



# PROVIDER UPDATE

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## HEDIS 2020 Training

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

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

Training modules for HEDIS 2020 are located on the CalOptima website at <https://www.caloptima.org/en/Providers/ManualsPoliciesAndResources/ProviderTrainings/HEDISTrainings.aspx>.

These training modules are designed to assist you and your staff as you work with CalOptima members every day. We encourage you to review all the modules and share the information with your office staff.

If you have questions or need assistance, email CalOptima at [HEDISMailBox@CalOptima.org](mailto:HEDISMailBox@CalOptima.org).

A CME Workshop for Physicians and Licensed Health Care Professionals on:

# Diabetes Mellitus: Progress and New Concepts

## Summary:

Diabetes management has been rapidly evolving over the past several years due to the availability of new drugs and new technologies. Furthermore, the concept of comprehensive diabetes management beyond glucose control has changed the clinical practice of diabetologists. The course will review the latest developments in the field aiming to provide practical outlines for comprehensively managing patients with diabetes.

<b>When:</b> Wednesday, March 4, 2020	<b>Time:</b> 6:30–8:30 p.m.	<b>Where:</b> DoubleTree Hotel 100 The City Drive Orange, CA 92868
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## Guest Speakers

**Qin Yang, M.D., Ph.D.**, received his M.D. in China and Ph.D. in Japan. In 2002, Dr. Yang joined the Division of Endocrinology, Diabetes and Metabolism, Beth Israel Deaconess Medical Center (BIDMC) at the Harvard Medical School as a postdoctoral researcher, where he published seminal papers in *Nature* and *New England Journal of Medicine* describing a novel biomarker for insulin resistance. Dr. Yang then completed his medicine residency at Jacobi Medical Center, Albert Einstein College of Medicine and went on to finish his endocrinology and diabetes fellowship in BIDMC and Joslin Diabetes Center at the Harvard Medical School. Dr. Yang joined the University of California, Irvine (UCI) faculty in 2014 and is currently a tenured Associate Professor and a staff endocrinologist at UCI endocrine division and diabetes center. In addition to clinical work, Dr. Yang serves as a principle investigator of National Institutes of Health (NIH)-funded projects studying insulin resistance and energy expenditure in obesity and type 2 diabetes.

**Miles Masatsugu, M.D.**, received his medical degree from Wayne State University Medical School and completed his family medicine residency at the University of California, Irvine Medical Center. Dr. Miles is a medical director at CalOptima where he oversees the clinical physician leadership of the Disease Management, Health Education and CalOptima PACE programs.

## At the end of the program, attendees should be able to:

- Demonstrate awareness of the CalOptima HEDIS® performance measures related to comprehensive diabetes care.
- Define diabetes treatment goals.
- Discuss anti-diabetic medication options.
- Review the approaches for comprehensive diabetes management.
- Describe novel drug targets for diabetes treatment.

## 2 CME Credits Offered

**Dinner Provided — No Charge, Registration Required**

**Space is limited!** Please RSVP by **February 27, 2020**, through our online link:

[https://www.surveymonkey.com/r/CMEWorkshopReg\\_03-04-20](https://www.surveymonkey.com/r/CMEWorkshopReg_03-04-20).

For questions, please call Ashley Young at **714-246-8690** or email at [continuingeducation@caloptima.org](mailto:continuingeducation@caloptima.org).

**CME Accreditation Statement:** This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the joint providership of the University of California, Irvine School of Medicine and CalOptima. The University of California, Irvine School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

**CME Credit Designation Statement:** The University of California, Irvine School of Medicine designates this live activity for a maximum of 2 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Disclosure:** Full disclosure information for all those in control of content will be provided to participants in the syllabus prior to this activity.

**California Assembly Bill 1195:** This activity is in compliance with California Assembly Bill 1195, which requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. For specific information regarding Bill 1195 and cultural and linguistic competency, please visit the CME website at <http://www.meded.uci.edu/CME/>.

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## Responsibilities for Behavioral Health Treatment Coverage for Members Under the Age of 21

The Department of Health Care Services (DHCS) recently issued **All Plan Letter (APL) 19-014, Responsibilities for Behavioral Health Treatment Coverage for Members Under Age of 21.**

The purpose of **APL 19-014** is to provide guidance to Medi-Cal managed care plans, like CalOptima, about the provision of medically necessary behavioral health treatment services for member under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit and in accordance with mental health parity requirements.

