

CalOptima Provider Portal Reference Guide

CalOptima's Provider Portal Reference Guide will help providers and their staff navigate the Provider Portal when completing daily tasks as they serve our members. The portal is accessed from caloptima.org or providers.caloptima.org.

I. Creating a New User Account

All CalOptima contracted providers and their staff are required to create a user account in order to have access to the Provider Portal.

There are two types of user accounts: **Staff** and **Local Office Administrator (LOA)**. The following 6 steps are required to create a new user account:

1. On the home screen, click **REGISTER AS A NEW USER** (Figure I.a.). Provide the following required information (Figure I.b.):

- Full name of person who needs access
- Provider's full address
- Mobile number
- Email address
- Position

Click **Next**.

Note: Your Provider Office must complete and return the CalOptima Provider Portal Access Agreement before your account can be approved.

2. A **Passcode** verifying your identity will be sent to the email address you provided. Enter the **Passcode** in the **Verify Your Identity** field and click **Next** (Figure I.c.).

Figure I.a.

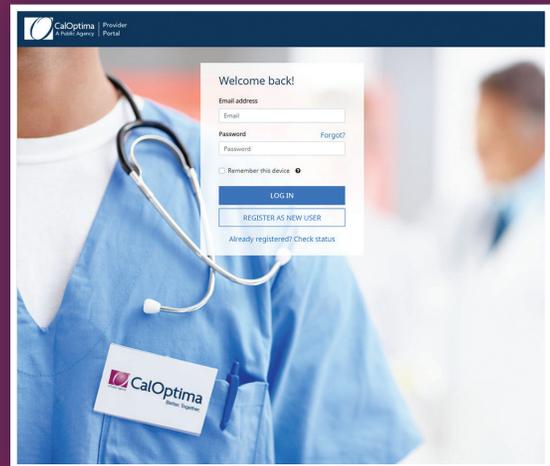


Figure I.b.

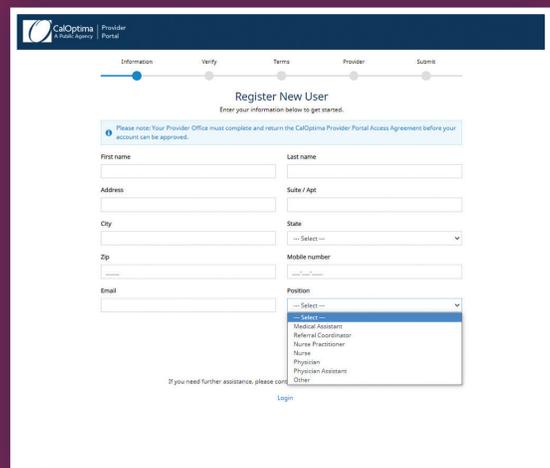
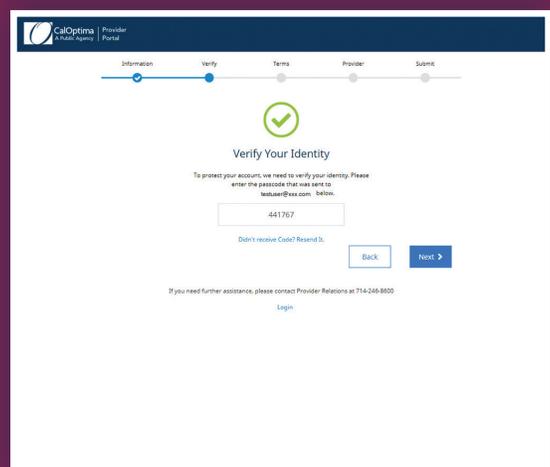


Figure I.c.

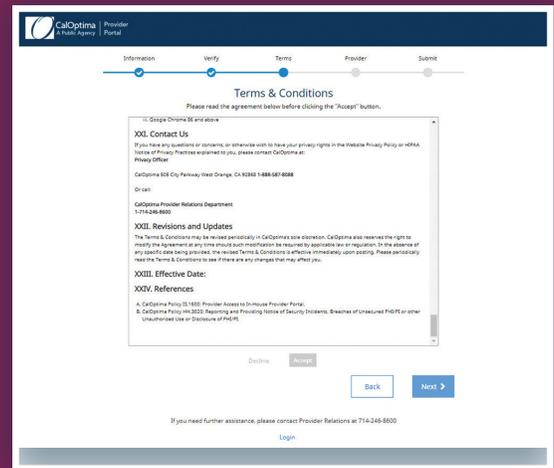


Please note: Your code will expire in 15 minutes. Click **Didn't receive Code? Resend it.** To get a new one. If you do not receive it, check your spam folder.

3. You must read and accept the **Terms and Conditions** (Figure I.d.). Once you have reviewed it, click **Accept**.

You will need to scroll through the entire document in order to activate **Accept**.

Figure I.d.



4. As a new user, you must identify the provider that you work or are associated with. Choose the tab for:

- Practitioner Search, then enter the provider's first and last name or Tax Identification Number (Figure I.e.). Click **Search**.
- Group/Facility Search, then enter the provider group/facility name or Tax Identification Number (Figure I.f.). Click **Search**.
- In the search results, select your provider. Click **Next**.

Figure I.e.

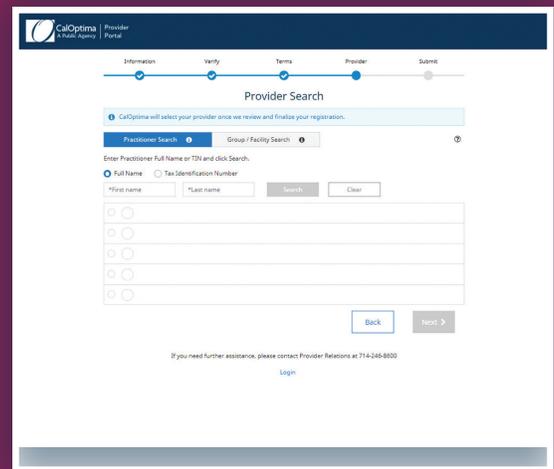
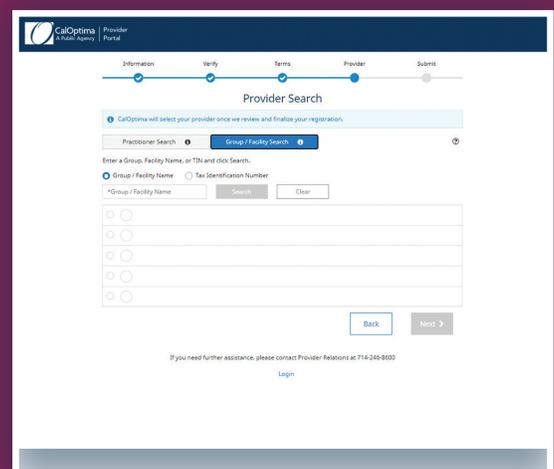


Figure I.f.



5. Click **Submit** (Figure I.g.) to complete request. A Thank You screen confirms your submission.

Please allow three days for CalOptima to confirm your request with your provider's LOA. CalOptima will send an email when your new user account request has been reviewed. It will advise you of the results and next steps.

Once approved, you will receive an email letting you know you have been approved. Click on the link to setup your user credentials.

