



# PROVIDER UPDATE

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## Suicide Prevention Letter (Medi-Cal)

On July 13 2020, the Department of Health Care Services (DHCS) shared a **Suicide Prevention Letter** with managed care plans (MCPs) like CalOptima.

This guidance is for MCPs to share with their network providers on the topic of suicide prevention for vulnerable populations currently in isolated environments, as a result of the ongoing COVID-19 pandemic.

Additionally, the National Institute of Mental Health (NIMH) has developed the **Ask Suicide-Screening Questions (ASQ)**, four questions taking 20 seconds to identify people at risk of suicide. The suicide prevention letter includes, but is not limited to:

- Suicide Screening Questions
- Zero Suicide Model
- Overdose and Suicide
- Adverse Childhood Experiences (ACEs) and Suicide
- Other Tools and Resources
- References

To view the complete letter, visit the COVID-19 section of the DHCS website at [www.dhcs.ca.gov/Documents/COVID-19/Health-Care-Provider-Suicide-Prevention-6-29-20.pdf](http://www.dhcs.ca.gov/Documents/COVID-19/Health-Care-Provider-Suicide-Prevention-6-29-20.pdf).

# Medi-Cal Reimbursement for Clinical Laboratory Services Related to COVID-19

On July 1, 2020, the Department of Health Care Services (DHCS) posted an update on the DHCS website regarding **Medi-Cal Reimbursement for Clinical Laboratory Services Related to COVID-19**.

DHCS is expediting implementation of COVID-19 related clinical laboratory procedure codes for diagnostic testing services and specimen collection. DHCS will temporarily establish reimbursement rates at 100% of the corresponding federal Medicare rate during the emergency period and temporarily exempt COVID-19 related clinical laboratory payments from the AB 97 10% reduction.

At the expiration of either emergency period, DHCS will establish the Medi-Cal rates for COVID-19 related clinical laboratory procedure codes in accordance with Welfare and Institutions Code (WIC) Section 14105.22 and California Medicaid State Plan Attachment 4.19-B. The list below includes the current COVID-19 diagnostic testing and specimen collection procedure codes and their reimbursement rates. DHCS is continually monitoring the establishment of new COVID-19 related codes and may update this list as new or equivalent codes are established.

| <b>Code</b> | <b>Description</b>                          | <b>Rate</b> | <b>Effective Date</b> |
|-------------|---|-------------|-----------------------|
| U0001       | 2019-NCOV Diagnostic P                      | \$35.91     | 3/1/2020              |
| U0002       | COVID-19 Lab Test Non-CDC                   | \$51.31     | 3/1/2020              |
| U0003       | SARS-COV2 COVID-19 AMP Prob High Throughput | \$100.00    | 3/18/2020             |
| U0004       | COVID-19 Lab Test Non-CDC High Throughput   | \$100.00    | 3/18/2020             |
| 86328       | SARS COV2 COVID-19 IA NFCT AB               | \$45.23     | 4/10/2020             |
| 86769       | SARS COV2 COVID-19 Antibody                 | 42.13       | 4/10/2020             |
| G2023       | COVID-19 Specimen Collect                   | \$23.46     | 3/1/2020              |
| G2024       | COVID-19 Spec Coll SNF/Lab                  | \$25.46     | 3/1/2020              |
| 87635       | SARS COV2 COVID-19 AMP PRB                  | \$51.31     | 3/13/2020             |
| C9803       | SARS COV2 COVID-19 Any Specimen             | \$22.99     | 3/1/2020              |
| 87426       | Infectious Agent Antibody Qual/SemiQ 1-Step | No Rate     | 6/25/2020             |
| 86318       | Infectious Agent Antigen Detection          | \$14.10     | 4/10/2020             |

## 2020 CalOptima Member and Provider Incentive Programs

CalOptima's Population Health Management department is currently offering several incentive opportunities to eligible CalOptima members for completing different preventive care health services. These incentive programs are available through December 31, 2020. **Each incentive program has different eligibility requirements and incentive amounts.** For additional details about each program visit [www.caloptima.org/en/HealthAndWellness/MemberHealthRewards.aspx](http://www.caloptima.org/en/HealthAndWellness/MemberHealthRewards.aspx) to review the Member Health Rewards located on the CalOptima website.

