



Policy: EE.1119
Title: **Health Network Notification of Administrative and Operational Changes**
Department: Network Operations
Section: Health Network Provider Relations

CEO Approval: /s/ Michael Hunn 03/07/2024

Effective Date: 02/03/2022

Revised Date: 03/01/2024

Applicable to: ☒ Medi-Cal
☒ OneCare
☐ PACE
☐ Administrative

I. PURPOSE

This Policy describes the process and requirements for a Health Network or Delegated Entity to report administrative and operational changes and how such changes are effectuated by CalOptima Health.

II. POLICY

- A. Health Networks and Delegated Entities shall notify CalOptima Health of administrative and operational changes in accordance with the terms and timelines outlined in this Policy.
- B. For the purposes of this Policy, administrative and operational changes include, but are not limited to:
 - 1. Changes in management service organization (MSO),
 - 2. Changes in systems impacting operations or reporting,
 - 3. Changes in address, phone number, or email domain, and
 - 4. Changes in key personnel.

III. PROCEDURE

A. Changes in MSO

- 1. Health Networks and Delegated Entities shall notify CalOptima Health's Network Management Department, via email at healthnetworkdepartment@caloptima.org, six (6) months in advance of an intended change in MSO.
 - a. Unintended or unexpected changes in a Health Network or Delegated Entity MSO shall be communicated to CalOptima Health's Network Management as soon as practicable.
- 2. Upon notification by a Health Network or Delegated Entity of an intended change in MSO:

- a. CalOptima Health's Health Network Provider Relations Department shall notify all impacted CalOptima Health departments of the Health Network or Delegated Entity's proposed change in MSO, but not limited to the Regulatory Affairs & Compliance, Delegation Oversight, Contracting, and Information Technology Services Departments.
 - b. CalOptima Health's Delegation Oversight (External) Department shall determine if a Readiness Assessment is required and seek appropriate approvals from the Delegation Oversight Committee (DOC) and Compliance Committee to move forward with the proposed change in MSO, in accordance with CalOptima Health Policy GG.1619: Delegation Oversight.
 - i. Notification of committee approval or denial of the intended change in MSO shall be communicated to the requesting Health Network or Delegated Entity in accordance with CalOptima Health Policy GG.1619: Delegation Oversight.
3. CalOptima Health's Health Network Provider Relations Department shall:
- a. Request project management resources, as appropriate, to support necessary transitions or testing required to effectuate changes in Health Network or Delegated Entity MSO which includes but is not limited to:
 - i. Reviewing and modifying accessibility to the Health Network or Delegated Entity's secure file transport protocol (SFTP), as appropriate,
 - ii. Reviewing inbound and outbound reporting between CalOptima Health and the Health Network or Delegated Entity, and
 - iii. Updating Health Network or Delegated Entity administrative contacts.

B. Changes in Systems or Migrations Impacting Operations or Reporting

- 1. Subject to the provisions of this Policy, a Health Network or Delegated Entity shall provide notification of system changes or migrations that may impact operations or reporting, including but not limited to:
 - a. Changes impacting phone systems, email servers or vendor(s), medical management/electronic health record (EHR) systems, utilization management systems, claims processing systems, and/or any other core systems.
 - b. Migrations or changes in the location of data servers that require one or more Health Network or Delegated Entity systems to go offline.
- 2. Notification of changes in systems or migrations shall be submitted to CalOptima Health as follows:
 - a. For known or planned system changes, a Health Network or Delegated Entity shall notify CalOptima Health's Provider Network Management Department via email healthnetworkdepartment@caloptima.org no later than ninety (90) calendar days prior to the effective date of the change by email or mail.
 - b. In the case of unforeseen circumstances, a Health Network or Delegated Entity shall notify CalOptima Health's Provider Network Management Department upon identification of the

change or within twenty-four (24) hours of the system change or migration via email healthnetworkdepartment@caloptima.org and by telephone.

- c. Notification shall include an overview and/or project plan for the identified system change or migration, specific operating and/or reporting system impacted by the change, and any impact to existing reporting or contractual requirements between CalOptima Health and the Health Network or Delegated Entity.
 - i. System changes that result in non-compliance with CalOptima Health policies, regulatory requirements, and/or contractual requirements may be escalated to CalOptima Health's Regulatory Affairs & Compliance Department for review and determination of necessary compliance actions, up to and including sanctions, in accordance with CalOptima Health Policy HH.2005: Corrective Action Plan.
3. Upon receipt of notification from a Health Network or Delegated Entity of a change in operating system(s) or migration, CalOptima Health's Health Network Provider Relations Department shall forward the notification of change to impacted CalOptima Health departments, including but not limited to the Delegation Oversight, Claims Administration, Customer Service, and Information Services Departments.
 - a. Following notification by the Health Network Provider Relations Department of a Health Network's proposed system change or migration, the Delegation Oversight Department shall determine if a Readiness Assessment is required as a result of the identified system change(s) or migration.
 - b. The Health Network Provider Relations Department shall request project management resources, as appropriate, to support necessary transitions or testing required to effectuate changes in Health Network or Delegated Entity systems impacting operations or reporting.