II. Creating User Credentials

A **Password** verifying your identity will be sent to the email address you provided.

- In the **Verify Your Identity** section, enter the **Passcode**. Click **Verify** (Figure II.a.).

Please note: Your code will expire in 15 minutes. To get a new one click **Didn't receive Code? Resend it**. If you do not receive it, check your spam folder.

1. Create a **Password** to access the **Provider Portal**. Your **Password** must be at least seven characters and must contain all of the four criteria:
 - Must contain at least one number (0–9)
 - Must include at least one symbol (!, @, #, \$, %, *, etc.)
 - Must include at least one uppercase English letter (A–Z)
 - Must include at least one lowercase English letter (a–z)

2. Enter your new **Password**, confirm **Password**. Click **Next** (Figure II.b.).

All users are required to change their **Password** every 60 days.

3. You will need to setup two **Security Questions**. Select the questions and enter the answers.
 - Click **Submit** (Figure II.c.) when finished.

After setting up the **Security Questions** and answers, you will be taken back to the login page to **Login**.

Figure I.g.

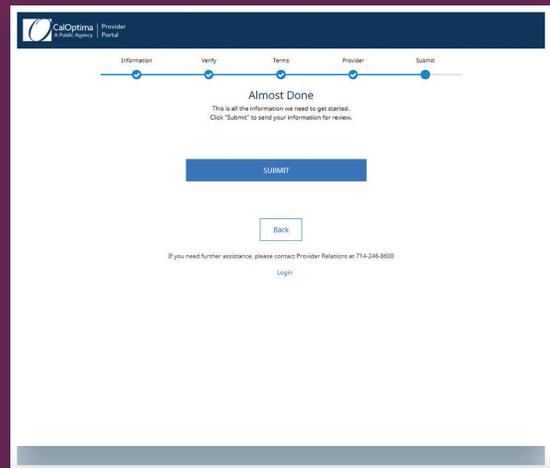


Figure II.a.

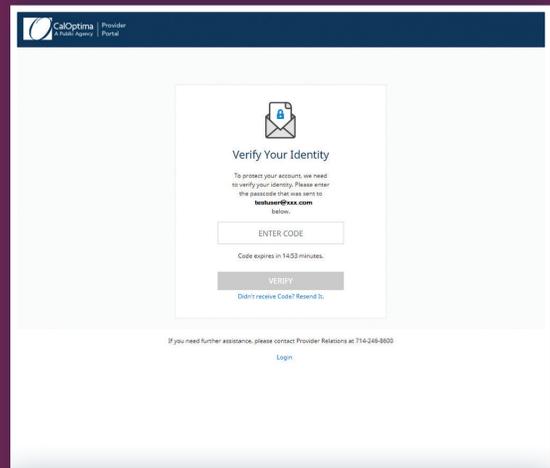


Figure II.b.

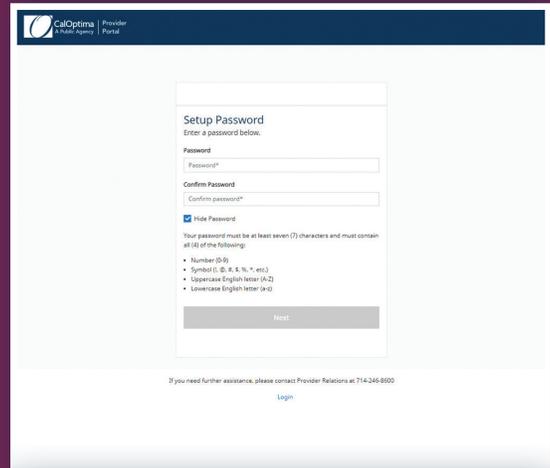
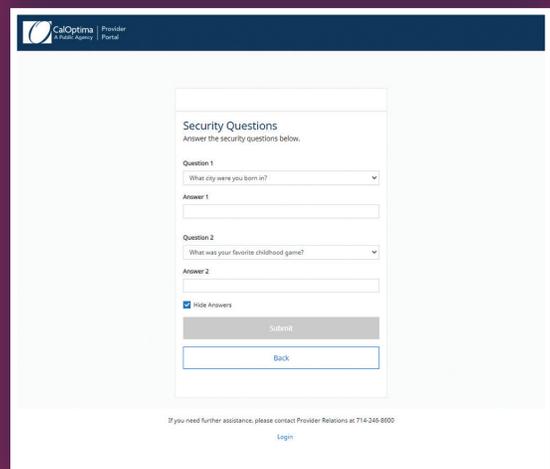


Figure II.c.



III. User Training

All users must complete 1 training module based on their role, before they can access the Provider Portal. There are two types of training:

1. Staff
2. Local Office Admin

All users are required to complete the training module annually (Figure III.a.).

IV. Updating My Profile

To view and access your profile, click your name and select **My Profile** (Figure IV.a.). From here you can update:

- Demographic information
- Security questions
- Password
- Provider collections

Your name and email address will be displayed, and cannot be edited.

1. Edit your **Demographic Information**.

- Click **Edit Info**.
- Click **Save**.

A message will indicate that your **Demographic Information** has been updated.

2. Change your **Password**.

- Click **Change Password**.
- After selecting the option to change your **Password**, an email will be sent to you with a **Verification Code**.
- Enter that code on the **Verify Your Identity** window. Click **Verify** (Figure IV.b.).

Your **Password** must be at least seven characters and must contain all (4) of the following:

- Must contain at least one number (0-9)
- Must include at least one symbol (!, @, #, \$, %, *, etc.)
- Must include at least one uppercase English letter (A-Z)
- Must include at least one lowercase English letter (a-z)

Enter your new **Password**.

- Click **Save** (Figure IV.c.).

Figure III.a.

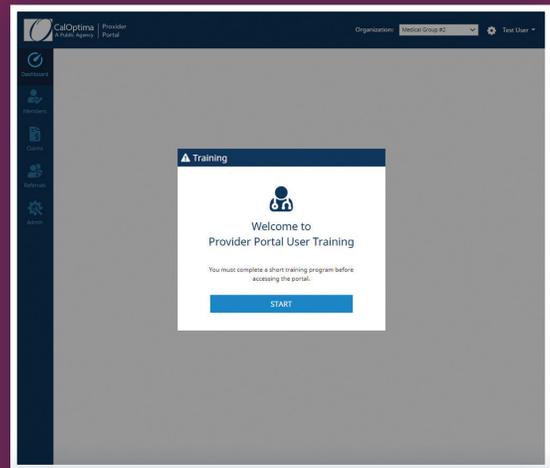


Figure IV.a.

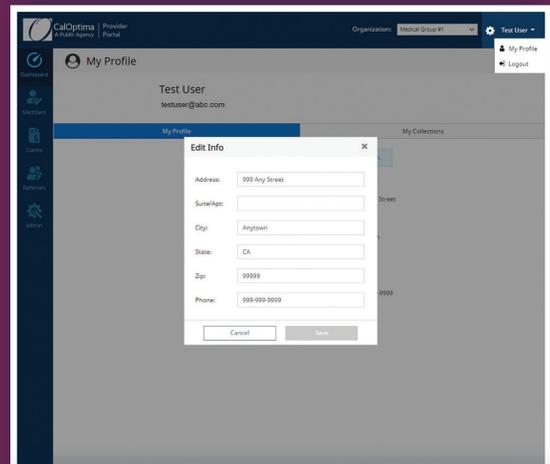


Figure IV.b.