These incentive programs are made available to help providers encourage members who are historically non-utilizers to get services that are due. It is not intended for offices to make submissions retroactively. Please **focus on submissions that are real time and use the incentives to encourage members to come into future visits. Incentives will only be honored if they are submitted within eight weeks after date of service.**

**Members must meet all incentive eligibility requirements to qualify for the specific incentive.** The member incentive form must be fully completed to be processed. Please note that only the completed member incentive form needs to be returned to CalOptima. Supporting documentation such as the test and shots handout, radiology reports, or lab results **are not needed** by CalOptima to process the member incentive.

### Well-Child Visits Member and Provider Incentive

For the 1st, 2nd and 3rd Well-Child Visits and the 4th, 5th and 6th Well-Child Visits (W15) Incentive, **all 5 assessments of a well-child visit must be completed and documented in the member's medical record.** By stamping the form, the provider is attesting the services were completed in their entirety. **Payments are issued based on the Provider Name, National Provider Identifier (NPI) and Tax Identification Number (TIN) indicated on the incentive form. If the provider belongs to an entity and wants the entity to be the payee name on the check, please make a note on the incentive form when faxing it to CalOptima.** Payments will be made cumulatively for one quarter by the end of the next quarter to allow for all incentive submissions to be processed. Please submit claims for all services rendered as all incentive submissions will be validated using claims data.

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## Temporary Coverage of Disinfectant Products and Gloves Due to COVID-19

Due to COVID-19, disinfectant products and gloves are a temporary covered pharmacy benefit.

Please keep the following in mind:

- All products require a prescription
- Some products may require a prior authorization
- There is a limit of 200 gloves each month
- A limited number of disinfectant products such as isopropyl alcohol (rubbing alcohol) and sodium hypochlorite (Dakin's) are available. Quantity is limited to one 16 fl oz (473mL) container per month
- Some ethyl alcohol-based hand sanitizer products
- Pharmacies may not have items in stock

As a reminder, these items must be prescribed by the member's primary care provider (PCP).

## CCN Prior Authorization Extension Due to COVID-19

In accordance with the Centers for Medicare & Medicaid Services' (CMS) 1135 Waivers, the CalOptima Community Network (CCN) is extending all pre-existing authorizations received during the COVID-19 public health emergency to ensure members continue to have access to the services they need throughout this public health emergency.

### What Providers Should Know

- CCN members with current and unused authorizations approved during the COVID-19 public health emergency starting March 1, 2020, and expiring in June 2020, and for each month thereafter, will automatically be extended to December 31, 2020.
- Should the COVID-19 public health emergency continue beyond December 31, 2020, CCN will continue to extend unused authorizations until the COVID-19 public health emergency comes to an end.

Contact CCN Utilization Management at **714-246-8686** should you have any questions.

Additional provider communications, regarding COVID-19 can be found on the CalOptima website at: <https://www.caloptima.org/en/Features/COVID-19/ProviderCommunication.aspx>.

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## APL 20-012: Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age Of 21

On May 15, 2020, the Department of Health Care Services (DHCS) distributed **All-Plan Letter (APL) 20-012: Private Duty Nursing Case Management Responsibilities For Medi-Cal Eligible Members Under The Age Of 21**.

The purpose of this APL is to clarify the obligations of Medi-Cal managed care health plan, like CalOptima, related to the provision of case management services for private duty nursing services approved for members under the age of 21 pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

To review **APL 20-012** in its entirety visit <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-012.pdf>.

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## APL 20-015: State Non-Discrimination and Language Assistance Requirements

On June 24, 2020, the Department of Health Care Services (DHCS) distributed **All-Plan Letter (APL) 20-015: State Non-Discrimination and Language Assistance Requirements**.

