CalOptima Health

Behavioral Health Provider Orientation

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Presentation Overview

- CalOptima Health Delivery Model
- Eligibility
- Customer Service
- Dyadic Care Services and Family Therapy Benefit
- Behavioral Health Clinical Operations
- Authorization Requirements
- Behavioral Health Claims Processing
- Provider Portal
- Resources and Website Training

CalOptima Health Delivery Model

Medi-Cal
CalOptima Health

CalOptima Health Direct (Fee-for-Service)	Health Networks (Full Risk)	Health Networks (Shared Risk)
• CalOptima Health Direct (COD) • CalOptima Health Community Network (CHCN) • Behavioral Health • Vision Service Plan (VSP)	• AltaMed Health Services - AHN (HMO) • AMVI Care Health Network (PHC) • CHOC Health Alliance (PHC) • Family Choice Health Services (HMO) • HPN-Regal (HMO) • Optum (HMO) • Prospect Medical Group (HMO)	• Noble Mid-Orange County (PMG) • United Care Medical Group (PMG)

OneCare
CalOptima Health

CalOptima Health Direct (Fee-for-Service)	Health Networks (Full Risk)	Health Networks (Shared Risk)
• CalOptima Health Community Network (CHCN) • Behavioral Health • Vision Service Plan (VSP)	• AMVI Care Health Network (PHC) • HPN-Regal (HMO) • Optum (HMO) • Prospect Medical Group (HMO)	• AltaMed Health Services (SRG) • Family Choice Medical Group (SRG) • Noble Mid-Orange County (SRG) • United Care Medical Group (PMG)

