



**CalOptima
Health**

Behavioral Health Provider Orientation

2025 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 Delivery Model
- Eligibility
- Customer Service
- Dyadic Care Services and Family Therapy Benefit
- Behavioral Health Clinical Operations
- Authorization Requirements
- Behavioral Health Claims Processing
- Provider Portal
- Resources and Website Training



CalOptima Health Delivery Model

CalOptima Health Direct (Fee-for-Service)

- CalOptima Health Direct (COD)
- CalOptima Health Community Network (CHCN)
- Behavioral Health
- Vision Service Plan (VSP)

Health Networks (Shared Risk)

- AltaMed Health Services (PMG)
- Noble Mid-Orange County (PMG)
- Optum (PMG)
- Providence (SRG)
- United Care Medical Group (SRG)

Health Networks (Full Risk)

- 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)

- CHCN
- Behavioral Health
- VSP

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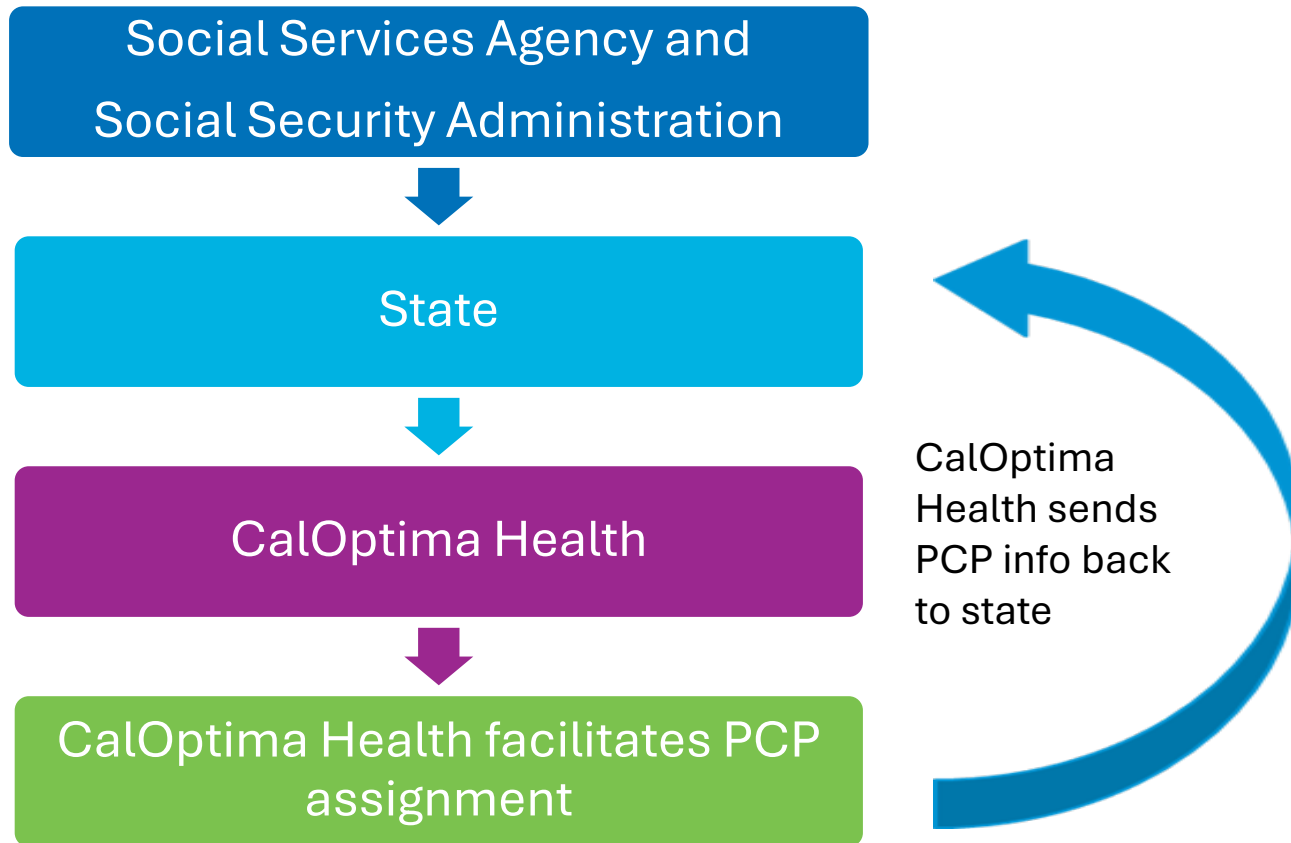
On-Site All-Inclusive Interdisciplinary Team

