CalOptima Health

PROVIDER PRESS

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In This Issue:

Provider Resources Available as Medi-Cal Renewal Begins

The County of Orange Social Services Agency (SSA) returned to regular Medi-Cal eligibility and enrollment operations on April 1 and is several months into the 14-month process of determining if all CalOptima Health members are still eligible.

To aid members in navigating this change, CalOptima Health created a Medi-Cal renewal toolkit (www.caloptima.org/renew) for providers and other community partners that includes a renewal FAQ and sample flyers, posters, social media posts, newsletter articles and text messages. These materials have been customized for Orange County, and we encourage you to continue to use them widely to raise awareness about this critical process so members can keep their Medi-Cal.

Providers should note these basics regarding the renewal process. Members' eligibility will be assessed according to their renewal month, which is the month they first enrolled in Medi-Cal. SSA first attempts to verify eligibility through available data sources. If members cannot be verified through this "ex parte" process, they will need to provide information on a renewal form, which will be mailed to them in a yellow envelope. SSA encourages providers to continue sharing the following renewal steps with their patients:

1. Update your contact information with SSA.
2. Create or check your online account at BenefitsCal.com.
3. Check your mail for a renewal form in a yellow envelope.
4. Complete your renewal form if you get one.

Help your patients keep their Medi-Cal. Direct them to their online Medi-Cal account at BenefitsCal.com or to SSA at 1-800-281-9799.

Medi-Cal
CalOptima Health

CalOptima Health Launches Street Medicine Program

On April 1, CalOptima Health, in partnership with the City of Garden Grove and Healthcare in Action, launched Orange County's first street medicine program to deliver comprehensive health care to individuals experiencing homelessness.

The Garden Grove program deploys two teams that do complementary work. A medical team with a physician assistant and registered nurse provides primary care and clinical management, and a peer navigator team with two staff who have lived experience offers supportive services and community resources.

Healthcare in Action will deliver primary care to up to 200 CalOptima Health members using a medical van to canvas the Garden Grove community and reach members living in parks, under freeways and other unsheltered spaces. Services include primary care, behavioral health and case management but also the expanded whole-person care resources now available through CalAIM, a state initiative offering a new set of Medi-Cal benefits that includes housing services.

CalOptima Health Grants Boost Orange County Housing Services

Reflecting CalOptima Health's commitment to Orange County's vulnerable population of people experiencing homelessness, the Board of Directors approved awarding $29.9 million in grants to 29 organizations, including its first-ever funds for permanent supportive housing. In March, eight community partners were awarded a total of $21 million for the acquisition, construction and upgrades of more than 400 total housing units.

CalOptima Health's grants are tied to participation in the Department of Health Care Services' (DHCS) Housing and Homelessness Incentive Program (HHIP), which allows the agency to fund permanent supportive housing. HHIP aims to prevent and address housing insecurity for Medi-Cal members by ensuring those experiencing homelessness have a clear path into housing and can access the services needed to remain housed. In addition to funding major projects, grants were also awarded for expanded community-based services that strengthen Orange County's ability to respond to the continuing homeless crisis.

Furthermore, CalOptima Health intends to award $52.3 million in additional grant funding for permanent supportive housing later this year, based on future HHIP incentives received from the state.

Providers Eligible for Incentives for Completing Annual Wellness Visits

CalOptima Health is rewarding physicians who provide a comprehensive annual wellness visit (AWV) with an incentive payment. This incentive is to ensure members complete their AWV and improve member engagement with their primary care provider (PCP).

Providers can receive $125 per assigned member per year for each completed, submitted and verified AWV billed using the proper Current Procedural Terminology (CPT) and Modifier codes. They can also receive another $100 per completed and verified attestation form, with supporting medical records, per member per year. The attestation form and medical records submission instruction documents for each of your assigned members can be found on the CalOptima Health Provider Portal. As part of the AWV, providers should report confirmed conditions diagnosis codes, capture social determinants of health (SDOH), review preventive care needs and properly document this information in the medical record.

The provider incentive applies to all AWVs completed with a CalOptima Health Medi-Cal member who is 45 years or older as of December 31 of the service year, excluding dual-eligible members or those assigned to Kaiser Foundation Health Plan. Additionally, members who complete an AWV by December 31 of the service year are eligible for a $50 gift card.

Incentive payments will be made within 45 calendar days from the end of the submission month and paid to the assigned provider taxpayer identification number (TIN).

Use these CPT codes and modifiers to submit your completed AWVs.

Description	CPT Code	Modifier
For new patients	99205	33
For established patients	99215	33

We Want to Hear From You!

CalOptima Health welcomes questions and feedback from our contracted providers. If you have anything you would like to discuss, please reach out to the Provider Relations department by calling **714-246-8600** or emailing providerservicesinbox@caloptima.org.

Thank You for Your Feedback!

