CalOptima
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PROVIDER UPDATE

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Medi-Cal Rx Lengthens Transition Time of Full Implementation to April 1, 2021

On November 16, 2020, the Department of Health Care Services (DHCS) announced it will lengthen the transition time to full implementation of Medi-Cal Rx by three months, until **April 1, 2021**.

During this additional transition period, prescription drugs services will continue to be delivered under the current system for both fee-for-service beneficiaries and those served by Medi-Cal managed care plans (MCPs), such as CalOptima.

The modification allows additional time to develop safeguards to ensure a smoother and complete transition of prescription drug services for Medi-Cal's nearly 13 million members during the COVID-19 Public Health Emergency (PHE). The additional transition time also allows more time for state-contracted pharmacies and other providers to take additional trainings and to become more familiar with the Medi-Cal Rx processes for submitting claims and prior authorizations, as well as other functionalities within the Medi-Cal Rx provider portal.

You may view the DHCS announcement in its entirety by visiting:
https://www.dhcs.ca.gov/formsandpubs/publications/oc/Documents/2020/DHCS-News-Release-No.-07-01.pdf.

COVID-19 Virus and Antibody Testing

On November 24, 2020, the Department of Health Care Services (DHCS) posted updated guidance regarding COVID-19 Virus and Antibody Testing to the COVID-19 section of the DHCS website. **This guidance supersedes guidance provided on August 7, 2020.**

As previously outlined in **DHCS All-Plan Letter (APL) 20-004**, MCPs must adhere to the COVID-19 testing requirements outlined in the COVID-19 Virus and Antibody Testing guidance document. DHCS will reimburse Medi-Cal fee-for-service (FFS) providers for COVID-19 testing based on the Medicare fee schedule. Unless otherwise agreed to between the MCP and the provider, DHCS encourages MCPs to reimburse providers for COVID-19 testing at the Medicare fee schedule rates. MCPs should refer to the **Pathology Microbiology Provider Manual** (located at https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/pathmicro.pdf) for additional information about COVID-19 billing codes. Significant updates between the initial and updated guidance are outlined below:

COVID-19 Testing of Members in Long-Term Care Facilities
On July 21, 2020, the Centers for Disease Control and Prevention (CDC) released revised guidance for nursing home facilities to follow for testing residents who are at high risk for infection, serious illness, and death from COVID-19. DHCS encourages all Medi-Cal nursing homes to adhere to the CDC interim guidance, including the **Preparing for COVID-19 in Nursing Homes**. Further, the CDC posted a nursing home resource link (located at https://www.cdc.gov/coronavirus/2019-ncov/hcp/nursing-home-long-term-care.html) that includes several publications regarding testing.

COVID-19 Testing Priority Populations
The California Department of Public Health (CDPH) recently updated its **COVID-19 Testing Guidance** (located at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Updated-COVID-19-Testing-Guidance.aspx) for public health officials, health care providers and laboratories includes a four-tiered system with information on who should be tested given the current context of the COVID-19 pandemic in California.

Medi-Cal COVID-19 Tests Procedure and Billing Information
Billing for a COVID-19 test is not dependent on the result of a laboratory test. All COVID-19 tests listed in the updated guidance can be billed to Medi-Cal. However, only a confirmed COVID-19 diagnosis must be billed with the applicable procedure code and ICD-10 code U07.1. For additional guidance on COVID-19 coding, including coding for nonconfirmed diagnosis, see the **2021 ICD-10 CM Official Guidelines for Coding and Reporting** located at https://www.cdc.gov/nchs/data/icd/10cmguidelines-FY2020_final.pdf.

Providers do not have to include an ICD-10 CM code on the billing form for a negative COVID-19 test, but can use the ICD-10 CM code(s) that describe the signs/symptoms, viral screening code, or history of exposure instead. On August 20, 2020, the Centers for Medicare & Medicaid Services (CMS) approved State Plan Amendment (SPA) 20-0025, in accordance with CMS Interim Final Rule (IFR) for 42 CFR, Section 440.30(d), allowing coverage of laboratory tests and X-ray services during the COVID-19 Public Health Emergency (PHE), and any future PHE if the service is to diagnose or detect COVID or the communicable disease named in the PHE.

