

AMENDMENT 10

TO THE

COORDINATION AND PROVISION OF PUBLIC HEALTH CARE SERVICES CONTRACT

THIS AMENDMENT 10 is effective January 1, 2022, by and between and between the Orange County Health Authority, a Public Agency, dba CalOptima (“CalOptima”), and the County of Orange, a political subdivision of the State of California, through its division the Orange County Health Care Agency (“County”), with respect to the following facts:

RECITALS

- A. CalOptima and County entered into a Coordination and Provision of Public Health Care Services Contract (“Contract”) effective June 1, 2013 to set forth the manner in which their respective services shall be coordinated, and County shall be reimbursed by CalOptima, as required by CalOptima’s contract with the State of California, Department of Health Care Services (“DHCS”).
- B. County, as Lead Entity, and DHCS entered into a contract for the Whole Person Care Pilot Program (“WPC Pilot Program”), Contract No. 16-14184-OR-30, (“County/DHCS Contract”), for the coordination of physical, behavioral health, and social services in a patient centered approach with the goals of improved health and well-being through more efficient and effective uses of resources for Medi-Cal beneficiaries struggling with homelessness. WPC promotes increased communication between County Behavioral Health and Public Health Services, CalOptima, hospital emergency rooms, community clinics and recuperative care providers to improve access and navigation of services for the homeless population. The WPC Pilot Program will be ending December 31, 2021.
- C. In accordance with the Affordable Care Act, Section 2703 and Welfare and Institutions Code Sections 14127 and 14128, CalOptima elected to participate in DHCS’ Health Homes Program (HHP) for the coordination of the full range of physical health, behavioral health, and community based long-term services and supports (LTSS) needed by Medi-Cal Members with chronic conditions in Orange County, California, no sooner than January 2020 for CalOptima Medi-Cal Members with eligible chronic physical conditions and substance use disorders (SUD), and no sooner than July 1,2020 for CalOptima Medi-Cal Members with Serious Mental Illness (SMI). The HHP will be ending December 31, 2021.
- D. On January 8, 2021, DHCS released a revised California Advancing and Innovating Medi-Cal (CalAIM) proposal that takes a whole-person care approach to improving health outcomes for Medi-Cal Members by incorporating both clinical and nonclinical services. Implementation of CalAIM initiatives by managed care plans begins January 1, 2022.
- E. CalOptima wishes to partner with County to leverage their existing WPC infrastructure to incorporate new services related to CalAIM. County shall arrange, through the WPC, to provide targeted engagement for Members that CalOptima has identified as being eligible for, but not yet enrolled in CalAIM. In order to support a smooth and orderly conversion of clients and services, County shall provide coordination of services for CalOptima’s Medi-Cal Members transitioning from WPC to CalAIM. County shall also provide Enhanced Care Management (ECM) Services for CalOptima Members experiencing 1) Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) inclusive of other related population of focus criteria to be effective January 1, 2022 under CalOptima’s CalAIM program such as homelessness and high utilizers upon authorization from the Health Network in which the Member is assigned. As funding from the State for CalAIM services provided to a Member is only provided to and through managed care plans effective January 1, 2022, CalOptima shall reimburse County for Targeted Engagement and Coordination Services and Enhanced Care Management Services provided under the Contract.

F. CalOptima and County desire to amend this Contract on the terms and conditions set forth herein.

NOW, THEREFORE, the parties agree as follows:

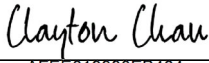
1. Section II “Criteria for Reimbursement” of Attachment A, Part XII “WPC/HHP Crossover Population”, added to the Contract in Amendment 6, shall be deleted in its entirety and replaced with the following:

“II. CRITERIA FOR REIMBURSEMENT--- County may seek reimbursement from CalOptima for Targeted Engagement Services and Housing Services provided on or before December 31, 2021, subject to the terms and conditions of this Contract.


