



# CalOptima Health

## CalOptima Community Network (CCN) Education

### 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.

# Overview Presentation

CalOptima Health's Delivery Model

CalOptima Direct Administrative and CalOptima Community Network

Eligibility

Customer Service

Medical Management and Authorization

Claims Administration

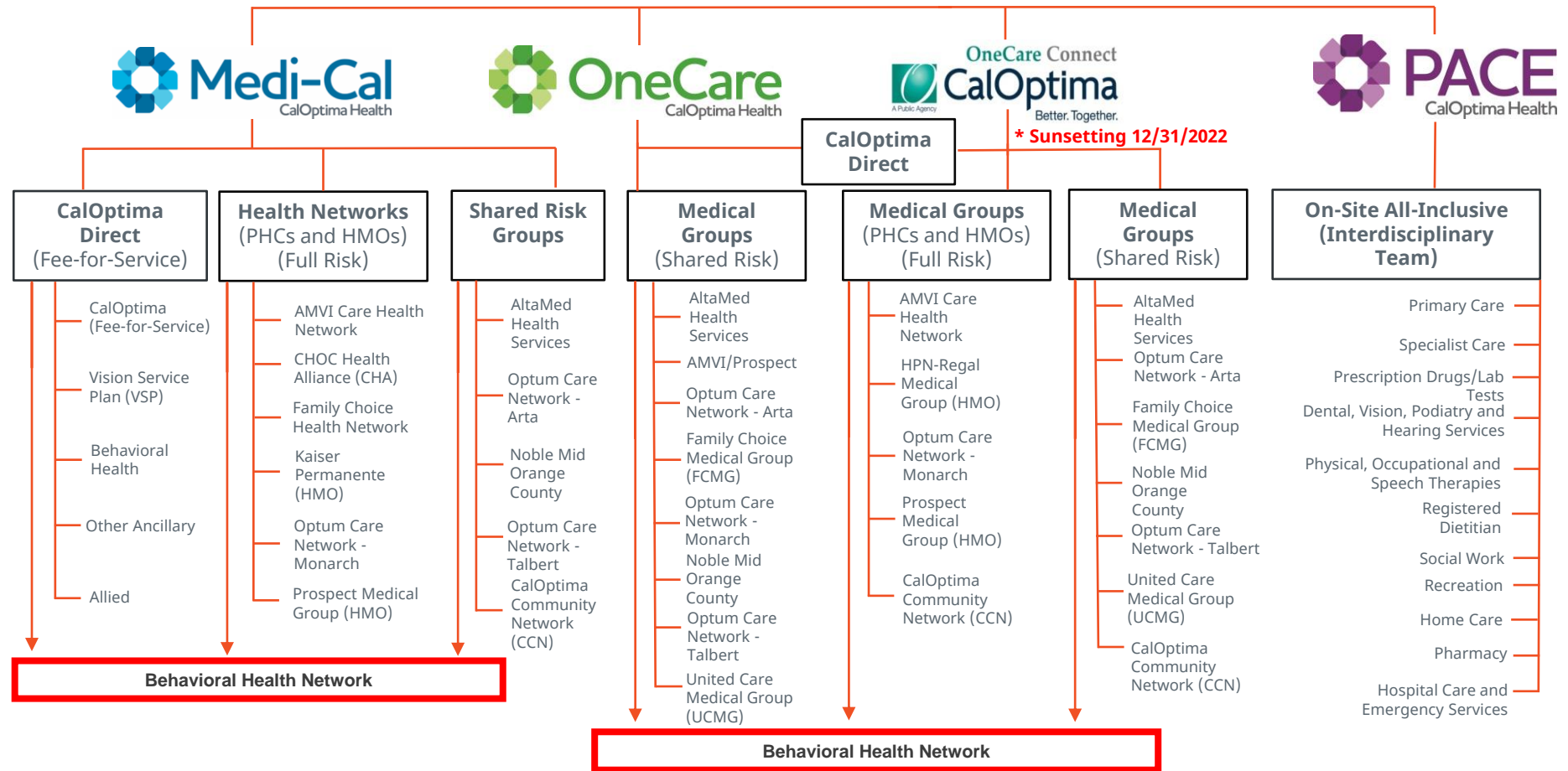
All Plan Letter (APL)

Provider Portal

Resources and Website Training

# CalOptima Health Delivery Model

# CalOptima Programs



Each health network has its own unique procedures; providers should check with their health network representative for more information.