As your partner, CalOptima Health wants to ensure that your experience with us is positive and rewarding. We sent out a provider satisfaction survey in late 2022 to find out how we can serve you better.

We value your input and are addressing the areas of improvement identified in your survey responses. Your satisfaction while providing quality health care is important to us, and your feedback is essential to CalOptima Health's mission. We have made the changes listed below to improve the provider experience. To submit other recommendations for improvement, please contact us at **714-246-8600** or providerservicesinbox@caloptima.org.

Identified Areas of Improvement	Targeted Improvements Made
Issues with authorizations and referrals	Treatment authorizations are being processed within mandated timeframes: ▪ Inpatient Concurrent – Urgent: 9.81 hours (72 hours mandated) ▪ Prior Authorization – Urgent: 13.28 hours (72 hours mandated) ▪ Prior Authorization – Routine: 1.76 days (5 days mandated)
Supplemental rate increase	CalOptima Health's Board of Directors approved $107.5 million for a 7.5% supplemental rate increase for Medi-Cal providers for services rendered between July 1, 2023, and August 31, 2024.
Difficulty contacting Claims, Customer Service, GARS and Provider Relations departments	Our Customer Service department has assigned additional staff to answer provider calls regarding claims and GARS statuses. Provider Relations has assigned staff and created a process to streamline provider inquiries, including the CalOptima Health Provider Portal and initial provider onboarding.
Enhancing online tools	Provider Relations added team members to assist with Provider Portal inquiries. The Provider Portal can be accessed through our website.
Improving contracting and credentialing efforts	CalOptima Health has designated provider representatives to assist prospective providers with the end-to-end onboarding process. Additionally, provider communications, credentialing and contracting requirements are being streamlined.

Help Your Patients Control Their High Blood Pressure

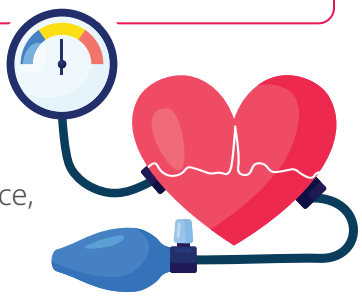
Helping patients control their blood pressure and take their medicine as prescribed are keys to performing well in the Healthcare Effectiveness Data and Information Set (HEDIS) Controlling High Blood Pressure (CBP) measure.

The CBP measure looks at the percentage of patients 18 to 85 years of age with a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year. Both the systolic and diastolic readings must be below 140/90 mm Hg to be considered controlled.

Recently, the National Committee for Quality Assurance (NCQA) changed HEDIS rules to allow telehealth, telephone, e-visit or virtual check-in appointments to diagnose patients with hypertension and get controlled blood pressure readings. This allows patients to verbally report their readings to providers from any digital device. Providers should encourage patients to manage their hypertension with a battery-powered or plug-in blood pressure machine.

CBP Improvement Tips

- Retake the blood pressure if it is high (greater than 140/90 mm Hg). HEDIS allows credit for the lowest obtained systolic and diastolic readings if multiple readings are obtained on the same day. The lowest systolic and diastolic values do not need to be from the same reading. Record exact values. Use appropriate CPT codes to report blood pressure values on claims and encounters.
- Write a prescription for Medi-Cal members to obtain a blood pressure monitor via Medi-Cal Rx, which covers personal devices with a paper or electronic prescription. Learn more in this DHCS medical supplies update: https://bit.ly/medicalsuppliesupdate.
- Direct OneCare members to the Over the Counter Benefits page of our website to order a blood pressure monitor: https://www.caloptima.org/ForMembers/OneCare/Benefits/OverTheCounter.aspx.



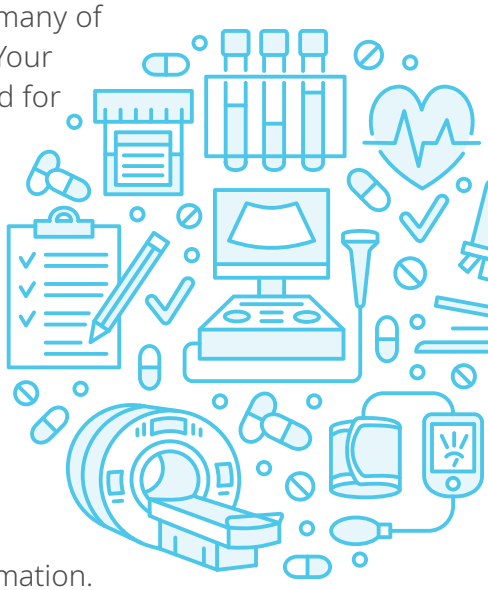
Engage With Members to Improve Medication Adherence

According to the American Medical Association, patients only take their medications half of the time. Engaging with members is essential to ensuring medication adherence, which is defined as a patient who takes their medications at least 80% of the time.