 - A. County shall have agreements in place with the WPC Providers to provide targeted engagement services, and housing services.
 - B. County shall pay the WPC Providers for the select WPC services rendered. CalOptima shall not have liability to WPC Providers for any services.
 - C. County shall not claim reimbursement from DHCS for HHP housing supportive services that are provided through HHP and billed to CalOptima. As per DHCS’ HHP Program Guide Appendix K, Joint Medi-Cal Managed Care Health Plan and WPC Guidance, the WPC pilot may not claim WPC reimbursement for care coordination services that are duplicative of HHP care coordination services that are provided during the same month.
 - D. CalOptima’s reimbursement for targeted engagement services and housing services is subject to the continuation of its contract with DHCS for the HHP.”
2. Part XIV “CalAIM Transition Coordination Services” as set forth in the attachment hereto, entitled “Attachment A, Part XIV, CalAIM Transition Coordination Services” is hereby added to Attachment A of the Contract.
3. Attachment B – Amendment 9 “Compensation” shall be deleted in its entirety and replaced with the attached Attachment B – Amendment 10 “Compensation”.
4. CONTRACT REMAINS IN FULL FORCE AND EFFECT – Except as specifically amended by this Amendment 10, all other conditions contained in the Contract as previously amended shall continue in full force and effect. This Amendment 10 is subject to approval by the Government Agencies and by the CalOptima Board of Directors.

IN WITNESS WHEREOF, CalOptima and County have executed this Amendment 10.

FOR COUNTY:

DocuSigned by:

 AFE619990EB464...
 Signature
 Clayton Chau
 Print Name
 Agency Director
 Title
 12/22/2021
 Date

FOR CALOPTIMA:


 Yunkyung Kim (Dec 21, 2021 12:57 PST)
 Signature
 Yunkyung Kim
 Print Name
 Chief Operating Officer
 Title
 Dec 21, 2021
 Date

Approved as to form:
County Counsel
County of Orange, California

DocuSigned by:

 9713A4061D4343D...
 By: Brittany McLean
 Date: 12/22/2021

Attachment A, Part XIV
CalAIM Transition Coordination Services

CalAIM Program Services to be provided by County for CalOptima Medi-Cal Members

I. SCOPE OF WORK---

Service Categories:

- Targeted Engagement and Coordination Services to be provided by County to CalOptima Members transitioning from WPC program and/or referred by County and CalOptima.
 - ECM and Community Supports Services to be provided by County for CalOptima Members who are experiencing SMI/SUD inclusive of other related population of focus criteria to be effective January 1, 2022 under CalOptima's CalAIM program such as homelessness and high utilizers (CalAIM Program enrolled Members only).
-

A. Targeted Engagement and Coordination Services

1. Targeted Engagement Services: County staff shall provide information about the CalAIM Program and its benefits to CalOptima Members who participated or are participating in County's WPC Program to encourage such Members to continue in CalOptima's CalAIM Program or newly identified CalOptima Members that may be eligible for CalAIM that are encountered via outreach and engagement in the field. These services can be provided at CalOptima Member's preferred location. County staff shall utilize CalOptima-approved communications to ensure health literacy standards, cultural appropriateness and trauma-informed care standards are maintained.

County shall document the outcome of engagements and share that information with CalOptima.

County shall provide Targeted Engagement Services for CalOptima Members through December 31, 2022.

2. Coordination Services: County staff shall provide care coordination services to CalOptima Members that have transitioned to CalAIM Program from WPC to ensure there is no disruption or duplication of services. The services may include, but are not limited to, ensuring the CalOptima Member continues to receive services such as care coordination and case management, housing services or recuperative care, collaborating with CalOptima to assist navigating the CalOptima Member through the transition and ensuring the appropriate contacts are made with CalOptima or Health Network staff, and may assist Community Based Organizations on the referral processes with CalOptima and its Health Networks. County staff shall utilize CalOptima-approved communications to ensure health literacy standards, cultural appropriateness and trauma-informed care standards are maintained.

County shall document coordination services in an agreed upon standard data set and share that information with CalOptima and the Health Networks as a pass-through via an electronic format such as secure email, Secure File Transfer Protocol (SFTP), or a secure web portal.

County shall provide Coordination Services during the transition from WPC to CalAIM Program, through June 30, 2022, and may be continued through December 31, 2022 by mutual written agreement of the Parties.

B. Enhanced Care Management (ECM)

1. ECM Core Services – Upon authorization by CalOptima Member’s assigned Health Network and acceptance by County, County will perform the following core ECM Services to CalOptima Members who are enrolled in CalAIM Program and are experiencing SMI and/or SUD inclusive of other related population of focus criteria to be effective January 1, 2022 under CalOptima’s CalAIM program such as homelessness and high utilizers (adults and children/youth), per policy GG.1354 Enhanced Care Management Eligibility and Outreach:
 - a. Outreach and engagement;
 - b. Comprehensive assessment and care management plan;
 - c. Enhanced coordination of care;
 - d. Health promotion;
 - e. Comprehensive transitional care;
 - f. CalOptima Member and family supports; and
 - g. Coordination of and referral to community and social support services.

