



# Provider Portal Release 14 Notes

January 2025

## Overview

The Provider Portal is an information system developed by CalOptima Health which grants authorized Provider Office Users access to electronic Protected Health Information (“PHI”) to carry out Payment and Health Care Operations for the benefit of CalOptima Health’s Members.

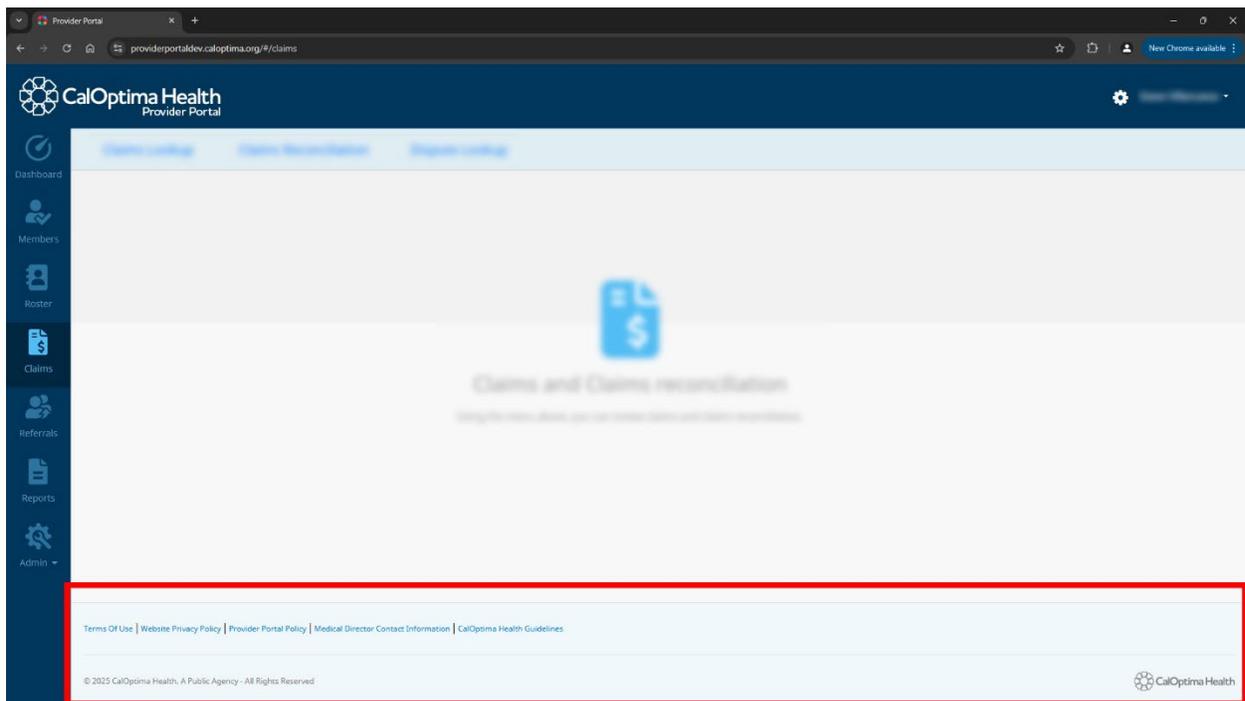
As of January 2025, the following Provider Portal features have been added in this release:

1. [Portal Footer](#)
2. [Provider Claims Disputes](#)
3. [Behavioral Health Member Roster](#)
4. [Referral Enhancements](#)
5. [Behavioral Health Integration \(BHI\) Quality Measure Report | Search by Prescriber NPI](#)
6. [Admin Enhancement](#)
7. [BH Applied Behavior Analysis \(ABA\) P4V Attestation Update](#)
8. [Health Network Reports | PDC Report](#)
9. [Provider Training Attestation](#)

Please follow the instructions below to access new features where applicable.

## Portal Footer

A new portal-wide footer has been implemented and can be found by simply scrolling to the bottom of virtually any page. In addition to the CalOptima Health copyright, the new footer contains our Terms of Use, Privacy and Portal policies, Medical Director info, and the CalOptima Health Guidelines.



[Terms Of Use](#) | [Website Privacy Policy](#) | [Provider Portal Policy](#) | [Medical Director Contact Information](#) | [CalOptima Health Guidelines](#)

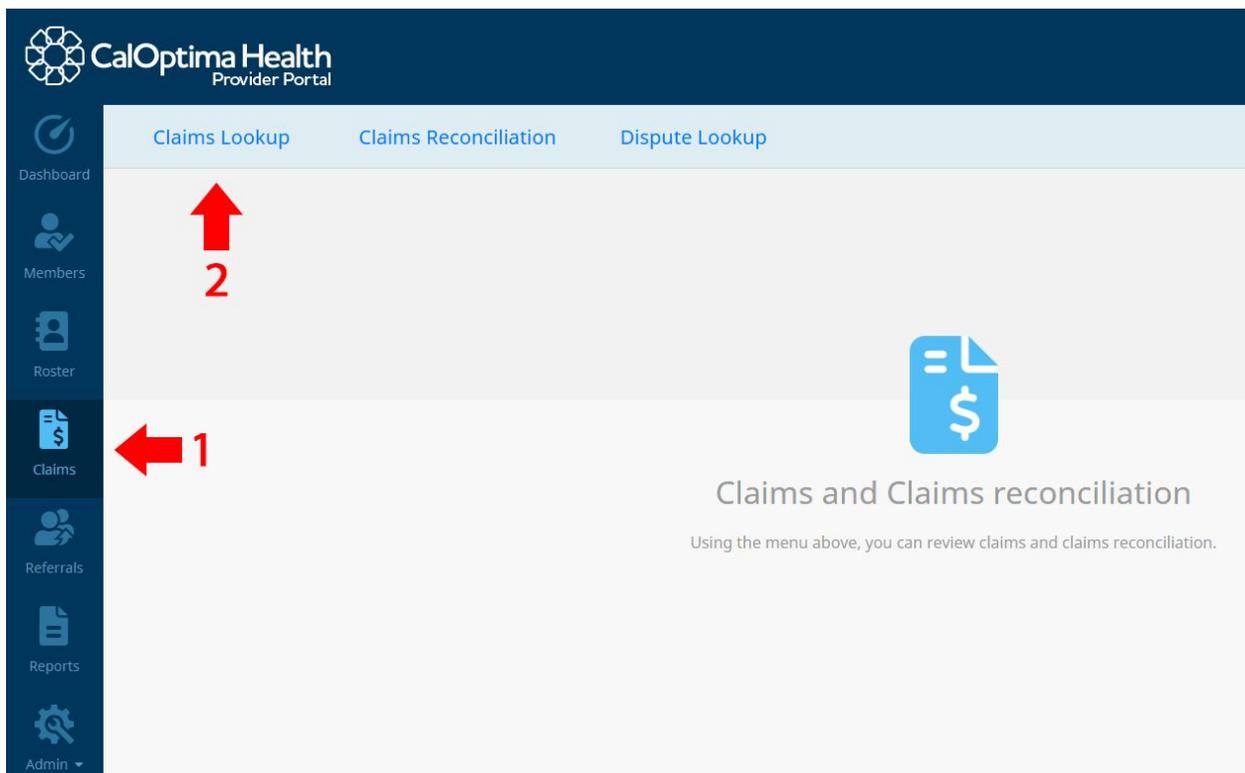
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## Provider Claims Disputes

When a claim has been finalized, this new feature enables provider portal users with access to the Claims module with the ability to submit and track claims disputes directly through the portal. This enhancement reduces administrative burden and provides greater transparency into the dispute process.

