



# CalOptima Health

## Community-Based Adult Services (CBAS) Provider Training

### Our Mission

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

### Our Vision

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
- CBAS Overview
- Member Eligibility
- Provider Portal
- Claims and PDRs
- CalOptima Health Contacts

This is Aptos 12 pt. You can place footnotes in this section here. If you do not have footnotes, just leave the field as is and it will not show up in your presentation.



# CalOptima Health Delivery Model

# CalOptima Health Programs



# CalOptima Health



### 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 (SRG)
- Noble Mid-Orange County (SRG)
- 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)



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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



# 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)	
CalOptima Health Community Network	714-246-8500	1 (English)	2 (Provider)
CHOC Health Alliance	800-387-1103	1 (Claims) 2 (Referrals/ Authorizations) 3 (Other)	

# Health Networks Contact List (cont.)

Health Network	Phone Number	First Press	Second Press
Family Choice Health Network	800-611-0111	1 (English)	2 (Provider)
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)	

# Health Networks Contact List (cont.)

Health Network	Phone Number	First Press	Second Press
Providence	855-359-6323	3 (Provider)	
United Care Medical Group	877-225-6784	1 (Provider)	



# CBAS Overview

# CBAS Overview

- CalOptima Health provides CBAS as a health plan benefit
  - An outpatient, facility-based program offering health and social services to frail seniors and persons with disabilities (SPDs)
    - Goal: Enable SPDs to remain living at home instead of a care facility
    - Core Services: Nursing services, social services, personal services, therapeutic activities and offering a meal a day
    - Additional Services: Therapists (physical/occupational/speech language), transportation, nutrition services, mental health services

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# CBAS Overview (cont.)

- There are 46 CBAS centers located throughout Orange County
- Several centers provide specialty services such as Alzheimer's/dementia care

# CBAS Overview (cont.)

- Services are provided in multiple languages:
  - English
  - Spanish
  - Vietnamese
  - Korean
  - Farsi
  - Arabic
  - And more

# Member Qualifications

- To qualify for CBAS, a member must be:
  - Eligible for Medi-Cal and assigned to CalOptima Health
  - 18 years or older
  - Diagnosed with a chronic physical, behavioral or memory issue
  - In need of assistance or supervision with activities of daily living (ADLs)
  - At risk for placement in a nursing home

# Eligibility Review Process

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

# CBAS Referrals

- For more information about CBAS or to make a referral:
  - Call: 1-855-227-1314
  - Routine fax number: 714-481-6423
  - Expedited fax number: 714-481-6422
  - Email address: [cbasteam@caloptima.org](mailto:cbasteam@caloptima.org)

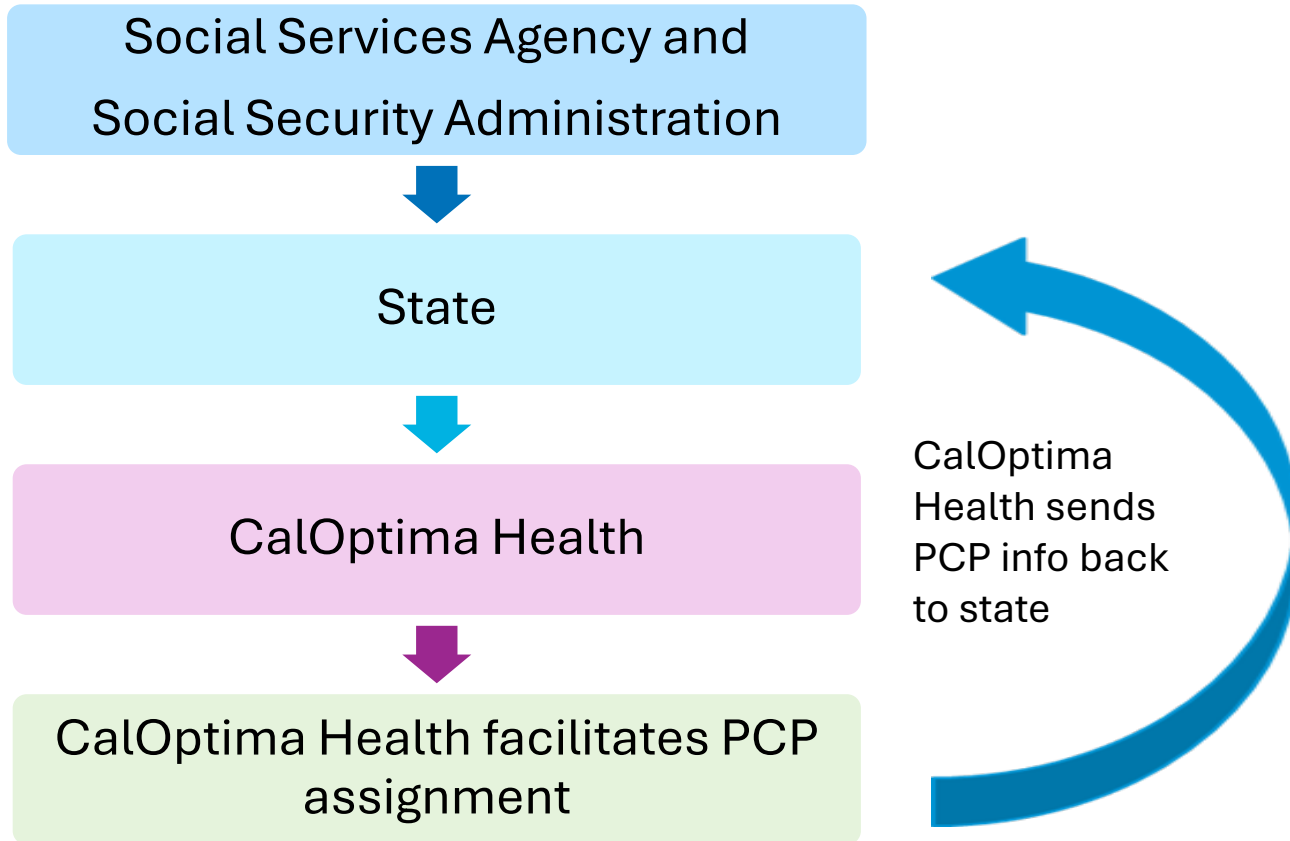
# CBAS Referrals (cont.)

