PROVIDER PRESS

Summer 2025

In This Issue:

CalOptima Health

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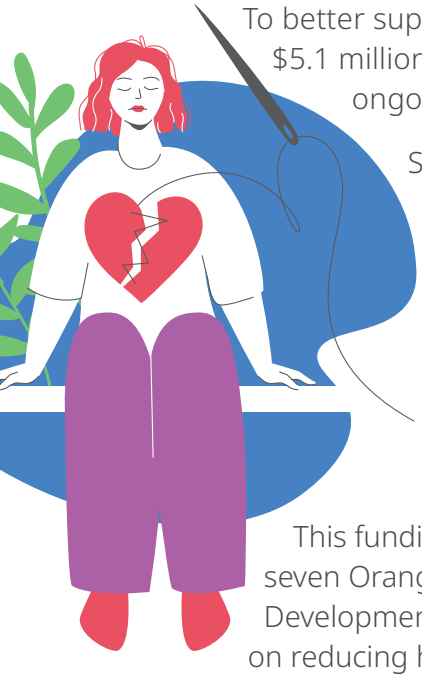
CalOptima Health Awards $5.1 Million in Behavioral Health Workforce Development Grants



To better support members experiencing mental health challenges, CalOptima Health awarded $5.1 million in grant funding to increase the behavioral health workforce as part of our ongoing Provider Workforce Development Initiative.

Six organizations were selected to receive funding to help address critical behavioral health workforce shortages, enhance training and education opportunities, and ultimately improve access to essential mental health and substance use disorder services for our members. The grantees include:

- Child Guidance Center Inc.
- Children's Hospital of Orange County
- John Henry Foundation
- Seneca Family of Agencies
- Special Service for Groups Inc.
- Western Youth Services

This funding builds on the initial $24.6 million we awarded in workforce education grants to seven Orange County institutions as part of a larger five-year, $50 million Provider Workforce Development Initiative aimed at enhancing the health care workforce. The initiative is focused on reducing health disparities by supporting the recruitment, training and retention of qualified health professionals. With the distribution of the remaining $20.3 million still ahead, we will consider areas of greatest need to ensure equitable and accessible health care for our diverse membership.

2025 Report to the Community Highlights Accomplishments

CalOptima Health's 2025 Report to the Community highlights our accomplishments, programs and impact in Orange County during 2024.

The report covers important milestones for the health plan, including a historic provider rate increase, launching two benefit packages for our OneCare members, the growth of our Street Medicine Program and the spectacular turnout for our second annual Back-to-School Health and Wellness Fair. Also featured in the report is an Irvine-based pediatrician bringing whole-person care to her patients, a CalOptima Health member who was able to transition out of homelessness with the health plan's help, and one of our youngest and oldest members. You can also find information about the growth of CalOptima Health, our leadership and financials.

To view the 2025 Report to the Community, visit https://bit.ly/2025rtc.

Stock photos. Posed by models.

No-Cost Online Mental Health Services Available to All School-Age Children

To make mental health services more accessible for school-aged children in Orange County regardless of health insurance, CalOptima Health has partnered with Hazel Health and county school districts to provide no-cost online therapy. This is part of our participation in the Student Behavioral Health Incentive Program (SBHIP).

Hazel Health works with school districts to provide online therapy that can be accessed at home and, in most cases, at school. Students are matched with a licensed, qualified therapist for weekly one-on-one counseling sessions.

Hazel Health therapists can help with mental health concerns affecting kids and teens, such as:

- Anxiety
- Change and transitions
- Academic stress
- Depression
- Grief/loss
- Bullying
- Mood changes
- Loneliness
- Anger management
- Self-esteem

Other benefits include:

- It's online — Children can join therapy from any connected device
- It's confidential — No information is shared with the school without parent/guardian consent
- It's for everyone — A diverse, multilingual therapist team speaks more than 19 languages

If your patients could benefit from Hazel Health's services, they can call **1-888-541-7063** or visit getstarted.hazel.co. Families can self-refer, and no prior authorization is required.

Providers Receive $16.4 Million to Boost Cancer Screening and Support

As part of our $50.1 million cancer screening effort, CalOptima Health's Board of Directors approved the first round of community grants, totaling $16.4 million for 13 organizations. The Comprehensive Community Cancer Screening and Support Program is designed to help Orange County 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 the health plan's history.

