PROVIDER PRESS NEWSLETTER

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SPRING/SUMMER 2022

TOP NEWS INSIDE

Michael Hunn Appointed Permanent CalOptima CEO

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OneCare Connect Transition to OneCare — What Your Patients Need to Know

CalOptima's OneCare Connect Cal MediConnect Program (Medicare Medicaid Plan) will end December 31, 2022. On January 1, 2023, OneCare Connect members will transition to OneCare, CalOptima's Dual Eligible Special Needs Plan.

Here's what members need to know:

- Members will automatically be transitioned to OneCare effective January 1, 2023.
- Members will be notified of the transition by mail in October 2022 and do **not** need to do anything to enroll in OneCare.
- There will be no gap in members' coverage. They will continue to receive the same health care benefits and will **not** have premiums, fees or deductibles to obtain services from providers.

OneCare will continue to assist members with health care needs and coordinate benefits and care including, but not limited to, medical, home and community based services, medical supplies and medications.

For more information regarding the transition from OneCare Connect to OneCare, please contact Provider Relations at **714-246-8600** or providerservicesinbox@caloptima.org.

Michael Hunn Appointed Permanent CalOptima CEO

The CalOptima Board of Directors appointed interim CEO Michael Hunn as permanent CEO of the public agency, effective March 3.

Prior to his role at CalOptima, Hunn worked with various local organizations in the health care industry as a CEO for nearly 25 years. He was most recently president of The Hunn Group, providing advisory services to hospitals, health systems, physicians and a variety of health care-related clients. Prior to that, he served as Chief Executive for Providence Health & Services Southern California Region.

“Each and every one of our members is counting on us to be champions for their health, to ease their way, to connect them with the right resources, at the right time, and I’m honored to be given the opportunity to serve them and be held accountable for ensuring we get it right each and every time,” Hunn said. “My past experience has given me an ability to effectively identify and collaborate with providers and administrators, and we’re actively coalition building in Orange County to meet the many needs of our community.”

Hunn served as a governing board member of the Hospital Association of Southern California and was past chairman. He was also a board member of the California Hospital Association and a board secretary as well. He is a past board chairman of the Alliance of Catholic Health Care and the National Health Foundation. Hunn also has a biomedical ethics background, speaking frequently on end-of-life topics and providing CME (continuing medical education) programs to physicians and boards.

“The CalOptima Board is confident that Michael Hunn is the right leader to steer CalOptima through the recent Medi-Cal changes for our residents who are most in need,” said Supervisor Andrew Do, Chair of the CalOptima Board of Directors. “Michael’s expertise in health care policy development, strong reputation for developing and executing strategies, and proven track record of effective leadership will be instrumental in helping us implement and integrate future programs that seek to improve quality of life and the health outcomes in our community.”

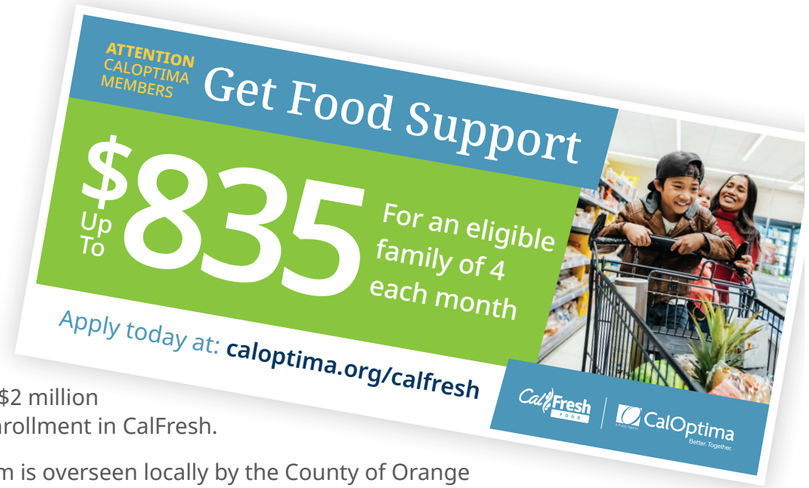
Hunn holds an M.A. from Kenrick-Glennon Seminary in Systematic Theology with a concentration in Morals, focused on biomedical ethics, and a B.A. from Cardinal Glennon College with a major in Philosophy and a minor in American History.

