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CCN Prior Authorization Extension Due To COVID-19

In accordance with the Centers for Medicare & Medicaid Services' (CMS) 1135 Waivers, the CalOptima Community Network (CCN) is extending all pre-existing authorizations received during the COVID-19 public health emergency to ensure members continue to have access to the services they need throughout this public health emergency.

What Providers Should Know

- CCN members with current and unused authorizations approved during the COVID-19 public health emergency starting March 1, 2020, and expiring in June 2020, and for each month thereafter, will automatically be extended to December 31, 2020.
- Should the COVID-19 public health emergency continue beyond December 31, 2020, CCN will continue to extend unused authorizations until the COVID-19 public health emergency comes to an end.

Contact CCN Utilization Management at **714-246-8686** should you have any questions.

Additional provider communications regarding COVID-19 can be found on the CalOptima website at:

<https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx>.



STAY HOME
SAVE LIVES

Visit the CalOptima website at

<https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx>
for updates related to COVID-19"

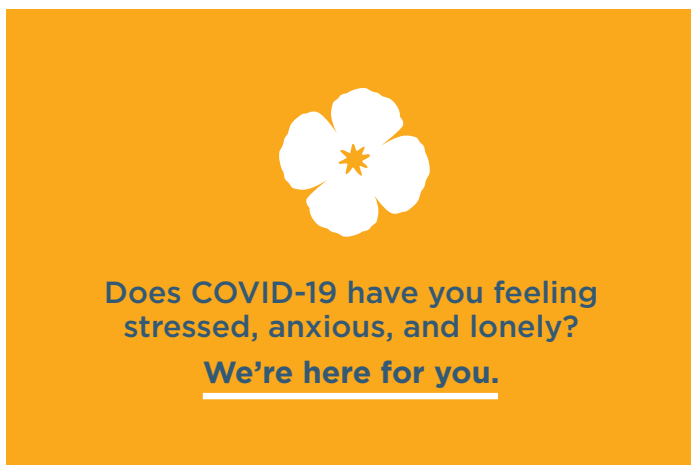
Referring Members To Case Management?


Are you treating a CalOptima Medi-Cal or OneCare member and need to know how you can refer them for case management services? Providers may refer members who are with a delegated CalOptima Medi-Cal health network or OneCare physician medical group (PMG) directly for case management by:

- Contacting the member's assigned health network or PMG directly
- Contacting the Case Management at **714-246-8686**
- Faxing a template requesting case management services to the Case Management triage inbox at **714-571-2455**
- Faxing a template requesting case management services to OneCare Clinical at **714-571-2240**
- Emailing information to the Case Management triage inbox at cmtriage@caloptima.org
- Emailing information requesting case management services to the OneCare Clinical team at OneCareClinical@caloptima.org

For more information, visit the CalOptima website at www.caloptima.org.

CalHOPE—Delivering Crisis Support During COVID-19





Hope will persevere.

California HOPE Provides:

- » **FREE resources**, including a "playbook" with tips for managing stress.
- » A call line to talk about your struggles and get emotional support from someone who has persevered through tough situations.
- » **Call (833) 317-HOPE (4673)**

Tips to Manage Stress:

- » Take a break from the news if it's causing you to feel overwhelmed.
- » Maintain social contact by phone, text, or email with those who support you.
- » Treat your body kindly—eat healthy foods, avoid excessive alcohol, and exercise as you are able.

calhope.dhcs.ca.gov | calhope@dhcs.ca.gov

California HOPE (CalHOPE) delivers crisis support for communities impacted by a national disaster. This is a Crisis Counseling Assistance and Training Program (CCP) funded by the Federal Emergency Management Agency (FEMA) and run by DHCS. For additional information on the program, please visit the CalHOPE website located at <https://calhope.dhcs.ca.gov/Pages/AboutUs.aspx>.

DHCS is sharing resources amidst COVID-19 that may be helpful. CalOptima encourages providers to share this CalHOPE information with members struggling with mental health issues exacerbated by COVID-19.

