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# CalOptima Annual In-Service

# Overview Presentation

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CalOptima's Delivery Model	CalOptima Provider Portal: CalOptima Link
Health Network Contact List	Eligibility
Fraud, Waste & Abuse & Compliance Training	Customer Service & Cultural Competency Training
Seniors & Persons with Disabilities (SPD) Training & Resources	Provider Complaint Process
Access Standards	Medical Management & Authorization Requirements
OneCare Connect	Claims Administration
CalOptima Direct & CalOptima Community Network	Resources & Website Training

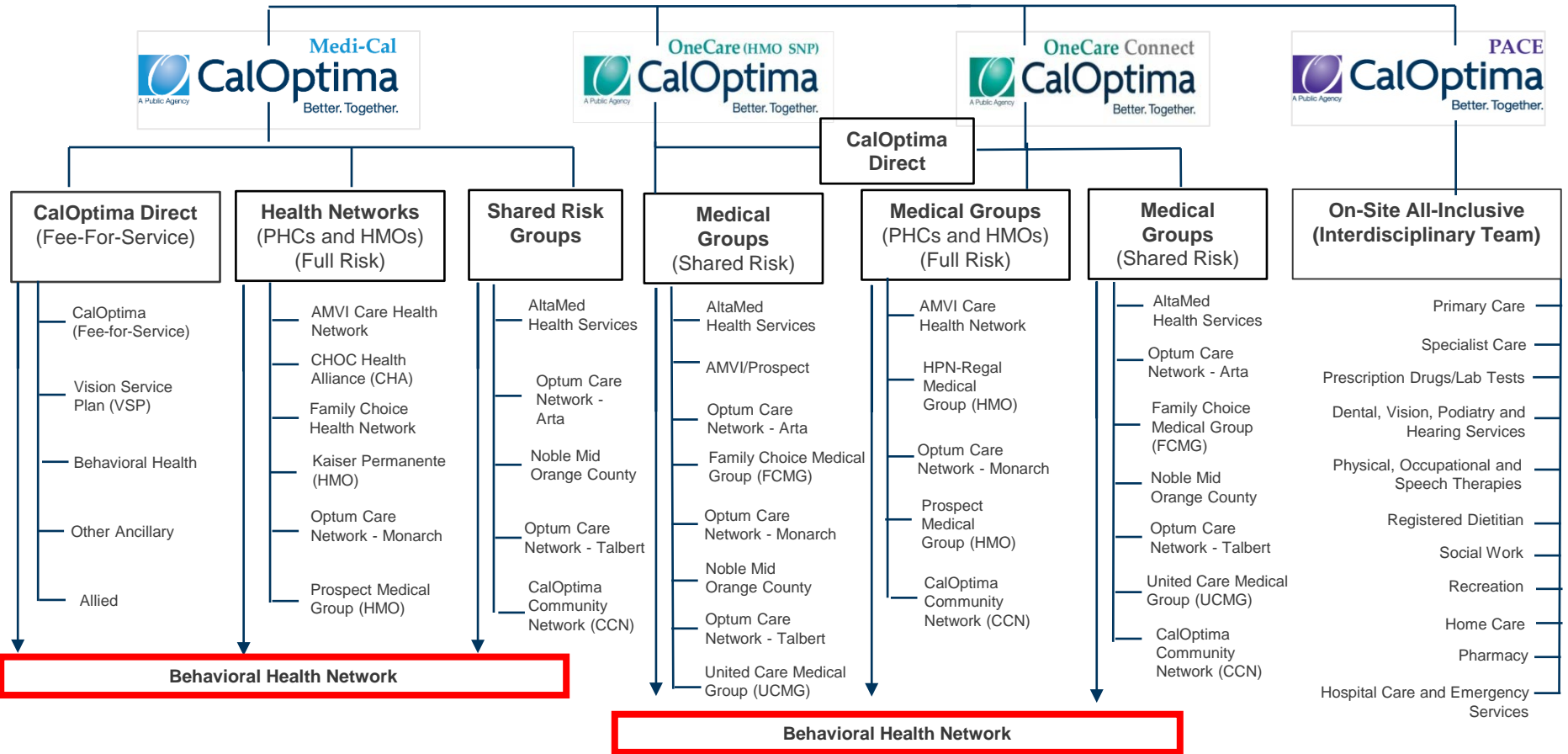
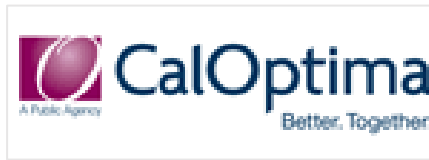