- 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



Eligibility

Member Eligibility



Member Eligibility Verification System

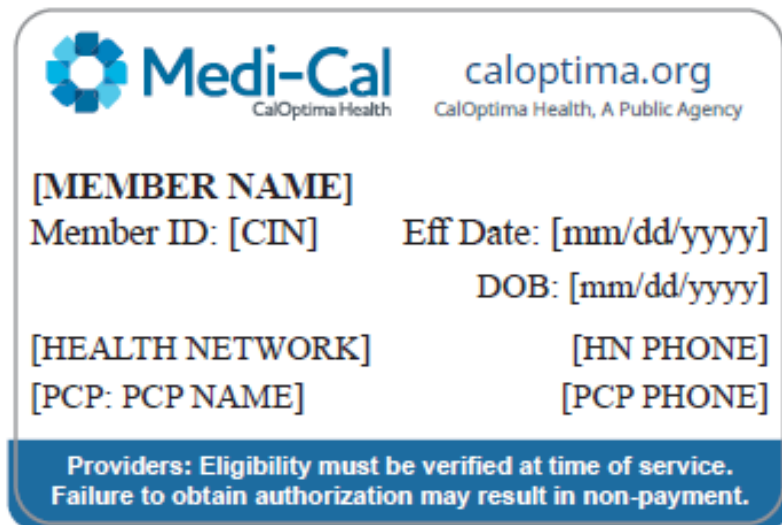
- Providers should always verify eligibility prior to rendering service
- State Eligibility Verification System
 - Medi-Cal website: Providers may verify Medi-Cal eligibility on the Medi-Cal portal at www.medi-cal.ca.gov
 - Automated Eligibility Verification System (AEVS): Call DHCS at 800-456-2387
- CalOptima Health's Eligibility Verification Systems
 - Through [Provider Portal](#)
 - CalOptima Health's Interactive Voice Response (IVR) system: Call **800-463-0935** or **714-246-8540**

Member Eligibility Verification System (cont.)

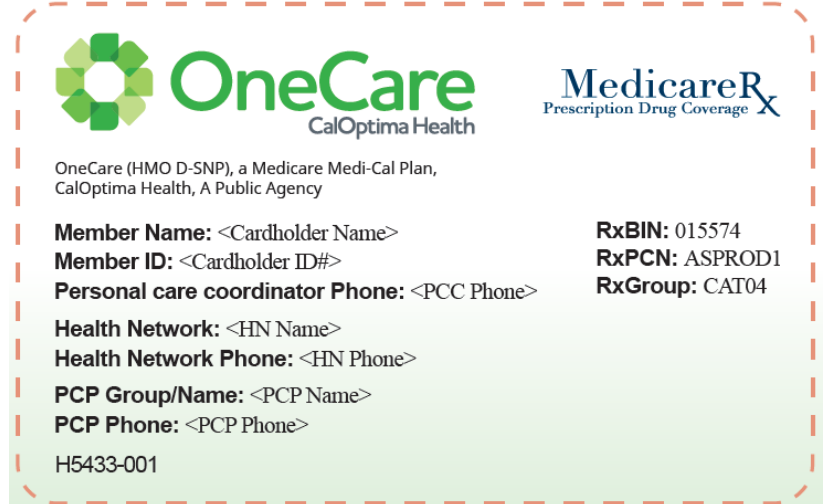
- CalOptima Health's Eligibility Verification Systems
 - Through [Provider Portal](#)
 - CalOptima Health's Interactive Voice Response (IVR) system: Call **800-463-0935** or **714-246-8540**

Identification Card

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



The image shows a Medi-Cal identification card. At the top left is the Medi-Cal logo with the text "CalOptima Health" below it. To the right is the website "caloptima.org" and the text "CalOptima Health, A Public Agency". Below this, the card contains several fields: "[MEMBER NAME]", "Member ID: [CIN]", "Eff Date: [mm/dd/yyyy]", "DOB: [mm/dd/yyyy]", "[HEALTH NETWORK]", "[HN PHONE]", "[PCP: PCP NAME]", and "[PCP PHONE]". At the bottom, a blue banner contains the text: "Providers: Eligibility must be verified at time of service. Failure to obtain authorization may result in non-payment."