CalOptima Welcomes Dr. Richard Pitts as CMO

CalOptima welcomes Richard Pitts, D.O., Ph.D., as Chief Medical Officer. As CMO, Dr. Pitts oversees CalOptima’s health care delivery system, including development and implementation of strategies, programs, policies and procedures. He is responsible for leading key CalOptima departments, including Clinical Operations, Utilization Management, Case Management, Long-Term Support Services, Pharmacy Management, Enterprise Analytics and Program of All-Inclusive Care for the Elderly.

Dr. Pitts is a physician and health care executive with a distinguished career spanning clinical practice and occupational health, as well as medical group and hospital leadership for organizations such as Prospect Medical Systems, St. Joseph Heritage Healthcare and Arrowhead Regional Medical Center. Dr. Pitts holds a bachelor’s degree in Chemistry from Chapman University, a Doctor of Osteopathic Medicine from Des Moines University and a Ph.D. in Management & Decision Sciences from Walden University.

CalOptima to Educate Members About Important CalFresh Food Benefits



The ongoing COVID-19 pandemic has exacerbated many health concerns among Orange County residents, including food insecurity. To ensure members have adequate access to the food they need for an active, healthy life, CalOptima is launching a $2 million awareness campaign to encourage enrollment in CalFresh.

The federally funded CalFresh program is overseen locally by the County of Orange Social Services Agency (SSA) and makes monthly food benefits available to low-income individuals and families. Based on income, expenses and household size, an individual may qualify for up to $250 in monthly benefits, while a family of four could qualify for up to $835. The benefits are provided through a debit-type card accepted at grocery stores, farmers markets and several online grocers.

CalOptima, in collaboration with SSA, has identified approximately 344,000 members — or roughly 295,000 households — who are eligible for CalFresh but not currently enrolled. CalOptima’s awareness campaign includes contacting eligible members via mail, phone and text message; holding events at community centers; producing educational member materials; and working with SSA to streamline the enrollment process.

Member-facing print materials will also be delivered to providers, including flyers, posters and a Frequently Asked Questions (FAQ) document with information on eligibility, benefits and how to apply for CalFresh.

More information about CalFresh is available on SSA’s website at www.ssa.ocgov.com/cash-calfresh/calfresh.

Are You Familiar With Members' Rights And Responsibilities?

As a CalOptima provider, you may find it helpful to be aware of members' rights and responsibilities.

Members have a right to:

- Be treated with respect and dignity by all CalOptima, health network and provider staff
- Privacy and to have medical information kept confidential
- Get information about CalOptima, our health networks, our providers, the services they provide, and member rights and responsibilities
- Choose a primary care provider (PCP) within CalOptima's network
- Talk openly with health care providers about medically necessary treatment options, regardless of cost or benefit
- Make decisions about their health care, including the right to say "no" to medical treatment
- Voice complaints or appeals, either verbally or in writing, about CalOptima or the care we provide
- Get oral interpretation services in the language they understand
- Make an advance directive
- Ask for a State Hearing, including information on the conditions under which a State Hearing can be expedited
- Access family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and emergency services outside CalOptima's network
- Obtain access to their medical records and, where legally appropriate, get copies of, update or correct their medical records
- Access minor consent services
- Get written member information in large-size print and other formats upon request and in a timely manner appropriate for the format being requested
- Be free from any form of control or limitation used as a means of pressure, punishment, convenience or revenge
- Get information about their medical condition and treatment plan options in a way that is easy to understand
- Make suggestions to CalOptima about their member rights and responsibilities
- Freely use these rights without negatively affecting how they are treated by CalOptima, providers or the state

Members are responsible for:

- Knowing, understanding and following the member handbook
- Understanding their medical needs and working with health care providers to create their treatment plan
- Following the treatment plan agreed to with their health care providers

DHCS Offers Resources for Medi-Cal Rx Transition

CalOptima and DHCS offer resources to help providers navigate the January 1, 2022, transition of Medi-Cal pharmacy benefits to the Medi-Cal Rx fee-for-service delivery system.

All benefits billed on a pharmacy claim have been transitioned to Medi-Cal Rx, which is also reviewing all Prior Authorizations (PAs). Certain common medications may require a PA, and providers can find the Medi-Cal Rx Contract Drug List at https://medi-calrx.dhcs.ca.gov/home/cdl/.

Providers with questions about the Medi-Cal Rx Contract Drug List or PAs under the new system can contact CalOptima's Pharmacy department by calling **714-246-8600** and selecting Option 4.

