



# Network Provider Newsletter

## Gratitude

Care Management Unit (CMU) recognizes the value of all the network providers who have continued to work tirelessly ensuring services continue to be available to our Medi-Cal beneficiaries. There have been many changes for our network providers over the years. Your flexibility with accepting and implementing these changes is sincerely appreciated. CMU is grateful for your collaboration and is always here to support you and help you navigate through this process.

With the implementation of the new CalAim initiative, more changes are on the horizon. Please remember CMU is always here to support you and assist with navigating through these changes. You are not in this alone! CMU will do everything possible to support our network. We are learning the new guidelines as well and appreciate any constructive feedback you have to share.

Again, THANK YOU for all that you do and the exceptional services you provide!

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## CalAIM -

- CalAIM is moving Medi-Cal towards a populations' health approach that prioritizes prevention and whole person care.
- The goal is to extend supports and services beyond hospitals and health care settings directly into California communities.
- The vision is to meet people where they are in life, address social drivers of health, and break down the walls of health care.
- CalAIM will offer Medi-Cal enrollees coordinated and equitable access to services that address their physical, behavioral, developmental, dental, and long-term care needs, throughout their lives, from birth to a dignified end of life.

### More information:

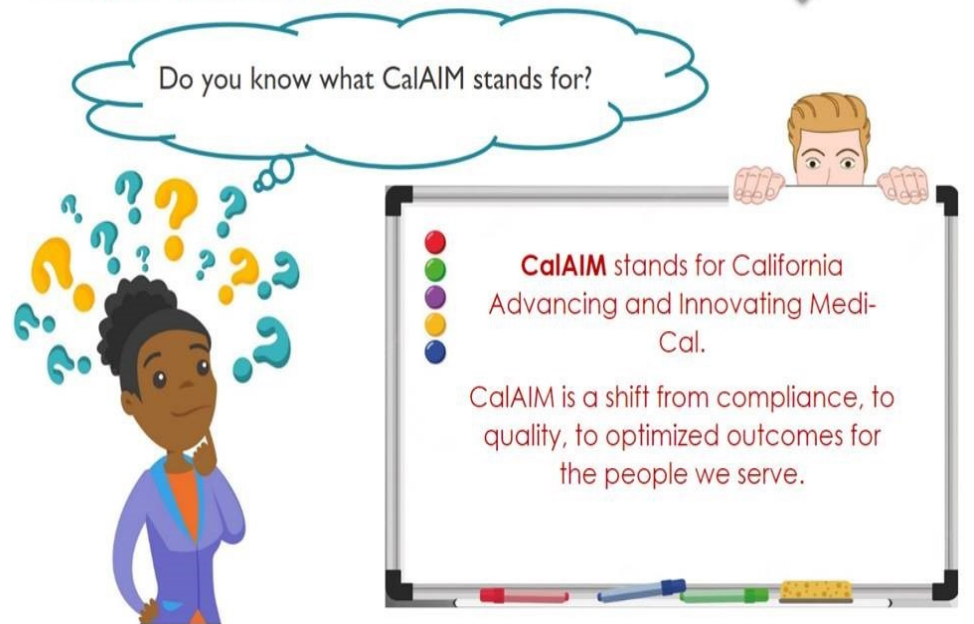
**CCBHS CalAIM Website:**  
<https://cchealth.org/bhs/>

## Get To Know CalAIM

CalAIM – California Advancing and Innovating Medi-Cal  
Access to the Right Care, at the Right Place, at the Right Time



### CCBHS Staff & Contract Providers!



Do You Know #1

## Primary Goals of CalAIM



### Manage Risk

- Through whole person care approaches and addressing Social Determinants of Health (SDOH)



### Reduce Complexity

- Move Medi-Cal to a more consistent and seamless system and increasing flexibility



### Improve Outcomes

- Reduce health disparities, and drive delivery system transformation and innovation

# Timeline



## Implementation of CalAIM

- **January 2022**—Access to services criteria expanded.
- **March 2022**—“No Wrong Door” introduced.
- **July 2022**—Documentation Reform- standardized and streamlined documentation.
- **January 2023**—Screening/Transition of Care Tools (see next page for overview).
- **July 2023**—Payment reform—will introduce new CPT codes and shift current CPT code templates for network providers.
- Focus is shifting from a compliance based model to quality-focused model.
  - ⇒ The Utilization Review Department will begin quarterly audits. CMU will assist providers through more focused reviews to help prepare for the audits.