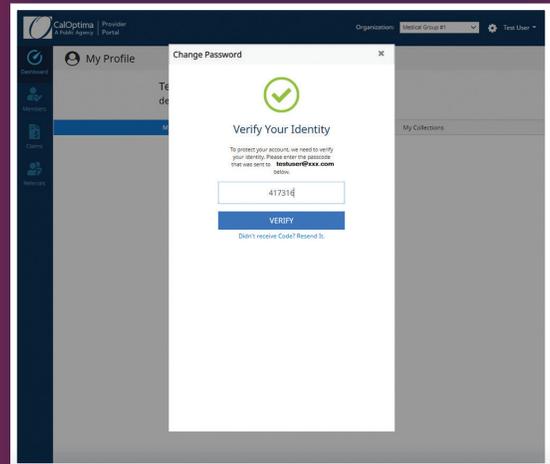
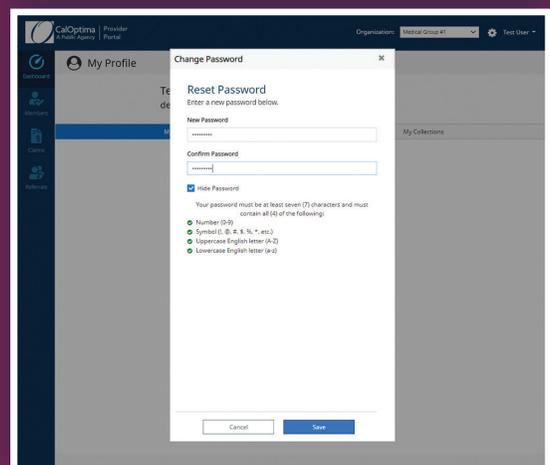
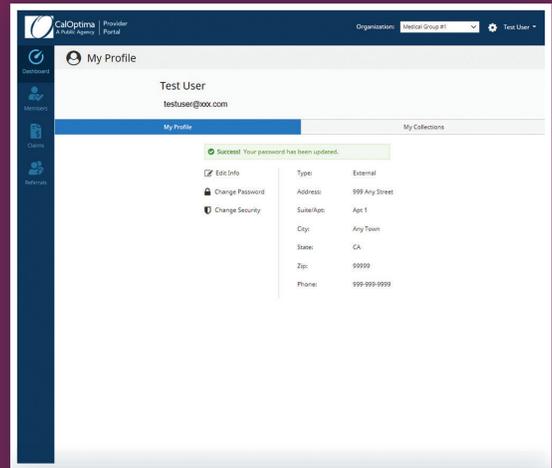


Figure IV.c.



A message will be displayed that your **Password** has been updated (Figure IV.d.).

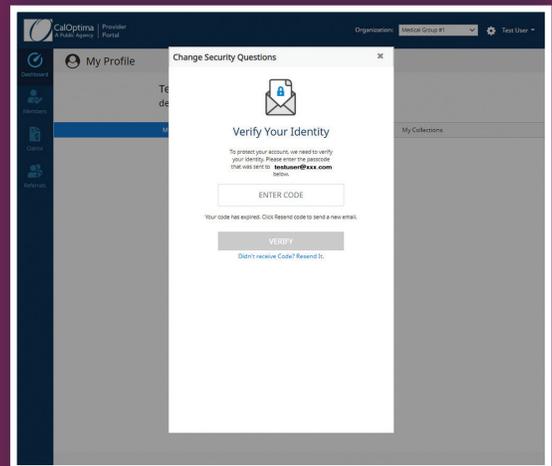
Figure IV.d.



3. Change your **Security Questions** and/or **Answers**.

- Click **Change Security**.
- After selecting the option to change your **Security Questions**, an email will be sent to you with a **Verification Code**.
- Enter that code on the **Verify Your Identity** (Figure IV.e.) window. Click **Verify** (Figure IV.f.).
- Select the desired security questions, enter the answers. Click **Save** (Figure IV.g.).

Figure IV.e.



A message will indicate that Your **Security Questions** and/or **Answers** have been updated.

Figure IV.f.

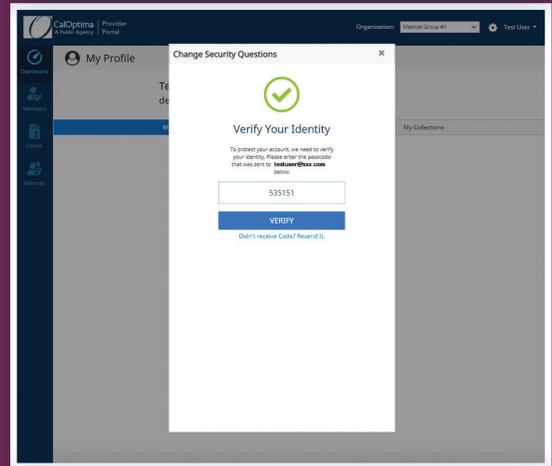
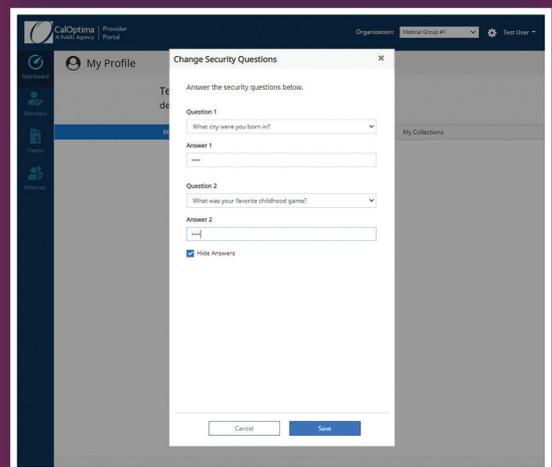


Figure IV.g.



4. Add additional providers and select your default collection.

- Click on the **My Collections** tab.
- Click **Add New Provider** (Figure IV.h.). The **Provider Search** will be displayed to allow you to search for the provider. You can search for an individual provider or a group/facility.
- Select the desired provider from the list. Click **Send Request** (Figure IV.i.). The provider/group will be displayed with a **Pending** status until it has been approved.

Once your request for access has been approved, it will show up as **Active** and you can select it as your default.

Figure IV.h.

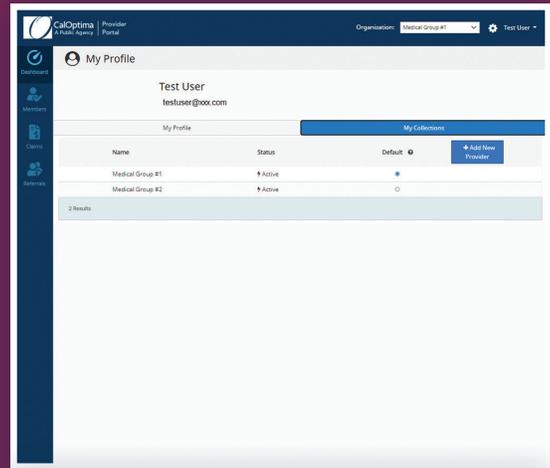


Figure IV.i.

