

Behavioral Health Providers Frequently Asked Questions (FAQs)

The administration of outpatient behavioral health care and Behavioral Health Treatment (BHT) services for Medi-Cal members will transition from Magellan directly to CalOptima, effective January 1, 2018. Magellan will continue to manage OneCare and OneCare Connect Cal MediConnect Plan (Medicare-Medicaid Plan) services.

1. Why did CalOptima decide to bring the management of the behavioral health benefit into CalOptima's internal operations? (11/29/17)

- A.** Bringing the management of the administration of mental health (MH) and Applied Behavioral Analysis (ABA) services into CalOptima operations with services provided by a network of private sector providers provides increased opportunities to integrate behavioral health (BH) services with medical care in the future.

2. Do CalOptima Medi-Cal members need to obtain a prior authorization before starting treatment? (11/29/17)

- A.** CalOptima Behavioral Health is open access. This means you need no prior authorization for outpatient medication or therapy services. Although medication and therapy services are open access, CalOptima Behavioral Health does require a prior authorization for two services: **ABA and Psychological Testing**.
 - Any CalOptima Medi-Cal member seeking medication or therapy services can call the CalOptima Behavioral Health line or visit www.caloptima.org and find a mental health provider in the CalOptima Behavioral Health Network.
 - Once the member is in treatment, it is the provider's responsibility to ensure the member is at the appropriate level of care. Treatment requires that it be **medically necessary**, and provider documentation for each member should clearly indicate this.

3. What is the criteria for treatment with CalOptima Behavioral Health, and is there a cap on the number of sessions allowed? (11/29/17)

- A.** Members must present with **mild-to-moderate** impairments in daily functioning due to mental health
 - Treatment requires that it be medically necessary, and the frequency of visits clinically justified in provider documentation. Providers may be subject to periodic audits to ensure quality of services and appropriate level of care.

4. What is the credentialing requirement? (11/29/17)

- A. You must maintain credentialing status with CalOptima every three years. CalOptima will honor current credentialing filed with Magellan.

5. What types of professional licenses or registrations are credentialed as billing providers in the CalOptima Behavioral Health Network? (11/29/17)

- A. Billing providers include:
- Medical Doctor (M.D.)
 - Doctor of Osteopathic Medicine (D.O.)
 - Doctor of Psychology (Psy.D.)
 - Doctor of Philosophy (Ph.D.)
 - Licensed Marriage and Family Therapist (LMFT)
 - Licensed Clinical Social Worker (LCSW)
 - Nurse Practitioner (N.P.)

6. What types of providers are credentialed as rendering providers in the CalOptima Behavioral Health Network? (11/29/17)

- A. Licensed providers can bill for services rendered by any non-licensed providers currently under billing provider's supervision. Rendering providers include:
- Psychological Assistant
 - Registered Marriage and Family Therapist (MFT) interns
 - Registered Associate Clinical Social Workers (ACSWs)
 - Physician Assistant (P.A.)

Licensed Professional Clinical Counselor (LPCC) providers are not permitted to bill or render services.

7. Is CalOptima Behavioral Health the same as County Specialty Mental Health Services (including services administered through the ASO)? (11/29/17)

- A. There are different levels of care available to Medi-Cal members in Orange County.
- CalOptima providers render behavioral health services in the community to members who are mild-to-moderately impaired due to mental health.
 - Member must have Medi-Cal **with** CalOptima

- Mild-to-moderate Medi-Cal members with the Kaiser health network are referred to Kaiser at 800-464-4000
- The Administrative Services Organization (ASO), a part of the Orange County Mental Health Plan (MHP), manages the specialty mental health services provided by Medi-Cal providers in the community for members who are significantly impaired due to mental health with no case management needs.
 - For ASO services, member must have Medi-Cal in Orange County, CalOptima, or Kaiser CalOptima health network
- The Orange County MHP level of care is limited to specialty mental health services provided in county or county-contracted locations for members who are significantly impaired due to mental health **with** case management needs.
 - Orange County MHP level of care is not limited to just Medi-Cal members.

8. Does CalOptima Behavioral Health cover inpatient professional fees if I am working in a psychiatric unit? (11/29/17)

- A.** Inpatient psychiatric services (professional fees) are the responsibility of the Orange County MHP, with claims adjudicated by the ASO. If a Medi-Cal member or treating professional seeks an inpatient authorization, they must contact the Crisis Stabilization Unit (CSU) at 714-834-6900 and ask for a Treatment Authorization Request (TAR) for the facility's charges.

9. What is Drug Medi-Cal and how do I refer someone for Drug Medi-Cal services?

- A.** Drug Medi-Cal is a range of substance abuse services available to Medi-Cal beneficiaries who meet medical necessity. Services available may include outpatient, intensive outpatient, detoxification or residential treatment.
- For a provider to receive reimbursement for substance abuse services provided to Medi-Cal beneficiaries, a provider must be Drug Medi-Cal certified by the California Department of Health Care Services (DHCS).
 - If you have a member who needs substance abuse services, you can refer them to OC Links at 855-OC-Links (625-4657). We expect this to change in April 2018.
 - OC Links is a county-operated information and referral line. OC Links provides support to anyone in the community seeking behavioral health services or substance abuse services through the Health Care Agency. Services are offered via telephone or online at ohealthinfo.com/oclinks

10. Can I bill for psychiatric or psychological services provided in a Skilled Nursing Facility (SNF)? (11/29/17)

- A. A CalOptima Behavioral Health provider can bill for medically necessary services for Medi-Cal members **residing** in a long-term care facility or a SNF.
- For Medi-Cal members with an acute medical stay in a SNF, behavioral health providers should request authorization from and bill the County's ASO.

11. Can I bill for a medical/surgical hospital psychiatric or psychological services consult? (11/29/17)

- A. A behavioral health provider can bill for medically necessary services for Medi-Cal members in a **medical/surgical hospital**.

12. Where do we submit claims? (11/29/17)

- A. Claims with dates of service on or before December 31, 2017, should be sent to Magellan, and claims billed with **dates of service on or after January 1, 2018**, to CalOptima

Paper Claims Submission
CalOptima Direct Claims
P.O. Box 11037
Orange, CA 92856

Electronic Claims Submission
Office Ally
866-575-4120 or www.officeally.com
Payer ID: "CALOP"

13. How do I continue to see my CalOptima Medi-Cal patients? (11/29/17)

- A. Providers may continue to see their patients/our members by contracting with CalOptima.
- Providers must continue to verify member's eligibility prior to providing services.

14. What are the advantages of contracting directly with CalOptima? (11/29/17)

- A. CalOptima is the Medi-Cal managed care health plan for Medi-Cal recipients in Orange County covering one in four residents and, as such, there is opportunity for better coordination of behavioral health/medical services for your current patients and allows you the opportunity to expand your patient base.

15. Who do we contact for additional questions? (11/29/17)

- A. You may contact your provider relations representative for further assistance.
- **Email:** ProviderServicesInbox@CalOptima.org **or call: 714-246-8600**