CalOptima Health Community Network (CHCN) Annual Education

Provider Training

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.

Presentation Overview

- CalOptima Health's Delivery Model
- Health Network Contact List
- Fraud, Waste and Abuse and Compliance Training
- Seniors and Persons with Disabilities Training and Resources
- Access Standards
- CalOptima Health Direct and CalOptima Health Community Network
- CalOptima Health Provider Portal
- Eligibility

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Presentation Overview (cont.)

- Initial Health Appointment
- Customer Service and Cultural Competency Training
- Member Rights and Responsibilities
- Member Billing Restrictions
- Medical Management and Authorization Requirements
- Claims Administration
- Resource and Website Training

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CalOptima Health Delivery Model

CalOptima Health Programs









Medi-Cal
CalOptima Health

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

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

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PACE
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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

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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/ Authorizations) 3 (Other)	
Family Choice Health Network	800-611-0111	1 (English)	2 (Provider)

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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)	
Providence	855-359-6323	3 (Provider)	
United Care Medical Group	877-225-6784	1 (Provider)	

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Fraud, Waste and Abuse and Compliance Training

Fraud, Waste and Abuse (FWA)

- What is Fraud, Waste and Abuse?
  - Fraud is an intentional or deliberate act to deprive another of property or money by deception or other unfair means. The ways in which fraud occurs are as unique as the individual perpetrators, their motives and the situations they exploit. For the purposes of this training, fraud is intentionally submitting false information to the government (including situations in which you should have known the information was false) to get money or a benefit

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Fraud, Waste and Abuse (FWA) (cont.)

- What is Fraud, Waste and Abuse?
  - Waste includes practices that, directly or indirectly, result in unnecessary costs to federally funded programs, such as overusing services. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources
  - Abuse includes actions that may, directly or indirectly, result in unnecessary costs to federally funded programs. Abuse involves paying for items or services when there is no legal entitlement to that payment

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Fraud, Waste and Abuse (FWA) (cont.)

- Potential FWA cases can be referred to CalOptima Health's Special Investigations Unit (SIU) by:
  - Emailing the Suspected Fraud or Abuse Referral Form to fraud@caloptima.org
  - Calling the anonymous Compliance and Ethics Hotline at **855-507-1805**
  - Anonymously mailing:

    CalOptima Health SIU

    505 City Parkway West

    Orange, CA 92868

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Fraud, Waste and Abuse (FWA) (cont.)

- CalOptima Health will report, as appropriate, to all local, state and federal entities

Provider Overpayment Investigation and Determination

- CalOptima Health may receive complaints of suspected FWA from any of the following sources, including but not limited to:
  - Compliance and Ethics Hotline
  - FWA detection software runs
  - Internal audits
  - Internal operational reviews, such as claims auditing
  - External agencies, including audits conducted by consultants and regulatory agencies (U.S. Department of Justice, Centers for Medicare & Medicaid Services [CMS], Department of Health Care Services [DHCS])

Provider Overpayment Investigation and Determination (cont.)

- CalOptima Health may receive complaints of suspected FWA from any of the following sources, including but not limited to:
  - Pharmacy Benefits Manager (PBM)
  - Compliance Committee
  - Delegation Oversight Committee (DOC)
  - Internal department referrals
  - Any other source that identifies potential FWA

Provider Overpayment Investigation and Determination (cont.)

- All referrals of potential FWA are assessed or investigated
- CalOptima Health reports all suspected FWA to the regulatory authorities within the required regulatory timeframes
- For additional information regarding provider overpayment investigation and determination, please review CalOptima Health Policy HH. 5000: Provider Overpayment Investigation and Determination

False Claims Act

- CalOptima Health is responsible for establishing policies and communicating information regarding federal and California false claims acts and related whistleblower protection laws to all CalOptima Health employees, members of the governing body, and First Tier, Downstream and Related Entities (FDRs)

False Claims Act (cont.)

- The Federal False Claims Act, 31 U.S.C. Sections 3729 through 3731, and the California False Claims Act, California Government Code, Section 12650 et seq, address penalties for the submission of false claims to the federal government and relator whistleblower protections as discussed in CalOptima Health Policy HH.5004: False Claims Act Education Addendum A

False Claims Act (cont.)