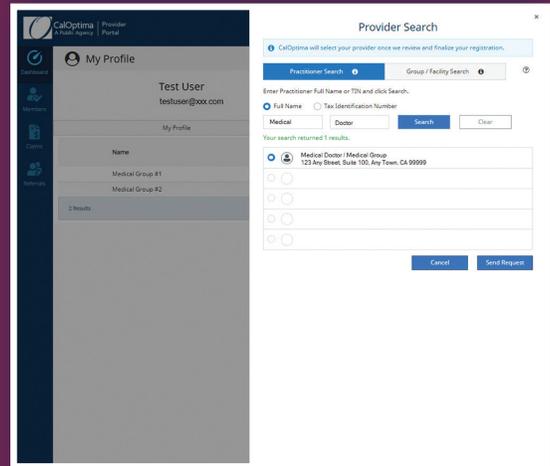


Figure V.a.

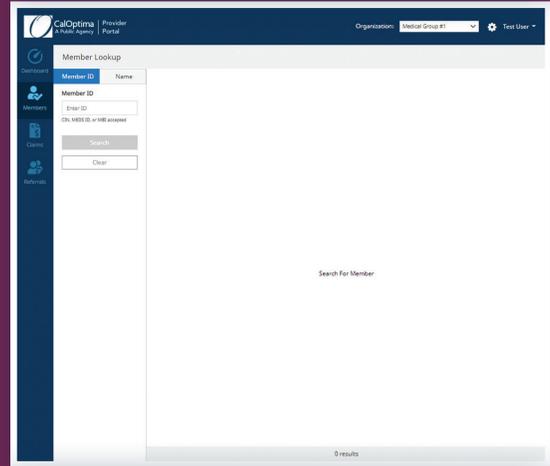
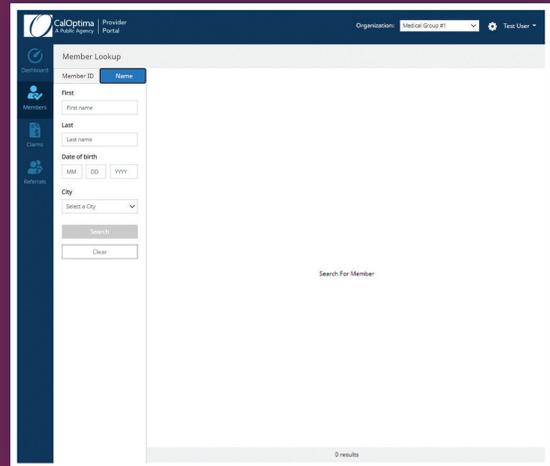


Figure V.b.



V. Member Information Search

On the left navigation panel, click **MEMBERS**. To search for member information, use either the **Member Identification Number (Member ID)** or the **Member Name**. (Please note that the Member ID is also referred to as the **CalOptima ID Number [CIN]**).

To begin your search using the **Member ID Number**:

1. Click **Member ID** in the upper left of the screen.
 - Enter the **Member ID** number.
 - After you enter the **Member ID**, click **Search** (Figure V.a.).

To begin your search using the **Member Name**:

2. Click on **Name**.
 - Enter the **Member Name**.
 - After you enter the **Member Name**, **Date of Birth** or **City**, click **Search** (Figure V.b.).

Please note: ONLY users associated with the member at the primary care provider (PCP) or group level can view member information. If the selected member is not associated at the PCP level, it cannot be viewed.

In addition, based on your security setting, you may have the ability to view (Figure V.c.):

- Eligibility
- Condition History
- Claims History
- Referrals
- Labs
- Medications

VI. Claims Information Search

On the left navigation panel, click **CLAIMS**.

To search by **Date**:

1. Click **Date** (Figure VI.a.).
2. Pick the **Date Range**.
3. Select the **Type of Date** as either **Date of Service** or **Paid Date**.
4. Next select in the **Status**:
 - All Statuses (4)
 - In Progress
 - Check Pending
 - Finalized
 - Original Claim
5. To limit the claims to a specific member, enter their **CIN** (optional). Click **Find Claims**.

To search using the **Claim #**:

1. Enter the member's **Claim Number**. Click **Find Claims** (Figure VI.b.).

Then select the claim from the list on the Claim Search Results screen. It lists:

- Status (DOS)
- Claim Number
- Member Name
- CIN
- Date of Service
- Service Provider
- Billed/Payable
- Check (Remittance Advice or RA)

For more details about the **Remittance Advice**, click on the green **RA** button (Figure VI.c.) in the far right column for **Check**.

Figure V.c.

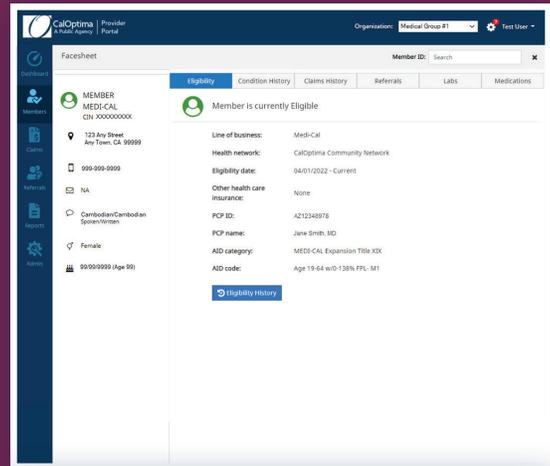


Figure VI.a.

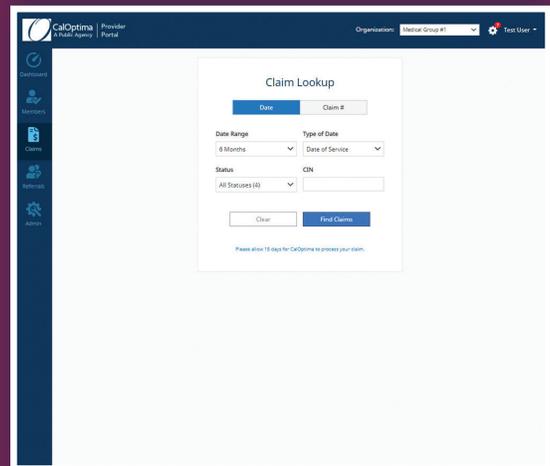


Figure VI.b.

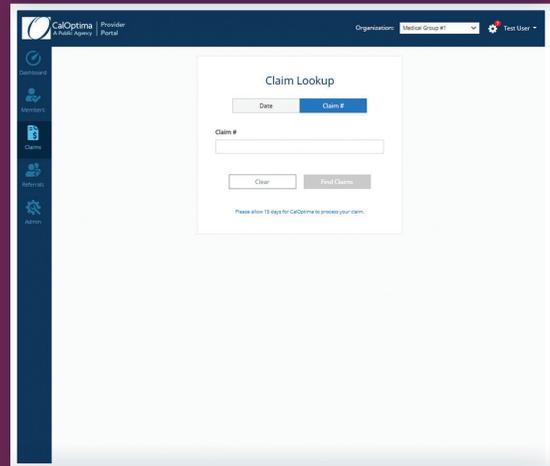
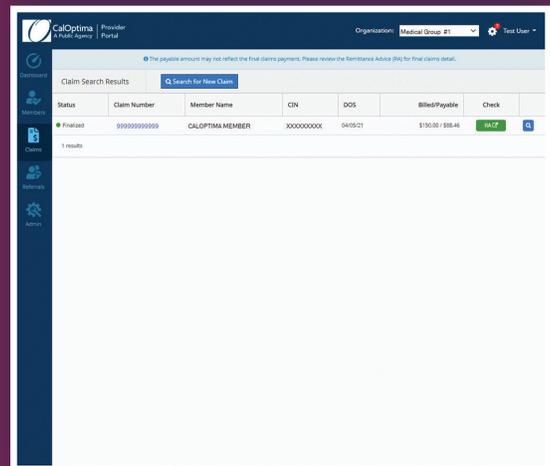


Figure VI.c.



