

PROVIDER PRESS

FALL 2025 

CalOptima Health Celebrates
30th Anniversary

H.R. 1 Changes to Medicaid

New Access to Care and
Immigration Resources Website

Provider Profile:

Jose R. Cilliani, D.O.



CalOptima Health

caloptima.org

| CalOptima Health, A Public Agency

CalOptima Health Celebrates 30 Years of Serving Orange County

Thirty years ago, a dedicated group of community members, health care providers, business leaders and elected officials came together to address a growing crisis: the lack of access to health care services for Orange County's Medi-Cal recipients. The solution was the creation of CalOptima Health, established by the Orange County Board of Supervisors as a county organized health system. Since then, we've grown from serving 180,000 members to nearly 900,000 — a remarkable journey made possible by the commitment and compassion of so many.

During the October 2025 CalOptima Health Board of Directors meeting, State Senator Tom Umberg, Assemblywoman Sharon Quirk-Silva, Chairman of the Orange County Board of Supervisors Doug Chaffee and Supervisor Vicente Sarmiento presented resolutions honoring our 30 years of service. The State Senate and Assembly resolutions were signed by all members of the Orange County delegation, representing universal support for CalOptima Health. At the meeting, we also recognized our nine extraordinary staff members who have been with us since the very beginning.



CalOptima Health's Board, executive leaders and 30-year staff members come together with elected officials to celebrate three decades of service to Orange County.



The Okoye family enjoys our 30th anniversary resource fair for CalOptima Health members.

Finally, on October 18, we invited members to our offices in Orange for a members-only health and resource fair in recognition of our 30th anniversary. The event included a cultural presentation by staff, remarks from CalOptima Health CEO Michael Hunn, and no-cost health screenings and vaccinations for COVID-19 and flu. Representatives from all of our contracted health networks were also in attendance to connect with members.



CalOptima Health

Covered California Plan Will Allow for Expanded Affordable Health Care Options for Former Medi-Cal Members

Across Orange County, more than 15,000 residents fall in and out of Medi-Cal eligibility every year. To provide this group with continuity of care and expand their access to affordable health care, we are planning to launch a Covered California plan starting on January 1, 2027.

On January 14, 2025, after six months of public listening sessions, provider forums and a steering committee of health industry leaders, the Orange County Board of Supervisors unanimously approved a regulatory change to allow us to offer care through Covered California.

CEO Michael Hunn emphasized the importance of this initiative in meeting the needs of individuals who may lose Medi-Cal coverage due to eligibility changes. "CalOptima Health's effort to join Covered California reflects our unwavering commitment to ensuring continuity of care for our members," Hunn said. "By offering a Covered California plan, we aim to provide ongoing coverage to members so they can continue to receive services from their trusted providers at affordable premiums."

Without this option, individuals who often transition in and out of Medi-Cal may face challenges that lead to gaps in care and unexpected medical expenses.

Additionally, a CalOptima Health Covered California plan can help households that have both Medi-Cal and other coverage to have access to the same provider network for all family members.

With the Board's approval, we submitted an initial filing with the Department of Managed Health Care (DMHC) in June 2025 to expand the scope of our current Knox-Keene Act license. We have since gone through two rounds of comments with DMHC. In September, Covered California released a draft 2027 Qualified Health Plan application, which our staff is reviewing and will respond to by April 2026.

In addition, an operational gap analysis was conducted by an outside firm, and staff have initiated several new workstreams to discuss and implement solutions to achieve operational readiness. We also continue to negotiate provider contracts and execute amendments with several existing vendors to include Covered California in their scopes of service.



**CalOptima Health CEO
Michael Hunn**

AltaMed Health Services Selected as Santa Ana Street Medicine Provider

To serve members experiencing homelessness in Santa Ana, CalOptima Health's Board of Directors has approved AltaMed Health Services as the provider for the newly expanded Street Medicine Program. This builds on the successful programs currently operating in Garden Grove, Costa Mesa and Anaheim.



