July 2019 Issue

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CalOptima Medi-Cal Members May Qualify For Low or No Cost Telephone Service

The California LifeLine is a statewide program that provides discounted home phone and prepaid cell phone services with unlimited calls and unlimited text. Compare services between a cell phone and a land line and choose an option that works best. “Bring Your Own Device (BYOD)” services are also available, which may lower the cost even further.

How to get the phone? The following instructions will help your patients apply for the California LifeLine program:

• Go to www.californialifeline.com
• Once online, click on the Help tab and choose “Provider Search” from the dropdown menu.
• Enter your zip code to choose a provider in your area and complete the application with one of the identified providers.

After making your request, you will receive a letter in the mail with a Personal Identification Number (PIN) and a form. Fill out the form and send it back with copies of requested documents. Make sure to include your PIN and the Phone Number or Enrollment Code printed on the form you received to complete the request.

If you do not receive a form within three weeks call 866-272-0357 to get help.

Important: The benefit is limited to one service per household. Getting multiple discounted phone services per household is against the law. Penalty range from losing the benefits to being put in prison.

Be aware of scammers! Call 1-866-272-0357 for any questions or visit www.californialifeline.com.
Provider Code Updates

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

- NICU/PICU Services Code Conversion Notice of Implementation
- EPSDT Psychology, Mental & Behavioral Health Code Conversion Tech Support
- New Medi-Cal Diabetes Prevention Program Manual Section
- Update to Buprenorphine Implant TAR and ICD-10-CM Requirements
- Implementation of Hepatitis B Vaccine Medi-Cal Benefit
- Treatment Restrictions and Billing Requirements Revised for Ipilimumab
- Hydroxyprogesterone Caproate Dosage Administration Policy Update
- Anthemophilic Factor Jivi is a New Medi-Cal Benefit
- Policy Update for Mepolizumab
- National Correct Coding Initiative Quarterly Update for July 2019
- Updated Frequency Limit and Removed TAR Requirement for Breast Pump Supplies

For detailed information regarding these changes, please refer to the June 2019 General Medicine bulletin on the Medi-Cal website at Medi-Cal: Medi-Cal Update - General Medicine | June 2019 | Bulletin 540 or the DME and Medical Supplies bulletin on the Medi-Cal website at Medi-Cal: Medi-Cal Update - DME and Medical Supplies | June 2019 | Bulletin 525.

For CalOptima’s prior authorization required list, please refer to the CalOptima website.

CCN Physicians: Contract Amendments Are Due

Recently, CalOptima Community Network physicians and specialist were sent an amendment that updates their existing CalOptima physician contract to meet new regulatory requirements and extends the current contract rates. These updates include:

- Address requirements set forth in the California Department of Health Care Services (DHCS) All Plan Letter (APL) 19-001, Medi-Cal Managed Care Health Plan Guidance on Network Provider Status.
- Modifies other relevant statutory and regulatory requirements for the Medi-Cal program and Cal MediConnect Program requirements.
- Updates and extends the Proposition 56 funding (if applicable to your contract).

Amending your contract with the regulatory language referenced above is required for the continued release of proposition 56 funding. To avoid the potential suspension of these funds, please sign both original amendments and return in the self-addressed, postage paid envelope as soon as possible. **Failure to return contracts by August 1, 2019, may lead to termination.**

Please contact contractingmailbox@caloptima.org or providerservicesinbox@caloptima.org if you have any questions or if you are unable to meet this deadline.
CalOptima’s Provider Relations Department Invites You To:

CalOptima Community Network Lunch and Learn Meeting

FRIDAY, AUGUST 16, 2019
Program begins at Noon and ends at 1:30 p.m.
CALOPTIMA
505 City Parkway West, Orange, CA 92868

Topics Include:

- Provider Report Card
- Behavioral Health Services Update
- Whole-Child Model Update

Who Should Attend:
Contracted providers, physicians, office managers, back office billing and authorization staff.