### Submitting a Dispute

1. From the primary navigation, select the **Claims module**.
2. From the secondary navigation at the top of the Claims module, select **Claims Lookup**.



3. Search for a claim using a **Member ID (CIN)**, or by selecting the **Claim #** tab and inputting a known claim number.

- From the claim search results, select the desired claim number. You can also select the magnifying glass icon to view the associated claim.

CalOptima Health Provider Portal

Claims Lookup | Claims Reconciliation | Dispute Lookup

The payable amount may not reflect the final claims payment. Please review the Remittance Advice (RA) for final claims detail.

Claim Search Results [Search for New Claim](#) [Download](#)

Status	Claim Number	Member Name	CIN	DOS	Service Provider	Billed/Payable	LOB	Check
Finalized	123456789000					\$273.40 / \$0.36	Medi-Cal	RAE

1 results

- In the upper right corner, if no dispute has been submitted, select the **Dispute Claim** link to start a new dispute.

CalOptima Health Provider Portal

Claims Lookup | Claims Reconciliation | Dispute Lookup

[Back](#) Claim #: 123456789000 ✔ Finalized

CIN [redacted] | Check # EFT | Service Date 01/29/24 | Received 02/05/24 | Paid 02/14/24 [Dispute Claim](#) | [Download Printable](#)

Services | Member Info | Providers | Diagnosis | **Dispute Claim** | EOB

The payable amount may not reflect the final claims payment. Please review the Remittance Advice (RA) for final claims detail.

Start Date	End Date	Code	Modifiers	Billed Qty	Billed Amount	Payable
01/29/24	01/29/24	[redacted]	UD	2	\$23.20	\$0.00
01/29/24	01/29/24	[redacted]	UD	1	\$11.60	\$0.00
01/29/24	01/29/24	[redacted]	UD	1	\$13.60	\$0.36
01/29/24	01/29/24	[redacted]	UD	1	\$225.00	\$0.00
TOTAL:					\$273.40	\$0.36

Terms Of Use | Website Privacy Policy | Provider Portal Policy | Medical Director Contact Information | CalOptima Health Guidelines

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6. The Claims Dispute modal will appear. Fill out the form as instructed.

**Provider Dispute Resolution Request**

This form is for claim payment disputes related to reimbursement rates or processing of CalOptima Health Claims. If a Health Network is responsible for payment, submit your dispute to the Health Network. This form is NOT intended for requests related to clinical reviews for medical necessity determinations in the case of a denied authorization or OneCare Non-Contracted Provider Claim Appeals related to Diagnosis code/DRG payment denials, Down coding, Bundling issues, or Level of care or rate of payment denials. If your request is related to a denied authorization or for a OneCare Non-Contracted Provider Claim Appeal, please mail your appeal with complete medical records and a signed Waiver of Liability to:

Grievance and Appeals Resolution Services  
505 City Parkway West, Orange, CA 92868

**Provider Details**

Provider NPI	Provider Tax ID/Medicare ID	Provider Type	Provider ID
Address	City, State, Zip	Phone	Fax

**Claim Details**

Claim	Service Date Range	Name	CIN	Line of Business	Health Plan ID

**Dispute Details**

Billed / Payable	Paid
\$273.40/\$0.36	\$0.36

**Dispute Description**  
Please enter text

**Expected Outcome**  
Please enter text

**Contact Info**

Name *	Email *	Title	Phone *	Fax
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Continue to attachment

10. If there are any supporting documents, attach them as needed.

**Provider Dispute Resolution Request**

Do you have any supporting documents? Acceptable documents include \*.pdf, \*.docx, \*.xlsx, and images files (5 items total)

+ Choose File

✓ Success! Your file(s) loaded successfully.

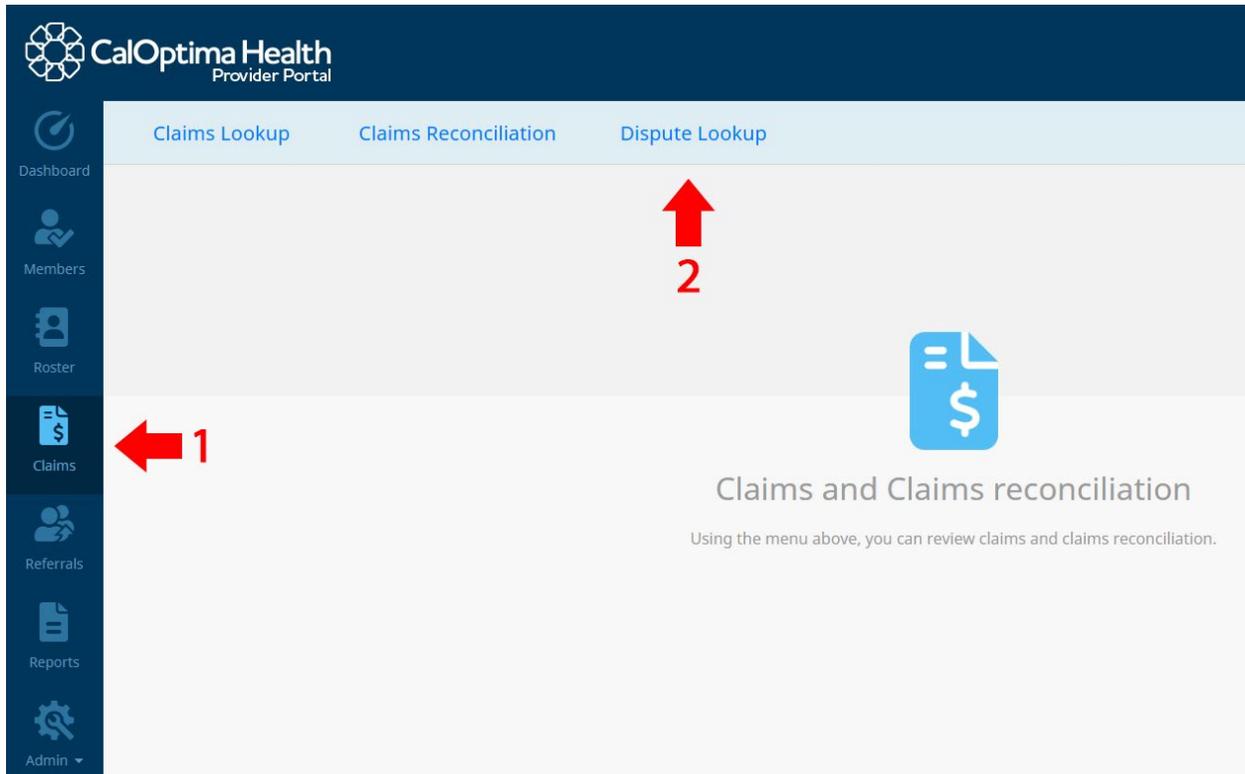
Dispute Form Review.docx | 14.2 KB | ✕

Upload up to 5 files. Max file size 25MB.

