CalOptima Community Network (CCN) Education

Mission Statement

The mission of CalOptima is to provide members

with access to quality health care services

delivered in a cost-effective and

compassionate manner.

Overview Presentation

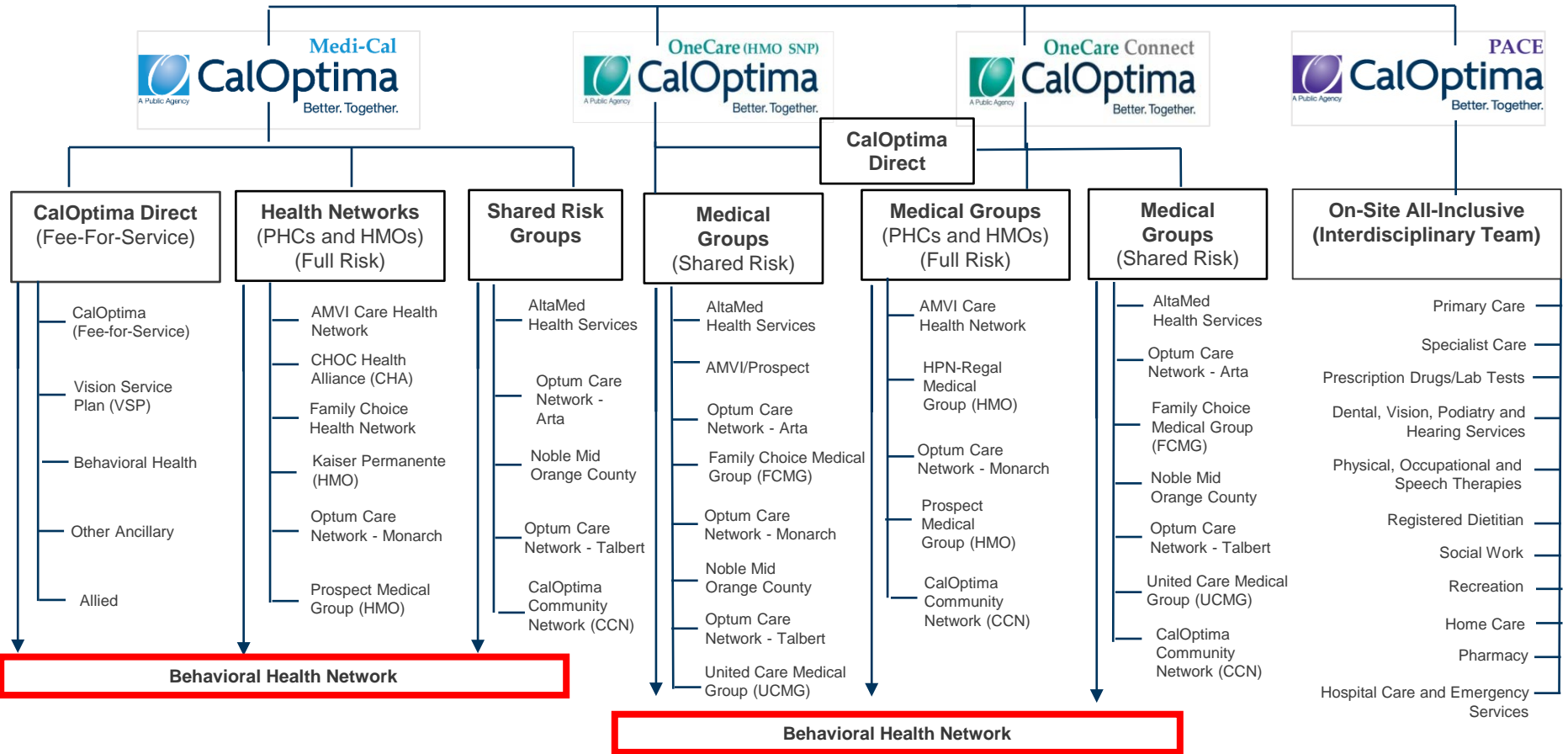| |
|---|
| CalOptima's Delivery Model |
| CalOptima Direct Administrative and CalOptima Community Network |
| Eligibility |
| Customer Service |
| Medical Management and Authorization |
| Claims Administration |
| All Plan Letter (APL) |
| CalOptima Link |
| Resources and Website Training |

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.

