PROVIDER UPDATE

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Changes to CalOptima Link

CalOptima is required to protect the privacy and security of our member’s protected health information. Therefore, we have implemented the following changes to the CalOptima Link Provider Portal:
• CalOptima Link no longer displays the member’s street address, telephone number or clinical summaries.
• Claims inquiries are now a stand-alone function of the Provider Portal, which requires a new registration to access.
• To register for the stand-alone claims function, click on the “Register for CalOptima Link” arrow at: https://www.caloptima.org/en/ForProviders/ClaimsAndEligibility/AboutCalOptimaLink.aspx.
• Create a new log in, using your same NPI and TIN
  (Note: There may be a time-delay due to the volume of provider registrations)

Thank you for your patience and support during this required transition. Should you need additional assistance or to check claim status, please call CalOptima’s Claims department at 714-246-8885.
Wireline Competition Bureau Provides Guidance on the COVID-19 Telehealth Program Application Process

On April 2, 2020, the Federal Communications Commission (FCC) released a Report and Order establishing the COVID-19 Telehealth Program. By this Public Notice, the Wireline Competition Bureau provides guidance on actions applicants can begin to take to ready themselves for filing an application for COVID-19 Telehealth Program funding.

The COVID-19 Telehealth Program will provide $200 million in funding, appropriated by Congress as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, to help health care providers provide connected care services to patients at their homes or mobile locations in response to the novel Coronavirus 2019 disease (COVID-19) pandemic. The COVID-19 Telehealth Program will provide immediate support to eligible health care providers responding to the COVID-19 pandemic by fully funding their telecommunications services, information services, and devices necessary to provide critical connected care services until the program’s funds have been expended or the COVID-19 pandemic has ended.

Interested health care providers must complete several steps to apply for funding through the COVID-19 Telehealth Program. This Public Notice is aimed at assisting applicants. There are three steps interested providers can take immediately to prepare to apply for the COVID-19 Telehealth Program:

• Obtain an eligibility determination from the Universal Service Administrative Company (USAC)
• Obtain an FCC Registration Number (FRN)
• Register with System for Award Management

If an interested party does not already have these steps and accompanying components completed, the Bureau recommends that it gather the necessary information and begin to complete other necessary steps now, so it is prepared to submit applications for program funding as soon as applications can be accepted for filing. The Bureau will release a subsequent Public Notice announcing the application acceptance date immediately following the effective date of the COVID-19 Telehealth Program information collection requirements.

To view the complete report released by the FCC, visit: https://docs.fcc.gov/public/attachments/DA-20-394A1.pdf

APL 19-017 Supplement: Quality and Performance Improvement Adjustments Due to COVID-19

On April 30, 2020, the Department of Health Care Services (DHCS) distributed All-Plan Letter (APL) 19-017 Supplement: Quality and Performance Improvement Adjustments Due to COVID-19.

DHCS previously distributed APL 19-017 on December 26, 2019.

The purpose of this APL supplement is to provide Medi-Cal managed care health plans (MCPs), like CalOptima, with adjustments to quality and performance improvement requirements as a result of the current public health emergency resulting from COVID-19. These adjustments are consistent with recent allowances from the National Committee for Quality Assurance (NCQA).

You may view the supplement to APL 19-017 in its entirety by visiting: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-017QISupp.pdf
RECOMMENDATIONS DURING COVID-19

PRENATAL AND POSTPARTUM CARE VISITS
(PART 1)

All pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after childbirth including mental health care.

- World Health Organization

A REMINDER OF RESOURCES FOR MCPs (PROVIDER FOCUSED)

- Re-engineering Visits
  - Curbide Visits:
    • Prenatal checks for BP, flu and Tdap immunizations, fetal heart rate and counseling.
    • Postpartum checks for BP, wound checks, depression screening and reproductive counseling.
  - Multidisciplinary Approach:
    • Use of doulas and community health workers as trusted communicators and part of case management teams.
    • Use WIC partnership and referral assistance, accessing WIC foods.
  - Home Prenatal BP Monitoring: Results and trend sharing with clinician/OB provider.

- Practice Re-design
  - Education: Use of short educational video snippets for members while waiting for provider in the exam room or wall posters on importance of immunizations in pregnancy.
  - Share Stories/Testimonials: Use of real life stories or linking with influential peers to reinforce the importance of immunization in pregnancy.
  - Practice Advisory during COVID 19: ACOG advisory on practices regarding management of pregnant women: assessment algorithm and FAQ for providers. A webinar on COVID-19 Postnatal care. Assure members that they can safely continue to receive vital services.

RECOMMENDATIONS DURING COVID-19

PRENATAL AND POSTPARTUM CARE VISITS
(PART 2)

All pregnant women, including those with confirmed or suspected COVID-19 infections, have the right to high quality care before, during and after childbirth including mental health care.

