midwife.

A CME Workshop for Physicians and Licensed Health Care Professionals on:

**Pediatric Care Update:**
**Pediatric Neuromuscular Diseases, Substance Use in Adolescents and Preventable Pediatric Infections**

**Guest Speakers**

- Perry Shieh, MD, PhD
  Director, Neuromuscular Division, UCLA Medical Center

- Jeffrey Kashou, LMFT
  Service Chief I – Youth Reporting Center, Orange County Health Care Agency

- Jasjit Singh, MD
  Director, Infection Prevention and Epidemiology, CHOC Children’s Hospital

At the end of the program, attendees should be able to:

- Review the pathophysiology of Spinal Muscular Atrophy (SMA) and Duchenne Muscular Dystrophy (DMD).
- Outline the emerging treatment strategies for SMA, DMD, and other neuromuscular diseases.
- Assess for substance use issues in adolescents, impairments to functioning caused by substance use, and patient needs and strengths.
- Distinguish between treatment options and refer to list of local programs for services.
- Identify the clinical features of measles including overlap with other entities.
- Discuss the morbidity and mortality of infant pertussis disease, and the importance of prenatal Tdap administration.

**Program Schedule**

- 8:30 AM: Registration and Continental Breakfast
- 9:00 AM: Welcome and CalOptima Overview
- 9:15 AM: Pediatric Neuromuscular Diseases
- 10:30 AM: Break
- 10:45 AM: Substance Use in Adolescents
- 12:00 PM: Lunch - CCS Overview
- 12:45 PM: Preventable Pediatric Infections
- 2:00 PM: Closing

**When:**
Saturday, June 1, 2019

**Time:**
9:00 a.m. – 2:00 p.m.
(registration begins at 8:30 a.m.)

**Where:**
DoubleTree Hotel
100 The City Drive
Orange, CA 92868

Free Workshop! Continental breakfast and lunch provided.

**Registration Required**

**Space is limited! Register by Friday, May 24, 2019,** through our online link listed below.

[https://www.surveymonkey.com/r/Registration_CME_Workshop_E-1-19](https://www.surveymonkey.com/r/Registration_CME_Workshop_E-1-19)

For questions, please contact:
Ashley Young at 714-246-8890 or continuingeducation@caloptima.org.

**4 CME Credits Offered**

**CME Accreditation Statement:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the University of California, Irvine School of Medicine and CalOptima. The University of California, Irvine School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

**CME Credit Designation Statement:** The University of California, Irvine School of Medicine designates this live activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Disclosure:** Full disclosure information for all those in control of content will be provided to participants in the syllabus prior to this activity.
## Health Education: Trainings and Meetings

<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking Cessation for Pregnancy and Beyond</td>
<td>Learn about smoking cessation from experts in an informative, engaging and novel interactive format</td>
<td>6/3/2019 Available anytime</td>
</tr>
<tr>
<td>Smoking Cessation Leadership Center</td>
<td>Webinars, publications, toolkits, fact sheets and guides for providers</td>
<td>6/3/2019 Available anytime</td>
</tr>
<tr>
<td>Increasing Adolescent Immunization Coverage</td>
<td>Webinar intended for health professionals engaged in care of patients needing vaccinations</td>
<td>6/3/2019 Available anytime</td>
</tr>
<tr>
<td>Managed Health Care in California Archived Webinars</td>
<td>Multiple 90-minute webinars</td>
<td>6/3/2019 Available anytime</td>
</tr>
<tr>
<td>Available CME/CEU Recorded Webinars</td>
<td>Available recorded webinars with available CEU/CME units from the Smoking Cessation Leadership Center</td>
<td>6/3/2019 Available anytime</td>
</tr>
<tr>
<td>Media-Smart Youth: Eat, Think and Be Active</td>
<td>Free 1-hour webinar for those interested in implementing youth programs</td>
<td>6/3/2019 Available anytime</td>
</tr>
<tr>
<td>Training Offered by Different Organizations</td>
<td>Various training opportunities offered by different organizations. Check specific trainings for dates and times</td>
<td>6/4/2019 12–1 p.m.</td>
</tr>
<tr>
<td>Tobacco Dependence Treatment and Behavioral Health</td>
<td>Provides mental health and substance use disorder professionals the knowledge to assess and treat tobacco dependence in smokers with co-occurring psychiatric and/or addictive disorders</td>
<td>6/5/2019 Available anytime</td>
</tr>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training</td>
<td>Virtual SBIRT learning webinar</td>
<td>6/5/2019 12–1 p.m.</td>
</tr>
<tr>
<td>How to Talk With Patients About Smoking Cessation and Anxiety</td>
<td>Free recorded webinar with 1.0 CE credit</td>
<td>6/12/2019 Available anytime</td>
</tr>
<tr>
<td>How to Talk With Patients About Smoking Cessation and Anxiety</td>
<td>Free recorded webinar with 1.0 CE credit</td>
<td>6/26/2019 Available anytime</td>
</tr>
<tr>
<td>The Resources for Integrated Care – Webinar Recordings</td>
<td>The Resources for Integrated Care website features recordings of webinars and additional resources and tools for providers and health plans</td>
<td>6/28/2019 12–1 p.m.</td>
</tr>
</tbody>
</table>

