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# PROVIDER PRESS



COVID-19: New Program To Protect Nursing Home Residents

Page 2 CalOptima Welcomes Interim CEO

Page 8 Access And Availability Standards

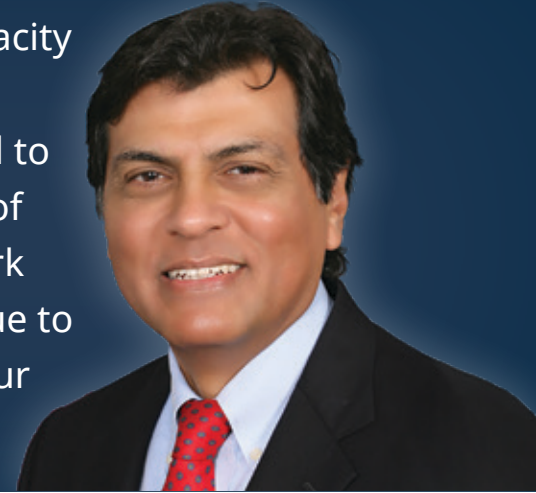
Page 10 Importance Of Annual Diabetic Eye Exams And Follow Up

## CALOPTIMA WELCOMES INTERIM CEO

At its April 2, 2020, meeting, CalOptima's Board of Directors named Richard Sanchez, REHS, MPH, the former director of the Orange County Health Care Agency, Interim Chief Executive Officer of CalOptima. Sanchez began his leadership role on Monday, April 6.

Sanchez comes to the position after serving on the CalOptima Board of Directors since March 2017. He replaces Michael Schrader who has been at CalOptima's helm for more than seven years and is leaving for a CEO position with a sister health plan in Northern California.

"I look forward to serving Orange County in this new capacity during the next stage of my career," Sanchez said. "While there's no doubt that this is a difficult time as we respond to COVID-19, CalOptima has a strong, longstanding record of delivering access to quality health care services. I will work to ensure CalOptima members and providers can continue to rely on the public agency that is critical to the health of our community."



Sanchez was OC HCA Director for three years, after having served as Assistant Director and Director of Environmental Health. Before his tenure in Orange County, he worked as Director of Environmental Health for the Sacramento Environmental Health Department and as Program Manager for the San Bernardino Environmental Health Department. Sanchez holds a bachelor's degree in biological sciences from UC Irvine and a Master of Public Health degree from Loma Linda University. He is also credentialed as a Registered Environmental Health Specialist (REHS).

"The Board welcomes Richard to his new role upholding CalOptima's mission focused on serving members," said Paul Yost, M.D., Chairman of the CalOptima Board of Directors. "Considering the current environment, it is especially reassuring to know that he will be able to hit the ground running given his extensive experience with CalOptima and the OC HCA."

## ANNUAL PROVIDER TRAINING: CULTURAL COMPETENCY

To ensure that our providers receive the resources and training necessary to deliver quality care to our members, CalOptima developed Cultural Competency Annual Training. This training is designed to help our providers identify the diverse values and beliefs of our members, while understanding how culture and language may influence the health of the populations we serve.

To help you become more culturally and linguistically competent in providing care to CalOptima members, visit

<https://www.caloptima.org/en/ForProviders/ProviderTrainings/CulturalCompetencyTraining.aspx>.

## CALOPTIMA COVID-19 PROVIDER COMMUNICATIONS

In an effort to provide timely information related to the COVID-19 pandemic, CalOptima recently updated the Provider Communication section of our website with links to the following key regulatory agencies:

- The Centers for Medicare & Medicaid Services (CMS)
- California Department of Public Health (CDPH)
- Department of Health Care Services (DHCS)
- Orange County Health Care Agency (OC HCA)

We also developed an “Additional Resources from CalOptima” area, highlighting:

- Telehealth
- Provider Alerts (Fax Blasts)

To access this update and additional provider communications regarding COVID-19, visit: <https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx>.

### < HEDIS 2020 TRAINING >

CalOptima is required to report Healthcare Effectiveness Data and Information Set (HEDIS) rates to the National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS) and Department of Health Care Services (DHCS).

As part of this annual reporting requirement, a medical record review is allowed for a subset of measures known as Hybrid Measures. As a contracted CalOptima provider, we recognize that you play a vital role in promoting good health to our members. That is why CalOptima has developed a set of online training modules, each containing annual content to help providers understand the measures’ specifications and required documentation to meet compliance for each measure.