This event is free, but registration is recommended.
To RSVP and for more information, contact the Provider Relations department at 714-246-8600 or providerservicesinbox@caloptima.org

CalOptima
A Public Agency
Better. Together.
## 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>8/1/2019</td>
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<tr>
<td></td>
<td>Available anytime</td>
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<tr>
<td>Smoking Cessation Leadership Center</td>
<td>Webinars, publications, toolkits, fact sheets and guides for providers</td>
<td>8/1/2019</td>
</tr>
<tr>
<td></td>
<td>Available anytime</td>
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<tr>
<td>Managed Health Care in California Archived Webinars</td>
<td>Multiple 90-minute webinars</td>
<td>8/1/2019</td>
</tr>
<tr>
<td></td>
<td>Available anytime</td>
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<tr>
<td>Available CME/CEU Recorded Webinars</td>
<td>Available recorded webinars with available CE/CME units from the Smoking Cessation Leadership Center</td>
<td>8/1/2019</td>
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<tr>
<td></td>
<td>Available anytime</td>
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<tr>
<td>Increasing Adolescent Immunization Coverage</td>
<td>Webinar intended for health professionals engaged in care of patients needing vaccinations</td>
<td>8/5/2019</td>
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<tr>
<td></td>
<td>Available anytime</td>
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<tr>
<td>“We Can” Program 90-Minute Online Training</td>
<td>4 Sessions: We Can! Energize Our Families: Parent Program</td>
<td>8/5/2019</td>
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<td></td>
<td>Available anytime</td>
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<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>8/5/2019</td>
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<tr>
<td></td>
<td>Available anytime</td>
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<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>8/6/2019</td>
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<td></td>
<td>12–1 p.m.</td>
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<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>8/7/2019</td>
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<tr>
<td></td>
<td>Available anytime</td>
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<tr>
<td>How to Talk With Patients About Smoking Cessation and Anxiety</td>
<td>Free recorded webinar with 1.0 CE credit</td>
<td>8/7/2019</td>
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<tr>
<td></td>
<td>Available anytime</td>
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<tr>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training</td>
<td>Virtual SBIRT learning webinar</td>
<td>8/7/2019</td>
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<tr>
<td></td>
<td>12–1 p.m.</td>
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<tr>
<td>How to Talk With Patients About Smoking Cessation and Anxiety</td>
<td>Free recorded webinar with 1.0 CE credit</td>
<td>8/21/2019</td>
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<tr>
<td></td>
<td>Available anytime</td>
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<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>8/30/2019</td>
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<tr>
<td></td>
<td>12–1 p.m.</td>
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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](mailto:healthpromotions@caloptima.org).
UPDATE: CCS/WCM Eligibility Determination Requirements

On July 1, 2019, CalOptima, the Orange County Health Agency (OC HCA) and the California Department of Health Care Services (DHCS) launched the Whole-Child Model (WCM) program. The WCM program is designed to help children up to 21 years of age who are eligible for California Children’s Services (CCS), and their families, get better care coordination, access to care and improved health results.

To assist you and your office during the implementation, CalOptima request you review the CCS eligibility determination requirements listed below:

- Providers must submit all CCS eligibility determination requests to the member’s assigned health network to submit to CalOptima. Eligibility requests should not be sent to the Orange County CCS.
- Eligibility requests should not be submitted for members who are already eligible unless they are due for annual redetermination.
- For annual redetermination, do not send requests until a member is within three months of the redetermination date.
- CCS will be responsible for annual redeterminations until September 30, 2019. Health networks will not be required to submit additional information.

Changes In DRG Payment Methodology

The Department of Health Care Services (DHCS) released All-Plan Letter (APL) 19-008: Rate Changes for Emergency and Post-Stabilization Services Provided by Out-of-Network Border Hospitals Under the DRG Payment Methodology.

The purpose of this APL is to provide guidance to Medi-Cal managed care health plans, like CalOptima, on changes in the Diagnosis Related Group (DRG) payment methodology used to establish reimbursement rates paid to out-of-network border hospitals, as defined in the State Plan, for acute care hospital inpatient services in the Medi-Cal Fee-for-Service (FFS) system.

Additionally, this APL provides notice to that the Federal Court rejected a challenge to the validity of the changes in the DRG payment methodology under State Plan Amendment (SPA) 15-020. With the lawsuit now resolved, DRG payment rates remain effective as approved under SPA 15-020, and Medi-Cal managed care health plans must continue to comply with SPA 15-020. This APL supersedes APL 16-016.

Federally Qualified Health Centers and Rural Health Clinics Financial Incentive and Pay for Performance Payment Policy

The Department of Health Care Services (DHCS) recently released All Plan Letter (APL) 19-005: Federally Qualified Health Centers (FQHC) and Rural Health Centers (RHC) Financial Incentive and Pay for Performance (P4P) Payment Policy.

The purpose of APL-19-005 is to provide clarification and guidance to Medi-Cal managed care health plans, like CalOptima, on the policy requirements for financial incentive payments to Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs). Please note that RHCs are not applicable to CalOptima.


