



PROVIDER UPDATE

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DHCS Relaunches CalAIM Proposal: Enhancing Care Coordination for High-Risk and Vulnerable Members

Concurrent with the release of Gov. Newsom's fiscal year (FY) 2021–22 proposed budget, the Department of Health Care Services (DHCS) released a revised CalAIM proposal. CalAIM is a multiyear initiative designed to improve Medi-Cal members' quality of life and health outcomes by implementing delivery system, program and payment reforms.

The proposal was initially released in late 2019, but put on hold due to the pandemic. The new proposal revitalizes the Enhanced Care Management (ECM) and In Lieu of Services (ILOS) initiatives, calling for implementation on January 1, 2022.

CalAIM's relaunch also brings the restart of some state-sponsored workgroups, with a plan to finalize requirements in the spring of 2021. CalOptima will participate in the state's stakeholder-feedback process and has begun local coordination efforts by initiating reoccurring meetings with Orange County Health Care Agency (HCA) that began January 22.

Additionally, CalOptima will engage our advisory committees, health networks, provider associations, community collaboratives and others to ensure awareness of the significant elements in CalAIM.

Medi-Cal and COVID-19 Vaccine Q & A

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 vaccine to all Medi-Cal members. The vaccine will be provided at no cost to all Californians. The following series of questions and answers (Q & As) provides information regarding who is covered, how to get vaccinated and how DHCS plans to reimburse providers for the administration fee tied to the vaccine under Medi-Cal.

Who is covered to get vaccinated?

All full-scope Medi-Cal members are covered and will receive the vaccine at no cost. Coverage is also extended to people enrolled in restricted-scope Medi-Cal and the COVID-19 Uninsured Group Program, as well as the Family Planning, Access, Care and Treatment (FPACT) program.

In Orange County, eligibility has been expanded 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 summer.

Where and when are vaccinations being administered?

California's plan for administering the vaccine is initially limited and split into phases. More details on those phases, including who is covered in each one, and on the vaccination roll-out in general, are available in the vaccination section of the California for All COVID-19 website at <https://covid19.ca.gov/vaccines/#When-can-I-get-vaccinated>. The California Department of Public Health (CDPH) is working with local agencies to distribute COVID-19 vaccines. Local health departments are identifying facilities that have the capacity to properly maintain the vaccine while meeting all federal and state requirements. Enrollment in the vaccine distribution program is limited at this time to providers authorized by their local health department. Others may enroll as vaccine supply increases.

Locally members may look to their providers for information about vaccine distribution which, given the current limited vaccine supply, is in phases that prioritize critical populations (to view the different phases, visit <https://coronavirus.egovoc.com/covid-19-vaccination-distribution>). Additionally, Orange County is using an online tool, www.othena.com, to help with vaccine prioritization and scheduling. CalOptima encourages you to be familiar with it to assist in answering questions from members.

Who do providers bill?

As the federal government will pay for the initial vaccines, there is no Medi-Cal provider reimbursement for the COVID-19 vaccine itself. Providers will bill for administration of the COVID-19 vaccine on medical, outpatient or pharmacy claims. DHCS will reimburse providers the vaccine administration for all covered Medi-Cal populations exclusively through the Medi-Cal Fee-for-Service (FFS) delivery system. This includes administration to individuals enrolled in Medi-Cal managed-care health plans.

What is the reimbursement rate that DHCS will pay?

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

What about Federally Qualified Health Centers (FQHCs), Rural Health Clinics, (RHCs) and Tribal Health Clinics (THCs)?

DHCS will pay the applicable Prospective Payment System (PPS) under the all-inclusive rate (AIR), if the vaccination is administered during an in-person visit that meets the requirements of a billable office visit in the clinic setting. If the vaccine administration does not meet all of the requirements of a billable visit (e.g. only vaccine administration), the FQHC, RHC and THC can bill Medi-Cal FFS for administering the COVID-19 vaccine and be reimbursed the applicable dosage rate as noted above.

Other resources

There is more COVID-19 vaccine information on the DHCS website, including:

- Frequently Asked Questions (<https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-Vaccine-Administration-FAQs-122420.pdf>)
- COVID-19 vaccine administration letter to Medi-Cal managed care plans (<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-022.pdf>)
- The California for All COVID-19 website links to county COVID-19 websites (<https://covid19.ca.gov/get-local-information/>)

myCAvax COVID-19 Vaccine Distributor Registration

The California Vaccine Management System (myCAvax) is offering a pathway for providers to receive and administer vaccines as a COVID-19 vaccine distributor.