Tips for assessing medication adherence:

1. Always ask patients about their adherence to medications.
2. Ask open-ended questions.
   - How are you taking this medication?
   - How do you remember to take your medicine?
3. Ask the patient about barriers.
   - What stands in the way of you taking your medicine?
4. Develop a plan to address barriers and involve the patient in decision-making. Remember to use the word "we."
   - We can try option 1 or option 2. What do you think about these options?
   - Which of these options do you think best suits you?
5. Use motivational interviewing.
   - Listen to the patient's concerns.
   - Ask the patient about their health goals.
   - Avoid arguments and adjust to resistance.
   - Support optimism and give encouragement.
   - Understand and respect patient values and beliefs.
6. If the patient says they are non-adherent, thank them for sharing before continuing to engage.

Your Recommendation Can Increase Cancer Screenings



As a health care professional, you know catching cancer early saves lives, yet many of your patients may still need a breast, cervical or colorectal cancer screening. Your recommendation is the most influential factor in whether a patient is screened for cancer, as members often report not being screened because their physician did not recommend it.

By assessing your patient's need and recommending a test, you increase the likelihood of the member completing a cancer screening. To assist providers, CalOptima Health recently sent members overdue for cancer screenings a reminder letter encouraging them to call their physician and ask about cancer screenings.

You can also increase cancer screenings by making it easier for people to get screened. Offer alternative hours, mobile clinics and help with transportation. Members have access to a no-cost transportation benefit arranged through CalOptima Health. Call Customer Service at **714-246-8500** to obtain more information.

Tips and Resources to Increase Cancer Screenings

- Refer patients as recommended, especially those easiest to reach, such as patients coming in for a sick visit or receiving regular care for their chronic conditions.
- Offer various testing options to patients.
- Remind your team and front office staff that preventive health services are free and encourage them to share this information with patients.
- Track and record whether a referral was made and what follow-up tests were performed.
- Tap into resources. You can download the most current list of Clinical Practice and Preventive Health Guidelines used by CalOptima Health by going to https://bit.ly/clinicalpracticeguidelines.

How to Refer Members for Case Management Services

Are you treating a CalOptima Health Medi-Cal or OneCare member and need to know how you can refer them for case management services? Providers may refer members who are with a delegated CalOptima Health Medi-Cal health network or OneCare physician medical group (PMG) directly for case management by:

- Contacting the member's assigned health network or PMG directly
- Contacting Case Management at **714-246-8686**
- Faxing a template requesting case management services to the Case Management triage inbox at **714-571-2455**
- Emailing information to the Case Management triage inbox at cmtriage@caloptima.org

Tailor A1C Goals and Strategies to Diabetic Members

CalOptima Health partners with our members and providers to improve outcomes related to the management of diabetes.

Although diabetes quality measures have specific A1C goals, we recognize that this has evolved over the years to a more personalized approach toward setting target A1C goals based on age and risk factors.

For nonpregnant adults, the American Diabetes Association recommends an A1C goal of less than 7%. The goal can be more aggressive, such as 6.5%, if the provider and patient feel it is appropriate. The A1C goal can be less stringent, or less than 8%, for members with a history of severe hypoglycemia, limited life expectancy, advanced microvascular or macrovascular complications, extensive comorbid conditions, or long-standing diabetes where control is difficult to achieve despite glucose monitoring and multiple antidiabetic drugs.

For members at their goal, A1C monitoring should be conducted at least every six months. For those not at their predetermined A1C target, monitoring should be done at least quarterly.

Most people with Type 2 diabetes should start with Metformin as well as nonpharmacologic lifestyle strategies such as weight management and physical activity.

For those who are unlikely to meet their respective goal with monotherapy, early combination therapy can be considered, especially if the member has a compelling indication like:

- Atherosclerotic cardiovascular disease (coronary heart disease, cerebrovascular disease or peripheral heart disease)
- Heart failure (ejection fraction <45%)
- Chronic kidney disease

Early introduction of insulin should be considered for members with an A1C greater than 10%, ongoing catabolism or persistent symptoms of hyperglycemia. The treatment regimen and member adherence should be reevaluated every three to six months. Adjustments should be made based on patient-centered glycemic management.

Don't forget to mention CalOptima Health's Member Health Rewards to your patients with diabetes.

Encourage members to get their annual diabetic eye exam to examine for diabetes-related damage to blood vessels in the eye.

Other elements to evaluate in members with diabetes include:

- Up-to-date vaccinations
- Smoking cessation
- Weight management
- Glucose monitoring at home
- Blood pressure (<140/90)
- Lipid management
- Kidney function – estimated glomerular filtration rate and urine albumin-creatinine ratio
- Foot care

Did you know that CalOptima Health monitors quality measures related to diabetes care?