For additional questions, DHCS has added an FAQ section to its Medi-Cal Rx website at https://medi-calrx.dhcs.ca.gov/home/faq/. DHCS also periodically releases news and updates via its Medi-Cal Rx Subscription Service, which providers are encouraged to subscribe to by visiting https://mcrxsspages.dhcs.ca.gov/Medi-CalRxDHCScagov-Subscription-Sign-Up.

Prescribing providers can also use the Medi-Cal Rx Secured Provider Portal, https://medi-calrx.dhcs.ca.gov/provider/, which grants access to various applications, education materials, training courses and other resources. Another highly recommended option is using CoverMyMeds (CMM) to initiate and submit PAs. Providers who use CMM to submit, view and manage PAs are not required to register for the Medi-Cal Rx Secured Provider Portal.

Virtual office hours are held daily at noon on Zoom, where providers can report issues with the Medi-Cal Rx Secured Provider Portal. The Zoom meeting link is https://bit.ly/33aEROm. The Meeting ID number is 949 6443 4351 and the password is 655990. Providers can also call in to the meeting using the following phone numbers: **1-699-900-6833** or **1-346-248-7799**.

To contact the Medi-Cal Rx Customer Service Center, available 24 hours a day, 365 days a year, call **1-800-977-2273** or email MediCalRxEducationOutreach@magellanhealth.com.

CalOptima Updates Member Health Rewards Program for 2022

CalOptima offers no-cost rewards to eligible members for taking an active role in their health. Providers are encouraged to inform members about the benefits of completing tests and screenings at the right time. Please share the following information about no-cost rewards available to eligible CalOptima members.

Breast Cancer Screening

No-Cost Reward
$25 gift card

Eligibility Criteria

CalOptima members 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

Colorectal Cancer Screening

No-Cost Reward
$50 gift card

Eligibility Criteria

CalOptima OneCare and OneCare Connect members who complete a sigmoidoscopy or colonoscopy

Postpartum Checkup

No-Cost Reward
$50 gift card

Eligibility Criteria

CalOptima Medi-Cal members who have a postpartum checkup 1–12 weeks after delivery

Diabetes A1C Test

No-Cost Reward
$25 gift card

Eligibility Criteria

CalOptima Medi-Cal members ages 18–75 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 18–75 with a diagnosis of diabetes who complete a diabetes eye exam

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

COVID-19 Vaccination

No-Cost Reward
Two $25 gift cards for a two-dose vaccine
OR
One $25 gift card for a single-dose vaccine
AND
One $25 gift card for a booster shot

Eligibility Criteria

CalOptima Medi-Cal, OneCare, OneCare Connect and Kaiser members ages 5 and up. All members must be eligible on date of service

For the most up-to-date information on the 2022 CalOptima Member Health Rewards Program, visit https://www.caloptima.org/en/HealthAndWellness/MemberHealthRewards.aspx.

For any questions regarding the Health Rewards Program, contact CalOptima's Population Health Management department at QI_Initiatives@caloptima.org.

Complete an Initial Health Assessment Using These Tips

A new member's Initial Health Assessment (IHA) needs to be completed by their PCP, appropriate medical specialist or non-physician medical provider during their initial visit. Newly enrolled members, including those with disabilities, must receive their IHA within 120 days of enrollment and in a culturally and linguistically appropriate manner. The purpose of the IHA is to assess and set a baseline for managing the health needs of all members.

The IHA should include the following elements:

Comprehensive history	Including but not limited to: • Member's history of present illness • Member's past medical history • Member's social history • Review of the member's support systems
Preventive services for asymptomatic members	Members under age 21: Age-specific assessment and services required by the Child Health and Disability Prevention Program (CHDP), as specified by the American Academy of Pediatrics (AAP) Assessments, that follow AAP periodicity schedule for examinations occurring more frequently than allowed under the CHDP schedule Members age 21 and older: Preventive screening, testing and counseling in accordance with the Guide of Clinical Preventive Service of the U.S. Preventive Services Task Force
Perinatal services	Perinatal services in accordance with guidelines of the American Congress of Obstetricians and Gynecologists
Comprehensive physical	Also includes a mental health status exam
Diagnoses and plan of care	Follow-up activities should be detailed
An Individual Health Education Behavioral Assessment (IHEBA)	The IHEBA should be administered through the Staying Healthy Assessment (SHA) or other tools approved by CalOptima and DHCS

How Does CalOptima Make Utilization Management (UM) Decisions?

How are UM decisions made?

At CalOptima, our decisions to authorize, modify or deny health care services are based on medical necessity and Medi-Cal coverage. There is no financial incentive or reward for our staff or providers if they deny services. Decisions to deny or modify requests are based on medical necessity and can only be made by another physician or, in the case of a pharmacy request, by a licensed pharmacist.

