

CALOPTIMA MEDI-CAL PROGRAM PAYMENT INFORMATION

CONTRACTED PROVIDERS:

If you are a CalOptima contracted provider, please refer to your contract for reimbursement information.

NON-CONTRACTED PROVIDERS:

The following describes CalOptima's reimbursement rates for covered Medi-Cal services rendered by a non-contracted provider to a member who is enrolled in CalOptima Direct. Please click here for prior authorization requirements:

<https://www.caloptima.org/en/Providers/ManualsPoliciesAndResources/AuthorizationRequiredProcedureCodes.aspx>

CalOptima will not reimburse provider services that require prior authorization if the authorization has not been secured.

CalOptima shall update the CalOptima Medi-Cal fee schedule on a monthly basis, in accordance with CalOptima Policy FF.1002: CalOptima Medi-Cal Fee Schedule. Please click here to access our policies:

<https://www.caloptima.org/Home/Providers/ManualsPoliciesAndResources.aspx>

For Medi-Cal fee-for-service (FFS) rates, please refer to the following website:

<http://files.medi-cal.ca.gov/pubsdoco/Rates/RatesHome.asp>

For Medi-Cal All Patient Refined (APR) Diagnosis-Related Groups (DRGs) methodology, please refer to the following website: <http://www.dhcs.ca.gov/provgovpart/Pages/DRG.aspx>

For assistance with claims billing, please call CalOptima's Claims Inquiry line at 714-246-8885, between the hours of 8 a.m. and 4 p.m., Monday through Friday.

Professional Services:

- Effective for dates of service on or after January 1, 2011, CalOptima shall reimburse non-contracted covered professional services at the same amount paid by the Department of Health Care Services (DHCS) for the same services rendered to a Medi-Cal beneficiary in the Medi-Cal FFS program.
- CalOptima shall reimburse non-contracted providers who provide covered emergency services at the same amount paid by DHCS for the same services rendered to a Medi-Cal beneficiary in the Medi-Cal FFS program.
- CalOptima shall reimburse California Children's Services (CCS) paneled specialists at 140 percent of the CalOptima Medi-Cal FFS rate effective on the date of service for members 21 years of age and under.

Ancillary Services:

- CalOptima shall reimburse non-contracted ancillary providers at the same amount paid by DHCS for the same services rendered to a Medi-Cal beneficiary in the Medi-Cal FFS program.

FEDERALLY QUALIFIED HEALTH CENTER (FQHC) SERVICES:

- CalOptima shall reimburse non-contracted FQHCs for covered services, for which CalOptima is financially responsible, at the same amount paid by DHCS for the same services rendered by any other provider or practitioner to a Medi-Cal beneficiary in the Medi-Cal FFS program.
- CalOptima shall reimburse an FQHC for each procedure performed and not at an all-inclusive rate.
- CalOptima shall reimburse an FQHC for Child Health and Disability Prevention (CHDP) services billed on the PM 160 claim form in accordance with CHDP billing procedures at the same amount paid by Medi-Cal FFS for the same service provided by a provider that is not an FQHC.

OUTPATIENT HOSPITAL SERVICES:

- CalOptima shall reimburse authorized non-emergency outpatient services at the same amount paid by DHCS for the same services rendered to a Medi-Cal beneficiary in the Medi-Cal FFS program.

EMERGENCY INPATIENT HOSPITAL SERVICES:

- CalOptima shall reimburse emergency inpatient services at the regional rates established by DHCS as follows:

Dates of service: July 1, 2012–June 30, 2013

Region	Regional Rates	
	Non-Tertiary Hospital	Tertiary Hospital
Southern California	\$1,375	\$2,207
San Francisco/Bay Area	\$2,016	\$3,201
Other	\$1,590	\$2,154
Region Designation	Counties	
Southern California	Los Angeles, Orange, Riverside, San Bernardino and Ventura	
San Francisco/Bay Area	Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano and Sonoma	
Other	All other counties*	

- For purposes of these payments, a tertiary hospital is a hospital that is either:
 - A children’s hospital specified in Welfare and Institutions Code Section 10727
 - or
 - A Level I or Level II trauma center as designated by the Emergency Medical Services Authority pursuant to Health and Safety Code Section 1797.1

NON-EMERGENCY POST STABILIZATION INPATIENT HOSPITAL SERVICES:

- CalOptima shall reimburse post-stabilization inpatient services following an admission at the lesser of either:
 - The non-contracted hospital’s Interim Rate as defined by DHCS on the date of service, less 10 percent
 - or
 - The applicable regional rate, less 5 percent, as follows:

Dates of service: July 1, 2012–June 30, 2013

Region	Regional Rates Less 5%	
	Non-Tertiary Hospital	Tertiary Hospital
Southern California	\$1,306	\$2,096
San Francisco/Bay Area	\$1,915	\$3,041
Other	\$1,511	\$2,046

APR-DRG Payment Methodology Effective 7/1/13

CalOptima shall follow the DHCS and apply the All Patient Refined (APR)-Diagnosis Related Groups (DRGs) payment methodology to out-of-network emergency and post-stabilization acute inpatient services provided to Medi-Cal managed care health plan’s (MCPs) beneficiaries by general acute care hospitals. CalOptima will utilize the pricing calculator published by DHCS and available on the state website (<http://www.dhcs.ca.gov/provgovpart/Pages/DRG.aspx>). MCPs should utilize the year four statewide base price and are not subject to the hospital-specific transition prices that DHCS will be applying for the first three years of transition. This new payment methodology will replace the regional rates listed above, effective for dates of admissions on or after July 1, 2013.