Medi-Cal covers administering and processing COVID-19 laboratory and diagnostic tests in certain non-office settings, where the setting is intended to maximize physical distancing and thereby minimize transmission of COVID-19. Coverage also includes laboratory processing of self-collected test systems that the FDA has authorized for home use, without the order of a treating physician or other licensed non-physician practitioner (NPP). If known, laboratories that process self-collected tests without an order, must notify the member and his/her physician or NPP of the results.

For additional information regarding COVID-19 testing procedures and billing codes and frequently asked questions (FAQ) in this guidance, visit https://www.dhcs.ca.gov/Documents/COVID-19/COVID-19-Antibody-Testing.pdf.

CalOptima 2021 Member Health Rewards Program

Effective January 1, 2021, CalOptima will end the following health rewards and provider incentives:

- Provider Incentives:
  - ♦ 1st, 2nd and 3rd Well-Child Visits (W15)
  - ♦ 4th, 5th and 6th Well-Child Visits (W15)
  - ♦ Shape Your Life (SYL)
- Member Health Reward:
  - ♦ 1st, 2nd and 3rd Well-Child Visits (W15)
  - ♦ 4th, 5th and 6th Well-Child Visits (W15)
  - ♦ Annual Well-Care Visits for Ages 12–17 (AWC)

We are only accepting health reward forms completed by December 31, 2020. All submissions are processed on a first come, first served basis and should be submitted timely. Gift cards are available while supplies last. Please discontinue the active promotion of the W15 and AWC health rewards and notify the appropriate staff of these important changes.

2021 Health Rewards Program At-A-Glance
The following **member** health rewards will remain in effect:

- Breast Cancer Screening
- Cervical Cancer Screening
- Postpartum Checkup
- Diabetes Eye Exam*
- Diabetes A1C Test
- Shape Your Life (SYL)

*__Effective January 1, 2021, the Diabetes Eye Exam Health Reward form has been revised__. CalOptima encourages eye specialists to share retinal eye exam results with the member's primary care provider (PCP). Check each box on the form for retinopathy results and if results have been shared with PCP.

For the most up-to-date information regarding the 2021 CalOptima Member Rewards Program visit
 https://www.caloptima.org/en/HealthAndWellness/MemberHealthRewards.aspx.

All forms in all threshold languages will be posted on each health network's FTP. For any questions regarding the Health Rewards Program, contact CalOptima Health Management at QI_Initiatives@caloptima.org.

COVID-19 Temporary Flexibility — Hospital and SNF Discharge Planner Direct Referrals to PACE

On November 23, 2020, DHCS announced that effective immediately, a temporary referral flexibility is available during the COVID-19 PHE to provide PACE organizations the opportunity to connect with more frail seniors at risk for COVID-19.

Under this flexibility, if a discharge planner at a PACE referral source (including, but not limited to hospitals, emergency rooms and skilled nursing facilities) determines that a PACE health plan would be an appropriate program to facilitate the patient's discharge and serve the patient's needs in their home/community, the discharge planner may ask the patient or the patient's authorized representative if they would like to be contacted by a PACE health plan directly.

The guidance outlines the permissible actions a PACE organization may take if the patient agrees to be contacted. Additionally, the guidance specifies the tracking guidelines PACE must adhere to with respect to utilization of this flexibility.

DHCS has determined that this flexibility will not conflict with the requirements of **42 CFR §460.82: Marketing.** This temporary flexibility is time-limited, only applicable during the COVID-19 PHE and available for all PACE plans in all approved PACE service areas.

You may view this DHCS guidance in its entirety by visiting https://www.dhcs.ca.gov/services/ltc/Documents/ PACE-COVID-19-PHE-Temporary-Enrollment-Flexibility-Policy-Guidance.pdf .