- World Health Organization

A REMINDER OF RESOURCES FOR MCPs (MEMBER FOCUSED)

- Relevant Messaging
  - Strategic Outreach:
    • Use data to identify high risk members for targeted messaging with prenatal/postpartum wellness tips and immunization reminders.
    • Use video communication to assure members they can safely continue to receive vital prenatal and postpartum OB services.
  - Information Medium:
    • Use of flyers to provide importance of immunizations such as flu and Tdap.
    • Share resources: self-care guide and activities for children to cope with COVID-19.

- Member Education
  - Virtual Learning:
    • Virtual prenatal classes and birthing classes
    • Lactation consultant via telehealth
  - Share information from CDC:
    • Ways to prevent illness during pregnancy amid COVID 19
    • Breastfeeding if sick with COVID-19 and frequently asked questions after birth.
  - Use member portal for educational messaging or for members to submit questions and encourage continuous conversation.

To view the above recommendations online and to access information links, visit https://www.caloptima.org/~media/Files/CalOptimaOrg/508/COVID19/2020-05_PPCQIPostcard_508.ashx
Well-Child Visits During COVID-19 Pandemic

On April 24, 2020, the Department of Health Care Services (DHCS) provided guidance regarding well-child visits during the COVID-19 pandemic.

In light of the COVID-19 pandemic, the American Academy of Pediatrics (AAP) has developed guidance on the provision of pediatric ambulatory services via telehealth during the pandemic. The guidance suggests that well-child visits should occur in-person whenever possible. Where community resources require pediatricians to limit in-person visits, this guidance encourages clinicians to prioritize in-person newborn care, and well visits and immunizations of infants and young children (through 24 months of age) whenever possible.

In accordance with AAP guidelines and to ensure that services on the Bright Futures schedule continue, DHCS encourages providers to follow the AAP guidance on pediatric ambulatory services and also discuss with members and members’ caregivers the benefit of attending a well-child visit in person to receive necessary immunizations and screenings as well as the provision of services via telehealth. DHCS also encourages providers to consider the risk of COVID-19 exposure during in-person visits, and ensure that they utilize options such as those included in the AAP website, which provide guidance on how to make modifications to clinic structure and/or physical space.

Further, Medi-Cal telehealth policies allows providers the flexibility to provide medical care by telehealth/virtual telephonic communication and bill Medi-Cal when the visit is done via this modality. Providers should inform members and members’ caregivers of their option to have some elements of a comprehensive well-child visit completed through telehealth and explain that certain parts of the physical exam and/or immunizations must be completed in-person. To the extent there are some components of the comprehensive well-child visit provided in-person due to those components not being appropriate to be provided via telehealth, and those components are a continuation of companion services provided via virtual/telephonic communication, the provider should only be billing for one encounter or visit.


APL 20-010: Cost Avoidance and Post-Payment Recovery for Other Health Coverage

On April 20, the Department of Health Care Services (DHCS) released All Plan Letter (APL) 20-010: Cost Avoidance and Post-Payment for Other Health Coverage.

The purpose of this APL is to provide clarification and guidance to Medi-Cal managed care health plans (MCPs), like CalOptima, with respect to the requirements for cost avoidance and post-payment recovery when an MCP member has other health coverage (OHC). These requirements also include instructions on the use of the DHCS Medi-Cal eligibility record to process OHC claims and guidelines on reporting to DHCS if the MCP becomes aware of OHC that is not listed on the eligibility record.

This APL supersedes DHCS policy letter 08-011.

DHCS Healthier California for All Initiative: Updates and Announcements (Medi-Cal)

On January 27, 2020, the Department of Health Care Services (DHCS) provided the following updates and announcements regarding the Medi-Cal Healthier California for All initiative (formerly known as the “CalAIM” initiative).

**Annual Health Plan Open Enrollment.** The state has decided not to continue to pursue the Annual Health Plan Open Enrollment policy. This proposal will no longer be a topic of discussion in the Population Health Management workgroup meetings.

**Targeted Case Management.** DHCS has clarified its policy regarding the proposal to discontinue targeted case management for Medi-Cal managed care members. The state will no longer pursue the policy change but will be asking managed care plans (MCPs) to take steps to ensure that enrollees do not simultaneously receive targeted case management and enhanced care management services. Additional information will be provided, when available.

**Frequently Asked Questions.** A list of frequently asked questions, located at http://calduals.org/wp-content/uploads/2020/01/1-23-20-LTC-Carve-In-FAQ-FINAL.pdf, has been released to address questions regarding the Long-Term Care Carve-In. Topics include:

- Medi-Cal Benefits
- Long-Term Care Carve-In Transition
- Rates
- Quality Improvement
- Oversight and Monitoring

**Foster Care Model of Care Workgroup:** In assessing the challenges faced by foster children and youth, this year DHCS and the Department of Social Services (DSS) will convene a Foster Care Model of Care workgroup of key stakeholders. The workgroup will consider whether California should develop a different model of care for children and youth in foster care, including the former foster youth program and transitions out of foster care programs and services for individuals up to age 26.