Sample Remittance Advice (Figure VI.d.)

Please note: When doing searching claims, only claims relating to your provider or group will display.

Figure VI.d.

VII. Claims Detail

To view the details of a claim, click the **Claim Number** or the blue **Search** icon  located on the **Claims Search Results** (Figure VII.a.) screen.

Figure VII.a.

Once you have selected a claim for review, you will see:

- CIN
- Date paid
- Date of service
- Check #
- Date received

Services

To see services on a **Member Claim** select the **Services** tab on the **Claims Detail** (Figure VII.b.) screen:

Figure VII.b.

- Start Date
- Billed Quantity
- End Date
- Billed Amount
- Code
- Payable
- Modifiers

Member Information

Select the **Member Info** (Figure VII.c.) tab to see:

Figure VII.c.

Member Information

- Name
- Gender
- Member ID
- Date of Birth
- Language
- Patient Account #

Health Network

- Health Network
- Line of Business
- PCP

Contact Information

- Address
- Phone
- Email

Providers

To see the [Payment Provider](#) or [Service Provider](#), select the [Provider](#) (Figure VII.d.) tab to see:

Payment Provider Service Provider

- Provider Name
- Provider ID
- Address
- Phone
- Fax

Diagnosis

To see a member's diagnosis from a claim, select the [Diagnosis](#) (Figure VII.e.) tab to see:

- Code(s)
- Description

Please note: ONLY users associated with the member at the PCP or group level can view member information. If the selected member is not associated at the PCP or group level, it cannot be viewed.

EOB

To see the Explanation of Benefits (EOB) for a claim, select the [EOB](#) (figure VII.f) tab to see:

- EOB Code
- Billed Amount
- Allowed Amount
- Disallowed Amount
- Coinsurance Amount
- Copay Amount
- Deductible Amount
- Paid Amount
- Interest Paid
- EOB Description

VIII. View Referral

On the left navigation panel, click [REFERRALS](#). There are two ways to search for a member's referral: by [Date](#), or by the [Referral Code](#).

To search by [Date](#) (Figure VIII.a.):

1. Click on [Date](#)
2. Pick the [Date Range](#).
3. Select the [Type of Date](#) as either [Date of Service](#) or [Request Date](#).
4. Next select one of the following in the [Status](#) field:
 - All Statuses (5)
 - Denied
 - Pending
 - Approved
 - Modified
 - Void
5. Enter the member's [CIN](#). Click [Find Referrals](#). (Without the the CIN, all the referrals for the provider's office will display.)

Figure VII.d.

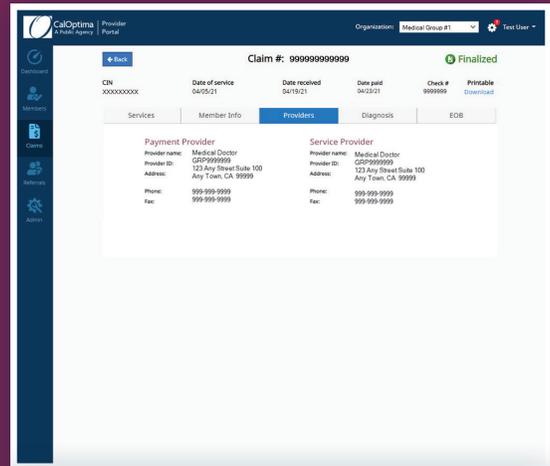


Figure VII.e.

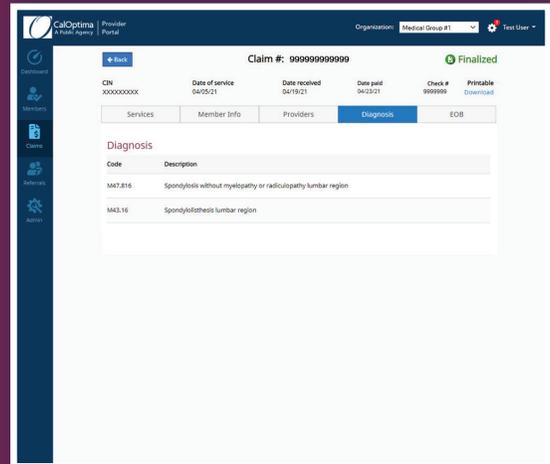


Figure VIII.f.

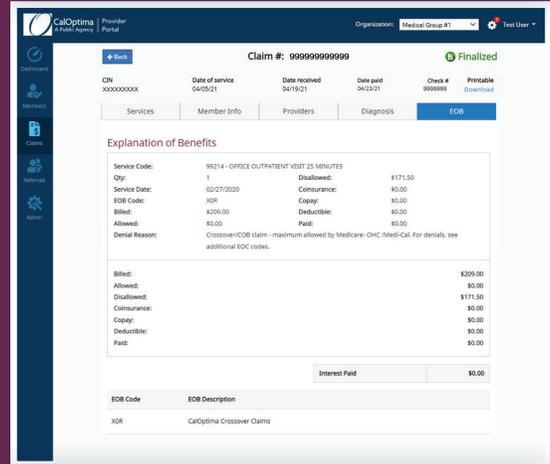
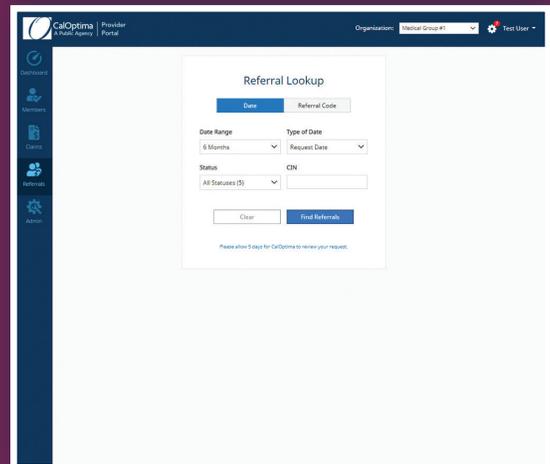


Figure VIII.a.



To search by Referral Code (Figure VIII.b.):

1. Enter the member's Referral Code. Click Find Referrals.

Select the referral to review from the Referral Search Results screen. It briefly lists:

- Status
- Referral Code
- Member Name
- LOB
- Referred Provider
- Requested Date

Please note: When doing referral searches, only referrals relating to your provider organization will display.

IX. Referral Detail

To review referral details, enter the Referral Code. Or click the blue Search icon  on Referral Search Results (Figure IX.a.).