Training modules for HEDIS 2020 are located on the CalOptima website at <https://www.caloptima.org/en/ForProviders/ProviderTrainings/HEDISHybridMedicalRecordReview.aspx>.

These training modules are designed to assist you and your staff as you work with CalOptima members every day. We encourage you to review all the modules and share the information with your office staff.

If you have questions or need assistance, email CalOptima at [HEDISMailBox@CalOptima.org](mailto:HEDISMailBox@CalOptima.org)



## NEW PROGRAM TO PROTECT NURSING HOME RESIDENTS

To combat the spread of COVID-19 in nursing homes, CalOptima's Board of Directors committed more than \$629,000 in a grant for a new program that improves infection control training. The Orange County Nursing Home COVID-19 Prevention Team program is a collaborative effort by UC Irvine, the Orange County Health Care Agency (OC HCA) and CalOptima.

CalOptima's contracted nursing homes are eligible to participate in the program, which was developed by UCI's Susan Huang, M.D., M.P.H., professor in the Division of Infectious Diseases and medical director of the UCI Health Epidemiology and Infection Prevention program. Her team of researchers and clinicians will:



- ▶ Develop a toolkit and implement a training program for infection prevention at 67 nursing homes.
- ▶ Engage 12 nursing homes for more intensive infection prevention training with detailed metrics and video-assisted support with feedback.
- ▶ Use molecular and serology testing in nursing homes to assess disease and immunity trends, and measure the training program's impact.

For example, as part of the toolkit and training, nursing home staff will learn how to better screen facility visitors, use personal protective equipment (PPE) more effectively, correct common mistakes in cleaning rooms and public areas, and answer resident questions about COVID-19.

On May 1, the OC HCA also committed similar financial support to the Orange County Nursing Home COVID-19 Prevention Team program with assistance from Matt Zahn, M.D., medical director of OC HCA's Communicable Disease Control Division, who worked in partnership with UCI and CalOptima.

The new COVID-19 program will operate concurrently with other infection control efforts by OC HCA and CalOptima. OC HCA's public health team responds with a targeted intervention when a cluster of COVID-19 cases is identified in a nursing home. Separately, CalOptima's Post-Acute Infection Prevention Quality Initiative (PIPQI) reduces the impact of multi-drug resistant organisms, such as MRSA, among nursing home residents. PIPQI provides financial incentives for using specialized chlorhexidine soap to care for residents in a proven protocol that reduces infection rates and hospital admissions. PIPQI stemmed from Dr. Huang's landmark research in conjunction with the Centers for Disease Control and Prevention. About 25 Orange County nursing homes have PIPQI in place, and there are plans to expand participation.

## CALOPTIMA IMPLEMENTS VIRTUAL CARE STRATEGY AND ROAD MAP AS PART OF COVID-19 MITIGATION

The CalOptima Board of Directors recently granted approval of a virtual care strategy and road map, and authorization for a two-year contract with vendor mPulse Mobile, a mobile health interactive text messaging services vendor, to provide a text messaging solution for member communications. As proposed, the virtual care strategies includes:

- Encouraging providers to use virtual visits in place of in-person visits whenever practicable
- Communicating with members via texting
- Contracting with a vendor offering virtual visits including after-hour access for all CalOptima members, regardless of health network assignment, for acute non-emergency medical conditions and behavioral health conditions
- Specific to CalOptima Community Network (CCN), CalOptima is contracting with vendors offering eConsults for CCN members and primary care providers (PCPs) through CalOptima contracted specialists who wish to participate.

In addition to the contract authority granted related to mPulse, the CalOptima Board may review and provide approval of other elements of the virtual care strategy in the future.



# CALOPTIMA CONTRACTED HEALTH NETWORKS RECEIVE CAPITATION RATE INCREASE

In response to the COVID-19 virus and the impact on the provider network, the CalOptima Board of Directors has authorized an increase of 5% to all contracted health networks. The increase will apply to current capitation levels for the period of April 1 through June 30, 2020. CalOptima was also granted authority to waive the minimum four-hour stay requirement and expand types of services eligible for per diem payments for contracted community-based adult services (CBAS) providers for Medi-Cal and OneCare Connect.

For questions, call CalOptima Provider Relations at 714-246-8600.





# FREQUENTLY ASKED QUESTIONS ABOUT UTILIZATION MANAGEMENT (UM) DECISION-MAKING

## How are UM decisions made?

At CalOptima, we make our decisions to authorize, modify or deny health care services based upon medical necessity and Medi-Cal coverage. We do not reward our staff or providers if they do not approve services, and there are no financial incentives associated with these decisions. Decisions to deny or modify a request, based on medical necessity, can only be made by another physician or, in the case of a pharmacy request, by a licensed pharmacist.

