

PROVIDER PRESS

Winter 2023

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New Name and Logo Showcase Mission of CalOptima Health

CalOptima is now CalOptima Health. The agency's Board of Directors approved the new name during its August 2022 meeting. As part of this change, CalOptima Community Network became CalOptima Health Community Network and CalOptima Direct became CalOptima Health Direct.

Adding "Health" to the name was important, according to CEO Michael Hunn, both to encapsulate the agency's main focus and to increase community recognition of the organization as a health care plan. In late 2021, a public survey poll of 904 Orange County residents found that while more than 60% reported they had heard of CalOptima, fewer than half were aware that the agency's primary role is to provide health coverage.

Along with the name change, the Board approved a new logo, replacing the previous one in use since 2009. The new logo signifies the agency's community of members, providers and partners, and represents the following attributes:

- Community
- Connection
- Diversity
- Innovation
- Excellence
- Inspiration
- Growth
- Wellness

In partnership with providers, CalOptima Health looks forward to continuing to serve the needs of our members as we embark on a new chapter in the agency's history.

CalOptima Health logo



CalOptima Health Named a Top Medi-Cal Plan

CalOptima Health is a top Medi-Cal plan in California, receiving a rating of 4 out of 5 in the National Committee for Quality Assurance (NCQA) Medicaid Health Plan Ratings 2022. This is the eighth year in a row that CalOptima Health has received this distinction. Medicaid is known as Medi-Cal in California, and no other Medi-Cal plan in the state earned higher than 4 out of 5.



Michael Hunn, CEO

"CalOptima Health's mission is to serve member health with excellence and dignity," said Michael Hunn, CEO of CalOptima Health. "The NCQA rating shows that we are fulfilling that mission no matter the challenges of the pandemic. Our provider partners have sustained their commitment to quality care for a remarkable eight years, and our community is healthier because of their dedication to members."

Top-Rated Care Eight Years in a Row

Working Better. Together. for a Healthy OC

The strength of any community starts with the health of all its residents.

For eight years in a row, CalOptima Health is proud to be recognized as a top Medi-Cal plan in California by the National Committee for Quality Assurance (NCQA).

As Orange County's largest health plan, serving 1 in 4 residents, our community is healthier thanks to the outstanding care from our providers and partners.

CalOptima Health

visit caloptima.org

NCQA assesses Medicaid plan quality based on 43 clinical measures related to both preventive care and treatments. Preventive measures report whether members get services to keep them healthy and treatment measures gauge whether members receive appropriate care in response to illnesses and chronic diseases. NCQA also evaluates a plan based on five customer satisfaction dimensions, such as getting care quickly and rating of health plan.



Richard Pitts, D.O., Ph.D., Chief Medical Officer

"Day in and day out, Orange County's dedicated providers demonstrate the quality of care that's possible through a community-based health plan," said Richard Pitts, D.O., Ph.D., Chief Medical Officer. "By strictly focusing on doing what's best for the member, we achieve our high-quality standards and make our 'Better. Together.' motto come alive."

CalOptima Health Approves \$64 Million in Provider Supports

With providers continuing to grapple with the COVID-19 pandemic, the CalOptima Health Board of Directors committed to renewed financial support for Orange County's provider community.

In 2022, the Board approved \$58.2 million to extend supplemental funding for COVID-19 expenses to hospitals, health networks and other Medi-Cal providers through June 30, 2023. This supplemental payment increase of up to 7.5% will fund efforts by CalOptima Health-contracted providers to promote and administer vaccinations, cover increased costs for testing and treatment, and help address additional variants of the COVID-19 virus.

The agency is also continuing to protect providers from \$6 million in Medicare cuts, maintaining maximum reimbursement in programs serving seniors.