"CalOptima Health is excited about working with these innovative organizations to help us realize our vision of improved member care by detecting cancer in the early stages when it is more treatable," said Richard Pitts, D.O., Ph.D., Chief Medical Officer. "With rare exception, no one should die from breast, cervical or colon cancer, and many people who smoke should not die from lung cancer."

The organizations receiving funding include:

- AltaMed Health Services Corp.
- American Cancer Society Inc.
- Celebrating Life Community Health Center
- Families Together of Orange County
- Friends of Family Health Center
- Hurtt Family Health Clinic
- Korean Community Services
- Laguna Beach Community Health Center
- Latino Health Access
- mPulse
- Share Ourselves
- The G.R.E.E.N. Foundation
- UCI Health Family Health Center

"There's a great need to improve preventive cancer screenings in Federally Qualified Health Centers, and we commend CalOptima Health for providing resources for community health centers to improve outreach and reduce disparities," said Nafiseh Khodaparast, D.O., a physician with UCI Health Family Health Center, one of the institutions receiving a grant. "Increasing our ability to screen more people for cancer will get them into treatment earlier, save more lives and contribute to a healthier Orange County."

Staff will provide oversight of the grants, which support the organizations' work to raise awareness about cancer screening, increase access to screenings, improve facilities and boost care coordination.

"We are deeply grateful to CalOptima Health for their generous cancer screening grant, which enables us to expand access to timely cancer screenings and strengthen our care coordination efforts for Medi-Cal members in Orange County. This partnership is a vital step forward in our shared mission to reduce health disparities and ensure that every patient receives the preventive care and follow-up support they deserve," said José Mayorga, M.D., Chief Quality Officer, AltaMed Health Services.

Street Medicine Program Expands Into Santa Ana

Our Street Medicine Program continues to grow and serve more individuals experiencing homelessness. During its March 2025 meeting, the CalOptima Health Board of Directors approved Santa Ana as the fourth city to benefit from the program.

This will be the second expansion of our Street Medicine Program, which launched in Garden Grove in April 2023. In December 2023, the Board approved serving the communities of Anaheim and Costa Mesa. In March 2024, after a rigorous review process, the Board selected Celebrating Life Community Health Center to administer the program in Costa Mesa and Healthcare in Action (our provider in the city of Garden Grove) to administer the program in Anaheim. The program launched in Costa Mesa in August 2024 and Anaheim in September 2024.

Street Medicine plays a key role in our comprehensive strategy to address homelessness by bringing urgent and primary care to the streets.
The program provides medical, behavioral and social services to unhoused people, preventing the progression of untreated health conditions while seeking to reduce unnecessary emergency department visits and increase access to permanent housing.

As of the end of April 2025, the Street Medicine Program has served more than 625 individuals experiencing homelessness and assisted 25 people into permanent housing.

OneCare Covers Annual Wellness Visits and Annual Physical Exams

We cover the annual physical exam as a supplemental benefit for OneCare (HMO D-SNP), a Medicare Medi-Cal Plan. OneCare members have access to annual physical exams and annual wellness visits (AWVs) at zero cost. Covering these annual exams increases the likelihood of members engaging in annual preventive care.

Why conduct an AWV?

The AWV helps prevent illness based on patients' current health and risk factors, as well as documented non-health-related risks, also known as social determinants of health. The Medicare AWV is a yearly appointment where you and your patients can discuss their medical history and review risk factors, and for patients to create or update their personalized prevention plan. This visit is similar but separate from the Welcome to Medicare preventive visit.

Why talk about advance care planning?

An AWV is also an opportunity for you to guide a patient through advance care planning. Such planning gives patients a chance to consider their values, preferences and priorities with the aim of ensuring that their health care wishes are respected in the event they are unable to communicate them. As their provider, you can guide them through the process and their options. The discussion may also include completing forms like the advance directive and identifying a health care proxy. While patients may opt out of having the discussion, it is important to make them aware of the process and the support you can provide.

Learn About CalOptima Health's 2025 Member Health Rewards

We offer health rewards to eligible members for taking an active role in their health. Please note, we have made several changes for our Medi-Cal and OneCare members.

