# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CalOptima Link Interface</td>
<td>5</td>
</tr>
<tr>
<td>Dashboard</td>
<td>7</td>
</tr>
<tr>
<td>Edit Profile</td>
<td>10</td>
</tr>
<tr>
<td>Eligibility</td>
<td>12</td>
</tr>
<tr>
<td>Eligibility Lookup — Advanced Search Tab</td>
<td>14</td>
</tr>
<tr>
<td>Eligibility Lookup — Regular Search Tab</td>
<td>15</td>
</tr>
<tr>
<td>Eligibility Lookup for OneCare Member</td>
<td>16</td>
</tr>
<tr>
<td>Member FaceSheet</td>
<td>17</td>
</tr>
<tr>
<td>Referrals Module Tab</td>
<td>20</td>
</tr>
<tr>
<td>Referral Submission</td>
<td>22</td>
</tr>
<tr>
<td>Claims Module</td>
<td>27</td>
</tr>
<tr>
<td>Claim Detail</td>
<td>30</td>
</tr>
</tbody>
</table>
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CalOptima Link interface allows you to navigate within the Ribbon, Banner, and Quick Links to perform tasks within the web portal.

The following components are:

- **Modules Ribbon**
  - Dashboard — Welcome Screen
  - Edit Profile — Change user profile and password
  - Eligibility — View member eligibility
  - Referrals — Submit and view online referrals
  - Claims — View claim status and details
• Quick Links
  ➢ Submit Online Referrals — Online outpatient referral submission
  ➢ View Referral Alerts — View open referrals

• Banner Links
  ➢ Support — Online support submission and contact information
  ➢ Training — Resource link to training guides
  ➢ Theme — Change interface theme
  ➢ Logout — Properly logout of CalOptima Link web portal
EXPLORING THE MODULES RIBBON

Each module option has a specific functionality.

DASHBOARD

The Dashboard is a snapshot view of pertinent information such as Eligibility Highlights, Referral Alerts and Group Information. This is the first screen to display upon login.

A. Eligibility Highlights — Displays a summary of eligible membership.

Note: If provider is a specialist, no eligibility highlights will be displayed as no members are assigned. Only primary care providers (PCPs) will have assigned members displayed in this section.
B. Case Highlights — *Feature not applicable at this time.*

C. Eligibility Lookup — Eligibility member lookup at a glance. The single member eligibility lookup can search a member by CIN and display result in the Regular Search tab of the Eligibility Lookup page.

You can check up to five member eligibilities simultaneously at a glance. A colored dot will appear according to member’s eligibility.

*Important:* Eligibility information shown here is not real time eligibility. Data displayed is derived from nightly data cycle. For detailed member eligibility information, use the *Eligibility* module.
D. **Clinical Alerts** — *Feature not applicable at this time.*

![Clinical Alerts](image)

E. **Group Information** — Public announcement forum used to communicate information to providers. This feature takes the place of mass faxing. Click the link to view the announcement.

![Group Information](image)

F. **Referral Stats** — Shows referrals recently approved, denied, modified, partially approved or pending. Click on the referral total to view referral status.

![Referral Stats](image)

G. **Referral Alerts** — Provides a high-level summary overview of open, close, urgent and routine referrals.

![Referral Alerts](image)
The Edit Profile Module allows you to change your login name and password. It also lets you update your personal profile information, such as address, phone number, fax number and email. For security reasons, this module is password protected. The current password is required to access or change user profile information.

To Access User Profile:

1. Click on Edit Profile module to display User Profile page.

2. Enter current password.

3. Click Submit.

**Important:** Personal Profile will display for viewing or editing upon successful entry of password.
To Update Login Information:

1. Click on the list down arrow and select a security question.

2. Type the security answer.

3. Click Save.

![Update Login Image]

To Change Personal Profile:

1. From the User Profile module page, enter new personal information in respective fields.

2. Click Save.

![Personal Profile Image]

**Best Practice:** Enter a phone number which CalOptima staff can use to contact you directly if they have questions related to your submission. Use the fax number to which you would want all your determination letters faxed.
The Eligibility module allows you to view member’s eligibility information. Primary care providers (PCPs) have the option to Download E-List in Excel format. Regular Search and Advanced Search pages become available after the initial member eligibility lookup.