Updating Your Provider Directory Listing

All providers are required to submit accurate and timely updates of changes to demographic and other information required for inclusion in the CalOptima Provider Directory. This is a California State law, which was established with Senate Bill 137 (SB137).

This law underscores the importance of ensuring a provider's information, such as whether you are accepting new patients, are up to date and any changes are communicated to the provider's contracted health network in a timely manner.

Specifically, the law requires:

- The listing of all contracted health networks and services of the provider or provider group
- Providers to notify the provider's contracted health network within five business days if they are no longer accepting new patients or if they were not accepting new patients and are now open to new patients
- Providers who are not accepting new patients, and are contacted by a new patient, to direct the patient to their health network to find a provider and to report the directory inaccuracy
- Providers to be responsive to the provider's contracted health network's notifications regarding the accuracy of information in the Provider Directory by either confirming the information is correct or updating information as appropriate
- Failure to respond to the notification may result in a delay of payment or reimbursement of a claim pursuant to subdivision (p) of SB137
- Providers have 30 business days to confirm with the provider's contracted health network their information is either current and accurate or requires updates. If no response, CalOptima shall take no more than 15 business days to verify whether the provider's information is correct or requires updates.
- If CalOptima is unable to verify the provider's information is correct or requires updates, CalOptima will notify the provider 10 business days in advance that they will be removed from the Provider Directory or directories at the next required update.
- A provider shall not be removed from the Provider Directory or directories if he or she responds before the end of the 10-business day notice period.

A woman with short white hair and glasses, wearing a white lab coat over a blue shirt, is sitting at a desk and looking at a computer monitor. Her hands are on the keyboard. The background is a bright, modern office or clinical setting with large windows.

To keep your CalOptima Provider Directory listing up to date, contact your health network's Provider Relations department. CalOptima Community Network providers may call **714-246-8600**.

What Constitutes An Urgent Referral Request?

When requesting services for CalOptima members and to maintain compliance with services, please ensure you are requesting the authorization appropriate for the nature of the member's condition. When services are requested as urgent and the service doesn't meet the urgent definition below, it places a strain on the review process, affecting members who truly need the urgent services.

California Health and Safety Code (1367.01,h,) states:

Normal time frame for the decision-making process is not to exceed five business days from the plan's receipt of the information reasonably necessary and requested by the plan to make the determination.

When requesting urgent review, the member's condition must face an imminent and serious threat to his or her health, including, but not limited to:

- Potential loss of life, limb or other major bodily function
- The normal time frame for the decision-making process becomes detrimental to the member's life or health or could jeopardize their ability to regain maximum function

Referrals should be requested as urgent only when specifically noted by the requester, with all information necessary to decide within 72 hours of receipt.

For providers requesting a referral from a health network other than CalOptima Direct (COD) or CalOptima Community Network (CCN), contact the member's assigned health network prior to submitting your request.



The following is a list of appropriate fax numbers for COD and CCN providers to use when submitting an Authorization Request Form:

Routine Requests	714-246-8579
Urgent Requests	714-338-3137
Routine Non-Emergency Medical Transportation (NEMT)	714-338-3153
Urgent Non-Emergency Medical Transportation (NEMT)	714-571-2424
Routine Transplant	714-796-6607
Urgent Transplant	714-796-6616

Important Information For Our Members

CalOptima would like to encourage our providers to inform members of the benefits of taking an active role in their health care. Please share the following no-cost rewards information available to eligible CalOptima members.



ADULT MEMBER HEALTH REWARDS

Take an active role in your health!



CalOptima offers no-cost rewards to eligible CalOptima members for taking an active role in their health! You can download and print the forms at www.caloptima.org/healthrewards to complete with your doctor at your appointment. Please refer to each incentive form for additional program details.

