Applied Behavioral Analysis (ABA) Provider Orientation

Our Mission

To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

Provide all members with access to care and supports to achieve optimal health and well-being through an equitable and high-quality health care system.

Overview

- CalOptima Health Delivery Model
- Eligibility
- Customer Service
- Behavioral Health Clinical Operations
- ABA Supervision and Documentation
- ABA Authorization Requirements
- Claims Processing
- CalOptima Health Provider Portal
- Resources and Website Training

CalOptima Health

CalOptima Health Delivery Model

CalOptima Health Programs

CalOptima Health

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

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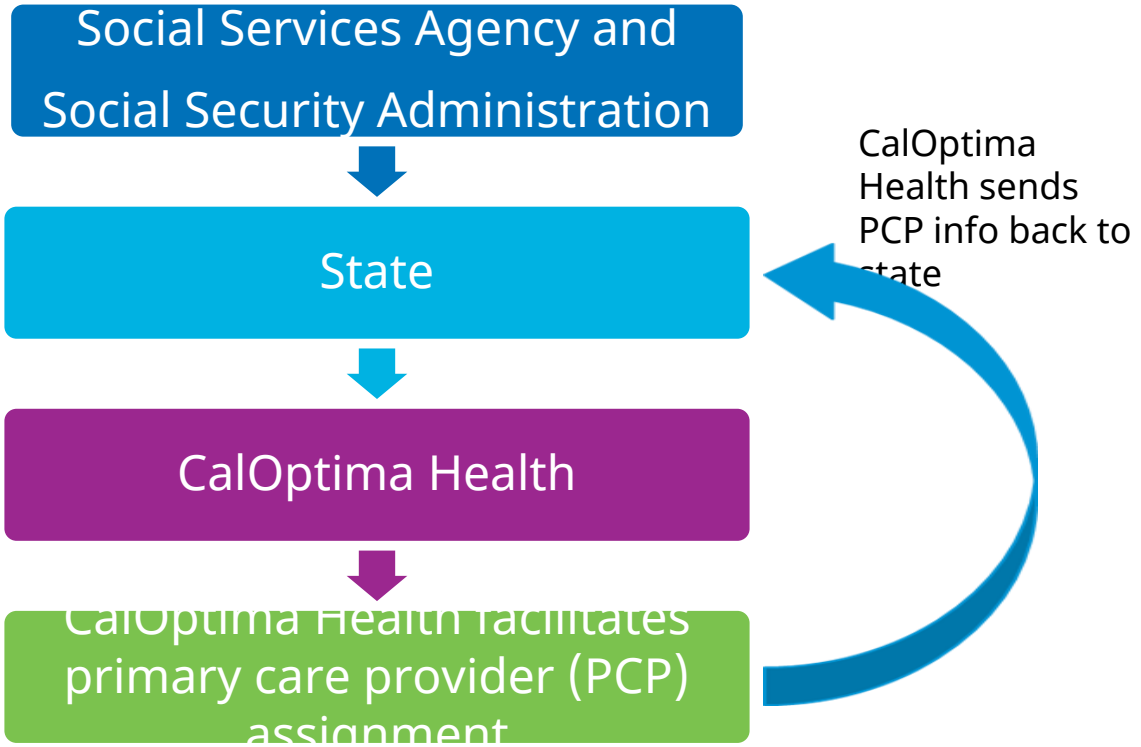
Eligibility

Member Eligibility



Member Eligibility Verification System

- State Eligibility Verification System
  - Medi-Cal website: Providers can verify Medi-Cal eligibility on the Medi-Cal portal at 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 in order to utilize this service. Visit https://www.caloptima.org/en/ForProviders/ProviderPortal.aspx

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Member Eligibility Verification System (cont.)