- False claims for health care providers can include, but are not limited to:
  - Billing for services that are not medically necessary
  - Billing for a higher level of service and reimbursement than supported by the medical records
  - Double billing
  - Billing for medical items and/or services not provided and/or drugs not administered
  - Billing for brand name drugs when generic drugs are provided

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False Claims Act (cont.)

- False claims for health care providers can include, but are not limited to:
  - The offer, payment, solicitation or receipt of monetary or non-monetary remuneration in exchange for the referral of patients, items or services paid for by federal and state health care programs that violate the Anti-Kickback Statute

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False Claims Act (cont.)

- False claims for health care providers can include, but are not limited to:
  - The submission of false certifications related to risk adjustment data
  - The submission of false certifications of data and document submissions required by Medicaid managed care regulations
  - The failure to refund known Medicare and/or Medi-Cal overpayments
  - Submitting multiple billing codes instead of one billing code to increase reimbursement (i.e., unbundling)

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Compliance Training

- CalOptima Health requires Board members, employees and FDRs, regardless of their role or position with CalOptima Health, to complete mandatory compliance training courses
- Mandatory compliance trainings include:
  - The fundamentals of the compliance program
  - FWA training
  - Health Insurance Portability and Accountability Act () privacy and security requirements
  - Ethics
  - High-level overview of the Medicare and Medi-Cal programs

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Seniors and Persons With Disabilities (SPD) Training and Resources

SPD

- The Americans with Disabilities Act (ADA) prohibits discrimination against persons with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications. Both public and private hospitals and health care facilities must provide their services to people with disabilities in a nondiscriminatory manner

SPD (cont.)

- CalOptima Health requires all newly contracted providers to review and understand all training materials within our SPD module
- Locate all training materials at www.caloptima.org

SPD (cont.)

- SPD training module includes:
  - Accommodation Checklist
  - ADA Questions and Answers
  - CalOptima Health's Cultural and Linguistics Services Minimum Requirements
  - Deaf and Disabled Telecommunications Program
  - Definitions
  - Disability Etiquette

SPD (cont.)

- SPD training module includes:
  - How to Access Interpreter Services
  - Non-Emergency Medical Transportation Authorization Form
  - 10 Skills for Empathetic Listening

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Access Standards

Access Standards

- CalOptima Health adheres to patient care access and availability standards as required by DHCS and the Department of Managed Health Care (DMHC). DHCS and DMHC implemented these standards to ensure that Medi-Cal beneficiaries can get an appointment for care on a timely basis, reach the provider over the phone and access interpreter services, as needed

Access Standards (cont.)

- Contracted providers are expected to comply with these appointment, telephone access, practitioner availability and linguistic service standards
- For additional information regarding access standards, please visit www.caloptima.org

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Access to Medical Care Example

Type of Care	Wait Time or Availability
Emergency services	Immediately, 24/7
Urgent care services	Within 24 hours of request
Urgent appointment — No prior authorization	Required within 48 hours of request
Urgent appointments — Prior authorization	Required within 96 hours of request
Non-urgent acute care	Within three working days after date of request
Primary care	Within 10 working days after date of request

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Access to Medical Care Example (cont.)

Type of Care	Wait Time or Availability
Routine physical exams and wellness visits	Within 30 calendar days after the date of request
Non-urgent specialty care	Within 15 working days of request for appointment
Non-urgent ancillary services for diagnosis or treatment	Within 15 working days of request for appointment
In-office wait time for appointments	Less than 45 minutes before being seen by a provider

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Access to Medical Care Example (cont.)

Type of Care	Wait Time or Availability
Rescheduling appointments	Appointments will be rescheduled in a manner appropriate for the member's health care needs and ensures continuity of care is consistent with good professional practice
After-hours access	A primary care provider (PCP) or designee shall be available 24/7 to respond to after-hours member calls or a hospital emergency room practitioner

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Access to Medical Care Example (cont.)

Type of Care	Wait Time or Availability
After-hours phone message	After-hours phone message instructing members to dial 911 or go to nearest emergency room (in emergency situations)

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COD and CHCN

COD/CHCN Network Structure

- COD is a program CalOptima Health administers for CalOptima Health beneficiaries

COD Administrative
Members do not have an assigned PCP

Members have 45 days to choose a health network and PCP

CalOptima Health Community Network
Members have an assigned PCP

Medi-Cal CHCN

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

CalOptima Health Provider Portal Registration (cont.)