APL 17-018: Family Therapy Benefit — DHCS Clarification

On October 22, 2020, DHCS provided further clarification to managed care plans regarding family therapy benefit under outpatient mental health services. While family counseling for the sole purpose of relationship problems (better known as marriage counseling) is not a covered benefit, family therapy that is evidence-based or incorporates evidence-based components is reimbursable in an outpatient setting.

- Family therapy must be composed of at least two family members.

- Family therapy is available for adults with a mental health condition and children under age 21 who meet at least one of the following criteria:
  ◊ The child has a diagnosis of a mental health condition as defined by Diagnostic and Statistical Manual of Mental Health Disorders (DSM) or the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC: 0–5).
  ◊ The child under age 21 has one of the following risk factors: Separation from a parent/ guardian due to incarceration or immigration, death of a parent/guardian, foster home placement, food insecurity, housing instability, exposure to domestic violence or other traumatic events, maltreatment, severe and persistent bullying, or experience of discrimination based on race, ethnicity, gender identity, sexual orientation, religion, learning differences or disability.
  ◊ The child under age 21 has a parent/guardian with one of the following risk factors: Serious illness or disability, history of incarceration, depression or other mood disorder, post-traumatic stress disorder (PTSD) or other anxiety disorder, psychotic disorder under treatment, substance use disorder, history of intimate partner violence or interpersonal violence, or teen parent.

CalOptima continues to be responsible for the delivery of non-specialty mental health services for children under age 21 and outpatient mental health services for adult beneficiaries with mild to moderate impairment of mental, emotional or behavioral functioning resulting from a mental health disorder, as defined by the current DSM. A specific diagnosis is not required for the first five sessions for recipients under age 21.

Substantial Changes in Availability or Location of Covered Services

CalOptima would like to remind all providers that any substantial change in the availability or location of services provided under our contract agreement, requires the prior written approval of DHCS.

CalOptima Policy DD.2012: Member Notification of Change in the Availability or Location of Covered Services, and **GG.1652:** DHCS Notification of Change in the Availability or Location of Covered Services, outline the requirements for health networks to notify CalOptima and assigned members should there be a change in the availability or location of covered services.

Health maintenance organizations (HMOs) or a subcontractor's proposal to reduce or change the hours, days, or location at which the services are available shall be given to CalOptima at least 75 days prior to the proposed effective date.

Please note, temporary leaves of absence/closures are considered to be a substantial change in the availability or location of covered services, and health networks must follow applicable contract and policy requirements.

DHCS' denial of the proposal shall prohibit implementation of the proposed changes. HMO's proposal shall allow for timely notice to members to allow them to change PCP if desired, as provided in Section 5.10 of our contract agreement.

Claims Guidance for Services Rendered to a Member Experiencing Homelessness (Update)

Robust data related to patients' social needs is critical to improving patient and community health, and employing a standardized approach to screening (documenting and coding of social needs) for providers to:
- Track the social needs that impact their patients, allowing for personalized care that addresses patients medical and social needs.
- Aggregate data across patients to determine how to focus a social determinants strategy.
- Identify population health trends and guide community partnerships.

The following is an **updated guidance**, intended to assist providers when billing for services delivered to an individual experiencing homelessness:

ICD-10-CM Code	Problems/Risk Factors Included in Category
Z59.0	Homelessness
Z59.1	Inadequate housing
Z59.2	Discord with neighbors, lodgers and landlord
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.5	Extreme poverty
Z59.6	Low income
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances
Z59.9	Problems related to housing and economic circumstances, unspecified

The "Z Codes" for homelessness are used to identify non-medical factors (e.g., Social Determinants of Health).

You may view the list of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Coding for Social Determinants of Health in its entirety by visiting: https://www.aha.org/system/files/2018-04/value-initiative-icd-10-code-social-determinants-of-health.pdf.