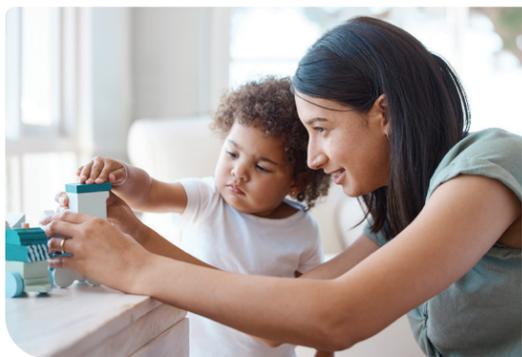
COVID-19 Supplemental Payments

- Up to 7.5% for COVID-19 expenses through June 30, 2023
- Total of \$58.2 million
- Fifth supplemental payment approved since 2020
- Helps support 23% increase in CalOptima Health membership during pandemic

ABA Providers Receive Rate Increase

Applied Behavior Analysis (ABA) providers are essential to improving the lives of Medi-Cal-eligible children and adults with autism and other developmental disabilities. To ensure ABA providers can continue offering these vital services in Orange County, CalOptima Health's Board of Directors in August approved a \$14.9 million increase in Medi-Cal fee-for-service rates. The increases will help ABA providers deal with challenging circumstances, such as labor shortages, rising overhead costs and increased demand for ABA services due to the COVID-19 pandemic.

After analyzing the market as well as commercial and other Medi-Cal organizations, CalOptima Health decided these rate increases were necessary to maintain access to quality providers and services. Though the increase varies by provider type and service — ranging from 0 to 31% — the average increase was 21.9%. When the rate increases went into effect October 1, CalOptima Health sent contract amendments outlining the specific increases for each Current Procedural Terminology (CPT) code.



Thank You to Our ABA Providers!

Our executive leadership team recognizes your vital role in providing quality evidence-based treatment. You serve more than 4,000 CalOptima Health members and help us meet our obligation to provide ABA services for members under the age of 21. Your dedicated care for members, in some cases over the span of many years, exemplifies our motto that we are all "Better. Together."

Members Asked to Update Contact Information Ahead of Medi-Cal Redetermination

As of April 1, 2023, the Department of Health Care Services (DHCS) will return to regular Medi-Cal eligibility and enrollment operations. During the COVID-19 Public Health Emergency (PHE), Medi-Cal members retained coverage regardless of any changes in circumstances. However, as part of the Consolidated Appropriations Act of 2023 signed by President Joe Biden, the continuous coverage requirements will end after March 31, 2023, regardless of whether the PHE has ended.

CalOptima Health is requesting your help to inform members about an important step to verify their Medi-Cal eligibility. Members will receive a mailed letter asking them to confirm their contact information as the initial step of this verification effort. If a member has changed addresses or other contact information, they should notify the County of Orange Social Services Agency (SSA).

Medi-Cal Redetermination

- DHCS is taking a two-phase approach:
 - Phase One: Underway. Members encouraged to update contact information
 - Phase Two: Begins April 1, 2023. Members encouraged to update contact information, report any change in circumstances and expect renewal packets
- California will have 14 months to complete redetermination
- Members who changed their address or other contact information should notify SSA by calling 855-541-5411 or by visiting ssa.ocgov.com
- Members will have 60 days to complete and return their renewal packet.

Providers Vital in Promoting Vaccinations Against Flu and COVID-19

Primary care providers are the main source of medical information for CalOptima Health members. With the ongoing COVID-19 pandemic and annual flu season, it's important for providers to talk to patients about vaccination. Both COVID-19 and flu can lead to hospitalization and, in some cases, death. However, vaccination has proven effective at preventing severe cases of both diseases.

The Centers for Disease Control and Prevention (CDC) urges providers to strongly encourage patients to get vaccinated. Here are three tips to promote these vaccines:

- Counsel your patients on the importance of receiving both the COVID-19 and flu vaccines.
- Offer to administer the COVID-19 and flu vaccines to eligible patients during the same visit.
- Offer to help schedule a future COVID-19 and flu vaccine appointment if the member is unable to receive the vaccinations during their visit.

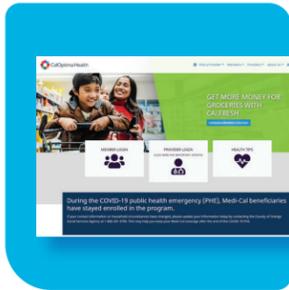
For more resources, visit the CDC's seasonal flu vaccination resources website at www.cdc.gov/flu/professionals/vaccination/index.htm.

