



Provider Portal Release 13

Incremental Release Notes

August 2024

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 August, 2024 the following Provider Portal features have been added in this 13th incremental release:

1. [Behavioral Health Integration Quality Measure](#)
2. [Annual Wellness Visit Digital Updates](#)
3. [BH ABA P4V](#)

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

Behavioral Health Integration Quality Measure

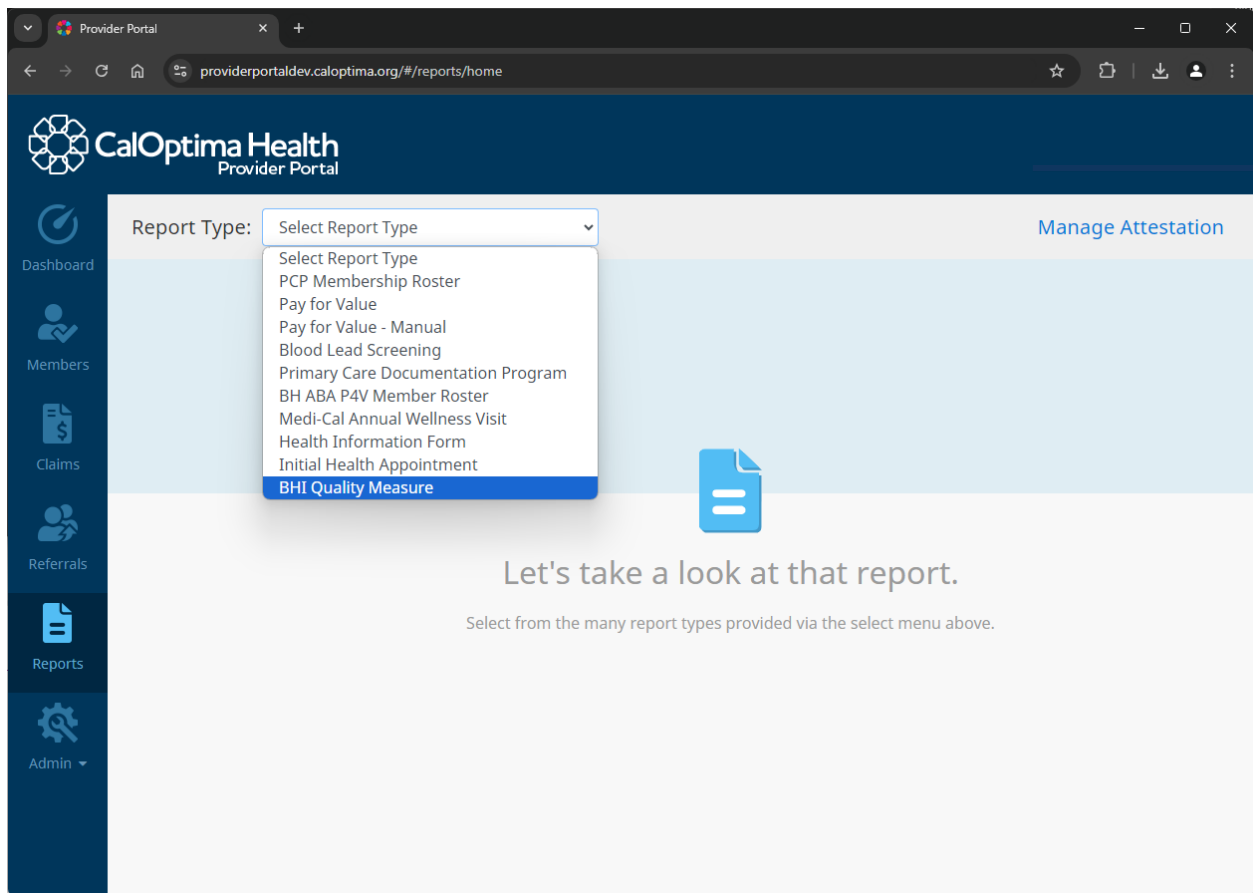
Behavioral Health Integration, or BHI is a collaborative approach to mental health care and is a type of care management service that involves primary care providers working with behavioral clinicians and patients to provide patient-centered care. BHI makes it easier for primary care providers to include mental health screening, treatment, and specialty care into their practice.

