



PROVIDER UPDATE

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State Launches Incentive Program for Behavioral Health Integration — Applications Due January 21, 2020

To positively impact mental health care delivery, the Department of Health Care Services (DHCS) is utilizing Proposition 56 funds to create the Value-Based Payment Behavioral Health Integration (BHI) Incentive Program. This program aims to incentivize improvement of physical and behavioral health outcomes, care delivery efficiency, and the patient experience by establishing or expanding fully integrated care into CalOptima's networks.

In order to apply, providers must complete, sign and submit an application to CalOptima by January 21, 2020. Prior to completing the application, it is strongly suggested that applicants carefully review the entire application and other supporting documents that are available at the links below and consult with CalOptima. CalOptima will review the material and inform applicants about participation decisions by March 18, 2020. If the provider is awarded BHI funding, CalOptima will be responsible for oversight and payment to the provider for meeting the BHI incentive program milestones, based on the approved application.

Visit the DHCS website at www.dhcs.ca.gov/provgovpart/Pages/VBP_BHI_IncProApp.aspx for details regarding:

- Program Information
- Process Guide
- Application
- Project Selection Criteria

CalOptima recently released Orange County-specific information regarding how to submit completed applications online. If you have any questions, please send them to CalOptima's Business Integration department at businessintegration@caloptima.org.

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

Comprehensive Medical Care for Transgender and Gender-Nonbinary Patients

This course is for anyone interested in in-depth exposure to medical care for this population, including physicians (in practice and in training) and allied health professionals in primary care, endocrinology, plastic surgery, urology, obstetrics/gynecology, as well as mental health professionals, social workers and nurses, and students of all above disciplines.

When: Saturday, February 8, 2020	Time: 7:15 a.m.–4:30 p.m.	Where: Tamkin Auditorium Ronald Reagan UCLA Medical Center 757 Westwood Plaza Los Angeles, CA 90095
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At the end of the program, attendees should be able to:

- Create a welcoming and inclusive environment for patients of all gender identities.
- Describe the various aspects of medical and surgical care for gender transition.
- Assess a patient’s readiness for gender-affirming interventions, including hormone management and surgeries. Be able to optimize health prior to, during and following such interventions.
- Identify common behavioral health conditions that may accompany gender dysphoria, how these might impact health and health care, and how and when to implement or refer for further assessment and treatment.
- Apply preventive care recommendations, including cervical, breast and prostate cancer, and osteoporosis guidelines taking into account a patient’s individual history of gender-affirming care.
- Identify common presentations of gender dysphoria in children and adolescents and provide counseling regarding evidence-based treatment recommendations in this population.

Registration:

Visit www.cme.ucla.edu/courses and click on Comprehensive Medical Care for Transgender and Gender-Nonbinary Patients or call 310-794-2620.

Fee:

- \$95 Physicians, Nurses and Other Allied Health Professionals
- \$50 Fellows, Residents and Students

CME Accreditation Statement: The Office of Continuing Medical Education, David Geffen School of Medicine at UCLA is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CME Credit Designation Statement: The Office of Continuing Medical Education, David Geffen School of Medicine at UCLA designates this live activity for a maximum of 7.25 AMA PRA Category 1 CreditsTM. Physicians should claim only the credit commensurate with the extent of their participation in the activity. The California State Board of Registered Nursing accepts courses approved by the AMA for category 1 credit as meeting the continuing education requirements for license renewal. Nurses from states other than California should inquire with their local State Board for specific continuing education policies.

Disclosure: The FDA has issued a concept paper which classifies commercial support of scientific and educational programs as promotional unless it can be affirmed that the program is “truly independent” and free of commercial influence. In addition to independence, the FDA requires that nonpromotional, commercially supported education be objective, balanced and scientifically rigorous. The policy further states that all potential conflicts of interest of the CME staff and faculty be fully disclosed to the program’s participants. In addition, Accreditation Council for Continuing Medical Education policy mandates that the provider adequately manages all identified potential conflicts of interest prior to the program. We at UCLA fully endorse the letter and spirit of these concepts.

Prop 56 Directed Payments for Adverse Childhood Experiences Screening Services

On December 30, 2019, the Department of Health Care Services (DHCS) distributed **All Plan Letter (APL) 19-018: Proposition 56 Directed Payments for Adverse Childhood Experiences (ACE) Screening Services**.