For additional information, please review **APL 19-014** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-014.pdf>.

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## Proposition 56 Directed Payments for Physician Services

The Department of Health Care Services (DHCS) released **All Plan Letter (APL) 19-015, Proposition 56 Directed Payments for Physician Services.**

The purpose of this **APL 19-015** is to provide Medi-Cal managed care health plans, like CalOptima, with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of specified physician services.

You may review **APL 19-015** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-015.pdf>.

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## Proposition 56 Directed Payments for Developmental Screenings Services

The Department of Health Care Services (DHCS) recently released **All Plan Letter (APL) 19-016, Proposition 56 Directed Payments for Developmental Screenings Services.**

The purpose of this **APL 19-016** is to provide Medi-Cal managed care health plans, like CalOptima, with guidance on directed payments, funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), for the provision of standardized developmental screening services for children.

**APL 19-016** can be found on the DHCS website in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2019/APL19-016.pdf>.

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## Non-Contract Ground Emergency Medical Transport Payment Obligations

The Department of Health Care Services (DHCS) recently issued **All Plan Letter (APL) 20-002, Non-Contract Ground Emergency Medical Transport Payment Obligations.**

The purpose of this APL is to provide managed care plans, like CalOptima, with pertinent information concerning enhanced reimbursement obligations for Fee-For-Service (FFS) ground emergency medical transport (GEMT) services reported using CPT codes A0429, A0427, A0433, A0434 and A0225. These payment standards impact CalOptima's reimbursement of out-of-network GEMT services as required by Title 42 of the United States Code (USC) Section 1396u-2(b)(2)(d), commonly referred to as "Rogers Rates."

For additional information, please review **APL 20-002** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-002.pdf>.

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## Authorization of Enteral Formula, Nutrition Additives/Modulars and Related Supplies

The Department of Health Care Services (DHCS) recently distributed **Numbered Letter (NL) 01-0120: Authorization of Enteral Formula, Nutrition Additives/Modulars, and Related Supplies.**

The purpose of this Numbered Letter (NL) is to update guidance on the criteria for the authorization of enteral nutrition products and supplies by the California Children's Services (CCS) Program and Genetically Handicapped Person's Program (GHPP). This policy describes the criteria and process for the authorization of enteral nutrition products that are categorized in the Enteral Nutrition Products section of the Medi-Cal Provider Manual, the "Request for Enteral Nutrition Product(s) and Equipment for CCS/GHPP Programs" form, and other documentation required for authorization of enteral nutrition products. **NL 01-0120** supersedes: NL 04-0317.

For additional information, please review **NL 01-0120** in its entirety by visiting <https://www.dhcs.ca.gov/services/ccs/Documents/CCS.NL.01-0120.EN.pdf>.

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## Say Hello to OneCare Connect

### *CalOptima invites you to a special event!*

- Learn about new benefits available to our members
- Meet our CalOptima Team
- Get resources for members to help them stay healthy

**Saturday, March 14, 2020**

**9:30 to 11 a.m.**

**Delhi Center**

505 E. Central Ave  
Santa Ana, CA 92707

*Snacks and drinks will  
be provided*

*Call to reserve your space  
1-877-361-3555*

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## Whole-Child Model Medical Eligibility Redeterminations

On January 14, 2020, the Department of Health Care Services (DHCS) issued a notification to clarify and remind Medi-Cal managed care plans, like CalOptima, of the requirements of Whole-Child Model (WCM) medical eligibility redeterminations as outlined in **All Plan Letter (APL)18 -023: California Children's Services (CCS) Whole-Child Model (WCM)**.

Medical eligibility determinations includes reassessing a member's medical condition because the member no longer exhibits symptoms of their original CCS-qualifying condition or the managed care plan no longer believes the condition qualifies as a CCS condition. The responsibility of medical eligibility determinations is split between CCS counties and DHCS, and the responsibility is based on a CCS county being independent or dependent. The responsibilities are as follows:

- Independent CCS Counties: Counties are responsible for reviewing medical eligibility determinations and redeterminations.
- Dependent CCS Counties: DHCS is responsible for reviewing medical eligibility determinations and redeterminations.

