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PROVIDER UPDATE

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CalOptima Earns Consumer Satisfaction Award

Reflecting a longstanding commitment to quality care for members, CalOptima was singled out for outstanding adult consumer satisfaction among Medi-Cal managed care plans in California.

At its Managed Care Quality Awards on October 27, the California Department of Health Care Services (DHCS) named CalOptima the winner of the 2021 Consumer Satisfaction Award – Adult for a large-scale plan. DHCS' annual awards recognize managed care plans that excel in improving health care for the millions of Medi-Cal members statewide.

"CalOptima is accountable for serving members and supporting their well-being, and this award is an exciting honor that shows CalOptima is a leader in meeting members' needs," said Supervisor Andrew Do, Chair of the CalOptima Board of Directors and Chairman of the Orange County Board of Supervisors. "CalOptima's recognition for member satisfaction during the pandemic is especially gratifying because it means that the agency successfully helped members navigate their health care in even the most challenging environment."

Consumer Satisfaction Award (cont.)

The DHCS award is based on adult responses to the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, a standardized method CalOptima uses to collect information about the health plan and provider services. Since launching in 1997, the CAHPS survey has become the national standard for gauging a consumer's health plan experience. In prior years, CalOptima has also received DHCS awards for outstanding performance on the Managed Care Accountability Set Measures and overall outstanding performance by a large-scale plan.

"Positive survey responses and satisfaction levels from our members reflect the tireless, unwavering dedication to delivering quality health care from our CalOptima staff and Orange County providers, which is especially remarkable during a national health emergency," said Chief Medical Officer Emily Fonda, M.D., MMM, CHCQM.

Important Notice: Pharmacy Transition to Medi-Cal Rx Effective January 1, 2022

What you need to know: Medi-Cal Rx will take over the responsibility from CalOptima for administering the following when billed by a pharmacy on a pharmacy claim:
- Covered Outpatient Drugs, including Physician Administered Drugs (PADs)
- Medical Supplies
- Enteral Nutritional Products

Prior authorization will no longer be administered by CalOptima. Providers need to be prepared and know how to request prior authorization through Medi-Cal Rx.

DHCS Posts New Medi-Cal Rx Prescriber Training Checklist

On November 4, 2021, DHCS posted a new Prescriber Training Checklist to the Medi-Cal Rx Web Portal. The checklist is a step-by-step guide for accessing the Medi-Cal Rx Secured Provider Portal, training and other resources.

To access the checklist, visit https://medi-calrx.dhcs.ca.gov/cms/medicalrx/static-assets/documents/provider/bulletins/2021.11_A_Alert_Prescriber_Training_Checklist.pdf or search under DHCS' Medi-Cal Rx Bulletins & News page at https://medi-calrx.dhcs.ca.gov/provider/pharmacy-news/.

Please note Internet Explorer is no longer a supported web browser. Providers are asked to use Google Chrome, Microsoft Edge or another supported web browser when trying to access these resources.

Member Survey Shows High Level of Access to Timely In-Office Service

As part of our ongoing quality improvement program, CalOptima continuously monitors timely access to evaluate our members' ability to obtain health care services promptly, including in-office wait times, as required by DHCS. As indicated in CalOptima's Access and Availability Policies, GG.1600 and MA.7007, <u>in-office wait times shall not exceed 45 minutes before a member is seen by a provider.</u>

From January–May 2021, CalOptima conducted a survey of in-office wait time among CalOptima members who visited a PCP or a specialist during this time. A total of 745 members were called and 179 members (24%) provided CalOptima with their in-office wait times. CalOptima is happy to share that 168, or 94%, of members who were called reported being seen by a provider within 45 minutes.

Thank you for continuing to ensure our members have access to timely health care. If you have any questions or would like to speak with a Provider Relations representative about this issue, please call 714-246-8600 or email ProviderServices@caloptima.org.

To continue to assist you with this effort, CalOptima is providing the timely access standards below.

