Policy:	DD.2005
Title:	**Member Informing Materials Requirements**
Department:	Customer Service
Section:	Not Applicable
CEO Approval:	*/s/ Michael Hunn 12/16/2024*
Effective Date:	09/01/2002
Revised Date:	12/01/2024
Applicable to:	☒ Medi-Cal ☐ OneCare ☐ PACE ☐ Administrative

I. PURPOSE

This policy defines the distribution requirements for the CalOptima Health Provider Directory and Formulary, as well as the content and distribution requirements for the CalOptima Health Member Handbook and the Health Networks' Member Welcome Letter.

II. POLICY

A. CalOptima Health shall produce and distribute a CalOptima Health Provider Directory, Formulary, and Member Handbook, in accordance with this Policy.

B. A Health Network shall produce and distribute a Member Welcome Letter, in accordance with this policy.

C. The CalOptima Health Member Handbook shall include the following, as required by the Department of Health Care Services (DHCS):

1. CalOptima Health's name, address, toll-free telephone number, and Service Area;

2. Covered Services provided by CalOptima Health, including the amount, duration and scope of Covered Services;

3. Member procedures for:

   a. Obtaining Covered Services through CalOptima Health's contracted Providers (unless otherwise allowed):

      i. Through Primary Care Provider (PCP) appointments; and

      ii. The process of obtaining a referral to a Specialty Care Provider or Prior Authorization for services.

   b. Selecting or changing a PCP;

   c. Requesting Medical Record transfer when changing PCPs;

d. Selecting or changing a Health Network;

e. Obtaining Emergency Services within and outside Orange County;

f. Receiving a seventy-two (72)-hour supply of medically necessary medication in an emergency situation;

g. Obtaining Urgent Care Services; and

h. Scheduling of an Initial Health Assessment (IHA) appointment within one hundred twenty (120) calendar days after enrolling in the CalOptima Health program, in accordance with CalOptima Health Policy GG.1613: Initial Health Appointment.

4. Explanation of the appropriate use of health care services in a managed care system;

5. Description of the Member Identification (ID) card and an explanation of its uses;

6. Hours of service, including twenty-four (24) hour telephone numbers;

7. Information on Pediatric Preventive Services (PPS) and Child Health Disability Prevention Services (CHDP), in accordance with CalOptima Health Policy GG.1116: Pediatric Preventive Services;

8. Information on Family Planning Services;

9. Information on Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services to eligible Members under the age of twenty-one (21).

    a. Update Member-Facing materials as needed with Medi-Cal for Kids & Teens.

    b. Publish the DHCS materials and Medi-Cal for Kids & Teens: Your Medi-Cal Rights letter on CalOptima Health's website.

    c. Beginning in June 2023, CalOptima Health shall mail outreach and education materials consisting of age-appropriate material and "Medi-Cal for Kids & Teens: Your Medi-Cal Rights" letter to new and existing Members under the age of twenty-one (21) on an annual basis.

        i. Materials shall be mailed within seven (7) calendar days of enrollment into CalOptima Health.

    d. Beginning in 2024 and on an annual basis by January 1 of each calendar year, MCPs are required to mail or share electronically DHCS supplied materials for existing Members under the age of twenty-one (21).

10. Information on Member Advisory Committees;

11. Information on timely access to care;

12. Information on CalOptima Health's Member Liaison Program;

13. Circumstances in which a Member may have to pay for services;

14. Member Complaint, Appeal, and Grievance procedures, in accordance with CalOptima Health Policies HH.1102: Member Grievance and GG.1510: Member Appeal Process;

15. Information on how to access State resources for investigation and resolution of Complaints, including a description of the DHCS Medi-Cal Managed Care Ombudsman Program and telephone number;

16. State hearing procedures and addresses, in accordance with CalOptima Health Policy HH.1108: State Hearings Process and Procedures;

17. Information on emergency, non-emergency, and non-medical transportation services, in accordance with CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency and Non-Medical;