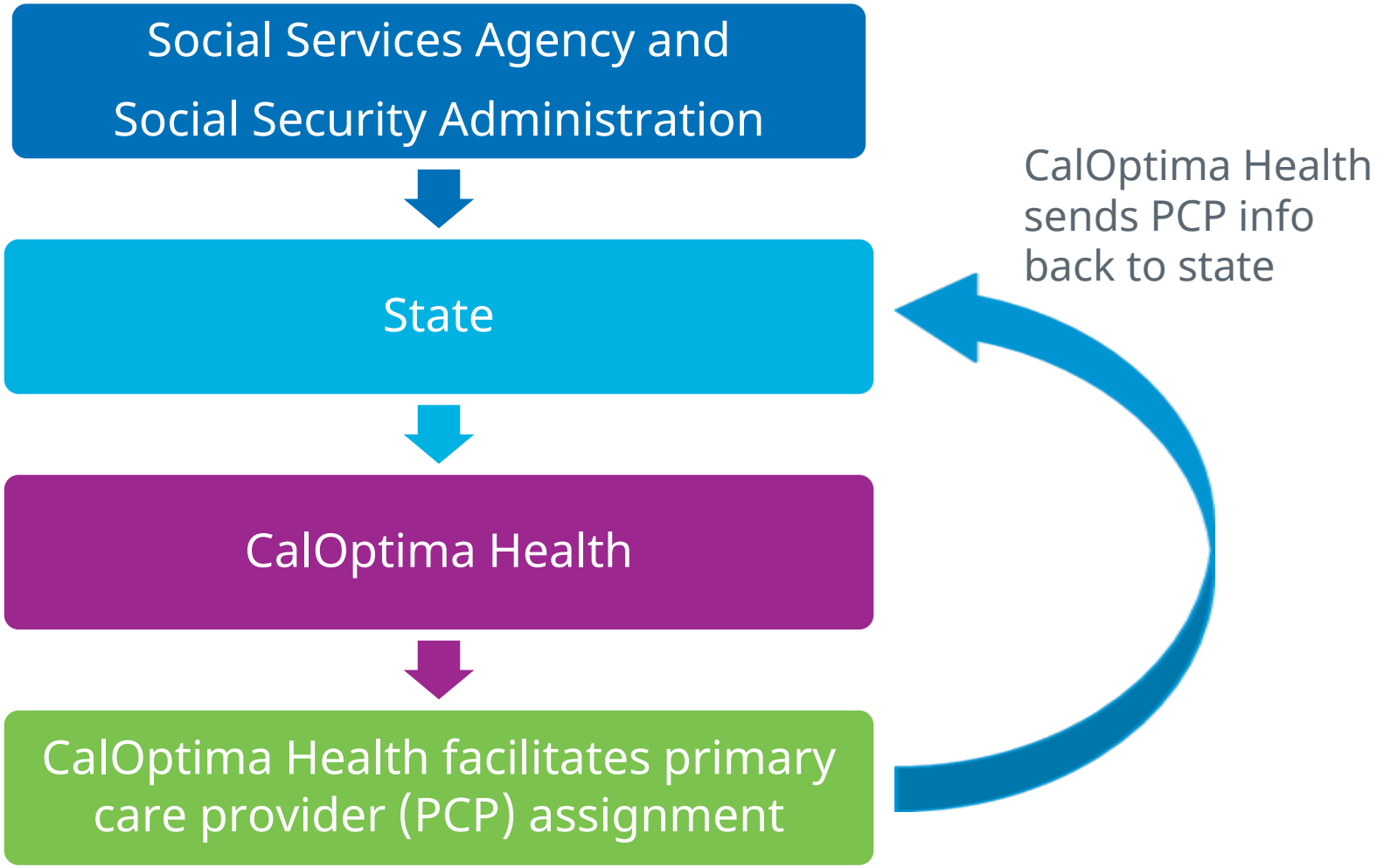
PACE
CalOptima Health

On-Site All-Inclusive Interdisciplinary Team

- Primary care
- Specialist care
- Prescription drugs/lab tests
- Dental, vision, podiatry and hearing services
- Physical, occupational and speech therapies
- Registered dietitian
- Social work
- Recreation
- Home care
- Pharmacy
- Hospital care and emergency services

Eligibility

Member Eligibility



Member Eligibility Verification Systems

- State Eligibility Verification System
  - Medi-Cal website: Providers can verify Medi-Cal eligibility on the Medi-Cal portal at www.medi-cal.ca.gov
  - Automated Eligibility Verification System (AEVS): Call Department of Health Care Services (DHCS) at 800-456-2387
- CalOptima Health's Eligibility Verification Systems
  - Provider Portal: Providers must register in order to utilize this service. Visit https://www.caloptima.org/en/ForProviders/ProviderPortal.aspx
  - CalOptima Health's Interactive Voice Response (IVR) system: Call **800-463-0935** or **714-246-8540**
- Providers should always verify eligibility prior to rendering service

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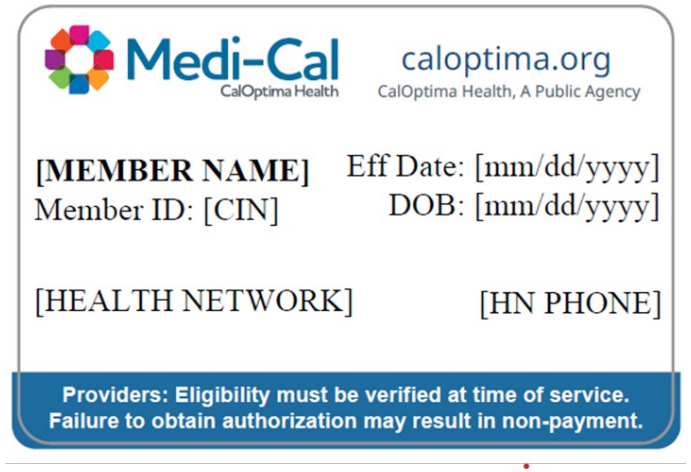
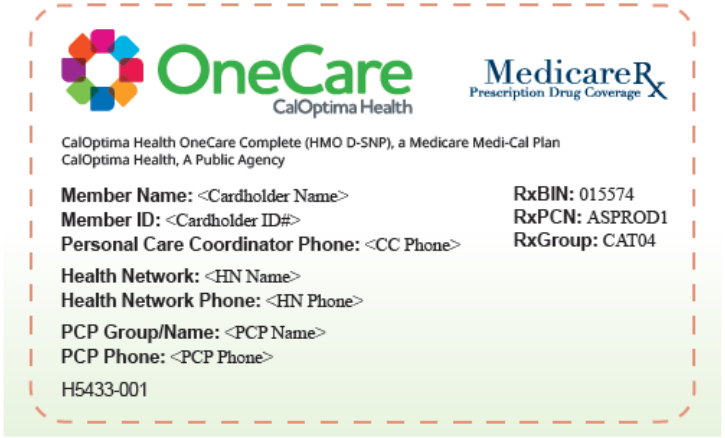
Identification Card