Selected through a competitive process, AltaMed will receive a two-year, up to \$4.3 million grant to implement CalOptima Health's specific Street Medicine Program model. This model includes medical and social services via a mobile doctor's office, peer support, care management, housing navigation and more.

"CalOptima Health's Street Medicine Program is directly tied to our strategic priority of meeting members where they are in the community," said Michael Hunn, CEO of CalOptima Health. "We look forward to AltaMed building the trust of Santa Ana's unhoused population and helping many realize improved health on their journey to permanent housing."

Known for serving communities across Southern California with comprehensive medical and dental programs, AltaMed has two existing health centers in Santa Ana that will assist in the coordination of care for members served by the Street Medicine Team.

"AltaMed is proud to expand our community outreach through this new program," said Cástulo de la Rocha, AltaMed President and CEO. "AltaMed has been providing health services in Santa Ana for the past 17 years and is equipped to serve the most vulnerable residents in this community and ensure they can experience the benefits of this impactful program."

CalOptima Health's Street Medicine Program is part of a comprehensive strategy to address homelessness, recognizing that housing insecurity directly affects health. Other strategies include awarding grants for housing development, increasing housing services provider capacity and creating a Street Medicine Support Center, a 48-room facility in Garden Grove that will open in 2027.

Cultural Needs and Preferences Study Shows Provider Network Exceeds Standards

CalOptima Health conducts an annual Cultural Needs and Preferences Study, which aids us in both monitoring our members' ability to obtain health care services and ensuring we have a provider network that meets members' cultural needs and preferences.



Using internal data and information from external sources, such as the Department of Health Care Services (DHCS), the Department of Health Care Access and Information, and the Pew Research Center, we compare study findings against availability standards for provider-to-member ratios for gender, languages, and race and ethnicity, as well as noting members' religious affiliation.

The most recent study for calendar year 2024 found that the CalOptima Health Community Network (CHCN) and all of our contracted health networks exceeded minimum standards for these ratios.

You can review the summary of the latest Cultural Needs and Preferences Study on the Manual, Policies and Guides section of www.caloptima.org.

Providence Added as CalOptima Health's Newest Contracted Health Network

CalOptima Health has added its 10th health network by partnering with Providence, marking a significant step toward improving health care services for Medi-Cal members in Orange County. The partnership, effective November 1, 2025, provides enhanced care coordination and comprehensive health and wellness services for thousands of Medi-Cal patients.

CalOptima Health's Board of Directors approved the Shared Risk Group (SRG) agreement with Providence during its September 4, 2025, meeting. Under this arrangement, Providence is responsible for professional services, such as authorizations, professional claims, and diagnostic and prevention services, while CalOptima Health is responsible for facility-related services, behavioral health and transplants.



Providence providers currently serve 13,000 CalOptima Health Medi-Cal members in a fee-for-service model. Under the new SRG agreement, Providence's network oversees these members directly, which means more seamless coordination and case management. Members whose primary care provider (PCP) is a Providence practitioner will continue to see that provider with no change.

"Providence has a long history of providing for the underserved populations of Orange County," said Michael Gomez, CalOptima Health's Executive Director of Network Operations. "Their mission is our mission: to serve this vulnerable population with dignity, respect and the highest level of care."

Providence's history in Orange County goes back to 1922, when the Sisters of St. Joseph took over 20 acres of land in Orange to build a hospital as part of the order's mission to provide education and medical care. Today, Providence operates four Orange County hospitals, in Laguna Beach, Mission Viejo, Orange and Fullerton.



"We are excited about our new partnership with CalOptima Health as a delegated health network," said Jill Duplechan, Chief Executive of Providence Clinical Network – South. "This new model will enable us to enhance care coordination for CalOptima Health members, ensuring they receive clinically excellent, compassionate care from Providence physicians, providers and caregivers. With our expansive network of hospitals, clinics and urgent care centers strategically located throughout Orange County, we are well-positioned to serve our communities and valued patients."