Medi-Cal Member Health Rewards Program Updates:

The following Medi-Cal member health rewards need a completed paper health reward form filled out and attested by the provider for processing and approval:

- Breast Cancer Screening (mammogram)
- Cervical Center Screening
- Colorectal Cancer Screening (colonoscopy only)
- Diabetes A1C Test
- Diabetes Eye Exam (dilated or retinal eye exam)
- Follow-Up Care for Children Prescribed ADHD Medication
- Postpartum Checkup (one to 12 weeks after delivery): The reward is now $25.

The following health rewards do not require provider attestation or a form submission. Members will be rewarded based on claims and encounter data:

- Annual Wellness Visit
- Blood Lead Test at 12 Months of Age
- Blood Lead Test at 24 Months of Age
- Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medication

For the above health rewards, please submit claims and encounter data in a timely manner. Physical gift cards will be mailed out to individual Medi-Cal members.

OneCare Member Health Rewards Program Updates:

Both CalOptima Health OneCare Complete and OneCare Flex Plus members are eligible to participate in member health rewards. The following health rewards are changing to digital self-submissions. The member can complete and submit the online health reward form at www.caloptima.org/e/onecare-rewards.

- Annual Wellness Visit
- Breast Cancer Screening (mammogram)
- Colorectal Cancer Screening (colonoscopy only)
- Diabetes A1C Test
- Diabetes Eye Exam (dilated or retinal eye exam)
- Osteoporosis Screening (bone mineral density test, DXA or DEXA)

The following health rewards do not require a form submission. Members will be rewarded based on claims and encounter data received:

- Annual Wellness Visit (can be submitted by member through online form but will also be identified through claims and encounter data)
- Health Risk Assessment

Rewards will be added to the member's CalOptima Health OneCare &more™ card within five business days of submitting the online form. ***Physical gift cards will no longer be issued***.

For more information about member health rewards or to find reward forms, please visit www.caloptima.org/healthrewards.

Medi-Cal Health Reward	Reward Amount	Eligibility Criteria
Annual Wellness Visit	**$50** gift card	Members ages 45 and older who complete an Annual Wellness Visit in 2025 (no health reward form needed)
Breast Cancer Screening	**$25** gift card	Members ages 50–74 who complete a breast cancer screening mammogram in 2025
Blood Lead Test at 12 Months of Age	**$25** gift card	Members between 12 and 23 months of age who complete a blood lead test in 2025 (no health reward form needed)
Blood Lead Test at 24 Months of Age	**$25** gift card	Members between 24 and 35 months of age who complete a blood lead test in 2025 (no health reward form needed)
Cervical Cancer Screening	**$25** gift card	Members ages 21–64 who complete a cervical cancer screening in 2025
Colorectal Cancer Screening	**$50** gift card	Members ages 45–75 who complete a colonoscopy in 2025
Diabetes A1C Test	**$25** gift card	Members ages 18–75 with a diagnosis of diabetes who complete an A1C test in 2025
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 2025
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	**$25** gift card	Members ages 18–64 with a diagnosis of schizophrenia or bipolar disorder who complete a diabetes screening in 2025 and are dispensed an antipsychotic medicine. Members with diabetes or in hospice are excluded (no health reward form needed)
Follow-Up Care for Children Prescribed ADHD Medicine	**$25** gift card	Members ages 6–12 who complete three recommended follow-up visits within five months of being prescribed ADHD medicines
Postpartum Checkup	**$25** gift card	Members who have a postpartum checkup between one and 12 weeks after delivery

(continued on next page)

If the screening, test or exam is determined to be medically necessary and the service falls outside of the listed age criteria, CalOptima Health will honor the health reward submission.

OneCare Health Reward	Reward Amount	Eligibility Criteria
Annual Wellness Visit	**$50** reward	Members who complete an Annual Wellness Visit in 2025 (no health reward form needed)
Breast Cancer Screening	**$25** reward	Members who complete a breast cancer screening mammogram in 2025
Colorectal Cancer Screening	**$50** reward	Members who complete a colonoscopy in 2025
Diabetes A1C Test	**$25** reward	Members with a diagnosis of diabetes who complete an A1C test in 2025
Diabetes Eye Exam	**$25** reward	Members with a diagnosis of diabetes who complete a dilated or retinal eye exam in 2025
Health Risk Assessment	**$25** reward	Members who are due for and complete a Health Risk Assessment in 2025 (no health reward form needed)
Osteoporosis Screening	**$25** reward	Members who get a bone mineral density test in 2025

Follow Clinical Practice Guidelines

CalOptima Health providers need to follow evidence-based guidance by staying informed about current clinical practice guidelines. For your convenience, the clinical practice guidelines for conditions frequently seen in patients are available on our our website. Each guideline has a link to direct you to the appropriate content. All the included clinical practice guidelines have been reviewed and approved by our Quality Improvement Health Equity Committee. We are confident providers will find these clinical practice guidelines valuable to their daily practice.