AB 340 requires DHCS, in consultation with the California Department of Social Services (CDSS) and others, to convene an advisory workgroup to update, amend or develop, if appropriate, tools and protocols for screening children for trauma as defined with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit.

DHCS requires managed care plans (MCPs), like CalOptima, to either directly or through their delegated entities and subcontractors, to comply with a minimum fee schedule of \$29 for each qualifying ACE screening service by a network provider with **dates of services on or after January 1, 2020**.

A qualifying ACE service is one provided by a network provider through the use of either the PEARLS tool or a qualifying ACE questionnaire to a member enrolled with CalOptima who is not dually eligible for Medi-Cal and Medicare Part B. To qualify, the ACE questionnaire must include questions on the 10 original categories of ACEs linked in APL 19-018. Providers may utilize either an ACE questionnaire or the PEARLS tool for members 18 or 19 years of age; the ACEs screening portion of the PEARLS tool (Part 1) is also valid to conduct ACEs screenings among adults ages 20 years and older. To be eligible for the directed payment, the network provider must meet the following criteria:

- The network provider must utilize either the PEARLS tool or a qualifying ACEs questionnaire, as appropriate.
- The network provider must bill using one of the HCPCS codes listed in the APL based on the screening score from the PEARLS tool or ACEs questionnaire used.
- The network provider who rendered the screening must be on DHCS' list of providers who have completed the state-sponsored trauma-informed care training.

DHCS will provide and/or authorize ACEs-oriented trauma-informed care training for providers and their ancillary office staff. The training will be available in person, including regional convenings and online. The training will include general training about trauma-informed care, as well as specific training on the use of the ACEs questionnaire and PEARLS tool. It will also include training on ACEs Screening Clinical Algorithms to help providers assess patient risk of toxic stress physiology and how to incorporate ACEs screening results into clinical care and follow-up plans.

The training requirement will be waived for dates of service prior to July 1, 2020. However, **Beginning July 1, 2020, network providers must self-attest to completing certified ACEs training on the DHCS website to continue receiving directed payments**. DHCS will establish a website for providers to self-attest to their one-time completion of the state-sponsored trauma-informed care training. While CalOptima will have access, DHCS will maintain the list of providers who have self-attested to their completion of the training.

Providers must document **all** of the following and retain the information in the member's medical record, making it available upon request :

- Tool that was used
- Completed screen was reviewed
- Results of the screen and the interpretation of results
- What was discussed with the member and/or family
- Appropriate actions taken

For additional information, please review **APL 19-018** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-018.pdf>

Prop 56 — Adverse Childhood Experiences (ACEs) Request for Proposal (RFP) Issued

The Department of Health Care Services (DHCS) has issued a Request for Proposal (RFP) for the Adverse Childhood Experiences (ACEs) Aware initiative, California's effort to screen, treat and heal the harmful effects of childhood trauma.

The RFP supports the work of the DHCS and the Office of the California Surgeon General to implement ACEs Aware by providing funding opportunities for external organizations to build networks of care through provider training, provider engagement and more.

The RFP information can be accessed by visiting <https://www.acesaware.org/wp-content/uploads/2019/12/ACEs-Aware-Request-for-Proposals.pdf>.

Telehealth Services Policy (Revised)

Recently, the Department of Health Care Services (DHCS) released a revised version of **All Plan Letter (APL) 19-009, Telehealth Services Policy**. The purpose of this APL is to provide clarification to Medi-Cal managed care health plans (MCPs), like CalOptima, on the DHCS policy on Medi-Cal services offered through a telehealth modality as outlined in the Medi-Cal Provider Manual. This includes clarification on the services that are covered and the expectations related to documentation for the telehealth modality.

The following is a clarification, which has been added to page 2 of the APL:

Each telehealth provider providing Medi-Cal covered services to an MCP member via a telehealth modality must meet the requirements of BPC Section 2290.5(a)(3), or equivalent requirements under California law in which the provider is considered to be licensed, such as providers who are certified by the Behavior Analyst Certification Board, which is accredited by the National Commission on Certifying Agencies. ***Providers who do not have a path to enroll in fee-for-service Medi-Cal do not need to enroll with DHCS in order to provide services via telehealth. For example, behavioral analysts do not need to enroll in Medi-Cal to provide services via telehealth.***

Say Hello to OneCare Connect

CalOptima invites you to a special event!

- Learn about new benefits available to CalOptima members
- Meet your CalOptima Team
- Get resources to stay healthy

Saturday, January 25, 2020

9:30 to 11 a.m.

