



PROVIDER UPDATE

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HEDIS Measurement Year (MY) 2020 Training

CalOptima is required to report Healthcare Effectiveness Data and Information Set (HEDIS) rates to the National Committee for Quality Assurance (NCQA), Centers for Medicare & Medicaid Services (CMS) and Department of Health Care Services (DHCS).

As part of this annual reporting requirement, a medical record review is allowed for a subset of measures known as **Hybrid Measures**. As a contracted CalOptima provider, we recognize that you play a vital role in promoting good health to our members. That is why CalOptima has developed a set of online training modules, each containing annual content to help providers understand the measures specifications and required documentation to meet compliance for each measure.

In addition to having four modules instead of six, the following are the changes made for HEDIS MY2020:

- Naming convention for HEDIS (updated)
- Measures and sub-indicators (retired for HEDIS MY 2020)
- Timeline for HEDIS specs publication (updated)
- Reporting methodology (updated for three of the hybrid measures)

The HEDIS Training Modules for MY2020 are located on the CalOptima website at <https://www.caloptima.org/en/ForProviders/ProviderTrainings/HEDISHybridMedicalRecordReview.aspx>.

We encourage you to review all the modules and share the information with your office staff. If you have questions or need assistance, email CalOptima at HEDISMailBox@CalOptima.org.

Letter from Emily Fonda, M.D., CalOptima Interim Chief Medical Officer

With the new year here and COVID-19 vaccination efforts underway, I am hopeful that we are turning the page on the heartbreaking pandemic chapter in our community's story. In this next chapter, we all have a role to play as we maintain our healthy practices and seek vaccination.

As a trusted provider for CalOptima members, we look forward to your support in encouraging vaccination and sorting fact from fiction for members. Both the Pfizer-BioNTech and Moderna vaccines were authorized by the FDA because they were proven to be safe and effective. These vaccines do not infect people with COVID-19, but instead use a small piece of the virus structure to trigger an immune response that can protect individuals from getting the disease or spreading it to others.

Members may also look to you for information about vaccine distribution, which is in phases (to view phases visit <https://coronavirus.egovoc.com/covid-19-vaccination-distribution>) that prioritize critical populations given the current limited vaccine supply. Just this week, Orange County expanded eligibility to include all people age 65 and older, greatly extending access beyond the frontline health care workers and long-term care facility residents who got the first doses. Distribution will continue to expand until vaccines are available to everyone, which is estimated to be by the summer. The county is using an online tool, www.othena.com, to help with vaccine prioritization and scheduling, and you may want to be familiar with it in answering members' questions.

Vaccines are essential to ensure a healthier future, but they cannot work alone. Please continue to encourage the practices we know so well — wearing masks, washing hands, practicing physical distancing and staying home. CalOptima also knows that some members are hesitant about getting vaccinated, so we are working to build trust by sharing educational information and engaging the community organizations they rely on.

While we are focused on COVID-19, we cannot lose sight of the related need for emergency and preventive care. As a provider, you know that it remains important for your patients to seek urgent or emergency medical care, if needed. Encourage them to get routine checkups and screenings and inform them about the ways you keep them safe as they seek services, including the option for telemedicine visits.

Thanks to you and thousands of other CalOptima providers for your amazing, selfless work in 2020. While this work is not done, the vaccine will move us closer to a future when we can again gather with extended family and friends. Wishing you a happy and healthy 2021!

Prop 56 ACEs Provider Training and Payment

The Adverse Childhood Experiences (ACEs) training and attestation are two separate processes. On July 1, 2020, the Department of Health Care Services (DHCS) issued **All Plan Letter (APL) 19-018** requiring providers to take a certified training **and** self-attest to completing the training to receive the supplemental payment for ACEs screenings.

Because the ACEs screening program is a relatively new requirement, DHCS will defer to the health plans, allowing for flexibility when paying providers. It is not mandatory for the ACEs training and attestation to be completed at the same time. However, both the ACEs certified training and self-attestation must be completed in order to receive supplemental payments.