As a reminder, Orange County is an independent county. Managed care plans must provide the necessary documentation (i.e. data, case files, medical reports, etc.) to CCS counties and DHCS for the purposes of completing medical determinations and redeterminations.

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## Authorization Criteria for Selective Dorsal Rhizotomy

The Department of Health Care Services (DHCS) recently posted **California Children's Services (CCS) Number Letter (NL) 03-0120: Authorization Criteria for Selective Dorsal Rhizotomy**.

The purpose of this NL is to provide guidance to CCS counties regarding the authorization of selective dorsal rhizotomy (SDR). SDR is a neurosurgical procedure for individuals with severe spasticity due to cerebral palsy or spinal cord injury. In the procedure, select sensory nerve rootlets of the spine are cut to reduce spasticity and improve mobility and quality of life.

CCS clients may be considered for an SDR procedure if they meet criteria 1 through 6 for ambulatory clients or criteria 1 through 5 for non-ambulatory clients, and the request is submitted by a CCS-paneled neurosurgeon at a CCS-approved tertiary hospital.

Providers who request authorization for a client to receive an SDR shall submit:

- A CCS Service Authorization Request (SAR)
- Client-specific goals of the SDR
- Documentation indicating that the client has fulfilled the requirements described in Section III of this CCS NL

For all SDR authorizations, requesting providers must submit the documentation as follows:

- For clients residing in a county covered by the Whole-Child Model (WCM), requests shall be submitted to and processed by the managed care plan.

For additional information, please review **NL 03-0120** in its entirety by visiting <https://www.dhcs.ca.gov/services/ccs/Documents/CCS.NL.03-0120.SDR.pdf>.

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## 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 for how to work with interpreters.

- **If possible, choose an interpreter whose age, gender and background are similar to the patient.** A patient might be reluctant to disclose uncomfortable information, for example, in front of an interpreter of a different gender.
- **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 patient on the interpreter's role.
- **Allow enough time for the interpreted sessions.** 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.
- **Read body language during face-to-face encounters.** Making eye contact is key to the provider-patient relationship. Arrange yourself so that you, the patient, and the interpreter are visible to one another (i.e., triangular). Watch the patient's eyes and facial expression when you speak and when the interpreter speaks. Look for signs of comprehension, confusion, agreement or disagreement.
- **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.
- **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.)
- **Talk to the patient directly, using first person. Be brief, explicit and basic.** Remember that you are communicating with the patient 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.
- **Don't ask or say anything that you don't want the patient to hear.** Expect everything you say to be interpreted, as well as everything the patient and his or her family says.
- **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.
- **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 patient's culture and may need detailed explanation in another language.

\*Source: Industry Collaboration Effort (ICE) Tips for Working with Interpreters, [www.iceforhealth.org](http://www.iceforhealth.org), and Section N9 CalOptima 2019 Provider Manual, [www.caloptima.org](http://www.caloptima.org).

# CalOptima Program for Seniors Leading the Way in Growth and Access

## *National PACE Association recognizes CalOptima PACE with top distinctions*

Dedicated to caring for frail seniors, CalOptima's Program of All-Inclusive Care for the Elderly (PACE) was recognized for successfully increasing access to services by the National PACE Association, a trade organization advancing efforts so seniors can continue living in the community. CalOptima PACE achieved a "Supernova" distinction for an average net enrollment increase of more than 10 participants per month and a "Shooting Stars" distinction for growing more than 9% in the fourth quarter of 2019. The National PACE Association includes more than 175 organizations nationwide, and fewer than 10% of member organizations were honored.

Innovative partnerships and community-based medical care contribute to CalOptima PACE's recent growth. CalOptima PACE expanded by partnering with Community-Based Adult Services (CBAS) centers. With access to these centers, more seniors may choose to join PACE and existing PACE participants gain more options to receive adult day health care that suits their culture, location or medical condition. PACE participants can also choose to receive medical care from a community-based physician at the CBAS center or in their home.

Adult day services are an integral part of CalOptima PACE, a community-based program launched in 2013 to deliver coordinated care that helps seniors with chronic health conditions live as independently as possible. The CBAS centers function as satellite locations for the PACE program. The centers can provide most of the core PACE services, such as personal care, restorative therapy, recreational therapy, social services and more, while CalOptima's main PACE center in Garden Grove maintains responsibility for primary care and care planning.