Eligibility Lookup at a Glance:

A. **Health Plan Code** — Filter search by CalOptima program.

B. **Location** — Filter search by health network.
C. **Search fields** — Use search criteria such as CIN, First Name, Last Name and/or Birth Date (mm/dd/yyyy) to search for member.

D. **E-List** — Download E-List allows PCPs to download their member list in Excel format.

**How to View Member Eligibility:**

1. Click on **Eligibility** Module. **Eligibility Lookup** page appears.
2. Select a **Health Plan Code (program)**, if applicable.
3. Select a **Location (health network)**, if applicable.
4. Enter part or all of member data in appropriate fields.

   **Note:** Results are based on a “wildcard” search in which partial criteria entered in the First Name and/or Last Name will return a list that matches the search criteria. For example, “John” in the First Name field will result in John, Johnny, Johnson, etc. However, no results will display if list is too long. In that case, you must enter other member data to further filter results.

5. Click **Submit**. Result will display in **Advanced Search** tab.

   **Tip for PCPs:** Click on **Submit** without entering any criteria to display ALL your members.
Results from Eligibility Lookup will display in the Advanced Search tab. This tab contains filter fields that allow you to narrow searches, sort results, view eligibility at a glance, and access member FaceSheet and member eligibility history.

**Advanced Search Tab at a Glance:**

- **Green Member Eligibility Icon** — Indicates *eligible* member.
- **Red Member Eligibility Icon** — Indicates *ineligible* member.
- **Filter Boxes** — Filter or “drill down” search results.
- **Member History Icon** — Displays member’s detailed eligibility history in a pop-up window.
- **Member Record Icon** — Opens member’s FaceSheet.
- **Column Headings** — Highlighted column headings can be sorted in ascending or descending order.
ELIGIBILITY LOOKUP — REGULAR SEARCH TAB

Regular Search Tab allows you to search for a single string such as the member CIN or birth date.

Regular Search Tab at a Glance:

Green Member Eligibility Icon — Indicates eligible member.

Red Member Eligibility Icon — Indicates ineligible member.

Member History Icon — Displays member’s detailed eligibility history in a pop-up window.

Member Record Icon — Opens member’s FaceSheet.

Search Field — Enter single string search criteria such as birth date (mm/dd/yyyy) or CIN.

Note: Single string search requires only one criterion. Therefore, first name or last name will result in too many matches. Try a more unique criterion such as a birth date or, specifically, CIN. If your search returns too many matches, try following on-screen suggestion(s) to narrow search result.
ELIGIBILITY LOOKUP FOR ONECARE MEMBER

When searching for a OneCare member, two rows will appear in the Eligibility Lookup screen. OneCare members are dual eligible members because they participate in both Medi-Cal (MCAL) and Medicare (MCRE). Since OneCare is the primary insurance, CalOptima recommends that you select the MCRE row to verify OneCare eligibility. In addition to viewing OneCare eligibility, you may select MCAL to view Medi-Cal eligibility.
MEMBER FACESHEET

The member FaceSheet is a read-only page that displays member’s demographic information, eligibility information, referral data and claims data. It also provides a link to the member’s eligibility history and online referral submission.
Member FaceSheet at a Glance:

A. **Member Information** — Display member’s pertinent information

- **Demographic Information** — Contains member’s name, address, phone number, birth date, etc.
- **Eligibility Details** — Displays member’s eligibility, enrolled health network, program, effective date, PCP, aid category/code, share of cost (if any) and other pertinent information relating to eligibility
- **Notes** — Feature not available at this time.
- **Clinical Alerts** — Feature not available at this time.

B. **Problem List** — Displays member’s diagnosis history.

- Problem List reflects only COD direct claims.