Additionally, providers are encouraged to include their billing National Provider Identifier (NPI) when attesting. This will ensure that their payment is applied timely and accurately.

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

Urgent Need for Volunteers — COVID-19 Vaccinations

In anticipation of future needs, the OneOC's Virtual Emergency Volunteer Center (EVC) is currently pre-registering volunteers interested in assisting government staff with COVID-19 vaccinations at Points of Distribution (POD) sites this year.

The County of Orange is looking to establish two teams of volunteers willing to serve in these crucial volunteer roles:

Medical Trained Volunteers

- Medical licensed volunteers able to assist with vaccine preparation and distribution.
- Currently licensed: Physicians (MD, DO and MD/DO students), nurses (RN, LVN and nursing students), physician/nursing assistants, dentists, medical Assistants, emergency medical services (paramedics and EMTs)

General Support Volunteers

- Volunteers able to assist in logistical support roles such as computer data entry, registration, traffic and other duties as assigned.

To register visit: <https://volunteers.oneoc.org/special-event/a1821000007VTf2>.

Accelerating Nonprofit Success



Prior Authorization Guidance Due to COVID-19 (Revised)

Guidance Regarding Prior Authorization Extension:

The Centers for Medicare & Medicaid Services (CMS) is using the flexibilities afforded under Section 1135 that allow for waiver or modification of pre-approval requirements to permit services approved to be provided without a requirement for a new or renewed prior authorization, through the termination of the public health emergency (PHE), including any extensions (up to the last day of the emergency period under Section 1135(e) of the Act), for members with a permanent residence in the geographic area of the public health emergency declared by Health and Human Services Secretary Alex M. Azar II.

- **For CalOptima's Community Network (CCN)**

CalOptima 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 PHE.

- **What providers should know about prior authorization extension**

CCN's current and unused member authorizations approved during the COVID-19 PHE, will continue to be extended for the duration of the COVID-19 PHE.

Guidance Regarding Prior Authorization for COVID-19 Testing and Treatment Services:

- **For CCN and its delegated health networks**

The Department of Health Care Services (DHCS) is exercising this authority and **requiring** managed care plans (MCPs), like CalOptima and its delegated health networks, to waive prior authorization requirements for COVID-19 related testing and treatment services.

Please refer to the "Fee-for-Service (FFS) Prior Authorization – Section 1135 Waiver Flexibilities" guidance, including any subsequently released updates to this guidance, which is available on the DHCS COVID-19 Information for Providers & Partners webpage located at: <https://www.dhcs.ca.gov/Pages/COVID-19-Pro-Part.aspx>.

For questions, contact CalOptima Care Coordination at **714-246-8686**.

Getting Vaccinated for COVID-19 is Safe and Effective

To get the latest information and guidance related to COVID-19 vaccinations in Orange County visit www.othena.com.

Look for more information you can share with CalOptima members in the Spring 2021 issue of the Provider Press Newsletter.

APL 20-022: COVID-19 Vaccine Administration and FAQs

On December 28, 2020, the Department of Health Care Services (DHCS) Issued **All Plan Letter (APL) 20-022: COVID-19 Vaccine Administration**. The purpose of this APL is to provide Medi-Cal managed care health plans (MCPs) with information and guidance regarding COVID-19 vaccine coverage and administration in the Medi-Cal program.

With the recent federal approval of COVID-19 vaccines, the Department of Health Care Services (DHCS) is seeking federal approval to help support delivery of the vaccines to all Medi-Cal members. The vaccines will be provided at no cost to all members.

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

Additionally, DHCS will follow California's COVID-19 vaccination plan, which was approved by the California Department of Public Health (CDPH). It calls for implementation in several phases: Pre-vaccine; limited doses available; larger number of doses available; and sufficient supply of doses available for the entire population. For further information on the state's vaccination planning efforts please visit: <https://covid19.ca.gov/vaccines/>.