Guidance Update Regarding COVID-19 Codes (Medi-Cal)

On December 11, 2020, DHCS published additional COVID-19 emergency guidance for providers, members and the general public including the establishment of new COVID-19 testing codes.

As outlined in the guidance, effective for dates of service on or after October 6, 2020, new CPT codes 87636, 87637 and 87811 are Medi-Cal benefits. All three codes do not have any gender or age restrictions, have a frequency limit of one each per day, any provider, patient, and may be billed with any valid ICD-10 CM codes.

Two of the newly approved codes, 87636 and 87637, allow a single test to simultaneously detect the novel coronavirus and a combination of common viral infectious agents, including influenza A/B and respiratory syncytial virus. Also approved is the new category I CPT code 87811.

Managed Care Accountability Set Updates (Medi-Cal)

On December 9, 2020, DHCS shared updates with managed care plans (MCPs) regarding the Managed Care Accountability Set (MCAS).

DHCS shared the Reporting Year (RY) 2021/Measurement Year (MY) 2020 MCAS. Previously, redline changes were made to the well-child measures on this list and changes have been finalized now that the Centers for Medicare & Medicaid Services (CMS) has released its 2021 Adult and Child Core Sets. Additional updates to the MCAS include the removal of the Adult Body Mass Index (ABA) measure, consistent with changes to the Adult Core Set. Finally, DHCS elected to remove the HIV Viral Load measure from the MCAS due to reporting difficulties experienced by many MCPs.

As noted above, CMS released the 2021 updates to the Child and Adult Core Sets of Health Care Quality Measures. DHCS shared the Center for Medicaid and CHIP Services (CMCS) Informational Bulletin, which describes the 2021 updates to the Core Set of children's health care quality measures for Medicaid and the Children's Health Insurance Program (CHIP) (the Child Core Set) and the Core Set of health care quality measures for adults enrolled in Medicaid (the Adult Core Set).

The 2021 Core Set measure lists for the Child Core Set, the Adult Core Set, the Behavioral Health Core Set, and the Maternity Core Set are also now available on Medicaid.gov. A new resource, the 2021 Core Set History Table, provides a history of the measures included in the Child and Adult Core Sets. The 2021 Technical Specifications and Resource Manuals will be available in Spring 2021 to assist states in reporting the Child and Adult Core Set measures.

DHCS informed MCPs that the changes between the RY 2021 and RY 2022 MCAS are the following:
- DHCS has moved five measures from the Minimum Performance Level (MPL) part of the list, to the "report only" part of the list; in other words, for RY 2022/MY 2021, MCPs will not be held to the MPL on the following five measures:
  1. Asthma Medication Ratio
  2. Anti-depressant Medication Management – Acute Phase
  3. Anti-depressant Medication Management – Continuation Phase

Note: The change to the above three measures may not be permanent, but will be in place for the first year of the pharmacy carve out (2021).

  4. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications
  5. Metabolic monitoring for Children and Adolescents on Antipsychotics

To view the DHCS Manage Accountability Sets in their entirety, visit https://www.dhcs.ca.gov/dataandstats/reports/Pages/MgdCareQualPerfEAS.aspx.

Final Alternative Format Outreach Letter

On December 11, 2020, DHCS distributed the **final version of the Alternative Format Outreach Letter** to Medi-Cal Managed Care Plans (MCPs) for reference.

DHCS mailed an Alternative Format Outreach letter to a small group of Medi-Cal members in order to collect their alternative format selections earlier in the year. Since then, DHCS has revised the letter and this final version will be mailed to members in the first quarter of 2021. It is DHCS' expectation that MCPs collect and store members' alternative format selections. Additionally, DHCS is requesting MCPs to continue tracking and recording the members' client identification number (CIN), name, date of request and requested alternative format. DHCS is currently working on finalizing the necessary data elements that will be required for regular reporting of this information.

