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Urgent Medi-Cal Rx Registration Due Now

Effective January 1, 2021, the Department of Health Care Services (DHCS) Medi-Cal Rx will transition all administrative services related to Medi-Cal pharmacy benefits billed on pharmacy claims from the existing intermediaries, Medi-Cal Fee-for-Service (FFS) or managed care plan (MCP) providers, to the new Medi-Cal Rx vendor, Magellan Medicaid Administration, Inc. (MMA).

DHCS recently distributed All-Plan Letter (APL) 20-020: Governor’s Executive Order N-01-19 Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx to provide MCPs with guidance on changes to the Medi-Cal pharmacy benefit to the new FFS delivery system known as Medi-Cal Rx.

In order to continue prescribing outpatient medication to CalOptima members, pharmacy providers, prescribers and their staff must complete the registration process through the Medi-Cal Rx web portal at www.medi-calrx.dhcs.ca.gov prior to January 1, 2021.
Medi-Cal Rx Transition Updates

The Department of Health Care Services (DHCS) recently distributed the following three recent Medi-Cal Rx Communication Materials for managed care plans (MCPs), like CalOptima, to share with their providers and health care partners as part of the transition to Medi-Cal Rx:

Medi-Cal Rx Web Portal Registration Training Update
A resource that gives the Medi-Cal pharmacy and prescribing providers an overview of the Medi-Cal Rx Web Portal, the Medi-Cal Rx Subscription Service to stay informed on upcoming project news, and provides the resources required to register for the portal and related training. The article has been updated to include registration office hours and trainings for the month of November.

Medi-Cal Rx Prescriber Communication
Information for the prescriber community regarding Medi-Cal Rx and the impact on prescribers. DHCS strongly encourages the Medi-Cal prescriber community to closely monitor upcoming Medi-Cal Rx news and bulletins for additional information regarding any future updates.

Medi-Cal Rx 90-Day Pharmacy Notice
This article is more technical in nature for the Medi-Cal pharmacies, touching upon topics such as National Council for Prescription Drug Program (NCPDP) transactions, payer sheets, opportunities for pharmacy testing, and a call-out to batch and paper submitters.

California Department of Health Care Services (Medi-Cal Rx) — National Council for Prescription Drug Programs (NCPDP) Standard Payer Sheet, Version 1.0, dated October 22, 2020
Document contains instructions related to transactions based on NCPDP Version D.0:

- Claim Billing
- Claim Reversal
- Claim Rebill
- Prior Authorization Reversal
- Prior Authorization Inquiry
- Prior Authorization Request

Please note that Eligibility Verification and SB393 Drug Price Inquiry will be incorporated in an upcoming revision of this document.

To view these documents in their entirety, visit the CalOptima website at https://www.caloptima.org/en/ForProviders/NewsAndEvents/Announcements.aspx.

APL 20-016: Blood Lead Screening of Young Children

On November 2, 2020, the Department of Health Care Services (DHCS) issued All Plan Letter (APL) 20-016: Blood Lead Screening of Young Children.

The purpose of this APL is to provide requirements for blood lead screening tests and associated monitoring and reporting for Medi-Cal managed care health plans (MCPs) like CalOptima. This APL supersedes APL 18-017 located at www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2018/APL18-017.pdf.

Don’t Wait Vaccinate Campaign

The California Immunization Coalition (CIC), American Academy of Pediatrics California, Department of Health Care Services (DHCS) and others have partnered to develop a communication toolkit, #DontWaitVaccinate, with assistance from the California Department of Public Health, Immunization Branch to address the concerning drop in immunization rates among California children and adults during the COVID-19 pandemic.

The campaign #DontWaitVaccinate, stresses the impact delayed routine vaccinations places on families and communities at risk for infection with vaccine-preventable diseases. It’s essential to ensure infants and toddlers are safe and school-aged students are ready for the school year ahead. It’s also important that adults continue to receive recommended vaccines and, additionally, to remind everyone 6 months and older to get the influenza vaccine this fall.