CalOptima Direct and CalOptima Community Network

COD/CCN Network Structure

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

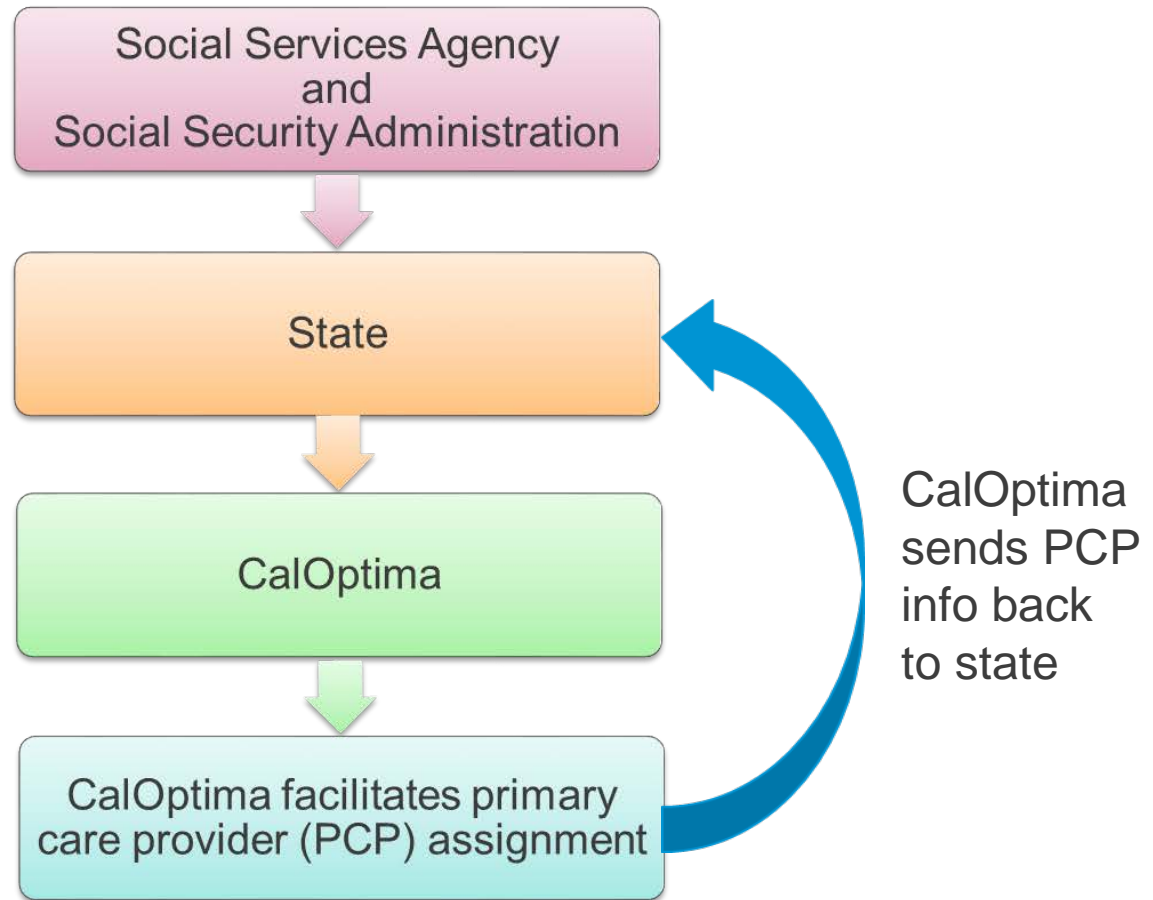Members have an assigned PCP

Medi-Cal CCN / One CareConnect CCN
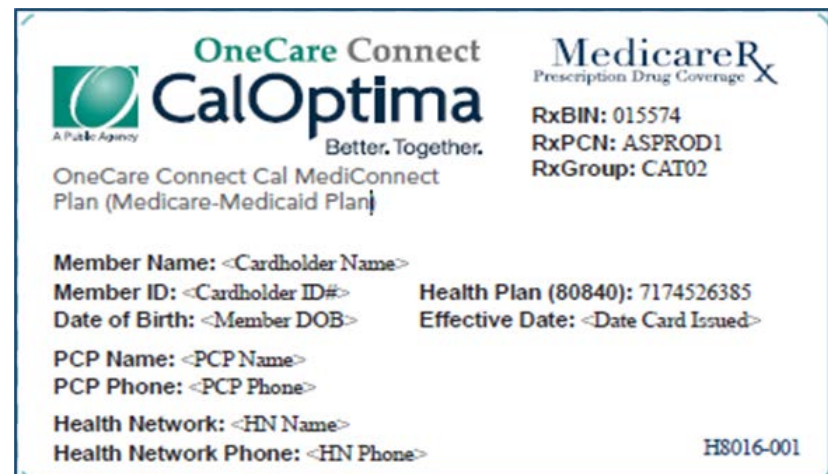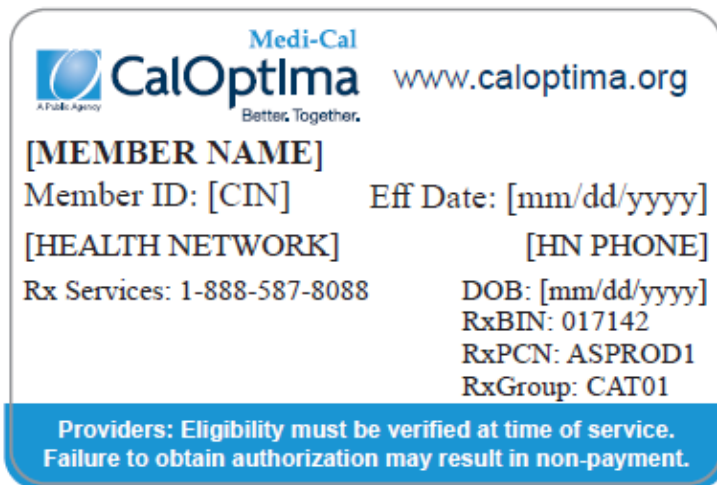
Eligibility

Member Eligibility

Member Eligibility Verification System

- State Eligibility Verification System
  - Medi-Cal website, the providers may verify Medi-Cal eligibility on the Medi-Cal portal at www.medi-cal.ca.gov.
  - Automated Eligibility Verification System — (AEVS): call 800-456-2387 Department of Health Care Services (DHCS)
- CalOptima's Eligibility Verification Systems
  - CalOptima 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.

Identification Cards

○ The CalOptima member ID card is used to help identify the member and is **NOT proof of member eligibility.**

Medi-Cal
CalOptima
A Public Agency
Better. Together.
www.caloptima.org

[MEMBER NAME]
Member ID: [CIN]   Eff Date: [mm/dd/yyyy]
[HEALTH NETWORK]   [HN PHONE]
Rx Services: 1-888-587-8088   DOB: [mm/dd/yyyy]
                                 RxBIN: 017142
                                 RxPCN: ASPROD1
                                 RxGroup: CAT01

Providers: Eligibility must be verified at time of service.
Failure to obtain authorization may result in non-payment.

OneCare Connect   MedicareRx
CalOptima   Prescription Drug Coverage
A Public Agency   Better. Together.
OneCare Connect Cal MediConnect   RxBIN: 015574
Plan (Medicare-Medicaid Plan)   RxPCN: ASPROD1
                                     RxGroup: CAT02

Member Name: <Cardholder Name>
Member ID: <Cardholder ID#>   Health Plan (80840): 7174526385
Date of Birth: <Member DOB>   Effective Date: <Date Card Issued>

PCP Name: <PCP Name>
PCP Phone: <PCP Phone>

Health Network: <HN Name>
Health Network Phone: <HN Phone>   H8016-001

CalOptima
A Public Agency

CCN Member PCP Change Requests

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.

- ○ 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

Member Rights and Responsibilities

CalOptima is required to inform its members of their rights and responsibilities and ensure that members rights are respected and observed. CalOptima provides this information to members in the Member Handbook upon enrollment, annual in the member newsletters, on CalOptima'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.