As a Primary Care Provider, the ability to download the BHI Quality Measure Report has been developed so that the PCP can identify which patients may require follow-up encounters or medication management due to behavioral health conditions.

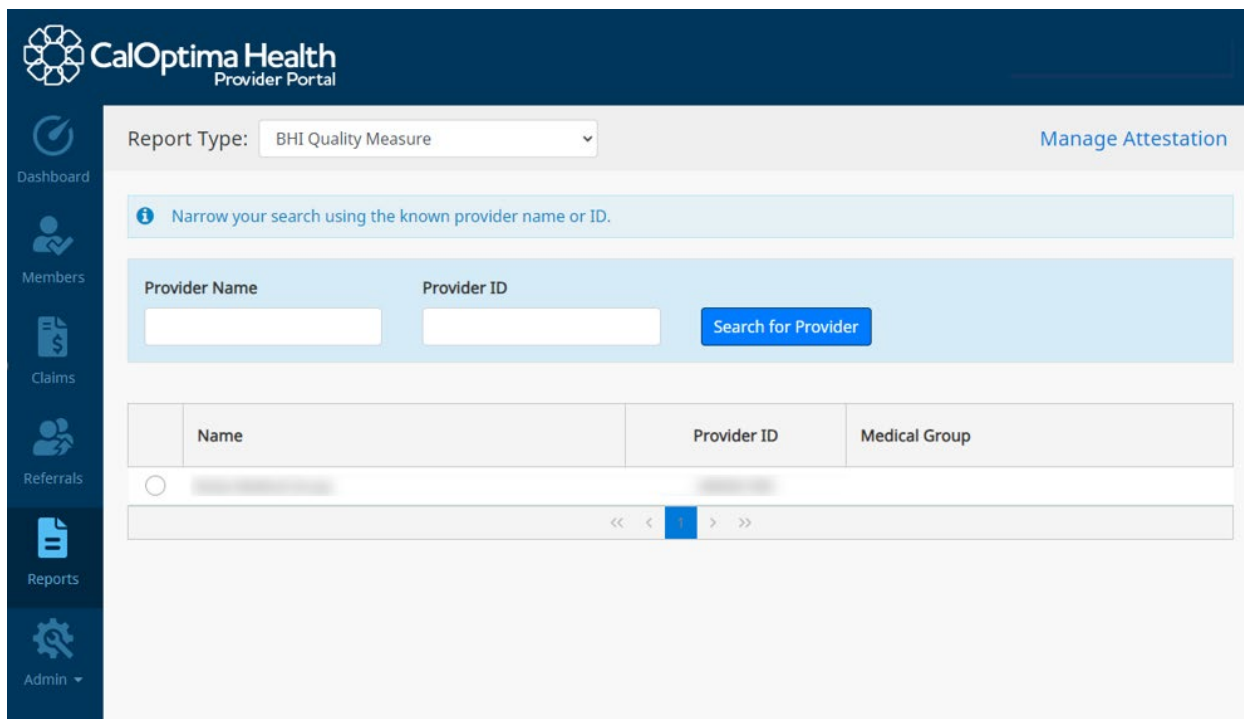
Creating a New Report

1. Go to **provider.caloptima.org**
2. Log in as a Provider User.
3. Select **Reports** from the left-hand navigator.

4. Select BHI Quality Measure from the Reports select menu.



5. Input the Provider Name or Provider ID and click **Search for Provider**.



CalOptima Health
Provider Portal

Report Type: BHI Quality Measure [Manage Attestation](#)

Narrow your search using the known provider name or ID.