To participate, providers must enroll and complete the training provided by the federal COVID-19 vaccination program offered through the California Department of Public Health's (CDPH's) provider registration and enrollment system, located at <https://calvax.cdph.ca.gov/s/>.

COVID-19 vaccines and ancillary supplies will be procured and distributed by the federal government at no cost to enrolled COVID-19 vaccination distribution providers.

CalOptima thanks you for joining California's fight against COVID-19.

No-Cost COVID-19 Care for Dementia Residents

The Alzheimer's Orange County (AlzOC) has opened a 25/50-bed COVID-19 unit for Orange County seniors living with memory loss, offered at no-cost to residents.

In partnership with the County of Orange and Fairview Developmental Center in Costa Mesa, AlzOC directs resources to provide COVID-19 relief to the community and its most vulnerable adults.

- WHO:** For COVID-19 positive patients with memory loss experiencing mild symptoms or asymptomatic who do not require hospital-based care.
- WHAT:** No-cost care at a 25/50-bed COVID-19 unit staffed 24/7 by licensed vocational nurse (LVN) lead team members and caregivers with dementia training.
- WHEN:** Open now for COVID-19 positive memory loss residents who can reside at the AlzOC unit for a minimum of 10 days, up to 21 days on-site depending on symptoms and condition, past onset of symptoms or positive test.
- WHY:** To provide Orange County's vulnerable seniors with affordable quality care, while freeing up beds at overcrowded local hospitals and to assist in arresting the spread of COVID-19 in congregate living or home settings.

For information contact Patty Barnett Mouton at 714-349-5517.

Fountain Valley Regional Hospital and Medical Center Diabetic Outpatient Clinic Center Closed

Effective January 1, 2021, Fountain Valley Regional Hospital and Medical Center closed their Diabetic Outpatient Clinic Center.

What does this mean for CalOptima providers?

There is no change in the services for members who are referred to the diabetes program. Providers may continue to submit referrals and CalOptima's Health Education department will continue to review and process requests. To ensure your referral gets the appropriate approval, providers should include the primary care provider's (PCP) signature and all the pertinent member information.

The Health and Wellness Referral Form can be found by visiting the CalOptima website at: https://www.caloptima.org/~media/Files/CalOptimaOrg/508/Providers/CommonForms/2020-03_HealthWellnessReferralForm_508.ashx.

DHCS Telehealth Policy Recommendations

On February 2, 2021, the Department of Health Care Services (DHCS) released its telehealth policy recommendations consisting of broad-based telehealth policy changes that would remain permanent fixtures following the eventual termination of the COVID-19 public health emergency (PHE). At a high-level, DHCS is seeking to modify or expand the use of synchronous telehealth, asynchronous telehealth, telephonic or audio-only, other virtual communication and to add remote patient monitoring to create greater alignment and standardization across delivery systems, as indicated. DHCS' proposal includes advancing the following telehealth policy recommendations effective July 1, 2021 (or in accordance with receipt of all necessary federal approvals):

- Allowing specified Federally Qualified Health Center (FQHC) and Rural Health Clinic (RHC) providers to establish a new patient, located within its federal designated service area, through synchronous telehealth.
- Make permanent the removal of the site limitations on FQHCs and RHCs, for example, allowing them to provide services to beneficiaries in the beneficiary's home.
- Expanding synchronous and asynchronous telehealth services to 1915(c) waivers, the Targeted Care Management (TCM) Program and the Local Education Agency (LEA) Medi-Cal Billing Option Program (BOP), and add synchronous telehealth and telephone services to Drug Medi-Cal.
- Requiring payment parity between in-person, face-to-face visits and synchronous telehealth modalities, when those services meet all of the associated requirements of the underlying billing code(s), including for FQHC/RHCs. Payment parity is required in both Fee-for-Service and managed care delivery systems unless plan and network provider mutually agree to another reimbursement methodology.
- Expanding the use of clinically appropriate telephonic or audio-only, other virtual communication and remote patient monitoring for established patients only. These modalities would be subject to a separate fee schedule and not billable by FQHC or RHCs.
- Providing that the TCM Program and the LEA BOP will follow traditional certified public expenditure cost-based reimbursement methodology when rendering services via applicable telehealth modalities.