The workgroup will engage in collaborative discussions to develop short- and long-term policy recommendations and operationally achievable timelines for implementing a new or modified model of care for children and youth in foster care.

The workgroup will include representatives from DHCS, DSS, Department of Developmental Services, Department of Education, state and county child welfare associations, health plans, behavioral health entities, juvenile justice and probation advocates, judicial entities, foster care consumer advocates, current or former foster youth, and parent and caregiver representatives.

DHCS and DSS have solicited for workgroup members in March 2020 and convened the first workgroup meeting in April 2020. The workgroup is set to meet bimonthly throughout 2020 to formulate policy recommendations for the state to consider for implementation.

There are several Medi-Cal Healthier California for All workgroups that have concepts that overlap with the foster youth population. In order for DHCS to have adequate time to incorporate feedback into final proposals, DHCS continues to encourage workgroup members to provide any feedback regarding the foster care populations in these existing workgroups.
CalOptima COVID-19 Provider Communications

In an effort to provide timely information related to the COVID-19 pandemic, CalOptima recently updated the Provider Communications 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 have 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.

CMS and DHCS Issues Joint Guidance Regarding Cal MediConnect

On May 1, 2020, the Department of Health Care Services (DHCS) with the Centers for Medicare & Medicaid Services (CMS), jointly provided Medicare-Medicaid Plans (MMPs) guidance to specify which recently released DHCS All Plan Letters (APLs) apply in the Cal MediConnect demonstration.

The following APLs are applicable to the MMPs and may be reviewed by clicking on the links provided:


Thank you for your ongoing partnership in Cal MediConnect. If you have questions about these APLs or the applicability in Cal MediConnect, please contact your contract management team representatives.

**APL 20-003: Medi-Cal Certification Requirements**

The Department of Health Care Services (DHCS) recently released All Plan Letter (APL) 20-003: Network Certification Requirements (Medi-Cal only), to provide guidance to managed care plans (MCP), such as CalOptima, on the Annual Network Certification (ANC) requirements pursuant to Title 42, Code of Federal Regulations (CFR), Sections 438.68, 438.206 and 438.207, and Welfare and Institutions Code (WIC), Section 14197.

The ANC provides a prospective look at the MCP’s network for the upcoming contract year (CY). MCPs are required to annually submit documentation to the DHCS to demonstrate adequacy of their networks. DHCS reviews all MCP network submissions and provides assurance of MCPs’ compliance with the ANC standards to the CMS before the CY begins.

CalOptima will notify providers of any updated requirements and/or policies and procedures when available.

Behavioral Health Support for CalOptima Members During COVID-19 Pandemic

The outbreak of COVID-19 can be a stressful time for people. Those with pre-existing mental health conditions are particularly vulnerable to the psychological impact of a health-related emergency. Social distancing, restricting movements, economic uncertainty and limited support may exacerbate mental wellbeing.

When helping CalOptima members cope with COVID-19 related issues, pay close attention to signs of mental health concerns. Keep in mind that someone in need of mental health services may not always directly ask for help. Some members may be reluctant to start the conversation for various reasons. Here are some signs to look for when talking to members:

- Being lonely or feelings of loneliness
- Frequent crying
- Isolation
- Feeling hopeless
- Feeling helpless
- Anxiousness
- Being worried
- Being afraid
- Feeling upset
- Feeling depressed
- Feeling angry
- Irritability
- Agitation
- Feeling overwhelmed

If a member reports these signs, take the time to ask if he or she is interested in mental health services. You might say:

*This is a difficult time for many people. [Insert member’s adverse situation(s)] is/are stressful and can have a long-lasting impact on the body and mind. Sometimes, it is helpful to talk to a trained professional about what is going on in our lives. Right now, you can talk to a mental health provider by phone or video. This is to protect your health and help keep up with social distancing. We call it a telehealth visit. After COVID-19 restrictions are over, you can decide if you want to continue with telehealth visits or change to in-person visits. Would you like me to connect you to CalOptima’s Behavioral Health Line to discuss options?*

For members who want to obtain mental health services or have mental health questions, please give them our number or do warm transfer to CalOptima’s Behavioral Health line at 855-877-3885.

If the member is not interested, you may respond with:

*I understand. If you decide to give it a try, please call CalOptima’s Behavioral Health Line at 855-877-3885. We can help you find support to cope with the impact of COVID-19 on mental wellbeing.*

As a reminder, mental health services such as medication management and talk therapy are available to our members via telehealth. During the COVID-19 health crisis, members can access mental health services without the need to leave their home.