View the clinical practice guidelines on our website at www.caloptima.org/en/for-providers/provider-resources/clinical-practice-guidelines.

A Letter From Dr. Steven Arabo

Prior Authorization No Longer Required for Certain OneCare Screenings

CalOptima Health providers,

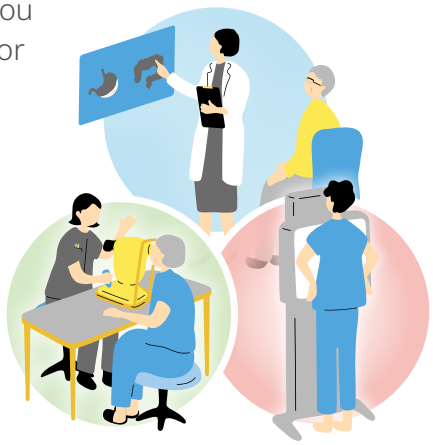
I want to share an important update from CalOptima Health OneCare, aimed at making it easier for you to provide the appropriate care to your patients. As we all know, timely screenings are crucial in preventing serious health conditions, so CalOptima Health has decided to remove prior authorization requirements for the following services:

1. Colon Cancer Screening: Colorectal cancer is the second leading cause of cancer-related deaths in the United States, with more than 150,000 new cases diagnosed annually. Routine screening allows for the identification and removal of colorectal polyps before they have the chance to progress to cancer. Early intervention significantly improves outcomes, and this change aims to facilitate timely screenings and ultimately reduce the burden of colon cancer in our patients.

2. Breast Cancer Screening: Breast cancer remains the most prevalent cancer among women, with one in every eight women in the U.S. being diagnosed during their lifetime. More than 300,000 new cases are reported annually. Regular screenings have been shown to reduce breast cancer mortality by 26%, highlighting the critical importance of early detection. By removing the prior authorization requirement, we hope to support more women in accessing these life-saving screenings without delay.

3. Diabetic Eye Exam: Diabetic retinopathy is the leading cause of blindness among working-age adults, and without appropriate management, it can lead to irreversible vision loss. Early detection and treatment can prevent or delay blindness in more than 90% of cases. Annual eye exams are essential for monitoring diabetic patients and identifying changes that may require intervention. Removing the prior authorization process will help ensure timely access to care for these vulnerable patients.

We understand the importance of streamlining the process to allow you to focus on providing the best care for your patients. By removing prior authorization requirements for these screenings, we hope to reduce administrative barriers and help you deliver timely care that can significantly improve outcomes.



Please don't hesitate to reach out if you have any questions or need further information. I'm here to support you as we continue working together to enhance the health and well-being of our patients.

Steven Arabo, M.D.
Medical Director, Medical Management

Compliance Corner

Keep Compliant With the AMR HEDIS Measure

The Asthma Medication Ratio (AMR) measure of the Healthcare Effectiveness Data and Information Set (HEDIS) is the percentage of members 5 to 64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.5 or greater during the measurement year.

For example, four fills of controller medications and four fills of reliever medications result in a ratio of 4/(4 + 4) = 0.5, which is compliant with the measure. Two fills of controller medication and four fills of reliever medication would result in a ratio of 2/(2 + 4) = 0.3, which is noncompliant with the measure.

