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# **CalOptima Community Network (CCN)**

**Lunch and Learn Meeting  
August 15, 2017**



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# Welcome

**Michael German, Manager  
Provider Relations**

# Agenda

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- Provider Relations Updates
- Member Health Needs Assessment
- Claims Administration – Front End Claims Processing
- Claims Administration – Provider Disputes
- Claims Administration – Crossover Claims
- Q&A and Closing Remarks

# CCN Meeting Materials

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- Meeting Agenda
- Notes page
- CCN Question Sheet
  - Complete if you would like CalOptima staff to follow up with you after this meeting.
- Today's Meeting Evaluation
  - Please complete at the end of each presentation.
- Meeting materials will be available on the provider webpage at [www.caloptima.org](http://www.caloptima.org). after this meeting.

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**Please place your cell phones on silent**



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# **Provider Relations Updates**

**CCN Lunch and Learn  
August 15, 2017**

**Roger Guzman  
Provider Relations Representative**

# Overview

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- Community Network (CCN) Membership Update
- Semi-Annual CCN Provider Directory Validation
- Depression Screening Incentive
- Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) Services
- CCN Specialist Amendment for FY 17-18

# CCN Membership Update

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- Total Medi-Cal Members: **73,313**
  - Children: 18,990
  - Adults: 52,005
  - 65 years of age and older: 2,218
- Total OneCare Connect Members: **1,759**
- Total Primary Care Providers: **630**
- Total Specialists: **3,639**

*Data as of August 1, 2017*



# Provider Directory Validation

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- Provider Relations staff will be visiting most of your offices in person to verify demographic information for CCN
  - Outreach began July 1 and will conclude December 31
- Information to be validated includes (but is not limited to):
  - Office hours, phone number, address
  - Languages spoken by the physician
  - Ages restrictions, accepting new patients
- You may report changes anytime via your assigned Provider Relations representative or by calling the Provide phone line at 714-246-8600

# Depression Screening Incentive

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- The project aims to increase the rate of clinical depression screenings for adolescents
  - Targeted at members turning 12 years old in CY 2017
  - Screenings to be administered during annual well visit
- Participating physicians can receive an incentive payment of \$50 upon completion of a screening
  - Payment not dependent on positive or negative screening
  - Claims must be submitted directly to CalOptima
- For questions, contact the Behavioral Health Department at 657-900-1097 or [behavioralhealth@caloptima.org](mailto:behavioralhealth@caloptima.org)

# NEMT / NMT

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- Effective July 1, 2017, CalOptima is responsible for non-medical transportation services for members
  - NMT includes use of passenger care, taxi, bus, light rail, etc.
  - Reserved for transport to and from covered Medi-Cal services
- CalOptima will utilize American Logistics Company (ALC) to administer the new NMT benefit
- Members interested in utilizing NMT services should call the Customer Service Department at 714-246-8500

# CCN Specialist Amendment

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- All specialist and mixed group CCN providers received a contract amendment for the period from July 1, 2017 through June 30, 2018
  - Amendments must be returned to CalOptima with wet signatures
  - No major changes to terms of contracts
- Amendments include the following updates:
  - Extension of Medi-Cal expansion rates for one year
  - Increase in record retention requirement from 5 years to 10 years
  - Other minor language revisions to meet regulatory requirements

# Questions

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# **Member Health Needs Assessment**

**CalOptima Community Network Lunch and Learn  
August 15, 2017**

**Claudia Hernandez  
Manager, Strategic Development**

# Member Health Needs Assessment

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- Conducted at the direction of the CalOptima Board of Directors
- Builds upon previous surveys and assessments, e.g.
  - CalOptima Group Needs Assessment
  - OC Health Care Agency – OC Health Profile
  - Hospital Community Health Needs Assessments
- Deeper focus on needs of diverse, underserved Medi-Cal membership, including:
  - 7 threshold languages + others never previously represented
  - Homeless
  - Mentally ill
  - Older adults
  - Persons with disabilities

# Member Health Needs Assessment (IGT 5)

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- Comprehensive assessment to identify gaps in and barriers to service
  - Access to PCPs, specialists & hospitals
  - Pharmacy and lab
  - Oral health services
  - Mental health services
- Insights into social determinants of health
  - Economic stability/employment status
  - Housing status
  - Education/literacy level
  - Social isolation
  - Transportation issues
  - Cultural differences
  - Communication barriers



# Seeking Provider Input

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- Survey developed to collect provider perspective on CalOptima member health needs
- Access online provider survey
  - Provider section of CalOptima website
  - CalOptima Link provider portal