To address potential provider, member and stakeholder inquiries regarding the plan, a series of **Frequently Asked Questions (FAQs)** have been developed and may be reviewed in its entirety by visiting <https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-Vaccine-Administration-FAQs-122420.pdf>.

APL 20-021: Acute Hospital Care at Home

On December 28, 2020, the Department of Health Care Services (DHCS) distributed **All-Plan Letter (APL) 20-021: Acute Hospital Care at Home**.

The purpose of this APL is to provide Medi-Cal managed care plans (MCPs) with policy guidance regarding hospitals participating in the Centers for Medicare & Medicaid Services (CMS) Acute Hospital Care at Home program.

To view **APL 20-021** in its entirety, visit <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-021.pdf>.

Updated COVID-19 Codes

On January 6, 2021, the Department of Health Care Services (DHCS) provided updates regarding COVID-19 codes effective December 28, 2020.

The following updates details both old and new COVID-19 Healthcare Common Procedure Coding System (HCPCS) codes, Current Procedural Terminology (CPT) codes, and ICD-10 Procedure Coding System (PCS) and Clinical Modification (CM) codes, including those that have been deployed to PACE organizations between October 16, 2020, and December 28, 2020.

DHCS requests managed care plans utilize this information appropriately for encounters, including COVID-19 services. DHCS will continue to send updates on new codes as they become available.

Code	Description	Effective Date	Code List Version	Deployment Date
87635	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	3/13/2020	9.2.7	3/20/2020
86328	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	4/10/2020	9.2.8	5/15/2020
86769	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	4/10/2020	9.2.8	5/15/2020
0202U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected.	5/20/2020	9.2.10	7/17/2020
87426	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (e.g., SARS-CoV, SARS-CoV2 [COVID-19])	6/25/2020	9.2.11	8/6/2020
0223U	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	6/25/2020	9.2.11	8/6/2020
0224U	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	6/25/2020	9.2.11	8/6/2020

Updated COVID-19 Codes (cont.)

Code	Description	Effective Date	Code List Version	Deployment Date
91300	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use	11/10/2020	9.2.16	12/18/2020
91301	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use	11/10/2020	9.2.16	12/18/2020
0001A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose	11/10/2020	9.2.16	12/18/2020
0002A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose	11/10/2020	9.2.16	12/18/2020
0011A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose	11/10/2020	9.2.16	12/18/2020
0012A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose	11/10/2020	9.2.16	12/18/2020
91302	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use	11/10/2020	9.2.16	12/18/2020
0021A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; first dose	11/10/2020	9.2.16	12/18/2020
0022A	Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, chimpanzee adenovirus Oxford 1 (ChAdOx1) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; second dose	11/10/2020	9.2.16	12/18/2020

Updated COVID-19 Codes (cont.)

Code	Description	Effective Date	Code List Version	Deployment Date
86408	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	8/10/2020	9.2.12	10/16/2020
86409	Neutralizing antibody, severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	8/10/2020	9.2.12	10/16/2020
0225U	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	8/10/2020	9.2.12	10/16/2020
0226U	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	8/10/2020	9.2.12	10/16/2020
86413	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	9/8/2020	9.2.13	10/16/2020
99072	Additional supplies, materials, and clinical staff time over and above those usually included in an office visit or other nonfacility service(s), when performed during a Public Health Emergency, as defined by law, due to respiratory-transmitted infectious disease	9/8/2020	9.2.13	10/16/2020
87636	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	10/6/2020	9.2.14	11/20/2020
87637	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	10/6/2020	9.2.14	11/20/2020
87811	Infectious agent antigen detection by immunoassay with direct optical (i.e., visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	10/6/2020	9.2.14	11/20/2020
0240U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 3 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B), upper respiratory specimen, each pathogen reported as detected or not detected	10/6/2020	9.2.14	11/20/2020
0241U	Infectious disease (viral respiratory tract infection), pathogen-specific RNA, 4 targets (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2], influenza A, influenza B, respiratory syncytial virus [RSV]), upper respiratory specimen, each pathogen reported as detected or not detected	10/6/2020	9.2.14	11/20/2020