2. ECM Provider Requirements – County, shall satisfy the ECM Provider requirements for County identified, CalAIM enrolled and CalOptima authorized Members as set forth in CalOptima Policies and as follows:
 - 2.1 County shall have experience serving CalOptima Members experiencing SMI and/or SUD inclusive of other related population of focus criteria to be effective January 1, 2022 under CalOptima’s CalAIM program such as homelessness and high utilizers and experience and expertise with the services County will provide.
 - 2.2 County shall comply with all applicable State and federal laws and regulations and all ECM requirements in the DHCS-CalOptima ECM and Community Supports Contract and associated guidance.
 - 2.3 County shall have the capacity to provide culturally appropriate and timely in-person care management activities including accompanying CalOptima Members to critical appointments when necessary. County shall be able to communicate in culturally and linguistically appropriate and accessible ways.
 - 2.4 County shall have agreements, procedures, and processes in place to engage and cooperate with CalOptima, CalOptima Health Networks, area hospitals, primary care practices, behavioral health Providers, Specialists, and other entities, including Community Supports Providers, to coordinate care as appropriate to each CalOptima Member. County shall comply with CalOptima’s applicable process for vetting providers, which may extend to the individuals employed by or delivering services on behalf of County, to ensure the providers can meet the capabilities and standards required to be an ECM Provider.
 - 2.5 County shall use a care management documentation system or process that supports the documentation and integration of physical, behavioral, social service, and administrative data and information from other entities to support the management and maintenance of an ECM Member care plan that can be shared with other providers and organizations involved in each ECM Member’s care. Care management documentation systems may include Certified Electronic Health Record

Technology, or other documentation tools that can: document CalOptima Member goals and goal attainment status; develop and assign care team tasks; define and support CalOptima Member care coordination and care management needs; gather information from other sources to identify CalOptima Member needs and support care team coordination and communication and support notifications regarding CalOptima Member health status and transitions in care (e.g., discharges from a hospital, long-term care facility, housing status).

3. Identifying CalOptima Members for ECM – CalOptima and County shall proactively identify CalOptima Members who are eligible for ECM Services and would benefit from ECM outreach. CalOptima Members identified by County shall be communicated to CalOptima on a monthly basis consistent with CalOptima’s process, as described in CalOptima Policy GG.1354: Enhanced Care Management Eligibility and Outreach.
4. County Responsibilities for Assigned ECM Members.
 - 4.1 Upon authorization of ECM by CalOptima and acceptance by County, County shall ensure each assigned ECM Member has a Lead Care Manager who interacts directly with the ECM Member and/or their family member(s), guardian, caregiver, and/or authorized support person(s), as appropriate, and coordinates all covered physical, behavioral, developmental, oral health, Specialty Mental Health Services, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System services, any Community Supports, and other services that address social determinants of health needs, regardless of setting.
 - 4.2 County shall:
 - (i) Advise the ECM Member on the process for changing ECM Providers, which is permitted at any time;
 - (ii) Advise the ECM Member on the process for switching ECM Providers, if requested; and
 - (iii) Notify CalOptima if the ECM Member wishes to change ECM Providers. CalOptima shall implement any requested ECM Provider change within thirty (30) calendar days.
5. County Staffing – At all times, County shall have adequate staff to ensure its ability to carry out responsibilities for each assigned ECM Member consistent with this Contract, applicable CalOptima Policies, DHCS ECM Provider Standard Terms and Conditions, the DHCS-CalOptima ECM and Community Supports Contract and any other related DHCS guidance.
6. County Outreach and Member Engagement – County shall be responsible for conducting outreach to each assigned ECM Member, in accordance with CalOptima Policy GG.1354: Enhanced Care Management Eligibility and Outreach.
 - 6.1 County shall conduct outreach primarily through in-person interaction where ECM Members and/or their family member(s), guardian, caregiver, and/or authorized support person(s) live, seek care, or prefer to access services in their community. County may supplement in-person visits with secure teleconferencing and telehealth, where appropriate, with the ECM Member’s consent, and in compliance with applicable CalOptima Policies. County shall use the following modalities, as appropriate and as authorized by the ECM Member, if in-person modalities are unsuccessful or to reflect an ECM Member’s stated contact preferences: (i) Mail; (ii) Email; (iii) Texts; (iv) Telephone calls; and (v) Telehealth.
 - 6.2 County shall comply with applicable non-discrimination requirements set forth in State and federal law and this Contract.