11. If the dispute is still in open status, you can return at any time to add more files if needed.

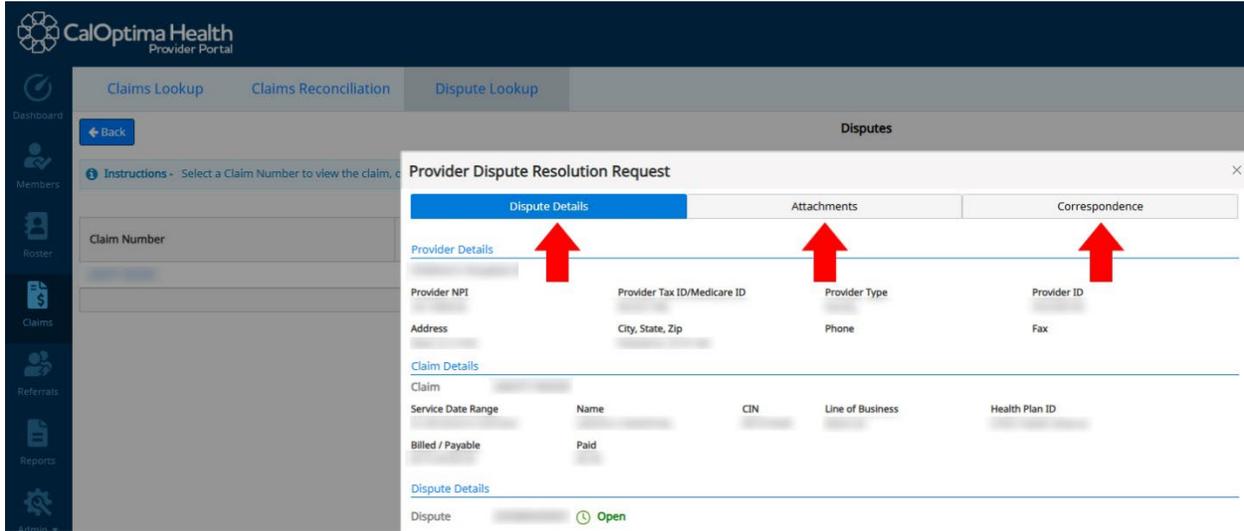
## Dispute Lookup

1. From the primary navigation, select **Claims**.
2. From the secondary navigation at the top of the Claims module, select **Dispute Lookup**.



3. Input your search parameters or select the **Dispute #** tab to search for a known dispute number. Click **Find Disputes**.
4. Click the Claim Number or Dispute Number to view the dispute.

- From the modal, select the appropriate tab to view **Dispute Details**, **Attachments**, or any **Correspondence** you may have received.



### Acknowledgment Email Alert

As a healthcare provider using the Provider Portal, you will receive confirmation when CalOptima Health acknowledges your submitted disputes so that you'll know your submission is being processed and meets regulatory requirements. LOA's will receive confirmation within 24 hours of submitting dispute requests.

## Behavioral Health Member Roster

In support of CalOptima Health's newly approved Behavioral Health Incentive Program (BH P4V), we now enable users with the appropriate security permissions to search for members and manage your patient roster. The Member Roster created here is intended to provide Behavioral Health practitioners a centralized listing of CalOptima Health members from whom supplementation documentation will be necessary in order to qualify for incentive payments as part of the BH P4V Program

### Add Member to Roster

1. From the primary navigation, select **Members** and search for a member using a known member ID.

The screenshot displays the CalOptima Health Provider Portal interface. On the left is a dark blue sidebar with navigation icons and labels: Dashboard, Members, Roster, Claims, and Referrals. The 'Members' option is highlighted. The main content area is titled 'Member Lookup' and features a search form. The form has a 'Member ID' tab selected, a text input field labeled 'Enter ID', a note 'CIN, MEDS ID, or MBI accepted', a 'Search' button, and a 'Clear' button. A large red arrow points to the 'Enter ID' field.

2. In the search results, find the desired member and select the **Add To My Roster** button.

Member Lookup

Sort by: Eligibility Status

Member ID: [Input Field] Name: [Input Field]

Find Members

Clear

ELIGIBLE

SHARE OF COST

NOT ELIGIBLE

View Facesheet

Add To My Roster

3. A modal is displayed with a provider search function. Search and select the desired providers to add to your roster.

Roster Type: BH Relationship Date: 01/08/2025

Provider Name: [Input Field] Provider ID: [Input Field] Provider TIN: [Input Field] Search for Provider

<input type="checkbox"/>	Name	Provider Id	TIN
<input checked="" type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]
<input type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]
<input type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]
<input type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]
<input type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]
<input type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]
<input type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]
<input type="checkbox"/>	[Blurred Name]	[Blurred Provider Id]	[Blurred TIN]

Update

4. Reach out to your LOA to acquire these permissions. You can also reach out to Provider Relations (PR).

## View Member Roster

1. From the primary navigation, select **Roster** and search for a provider using a known provider name, member ID or Tax Identification Number (TIN).

The screenshot shows the CalOptima Health Provider Portal interface. On the left is a vertical navigation menu with icons for Dashboard, Members, Roster, Claims, and Referrals. The main content area has a search bar with three input fields: "Provider Name", "Provider ID", and "Provider TIN". A blue "Search for Provider" button is to the right of these fields. Below the search bar is a table with the following columns: "Name", "TIN", and "Provider ID". The table contains one row of data, which is partially obscured by a search filter. Below the table is a pagination control with arrows and a page number.

2. From the search results, select the provider to view their member roster. You can narrow your search by using the **Roster Type** select menu and/or the Member ID search function, both at the top of the page.

The screenshot shows the CalOptima Health Provider Portal interface for viewing a member roster. On the left is a vertical navigation menu with icons for Dashboard, Members, Roster, Claims, and Referrals. The main content area has a "Back" button and a "Roster Type" dropdown menu set to "BH". Below this is a "Member ID" search bar with a "Search for Members" button. A note below the search bar reads "CIN, MEDS ID, or MBI accepted". Below the search bar is a table with the following columns: "Name", "Member ID", "Start Date", and "Action". The table contains one row of data, which is partially obscured by a search filter. Below the table is a pagination control with arrows and a page number.

- To modify the member in the roster list, select the ellipsis under the **Action** column. There you can view the member's details or remove the member from the Provider's member roster.

The screenshot displays the CalOptima Health Provider Portal interface. On the left is a navigation sidebar with icons for Dashboard, Members, Roster, Claims, and Referrals. The main content area features a 'Roster Type' dropdown menu set to 'BH'. Below this is a search section with a 'Member ID' input field and a 'Search for Members' button. A table below the search section lists roster members with columns for Name, Member ID, Start Date, and Action. A red arrow points to the ellipsis icon in the Action column of the first row, which provides options to 'View Member Details' and 'Remove from Roster'.

Name	Member ID	Start Date	Action
[Redacted]	[Redacted]	[Redacted]	⋮ View Member Details Remove from Roster

## Referral Enhancements

### Update to Redirect Logic for Referred To (Servicing) Provider

To properly redirect members to an appropriate network provider, you must indicate acceptance to change the requested servicing provider.

### Selecting a Tertiary Provider

The following should occur when you select a tertiary provider as a **Referred to (Servicing) Provider**:

- A warning dialog box is displayed with the message *"You have selected a tertiary provider."*
- The dialog box includes an alert body explaining the implications of selecting a tertiary provider.
- A tooltip is available explaining what tertiary care means.
- You are prompted to select a different provider or continue.