○ CalOptima members have the right to:

- Be treated with respect and dignity by all CalOptima and provider staff

- Privacy and to have medical information kept confidential

- Get information about CalOptima, our providers, the services they provide and their member rights and responsibilities

Member Rights and Responsibilities (cont'd)

○ Choose a doctor within CalOptima'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 or the care we provide

○ Get oral interpretation services in language that they understand

○ Make an advance directive

○ Access family planning services, Federal Qualified Health Centers, Indian Health Services Facilities, sexually transmitted disease services and emergency services outside of CalOptima's network

Member Rights and Responsibilities (cont'd)

○ 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

○ 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

Member Rights and Responsibilities (cont'd)

- ○ Get information about their medical condition and treatment plan options in a way that is easy to understand

- ○ Make suggestions to CalOptima about their member rights and responsibilities

- ○ Freely use these rights without negatively affecting how they are treated by CalOptima, 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, 8:00 a.m.-5:30 p.m.

- ○ **Providers** can reach the CalOptima Provider Relations department by calling **714-246-8600**, Monday–Friday, 8 a.m.–5:30 p.m., or emailing providerservicesinbox@caloptima.org.

Support Services

○ 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 CalOptima Customer Service and ask for Member Liaison program at **714-246-8500**, toll-free **888-587-8088** (TTY **711**).

Support Services (cont.)

o 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.

CalOptima
A Public Agency

Support Services (cont.)

o 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)

o Providers can call C&L at 855-877-3885 or 714-246-8500 or email 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

- 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

CCN/COD Member Authorization Requirements

Physician Type	Regular Visits	Urgent Referrals
Primary Care (PCP)	**No prior authorization is required for:** • Assigned PCP; or • Affiliated group physician	Urgent referrals are only to be submitted if the normal time frame for authorization will:
Specialty Care (SCP)	*All initial requests for specialty consults require a prior authorization from:* • Assigned PCP; or • Contracted SCP The initial prior authorization will include: • One specialty consult; plus • As many routine follow-ups as necessary *(excluding office code 99215, which requires a new prior authorization).*	• Be detrimental to the patient's life or health; or • Jeopardize patient's ability to regain maximum function; or • Result in loss of life, limb or other major bodily function **(All referrals not meeting urgent criteria will be downgraded to a routine referral request and follow routine turn-around times.)**

CalOptima
A Public Agency

Steps to Obtain Prior Authorization

○ 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*

For routine requests (5 Business days) fax to **714-246-8579.**

For Urgent requests (72-hour process) fax to **714-338-3137.**

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 CalOptima Link (Aerial).

○ For questions or status, call the CalOptima Utilization Management **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 more information contact Prior Authorizations at 714-246-8686

Claims Administration

Claims Submission Methods

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

    Payor ID: CALOP

Claims Submission Methods (cont.)

○ **Emdeon** for electronic submission of long–term care and facility claims

877-271-0054 or 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

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

○ A Provider Dispute Resolution (PDR) is a request to review a contested claim.

  o Visit CalOptima website to access information on:

  - Provider Complaint Process

  - Provider Dispute Resolution (PDR) form

  o Common claims denial reasons: Refer to Provider Manual, section H10

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 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.)

- 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**

CalOptima
A Public Agency

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

- Provider questions about enrollment contact: InstaMed enrollment team: (877) 855-7160 or email connect@instamed.com

- Provider questions on existing account contact: InstaMed support team: (877) 833-6821 or email support@instamed.com

All Plan Letter (APL)

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

On September 29, 2020, the Department of Health Care Service (DHCS) issued **All Plan Letter (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 20-016 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 entirely by visiting https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2020/APL20-016.pdf

CalOptima
A Public Agency

APL (cont.)

GG.1717: Blood Lead Screening of Young Children

This policy outlines the process by which CalOptima or a health network ensures the provision of Blood Lead Screening to members six (6) months of age and continuing until seventy-two (72) months of age.

CalOptima developed this policy to ensure compliance with Department of Health Care Services (DHCS) All Plan Letter 20-016 (revised): Blood Lead Screening of Young Children.

APL (cont.)

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

This policy defines the Primary Care Practitioner (PCP) role and responsibilities in providing covered services and case management to members.

CalOptima revised this policy to ensure compliance with Department of Health Care Services (DHCS) All Plan Letter 20-016 (revised): Blood Lead Screening of Young Children.

CalOptima's Provider Portal

CalOptima Provider Portal Registration

○ 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.)

○ 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

Resources and Website Tools

Website Tools

- **CalOptima 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
  - CalOptima Link
  - Training links
  - Provider Training Topics
  - Initial Health Assessments/SHA
  - Personal Care Coordinator Trainings

CalOptima
A Public Agency

Thank you for your time!

Our Mission

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

CalOptima
A Public Agency