The intent of this measure is to achieve long-term asthma symptom control and minimize the risk of severe asthma exacerbations with the appropriate use of asthma controller medications. Patients become eligible for the measure if they have any one of the following:

- At least one emergency room visit with a principal diagnosis of asthma
- At least one inpatient admission for asthma
- At least four outpatient visits on different dates of service with any diagnosis of asthma, and at least two asthma medication dispensing events for any controller or reliever medication
- At least four asthma medication dispensing events for any controller or reliever medications

To improve your performance on the AMR measure:

1. Prescribe an inhaled corticosteroid (ICS) asthma medication at the same time you prescribe a short-acting beta2 agonist (SABA) inhaler or prescribe an ICS and SABA combo medication based on the latest asthma treatment guidelines. Note that 2024 guidelines from the Global Initiative for Asthma (GINA) recommend:
    - Use of ICS plus a long-acting beta2 agonist (LABA) combo as reliever therapy instead of SABA alone for patients ages 12 years and older. The combination product Symbicort is a formulary ICS-LABA product that can be used as both a reliever and controller medication.
    - For children 6 to 11 years, the recommendation is to use low-dose ICS whenever SABA is taken instead of SABA alone for step 1 therapy (symptoms less than twice a week).
    - For children 5 years and younger, it is recommended to use SABA reliever therapy with the addition of short-course ICS at the onset of viral illness for step 1 therapy.
    - Find the latest GINA guidelines at **ginasthma.org**.

2. Excess number of dispensing events for SABA reliever asthma medications (e.g., albuterol) relative to controller asthma medications can occur if the patient requests multiple SABA inhalers for use at different locations such as home, school, etc. and is provided separate prescriptions for SABA on different dates.

   In such situations, prescribe the additional quantity of requested SABA reliever asthma medications on the same prescription and on the same date with instructions to dispense the extra quantity needed. For example: "Albuterol 2 puffs q 4 to 6 prn wheeze. Disp: 3 canisters."

   This counts as a single dispensing event since it is prescribed on the same date and on the same prescription. Keep in mind that the higher dispensed quantity extends the days covered and time to refill of medication. For example, a prescription for two canisters of Albuterol MDI, two puffs every four to six hours as needed, is expected to be a 33-day supply while three canisters would be a 50-day supply. It is not recommended to submit multiple separate prescriptions for the same medicine on the same date since they may get rejected by the pharmacy as duplicates.

3. Provide a written asthma action plan and provide education on the reduction of asthma triggers.
4. Assess medication adherence and inhaler technique at each visit.
5. Refer your patients to the CalOptima Health Asthma Education program by faxing the Health and Wellness Referral Form found under Common Forms on the Provider section of our website: www.caloptima.org/en/for-providers/provider-common-forms.

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

How are UM decisions made?

Our decisions to authorize, modify or deny health care services are based on medical necessity and Medi-Cal coverage. There is no financial incentive or reward for our staff or providers if they deny services. Decisions to deny or modify requests are based on medical necessity and can only be made by another physician or, in the case of a pharmacy request, by a licensed pharmacist.

What criteria and/or guidelines are used to make decisions?

We use nationally recognized guidelines, such as MCG, InterQual, the Medi-Cal Manual and various guidelines from recognized professional academies like the American Academy of Family Physicians and the American Congress of Obstetricians and Gynecologists. Guidelines and criteria sets are based on sound clinical principles and processes. They are reviewed and updated as required annually. To ensure consistency with current standards of care and local practice, we involve actively participating practitioners in the development and approval of criteria.

How can I obtain a copy of the criteria used in making a decision?

As a CalOptima Health provider, you have the right to inquire about our UM decisions. You can contact our medical director in writing or via telephone. The medical director's phone number is included in the Notice of Action letter you received. CalOptima Health Community Network (CHCN) providers may call **714-246-8600** to request criteria.

What if I have a general question about the UM process?

UM staff are available during business hours from 8 a.m. to 5:30 p.m. for inbound calls regarding UM issues. After-hours contact with the UM staff is through the on-call service, which will notify staff to contact you. You can reach the UM staff by calling our Utilization Management department at **714-246-8686**.

Provider Profile: K. Alexander Dastgheib, M.D.

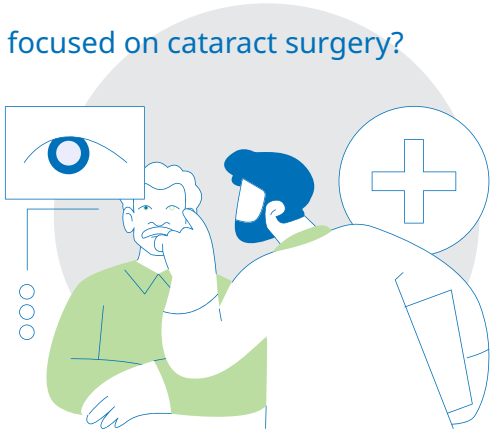
Dr. Dastgheib grew up in London and completed his undergraduate and medical degrees at the Sorbonne University in Paris, where he was third out of 600 students in a competitive examination in French (his third language) that allows only 15% of students to continue past the first year and complete the eight-year medical program.

