



## Behavioral Health Provider FAQs

The administration of outpatient behavioral health services is directly managed by CalOptima Health.

### **1. Do CalOptima Health behavioral health services require a prior authorization before starting treatment?**

Most CalOptima Health behavioral health services are open access and do not require prior authorization, including outpatient medication and therapy services. For services that require prior authorization, please refer [here](#)

- CalOptima Health Medi-Cal members seeking behavioral health services can call the CalOptima Health Behavioral Health Line at **855-877-3885** or visit [www.caloptima.org](http://www.caloptima.org) to find a behavioral health provider.
- Once the member is in treatment, providers are responsible 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 support that.

### **2. Is there a limit to the number of outpatient behavioral health therapy sessions allowed?**

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

### **3. What is the credentialing requirement?**

Providers must maintain credentialing status with CalOptima Health every three years.

### **4. How does a provider make a referral for a higher level of care?**

The provider can call the CalOptima Health Behavioral Health Line at **855-877-3885** with the member for assistance with coordinating care and linking to the appropriate level of care.

CalOptima Health provides behavioral health services to members who have mild-to-moderate impairments (non-specialty mental health services) due to a mental health condition. The Orange County Health Care Agency (HCA) provides behavioral health services to members who have severe impairments (specialty mental health services).

### **5. How does a provider refer a member to the HCA Drug Medi-Cal Organized Delivery System (DMC-ODS) for substance use disorder services?**

Providers can call with the member on the phone or members can directly call OC Links at 855-OC-Links (855-625-4657) or the OC Beneficiary Access Line (BAL)/Administrative Services Organization (ASO) at 800-723-8641.

- OC Links is a county-operated information and referral line that provides support to anyone in the community seeking behavioral health services or substance use services through HCA. Services are offered via telephone or online at [ohealthinfo.com/oclinks](http://ohealthinfo.com/oclinks).
- ASO provides access to mental health services and Drug Medi-Cal Services for Orange County Medi-Cal beneficiaries. These services include a 24-hour access line and referral to outpatient mental health providers.

## 6. Where do I submit claims?

Claims should be sent to CalOptima Health.

### **Electronic Claims Submission**

Office Ally

866-575-4120 or [www.officeally.com](http://www.officeally.com)

Payer ID: "CALOP"

### **Paper Claims Submission**

CalOptima Direct Claims

P.O. Box 11037

Orange, CA 92856

## 7. Whom do I contact for additional questions?

You may contact your CalOptima Health Provider Relations representative for further assistance.

- Email: [providerservicesinbox@caloptima.org](mailto:providerservicesinbox@caloptima.org)
- Phone: **714-246-8600**