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# CalOptima's Delivery Model

# CalOptima Programs



Each Health Network has its own unique procedures, providers should check with their Health Network Representative for more information.



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# Health Network Contact List

# Health Networks Contact List

Health Network	Phone Number	1 <sup>st</sup> Press	2 <sup>nd</sup> Press
AltaMed Medical Group	866-880-7805	1 (eng)	1 (provider)
AMVI Care Health Network	888-747-2684	1 (provider)	
ARTA Western Medical Group	310-354-4200	3 (provider)	
CalOptima Community Network	714-246-8500	1 (eng)	2 (provider)
CHOC Health Alliance	800-387-1103	1 (claims) 2 (ref/auth) 3 (other)	
Family Choice Health Network	800-611-0111	1 (eng)	2 (provider)
HPN-Regal Medical Group	800-747-2362	2 (provider)	

# Health Networks Contact List (Cont.)

Health Network	Phone Number	1 <sup>st</sup> Press	2 <sup>nd</sup> Press
Kaiser Permanente	800-464-4000	1 (appt) 2 (claims) 3(coverage) 4 (other)	
Monarch Family Healthcare	888-656-7523	1 (eng)	
Noble Mid-Orange County	888-880-8811	1 (eng)	2 (provider)
Prospect Medical Group	800-708-3230	1 (provider)	
Talbert Medical Group	310-354-4200	3 (provider)	
United Care Medical Group	877-225-6784	3 (provider)	



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## Fraud, Waste and Abuse (FWA) and Compliance Training



# Fraud, Waste, and Abuse (FWA)

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- Federal and State regulations require CalOptima to work with its providers to identify and report potential cases of health care fraud, waste, and abuse to law enforcement agencies.
- Examples of health care FWA include, but are not limited to, a provider submitting claims for duplicate services, unbundled services, upcoding services, billing for a deceased member, or services not rendered.

# Fraud, Waste, and Abuse (FWA) (cont.)

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- Potential fraud, waste, and abuse cases are referred to CalOptima's Special Investigations Unit (SIU) by:
  - Suspected Fraud or Abuse Referral form via email: [fraud@caloptima.org](mailto:fraud@caloptima.org)
  - Compliance and Ethics Hotline (anonymous reporting) at (877) 837-4417
  - Anonymously via mail: CalOptima SIU 505 City Parkway West Orange, Ca 92868
- CalOptima will report, as appropriate, to all local, state and federal entities.

# Compliance Training

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- CalOptima requires Board Members, Employees, and FDRs regardless of role or position with CalOptima, to complete mandatory compliance training courses.
- Mandatory Compliance Trainings include:
  - The fundamentals of the Compliance Program
  - FWA Training
  - HIPAA Privacy and Security Requirements
  - Ethics
  - High-level overview of the Medicare and Medi-Cal Programs



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## Seniors and Persons With Disabilities (SPD) Training and Resources

# SPD

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- The American with Disabilities ACT (ADA) prohibits discrimination against persons with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a nondiscriminatory manner.
- CalOptima requires all newly contracted providers to review and understand all training materials within our SPD module.
- Locate all training materials at [www.caloptima.org](http://www.caloptima.org)