DHCS 2020 Preventive Services Report — Part 1

On December 30, 2020, the Department of Health Care Services (DHCS) notified managed care plans (MCPs) that Part 1 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 report presents statewide and regional results for a total of eight indicators that assess the utilization of preventive services by Medi-Cal children and adolescents, and includes regional and demographic trends, findings, and recommendations. The eight indicators are:

- Chlamydia Screening in Women — 16 to 20 Years (CHL – 1620)
- Developmental Screening in the First Three Years of Life (DEV)
- Screening for Depression and Follow-Up Plan (CDF)
- Well-Child Visits in the First 30 Months of Life — Well-Child Visits in the First 15 Months—Six or More Well-Child Visits and Well-Child Visits for Age 15 Months to 30 Months—Two or More Well-Child Visits (W30)
- Child and Adolescent Well – Care Visits (WCV)
- Alcohol Use Screening (AUS)
- Dental Fluoride Varnish (DFV)
- Tobacco Use Screening (TUS)

The 2020 Preventive Services Report reflects data collected during calendar year (CY) 2019 and provides in-depth analyses of several existing DHCS measures as well as new administrative measures developed to capture utilization of services by pediatric Medi-Cal managed care members. DHCS will leverage findings from the Preventive Services Report to work with MCPs and other stakeholders to implement targeted improvement strategies that can drive positive change and ensure Medi-Cal managed care children receive the right care at the right time.

DHCS continues to collaborate with the California Department of Public Health (CDPH) to link available blood lead screening laboratory data with Medi-Cal; however, these efforts have been delayed due to COVID-19 and the impact it has had on CDPH operations. DHCS will release the information for Blood Lead Screening indicators, as well as MCP-specific results for each indicator, as an addendum to this report in February 2021.

2021 Compliance Plan and Office of Compliance Policies and Procedures Update

The CalOptima Office of Compliance policies and procedures listed below are finalized and available on CalOptima’s website at www.caloptima.org. (Δ Applicable to all CalOptima programs)

CalOptima Policy Number	Policy Title, Description, Revisions, Programs	Policy Last Revision Date
Office of Compliance — Audit & Oversight (A&O)		
GG.1605	Delegation and Oversight of Credentialing and Recredentialing Activities	12/03/20
GG.1619	Delegation Oversight	12/03/20
HH.2015	Health Networks Claims Processing	12/03/20
HH.2025	Health Network Subdelegation and Subcontracting	12/03/20
HH.2026	Claims Delegation and Oversight	12/03/20
HH.2027Δ	Annual Risk Assessment (Delegate)	12/03/20
HH.4001Δ	Audit & Oversight Committee	12/03/20
HH.4002	CalOptima Internal Oversight	12/03/20
HH.4003	Annual Risk Assessment (Internal)	12/03/20
Office of Compliance — Fraud, Waste, and Abuse (FWA)		
HH.1105Δ	Fraud, Waste, and Abuse Detection	12/03/20
HH.1107Δ	Fraud, Waste, and Abuse Investigation and Reporting	12/03/20
HH.5000Δ	Provider Overpayment Investigation and Determination	12/03/20
HH.5004Δ	False Claims Act Education	12/03/20