The image shows a OneCare MedicareRx identification card. At the top left is the OneCare logo with the text "CalOptima Health" below it. To the right is the MedicareRx logo with the text "Prescription Drug Coverage X". Below this, the card contains several fields: "OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, CalOptima Health, A Public Agency", "Member Name: <Cardholder Name>", "Member ID: <Cardholder ID#>", "Personal care coordinator Phone: <PCC Phone>", "Health Network: <HN Name>", "Health Network Phone: <HN Phone>", "PCP Group/Name: <PCP Name>", "PCP Phone: <PCP Phone>", "H5433-001", "RxBIN: 015574", "RxPCN: ASPROD1", and "RxGroup: CAT04".

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

Member Rights and Responsibilities (cont.)

- 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

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



Customer Service

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

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

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



Dyadic Care Services and Family Therapy Benefit

All Plan Letter (APL) 22-029

- APL 22-029: Dyadic Care Services and Family Therapy Benefit
 - On December 27, 2022, DHCS issued **APL 22-029: Dyadic Care Services and Family Therapy Benefit**. The purpose of this APL is to provide Medi-Cal managed care plans (MCPs) with guidance on coverage requirements for the provision of the new dyadic care services and family therapy benefit effective January 1, 2023
 - **APL 22-029** can be found here:
<https://www.dhcs.ca.gov/formsandpubs/Documents/MCDAPLsandPolicyLetters/APL2022/APL22-029.pdf>

Dyadic Care Services Requirements and Eligibility

- Dyadic care services provider requirements:
 - Dyadic care services may be provided by medical doctors (MDs), licensed clinical social workers, licensed professional clinical counselors, licensed marriage and family therapists, licensed psychologists, psychiatric physician assistants, psychiatric nurse practitioners and psychiatrists

Dyadic Care Services Requirements and Eligibility (cont.)

- Member eligibility criteria:
 - Children (members ages 20 or below) and their parents/caregivers are eligible for dyadic behavioral health (DBH) well-child visits for behavioral/social/emotional screening assessments
 - A diagnosis is not required to qualify for services
 - DBH well-child visits do not need a recommendation or referral
 - The family is eligible to receive dyadic care services if the child is enrolled in Medi-Cal

Family Therapy as a Behavioral Health Benefit

- Family therapy is a type of psychotherapy covered under Medi-Cal's non-specialty mental health services (NSMHS) benefit, including for members ages 20 or below who are at risk for behavioral health concerns and who may not have a mental health diagnosis, but clinical literature supports that the risk is significant enough that family therapy is indicated

Family Therapy as a Behavioral Health Benefit (cont.)

- Family therapy is composed of at least two family members receiving therapy together provided by a mental health provider to improve parent/child or caregiver/child relationships and encourage bonding, resolving conflicts and creating a positive home environment



Behavioral Health Clinical Operations

CalOptima Health Behavioral Health Line

- Members can reach CalOptima Health Behavioral Health (BH) at **855-877-3885**
 - Available 24/7
 - Regular business hours Monday–Friday, 8 a.m.– 5:30 p.m.

CalOptima Health Behavioral Health Line (cont.)

- CalOptima Health BH Line can assist with:
 - Benefit verification/education
 - Referrals
 - Provide general resources as needed
 - Assist in linking members to a provider
 - Requests for higher level of care if a member needs additional support
 - Non-medical transportation requests
 - Member ID card requests

Medi-Cal 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

Medi-Cal BH Benefits (cont.)

- Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
- Behavioral Health Treatment (BHT)/Applied Behavior Analysis (ABA) for members under 21
- Specialty mental health services (SMHS) are provided by the Orange County Mental Health Plan (MHP)

OneCare (HMO D-SNP), a Medicare Medical Plan, Orange County BH Benefits

- Outpatient mental health care:
 - Clinic services
 - Day treatment
 - Psychological treatment
 - Partial hospitalization/intensive outpatient programs
 - Individual/group mental health evaluation and treatment
 - Psychological testing
 - Outpatient services for the purposes of monitoring drug therapy
 - Outpatient laboratory, drugs, supplies and supplements
 - Psychiatric consultation

OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, Orange County BH Benefits (cont.)

- Inpatient mental health care
- Opioid Treatment Program (OTP) services

CalOptima Health BH Benefits Summary

Mental Health Services	Medi-Cal	Medicare
Outpatient psychotherapy	✓	✓
Psychological testing	✓	✓
Medication management	✓	✓
BHT/ABA*	✓	N/A
Inpatient mental health care	County	✓
Psych emergency room visits that result in inpatient psych admission	County	✓

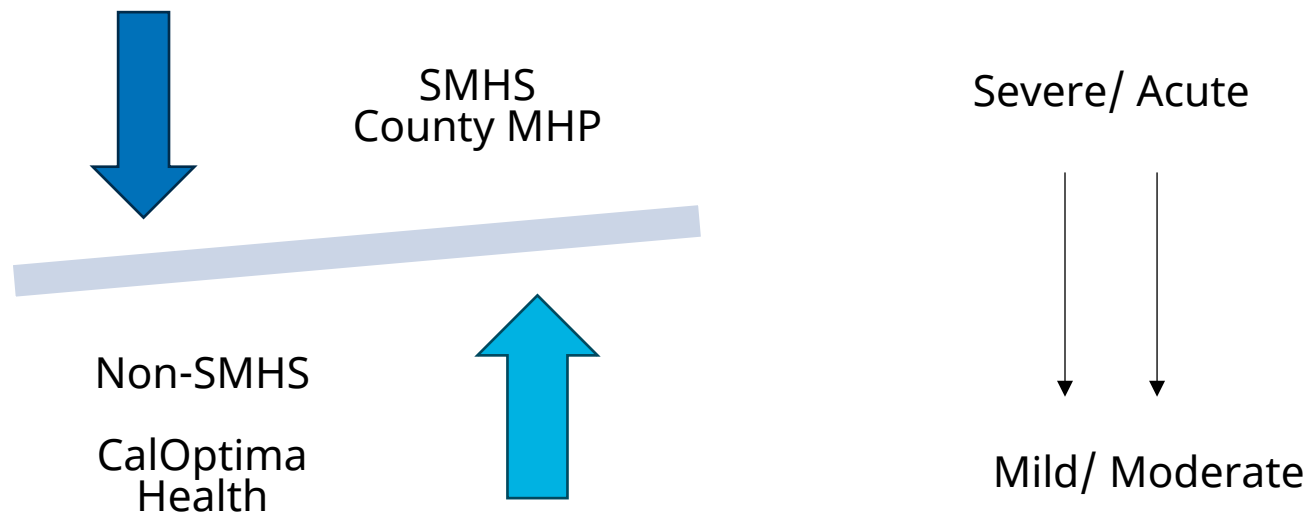
CalOptima Health BH Benefits Summary (cont.)

Mental Health Services	Medi-Cal	Medicare
Psych emergency room visits that result in NO inpatient psych admission	✓	✓
Partial hospitalization program	County	✓
Member is admitted to a hospital/medical admit and needs a psych consult	✓	✓

CalOptima Health BH Benefits Summary (cont.)

Substance Use Disorder (SUD) Services	Medi-Cal	Medicare
SABIRT	✓	✓
Office-based Medication Assisted Treatment (MAT)	✓	✓
OTP	Drug Medi-Cal Organized Delivery System (DMC-ODS)	✓
Medical detox	✓	✓

Medi-Cal BH Services Continuum



County Level of Care

○ Orange County Health Care Agency

- County level of care includes mental health and recovery services (MHRs), adult and older adult services (AOA) and children, youth and prevention (CYP) clinics and contracted clinics
 - The county provides a broad range of BH services in multiple locations throughout Orange County
 - SUD/Drug Medi-Cal (DMC) services available
 - Not all county programs are for serious and persistent mental illness (SPMI) members
 - Prevention and early intervention (PEI) programs may serve mild/moderate

County Level of Care (cont.)