Review Legislative Changes Made to Medicaid by H.R. 1

On July 4, 2025, President Donald Trump signed into law H.R. 1, the One Big Beautiful Bill Act, which contains several major impacts for Medicaid beneficiaries that will start in 2026. Below are the highlights of H.R. 1's changes to Medicaid. Please note that most of these provisions still require federal rulemaking by the Centers for Medicare & Medicaid Services (CMS) and subsequent state implementation by the California State Legislature and/or DHCS.

Eligibility

- + Work, community service and/or education requirement of 80 hours per month for able-bodied adults ages 19–64 (with exceptions for short-term hardship, parents with dependents under age 14, pregnant women, medically frail, caregivers and others), effective December 31, 2026 (or no later than December 31, 2028, at the discretion of the U.S. Secretary of Health and Human Services [HHS])
- + Increased frequency of eligibility redeterminations for Medicaid Expansion (MCE) enrollees from annually to every six months, effective December 31, 2026



Financing

- + Prohibition on any new or increased provider taxes, effective immediately
- + Existing provider taxes (except those related to nursing or intermediate care facilities) would be gradually reduced from the current maximum 6.0% hold harmless threshold to a new 3.5% hold harmless threshold by 0.5% annually from October 1, 2027, through October 1, 2031
- + Significant restrictions on current managed care organization (MCO) taxes, which could effectively repeal California's MCO tax that was recently made permanent by Proposition 35 (2024), with a potential winddown period of up to three fiscal years at the discretion of the HHS Secretary
- + Cap on new state-directed payments (SDPs) at 100% of the Medicare payment rate, effective immediately; gradually reduces existing SDPs to that cap by 10% annually, starting January 1, 2028
- + Emergency Medicaid services provided to all undocumented beneficiaries would be subject to the traditional Federal Medical Assistance Percentage (FMAP) — 50% in California — regardless of the FMAP for which those would otherwise be eligible, effective October 1, 2026



Access

- + Cost-sharing for MCE enrollees with incomes of 100%–138% Federal Poverty Level (FPL), not to exceed \$35 per service and 5.0% of total income, and not to be applied to primary, prenatal, pediatric, behavioral or emergency care, effective October 1, 2028
- + Temporary one-year prohibition on all Medicaid funding to Planned Parenthood, effective immediately



Building a Brighter Future for Students Across Orange County

CalOptima Health invested \$25.5 million over three years to transform mental health support for Orange County students across all 28 school districts. These funds, available through the state's Student Behavioral Health Incentive Program (SBHIP), were dedicated to planning and implementing sustainable interventions to enhance mental health accessibility for Orange County's youth. CalOptima Health partnered with the Orange County Department of Education (OCDE); Orange County Health Care Agency; CHOC, part of Rady Children's Health; Hazel Health; and Western Youth Services, to codesign the interventions.

OCDE used SBHIP funding to significantly expand the behavioral health workforce, adding 755 mental health professionals across the county, and boosted information technology infrastructure to allow school staff to bill for their services.



Read about SBHIP results at
bit.ly/sbhreport24

In collaboration with OCDE, CHOC created WellSpaces on 10 school campuses. These WellSpaces, dedicated spaces for wellness and mental health support, offer a calm, nonclinical environment where students can self-regulate, access coping tools and connect with mental health-trained staff. Using SBHIP funding, CHOC also enhanced other programs supporting mental health for children with autism or hearing impairments.

Hazel Health implemented online therapy services in 19 school districts for K-12 students at no cost to their families, regardless of insurance coverage. Online therapy removes barriers often encountered when seeking access in more traditional, in-person therapeutic spaces, such as transportation, insurance coverage and language accessibility.

Western Youth Services used SBHIP funding to create a comprehensive behavioral health training program for school staff, building educators' ability to respond to students' mental health needs.

How to Refer Members for Case Management Services

Are you treating a CalOptima Health Medi-Cal or OneCare (HMO D-SNP), a Medicare Medi-Cal plan, 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 request for 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

Virtual Care and Immigration Resources Page Added to CalOptima Health Website

We are committed to caring for all our members, regardless of immigration status. As part of that commitment, we have added an Access to Care page to our website at www.caloptima.org/getcare. This page rounds up information on virtual care options and immigration resources for members to use during challenging times. In-person health services may be difficult for some members, so we are encouraging providers to offer virtual care if feasible.

