CalOptima
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PROVIDER UPDATE

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Supplemental COVID-19 Payment Increase for Contracted CalOptima Medi-Cal Providers

In recognition of the strain experienced by the CalOptima contracted providers during the COVID-19 pandemic, CalOptima implemented a temporary 5% supplemental payment increase for certain medically necessary services.

The increase is intended to assist in maintaining the viability of CalOptima's contracted providers, while strengthening access to care given potential utilization changes and COVID-19-related testing and treatment. This short-term supplemental payment increase applies to compliant, directly contracted Medi-Cal providers for dates of service beginning January 1, 2021, through June 30, 2021.

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

Note: The temporary 5% supplemental payment increase does not apply to pharmaceuticals (including physician office administered drugs); durable medical equipment (DME) items and services; orthotics and prosthetics and other medical devices, goods and services; high-cost exclusion drugs and devices; supplemental or directed payments; cross-claim payments; letter of agreement payments; administrative services entities (e.g., pharmacy benefit managers and any other contracted administrative service providers for which CalOptima covers the cost of claims).

CDPH Updates COVID-19 Vaccine Distribution Guidance

On March 11, 2021, the California Department of Public Health (CDPH) released an update to its provider bulletin, giving additional guidance for the distribution of the COVID-19 vaccine.

The CDPH provider bulletin is meant to clarify and update California's vaccine administration prioritization policy, and may be updated periodically to aid all vaccinators as the state moves through its efforts to vaccinate all eligible populations and as supplies increase over time. The CDPH February 12, 2021 provider bulletin was updated to:

- Include individuals in specified settings who are eligible to be vaccinated due to increased risk beginning **March 15, 2021.** This includes individuals who reside in a high-risk congregate setting and public transit workers.
- Provide clarifications on the implementation of vaccines for people with high-risk medical conditions or disabilities.

Vaccine Prioritization (as vaccine supply allows)
1. Currently vaccines may be distributed to populations identified in Phase 1A and Phase 1B, Tier 1.
2. Beginning **March 15, 2021**, health care providers may use their clinical judgement to vaccinate individuals age 16–64 who are deemed to be at the very highest risk for morbidity and mortality from COVID-19 as a direct result of one or more of the following severe health conditions, and individuals in specified settings are eligible to be vaccinated due to increased risk, as specified in this provider bulletin:
    - Cancer, current with debilitated or immunocompromised state
    - Chronic kidney disease, stage 4 or above
    - Chronic pulmonary disease, oxygen dependent
    - Down syndrome
    - Immunocompromised state (weakened immune system) from solid organ transplant
    - Pregnancy
    - Sickle cell disease
    - Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies (excludes hypertension)
    - Severe obesity (Body Mass Index ≥ 40 kg/m2)
    - Type 2 diabetes mellitus with hemoglobin A1c level greater than 7.5%

OR

If, as a result of a developmental or other severe high-risk disability, one or more of the following applies:

- The individual is likely to develop severe life-threatening illness or death from COVID-19 infection.
- Acquiring COVID-19 will limit the individual's ability to receive ongoing care or services vital to their well-being and survival.
- Providing adequate and timely COVID care will be particularly challenging as a result of the individual's disability.

OR

Updated March 11, 2021: Individuals who reside or work in a high risk congregate residential setting, such as an incarceration/detention facility, homeless shelter, or behavioral health facility, as these settings are high risk for outbreaks and have a concentration of individuals with high risk chronic health conditions. This includes all people experiencing homelessness, who are at risk of transitioning into congregate settings at short notice.

OR

Update March 11, 2021: Public transit/airport and commercial airlines. Public transit workers, including airport and commercial airline workers (but not private airplanes) will be eligible for COVID-19 vaccinations. They are at high risk for occupational exposure and maintaining continuity of transportation operations is critical.

The list of eligible conditions is subject to change as additional scientific evidence is published and as CDPH obtains and analyzes additional state-specific data.

Update — COVID-19 Vaccine Billing (Medi-Cal only)

As a reminder, the Department of Health Care Services (DHCS) has carved out the COVID-19 vaccine and administration fee from Medi-Cal managed care plans for these services.

