CalOptima Health

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In This Issue:

Medi-Cal Now Covers All Californians Regardless of Immigration Status

All adults between the ages of 26 and 49 now qualify for full coverage from Medi-Cal regardless of immigration status. This expansion of Medi-Cal went into effect January 1, 2024, and means that all Californians who meet eligibility requirements, including income limits, now qualify for coverage.

Providers can also let patients know that receiving Medi-Cal benefits does not impact immigration status or trigger an alert to federal authorities. The U.S. Department of Homeland Security and U.S. Citizenship and Immigration Services do not consider receiving health, food and housing benefits as part of their public charge determination, which is the ruling that someone will be primarily dependent on the government for subsistence.

To help providers promote Medi-Cal benefits to potential enrollees, CalOptima Health offers a webpage with information at **www.caloptima.org/CoverageForAll**.

Follow These Tips to Improve Your OneCare Patients' Experience

If you are a provider for OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, your efforts to offer the best possible care are crucial for members to have a positive experience, which drives high levels of patient satisfaction and engagement. Improved patient satisfaction can lead to better health outcomes and increased loyalty, which is why CalOptima Health would like to share a few tips to improve the OneCare member experience.

- **Adopt Simple, Patient-Friendly Processes**
  A member's experience begins the moment they contact your practice. Take a step back to assess if the experience is smooth and easy to navigate. Ensure that patients can easily schedule appointments, receive clear communication and education about their health care options and treatment plans, and experience minimal wait times and disruptions during appointments.
- **Make Patient Encounters Positive Experiences**
  Office staff play a critical role in a patient's experience. Everything from tone of voice to simple greetings can make a patient feel like your staff cares. There are various opportunities to impact overall satisfaction with the care they receive, from scheduling appointments to checking patients in and out. Working with staff to ensure they provide friendly and helpful customer service will have a positive impact.
- **Engage Patients in Care Planning**
  Keep patients happy with the care they receive by meeting their needs and preferences. This can involve engaging patients in shared decision-making, actively listening to their concerns and feedback, and providing personalized care that considers their individual circumstances and goals. It also entails following up with patients regarding lab results and referrals to specialists or other providers.

(continued on next page)

Asking patients for feedback can help you identify what's working and what needs improvement. Remedying pain points and addressing complaints promptly will improve the patient experience and increase satisfaction with the care they receive.

CalOptima Health is focused on OneCare member satisfaction and is taking similar steps to improve our members' experience. We support providers' efforts to improve member satisfaction through training and resources. For additional information, please contact your CalOptima Health provider representative.

CalOptima Health Among Top Health Plans in the State for Ninth Year

CalOptima Health received a rating of 4 stars out of 5 stars in the National Committee for Quality Assurance (NCQA) Medicaid Health Plan Ratings 2023. This is the ninth year in a row that CalOptima Health is among the top plans in California, representing sustained leadership in serving Medi-Cal-insured members. CalOptima Health provides health insurance to nearly 964,000 members, which represents almost 1 in 3 Orange County residents.

"CalOptima Health is committed to serving members with dignity and respect through its broad network of physicians, hospitals and health care providers," said Michael Hunn, CEO of CalOptima Health. "We don't work alone, and we thank our caregiver partners and community clinic providers for their ongoing dedication to quality care. Orange County is fortunate to have such a supportive community focused on improving the lives of CalOptima Health's low-income and vulnerable population."

This latest NCQA rating measured performance in 2022 and is based on standardized, audited data regarding clinical performance and member satisfaction. NCQA assesses Medicaid plan quality based on 43 clinical measures, including preventive services to keep members healthy and treatments in response to illnesses and chronic diseases. NCQA also evaluates a plan based on customer satisfaction.

"Medi-Cal is changing to encompass serving the whole person. Our latest programs are doing more to support members beyond medical settings to connect them to the community resources they need. Comprehensive care matters for everyone in Orange County. If you're not a CalOptima Health member, your friends and neighbors are." — Richard Pitts, D.O., Ph.D., Chief Medical Officer

Review CalOptima Health's Timely Access Standards

The Department of Health Care Services (DHCS) conducts an annual timely access survey of all managed care plans (MCPs) to ensure compliance with provider availability and wait time standards for urgent and non-urgent appointments.