While DHCS' recommended changes incorporate some but not all of the temporary COVID-19 PHE telehealth flexibilities, DHCS believes its approach is both reasonable and balanced in terms of promoting appropriate standards of care, access to quality health care services and helping to ensure equity in availability of modalities across the delivery systems, while also maintaining beneficiary choice, preserving provider flexibility, and protecting the integrity of the Medi-Cal program (from both a fiscal and quality perspective). Moreover, DHCS also believes the proposed telehealth policy changes can help provide beneficiaries, especially those residing in rural and underserved areas of the state, with increased access to critically needed subspecialties, and could improve access to culturally appropriate care, such as allowing care with a provider whose language, race, or culture are the same as that of the beneficiary.

For more information relative to DHCS' full post-PHE telehealth policy recommendations, please review the telehealth policy recommendations document, which is available on the DHCS' Telehealth webpage at <https://www.dhcs.ca.gov/services/medi-cal/Documents/DHCS-Telehealth-Policy-Proposal-2-1-21.pdf>. DHCS is also proposing trailer bill legislation (TBL), which will be posted on the Department of Finance's TBL webpage at <https://esd.dof.ca.gov/dofpublic/public/trailerBill/pdf/-1>.

Diagnoses From Telehealth for Risk Adjustment (update)

The 2019 COVID-19 pandemic has resulted in an urgency to expand the use of virtual care to reduce the risk of spreading the virus. The Centers for Medicare & Medicaid Services (CMS) is stating that Medicare Advantage (MA) and other organizations that submit diagnoses for risk adjusted payment are able to submit diagnoses for risk adjustment that are from telehealth visits when those visits meet all criteria for risk adjustment eligibility, which include being from an allowable inpatient, outpatient or professional service and from a face-to-face encounter.

This use of diagnoses from telehealth services applies both to submissions to the Risk Adjustment Processing System (RAPS), and those submitted to the Encounter Data System (EDS). Diagnoses resulting from telehealth services can meet the risk adjustment face-to-face requirement when the services are provided using an interactive audio and video telecommunications system that permits real-time interactive communication.

While MA and other organizations that submit diagnoses for risk adjusted payment identify which diagnoses meet risk adjustment criteria for their submissions to RAPS, MA organizations (and other organizations as required) report all the services they provide to enrollees to the encounter data system and CMS identifies those diagnoses that meet risk adjustment filtering criteria. In order to report services to the EDS that have been provided via telehealth, use place of service code "02" for telehealth or use the Current Procedural Terminology (CPT) telehealth modifier "95" with any place of service.

Questions can be addressed to RiskAdjustment@cms.hhs.gov, please specify, "Applicability of telehealth services for risk adjustment" in the subject line.

CalHealthCares Loan Repayment Program Deadline Extension

Due to the COVID-19 public health emergency, the Department of Health Care Services (DHCS) and Physicians for a Healthy California (PHC) have extended the deadline for physicians and dentists to apply for the third round of funding. Interested providers must apply on the PHC website (<https://www.phcdocs.org/Programs/CalHealthCares-LRP-2021>) by **February 26, at 11:59 p.m.**

The CalHealthCares program administers loan repayment on educational debt for California physicians and dentists who provide care to Medi-Cal patients, who include one-third of Californians and half of the state's children. Both eligible physicians and dentists can apply for a loan repayment award of up to \$300,000 in exchange for a five-year service obligation. Dentists can also apply for a Practice Support Grant of up to \$300,000 in exchange for a 10-year service obligation. The program is funded by Proposition 56 state tax revenues.

Visit <https://www.phcdocs.org/Programs/CalHealthCares-LRP-2021> for more information about the program, including application instructions, fact sheets, infographics, and awardee information from previous cycles. To join the email distribution list, email CalHealthCares@phcdocs.org with "subscribe" in the subject line.

Medi-Cal Rx Delayed

On February 17, 2021, the Department of Health Care Services (DHCS) announced indefinite delay of the planned **Go-Live** date of April 1, 2021 for the Medi-Cal Rx program.

For additional information visit <https://medi-calrx.dhcs.ca.gov/home/>.