What criteria and/or guidelines are used to make decisions?

CalOptima uses nationally recognized guidelines, such as MCG, InterQual, the Medi-Cal Manual and various guidelines from recognized professional academies like the American Academy of Family Physicians and the American Congress of Obstetricians and Gynecologists. Guidelines and criteria sets are based on sound clinical principles and processes. They are reviewed and updated as required annually. To ensure consistency with current standards of care and local practice, we involve actively participating practitioners in the development and approval of criteria.

How can I obtain a copy of the criteria used in making a decision?

As a CalOptima provider, you have the right to inquire about our UM decisions. You can contact our medical director in writing or via telephone. The medical director's phone number is included in the Notice of Action letter you received. CalOptima Community Network providers may call **714-246-8600** to request criteria.

What if I have a general question about the UM process?

UM staff are available during CalOptima business hours from 8 a.m. to 5:30 p.m. for inbound calls regarding UM issues. After-hours contact with the UM staff is through the on-call service, which will notify staff to contact you. You can reach the UM staff by calling CalOptima's Utilization Management department at **714-246-8686**.

Support Healthy Pregnancies by Submitting a Pregnancy Notification Report

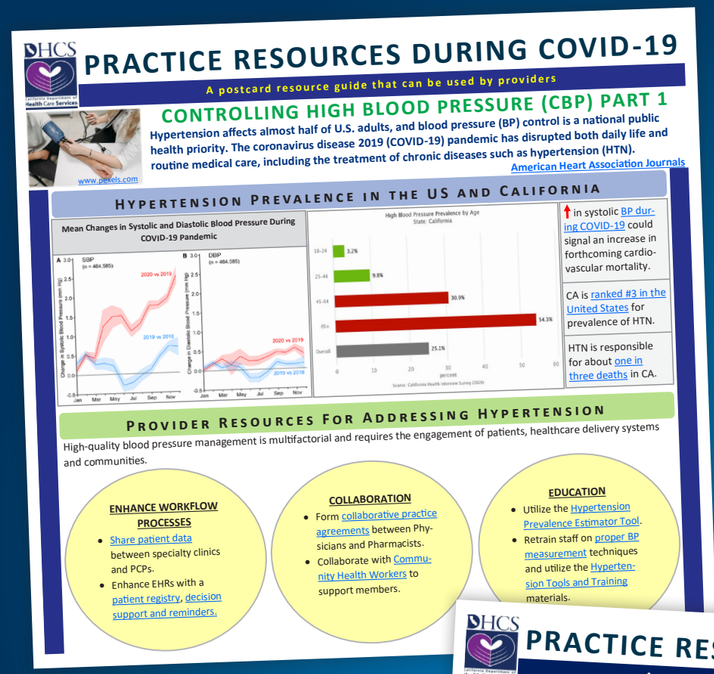
CalOptima's Perinatal Support Services Program requires contracted providers to submit a complete and accurate Pregnancy Notification Report within five calendar days of the initial prenatal visit. This Pregnancy Notification Report form can be found on CalOptima's website under the Providers tab, then Resources and Common Forms, or by using the following link: https://www.caloptima.org/~/media/Files/CalOptimaOrg/508/Providers/CommonForms/2020-05_PregnancyNotficationReport_508.ashx.

CalOptima aims to identify all pregnant members early in their pregnancy so that critical services can be provided in a timely manner. Once a Pregnancy Notification Report is received, the CalOptima Bright Steps Program team contacts members to offer support through prenatal and postnatal calls, educational materials and other resources. Additionally, eligible members may qualify for an incentive for completing a postpartum visit within 12 weeks of giving birth. If a provider is an approved Comprehensive Perinatal Services Program (CPSP) provider, these services are done at their office, and the Bright Steps Program team will check in with the member close to and after delivery.