- 6.3 CalOptima and County will coordinate to ensure that ECM Members who the parties know meet exclusionary criteria as defined in CalOptima Policy GG.1354: Enhanced Care Management Eligibility and Outreach do not receive ECM Services.
7. Initiating Delivery of ECM Services – County shall obtain, document, and manage ECM Member authorization for the sharing of personally identifiable information between CalOptima and ECM, Community Supports, and other Providers involved in the provision of ECM Member care to the extent required by federal law.
- 7.1 ECM Member authorization for ECM-related data sharing is not required for County to initiate delivery of ECM Services unless such authorization is required by federal law. When federal law requires authorization for data sharing, County shall communicate that it has obtained ECM Member authorization for such data sharing back to CalOptima.
- 7.2 County shall notify CalOptima to discontinue ECM under the following circumstances: (i) The ECM Member has met their care plan goals for ECM; (ii) The ECM Member is ready to transition to a lower level of care and/or services; (iii) The ECM Member no longer wishes to receive ECM Services or is unresponsive or unwilling to engage; and/or (iv) County has not had any contact with the ECM Member despite multiple attempts.
- 7.3 When ECM is discontinued, or will be discontinued for the ECM Member, CalOptima is responsible for sending a notice of action notifying the ECM Member of the discontinuation of the ECM benefit and ensuring the ECM Member is informed of the right to appeal and the appeals process as instructed in the notice of action. County shall communicate to the ECM Member other benefits or programs that may be available to the ECM Member, as applicable (e.g., ECM Complex Case Management, ECM Basic Case Management, etc.).
8. County and CalOptima Coordination – Both County and CalOptima including its Health Networks will coordinate all aspects of the CalOptima Members enrollment, navigation, and care coordination within the community in a direct and collaborative model to ensure the CalOptima Member is benefiting from all services.
9. ECM Requirements – County shall ensure ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high-cost Medi-Cal Members assigned to the CalOptima Health Networks. County shall ensure the approach is person-centered, goal oriented, and culturally appropriate.
- 9.1 Subject to all applicable requirements set forth in this Contract (including, but not limited to, subcontracting requirements), if County subcontracts with other entities to administer ECM functions, County shall ensure agreements with each entity bind the entities to the applicable terms and conditions set forth in this Contract and applicable CalOptima Policies and that its Subcontractors comply with all applicable requirements in DHCS County Standard Terms and Conditions and the DHCS-CalOptima ECM and Community Supports Contract. Notwithstanding any subcontracting arrangements, County shall remain responsible and accountable for any subcontracted ECM functions.
- 9.2 County shall: (i) Ensure each ECM Member receiving ECM has a Lead Care Manager; (ii) Coordinate across all sources of care management in the event that an ECM Member is receiving care management from multiple sources; (iii) Notify CalOptima to ensure non-duplication of services in the event that an ECM Member is receiving care management or duplication of services from multiple sources; and (iv) Follow CalOptima’s instruction and participate in efforts to ensure ECM and other care management services are not duplicative.