 Breast Cancer Screening No-Cost Reward \$55 gift card Eligibility Criteria CalOptima members ages 50-74 who complete a breast cancer screening mammogram	 Cervical Cancer Screening No-Cost Reward \$25 gift card Eligibility Criteria CalOptima Medi-Cal members ages 21-64 who complete a cervical cancer screening	 Diabetes A1C Test No-Cost Reward \$55 gift card Eligibility Criteria CalOptima Medi-Cal members ages 18-64 with a diagnosis of diabetes who complete an A1C test	 Diabetes Eye Exam No-Cost Reward \$25 gift card Eligibility Criteria CalOptima Medi-Cal members ages 18-64 with a diagnosis of diabetes who complete a diabetes eye exam	 Postpartum Checkup No-Cost Reward \$50 gift card Eligibility Criteria CalOptima Medi-Cal members who have a postpartum checkup between 1-12 weeks after delivery	 Colorectal Cancer Screening No-Cost Reward \$50 gift card Eligibility Criteria CalOptima OneCare and OneCare Connect members ages 50-75 who complete a sigmoidoscopy or colonoscopy
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Call CalOptima's Health Management department at 1-714-246-8895 for questions about the member health rewards programs.

Important: Kaiser members are excluded from all CalOptima health reward and incentive offers. Rewards are available while supplies last.



CHILD MEMBER HEALTH REWARDS

Take an active role in your child's health!



CalOptima offers no-cost rewards to eligible CalOptima Medi-Cal members for taking an active role in their health! You can download and print the forms at www.caloptima.org/healthrewards to complete with your doctor at your appointment. Please refer to each incentive form for additional program details.

 1st, 2nd and 3rd Well-Child Visits No-Cost Reward \$50 gift card Eligibility Criteria CalOptima Medi-Cal members who complete at least 3 well-child visits by child's 6th month birthday	 4th, 5th and 6th Well-Child Visits No-Cost Reward \$50 gift card Eligibility Criteria CalOptima Medi-Cal members who complete at least 6 well-child visits before child's 15th month birthday	 Annual Well-Care Visits For Ages 12-17 No-Cost Reward 3 movie tickets or \$25 gift card Eligibility Criteria CalOptima Medi-Cal members ages 12-17 who receive an annual well-care visit	 Shape Your Life (SYL) No-Cost Reward \$50 gift card Eligibility Criteria CalOptima Medi-Cal members ages 5-18 with a BMI at 85% or higher who participate in a minimum of 6 SYL classes and complete a follow-up doctor appointment
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Call CalOptima's Health Management department at 1-714-246-8895 for questions about the member health rewards programs.

Important: Kaiser members are excluded from all CalOptima health reward and incentive offers. Rewards are available while supplies last.

Disability Awareness Training

In accordance with the Department of Health Care Services' guidelines, CalOptima is responsible for ensuring that all staff, health network staff and health care providers who interact with CalOptima members, receive annual cultural competency and disability awareness training. This training is designed to highlight communications, services and programs accessible to people with functional limitations, including visual, hearing, cognitive and physical disabilities.

After completing the course, you will be able to:

- Explain the prevalence and types of disabilities within CalOptima's population.
- Identify and explain the legal requirements related to access for persons with disabilities.
- Define the basic rights for persons with disabilities.
- Identify the physical accessibility components at a provider's office that are assessed and reported to CalOptima.
- Define your responsibility when interacting with members, visitors, patients and their companions with disabilities.
- Use appropriate terminology and proper etiquette when interacting with people with disabilities.
- Identify available CalOptima and community resources.

To complete the Disability Awareness training, visit the CalOptima website at:
<https://www.caloptima.org/en/ForProviders/ProviderTrainings/DisabilityAwareness.aspx>.



Health Equity Postcard And COVID-19 Supplemental Resources (Medi-Cal)

The Department of Health Care Services (DHCS) is sharing resources on pertinent preventive care and chronic disease management topics, including factors affecting health disparities, during the COVID-19 public health emergency that providers may find helpful.