For more information regarding available trainings and meetings, contact our Health Education department by fax at 714-338-3127 or by email at healthpromotions@caloptima.org.
The California Department of Public Health (CDPH) urged Californians to make sure they are protected against measles. Vaccination is especially critical for those who plan to travel internationally.

In 2019 to date, there have been 38 cases of measles in California. This is an increase of 15 cases from last week, and compares with 11 cases at this time in 2018. Of the 2019 cases, 14 cases were in international travelers, 22 cases were due to spread from travelers to persons in California, and 2 cases are of unknown source. Measles is currently widespread in many countries.

“Vaccination is the only way to ensure you and your family members will not get measles,” said State Public Health Officer and CDPH Director Dr. Karen Smith. “Many countries are currently experiencing widespread measles activity. Make sure you and your family are fully vaccinated before traveling internationally, and contact your health care provider immediately if anyone develops a rash and a fever while you are abroad, or when you return.”

The international travel associated with the 2019 California cases include India, Cambodia, Thailand, Philippines, Vietnam and the Ukraine.

“Overall, California has a relatively high vaccination rate for measles,” said Dr. Smith. “Approximately 95 percent of all children entering kindergarten in California have received the necessary two doses of measles vaccine. Our vaccination rates have helped to stop the spread of measles in California. However, as evidenced by the outbreaks to date, the remaining un-vaccinated and under vaccinated Californians are at risk. Vaccination is the best way to stop the spread of this highly contagious and serious virus.”

Individuals returning from international travel should call their health care provider for advice and avoid contact with other people if measles symptoms develop. Measles begins with a fever that lasts for several days, followed by a cough, runny nose, conjunctivitis (red eye) and a rash. The rash typically appears first on the face, along the hairline, and behind the ears and then affects the rest of the body. Infected people are usually contagious from about 4 days before their rash starts to 4 days afterwards.

The Centers for Disease Control and Prevention’s recommendations and guidance for measles vaccination can be found at https://www.cdc.gov/vaccines/vpd/mmr/public/index.html. For California data on measles (updated weekly), visit https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/measles.aspx.
Adult Day Health Care Benefits Seniors and Caregivers

Orange County’s older adult population is projected to increase by 142 percent between 2010 and 2060, requiring an increased demand for health care, social and support services to meet the needs of our growing senior population and those who care for them. Adult day health care centers can be a solution, providing family caregivers with respite time away while giving seniors a place to spend their weekdays in a safe, engaging and monitored environment.

Adult day health care provides the following social and health care programs to help frail at-risk older adults:

- Comprehensive health care (nursing, supervision, medication management and personal care)
- Medical supervision for those who have physical and cognitive impairment
- Comprehensive therapies (maintenance physical therapy, occupational therapy and speech therapy)
- Activities and exercise (recreational and creative programs)
- Nutritious breakfast, lunch and snack
- Opportunities for social interaction with peers
- Round-trip transportation
- Family and caregiver resources, education and support groups
- Monthly communication with physician on progress

Keeping Families Together at Home Longer

For many families, keeping loved ones at home for as long as possible and out of institutionalized long-term care is a priority. As a bridge between long-term care and assisted living, adult day health care allows individuals to maintain their independence, socialize with others, and establish a daily routine, while still remaining at home with their loved ones. It also eases the caregiving transition for family members as they take on more caregiving roles, reducing their stress levels.

Through a 10-year study with Monarch HealthCare, South County Adult Day Services (“SCADS”) in Laguna Woods proved that adult day health care significantly reduces health care utilization for its members. For example, ER visits were reduced by 49 percent in six months for patients who attended daily programs. The reduction in utilization helps individuals stay at home with loved ones longer, reduces their depression, and ensures greater medication adherence, improving the quality of life for all.