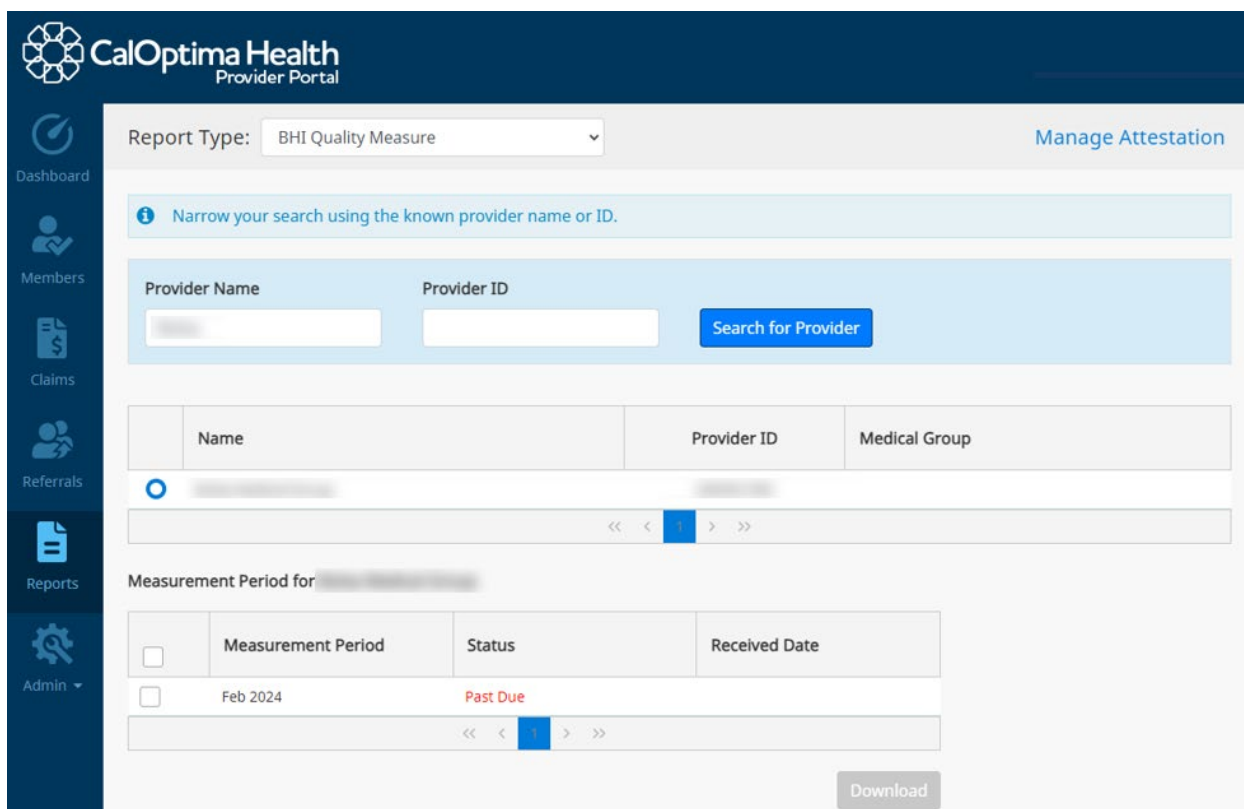
Provider Name Provider ID [Search for Provider](#)

	Name	Provider ID	Medical Group
☐			

Navigation: << < 1 > >>

Dashboard
Members
Claims
Referrals
Reports
Admin

- Upon successful search, select the provider from the list to reveal any available, past-due reports.



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Report Type: BHI Quality Measure [Manage Attestation](#)

Narrow your search using the known provider name or ID.

Provider Name Provider ID [Search for Provider](#)

	Name	Provider ID	Medical Group
☒			

Measurement Period for

☐	Measurement Period	Status	Received Date
☐	Feb 2024	Past Due	

Navigation: << < 1 > >>

[Download](#)

Dashboard
Members
Claims
Referrals
Reports
Admin

- Select the desired measurement period and click the checkbox.