#### Warnings for This Provider

##### You have selected a tertiary provider.

Request for tertiary care may require additional review. Allowing your member to be directed to a community provider will help the referral be processed faster and the member to be seen in a more timely manner.

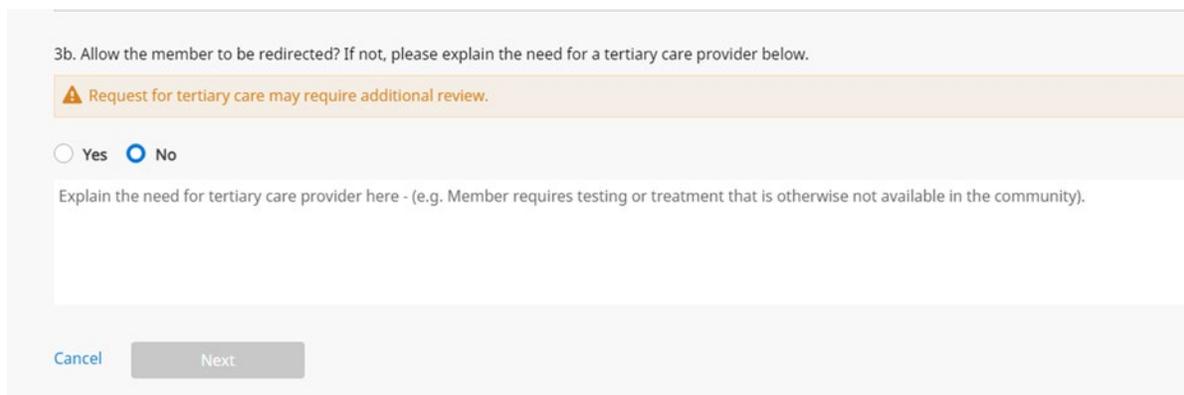
SELECT NEW PROVIDER

[Continue](#)

## Redirect Indicator for Tertiary Provider

If you decide to continue with the tertiary provider, then the following should occur:

- The Redirect Indicator field is displayed with the label *"Allow the member to be redirected? If not, please explain the need for a tertiary care provider below."*
- The default response is set to "No."
- A justification text area is displayed with placeholder text.
- The **Next** button is disabled until I provide justification.
- I can change the response to "Yes."



3b. Allow the member to be redirected? If not, please explain the need for a tertiary care provider below.

**Request for tertiary care may require additional review.**

Yes  No

Explain the need for tertiary care provider here - (e.g. Member requires testing or treatment that is otherwise not available in the community).

[Cancel](#)

## Changing Redirect Response for Tertiary Provider

If you initially selected "No" for the redirect indicator and want to change the redirect indicator response to "Yes," then the following should occur:

- You are prompted to select a different provider.
- The current Referred To Provider selection is cleared.
- You can search and select a new Referred To Provider.
- On confirmation, the Redirect Indicator is set to "Yes."
- A note *"Ok to redirect if needed"* is added to the Justification area.

3b. Allow the member to be redirected?

Yes  No

Enter explanation here.

Cancel

### Selecting a Non-Tertiary Provider

If you select a non-tertiary provider as the Referred To (servicing) provider, then the following should occur:

- The **Redirect Indicator** field is displayed with the label *"Allow the member to be redirected?"*
- The default response is set to "Yes."
- No justification is required.

3b. Allow the member to be redirected?

Yes  No

Enter explanation here.

Cancel

## Changing Redirect Response for Non-Tertiary Provider

If you initially selected “Yes” for the redirect indicator and want to change the redirect indicator response to “No”, then the following should occur:

- A justification text area is displayed with placeholder text.
- The **Next** button is disabled until you provide justification.

## Provider Portal Referral Count

Within the Member Face Sheet, there was a discrepancy between the total count for Member Referrals vs. Referral Lookup by member ID when the parameter was set to 2 years. The issue was corrected to ensure the total counts accurately mirror each other.

## Bypass Referral Exception for BH ABA Services

We have updated the Create Referral module to better support the prior authorization process for Behavioral Health Applied Behavior Analysis (BH ABA) services. Currently, the system will not accept prior authorization requests for a few ABA procedure codes that are published on CalOptima Health’s quarterly Prior Authorization List. This change will allow a successful authorization submission through the Provider Portal without being auto-voided due to modifier code limitations.

# Behavioral Health Integration (BHI) Quality Measure Report | Search by Prescriber NPI

Previously, Provider Portal only allowed users to search the Behavioral Health Integration (BHI) Quality Measure by Prescriber NPI. Now, the Provider Portal has been updated to include Prescriber NPI searchable field.

To access the BHI Quality Measure Report:

- 1) From the primary navigation, select the **Reports** module.

The screenshot displays the CalOptima Health Provider Portal interface. On the left, a vertical navigation menu includes options for Dashboard, Members, Roster, Claims, Referrals, Reports, and Admin. The Reports option is highlighted with a red arrow labeled '1'. The main content area shows the 'Report Type' dropdown menu set to 'BHI Quality Measure', indicated by a red arrow labeled '2'. Below this, there are two radio buttons: 'Search by Provider' (selected) and 'Search by Prescriber', with a red arrow labeled '3' pointing to the latter. A text input field for 'Prescriber NPI' and a 'Search for Prescriber' button are also visible, with a red arrow labeled '4' pointing to the button. A table with columns for Provider Name, Provider ID, Prescriber Tax ID, Prescriber NPI, and Medical Group is shown below. The footer contains links for Terms Of Use, Website Privacy Policy, Provider Portal Policy, Medical Director Contact Information, and CalOptima Health Guidelines, along with the copyright notice '© 2025 CalOptima Health, A Public Agency - All Rights Reserved' and the CalOptima Health logo.

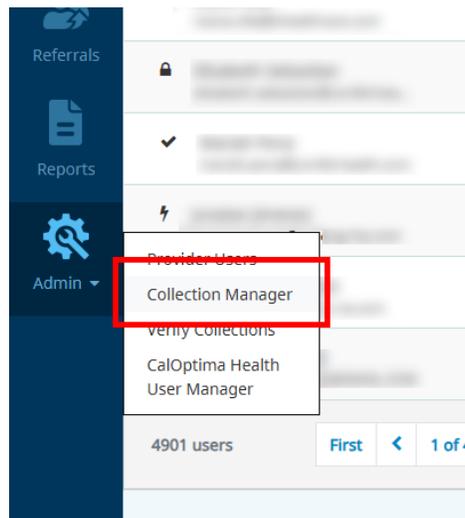
- 2) Select **BHI Quality Measure** from the **Report Type** select menu.
- 3) An option is now displayed to switch between Provider and Prescriber. By default, Provider is selected.
- 4) Select the **Search** button to initiate your search.

## Admin Enhancements

## Collection Manager Search and Filter

Provider Portal Enterprise Admins (EA) & Local Office Administrators (LOA) use the Collection Manager feature inside the Admin Module to manage users and check active providers. Previously, there has been no option to search for a given user or provider in the collection manager. Larger Collections like have had challenges while looking for a single user or provider; thus, by adding search and filter options, the EA users and LOA users will now be given much more flexibility.