Prop 56 Physicians Directed Payments for Specified Services


The purpose of this APL is to provide managed care plans, like CalOptima, with information on directed payments for certain services funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) for State Fiscal Year (SFY) 2017–18 and SFY 2018–19. This APL supersedes APL 18–010.

To view a complete copy of APL 19-006 visit https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx.

Non-Contract GEMT Payment Obligations (Medi-Cal Only)

The Department of Health Care Services (DHCS) released All-Plan Letter (APL) 19-007: Non-Contract Ground Emergency Medical Transportation (GEMT) Payment Obligations for State Fiscal Year 2018-19, to provide Medi-Cal managed care health plans, like CalOptima, with information regarding increased reimbursement for fee-for-service (FFS) GEMT for Current Procedural Terminology (CPT) codes A0429, A0427, and A0433.

Updating Your Provider Directory Listing

All providers are required to submit accurate and timely updates of changes to demographic and other information required, for inclusion in the CalOptima provider directory. This is a California State law, which was established with Senate Bill 137 (SB137).

This law underscores the importance of ensuring a provider’s information, such as whether or not you are accepting new patients, are up-to-date, and any changes are communicated to the provider’s contracted health network in a timely manner. Specifically, the law requires:

- The listing of all contracted health networks and services of the provider or provider group
- Providers to notify the provider’s contracted health network within five business days if they are no longer accepting new patients or if they were not accepting new patents and are now open to new patients
- Providers who are not accepting new patients, and are contacted by a new patient, to direct the patient to their health network to find a provider and to report the directory inaccuracy
- Providers to be responsive to the provider’s contracted health network’s notifications regarding the accuracy of information in the provider directory by either confirming the information is correct or updating information as appropriate.
- Failure to respond to the notification may result in a delay of payment or reimbursement of a claim pursuant to subdivision (p) of SB137
- Providers have 30 business days to confirm with the provider’s contracted health network their information is either current and accurate or requires updates. If no response, CalOptima shall take no more than 15 business days to verify whether the provider’s information is correct or requires updates
- If CalOptima is unable to verify the provider’s information is correct or requires updates, CalOptima will notify the provider 10 business days in advance that they will be removed from the provider directory or directories at the next required update
- A provider shall not be removed from the provider directory or directories if he or she responds before the end of the 10 business day notice period

To keep your CalOptima provider directory listing up to date, contact your health network’s Provider Relations department. CalOptima Community Network providers may call 714-246-8600.
Policies and Procedures Monthly Update

The following is a list outlining changes made to CalOptima policies and procedures during **June 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>Medi-Cal</td>
<td><strong>DD.2012</strong> Member Notification of Change in the Availability or Location of Covered Services</td>
<td>02/01/19</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td><strong>FF.1107 RETIRED</strong> Bone Marrow &amp; Organ Transplant Reimbursement</td>
<td>05/28/19</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td><strong>GG.1330 New!</strong> Case Management – California Children’s Services Program Whole-Child Model</td>
<td>07/01/19</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td><strong>GG.1510</strong> Appeal Process</td>
<td>03/07/19</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td><strong>GG.1547 New!</strong> Maintenance and Transportation</td>
<td>07/01/19</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td><strong>HH.1102</strong> Member Grievance</td>
<td>03/07/19</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td><strong>HH.1103</strong> Health Network Member Grievance and Appeal Process</td>
<td>03/07/19</td>
</tr>
<tr>
<td>Medi-Cal</td>
<td><strong>HH.1108</strong> State Hearing Process and Procedures</td>
<td>03/07/19</td>
</tr>
<tr>
<td><strong>Multiple Lines of Business</strong></td>
<td></td>
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<tr>
<td>EE.1101Δ</td>
<td>Additions, Changes, and Terminations to CalOptima Provider Information, CalOptima Provider Directory, and Web-based Directory</td>
<td>03/07/19</td>
</tr>
<tr>
<td>EE.1103Δ</td>
<td>Provider Education and Training</td>
<td>03/07/19</td>
</tr>
<tr>
<td>GG.1657</td>
<td>Medical Board of California and the National Practitioner Data Bank (NPDB) Reporting</td>
<td>03/07/19</td>
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<tr>
<td>GG.1814</td>
<td>Appeals Process for a Long-Term Care Facility</td>
<td>03/07/19</td>
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<tr>
<td><strong>OneCare</strong></td>
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<tr>
<td>MA.6022</td>
<td>Initial and Annual Health Risk Assessment</td>
<td>05/01/19</td>
</tr>
<tr>
<td>MA.6040</td>
<td>First Tier, Downstream, or Related Entities (FDR) Model of Care – Roles and Responsibilities with Specific Personal Care Coordinator (PCC) Requirements</td>
<td>05/01/19</td>
</tr>
</tbody>
</table>
## Improving Chlamydia Screening Among Adolescents

The Department of Health Care Services (DHCS) recently shared a quality improvement (QI) opportunity from the California Department of Public Health (CDPH) on chlamydia screening in adolescents. This project is free-of-charge, web-based, and provides clinical care best practices and QI training by state and national sexually transmitted disease (STD), adolescent health, and QI experts.