The survey consists of calling a randomized sample of each MCP's network providers. In addition, DHCS provides CalOptima Health with a plan-specific Quarterly Monitoring Response Template and Medi-Cal Managed Care Quarterly Monitoring Performance Report as part of ongoing performance monitoring.

CalOptima Health continuously monitors and evaluates our members' ability to obtain prompt health care services, as required by DHCS. Please refer to CalOptima Health's Medi-Cal Policy GG.1600: Access and Availability Standards for more information related to the monitoring process.

Thank you for ensuring our members have timely access to health care. To continue assisting you with this effort, CalOptima Health is providing the following list of Medi-Cal timely access standards. If you have any questions or would like to speak with a Provider Relations representative, please call **714-246-8600** or email providerservicesinbox@caloptima.org.

Appointment Standards

Type of Care	Standard
Emergency Services	24/7
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Initial Health Appointment (IHA)	Within 120 calendar days of enrollment or, for members less than 18 months of age, within periodicity timelines established by the American Academy of Pediatrics/Bright Futures
Non-Urgent Appointments for Primary Care	Within 10 business days of request
Non-Urgent Appointments with Specialist Physicians	Within 15 business days of request
Non-Urgent Appointments with a Non-Physician Mental Health Provider	Within 10 business days of request
Non-Urgent Appointments for Ancillary Services	Within 15 business days of request

Telephone Access Standards

Description	Standard
Telephone Triage or Screening Services	Telephone triage or screening will be available 24/7. Telephone triage or screening waiting time will not exceed 30 minutes.
Telephone Access After and During Business Hours for Emergencies	The phone message or live person must instruct members on: ▪ The length of wait time for a return call from the provider ▪ How the caller may obtain urgent or emergency care
After-Hours Access	A primary care provider (PCP) or designee will be available 24/7 to respond to after-hours member calls or to a hospital emergency room practitioner.

Cultural and Linguistic Standards

Description	Standard
Oral Interpretation	Oral interpretation, including but not limited to sign language, will be made available to members at key points of contact through an interpreter, either in person (upon request) or by telephone, 24/7.
Written Translation	All written materials to members will be available in all threshold languages as determined by CalOptima Health in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services.
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available upon request or standing request at no cost in all threshold languages in at least 20-point font, audio format or braille, or as needed within 21 business days of request or within a timely manner for the format requested.
Telecommunications Device for the Deaf	Teletypewriter (TTY) and auxiliary aids will be available to members with hearing, speech or sight impairments at no cost, 24/7. The TTY line is **711**.

Review CalOptima Health's Timely Access Standards (continued)

Cultural and Linguistic Standards

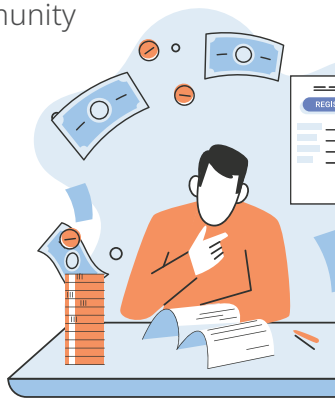
Description	Standard
Cultural Sensitivity	Practitioners and staff will encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs, and integrate these beliefs into treatment plans where appropriate.
Moral Objection	In the event a provider has a religious, moral or ethical objection to perform or otherwise support the provision of covered services, CalOptima Health or the health network must on a timely basis arrange, coordinate and ensure the member receives covered services through referrals to a provider that has no objection to performing the requested service or procedure at no additional expense to DHCS or the member.

Other Access Standards

Description	Standard
Physical Accessibility	Provide physical access, reasonable accommodations and accessible equipment for members with physical or mental disabilities.
Rescheduling Appointments	Appointments will be promptly rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice.
Minor Consent Services	Covered services of a sensitive nature for minors do not need parental consent to access.
Family Planning Services	Members will have access to family planning and sexually transmitted disease services, from a provider of the member's choice, without referral or prior authorization, either in or out of network.