- Once a referral is received:
  - CalOptima Health will complete a prescreen eligibility review to ensure the individual is a CalOptima Health member and at least 18 years old
  - CalOptima Health CBAS social worker will contact the member by phone to complete a preliminary assessment and schedule a CEDT evaluation



# Member Eligibility

# Member Eligibility



# Eligibility Verification

- Providers should always verify eligibility prior to rendering service

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

# Eligibility Verification (cont.)

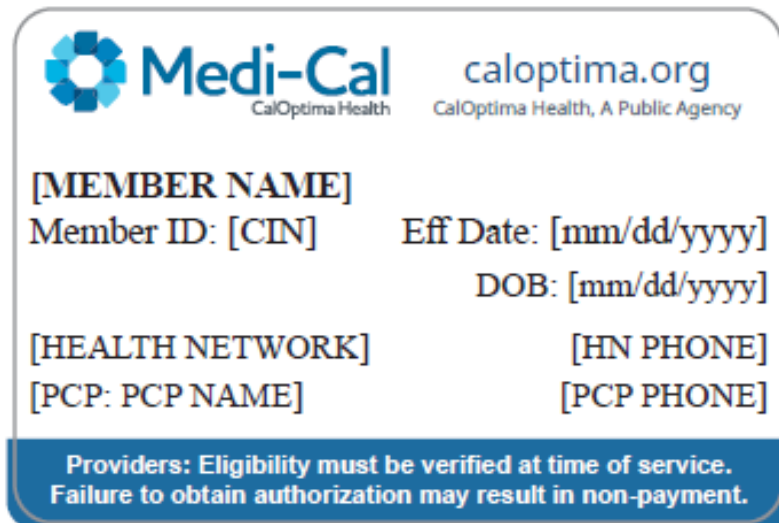
State Eligibility Verification Systems	Description
Medi-Cal website	Providers may verify Medi-Cal eligibility on the Medi-Cal website at <a href="http://www.medi-cal.ca.gov">www.medi-cal.ca.gov</a> . Providers must have a Personal Identification Number (PIN) to access this system. The PIN is provided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