- Beneficiary Access Line (BAL) 800-723-8641
- Orange County BAL supports the following:
 - Administrative Services Organization (ASO)
 - Orange County Mental Health Plan (OCMHP)
 - DMC-ODS services
 - Member screening for county open access clinics

Levels of Care

- In Orange County, county BH services (MHP) are considered higher level of care and CalOptima Health BH services (MCP) are considered a lower level of care. Level of care is based on the severity of impairments due to mental health
- Higher level of care
 - MHP = Significantly impaired with case management needs due to mental health
 - Specialty mental health
 - Managed by county or county-contracted clinics
 - Serves members with Medi-Cal, Medicare, Medi-Medi and primary insurance (other health care [OHC]) or who are uninsured

Levels of Care (cont.)

- Lower level of care
 - CalOptima Health = Mild-to-moderately impaired with no case management needs due to mental health
 - NOT specialty mental health
 - Managed by CalOptima Health
 - Serves members with CalOptima Health, but does not require Orange County Medi-Cal
 - Offers BHT services (ABA)
- Alternative level of care — PCP (medication services only) for no impairments indicated with no case management needs

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 BH Line with the member to refer the member to county level of care
 - CalOptima Health providers can refer the member back to the CalOptima Health BH Line
 - CalOptima Health providers can call the CalOptima Health BH Line for clinical consultation with a licensed clinician
- CalOptima Health BH Line: **855-877-3885**

Interdisciplinary Care Team Meetings

- The integration of physical and BH services is important for achieving the best possible overall health outcomes for members
- BH practitioners are invited to participate in the Interdisciplinary Care Team (ICT) meetings for Medi-Cal members who are seniors or people with disabilities

BH Practitioner's Role in ICT

- Discuss mental health diagnoses, frequency and type of treatment, and BH treatment plan (inpatient, partial hospitalization, outpatient care)
- Review psychotropic medications, including recent changes or intent to change
- Request/coordinate all lab metabolic monitoring

BH Practitioner's Role in ICT (cont.)

- Answer PCP BH consultation questions (differential diagnosis and depression/anxiety/psychological factors affecting physical health)
- Suggest PCP's BH follow-up and/or resumption of care

Prescribing Psychotropics for Orange County Medi-Cal Beneficiaries

- 2022 change to Medi-Cal pharmacy benefit
 - DHCS changed the benefit on January 1, 2022
 - CalOptima Health Medi-Cal member prescription medications are covered by Medi-Cal Rx
 - DHCS is working with a new contractor (Magellan) to provide Medi-Cal Rx services
 - For assistance, CalOptima Health Medi-Cal members can call the Medi-Cal Rx Customer Service Center at 800-977-2273 (TTY 711), 24/7 year-round



Authorization Requirements

Behavioral Health-Authorization Request Form (BH-ARF)

- The BH-ARF is required before any new authorizations or reauthorizations are complete
- Psychological testing requires prior authorization
 - If a provider is seeking to provide psychological testing, submit a BH-ARF and a Psychological Testing Preauthorization Request Form to CalOptima Health for review
- Forms available in the common forms section of the CalOptima Health website
 - <https://www.caloptima.org/en/for-providers/provider-common-forms>

Behavioral Health-Authorization Request Form (BH-ARF) (cont.)



P.O. BOX 11033 ORANGE, CA 92856

Phone: 855-877-3885

Behavioral Health-Authorization Request Form (BH-ARF)

☐ ROUTINE

Behavioral Health Fax: 714-571-2462

*** IN ORDER TO PROCESS YOUR REQUEST, BH-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:
Program (select one only): ☐ Medi-Cal ☐ OneCare ☐ OneCare Connect			

REFERRING PROVIDER INFORMATION

Name:		
NPI:	Medi-Cal ID:	
TIN:	Phone:	Fax:
Address:		
Office Contact:		
Provider's Signature:		

RENDERING PROVIDER INFORMATION (If different from referring provider)

Name:		
NPI:	Medi-Cal ID:	
TIN:	Phone:	Fax:
Address:		
Office Contact:		