Further guidance will be provided to MCPs on the submission process as well as how DHCS plans to share the alternative format data collected with MCPs in the near future. For questions, you may contact CalOptima Provider Relations at **714-246-8600**.

CCS Numbered Letter (NL) 15-1120: Treatment for Spinal Muscular Atrophy

DHCS recently posted **CCS Numbered Letter (NL) 15-1120: Treatment for Spinal Muscular Atrophy**. The purpose of this NL is to update the California Children's Services (CCS) Program's policy regarding the authorization of treatment for 5q spinal muscular atrophy (SMA) for CCS Program clients with confirmed 5q SMA who have bi-allelic mutations in the survival motor neuron 1 (SMN1) gene. **This NL supersedes NL 01-0218.**

5q SMA is an autosomal recessive, neurodegenerative disorder characterized by progressive muscular atrophy and weakness. 5q SMA results in a continuous spectrum of clinical severity and is classified into four types based on age of onset and severity. Nusinersen (Spinraza) was the first Food and Drug Administration (FDA) approved disease-modifying treatment for 5q SMA in December 2016. A new gene therapy, onasemnogene abeparvovec (Zolgensma), offers a longer-lasting treatment and was approved by the FDA on May 24, 2019, for children with SMA aged less than two years with allelic mutations in the SMN1 gene. On August 7, 2020, a new oral formulation was approved to treat SMA for patients age 2 months and older. Risdipalm (Evrysdi) is the first oral form to be approved.

You may view **NL 15-1120** in its entirety by visiting https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-15-1120-Treatment-for-Spinal-Muscular-Atrophy-12920.pdf.

CCS Numbered Letter (NL) 013–1120: Cystic Fibrosis Transmembrane Conductance Regulator Modulator Drug Therapies

DHCS recently posted **Numbered Letter (NL) 013–1120: Cystic Fibrosis Transmembrane Conductance Regulator Modulator Drug Therapies**.

The purpose of this NL is to update California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) drug coverage for the treatment of cystic fibrosis (CF). CCS and GHPP previously authorized three cystic fibrosis transmembrane conductance regulator (CFTR) drug therapies to treat CF: Kalydeco, Orkambi and Symdeko. This NL establishes criteria for authorizing a fourth CF drug, elexacaftor/ tezacaftor /ivacaftor and ivacaftor (Trikafta) and updates the newly approved expanded age for Ivacaftor.

This NL supersedes NL 06-1019.

You may view **NL 13-1120** in its entirety by visiting https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-13-1120-Cystic-Fibrosis-Transmembrane-Conductance-Regulator-Modulator-Drug-Therapies.pdf.

CCS Numbered Letter (NL) 12-1120: Bone Conduction Hearing Devices

DHCS recently posted **CCS Numbered Letter (NL) 12-1120: Bone Conduction Hearing Devices**. This NL establishes policy and procedures for the review and authorization of bone conduction hearing devices (BCHD). **This NL supersedes NL 09-0817.**

BCHDs are considered prosthetic devices by the FDA and CMS. These devices can be categorized into two broad categories based on how the sound processor component is retained on the skull surface:
   A. Bone conduction hearing devices that are surface-worn (BCHD – SW)
   B. Bone conduction hearing devices with surgically inserted components (BCHD – SI)

To view **NL 12-1120** in its entirety, visit https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-12-1120-Bone-Conduction-Hearing-Devices.pdf

CCS Numbered Letter (NL) 11-1120: Antisense Oligonucleotide Treatment of Duchene Muscular Dystrophy

DHCS posted **CCS Numbered Letter (NL) 11-1120: Antisense Oligonucleotide Treatment of Duchene Muscular Dystrophy**. The purpose of this NL is to establish California Children's Services (CCS) and Genetically Handicapped Persons Program (GHPP) policy regarding the authorization of antisense oligonucleotide treatments for Duchene muscular dystrophy (DMD).