How to Submit a CalAIM Referral

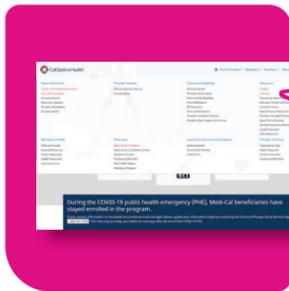
Hospitals and their staffs can play a major role in helping Medi-Cal members take advantage of new Community Supports and Enhanced Care Management (ECM) services being offered as part of California Advancing and Innovating Medi-Cal (CalAIM).

If your staff members have patients who might benefit from either Community Supports or ECM, they can follow these easy steps to submit a referral:

- 1 Visit CalOptima Health's website at www.caloptima.org.



- 2 Under the Providers tab, select CalAIM in the upper right corner of the drop-down menu.



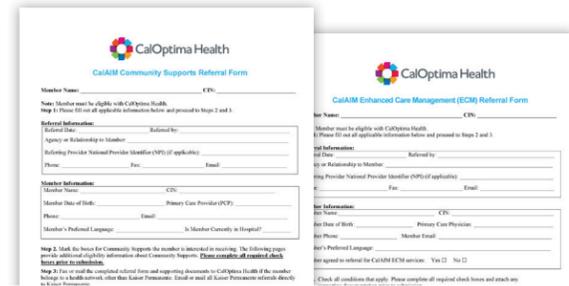
- Resources
- CalAIM
- CalFresh
- Frequently Asked Questions
- Manuals, Policies and Guides
- Common Forms
- Report Fraud, Waste and Abuse
- Provider Complaint Process
- Search for a Provider
- Clinical Practice Guidelines
- Health Education
- ACES Resources

- 3 Scroll down to Referral Forms.



- 1 Identify and manage member risk and needs through whole-person care approaches and address social determinants of health.

- 4 Select either CalAIM Community Supports Referral Form or CalAIM Enhanced Care Management Referral Form.



- 5 Fill out the form and fax, email or mail it, plus supporting documentation, using the directions on the referral form.



To learn more about CalAIM, Community Supports and ECM, please visit the CalAIM section of the CalOptima Health website at www.caloptima.org/CalAIM.

Encourage Diabetic Members to Receive A1c Tests

Although it's vital for patients with diabetes to receive regular A1c tests, some may have delayed these tests, along with other routine checkups, due to COVID-19. Please urge your CalOptima Health members with diabetes to get their checkups and A1c tests done as soon as possible. These checkups are also a good opportunity for you to highlight the importance of diabetes self-management, which can improve both the patient's behaviors and health. Continue to encourage members to come in for routine visits to monitor their diabetes, especially if they have uncontrolled A1c levels. As an additional incentive, CalOptima Health offers a \$25 Member Health Reward for Medi-Cal members ages 18–75 with a diagnosis of diabetes who complete an A1c test. For more info, visit www.caloptima.org/HealthRewards.

Thank you for your commitment to improving diabetes care for CalOptima Health members. For questions about benefits for members with diabetes, please call our Health Education department at **714-246-8895**.

Boosting Your HEDIS Measure

Here's how you can improve your Healthcare Effectiveness Data and Information Set (HEDIS) A1c measure:

- Review diabetes services needed at each office visit
- Order labs prior to patient appointments
- Ensure the patient's HbA1c result and date are documented in the chart
- Adjust therapy to improve HbA1c and blood pressure levels; follow up with the patient to track changes
- Prescribe statin therapy to all members with diabetes age 40–75 years

OneCare Connect Has Transitioned to OneCare

CalOptima Health's OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) ended on December 31. OneCare Connect members have now transitioned to OneCare (HMO D-SNP), a Medicare Medi-Cal Plan. OneCare will continue to assist members with their health care needs and coordinate benefits, including medical care, home- and community-based services, medical supplies, and medications.

All OneCare Connect providers were sent a contract amendment so they can continue to serve members in the OneCare program. OneCare providers must also complete the CalOptima Health OneCare Model of Care training on CalOptima Health's website at www.caloptima.org/en/ForProviders/ProviderTrainings/OneCareModelofCare.