2021 Compliance Plan and Office of Compliance Policies and Procedures Update (cont.)

CalOptima Policy Number	Policy Title, Description, Revisions, Programs	Policy Last Revision Date
Office of Compliance — Privacy		
HH.3000Δ	Notice of Privacy Practices	12/03/20
HH.3001Δ	Member Access to Designated Record Set	12/03/20
HH.3002Δ	Minimum Necessary Uses and Disclosure of Protected Health Information and Document Controls	12/03/20
HH.3003Δ	Verification of Identity for Disclosures of Protected Health Information	12/03/20
HH.3004Δ	Member Request to Amend Records	12/03/20
HH.3005Δ	Member Request for Accounting of Disclosures	12/03/20
HH.3006Δ	Tracking and Reporting Disclosures of Protected Health Information	12/03/20
HH.3007Δ	Member Rights to Request Restrictions on Use and Disclosure of Protected Health Information	12/03/20
HH.3008Δ	Member Right to Request Confidential Communications	12/03/20
HH.3009Δ	Access by Member's Personal Representative	12/03/20
HH.3010Δ	Protected Health Information Disclosures Required by Law	12/03/20
HH.3011Δ	Use and Disclosure of PHI for Treatment, Payment, and Health Care Operations	12/03/20
HH.3014Δ	Use of Electronic Mail with Protected Health Information	12/03/20
HH.3015Δ	Member Authorization for the Use and Disclosure of Protected Health Information	12/03/20
HH.3016Δ	Guidelines for Handling Protected Health Information Off-site	12/03/20
HH.3019Δ	De-identification of Protected Health Information	12/03/20
HH.3020Δ	Reporting and Providing Notice of Security Incidents, Breaches of Unsecured PHI/PI or other Unauthorized Use or Disclosure of PHI/PI	12/03/20
Office of Compliance — Regulatory Affairs and Compliance (RAC)		
HH.2002Δ	Sanctions	12/03/20
HH.2005Δ	Corrective Action Plan	12/03/20
HH.2007Δ	Compliance Committee	12/03/20
HH.2014Δ	Compliance Program	12/03/20
HH.2018Δ	Compliance and Ethics Hotline	12/03/20
HH.2019Δ	Reporting Suspected or Actual Fraud, Waste, or Abuse (FWA), Violations of Applicable Laws and Regulations, and/or CalOptima Policies	12/03/20
HH.2020Δ	Conducting Compliance Investigations	12/03/20
HH.2021Δ	Exclusion and Preclusion Monitoring	12/03/20
HH.2022Δ	Record Retention and Access	12/03/20
HH.2023Δ	Compliance Training	12/03/20
HH.2028Δ	Code of Conduct	12/03/20
HH.2029Δ	Annual Compliance Program Effectiveness Audit	12/03/20
HH.3012Δ	Non-Retaliation for Reporting Violations	12/03/20
MA.9124	CMS Self-Disclosure	12/03/20

Policies and Procedures Monthly Update

The following list outlines changes made to CalOptima policies and procedures during **December 2020**. 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.3400	Annual Investments	01/01/21
GA.8012	Conflicts of Interest	12/03/20
GA.8018	Paid Time Off (PTO)	12/03/20
GA.8019	Promotions and Transfers	12/03/20
GA.8020	9/80 Work Schedule	12/03/20
GA.8026	Employee Referral Program	12/03/20
GA.8047	Reduction in Force	12/03/20
Medi-Cal		
AA.1208	Non-Monetary Member Incentives	12/01/20
AA.1220	Member Billing	09/03/20
FF.1003	Payment for Covered Services Rendered to a Member of CalOptima Direct, or a Member Enrolled in a Shared Risk Group	06/04/20
FF.1007	Health Network Reinsurance Coverage	12/03/20
FF.2003	Coordination of Benefits	12/03/20
FF.2011	Directed Payments for Qualifying Services Rendered to CalOptima Health Network Members When Health Networks are Financially Responsible for the Qualifying Services	12/03/20
FF.2012	Directed Payments for Qualifying Services Rendered to CalOptima Direct Members or to Shared Risk Group Members When CalOptima is Financially Responsible for the Qualifying Services	12/03/20
FF.4000	Whole-Child Model – Financial Reimbursement for Capitated Health Networks	12/03/20
GG.1203	Individual Health Education Behavioral Assessments	12/01/20
GG.1352	Private Duty Nursing Care Management	12/01/20
GG.1403	Member Medication Reimbursement Process and Provision of Emergency, Disaster, Replacement, and Vacation Medication Supplies	12/01/20
GG.1407	Nutrition Products	12/01/20
GG.1409	Drug Formulary Development and Management	12/01/20
GG.1410	Appeal Process for Pharmacy Authorization	12/01/20
GG.1413	RETIREMENT: Polypharmacy Management	08/01/19
GG.1416	RETIREMENT: Pharmacy Home Program	08/01/19
GG.1423	Medication Quality Assurance Program	12/01/20
GG.1424	Pharmacy Benefit Information for Members	12/01/20
GG.1425	RETIREMENT: Prescriber Restriction Program	02/06/20
GG.1703	WIC Referrals	12/01/20
GG.1802	Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from an ICF/DD, ICF/DD-H, and ICF/DD-N	12/03/20