- 9.3 County shall collaborate with area hospitals, Primary Care Providers CalOptima and CalOptima's Health Networks, behavioral health Providers, Specialists, dental Providers, Providers of services for LTSS and other associated entities, such as Community Supports Providers, as appropriate, to coordinate Member care for ECM.
- 9.4 County shall ensure the establishment of an ECM Care Team and a communication process between Members' ECM Care Team participants related to services being rendered, in accordance with the requirements set forth in CalOptima Policies.
- 9.5 County shall complete a health needs assessment and develop a comprehensive, individualized, person-centered care plan for each ECM Member. County shall ensure case conferences are conducted by the ECM Care Team and the ECM Member's health needs assessment and care plan are updated as necessary.
10. Training – County shall participate in all mandatory, Provider-focused ECM training and technical assistance provided by CalOptima, including in-person sessions, webinars, and/or calls, as necessary. County shall ensure that its staff who will be delivering ECM services complete training required by CalOptima and DHCS prior to participating in the administration of the ECM services.
11. Data Sharing to Support ECM – CalOptima, including its Health Networks, and County agree to exchange available information and data as required by DHCS guidance and as reasonably required by CalOptima Policies, including but not limited to notification of hospital emergency department visits, inpatient admissions and discharges, health history, behavioral health history, and other agreed upon information to support the physical and mental health of ECM Members. CalOptima, including its Health Networks, and County shall conduct such sharing in compliance with all applicable Health Insurance Portability and Accountability Act (HIPAA) requirements (including applying the minimum necessary standard when applicable), and other federal and California state laws and regulations. Further, County shall establish and maintain a data-sharing agreement with other providers that is compliant with all federal and California state laws and regulations as necessary. If applicable laws and/or regulations require an ECM Member's valid authorization for release of health information and a legal exception does not apply, County may not release such information without the ECM Member's valid authorization.
- 11.1 CalOptima will provide to County the following data at the time of assignment and periodically thereafter, and following DHCS guidance for data sharing where applicable:
- (i) CalOptima Member assignment files, defined as a list of Medi-Cal Members authorized for ECM and assigned to County;
 - (ii) Non-duplicative Encounter and/or claims data, as appropriate;
 - (iii) Non-duplicative physical, behavioral, administrative and social determinants of health data (e.g., Homeless Management Information System (HMIS data)) for all assigned CalOptima Members, as available; and
 - (iv) Reports of performance on quality measures and/or metrics, as requested.
12. Claims Submission and Reporting – County shall submit claims or invoices for provision of ECM Services to CalOptima using the national standard specifications and code sets defined by DHCS. In the event County is unable to submit claims to CalOptima for ECM Services using the national standard specifications and DHCS-defined code sets, County shall submit an invoice to CalOptima with a minimum set of data elements (as defined by DHCS) necessary for CalOptima to convert the invoice to an encounter for submission to DHCS.

13. Quality and Oversight – County acknowledges that CalOptima will conduct oversight of County’s provision of ECM Services under this Contract to ensure the quality of ECM Services and compliance with program requirements, which may include audits and/or corrective actions. County shall respond to all reasonable requests from CalOptima for information and documentation related to County’s provision of ECM Services.
14. ECM Data and Reports – County shall submit to CalOptima complete, accurate, and timely ECM data and reports in the manner and form reasonably acceptable to CalOptima as required by applicable CalOptima Policies or otherwise required by DHCS in order for CalOptima to monitor and meet the following: (i) program performance targets; and (ii) its data reporting requirements to DHCS.
15. County Agent Qualifications – County shall verify that the qualifications of County staff and agents on behalf of County providing ECM Services under this Contract comply with the requirements of this Contract and applicable CalOptima Policies and DHCS guidance. In addition, for County staff and agents providing services on behalf of County who enter CalOptima Members’ homes or have face-to-face interactions with CalOptima Members, County shall also conduct background investigations, including, but not limited to, County, State and Federal criminal history and abuse registry screening. County shall comply with all applicable laws in conducting background investigations and shall exclude unqualified persons from providing services under this Contract.
16. County will provide the ECM Services from January 1, 2022 through December 31, 2022.

II. CRITERIA FOR REIMBURSEMENT---

- A. County shall have Staff to provide Transition Coordination Services for CalOptima Members transitioning from WPC to CalAIM Program for a smooth and orderly conversion of CalOptima Members and services.
- B. County shall not claim reimbursement from DHCS for CalAIM Transition Coordination Services that are provided by County and billed to CalOptima.
- C. CalOptima’s reimbursement for Transition Coordination Services is subject to the continuation of CalOptima’s contract with DHCS for CalAIM.
- D. CalOptima shall reimburse County for ECM provided to a CalOptima Member, subject to authorization from the Health Network to which the CalOptima Member is assigned.

III. DEFINITIONS SPECIFIC TO THIS ATTACHMENT A, PART XIV---

- A. “CalAIM (California Advancing and Innovating Medi-Cal)” is a multi-year initiative by DHCS to improve the quality of life and health outcomes of County of Orange population by implementing broad delivery system, program, and payment reform across the Medi-Cal program. The major components of CalAIM build upon the successful outcomes of various pilots (including but not limited to the Whole Person Care Pilots (WPC), Health Homes Program (HHP), and the Coordinated Care Initiative) from the previous federal waivers and will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance.
- B. “Homeless” means a CalOptima Member who, as defined in 24 C.F.R section 91.5, lacks a fixed, regular, and adequate nighttime residence, or who will imminently lose their primary nighttime residence; or are an unaccompanied CalOptima Member under twenty-five (25) years of age; or a CalOptima Member who is

fleeing dangerous or life-threatening conditions, has no other residence, and lacks the resources to obtain permanent housing.