Eteplirsen, Golodirsen and Viltolarsen are approved as once-weekly intravenous infusions for the treatment of DMD in patients who have a confirmed mutation in the DMD gene that is amenable to exon 51 skipping (Eteplirsen) or exon 53 skipping (Golodirsen, and Viltolarsen). **This NL supersedes NL 05-0618.**

To view **NL 11-1120** in its entirety, visit https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-11-1120-Antisense-Oligonucleotide-Treatment-12920.pdf.

CCS Numbered Letter (NL) 10-1120: Authorization of Sapropterin Dihydrochloride (Kuvan) — Revised

DHCS recently posted a revised version of **CCS Numbered Letter (NL) 10-1120: Authorization of Sapropterin Dihydrochloride (Kuvan) — Revised.**

The purpose of this NL is to disseminate policy for the California Children's Services (CCS) Program and Genetically Handicapped Persons Program (GHPP) regarding the revised criteria and process for the authorization of sapropterin dihydrochloride. **This NL supersedes NL 02-0315 and NL 01-0109**.

You may view **NL 10-1120** in its entirety by visiting https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-10-1120.pdf.

CCS Numbered Letter (NL) 09-1120: Policy on Palynziq for Patients with Phenylketonuria — Revised

DHCS recently posted **CCS Numbered Letter (NL) 09–1120: Policy on Palynziq for Patients with Phenylketonuria — Revised.**

The purpose of this NL is to establish California Children's Services (CCS) Program and Genetically Handicapped Persons Program (GHPP) policy on the authorization of Palynziq. This drug is an enzyme substitution drug therapy that reduces phenylalanine (Phe) blood levels in with phenylketonuria (PKU). Patients with PKU are unable to maintain Phe concentration below 600 micromol/L, despite other treatment.

This NL supersedes NL 08-1119.

You may view **NL 09-1120** in its entirety by visiting https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-09-1120.pdf.

CCS Numbered Letter (NL) 08-1120: California Children's Services Program Coverage of Treatment for Central Precocious Puberty

DHCS recently posted **CCS Numbered Letter (NL) 08–1120: California Children's Services Program Coverage of Treatment for Central Precocious Puberty**.

The purpose of this NL is to define CCS coverage of Gonadotropin–Releasing Hormone (GnRH) Agonists prescribed for the treatment of Central Precocious Puberty (CPP). **This NL supersedes NL 04-1019.**

To view **NL 08-1120** in its entirety, visit https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-08-1120.pdf.

CCS Numbered Letter (NL) 07-1120: Authorization of Restricted Drugs for Bleeding Disorders — Revised

DHCS recently posted **CCS Numbered Letter (NL) 07-1120: Authorization of Restricted Drugs for Bleeding Disorders — Revised.**

The purpose of this NL is to establish California's Children's Services (CCS) Program and Genetically Handicapped Persons Program (GHPP) policy regarding the authorization of restricted treatment products/ drugs for the following specific congenital or acquired bleeding disorders and acquired inhibitor antibodies:

- Hemophilia A (Factor VIII deficiency) with and without inhibitors
- Hemophilia B (Factor IX deficiency) with and without inhibitors
- Von Willebrand Disease (VWD) with and without inhibitors
- Factor VII deficiency
- Acquired Factor XIII deficiency
- Factor X deficiency

The CCS Program publishes this NL under the program's authority to authorize services that are medically necessary to treat CCS-eligible conditions. As a reminder, clotting factor disorder treatments are carved-out of CalOptima's contract with the DHCS. **This NL supersedes NL 01-0819.**

For more, please see the COHS Provider Manual located at https://files.medi-cal.ca.gov/pubsdoco/ Publications/masters-MTP/Part1/mcpcohs.pdf. You may view **NL 07-1120** in its entirety by visiting https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-07-1120.pdf.

CCS Numbered Letter (NL) 06-1120: Authorization of Insulin Infusion Pumps — Revised

DHCS recently posted **CCS Numbered Letter (NL) 06–1120: Authorization of Insulin Infusion Pumps — Revised**.