Resources on this webpage include:

- **Virtual Care Options** — Search tool for PCPs who offer telehealth options to reduce transportation and scheduling barriers
- **24/7 Nurse Advice Line** — Professional nursing support that members can use for symptom assessment and care guidance
- **Medicine Home Delivery** — Home delivery pharmacy services for Medi-Cal and OneCare members
- **Virtual Mental Health Services** — Our 24/7 behavioral health line, a search tool for behavioral health providers, virtual visits through TeleMed2U, and the BrightLife and Soluna apps for kids, teens and young adults
- **Immigration Resources** — Information on free legal services, support organizations, state-sponsored resources and a Know Your Rights toolkit
- **Letter** — A letter to members approved by DHCS summarizing the news regarding the sharing of immigration data



Please share these resources with your patients so they know their options. Together, we can ensure everyone has access to the care and support they need.

Transcranial Magnetic Stimulation Requires Prior Authorization

Effective July 1, 2025, CalOptima Health will require prior authorization for Transcranial Magnetic Stimulation (TMS) services provided to Medi-Cal members.

This is in line with an announcement from DHCS on April 9, 2025, that TMS Current Procedural Terminology (CPT) codes 90867, 90868 and 90869 would be a covered Medi-Cal benefit, effective August 1, 2024. Previously, providers billed for medically necessary TMS services provided to Medi-Cal members under the Non-Specialty Mental Health benefit.

Providers can submit claims for care rendered between August 1, 2024, and June 30, 2025, with no additional authorization required. Any denied claims will also be reviewed as part of this process.

Our Behavioral Health department recommends using the CalOptima Health Provider Portal to submit all authorization requests for maximum administrative efficiency. Providers who fax in requests can use the Behavioral Health Authorization Request Form (BH-ARF) on the Common Forms page of our website.

If you have questions about providing TMS services, please call our Behavioral Health Line at **855-877-3885**, Monday through Friday, 8 a.m. to 5 p.m.

Your Dual Eligible Patients May Benefit From CalOptima Health's OneCare Plan

If you have patients who are eligible for both Medicare and Medi-Cal, then CalOptima Health OneCare (HMO D-SNP), a Medicare Medi-Cal plan, might be the right health plan for them.



To be eligible for OneCare, your patient must be:

- Age 21 and older
- Enrolled in Medicare Parts A and B
- Living in Orange County
- Receiving Medi-Cal benefits

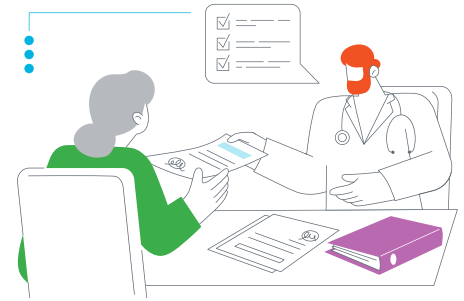
OneCare supplemental benefits for 2026 include:

- + Prescription medication — \$0 copays for generic medicines and little to no copays for brand-name medicines, depending on the member's income level. CalOptima Health covers six Sildenafil pills per month.
- + Flex card — \$167 allowance per quarter to buy over-the-counter (OTC) and food and produce items in-store, online or over the phone. Members must meet the criteria to use their flex card to purchase food and produce items. To help members qualify, you can fill out and submit the Food and Produce eligibility form.
- + Comprehensive dental (Liberty Dental Plan) — Covers oral exams, removable and fixed prosthodontics, and restorative and adjunctive general services. Medi-Cal dental coverage includes dental exams, cleaning, crowns, root canals and partial dentures with adjustments, repairs and relines.
- + Vision care — \$500 to spend on eyeglasses, contacts and repairs over two years.
- + Hearing services — \$500 allowance every year for hearing aids. Medi-Cal may cover up to an additional \$1,510 per year.
- + Fitness benefits — No-cost gym memberships available at many locations in Orange County, one home fitness kit, access to digital workout videos and more.
- + Unlimited transportation — Unlimited trips at no cost to and from doctor visits, pharmacy and gym.
- + Worldwide urgent, emergency and emergency transport services outside the U.S. — Services to treat a condition that needs immediate medical care, such as an injury or a sudden medical illness. OneCare will reimburse the member up to \$100,000 per year.
- + Companion care — Up to 90 hours of nonmedical services per year to help with activities of daily living, such as transportation, light housework, technology, exercise, grocery shopping, medicine deliveries, etc.
- + Annual physical examination — One physical exam per year and lab services as needed. This is in addition to the Annual Wellness Visit covered every 12 months. Both exams may be performed during the same visit, and providers can submit one claim with both codes.

For more information on CalOptima Health OneCare benefits, your patients can call **1-877-412-2734** or visit www.caloptima.org/en/ForMembers/OneCare/Benefits.

Connect Your Patients With These Available Behavioral Health Services

Mental health is a vital part of our members' overall well-being and encompasses the emotional, psychological and social aspects of health. To support our members getting the care they need, we're providing the following information about available behavioral health services.

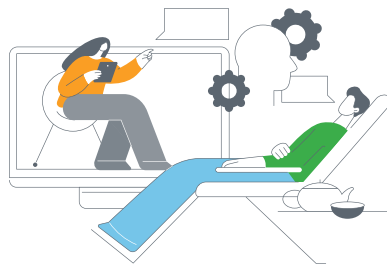


CalOptima Health's OneCare Behavioral Health Services:

- + Inpatient psychiatric hospitalization
- + Partial hospitalization program
- + Intensive outpatient program
- + Electroconvulsive therapy (ECT)
- + Transcranial magnetic stimulation
- + Medication management
- + Therapy (provider will determine modality that best meets the member's needs, e.g., Eye Movement Desensitization and Reprocessing [EMDR], Dialectic Behavior Therapy [DBT] and Cognitive Behavioral Therapy [CBT])
- + Group/family/couples therapy
- + Psychological/neuropsychological testing

CalOptima Health's Medi-Cal Behavioral Health Services:

- + Outpatient psychotherapy (individual, family, couples and group therapy)
- + Psychological testing to evaluate a mental health condition
- + Outpatient services (monitoring drug therapy, lab work, drugs and supplies)
- + Psychiatric consultation
- + Dyadic services
- + Behavioral Health Treatment (BHT) for members under the age of 21:
 - Applied Behavior Analysis (ABA)
- + Substance use services
 - Screening, Assessment, Brief Intervention and Referral to Treatment (SABIRT)
 - Medication Assisted Treatment (MAT)



How to access behavioral health services:

1. Providers can warm transfer members to the CalOptima Health Behavioral Health Line at **855-877-3885** (not a crisis line).
2. Providers can inform members about our new telehealth vendor, TeleMed2U, to access outpatient behavioral health therapy and/or medication management services to treat mild to moderate conditions from the comfort of their home. Members can book an appointment by logging in to their Member Portal and going to the Behavioral Health Virtual Visits page, or by calling TeleMed2U directly at **1-562-268-0955** or toll-free at **1-844-585-9210**.

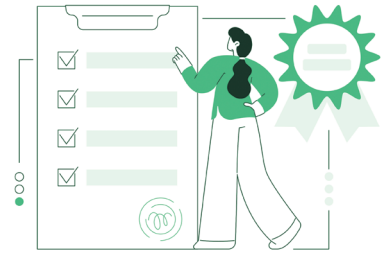


Members can call the CalOptima Health Behavioral Health Line for more information on services offered. Medi-Cal members can also visit the Behavioral Health page on our website.

Follow These Policies When Submitting Claims or Disputes

To avoid unnecessary delays and denials, we remind providers to follow the correct procedures when submitting claims, disputes, corrected claims, retrospective authorization requests and government claims.

