CalOptima Health

Frequently Asked Questions (FAQs)

1. **If our health network receives a retroactive primary care provider (PCP) termination (e.g., effective April 1, 2026), should we still process the update and reassign members accordingly?**

    - If the health network (HN) receives the termination (retrospective or prospective), the HN may process the update and reassign members **if** the change is made prior to the last PCP Upload File due June 25, 2026.
    - After June 25, 2026, CalOptima Health will be responsible for processing and reassigning members due to any PCP terminations. HNs must communicate the provider termination to the Provider Data Management Services team per current process and indicate the default PCP to move members to.

2. **If a member calls requesting a list of available PCPs, should we direct them to CalOptima Health Customer Service?**

    - Since the HNs still hold the contract with the physicians/clinics, the network should still be able to supply their directory and refer to their website or member portal as primary resources. Lastly, the HN can refer to CalOptima Health's website directory.

3. **Will CalOptima Health provide eligibility file updates more frequently than twice a month (currently the 1st and 16th)?**

    - The HN will receive daily add, change and termination records on the eligibility files, with a full file for the 1st of the month.

4. **Can HNs continue to process member demographic updates (address/phone number changes), or should members now be directed to CalOptima Health Customer Service for these changes**?

    - The HNs should notify CalOptima Health's Customer Service department if there are any changes to a member's address or phone number by using the CalOptima Health Member Contact Information Change Form. Once this form is submitted, CalOptima Health notifies the Orange County Social Services Agency (SSA) of any changes if the member provides consent to do so.

5. **Currently we use the most recent eligibility file to process and pay PCP capitation payments. Does CalOptima Health have a preference of whether we continue using the current month's data or shift to using the prior month's eligibility?**

    - Our plan is to provide daily eligibility files, in addition to the full file on the first of the month for eligibility reconciliation. As you know, daily eligibility provides multiple changes. When CalOptima Health runs capitation, it is based on member eligibility on the day of the run. HNs can use the most recent eligibility accumulated records to reconcile; there could be slight variations. CalOptima Health also provides a capitation extract summary and detail report.

6. **Is CalOptima Health able to take into account our preferred provider list for auto-assignment?**

    - No; however, CalOptima Health will follow the established algorithm to ensure members are assigned to the appropriate Health Network and their PCP/clinic.

7. **How will auto-assigned members be flagged on the eligibility file?**

    - CalOptima Health is reviewing if there can be a value used to identify the members processed through auto-assignment. The 834 file standards do not contain values to match all of our existing explanation codes. CalOptima Health is researching this further and will provide more information as soon as possible.

8. **Will the retro eligibility requests continue post go-live, or will CalOptima Health assign members accordingly on their end?**

    - The Health Network Relations (HNR) team works with HNs for retro-HN requests only, not for PCP retro-requests. If it is for a HN retro-request, CalOptima Health's Customer Service will route that to HNR, and will work with the HN for a decision. If it is for a PCP retro-request, that will have to be done at the CalOptima Health plan level;, the member will have to call into Customer Service.

9. **Are the following processes transferring to CalOptima Health?**

    - **Member Welcome Letters (since these include PCP information) —** CalOptima Health will be distributing the member packet, which includes the welcome letter and an ID card showing the member's HN and PCP information.

    - **PCP Termination Notifications**
      CalOptima Health will be sending out the PCP termination notices to the member (once the HN has notified CalOptima Health). The letter also includes the member's newly assigned PCP and options for changing their PCP if requested.

    - **PCP reassignment prompted by a PCP termination**
      PCP reassignments will be handled by CalOptima Health. HNs will still be responsible for notifying CalOptima Health of a PCP termination (forwarding the termination notices form to CalOptima Health). Subsequently, CalOptima Health will conduct the termination and the member's PCP reassignment.

10. When and how will a network be informed of a new member assignment?

- HNs will be informed through the full files and daily files. That will continue to be how we notify the HNs of auto-assignment as well.

11. How will CalOptima Health determine the PCP for a new process?

- Summarized algorithm:
    - If the member fell off during redetermination, we will realign back to their previous PCP
    - Family link
    - Based on geographic/location
    - CalOptima Health will be following two auto-assignment policies:
        - AA.1207a CalOptima Health Auto-Assignment
        - AA.1207b Performance Based Health Network and CalOptima Health Community Network Auto-Assignment Allocation Methodology

  The intent is to ensure that the member has a choice. They can always contact CalOptima Health to request a PCP change.

12. Is CalOptima Health still planning to hold workgroup meetings for the PCP Assignment Transition?

- Yes; CalOptima Health will continue to reconcile our PCP network and will meet with HNs as the transition approaches. CalOptima Health will also continue to inform the HNs of the changes in the upcoming HN forums.