The purpose of this APL is to remind Medi-Cal managed care health plans, like CalOptima, of continued non-discrimination prohibitions and language assistance requirements pursuant to state law in light of recent federal rule changes.

For additional information, please review **APL 20-015** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-015.pdf>.

# **APL 20-010: Cost Avoidance and Post-Payment Recovery for Other Health Coverage**

On April 20, 2020, the Department of Health Care Services (DHCS) distributed **All Plan Letter (APL) 20-010: Cost Avoidance and Post-Payment Recovery for Other Health Coverage**. This APL supersedes Policy Letter (PL) 08-011.

The purpose of this APL is to provide clarification and guidance to Medi-Cal managed care health plans (MCPs), like CalOptima, with respect to the requirements for cost avoidance and post-payment recovery when an MCP member has other health coverage (OHC). These requirements also include instructions on the use of DHCS' Medi-Cal eligibility record to process OHC claims and guidelines on reporting to DHCS if the MCP becomes aware of OHC that is not listed on the eligibility record.

To view **APL 20-010** in its entirety, visit <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-010.pdf>

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## **Notice Regarding State Nondiscrimination Requirements**

On June 13, 2020, the Department of Health Care Services (DHCS) distributed a **Notice Regarding State Nondiscrimination Requirements** to managed care plans (MCPs) in response to recent changes to federal regulations specific to Section 1557 of the Affordable Care Act (ACA) issued by the U.S. Department of Health and Human Services (HHS) on June 12, 2020.

### **HHS Guidance**

The new finalized rule, located at <https://www.federalregister.gov/documents/2020/06/19/2020-11758/nondiscrimination-in-health-and-health-education-programs-or-activities-delegation-of-authority> and issued by HHS, eliminates preexisting federal rules that protect individuals from discrimination under categories such as gender identity and sexual orientation. Furthermore, the rule removes “termination of pregnancy” and “gender identity” from categories of protections under Title IX prohibiting discrimination on the basis of sex in certain federally funded programs. The final rule will define “sex” as male or female as determined by biology and will not include “gender identity.” Additionally, the final rule eliminates the usage of taglines in member communications to inform individuals with Limited English Proficiency (LEP) about the availability of language assistance services. The complete fact sheet outlining the revisions to ACA Section 1557 Rule is published on HHS' website at <https://www.hhs.gov/sites/default/files/1557-final-rule-factsheet.pdf>.

### **DHCS' Notice Regarding State Nondiscrimination Requirements**

DHCS and its plans, providers, counties and other partners are committed to serving Medi-Cal members of all ages, religions, abilities, sexual orientations, gender identities, races, ethnicities and national origins. California state law provides protections for its Medi-Cal members against unlawful discrimination beyond the minimum standards of federal law.

DHCS reminds its plans, providers, counties and other partners that regardless of the change in federal regulations, under California law, no person may — on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status or sexual orientation — be unlawfully denied full and equal access to the benefits of, or be unlawfully subjected to discrimination under, any program or activity that is conducted, operated, administered or funded by the state, including but not limited to, the Medi-Cal program.

### **DHCS and MCPs providing covered benefits to Medi-Cal members must continue providing language assistance taglines in significant publications and significant communications to Medi-Cal members.**

As a reminder, these taglines notify members of the availability of free language assistance services in English and the top 15 languages spoken by LEP individuals in California. DHCS will incorporate the changes outlined above into a forthcoming revised version of **All-Plan Letter (APL) 17-011: Standards for Determining Threshold Languages and Requirements for Section 1557 of The Affordable Care Act**.

## What Constitutes an Urgent Referral Request?

When requesting services for CalOptima members and to maintain compliance with services, please ensure you are requesting the authorization appropriate for the nature of the member's condition. When services are requested as urgent and the service doesn't meet the urgent definition below, it places a strain on the review process, affecting members who truly need the urgent services.

California Health and Safety Code (1367.01,h,) states:

Normal timeframe for the decision making process is not to exceed five business days from the plan's receipt of the information reasonably necessary and requested by the plan to make the determination.