- 1) From the primary navigation, select Admin Module and choose Collection Manager.



- 2) Some of the new capabilities added EA and LOA users include:
  - An option to search Providers by either Name or Provider ID.
  - An option to search Users by either Name or Email.
  - An option to filter Providers by TIN.
  - An option to filter Users by Status or Role.



# Health Network and PCP / Prescriber Reports | PDC Reports

The Proportion of Days Covered (PDC) Report delivers critical medication adherence insights at the Network/Plan level and PCP / Prescriber level. This report is accessible to Health Network and PCP / Prescriber users who have security access to the Report module of the Provider Portal. The report helps to identify trends in medication compliance, supporting quality improvement initiatives, and aid in meeting regulatory requirements. This feature will allow you to generate comprehensive Excel reports containing member-level PDC data, supporting proactive medication adherence monitoring and intervention planning.

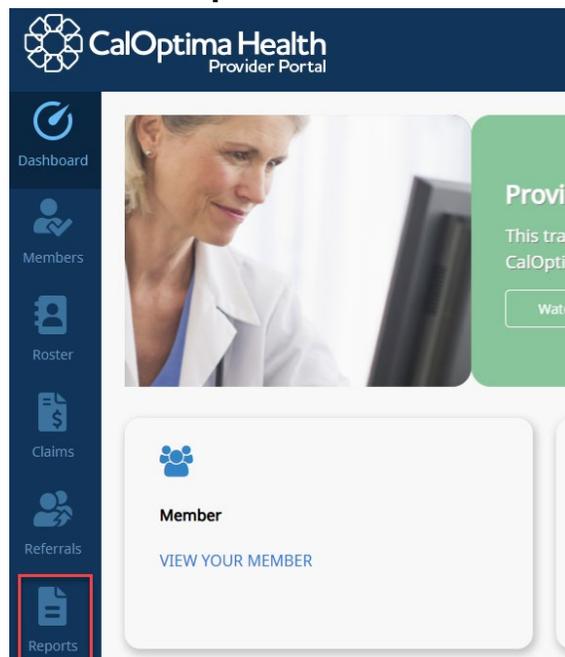
[View the PDC Report as a Health Network](#)

[View the PDC Report as a PCP / Prescriber](#)

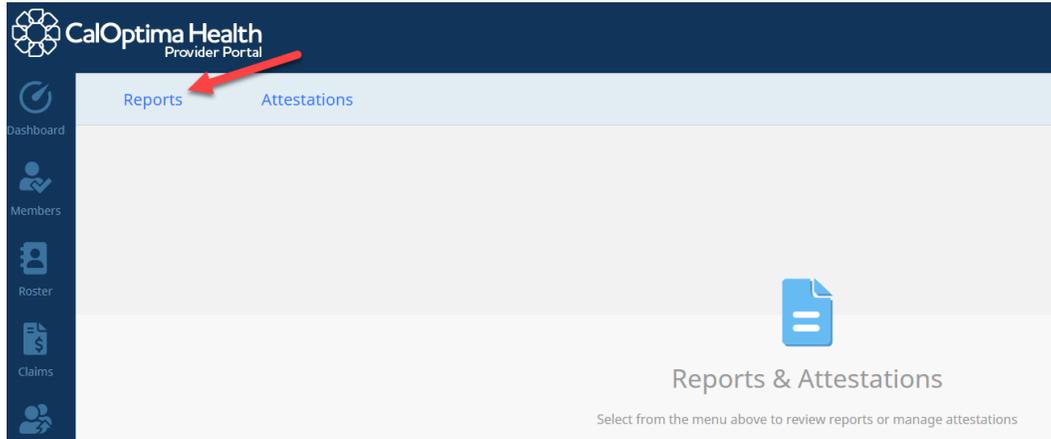
[Additional PDC Report Details](#)

View the PDC Report as a Health Network:

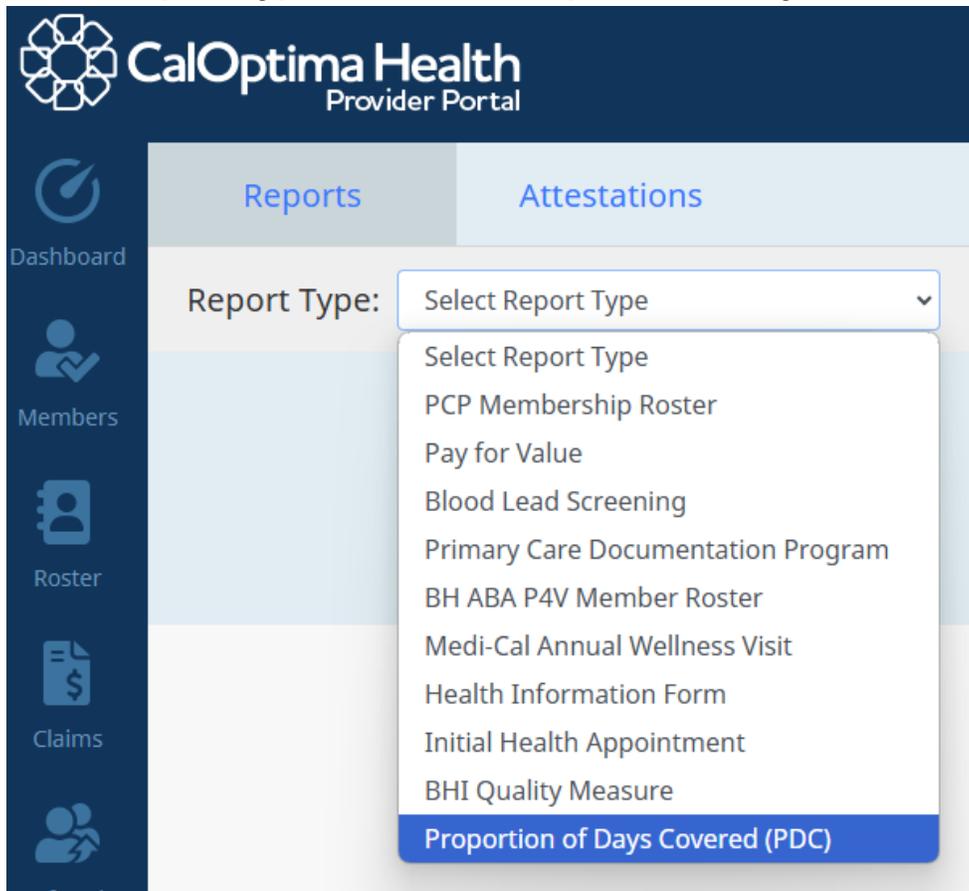
1. On the left pane, select the **Reports** icon:



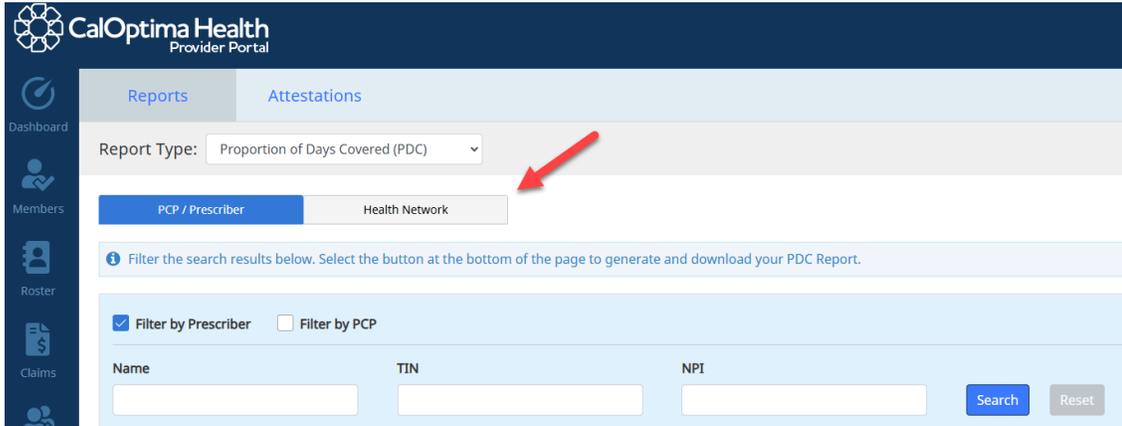
2. Select **Reports**.