CalOptima Health Streamlines Payment Dispute Process

In response to provider feedback requesting a streamlined dispute process, CalOptima Health transitioned to a single internal review for claim disputes for the CalOptima Health Community Network (CCN) and other claims where CalOptima Health has financial responsibility.



Effective January 1, 2024, the process is handled through our Grievance and Appeals Resolution Services (GARS) department. This one-level internal review provides a fast, fair and cost-effective dispute resolution mechanism to process and resolve contracted and non-contracted provider disputes. It will also reduce the timeframe for providers to receive a final decision from CalOptima Health.

This change does not impact claim payments from CalOptima Health-contracted health networks or the provider dispute processes of those networks. A provider must submit those disputes to the appropriate health network. If the provider is not satisfied with the health network's decision, they may then submit a request for a second-level review by GARS.

CalOptima Health's online Provider Manual reflects this new process. Visit the Providers section of **www.caloptima.org**.

Board Funds First-Ever Street Medicine Support Center

CalOptima Health plans to open a 52-room Street Medicine Support Center in Garden Grove to house individuals, mainly older adults, who qualify and are referred by our Street Medicine clinical team. The CalOptima Health Board of Directors approved $18.5 million for the support center in September 2023 to directly address the housing crisis for CalOptima Health members experiencing homelessness.

The first-of-its-kind support center is an extension of CalOptima Health's current Street Medicine Program, which launched on April 1, 2023, in partnership with the City of Garden Grove and Healthcare in Action. Using a medical van equipped with state-of-the-art technology and similar capabilities to a brick-and-mortar clinic, Healthcare in Action's interdisciplinary teams canvas Garden Grove and reach members living in parks, under freeways and other unsheltered spaces.

"The goal of our Street Medicine Program is to reduce barriers to quality medical care for CalOptima Health members who are unhoused," said Kelly Bruno-Nelson, MSW, CalOptima Health's Executive Director of Medi-Cal/CalAIM. "The support center is an innovative next step toward that goal because we recognize that it is ultimately impossible to be healthy on the street."

Provider Profile

Sherman Don, M.D.
Otolaryngologist

Dr. Don is a board-certified otolaryngologist practicing in Huntington Beach. He attended medical school at George Washington University, graduating with his degree in 1966, and completed his residency at the University of Nebraska Medical Center. After moving to Orange County, Dr. Don was certified by the American Board of Otolaryngology – Head and Neck Surgery in 1972. With a half-century of experience practicing medicine, Dr. Don continues to be an in-demand surgeon.

Q: You have had an extremely long career. What keeps you practicing medicine?

A: I sometimes wonder that myself! I will tell you that you have to go on living. I believe you have to have meaning in your life. If, at some point, I can no longer do this work, I will say goodbye.

Q: What's the biggest change in medicine that you have seen over the course of your career?

A: The biggest change is just how we have advanced. We are now living into our 80s and 90s, and that's not unusual anymore. But if you go back just a few decades, people didn't live that long. Look how much help you can get now if you are sick. We all should be grateful to be living now, in the United States, with the medical advancements we have. It's almost like living in paradise.

Q: What advice would you give someone considering becoming a doctor?

A: That's a longer conversation, but I would ask about their motivation. Why do they want to become a doctor? In short, if they have a good motivation, I would say go for it!

Q: What should people know about your specialty of otolaryngology?

A: Otolaryngology has been around since the 1920s when doctors first began to specialize. People should know that otolaryngology is a challenging field because it encompasses everything. Some ear, nose and throat doctors will concentrate on just the ear, others on just the sinuses, etc. That makes it challenging.

Learn About the Physician-Administered Drug Prior Authorization Required List

CalOptima Health is dedicated to ensuring that our members get the prescription medications they need. Staff maintains a list of drugs that require prior authorization, including those that are administered at the physician's office. This list is called the Physician-Administered Drug Prior Authorization Required List (PAD PA List).

The PAD PA List and pharmaceutical procedures are reviewed quarterly in February, May, August and November by the Pharmacy and Therapeutics (P&T) Committee. The practicing primary care providers, specialists and pharmacists on the P&T Committee review prior authorization procedures to ensure medications are used safely and in accordance with clinical guidelines and FDA-approved indications. The committee also evaluates new pharmaceutical developments, including new drug approvals, new indications, new generics and updates to existing clinical guidelines. The PAD PA List is posted quarterly in the Providers section of our website at **www.caloptima.org**. Under the Claims and Eligibility section, click on Prior Authorizations to view the updated PAD PA List in Procedure Codes, listed by month and year. The PAD PA List can be searched by procedure code or generic name.