Affordable Care

In comparison to assisted living or nursing homes, adult day health care services are by far a more cost-effective care option. The average price for a week of care is $550, versus exorbitant costs of in-home care priced at $3,750 a week, or a hospital cost at $6,000 for 30 days.

Medi-Cal often subsidizes the costs of adult day health care for those with limited income, and private long-term care insurance may also cover services.

Learn More

To learn more about all CalOptima adult day health care benefits for seniors and caregivers, visit www.caloptima.org/en/Members/Community-BasedAdultServicesCBASFAQ.aspx.
The following is a list outlining changes made to CalOptima policies and procedures during April 2019. The full description of the policies below are finalized and available on CalOptima’s website at [www.caloptima.org](http://www.caloptima.org).

<table>
<thead>
<tr>
<th>Policy #</th>
<th>Policy Title, Description and Revisions</th>
<th>Policy Last Review and/or Last Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>FF.1005a</td>
<td>Special Payments – Bone Marrow Transplant and Solid Organ Transplant</td>
<td>03/01/19</td>
</tr>
<tr>
<td>FF.1005c</td>
<td>Special Payments – High-Cost Exclusion Items</td>
<td>03/01/19</td>
</tr>
<tr>
<td>GG.1129</td>
<td>Coordination of Services for Former Developmental Center Members</td>
<td>04/01/19</td>
</tr>
<tr>
<td>GG.1652</td>
<td>DHCS Notification of Change in the Availability or Location of Covered Services</td>
<td>03/01/19</td>
</tr>
</tbody>
</table>

### Multiple Lines of Business

<table>
<thead>
<tr>
<th>Policy #</th>
<th>Policy Title, Description and Revisions</th>
<th>Policy Last Review and/or Last Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>GG.1110</td>
<td>Primary Care Practitioner Definition, Role, and Responsibilities</td>
<td>04/01/19</td>
</tr>
<tr>
<td>GG.1128</td>
<td>Tuberculosis Services</td>
<td>04/01/19</td>
</tr>
<tr>
<td>GG.1201</td>
<td>Health Education Programs</td>
<td>12/01/18</td>
</tr>
<tr>
<td>GG.1302a</td>
<td>Coordination of Care for RCOC Members</td>
<td>04/01/19</td>
</tr>
<tr>
<td>GG.1603</td>
<td>Medical Records Maintenance</td>
<td>03/01/19</td>
</tr>
<tr>
<td>GG.1656δ</td>
<td>Quality Improvement and Utilization Management Conflict of Interest</td>
<td>03/01/19</td>
</tr>
<tr>
<td>GG.1702</td>
<td>Pregnancy Notification and Birth Outcome Reports</td>
<td>03/01/19</td>
</tr>
<tr>
<td>GG.1703</td>
<td>WIC Referrals</td>
<td>03/01/19</td>
</tr>
<tr>
<td>GG.1704</td>
<td>Breastfeeding Promotion</td>
<td>03/01/19</td>
</tr>
<tr>
<td>GG.1706</td>
<td>Child Abuse Report</td>
<td>04/01/19</td>
</tr>
<tr>
<td>MA.3101</td>
<td>Claims Processing</td>
<td>04/01/19</td>
</tr>
<tr>
<td>MA.3103</td>
<td>Claims Coordination of Benefits</td>
<td>04/01/19</td>
</tr>
</tbody>
</table>

### OneCare

<table>
<thead>
<tr>
<th>Policy #</th>
<th>Policy Title, Description and Revisions</th>
<th>Policy Last Review and/or Last Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>MA.3105</td>
<td>Medicare Secondary Payer</td>
<td>04/01/19</td>
</tr>
<tr>
<td>MA.4001</td>
<td>Member Rights and Responsibilities</td>
<td>04/01/19</td>
</tr>
<tr>
<td>MA.4007</td>
<td>Member Disclosures</td>
<td>04/01/19</td>
</tr>
<tr>
<td>MA.4009</td>
<td>Member Orientation</td>
<td>04/01/19</td>
</tr>
</tbody>
</table>