Telephone Access Standards

Description	Standard
Telephone triage	Telephone triage shall be available 24 hours a day, seven days a week. Telephone triage or screening waiting time shall not exceed 30 minutes.
Telephone wait time during business hours	A non-recorded voice within 30 seconds.
Urgent message during business hours	Practitioner returns the call within 30 minutes after the time of message.
Non-urgent and non-emergency messages during business hours	Practitioner returns the call within 24 hours after the time of message.
Telephone access after/during business hours for emergencies	The phone message and/or live person must instruct members to dial 911 or go to the nearest emergency room.
After-hours access	A primary care provider (PCP) or designee shall be available 24 hours a day, seven days a week to respond to after-hours member calls or to a hospital emergency room practitioner.

Timely Access Survey (cont.)

Access to Emergency/Urgent Care Services:

Type of Care	Standard
Emergency Services	Immediately, 24 hours a day, seven days a week
Urgent Care Services	Within 24 hours of request

Access to Primary Care:

Type of Care	Standard
Urgent appointments that **DO NOT** require prior authorization	Within 48 hours of request
Non-urgent primary care	Within 10 business days of request
Routine physical exams and wellness visits	Within 30 calendar days of request
Medi-Cal only Initial Health Assessment (IHA) or Individual Health Education Behavioral Assessment (IHEBA)	Medi-Cal Only: Within 120 calendar days of Medi-Cal enrollment

Access to Specialty and Ancillary Care:

Type of Care	Standard
Urgent appointments that **DO NOT** require prior authorization	Within 48 hours of request
Urgent appointments that **DO** require prior authorization	Within 96 hours of request
Non-urgent specialty care	Within 15 business days of request
First prenatal visit	OneCare Connect/OneCare: Within 2 weeks of request
Non-urgent ancillary services	Within 15 business days of request

Timely Access Survey (cont.)

Access to Behavioral Health Care:

Type of Care	Standard
Non-urgent care with a mental health outpatient services provider	Within 10 business days of request
Follow-up routine care with a mental health outpatient services provider	Members have a follow-up visit with a mental health outpatient services provider within 20 calendar days of initial visit for a specific condition
Appointment for follow-up routine care with a physician behavioral health care provider	Members have a follow-up visit with a physician behavioral health care provider within 30 calendar days of initial visit for a specific condition

Other Access Standards:

Description	Standard
In-office wait time for appointments	Less than 45 minutes before being seen by a provider
Rescheduling appointments	Appointments will be rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice.

CalOptima Policies and Procedures:
GG.1600: Access and Availability Standards
MA.7007: Access and Availability Standards
Updated 9/10/2021

DHCS Adds FAQ for Contractual Relationship APL

On October 14, 2021, DHCS distributed a finalized Frequently Asked Questions (FAQ) document for DHCS All – Plan Letter (APL) 21-003: Medi-Cal Network Provider and Subcontractor Terminations.

The responses outlined in the FAQ provide additional guidance and clarification regarding APL 21-003 including obligations of MCPs when terminating or initiating terminations of contractual relationships between MCPs, network providers and subcontractors.

DHCS to Implement CalAIM Incentive Payment Program

Effective January 1, 2022, DHCS will implement the CalAIM Incentive Payment Program, which was designed with input from various stakeholders. CalAIM incentive payments are intended to compliment and assist MCPs with their expansions of Enhanced Care Management and Community Supports (ILOS) in the following ways:

- Build appropriate and sustainable capacity
- Drive MCP investment in necessary delivery system infrastructure
- Bridge current silos across physical and behavioral health care service delivery
- Reduce health disparities
- Achieve improvements in quality performance
- Incentivize MCP take-up of Community Supports (ILOS)

DHCS also released incentive program documents on its ECM/Community Supports (ILOS) webpage: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

APL Gives Guidance on Service Dispute Resolution

On October 4, 2021, DHCS distributed the final version of All Plan Letter (APL) 21-013: Dispute Resolution Process Between Mental Health Plans and Medi-Cal Managed Care Health Plans.