Medications that are listed on the PAD PA List require prior authorization. Providers may request an authorization by submitting all relevant clinical information to CalOptima Health. Providers may submit the CalOptima Health Authorization Request Form via fax to **657-900-1649**, or by calling **714-246-8471**. The CalOptima Health Authorization Request Form may be found under Common Forms on the Resources page of the Providers section. The Medi-Cal Provider Manual on our website provides more information on how to use the PAD PA List and how to submit a prior authorization request. For more information about the PAD PA List, our prior authorization criteria or the CalOptima Health pharmacy program, please contact the Pharmacy Management department at **714-246-8471**.

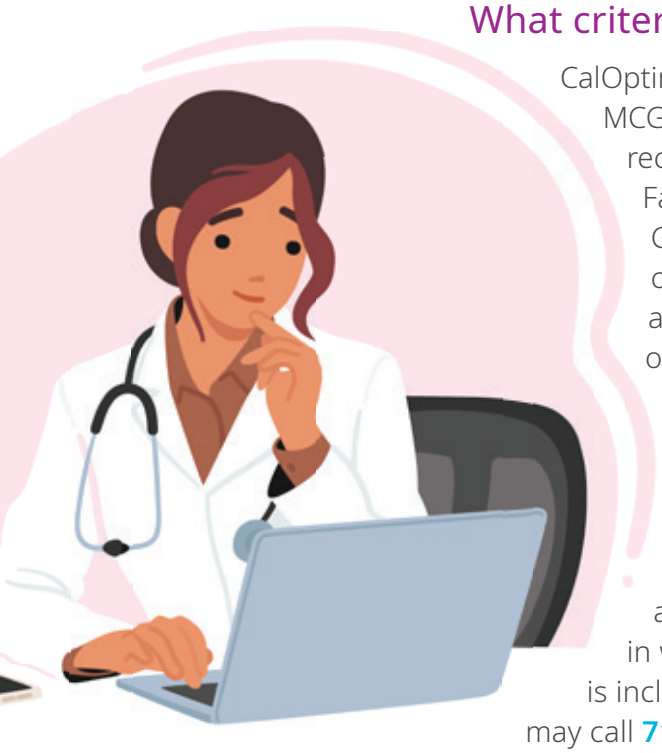
The CalOptima Health Pharmacy Management department and the P&T Committee continually monitor the safety of medications used by our members. In situations when there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, affected members and prescribers are notified by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

FAQ: CalOptima Health's Utilization Management (UM) Decisions

How are UM decisions made?

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 Health 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 Health 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. CCN 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 Health 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 Health's Utilization Management department at **714-246-8686**.

CalOptima Health Adds New Medical Directors

To continually improve the quality of care for our members, CalOptima Health has appointed four new medical directors who bring a broad range of medical management experience.

"CalOptima Health is fortunate to have these outstanding multitalented physicians join our mission to serve our members with excellence and dignity," said Richard Pitts, D.O., Ph.D., Chief Medical Officer. "They bring decades of experience covering everything from behavioral health to emergency medicine. With their leadership, we are transforming the medical model of our health plan."

C. Hsien Chiang, M.D. provides guidance for CalOptima Health's CalAIM programs. He is a board-certified physician in both family medicine and addiction medicine. Before joining CalOptima Health, Dr. Chiang was a part of the Orange County Health Care Agency for the past 17 years, most recently overseeing health care services for incarcerated adults and youth. He earned a bachelor's degree from UC Irvine and completed his medical degree at the Medical College of Wisconsin.

Natalie Do, D.O., Pharm.D. provides physician leadership with a focus on behavioral health. She is a double board-certified psychiatrist specializing in child and adolescent psychiatry and has nearly a decade of hands-on experience in psychiatry in Los Angeles, Orange and San Diego counties. She earned a Doctor of Pharmacy degree from the University of Southern California, a Doctor of Osteopathic Medicine degree from Western University of Health Sciences and did post-graduate work in psychiatry at Loma Linda University Medical Center and UC San Diego/Rady Children's Hospital.