Garden Grove Community Center

11300 Stanford Ave

Garden Grove, CA 92840

Snacks and drinks provided

Call us today to reserve your space: 1-877-361-3555

Joint Medi-Cal Audit: January 27–February 7, 2020

CalOptima was formally engaged by the Department of Health Care Services (DHCS) for its annual Medi-Cal audit, scheduled from January 27–February 7, 2020.

DHCS nurse evaluators will contact providers selected for the audit site visit and medical record reviews directly to schedule the on-site visit.

For more information, call CalOptima's Provider Relations department at **714-246-8600**.

Health Education: Trainings and Meetings

Title	Description	Date and Time
Smoking Cessation for Pregnancy and Beyond	Learn about smoking cessation from experts in an informative, engaging and novel interactive format	2/3/2020 Available anytime
Smoking Cessation Leadership Center	Webinars, publications, toolkits, fact sheets and guides for providers	2/3/2020 Available anytime
Increasing Adolescent Immunization Coverage	Webinar intended for health professionals engaged in care of patients needing vaccinations	2/3/2020 Available anytime
"We Can" Program 90-Minute Online Training	Four Sessions: We Can! Energize Our Families: Parent Program	2/3/2020 Available anytime
Managed Health Care in California Archived Webinars	Multiple 90-minute webinars	2/3/2020 Available anytime
Available CME/CEU Recorded Webinars	Available recorded webinars with available CE/CME units from the Smoking Cessation Leadership Center	2/3/2020 Available anytime
Media-Smart Youth: Eat, Think and Be Active	Free 1-hour webinar for those interested in implementing youth programs	2/3/2020 Available anytime
Training Offered by Different Organizations	Various training opportunities offered by different organizations. Check specific trainings for dates and times	2/4/2020 Available anytime
Tobacco Dependence Treatment and Behavioral Health	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	2/5/2020 Available anytime
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	2/5/2020 Available anytime
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	Virtual SBIRT learning webinar	2/5/2020 12–1 p.m.
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	2/19/2020 Available anytime
The Resources for Integrated Care – Webinar Recordings	The Resources for Integrated Care website features recordings of webinars and additional resources and tools for providers and health plans	2/28/2020 12–1 p.m.

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.

Medi-Cal Optician Services Restored

The Department of Health Care Services (DHCS) recently announced information regarding the restoration of optician services as a Medi-Cal benefit.

Effective for dates of service on or after **January 1, 2020**, optional benefit optician services, including services provided by a fabricating optical laboratory (FOL), previously eliminated as part of the optional benefits exclusion, are reinstated as Medi-Cal benefits for eligible full-scope Medi-Cal recipients 21 years of age or older.

In addition, effective for dates of service on or after **January 1, 2020**, optical providers are limited to billing the following CPT codes 92340, 92341, 92342, 92352 or 92353 for dispensing of ophthalmic lenses fabricated by Prison Industry Authority (PIA) optical laboratories for eligible Medi-Cal recipients. Medi-Cal contracted FOL bills for lens fabrication must use the appropriate HCPCS codes.

All optical providers will use PIA optical laboratories to fabricate lenses.

You may review the above update at http://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30050.asp. CalOptima will provide additional information and include the final member notice, when available.

Policies and Procedures Monthly Update

The following is a list outlining changes made to CalOptima policies and procedures during **December 2019**. The full description of the policies below are finalized and available on CalOptima's website at www.caloptima.org.

Policy Number	Policy Title, Description and Revisions	Policy Last Review and/or Last Revision Date
Medi-Cal		
DD.2003	Member Identification and Eligibility Verification	12/01/19
DD.2005	Member-Informing Materials Requirements	08/01/19
FF.4001	Special Payments: Health Homes Program (HHP) Supplemental Payment for Capitated Health Networks	01/01/20
GG.1101	California Children's Services (CCS)/Whole-Child Model-Coordination with County CCS Program	10/03/19
GG.1105	Coverage of Organ and Tissue Transplants	12/05/19
GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	09/01/19
GG.1326	Risk Stratification Process for a Member who chooses to Opt-Out of Cal MediConnect, or is a Full Benefit Dual-Eligible excluded from Cal MediConnect or is a Partial Dual-Eligible	12/01/19
GG.1327	Coordination for Dual-Eligible Members, Not Enrolled in OneCare Connect, with LTSS	12/05/19
GG.1331	Health Homes Program (HHP) Services and Care Management	01/01/20
GG.1350	Health Homes Program (HHP) Member Eligibility	01/01/20
GG.1407	Nutrition Products	10/01/19
GG.1423	Medication Quality Assurance Program	12/05/19
GG.1504	Dental Services	09/01/19
Multiple Programs		
GG.1113	Specialty Practitioner Responsibilities	10/01/19
GG.1130	Community Based Adult Services (CBAS) Eligibility, Authorization, Availability, and Care Coordination Processes	11/01/19
GG.1201Δ	Health Education Programs	09/01/19
GG.1204Δ	Clinical Practice Guidelines	10/01/19