Policies and Procedures Monthly Update (cont.)

Policy Number	Policy Title, Purpose, Revision, and Program	Policy Review and/or Revision Date
Multiple Programs		
GG.1204Δ	Clinical Practice Guidelines	12/01/20
GG.1205	HEDIS® Data Collection and Reporting	04/01/20
GG.1206Δ	Readability and Suitability of Written Health Education Materials	12/01/20
GG.1211	Health Appraisals and Self-Management Tools	12/01/20
GG.1633Δ	Board Certification Requirements for Physicians	10/01/20
GG.1650Δ	Credentialing and Recredentialing of Practitioners	10/01/20
GG.1704	Breastfeeding Promotion	12/01/20
GG.1809	Retroactive Authorization Request for Long-Term Care Facility	12/01/20
HH.2003	Health Network and Delegated Entity Reporting	12/03/20
MA.2002	Marketing Activity Standards	12/01/20
MA.2012	Training and Oversight of CalOptima-Employed Community Partners	12/01/20
MA.2030	Personal/Individual Marketing Appointments	12/01/20
MA.3101	Claims Processing	12/03/20
OneCare		
MA.4004	Member Disenrollment	12/01/20
MA.4005	Election Periods and Effective Dates	01/01/21
PACE		
PA.1011	Staff Competency, Orientation and Training	12/01/20
PA.1012	Alternate Care Settings	12/01/20

Provider Code Updates

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

- New COVID-19 Testing Codes are Medi-Cal Benefits
- 2021 CPT® Annual Update
- Psychiatric Collaborative Care Management is a New Benefit
- Skin Substitute Now a Medi-Cal Benefit
- Medicare Denial Requirement Eliminated for Certain Abortion CPT® Codes
- Updated Policy for Ventricular Assist Devices
- Infectious Agent Antigen Detection by Immunoassay Reimbursement Rate
- New Benefit for COVID-19 Detection
- Rates Are Updated for CPT COVID-19 Testing Codes 87636, 87637 and 87811

For detailed information regarding these changes, please refer to the December General Medicine bulletin 558, <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202012.aspx>, December 17, 2020 Newsflash, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30717_11.aspx, December 14, 2020 Newsflash, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30717_09.aspx, and December 8, 2020 Newsflash, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30717_07.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	February 4, 2 p.m.
CalOptima Provider Advisory Committee	February 11, 8 a.m.
CalOptima Member Advisory Committee	February 11, 2:30 p.m.
CalOptima Board of Directors' Quality Assurance Committee	February 17, 3 p.m.
CalOptima Board of Directors' Finance and Audit Committee	February 18, 2 p.m.
CalOptima Whole-Child Model Family Advisory Committee	February 23, 9:30 a.m.
CalOptima OneCare Connect Member Advisory Committee	February 25, 3 p.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

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