8. If you have more than one past due reports available, you can select all using the top-most checkbox.

The screenshot shows the CalOptima Health Provider Portal interface. On the left is a dark blue sidebar with navigation icons for Dashboard, Members, Claims, Referrals, Reports, and Admin. The main content area has a top header with the CalOptima Health logo and 'Provider Portal' text. Below this, there's a 'Report Type' dropdown menu set to 'BHI Quality Measure' and a 'Manage Attestation' link. A light blue banner提示 says 'Narrow your search using the known provider name or ID.' Below this is a search section with 'Provider Name' and 'Provider ID' input fields and a 'Search for Provider' button. A table lists providers with columns for Name, Provider ID, and Medical Group. The first row is selected. Below the table, there's a 'Measurement Period for' section with a table showing 'Feb 2024' with a status of 'Past Due'. A 'Download' button is at the bottom right.

9. Click the **Download** button and an attestation dialog will appear.
10. Once you attest, a new report will be generated in *.CSV format and downloaded to your local device.

This screenshot shows the same CalOptima Health Provider Portal interface as the previous one, but with an 'Attestation' dialog box open in the center. The dialog box contains the text: 'By agreeing to the terms below, I am attesting that I received and reviewed the CalOptima Health Behavioral Quality Health Measure Report.' Below this is a 'Your Full Name' input field. At the bottom of the dialog are two buttons: 'Maybe Later' and 'Submit'. The 'Submit' button is highlighted with a red box. In the background, the 'Download' button from the previous screenshot is also highlighted with a red box. Additionally, a red box highlights the top-most checkbox in the 'Measurement Period' table, which is checked.

Annual Wellness Visit Digital Update

As part of CalOptima Health's Annual Wellness Visit Program, **Local Office Administrators** and users with the role designated as **PCP** may download, upload, and manage the required attestation form using the Provider Portal.

Now with recent updates, it is no longer necessary to download a printable form only to re-upload it to the system. Local Office Administrators and Primary Care Physicians can now simply fill out the form online.

To Submit an Incomplete Medi-Cal Annual Wellness Visit (AWV) Report

- 1) Go to **provider.caloptima.org**.
- 2) Enter your username and password to **login**.
- 3) On the left-hand navigator, click **Reports**.
- 4) Under Report Type, select **Medi-Cal Annual Wellness Visit**.
- 5) Search for a Provider or Member.

The screenshot displays the CalOptima Health Provider Portal. The top navigation bar includes the CalOptima Health logo and a 'Manage Attestation' link. A sidebar on the left contains icons for Dashboard, Members, Clients, Referrals, Reports, and Admin. The main content area shows a 'Report Type' dropdown set to 'Medi-Cal Annual Wellness Visit'. Below this, a search instruction states 'Narrow your search using the known provider or member.' There are two tabs: 'Provider' (selected) and 'Member'. The search section includes input fields for 'Provider Name' and 'Provider ID', followed by a 'Search for Provider' button. Below the search fields is a table with columns for 'Name', 'TIN', and 'Provider ID'. The table currently shows one entry with a radio button next to the 'Name' column. At the bottom of the table, there is a pagination bar showing '1' of 1 page.

- 6) If searching for a Provider, select the Provider's name to view a list of Members therein.

CalOptima Health Provider Portal

Report Type: Medi-Cal Annual Wellness Visit

Provider | Member

Search for a provider and member in your office.

Provider Name: [input] Provider ID: [input] Search for Provider

Provider Name	TIN	Provider ID
Baker-Bernard-Baker	110007100	1100071001
Baker-Bernard-Baker	110007100	1100071002
Baker-Bernard-Baker	110007100	1100071003
Baker-Bernard-Baker	110007100	1100071004
Baker-Bernard-Baker	110007100	1100071005
Baker-Bernard-Baker	110007100	1100071006
Baker-Bernard-Baker	110007100	1100071007
Baker-Bernard-Baker	110007100	1100071008
Baker-Bernard-Baker	110007100	1100071009
Baker-Bernard-Baker	110007100	1100071010
Baker-Bernard-Baker	110007100	1100071011
Baker-Bernard-Baker	110007100	1100071012
Baker-Bernard-Baker	110007100	1100071013
Baker-Bernard-Baker	110007100	1100071014
Baker-Bernard-Baker	110007100	1100071015
Baker-Bernard-Baker	110007100	1100071016
Baker-Bernard-Baker	110007100	1100071017
Baker-Bernard-Baker	110007100	1100071018
Baker-Bernard-Baker	110007100	1100071019
Baker-Bernard-Baker	110007100	1100071020

- 7) Select the desired Member to view AWW status.
- 8) If a report is outstanding, select **DOWNLOAD** to view that member's AWW form or **VIEW** to access the online form.