## What criteria and/or guidelines are used to make decisions?

We use nationally recognized guidelines, such as Milliman Care Guidelines, InterQual, the Medi-Cal Manual, and various guidelines from recognized professional academies like the American Academy of Family Physicians and the American Congress of Obstetricians and Gynecologists. Guidelines and criteria sets are based on sound clinical principles and processes. They are reviewed and updated as required on an annual basis. To ensure consistency with current standards of care and local practice, we involve actively participating practitioners in the development and approval of criteria.

## How can I obtain a copy of the criteria used in making a decision?

As a CalOptima provider, you have the right to ask about our UM decisions. You can contact our medical director in writing or via telephone. His or her telephone number is included in the Notice of Action letter you received.

## What if I have a general question about the UM process?

UM staff is available during CalOptima business hours from 8 a.m. to 5:30 p.m. for inbound calls regarding UM issues. After-hours contact with the UM staff is through the on-call service, which will notify staff to contact you. You can reach the UM staff by calling CalOptima's Care Coordination department at 714-246-8686.



## ACCESS AND AVAILABILITY STANDARDS

Every year, CalOptima analyzes our providers' performance of access and availability against the standards set forth in CalOptima policy #GG.1600 displayed below.

### Standards For Access to Covered Services

Service Type	Standard Procedure
<b>Emergency Services</b>	<ul style="list-style-type: none"> <li>Emergency services shall be available immediately to members 24 hours a day, seven days a week.</li> </ul>
<b>Urgent Care Services</b>	<ul style="list-style-type: none"> <li>Urgent care services shall be made available to a member within 24 hours after date of request.</li> </ul>
<b>Urgent Care Appointments at Primary Care Provider Office</b>	<ul style="list-style-type: none"> <li>Urgent appointment for services that do not require prior authorization shall be available within 48 hours after the request.</li> <li>Urgent appointment services that require a prior authorization shall be available within 96 hours after date of request.</li> </ul>
<b>Non-Urgent Services</b>	<ul style="list-style-type: none"> <li>Non-urgent acute care services shall be available to a member within three business days after date of request.</li> <li>Non-urgent primary care services shall be available to members within 10 business days after date of request.*</li> <li>Routine physical exams and health assessments shall be available to a member within 30 days after date of request.</li> <li>Non-urgent specialty care shall be available to a member within 15 days after date of request.</li> </ul>
<b>Prenatal Care First Visit</b>	<ul style="list-style-type: none"> <li>Appointments for the first prenatal visit shall be available to a member within 10 business days after date of request.</li> </ul>
<b>Telephone Access During Business Hours</b>	<ul style="list-style-type: none"> <li>Non-urgent and non-emergency messages during business hours: A provider shall return the call within 24 hours after the time of message.</li> <li>Urgent message during business hours: A provider shall return the call within 30 minutes after the time of message.</li> <li>Emergency message during business hours: All members shall be referred to the nearest emergency room.</li> <li>Recorded message should include the following: "If you feel that this is an emergency, hang up and dial 911."</li> </ul>
<b>Telephone Access After Hours</b>	<ul style="list-style-type: none"> <li>A primary care provider (PCP) or his or her designee, or an appropriate licensed professional under his or her supervision, shall be available 24 hours a day, seven days a week, to respond to member calls after hours or to a hospital emergency room provider.</li> <li>If live attendant answers and the call is an emergency, the attendant shall refer the member to 911 emergency services or instruct the member to go to the nearest emergency room.</li> <li>If using a recorded message, it should include the following: "If you feel that this is an emergency, hang up and dial 911 or go to the nearest emergency room."</li> </ul>





\*A provider may offer an appointment for non-urgent primary care within the same or next business day from the time the member requests the appointment and advance scheduling of an appointment at a later date if the member prefers not to accept the appointment offered within the same or next business day.

The Quality Analytics department will coordinate performance reviews to gauge adherence to access and availability standards. For a complete list of Access and Availability Standards or additional information, call the Provider Resource Line at 714-246-8600.

## IMPORTANCE OF ANNUAL DIABETIC EYE EXAMS AND FOLLOW UP

As a contracted CalOptima provider, we thank you for serving our members. As you already know, it is important for patients with diabetes to get an annual diabetic eye exam. CalOptima benefits allow for all eligible members with diabetes to have this an annual diabetic eye exam performed through an ophthalmologist referral or contracted VSP optometrist. Please refer your CalOptima members with diabetes for their annual eye exam today!