# SPD Cont'd

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- SPD training module includes:
  - Accommodation Checklist
  - Americans With Disabilities Act Questions and Answers
  - CalOptima's Cultural and Linguistics Services Minimum Requirements
  - Deaf and Disabled Telecommunications Program
  - Definitions
  - Disability Etiquette
  - How to Access Interpreter Services
  - Non-Emergency Medical Transportation Authorization Form
  - 10 Skills for Empathetic Listening



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# Access Standards

# Access Standards

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- CalOptima adheres to patient care access and availability standards as required by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC). DHCS and DMHC implemented these standards to ensure that Medi-Cal beneficiaries can get an appointment for care on a timely basis, can reach the provider over the phone and can access interpreter services, as needed.
- Contracted providers are expected to comply with these appointment, telephone access, practitioner availability and linguistic service standards.
- For additional information regarding Access Standards, please visit our website at [www.caloptima.org](http://www.caloptima.org).



# Access to Medical Care Example

Type of Care	Wait Time or Availability
Emergency Services	Immediately. 24 hours a day, seven days a week
Urgent Care Services	Within 24 hours after request
Urgent Appointment – No Prior Authorization	Required within 48 hours after request
Urgent Appointments – Prior Authorization	Required within 96 hours after request
Non-Urgent Acute Care	Within three working days after date of request
Primary Care	Within 10 working days after date of request
Routine Physical Exams and Wellness Visits	Within 30 calendar days after the date of request

# Access to Medical Care Example (cont.)

Type of Care	Wait Time or Availability
Specialty Care	Within 15 working days of request for appointment
Ancillary Services for Diagnosis or Treatment	Within 15 working days of request for appointment
In-office Wait Time for Appointments	Less than 45 minutes before being seen by a provider
Rescheduling Appointments	Appointments will be rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice.

# Access and Availability Standards

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## MEDICAL PROVIDER AVAILABILITY

TELEPHONE ACCESS SERVICES	
After-hours Access	A PCP or designee shall be available 24 hours a day, seven days a week to respond to after-hours member calls or a hospital emergency room practitioner.
After-hours Phone Message	After-hours phone message instructing members to dial 911 or go to nearest emergency room (in emergency situations).



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**OneCare Connect**

# OneCare Connect Program Overview

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- OneCare Connect is part of a national pilot program for people with Medicare and Medi-Cal (known as Medi-Medi or dual eligible).
- The goals of the OneCare Connect program are to:
  - Combine Medicare and Medi-Cal benefits
  - Make meaningful improvements to member care with care coordination and planning
  - Help members live safely at home as long as possible
  - Protect member choice and provider a better health care experience
- Locate additional information regarding the OneCare Connect Program at [www.caloptima.org](http://www.caloptima.org)



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## CalOptima Direct and CalOptima Community Network

# COD/CCN Network Structure

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## CalOptima Direct (COD/CCN)

- CalOptima Direct (COD) is a program CalOptima administers for CalOptima beneficiaries.

### **CalOptima Direct Administrative**

Members do not have an assigned  
PCP

Members have 45 days to choose  
a  
Health Network and PCP

### **CalOptima Community Network**

Members have an assigned PCP

Medi-Cal CCN / One  
CareConnect CCN



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# CalOptima's Provider Portal:



# CalOptima Provider Portal Registration

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- CalOptima 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/ClaimsAndEligibility/AboutCalOptimaLink.aspx>
- The link has been established to direct providers to register with CalOptima Provider Portal.