When requesting urgent review, the member's condition must face an imminent and serious threat to his or her health, including, but not limited to:

- Potential loss of life, limb or other major bodily function
- The normal timeframe for the decision making process becomes detrimental to the member's life or health or could jeopardize their ability to regain maximum function

Referrals should be requested as urgent only when specifically noted by the requester, with all information necessary to make a decision within 72 hours of receipt.

**For providers requesting a referral from a health network other than CalOptima Direct (COD) or CalOptima Community Network (CCN), contact the member's assigned health network prior to submitting your request.**

The following is a list of appropriate fax numbers for COD and CCN providers to use when submitting a Authorization Request Form:

|   |                     |
|---|---------------------|
| Routine Requests                                    | <b>714-246-8579</b> |
| Urgent Requests                                     | <b>714-338-3137</b> |
| Routine Non-Emergency Medical Transportation (NEMT) | <b>714-338-3153</b> |
| Urgent Non-Emergency Medical Transportation (NEMT)  | <b>714-571-2424</b> |
| Routine Transplant                                  | <b>714-796-6607</b> |
| Urgent Transplant                                   | <b>714-796-6616</b> |

## APL 20-011: Governor's Executive Order N-55-20 in Response to COVID-19 (Revised)

On June 17, 2020, the Department of Health Care Services (DHCS) distributed Revised **All-Plan Letter (APL) 20-011: Governor's Executive Order N-55-20 in Response to COVID-19.**

The purpose of this APL is to provide information to Medi-Cal managed care health plans, like CalOptima on temporary changes to requirements in state law as a result of the ongoing global Novel Coronavirus Disease (COVID-19) pandemic.

To view **APL 20-011 (Revised)** in its entirety, visit <https://www.dhcs.ca.gov/Documents/COVID-19/APL-20-011-EO-Revision.pdf>.

## Provider Notification to CalOptima - Change in Access

If a provider has a change in the availability or access of services for CalOptima members, it is important for the provider to inform both their contracted health network and CalOptima as soon as possible. In the event of a termination or change in access, the provider is required to provide written notification to CalOptima no later than 90 days prior to the effective date.

The provider's affiliated health network or CalOptima will inform all members under care of the termination and provide assistance in transferring care to another provider.

For questions, please contact CalOptima's Provider Relations department at **714-246-8600**.

## Medi-Cal Rx Transition

On January 7, 2019, Governor Gavin Newsom issued Executive Order N-01-19 (<https://www.gov.ca.gov/wp-content/uploads/2019/01/EO-N-01-19-Attested-01.07.19.pdf>) for achieving cost-savings for drug purchases made by the state. A key component of EO N-01-19 requires the Department of Health Care Services (DHCS) to transition all Medi-Cal pharmacy services from managed care to Fee-for-Service (FFS) by January 1, 2021.

The Medi-Cal pharmacy benefits and services administered by DHCS in the FFS delivery system will be identified collectively as **Medi-Cal Rx**.

DHCS states this transition will improve access to pharmacy services and standardize the Medi-Cal pharmacy benefit statewide. Transitioning pharmacy services from managed care to FFS will:

- Standardize the Medi-Cal pharmacy benefit statewide, under one delivery system
- Improve access to pharmacy services with a network that includes approximately 94% of the state's pharmacies
- Apply statewide utilization management protocols to all outpatient drugs
- Strengthen California's ability to negotiate state supplemental drug rebates with pharmaceutical manufacturers
- And more

Visit <https://medi-calrx.dhcs.ca.gov> for additional information regarding prescribing provider registration and training.

## APL 20-004: Emergency Guidance for Medi-Cal Managed Care Plans (MCPs) in Response to COVID-19 (Revised)

On June 9, 2020, the Department of Health Care Services (DHCS) posted a revised version of **All-Plan Letter (APL) 20-004: Emergency Guidance for Medi-Cal Managed Care Plans (MCPs) in Response to COVID-19**.