- CalOptima Health's Eligibility Verification Systems (cont.)
  - CalOptima Health's Interactive Voice Response (IVR) system:
    Call **800-463-0935** or **714-246-8540**

Providers should always verify eligibility prior to rendering service

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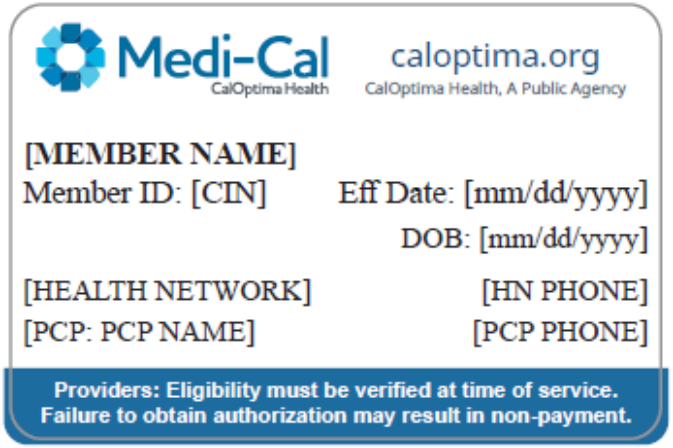
Identification Card

- CalOptima Health member ID cards are used to help identify members and are **NOT proof of member eligibility**



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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' rights and responsibilities in the waiting room of the facility where services are rendered

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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

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Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to: (cont.)
  - 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

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Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to: (cont.)
  - Get oral interpretation services in a 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 state hearing, including information on the conditions under which a state hearing can be expedited

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Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to: (cont.)
  - Have access to their medical record and, where legally appropriate, get copies of, update or correct their medical record
  - Access minor consent services

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Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to: (cont.)
  - 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

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Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to: (cont.)
  - 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.–5:00 p.m.

- **Providers** can reach CalOptima Health's Provider Relations department by calling **714-246-8600**, Monday–Friday, 8 a.m.–5:00 p.m., or by emailing providerservicesinbox@caloptima.org

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Support Services

- CalOptima Health's ABA Member Liaison Program
  - A program dedicated to helping members seeking or accessing Behavioral Health Treatment (BHT), including ABA.
  - ABA Member Liaison Specialists (MLS) can assist members with various needs, including:
    - Linkage to in-network ABA providers.
    - Information and referrals to community resources.
    - Obtaining non-emergency medical transportation.
    - Obtaining Durable Medical Equipment
      - Wheelchairs, crutches and other disposable supplies.

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Support Services (cont.)

- Accessing the ABA Member Liaison Program Services
  - Providers can call Customer Service and ask for the Member Liaison Program at **714-246-8500** or toll-free at **888-587-8088** (TTY **711**)

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Support Services (cont.)

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

Behavioral Health Clinical Operations

CalOptima Health Behavioral Health Line

- Members can reach CalOptima Health Behavioral Health customer service at **855-877-3885**
  - This number is available 24/7
  - Regular business hours are Monday–Friday, 8:00 a.m.–5:30 p.m.

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CalOptima Health Behavioral Health Line (cont.)

- Primary Responsibilities:
  - Screening, referrals, and linkage to CalOptima Health or county mental health and SUD providers. This includes providers for diagnostic evaluations (e.g., diagnostic evaluation for Autism Spectrum Disorder)
  - Provide general resources as needed
  - Non-medical transportation requests
  - Member ID card request

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Medi-Cal Behavioral Health (BH) Benefits

- Mild-to-moderate outpatient mental health services:
  - Individual and group psychotherapy
  - Psychological testing to evaluate a mental health condition
  - Outpatient services to monitor drug therapy
  - Psychiatric consultation

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Medi-Cal Behavioral Health (BH) Benefits (cont.)

- Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
- Specialty Mental Health Services (SMHS) and substance use disorder services (SUDs) are provided by the Orange County Behavioral Health Plan (BHP)