- CalOptima Health member ID cards are used to help identify members and are **NOT proof of member eligibility**





Member Rights and Responsibilities

- CalOptima Health is required to inform its members of their rights and responsibilities and ensure that members' rights are respected and observed. CalOptima Health provides this information to members in the Member Handbook upon enrollment, annually in member newsletters, on CalOptima Health's website and upon request
- Providers are required to post the members' rights and responsibilities in the waiting room of the facility where services are rendered

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Be treated with respect and dignity by all CalOptima Health and provider staff
  - Privacy and to have medical information kept confidential
  - Get information about CalOptima Health, our providers, provider services and their member rights and responsibilities
  - Choose a doctor within CalOptima Health's network
  - Talk openly with health care providers about medically necessary treatment options, regardless of cost benefits
  - Help make decisions about their health care, including the right to say "no" to medical treatment
  - Voice complaints or appeals, either verbally or in writing, about CalOptima Health or the care we provide

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Get oral interpretation services in a language that they understand
  - Make an advance directive
  - Access family planning services, Federally Qualified Health Centers, Indian Health Services facilities, sexually transmitted disease services and emergency services outside of CalOptima Health's network
  - Ask for a state hearing, including information on the conditions under which a state hearing can be expedited
  - Have access to their medical record and, where legally appropriate, get copies of, update or correct their medical record
  - Access minor consent services

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Get written member information in large-size print and other formats upon request and in a timely manner for the format being requested
  - Be free from any form of control or limitation used as a means of pressure, punishment, convenience or revenge
  - Get information about their medical condition and treatment plan options in a way that is easy to understand
  - Make suggestions to CalOptima Health about their member rights and responsibilities
  - Freely use these rights without negatively affecting how they are treated by CalOptima Health, providers or the state

Customer Service

Customer Service

- **Members** can reach Customer Service by calling the Member Line at **888-587-8088** for Medi-Cal and **877-412-2734** for OneCare

- **Providers** can reach CalOptima Health's Provider Relations department by calling **714-246-8600**, Monday–Friday, 8 a.m.–5 p.m., or by emailing providerservicesinbox@caloptima.org

Support Services

- CalOptima Health's Member Liaison Program
  - Dedicated to helping seniors, members with disabilities or chronic conditions, and members without housing get needed health care services

- Member liaisons can help with:
  - Scheduling visits with a doctor
  - Obtaining non-emergency medical transportation
  - Resolving medication access issues
  - Obtaining Durable Medical Equipment, including wheelchairs, crutches and other disposable supplies

- Providers can call Customer Service at **714-246-8500** or toll-free at **888-587-8088** (TTY **711**) and ask for the Member Liaison Program

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Support Services (cont.)

- Cultural and Linguistics Services (C&L)
  - CalOptima Health offers free interpreter services to all limited English proficient members
  - Using a family member or friend to interpret should be discouraged
  - Documenting refusal of interpreter services in the member record not only protects the provider, but also ensures consistency when medical records are monitored through site reviews or audits

Support Services (cont.)

- CalOptima Health's C&L services cover two areas:
  - Interpreter services (telephonic and face-to-face interpretation)
  - Translation services (materials available in threshold languages)

- Providers can call Customer Service at **888-587-8088** and ask for the Interpreter Service Program, or email any questions directly to culturallinguistic@caloptima.org

Working with Limited English Proficient (LEP) Members

- Tips for working with LEP members:
  - Who are considered LEP members?
    - Individuals who do not identify English as their preferred language and who have a limited ability to read, speak, write or understand English, may be considered LEP.
  - How to identify LEP members over the phone.
    - An LEP member may exhibit the following characteristics:
      - Is quiet or does not respond to questions
      - Responds with a simple “yes” or “no,” or gives inappropriate or inconsistent answers to your questions
      - May have trouble communicating in English or you may have a very difficult time understanding what he or she is trying to communicate
      - Identifies as LEP by requesting language assistance

Working with Limited English Proficient (LEP) Members (cont.)