18. Information on Advance Directives;

19. Member rights and responsibilities, in accordance with CalOptima Health Policy DD.2001: Member Rights and Responsibilities;

20. Information on how to obtain Minor Consent Services and an explanation of such services;

21. Information on Sensitive Services;

22. Information on not requiring a referral when members seek an initial mental health assessment;

23. Information on direct access to a women's health specialist;

24. Information on interpreter services provided at no charge, including services for the hearing or speech impaired, in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services;

25. A list of all health education opportunities available to Members which includes all CalOptima Health mandated topics;

26. Availability of services through the Whole-Child Model (WCM) program from Providers outside CalOptima Health's Provider network and how to access these services;

27. Availability of services and procedures for obtaining care at Federally Qualified Health Centers (FQHCs), Indian Health Services facilities, and from a certified nurse midwife, licensed midwife, and certified nurse practitioner;

28. Rights of a Member who is an American Indian to receive services through Indian Health Services;

29. Information on how to obtain Medi-Cal benefits that are not covered by the CalOptima Health program and an explanation of the fee-for-service system;

30. Information on transitional Medi-Cal and how a Member may apply for transitional Medi-Cal;

31. Information on moral objections;

32. Information on organ and tissue donation;

33. Information on CalOptima Health's use of Provider financial incentives;

34. Information on CalOptima Health's Drug Formulary;

35. Information on second opinions;

36. The causes for which a Member may be disenrolled from the CalOptima Health program;

37. The toll-free telephone number for CalOptima Health Customer Service;

38. Information on a Member's right to access an out-of-network provider when there is an Annual Network Certification (ANC) Corrective Action Plan (CAP);

39. Information on the process for a Member to request out-of-network access due to ANC CAP;

40. Information on all approved Alternative Access Standards (AAS) including:

    a. The Member's right to access in-person service when an AAS is approved;

    b. The process to request assistance in obtaining appointments with Core Specialists within time and distance and timely access standards; and

    c. Available transportation service to a network or out-of-network providers within or outside of timely access standards.

41. Information on a Member's right to access services that are usually provided by a Mandatory Provider either in or out of the Service Area, including transportation, if no Mandatory Provider types are available in the Service Area.

42. Information on how to report suspected Fraud or Abuse; and

43. Other information as required by DHCS.

D. CalOptima Health shall make the Member Handbook available in Threshold Languages and alternative formats, including larger print-twenty (20) point size font, audio format, or Braille, upon request, standing request, or as needed, at no cost.

    1. The Member Handbook shall include a notice of non-discrimination, taglines explaining the availability of written translation or oral interpretation to understand the information provided, and the telephone numbers to contact for assistance with the Member Handbook, in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services.

E. CalOptima Health shall produce and distribute a Member Notice informing Non-Seniors and Persons with Disabilities (SPD) and Dual Eligible Members how to access the Provider Directory, Member Handbook, and Formulary electronically and how to request a paper copy.

F. CalOptima Health shall send, as part of the welcome packet, a paper form of the Provider Directory to all SPD Members and a Member Notice informing Members how to access the Member Handbook and Formulary electronically and how to request a paper copy.

G. CalOptima Health shall provide all Members with the Member Notice annually in lieu of a paper Provider Directory, Pharmacy Formulary, and Member Handbook.

H. CalOptima Health shall provide all Members with a Summary of Benefits.

I. CalOptima Health shall submit the CalOptima Health Member Handbook and Member Notice to DHCS for review and approval, in accordance with this policy.

J. A Member Welcome Letter shall include Health Network-specific information on each of the topics listed below:

1. A Health Network's name, address, and telephone number;

2. How to select a PCP or request a PCP change:

a. Procedures for selecting or requesting a PCP change;

b. Requirements for PCP change;

c. Reasons a request for PCP change may be denied;

d. Reasons why a Provider may request a change; and

e. Procedures for requesting transfer of Medical Records when changing PCPs.

