



PROVIDER UPDATE

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CalOptima Among Top Medi-Cal Plans in State

For the first time since the pandemic began, the National Committee for Quality Assurance (NCQA) released its national health plan ratings, naming CalOptima one of the top Medi-Cal health plans in California. This is the seventh year in a row that CalOptima has earned recognition for leadership in quality.

CalOptima received a rating of 4 out of 5 in NCQA's Medicaid Health Plan Ratings 2021. No other Medi-Cal plan in California earned higher than 4 out of 5. Only 16 Medicaid plans of the 185 reviewed nationwide scored higher. The NCQA ratings are based on standardized, audited data regarding clinical performance and member satisfaction.

"CalOptima's seven-year record of outstanding quality is based on a commitment to provide members with access to the best care possible," said Supervisor Andrew Do, Chair of the CalOptima Board of Directors and Chairman of the Orange County Board of Supervisors. "Throughout the pandemic, CalOptima has strengthened engagement with community stakeholders and supported our members' diverse and comprehensive needs."

NCQA assesses Medicaid plan quality based on 39 clinical measures related to both preventive care and treatments. Preventive measures report whether members get services to keep them healthy, such as well-child visits, immunizations and nutrition counseling. Treatment measures gauge whether members receive appropriate care in response to illnesses and chronic diseases, including diabetes and high blood pressure. NCQA also evaluates a plan based on seven customer

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Top Medi-Cal Plans (Cont.)

satisfaction dimensions, such as getting care quickly and how well doctors communicate.

The rating achievement comes just one month after NCQA renewed CalOptima's Medi-Cal accreditation for three years, through July 27, 2024. Accreditation means that health plan operations meet rigorous requirements for consumer protection and quality improvement. CalOptima received 100% of the allowable points on its renewal review.

"Conscientious performance drives CalOptima's top performance. Therefore, we thank the thousands of Orange County doctors and nurses for consistently delivering quality care to our members," said Emily Fonda, M.D., MMM, Chief Medical Officer. "CalOptima shares this honor with the frontline providers who continually demonstrate their dedication to the vulnerable Medi-Cal population."

CalOptima Offers Third Supplemental COVID-19 Payment Increase for Contracted Medi-Cal Providers

In ongoing recognition of the strain experienced by the CalOptima contracted providers during the COVID-19 pandemic, CalOptima has implemented a third temporary 5% supplemental payment increase for certain medically necessary services.

The increase is intended to assist in maintaining the viability of CalOptima's contracted providers in administering and promoting COVID-19 vaccinations, strengthening access to care given potential utilization changes and testing for and treating COVID-19. This short-term supplemental payment increase applies to compliant, directly contracted Medi-Cal providers for services provided to CalOptima Community Network and CalOptima Direct members for dates of service beginning September 1, 2021, through December 31, 2021.

For more information you may contact CalOptima's Provider Relations department at 714-246-8600.

Note: The temporary 5% supplemental payment increase does not apply to pharmaceuticals (including physician office administered drugs); durable medical equipment (DME) items and services; orthotics and prosthetics and other medical devices, goods and services; high-cost exclusion drugs and devices; supplemental or directed payments; cross-claim payments; letter of agreement payments; administrative services entities (e.g., pharmacy benefit managers and any other contracted administrative service providers for which CalOptima covers the cost of claims).

Note: The increase for behavioral health provider services apply to all CalOptima members.

CalOptima Reminds Providers of NICU Billing APL

CalOptima wishes to remind health care providers of important information regarding billing for newborns admitted to the NICU.

Providers should verify the mother's eligibility and assigned health network to ensure CalOptima receives the appropriate billing information. For additional reference, please see APL 21-005: California Children's Services Whole-Child Model Program at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-005.pdf>

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NICU Billing (Cont.)

Additionally, if the newborn does not yet have a CIN, they will be covered under the mother's CIN until the baby receives one from the U.S. Social Security Administration or through the month following the month of birth, whichever is earlier. For this reason, it would be beneficial to add the mother's CIN on the authorization request when submitting to CalOptima. More information can be found under policy FF. 2004: Financial Responsibility for Newborn Coverage.

DHCS Provides Update for 2022 Timely Access Survey

On September 1, 2021, the Department of Health Care Services (DHCS) provided an update to managed care plans (MCPs) regarding the 2022 Timely Access Survey.

Due to federal public health emergency (PHE) declaration in 2020, the DHCS paused the Timely Access Survey to prevent undue burden on provider offices as a DHCS-level flexibility. DHCS regards the Timely Access Study to be a critical method for monitoring member timely access to care. As such, DHCS will restart the annual Timely Access Survey on January 1, 2022. DHCS will release a revised version of All-Plan Letter (APL) 20-004: Emergency Guidance for Medi-Cal Managed Care Health Plans (MCPs) in Response to COVID-19 shortly. However, DHCS wanted to provide this update to the MCPs to allow lead time before restarting these efforts.