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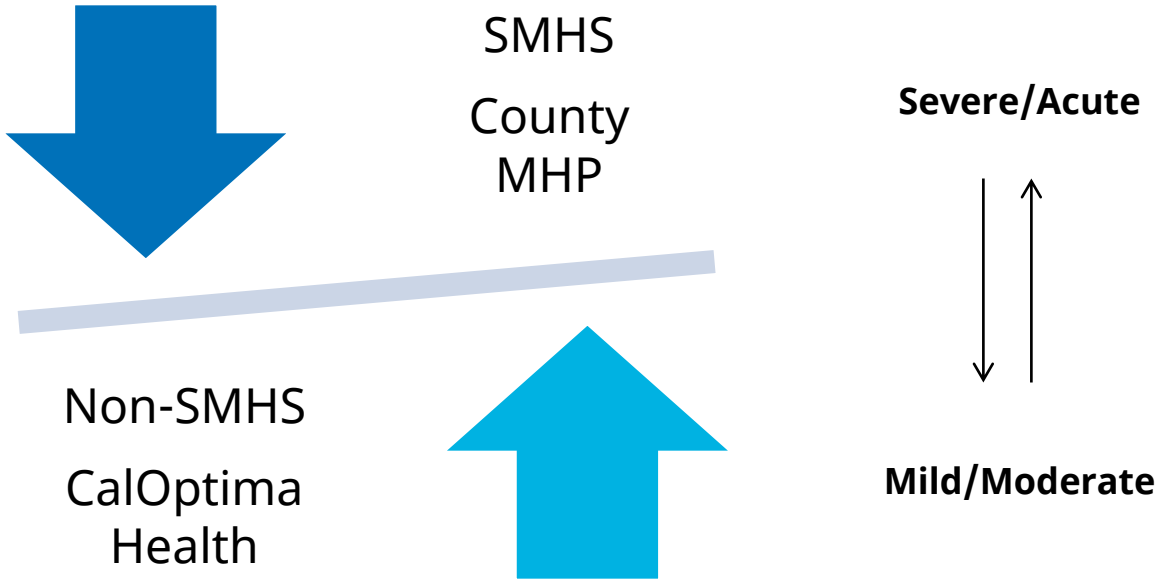
Medi-Cal BH Services Continuum



Referrals to County Level of Care

- If a CalOptima Health provider determines that a member may benefit from county level of care, the following options are available:
  - CalOptima Health providers can call the CalOptima Health Behavioral Health Line with the member to refer them to county level of care
  - CalOptima Health providers can refer the member back to the CalOptima Health Behavioral Health Line
  - CalOptima Health providers can call the CalOptima Health Behavioral Health Line for clinical consultation with a licensed clinician

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Referrals to County Level of Care (cont.)

- CalOptima Health Behavioral Health Line: **855-877-3885**

ABA Supervision and Documentation

Documentation: Contract

- Professional shall maintain for each member medical records with demographic and clinical information as is necessary to provide and ensure accurate and timely documentation as to the medical problems and covered services provided
- Records shall be consistent with state and federal laws and CalOptima Health program requirements and shall include a historical record of diagnostic and therapeutic services recommended or provided by, or under the direction of, the professional

CalOptima ABA Behavioral Health Professional Services Contract, ARTICLE 6 RECORDS, AUDITS AND REPORTS, 6.2 Medical Records, October 2017

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Documentation: Contract (cont.)

- Records shall be in such a form as to allow trained health professionals, other than the professional, to readily determine the nature and extent of the member's medical problem and the services provided and to permit peer review of the care furnished to the member

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ABA Session Notes for CalOptima Health Members

Each session note should be a stand-alone document. It should have sufficient information to justify the claim that is submitted. Elements include:

- Location, who was present, date and time
  - Identify the date, the start/stop time, the location of services rendered and all people present for the session with the name of the BCBA supervisor, mid-tier supervisor and paraprofessional (e.g., “The beneficiary [name] was in the living room with the behavior technician [name]; the BCBA [name] was in the kitchen with the parent without the beneficiary present”)

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ABA Session Notes for CalOptima Health Members (cont.)

- Location, who was present, date and time (cont.)
  - The specific roles/duties of each service provider should be described (e.g., BCBA conducted parent consultation while paraprofessional provided direct treatment in a different room)

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ABA Session Notes for CalOptima Health Members (cont.)

Narrative portion

- Brief introductory sentence with age, gender and description of why this session is happening
- The clinical status of the beneficiary with the specific, observable and measurable behavior displayed by the beneficiary at the beginning of this session that indicates his/her readiness for learning, presence of antecedents to target behaviors and setting events
- The intervention in this session with the primary areas targeted from the treatment plan and barriers to performance. A four-hour session note would require greater content than a two-hour session note

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ABA Session Notes for CalOptima Health Members (cont.)