3. Provider locations and telephone numbers for regular business hours and after-hours care (24-hour care) including the following:

a. Hours of availability at all locations; and

b. Procedures for obtaining care after hours.

c. Telephone number to call after hours.

4. Procedures for obtaining Urgent Care and Emergency Services within the Health Network's Service Area and outside of the Health Network's Service Area.

5. Other Items:

a. The purpose and value of scheduling an IHA within one hundred twenty (120) calendar days after enrollment;

b. A statement to refer Members to the CalOptima Health Member Handbook for additional information; and

c. CalOptima Health's twenty-four (24) hour toll-free telephone number.

6. Other information as required by CalOptima Health.

K. A Health Network shall submit the Member Welcome Letter to CalOptima Health for review and approval prior to distribution to Members in accordance with Section III.B. of this Policy.

III. PROCEDURE

A. CalOptima Health Provider Directory, Formulary, and Member Handbook

1. CalOptima Health shall produce the CalOptima Health Provider Directory, Formulary, and Member Handbook at a minimum of twelve (12) point font, with titles and captions at a minimum twelve (12) point bold font, written at no higher than a sixth (6th) grade level, and in all Threshold Languages.

2. On an annual basis, CalOptima Health shall submit the CalOptima Health Member Handbook to DHCS for review and approval.

3. CalOptima Health shall create two (2) distinct welcome packets for SPD and non-SPD Members to ensure SPD Members will continue to receive the paper copy of the Provider Directory.

4. CalOptima Health shall mail the welcome packet no later than seven (7) calendar days after receipt of the Member's eligibility information from the State, in accordance with CalOptima Health Policies DD.2006: Enrollment in/Eligibility with CalOptima Health Direct and DD.2008: Health Network and CalOptima Health Community Network Selection Process.

5. CalOptima Health shall send, to non-SPD Members, a Member Notice informing how to view the Provider Directory, Formulary, and Member Handbook on CalOptima Health's website and how the Member can request a paper copy in accordance with DHCS All Plan Letter (APL) 19-003: Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format.

6. CalOptima Health shall continue to send, as part of the welcome packets, a paper form of the Provider Directory to SPD Members and notice informing how to view the Formulary and Member Handbook on CalOptima Health's website and how the Member can request a paper copy in accordance with DHCS APL 19-003: Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format.

7. The Member Notices shall be green in color with the header "Important Plan Information" so as to be easily identifiable by the Member, a minimum of twelve (12) point font, and written at no higher than a sixth (6th) grade level, and in all Threshold Languages.

8. On an annual basis, CalOptima Health shall inform a Member of the availability of the CalOptima Health Provider Directory, Formulary and Member Handbook.

9. CalOptima Health shall provide a Member with the most up-to-date Provider Directory, Formulary and/or Member Handbook within five (5) business days of the Member's request.

B. Member Welcome Letter

1. A Health Network shall produce a Member Welcome Letter at a minimum twelve (12) point font, with titles and captions at a minimum twelve (12) point bold font, written at no higher than a sixth (6th) grade level, and in all Threshold Languages.

2. A Health Network shall submit a Member Welcome Letter to CalOptima Health for review and approval prior to distribution to Members.

    a. CalOptima Health shall make every effort to complete its review of the Member Welcome Letter within thirty (30) calendar days.

    b. A Health Network shall not distribute a Member Welcome Letter to Members without CalOptima Health's approval.

3. A Health Network shall submit any updates to the Member Welcome Letter to CalOptima Health for review and approval prior to distribution to Members.

4. A Health Network shall send a Member Welcome Letter to a Member or head of household no later than seven (7) calendar days after receipt of notification that such Member has enrolled in the Health Network.