# CalOptima Direct (COD) and CCN

# COD/CCN Network Structure

## CalOptima Direct (COD/CCN)

- COD is a program CalOptima Health administers for CalOptima Health beneficiaries

### **CalOptima Direct Administrative**

Members do not have an assigned PCP

Members have 45 days to choose a  
Health Network and PCP

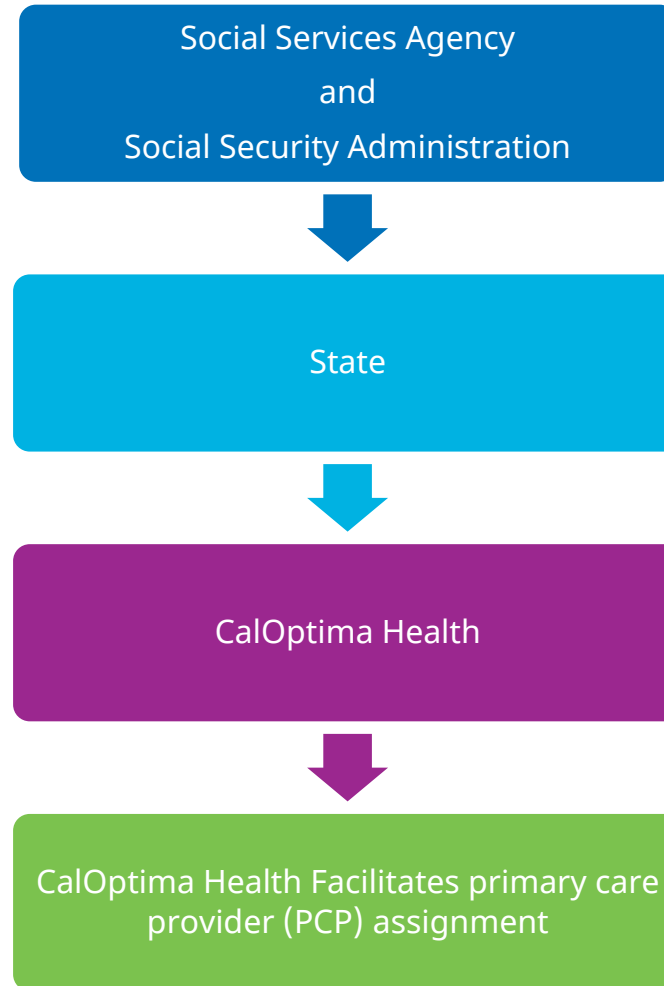
### **CalOptima Community Network**

Members have an assigned PCP

Medi-Cal CCN / OneCare Connect CCN

# Eligibility

# Member Eligibility



CalOptima Health sends PCP info back to state



# Member Eligibility Verification System

- Providers should always verify eligibility prior to rendering service
- State Eligibility Verification System
  - Medi-Cal website: Providers may verify Medi-Cal eligibility on the Medi-Cal portal at [www.medi-cal.ca.gov](http://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 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**



# CCN Member PCP Change Requests

- A member may request to change his or her PCP monthly by contacting CalOptima Health's Customer Service
  - If the member requests a PCP change prior to the 16th of the month **before** seeing his or her assigned PCP, CalOptima Health shall make the change effective the first calendar day of the current month
  - If the member requests a PCP change **after** the 16th of the month or after seeing his or her assigned PCP, CalOptima Health shall make the change effective the first calendar day of the following month
- Please contact the CalOptima Health Customer Service Line at **888-587-8088** or **TTY 800-735-2929**

# 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 the member newsletters, on CalOptima Health's website and upon request
- Providers are required to post the members' right and responsibilities in the waiting room of the facility which 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 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 stated 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** or **714-246-8500** Monday–Friday, 8 a.m.–5:30 p.m.
- **Providers** can reach CalOptima Health’s Provider Relations Department by calling **714-246-8600**, Monday–Friday, 8 a.m.–5:30 p.m., or by emailing [providerservicesinbox@caloptima.org](mailto:providerservicesinbox@caloptima.org)

# Support Services

- CalOptima Health's Member Liaison Program
  - A CalOptima Health 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:
  - 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 CalOptima Health Customer Service and ask for the Member Liaison Program at **714-246-8500**, toll-free **888-587-8088** (TTY **711**)

# Support Services (cont.)

- Cultural and Linguistics (C&L)
  - CalOptima Health offers free interpreter services to all limited English proficient 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, but it 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 CalOptima Health Customer Service and ask for the Interpreter Service Program at **888-587-8088**, or by emailing any questions directly to [culturallinguistic@caloptima.org](mailto:culturallinguistic@caloptima.org)

# Medical Management and Authorization Requirements

# Case Management

- 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
  - Members typically requiring 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 [cmtriage@caloptima.org](mailto:cmtriage@caloptima.org)