After a thorough review of service quality, financial stability, operational capabilities and more, the following four centers have been providing expanded, additional access for nearly two years:

- Acacia Adult Day Services, Garden Grove
- Anaheim Adult Day Health Care Center, Anaheim
- Santa Ana Adult Day Health Care Center, Santa Ana
- South County Adult Day Services, Laguna Woods

"PACE's expanded access and enrollment growth have been made possible through CalOptima's partnership with CBAS centers who share our same dedication to quality, compassionate care for seniors," said CalOptima Chief Medical Officer David Ramirez, M.D. "We are all committed to maintain or improve participants' health and prevent unnecessary nursing home placement."

PACE Director Elizabeth Lee said participants enjoy having choices about where and how they receive their health care, with access to PACE physicians in community locations or in their home. "Through the community-based physician option, if getting to the Garden Grove PACE center or one of the four community locations is difficult, participants can request a physician visit at home. The participant will still be seen by a PACE physician and will receive the same comprehensive, coordinated care from their interdisciplinary team."

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## Modified Atkins Diet (MAD) Nutrition Counseling

The CalOptima Population Health Management department is currently offering nutrition counseling on the Modified Atkins Diet (MAD), a dietary approach to help people with epilepsy. MAD is similar to the Ketogenic Diet but less restrictive and with comparable results in term of seizure reduction. The MAD includes high fat, low carbohydrates, and moderate protein intake. When your body does not receive enough carbohydrates for its energy needs, the liver starts breaking down fat to produce energy. As a result, ketone bodies are produced and studies show that ketones can decrease seizure activities.

This diet works for men and women equally, and adolescents also use it. It has been mostly used for people with daily seizures who have not fully responded to medications. Some 40–50% of people have experienced more than 50% reduction in seizures when on the MAD.

The program is being implemented by a highly qualified team of registered dietitians who will educate and assist the member on proper meal planning and monitor their progress and adherence to the program. The referring provider will remain informed of the member's progress while the member remains in the program. To be considered for this program, one of the requirement is that the member needs to be at least 14 years of age with a confirmed diagnosis of seizure disorder.

Due to the nature of the diet, the member's primary care provider or specialist will need to confirm that the member has no contraindications that would prohibit starting on this diet such as:

- Tube Feeding
- Chronic Kidney Disease
- Fat Metabolism Disorder
- Carnitine Deficiency
- Liver Disease
- Osteopenia
- B-oxidation defects
- Dyslipidemia
- Arrhythmia
- Cardiomyopathy
- Pregnancy
- Nutritional deficiency

The provider will also need to agree to maintain open communication with the registered dietitian and order lab tests regularly to monitor the member's health.

To refer a member to this program, the provider will need to complete the "Health Education/Disease Management Referral Form." Once we receive the referral, it will be assigned to a registered dietitian who will reach out to the provider to request clinical information and a completed agreement form.

Members may also self-refer by calling the Population Health Management department at: **714-246-8895**. The member's provider/specialist will have to approve and provide all necessary documentation before the member can be enrolled in the program.

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## CalOptima Seeks Candidates to Participate on the Provider Advisory Committee

The CalOptima Board of Directors welcomes input and recommendations from the community regarding issues concerning CalOptima programs. For this reason, the CalOptima Board encourages providers to become involved through the Provider Advisory Committee (PAC).

Advisory Committee members advise the CalOptima Board of Directors and staff. The charge of the committees is to:

- Provide advice and recommendations to the CalOptima Board on issues concerning CalOptima programs as directed by the CalOptima Board.
- Engage in study, research and analysis of issues assigned by the Board or generated by the individual committees.
- Serve as a liaison between interested parties and the Board.
- Assist the Board in obtaining public opinion on issues relating to CalOptima programs.
- Initiate recommendations on issues for study to the CalOptima Board for their approval and consideration.
- Facilitate community outreach for CalOptima and the Board.