The purpose of this APL is to provide information to Medi-Cal managed care health plans (MCPs) on temporary changes to federal requirements as a result of the ongoing global Novel Coronavirus Disease (COVID-19) pandemic. As the Department of Health Care Services (DHCS) continues to respond to concerns and changing circumstances resulting from the pandemic, DHCS will provide updated guidance to MCPs. *Revised text is found in italics.*

To view **APL 20-004 (Revised)** in its entirety, visit <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-004.pdf>.

## Health Education: Trainings and Meetings

| <b>Title</b>  | <b>Description</b>   | <b>Date and Time</b>           |
|---|--|--------------------------------|
| Smoking Cessation for Pregnancy and Beyond                                | Learn about smoking cessation from experts in an informative, engaging and novel interactive format  | 8/3/2020<br>Available anytime  |
| Smoking Cessation Leadership Center                                       | Webinars, publications, toolkits, fact sheets and guides for providers   | 8/3/2020<br>Available anytime  |
| Increasing Adolescent Immunization Coverage                               | Webinar intended for health professionals engaged in care of patients needing vaccinations   | 8/3/2020<br>Available anytime  |
| “We Can” Program 90-Minute Online Training                                | Four Sessions: We Can! Energize Our Families: Parent Program   | 8/3/2020<br>Available anytime  |
| Managed Health Care in California Archived Webinars                       | Multiple 90-minute webinars  | 8/3/2020<br>Available anytime  |
| Available CME/CEU Recorded Webinars                                       | Available recorded webinars with available CE/CME units from the Smoking Cessation Leadership Center   | 8/3/2020<br>Available anytime  |
| Media-Smart Youth: Eat, Think and Be Active                               | Free 1-hour webinar for those interested in implementing youth programs  | 8/3/2020<br>Available anytime  |
| Training Offered by Different Organizations                               | Various training opportunities offered by different organizations. Check specific trainings for dates and times  | 8/4/2020<br>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 | 8/5/2020<br>Available anytime  |
| How to Talk With Patients About Smoking Cessation and Anxiety             | Free recorded webinar with 1.0 CE credit   | 8/5/2020<br>Available anytime  |
| Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training | Virtual SBIRT learning webinar   | 8/5/2020<br>12–1 p.m.          |
| How to Talk With Patients About Smoking Cessation and Anxiety             | Free recorded webinar with 1.0 CE credit   | 8/19/2020<br>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  | 8/28/2020<br>12–1 p.m.         |