As vision care providers, we ask that you to send eye exam results, especially those showing complications such as diabetic retinopathy, to your patient's CalOptima PCP to ensure continuity of care and timely follow-up services. Primary care providers can obtain exam results directly from VSP with the member's consent, so please remind your patient to provide your information to the vision care specialist.

### Best Practices to Help Improve the HEDIS Diabetic Eye Exam Care Gap:

- PCPs should be sure to include the eye exam report from the vision care professional into their patient's chart, or be sure to document the history of a dilated eye exam with the date of service, test and result into a member's chart.
- Documenting a diabetic eye exam by an optometrist or ophthalmologist does NOT sufficiently meet the criteria to be counted for HEDIS. The medical record needs to indicate that a dilated or retinal exam was performed. If the words "dilated" or "retinal" are missing in the medical records, a notation of "dilated drops used" and findings for macula and vessels will meet the criteria for a dilated exam.
- A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed and evidence that an optometrist or ophthalmologist reviewed the results would also count.

Thank you for your commitment to improve diabetes management for CalOptima members. Getting timely results can help make a difference in providing timely care. For any questions regarding CalOptima's vision care benefits for members with diabetes, please contact CalOptima Health Management at 714-246-8895.



## MEMBER RIGHTS AND RESPONSIBILITIES

As a CalOptima provider, you should be aware that our members have rights and responsibilities. These are the standards CalOptima promises members, as well as their responsibilities as members.

### Members have a right to:

- Be treated with respect and dignity by all CalOptima, health network and provider staff
- Privacy and to have their medical information kept confidential
- Get information about CalOptima, our health networks, our providers, the services they provide and their member rights and responsibilities
- Choose a primary care provider (PCP) within CalOptima's network
- Talk openly with their health care providers about medically necessary treatment options, regardless of cost or benefit
- Help make decisions about their health care, including the right to say “no” to medical treatment
- Voice complaints or appeals, either verbally or in writing, about CalOptima or the care we provide
- Get oral interpretation services in the language that they understand
- Make an advance directive
- Access family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and emergency services outside CalOptima's network
- Ask for a State Hearing, including information on the conditions under which a State Hearing can be expedited
- Have access to their medical record and, where legally appropriate, get copies of, update or correct their medical record
- Access minor consent services
- Get written member information in large-size print and other formats upon request and in a timely manner appropriate for the format being requested
- Be free from any form of control or limitation used as a means of pressure, punishment, convenience or revenge
- Get information about their medical condition and treatment plan options in a way that is easy to understand
- Make suggestions to CalOptima about their member rights and responsibilities
- Freely use these rights without negatively affecting how they are treated by CalOptima, providers or the state

### Members are responsible for:

- Knowing, understanding and following their member handbook
- Understanding their medical needs and working with their health care providers to create a treatment plan
- Following the treatment plan agreed to with their health care providers



## Caloptima Meeting Information

Unless otherwise noted, meetings take place in the assembly rooms on the first floor at CalOptima, 505 City Parkway West in Orange. For more information, please call **714-246-8600**.

**CalOptima Board of Directors\* 2 p.m.**

**June 4, 2020**

**CalOptima Board of Directors' Finance and Audit Committee\* 2 p.m.**

**May 21, 2020**

**CalOptima Board of Directors' Quality Assurance Committee\* 5:30 p.m.**

**May 20, 2020**

**Member Advisory Committee (MAC)\* 2:30 p.m.**

**June 11, 2020**

**OneCare Connect Member Advisory Committee (OCCMAC)\* 3 p.m.**

**June 25, 2020**

**Provider Advisory Committee (PAC)\* 8 a.m.**

**June 11, 2020**

**Whole-Child Model Family Advisory Committee (WCMFAC)\* 9:30 a.m.**

**June 23, 2020**

## Visit Our Website

Visit CalOptima's website at [www.caloptima.org](http://www.caloptima.org) to view provider manuals and information on the following topics:

- Member Rights and Responsibilities
- QI Program and Goals
- Privacy and Confidentiality
- Pharmaceutical Management Procedures
- Clinical Practice Guidelines
- Complex Case Management
- Disease Management Services
- Utilization Management

To request hard copies of this information, please call **714-246-8600**.

*\*Public meeting*

*The people in the photographs that appear in this document are models and used for illustrative purposes only.*