# CalOptima Provider Portal Registration (cont.)

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

**NO SHARING PASSWORDS**

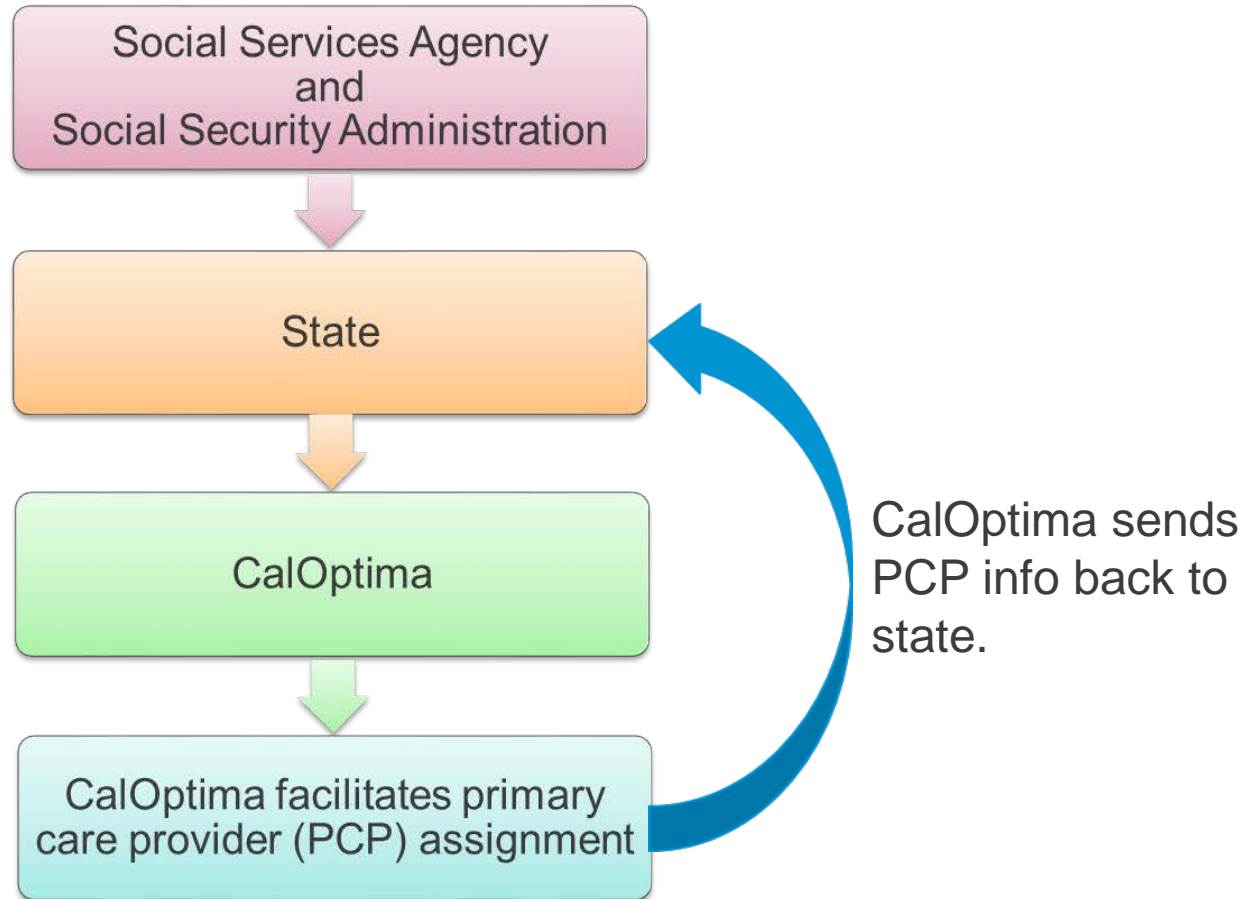


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# Eligibility

# Member Eligibility



# Member Eligibility Verification System

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## State Eligibility Verification System

- Providers may verify Medi-Cal eligibility on the Medi-Cal website at [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)
- Automated Eligibility Verification System - (AEVS) call 800-456-2387 (DHCS)

# Member Eligibility Verification System (cont.)

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## CalOptima's Eligibility Verification Systems

- CalOptima's Link (Aerial), providers must be registered with CalOptima link in order to utilize this service.  
<https://www.caloptima.org/en/ForProviders/ClaimsAndEligibility/AboutCalOptimaLink.aspx>
- CalOptima's Interactive Voice Response (IVR) System  
Call 800-463-0935 or 714-246-8540

Providers should always verify eligibility prior to rendering service.