C. **Claim History** — Lists member’s claim history.

- Search claim history list by date, physician or location using the search field.
- Filter by recent claims or list all claims.
- Default lists most recent claims in the last two years.
D. Referral Data — Displays member’s referral history

- Search referral history by referral number, date, specialty or status using the search field.
- Sort columns by clicking on the column heading.
- Click on the Open Record icon to view referral details.

![Referral Details](image)

**Important:** The Referral Details page is a footprint of what data you have entered. It is not meant to be given to the member.

E. Member History — Click to display member’s eligibility history in another browser window.

F. Refer Patient — Click to open Referral Submission page to submit online referral for member.
REFERRALS MODULE TAB

The Referrals Module tab displays status of all your submitted referrals. It also allows you to submit an outpatient service request for a member.

Referrals Module at a Glance:

A. **Regular Search Tab** — Displays all submitted referrals and allows for single string search such as CIN or Referral Code (authorization number).

B. **Advance Search Tab** — Displays all submitted referrals and allows for filter search such as CIN, Referral Code (authorization number), Plan, Location, Referring Provider, Referred Provider or Date Referred to narrow referrals list.

C. **Column Headings** — Highlighted columns denote columns that sort results in ascending or descending order.

D. **Open Record Icon** — Opens Referral Details page in another browser window.
E. **Records Per Page** — Default record display is set to 20 per page. This allows you to change the number of records to be displayed per page.

F. **Page Navigator Buttons** — Use the buttons to navigate within the pages of referral lists. Total pages changes depend on the number of records set per page.

G. **Referral Codes** — RCA codes denote referrals submitted through CalOptima Link.

## Two Ways to Submit a Referral

1. From member’s **FaceSheet**.

2. **Submit Online Referrals** link from Quick Links.

**Important**: Referrals for members belonging to a health network other than COD/CCN must be submitted by their respective network.
The Referral Submission allows you to submit online outpatient service requests.

Referral Submission at a Glance:

A. **Member Information** — Member’s demographic information pre-populated from FaceSheet.

B. **Referring Provider Information** — Provider’s information prefilled (if provider login). An administrator with several providers will need to select from the drop down list of responsible providers.
C. **Referred Provider Information** — Required field. Must specify the specialty to which you are referring the member, and then a list of contracted specialists will appear that can be filtered by city/location.

   **Tip:** Select by Provider Name allows you to search for providers by name, if known.

D. **Referral Details** — Red field labels indicate required fields.

   - **Retro Referral** — Check this box if you are submitting referrals for service dates occurring in the past.

   - **Service Date** — Required field. Enter date of service. Leave blank if actual service date is unknown or service has not yet been scheduled.

   - **Priority** — Only routine referrals are submitted through the online submission process.

     **Important:** Urgent referrals must follow current procedure of faxing authorization requests to CalOptima.

   - **Place of Service** — Specify place of service by clicking on list down arrow. Default selection is 11 — Office.


     **Search Wizard** — Search for CPT/HCPCS codes by entering part of the code or description.

     **Important:** Certain CPT/HCPCS codes may prompt supplemental questions that require answers prior to submission. If left unanswered, referral will not be successfully submitted.

     **Best Practice:** Submit individual CPT/HCPCS codes in separate referrals for greater chance of auto-approval process. However, you may submit multiple CPT/HCPCS codes by clicking on Add Next to display another line.

   - **Service Units** — Required field. Enter the appropriate service unit pertaining to the CPT/HCPCS code.

   - **Modifier** — Select a modifier from the list down selection, if applicable.
• **ICD-9 Code** — Required field. Enter the appropriate ICD-9 code.

  *Search Wizard* — Search ICD-9 codes by entering part of the code or description.

• **Clinical Symptoms/Findings** — Required field. Enter documented notes, visit notes, progress notes or copy/paste from EMR.

### How to Submit a Referral

1. From Referral Submission page, select a **Specialty** from the list down selection, or click on **Select by Provider Name** checkbox to search for a particular provider by name.

2. **Referred Provider** by selected specialty and **Filter by City** list selection appears. Select a preferred city and provider. Selected provider’s information appears. Verify selection.