Increasing DGI and Newly Released Expanded Syphilis Screening Recommendations

Over the past decade, California has experienced a substantial increase in sexually transmitted diseases (STDs), including a 900% increase of babies with congenital syphilis from 2012 to 2018, and a recent increase in disseminated gonorrhea over the past few months. The surge in these cases has prompted the California Department of Public Health (CDPH) to release both new expanded syphilis screening recommendations and a letter alerting clinicians of the increasing cases of disseminated gonococcal infections in California. Please see more details below:

Increasing Disseminated Gonococcal Infections in California

In recent months, the CDPH has received increasing reports of disseminated gonococcal infections (DGI), an uncommon but severe complication of untreated gonorrhea. CDPH is working with local health departments to investigate these cases of DGI where some of the patients have reported experiencing homelessness and/or using illicit drugs, particularly methamphetamine. It is possible the increase in DGI cases reflects a decrease of STD screening, testing and treatment as a result of the impact of the COVID-19 pandemic, as opposed to a more virulent strain of gonorrhea being transmitted.

Medical providers should reinstate routine screening recommendations for STDs in females younger than 25 years of age, pregnant females, men who have sex with men and individuals with HIV. Additionally, providers should increase their clinical suspicion for DGI in patients with joint pain and follow the guidance in the **CDPH DGI Dear Colleague Letter for Clinicians**.

Expansion of Statewide Syphilis Screening Recommendations for the Prevention of Congenital Syphilis

In 2018, 329 babies with congenital syphilis (CS) were reported in California, representing a 900% increase from 2012 and a magnitude of CS burden not observed since 1995. In response to this alarming rise, the CDPH has created guidance to enhance syphilis detection among people who are or could become pregnant (e.g., pregnant women and females of childbearing age) to prevent CS. This includes at least **two** tests performed during pregnancy (first trimester, early in the third trimester), one test at delivery (unless there is documented negative screen in the third trimester **and** the woman is considered low risk), and at least one lifetime syphilis test for all sexually active individuals who could become pregnant.

Additional Resources

CDPH STD Control Branch Congenital Syphilis Website: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx>

CDPH Dear Colleague Letter: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Dear-Colleague-Letter-for-Medical-Providers-Increasing-DGI-in-CA-12.23.20.pdf>

CDPH Expanded Syphilis Screening Recommendations for California Medical Providers: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>

Merit-Based Incentive Payment System

On January 28, 2021, the Center for Medicare & Medicaid Services (CMS) released the 2021 Merit-Based Incentive Payment System (MIPS) payment adjustment data file. The MIPS program is a quality payment incentive program operated by CMS to reward value and outcomes demonstrated by Medicare providers.

Under existing regulations, CalOptima and its delegated health networks are required to pay non-contracted providers, rendering services to OneCare and OneCare Connect members, at rates equal to the amount the provider would receive under Medicare Fee-for-Service. CalOptima and its delegated health networks are required to pay non-contracted MIPS eligible providers at the corresponding MIPS rate, based on the applicable service year. MIPS payment requirements are currently outlined in **CalOptima Policy MA.3101: Claims Processing**.

Peak Flow Meters and Asthma Action Plans for Better Asthma Control

Did you know that people with asthma are more successful in managing their condition when they have a peak flow meter and a written asthma action plan? Peak flow meters are covered by CalOptima and a provider prescription can help members monitor their breathing more effectively. By using a peak flow meter regularly, members can keep track of their level of control of asthma by detecting the narrowing of the airways before symptoms occur.

A written asthma action plan by a provider can also assist members in their self-management efforts. An asthma action plan should include instructions for daily management as well as early recognition and actions for exacerbations. The plan should include when and how much medication the member should take and how to adjust medicines at home as symptoms change. For a printable asthma action plan template, you can visit: <https://www.caloptima.org/en/HealthAndWellness/AsthmaManagement.aspx>.

In addition to providing members with a peak flow meter and an asthma action plan, providers can refer members to CalOptima's Asthma Education Program. Health coaches are available to help members identify their asthma triggers and educate them on ways to better manage their condition.

For more information, please call CalOptima's Population Health Management at **714-246-8895**.

Here are some action items you should take:

- Prescribe members a peak flow meter.
- Provide members with a written asthma action plan: <https://www.caloptima.org/en/HealthAndWellness/AsthmaManagement.aspx>
- Refer members to CalOptima for asthma education by calling **714-246-8895**.
- Visit: www.medlineplus.gov for more information on asthma management.

Equitable Access to Oxygen Services for Medi-Cal Members

On January 26, 2021, the Department of Health Care Services (DHCS) distributed a reminder to Medi-Cal Managed Care Plans (MCPs) regarding oxygen services for Medi-Cal members upon discharge from the hospital.

