Policy Number	Policy Title, Purpose, Revision, and Program
CalOptima Health Administrative	
GA.7107	Mail Collection and Delivery
Medi-Cal	
AA.1208	Non-Monetary Member Incentives
DD.2003	Member Identification and Eligibility Verification
DD.2005	Member Informing Materials Requirements
DD.2006	Enrollment In/Eligibility with CalOptima Health Direct
EE.1106 **Department Name Change**	Health Network and CalOptima Health Community Network Minimum and Maximum Member Enrollment
EE.1112	Health Network Eligible Member Assignment to Primary Care Provider
FF.1002	CalOptima Health Medi-Cal Fee Schedule
FF.2001	Claims Processing for Covered Services for which CalOptima Health is Financially Responsible
FF.2005	Conlan, Member Reimbursement
FF.2011	Directed Payments for Qualifying Services Rendered to CalOptima Health, Health Network Members When Health Networks are Financially Responsible for the Qualifying Services
FF.2012	Directed Payments for Qualifying Services Rendered to CalOptima Health Direct Members or to Shared Risk Group Members When CalOptima Health is Financially Responsible for the Qualifying Services
GG.1100	Alcohol and Substance Use Disorder Treatment Services
GG.1112	Standing Referral to Specialty Care Provider or Specialty Care Center
GG.1308	Monitoring Health Network Compliance via Case Management Reports
GG.1321	Coordination of Care for Local Education Agency Services
GG.1352	Private Duty Nursing Care Management
GG.1353	CalAIM Enhanced Care Management Services Delivery
GG.1515	Criteria for Medically Necessary Automobile Orthopedic Positioning Devices
GG.1548	Authorization and Monitoring of Behavioral Health Treatment (BHT) Services
GG.1717	Blood Lead Screening of Young Children
HH.1101	CalOptima Health Provider Complaint
Multiple Programs	

EE.1116	Contracted Provider Notification to CalOptima Health of Changes Affecting the Legal Status of the Contract
EE.1135	Long-Term Care Facilities (LTCFs) Contracting Requirements
EE.1144	Memorandum of Understanding (MOU) Requirements for CalOptima Health and Third-Party Entities
GG.1102	Experimental and Investigational Service Coverage
GG.1103	Specialty Mental Health Services
GG.1111	Vision Services
GG.1122	Follow-Up for Emergency Department Care
GG.1125	Clinical Trials
GG.1320	Elder or Dependent Adult Abuse Reporting
GG.1355	CalAIM Community Supports
GG.1502	Criteria and Authorization Process for Durable Medical Equipment (DME), Excluding Wheelchair
GG.1507	Notification Requirements for Covered Services Requiring Prior Authorization
GG.1517	Transgender Services
GG.1532	Over and Under Utilization Monitoring
GG.1535	Utilization Review Criteria and Guidelines
GG.1538	Referral for Second Opinion
GG.1539	Authorization for Out-of-Network and Out-of-Area Services
GG.1546	Home Health Services
GG.1620	Quality Improvement Health Equity Committee (QIHEC)
GG.1659 Title Revision	Credentialing Information Integrity
GG.1655	Reporting Provider Preventable Conditions (PPC)
GG.1656	Quality Improvement and Utilization Management Conflicts of Interest
GG.1668	Inpatient Interfacility Transfers
GG.1709	Child Abuse Report
GG.1816	Quality Improvement Activities, Long-Term Services and Supports
HH.1106	Pay and Educate Criteria – Provider Complaints
HH.2003	Health Network and Delegated Entity Reporting
HH.2015	Health Networks Claims Processing
MA.5012	Pharmacy Network: Credentialing and Access

MA.9005	Payment Appeal
MA.9006	Contracted Provider Complaint Process
MA.9009	Non-Contracted Provider Complaint Process
OneCare	
MA.4001	Member Rights and Responsibilities
MA.4003	Member Enrollment
MA.4004	Member Disenrollment
MA.4005	Member Orientation
MA.4009	Member Orientation
MA.4015	Medicare Secondary Payer (MSP)/Part D Coordination of Benefits (COB)
MA.4016	Direct Member Reimbursement for Covered Services
MA.6009	Care Management and Coordination Process
MA.6023	Notice of Medicare Non-Coverage and Notice of a Detailed Explanation of Non-Coverage
MA.6024	Notification of Inpatient Facility Discharge Appeal Rights
MA.6044	Coverage of Solid Organ and Stem Cell Transplants
MA.6045	Special Supplemental Benefits for the Chronically Ill (SSBCI)
MA.6107	Pharmacy Claims Processing
MA.6115	Medicare Part B Organization Determination (OD)
MA.7007	Access and Availability
MA.7020	Behavioral Health Services
PACE	
PA.1000	CalOptima Health PACE Glossary of Terms
PA.5111	After Hours Care