3. Click on **Retro Referral** checkbox if service date occurred in the past. Otherwise, leave it unchecked.

4. Enter an appropriate service date.

5. Select a **Place of Service**.

6. Enter an appropriate **CPT/HCPCS Code**, corresponding **Service Units, Modifier** and **ICD-9 code**.

7. Enter valid **Clinical Symptoms/Findings**.

8. Click **Submit Referral**.

**Important:** Certain CPT/HCPCS codes based on Referral Intelligence Rules (RIR) may prompt supplemental questions that require answers prior to submission. If left unanswered, referral will not be successfully submitted.
9. **Confirmation Page** appears.

How to Add an Attachment

1. Click on link to **add attachment to referral**.
2. Upload Attachment dialog box appears.
4. Type a name corresponding to the attachment.
5. Click **Save Attachment**.
6. Confirmation message appears when attachment is successfully uploaded to referral.
7. Click on the [x] to close dialog box.

**Important:** **DO NOT** add attachments to modified or denied authorization requests. Follow the normal appeals process as stated on the Notice of Action letter.
How to View an Attachment

1. Click on link to view and manage the attachment for this referral.
2. Attachment Viewer appears.
3. Click on File Name or icon to view attachment.

How to View a Referral Status

1. Click on Referrals module tab.
2. Referral Status appears listing all referrals submitted by your office/facility.
3. Use Regular Search tab to search by single string criteria such as referral code or CIN.
4. Use Advanced Search tab to filter search criteria such as Status, Plan, Location, Referring Provider, Referred Provider or Date Referred.

Important: DO NOT add attachments to modified or denied authorization requests. Follow the normal appeals process as stated on the Notice of Action letter.
The Claims module tab allows you to view claims status and details you have submitted.

Claims Module at a Glance:

A. **Filter Boxes** — Use filter boxes to narrow claims list by entering filter criteria in respective boxes.

B. **Plan** — Displays CalOptima program.

C. **Location** — Displays member’s assigned health network on the date of service.

D. **Status** — Displays Claim Status legend.
E. **Column Headings** — Click on any highlighted column headings to sort by that field in ascending or descending order.

F. **Date Filter** — Filter claims list by date of service, paid or received within a specific date range.

   - **Date of Service** — Date the member received service from the provider
   - **Date Paid** — Date CalOptima issued check to provider
   - **Date Received** — Date CalOptima received claims from provider

   ![Date Filter](image)

   **Best Practice:** Use Date Filter in conjunction with filter boxes to further narrow search.

G. **Open Record Icon** — Click to open Claim Detail page in another browser window.

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**How to View a Claim**

1. Click on **Claims** module tab.

2. Select a **Date Filter type** and enter a date range, if applicable.

3. Enter search criteria in appropriate filter boxes such as claim number, CIN, Date of Service, Program, Health Network, etc.

4. Click **Search**.

5. Claim result list appears.

6. Click on **Open Record** icon to view **Claim Detail**.

7. **Claim Details** window appears.
How to View a Claim Using Date Filter

1. Click on **Date of Service** list arrow to select a date filter type.

![Date Filter Type](image)

2. Enter **From Date** range in MM/DD/YYYY format.

3. Enter **To Date** range in MM/DD/YYYY format.

4. Press **Enter** or click **Search**.

5. Result will appear.

How to View a Remittance Advice

Remittance Advice (RA) for claims paid can be viewed within 24 hours of check issued.

1. From the claims result list, click on a **check #** or **EFT hyperlink**.

![Claims Result List](image)

2. Remittance Advice in PDF format opens in another window.

**Note:** Remittance Advice is only available for claims displaying CF (Claims Finalized) or OC (Original Claim) status.

If an RA is not immediately available, an error message (i.e., Error Code 600) will display. There is a 24-hour processing time before it can be viewed. If so, wait until the following day to view the RA.
CLAIM DETAIL

The Claim Detail contains information pertaining to a submitted claim such as status, check number (if paid), date of service, referenced member, requesting provider, detailed list of CPT/HCPCS codes submitted, and Explanation of Benefits (EOB) if claim has been finalized.
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