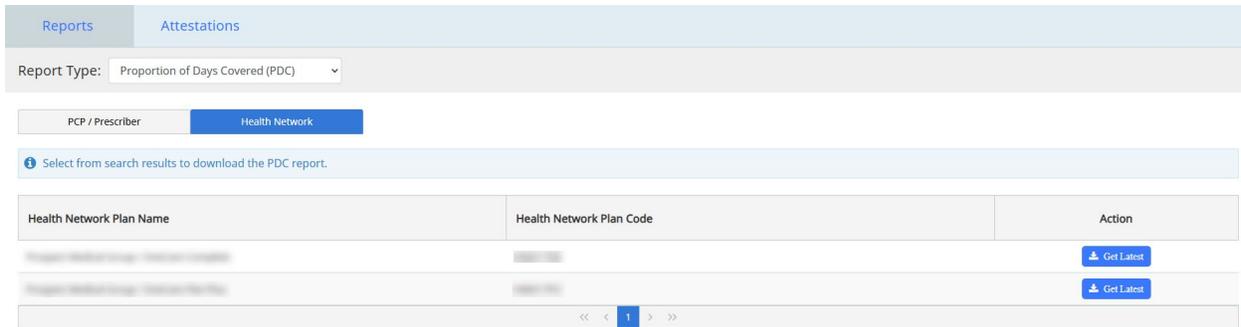
3. From the **Report Type** field, select **Proportion of Days Covered (PDC)**.



4. Select **Health Network** button.



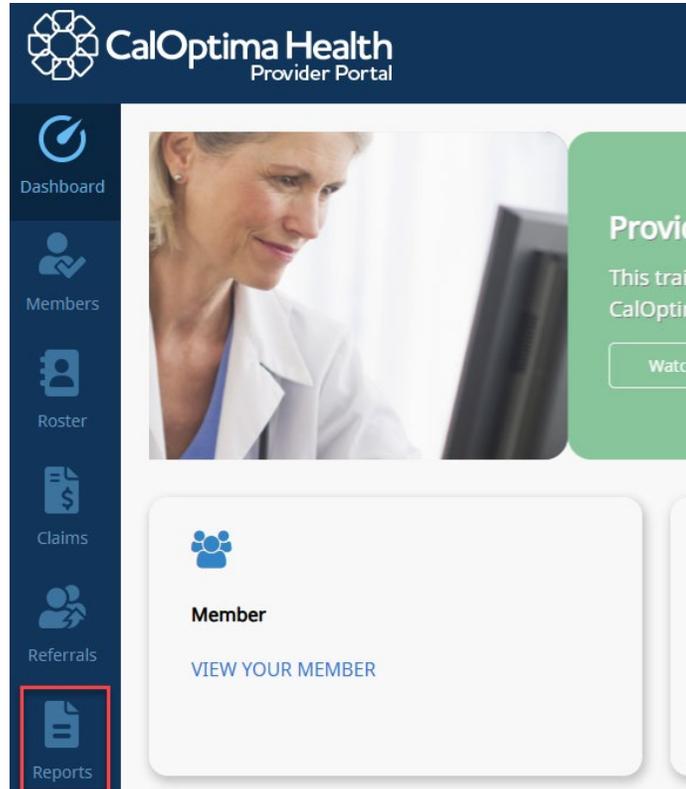
5. The health network(s) will be visible in the grid. Under the Action column, select **Get Latest** to view the most recent report.



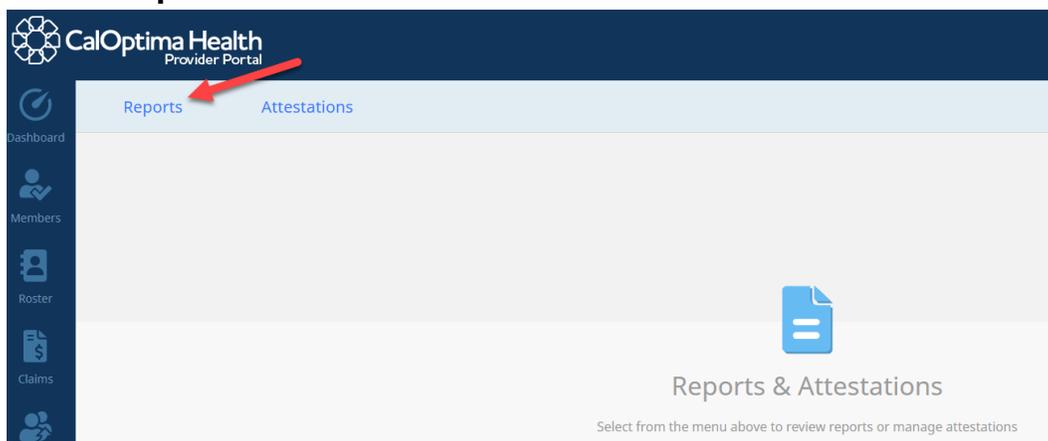
6. See [Additional PDC Report Details](#) below.

View the PDC Report as a PCP / Prescriber:

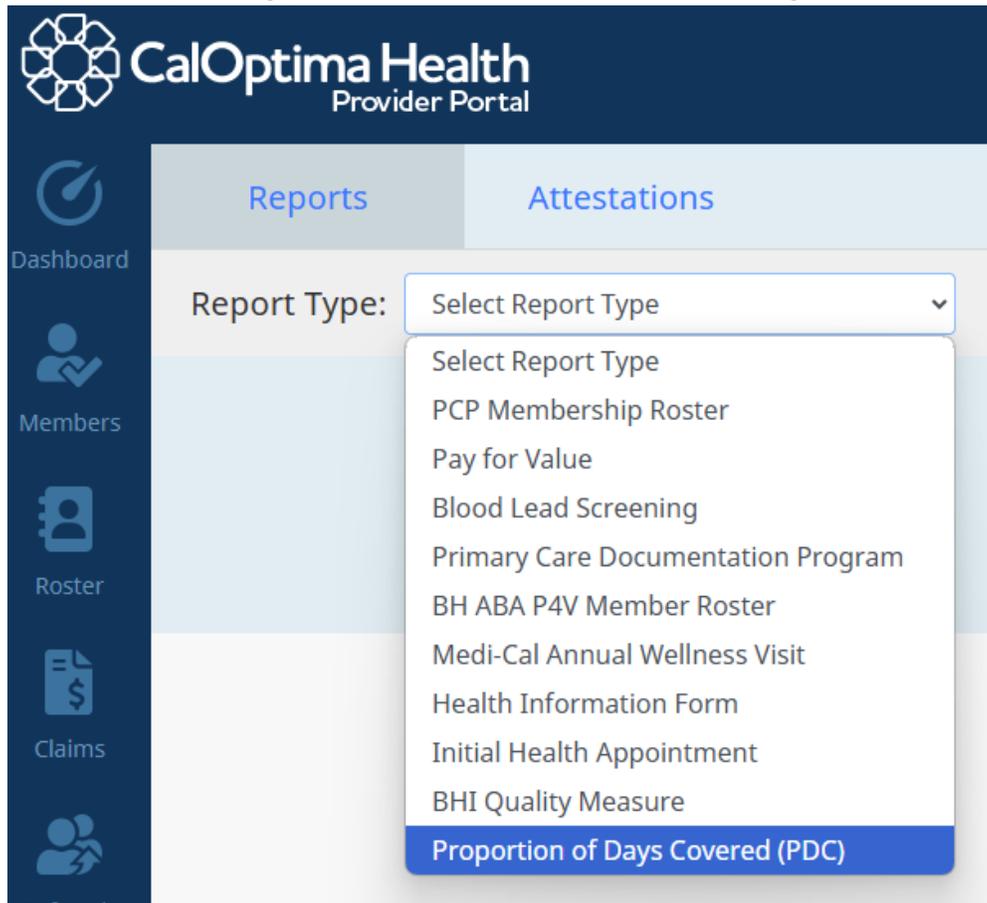
1. On the left pane, select the **Reports** icon:



2. Select **Reports**.



3. From the **Report Type** field, select **Proportion of Days Covered (PDC)**.



4. The PCP / prescriber(s) will be visible in the grid. Under grid, select **Download PDC Report** to view the most recent report.

The screenshot shows the 'Reports' section with 'Attestations' selected. The 'Report Type' is set to 'Proportion of Days Covered (PDC)'. The 'PCP / Prescriber' tab is active. A search filter is applied, showing a grid with columns for Name, TIN, and NPI. A red arrow points to the 'Download PDC Report' button at the bottom of the grid.

Note, you have the option to filter the results by searching for the PCP/prescriber(s) name, TIN, and NPI.

The screenshot shows the 'Reports' section with 'Attestations' selected. The 'Report Type' is set to 'Proportion of Days Covered (PDC)'. The 'PCP / Prescriber' tab is active. A search filter is applied, showing a grid with columns for Name, TIN, and NPI. The 'Download PDC Report' button is highlighted.

5. See [Additional PDC Report Details](#) below.

## Additional PDC Report Details:

1. The report contains information about the member, the provider, medication details, pharmacy information, and other PDC metrics and administrative information. With the update, the report no longer includes Amylin mimetic data. However, users who are assigned to CalOptima Community Network (CCN) / CalOptima Direct (COD) are now able to view the CCN/COD members in the PDC report.
2. Note, the report was designed with special column formatting and expressions to accurately view standardized data with proper conditional highlighting.

	Priority	Member CIN
	PRIORITY 1- PAST DUE	
	PRIORITY 1 < 84-DAYS PRESCRIBED (84-DAYS COVERED FOR INJECTABLES)	
	PRIORITY 1 < 84-DAYS PRESCRIBED (84-DAYS COVERED FOR INJECTABLES)	
	PRIORITY 1 < 84-DAYS PRESCRIBED (84-DAYS COVERED FOR INJECTABLES)	

Please refer to the Data Dictionary tab for additional information about the data report.

- The report also includes tabs at the bottom of the spreadsheet, including the Summary tab, which counts how many members there are in addition to Priority Status.

3	Row Labels	Count of Member CIN
4	PRIORITY 1 <100-DAYS PRESCRIBED (100-DAYS COVERED FOR ORALS)	21
5	Grand Total	21
6		
-		

< > Summary | Report | Data Dictionary | +

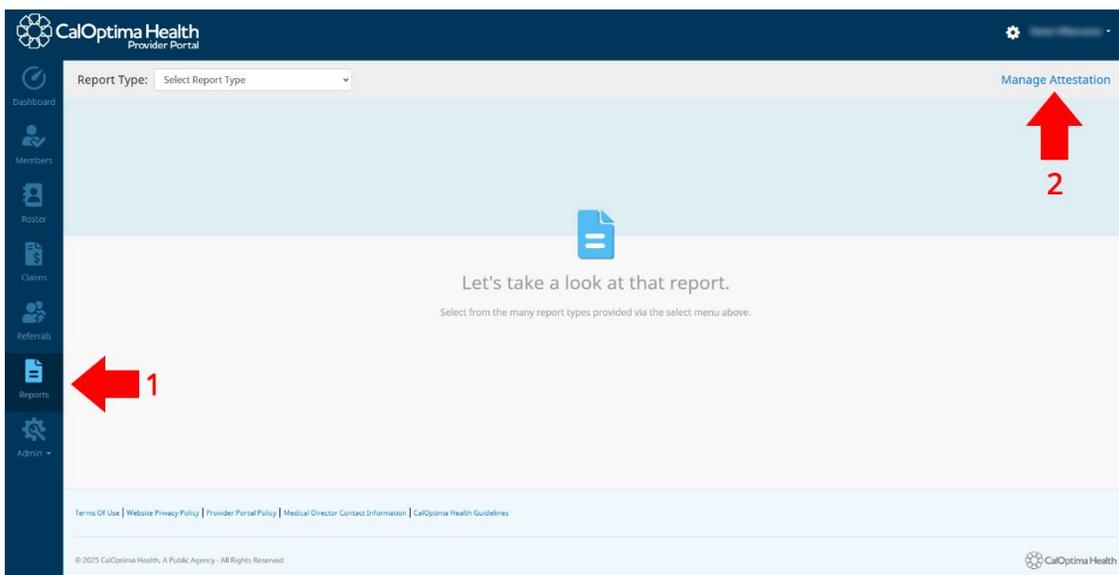
- Users who have access to the Reports module can access this report.