Narrative portion (cont.)

- The notes should be individualized and reflect that active delivery of an ABA program was implemented for the full duration of the session, whether at home or in a non-home setting
- ABA techniques used in each session should be listed. Intervention data recorded should be referenced in the note and be easily available, if on a separate form, to support the session note

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Narrative portion (cont.)

- Response to the current session should be summarized and should indicate the progress the beneficiary made within the current session or as compared to the prior session with the same individual

Narrative portion (cont.)

- Finally, the plan includes what was modified in the program during the session (i.e., changes to acquisition charts, progression of objectives/benchmarks, modification to procedures and behavior intervention plan), why it was modified (lack of progress, temporary increase in challenging behaviors, etc.) and what modeling of the new or modified protocols were demonstrated to the behavior technician and/or parents/caregivers. Session notes should also include a time and date of when the modification was made and an estimated date for the supervisor to follow up and make sure the changes are working

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ABA Session Notes for CalOptima Health Members (cont.)

- Each stand-alone document may be succinct but must have sufficient information to justify a claim that is submitted
- Each note typically would have:
  - Location, who was present, date and time
  - Clinical status of patient with observable, measurable behavior
  - Intervention that occurred within the session
    - Amount of information is commensurate with length of session
  - Patient response to intervention

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- Each note typically would have: (cont.)
  - Assessment of progress toward intervention goals
  - Modifications during session
  - Parent training stating who was present, date/time and plan for generalization of mastered skills
  - A succinct note may also reference data recorded during session

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ABA Session Notes for CalOptima Health Members (cont.)

- Session notes/progress notes are essential for communicating patient care and getting reimbursed for services
- A treatment plan helps staff meet progress note requirements and keep track of how a patient is doing
  - https://www.icanotes.com

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Documentation: BACB Ethics

- BCBAs appropriately document their professional work in order to:
  - Facilitate provision of services later by them or by other professionals
  - Ensure accountability
  - Meet other requirements of organizations or the law
- BCBAs have a responsibility to create and maintain documentation in the kind of detail and quality that would be consistent with best practices and the law

2.05 Documenting Protection and Retention

3.11 Documenting Professional Activity

Ethics Code for Behavior Analysts, effective January 1, 2022.

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Tips for ABA Supervision Notes for CalOptima Health Members

Supervision

- Some of the direct supervision of the paraprofessional may be by a BCaBA or a BMA if:
  - There is documentation of the Qualified Autism Service Practitioner (QASP)/BCBA's member-specific guidance given to the BCaBA or BMA
  - There is documentation of the subsequent mid-tier provider's paraprofessional directions

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Tips for ABA Supervision Notes for CalOptima Health Members (cont.)

Supervision

- If direct supervision by a QASP/BCBA through telehealth assists with the goal of 100% QASP/BCBA supervision, then that QASP/BCBA must maintain appropriate documentation to substantiate the corresponding technical and professional components of billed procedure codes
- Documentation for benefits or services delivered via telehealth should be the same as for a comparable in-person service
- The QASP/BCBA may request prior authorization and bill for services delivered via telehealth using the appropriate procedure code with the corresponding modifier
- DHCS requires CalOptima Health to ensure that providers comply with all applicable state and federal laws and regulations, Health Insurance Portability and Accountability Act (HIPAA) telemedicine requirements, contract requirements and other DHCS guidance for telehealth. DHCS requires that providers who have a path to enroll in fee-for-service Medi-Cal need to enroll with DHCS

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Tips for ABA Supervision Notes for CalOptima Health Members (cont.)

Caregiver consultation (parent training)

- Documentation by the QASP/BCBA of in-person caregiver consultation should include if the member is present, interventions and the response/understanding
- **If** caregiver consultation by a QASP/BCBA through telehealth is appropriate, then the QASP/BCBA must maintain appropriate documentation to substantiate the corresponding technical and professional components of billed procedure codes. Documentation for benefits or services delivered via telehealth should be the same as for a comparable in-person service.
- The QASP/BCBA may request prior authorization and bill for services delivered via telehealth using the appropriate procedure code with the corresponding modifier.