C. CalOptima Health Community Network (CHCN) Informing materials

1. CalOptima Health shall send the following items to a Member or head of household no later than seven (7) calendar days after receipt of notification that such Member has enrolled in CHCN:

a. CHCN Welcome Letter:

b. ID Card;

c. Summary of Benefits;

d. Member Handbook insert;

e. Telehealth Services insert; and

f. Post-Partum Care Extension Errata.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

A. CalOptima Health Contract with the Department of Health Care Services (DHCS) for Medi-Cal
B. CalOptima Health Contract for Healthcare Services
C. CalOptima Health Policy DD.2001: Member Rights and Responsibilities
D. CalOptima Health Policy DD.2002: Cultural and Linguistic Services
E. CalOptima Health Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct
F. CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process
G. CalOptima Health Policy GG.1116: Pediatric Preventive Services
H. CalOptima Health Policy GG.1505: Transportation: Emergency, Non-Emergency and Non-Medical
I. CalOptima Health Policy GG.1510: Member Appeal Process
J. CalOptima Health Policy GG.1613: Initial Health Appointment
K. CalOptima Health Policy HH.1102: Member Grievance
L. CalOptima Health Policy HH.1108: State Hearings Process and Procedures
M. Department of Health Care Services (DHCS) All Plan Letter (APL) 18-022: Access Requirements for Freestanding Birth Centers and the Provision of Midwife Services (Supersedes APL 16-017)
N. Department of Health Care Services (DHCS) All Plan Letter (APL) 19-003: Providing Informing Materials to Medi-Cal Beneficiaries in an Electronic Format
O. Department of Health Care Services (DHCS) All Plan Letter (APL) 21-004: Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (Supersedes APL 17-011 and Policy Letters 99-003 and 99-004)

P. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-006: Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services (Supersedes APL 17-018)
Q. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-001: Network Certification Requirements (Supersedes APL 21-006)
R. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-005: Requirements For Coverage of Early and Periodic Screening, Diagnostic, and Treatment Services for Medi-Cal Members Under the Age of 21 (Supersedes APL 19-010)
S. Title 42, Code of Federal Regulations (CFR), §§ 438.10(c), 438.10(d) and 438.10(g)

VI. REGULATORY AGENCY APPROVAL

Date	Regulatory Agency	Response
02/11/2011	Department of Health Care Services (DHCS)	Approved as Submitted
02/25/2011	Department of Health Care Services (DHCS)	Approved as Submitted
08/18/2015	Department of Health Care Services (DHCS)	Approved as Submitted
12/24/2019	Department of Health Care Services (DHCS)	Approved as Submitted
10/11/2021	Department of Health Care Services (DHCS)	Approved as Submitted
06/05/2023	Department of Health Care Services (DHCS)	Approved as Submitted
08/07/2023	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION

None to Date

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program
Effective	09/01/2004	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	01/01/2005	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	01/01/2008	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	01/01/2009	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	01/01/2011	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	01/01/2013	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	07/01/2015	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	09/01/2016	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	07/01/2017	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	12/01/2017	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	11/01/2018	DD.2005	Member Handbook Requirements	Medi-Cal
Revised	08/01/2019	DD.2005	Member Informing Materials Requirements	Medi-Cal
Revised	05/01/2020	DD.2005	Member Informing Materials Requirements	Medi-Cal
Revised	07/01/2021	DD.2005	Member Informing Materials Requirements	Medi-Cal
Revised	09/01/2022	DD.2005	Member Informing Materials Requirements	Medi-Cal
Revised	04/01/2023	DD.2005	Member Informing Materials Requirements	Medi-Cal
Revised	06/01/2023	DD.2005	Member Informing Materials Requirements	Medi-Cal
Revised	12/01/2024	DD.2005	Member Informing Materials Requirements	Medi-Cal