Some quality measures regarding diabetes care include:

- Poorly Controlled A1C: Members with A1C >9%
- Adequately Controlled A1C: Members with A1C <8%
- Annual Diabetes Retinal Eye Exam
- Blood Pressure Control for Patients with Diabetes
- Kidney Health Evaluation for Patients with Diabetes

Ole Saetrum Opgaard, M.D.
Endocrinology OC

Dr. Opgaard is an internationally trained endocrinologist practicing in Garden Grove. He attended medical school at Westfalische Wilhelms-Universitat Munster in Germany with further studies in Sweden and his native Norway, where he is board certified in internal medicine and endocrinology. He also participated in endocrinology research at the University of Lund, Sweden, and Erasmus University in Rotterdam, The Netherlands. He has presented research on the role of neuropeptides in cardiovascular circulation at a scientific session of the American Heart Association and has more than 20 publications in peer-reviewed international scientific journals.

Dr. Opgaard was invited to the United States to do hormonal research at the University of California, Irvine. He completed the United States Medical Licensing Exams, internship and residency training, and a two-year fellowship in endocrinology, diabetes and metabolism at UC Irvine, where he is an assistant clinical professor.

Q: As someone who has studied and practiced medicine in multiple countries, how does that perspective inform the medical service you provide?

A: Practicing medicine first in Europe, then in inner-city New York and more recently in Southern California has afforded me a unique perspective. Each locale has a distinct mix of cultural heritage as well as socioeconomic challenges. However, the value of health has been universal and essential everywhere. Treatment modalities and current guidelines may change, but I always look to adapt according to the unique needs of each patient as an individual.

Q: What is something about your specialty of endocrinology that you wish more people knew?

A: Endocrinology is often associated with diabetes and thyroid disorders only. I wish more people knew that endocrinology encompasses much more, including pituitary and adrenal disorders, for example.

Q: What does it mean to you to serve Medi-Cal members in particular?

A: Serving the Medi-Cal population specifically has been a humbling experience. There are people from many different ethnic, cultural and socioeconomic backgrounds in this population. My time serving them has allowed me to refine my medical skills, helped me enhance my resourcefulness, and given me a deeper appreciation and empathy for the diversity and challenges in our community.

Q: How has your research background helped you in your clinical practice?

A: My research background has enabled me to better understand the mechanisms of the disease process and the various ways treatment modalities work. Furthermore, I have come to see with time that what is deemed “best practice” can fluctuate. We have to be ever vigilant and prudent to recommend the best course of treatment for each patient on a case-by-case basis after considering the totality of guidelines within the context of each case.

Medi-Cal Members Can Earn These Health Rewards in 2023

CalOptima Health offers rewards to eligible adult members for taking an active role in their health. For more information, visit www.caloptima.org/healthrewards.

Member Health Rewards	No-Cost Rewards	Eligibility Criteria
Annual Wellness Visit*	$50 gift card	Members ages 45 and older who complete an Annual Wellness Visit in 2023
Breast Cancer Screening	$25 gift card	Members ages 50–74 who complete a breast cancer screening mammogram in 2023
Cervical Cancer Screening	$25 gift card	Members ages 21–64 who complete a cervical cancer screening in 2023
COVID-19 Vaccine*	Up to a maximum of four $25 gift cards	Members ages 6 months and older can get up to a maximum of four gift cards (one per recommended COVID-19 vaccine dose) if the first dose was started by June 30, 2023
Diabetes A1C Test	$25 gift card	Members ages 18–75 with a diagnosis of diabetes who complete an A1C test in 2023
Diabetes Eye Exam	$25 gift card	Members ages 18–75 with a diagnosis of diabetes who are due for and complete a diabetes dilated or retinal eye exam in 2023
Postpartum Checkup	$50 gift card	Members who have a postpartum checkup between 1 and 12 weeks after delivery

* No reward form needed

- Members claim their rewards by completing and submitting the reward forms found on CalOptima Health's website, www.caloptima.org/healthrewards, or by contacting Medi-Cal Customer Service toll-free at **1-888-587-8088** (TTY **711**) to have a form mailed to them. Annual Wellness Visit and COVID-19 vaccine gift cards will be automatically sent to members without them needing to complete reward forms.
- Members may participate in each reward program only once per calendar year.
- It may take up to eight weeks after receiving reward forms for gift cards to be mailed to members.
- Kaiser Permanente members may only participate in the COVID-19 Vaccine Member Health Reward and are not eligible for the other health rewards.

OneCare Members Can Earn These Health Rewards in 2023

CalOptima Health offers rewards to eligible OneCare members for taking an active role in their health. For more information, visit www.caloptima.org/healthrewards.