- An approved agreement is needed to register for the Provider Portal
- Register at: providers.caloptima.org/#/login

CalOptima Health Provider Portal Registration (cont.)

- To ensure compliance 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

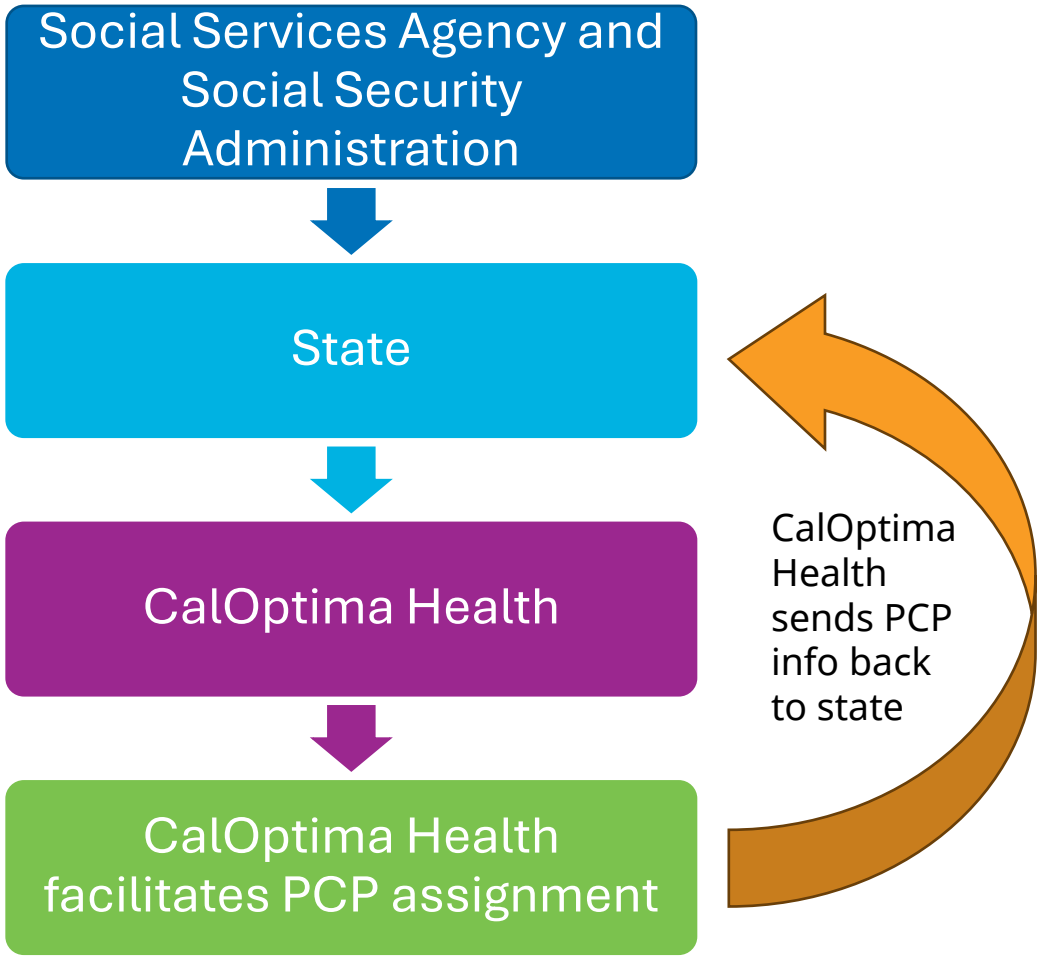
CalOptima Health Provider Portal Registration (cont.)

- 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**

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Eligibility

Member Eligibility



Member Eligibility Verification System

- Providers should always verify eligibility prior to rendering service
- State Eligibility Verification System
  - Medi-Cal website: Providers may verify Medi-Cal eligibility on the Medi-Cal portal at www.medi-cal.ca.gov
  - Automated Eligibility Verification System (AEVS): Call DHCS at 800-456-2387