- C. “Member” means a Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in CalOptima.
- D. “WPC (Whole Person Care)” means the program administered by the Orange County Health Care Agency, providing infrastructure and integrated systems of care to coordinate services for vulnerable Medi-Cal beneficiaries experiencing homelessness.

ATTACHMENT B – AMENDMENT 10**COMPENSATION****I. COMPENSATION****A. Medi-Cal Program**

1. With the exception of the services and reimbursement rates specified in Sections I.B, I.C, and I.D of this Attachment B – Amendment 10, CalOptima or a Member’s Health Network shall reimburse County, and County shall accept as payment in full from CalOptima, the lesser of:
 - a. billed charges, or:
 - b. the following rates:
 - 1) 123% of the Current CalOptima Medi-Cal Fee Schedule on a fee-for-service basis for **physician services**, as defined in the Provider Manual.
 - 2) 100% of the Current CalOptima Medi-Cal Fee Schedule on a fee-for-service basis for **non-physician services**, as defined in the Provider Manual.
 - 3) 100% of the Current CalOptima Medi-Cal Fee Schedule on a fee-for-service basis, as defined in the Provider Manual **for Child Health and Disability Prevention (CHDP) services** provided by County.
 - 4) 140% of the Current CalOptima Medi-Cal Fee Schedule on a fee-for-service basis, as defined in the Provider Manual **for professional services provided by a qualifying CCS paneled specialist** to a Member less than 21 years of age.
2. Services with Unestablished Fees. If a fee has not been established by Medi-Cal for a particular procedure, and CalOptima has provided authorization for County to provide such service, CalOptima shall reimburse County under the following guidelines:
 - a. “By Report & Unlisted” codes that CalOptima has provided authorization for County to provide such service will be paid at forty percent (40%) of billed charges and must follow Medi-Cal billing rules, policies and guidelines. When billing CalOptima for these codes, County shall include documentation of Covered Services provided.
 - b. County shall utilize current billing codes and modifiers for Medi-Cal.
 - c. CPT or HCPC codes not contained in the Medi-Cal fee schedule at the time of service are not reimbursable.
 - d. If the billed charges are determined to be unallowable, in excess of usual and customary charges, or inappropriate pursuant to a medical review by CalOptima, CalOptima will contact provider for additional justification and these will be handled on a case-by-case basis.

B. WPC/HHP Crossover Services

1. REIMBURSEMENT--- County shall be reimbursed for its services provided on or before December 31, 2021, according to the monthly rates listed below:

Services	HHP Enrollment Status	Rate per Month (per Member)
Targeted Engagement	Eligible	\$207.50
Housing Navigation and Sustainability	Enrolled	\$960.00

2. INVOICE SUBMISSION--- On a monthly basis, County shall submit an invoice to CalOptima at the address specified below for reimbursement of services provided to CalOptima Members during the previous month. The invoice shall include member details which can be utilized by CalOptima to prepare DHCS reporting, including member-identifying information and which services were provided to each member during that month.

CalOptima
 Attn: Accounts Payable
 505 City Parkway West
 Orange, CA 92868

C. CalAIM Services

1. REIMBURSEMENT--- County shall be reimbursed for its services according to the monthly rates listed below:

Services	CalAIM Eligible or Enrolled	Rate
WPC Transition- Targeted Engagement and Coordination Services	Eligible and Enrolled	1/01/2022 – 6/30/2022: A flat amount of \$103,340.26 per month for Targeted Engagement and Coordination Services. 7/01/2022 – 12/31/2022: A flat amount of \$20,739.79 per month for Targeted Engagement services only.
Enhanced Care Management Services (SMI/SUD) and inclusive of other related population of focus criteria to be effective January 1, 2022 under CalOptima’s CalAIM program such as homelessness and high utilizers	Enrolled and Authorized by CalOptima	\$510.64 Per Enrollee Per Month (PEPM) for each CalOptima Member who receives three (3) or more hours of ECM Services in a given month as identified by twelve (12) or more units. For purposes of Attachment B – Amendment 10, the term “Per Enrollee Per Month” means an all-inclusive case rate that applies whenever County, has provided the minimum level of service payment to an enrolled CalOptima Member. This rate is paid on the basis of submitted invoices and is not considered a capitation payment.