### **Service on the PAC is voluntary and with no salary.**

Currently, CalOptima is seeking the following representatives to serve on the PAC during their annual recruitment, which runs from March 1 through March 31, 2020:

- Allied Health Representative to fulfill a remaining term through June 30, 2021
- Community Health Centers Representative
- Hospital Representative
- Physician Representative
- Traditional/Safety Net Representative

Applicants will be appointed by the CalOptima Board of Directors and will begin their term on July 1, 2020, unless otherwise noted.

Please email [csimmons@caloptima.org](mailto:csimmons@caloptima.org) or call **714-347-5785** indicating your seat of interest and to request a committee application.

## Policies and Procedures Monthly Update

The following is a list outlining changes made to CalOptima policies and procedures during **January 2020**. The full description of the policies below are finalized and available on CalOptima’s website at [www.caloptima.org](http://www.caloptima.org).

Policy Number	Policy Title, Description and Revisions	Policy Last Review and/ or Last Revision Date
<b>CalOptima Administrative – Facilities</b>		
GA.4000	Physical Security and Access Controls	01/01/20
GA.7103	Business Continuity Plan	01/01/20
GA.7107	Mail Collection and Delivery	01/01/20
GA.8016	Unusual Occurrence	01/01/20
GA.8053	Workplace Violence	01/01/20
GA.8054	Injury Illness Prevention Program	01/01/20
<b>OneCare Connect</b>		
CMC.1007	OneCare Connect Member Advisory Committee (OCC MAC)	01/01/20

## Health Education: Trainings and Meetings

Title	Description	Date and Time
Smoking Cessation for Pregnancy and Beyond	Learn about smoking cessation from experts in an informative, engaging and novel interactive format	3/2/2020 Available anytime
Smoking Cessation Leadership Center	Webinars, publications, toolkits, fact sheets and guides for providers	3/2/2020 Available anytime
Increasing Adolescent Immunization Coverage	Webinar intended for health professionals engaged in care of patients needing vaccinations	3/2/2020 Available anytime
“We Can” Program 90-Minute Online Training	Four Sessions: We Can! Energize Our Families: Parent Program	3/2/2020 Available anytime
Managed Health Care in California Archived Webinars	Multiple 90-minute webinars	3/2/2020 Available anytime
Available CME/CEU Recorded Webinars	Available recorded webinars with available CE/CME units from the Smoking Cessation Leadership Center	3/3/2020 Available anytime
Media-Smart Youth: Eat, Think and Be Active	Free 1-hour webinar for those interested in implementing youth programs	3/2/2020 Available anytime
Training Offered by Different Organizations	Various training opportunities offered by different organizations. Check specific trainings for dates and times	3/3/2020 Available anytime
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	3/4/2020 Available anytime
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	3/4/2020 Available anytime
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	Virtual SBIRT learning webinar	3/4/2020 12–1 p.m.
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	3/18/2020 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	3/27/2020 12–1 p.m.

## Provider Code Updates

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

- 2020 HCPCS Annual Update
- Additional ICD-10 Diagnosis Codes for Ophthalmological Services
- Evaluation and Management: New Benefits and Place of Service Updates
- Ambulatory Blood Pressure Monitoring Added as New Medi-Cal Benefit
- CYP2C19 Gene Analysis is a Medi-Cal Benefit
- Updated Billing Requirements for SMNI Gene Analysis
- Modifier Update for Wheelchair Accessories

For detailed information regarding these changes, please refer to the January 2020 General Medicine bulletin on the Medi-Cal website at <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202001.asp> or the DME bulletin at <http://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme202001.asp>.

For CalOptima's prior authorization required list, please refer to the CalOptima website: <https://www.caloptima.org/en/ForProviders/ClaimsAndEligibility/PriorAuthorizations.aspx>.

## Important Meetings

Visit the Provider Events section of the CalOptima website to view the provider activities calendar and download registration forms. CalOptima's office is located at: 505 City Parkway West, Orange, CA 92868. Unless otherwise specified, meetings are held at CalOptima.

Meeting	Date and Time
CalOptima Board of Directors	March 5, 2 p.m.
CalOptima Whole-Child Model Family Advisory Committee	March 10, 9:30 a.m.
CalOptima Provider Advisory Committee	March 12, 8 a.m.

## Visit the CalOptima Website

Visit the CalOptima website at [www.caloptima.org](http://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

Request hard copies by calling **714-246-8600**