For more information or to download the toolkit, visit https://www.immunizeca.org/DontWaitVaccinate/.

To view the above recommendations online and to access information links, visit https://www.caloptima.org/~/media/Files/CalOptimaOrg/508/COVID19/2020-10_ImmunizationQIPostcard_508.ashx.
Richard Sanchez Becomes Permanent CalOptima CEO

The CalOptima Board of Directors appointed Richard Sanchez, REHS, MPH, as the permanent Chief Executive Officer of the public agency. He has served in an interim capacity since April. For the past seven months, Sanchez has guided CalOptima through the challenges of responding to the COVID-19 pandemic, budgeting in a changing state economy and ensuring ongoing access to quality care in an environment shifting to telehealth.

Sanchez came to the interim role after serving on the CalOptima Board of Directors since March 2017. He is the immediate past Director of the Orange County Health Care Agency (HCA). Sanchez replaced former CEO Michael Schrader who had been at CalOptima for more than seven years.

Sanchez was HCA Director for three years, after having served as Assistant Director and Director of Environmental Health. Before his tenure in Orange County, he worked in leadership roles 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).
APL 17-018: Family Therapy Benefit—DHCS Clarification

The Department of Health Care Services (DHCS) recently released All-Plan Letter (APL) 17-018: Medi-Cal Managed Care Health Plan Responsibilities for Outpatient Mental Health Services and on October 22, 2020, DHCS provided further clarification regarding the family therapy benefit.

APL 17-018 states that family counseling for the sole purpose of relationship problems (better known as marriage counseling) is not a covered benefit. However, other family therapy is a Medi-Cal benefit and relationship problems may need to be addressed in family therapy or provided due to other medically necessary purposes, such as preventive family therapy for children with Adverse Childhood Experiences (ACEs).

For more information contact the CalOptima Provider Relations department at 714-246-8600.

Reporting Members Testing Positive for COVID-19

While the COVID-19 pandemic remains an evolving situation, CalOptima would like to remind providers that they are required to continue to take the following steps when treating members who may be infected with COVID-19:

- Immediately report all suspected cases of COVID-19 infection to the Orange County Health Care Agency at 714-834-8180. If reporting after hours, call 714-628-7008.
- Make sure to take a detailed travel history for any member who has a fever and acute respiratory illness.
- Take the time to assess hospitalized members with respiratory illness for a clinical course consistent with COVID-19.

CalOptima providers are encouraged to monitor the Centers for Disease Control and Prevention (CDC) website for recommendations by visiting www.cdc.gov/coronavirus.

In addition, all providers are required to submit any relevant information regarding COVID-19 to CalOptima daily. Information reported must include the following elements:
- Number of new positive COVID-19 tests among CalOptima members
- Number of cumulative positive COVID-19 tests among CalOptima members
- Number of new hospital admissions associated with COVID-19 among CalOptima members
- Number of cumulative hospital admissions associated with COVID-19 among CalOptima members
- Other general comments, issues or concerns related to COVID-19

Providers are to submit this information by calling CalOptima Provider Relations at 714-246-8600.

Numbered Letter (NL) 05-1020: CCS and GHPP Policy on Coverage of Experimental and Investigational Services

The Department of Health Care Services (DHCS) recently posted CCS Numbered Letter (NL) 05-1020: CCS and GHPP Policy on Coverage of Experimental and Investigational Services.

This NL updates policy on the coverage of experimental and investigational drugs, biological products, and devices under the California Children’s Services (CCS) Program and Genetically Handicapped Persons Program (GHPP). The CCS Program publishes this NL under the program's authority to authorize services that are medically necessary to treat CCS-eligible conditions.

Prop 56 Value-Based Payment Program — FAQs

On October 6, 2020, the Department of Health Care Services (DHCS) released the first version of the Frequently Asked Questions (FAQ) for the Proposition 56 Value-Based Payment (VBP) Program.