- Tips for working with LEP members (cont.):
  - How to offer interpreter services to an LEP member when member speaks no English and you are unable to discern the language.
    - If you are unable to identify the language spoken by the LEP member, you should request telephonic interpreter services to identify the language needed. For more information on accessing interpreter services, see Section N7: Accessing Interpreter Services.
  - How to best communicate with an LEP member who speaks some English but with whom you are having difficulty communicating.
    - Speak slowly and clearly with the member. Do not speak loudly or shout. Use simple words and short sentences.
  - For additional information, see Section N10: Tips for Working with Limited English Proficient (LEP) Members of the CalOptima Health Provider Manual.

Dyadic Care Services and Family Therapy Benefit

All Plan Letter (APL) 22-029: Dyadic Care Services and Family Therapy Benefit

- On December 27, 2022, DHCS issued **APL 22-029: Dyadic Care Services and Family Therapy Benefit**. The purpose of this APL is to provide Medi-Cal managed care plans (MCPs) with guidance on coverage requirements for the provision of the new dyadic care services and family therapy benefit effective January 1, 2023
- **APL 22-029** can be found here: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-029.pdf

Dyadic Care Services Requirements and Eligibility

- Dyadic care services provider requirements:
  - Dyadic care services may be provided by medical doctors (MDs), licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists, licensed psychologists, psychiatric physician assistants, psychiatric nurse practitioners and psychiatrists
- Member eligibility criteria:
  - Children (members ages 20 or below) and their parents/caregivers are eligible for dyadic behavioral health (DBH) well-child visits for behavioral/social/emotional screening assessments
  - A diagnosis is not required to qualify for services
  - DBH well-child visits do not need a recommendation or referral
  - The family is eligible to receive dyadic care services if the child is enrolled in Medi-Cal

Family Therapy as a Behavioral Health Benefit

- Family therapy is a type of psychotherapy covered under Medi-Cal's non-specialty mental health services (NSMHS) benefit, including for members ages 20 or below who are at risk for behavioral health concerns and who may not have a mental health diagnosis, but clinical literature supports that the risk is significant enough that family therapy is indicated
- Family therapy is composed of at least two family members receiving therapy together provided by a mental health provider to improve parent/child or caregiver/child relationships and encourage bonding, resolving conflicts and creating a positive home environment

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Behavioral Health Clinical Operations

CalOptima Health Behavioral Health Line

- Members can reach CalOptima Health Behavioral Health (BH) at **855-877-3885**
  - Available 24/7
  - Regular business hours Monday–Friday, 8 a.m.– 5:30 p.m.
- CalOptima Health BH Line can assist with:
  - Benefit verification/education
  - Referrals
  - Provide general resources as needed
  - Assist in linking members to a provider
  - Requests for higher level of care if a member needs additional support
  - Non-medical transportation requests
  - Member ID card requests

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Medi-Cal BH Benefits

- Mild-to-moderate outpatient mental health services:
  - Individual and group psychotherapy
  - Psychological testing to evaluate a mental health condition
  - Outpatient services to monitor drug therapy
  - Psychiatric consultation
- Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
- Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) for members under 21
- Specialty mental health services (SMHS) are provided by the Orange County Mental Health Plan (MHP)

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OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, Orange County BH Benefits

- Outpatient mental health care:
  - Clinic services
  - Day treatment
  - Psychological treatment
  - Partial hospitalization/intensive outpatient programs
  - Individual/group mental health evaluation and treatment
  - Psychological testing
  - Outpatient services for the purposes of monitoring drug therapy
  - Outpatient laboratory, drugs, supplies and supplements
  - Psychiatric consultation
- Inpatient mental health care
- Opioid Treatment Program (OTP) services

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CalOptima Health BH Benefits Summary

Mental Health Services	Medi-Cal	Medicare
Outpatient psychotherapy	✓	✓
Psychological testing	✓	✓
Medication management	✓	✓
BHT/ABA*	✓	N/A
Inpatient mental health care	County	✓
Psych emergency room visits that result in inpatient psych admission	County	✓

*For members under 21 years of age

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CalOptima Health BH Benefits Summary (cont.)

Mental Health Services	Medi-Cal	Medicare
Psych emergency room visits that result in NO inpatient psych admission	✓	✓
Partial hospitalization program	County	✓
Member is admitted to a hospital/medical admit and needs a psych consult	✓	✓

CalOptima Health BH Benefits Summary (cont.)