This Health Equity QI Postcard provides various tools and strategies to address health inequities some members may experience during the COVID-19 pandemic. It is crucial that all members, including those belonging to racial and ethnic minority groups, have access to current, accurate resources with interpretation services and other forms of health care support, such as transportation, community partners, food banks, and mental health assistance. Providers can view the Centers for Disease Control's (CDC) racial data tracker for an overview of information on the health disparities among racial and ethnic groups in COVID-19 cases as provided on this postcard. Please note that there are links embedded inside the postcard to view additional information.

RECOMMENDATIONS DURING COVID-19

ADDRESSING HEALTH DISPARITIES (PART 2)

Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.

[Centers for Disease Control](#)

ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND ADDITIONAL RESOURCES

<p>Addressing Food Insecurity</p>	<ul style="list-style-type: none"> Reinforce that eligible families can now use their Pandemic Expansion Benefits Transfer Program (P-EBT) card to make purchases online at Amazon.com and Walmart.com. Inform about the availability and ongoing access to foodbanks (i.e., Farm to Family Program). Success Story: Anthem's home delivered meal program; United Health Care's infant formula 30 day program.
<p>Addressing Mental Health Concerns by Integrating Trauma-Informed Framework</p>	<p>"We heard from a young Spanish-speaking immigrant who asked whether 'we were saving medications for the privately insured' and from a young man who shared that his symptoms of COVID-19 had triggered traumatic flashbacks from his immigration journey of feeling suffocated in a box with no control."</p> <ul style="list-style-type: none"> Make goals of care conversations routine during clinic visits, using VitalTalk script. Give members uninterrupted time to speak about their concerns and worries so that providers can understand members' life experiences that contribute to their fears. Ensure that behavioral health resources are available, with appropriate coordination (i.e., Psychhub.com; FACE COVID; ACEs Connection resource).

RECOMMENDATIONS DURING COVID-19

ADDRESSING HEALTH DISPARITIES (PART 1)

Long-standing systemic health and social inequities have put some members of racial and ethnic minority groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.

[Centers for Disease Control](#)

A REMINDER OF RESOURCES FOR MCPs (PROVIDER FOCUSED)

<p>Communicating with Sensitivity</p>	<ul style="list-style-type: none"> Build skills for understanding and addressing negative member experiences, including accessing care, by using a communication tool. Take a test on implicit bias and provide training on reducing implicit bias. Provide and link members to resources addressing social determinants of health and cultural barriers to health care (i.e., community services programs, Stay Play Grow app). Promote COVID-19 ready communication play book in multiple languages.
<p>Targeting Outreach Strategies</p>	<ul style="list-style-type: none"> Leverage the role of CHWs (e.g., story of Meza) in assisting members with chronic health conditions. Inform members of the importance of preventive care services during a pandemic. Ensure that all members have access to resources that are current, relevant, accurate and credible (i.e., COVID-19 resources in multiple languages). Promote and reinforce member's accessibility to translation and interpretation services, transportation, social support, and virtual health services. Collaborate with community partners that members trust (e.g., faith based organizations, local public health, social service organizations).
<p>Tracking Disparities</p>	<ul style="list-style-type: none"> Track disparities among racial and ethnic groups in COVID-19 cases, complications and outcomes to inform disparity reduction activities. Tracking Racial Data: The COVID Racial Data Tracker; US Census Bureau; California Department of Public Health; Centers for Disease Control.

To view the above recommendations online and to access information links, visit https://www.caloptima.org/~media/Files/CalOptimaOrg/508/COVID19/2020-07_HealthEquityPostcard_508.ashx

Learn About The CalOptima Approved Drug List And Pharmaceutical Procedures

CalOptima is dedicated to ensuring that our members get the prescription medications they need. The CalOptima Drug Formulary, or the Approved Drug List and pharmaceutical procedures, are reviewed quarterly in February, May, August and November by the Pharmacy and Therapeutics (P&T) Committee. The P&T Committee is composed of practicing primary care physicians, specialists and pharmacists. The P&T committee evaluates all therapeutic drug categories and selects the most cost-effective agents in each class. In addition, the P&T Committee reviews prior authorization procedures to ensure that medications are used safely in accordance with clinical guidelines and Food and Drug Administration (FDA)-approved indications. The committee also evaluates new pharmaceutical developments including new drug approvals, new indications, new generics and updates to existing clinical guidelines. You may request a medication be added to the Approved Drug List by submitting an Approved Drug List Addition Request form. This form can be found under the Medi-Cal and CalOptima Direct Resources of the "Pharmacy Information" section of our website.