2. INVOICE SUBMISSION--- On a monthly basis, County shall submit an invoice to CalOptima at the address specified below for reimbursement of services provided to CalOptima Members during the previous month. The invoice shall include member details which can be utilized by CalOptima to

prepare DHCS reporting, including member-identifying information and which services were provided to each member during that month.

CalOptima
Attn: Accounts Payable
505 City Parkway West
Orange, CA 92868

D. PACE Program Services

1. For Covered Services provided to PACE Members, CalOptima shall reimburse County, and County shall accept as payment in full from CalOptima, the lesser of:
 - a. billed charges, or
 - b. 100% of the current Medicare Allowable Participating Provider Fee Schedule for locality 26.
2. Prior authorization rules apply for payment of services.
3. Medicare billing rules and payment Policies and guidelines for billing and payment will apply.
4. Services with Unestablished Fees. If a fee has not been established by Medicare for a particular procedure, and CalOptima has provided authorization for Professional to provide such service, CalOptima shall reimburse County under the following guidelines:
 - a. "By Report & Unlisted" codes that CalOptima has provided authorization for County to provide such service will be paid at **forty percent (40%)** of billed charges and must follow Medicare billing rules and guidelines. When billing CalOptima for these codes, County shall include documentation of Covered Services provided.
 - b. County shall utilize current payment codes and modifiers for Medicare.
 - c. CPT or HCPC codes not contained in the Medicare fee schedule at the time of service are not reimbursable.
 - d. If the billed charges are determined to be unallowable, in excess of usual and customary charges, or inappropriate pursuant to a medical review by CalOptima, CalOptima will contact County for additional justification and these will be handled on a case-by-case basis.
5. Should Medicare consider a service as non-covered, then Medi-Cal guidelines shall be applied. County may need to resubmit claim in accordance with Medi-Cal codes, billing rules, Policies, and guidelines for reimbursement.

II. SERVICES ELIGIBLE FOR REIMBURSEMENT

Category	County	CalOptima/Health Networks
Non-DOT TB Treatment	Medi-Cal: PDS will bill CalOptima for covered TB screening and treatment services for both CalOptima Direct and Health Network Members.	Medi-Cal: CalOptima will pay County for claims for covered TB screening and treatment services for both CalOptima Direct and Health Network Members. CalOptima shall not pay County for DOT professional services.
HIV and STD Services (17th Street Testing, Treatment and Care)	<p>Medi-Cal: For CalOptima clients in the process of transitioning to a CalOptima provider, County will bill CalOptima for medical services provided to CalOptima Direct Members, and the appropriate Health Network for Health Network Members.</p> <p>PACE: County will bill CalOptima for HIV testing and counseling services, and STD Services provided to PACE Members.</p>	<p>Medi-Cal and PACE: CalOptima will pay claims submitted for Medi-Cal and PACE Covered Services provided at 17th Street Testing, Treatment and Care to CalOptima Direct Medi-Cal Members and to PACE Members, respectively.</p> <p>Medi-Cal: CalOptima’s Health Networks are responsible for Claims for Covered Services provided at 17th Street Testing, Treatment and Care to their Members.</p>
Adult Immunizations	<p>Medi-Cal: County will bill CalOptima or the appropriate Health Network for Health Network Members for Medi-Cal covered adult immunizations provided to CalOptima Direct and Health Network Members over the age of 18.</p> <p>For Members 18 to 21 years of age, County will bill CalOptima on a CMS-1500, UB-04 claim form, or electronic equivalent.</p> <p>PACE: County will bill CalOptima for Medicare covered adult immunizations provided to CalOptima PACE Members.</p>	<p>Medi-Cal: CalOptima or the appropriate Health Network for Health Network Members will reimburse County for Medi-Cal covered adult immunizations provided to CalOptima Direct and Health Network Members over the age of 18.</p> <p>PACE: CalOptima will reimburse County for Medicare covered adult immunizations provided to CalOptima PACE Members.</p>