Policies and Procedures Monthly Update (cont.)

Policy Number	Policy Title, Description and Revisions	Policy Last Review and/or Last Revision Date
Multiple Programs (Cont.)		
GG.1209Δ RETIRED	Population Based Care Disease Management	09/01/18
GG.1539	Authorization for Out-of-Network and Out-of-Area Services	10/03/19
GG.1607Δ	Monitoring Adverse Actions	10/03/19
GG.1608Δ	Full Scope Site Reviews	10/03/19
GG.1613Δ	Initial Health Assessment	09/01/19
GG.1639Δ	Post-Hospital Discharge Medication Supply	10/03/19
GG.1645	Assessing Primary Care Provider (PCP) Experience	12/01/19
GG.1810	Bed Hold, Long Term Care	12/05/19
GG.1822	Process for Transitioning CalOptima Members between Levels of Care	12/05/19
GG.1830	In-Home Supportive Services (IHSS) Identification, Referral, and Care Coordination Process	11/1/19
GG.1831	Multipurpose Senior Services Program (MSSP)	10/01/19
GG.1832	Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process	10/01/19
MA.2001	Marketing Material Standards	12/01/19
MA.2002	Marketing Activity Standards	12/01/19
MA.2012	Training and Oversight of CalOptima-Employed Community Partners	12/01/19
MA.2022	Sales and Marketing Ethics Procedure	12/01/19
MA.2030	Personal/Individual Marketing Appointments	12/01/19
MA.6044	Coverage of Solid Organ and Stem Cell Transplants	12/05/19
MA.6107	Pharmacy Claims Processing	12/01/19
MA.6108	Medication Coordination of Benefits	12/01/19
OneCare		
MA.4016	Direct Member Reimbursement for Covered Services	12/05/19
OneCare Connect		
CMC.1817	LTC Facility Closure, Planned or Emergency	07/01/15
CMC.4012	Direct Member Reimbursement for Covered Services	12/05/19
PACE		
PA.1011	Staff Competency, Orientation, and Training	12/01/19
PA.5040	Participant Rights	12/01/19
PA.7100	Premium and Share of Cost Collection	11/07/19

2020 Compliance Plan and Office of Compliance Policies and Procedures Update

The CalOptima Office of Compliance policies and procedures listed below are finalized and available on CalOptima's website at www.caloptima.org.

Policy Number	Policy Title, Description and Revisions	Policy Last Review and/or Last Revision Date
Office of Compliance - Audit & Oversight (A&O)		
GG.1605	Delegation and Oversight of Credentialing and Recredentialing Activities	12/05/19
GG.1619	Delegation Oversight	12/05/19
HH.2015	Health Networks Claims Processing	12/05/19
HH.2025	Health Network Subdelegation and Subcontracting	12/05/19
HH.2026	Claims Delegation and Oversight	12/05/19
HH.2027Δ	Annual Risk Assessment (Delegate)	12/05/19
HH.4001Δ	Audit & Oversight Committee	12/05/19
HH.4002	CalOptima Internal Oversight	12/05/19
HH.4003	Annual Risk Assessment (Internal)	12/05/19
Office of Compliance – Fraud, Waste, and Abuse (FWA)		
HH.1105Δ	Fraud, Waste, and Abuse Detection	12/05/19
HH.1107Δ	Fraud, Waste, and Abuse Investigation and Reporting	12/05/19
HH.5000Δ	Provider Overpayment Investigation and Determination	12/05/19
HH.5004Δ	False Claims Act Education	12/05/19
Office of Compliance – Privacy		
HH.3000Δ	Notice of Privacy Practices	12/05/19
HH.3001Δ	Member Access to Designated Record Set	12/05/19
HH.3002Δ	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	12/05/19
HH.3003Δ	Verification of Identity for Disclosures of Protected Health Information	12/05/19
HH.3004Δ	Member Request to Amend Records	12/05/19
HH.3005Δ	Member Request for Accounting of Disclosures	12/05/19
HH.3006Δ	Tracking and Reporting Disclosures of Protected Health Information	12/05/19
HH.3007Δ	Member Rights to Request Restrictions on Use and Disclosure of Protected Health Information	12/05/19
HH.3008Δ	Member Right to Request Confidential Communications	12/05/19
HH.3009Δ	Access by Member's Personal Representative	12/05/19
HH.3010Δ	Protected Health Information Disclosures Required by Law	12/05/19
HH.3011Δ	Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations	12/05/19
HH.3014Δ	Use of Electronic Mail with Protected Health Information	12/05/19
HH.3015Δ	Member Authorization for the Use and Disclosure of Protected Health Information	12/05/19
HH.3016Δ	Guidelines for Handling Protected Health Information Off-site	12/05/19
HH.3019Δ	De-identification of Protected Health Information	12/05/19
HH.3020Δ	Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PI or other Unauthorized Use or Disclosure of PHI/PI	12/05/19