Who do providers bill?
As a result of the carve out, DHCS will reimburse providers for the administration of the vaccine for all covered Medi-Cal populations, exclusively through the Medi-Cal Fee-for-Service (FFS) delivery system. This includes administration to individuals enrolled in Medi-Cal managed-care health plans.

What is the reimbursement rate that DHCS will pay?
DHCS is seeking federal approval to pay all providers up to the Medicare rate for COVID-19 vaccinations, subject to Medi-Cal FFS policy. The maximum allowable rate for a single-dose vaccine is $28.39; the maximum for a double-dose vaccine is $16.94 for the initial dose and $28.39 for the final dose ($45.33 total).

To submit an electronic claim for payment
Providers can visit the DHCS website at https://files.medi-cal.ca.gov/pubsdoco/Services.aspx to review the transaction services available to submit electronic claims to Medi-Cal Fee-for-Service (FFS).

To submit a paper claim for payment
Providers can also submit paper claims to Medi-Cal's fiscal intermediary at the address found in the DHCS provider manual at https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/cmssub.pdf.

CalOptima Provider Advisory Committee Seeks Volunteers

CalOptima is seeking candidates to volunteer on its Provider Advisory Committee (PAC), which advocates on behalf of CalOptima providers. The PAC is composed of 15 members representing diverse provider constituencies, advising the CalOptima Board of Directors and staff on issues regarding CalOptima programs. Select seats represent health plans, hospitals, physicians, nurses, allied health professionals, long-term care services and community health centers. Service on the committee is voluntary **with no salary**.

CalOptima encourages interested individuals with knowledge and support of CCS, Medi-Cal and Medicare to apply during its annual recruitment through **April 15, 2021**. Applications are being accepted for the following open seats:
Term: July 1, 2021, through June 30, 2024
- Allied Health Representative (one seat)
- Behavioral/Mental Health Representative
- Health Network Representative
- Nurse Representative

Visit www.caloptima.org/en/About/AboutCalOptima/Committees/PAC.aspx for the PAC application.

Please email Cheryl Simmons at csimmons@caloptima.org or call 714-347-5785 for more information.

HEDIS Measurement Year (MY) 2020 Medical Record Retrieval

CalOptima reminds you that Healthcare Effectiveness Data and Information Set (HEDIS) data collection is mandatory and to watch for requests coming from CalOptima or our contracted vendor J&H Copy Services, who will retrieve medical records on our behalf to complete HEDIS reporting.

Beginning the week of **February 22, 2021**, J&H Copy Services started contacting provider offices to arrange on-site visits to download, scan, copy or pick up HEDIS-specific reports. CalOptima encourages you to coordinate directly with the vendor.

If you have any questions regarding HEDIS or the members on your pull-list, contact Irma Munoz at **714-347-5762** or e-mail HEDISMailBox@caloptima.org.

COVID-19 Vaccine Member Health Reward Program

CalOptima members 16 years of age or older are eligible to receive a $25 gift card for each of the two COVID-19 vaccine doses received or a $25 gift card if they get the single-dose vaccine. Members younger than 16 years of age can participate once the vaccine is approved for children 15 years and younger. Please note that the member must be eligible on the date of service to receive the gift card. **Members in long-term care (LTC), PACE or those enrolled in Kaiser are not eligible for the COVID-19 vaccine member health reward program.**

Members do not need to submit anything to CalOptima. Gift cards will be sent once CalOptima confirms through the California Immunization Registry that the member received their COVID-19 vaccine. **The gift cards are sent to the member mailing address that CalOptima has on file.** To ensure that CalOptima has the correct address, members are encouraged to create an account on the CalOptima Member Portal or login to update their information if one already exist. Members may also call Customer Service to update their mailing and email address. (By providing an email address, members may be able to receive their gift card sooner.)

Due to the large volume of members participating in the COVID-19 vaccine health reward program, members may experience a delay in receiving gift cards. CalOptima is not responsible for lost or stolen gift cards. Gift cards will not be reissued.

For the most up-to-date information, visit www.caloptima.org/healthrewards.

Annual Diabetic Eye Exams and Follow Up of Results During COVID-19

During this COVID-19 pandemic, the hesitancy of members to get preventive screenings and care has proven to be a barrier. To discover health complications before they become problematic, providers are asked to encourage members to get diabetic care, including their annual eye exam. CalOptima benefits allow for all eligible members with diabetes to receive an annual diabetic eye exam at no cost, performed through an ophthalmologist referral or contracted Vision Service Plan (VSP) optometrist.