For additional information, click on the following link Improving Chlamydia Screening among Adolescents in Primary Care eLearning Collaborative (CT ELC). Completed applications to participate are due no later than July 26, 2019.

## CalOptima Launches Whole-Child Model Program

On July 1, 2019, CalOptima, the Orange County Health Agency (OC HCA) and the California Department of Health Care Services (DHCS) launched the Whole-Child Model (WCM) program, designed to help children up to 21 years of age, who are eligible for California Children’s Services (CCS) and their families, get better care coordination, access to care and improved health results.

To view a list of frequently asked questions (FAQ) regarding the implementation of WCM, visit the CalOptima website at https://www.caloptima.org/en/ForProviders/Resources/ProviderFAQs.aspx.

### Policies and Procedures Monthly Update (cont.)

<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>PACE</td>
<td></td>
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<tr>
<td>PA.1002</td>
<td>Mandatory Medical Equipment Requirements</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.1005</td>
<td>Collection, Storage, and Removal of Waste</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5001</td>
<td>Use of Physical and Chemical Restraints</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5050</td>
<td>Nutrition</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5051</td>
<td>Quality of Food</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5053</td>
<td>Food Storage</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5054</td>
<td>Provision of Food Service and Menu Preparation</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5110</td>
<td>Emergency Care</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5201</td>
<td>Medication Administration and Packaging</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5202</td>
<td>Labeling and Clinic Storage of Medications</td>
<td>05/01/19</td>
</tr>
<tr>
<td>PA.5203</td>
<td>Return and Disposal of Medications</td>
<td>05/01/19</td>
</tr>
</tbody>
</table>
CCS/WCM Program Implementation Requirements

The Department of Health Care Services (DHCS) recently released Numbered Letter (NL) 04–0618: California Children’s Services Program Whole-Child Model (WCM).

The purpose of this NL, is to provide guidance to local county California Children’s Services (CCS) programs about requirements pertaining to the CCS/WCM program. This N.L. is written in conformance with All Plan Letter (APL) 18-0111, which provides guidance to participating Medi-Cal managed care health plans (MCPs), like CalOptima, on requirements pertaining to the implementation of the WCM.

The following are the noteworthy changes included in this final NL:

**High–Risk Infant Follow-Up (HRIF)**

MCPs are responsible for determining High-Risk Infant Follow-up (HRIF) program eligibility, coordinating and authorizing HRIF services for members and ensuring the provision of HRIF case management services. MCPs must notify the county CCS program, in writing within 15 calendar days, of CCS-eligible neonates, infants, and children up to three years of age that lose Medi-Cal coverage for HRIF services and provide coordination of care information to the members.

**NICU Acuity Assessment, Authorization and Payment**

Neonatal intensive care unit (NICU) acuity assessment, authorization and payment will be the responsibility of the MCP in all WCM counties. Acuity assessments will be conducted in accordance with CCS program guidelines. Independent and dependent county CCS programs are responsible to enter the medical eligibility information into CMS Net and conduct the residential and financial eligibility for the CCS program. The MCPs shall inform the county CCS program if a CCS-eligible condition is later identified. Independent CCS counties will determine CCS medical eligibility and the State will determine CCS medical eligibility for the dependent counties.

Important Meetings

**CalOptima Board of Directors Meeting:**
Aug 1, 2 p.m.

**CalOptima Provider Advisory Committee Meeting:**
Aug 8, 8 a.m.

**CalOptima OneCare Connect Member Advisory Committee Meeting:**
Aug 8, 2:30 p.m.

**CalOptima OneCare Connect (OCC) Member Advisory Committee Meeting:**
Aug 22, 3 p.m.

Visit the Provider Events 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.

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**Visit the CalOptima Website**
Visit the CalOptima website at [www.caloptima.org](http://www.caloptima.org) to view the Provider Manuals, Policies and Guides section for information regarding:

- 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.