CalOptima Health Provider Portal

Organization: [dropdown]

Search for Members

CIN, MEDS ID, or MBI accepted

Name	Member ID	Provider ID	Current Year Status
[redacted]	[redacted]	[redacted]	Pending
[redacted]	[redacted]	[redacted]	Pending
[redacted]	[redacted]	[redacted]	Pending
[redacted]	[redacted]	[redacted]	Pending
[redacted]	[redacted]	[redacted]	Pending
[redacted]	[redacted]	[redacted]	Pending
[redacted]	[redacted]	[redacted]	Submitted
[redacted]	[redacted]	[redacted]	Pending
[redacted]	[redacted]	[redacted]	Submitted

Measurement Period for [redacted]

Period	Signed	Status	Unsigned	Action
2024	No	Pending	DOWNLOAD	VIEW
2023	Yes	Submitted		VIEW

- 9) If **VIEW** selected, complete the AWW form.

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Provider Portal

Member ID: [Redacted] Date of Birth: [Redacted]
 Provider name: [Redacted] Address: [Redacted]
 If other provider, specify NPI: [Redacted]

Date of Service
 Date of Service * mm/dd/yyyy

Preventative Health
 Screening to Consider: Colorectal Cancer Screening
 Date Completed: mm/dd/yyyy (2)
 Status: Select One

Chronic Conditions
 Potential Diagnosis: [Redacted] Diagnosis Code: [Redacted] Status: [Redacted]

Non-Chronic Conditions
 Potential Diagnosis: [Redacted] Diagnosis Code: [Redacted] Status: [Redacted]

Other Diagnosis
 Potential Diagnosis: [Redacted] Diagnosis Code: [Redacted] Status: [Redacted]

Additional Comment
 Add Diagnosis +

* Required field (1)
 Manual Upload Next Save and Continue Later Cancel

Current Year Status
 Submitted
 Submitted
 Submitted
 Pending
 Pending
 Pending
 Pending
 Pending

- 10) Click on Manual Upload to skip online form and continue with the direct upload of the downloaded form with supporting documents.
- 11) **Preventive Health > Date Completed**: Select closest Date if exact date is unknown. Also select Appropriate status for Preventive Health screenings
- 12) Select the appropriate status for **Chronic** and **Non-Chronic** conditions if present.
- 13) Click on **Add Diagnosis +** button to add any potential diagnosis not mentioned in Chronic and Non-Chronic diagnosis.
- 14) Click on the **Save and Continue Later** button to save as a draft so you can continue later at any point during the submission process.
- 15) Click on the **Cancel** button to exit at any point during the submission process, otherwise fill in all required fields.
- 16) If you have any comments or concerns, input them into the **Additional Comments** text area. Additional comments must be limited to 500 characters.
- 17) Click **Next** to proceed to supporting documents dialog.
- 18) Upload any supporting documents you may have.

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

[+ Choose File](#)

There are 0 supporting documents for this member.

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

* Required field

[Next](#) [Save and Continue Later](#) [Back](#)

Period	Signed	Status
2024	No	Pending
2023	No	Expired

- 19) Users can upload up to 5 files and each file should not exceed 25 megabytes in size. A maximum of 100 megabytes is allowed in total.
- 20) Click on the **Next** button to proceed to the **Social Determinants of Health** questionnaire.
- 21) Complete the questionnaire.