To access this update and additional provider communications, regarding COVID-19, visit: https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx.
ACEs Aware Webinar May 27, 2020 ( Medi-Cal only)

Adverse Childhood Experiences (ACEs) Aware is an initiative led by the Office of the California Surgeon General and the Department of Health Care Services (DHCS). ACEs Aware is hosting a series of activities to promote shared learning and quality improvement among Medi-Cal providers in adopting ACE screenings and providing trauma-informed care. Each month ACEs Aware hosts an educational webinar designed to assist Medi-Cal providers with training, clinical protocols and payment for screening children and adults. ACEs Aware will host its next educational webinar on May 27, 2020, from 12 to 1 p.m. You may register by visiting https://www.acesaware.org/heal/educational-events/.

The ACEs Aware April 29, 2020 webinar titled, “Building Trauma-Informed Connections via Telehealth During COVID-19,” is still available for viewing. This webinar covers the importance of, and opportunities for, building and maintaining trauma-informed connections with members using telehealth during the COVID-19 emergency. To view, please visit the ACEs Aware website located at https://www.acesaware.org/events/2020-april-29-webinar/

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<td>The Resources for Integrated Care – Webinar Recordings</td>
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Policies and Procedures Monthly Update

The following is a list outlining changes made to CalOptima policies and procedures during April 2020. The full description of the policies below are finalized and available on CalOptima’s website at www.caloptima.org.

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<th>Policy Number</th>
<th>Policy Title, Description and Revisions</th>
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<td>FF.2011</td>
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<td>GG.1304</td>
<td>Continuity of Care During Health Network or Provider Termination or Health Network Non-Participation in the Whole-Child Model Program (WCM)</td>
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<td>GG.1323</td>
<td>Seniors and Persons with Disabilities and Health Risk Assessment</td>
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<td>GG.1324</td>
<td>Seniors and Persons with Disabilities (SPD) Comprehensive Case Management</td>
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<td>GG.1325</td>
<td>Continuity of Care for Members Transitioning into CalOptima Services</td>
<td>02/06/20</td>
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<td>GG.1425</td>
<td>Prescriber Restriction Program</td>
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<td>Palliative Care Services</td>
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<td>GG.1114</td>
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<td>Community Based Adult Services (CBAS) Discharge Notification Process</td>
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<td>Multipurpose Senior Services Program (MSSP) Appeals, Grievances and Complaints Process</td>
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<td>MA.6032</td>
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<td>04/01/20</td>
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Provider Code Updates

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

- Presumptive Eligibility for COVID-19 Testing Guidelines
- Update to CPT® 2020 Pathology Codes
- 020 CPT Annual Update
- Updated Frequency Limits For Fetal Aneuploidy Codes
- Two Oncology Codes are New Medi-Cal Benefits
- Genomic Sequence Analysis Panel Added as a New Medi-Cal Benefit
- Updated Billing for Ophthalmoscopy
- Anti-hemophilic Factor VIII, Human, Koate Available Without a TAR
- Incontinence Medical Supplies Billing Update
- Additional Instructions for PE for COVID-19 and PE for Pregnant Women Aid Code 7F
- New HCPCS codes for COVID-19 Diagnosis. HCPCS codes U0003 (SARS Cov-2 COVID-19 Amp prob high throughput) and U0004 (COVID-19 lab test non-CDC high throughput).
- New CPT Codes 86318, 86328 and 86769 for COVID-19 Anti-body Testing
- Updated Rate for New COVID-19 Diagnostic Testing CPT Code 87635 $51.31
- Coverage of Emergency COVID-19 Inpatient or Outpatient Services
- New ICD-10-CM Diagnosis Code U07.1 for COVID-19
- Specimen Collection for COVID-19 Now Medi-Cal Benefit. Effective for dates of service on or after March 1, 2020, HCPCS codes G2023 (specimen collect covid-19) and G2024 (spec coll snf/lab covid-19) are now Medi-Cal benefits.


For CalOptima’s prior authorization required list, please refer to the CalOptima website: https://www.caloptima.org/en/ForProviders/ClaimsAndEligibility/PriorAuthorizations.aspx.

Important Meetings

Visit the Provider Events section of the CalOptima website to view the provider activities calendar and download registration forms. 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.

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<td>CalOptima Board of Directors</td>
<td>June 4, 2 p.m.</td>
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<tr>
<td>CalOptima Provider Advisory Committee</td>
<td>June 11, 8 a.m.</td>
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<td>CalOptima Member Advisory Committee</td>
<td>June 11, 2:30 p.m.</td>
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<tr>
<td>CalOptima Whole-Child Model Family Advisory Committee</td>
<td>June 23, 9:30 a.m.</td>
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<tr>
<td>CalOptima OneCare Connect Member Advisory Committee</td>
<td>June 25, 3 p.m.</td>
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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