# CCN Member PCP Change Requests

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A member may request to change his or her PCP monthly by contacting CalOptima's Customer Service.

- If the member requests a PCP change and the request is made prior to the 16th of the month **before** seeing his or her assigned PCP, CalOptima shall make the change effective the first calendar day of the current month.



# CCN Member PCP Change Requests (cont.)

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- If the member requests a PCP change **after** the 16th of the month or after seeing his or her assigned PCP, CalOptima shall make the change effective the first calendar day of the following month.
- Please contact CalOptima Customer Service Line at 888-587-8088 or TTY 800-735-2929



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## Customer Service and Cultural Competency Training

# Customer Service Department

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- **Members** can reach Customer Service by calling the Member Line at 888-587-8088 or 714-246-8500 Monday-Friday 8:00am-5:30pm
- **Providers** can reach our Provider Relations department by calling 714-246-8600 Monday-Friday 8:00am-5:00pm or email us at [providerservicesinbox@caloptima.org](mailto:providerservicesinbox@caloptima.org)

# Support Services

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- CalOptima's Member Liaison program

A CalOptima program dedicated to helping seniors, members with disabilities or chronic conditions, and members without housing get needed health care services.

## Member Liaison can help with:

- Schedule visits with a doctor
- Obtain non-emergency medical transportation
- Resolve medication access issues
- Obtain durable medical equipment, including wheelchairs, crutches and other disposable supplies

Providers can call Customer Service and ask for Member Liaison program at 714-246-8500, 888-587-8088 or TTY users can call 800-735-2929

# Cultural Competency

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- Cultural and Linguistics (C&L)
  - CalOptima offers free interpreter services to limited English proficient to all CalOptima 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 it also ensures consistency when medical records are monitored through site reviews or audits.

# Cultural Competency (cont.)

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- CalOptima's C&L services cover three areas:
  - Interpreter services (telephonic and face-to-face interpretation)
  - Translation services (materials available in threshold languages)
  - Awareness & Education Seminars (quarterly meetings)
- Providers can call (C&L) at 714-246-8500 **or** email [culturallinguistic@caloptima.org](mailto:culturallinguistic@caloptima.org)

# Cultural Competency (cont.)

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- Important Terminology

- Race: Any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape.
- Ethnic: a group having a common cultural heritage or nationality, as distinguished by customs, language, common history, etc.
- Culture: the ideas, customs, skills, arts, etc. of a people or group, that are transferred, communicated, or passed along, as in or to succeeding generations.

# Cultural Competency (Cont.)

## Three Pillars of Cultural Competence

Language  
Access Services

Culturally  
Competent Care

Organizational  
Support

All are designed to:

Develop attitudes that value and respect diversity

Enhance knowledge and awareness of beliefs, behaviors, and preventive health practices

Develop communication skills for members with diverse language needs, including sign language interpreter services

Develop the ability to address the health needs of CalOptima's diverse population



# Culturally Competent Care

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- Due diligence on member's background
  - Race, religion, preferred language support network, major pre- and post-immigration trauma, etc.
  - Inquire about alternative/folk treatments
- Use culturally appropriate course of inquiry
  - “What have you done so far to treat your ailment (e.g., acupuncture, herbs, acupressure, etc.)?”

# Culturally Competent Care (Cont.)

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- Be aware of body language (e.g. verbal/ nonverbal cues) while meeting with members.
  - This helps to reduce the members' bias/ apprehension towards the doctor.
- Embrace the significant role played by family members in the health of the individual.
- Do not discount culturally specific treatments if they do no harm.