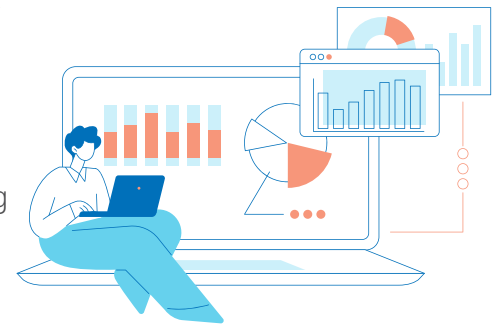
Claim Submissions — When submitting your initial claim, include all relevant information, such as invoices, medical records, progress notes and reports. Providing complete documentation ensures appropriate claim processing and helps avoid the need to submit a provider dispute, which can delay payment.



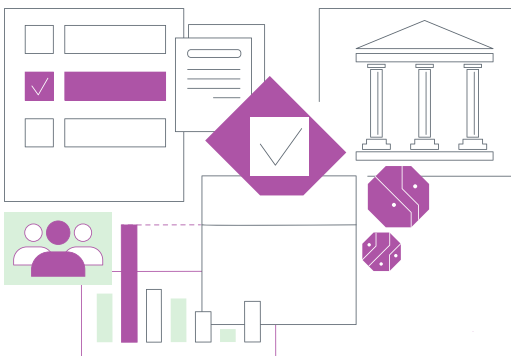
First-Level Health Network Provider Dispute Resolution and Post-Service Authorization Appeal Process —

All health network claim disputes and retro authorization appeals must be submitted to the delegated health network responsible for claims processing and authorization review. Only after the health network has reviewed and responded — and if you still disagree with the decision — should a second-level health reconsideration request be submitted to us. Submitting disputes or appeals directly to us without prior review by the health network may lead to delays or rejections. For more information and timely filing deadlines, please contact the health network that processed your claim or authorization.

Corrected Claims — Do not submit corrected claims through the CalOptima Health Provider Dispute Resolution (PDR) process. This includes missing documentation from the initial claim submission, such as the primary carrier Explanation of Benefits (EOB). Use the correct claim frequency code and clearly indicate the correction being made. Incorrect routing or incomplete submissions may result in processing delays or denials. For instructions and timely filing deadlines, please refer to CalOptima Health's Provider Manual.



Retrospective Authorization Requests — These requests must be submitted directly to our Utilization Management (UM) department, along with an Authorization Request Form (ARF) and complete medical records. Submit requests within the required timeframe following the date of service. Do not submit retrospective authorization requests through the PDR process, as this may cause processing delays or denials. For more information on criteria and deadlines, please refer to UM's section of the Provider Manual and Policies located on our website.



Government Claims — If you disagree with the final determination from a first-level CalOptima Health PDR, you must file a Government Claim in accordance with CalOptima Health Policy AA.1217. Once a final decision is issued, do not submit a second-level PDR. Follow the instructions in the Grievance and Appeals (GARS) resolution letter to ensure timely and appropriate handling. Adhering to these guidelines will help avoid unnecessary delays or denials.

Provider Profile



Jose R. Cilliani, D.O.

Dr. Cilliani is a board-certified family medicine doctor and owner of Popular Medical Clinic in Santa Ana, which was founded by his father, Dr. Gaston Cilliani, in 2003. Dr. Cilliani earned his medical degree from Western University of Health Services in Pomona before entering the U.S. Army, where he rose to the rank of major and earned the U.S. Army Surgeon General's Physician Recognition Award. After leaving Army service in 2007, Dr. Cilliani returned to California to work alongside his father. When the elder Dr. Cilliani

retired in 2018, he took over as the owner and primary physician of Popular Medical Clinic, as well as the family tradition of providing medical care in Orange County.



Q: How has your military service informed the medical care you provide?