Member Health Rewards	No-Cost Rewards	Eligibility Criteria
Annual Wellness Visit*	$50 gift card	Members who complete an Annual Wellness Visit in 2023
Breast Cancer Screening	$25 gift card	Members who complete a breast cancer screening mammogram in 2023
Colorectal Cancer Screening	$50 gift card	Members who complete a colonoscopy in 2023
COVID-19 Vaccine*	Up to a maximum of four $25 gift cards	Members ages 6 months and older can get up to a maximum of four gift cards (one per recommended COVID-19 vaccine dose) if the first dose was started by June 30, 2023
Diabetes A1C Test	$25 gift card	Members with a diagnosis of diabetes who complete an A1C test in 2023
Diabetes Eye Exam	$25 gift card	Members with a diagnosis of diabetes who complete a dilated or retinal eye exam in 2023
Osteoporosis Management in Members Who Had a Fracture	$25 gift card	Members who received a bone mineral density test or prescription for a drug to treat osteoporosis in the 6 months following a fracture in 2023

* No reward form needed

- Members claim their rewards by completing and submitting the reward forms found on CalOptima Health's website, www.caloptima.org/healthrewards, or by contacting OneCare Customer Service toll-free at **1-877-412-2734** (TTY **711**) to have a form mailed to them. Annual Wellness Visit and COVID-19 vaccine gift cards will be automatically sent to members without them needing to complete reward forms.
- Members may participate in each reward program only once per calendar year.
- It may take up to eight weeks after receiving reward forms for gift cards to be mailed to members.

Make Sure Your Pediatric Patients Are Screened for Lead

Lead poisoning is the most common and preventable environmental disease. Evidence shows that children who are exposed to lead have adverse health effects, such as damage to the brain and nervous system, slowed growth and development, learning and behavior problems, and hearing and speech problems. In more serious cases, high levels of lead in the blood can cause permanent impairments. No level of lead in the body is known to be safe.

Most children who are exposed to lead may not have any clinical symptoms. For those who do, early clinical symptoms may include anemia, abdominal pain and constipation.

The top reason parents and guardians of CalOptima Health members test their children for lead is a provider recommendation. Testing for lead at the recommended timeframes offers an opportunity for early diagnosis, identification of lead exposures and follow-up care. Assess your patient's need for a blood lead test during pediatric health visits.

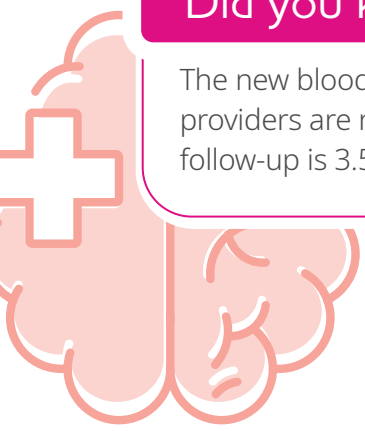
Test children for lead:

- At 12 and 24 months of age.
- If a blood test was not performed at 12 months of age, catch-up testing is mandated between 12 and 24 months of age.
- If a blood test was not performed at 24 months of age, catch-up testing is mandated between 24 and 72 months of age.

Provide anticipatory guidance to parents or guardians of child members at periodic health assessments starting at 6 months of age by advising about the risks of and ways to reduce lead exposure.

Stay up to date with the latest recommendations using the following resources:

- For guidance on lead testing requirements and resources, select Health Care Providers under the Childhood Lead Poisoning Prevention Branch page: https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/CLPPB/Pages/CLPPBhome.aspx
- For recommended actions based on blood lead levels, visit the Centers for Disease Control and Prevention guidance: https://www.cdc.gov/nceh/lead/advisory/acclpp/actions-blls.htm



Did you know?

The new blood lead reference value in which providers are required to provide retesting and follow-up is 3.5 µcg/dL.

Are you experiencing challenges in getting child members tested or have suggestions for increasing testing? We want to hear from you. Please contact QI_Initiatives@caloptima.org.

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 Provider section of our website at **www.caloptima.org**. Under the Claims and Eligibility section, click on Prior Authorization 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.

CalOptima Health Appoints Four New Medical Directors

To continuously strengthen the quality of care, CalOptima Health has appointed four new medical directors who bring a broad range of medical management expertise to benefit the agency's nearly 1 million members.

"I am pleased to welcome these outstanding physicians to CalOptima Health. Collectively they bring nearly 90 years of hands-on health care experience and leadership that will be an asset to our agency and our community of vulnerable members," said Richard Pitts, D.O., Ph.D., Chief Medical Officer.

Steven Arabo, M.D., oversees care for senior members in CalOptima Health's OneCare program as well as other quality improvements. Board-certified in internal medicine, he has 15 years of experience in clinical leadership positions, with expertise in utilization management and quality management. He earned his medical degree from the Universidad Autonoma De Guadalajara Facultad De Medicina and completed his internal medicine training at LAC+USC Medical Center.

Said Elshihabi, M.D., leads the development of CalOptima Health's value-based neurosurgery and spine program. He is a board-certified neurosurgeon with 22 years of health care experience and expertise in performing interventional spine procedures and managing spinal disorders, brain tumors and cranial trauma. He received his medical degree from the University of Texas Health Science Center before completing his internship and residency at the University of Arkansas for Medical Sciences.