About OneCare

- A CalOptima Health program since 2005
- Designed for Orange County members with Medicare and Medi-Cal coverage
- 7,000-plus participating primary care doctors and specialists
- 34 community health centers
- 500-plus participating pharmacies
- Transportation to doctor appointments and gym

Pacific Neuropsychiatric Specialists

Pacific Neuropsychiatric Specialists (PNS) is a psychiatric mental health provider with five offices throughout Orange County. PNS has 80 staff, including 28 psychiatric providers who see more than 12,000 patients a month, either in person or through telemedicine. In addition to psychiatric services, PNS also offers transcranial magnetic stimulation, clinical trials and diagnostic assessments, such as genetic testing, full blood analysis, Conners rating scale testing for attention-deficit/hyperactivity disorder and mild cognitive impairment analysis. PNS was established in 2006 and has been a CalOptima Health provider since 2008.

Q: What is PNS' approach to addressing mental health needs in Orange County?

A: We are proud to serve patients with a holistic approach to their mental health. Our patient-centric belief system addresses the person as a whole, treating their mental, emotional, physical and socio-environmental needs. Every patient who enters our doors is treated with respect, kindness and compassion no matter what office they visit or what payer source they have.



Alejandro Alva, M.D., Chief Medical Officer and CEO

The CalOptima Health Medi-Cal community has grown significantly over the past few years. Therefore, we increased our number of providers and offices to ensure every member is seen within a timely period.

Q: How do you help the Medi-Cal population in particular?

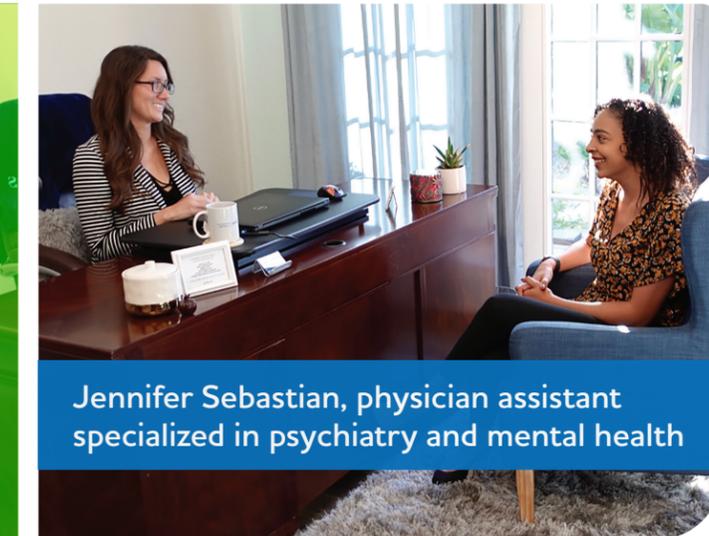
A: The CalOptima Health Medi-Cal community has grown significantly over the past few years. Therefore, we increased our number of providers and offices to ensure every member is seen within a timely period. In addition, we work closely with CalOptima Health's Provider Relations department to ensure members are referred to other CalOptima Health specialists if additional medical services are needed outside our scope of practice.

Q: What changes in mental health care has PNS seen since opening its doors, and how has your practice adapted?

A: When we first opened our doors, we noticed that obtaining help for a mental health concern was not well accepted in the community and was considered almost taboo. Over the years, we have witnessed a shift so mental health is now accepted as a medical illness and part of a person's overall health. PNS makes it easy for the community to get help by offering extended hours and telemedicine appointments five days a week. We have added bilingual providers who speak Spanish, Farsi, Russian, French and Gujrati — just to name a few. PNS has also partnered with reputable pharmaceutical companies to offer clinical trials. Many CalOptima Health members take advantage of this opportunity to receive cutting-edge medications at no cost to them.



Andrew Johnson, physician assistant specialized in psychiatry and mental health



Jennifer Sebastian, physician assistant specialized in psychiatry and mental health

Q: What challenges has the COVID-19 pandemic brought to mental health care and how has PNS met those challenges?

A: One of the most challenging obstacles was the volume of patients who suddenly needed our help. The challenge did not stop there as most were afraid to leave their home. As a result, we immediately established an option for any patient to be seen by telemedicine and added more psychiatric providers, including experts in child, adolescent and geriatric psychiatry. We also added more locations throughout Orange County to ensure we had access for all the patients returning to in-person appointments.

About Members' Transportation Benefits

CalOptima Health members receive the following transportation benefits at no cost when services are arranged by the agency.