The purpose of this APL is to provide guidance to MCPs on how to submit a service delivery dispute to the DHCS when the dispute cannot be resolved at the local level with a Mental Health Plan (MHP).

This APL supersedes APL 15-007. Guidance to the MHPs is provided in Behavioral Health Information Notice (BHIN) No: 21-034.

Revised APL Covers COVID-19 Vaccine Administration

On November 5, 2021, DHCS released Revised All-Plan Letter (APL) 20-022: COVID-19 Vaccine Administration.

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

CDC Recommends Annual Flu Vaccine to Prevent Illness

The Centers for Disease Control and Prevention recommends everyone 6 months and older get an influenza vaccine every year. The influenza vaccine has been shown to prevent millions of influenza illnesses, tens of thousands of hospitalizations and thousands of deaths each year.

Types of Vaccines Available

For the 2021-22 influenza season, providers may choose to administer any licensed, age-appropriate influenza vaccine — inactivated influenza vaccine (IIV4), recombinant influenza vaccine (RIV4) or live attenuated (LAIV4).

Vaccine type	Vaccine description	Recommended for*
Quadrivalent (4-component) Inactivated Influenza Vaccine (IIV4)	Injectable inactivated vaccine, containing the influenza A(H1N1), (H3N2) and two influenza B lineage viruses predicted to be most common	People 6 months and older
Quadrivalent Live Attenuated Influenza Vaccine (LAIV4)	Intranasal live attenuated vaccine, containing the influenza A(H1N1), (H3N2) and two influenza B lineage viruses predicted to be most common	Healthy non-pregnant people 2 through 49 years of age
Quadrivalent Cell Culture-Based Inactivated Influenza Vaccine (ccIIV4)	Injectable inactivated influenza vaccine manufactured using cell culture rather than eggs, containing the influenza A(H1N1), (H3N2) and two influenza B lineage viruses predicted to be most common	People 2 years and older
Quadrivalent Recombinant Influenza Vaccine (RIV4)	Injectable influenza vaccine produced without the use of influenza viruses or eggs; containing the influenza A(H1N1), (H3N2) and two influenza B lineage viruses predicted to be most common	Adults 18 years and older
Quadrivalent Adjuvanted Inactivated Influenza Vaccine (aIIV4)	Injectable inactivated influenza vaccine containing MF59 adjuvant, designed to help promote a stronger immune response in older adults, containing the influenza A(H1N1), (H3N2) and two influenza B viruses predicted to be most common	Adults 65 years and older

*Licensed ages vary for different brands; consult package insert for appropriate ages for specific vaccines

For more information from the CDC about promoting influenza vaccines, please visit: https://www.cdc.gov/flu/pdf/freeresources/healthcare/Make-a-Strong-Flu-Vaccine-Rec_FINAL.pdf

OneCare Providers Can Receive Attestation Incentives

The following article applies only to CalOptima Community Network (CCN) OneCare Connect providers and assigned members for calendar year. Below are details about the Primary Care Engagement and Clinical Documentation Integrity Attestation Program with an Annual Wellness Visit and chronic conditions.

CCN health care providers will be incentivized $150 for accurate completion and submission of the attestation per member per year with supporting clinical documentation of your patient's AWV and chronic conditions.

Please review, evaluate, assess and document each of your patient's chronic condition statuses with a treatment plan to reflect their disease burden during their AWV.

Clinical documentation best practice is to document to the highest level of specificity in your clinical narrative and record the complexity of causal relations of conditions that coexist at the point of care that affect the patient's quality of life, care management, treatment responses and/or your medical decision making (MDM).

Each encounter is considered as a standalone and must represent each episode of care. Providers are the gatekeeper to their patients' health care management, and your clinical documentation is your communication between primary care providers and specialists. Having the right information at the right time, and at the point of care, can improve your MDM.