He went on to complete an ophthalmology residency at Duke University and four ophthalmology fellowships at the Johns Hopkins Wilmer Eye Institute, the National Institutes of Health's National Eye Institute, the Dubroff Eye Center in Maryland and the John A. Moran Eye Center at the University of Utah.

As part of his work at Johns Hopkins and the National Institutes of Health, he pioneered research on wet age-related macular degeneration (AMD) that led to the creation of anti-vascular endothelial growth factor (VEGF) medications, which have helped millions of patients retain their eyesight. In honor of his groundbreaking work, Duke University created two awards, the K. Alexander Dastgheib, M.D. Surgical Excellence Award and the Dastgheib Pioneer Award in Ocular Innovation.

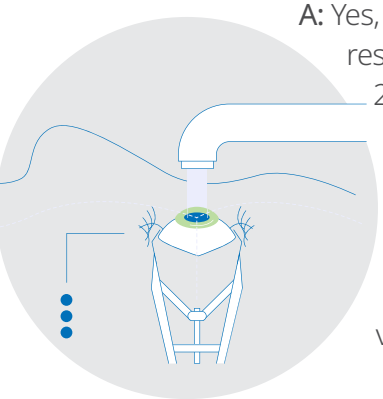
Dr. Dastgheib has been in private practice for over 20 years, first in Manhattan, New York, and in Garden Grove and Newport Beach since 2007.

Q: Why did you become an ophthalmologist, and why have you focused on cataract surgery?



A: I became an ophthalmologist because I love making people see. I am passionate about cataract surgery because I can, very quickly, make a big difference in a person's daily life.

Q: Through phacoemulsification cataract surgery, you helped more than 325 patients go from blindness to, on average, 20/30 vision. How did you achieve that level of consistent success?



A: Yes, we presented the safest cataract surgery results by modern phacoemulsification in some of the most difficult cataract surgery cases. In 2022, at the American Society of Cataract and Refractive Surgery, in conjunction with Duke University, we presented 325 such cases performed consecutively. This is the largest such case series ever reported and I performed all surgeries over an eight-year span. Every case was successful, and, despite many other ocular comorbidities, all patients went from seeing shadows or light only to an average vision of 20/30. I also developed a method for classifying these blinding cataracts into two groups and five subgroups and described variations in surgical technique to maximize a successful outcome.

Q: What pioneering work have you done in the field of ophthalmology to date and what advances would you like to see in the field going forward?

A: In 1994, I discovered VEGF in wet AMD, which led to the development of anti-VEGF medications and revolutionized ophthalmology worldwide. Conservatively, these intraocular injections in wet AMD cases are estimated to save the sight of 1 to 2 million people a year. Anti-VEGF injections are also used for diabetes and retinal vascular disorders.

In the future, I would like to see the ability to improve optic nerve function and a cure for glaucoma, a major cause of blindness worldwide.

Q: You just completed another groundbreaking surgery. Could you describe it?

A: Yes, I recently performed surgery on a patient with poor vision from keratoconus, a progressive disease of abnormal corneal shape often diagnosed in the teen years. The patient is now able to see 20/20 without correction for the first time in 50 years. This case is being reported in an ophthalmology journal.

Q: How would you recommend that patients take better care of their visual health?

A: Patients should control chronic diseases such as diabetes, high blood pressure and glaucoma. They should see an eye doctor every year, and even more often as their eye condition warrants. They should have a healthy diet, wear sunglasses, stay hydrated, get sufficient sleep and take a 20-second break for every 20 minutes of screen time.

Q: What does it mean to you to bring your expertise in cataracts and retina diseases to Orange County's Medi-Cal population in particular?

A: It is my passion to help people see. Orange County's Medi-Cal population, in particular, needs high-quality care as this population often has more advanced diseases. The majority of the 325 consecutive blind cataract surgery series I performed was on this population. I often say I don't have to go on a mission to help people; I'm on a mission every day when I help the Medi-Cal population in my office in Garden Grove, 20 minutes from some of the wealthiest ZIP codes in the country.