	Non-Emergency Medical Transportation	Non-Medical Transportation
For OneCare	Non-emergency medical transportation by ambulance/ gurney, litter van, wheelchair van or air transport is appropriate when it is documented that the member's condition is such that other means of transportation could endanger their health and that medical necessity was used to determine the type of transportation requested.	Unlimited transportation to plan-approved locations for medically necessary covered services. Coverage also includes unlimited trips to and from the gym because gym membership is offered as a supplemental benefit. Modes of transportation available: <ul style="list-style-type: none"> ▪ Daily/monthly bus passes ▪ OC Access vouchers ▪ Personal driver mileage reimbursement ▪ Taxi
OneCare Contact Information	Call 1-877-412-2734 (TTY 711) at least five days in advance.	Call 1-866-612-1256 (TTY 711) at least two days in advance.

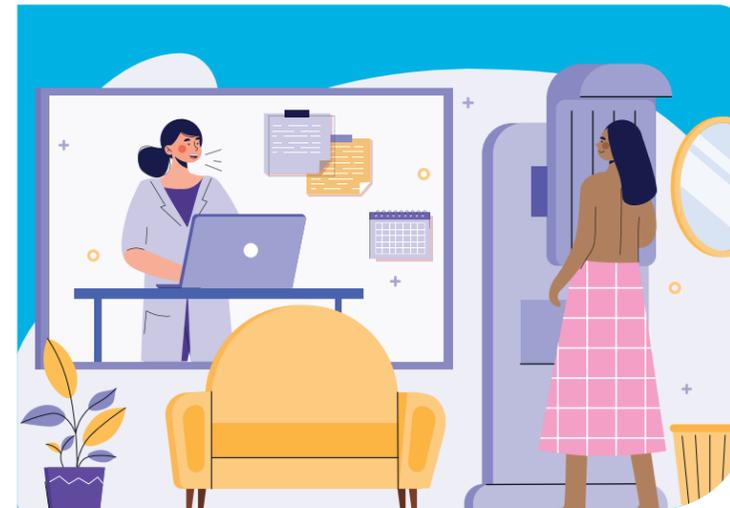


	Non-Emergency Medical Transportation	Non-Medical Transportation
For Medi-Cal	CalOptima Health allows the lowest-cost medical transportation via ambulance, litter van, wheelchair van or air transport when the member needs a ride to an appointment. Medical transportation must be prescribed by a doctor and submitted to CalOptima Health for approval.	CalOptima Health allows the member to use a car, taxi, bus or other public/private way of getting to medical appointments for Medi-Cal services authorized by a provider or for picking up prescriptions and medical supplies.
Medi-Cal Contact Information	Call CalOptima Health at 1-714-246-8500 (TTY 711) at least 15 days before an appointment or as soon as possible for urgent appointments.	Call CalOptima Health at 1-714-246-8500 (TTY 711) at least 15 days before an appointment or as soon as possible for urgent appointments.

Screening Recommendations Are Key to Early Cancer Detection

Cancer is the second leading cause of death in the United States. And, according to the CDC, breast cancer is the second most common cancer affecting women in the country, while cervical cancer is the fourth most common cancer affecting women worldwide.

As health care professionals, you know catching cancer early saves lives. Although many women are screened for breast or cervical cancers, patients often report not receiving a mammogram or Pap test because their provider did not recommend it.



If you talk to your patients about breast cancer screenings when they turn 50 — or sooner if they are at high risk — and cervical cancer screenings when they turn 21, you dramatically increase the likelihood they will be screened. And that will lead directly to more cancers being detected early.

You can also make it easier for women to get screened by offering extended hours, mobile clinics and help with transportation. Remember that CalOptima Health offers a no-cost transportation benefit to members.

Well-Child Visit Quick Tip

Increase well-child visit compliance with your patients who are 0–2 years old by reminding parents or guardians to schedule the next well-child visit before they leave the office.

We Want to Hear From You!

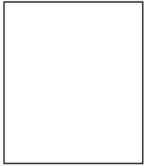
CalOptima Health welcomes questions and feedback from our contracted providers. If you have anything you would like to discuss, please reach out to the Provider Relations department by calling **714-246-8600** or emailing providerservicesinbox@caloptima.org.





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CalOptima Health