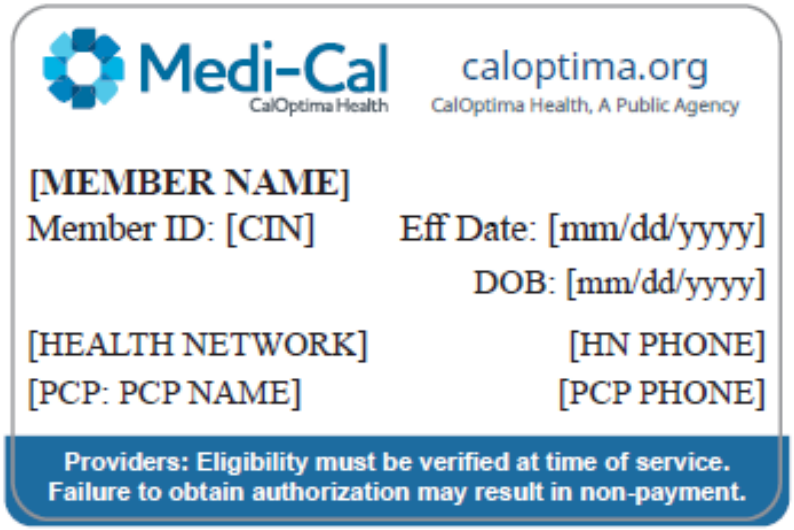
CalOptima Health

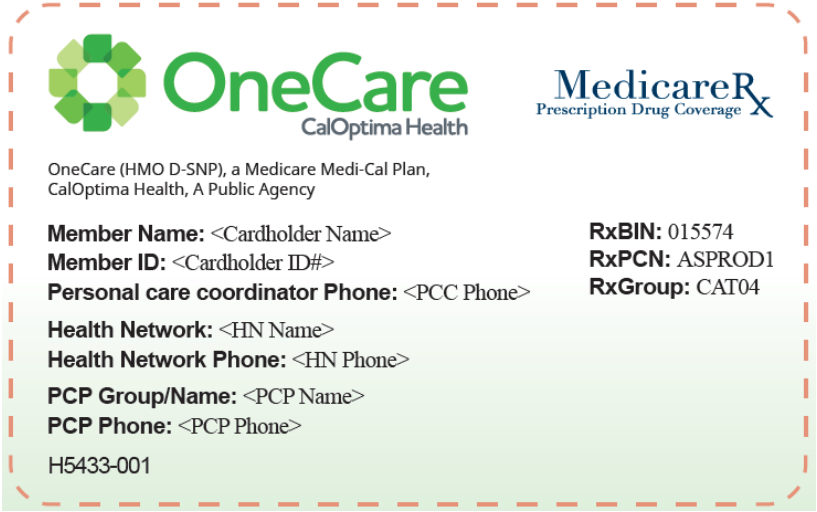
Member Eligibility Verification System (cont.)

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

Identification Card

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





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CHCN Member PCP Change Requests

- A member may request to change their PCP by contacting CalOptima Health's Customer Service at **888-587-8088** or **TTY 800-735-2929**
  - A member can request a PCP change at any time
  - A member must choose a PCP who is in the CalOptima Health provider network and is taking new patients
  - The new PCP will become the member's PCP on the first day of the next month after the member makes the change

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Initial Health Appointment (IHA)

IHA

- Comprehensive assessment for newly enrolled Medi-Cal members
  - Must be completed by a PCP within 120 days of member enrollment into CalOptima Health and should not be completed by specialists
  - Components can be completed over the course of multiple visits

IHA (cont.)

- DHCS will:
  - Measure primary care visits and screenings as a proxy for the IHA completion
  - Leverage Healthcare Effectiveness Data and Information Set (HEDIS) measures specific to adult preventative visits and infant/child/adolescent well-being visits
- PCPs must document all efforts to complete the IHA, including:
  - A minimum of three attempts during the first 120 days from enrollment, consisting of outreach efforts, missed visits and refusals to complete the IHA

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IHA Requirements

- The standard screening requirements for each age group are still in effect
  - **All ages**: Assessment of need for preventive screenings or services as recommended by the United States Preventive Services Task Force (USPSTF).
  - **Age 21 and under**: Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screenings per American Academy of Pediatrics/Bright Futures periodicity schedule. When requested, an appointment must be made for members under the age of 21 within 10 working days of the request.

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IHA Requirements (cont.)

- IHA components include, but are not limited to:
  - A physical exam and office visit date
  - Physical and mental health history
  - Identification of health risks
  - Preventive screenings or services
  - Diagnosis and a plan for treatment for any diseases
  - Health education

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Resources

- Identify members due for IHA
  - Obtain monthly list from health network
  - Access information on Provider Portal
- IHA Report
  - Full list of members who are due for IHA
  - Once logged into Provider Portal, click on “Reports” > select “Initial Health Appointment” from the drop-down menu > input provider details > click “Get IHA Report” to download the Excel document

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Resources (cont.)