Reminders for our providers:

- Update your patients' Active Problem List, past medical/surgical history, social history and family history
- Evaluate, assess and document your clinical impression of abnormal vitals, e.g., BMI 35-39.9 with a comorbidity or BMI 40 or greater for morbid (severe) obesity (E66.01)
- Reference relevant labs, diagnostics, specialist and/or hospital notes that were used as part of your MDM
- Review preventive and screening services that are applicable to your patients

Medicare Wellness Visits CPT Codes and Descriptors:

G0402	Initial preventive physical examination (IPPE); face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment
G0403	Electrocardiogram, routine ECG with 12 leads; performed as a screening for the initial preventive physical examination with interpretation and report
G0404	Electrocardiogram, routine ECG with 12 leads; tracing only, without interpretation and report, performed as a screening for the initial preventive physical examination
G0405	Electrocardiogram, routine ECG with 12 leads; interpretation and report only, performed as a screening for the initial preventive physical examination

Attestation Incentive (cont.)

Medicare Wellness Visits CPT Codes and Descriptors (cont.):

G0438	AWV; includes a personalized prevention plan of service, initial visit
G0439	AWV, includes a personalized prevention plan of service, subsequent visit
G0468*	Federally qualified health center (FQHC) visit, IPPE or AWV; a FQHC visit that includes an IPPE or AWV

When you provide an IPPE or an AWV and a significant, separately identifiable, medically necessary Evaluation and Management (E/M) service, you can report the additional CPT code (99201–99215) with modifier –25. That portion of the visit **must be** medically necessary and reasonable to treat the patient's illness or injury, or to improve the functioning of a malformed body part.

Please visit CMS.gov for more details on Medicare Wellness Visits: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html

QI Postcard Reminds About Blood Lead Screenings

On October 15, 2021, DHCS shared a Quality Improvement (QI) "Postcard" about Blood Lead Screening (BLS), as part of the series of brief QI postcards. The current postcard contains information about blood lead status in California and nationwide, as well as resources providers can use when engaging with members on the importance of blood lead screening. Additionally, providers can explore resources in addressing disparities related to blood lead screening as presented in the postcard.

Providers can access the postcard by visiting the following link: https://www.chgsd.com/docs/default-source/providers/covid-postcards/dhcs-blood-lead-screening-qi-postcard.pdf?sfvrsn=488df926_0

As a result of COVID-19 shelter-in-place orders and school closures, there is a concern that children spending more time in contaminated environments could have ongoing or increased exposure to lead. COVID-19 has also adversely affected identification of children with elevated blood lead levels (BLLs), exposure elimination and linkage to services. It remains important that providers ensure young children receive appropriate lead testing and care management.

This is in line with the November 2, 2020, APL 20-016 (Revised) Blood Lead Screening of Young Children, which outlined provider requirements for blood lead screening tests and associated monitoring and reporting for MCPs. CalOptima provides health networks with a quarterly report through the File Transfer Protocol (FTP) server. This will help ensure compliance with this APL and assist providers in identifying children 6 months to 6 years of age who have not been screened for lead at the recommend intervals.

Blood Lead Screenings (cont.)

Providers are required to proactively review these quarterly reports, reconcile with internal member medical records for accuracy and act to screen members for lead if they are due. Please note that report information is based on claims and encounters received and there is a data lag in between the time of service and when data is received.