2020 Compliance Plan and Office of Compliance Policies and Procedures Update (cont.)

Policy Number	Policy Title, Description and Revisions	Policy Last Review and/or Last Revision Date
Office of Compliance – Regulatory Affairs and Compliance (RAC)		
HH.2002Δ	Sanctions	12/05/19
HH.2005Δ	Corrective Action Plan	12/05/19
HH.2007Δ	Compliance Committee	12/05/19
HH.2014Δ	Compliance Program	12/05/19
HH.2018Δ	Compliance and Ethics Hotline	12/05/19
HH.2019Δ	Reporting Suspected or Actual Fraud, Waste, or Abuse (FWA), Violations of Applicable Laws and Regulations, and/or CalOptima Policies	12/05/19
HH.2020Δ	Conducting Compliance Investigations	12/05/19
HH.2021Δ	Exclusion and Preclusion Monitoring	12/05/19
HH.2022Δ	Record Retention and Access	12/05/19
HH.2023Δ	Compliance Training	12/05/19
HH.2028Δ	Code of Conduct	12/05/19
HH.2029Δ	Annual Compliance Program Effectiveness Audit	12/05/19
HH.3012Δ	Non-Retaliation for Reporting Violations	12/05/19
MA.9124	CMS Self-Disclosure	12/05/19

Provider Code Updates

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

- October 2019 HCPCS Quarterly Update: Policy Updates
- 2020 CPT Annual Update
- New Medi-Cal Policy Information on Reimbursement for Childhood Developmental Screening
- Screening for Adverse Childhood Experiences Is a Medi-Cal Covered Benefit
- 2019 ICD-10 Procedure Code Policy Added to Provider Manual
- Incontinence Medical Supply Claims Billable with Select HCPCS Codes
- National Correct Coding Initiative Quarterly Update for January 2020
- Policy for Medical Supply Billing Codes Updated to DME Supply Billing Codes
- Updates to Incontinence Creams and Washes
- Pediatric Incontinence Products Are Non-Taxable
- In-line Cartridge Containing Digestive Enzyme Reimbursable as Medical Supply

For detailed information regarding these changes, please refer to the December 2019 General Medicine bulletin on the Medi-Cal website at [Medi-Cal: Medi-Cal Update - General Medicine | December 2019 | Bulletin 546](#) or the DME bulletin at [Medi-Cal: Medi-Cal Update - DME | December 2019 | Bulletin 531](#). For CalOptima's prior authorization required list, refer to the CalOptima website at www.caloptima.org.

Important Meetings

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.

Meeting	Date and Time
CalOptima Board of Directors	February 6, 2 p.m.
CalOptima Provider Advisory Committee	February 13, 8 a.m.
CalOptima Member Advisory Committee	February 13, 2:30 p.m.
CalOptima Board of Directors' Quality Assurance Committee	February 19, 3 p.m.
CalOptima Board of Directors' Finance and Audit Committee	February 20, 2 p.m.
CalOptima Whole-Child Model Family Advisory Committee	February 25, 9:30 a.m.
CalOptima OneCare Connect Member Advisory Committee	February 27, 3 p.m.

Visit the CalOptima Website

Visit the CalOptima website at 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**