Substance Use Disorder (SUD) Services	Medi-Cal	Medicare
SABIRT	✓	✓
Office-based Medication Assisted Treatment (MAT)	✓	✓
OTP	Drug Medi-Cal Organized Delivery System (DMC-ODS)	✓
Medical detox	✓	✓
All other substance use disorder (SUD) services (e.g., residential treatment, recovery services and withdrawal management)	DMCS-ODS	DMCS-ODS

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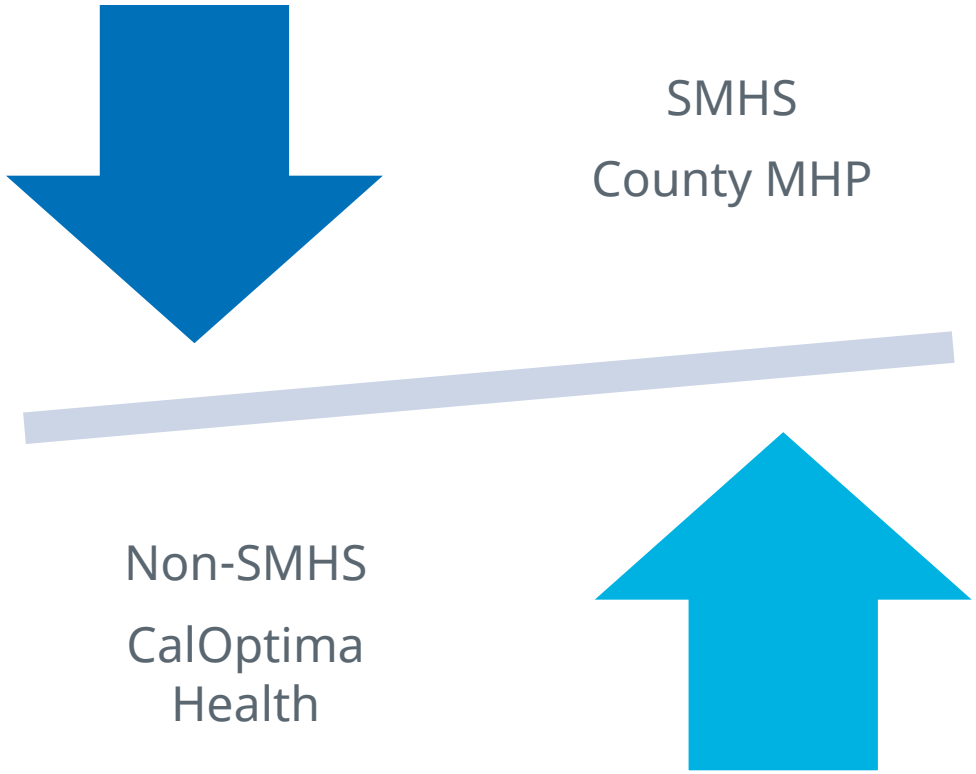
Medi-Cal BH Services Continuum



Severe/Acute

Mild/Moderate

County Level of Care

- **Orange County Health Care Agency**
  - County level of care includes mental health and recovery services (MHRS), adult and older adult services (AOA) and children, youth and prevention (CYP) clinics and contracted clinics
    - The county provides a broad range of BH services in multiple locations throughout Orange County
    - SUD/Drug Medi-Cal (DMC) services available
    - Not all county programs are for serious and persistent mental illness (SPMI) members
    - Prevention and early intervention (PEI) programs may serve mild/moderate

County Level of Care (cont.)

- Beneficiary Access Line (BAL) 800-723-8641

- Orange County BAL supports the following:
  - Administrative Services Organization (ASO)
  - Orange County Mental Health Plan (OCMHP)
  - DMC-ODS services
  - Member screening for county open access clinics

Levels of Care

- In Orange County, county BH services (MHP) are considered higher level of care and CalOptima Health BH services (MCP) are considered a lower level of care. Level of care is based on the severity of impairments due to mental health
- Higher level of care
  - MHP = Significantly impaired with case management needs due to mental health
    - Specialty mental health
    - Managed by county or county-contracted clinics
    - Serves members with Medi-Cal, Medicare, Medi-Medi and primary insurance (other health care [OHC]) or who are uninsured

Levels of Care (cont.)