Donna Frisch, M.D., is the Medical Director at CalOptima Health's Program of All-Inclusive Care for the Elderly (PACE) in Garden Grove. She provides clinical leadership for PACE, supervises clinical staff, and works to develop, implement and update policies focused on providing quality care. Dr. Frisch has more than 25 years of experience as an internal medicine physician and received her medical degree from UC Irvine.

Tanu Shweta Pandey, M.D., MPH, provides medical leadership with a focus on transgender health, appeals and grievances, and quality. She is board certified in internal and preventive medicine with more than 25 years of experience in clinical practice and executive management. She received her medical degree from the Rajendra Institute of Medical Sciences in India and her Master of Public Health from the University of Illinois.

Well-Child Visit Requirements Help Improve Care

To meet the Well-Child Visits in the First 30 Months of Life (W30) HEDIS measure, pediatric visits must conform to the following standards:

1 Well-Child Visits in the First 15 Months

- Six or more well-child visits must be completed by 15 months of age.
- The sixth visit must occur on or before the 15-month birthday to count for HEDIS.
  - ► E.g., if the sixth well-child visit occurs when the member is 15 months and 1 day old, it would not count toward HEDIS.

2 Well-Child Visits for Age 15–30 Months

- Two or more well-child visits must be completed between 15 to 30 months of age to count for HEDIS.

HEDIS specifications state that the service must be provided by a PCP. Providers are encouraged to follow the Bright Futures/American Academy of Pediatrics periodicity schedule for well-child visits. Catch-up well-child visits must be scheduled at least 14 days apart.

Best Practices:

- Open appointment schedules six months in advance to allow the team to schedule well-child visits ahead of time.
- Schedule a member's next well-child visits at the current visit. Make reminder calls to confirm upcoming appointments and recall patients who have missed appointments.

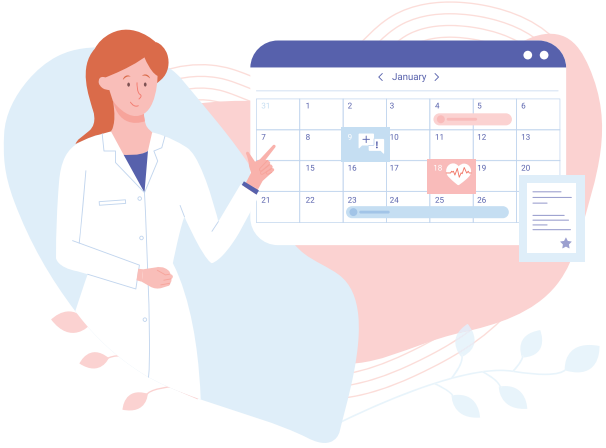
- Consider offering appointments during evenings and weekends to help parents who work late and can only come in the evening or on the weekend.
- Leverage eligibility files and gap reports to identify new members early. Begin outreach for well-child visits and vaccinations from birth.
- Convert a sick visit to a well-child visit since many children come in for acute symptoms during the first years of life.

Does your practice have well-child visit best practices to share? Please email the CalOptima Health Quality Initiatives team at QI_Initiatives@caloptima.org. We hope to share your successes with other providers to improve pediatric health outcomes.

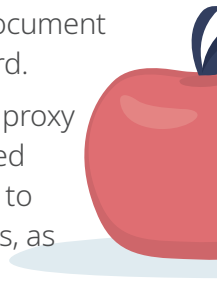
New Guidelines in Place for Initial Health Appointments

DHCS has updated the requirements for the Initial Health Assessment, which is now called the Initial Health Appointment (IHA). The IHA must still be completed within 120 calendar days of a member's enrollment in CalOptima Health. Updates to the IHA include:

- The Staying Healthy Assessment (SHA) is now retired.
- Providers must complete all preventive screenings for adults and children as recommended by the United States Preventive Services Taskforce (USPSTF).
- The IHA must include, at a minimum, a history of the member's physical and mental health, an identification of risks, an assessment of the need for preventive screenings or services and health education, a physical examination, a diagnosis, and a plan for the treatment of any diseases.
- IHA components can be completed over the course of multiple visits, so long as members receive all required screenings consistent with USPSTF guidelines. Appropriate assessments from the IHA must be addressed during subsequent health visits.



- Providers must make a minimum of three attempts to complete the IHA and must document all attempts in the member's medical record.
- DHCS will measure primary care visits as a proxy for the IHA completion, leveraging Managed Care Accountability Sets measures specific to infant and child/adolescent well-being visits, as well as adult preventive visits.



For members under the age of 21, DHCS has provided these measures:

- Early and Periodic Screening, Diagnostic and Treatment screenings will continue to be required in accordance with Bright Futures/American Academy of Pediatrics periodicity schedule, as referenced in APL 19-010.