IX. GLOSSARY

Term	Definition
Advanced Directives	A written instruction such as a living will or durable power of attorney for health care, recognized under state law, relating to the provision of health care when a member is Incapacitate.
Alternative Access Standard (AAS)	An alternative to the existing access standard approved by DHCS when a managed care plan has exhausted all other reasonable options for obtaining providers in order to meet the applicable standards, or if DHCS determines that the requesting managed care plan has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.
Appeal	A review by CalOptima Health of an adverse benefit determination, which includes one of the following actions: 1. A denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for Medical Necessity, appropriateness, setting, or effectiveness of a Covered Service; 2. A reduction, suspension, or termination of a previously authorized service; 3. A denial, in whole or in part, of payment for a service; 4. Failure to provide services in a timely manner; or 5. Failure to act within the timeframes provided in 42 CFR 438.408(b).
California Children's Services (CCS)	The public health program that assures the delivery of specialized diagnostic, treatment, and therapy services to financially and medically eligible children under the age of twenty-one (2l) years who have CCS-Eligible Conditions, as defined in Title 22, California Code of Regulations (CCR), Section 41800.
CalOptima Health Community Network (CHCN)	A managed care network operated by CalOptima Health that contracts directly with physicians and hospitals and requires a Primary Care Provider (PCP) to manage the care of the Members.
Child Health and Disability Prevention (CHDP) Program	California's Early Periodic Screening, Detection, and Treatment (EPSDT) program as defined in the Health and Safety Code, Section 12402.5 et seq. and Title 17 of the California Code of Regulations, Sections 6842 through 6852, that provides certain preventive services for children eligible for Medi-Cal. For CalOptima Health Members, the CHDP Program is incorporated into CalOptima Health's Pediatric Preventive Services Program.
Complaint	A complaint is the same as a Grievance. If CalOptima Health is unable to distinguish between a Grievance and an Inquiry, it must be considered a Grievance.
Core Specialist	Adult and pediatric providers as specified in Department of Health Care Services All Plan Letter 20-003: Network Certification Requirements, including Cardiology/Interventional Cardiology, Dermatology, Endocrinology, ENT/Otolaryngology, Gastroenterology, General Surgery, Hematology, HIV/AIDS Specialists/Infectious Diseases, Nephrology, Neurology, Oncology, Ophthalmology, Orthopedic Surgery, Physical Medicine and Rehabilitation, Psychiatry, and Pulmonology.

Covered Services	Those health care services, set forth in W&I sections 14000 et seq. and 14131 et seq., 22 CCR section 51301 et seq., 17 CCR section 6800 et seq., the Medi-Cal Provider Manual, the California Medicaid State Plan, the California Section 1115 Medicaid Demonstration Project, the contract with DHCS for Medi-Cal, and DHCS APLs that are made the responsibility of CalOptima Health pursuant to the California Section 1915(b) Medicaid Waiver authorizing the Medi-Cal managed care program or other federally approved managed care authorities maintained by DHCS. Covered Services do not include: 1. Home and Community-Based Services (HCBS) program as specified in the DHCS contract for Medi-Cal Exhibit A, Attachment III, Subsections 4.3.15 (Services for Persons with Developmental Disabilities), 4.3.20 (Home and Community-Based Services Programs) regarding waiver programs, 4.3.21 (In-Home Supportive Services), and Department of Developmental Services (DDS) Administered Medicaid Home and Community-Based Services Waiver. HCBS programs do not include services that are available as an Early and Periodic Screening, Diagnosis and Treatment (EPSDT) service, as described in 22 CCR sections 51184, 51340 and 51340.1. EPSDT services are covered under the DHCS contract for Medi-Cal, as specified in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services), Subsection F4 regarding services for Members less than twenty-one (21) years of age. CalOptima Health is financially responsible for the payment of all EPSDT services; 2. California Children's Services (CCS) as specified in Exhibit A, Attachment III, Subsection 4.3.14 (California Children's Services), except for Contractors providing Whole Child Model (WCM) services; 3. Specialty Mental Health Services as specified in Exhibit A, Attachment III, Subsection 4.3.12 (Mental Health Services); 4. Alcohol and SUD treatment services, and outpatient heroin and other opioid detoxification, except for medications for addiction treatment as specified in Exhibit A, Attachment III, Subsection 4.3.13 (Alcohol and Substance Use Disorder Treatment Services); 5. Fabrication of optical lenses except as specified in Exhibit A, Attachment III, Subsection 5.3.7 (Services for All Members); 6. Direct Observed Therapy for Treatment of Tuberculosis (TB) as specified in Exhibit A, Attachment III, Subsection 4.3.18 (Direct Observed Therapy for Treatment of Tuberculosis); 7. Dental services as specified in W&I sections 14131.10, 14132(h), 14132.22, 14132.23, and 14132.88, and EPSDT dental services as described in 22 CCR section 51340.1(b). However, CalOptima Health is responsible for all Covered Services as specified in Exhibit A, Attachment III, Subsection 4.3.17 (Dental) regarding dental services; 8. Prayer or spiritual healing as specified in 22 CCR section 51312; 9. Educationally Necessary Behavioral Health Services that are covered by a Local Education Agency (LEA) and provided pursuant to a Member's Individualized Education Plan (IEP) as set forth in Education Code section 56340 et seq., Individualized Family Service Plan (IFSP) as set forth in California Government Code (GC) section 95020, or Individualized Health and Support Plan (IHSP). However, CalOptima Health is responsible for all Medically Necessary Behavioral Health