# CCN/COD Member Authorization Requirements

| Physician Type              | Regular Visits   | Urgent Referrals  |
|-----------------------------|--|---|
| <b>Primary Care (PCP)</b>   | <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> |
| <b>Specialty Care (SCP)</b> | <p><b><i>All initial requests for specialty consults require a prior authorization from:</i></b></p> <ul style="list-style-type: none"> <li><u>Assigned PCP; or</u></li> <li><u>Contracted SCP</u></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><i>(excluding office code 99215, which requires a new prior authorization).</i></p> |   |

# Steps to Obtain Prior Authorization

- Online authorization submissions: Provider Portal
  - 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 Health's website, in the common forms section under [www.caloptima.org](http://www.caloptima.org)



# 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 Provider Portal

For questions or status, call CalOptima Health Utilization Management at **714-246-8686**

# Services That Do Not Require Authorization

- 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

# Services That Do Not Require Authorization (cont.)

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

For questions or status, call CalOptima Health Utilization Management at **714-246-8686**.

# Claims Administration

# Claims Submission Methods

## Electronic Claims Submission

- CalOptima Health is contracted with two data clearinghouses that receive and transmit Electronic Data Interchange (EDI) claims to CalOptima Health. To register and submit claims electronically, contact one of the vendors below:
  - **Office Ally** for electronic submission of Professional CMS1500 claims: 360-975-7000 or [www.officeally.com](http://www.officeally.com). Payor ID: CALOP
  - **Emdeon** for electronic submission of facility and long-term care 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 Health has timely filing guidelines that allow providers one year from the date of service to submit a claim.

# Hard Copy Claims Submission

## CalOptima Health Direct and CalOptima Health Community Network

Medi-Cal

PO Box 11037  
Orange, CA 92856

OneCare Connect Claims

PO Box 11065  
Orange, CA 92856

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

# Claims Denials/Complaint Process

- 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](#)
  - Refer to [Provider Manual](#), section H10 for common claims denial reasons

# Claims Denials/Complaint Process (Cont.)

- Key points

- Provider disputes should be sent within one year (365 calendar days) from the last determination for timely filing consideration
- CalOptima Health 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 Health 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.)

## ○ PDR Contact information

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

# InstaMed: Electronic Fund Transfer

- Register for your InstaMed Healthcare Payments Account and get paid! InstaMed for Payer payments are directly deposited into your existing bank account at no cost to you
  - Refer to the following link for information and registration:  
<https://register.instamed.com/eraeft>
  - For provider questions about enrollment, contact the InstaMed enrollment team by calling **877-855-7160** or email [connect@instamed.com](mailto:connect@instamed.com)
  - For provider questions about an existing account, contact the InstaMed support team by calling **877-833-6821** or email [support@instamed.com](mailto:support@instamed.com)

# All-Plan Letter 20-016: Blood Lead Screening of Young Children

# All-Plan Letter (APL) 20-016: Blood Lead Screening of Young Children

- On September 29, 2020, DHCS issued **APL 20-016: Blood Lead Screening of Young Children**. The purpose of this APL is to provide requirements for blood lead screening tests and associated monitoring and reporting for Medi-Cal managed care health plans (MCPs) like CalOptima
  - This APL supersedes APL 18-017 located at <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf>
  - You may view **APL 20-016** in its entirety by visiting <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf>

# APL (cont.)

## **GG.1717:** Blood Lead Screening of Young Children

- This policy outlines the process by which CalOptima Health or a health network ensures the provision of blood lead screening to members 6 months of age and continuing until 72 months of age
- CalOptima Health developed this policy to ensure compliance with DHCS APL 20-016 (revised): Blood Lead Screening of Young Children

# APL (cont.)

## **GG.1110:** Primary Care Practitioner Definition, Role, and Responsibilities

- This policy defines the PCP role and responsibilities in providing covered services and case management to members
- CalOptima Health revised this policy to ensure compliance with DHCS APL 20-016 (revised): Blood Lead Screening of Young Children

# CalOptima Health's Provider Portal

# CalOptima Health Provider Portal Registration

- CalOptima Health's 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 Health Provider Portal



# CalOptima Health Provider Portal Registration (cont.)

- To ensure Health Insurance Portability and Accountability Act (HIPAA) compliance and allow providers the ability to manage their users, CalOptima Health's 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

# CalOptima Health Provider Portal Registration (cont.)

- 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**

# Resources and Website Tools

# Website Tools

- CalOptima Health website: [www.caloptima.org](http://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 Assessments (IHA) and Staying Healthy Assessments (SHA)
  - Provider Portal
  - Training links
  - Provider training topics
  - Personal Care Coordinator trainings

Thank you for your time!



# CalOptima Health

Stay Connected With Us

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

   @CalOptima