CalOptima asks you to remind Medi-Cal members they can receive a $25 gift card for completing their diabetes eye exam. Member Health Rewards forms can be found on the CalOptima website at: https://www.caloptima.org/en/HealthAndWellness/MemberHealthRewards.aspx.

Refer CalOptima members with diabetes for their annual eye exam today!

- **Primary Care Providers (PCP):** Send members for diabetic retinal eye exam with a medical release or member's consent, permitting the sharing of eye exam results from the vision care specialist to the PCP. All PCPs can obtain exam results directly from VSP with the member's consent. Please remind members to provide your information to their vision care specialist.
- **Vision Care Specialists:** Ask members to sign a release allowing the sharing of eye exam results with their CalOptima PCP, ensuring continuity of care and follow-up services. Obtaining timely results can help make a difference in providing proper follow-up care for our members.

Thank you for your commitment to improve diabetic care for CalOptima members. For questions regarding CalOptima's Diabetes Management Program or Member Health Rewards, call CalOptima Health Management at **714-246-8895.**

TRIPLE P ONLINE
Resilient children cope better

FREE IN ORANGE COUNTY

POSITIVE PARENTING IN UNCERTAIN TIMES: UNDERSTAND YOUR CHILD'S BEHAVIOR TO HELP THEM REACH THEIR POTENTIAL

Support your child's emotional wellbeing (and improve yours, too!)
We all face challenges sometimes—and recent events have added extra stress into family life. But positive parenting skills and strategies can make a huge difference to your child's development and wellbeing. And that can have a far-reaching impact on their life, and yours.

Why Triple P works
The Triple P – Positive Parenting Program is one of the world's best. Having already helped 4 million children and their families, Triple P gives you proven parenting strategies that will help you develop your child's talents and life-skills—so they can be happy, confident and successful. In the meantime, your home life will be better too: with rules followed, relationships stronger, and parents who are much less stressed!

Now, there's Triple P Online, so you can set your own parenting goals, learning step-by-step whenever you like. It'll help you:

- Cope with difficulties and emotional stress
- Encourage good behavior
- Prevent tantrums & manage misbehavior
- Take the stress out of shopping
- Manage problems calmly and without yelling
- Get your child to cooperate and follow instructions
- Strengthen your relationship as you teach them new skills

START MAKING POSITIVE CHANGES TODAY!
Right now, this world-class program is available FREE in Orange County, and you can do it all online.

www.triplep-parenting.com

Triple P is funded by the Orange County Health Care Agency.

DHCS 2020 Preventive Services Report — Part 2

On February 25, 2021, the Department of Health Care Services (DHCS) notified managed care plans (MCPs) that an addendum (Part 2) of the 2020 Preventive Services Report is now available on the DHCS website located at https://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx.

The addendum provides MCP level results of several new administrative measures that were developed to capture utilization of services by pediatric Medi-Cal managed care members. In addition, the report provides information for the Blood Lead Screening rates in accordance with California Title 17 requirements as well as the national HEDIS performance measures used in Medicaid.

MCP-specific blood lead screening reporting unit results are outlined on pages 34–48 of the addendum for the following categories:
- Blood Lead Screening — 12 Months of Age (BLS — 1)
- Blood Lead Screening — 24 Months of Age (BLS — 2)
- Blood Lead Screening — Two Tests by 24 Months of Age (BLS — 1 and 2)
- Blood Lead Screening — Catch-Up Test by 6 Years of Age (BLS — 316)

Lead Screening in Children (LSC)

Additionally, the addendum presents the following MCP reporting unit — level results for the six HSAG — calculated indicators included in the 2020 Preventive Services Report:
- Well-Child Visits in the First 30 Months of Life — Well-Child Visits in the First 15 Months–Six or More Well-Child Visits
- Well-Child Visits in the First 30 Months of Life — Well-Child Visits for Age 15 to 30 Months–Two or More Well-Child Visits
- Child and Adolescent Well-Care Visits
- Alcohol Use Screening
- Dental Fluoride Varnish
- Tobacco Use Screening

MCP reporting unit — level rates for Medi-Cal Managed Care Accountability Set (MCAS) measures that MCPs are responsible for reporting annually, such as Chlamydia Screening in Women — 16 to 20 Years, Developmental Screening in the First Three Years of Life — Total, and Screening for Depression and follow-up plan will be available in the 2019–20 External Quality Review (EQR) Technical Report released in April 2021.