2022 Timely Access Survey

The Timely Access Survey will call sampled providers to collect the next available appointments for urgent and non-urgent appointments to ensure compliance with appointment wait time standards. In addition, other survey questions will be asked relating to provider directory requirements, language interpretation services, and telehealth services.

Timely Access APL: DHCS will release a Timely Access APL by the end of the year, which will provide further guidance on Timely Access requirements and will include a MCP comment period prior to release.

To read the current version of APL 20-004 in its entirety, visit: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004-Revised.pdf>

Below are the access and availability standards set by CalOptima policy GG.1600

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Service Type	Standard Procedure
Emergency Services	Emergency services shall be available immediately to members 24 hours a day, seven days a week.
Urgent Care Services	Urgent care services shall be made available to a member within 24 hours after date of request.
Urgent Care Appointments at Primary Care Provider Office	Urgent appointment for services that do not require prior authorization shall be available within 48 hours after the request. Urgent appointment services that require a prior authorization shall be available within 96 hours after date of request.

Service Type	Standard Procedure
Non-urgent services	Non-urgent acute care services shall be available to a member within three business days after date of request. Non-urgent primary care services shall be available to members within 10 business days after date of request. Routine physical exams and health assessments shall be available to a member within 30 days after date of request. Non-urgent specialty care shall be available to a member within fifteen 15 days after date of request.
Prenatal Care First Visit	Appointments for the first prenatal visit shall be available to a member within 10 business days after date of request.
Telephone Access During Business Hours	Non-urgent and non-emergency messages during business hours: A provider shall return the call within 24 hours after the time of message. Urgent message during business hours: A provider shall return the call within 30 minutes after the time of message. Emergency message during business hours: All members shall be referred to the nearest emergency room. Recorded message should include the following: "If you feel that this is an emergency, hang up and dial 911"
Telephone Access After Hours	A primary care provider (PCP) or his or her designee, or an appropriate licensed professional under his or her supervision, shall be available 24 hours a day, seven days a week, to respond to member calls after hours or to a hospital emergency room provider. If live attendant answers and the call is an emergency, the attendant shall refer the member to 911 emergency services or instruct the member to go to the nearest emergency room. If using a recorded message, it should include the following: "If you feel that this is an emergency, hang up and dial 911 or go to the nearest emergency room."

APL Provides Guidance for Vaccine Incentive Program

On September 1, 2021, DHCS released Revised All-Plan Letter (APL) 21-010: Medi-Cal COVID-19 Vaccination Incentive Program.

The purpose of this APL is to provide guidance to Medi-Cal managed care health plans (MCPs) regarding the Medi-Cal COVID-19 Vaccine Incentive Program. For the purposes of this APL, MCPs include Cal MediConnect Medicare-Medicaid Plans (MMPs).

To view APL 21-010 in its entirety, visit: <https://www.dhcs.ca.gov/Documents/COVID-19/APL-21-010-Vaccine-Incentive.pdf>

APL Clarifies Grievance and Appeals Processing

On September 1, 2021, DHCS distributed All-Plan Letter (APL) 21-011: Grievance and Appeal Requirements, Notice, and Your Rights Templates to MCPs.

The purpose of this APL is to provide MCPs with clarification and guidance regarding the application of federal and state legal requirements for processing grievances and appeals. This APL supersedes

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APL 21-011 (Cont.)

APL 17-006 and includes the following member notification templates developed by DHCS as well as updated DHCS templates for the attachments that must accompany member notifications.

To view AP 21-011 in its entirety, visit: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-011.pdf>

Policies and Procedures Monthly Update

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

Policy Number	Policy Title, Purpose, Revision, and Program	Policy Review and/or Revision Date
CalOptima Administrative		
AA.1223	Participation in Community Events by External Entities	08/05/21
IS.1600	Provider Access to In-House Provider Portal	08/05/21
Medi-Cal		
DD.2010	Health Network Request to Disenroll Member	08/01/21
GG.1701	CalOptima Perinatal Support Services (PSS) Program	08/01/21
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	08/01/21
Multiple Programs		
GG.1211	Health Appraisals and Self-Management Tools	08/01/21
GG.1538	Referral for Second Opinion	08/01/21
GG.1800	Authorization Process and Criteria for Admission to, Continued Stay in, and Discharge from a Nursing Facility Level A (NF-A) and Level B (NF-B)	08/01/21
GG.1804	Admission to, Continued Stay in, and Discharge from Out-of-Network Subacute Facility, Nursing Facility Level A (NF-A) and Level B (NF-B)	08/01/21
GG.1806	Preadmission Screening and Resident Review (PASRR)	08/01/21
GG.1834	Multipurpose Senior Services Program (MSSP) Appeals, Grievances and Complaints Process	08/01/21
MA.3003	Medicare Shared Risk Pool	01/01/21
PACE		
PA.5050	Nutrition	08/01/21
PA.5051	Quality of Food	08/01/21
PA.5052	Utensil Cleaning Guidelines for Nutritional Services	08/01/21
PA.5053	Food Storage	08/01/21