Tips for ABA Supervision Notes for CalOptima Health Members (cont.)

Caregiver consultation (parent training)

- DHCS requires CalOptima Health to ensure that providers comply with all applicable state and federal laws and regulations, telemedicine HIPAA requirements, contract requirements and other DHCS guidance for telehealth.
- DHCS requires that providers who have a path to enroll in fee-for-service Medi-Cal need to enroll with DHCS
- Asynchronous electronic transmission cannot be utilized with members or caregivers

Care Coordination

- Is NOT making a lengthy Treatment Report available
- Is NOT waiting for someone to ask for a report
- Is routinely done for all cases
- Is a succinct summary of treatment progress with ABA, specifically how the original behaviors or symptoms are responding

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Care Coordination (cont.)

- Is a request for additional information from:
  - School
  - Speech or physical therapist
  - Regional center
  - Pediatrician or specialist physician
  - Mental health professional
- Is reimbursable by the BCBA with documentation

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Non-Autism Spectrum Disorder Diagnosis Services

- There are many CalOptima Health members with ABA for non-ASD diagnoses
  - Focused ABA is typically for individuals who have an intellectual disability and limited verbal skills to communicate needs and frustrations
  - Care coordination with the Regional Center is expected

Non-ASD and Non-Intellectual Disability Services

- More typical BH diagnoses (attention-deficit/hyperactivity disorder [ADHD], anxiety, depression) require a licensed mental health professional who has a scope of licensure to manage/treat the diagnosis
- When CalOptima Health authorizes members with a non-ASD diagnosis to see an ABA provider, it is the responsibility of the provider to either:
  - Utilize a licensed mental health professional who has scope of licensure to treat the diagnosis
  - Address the specific identified impairing symptoms of diagnosis and parent skills

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Non-ASD and Non-Intellectual Disability Services (cont.)

- Care coordination regarding the focused ABA service with the referring licensed provider and/or the member's pediatrician

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Care Coordination – Pediatrician

- ALL CalOptima Health members have a primary care pediatrician and may have specialists involved
- Those physicians are responsible for managing all medical issues including behavioral
- Referrals from primary care are the beginning
- Care coordination is the succinct summary of treatment progress with ABA, specifically how the original behaviors or symptoms are responding

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Care Coordination – County Level of Care

- For members with serious emotional disturbance
- Orange County Health Care Agency and Youth Behavioral Health
- Range of services for behaviorally, emotionally or mentally disordered children and adolescents
  - Evaluation
  - Therapy
  - Medical management
  - Crisis intervention
  - Collateral services to parents and families
  - Therapeutic Behavioral Services

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ABA Authorization

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

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Prior Authorization Tips (cont.)

- Attach supporting notes
- Authorization status can be viewed in the CalOptima Health Provider Portal
- For questions, call the CalOptima Health Behavioral Health line at **855-877-3885**

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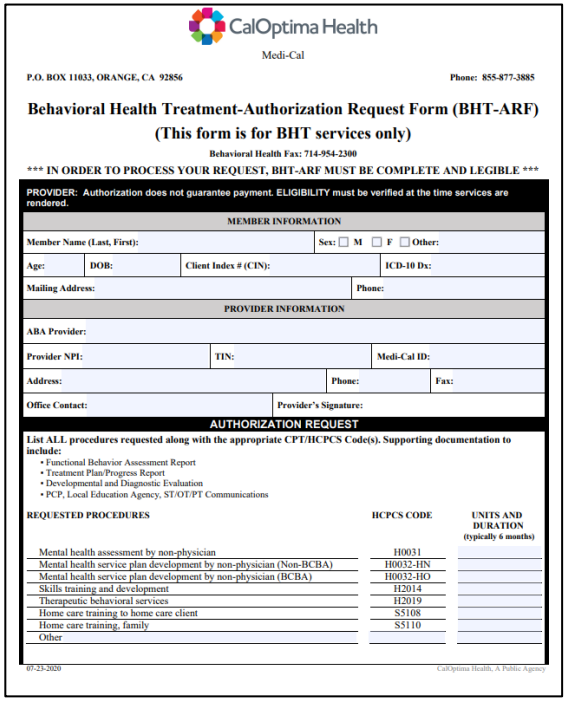
BHT-ART Form