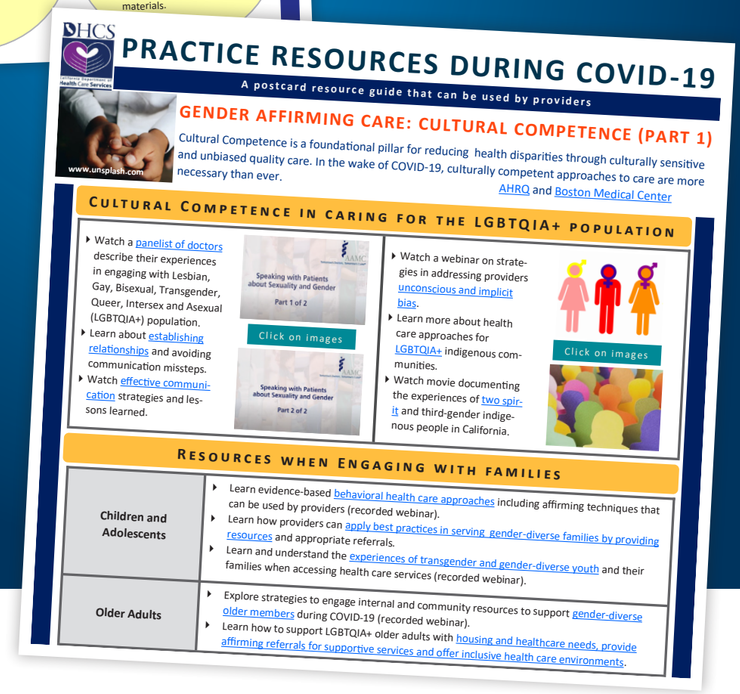
Thank you for supporting our shared goal of healthy pregnancies and healthy babies. For questions related to the Pregnancy Notification Report or Bright Steps Program, please call the Population Health Management department at **714-246-8895**. For more information on CalOptima Perinatal Support Services Program, see CalOptima Policy GG.1701 on www.caloptima.org.

Quality Improvement Postcards Highlight Key Health Topics

DHCS is sharing a series of Quality Improvement (QI) postcards with relevant information about health care concerns. In February, DHCS released the Controlling High Blood Pressure QI Postcard. As hypertension affects nearly half of all adults in the United States, controlling high blood pressure is a priority. The postcard contains information for providers to address hypertension by enhancing processes, utilizing community partnerships and educating members.



Another postcard covering Gender Affirming Care for the LGBTQIA+ community was released in March. This postcard provides training for providers on how to appropriately communicate and apply best practices when treating gender-diverse members. Also included are tips for addressing the unique challenges and barriers faced by racial and ethnic minority groups within the LGBTQIA+ community.



To view the Controlling High Blood Pressure postcard, please visit

https://www.chgsd.com/docs/default-source/providers/covid-postcards/dhcs-blood-pressure-qi-postcard.pdf?sfvrsn=6cb25bdd_0.

To view the Gender Affirming Care postcard, please visit

https://www.chgsd.com/docs/default-source/providers/covid-postcards/cultural-competency-postcard-final.pdf?sfvrsn=fe0455a5_0.

Tips for Working With Interpreters

Medical appointments that include assistance from an interpreter have different dynamics than appointments performed without assistance of an interpreter. Below are some recommended tips to work with interpreters.

1. **If possible, choose an interpreter whose age, gender and background are similar to the member.** A member might be reluctant to disclose uncomfortable information, for example, in front of an interpreter of a different gender.
2. **Hold a brief meeting with the interpreter, if needed.** If it is your first time working with a professional interpreter, briefly meet with the interpreter first to agree on basic interpretation protocols. Let the interpreter brief the member on the interpreter's role.
3. **Allow enough time for the interpreted services.** Remember that an interpreted conversation requires more time. What can be said in a few words in one language may require a lengthy paraphrase in another.
4. **Read body language during face-to-face encounters.** Making eye contact is key to the provider-member relationship. Arrange yourself so that you, the member and the interpreter are visible to one another (i.e., triangular). Watch the member's eyes and facial expression when you speak and when the interpreter speaks. Looks for signs of comprehension, confusion, agreement or disagreement.
5. **Speak in a normal voice, clearly and not too fast or too loudly.** It is usually easier for the interpreter to understand speech produced at normal speed and with normal rhythms, than artificially slow speech.
6. **Avoid jargon and technical terms.** Avoid idioms, technical words or cultural references that might be difficult to interpret. Some concepts may be easy for the interpreter to understand, but extremely difficult to interpret.
7. **Talk to the member directly, using first person. Be brief, explicit and basic.** Remember that you are communicating with the member through an interpreter. Pause after a full thought for the interpretation to be accurate and complete. If you speak too long, the interpreter may not remember to include everything you say.
8. **Don't ask or say anything that you don't want the member to hear.** Expect everything you say to be interpreted, as well as everything the member and his or her family says.
9. **Be patient and avoid interrupting during interpretation.** Allow the interpreter as much time as necessary to ask questions, for repeats and for clarification. Be prepared to repeat yourself in different words if your message is not understood. Professional interpreters do not interpret word-for-word, but rather concept-by-concept. Also remember that English is a direct language and may need to be relayed in complex grammar and different communication patterns.
10. **Be sensitive to appropriate communication standards.** Different cultures have different protocols to discuss sensitive topics and to address physicians. Many ideas common in the United States may not exist in the member's culture and may need detailed explanation in another language.