Review These Tips for Working With LEP Patients

State and federal regulations require CalOptima Health and our contracted health networks, medical groups and providers to make interpreter and translation services available for limited English proficient (LEP) members. We are also required to facilitate, promote and provide training in cultural competency for our staff, health network staff and contracted providers.

Our Cultural and Linguistic Services department provides and facilitates interpreter and translation services, and coordinates training and events to promote cultural sensitivity and competency.

Interpreters must be professionally trained and versed in medical terminology and health care benefits. Because it is important that providers know how to identify, offer and access interpreter services for LEP members, please review the following tips:

1. **Who are LEP members.**
   Individuals who do not identify English as their preferred language and who have a limited ability to read, speak, write or understand English may be considered LEP.

2. **How to identify LEP members over the phone.**
   An LEP member may exhibit the following characteristics:
   a. Is quiet or does not respond to questions
   b. Responds with a simple "yes" or "no," or gives inappropriate or inconsistent answers to your questions
   c. May have trouble communicating in English, or you may have a very difficult time understanding what he or she is trying to communicate
   d. Identifies as LEP by requesting language assistance

3. **How to offer interpreter services to an LEP member when the member doesn't speak any English, and you are unable to discern the language.**
   If you are unable to identify the language spoken by the LEP member, you should request telephonic interpreter services to identify the language needed.

4. **How to best communicate with an LEP member who speaks some English but with whom you are having difficulty communicating.**
   Speak slowly and clearly with the member. Do not speak loudly or raise your voice. Use simple words and short sentences.

5. **How to offer interpreter services to the member.**
   We recommended offering interpreter services in the following way: "I am having trouble explaining this to you, and I really want to make sure you understand. Would you mind if we used an interpreter to help us? Which language do you speak?"

6. **Best practice to capture language preference.**
   For LEP members, it is a best practice to capture the member's preferred language and record it in the plan or provider's member data system. You may want to consider asking the following question: "To communicate best with you, may I ask what your preferred spoken and written language is?"

To request either telephonic or face-to-face interpreter services for your CalOptima Health LEP patients:

1. Verify the member's eligibility and identify if the member is enrolled in a health network or CalOptima Health Direct (COD).

2. Determine whether telephonic or face-to-face interpreter service is needed.
   a. Telephonic interpreter service is recommended for urgent situations or short and simple conversations. This service is available 24/7.
   b. Face-to-face interpreter service, including American Sign Language, is recommended when a complicated or extensive explanation of treatment or symptoms is required. This service is available for scheduled medical appointments in an ambulatory setting and requires at least five working days' advance notice.

3. Please have the following information ready at the time of the request:
   a. Member's name
   b. Member's client index number (CIN)
   c. Member's gender
   d. Member's age
   e. Date of appointment
   f. Time of appointment
   g. Language needed
   h. Approximate duration
   i. Type of visit
   j. Name of doctor/facility
   k. Address of appointment/location
   l. Phone number of appointment/location

4. If the member is in COD, call CalOptima Health's Customer Service department at **714-246-8500**. Prior authorization is not required.

5. If the member is in a health network, please contact the member's health network after verifying eligibility. The member's health network will work with you and the member to coordinate all interpreter services.

The Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) periodically audit CalOptima Health's Language Assistance Program, which includes interpreter and translation services as well as cultural competency training. DHCS and CMS auditors may select individual provider offices to review as a part of this audit to verify whether LEP members are informed of the availability of language assistance and have been offered interpreter services. We will contact, in advance, provider offices selected by DHCS to participate in its cultural and linguistic services audit.

For additional information, please see sections N6 and N7 of the Provider Manual on the CalOptima Health website: www.caloptima.org/en/ForProviders/Resources/ManualsPoliciesandGuides.aspx.

Review CalOptima Health's Timely Access Standards

DHCS conducts an annual timely access survey of all managed care plans (MCPs) to ensure compliance with provider availability and wait time standards for urgent and non-urgent appointments among network provider types.