A: I believe my experience as a military physician enabled me to have greater exposure to different experiences than most civilian family physicians. As a physician in the Army, you are placed in positions of leadership much sooner than in the civilian world. I was the chief medical officer in charge of a family medical clinic, four urgent care clinics and a laboratory. Occasionally, I would run sick calls

for a remote desert training site with very few resources. An Army family practice physician can have a vast variety of experiences.

Q: Popular Medical Clinic says it focuses on a holistic approach to medical care. What does that entail?

A: In a holistic approach, you try to look at the whole person to discover the source of the potential problem. For example, stress is often the main source of medical issues. It is also holistic for the treatment to first focus on natural remedies. Many health problems can be improved dramatically through diet, exercise, stress reduction and taking natural supplements.



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

A: Serving the Medi-Cal population means delivering compassionate care to individuals who face barriers to access and ensuring that every patient is treated the way that I would like to be treated — with excellence and respect. My dad would always tell me to treat the person like a human being. I think he meant treating patients with dignity and compassion and helping them the best that you can.

CalOptima Health Releases Inaugural Health Equity Report

In spring 2025, we published our first Health Equity Report, highlighting the comprehensive framework to address health disparities in Orange County and summarizing equity-focused activities in 2024.

“As a health plan, we are committed to advancing health equity and serving our members with the excellence, dignity and care they deserve,” said Michael Silva Rose, DrPH, LCSW, Chief Health Equity Officer at CalOptima Health.



The report presents a bold vision centered on operational and strategic priorities to keep the organization focused on impact. Key areas include:

REDUCING

health disparities by mitigating racial, ethnic, gender and socioeconomic inequities

LEADING

equity-driven quality improvement initiatives

DELIVERING

culturally responsive and linguistically accessible care

ENGAGING

stakeholders in collaborative partnerships

LEVERAGING

data to codesign strategies with the community that improve outcomes

We have already begun implementing these strategies across Orange County, and the report summarizes more than 35 in-progress or completed initiatives in 2024. Among the member-focused activities are expanding behavioral health telehealth services, offering doula benefits, hosting a maternal health and breastfeeding event to support expectant and postpartum members, and piloting maternal health and infant wellness events to improve access to care.

You can read the 2024 Health Equity Report at bit.ly/chhealthequity2024



Compliance Corner

Use This Checklist to Keep Up to Date With Your Patients' Health

Take an active role in your patients' health by engaging them in various exams and screenings. Here are some key items to discuss with your patients to guide them toward a healthier future:



Physical exam and reviews:

- Height and weight
- Body mass index
- Blood pressure
- Health history
- Medicine list
- Advance directive



Vaccines:

- Influenza
- COVID-19
- Pneumococcal
- Tetanus, diphtheria, pertussis
- Zoster



Screenings:

- Cervical cancer (Pap smear) for adults with a cervix ages 21 to 65
- Breast cancer (mammogram) for adults ages 40 to 74
- Colon cancer for adults ages 45 to 75
- Lung cancer for adults ages 50 to 80 with a history of heavy smoking



For patients with diabetes:

- Hemoglobin A1C
- Retinal eye
- Urine
- LDL cholesterol
- Foot



Other screenings and tests:

- Cholesterol
- Dental
- Osteoporosis
- Hearing
- Routine eye
- Fasting blood sugar
- Lab tests specific to your members' health condition
- Sexually transmitted infections (STIs)

Thank you for your continued support in providing quality health care services to our members. For additional member health education, please visit:

www.caloptima.org/en/ForProviders/Resources/HealthEducation.aspx.

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 Documents and Training 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**.

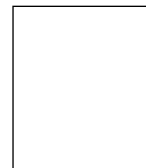


The CalOptima Health Pharmacy Management department and the P&T Committee continually monitor the safety of medications used by our members. In situations when there is a Class II recall or voluntary drug withdrawal from the market for safety reasons, CalOptima Health notifies affected members and prescribers within 30 calendar days of the Food and Drug Administration notification. An expedited process is in place to ensure affected members and prescribers are notified of Class I recalls as quickly as possible. These notifications will be conducted by fax or mail.



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