C. Changes in Address, Phone Number, or Email Domain

1. The following Health Network or Delegated Entity changes shall be communicated to the Health Network Provider Relations Department via email healthnetworkdepartment@caloptima.org no later than sixty (60) calendar days prior the effective date of such change:
 - a. Administrative address(es), including remittance address(es) for claims or medical service authorizations.
 - b. Phone number(s), including phone numbers for claims, medical service authorizations, or specific programs (e.g., Whole Child Model member/provider phone numbers).
 - c. Email domain.
2. Upon receipt of notification from a Health Network or Delegated Entity of a change in address, phone number, or email domain, CalOptima Health's Health Network Provider Relations Department shall communicate the change to impacted CalOptima Health departments, including the Customer Service, Information Technology Services (ITS), Case Management, Claims Administration, Provider Data Management Services (PDMS), Regulatory Affairs & Compliance Department, Delegation Oversight, and Provider Relations Departments.

- a. CalOptima Health's Automated Eligibility Verification System (AEVS) contact shall submit a request to the Department of Health Care Services (DHCS) to update the AEVS to reflect the new Health Network or Delegated Entity phone number, if appropriate.
- b. CalOptima Health's Health Network Provider Relations Department shall coordinate with other CalOptima Health departments to update:
 - i. The Health Network and Delegated Entity contact database maintained by CalOptima Health, Health Network Provider Relations;
 - ii. Health Network and Delegate profiles; and
 - iii. External-facing meeting materials, including but not limited to the Provider Manual, Provider Directory, and CalOptima Health website.

D. Changes in Key Personnel

1. Health Networks and Delegated Entities shall notify the Health Network Provider Relations Department, via email healthnetworkdepartment@caloptima.org or in writing, of changes in Key Personnel within ten (10) calendar days of the effective date of the change. Key Personnel include but are not limited to the following persons:
 - a. Chief Executive Officer
 - b. Chief Financial Officer
 - c. Chief Operating Officer
 - d. Chief Medical Officer
 - e. Chief Medical Director
 - f. Chief Health Equity Officer
 - g. Compliance Officer
 - h. Government Relations
2. Upon receipt of notification from a Health Network or Delegated Entity of a change in Key Personnel, the Health Network Provider Relations Department shall communicate Health Network and Delegated Entity Key Personnel changes to CalOptima Health impacted departments, including but not limited to the Delegation Oversight, Case Management, Quality Improvement, Finance Departments, and Regulatory Affairs & Compliance Departments.
3. To ensure business continuity, CalOptima Health's Health Network Provider Relations Department shall update Health Network or Delegated Entity contact information, including but not limited to:
 - a. The Health Network and delegate contact database maintained by CalOptima Health, Health Network Provider Relations;
 - b. Health Network and delegate profiles; and

- c. External-facing meeting materials or communications, as applicable.

IV. ATTACHMENT(S)

Not Applicable

V. REFERENCE(S)

- A. Contract for Health Care Services
- B. CalOptima Health Contract with Department of Health Care Services (DHCS) for Medi-Cal
- C. CalOptima Health Contract with the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage
- D. CalOptima Health Policy GG.1619: Delegation Oversight
- E. CalOptima Health Policy HH.2005: Corrective Action Plan

VI. REGULATORY AGENCY APPROVAL(S)

None to Date

VII. BOARD ACTION(S)

Date	Meeting
02/03/2022	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	04/01/1996	EE.1114	Health Network Notification of Change in Name, Management Company, Key Personnel or Operating System(s)	Medi-Cal OneCare OneCare Connect
RETIRED	02/03/2022	EE.1114	Health Network Notification of Change in Name, Management Company, Key Personnel or Operating System(s)	Medi-Cal OneCare OneCare Connect
Effective	02/03/2022	EE.1119	Health Network Notifications of Administrative and Operational Changes	Medi-Cal OneCare OneCare Connect
Revised	12/31/2022	EE.1119	Health Network Notification of Administrative and Operational Changes	Medi-Cal OneCare
Revised	11/01/2023	EE.1119	Health Network Notification of Administrative and Operational Changes	Medi-Cal OneCare
Revised	03/01/2024	EE.1119	Health Network Notification of Administrative and Operational Changes	Medi-Cal OneCare

IX. GLOSSARY

Term	Definition
Delegated Entity	Any party that enters into an acceptable written arrangement below the level of the arrangement between CalOptima Health and a First Tier Entity. These written arrangements continue down to the level of the ultimate provider of health and/or administrative services.
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.
Key Personnel	Health network staff, including but not limited to, an officer, executive, administrator, director, or equivalent who has or can be assigned signature authority on behalf of the legal entity; who maintains a fiduciary duty on behalf of the legal entity; and/or who is responsible for plan administration, quality improvement, utilization management, customer service and/or provider relations.
Readiness Assessment	An assessment conducted by a Review Team prior to the effective date of a Health Network's, or other contracted entity's, Contract with CalOptima Health of the Health Networks, or contracted entity's, compliance with all or a specified number of operational functional areas as determined by CalOptima Health.