Social Determinants of Health Questionnaire

- What is your living situation today?
 - ☐ I have a steady place to live
 - ☐ I have a place to live today, but I am worried about losing it in the future
 - ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Think about the place you live. Do you have problems with any of the following? CHOOSE ALL THAT APPLY
 - ☐ Pests such as bugs, ants, or mice
 - ☐ Mold
 - ☐ Lead paint or pipes
 - ☐ Lack of heat
 - ☐ Oven or stove not working
 - ☐ Smoke detectors missing or not working
 - ☐ Water leaks
 - ☐ None of the above
- Within the past 12 months, you worried that your food would run out before you got money to buy more.
 - ☐ Often true ☐ Sometimes true ☐ Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
 - ☐ Often true ☐ Sometimes true ☐ Never true
- In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily...
 - ☐ Often true ☐ Sometimes true ☐ Never true

* Required field

[Submit](#) [Save and Continue Later](#) [Back](#)

Period	Signed	Status
2024	No	Pending
2023	No	Expired

- 22) Click the **Submit** button to complete the submission process.
- 23) After successful submission, **Current Year Status** changes from **Pending** to **Submitted**.

24) Click on **VIEW** to open the submitted form.

The screenshot shows the CalOptima Health Provider Portal interface. At the top, there's a search bar for Member ID and a 'Search for Members' button. Below this is a table with columns: Name, Member ID, Provider ID, and Current Year Status. The 'Current Year Status' column shows 'Pending' for most entries and 'Submitted' for one entry, which is highlighted with a red box. Below the table is a 'Measurement Period for' section with a table showing 'Signed' and 'Status' for the years 2024 and 2023. The 'Status' for 2024 is 'Submitted' and for 2023 is 'Expired'. A 'VIEW' button is highlighted with a red box in the 'Action' column for the 2024 row.

25) Click on **Print** to save a printable version (*.pdf) of the submitted form, and then save it to your local computer.

The screenshot shows the CalOptima Health Provider Portal interface with a form for a submitted member. The form includes fields for Member ID, Date of Birth, Address, and Date of Service. Below these are sections for 'Preventive Health', 'Chronic Conditions', and 'Non-Chronic Conditions'. The 'Chronic Conditions' section shows a list of conditions with their respective diagnosis codes and status. The 'Non-Chronic Conditions' section shows a list of conditions with their respective diagnosis codes and status. A 'Print' button is highlighted with a red box at the bottom right of the form.

26) Updates can be made to the submitted form and can be re-submitted again if necessary.