- Lower level of care
  - CalOptima Health = Mild-to-moderately impaired with no case management needs due to mental health
    - NOT specialty mental health
    - Managed by CalOptima Health
    - Serves members with CalOptima Health, but does not require Orange County Medi-Cal
    - Offers BHT services (ABA)
- Alternative level of care — PCP (medication services only) for no impairments indicated with no case management needs

Referrals to County Level of Care

- If a CalOptima Health provider determines that a member may benefit from county level of care, the following options are available:
  - CalOptima Health providers can call the CalOptima Health BH Line with the member to refer the member to county level of care
  - CalOptima Health providers can refer the member back to the CalOptima Health BH Line
  - CalOptima Health providers can call the CalOptima Health BH Line for clinical consultation with a licensed clinician
- CalOptima Health BH Line: **855-877-3885**

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Interdisciplinary Care Team Meetings

- The integration of physical and BH services is important for achieving the best possible overall health outcomes for members
- BH practitioners are invited to participate in the Interdisciplinary Care Team (ICT) meetings for Medi-Cal members who are seniors or people with disabilities

BH Practitioner's Role in ICT

- Discuss mental health diagnoses, frequency and type of treatment, and BH treatment plan (inpatient, partial hospitalization, outpatient care)
- Review psychotropic medications, including recent changes or intent to change
- Request/coordinate all lab metabolic monitoring
- Answer PCP BH consultation questions (differential diagnosis and depression/anxiety/psychological factors affecting physical health)
- Suggest PCP's BH follow-up and/or resumption of care

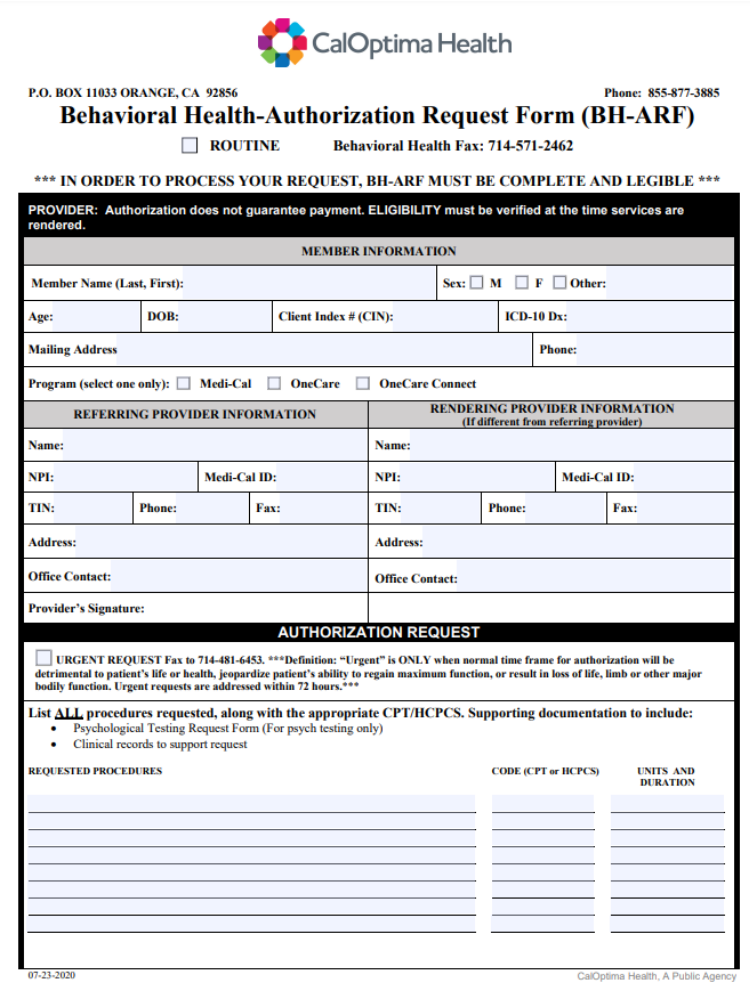
Prescribing Psychotropics for Orange County Medi-Cal Beneficiaries

- 2022 change to Medi-Cal pharmacy benefit
  - DHCS changed the benefit on January 1, 2022
  - CalOptima Health Medi-Cal member prescription medications are covered by Medi-Cal Rx
    - DHCS is working with a new contractor (Magellan) to provide Medi-Cal Rx services
    - For assistance, CalOptima Health Medi-Cal members can call the Medi-Cal Rx Customer Service Center at 800-977-2273 (TTY 711), 24/7 year-round