Term	Definition
	Services as specified in Exhibit A, Attachment III Subsection 4.3.16 (School-Based Services); 10. Laboratory services provided under the State serum alpha-feto-protein-testing program administered by the Genetic Disease Branch of California Department of Public Health (CDPH); 11. Pediatric Day Health Care, except for Contractors providing Whole Child Model (WCM) services; 12. State Supported Services; 13. Targeted Case Management (TCM) services as set forth in 42 USC section 1396n(g), W&I sections 14132.48 and 14021.3, 22 CCR sections 51185 and 51351, and as described in Exhibit A, Attachment III, Subsection 4.3.11 (Targeted Case Management Services). However, if Members less than twenty-one (21) years of age are not eligible for or accepted by a Regional Center (RC) or a local government health program for TCM services, CalOptima Health must ensure access to comparable services under the EPSDT benefit in accordance with DHCS APL 23-005; 14. Childhood lead poisoning case management provided by county health departments; 15. Non-medical services provided by Regional Centers (RC) to individuals with Developmental Disabilities, including but not limited to respite, out-of-home placement, and supportive living; 16. End of life services as stated in Health and Safety Code (H&S) section 443 et seq., and DHCS APL 16-006; and 17. Prescribed and covered outpatient drugs, medical supplies, and enteral nutritional products when appropriately billed by a pharmacy on a pharmacy claim, in accordance with DHCS APL 22-012.
Department of Health Care Services (DHCS)	The single State Department responsible for administration of the Medi-Cal program, California Children's Services (CCS), Genetically Handicapped Persons Program (GHPP), and other health related programs.
Emergency Services	Inpatient and outpatient Covered Services that are furnished by a qualified Provider and needed to evaluate or stabilize an Emergency Medical Condition, as defined in 42 CFR section 438.114 and H&S section 1317.1(a)(1).
Family Planning Services	Covered Services that are provided to individuals of childbearing age to enable them to determine the number and spacing of their children, and to help reduce the incidence of maternal and infant deaths and diseases by promoting the health and education of potential parents. Family Planning includes, but is not limited to: 1. Medical and surgical services performed by or under the direct supervision of a licensed Physician for the purpose of Family Planning; 2. Laboratory and radiology procedures, drugs and devices prescribed by a license Physician and/or are associated with Family Planning procedures; 3. Patient visits for the purpose of Family Planning; 4. Family Planning counseling services provided during regular patient visit; 5. IUD and UCD insertions, or any other invasive contraceptive procedures or devices; 6. Tubal ligations;