- PCP Member Roster
  - If a member has pending IHA, a date will populate in the IHA Due Date column
  - Once logged into Provider Portal, click on “Reports” > select “PCP Member Roster” > input provider details > click “Get Member Roster” to download the Excel document

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Resources (cont.)

Direct Link	Access Path from www.caloptima.org
IHA Reference Guide for PCPs	Providers → Resources → Health Education → View IHA Reference Guide
Health and Wellness page	Members → Health and Wellness → Self-Care Guides
Health and Wellness Referral Form	Providers → Resources → Common Forms → Find under "H"
Wellness Programs and Services page	Members → Wellness Programs

Resources (cont.)

Direct Link	Access Path from www.caloptima.org
Wellness Programs and Services page	Members → Wellness Programs
Member Health Rewards Program	Members → Wellness Programs → Member Health Rewards
Blood Lead Refusal Form (English)	Providers → Resources → Common Forms → Anticipatory Guidance (multiple languages available)
Initial Health Appointment CME/CE — Recording	CalOptima Health's YouTube page

Customer Service and Cultural Competency Training

Customer Service Department

- **Members** can reach Customer Service by calling the Member Line at **888-587-8088** for Medi-Cal and **877-412-2734** for OneCare
- **Providers** can reach the CalOptima Health Provider Relations department by calling **714-246-8600** Monday–Friday, 8 a.m.–5 p.m., or by emailing providerservicesinbox@caloptima.org

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Support Services

- CalOptima Health's Member Liaison Program
  - Dedicated to helping seniors, members with disabilities or chronic conditions, and members without housing get needed health care services
- A member liaison can help with:
  - Scheduling visits with a doctor
  - Obtaining non-emergency medical transportation
  - Resolving medication access issues
  - Obtaining Durable Medical Equipment, including wheelchairs, crutches and other disposable supplies

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Support Services (cont.)

- Providers can call CalOptima Health Customer Service at **714-246-8500,** toll-free **888-587-8088** (TTY **711**), and ask for the Member Liaison Program

Cultural Competency

- Cultural and Linguistics (C&L)
  - CalOptima Health offers free interpreter services for all limited English proficient 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

Cultural Competency (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 CalOptima Health Customer Service at **888-587-8088** and ask for the Interpreter Service Program, or email questions directly to culturallinguistic@caloptima.org

Cultural Competency (cont.)

- Important Terminology
  - Race: Any of the different varieties or populations of human beings distinguished by physical traits such as hair color and texture, eye color, skin color or body shape
  - Ethnic: A group having a common cultural heritage or nationality as distinguished by customs, language, common history, etc.
  - Culture: The ideas, customs, skills, arts, etc., of a people or group, that are transferred, communicated or passed along in or to succeeding generations

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Culturally Competent Care

- Due diligence on member's background
  - Race, religion, preferred language support network, major pre- and post-immigration trauma, etc.
  - Inquire about alternative/folk treatments
- Use culturally appropriate course of inquiry
  - "What have you done so far to treat your ailment (e.g., acupuncture, herbs, acupressure, etc.)?"

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Culturally Competent Care

- Be aware of body language (e.g., verbal/nonverbal cues) while meeting with members
  - This helps to reduce the members' bias/apprehension towards the doctor
- Embrace the significant role played by family members in the health of the individual
- Do not discount culturally specific treatments if they do no harm

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Culturally Competent Care (cont.)

- Provide simple questionnaires for members to fill out at the time of the doctor's visit
  - Include questions describing physical symptoms versus actual ailments to elicit more open communications
  - Fosters dialogue and encourages members to ask more questions

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Member Rights and Responsibilities

Member Rights and Responsibilities

- CalOptima Health is required to inform its members of their rights and responsibilities and ensure that those 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' right and responsibilities in the waiting room of the facility where services are rendered

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
  - Talk openly with health care providers about medically necessary treatment options, regardless of cost benefits

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - 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
  - Get oral interpretation services in a language 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

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Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - Ask for a state 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

Member Rights and Responsibilities (cont.)