The purpose of this NL is to update policy for the California Children's Services (CCS) county program and Integrated Systems of Care Division (ISCD) staff on authorization of equipment for insulin infusion pump (IP) systems. **This NL supersedes NL 11-1017 and NL 08-0799.**

To view **NL 08-1120** in its entirety, visit https://www.dhcs.ca.gov/services/ccs/Documents/CCS-NL-06-1120.pdf.

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	1/1/2021 Available anytime
Smoking Cessation Leadership Center	Webinars, publications, toolkits, fact sheets and guides for providers	1/1/2021 Available anytime
Managed Health Care in California Archived Webinars	Multiple 90-minute webinars	1/1/2021 Available anytime
Available CME/CEU Recorded Webinars	Available recorded webinars with available CE/CME units from the Smoking Cessation Leadership Center	1/1/2021 Available anytime
Increasing Adolescent Immunization Coverage	Webinar intended for health professionals engaged in care of patients needing vaccinations	1/4/2021 Available anytime
"We Can" Program 90-Minute Online Training	Four Sessions: We Can! Energize Our Families: Parent Program	1/4/2021 Available anytime
Media-Smart Youth: Eat, Think and Be Active	Free 1-hour webinar for those interested in implementing youth programs	1/4/2021 Available anytime
Training Offered by Different Organizations	Various training opportunities offered by different organizations. Check specific trainings for dates and times	1/5/2021 12–1 p.m.
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	1/6/2021 Available anytime
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	1/62021 Available anytime
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training	Virtual SBIRT learning webinar	1/6/2021 12–1 p.m.
How to Talk With Patients About Smoking Cessation and Anxiety	Free recorded webinar with 1.0 CE credit	1/20/2021 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	1/29/2021 12–1 p.m.

Policies and Procedures Monthly Update

The following list outlines changes made to CalOptima policies and procedures during **November 2020**. The full description of the policies below are finalized and available on CalOptima's website at www.caloptima.org.

Policy Number	Policy Title, Description and Revisions	Policy Last Review and/or Last Revision Date
Medi-Cal		
GG.1121	Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services	08/01/20
GG.1321	Coordination of Care for Local Education Agency Services	11/05/20
Multiple Programs		
EE.1127∆	Disposable Incontinence Supplies Network	11/05/20
EE.1135∆	Long Term Care Facility Contracting	11/05/20
GG.1119	Direct Access to OB/GYN Practitioner Service	11/01/20
GG.1810	Bed Hold, Long Term Care	11/05/20
MA.6044	Coverage of Solid Organ and Stem Cell Transplants	01/01/21
MA.6101	Medicare Part D Coverage Determination	01/01/21
PACE		
PA.5043	Tuberculosis Test for Participants	11/01/20
PA.8001	Reporting of Events Involving Participant Health and Safety Occurring at the PACE Center	11/01/20

Provider Code Updates

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

- CPT Code 86413 Reimbursement Rate Update
- Reimbursement Rate Increase for Fetal Gene Analysis
- Cinacalcet Tablets Now a Medi-Cal Benefit
- Updates to the List of Medical Supplies Billing Codes, Units and Quantity Limits
- Updated Medi-Cal Benefit for Cough Stimulating Device and Replacement Components
- From-Through Billing Not Required for Home Ventilator Monthly Rental

For detailed information regarding these changes, please refer to the November General Medicine Bulletin 557, https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202011.aspx, Durable Medical Equipment and Medical Supplies Bulletin 542, https://files.medi-cal.ca.gov/pubsdoco/bulletins/artfull/dme202011.aspx,

For CalOptima's prior authorization required list, please refer to the CalOptima website: **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	No regular meeting scheduled for January
CalOptima Provider Advisory Committee	No regular meeting scheduled for January
CalOptima Investment Advisory Committee	January 25, 2020, 3 p.m.

Visit the CalOptima Website

Visit the CalOptima website at 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