### OneCare Connect

<table>
<thead>
<tr>
<th>Policy #</th>
<th>Policy Title, Description and Revisions</th>
<th>Policy Last Review and/or Last Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMC.3103</td>
<td>Claims Coordination of Benefits</td>
<td>04/01/19</td>
</tr>
<tr>
<td>CMC.3105</td>
<td>Medicare Secondary Payer</td>
<td>04/01/19</td>
</tr>
<tr>
<td>CMC.4001</td>
<td>Member Rights and Responsibilities</td>
<td>04/01/19</td>
</tr>
<tr>
<td>CMC.4007</td>
<td>Member Disclosures</td>
<td>04/01/19</td>
</tr>
<tr>
<td>CMC.4009</td>
<td>Member Orientation</td>
<td>04/01/19</td>
</tr>
<tr>
<td>CMC.6021</td>
<td>Continuity of Care for Members Involuntarily Transitioning Between Providers or Practitioners</td>
<td>03/01/19</td>
</tr>
<tr>
<td>CMC.6021a</td>
<td>Continuity of Care for New Members</td>
<td>03/01/19</td>
</tr>
<tr>
<td>CMC.6026</td>
<td>Coordination of Care, Medi-Cal Covered Services for OneCare Connect</td>
<td>04/01/19</td>
</tr>
</tbody>
</table>
The Department of Health Care Services (DHCS) released All-Plan Letter (APL) 19-001: Medi-Cal Managed Care Health Plan Guidance on Network Provider Status. This APL provides guidance to Medi-Cal managed care plans (MCP), like CalOptima, regarding how DHCS evaluates network provider status, including:

- Required characteristics of network providers
- Written network provider agreement requirements
- DHCS review and approval of network provider agreement boilerplate compliance
- Directed payment impacts.


### Guidance on Network Provider Status (Medi-Cal Only):

See the detailed guidance provided in APL 19-001 for comprehensive information.

---

### Kindred Hospital Contract Termination Rescinded

THC – Orange County, Inc. dba Kindred Hospital – Brea, Southern California Specialty Care, Inc., dba Kindred Hospital – La Mirada, Southern California Specialty Care, Inc., dba Kindred Hospital – Santa Ana and THC – Orange County, Inc., dba Kindred Hospital – Westminster contract termination has been rescinded, remaining available to provide services for CalOptima Medi-Cal, OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) and OneCare members.

For questions regarding this change, please contact CalOptima’s Provider Relations department at 714-246-8600, Monday through Friday, from 8 a.m. to 5:30 p.m.
Hearing Services - OneCare Connect

Did you know CalOptima will pay for hearing and balance tests done by a provider for OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) members?

These hearing services* are covered as outpatient care when members get them from a physician, audiologist or other qualified provider.

If you are pregnant or reside in a nursing facility, we will also pay for hearing aids, including:

- Molds, supplies and inserts
- Repairs that cost more than $25 per repair
- An initial set of batteries
- Six visits for training, adjustments and fitting with the same vendor after receipt pf hearing aid
- Trial period rental of hearing aids

The plan provides $500 of hearing hardware above the Medi-Cal limit of $1,610 (for a total of $2,010) per year. This plan may be used for one ear or two ears, but may only be used once during the year.

*Authorization rules may apply, except with hearing aids.

Update: Medi-Cal Enrollment Requirement

Due to a backlog of provider enrollment applications, the California Medi-Cal enrollment process is taking longer than the six-month period previously authorized by the CalOptima Board of Directors. As a result, the Board recently authorized CalOptima to continue its contracts with non-Medi-Cal enrolled providers, whose applications were submitted to the Department of Health Care Services (DHCS) to become Medi-Cal enrolled prior to January 1, 2019, and are still pending approval.

Providers awaiting approval, and who met the required submission due date, may continue as contracted with CalOptima through **December 31, 2019**. For more information contact the Provider Relations department at **714-246-8600**.
Important Meetings

CalOptima Board of Directors Meeting:
June 6, 2 p.m.

CalOptima Provider Advisory Committee Meeting:
June 13, 8 a.m.

CalOptima Whole-Child Model Family Advisory Committee Meeting:
June 25, 9:30 am

OneCare Connect (OCC) Member Advisory Committee Meeting:
June 27, 3 p.m.

Visit the Provider Events and Workshops section of the CalOptima website to view the provider activities calendar and download registration forms.

CalOptima's office is located at: 505 City Parkway West, Orange, CA 92868.

Unless otherwise specified, meetings are held at CalOptima.

Visit the CalOptima Website

Visit the CalOptima website at www.caloptima.org to view provider manuals and information on:

- Member Rights and Responsibilities
- QI Program and Goals
- Privacy and Confidentiality
- Pharmaceutical Management Procedures
- Cultural and Linguistic Services
- Changes to the Approved Drug List (Formulary)
- Clinical Practice Guidelines
- Complex Case Management
- Disease Management Services
- Utilization Management

Request hard copies by calling 714-246-8600.