Services

On the Referral details screen, select the Services (Figure IX.b.) tab to see:

- Clinical Indications
- Status
- Service
- Modifiers
- Decision
- Description
- Duration
- Service Units
- Approved Units
- Decision Description

Member Information

Select the Member Info (Figure IX.c.) tab to see:

Member Information

- Name
- Gender
- Member ID
- Date of Birth
- Language

Health Network

- Health Network
- Line of Business
- PCP

Contact Information

- Address
- Phone
- Email

Figure VIII.b.

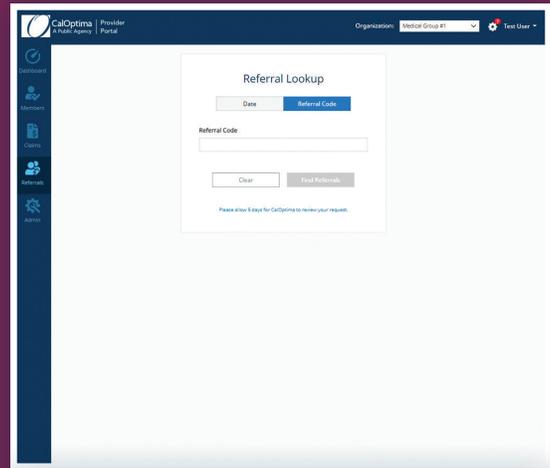


Figure IX.a.

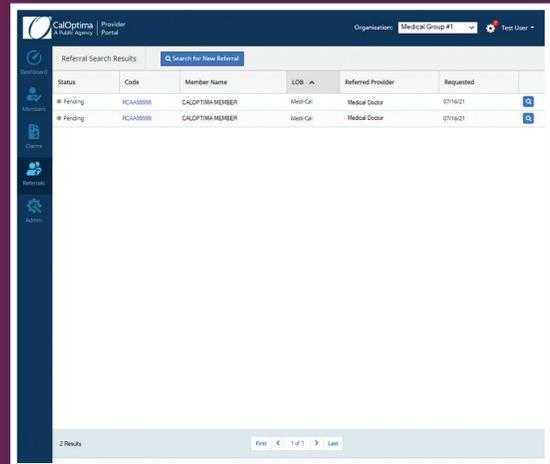


Figure IX.b.

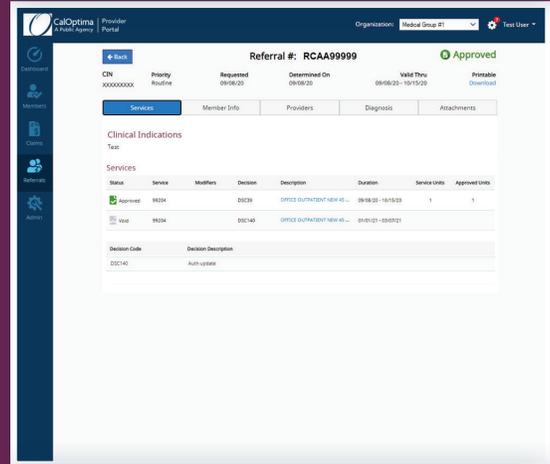
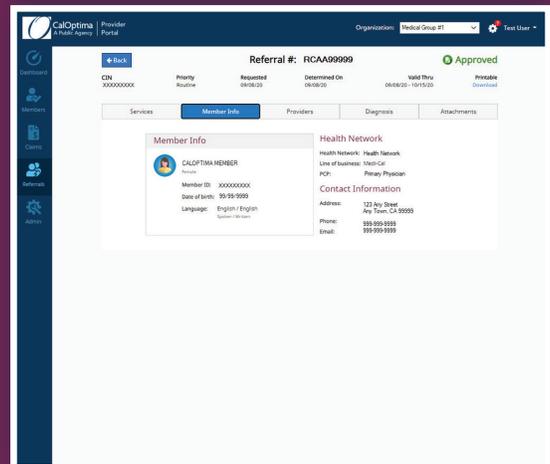


Figure IX.c.



Providers

Select the **Provider** tab to see the **Referring Provider** or **Referred To Provider** (Figure IX.d.):

Referring Provider Referred To Provider

- Provider Name
 - Provider ID
 - Address
 - Phone
 - Fax
- Provider Name
 - Provider ID
 - Address
 - Phone
 - Fax

Diagnosis

To see a member's diagnosis from a referral, click on the **Diagnosis** (Figure IX.e.) tab to see:

- Code(s)
- Description

Attachments

Select the **Attachments** (Figure IX.f.) tab to see the attachments from a referral. Attachments can be downloaded.

Please note: ONLY users associated with the member at the PCP or group level can view member information. If the selected member is not associated at the PCP or group level, it cannot be viewed.

X. Submit a Referral

There are 6 sections to fill out in order to **Submit a Referral** (Figure X.a.).

Figure IX.d.

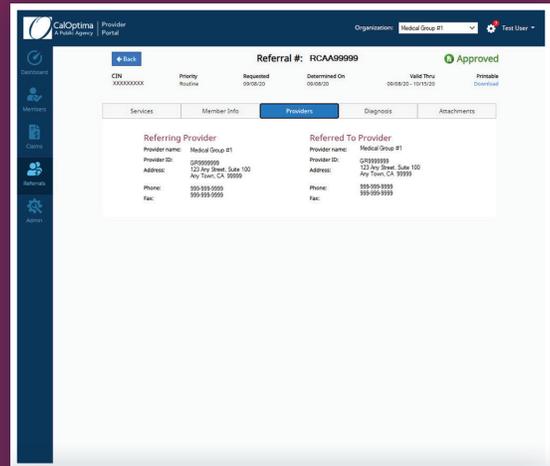


Figure IX.e.

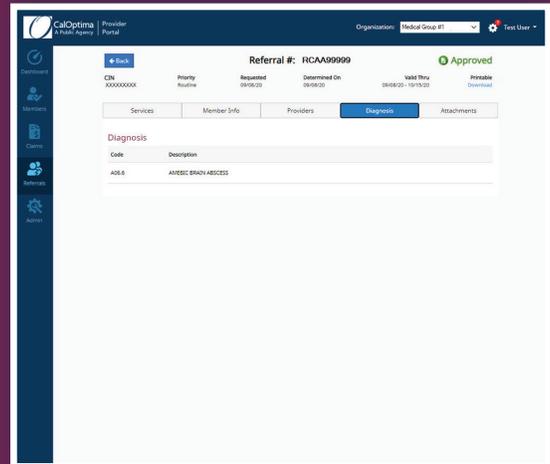


Figure IX.f.