DHCS encourages MCPs to review prior authorization protocols as outlined in **All Plan Letter (APL) 20-004: Emergency Guidance for MCPs in Response to COVID-19**, as a concern has been brought to its attention that some Medi-Cal members are not able to receive the necessary COVID-19 supplies for their hospital discharge, specifically oxygen for home use. It was asserted that in some instances when hospitals call for a Medi-Cal member to receive oxygen supplies, the provider reports supplies are not available. However, when the hospital contacts the same provider to receive oxygen for a patient with private insurance, the requisite oxygen is stated to be available.

As a result, DHCS reminds MCPs to ensure the equitable access to oxygen services for Medi-Cal members, and to notify DHCS of any irregularities that exist.

To view the prior authorization protocols outlined in **APL 20-004**, visit <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004-Revised.pdf>.

When Does a “No Prior Authorization Required” Really Require a Prior Authorization?

Recently there has been some confusion regarding coding and frequency of services, and whether they do or do not require authorization. Any requested service that is in excess of the Medi-Cal allowable frequency or quantity as indicated in the Medi-Cal manual, requires an authorization. Providers should verify with their individual health networks the policies and requirements regarding prior authorizations.

The following are examples of when a “No Prior Authorization Required” actually does require a prior authorization:

Ultrasound During Pregnancy.

Ultrasound performed for routine screening during pregnancy is considered an integral part of patient care and its reimbursement is included in the obstetrical fee. Ultrasound during pregnancy is reimbursable only when used for the diagnosis or treatment of specific medical conditions.

- Medi-Cal Provider Manual Part 2 — Pregnancy: Early Care and Diagnostic Services (preg early) shows the diagnosis restrictions, frequency and documentation guidelines required for the ultrasounds requested. If the quantities requested exceed the frequency restrictions, an authorization request, with supporting medical documentation will be required.
- 76815: has a frequency limit of once in 180 days, by the same provider. Additional claims may be reimbursed if documentation justifies medical necessity — additional ultrasound would require prior authorization.

NOTE: See the Pregnancy: Early Care and Diagnostic Services (preg early) for the most current list of codes, frequency limits and documentation at: <https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/pregearly.pdf>.

Another example — **Durable Medical Equipment**

- Medi-Cal Provider Manual Part 2 — Durable Medical Equipment (DME) Billing Codes: Frequency Limits (dura cd fre) includes a list of DME codes and the frequency restrictions that apply to each code.
- Many of the codes indicated on this list do not usually require prior authorization, but if the request exceeds the frequency limit, it will, e.g., as canes that do not usually require prior authorization, would require prior authorization, if requested earlier than once every 5 years.
- E0100 (Cane) — 1 in 5 years
- E0105 (Cane, quad or three prong) 1 in 5 years

NOTE: See Durable Medical Equipment (DME) Billing Codes: Frequency Limits for the most current list of codes and frequency limits at: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/duracdfre.pdf>.

APL 20-021: Acute Hospital Care at Home (Revised)

On January 19, 2021, the Department of Health Care Services (DHCS) issued **All Plan Letter (APL) 20-021: Acute Hospital Care at Home (revised)**. The purpose of this APL is to provide Medi-Cal managed care health plans (MCPs) with policy guidance regarding hospitals participating in the Centers for Medicare & Medicaid Services’ (CMS) Acute Hospital Care at Home program.

The following revisions are found in APL 20-021 in italics:

- Information about the Acute Hospital Care at Home Program can also be found on DHCS’ website, at <https://www.dhcs.ca.gov/Pages/Acute-Hospital-Care-at-Home-Program.aspx>, including up-to-date information about California hospitals that have been approved by CMS and California Department of Public Health (CDPH) to offer acute hospital care at home services.
- Throughout the duration of the COVID-19 PHE, MCPs must submit a monthly report to **DHCS** specifying the number of members receiving services in the program in conjunction with the hospitals serving those individuals. The reporting template is in development and will be distributed to MCPs as soon as it becomes available.

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

APL 20-022: COVID-19 Vaccines Administration

The Department of Health Care Services **All Plan Letter (APL) 20-22, COVID-19 Vaccines Administration**, requires all COVID-19 vaccine recipients receive Emergency Use Authorization Fact Sheets about the vaccines and vaccination cards identifying the brand of vaccine administered, with the date of their second vaccination (if applicable).