## Policies and Procedures Monthly Update

The following is a list outlining changes made to CalOptima policies and procedures during **June 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>Medi-Cal</b>          |  |  |
| EE.1124                  | Health Network Encounter Data Performance Standards  | 06/01/20                                     |
| EE.1132                  | Bed Day Utilization Criteria for Physician Hospital Consortia  | 06/01/20                                     |
| FF.1001                  | Capitation Payments  | 06/04/20                                     |
| FF.1002                  | CalOptima Medi-Cal Fee Schedule  | 06/04/20                                     |
| FF.1003                  | Payment for Covered Services Rendered to a Member of CalOptima Direct, or a Member Enrolled in a Shared Risk Group   | 06/04/20                                     |
| FF.1005f                 | Supplemental OB Delivery Care Payment  | 06/01/20                                     |
| FF.1009                  | Health-based Risk Adjusted Capitation Payment System   | 07/01/20                                     |
| FF.1010                  | Shared Risk Pool   | 06/04/20                                     |
| FF.2012                  | Directed Payments for Qualifying Services Rendered to CalOptima Direct Members or to Shared Risk Group Members When CalOptima is Financially Responsible for the Qualifying Services | 06/04/20                                     |
| FF.3002                  | Financial Oversight  | 06/04/20                                     |
| FF.3003                  | Minimum Medical Loss Ratio   | 06/01/20                                     |
| GG.1327                  | Coordination for Dual-Eligible Members, Not Enrolled in OneCare Connect, with LTSS   | 06/01/20                                     |
| GG.1550                  | Palliative Care Services   | 06/01/20                                     |
| GG.1665                  | Telehealth and Other Technology-Enabled Services   | 03/01/20                                     |
| <b>Multiple Programs</b> |  |  |
| EE.1103Δ                 | Provider Education and Training  | 06/04/20                                     |
| EE.1111                  | Health Network Encounter Reporting Requirements  | 06/01/20                                     |
| FF.1006                  | Financial Risk Arrangement   | 06/04/20                                     |
| GG.1102                  | Experimental and Investigational Service Coverage  | 06/01/20                                     |
| GG.1130                  | Community Based Adult Services (CBAS) Eligibility, Authorization, Availability, and Care Coordination Processes  | 06/01/20                                     |
| GG.1502                  | Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchairs  | 06/01/20                                     |
| GG.1657Δ                 | Medical Board of California and the National Practitioner Data Bank (NPDB) Reporting   | 06/04/20                                     |
| GG.1805                  | Distinct Part Nursing Facility Authorization   | 06/01/20                                     |
| GG.1807                  | Authorization Review Process, Long Term Care   | 06/01/20                                     |
| GG.1830                  | In-Home Supportive Services (IHSS) Referral Coordination Process   | 06/01/20                                     |
| MA.2100                  | Telehealth and Other Technology-Enabled Services   | 03/01/20                                     |
| <b>OneCare Connect</b>   |  |  |
| CMC.1003                 | CalOptima OneCare Connect Staff Education and Training   | 06/04/20                                     |
| CMC.3001                 | Payment Arrangements to Health Networks - Capitation Payments  | 06/04/20                                     |
| CMC.5007                 | Health Network Encounter Data Performance Standards  | 06/01/20                                     |
| CMC.6033                 | Behavioral Health Services for OneCare Connect Members   | 05/01/20                                     |
| CMC.6041                 | Individual Care Plan (ICP): Monitoring and Timeliness  | 05/01/20                                     |

## Provider Code Updates

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

- CLIA Waived Status Available to Certified Providers for COVID-19 Testing
- New COVID-19 Specimen Collection Rate
- New Benefit: Outpatient Treatment of Opioid Use Disorder
- Policy Updated for Depression Screening
- Triamcinolone Acetonide is a Medi-Cal Benefit
- Updates to HCPCS and CPT® Immunization Codes
- Family Therapy is a Medi-Cal Benefit
- Andexanet Alfa (Andexxa) is a New Medi-Cal Benefit
- Updated Every Woman Counts Covered Procedure Forms
- Correction to Split-Billed Radiology Reimbursement Rate Policy
- Cystic Fibrosis Policy Updates
- Chronic Care Management Policy Update
- Every Woman Counts Program Addition of New Data Entry Fields for DETEC
- Modifier Exclusion for Supplemental Payments for Some Family Planning Services
- Update to Descriptor of Modifier CS
- Clinical Guideline: Reproductive Health in Rheumatic and Musculoskeletal Diseases
- Incontinence Creams and Washes, Medical Supply Billing Codes Lists Updated
- Pharmacy Fee-For-Service Reimbursement Methodology for Blood Factors

For detailed information regarding these changes, please refer to the May 2020 General Medicine bulletin 551 on the Medi-Cal website <https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202006.aspx>

For CalOptima's prior authorization required list, please refer to the CalOptima website: [www.caloptima.org/](http://www.caloptima.org/)

## Important Meetings

Unless otherwise specified, all meetings are held virtually at this time due to COVID-19. To select which virtual meeting you would like to attend, visit the CalOptima website at:

<https://www.caloptima.org/en/About/BoardAndCommitteeMeetings.aspx>

| Meetings  | Date and Time        |
|---|----------------------|
| CalOptima Board of Directors                          | August 6, 2 p.m.     |
| CalOptima Provider Advisory Committee                 | August 13, 8 a.m.    |
| CalOptima Member Advisory Committee                   | August 13, 2:30 p.m. |
| CalOptima Whole-Child Model Family Advisory Committee | August 25, 9:30 a.m. |
| CalOptima OneCare Connect Member Advisory Committee   | August 27, 3 p.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**