Authorization Requirements

Behavioral Health-Authorization Request Form (BH-ARF)

- The BH-ARF is required before any new authorizations or reauthorizations are complete
- Psychological testing requires prior authorization
  - If a provider is seeking to provide psychological testing, submit a BH-ARF and a Psychological Testing Preauthorization Request Form to CalOptima Health for review
- Forms available in the common forms section of the CalOptima Health website
  - https://www.caloptima.org/en/ForProviders/Resources/CommonForms



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P.O. BOX 11033 ORANGE, CA 92856 Phone: 855-877-3885

Behavioral Health-Authorization Request Form (BH-ARF)

☐ ROUTINE Behavioral Health Fax: 714-571-2462

*** IN ORDER TO PROCESS YOUR REQUEST, BH-ARF MUST BE COMPLETE AND LEGIBLE ***

PROVIDER: Authorization does not guarantee payment. ELIGIBILITY must be verified at the time services are rendered.

MEMBER INFORMATION

Member Name (Last, First):			Sex: ☐ M ☐ F ☐ Other:
Age:	DOB:	Client Index # (CIN):	ICD-10 Dx:
Mailing Address			Phone:

Program (select one only): ☐ Medi-Cal ☐ OneCare ☐ OneCare Connect

REFERRING PROVIDER INFORMATION			RENDERING PROVIDER INFORMATION (If different from referring provider)		
Name:			Name:		
NPI:	Medi-Cal ID:		NPI:	Medi-Cal ID:	
TIN:	Phone:	Fax:	TIN:	Phone:	Fax:
Address:			Address:		
Office Contact:			Office Contact:		
Provider's Signature:					

AUTHORIZATION REQUEST

☐ URGENT REQUEST Fax to 714-481-6453. ***Definition: "Urgent" is 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. Urgent requests are addressed within 72 hours.***

List ALL procedures requested, along with the appropriate CPT/HCPCS. Supporting documentation to include:
- Psychological Testing Request Form (For psych testing only)
- Clinical records to support request

REQUESTED PROCEDURES	CODE (CPT or HCPCS)	UNITS AND DURATION

07-23-2020 CalOptima Health, A Public Agency

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Benefits/Services That Require Prior Authorization

Medi-Cal	Medicare
• BHT/ABA • Psych Testing	• Inpatient • Partial hospitalization • Intensive outpatient • Psych testing • OTP • Electroconvulsive treatment (ECT) • Transcranial magnetic stimulations (TMS)

Prior Authorization Tips

- Check eligibility prior to providing services using one of the eligibility verification systems
- Check Prior Authorization Required Code List
  - If the code is not on the list do **NOT** submit an authorization request
- Verify Current Procedural Terminology (CPT) code on the Medi-Cal fee schedule before rendering services
- Attach supporting notes
- Authorization status can be viewed in the CalOptima Health Provider Portal
- For questions, call the CalOptima Health BH Line at **855-877-3885**

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BH Claims Processing

Claims Overview

- Eligibility
- Claims submission checklist
- Billing tips
- Diagnosis coding examples
- Claims submissions
- Provider dispute resolution

Eligibility Verification

- CalOptima Health website: www.caloptima.org
  - Provider Portal
  - CalOptima Health Eligibility Customer Service: **714-246-8500**
- State of California Beneficiary Verification System
  - AEVS: 800-456-2387
  - Point of Service (POS) Device: 800-427-1295
  - DHCS Eligibility System: www.medi-cal.ca.gov

Claims Submission Checklist

- Bill with appropriate codes and modifiers
  - Claims are subject to clinical editing and code validation
- Timely filing
  - Claims must be submitted within one year from the date of service
- Prior authorization
  - Providers must obtain prior authorization for services or codes requiring authorization
- For claim inquiries, contact Provider Customer Service at **714-246-8600**

Medi-Cal Provider Modifiers

- Include the required modifier when submitting claims. The incorrect use of modifiers can result in recoupment of funds

Modifier	Description
AF	Psychiatrist/physician
AH	Licensed psychologist
AJ or HO	Licensed master's level (LCSW, LMFT, LPCC)
AS	Nurse practitioner (NP), clinical nurse specialist (CNS) and physician assistant (PA)
HL	Registered psychological associate, associate clinical social worker, associate marriage and family therapist and associate professional clinical counselor

Medicare Provider Modifiers (cont.)