- When a member, parent or guardian, or local Child Health and Disability Prevention program requests a pediatric preventive service, an appointment must be made for the member to have a visit within 10 working days of the request.
- Measures will account for both primary care visits and childhood screenings, including but not limited to screenings for adverse childhood experiences, developmental disorders, depression, autism, vision, hearing, lead and substance use disorders.

CalOptima Health will continue to support health networks and providers by ensuring that members are informed about the importance of completing the IHA. Read more about the new requirements for the IHA in DHCS APL 22-030 at https://bit.ly/initialhealthappointmentupdate.

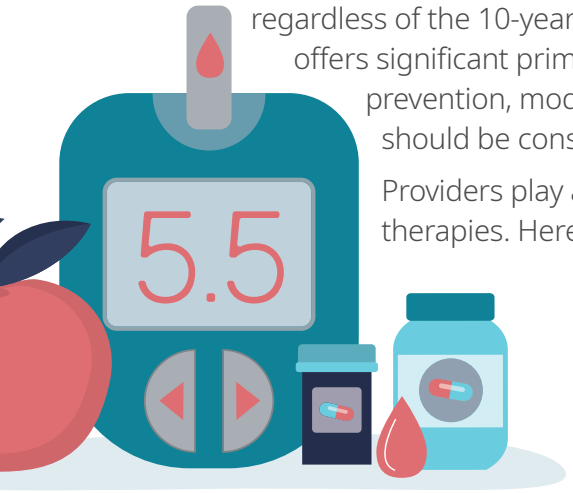
If you have any questions, please contact Anna Safari, Manager, Population Health Management, at asafari@caloptima.org or **657-235-6746**.

Help Diabetic Patients Adhere to Statin Therapy

Statin Therapy for Patients with Diabetes is an important HEDIS measure. It evaluates the percentage of members 40 to 75 years old with diabetes and without clinical atherosclerotic cardiovascular disease (ASCVD) who meet the criteria for the following two submeasures:

- **Statin Therapy:** Members dispensed at least one statin medication of any intensity during the measurement year.
- **Statin Adherence:** Members who remained on a statin medication of any intensity for at least 80% of the treatment period. The treatment period is defined as the earliest prescription dispensing date for a statin medication in the measurement year through the last day of the measurement year.

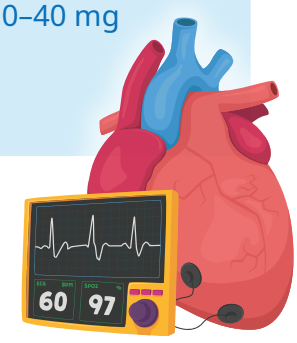
Adults 40 to 75 years of age with diabetes should be started on statin therapy for cardiovascular benefit regardless of the 10-year ASCVD risk. Evidence shows that statin use in patients with diabetes offers significant primary and secondary prevention of ASCVD events and death. For primary prevention, moderate-dose statin therapy is recommended, while high-intensity therapy should be considered for those with higher ASCVD risk factors.



Providers play a vital role in ensuring their patients are adherent to their statin therapies. Here are some best practices and tips:

- Assess the need for statin therapy in patients with diabetes.
- Educate about the importance of statin therapy and adherence in reducing the risks of developing heart disease or stroke.
- Code for exclusionary diagnoses (i.e., end-stage renal disease, cirrhosis, myopathy, palliative or hospice care) in a timely manner.
- Write for 90-day supplies of chronic medications.
- Request medication refill synchronization from the pharmacy.
- Remind patients about the option for auto-refills for chronic medications.
- Consider the following formulary statins for your patients with diabetes:

Low-intensity statins (lower low-density lipoprotein [LDL] by less than 30%)	**Moderate-intensity statins** (lower LDL by 30%–49%)	**High-intensity statins** (lower LDL by 50% or greater)
lovastatin 20 mg pravastatin 10–20 mg simvastatin 10 mg	atorvastatin 10–20 mg lovastatin 40 mg pravastatin 40–80 mg rosuvastatin 5–10 mg simvastatin 20–40 mg	atorvastatin 40–80 mg rosuvastatin 20–40 mg