Category	County	CalOptima/Health Networks
<p>Pediatric Preventive Services</p>	<p>Medi-Cal: County Children’s Clinic will bill CalOptima or the appropriate Health Network for Health Network Members for Pediatric Preventive Services on a CMS-1500, UB-04 claim form, or electronic equivalent.</p> <p>For vaccines supplied free through the Vaccine For Children (VFC) Program, County will bill CalOptima or the appropriate Health Network for Health Network Members for vaccine administration costs only.</p> <p>Sick care (i.e. non-CHDP/PPS services) will be provided to CalOptima Direct patients only. County Children’s Clinic will bill CalOptima for covered medical services provided to CalOptima Direct Members.</p>	<p>Medi-Cal: CalOptima or the appropriate Health Network for Health Network Members will pay claims submitted for Pediatric Preventive Services (PPS) provided to CalOptima Members when claim is submitted on a CMS-1500, UB-04 claim form, or electronic equivalent.</p> <p>CalOptima or the appropriate Health Network for Health Network Members will reimburse providers for the administration fee only for vaccine supplied free through the Vaccine For Children (VFC) Program.</p> <p>CalOptima will pay County for covered non-PPS medical services provided to CalOptima Direct Members.</p>
<p>Services provided at Orangewood</p>	<p>Medi-Cal: County/JHS - Orangewood shall bill CalOptima or the appropriate Health Network for Health Network Members, using the CMS-1500, UB-04 claim form, or electronic equivalent for Pediatric Preventive Services (CHDP health assessments) provided to CalOptima Members.</p> <p>County/JHS -Orangewood shall bill Health Networks or CalOptima Direct for other medically necessary services provided on site at Orangewood.</p>	<p>Medi-Cal: CalOptima or the appropriate Health Network for Health Network Members, will pay for Pediatric Preventive Services (PPS) billed on a CMS-1500, UB-04 claim form, or electronic equivalent for CalOptima Members at Orangewood.</p> <p>CalOptima or the Member’s Health Network shall pay claims for medically necessary services to County/JHS - Orangewood at CalOptima fee-for-services rates.</p> <p>CalOptima or the Member’s Health Network shall reimburse providers to whom County/JHS – Orangewood has referred Orangewood residents for medically necessary services at CalOptima fee-for-services rates.</p>

Category	County	CalOptima/Health Networks
Public Health Lab Services	Medi-Cal: County will bill CalOptima or the appropriate Health Network for Health Network Members for Medi-Cal covered lab services provided to CalOptima Members. County will bill CalOptima on a CMS-1500, UB-04 claim form, or electronic equivalent.	Medi-Cal: CalOptima or the appropriate Health Network for Health Network Members will reimburse County for Medi-Cal covered lab services provided to CalOptima Members.
WPC/HHP Crossover Services	<p>Medi-Cal: County will bill CalOptima for the select HHP services listed below, for services provided on or before December 31, 2021, for CalOptima Direct Members via invoice.</p> <ol style="list-style-type: none"> 1. Targeted Engagement Services 2. Housing Services <p>County shall not bill CalOptima for HHP services provided to a Medi-Cal Member assigned to Health Network. If a Health Network refers one of their assigned Medi-Cal Members to County for HHP services, County will bill the appropriate Health Network for the HHP services. County's arranged reimbursement rates with Health Network shall apply.</p>	<p>Medi-Cal: CalOptima will pay County for invoices submitted for the select HHP services listed below provided to CalOptima Direct Members for dates of service on or before December 31, 2021.</p> <ol style="list-style-type: none"> 1. Targeted Engagement Services 2. Housing Services
CalAIM Services	<p>Medi-Cal: County will bill CalOptima for the select CalAIM Program services listed below, for CalOptima Members via invoice.</p> <ol style="list-style-type: none"> 1. WPC Transition- Targeted Engagement and Coordination Services. 2. Enhanced Care Management Services for CalOptima Members in the SMI and/or SUD populations inclusive of other related population of focus criteria to be effective January 1, 2022 under CalOptima's CalAIM program such as homelessness and high utilizers. 	<p>Medi-Cal: CalOptima will pay County for invoices submitted for the select CalAIM Program services listed below provided to CalOptima Members.</p> <ol style="list-style-type: none"> 1. WPC Transition- Targeted Engagement and Coordination Services. 2. Enhanced Care Management Services for CalOptima Members in the SMI and/or SUD populations inclusive of other related population of focus criteria to be effective January 1, 2022 under CalOptima's CalAIM program such as homelessness and high utilizers.