You may review part 1 and 2 of the 2020 Preventive Services Report in their entirety by visiting the DHCS website at https://www.dhcs.ca.gov/dataandstats/reports/Pages/MMCDQualPerfMsrRpts.aspx.

APL 21-003: Medi-Cal Network Provider and Subcontractor Terminations

On March 5, 2021, the Department of Health Care Services (DHCS) distributed **All-Plan Letter (APL) 21-003: Medi-Cal Network Provider and Subcontractor Terminations** to managed care plans (MCPs).

This APL clarifies the obligation of Medi-Cal MCPs when terminating or initiating terminations of contractual relationships between MCPs, network provider and subcontractors. This APL also establishes MCPs' obligations to check exclusionary databases and terminate contracts with network providers and subcontractors who have been suspended or excluded from participation in the Medi-Cal or Medicare programs.

To view **APL 21-003** in its entirety, visit https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-003.pdf.

APL 20-004: Emergency Guidance for MCPs in Response to COVID-19 (Revised)

On March 11, 2021, The Department of Health Care Services distributed revised **All Plan Letter (APL) 20-004, Emergency Guidance for MCPs in Response to COVID-19.**

The purpose of this revised APL is to provide information to Medi-Cal managed care plans (MCPs) on temporary changes to federal requirements as a result of the ongoing global COVID-19 pandemic. As DHCS continues to respond to concerns and changing circumstances resulting from the pandemic, DHCS will provide updated guidance to the MCPs.

To view a complete copy of revised **APL 20-004** visit https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004-Revised.pdf.

Prop 56 ACEs Provider Training Validation Process

On December 26, 2019, the Department of Health Care Services (DHCS) released **All Plan Letter (APL) 19-018, Proposition 56 Directed Payments for Adverse Childhood Experiences Screening Services (ACEs)**. This APL provides guidance to managed care health plans (MCPs) and providers regarding training, attestation and supplemental payments for ACEs screenings.

Effective January 1, 2020, providers became eligible for ACEs payments. However, for all claims with dates of service (DOS) beginning July 1, 2020, and after, providers must have ACEs training and attestation completed to receive supplemental payments for ACEs screenings. As a result, providers are mandated to certify their training **and** complete a self-attestation prior to receiving the ACEs supplemental payment for services rendered beginning July1, 2020, and after.

If the provider's confirmation of training and attestation from DHCS is delayed, CalOptima will process all qualified claims for ACEs supplemental payments retroactively to a DOS of July 1, 2020, contingent upon both the training and attestation completion date.

CalOptima recommends that providers save their proof of training and attestation and submit a copy to CalOptima for our records. Additionally, providers are encouraged to include their **rendering National Provider Identifier (NPI)** when completing an attestation online. This will help ensure timely and accurate payment to the right provider.

To view **APL 19-018** in its entirety, visit https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-018.pdf.

APL 21-002: Cost Avoidance and Post-Payment Recovery for Other Health Coverage

On February 26, 2021, The Department of Health Care Services **All Plan Letter (APL) 21-002, Cost Avoidance and Post-Payment Recovery for Other Health Coverage.**

The purpose of this APL is to provide clarification and guidance to Medi-Cal managed care health plans (MCPs) with respect to the requirements for cost avoidance and post-payment recovery requirements when an MCP member has other health coverage (OHC). In addition, the APL provides instructions on using the DHCS Medi-Cal Eligibility Record for processing claims, as well as reporting requirements. **This APL supersedes Policy Letter (PL) 08-011.**

To view a complete copy of **APL 21-002** visit https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-002.pdf.

APL 20-022: COVID-19 Vaccine Administration (Revised)

On March 12, 2021, the Department of Health Care Services (DHCS) distributed **revised All-Plan Letter (APL) 20-022: COVID-19 Vaccine Administration.**

The purpose of this APL is to provide Medi-Cal managed care plans (MCPs) with information and guidance regarding COVID-19 vaccine coverage and administration in the Medi-Cal program.