Robin Hatam, D.O. works with CalOptima Health's Utilization Management department and delegation oversight team to engage with our contracted health network partners. He is a board-certified internist with experience working for prominent Medi-Cal and Medicare Advantage organizations. Dr. Hatam holds a bachelor's degree in molecular and cell biology from UC Berkeley and a Doctor of Osteopathic Medicine degree from Western University of Health Sciences.

Claus Hecht, M.D. helps oversee CalOptima Health's Street Medicine Program and works with the Quality Improvement team. He is board-certified in emergency medicine and has more than 20 years of clinical experience. Dr. Hecht received a bachelor's degree in economics from UC Irvine and a medical degree from the Saint Louis University School of Medicine.

Compliance Corner

Review the Adult Health Checklist With Your Patients

Physical exam and reviews:

- Height and weight
- Body mass index
- Blood pressure
- Health history
- Medicine list
- Advance directive

Vaccines:

- Influenza
- COVID-19
- Pneumococcal
- Tetanus, diphtheria and pertussis
- Zoster

Screenings:

- Cervical cancer (Pap smear) for adults with a cervix ages 21 to 65
- Breast cancer (mammogram) for adults ages 50 to 74
- Colon cancer for adults ages 45 to 75
- Lung cancer for adults ages 50 to 80 with a history of heavy smoking

Tests for patients with diabetes:

- Hemoglobin A1C
- Retinal eye exam
- Urinalysis
- Low-density lipoprotein (LDL) cholesterol
- Foot exam

Other screenings and tests:

- Cholesterol
- Dental
- Osteoporosis
- Hearing
- Routine eye exam
- Fasting blood sugar
- Lab tests specific to your members' health conditions
- Sexually transmitted infections (STIs)

Thank you for your continued support in providing quality health care services to our members. Please visit **www.caloptima.org/en/ForProviders/Resources/HealthEducation.aspx** for additional member health education.

DHCS Releases 2024 Minimum Performance Level Measurement Set

DHCS annually determines measures for reporting and measures that are held to minimum performance levels (MPLs). MCPs that do not meet MPLs are subject to sanctions and corrective actions.

For Measurement Year (MY) 2024, DHCS has proposed 39 measures for reporting, 20 of which are held to MPLs. On the next page are these 20 measures, with "R" indicating a reportable measure last year and "✓" indicating a measure held to an MPL this year.

DHCS Releases 2024 Minimum Performance Level Measurement Set (continued)

Measure	MY 2023	MY 2024
Children's Health Domain Measures		
Child and Adolescent Well-Care Visits — Total	✓	✓
Childhood Immunization Status — Combination 10	✓	✓
Developmental Screenings in the First 3 Years of Life — New measure started in 2023	✓	✓
Immunizations for Adolescents — Combination 2	✓	✓
Lead Screening in Children	✓	✓
Topical Fluoride in Children – New measure started in 2023	✓	✓
Well-Child Visits in the First 30 Months of Life — First 15 Months (0–14 months): Six or more well-child visits	✓	✓
Well-Child Visits in the First 30 Months of Life — Age 15 Months to 30 Months (15–30 months): Two or more well-child visits	✓	✓
Chronic Disease Management Domain Measures		
Asthma Medication Ratio	✓	✓
Controlling High Blood Pressure	✓	✓
Hemoglobin A1C Control for Patients with Diabetes — HbA1C Poor Control (>9%)	✓	✓
Reproductive Health Domain Measures		
Chlamydia Screening in Women	✓	✓
Prenatal and Postpartum Care: Timeliness of Prenatal Care	✓	✓
Prenatal and Postpartum Care: Postpartum Care	✓	✓
Cancer Prevention Domain Measures		
Breast Cancer Screening	✓	✓
Cervical Cancer Screening	✓	✓
Colorectal Cancer Screening	R	✓
Behavioral Health Domain Measures		
Follow-up After ED Visit for Mental Illness — 30 days	✓	✓
Follow-up After ED Visit for Substance Abuse — 30 days	✓	✓
Pharmacotherapy for Opioid Use Disorder	R	✓

For questions, please contact CalOptima Health's Quality Initiatives department at **QI_Initiatives@caloptima.org**.