- CalOptima Health Provider Portal
  - BHT-ART is not required for portal submissions
- Behavioral Health Fax: 714-954-2300
  - The Behavioral Health Treatment-Authorization Request Form (BHT-ARF) is required for all ABA requests by fax.
    - Visit www.caloptima.org
      - Located under “Common Forms”



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Medi-Cal

P.O. BOX 11033, ORANGE, CA 92856 Phone: 855-877-3885

Behavioral Health Treatment-Authorization Request Form (BHT-ARF)

(This form is for BHT services only)

Behavioral Health Fax: 714-954-2300

*** IN ORDER TO PROCESS YOUR REQUEST, BHT-ARF MUST BE COMPLETE AND LEGIBLE ***

PROVIDER: Authorization does not guarantee payment. ELIGIBILITY must be verified at the time services are rendered.

MEMBER INFORMATION

Member Name (Last, First): | Sex: ☐ M ☐ F ☐ Other:

Age: | DOB: | Client Index # (CIN): | ICD-10 Dx:

Mailing Address: | Phone:

PROVIDER INFORMATION

ABA Provider:

Provider NPI: | TIN: | Medi-Cal ID:

Address: | Phone: | Fax:

Office Contact: | Provider's Signature:

AUTHORIZATION REQUEST

List ALL procedures requested along with the appropriate CPT/HCPCS Code(s). Supporting documentation to include:

- Functional Behavior Assessment Report
- Treatment Plan/Progress Report
- Developmental and Diagnostic Evaluation
- PCP, Local Education Agency, ST/OT/PT Communications

REQUESTED PROCEDURES	HCPCS CODE	UNITS AND DURATION (typically 6 months)
Mental health assessment by non-physician	H0031	
Mental health service plan development by non-physician (Non-BCBA)	H0032-HN	
Mental health service plan development by non-physician (BCBA)	H0032-HO	
Skills training and development	H2014	
Therapeutic behavioral services	H2019	
Home care training to home care client	S5108	
Home care training, family	S5110	
Other		

07-23-2020 CalOptima Health, A Public Agency

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ABA Utilization vs. Authorization

- CalOptima Health conducts quarterly monitoring of utilization versus recommendations
  - Functional Behavioral Assessments (FBAs) not performed during the initial two-month authorization window
  - ABA services initiating more than one month after completing FBA
  - Utilized versus approved hours percentage that is below the threshold set forth by the Quality Improvement Committee for:
    - Paraprofessional/interventionist /one-on-one
    - Parent/caregiver consultation
    - Social skills training

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ABA Utilization vs. Authorization (cont.)

- If thresholds are exceeded for two quarters
  - May be referred for potential quality improvement
  - No additional referrals until the provider can provide the approved hours
- When determining the number of medically necessary hours, the behavioral treatment plans must be person-centered and based on individualized goals and consider:
  - The member's age
  - School attendance requirements
  - Other daily activities

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Claims Processing

Claims Overview

- Eligibility
- Claims Pre-submission Checklist
- ABA Provider Modifiers
- Billing Tips
- Claims Submissions
- Provider Dispute Resolution

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Eligibility Verification

- CalOptima Health website: www.caloptima.org
  - CalOptima Health Provider Portal
  - CalOptima Health Eligibility Customer Service: **714-246-8500**
- State of California Beneficiary Verification System
  - AEVS: 800-456-2387
  - Point of Service (POS) Device: 800-427-1295
  - DHCS Eligibility System
    - Website: www.medi-cal.ca.gov

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Claims Pre-submission Checklist

- Claims and provider claims disputes with **dates of service in 2021** must be submitted to **CalOptima Health**
- Bill with appropriate codes and modifiers
  - Claims are subject to clinical editing and code validation
- Timely filing
  - For dates of service in 2021, claims must be submitted within one year from the date of service

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Claims Pre-submission Checklist (cont.)