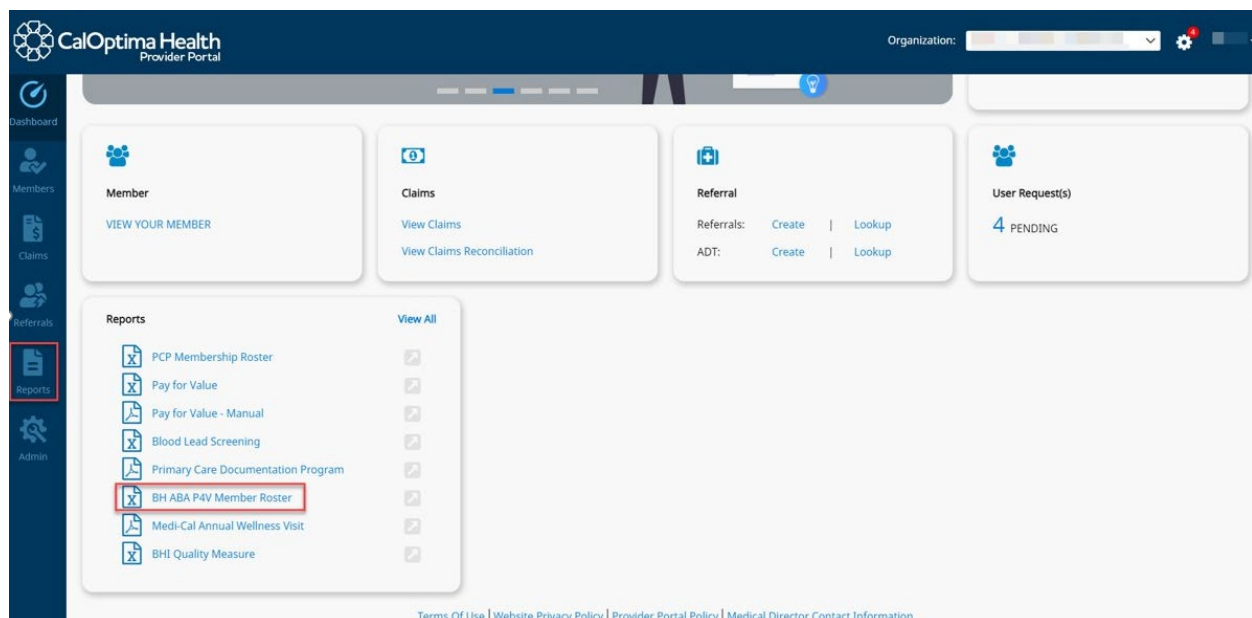
BH ABA P4V

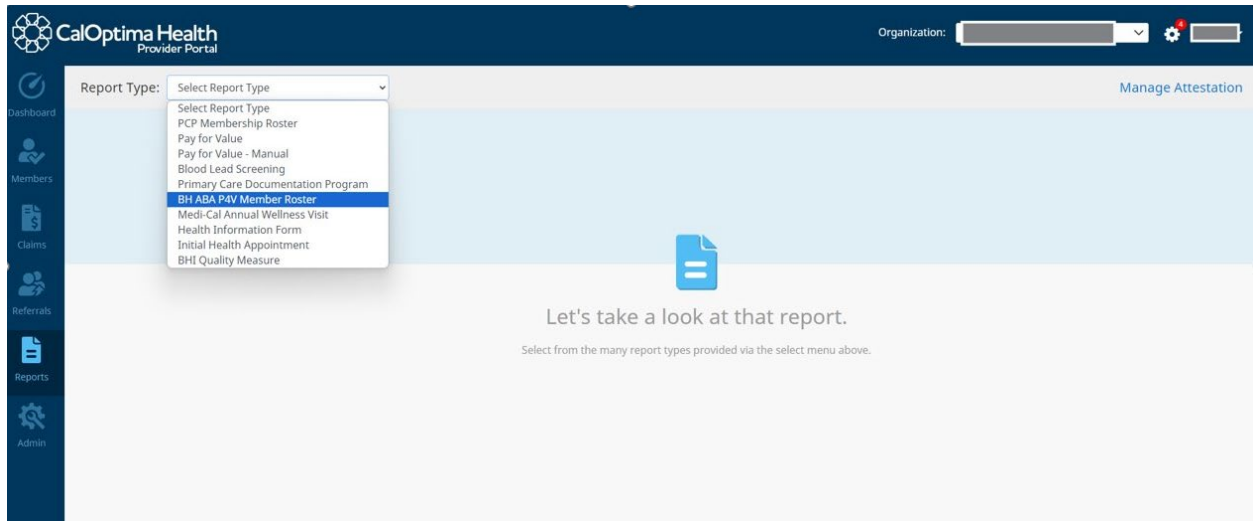
The Behavioral Health ABA Pay for Value (BH ABA P4V) initiative aims to improve patient outcomes and enhance the value of Applied Behavioral Analysis (BH ABA) services through a value-based care model.

In support of this initiative, ITS aims to create a new patient roster accessible to ABA Providers to help monitor and improve program effectiveness, patient outcomes, provider performance, and to facilitate communication between CalOptima Health and its members and providers.

To Acquire a BH ABA P4V Report

1. Click on BH ABA P4V Member Roster to go to the report page or click on Report Module on left and select BH ABA P4V Member Roster from the drop down.





2. Select a provider or check all boxes to select all providers together.
3. Select the Measurement Period from the drop down and click on Download BH ABA Referrals button.
4. A *.csv file will be downloaded into your local device.