- Include the required modifier when submitting claims. The incorrect use of modifiers can result in recoupment of funds

Modifier	Description
AF	Psychiatrist/physician
AH	Licensed psychologist
AS	NP, CNS and PA
HO	Licensed clinical social worker (LCSW)*

*Currently, Medicare only allows for an LCSW to bill with the HO modifier. Starting January 1, 2024, a licensed marriage and family therapist (LMFT) will be able to bill with the HO modifier

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Billing Tips

- Bill with valid diagnosis to its specificity, CPT codes and appropriate modifiers
- Bill procedure codes and modifiers based on the contract
- Authorization information must match the services billed (i.e., date of service, units not exhausted, service codes)
- The rendering provider must be included on the claim, along with the group National Provider Identifier (NPI) as applicable

Paper Claims Submission

- Mailing address:
  - CalOptima Health OneCare
    P.O. Box 11065
    Orange, CA 92856
  - CalOptima Health Claims department (Medi-Cal)
    P.O. Box 11037
    Orange, CA 92856
- Customer Service claims inquiries:
  - Monday–Friday
    8 a.m.– 5 p.m.
    714-246-8600*2

Electronic Data Interchange (EDI)

- Electronic claims submission via clearinghouse
  - Office Ally (OA) at 360-975-7000, press option # 1
    - Payer ID: CALOP
  - Change Health Care (Emdeon) at 877-271-0054
    - Payer ID: 99250

InstaMed: Electronic Fund Transfer

- Register for your InstaMed Healthcare Payments Account. InstaMed for Payer payments are directly deposited into your existing bank account at no cost to you
  - Use the following link for information and registration: https://register.instamed.com/eraeft
  - For provider questions about enrollment, contact the InstaMed enrollment team at 877-855-7160 or email **connect@instamed.com**
  - For provider questions on an existing account, contact the InstaMed support team at 877-833-6821 or email **support@instamed.com**

Provider Disputes Timeliness

- CalOptima Health requires providers to submit a dispute regardless of the party at fault
- For Medi-Cal:
  - Provider has 365 days from the initial approval/denial date to file
  - CalOptima Health has 45 working days (or 62 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

- Provider disputes should be submitted using the Provider Dispute Resolution Request form to provide all information necessary to resolve the disputed claims
- The Provider Dispute Resolution Request form is under “Common Forms” on CalOptima Health’s website
- For multiple dispute submissions, the provider should attach a spreadsheet of all impacted claims to the Provider Dispute Resolution Request 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.)

- Provider disputes should contain all additional information needed to review a claim. This includes, but is not limited to, the following where applicable:
  - Hard copy of prior authorization
  - Proof of timely filing
  - Other health coverage remittance advices
- Mailing address for provider dispute forms
  - CalOptima Health Claims department
    P.O. Box 57015
    Irvine, CA 92619

CalOptima Health Provider Portal

CalOptima Health Provider Portal Registration

- Provider Portal has additional resources and tools to help you
  - Obtain member eligibility information
  - Submit referrals online
  - View authorization status
  - View claims status
  - Remittance advice and more
- Register at:
  - https://www.caloptima.org/en/ForProviders/ProviderPortal.aspx
- The link has been established to direct providers to register with CalOptima Health Provider Portal

CalOptima Health Provider Portal Registration (cont.)

- To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance and allow providers to manage their users, the Provider Portal requires provider offices and groups to designate a local office administrator
- The local office administrator has the ability to:
  - View list of users with access
  - Edit user access roles
  - Deactivate users
- Change in local office administrator
  - Notify Provider Relations when a local office administrator is no longer employed by the current provider office or group
  - The provider or authorized representative must designate a new local office administrator as soon as possible — NO SHARING PASSWORDS

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Resources and Website Tools

Website Tools

- **CalOptima Health website: www.caloptima.org**
  - Provider search tool and directories
  - Authorization Required Code List
  - Important forms
  - Provider communications
  - Provider Manual
  - Pediatric Preventive Services (PPS) Resource Guide
  - Initial Health Appointments (IHA)
  - Provider Portal
  - Training links
  - Provider training topics
  - Personal Care Coordinator trainings

Questions?

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Stay Connected With Us

www.caloptima.org

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