Term	Definition
	7. Vasectomies; 8. Contraceptive drugs or devices; and 9. Treatment for the complications resulting from previous Family Planning procedures. Family Planning does not include services for the treatment of infertility or reversal of sterilization.
Federally Qualified Health Center (FQHC)	An entity defined in Section 1905 of the Social Security Act (42 United States Code Section 1396d(l)(2)(B)).
Formulary	The approved list of outpatient medications, medical supplies and devices, and the Utilization and Contingent Therapy Protocols as approved by the CalOptima Health Pharmacy & Therapeutics (P&T) Committee for prescribing to Members without the need for Prior Authorization.
Grievance	Any expression of dissatisfaction about any matter other than an Adverse Benefit Determination (ABD), and may include, but is not limited to the Quality of Care or services provided, aspects of interpersonal relationships with a Provider or CalOptima Health's employee, failure to respect a Member's rights regardless of whether remedial action is requested, and the right to dispute an extension of time proposed by CalOptima Health to make an authorization decision. A complaint is the same as Grievance. An inquiry is a request for more information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other CalOptima Health processes. If CalOptima Health is unable to distinguish between a Grievance and an inquiry, it must be considered a Grievance.
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO), that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Mandatory Provider	Providers whom managed care plans must offer to contract with, where available, and include Federally Qualified Health Centers (FQHCs), Rural Health Centers, Freestanding Birthing Center (FBC), Certified Nurse Manager, Licensed Midwife, and Indian Health Facilities (IHFs), as defined in Department of Health Care Services All Plan Letter 23-001: Network Certification Requirements.
Member	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 the CalOptima Health program.
Member Welcome Letter	A letter that is prepared and distributed by the Health Network; contains general information about the Health Network.

Term	Definition
Minor Consent Services	Those Covered Services of a sensitive nature that a minor does not need parental consent to access, related to: 1. Sexual Assault, including rape; 2. Drug and alcohol abuse for a minor/child twelve (12) years of age or older; 3. Pregnancy; 4. Family planning; and/or 5. Sexually Transmitted Diseases (STDs) for a minor/child twelve (12) years of age or older; and/or 6. Outpatient mental health care for children twelve (12) years of age or older who are mature enough to participate intelligently in their health care pursuant to Family Code section 6924 and where either (1) there is a danger of serious physical or mental harm to the minor or others or (2) the children are the alleged victims of incest or Child abuse.
Pediatric Preventive Services (PPS)	Regular preventive health assessments, as recommended by the American Academy of Pediatrics or the CHDP Program. These include, but are not limited to, health and developmental history, physical examination, nutritional assessment, immunizations, vision testing, hearing testing, selected laboratory tests, health education, and anticipatory guidance.
Primary Care Provider (PCP)	A person responsible for supervising, coordinating, and providing initial and primary care to Members; for initiating referrals; and, for maintaining the continuity of patient care. A Primary Care Provider may be a primary care physician or non-physician medical practitioner.
Prior Authorizations	A formal process requiring a health care Provider to obtain advance approval to provide specific services or procedures.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Sensitive Services	All health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.
Service Area	The geographical area that DHCS authorizes CalOptima Health to operate in. A Service Area may include designated ZIP Codes within a county that CalOptima Health is approved to operate in.
Specialty Care Provider	Provider of specialty care given to Members by referral by other than a Primary Care Provider.
Threshold Languages	The non-English threshold and concentration standard languages in which Contractor is required to provide written translations of Member Information, as determined by DHCS.

Term	Definition
Urgent Care Services	Medical services required promptly to prevent impairment of health due to symptoms that do not constitute an emergency medical condition, but that are the result of an unforeseen illness, injury, or condition for which medical services are immediately required. Urgent Care is appropriately provided in a clinic, physician's office, or in a hospital emergency department if a clinic or physician's office is inaccessible. Urgent Care does not include primary care services or services provided to treat an Emergency Condition.
Whole-Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), that (i) incorporates CCS covered services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.