# CalOptima Website

The screenshot shows the CalOptima website interface. At the top, there is a navigation menu with links for MEMBERS, PROVIDERS, COMMUNITY, CAREERS, and ABOUT US. A search bar is located to the right of the menu. The main content area features a large image of medical forms with the text "Find Common Forms" and a sub-headline "We want to make it easy for you to find the forms you need." To the right of this image is a vertical menu with links for "Claims & Eligibility", "Manuals & Resources", "Pharmacy Information", "Common Forms", and "Long Term Care". Below the main content, there are two columns: "Network Expansion" and "Updates and Events". The "Updates and Events" section contains a list of important updates, including a new notification regarding behavioral health services. A red arrow points to this section.

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MEMBERS | PROVIDERS | COMMUNITY | CAREERS | ABOUT US

Search

**Find Common Forms**  
We want to make it easy for you to find the forms you need.

**Claims & Eligibility**

**Manuals & Resources**

**Pharmacy Information**

**Common Forms**

**Long Term Care**

CalOptima's success is a reflection of our partnerships with local health care providers. Together, we share the goal of delivering quality care to our members.

As the largest health insurer in Orange County, CalOptima is proud our members have access to a comprehensive network of providers that includes more than 7,000 doctors, 500 pharmacies, 30 community health centers, and a majority of the hospitals and long-term care facilities in the area.

Every one of our partnerships with local health care providers is important to us. Our goal is to make it easier for providers to do the best possible job of serving our members.

Providers and other health care professionals who have questions regarding Medi-Cal, OneCare Connect, OneCare or PACE can call our Provider Relations Department at 1-714-246-8600.

**Network Expansion**

As our community's need for cost-effective quality health care services expands, so does the need to enhance our delivery system by increasing the number and type of providers available to members. See the links below for more information.

- View the CalOptima Community Network Press Release
- View the CalOptima Provider Manual, Updated with CalOptima Community Network Information

**Updates and Events**

Important Updates

- NEW: Magellan Notification to Providers Regarding Behavioral Health Services**
- NEW: CalOptima Provider Survey for Member Health Needs Assessment
- View the Health Education / Disease Management Referral Form
- View ICD-10 FAQ
- View CalOptima's Quality Improvement Program Goals and Accomplishments
- View Tips About E010 and Claims

# CalOptima Link

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reporting eligibility cases referrals referrals claims lab registry resource center

Quick Links

- Submit Online Referrals
- View Referral Alerts
- My Favorite Reports
- Submit Online Claims
- Submitted Claim Batches
- Lab Registry

**ELIGIBILITY HIGHLIGHTS** ^ x  
You do not have any assigned membership.

**CASE HIGHLIGHTS** ^ x

**ELIGIBILITY LOOKUP** ^ x  
Search for members by Member Code or HIC#/SSN:  
   
Or enter up to 5 Member Codes to check for eligibility:  
  
  
  
  
  
  
Eligible Ineligible Non-Existent

**REFERRAL STATS** ^ x

**REFERRAL ALERTS** ^ x  
You do not have any new referral alerts from the previous week day.

**TASKS** ^ x  
You do not have any task alerts.

**CLINICAL ALERTS** ^ x  
Since you do not have any assigned membership, you cannot view Clinical Alerts.

**GROUP INFORMATION** ^ x

**Announcement:** Last Updated:

CalOptima Provider Survey for Member Health Needs Assessment. 07/17/2017  
<http://www.surveymonkey.com/s/3628233/Member-Health-Needs-Assessment-Provider-Survey> NEW

**Documents:** Posted:

OCC Program Overview, Disability and Cultural Training ... 05/15/2015

# Questions

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# **Front-End Claims Processing**

**CCN Lunch and Learn  
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**Cesar Tungol and Eliza Ramirez  
Claims Administration**

# Claims Overview

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- Eligibility
- Claims Pre-submission Checklist
- Billing Tips
- Claims Submissions
- CalOptima Link
  - Aerial portal
  - Claim status, claims details, etc.

# Eligibility Verification

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- CalOptima website: [www.caloptima.org](http://www.caloptima.org)
  - CalOptima Link
  - CalOptima Eligibility Customer Service **714-246-8500**
- State of California Beneficiary Verification System
  - Automated Eligibility Verification System (AEVS): 800-456-2387
  - Point of Service (POS) Device: 800-427-1295
  - Eligibility System: Department of Health Care Services
    - Website: [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)

# Claims Pre-submission Checklist

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- **Other Health Coverage (OHC)**

- Claims are subject to coordination of benefits (COB). Other health coverage documentation (explanation of benefits) is required if member has other primary coverage.