Visit the U.S. Food & Drug Administration (FDA) website to view Emergency Use Authorization Fact Sheets about the following COVID-19 vaccines:

Moderna Fact Sheet

<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/moderna-covid-19-vaccine>

Pfizer-BioNtech Fact Sheet

<https://www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/pfizer-biontech-covid-19-vaccine>

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

For updates regarding COVID-19 vaccinations reporting information and resources, visit the CalOptima website at <https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication/VaccineReporting.aspx>.

Prop 56 ACEs Provider Training Validation Process

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

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

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

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

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

Health Education: Trainings and Meetings

Title	Description	Date and Time
"We Can" Program 90-Minute Online Training	Four Sessions: We Can! Energize Our Families: Parent Program	3/1/2021 Available anytime
Increasing Adolescent Immunization Coverage	Webinar intended for health professionals engaged in care of patients needing vaccinations	3/1/2021 Available anytime
Smoking Cessation for Pregnancy and Beyond	Learn about smoking cessation from experts in an informative, engaging and novel interactive format	3/1/2021 Available anytime
Managed Health Care in California Archived Webinars	Multiple 90-minute webinars	3/1/2021 Available anytime
Available CME/CEU Recorded Webinars	Available recorded webinars with available CE/ CME units from the Smoking Cessation Leadership Center	3/1/2021 Available anytime
Smoking Cessation Leadership Center	Webinars, publications, toolkits, fact sheets and guides for providers	3/1/2021 Available anytime
Media-Smart Youth: Eat, Think and Be Active	Free 1-hour webinar for those interested in implementing youth programs	3/1/2021 Available anytime
Training Offered by Different Organizations	Various training opportunities offered by different organizations. Check specific trainings for dates and times	3/2/2021 12–1 p.m.
Tobacco Dependence Treatment and Behavioral Health	Provides mental health and substance use disorder professionals the knowledge to assess and treat tobacco dependence in smokers with co-occurring psychiatric and/or addictive disorders	3/3/2021 Available anytime
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	3/3/2021 Available anytime
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	Virtual SBIRT learning webinar	3/3/2021 12–1 p.m.
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	3/17/2021 Available anytime
The Resources for Integrated Care – Webinar Recordings	The Resources for Integrated Care website features recordings of webinars and additional resources and tools for providers and health plans	3/26/2021 12–1 p.m.

Policies and Procedures Monthly Update

The following list outlines changes made to CalOptima policies and procedures during **January 2021**. The full description of the policies below is finalized and 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		
FF.2005	Conlan, Member Reimbursement	12/03/20
GG.1116	Pediatric Preventive Services	12/01/20
GG.1600	Access and Availability Standards	11/01/20
GG.1613	Initial Health Assessment	12/01/20
GG.1717	Blood Lead Screening of Young Children	12/01/20
Multiple Programs		
GG.1110	Primary Care Practitioner Definition, Role, and Responsibilities	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:

- DHCS Announces New Program to Enhance Hospital Capacity Amid COVID-19 Surge
- Infectious Agent Antigen Detection by Immunoassay is a Medi-Cal Benefit
- Infectious Agent Antigen Detection by Immunoassay Tests are CLIA-Waived
- 2021 Quarter 1 HCPCS Updates Not Yet Adopted
- Teprotumumab-trbw is a New Medi-Cal Benefit
- Policy Updates for Selected Injection HCPCS Codes
- Alcohol or Substance Misuse Assessments No Longer Medi-Cal Benefits
- Update to Age Limit for Preventive Medicine Services
- Updated Policy Effective Date for Billing Immune Globulins
- Scales are Added as a Medi-Cal Benefit
- Frequency Update to Disposable Collection and Storage Bags for Breast Milk
- Sevenfact Added to Blood Factor Product List

For detailed information regarding these changes, please refer to the January General Medicine bulletin 559, <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202101.aspx#a1>, Durable Medical Equipment and Medical Supplies bulletin 544, <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme202101.aspx#a1>, and Medi-Cal Newsflash, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30829_03.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	March 4, 2 p.m.
CalOptima Provider Advisory Committee	March 11, 8 a.m.

Visit the CalOptima Website

Visit the CalOptima website at www.caloptima.org to view the Provider Manuals, Policies and Guides section for information regarding:

- Member Rights and Responsibilities
- QI Program and Goals
- Privacy and Confidentiality
- Pharmaceutical Management Procedures
- Cultural and Linguistic Services
- Changes to the Approved Drug List (Formulary)
- Clinical Practice Guidelines
- Complex Case Management
- Disease Management Services
- Utilization Management

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