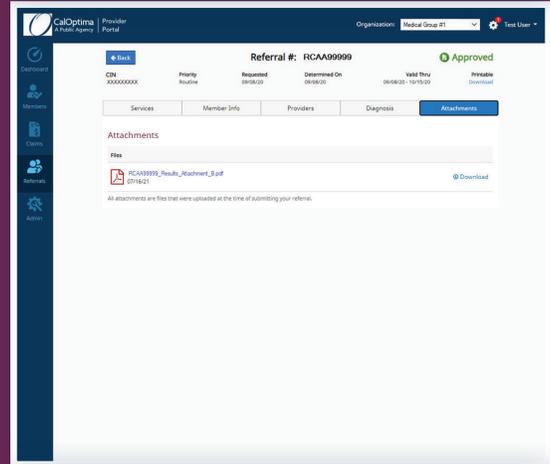
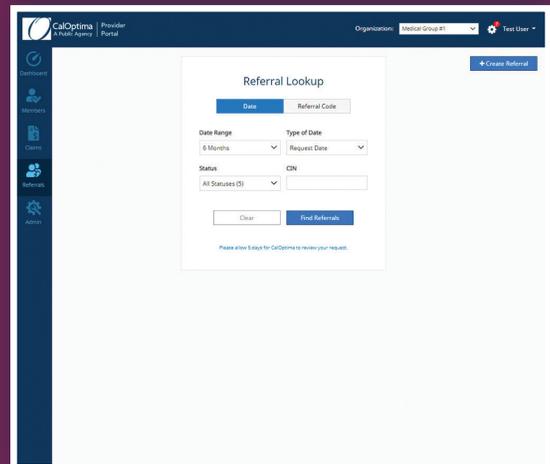


Figure X.a.



Section 1: About the Referral

1a. Select the type of referral:

- **Medical** (For services NOT related to BH)
- **Behavioral Health**
- Click **Next** (Figure X.b.).

1b. Who is this referral for?

- Find a member by using the **Name** or **Member ID** (CIN, MEDS ID or MBI accepted).
- Click **Next** (Figure X.c.).

Medical Outpatient Authorizations can be referred only to eligible members with CalOptima Direct (COD) or CalOptima Community Network (CCN).

Behavioral Health Authorizations can be referred only to eligible members (excluding Kaiser members).

Please note: ONLY users associated with the member at the PCP or group level can view member information. If the selected member is not associated at the PCP or group level, it cannot be viewed (Figure X.d.).

Section 2: Referring Provider Info

- Select the referring provider
 - » Must be in your office (cannot be with a different office).
 - » Choose the group or the office you want to make the authorization (service address).
- Select the provider and click **Next** (Figure X.e.).

Figure X.b.

Figure X.c.

Figure X.d.

Figure X.e.

Name	Specialty	Address & Phone Number	City
Medical Doctor Provider ID: XXXXXXXXXXXXX	Family Medicine	123 Any Street, Suite 100 999-999-9999	Any Town

Section 3: Referred To Provider Info

- To find a provider, search using the provider's name, provider ID or provider specialty (e.g. cardiovascular disease).
- Click **Search for Provider** (Figure X.f.).
- Select from list displayed of contracted providers, who accept members based on their age and gender.
- Select the provider and click **Next**.

Warnings may display for the selected provider (Figures X.g. and X.h.):

-  Indicates that the provider is far away.
-  Indicates that the provider is not accepting new patients.

Please note: Closed panel providers are also displayed. While closed panel providers do not accept new patients, they do accept current patients.

Section 4: Medical Info (Figure X.i.) (See next page for Behavioral Health)

4a. The **Request Date** is pre-programmed and will always display the day you are filling out the referral. You may select **Routine**, **Retro**, or **Urgent** Priority Type.

Select **Retro Referral** for services previously provided. You will need to change the Request Date to a date prior to the current displayed date.

Select **Urgent Referral** ONLY when normal time frame for authorization will be detrimental to patient's life or health, jeopardize patient's ability to regain maximum function, or result in loss of life, limb or other major bodily function.

4b. Next, select a **Place of Service**, such as:

- Office
- At Home
- On Campus
- Etc.

Figure X.f.

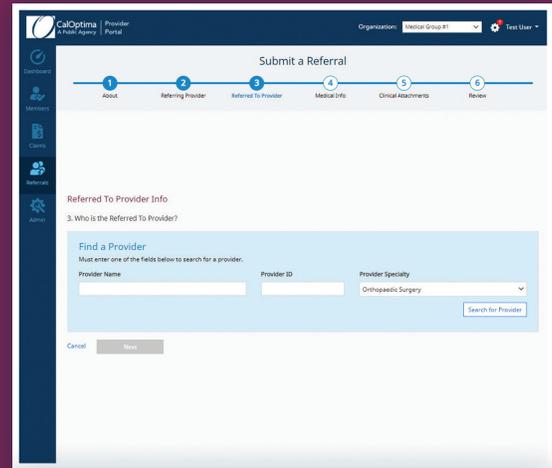


Figure X.g.

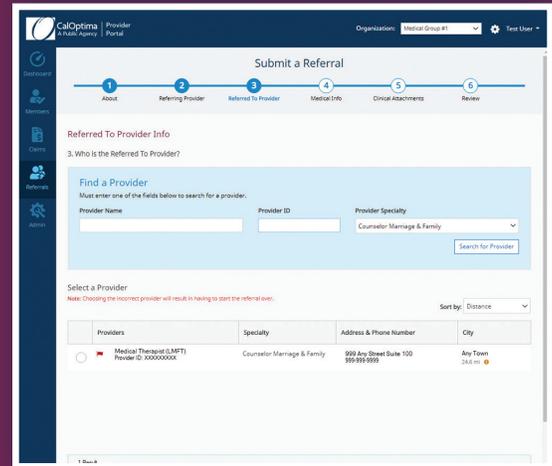
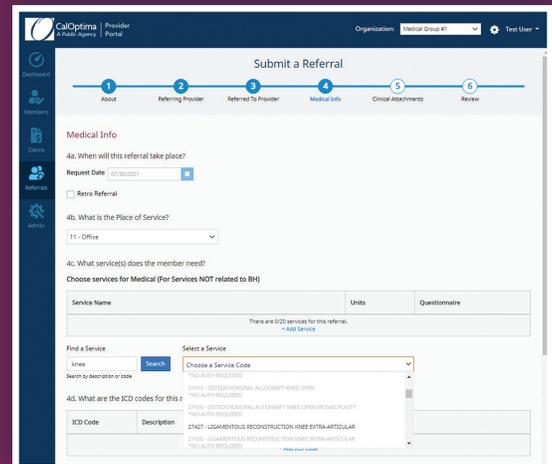


Figure X.h.



Figure X.i.



4c. Choose services for Medical (For Services NOT related to BH) (Continue)

- Choose **Select a Service** and **Current Procedural Terminology (CPT) code**.
- Under **Select a Service**, referrals are not required for codes/descriptions in gray (Figure X.i.).
- Fill out **Units** (required).
- Fill out **Questionnaire** (if applicable).
- Click **+ Add Service** to repeat as needed.

4d. Fill out the International Classification of Disease (ICD) codes for the referral (Figure X.j.).

- Click on **+ Add ICD Code**. You can search through **Find an ICD Code**.
- Select **ICD Code**.
- Click **+ Add ICD Code** to repeat as needed.

4e. What are the clinical indications for this referral?

- Fill out text box.
- Click **Next**.

To Choose **Services for Behavioral Health**, follow directions 4a-e, above (Figure X.k.).

Section 5: Clinical Attachments

Supplying CalOptima with more clinical information, gives you the best opportunity for faster response times. You can upload up to 3 files. Max file size is 25MB.

- Click on **+ Choose Files**.
- Repeat to add more files as needed.
- Click **Next** (Figure X.l.).