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

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

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

Appointment Standards:

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

Telephone Access Standards:

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

Cultural and Linguistic Standards:

Description	Standard
Oral Interpretation	Oral interpretation including but not limited to American Sign Language will be made available to members at key points of contact through an interpreter, either in person (upon request) or by telephone, 24/7
Written Translation	All written materials to members will be available in all threshold languages as determined by CalOptima Health in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available upon request or standing request at no cost in all threshold languages in at least 20-point font, audio format or braille, or as needed within 21 business days of request or within a timely manner for the format requested
Telecommunications Device for the Deaf	Teletypewriter (TTY) and auxiliary aids will be available to members with hearing, speech or sight impairments at no cost, 24/7. The TTY line is **711**
Cultural Sensitivity	Practitioners and staff will encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs, and, where appropriate, integrate these beliefs into treatment plans
Moral Objection	In the event a provider has a religious, moral or ethical objection to perform or otherwise support the provision of covered services, CalOptima Health or the health network must on a timely basis arrange, coordinate and ensure the member receives covered services through referrals to a provider that has no religious or ethical objection to performing the requested service or procedure at no additional expense to DHCS or member

(continued on next page)

Other Access Standards:

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

Use These Resources to Complete IHAs With Your Patients

DHCS continues to require the IHA to be completed within 120 calendar days of a Medi-Cal member's enrollment in CalOptima Health. DHCS will measure primary care visits as a proxy for the IHA completion, leveraging Managed Care Accountability Set (MCAS) measures specific to infant and child/adolescent well-being visits.

To continue supporting providers in completing IHAs, we have adopted the following measures:

Quarterly IHA Chart Review Audits: We are collaborating with our contracted CHCN providers and clinics to improve completion rates for the IHA and to identify what is working well and areas for improvement.

Key Performance Indicator (KPI): KPI metrics for IHAs for delegated networks have been increased to 50%.

- The new benchmark will be included in the quarterly meeting reports.
- CalOptima Health will support health networks in meeting this goal by providing outreach to all new members.

The IHA report is now available on the Provider Portal:

- Visit https://provider.caloptima.org/
- Once logged in, click on "Reports," select "Initial Health Appointment" from the drop-down menu, then input your provider details and click "Get IHA Report" to download the Excel document.
- The Primary Care Provider Member Roster now also has an "IHA Due Date" column to help identify new members.

For general information about the IHA, providers can use the following resources:

- IHA Reference Guide for PCPs on our website (see Manuals, Policies and Guides under the Provider section)
- A recording of CME/CE Training on the IHA on CalOptima Health's YouTube Channel https://bit.ly/cmeihawebinar.

If you have any questions, please contact us at iha@caloptima.org.

Get Familiar With Member Rights and Responsibilities

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

Members have a right to:

- Be treated with respect and dignity by all CalOptima Health, health network and provider staff
- Privacy and to have their medical information kept confidential
- Get information about CalOptima Health, our health networks, our providers, the services they provide and their member rights and responsibilities
- Choose a PCP within CalOptima Health's network
- Talk openly with their health care providers about medically necessary treatment options, regardless of cost or benefit
- Help make decisions about their health care, including the right to say "no" to medical treatment
- Voice complaints or appeals, either verbally or in writing, about CalOptima Health or the care we provide
- Get oral interpretation services in the language they understand
- Make an advance directive
- Ask for a State Hearing, including information on the conditions under which their State Hearing can be expedited
- Access family planning services, Federally Qualified Health Centers, Indian Health Service Facilities, sexually transmitted disease services and emergency services outside CalOptima Health's network
- Have access to their medical record and, where legally appropriate, get copies of, update or correct their medical record
- Access minor consent services
- Get written member information in large-size print and other formats upon request and in a timely manner appropriate for the format being requested
- Be free from any form of control or limitation used as a means of pressure, punishment, convenience or revenge
- Get information about their medical condition and treatment plan options in a way that is easy to understand
- Make suggestions to CalOptima Health about their member rights and responsibilities
- Freely use these rights without negatively affecting how they are treated by CalOptima Health, providers or the state

Members are responsible for:

- Knowing, understanding and following the Member Handbook
- Understanding their medical needs and working with health care providers to create their treatment plan
- Following the treatment plan they agreed to with their health care providers
- Telling CalOptima Health and their health care providers what we need to know about their medical condition so we can provide care
- Making and keeping medical appointments and telling the office when they must cancel their appointment
- Learning about their medical condition and what keeps them healthy
- Taking part in health care programs that keep them healthy

- Working with and being polite to the people who are partners in their health care

CalOptima Health

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CalOptima Health

PRI-040-161 (07/25)