The FAQs provide additional guidance, information, and clarification to Medi-Cal managed care plans (MCPs), like CalOptima, and providers regarding the VBP Program. VBP provides incentive payments to providers who meet specific measures aimed at improving care for specific high-cost or high-need populations. The VBP Program began implementation on July 1, 2019, excluding the Behavioral Health Incentive Program component. For additional information regarding VBP requirements, please refer to DHCS All-Plan Letter (APL) 20-014.

The FAQs is posted on the DHCS Value Based Program webpage located at https://www.dhcs.ca.gov/provgovpart/Pages/VBP_Measures_19.aspx. The FAQs will be continuously updated and the website should be checked frequently for updates and new additions to the FAQs.

APL 20-017: Requirements for Reporting Managed Care Program Data — RVD

On October 15, 2020, the Department of Health Care Services (DHCS) distributed All Plan Letter (APL) 20-017: Requirements for Reporting Managed Care Program Data.

The purpose of this APL is to inform Medi-Cal managed care plans (MCPs) of changes to monthly program data reporting obligations. Specifically, MCPs are required to report program data using standardized JavaScript Object Notation (JSON) reporting formats.

APL 20-017 details additional requirements for managed care program data reporting related to grievances, appeals, monthly Medical Exemption Requests (MER) and other continuity of care (COC) requests, out-of-network (OON) requests, and primary care provider (PCP) assignments, with all MCPs required to meet all requirements included in this APL no later than July 1, 2021.


Medi-Cal Benefits Covered by CalOptima — Provisional Postpartum Care Extension Program

The Provisional Postpartum Care Extension (PPCE) Program provides extended coverage for Medi-Cal members who have a maternal mental health condition during pregnancy or the time period after pregnancy. CalOptima covers maternal mental health care for women during pregnancy and for up to two months after the end of pregnancy. The PPCE program extends that coverage for up to 12 months after the diagnosis or from the end of the pregnancy, whichever is later.

To qualify for the PPCE program, providers must confirm their diagnosis of a maternal mental health condition within 150 days after the end of pregnancy. Members are encouraged to ask providers about these services if they think there is a need for them. If providers think members should have the services from PPCE, they must complete and submit the forms for the member.

For more information contact the CalOptima Provider Relations department at 714-246-8600.
Updated Notice of Nondiscrimination

This announcement is to provide updated versions of the Notice of Nondiscrimination (NOND) that are available for OneCare and OneCare Connect and should be used moving forward. The main update includes changing the TTY number to “711”. The PACE NOND remains current and has not been updated. To view the current notices for OneCare and OneCare Connect, visit the CalOptima website at one of the following links:

- **OneCare Notice of Nondiscrimination** [https://www.caloptima.org/~media/Files/CalOptimaOrg/508/Members/OneCare2021/2021_OneCare NOND E 508.ashx](https://www.caloptima.org/~media/Files/CalOptimaOrg/508/Members/OneCare2021/2021_OneCare NOND E 508.ashx)

- **OneCare Connect Notice of Nondiscrimination** [https://www.caloptima.org/~media/Files/CalOptimaOrg/508/Members/OneCareConnect/2021/2021_OneCareConnect NOND E 508.ashx](https://www.caloptima.org/~media/Files/CalOptimaOrg/508/Members/OneCareConnect/2021/2021_OneCareConnect NOND E 508.ashx)

As a reminder, the NOND must be included in “significant communications” to members, potential members, and the public. “Significant communications” include outreach, education, and marketing materials as well as written notices pertaining to rights or benefit or requiring a response from an individual. Please refer to DHCS All Plan Letter (APL) 17-011 located at [https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf](https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-011.pdf).

OneCare and OneCare Connect Annual Notice of Change: Supplemental Benefits for 2021

The 2021 Annual Notice of Change provides your patients with important information regarding changes and modifications to CalOptima’s OneCare and OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) benefits, coverages, rules and cost.

