Community-Based Adult Services (CBAS) Provider Training

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.

Presentation Overview

- CalOptima Health's Delivery Model
- Health Network Contact List
- CBAS Overview
- Member Eligibility
- Provider Portal
- Claims and PDRs
- CalOptima Health Contacts

CalOptima Health Delivery Model

CalOptima Health Programs

CalOptima Health Direct (Fee-for-Service)	Health Networks (Shared Risk)	Health Networks (Full Risk)
• CalOptima Health Direct (COD) • CalOptima Health Community Network (CHCN) • Behavioral Health • Vision Service Plan (VSP)	• AltaMed Health Services (PMG) • Noble Mid-Orange County (PMG) • United Care Medical Group (PMG)	• AMVI Care Health Network (PHC) • CHOC Health Alliance (PHC) • Family Choice Health Services (HMO) • HPN-Regal (HMO) • Optum (HMO) • Prospect Medical Group (HMO)

CalOptima Health Direct (Fee-for-Service)	Health Networks (Shared Risk)	Health Networks (Full Risk)
• CHCN • Behavioral Health • VSP	• AltaMed Health Services (PMG) • Family Choice Medical Group (PMG) • Noble Mid-Orange County (PMG) • United Care Medical Group (PMG)	• AMVI Care Health Network (PHC) • HPN-Regal (HMO) • Optum (HMO) • Prospect Medical Group (HMO)

On-Site All-Inclusive Interdisciplinary Team

- Primary care
- Specialist care
- Prescription drugs/lab tests
- Dental, vision, podiatry and hearing services
- Physical, occupational and speech therapies
- Registered dietitian
- Social work
- Recreation
- Home care
- Pharmacy
- Hospital care and emergency services

Health Network Contact List

Health Networks Contact List

Health Network	Phone Number	First Press	Second Press
AltaMed Health Services	866-880-7805	1 (English)	2 (Provider)
AMVI Care Health Network	888-747-2684	1 (Provider)	
CHCN	**714-246-8500**	1 (English)	2 (Provider)
CHOC Health Alliance	800-387-1103	1 (Claims) 2 (Referrals and Authorizations) 3 (Other)	
Family Choice Health Network	800-611-0111	1 (English)	2 (Provider)

Health Networks Contact List (cont.)

Health Network	Phone Number	First Press	Second Press
HPN-Regal Medical Group	800-747-2362	1 (English)	2 (Provider)
Noble Mid-Orange County	888-880-8811	1 (English)	2 (Provider)
Optum	888-656-7523	1 (English)	
Prospect Medical Group	800-708-3230	1 (Provider)	
United Care Medical Group	877-225-6784	1 (Provider)	

CBAS Overview

CalOptima Health

CBAS Overview

○ CalOptima Health provides CBAS as a health plan benefit

  ▪ An outpatient, facility-based program offering health and social services to frail seniors and persons with disabilities

    • Goal: Enable seniors and persons with disabilities (SPDs) to remain living at home instead of a care facility

    • Core Services: Nursing services, social services, personal services, therapeutic activities, offer a meal a day

    • Additional Services: Therapists (PT/OT/ST), transportation, nutrition services, mental health services

CBAS Overview (cont.)

- There are 22 CBAS centers located throughout Orange County
- Services are provided in multiple languages:
  - English
  - Spanish
  - Vietnamese
  - Korean
  - Farsi
  - Arabic
  - And more
- Several centers provide specialty services such as:
  - Alzheimer's/dementia care

CalOptima Health

Member Qualifications

○ To qualify for CBAS, a member must be:

- Eligible for Medi-Cal and assigned to CalOptima Health

- 18 years or older

- Diagnosed with a chronic physical, behavioral or memory issue

- In need of assistance or supervision with activities of daily living (ADLs)

- At risk for placement in a nursing home

Eligibility Review Process

○ The eligibility review process consists of:

- CBAS Benefit Inquiry
  - The Benefit Inquiry for Community-Based Adult Services Form can be found on the CalOptima Health website: [Benefit Inquiry for CBAS Form](#)
- Social worker performs a psychosocial assessment, cultural and linguistic needs, family support system, etc.
- Registered nurse (RN) performs a CBAS Eligibility Determination Tool (CEDT) Face-to-Face (F2F) Assessment
- RN makes a medical determination and authorization

CBAS Referrals

○ For more information about CBAS or to make a referral:

- Call: 1-855-227-1314

- Routine fax number: 714-481-6423

- Expedited fax number: 714-481-6422
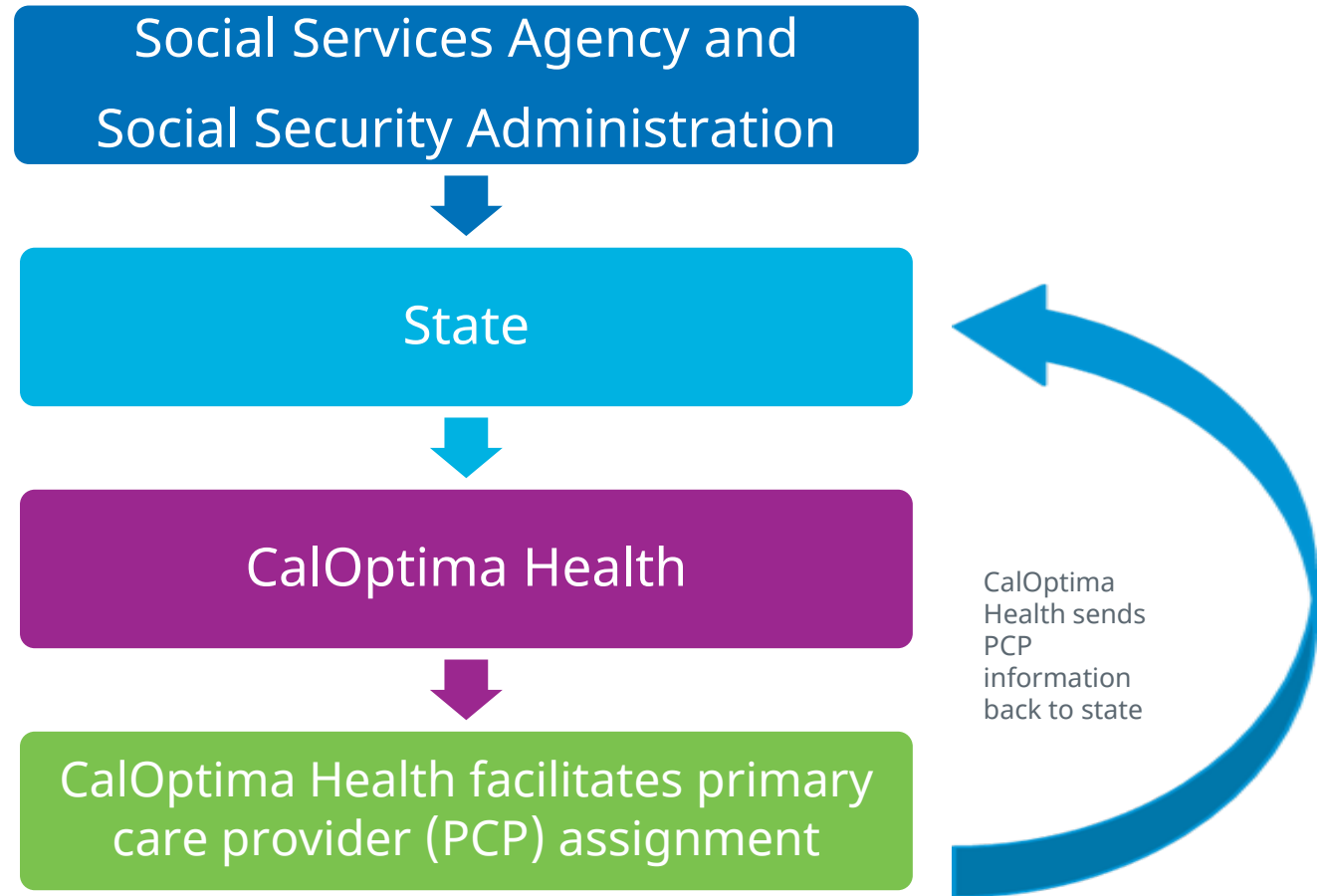
- Email address: cbasteam@caloptima.org

CBAS Referrals (cont.)

○ Once a referral is received:

- CalOptima Health will complete a prescreen eligibility review to ensure the individual is a CalOptima Health member and at least 18 years old

- CalOptima Health CBAS social worker will contact member by phone to complete a preliminary assessment and schedule a CEDT evaluation

Member Eligibility

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Member Eligibility

Social Services Agency and
Social Security Administration

↓

State

↓

CalOptima Health

↓

CalOptima Health facilitates primary care provider (PCP) assignment

CalOptima Health sends PCP information back to state

Eligibility Verification

o Providers should always verify eligibility prior to rendering service

State Eligibility Verification Systems	Description
Automated Eligibility Verification Systems (AEVS)	This system returns a Medi-Cal Eligibility Verification Confirmation number (EVC). AEVS is accessible by calling 800-456-2387
Point of Service (POS) Device	This device offers a hard copy printout of the member's Medi-Cal eligibility as confirmation. This printout can be used for documentation should a discrepancy arise regarding a member's Medi-Cal eligibility

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# Eligibility Verification (cont.)

State Eligibility Verification Systems	Description
Medi-Cal Website	Providers may verify Medi-Cal eligibility on the Medi-Cal website at www.medi-cal.ca.gov/. Providers must have a Personal Identification Number (PIN) to access this system. The PIN is provided by Medi-Cal at the time when a provider registers his or her National Provider Identification number with Medi-Cal. If providers do not have a PIN, they may contact the POS Help Desk at 800-541-5555

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Eligibility Verification (cont.)