Source: Tips for Working with Interpreters, Section N9 CalOptima Provider Manual, www.caloptima.org.

Screening Recommendations Can Decrease Colorectal Cancer Cases

Prevention of colorectal cancer remains a public health priority. According to the American Cancer Society, colorectal cancer is the third most common cancer in the United States, excluding skin cancers. An estimated 106,180 new cases of colon cancer and 44,850 new cases of rectal cancer are anticipated in 2022, resulting in an estimated 52,580 deaths.

Thanks to lifestyle changes and more people receiving colorectal cancer screenings, however, cases have been dropping since the mid-1980s. The U.S. Preventive Services Task Force (USPSTF) has created tiered colorectal cancer screening recommendations based on members' ages. The screening recommendations are found in the table below, with grades reflecting order of preference.

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years.	A
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years.	B
Adults aged 76 to 85 years	The USPSTF recommends providers selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates the net benefit of screening all people in this age group is small. In determining whether this service is appropriate in individual cases, members and providers should consider the member's overall health, prior screening history and preferences.	C

Members should consult with their provider about what screening option is best, and how often to be tested. Recommendations include:

- Stool DNA-FIT every one-to-three years
- Computed tomography colonography every five years
- Flexible sigmoidoscopy every five years
- Flexible sigmoidoscopy every 10 years and an annual FIT
- Colonoscopy screening every 10 years

To view the full recommendation and the evidence on which it is based, please visit https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening.

For more information from the American Cancer Society about colorectal cancer, including providing safe opportunities to screen during the COVID-19 pandemic, please visit https://www.cancer.org/cancer/colon-rectal-cancer.html and https://www.acs4ccc.org/wp-content/uploads/2020/10/ACS_Guidance_on_Cancer_Screening-Report_October-2020_CRC.pdf.

CalOptima Public Meeting Information
Unless otherwise specified, meetings take place in the assembly rooms on the first floor at CalOptima, 505 City Parkway West in Orange. However, due to COVID-19, it is recommended that those wishing to participate attend virtually. To select which virtual meeting you would like to attend, visit the CalOptima website at: *https://www.caloptima.org/en/About/AboutCalOptima/Committees.aspx.* For more information, please call **714-246-8600**.

CalOptima Board of Directors
2 p.m.
- June 2, 2022

CalOptima Board of Directors' Quality Assurance Committee
3 p.m.
- June 8, 2022

Member Advisory Committee (MAC)
2:30 p.m.
- June 9, 2022

OneCare Connect Member Advisory Committee (OCC MAC) 3 p.m.
- June 23, 2022

Provider Advisory Committee (PAC)
8 a.m.
- June 9, 2022

Whole-Child Model Family Advisory Committee (WCM FAC) 9:30 a.m.
- June 28, 2022

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CalOptima Website Features CalAIM Provider Resources

With the launch of California Advancing and Innovating Medi Cal (CalAIM) on January 1, CalOptima has added resources to help members access new benefits.

CalAIM is a multiyear initiative by DHCS to improve Medi Cal members' quality of life and health outcomes.

As part of CalAIM, CalOptima introduced Enhanced Care Management (ECM) and Community Supports, which are designed to address both the clinical and non clinical circumstances of high need Medi Cal members. The goals for ECM include improving care coordination, integrating services, facilitating community resources and improving health outcomes by addressing social determinants of health and decreasing inappropriate utilization. As of January 1, eligibility includes adult high utilizers, individuals and families experiencing homelessness, adults with Serious Mental Illness or Substance Use Disorder, and individuals transitioning from incarceration. Additional groups will become eligible for ECM as CalAIM continues.

New Community Supports medically appropriate and cost effective alternatives to services covered under the State Plan now include housing transition navigation services, housing tenancy and sustaining services, housing deposits and recuperative care. Additional Community Supports will be added in the future.

Providers, community based organizations, field based teams, members, authorized representatives or family can fill out an ECM or Community Supports referral form and submit it to the member's health network.

ECM and Community Supports referral forms, provider training documents and fact sheets are located at www.caloptima.org/CalAIM.

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**.