**OneCare 2021 Supplemental Benefits**

- Over-the-Counter Products ($70 Quarterly Allowance)
- Fitness Benefit (Includes Gym Membership and Home Fitness Kits)
- Vision Care ($300 Every Two Years)
- Worldwide Emergency Coverage ($100,000 Annual Allowance)
- Unlimited Transportation to plan-approved locations (Includes Trips to and From Gym)
- Hearing Services ($1,000 Annual Allowance)

**OneCare Connect 2021 Supplemental Benefits**

- Over-the-Counter Products ($75 Quarterly Allowance)
- Fitness Benefit (Includes Gym Membership and Home Fitness Kits)
- Vision Care ($300 Every Two Years)
- Worldwide Emergency Coverage ($100,000 Annual Allowance)
- Unlimited Transportation to plan-approved locations (Includes Trips to and From Gym)
- Hearing Services ($1,000 Annual Allowance)

To download a copy of the CalOptima OneCare Connect Annual Notice of Change, visit: [www.calOptima.org/onecareconnect](http://www.calOptima.org/onecareconnect) and navigate to the Member Documents page.
OneCare Connect Benefits for 2021 Virtual Event

CalOptima is hosting a special ongoing virtual event for Medi-Medi members on our website. To access this event, please visit www.caloptima.org/onecareconnect.

Please invite members, family members and/or caregivers who want to learn more about OneCare Connect Cal MediConnect Plan (Medicare and Medi-Cal Plan). During this presentation, we will review the great benefits and services available through OneCare Connect and announce the new benefits for 2021. This is a great opportunity for members who have Medicare and Medi-Cal benefits or are turning 65 years old and want to learn more about their health care options. This ongoing event aims to reinforce the benefits of the program and allow attendees to meet virtually with a OneCare Connect Care Enrollment Specialist.

To learn more or enroll please call OneCare Connect toll-free at 1-800-960-9070 (TTY 711).

About OneCare Connect:

OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) is the only plan in Orange County that combines member’s Medicare and Medi-Cal benefits at no extra cost. With OneCare Connect members get over-the-counter products, vision, dental (through Denti-Cal) and hearing services. Members also get prescriptions, unlimited transportation to medical services and fitness benefits, including a gym membership and fitness kits. Plus, members will have a Personal Care Coordinator who can help them get the services needed to live safely at home.
Claims Guidance for Services Rendered to a Member Experiencing Homelessness

Robust data related to patients’ social needs is critical to improving patient and community health, and employing a standardized approach to screening for, documenting and coding social needs enables hospitals, health systems and providers to:

- Track the social needs that impact their patients, allowing for personalized care that addresses patients medical and social needs
- Aggregate data across patients to determine how to focus a social determinants strategy
- Identify population health trends and guide community partnerships.

The following guidance is intended to assist a provider when billing for services delivered to an individual experiencing homelessness:

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Problems/Risk Factors Included in Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z59.0</td>
<td>Homelessness, inadequate housing, discord with neighbors, lodgers and landlord, problems related to living in residential institutions, lack of adequate food and safe drinking water, extreme poverty, low income, insufficient social insurance, and welfare support.</td>
</tr>
</tbody>
</table>

The "Z Code" for homelessness is one among many that are used to identify non-medical factors (i.e. Social Determinants of Health).


Aged, Blind, and Disabled Federal Poverty Level Program Enrollment Notices and FAQs

On December 1, 2020, approximately 65,000 Medi-Cal beneficiaries in the Aged, Blind, and Disabled Federal Poverty Level (ABD FPL) Program in County Organized Health Systems (COHS) and non-COHS counties will betransitioned into the Managed Care delivery system under full-scope aid codes with no share of cost.

As part of this transition, DHCS has developed 30-day enrollment notices, which the Plans and Associations reviewed this past August. The notices are finalized, and attached here for your information. These notices and a list of ABD Frequently Asked Questions (FAQ) was mailed to members on Monday, November 2, 2020.