CalOptima Health Eligibility Verification Systems	Description
CalOptima Health Provider Portal	CalOptima Health allows providers to obtain eligibility information online through CalOptima Health Provider Portal. The portal provides the member's assigned health network and PCP. Providers must be registered with CalOptima Health to utilize this service. Providers may register via the Providers tab on the CalOptima Health website

Member Identification Card

○ CalOptima Health member ID cards are used to help identify members and are NOT proof of member eligibility
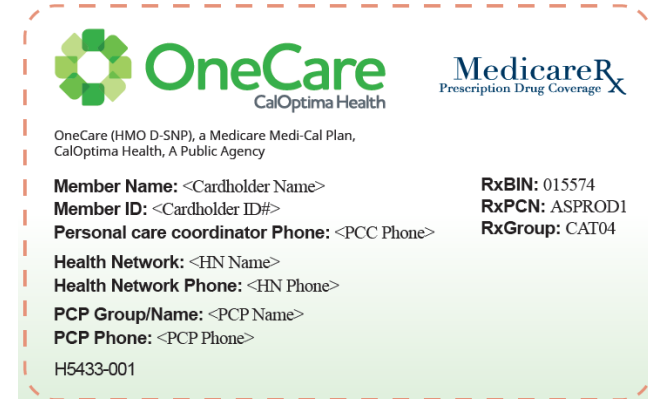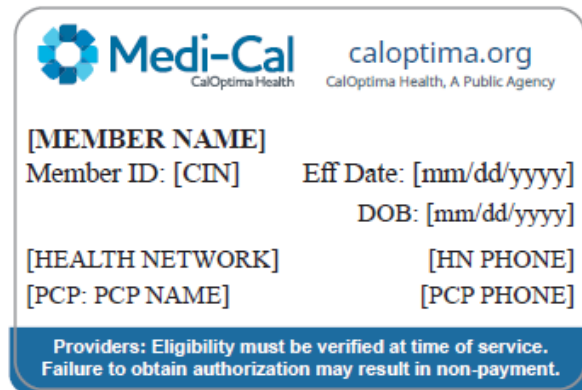
CalOptima Health Provider Portal

CalOptima Health Provider Portal Registration

○ CalOptima Health's Provider Portal has resources and tools to help you:

- Obtain member eligibility information
- Submit referrals online
- View authorization status
- View claims status
- Remittance advice
- And more

○ An approved agreement is needed to register for the provider portal

○ Register at: https://providers.caloptima.org/#/login

CalOptima Health Provider Portal Registration (cont.)

○ To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and allow providers the ability to manage their users, CalOptima Health's Provider Portal requires provider offices and groups to 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

Claims and PDRs

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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. Payor ID: CALOP
    - **Emdeon** for electronic submission of facility and long-term care claims: 877-271-0054 or 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

COD and CHCN	
Medi-Cal: PO Box 11037 Orange, CA 92856	OneCare: PO Box 11070 Orange, CA 92856

o For claim status, call the Claims Provider Line at **714-246-8600** Monday–Friday, 8 a.m. to 5 p.m.

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Claims Denials/Complaint Process

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

- Visit CalOptima Health's website to access information on:

  - Provider Dispute Resolution (PDR) form

  - Provider Complaint Process — Note: This form is for claim payment disputes related to reimbursement rates or processing. This form is **NOT** intended for requests related to clinical reviews for medical necessity determinations in the case of a denied authorization or retrospective review request. A separate form must be completed for each member and all information must be included i.e. claim number, member client index number (CIN) and date of service

- Refer to Provider Manual, section H8, for common claims denial reasons

CalOptima Health Provider Complaint Process Website:
https://www.caloptima.org/en/ForProviders/Resources/ProviderComplaintProcess.aspx

Claims Denials/Complaint Process (cont.)

o 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

Medi-Cal	OneCare
CalOptima Health Attention: Grievances and Appeals Resolution Services 505 City Parkway West Orange, CA 92868	CalOptima Health Attention: Grievances and Appeals Resolution Services 505 City Parkway West Orange, CA 92868

- To submit by fax: **714-954-2321**
- Call CalOptima Health Claims Provider Line at **714-246-8600** for PDR status update

InstaMed: Electronic Fund Transfer

o 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

- For provider questions about an existing account, contact the InstaMed support team by calling 877-833-6821 or email support@instamed.com

CalOptima Health Contacts

Provider Relations (PR) Representative

○ Your primary contact at CalOptima Health for general CBAS questions

○ Connection to departments within CalOptima Health

○ Assistance can be provided via phone or in-person training

○ Email: providerservicesinbox@caloptima.org

○ Phone: **714-246-8600**
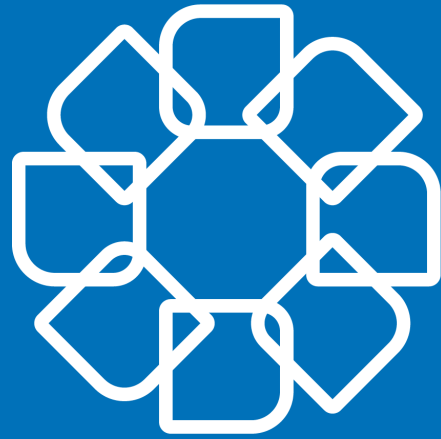
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