- Prior authorization
  - Providers must obtain prior authorization for services or codes requiring authorization
- For claim inquiries, contact Provider Customer Service at **714-246-8885**

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Provider Modifiers

- Include the required modifier when submitting claims

Modifier	Description
HO	BCBA, BCBA-D or licensed health professional such as a psychologist, clinical social worker, MFT or other licensed professional whose California licensure permits the design or implementation of behavior modification intervention services
HN	BCaBA or BMA
HM	Paraprofessional or RBT
HQ	Group setting

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Billing Tips

- Bill with valid diagnosis to its specificity, CPT codes and appropriate modifiers
- Bill procedure codes and modifiers based on the contract
- Authorization information must match the services billed (i.e., date of service, units not exhausted, service codes)
- The rendering provider must be included on the claim along with the group National Provider Identifier (NPI) as applicable

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Paper Claims Submission

- Mailing address:
  - CalOptima Health OneCare
    P.O. Box 11065
    Orange, CA 92856
  - CalOptima Health Claims department (Medi-Cal)
    P.O. Box 11037
    Orange, CA 92856
- Customer service claims inquiries for claims:
  - Monday–Friday
    8 a.m.–4 p.m.
    714-246-8885

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Electronic Data Interchange (EDI)

- Electronic Claims Submission for dates of service in 2021
  - Change Health Care (Emdeon) at 877-271-0054
    - Payer ID: 99250
  - Office Ally (OA) at 360-975-7000, press option # 1
    - Payer ID: CALOP

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Provider Disputes Timeliness

- CalOptima Health requires provider(s) to submit a dispute regardless of the party at fault
- For Medi-Cal:
  - Provider has 365 days from the initial approval/denial date to file
  - CalOptima Health has 45 working days (or 62 calendar days) to render a decision
- Provider has 180 days from first-level provider dispute resolution (PDR) decision to file second-level appeal with Grievance and Appeals department (GARS)

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How to Submit A Provider Dispute

- Provider disputes should be submitted using the Provider Dispute Resolution Request form that, when completed, provides all information necessary to resolve the disputed claim(s)
- The Provider Dispute Resolution Request form is under “Common Forms” on CalOptima Health’s website
- For multiple dispute submissions, the provider should attach a spreadsheet of all impacted claims to the Provider Dispute Resolution Request form

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How to Submit A Provider Dispute (cont.)

- A copy of the original claim form is not necessary. However, when a correction is required, a corrected claim should be submitted with the dispute for consideration

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How to Submit a Provider Dispute (cont.)

- Provider dispute should contain all additional information needed to review a claim. This includes, but is not limited to, the following where applicable:
  - Hard copy of prior authorization
  - Proof of timely filing
  - Other health coverage remittance advices
- Mailing address for provider dispute forms
  - CalOptima Health Claims department
    P.O. Box 57015
    Irvine, CA 92619

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InstaMed: Electronic Fund Transfer

Register for your InstaMed Healthcare Payments Account. InstaMed for Payer payments are directly deposited into your existing bank account at no cost to you

- Use the following link for information and registration: https://register.instamed.com/eraeft
- For provider questions about enrollment, contact the InstaMed enrollment team at 877-855-7160 or email **connect@instamed.com**
- For provider questions on an existing account, contact the InstaMed support team at 877-833-6821 or email **support@instamed.com**

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CalOptima Health Provider Portal

CalOptima Health Provider Portal Registration

- CalOptima Health 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

CalOptima Health Provider Portal Registration (cont.)

- Register at:
  - https://www.caloptima.org/en/ForProviders/ProviderPortal.aspx
- The link has been established to direct providers to register with CalOptima Health Provider Portal

CalOptima Health Provider Portal Registration (cont.)

- To ensure HIPAA compliance and allow providers the ability to manage their users, CalOptima Health 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

NO SHARING PASSWORDS

Resources and Website Tools

Website Tools

- **CalOptima Health 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

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Website Tools (cont.)

- Initial Health Assessments (IHA)/Staying Health Assessment (SHA)
- Provider Portal
- Training links
- Provider Training Topics
- Personal Care Coordinator Trainings

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Stay Connected With Us

www.caloptima.org