# Culturally Competent Care (Cont.)

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- Provide simple questionnaires for members to fill in at the time of the visiting the doctor.
  - Include questions describing physical symptoms vs actual ailments to elicit more open communications
  - Fosters dialogue and encourages members to ask more questions



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# Member Rights and Responsibilities

# Member Rights and Responsibilities

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- CalOptima is required to inform its members of their rights and responsibilities and ensure that members' rights and responsibilities are respected and observed. CalOptima's providers provide this information to members in the Member Handbook upon enrollment, annually in the member newsletter, on CalOptima's website and upon request.
- Providers are required to inform its members of their rights and responsibilities in the waiting room of the facility in which services are rendered.
- Locate additional information at [www.caloptima.org](http://www.caloptima.org).



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# Member Billing Restrictions

# Member Billing Restrictions

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- The DHCS and CalOptima have specific guidelines restricting the billing of CalOptima members by provider. The DHCS prohibits providers from charging members for Medi-Cal covered services or having any recourse against the member of the DHCS for Medi-Cal covered services rendered to the member.
- Providers contracted with CalOptima cannot bill members for covered services.
- Refer to the Provider Manual, section H14: Member Billing Restrictions on [www.caloptima.org](http://www.caloptima.org) for additional information.



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# Provider Complaint Process



# Provider Complaint Process

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- There are two levels in the provider complaint process
  - Level 1 complaints involve disputes related to decisions or actions taken by a CalOptima health network, or a third-party administrator (TPA) disputes of utilization management decisions, or claims, payment decisions by CalOptima.
  - Level 2 complaints are disputes of CalOptima health network or a third-party administrator (TPA) Level 1 decisions or disputes of Level 1 decisions by the Utilization Management or Claims departments.

# Filing a Provider Complaint

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- Level 1 – To file a Level 1 complaint, please complete a Provider Dispute Resolution Request form. To obtain a copy of the Provider Dispute Resolution Request form, visit the Providers section of the CalOptima website.
- Level 2 – If you are not satisfied with the outcome of the Level 1 complaint, you can file a Level 2 complaint with CalOptima’s Grievance and Appeals department. To file a Level 2 complaint, you must submit a request for review in writing within 180 calendar days of receiving a complaint resolution letter.
- Additional information regarding provider complaints for contracted and non contracted providers can be found in the Provider Manual on our website: [www.caloptima.org](http://www.caloptima.org)



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# Medical Management and Authorization Requirements

# Case Management

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- Case management is the coordination of care and services for members who have experienced a critical event or diagnosis; or are high-risk members.
- Who qualifies for Case Management?
  - Complex/catastrophic diagnoses
  - Frequent acute hospitalizations
  - These members typically require extensive use of resources and need assistance in navigating the health care delivery system.
- How to refer?
  - Call the triage nurse at **714-347-3226** or email at [cmtriage@caloptima.org](mailto:cmtriage@caloptima.org)

# CCN/COD Member Authorization Requirements

Physician Type	Regular Visits	Urgent Referrals
Primary Care (PCP)	<p><b>No prior authorization is required for:</b></p> <ul style="list-style-type: none"> <li>Assigned PCP or</li> <li>Affiliated group physician</li> </ul>	<p>Urgent referrals are only to be submitted if the normal time frame for authorization will:</p> <ul style="list-style-type: none"> <li>Be detrimental to the patient's life or health, or</li> <li>Jeopardize patient's ability to regain maximum function, or</li> <li>Result in loss of life, limb or other major bodily function</li> </ul> <p><b>(All referrals not meeting urgent criteria will be downgraded to a routine referral request and follow routine turn-around times)</b></p>
Specialty Care (SCP)	<p><b>All initial requests for specialty consults require a prior authorization from:</b></p> <ul style="list-style-type: none"> <li>Assigned PCP or</li> <li>Contracted SPC</li> </ul> <p>The initial prior authorization will include:</p> <ul style="list-style-type: none"> <li>One specialty consult plus</li> <li>As many routine follow-ups as necessary</li> </ul> <p>(excluding office code 99215, which requires a new prior authorization)</p>	

# Steps to Obtain Prior Authorization

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- Online authorization submissions: CalOptima Link
  - Outpatient services
  - Routine services
- Hard copy submission: Authorization Request Form(ARF)
  - Urgent authorization requests (see urgent definitions on ARF)
  - Inpatient authorizations
  - A copy of the ARF is available on CalOptima's website, in the common forms section under [www.caloptima.org](http://www.caloptima.org)
- For routine requests (5 Business days) fax to 714-246-8579.
- For urgent requests (72-hour process) fax to 714-338-3137

# Tips to Obtain Prior Authorization

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- 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 CPT code on the Medi-Cal fee schedule before rendering services.
- Attach supporting notes

For questions or status, call the CalOptima Utilization Management  
714-246-8686.