New Measures Started in 2023

Topical Fluoride in Children: Physicians and other qualified health care professionals can apply topical fluoride varnish at least twice a year to children.

Developmental Screenings in the First 3 Years of Life: Screenings must be completed using a standardized tool for all children during their well-child visits at 9, 18 and 30 months.

Get Familiar With Member Rights and Responsibilities

As a CalOptima Health provider, you should be aware that our members have rights and responsibilities. These are the standards CalOptima Health promises members, as well as their responsibilities as members.

Members have a right to:

- Be treated with respect and dignity by all CalOptima Health, health network and provider staff
- Privacy and to have their medical information kept confidential
- Get information about CalOptima Health, our health networks, our providers, the services they provide, and their member rights and responsibilities
- Choose a PCP within CalOptima Health's network
- Talk openly with their health care providers about medically necessary treatment options, regardless of cost or benefit
- Help 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 Health or the care we provide
- Get oral interpretation services in the language that they understand
- Make an advance directive
- Ask for a State Hearing, including information on the conditions under which their 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 Health's network
- Have access to their medical record and, where legally appropriate, get copies of, update or correct their medical record
- 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 Health about their member rights and responsibilities
- Freely use these rights without negatively affecting how they are treated by CalOptima Health, providers or the state

Members are responsible for:

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

Hospital Corner

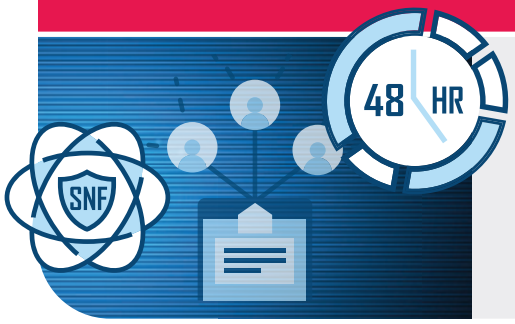
Admission, Discharge and Transfer Notification

The Admission, Discharge and Transfer (ADT) notification establishes a data-sharing mechanism to know when members are expected to be admitted, discharged or transferred from hospitals and skilled nursing facilities (SNFs). This facilitates the coordination of timely Medicare- and Medi-Cal-covered services between settings of care for CalOptima Health members. As of October 31, 2023, CalOptima Health and our contracted facilities (hospitals and SNFs) must comply with secure and timely information sharing.

CalOptima Health requires our contracted facilities to:

- Use secure email, data exchange through a health information organization or an electronic process approved by DHCS
- Inform CalOptima Health either immediately, prior to or at the time of any admission, discharge or transfer for all members. E-fax is not permitted under this new information-sharing requirement

Additionally, CalOptima Health requires contracted SNFs to:



- Make notification of all SNF admissions, discharges or transfers within 48 hours of all SNF admissions
- Make notification of transfers or discharges in advance, if possible, or at the time of the member's transfer or discharge from the SNF

We also encourage all our facilities to register with either one or both of our ADT vendors. ADT feeds are automated to CalOptima Health.

CalOptima Health

CalOptima Health, A Public Agency
P.O. Box 11063
Orange, CA 92856-8163

www.caloptima.org

Member Health Advice Available Through No-Cost Nurse Line

CalOptima Health members can receive basic health advice by calling our toll-free Nurse Advice Line.

If a member needs health advice, their first call should be to their PCP or health network. However, if they cannot reach their PCP, members can use the nurse line to get the facts they need to make medical decisions. The nurse line helps members by:

- Figuring out symptoms and treatments
- Giving information about non-urgent and urgent care
- Providing advice on self-care at home
- Referring members to an in-network urgent care center or hospital
- Explaining a condition or diagnosis
- Giving facts about medicines

The CalOptima Health Nurse Advice Line is for health advice only. Nurses do not have access to members' medical records, referrals or prior authorizations.

Members can reach the CalOptima Health Nurse Advice Line 24/7 by calling **844-447-8441** (TTY **844-514-3774**).