- CalOptima Health members have the right to:
  - 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
  - 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

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Member Billing Restrictions

Member Billing Restrictions

- DHCS and CalOptima Health have specific guidelines restricting the billing of CalOptima Health members by providers. DHCS prohibits providers from charging members for Medi-Cal-covered services
- Providers contracted with CalOptima Health cannot bill members for covered services
- Refer to the Provider Manual, section H12: Member Billing Restrictions on www.caloptima.org for additional information

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
  - Members typically requiring extensive use of resources and need assistance in navigating the health care delivery system

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Case Management (cont.)

- How to refer?
  - Call the triage nurse at **714-347-3226** or email cmtriage@caloptima.org

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CHCN/COD Member Authorization Requirements

Physician Type	Regular Visits
PCP	No prior authorization is required for: • Assigned PCP • Affiliated group physician
Specialty Care (SCP)	All initial requests for specialty consults require a prior authorization from: • Assigned PCP • Contracted SCP The initial prior authorization will include: • One specialty consult • As many routine follow-ups as necessary (excluding office code 99215, which requires a new prior authorization)

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CHCN/COD Member Authorization Requirements

Physician Type	Urgent Referrals
PCP	Urgent referrals are only to be submitted if the normal time frame for authorization will: • Be detrimental to the patient's life or health • Jeopardize patients' ability to regain maximum function • 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 turnaround times
SCP	

Steps to Obtain Prior Authorization

- Online authorization submissions via the Provider Portal
  - Outpatient services
  - Routine services
- Hard copy submission via Authorization Request Form (ARF)
  - Urgent authorization requests (see urgent definitions on ARF)
  - Inpatient authorizations
  - A copy of the ARF is available on CalOptima Health's website, www.caloptima.org, in the Common Forms section

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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

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Prior Authorization Tips (cont.)

- Authorization status can be viewed in Provider Portal
- For questions or status, call CalOptima Health Utilization Management at **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

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Services That Do Not Require Authorization (cont.)

- Routine obstetric services
- Pediatric preventive services
- Minor consent services
- Primary and preventive care services
- For questions or status, call CalOptima Health Utilization Management at **714-246-8686**

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Claims Administration

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

Claims Submission Methods (cont.)

- 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

- For claim status:
  - Check the CalOptima Health Provider Portal
  - Contact Claims Customer Service at **714-246-8600** Monday–Friday, 8 a.m. to Noon and 12:30 p.m. to 4 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 Complaint Process
    - PDR form
  - Refer to Provider Manual, section H8, for common claims denial reasons

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 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.

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Claims Denials/Complaint Process (cont.)

- Key Points:
  - 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 and OneCare
Grievance and Appeals Resolution Services 505 City Parkway West Orange, CA 92868

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: 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

Transforming Medi-Cal Through California Advancing and Innovating Medi-Cal (CalAIM)

Overview

- What are DHCS' goals for CalAIM?
  - New and improved services
  - Going beyond the doctor's office or hospital
  - A more coordinated, person-centered and equitable health system
  - Addressing all physical and mental health needs
- DHCS is introducing many initiatives to achieve these goals, including Enhanced Care Management (ECM) and Community Supports

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Enhanced Care Management

- A whole-person approach to care that addresses the clinical and non-clinical needs of members with the most complex medical and social needs
- Members will have a single lead care manager who will coordinate care and services among the physical, behavioral, dental, developmental and social services delivery systems
- Eligibility is based off Populations of Focus

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Community Supports

- Community Supports are services that help address members' health-related social needs, help members live healthier lives, and help members avoid higher, costlier levels of care

Community Supports (cont.)

- CalOptima Health offers all 15 Community Supports
  - Each Community Support has individualized eligibility criteria
  - All 15 Community Supports are on CalOptima Health's website: www.caloptima.org/en/community-impact/calaim
- Services include housing navigation, medically tailored meals, asthma remediation, etc.

How to Refer Members for ECM and Community Supports

- Referral forms can be found on CalOptima Health's website
- Referral forms can be filled out by:
  - Member/member representative
  - Hospital
  - Community-Based Organizations (CBOs)
  - Community Supports vendors
  - Case managers

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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

Website Tools (cont.)

- CalOptima Health website: www.caloptima.org
  - Pediatric Preventive Services (PPS) Resource Guide
  - IHA
  - Provider Portal
  - Training links
  - Provider training topics
  - Personal Care Coordinator trainings

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