## Provider Training Attestation

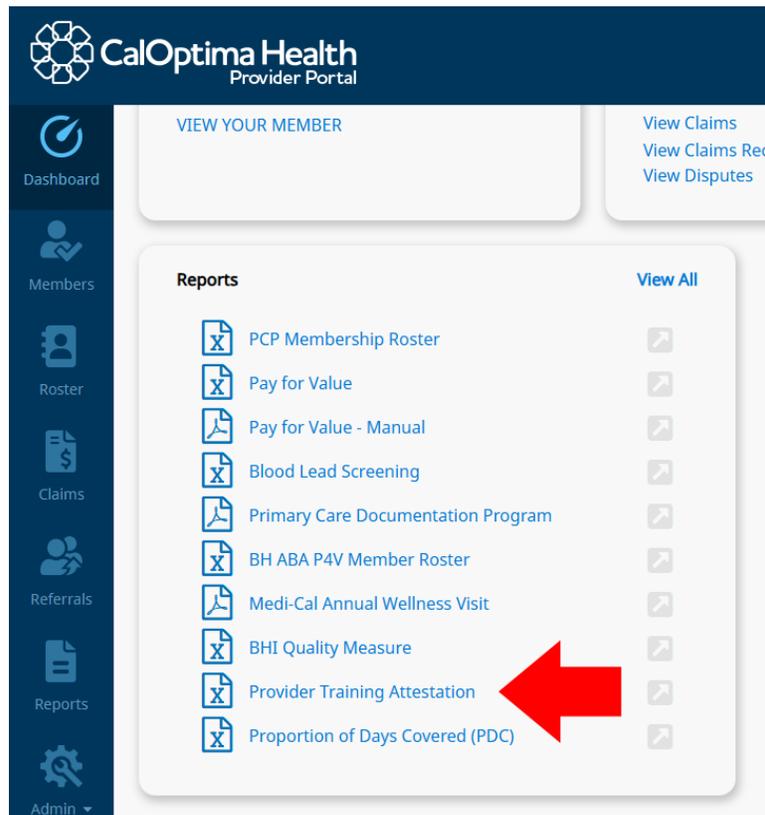
As an LOA, this feature will allow CalOptima Health to manage provider training attestation requirements through Provider Portal. Providers will now be able to view their upcoming training deadlines, access training materials, and submit their attestations electronically. The due date for Initial is 30 days from the joining date. The due date for Annual is December 31<sup>st</sup>.

To access Provider Training Attestation:

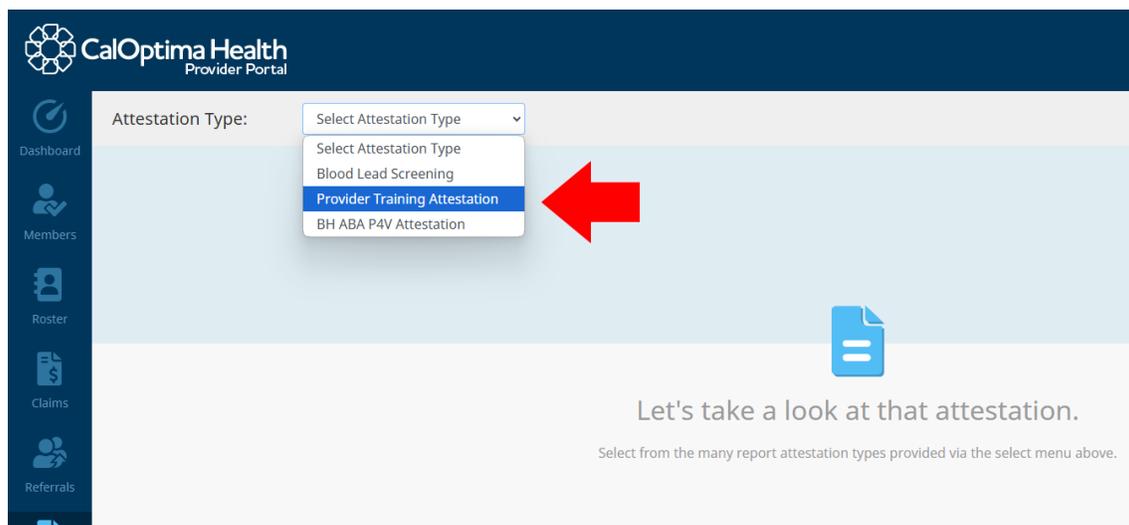
- From the primary navigation, select **Reports**.
- In the upper right corner, click **Manage Attestation**.



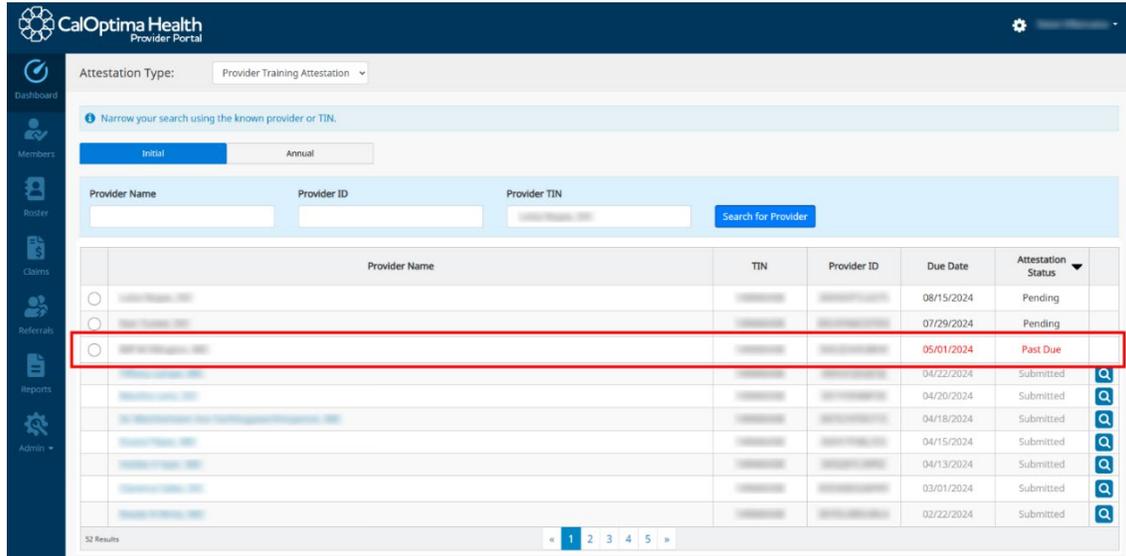
3) You can also access the Attestation module from the Reports card on the Provider Portal Dashboard.



4) At the top of the Attestation module, select **Provider Training Attestation** from the **Attestation Type** select menu.



- 5) From the Provider Training Attestation page, you can search by **Initial** or by **Annual**.
- 6) When searching by Initial, which is the default tab selected, you can search by **Provider Name**, **Provider ID**, or **Provider Tax Identification Number (TIN)**.
- 7) When searching by Annual, you can only search by TIN.



- 8) In the search results, find providers that have training attestations that are due or past due. Select the provider of choice.
- 9) Selecting a provider produces a pop-up modal attestation window. Input the Attendees and review all training materials in the list.



NOTE: You must click each training material to acknowledge that you've reviewed the require material.

- 10) The list items will display a green checkmark as you acknowledge reviewing of the required items.

**TRAINING MATERIALS \***

- ✓ [Newly Contracted Provider Training](#)
- ✓ [Cultural Competency](#)
- ➔ [Disability Awareness](#)
- ➔ [OneCare Model of Care](#)
- ➔ [Fraud, Waste, and Abuse Training](#)
- ➔ [DEI Training](#)

- 11) Once you've reviewed all of the training materials, the attestation checkbox will activate. You must select the attestation checkbox in order to successfully submit the attestation.

**ATTESTATION \***  
CalOptima Health provided training on the above information and the resources available on CalOptima Health's website.

I attest that I have completed the Annual Provider Training.

- 12) Upon successful completion of the attestation, you can review the status of submitted attestations by clicking the magnifying glass icon on the right side of the search results list.

	Due Date	Attestation Status	
S	08/15/2024	Pending	
O	07/29/2024	Pending	
O	05/01/2024	Submitted!	
I	04/22/2024	Submitted	
O	04/20/2024	Submitted	
S	04/18/2024	Submitted	