To view the list of ABD FAQs visit https://www.caloptima.org/~/media/Files/CalOptimaOrg/508/Providers/ProviderCommunications/2020-10-21_ProviderUpdate_ABDFPLFAQ_508.ashx

All Plan Letter (APL) 20-018: Ensuring Access to Transgender Services — RVD

On October 26, 2020, the Department of Health Care Services (DHCS) distributed All Plan Letter (APL) 20-018: Ensuring Access to Transgender Services.

The purpose of this APL is to remind Medi-Cal managed care plans (MCPs), like CalOptima, of their obligations to provide transgender services to members. This APL is a clarification of current policy and does not represent a policy change. This APL supersedes APL 16-013.

Policies and Procedures Monthly Update

The following is a list outlining changes made to CalOptima policies and procedures during October 2020. 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 Number</th>
<th>Policy Title, Description and Revisions</th>
<th>Policy Last Review and/ or Last Revision Date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CalOptima Administrative</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AA.1223</td>
<td>Participation in Community Events by External Entities</td>
<td>10/01/20</td>
</tr>
<tr>
<td><strong>Medi-Cal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GG.1101</td>
<td>California Children’s Services (CCS)/Whole-Child Model – Coordination with County CCS Program</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1105</td>
<td>Coverage of Organ and Tissue Transplants</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1326</td>
<td>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</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1352</td>
<td>Private Duty Nursing Care Management</td>
<td>08/06/20</td>
</tr>
<tr>
<td>GG.1423</td>
<td>Medication Quality Assurance Program</td>
<td>08/06/20</td>
</tr>
<tr>
<td><strong>Multiple Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GG.1112</td>
<td>Standing Referral to Specialty Care Provider or Specialty Care Center</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1113</td>
<td>Specialty Practitioner Responsibilities</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1120</td>
<td>Inpatient Length of Stay for Obstetrical Delivery</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1507</td>
<td>Notification Requirements for Covered Services Requiring Prior Authorization</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1546</td>
<td>Home Health Services</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1806</td>
<td>Preadmission Screening and Resident Review (PASRR)</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1831</td>
<td>Multipurpose Senior Services Program (MSSP)</td>
<td>10/01/20</td>
</tr>
<tr>
<td>GG.1832</td>
<td>Multipurpose Senior Services Program (MSSP) – MSSP Identification, Referral, and Coordination of Care Process</td>
<td>10/01/20</td>
</tr>
<tr>
<td>MA.6023</td>
<td>Notice of Medicare Non-Coverage and Notice of a Detailed Explanation of Non-Coverage</td>
<td>10/01/20</td>
</tr>
<tr>
<td>MA.6042</td>
<td>Organization Determinations</td>
<td>10/01/20</td>
</tr>
<tr>
<td><strong>OneCare</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MA.4011</td>
<td>Notice of Change in Location and Availability of Covered Services</td>
<td>10/01/20</td>
</tr>
<tr>
<td><strong>OneCare Connect</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CMC.4005</td>
<td>Election Periods and Effective Dates</td>
<td>10/01/20</td>
</tr>
<tr>
<td>CMC.4011</td>
<td>Notice of Change in Location and Availability of Covered Services</td>
<td>10/01/20</td>
</tr>
<tr>
<td>CMC.6031</td>
<td>Health Risk Assessment</td>
<td>10/01/20</td>
</tr>
<tr>
<td><strong>PACE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PA.1800</td>
<td>PACE Primary Care Provider (PCP) Roles &amp; Responsibilities</td>
<td>10/01/20</td>
</tr>
<tr>
<td>PA.2005</td>
<td>Marketing and Outreach</td>
<td>10/01/20</td>
</tr>
<tr>
<td>PA.5040</td>
<td>Participant Rights</td>
<td>10/01/20</td>
</tr>
<tr>
<td>PA.5050</td>
<td>Nutrition</td>
<td>10/01/20</td>
</tr>
<tr>
<td>PA.5051</td>
<td>Quality of Food</td>
<td>10/01/20</td>
</tr>
<tr>
<td>PA.5052</td>
<td>Utensil Cleaning Guidelines for Nutritional Services</td>
<td>10/01/20</td>
</tr>
</tbody>
</table>
## 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>12/1/2020 Available anytime</td>
</tr>
<tr>
<td>Smoking Cessation Leadership Center</td>
<td>Webinars, publications, toolkits, fact sheets and guides for providers</td>
<td>12/1/2020 Available anytime</td>
</tr>
<tr>
<td>Managed Health Care in California Archived Webinars</td>
<td>Multiple 90-minute webinars</td>
<td>12/1/2020 Available anytime</td>
</tr>
<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>12/1/2020 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>12/1/2020 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>12/2/2020 Available anytime</td>
</tr>
<tr>
<td>Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training</td>
<td>Virtual SBIRT learning webinar</td>
<td>12/2/2020 12–1 p.m.</td>
</tr>
<tr>
<td>Increasing Adolescent Immunization Coverage</td>
<td>Webinar intended for health professionals engaged in care of patients needing vaccinations</td>
<td>12/7/2020 Available anytime</td>
</tr>
<tr>
<td>“We Can” Program 90-Minute Online Training</td>
<td>Four Sessions: We Can! Energize Our Families: Parent Program</td>
<td>12/7/2020 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>12/7/2020 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>12/9/2020 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>12/23/2020 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>12/25/2020 12–1 p.m.</td>
</tr>
</tbody>
</table>