Section 6: Review

Review your referral before submitting (Figures X.m. and X.n.):

- Priority
- Referral Type
- Member Details
- Referring Provider
- Referred to Provider
- Medical Info Services
 - » Services
 - » Diagnosis
- Clinical Attachments
- Files

Figure X.j.

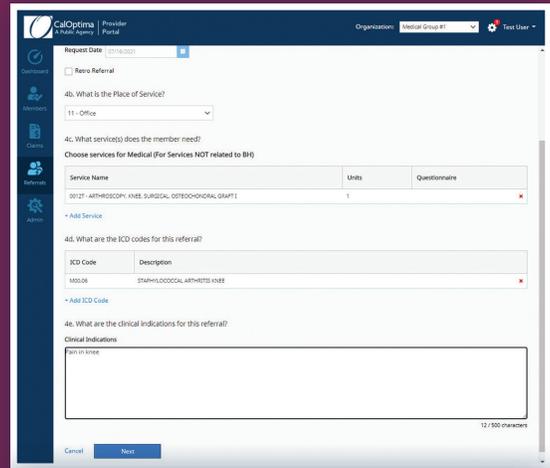


Figure X.k.

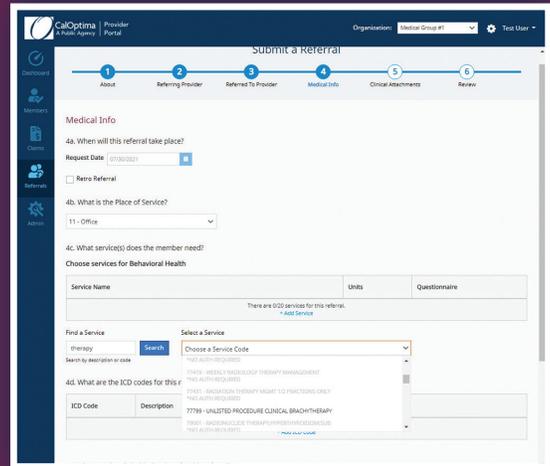


Figure X.l.

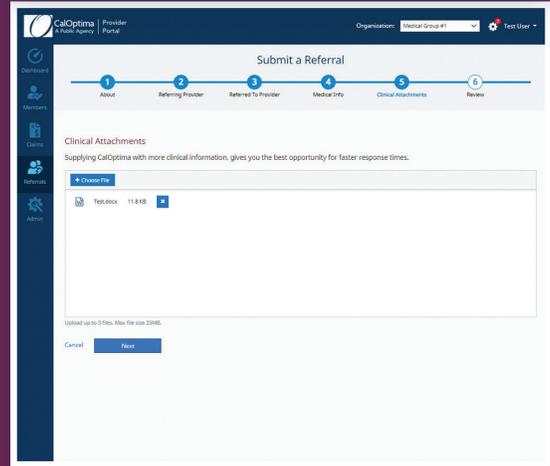
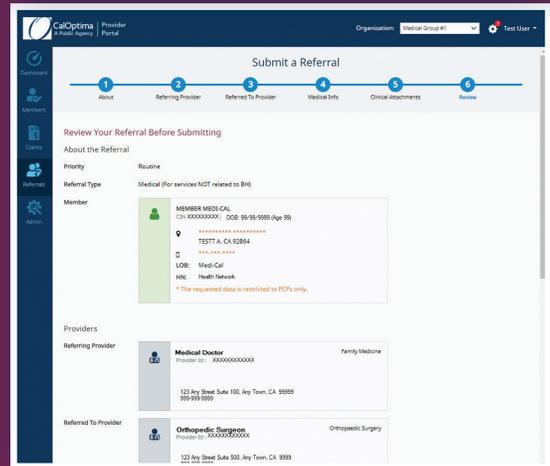
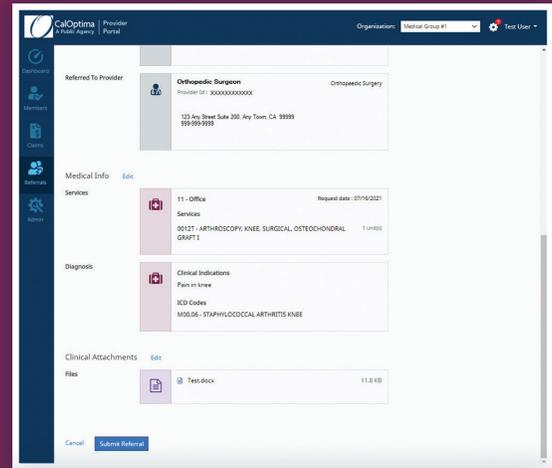


Figure X.m.



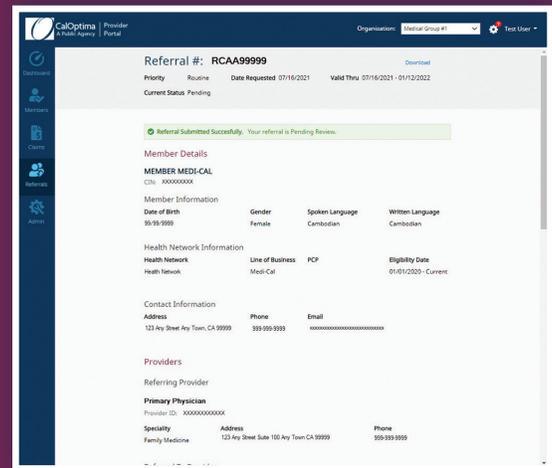
Click **Submit Referral** (Figure X.n.).

Figure X.n.



Please note: All referrals are subject to the member's eligibility and if approved, providers will be granted 180 days to render services (Figure X.o.).

Figure X.o.



XI. View Reports

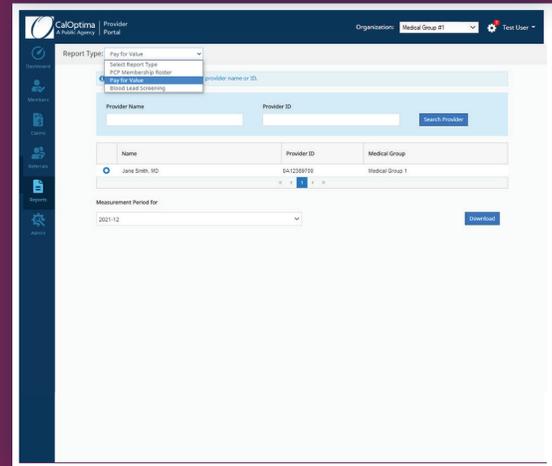
CalOptima Community Network PCPs and their Local Office Administrators can download the following Reports using the Report Module (Figure XI.a.):

- PCP Membership Roster
- Pay for Value (Quality Rates Report)
- Blood Lead Screening Report

To download a Report:

1. Go to Reports
2. Select a Report Type
3. Select a Provider
4. Click **Get Member Roster** for PCP Member Roster, or **Download** for all other reports.

Figure XI.a.



Contact Us

For general questions about the portal or to change the LOA, please contact CalOptima Provider Relations:
714-246-8600 Option #2 888-587-8088 Option #2

To report suspect or potential security incidents or privacy breaches, please contact:

CalOptima's Privacy Officer at privacy@caloptima.org or
CalOptima Compliance and Ethics Hotline at 877-837-4417



A Public Agency

CalOptima
Better. Together.