Health Education: Trainings and Meetings

October Webinars	
Health Literacy Strategies for Advocacy Friday, October 1, 2021 12:00 p.m.	https://nationalhealthcouncil.org/events/health-literacy-a-three-part-series-to-support-better-communication/
The Role of Leadership in Quality Improvement Efforts Tuesday, October 5, 2021 11 a.m.	https://bit.ly/39Mfz8U
Health Literacy for Science Communication: A Tool to Boost Understanding and Build Trust Thursday, October 7, 2021 12 p.m.	https://nationalhealthcouncil.org/events/health-literacy-a-three-part-series-to-support-better-communication/
Monthly Webinars	
The Resources for Integrated Care – Webinar Recordings	https://www.resourcesforintegratedcare.com/
Asthma Management Academy (AsMA)	https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/AsMA.aspx
Every Tuesday and Thursday	
Chlamydia Screening for Adolescent Patients E-learning Collaborative (CT eLC)	https://californiaptc.com/national-quality-improvement-center/chlamydia-screening-for-adolescent-patients-elearning-collaborative/?utm_source=eLearning+Collaborative+Announcement+-+CT+Screening&utm_campaign=eLC_Recruitment&utm_medium=email
Medi-Cal Learning Portal	https://learn.medi-cal.ca.gov/
Ongoing/On-Demand Webinars	
Training for Health Care Professionals – CDC	https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	https://healthknowledge.org/course/index.php?categoryid=50
Smoking Cessation Leadership Center	https://smokingcessationleadership.ucsf.edu/webinars

Health Education: Trainings and Meetings (cont.)

Ongoing/On-Demand Webinars (cont.)	
Professional Development Classes	https://www.cdc.gov/coronavirus/2019-ncov/hcp/training.html
National Diabetes Education Program	https://www.cdc.gov/diabetes/professional-info/training.html?CDC_AA_refVal=https://www.cdc.gov/diabetes/ndep/training-tech-assistance/index.html
Free Continuing Education (CME) from MMWR and Medscape	https://login.medscape.com/login/sso/getlogin?urlCache=aHR0cDovL3d3dy5tZWZ5Y2FwZS5vcmcvdmld2FydGJibGUvODg4ODIx&ac=401
LifeScan Institute LLC Webinars	https://www.lifescandiabetesinstitute.com/
Medicare Learning Network	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/WebBasedTraining

Provider Code Updates

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

- CLIA-Waived Status Available to Certified Providers for COVID-19 Codes
- HPE Off-Premise Flexibilities
- Fumarate Hydratase Gene Test Added as a Medi-Cal Benefit
- Policy Update for Trodelvy
- Exceptions to Reimbursement Cutbacks for Select Office Consultation Codes
- New DME Rental Benefit: Phototherapy Light for Infants
- Correction to HCPCS Codes E1065 and E0165
- Updates to the List of Medical Supplies Billing Codes, Units and Quantity Limits
- Update to Medi-Cal Rx Implementation Date
- Error with Aid Code A1 Message in AEVS

For detailed information regarding these changes, please refer to: August General Medicine Bulletin 566 <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202108.aspx>. Durable Medical Equipment and Medical Supplies Bulletin 551, <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme202108.aspx>. Medi-Cal Newsflashes https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_30429_34.aspx, https://files.medi-cal.ca.gov/pubsdoco/newsroom/newsroom_31272.aspx

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

CMS Releases Integrated Denial Notice for Contract Year 2022

On June 10, 2021 the Centers for Medicare & Medicaid Services (CMS) released the [Contract Year \(CY\) 2022 California-specific Medicare-Medicaid Plans \(MMPs\) Model Materials](#), which included the following:

- Annual Notice of Changes
- Member Handbook/Evidence of Coverage (EOC) – Chapters 1–8 and 10–12
- Member Handbook/Evidence of Coverage (EOC) – Chapter 9
- Summary of Benefits (SB)
- Provider and Pharmacy Directory
- List of Covered Drugs (Formulary)
- Member ID Card
- Plan-delegated Enrollment Notices
- Exhibit 4: MMP Model Notice to Acknowledge

Important Meetings

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

Meeting	Date and Time
CalOptima Board of Directors	October 7, 2 p.m.
CalOptima Provider Advisory Committee	October 14, 8 a.m.

Follow CalOptima on Social Media

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

Follow the agency on **Facebook**, **Instagram**, **Twitter** and **LinkedIn**.



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714-246-8600