Providers will also need to sign the Childhood Lead Poisoning Prevention Branch Provider Attestation, which can be found at: https://www.caloptima.org/~/media/Files/CalOptimaOrg/508/Providers/CommonForms/2021-09_LeadPoisoningAttestation_508.ashx

Provider Code Updates

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

• Third Dose for Pfizer-BioNTech and Moderna COVID-19 Vaccines Authorized for Certain Populations
• Supplemental Rate for Administration of COVID-19 Vaccine in Home Setting
• 2021 HCPCS Q4 Update Additional Information Available
• Update Policy for Palivizumab for the 2021-2022 RSV Season
• Revision to Medi-Cal Abortion Policies
• Billing Instructions Updated for Contraceptive Patches
• New Contraceptive Vaginal Gel Added as Clinic Benefit for the Family PACT and Medi-Cal Programs
• New Pathology Benefits for Gene Analysis
• Ferric Derisomaltose Iron Replacement Injection is a Medi-Cal Benefit
• USPSTF Recommends Prediabetes and Type 2 Diabetes Screening and Tests
• Medi-Cal Rates Adjustment
• Updates to Facility Types for Outpatient Billing
• ICD-10-CM Diagnosis Code Correction for Cystic Fibrosis
• 2021 Immunization Updates: COVID-19, Influenza and Meningococcal Disease
• New Rectal Catheter Code Added Effective November 1, 2021
• Filing Window: Marriage and Family Therapist Visits for FQHC/RHC Providers
• Extension of Grace Period Related to "Four Walls" Requirement for HIS/Tribal Facilities
• FQHC/RHC Annual Rate Adjustment

For detailed information regarding these changes, please refer to: October General Medicine Bulletin 568, https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202110.aspx, Durable Medical Equipment and Medical Supplies Bulletin 553, https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme202110.aspx, Medi-cal Newsflashes, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31416.aspx , https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31435.aspx, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31415.aspx

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

Policies and Procedures Monthly Update

The following list outlines changes made to CalOptima policies and procedures during **October 2021**. The full description of the policies below is available on CalOptima's website at www.caloptima.org.

Policy Number	Policy Title, Purpose, Revision, and Program	Policy Review and/or Revision Date
Medi-Cal		
AA.1000	Medi-Cal Glossary of Terms	10/01/21
AA.1270	Certification of Documentation and Data Submissions	08/01/21
DD.2005	Member Informing Materials Requirements	07/01/21
FF.2005	Conlan, Member Reimbursement	10/01/21
Multiple Programs		
GG.1204Δ	Clinical Practice Guidelines	10/01/21
GG.1713	Certified Nurse-Midwife Practice Guidelines	10/01/21
MA.6110	Transition Process	10/01/21
MA.6112	Access to Part D Vaccines	10/01/21
MA.6115	Medicare Part B Organization Determinations	10/01/21
OneCare		
MA.1001	OneCare Glossary of Terms	10/01/21
OneCare Connect		
CMC.1001	OneCare Connect Glossary of Terms	10/01/21
CMC.7010	Additional Demonstration Drugs (ADD) Prior Authorization	10/01/21
PACE		
PA.1002	Mandatory Medical Equipment and Supply Requirements	10/07/21
PA.1800	PACE Primary Care Provider (PCP) Roles & Responsibilities	10/01/21
PA.3001	Data Collection and Analysis	10/01/21
PA.5001	Use of Physical and Chemical Restraints	10/01/21
PA.5043	Tuberculosis Test for Participants	10/01/21
PA.5054	Provision of Food Service and Menu Preparation	10/01/21
PA.5111	After Hours Care	10/01/21
PA.5201	Medication Administration and Packaging	10/01/21
PA.5202	Labeling and Clinic Storage of Medications	10/01/21
PA.5203	Return and Disposal of Medications	10/01/21
PA.5204	Emergency Medication	10/01/21

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

Every 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	
Training for Health Care Professionals – CDC	https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html
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
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=aHR0cDovL3d3dy5tZWRzY2FwZS5jb20vdmlld2FydGljbGUvODg4ODIx&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

Important Meetings

Meeting	Date and Time
CalOptima Board of Directors	**December 2, 2 p.m.**
CalOptima Provider Advisory Committee	**December 9, 9 a.m.**

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

Follow CalOptima on Social Media

CalOptima regularly posts on social media to engage members with heath tips, community resources, event dates, program updates and other pertinent information.

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