# Services That Do Not Require Authorization

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- Emergency services
- Family planning services for network or out-of-plan providers
- Sensitive services (which include family planning)
- Sexually transmitted disease services
- Human immunodeficiency virus (HIV) testing
- Basic prenatal care services
- Routine obstetric services



# Services That Do Not Require Authorization (Cont.)

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- Pediatric preventive services
- Minor consent services
- Primary and preventive care services

For more information contact Prior Authorizations at 714-246-8686.



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# Claims Administration

# Claims Submission Methods

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## Electronic Claims Submission

CalOptima is contracted with two data clearinghouses (Emdeon and Office Ally) that receive and transmit EDI (Electronic Data Interchange) claims to CalOptima. To register and submit claims electronically, contact one of the vendors below:

- **Office Ally** for electronic submission of Professional (CMS 1500) and CHDP-PM160(brown forms) at: 360-975-7000 or [www.officeally.com](http://www.officeally.com). Payor ID: CALOP

# Claims Submission Methods (cont.)

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- **Emdeon** for electronic submission of long-term care and facility claims
  - 877-271-0054 or [www.emdeon.com](http://www.emdeon.com)
  - Emdeon Office Product User Payor ID: CALOP
  - Emdeon Claim Master Product User: 99250
- CalOptima has timely filing guidelines that allow the provider one year from the date of service to submit a claim.

# Hard Copy Claims Submission

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## CalOptima Direct and CalOptima Community Network

Medi-Cal

PO Box 11037  
Orange, CA 92856

OneCare Connect Claims

PO Box 11065  
Orange, CA 92856

Dual Eligible Claims (Crossover  
Claims)

For claim status, contact Claims Customer Service at 714-246-8885.

# Claims Denials/Complaint Process

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- A Provider Dispute Resolution (PDR) is a request to review a contested claim.
  - Visit CalOptima website to access information on:
    - [Provider Complaint Process](#)
    - [Provider Dispute Resolution \(PDR\) form](#)
  - Common claims denial reasons: Refer to [Provider Manual](#), section H10

# Claims Denials/Complaint Process (Cont.)

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- Key points
  - Provider disputes should be sent within one year (365 calendar days) from the last determination for timely filing consideration.
  - CalOptima requires providers to submit a dispute regardless of the party at fault.
  - Follow the PDR submission instructions on the PDR form
    - Ensure all necessary supporting documents are attached, such as high-cost invoices, authorizations, medical records, etc.
  - Note: CalOptima has 45 working days to render a decision.
    - **To avoid delays in processing your PDR, please complete the form with all required fields marked with an asterisk (\*)**

# Claims Denials/Complaint Process (Cont.)

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- PDR Contact information
  - Mail completed form to: **CalOptima Claims Provider Dispute, P.O. Box 57015 Irvine, CA 92619**
  - Call CalOptima Claims Provider Line for PDR status update at **(714) 246 - 8885**





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# Resources and Website Tools

# Website Tools

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CalOptima Website: [www.caloptima.org](http://www.caloptima.org)

- Provider search tool
- Provider Directories
- Authorization Required Code List
- Important Forms
- Provider Communications
- Provider Manual
- Pediatric Preventive Services (PPS) Resource Guide
- CalOptima Link

# Website Tools (cont.)

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- Training Links
- Provider Training Topics
- Initial Health Assessments/SHA
- Personal Care Coordinator Trainings

# Our Mission

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