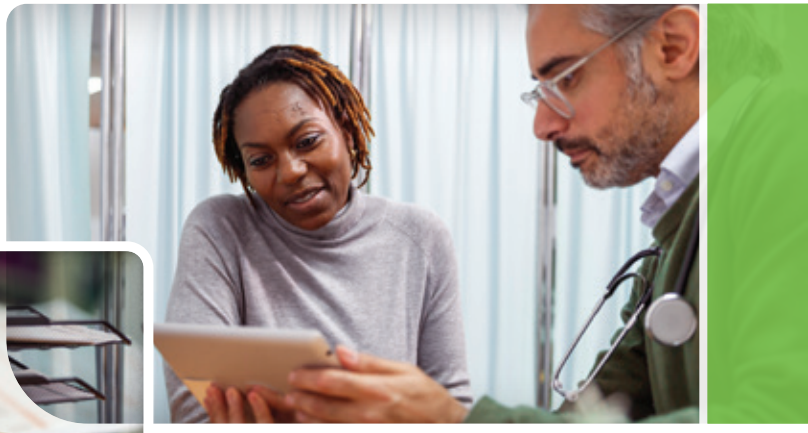
Hospital Corner

Tips for Submitting Claims for Members With Other Health Coverage

Since state law requires Medi-Cal to be the payer of last resort for services for which there is a responsible third party, any members with other health coverage (OHC) must use that coverage first before accessing their Medi-Cal benefits. CalOptima Health does not process claims as the primary payer if a member's eligibility record shows the presence of OHC. The agency will deny the claim and request an Explanation of Benefits (EOB) from the primary insurance carrier.

If you are billing CalOptima Health for any service partially paid or denied by the recipient's OHC, the OHC EOB or denial letter must accompany the claim. If a service is not a covered benefit of the recipient's OHC, a copy of the original denial letter or EOB is acceptable for a period of one calendar year from the date issued. Providers have the responsibility of obtaining a new EOB or denial letter at the end of the one-year period.

A dated statement of noncovered benefits from the carrier is also acceptable if it matches the name and address of both the insurance and the recipient and clearly states the benefit is not covered. Claims not accompanied by proper documentation will be denied.



When submitting secondary claims, ensure the primary carrier's EOB is attached, check that the name of the primary insurance carrier is on the EOB, and if the services rendered are not a covered benefit under the primary carrier, please include the letter from the primary insurance with that information.

OHC Claims Must Include:

- Dates of service and the EOB or denial letter matching the claim
- Total billed amount of the claim
- Amount paid by OHC
- Legible EOB

Early Medi-Cal Enrollment Supports Newborn Care

Ensuring that newborn members can access and maintain their Medi-Cal benefits is important to support their health care after birth.

Providers can bill for services provided to the newborn using the mother's Medi-Cal card (client index number [CIN]) during the birth month and the following month. New mothers should start the enrollment process for their newborns into Medi-Cal early so there will be no lapse in Medi-Cal coverage or delays in completing important well-child visits.

To prevent a lapse in coverage for the mother or the newborn, remind your Medi-Cal members who are pregnant or recently delivered to complete the following steps:

Remind Pregnant/Recently Delivered Members to:	How to Complete Each Step:
Report new changes to their name, mailing address, email and phone number.	• Call SSA at **1-800-281-9799**
Report their pregnancy to SSA.	• Call SSA at **1-800-281-9799** • In person at a local SSA office • Fax to 1-714-645-3482 • Online at BenefitsCal.com
Notify SSA when the baby is born. Member will need to provide the newborn's first and last name, date of birth and gender.	• Call SSA at **1-800-281-9799** • In person at a local SSA office • Fax to 1-714-645-3482 • Online at BenefitsCal.com
Apply for a Social Security card for the newborn baby. Once the newborn's card is received, a copy will need to be provided to the eligibility worker.	• Call the Social Security Administration at **1-800-772-1213** • Online at www.ssa.gov • Visit a local Social Security Administration office
Add the baby to their Medi-Cal case.	• Call SSA at **1-800-281-9799** • In person at a local SSA office • Online at BenefitsCal.com • Complete the Newborn Referral Form MC330 and submit by: ◦ Fax: 1-714-645-3482 or ◦ Mail: Social Services Agency, P.O. Box 70003, Anaheim, CA 92825-9922

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CalOptima Health Launches $50.1 Million Cancer Prevention Program

Last year, CalOptima Health announced a five-year, $50.1 million Comprehensive Community Cancer Screening and Support Program designed to achieve the lowest incidence rate nationwide for late-stage breast, cervical, colon and certain lung cancers. This is the single largest investment in a disease prevention program in our history.

"With rare exception, no one should die from breast, cervical or colon cancer, and many heavy smokers should not die from lung cancer," said Richard Pitts, D.O., Ph.D., Chief Medical Officer. "CalOptima Health will be creative and relentless in going after these four specific cancers that are relatively easy to detect and are treatable when found in the early stages. This is our Orange County 'cancer moonshot.'"

The five-year program will be phased in starting this year, spending $10 million a year on the following activities:

- Increasing community and member awareness and engagement
- Increasing access to cancer screening
- Improving the member experience throughout cancer treatment

The COVID-19 pandemic significantly disrupted cancer screening rates, leading to a reduction in early detection and treatment, particularly among those affected by social determinants of health. The focused effort of the Comprehensive Community Cancer Screening and Support Program will reverse that trend to ultimately increase life expectancy and quality of life while also reducing health care costs.