To view a complete copy of revised **APL 20-022** visit https://www.dhcs.ca.gov/formsandpubs/Documents/ MMCDAPLsandPolicyLetters/APL2020/APL20-022.pdf.

Health Education: Trainings and Meetings

Monthly Webinars	
The Resources for Integrated Care – Webinar Recordings	https://www.resourcesforintegratedcare.com/
Asthma Management Academy (AsMA)	https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/AsMA.aspx
Tuesday and Thursday	
Chlamydia Screening for Adolescent Patients E-learning Collaborative (CT eLC)	https://californiaptc.com/national-quality-improvement-center/chlamydia-screening-for-adolescent-patients-elearning-collaborative/?utm_source=eLearning+Collaborative+Announcement+-+CT+Screening&utm_campaign=eLC_Recruitment&utm_medium=email
Medi-Cal Learning Portal	https://learn.medi-cal.ca.gov/
Ongoing / On Demand Webinars	
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	https://healtheknowledge.org/course/index.php?categoryid=50
Smoking Cessation Leadership Center	https://smokingcessationleadership.ucsf.edu/webinars
Professional Development Classes	https://www.cdc.gov/diabetes/professional-info/training.html?CDC_AA_refVal=https://www.cdc.gov/diabetes/ndep/training-tech-assistance/index.html
National Diabetes Education Program	https://www.cdc.gov/diabetes/professional-info/training.html?CDC_AA_refVal=https://www.cdc.gov/diabetes/ndep/training-tech-assistance/index.html
Free Continuing Education (CME) from MMWR and Medscape	https://login.medscape.com/login/sso/getlogin?urlCache=aHR0cDovL3d3dy5tZWRzY2FwZS5vcmcvdmlld2FydGljbGUvODg4ODIx&ac=401
LifeScan Institute LLC Webinars	https://www.lifescandiabetesinstitute.com/
Medicare Learning Network	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining

Policies and Procedures Monthly Update

The following list outlines changes made to CalOptima policies and procedures during **February 2021**. The full description of the policies below is finalized and available on CalOptima's website at www.caloptima.org. (Δ Applicable to all CalOptima programs)

Policy Number	Policy Title, Purpose, Revision, and Program	Policy Review and/or Revision Date
CalOptima Administrative		
GA.8000	Glossary of Terms – Human Resources	02/01/21
Medi-Cal		
GG.1352	Private Duty Nursing Care Management	12/01/20
Multiple Programs		
AA.1250Δ	Disability Awareness and Sensitivity, and Cultural Competency Staff Training	02/01/21
GG.1643Δ	Minimum Physician Standards	02/04/21
GG.1800	Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A and Level B (NF-B)	11/05/20
MA.1005	Hospital Acquired Conditions Reimbursement	02/01/21
OneCare Connect		
CMC.1003	CalOptima OneCare Connect Staff Education and Training	02/01/21

Provider Code Updates

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

- Reimbursement of COVID-19 Vaccine and Monoclonal Antibody Administration for Medical Providers
- Update to Billing Policy for Infectious Agent Antigen Detection
- 2021 HCPCS Annual Update
- Proprietary Laboratory Analyses (PLA) Codes Implementation Complete
- Temporary Billing Policy for Contraceptive Patches
- Updated Policy for Tobacco Cessation Counseling Codes
- Ferumoxytol Approved Policy Update for Iron Deficiency Anemia in Adults
- 2020 Clinical Lab Rate Updates
- Physician-Administered Drugs Update
- Updates to The List of Contracted Incontinence Absorbent Products

For detailed information regarding these changes, please refer to the February General Medicine bulletin 560, https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202102.aspx,

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

Meeting	Date and Time
CalOptima Board of Directors	April 1, 2 p.m.
CalOptima Provider Advisory Committee	April 8, 8 a.m.
CalOptima Member Advisory Committee	April 8, 2:30 p.m.
CalOptima OneCare Connect (OCC) Member Advisory Committee	April 22, 3 p.m.
CalOptima Investment Advisory Committee	April 26, 3 p.m.
CalOptima Whole-Child Model Family Advisory Committee	April 27, 9:30 a.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