AUTHORIZATION REQUEST

☐ URGENT REQUEST Fax to 714-481-6453. ***Definition: "Urgent" is ONLY when normal time frame for authorization will be detrimental to patient's life or health, jeopardize patient's ability to regain maximum function, or result in loss of life, limb or other major bodily function. Urgent requests are addressed within 72 hours.***

List **ALL** procedures requested, along with the appropriate CPT/HCPCS. Supporting documentation to include:

- Psychological Testing Request Form (For psych testing only)
- Clinical records to support request

REQUESTED PROCEDURES	CODE (CPT or HCPCS)	UNITS AND DURATION

07-23-2020

CalOptima Health, A Public Agency



Benefits/Services That Require Prior Authorization

Medi-Cal	Medicare
• BHT/ABA • Psych Testing	• Inpatient • Partial hospitalization • Intensive outpatient • Psych testing • OTP • Electroconvulsive treatment (ECT) • Transcranial magnetic stimulations (TMS)

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

Prior Authorization Tips (cont.)

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



BH Claims Processing

Claims Overview

- Eligibility
- Claims submission checklist
- Billing tips
- Diagnosis coding examples
- Claims submissions
- Provider dispute resolution

Eligibility Verification

- CalOptima Health website: www.caloptima.org
 - 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: www.medi-cal.ca.gov

Claims Submission Checklist

- Bill with appropriate codes and modifiers
 - Claims are subject to clinical editing and code validation
- Timely filing
 - Claims must be submitted within one year from the date of service
- Prior authorization
 - Providers must obtain prior authorization for services or codes requiring authorization
- For claim inquiries, contact Provider Customer Service at **714-246-8600**

Medi-Cal Provider Modifiers

- Include the required modifier when submitting claims. The incorrect use of modifiers can result in recoupment of funds

Modifier	Description
AF	Psychiatrist/physician
AH	Licensed psychologist
AJ or HO	Licensed master's level (LCSW, LMFT, LPCC)
AS	Nurse practitioner (NP), clinical nurse specialist (CNS) and physician assistant (PA)
HL	Registered psychological associate, associate clinical social worker, associate marriage and family therapist and associate professional clinical counselor

Medi-Cal Provider Modifiers (cont.)

- Include the required modifier when submitting claims. The incorrect use of modifiers can result in recoupment of funds

Modifier	Description
AF	Psychiatrist/physician
AH	Licensed psychologist
AS	Nurse practitioner (NP), clinical nurse specialist (CNS) and physician assistant (PA)
HO	Licensed clinical social worker (LCSW)*

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

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:
 - Monday–Friday
8 a.m.– 5 p.m.
714-246-8600*2

Electronic Data Interchange (EDI)

- Electronic Data Interchange (EDI)
 - Office Ally (OA) at 360-975-7000, press option # 1
 - Payer ID: CALOP
 - Change Health Care (Emdeon) at 877-271-0054
 - Payer ID: 99250

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

Provider Disputes Timeliness

- CalOptima Health requires providers 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)

How to Submit a Provider Dispute

- Provider disputes should be submitted using the Provider Dispute Resolution Request form to provide all information necessary to resolve the disputed claims
- The Provider Dispute Resolution Request form is under “Common Forms” on CalOptima Health’s website

How to Submit a Provider Dispute (cont.)

- For multiple dispute submissions, the provider should attach a spreadsheet of all impacted claims to the Provider Dispute Resolution Request form
- 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

How to Submit a Provider Dispute (cont.)

- Provider disputes 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

How to Submit a Provider Dispute (cont.)

- Mailing address for provider dispute forms
 - CalOptima Health Claims department
P.O. Box 57015
Irvine, CA 92619



CalOptima Health Provider Portal

CalOptima Health Provider Portal Registration

- 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 Health Insurance Portability and Accountability Act (HIPAA) compliance and allow providers to manage their users, the Provider Portal requires provider offices and groups to designate a local office administrator

CalOptima Health Provider Portal Registration (cont.)

- The local office administrator has the ability to:
 - View list of users with access
 - Edit user access roles
 - Deactivate users
- Change in local office administrator
 - Notify Provider Relations when a local office administrator is no longer employed by the current provider office or group
 - The provider or authorized representative must designate a new local office administrator as soon as possible — **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

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



Questions?



Stay Connected With Us
www.caloptima.org