The Approved Drug List also includes an explanation of limits or quotas such as age, gender, duration of use or quantity limits; any restrictions and medication preferences; the process for generic substitution; contingent therapy requirements; and step-therapy protocols. CalOptima is a mandatory generic plan. This means that a generic equivalent must be used before a branded agent may be considered. CalOptima does not require therapeutic interchange. The CalOptima Approved Drug List is available on our website at www.caloptima.org and on your smart phone through the Epocrates mobile application. In addition, changes to the Approved Drug List are posted quarterly on our website at www.caloptima.org, under the Formulary Resource of the "Pharmacy Information" section.

Medications that are not listed on the Approved Drug List require prior authorization. Providers may request an authorization by submitting all relevant clinical information to CalOptima. Providers may submit the CalOptima prior authorization form via fax to **858-357-2557**, or by calling **888-807-5705**. The CalOptima prior authorization form may be found under Medi-Cal and CalOptima Direct Resources in the "Pharmacy Information" section. The Medi-Cal Provider Manual on our website at www.caloptima.org provides more information on how to use the Approved Drug List and how to submit a prior authorization request. If you would like more information about the Approved Drug List, our prior authorization criteria, or the CalOptima pharmacy program, please contact the Pharmacy Management department at **714-246-8471**.

The CalOptima Pharmacy Management department and the P&T Committee continually monitor the safety of medications used by our members. In situations when there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribing practitioners are notified by CalOptima within 30 calendar days of the Food and Drug Administration notification. An expedited process is in place to ensure notification to affected members and prescribing practitioners of Class I recalls as quickly as possible. These notifications will be conducted by fax or mail.

Effective January 1, 2021, the Department of Health Care Services (DHCS) is carving out the pharmacy benefit from managed-care plans and moving pharmacy benefits to the Medi-Cal fee-for-service program. DHCS has selected Magellan Rx as their pharmacy benefit manager (PBM) to administer the new pharmacy program. CalOptima Medi-Cal outpatient pharmacy claims will no longer be processed by CalOptima's PBM (MedImpact) and will instead be processed through Magellan Rx. Providers will be required to follow the state formulary or Contract Drug List (CDL).

Accessing Interpreter Services

Federal and state regulations require CalOptima and its health networks to provide interpreter services to members with limited English proficiency. Limited English proficient (LEP) members include those who have a limited ability to read, speak, write or understand English.

Providers may request interpreter services for their CalOptima patients with limited English proficiency. Providers may request either telephonic or face-to-face interpreter services, depending upon the situation.

How to Request Interpreter Services

1. Verify the member’s eligibility and identify if the member is enrolled in a health network, CalOptima Community Network or CalOptima Direct.
2. Determine whether telephonic or face-to-face interpreter service is needed.
 - Telephonic interpreter service is recommended for urgent situations or short and simple conversations. This service is available 24 hours a day, seven days a week.
 - Face-to-face interpreter service, including sign language, is recommended when complicated or extensive explanation of treatment or symptoms is required. This service is available for scheduled medical appointments in an ambulatory setting and requires at least five working days’ advance notice.
3. Please have the following information ready at the time of the request: Member’s name
 - Member’s card identification number
 - Member’s gender
 - Member’s age
 - Date of appointment
 - Time of appointment
 - Language needed
 - Approximate duration
 - Type of visit
 - Name of doctor/facility
 - Address of appointment/location
 - Phone number of appointment/location
4. If the member is in CalOptima Direct or CalOptima Community Network, please call CalOptima’s Customer Service department at 714-246-8500. Prior authorization is not required.
5. If the member is in a health network, please use the following list to contact the member’s health network after verifying eligibility. The member’s health network will work with you and the member to coordinate all interpreter services.