## Provider Code Updates

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

- COVID-19 Quantitative Antibody Test Added as a Medi-Cal Benefit
- October 2020 HCPCS Quarterly Update
- Updates to Policy for Injection Codes
- Updated Policy Effective Date for Billing Immune Globulins
- New Benefits: Magnetoencephalography (MEG) and Magnetic Source Imaging (MSI)
- Reimbursement Rate Update for Electroencephalography Procedure
- Changes to Eligibility Requirements for Pulmonary Rehabilitation
- Policy Update for Sinuva Sinus Implant
- 2020 Immunization Updates: Vaccination during COVID-19, Flu, HepA and Tdap
- Medi-Cal Rx Portal Registration Launched for Pharmacy Providers and Prescribers
- Correction to HCPCS Code in DME Manual Section
- Reimbursement Rates are Updated for COVID-19 Testing

For detailed information regarding these changes, please refer to the October General Medicine bulletin 556, https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202010.aspx, Durable Medical Equipment and Medical Supplies bulletin 541, https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme202010.aspx#a1, Newsflashs, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30339_98.aspx,

For CalOptima’s prior authorization required list, please refer to the CalOptima website: [www.caloptima.org/](http://www.caloptima.org/).
Important Meetings

Unless otherwise specified, all meetings are held virtually at this time due to COVID-19. To select which virtual meeting you would like to attend, visit the CalOptima website at: https://www.caloptima.org/en/About/BoardAndCommitteeMeetings.aspx

<table>
<thead>
<tr>
<th>Meetings</th>
<th>Date and Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalOptima Board of Directors</td>
<td>December 3, 2 p.m.</td>
</tr>
<tr>
<td>CalOptima Member Advisory Committee</td>
<td>December 10, 2:30 p.m.</td>
</tr>
<tr>
<td>CalOptima Provider Advisory Committee</td>
<td>December 10, 8 a.m.</td>
</tr>
<tr>
<td>CalOptima Whole-Child Model Family Advisory Committee</td>
<td>December 15, 9:30 a.m.</td>
</tr>
<tr>
<td>CalOptima OneCare Connect (OCC) Member Advisory Committee</td>
<td>December 17, 3 p.m.</td>
</tr>
</tbody>
</table>

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

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