# Eligibility Verification (cont.)

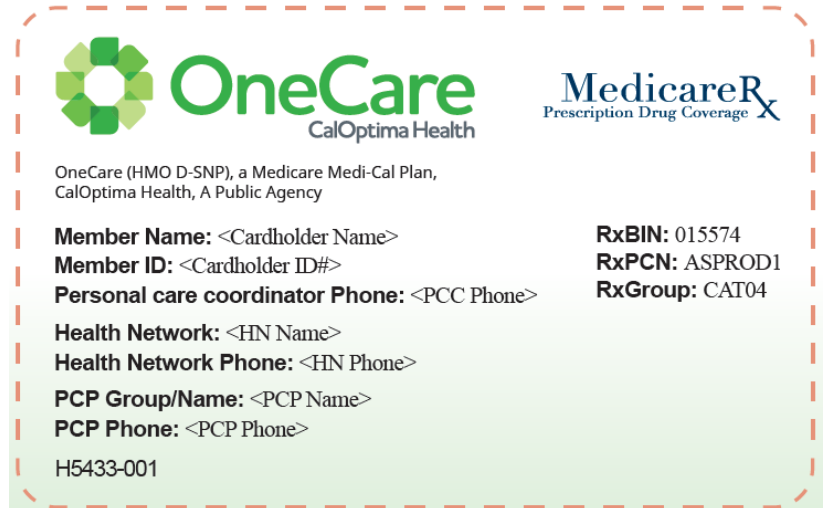
<b>State Eligibility Verification Systems</b>	<b>Description</b>
CalOptima Health Provider Portal	CalOptima Health allows providers to obtain eligibility information online through the <a href="#">CalOptima Health Provider Portal</a> . The portal provides the member's assigned health network and primary care provider (PCP). Providers must be registered with CalOptima Health to utilize this service. Providers may register via the Providers section of CalOptima Health's website

# 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. It features the Medi-Cal logo (a blue gear-like shape) and the text "Medi-Cal CalOptima Health" and "caloptima.org CalOptima Health, A Public Agency". The card contains fields for member information: [MEMBER NAME], Member ID: [CIN], Eff Date: [mm/dd/yyyy], and DOB: [mm/dd/yyyy]. It also includes fields for health network and PCP information: [HEALTH NETWORK] [HN PHONE] and [PCP: PCP NAME] [PCP PHONE]. A blue banner at the bottom 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. It features the OneCare logo (a green gear-like shape) and the text "OneCare CalOptima Health" and "MedicareRx Prescription Drug Coverage X". The card includes the following text: "OneCare (HMO D-SNP), a Medicare Medi-Cal Plan, CalOptima Health, A Public Agency". It lists member information: Member Name: <Cardholder Name>, Member ID: <Cardholder ID#>, and Personal care coordinator Phone: <PCC Phone>. It also lists Rx information: RxBIN: 015574, RxPCN: ASPROD1, and RxGroup: CAT04. Health network information is listed as: Health Network: <HN Name> and Health Network Phone: <HN Phone>. PCP information is listed as: PCP Group/Name: <PCP Name> and PCP Phone: <PCP Phone>. The card number H5433-001 is printed at the bottom.



# CalOptima Health Provider Portal

# CalOptima Health Provider Portal Registration

- CalOptima Health's Provider Portal has resources and tools to help you:
  - Obtain member eligibility information
  - Submit referrals online
  - View authorization status
  - View claims status
  - Remittance advice
  - And more
- An approved agreement is needed to register for the provider portal

# CalOptima Health Provider Portal Registration (cont.)

- Register at [providers.caloptima.org/#/login](https://providers.caloptima.org/#/login)
- To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) and allow providers the ability to manage their users, CalOptima Health's Provider Portal requires provider offices and groups to designate a site administrator

# CalOptima Health Provider Portal Registration (cont.)

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



# **Claims and Provider Dispute Resolutions (PDRs)**

# 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

# Claims Submission Methods (cont.)

- 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](http://www.officeally.com). Payor ID: CALOP
  - **Emdeon** for electronic submission of facility and long-term care claims: 877-271-0054 or [www.emdeon.com](http://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 5 p.m.

# Claims Denials/Complaint Process

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

# Claims Denials/Complaint Process (cont.)

- Refer to [Provider Manual](#), section H8, for common claims denial reasons
- 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

# Claims Denials/Complaint Process (cont.)

- Key points (cont.):
  - Follow the PDR submission instructions on the PDR form
    - Ensure all necessary supporting documents are attached, such as high-cost invoices, authorizations, medical records, etc.
  - Note: CalOptima Health has 45 working days to render a decision
    - To avoid delays in processing your PDR, please complete the form with all required fields marked with an asterisk (\*)

# Claims Denials/Complaint Process (cont.)

- PDR Contact Information
  - Mail completed form to:

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

# Claims Denials/Complaint Process (cont.)

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

# InstaMed: Electronic Fund Transfer

- 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](https://register.instamed.com/eraeft)
  - For provider questions about enrollment, contact the InstaMed enrollment team by calling 877-855-7160 or email [connect@instamed.com](mailto: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](mailto:support@instamed.com)



# CalOptima Health Contacts

# Provider Relations (PR) Representative

- Your primary contact at CalOptima Health for general CBAS questions
- Connection to departments within CalOptima Health
- Assistance can be provided via phone or in-person training
- Email: [providerservicesinbox@caloptima.org](mailto:providerservicesinbox@caloptima.org)
- Phone: **714-246-8600**



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