- **Timely Filing**

- All claims must be submitted within one year from the date of service.

- **Prior Authorization**

- Providers must obtain prior authorization.



# Claims Billing Tips

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- Verify member eligibility prior to billing.
- If applicable, provide proof of payment for other health coverage (i.e., explanation of benefits)
- Use appropriate current procedural terminology codes on a universal billing form.
- Use Valid National Provider Identifier (NPI).
- Use appropriate diagnosis code and/or specificity.

# Common Denials

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- Missing or invalid diagnosis
- Maximum frequency exceeded
- Modifiers

# Claims Submission: Electronic Data Interchange (EDI)

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- Electronic Claims Submission
  - Change Health Care (Emdeon) at 877-271-0054
    - Payer ID: 99250
  - Office Ally (OA) at 360-975-7000 press option # 1
    - Payer ID — COLTC

# Claims Submission: Paper Claims

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- Mailing Address:
  - CalOptima Claims department  
P.O. Box 11037  
Orange, CA 92856
- Customer Service Claims Inquiries:
  - Monday–Friday  
8 a.m.–4 p.m.  
**714-246-8885**

# Questions

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# Provider Disputes

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**Kim Bearden, Claims Supervisor**  
**Claims Administration**

# Common Reasons for Disputes

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- Underpayments
  - Contract or LOA related
  - Incorrect fee schedule or rate
  - DRG fluctuation
- Authorization issues
  - Level of care
  - Number of days
  - No authorization on file
- Missing information/billing errors
  - Modifiers or invalid codes
  - Medical records or implant invoices
  - Other health care insurance remittance advice

# PDR Filing and Resolution Timelines

- Please note, CalOptima requires provider(s) to submit a dispute regardless of the party at fault.
- Medi-Cal
  - Provider has 365 days from the initial approval/denial date to file.
  - CalOptima has 45 working days (or 62 calendar days) to render a decision.
- Medicare
  - Provider has 365 days from the initial approval/denial date to file.
  - CalOptima has 30 calendar days to render a decision.
- Provider has 180 days from first level provider dispute resolution (PDR) decision to file second level appeal with Grievance and Appeals department (GARS).



# How to Submit A Provider Dispute

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- Provider disputes should be submitted using the Provider Dispute Resolution Request form that, when completed, provides all information necessary to resolve the disputed claim(s).
- For multiple dispute submissions, the provider should attach a spreadsheet of all impacted claims to the Provider Dispute form.
- A copy of the original claim form is not necessary; however, when a correction is required, a corrected claim should be submitted with the dispute for consideration.

# How to Submit a Provider Dispute (cont.)

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- Provider Dispute should contain all additional information needed to review a claim. This includes but is not limited to the following where applicable:
  - Medical records for retro auth review
  - Hard copy of prior authorization
  - Proof of timely filing
  - Invoices for high cost exclusions
  - Other health coverage remittance advices (RA/EOMB)
- Provider Dispute forms are on the CalOptima website:
  - <https://www.caloptima.org/Home/Providers/CommonForms.aspx>



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# Crossover Claims

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**Anita Allen**  
**Manager, Claims Administration**

# What Are Crossover Claims?

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- A crossover is a claim where the recipient is eligible for both Medicare and Medi-Cal, where Medicare pays a portion of the claim and Medi-Cal is billed for the remaining balance (which is applied to the deductible and/or coinsurance). Medi-Cal's reimbursement is limited, when combined with the Medicare payment and should not exceed Medi-Cal's maximum allowed for similar services.
- As secondary payer, CalOptima will only reimburse up to the Medi-Cal maximum amount, not to exceed the coinsurance/deductible amounts.

# Facility Inpatient Part B Process

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- How to identify the difference between crossover and non-crossover inpatient facility claims:
  - When the claim is identified as inpatient Part B — because the Part A benefits have been exhausted and the member only has Part B benefit coverage — the claim is not considered crossover, it is consider COD (CalOptima Direct) and authorization is required for the services.

# Important Information

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- CalOptima receives the state file once a week every Monday and loads it into Facets on Tuesday.
- On June 1, 2014, crossover claims transitioned from our external vendor to CalOptima's in-house Claims Administration department.
  - CalOptima, P.O. Box 11070, Orange, CA 92856
  - Claims Customer Service: **714-246-8885**

# Questions

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# CCN Lunch and Learn Q & A

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- Evaluation Form — Please complete and leave behind.
- In your packet, there is a form on which you can write any questions about anything that we have not addressed today.
- What questions do you still have?



# CalOptima's Mission

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To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