..... REPORTING FRAUD WASTE AND ABUSE

As a CalOptima provider, if you see any activity that you think is fraudulent or wasteful, we strongly encourage you to call our Compliance and Ethics Hotline at **877-837-4417** or report the activity using the Suspected Fraud or Abuse Referral Form.

To learn more about reporting fraud, waste and abuse, visit the CalOptima website at: <https://www.caloptima.org/en/ForProviders/ProviderTrainings/FraudWasteandAbuse.aspx>.

Health Network Interpreter Services Contact List

Health Network	Telephonic Interpreter Service Contact	Face-To-Face Interpreter Service Contact
ADOC Medical Group	844-292-5173	844-292-5173
Alta Med Health Services	877-462-2582	877-462-2582
AMVI Care Health Network	866-796-4245	866-796-4245
Arta Western Health Network	800-788-8879 or via fax referral request: 949-567-0236 or via online referral request: www.hcp-connect.com	800-788-8879 or via fax referral request: 949-567-0236 or via online referral request: www.hcp-connect.com
CHOC Health Alliance	800-424-2462	800-424-2462
Family Choice Health Network	Language line: 800-874-9426	800-611-0111
Kaiser Permanente	800-464-4000 or 800-777-1370 (TDD/TTY)	800-464-4000 or 800-777-1370 (TDD/TTY)
Monarch Family HealthCare	888-656-7523	888-656-7523
Noble Mid-Orange County	888-880-8811	888-880-8811 Ask for Utilization Department
Prospect Medical Group	800-708-3230	800-708-3230 or fax request to: 714-560-7305 or submit request online: www.prospectmedical.com
Regal Medical Group	844-292-5173	844-292-5173
Talbert Medical Group	800-297-6249 or via fax referral request: 714-436-4408 or via online referral request: www.HCP-Connect.com Need access code for interpreter services	800-297-6249 or via fax referral request: 714-436-4408 or via online referral request: www.HCP-Connect.com
United Care Medical Network	877-225-6784	877-225-6784



Understanding Medicaid Benefits And Services

As our look back period rapidly approaches, we are reminded of NCQA's Medicaid Benefits and Services Standard. The 2015 standard covers the following elements, along with explanation of what will be expected to be reflected in your policy and procedures:

Direct Access to Women's Health Services

Women are allowed direct access to in-network women's health specialties for covered routine and preventive health care services. Medicaid law requires that women be allowed direct access to women's health specialists for routine and preventive health care services. Routine and preventive health care services include, but are not limited to, prenatal care, breast exams, mammograms and Pap tests. Direct access means that the organization cannot require women to obtain a referral or prior authorization as a condition to receiving such services from specialists in the network. Direct access does not prevent the organization from requesting or requiring notification from the practitioner for data collection purposes. Women's health specialists include, but are not limited to, obstetricians, gynecologists and certified nurse midwives.

Second Opinions

Provide a second opinion from an in-network provider or arrange for the member to obtain a second opinion outside the network. Medicaid law requires that members have the right to a second opinion from a qualified health care professional. If an appropriate professional is not available in network, the organization must arrange for a member to obtain the second opinion out network at no more cost to the member than if the service was obtained in network.

Out-of-Network Services

If unable to provide necessary and covered service to a member in network, the organization must adequately and timely cover the same service out network, for as long as the organization is unable to provide the service.

Out-of-Network Cost to Member

If the organization approves a member to go out network because it is unable to provide a necessary and covered service in network, the organization must coordinate payment with the out-of-network practitioner and ensure that the cost to the member is no greater than it would be if the service was furnished in network.

Out-of-Network Cost to Member

If the organization approves a member to go out network because it is unable to provide a necessary and covered service in network, the organization must coordinate payment with the out-of-network practitioner and ensure that the cost to the member is no greater than it would be if the service was furnished in network.

Hours of Operation Parity

Medicaid law requires the organization to ensure that network practitioners offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid members. If the provider serves only Medicaid recipients, hours offered to Medicaid managed care enrollees must be comparable to those for Medicaid fee-for-service members. All five of these elements will be audited in 2019 as part of CalOptima's delegation oversight responsibilities. Please feel to call **714-246-8686** if you have any further questions regarding the NCQA Medicaid Benefits and Services.

Prepare Your Patients For Flu Season

Although flu epidemics happen every year, the timing, severity and length of the season varies. Please encourage your patients to get a flu shot and explain the benefits of why it is important to get the vaccine.

Who Should Get Vaccinated This Season?

The Centers for Disease Control and Prevention recommends a yearly flu vaccine for everyone 6 months of age and older. It is the first and most important step in protecting against this serious disease. It's especially important for certain people to get vaccinated, including people who are at high risk of developing serious complications like pneumonia if they get sick with the flu. These include:

- People who have certain medical conditions like asthma, diabetes and chronic lung disease
- People 65 years and older
- Pregnant women
- People who are morbidly obese

People who live with or care for others who are at high risk of developing serious complications, such as:

- Household contacts and caregivers of people with certain medical conditions like asthma, diabetes and chronic lung disease
- Caregivers for infants less than 6 months old

Thank you for your continued support in providing quality health care services to our members.

Please visit www.caloptima.org/en/ForProviders/Resources/HealthEducation.aspx for additional member health education materials.

Onecare Model Of Care Training

OneCare providers and staff are required to complete training on key elements of the OneCare program. The requirement applies to those who directly or indirectly are responsible for providing health care services to our OneCare members or those who administer OneCare health care benefits. The OneCare training module is updated annually to reflect any changes to regulatory requirements within the program.

After completing this module you will be able to:

- Define OneCare and model of Care (MOC).
- Identify the four core elements of the OneCare MOC.
- Describe eligibility for OneCare participation and identify specialized services for most vulnerable OneCare members.
- Define Care Coordination, Health Risk Assessment (HRA), Individual Care Plan (ICP) and Interdisciplinary Care Team (ICT).
- Understand the essential role of the contracted network of providers, adherence to care standards and oversight.
- Describe the Quality Measurement and Performance Improvement outcomes of the MOC.
- Define how MOC effectiveness is measured.

To complete the OneCare Model of Care training, visit the CalOptima website at:

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

CalOptima Meeting Information

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



CalOptima
Better. Together.

P.O. Box 11063
Orange, CA 92856-8163



CalOptima Board of Directors* 2 p.m.

- September 3, 2020
- October 1, 2020
- November 5, 2020

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

- September 17, 2020
- November 19, 2020

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

- September 16, 2020
- November 18, 2020

Investment Advisory Committee 3 p.m.

- October 19, 2020

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

- October 8, 2020++

OneCare Connect Member Advisory Committee (OCC MAC)* 3 p.m.

- August 27, 2020
- October 8, 2020++
- October 22, 2020

Provider Advisory Committee (PAC)* 3 p.m.

- September 10, 2020
- October 8, 2020++
- November 12, 2020

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

- August 25, 2020
- October 8, 2020++
- October 27, 2020

*Public meeting
++Joint meeting (at 8 a.m.)

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 this fall to get the influenza vaccine.

The **#DontWaitVaccinate** toolkit is designed to help support providers in urging members to schedule and keep routine checkups and immunization visits and to reconnect with their providers.

Highlights of the campaign kit include:

- Sample social media posts for multiple audiences
- Talking points
- Template provider letter to patients
- Template robocall script to patients
- Tips on how to maximize social media message
- Social media calendar (if you're interested in coordinating outreach efforts)

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

Visit Our Website

Visit CalOptima's website at www.caloptima.org to view provider manuals and information on the following topics:

- Member Rights and Responsibilities
- QI Program and Goals
- Privacy and Confidentiality
- Pharmaceutical Management Procedures
- Clinical Practice Guidelines
- Complex Case Management
- Disease Management Services
- Utilization Management
- To request hard copies of this information, please call **714-246-8600**.