## CalAIM Updates: Screenings/Transition of Care Tools

- ⇒ The Access Line is the main point of entry for **NEW CLIENTS** not already connected with a provider.
- ⇒ A NEW CLIENT calling the Access Line will be screened and referred to the appropriate service/provider.
- ⇒ HOWEVER, IT IS NO LONGER NECESSARY FOR ALL CLIENTS TO BE SCREENED BY THE ACCESS LINE.



### Clients may contact network providers **DIRECTLY**

#### **CLIENTS NO LONGER NEED TO BE SCREENED BY THE ACCESS LINE PRIOR TO THE DELIVERY OF AN ASSESSMENT**

- If a client contacts a network provider directly, the provider may schedule the first session, even if the client has not been screened by the Access Line.
- If a client has not been screened by the Access Line, **the provider is responsible for verifying Medi-Cal eligibility and ensuring the client is not currently seeing another provider** prior to the delivery of services.
  - 1) Use Provider Portal— The provider will need four pieces of information from the client: first and last name, DOB, CIN, SSN.
    - ⇒ Check Coverage and the “Face Sheet”
  - 2) Call CMU to verify eligibility.
- Immediately after the 1st session, submit the Registration & Admission form along with your assessment information from the 1st session.
- CMU will create an acuity and the initial authorization based on the information provided in the Registration form and assessment.

# Specialty and Non-Specialty Mental Health Services

**SEVERE Acuity**—*Specialty Mental Health Services*—Covered by the Mental Health Plan (MHP).

**MILD or MODERATE Acuity**—*Non-Specialty Mental Health Services*—Covered by the Managed Care Plan (MCP).

Based on California Welfare and Institutions Code § 5600.3(b) a serious mental illness is a **severe disabling condition** which impairs behaviors, thoughts, and/or emotions. Without treatment, support, and rehabilitation, serious mental illness may interfere with the ability to do any or all of the following: manage activities of daily living, function independently, maintain personal or community **safety**, achieve emotional or cognitive stability, and/or develop and sustain positive relationships.

The Department of Health Care Services (DHCS) further stipulates that youth under the age of 21 qualify for Specialty Mental Health Services if they:

- ⇒ Score in the high-risk range under an approved DHCS trauma screening tool;
- ⇒ Are Involved with Child Welfare Services;
- ⇒ Have Juvenile Justice Involvement;
- ⇒ Are experiencing Homelessness.

**During the assessment period and/or when considering a change to the client’s acuity on record, it is useful to keep the above definition in mind.**

## Transition of Care (TOC) Tools

- The TOC tool is needed when:

The client’s **symptoms** have **changed**

AND

A **new service** is being requested or you are **discharging a client to another provider**

- Network providers are responsible for completing the TOC tool in order for the client to be referred appropriately and submit to CMU.
- **CMU is the main point of contact for any network provider requests.**



**DHCS Reasons for Recoupment**—Audits will ensure providers are in compliance with State guidelines. If guidelines are not met, the associated claim will be recouped.

- ⇒ Documentation does not substantiate the beneficiary’s need for Specialty Mental Health Services (SMHS). (Medical Necessity; Criteria for beneficiary access to SMHS.)
- ⇒ Progress note:
  - ⇒ Does not substantiate the service was provided.
  - ⇒ Indicates “No show” or “Appointment cancelled” but a service was still claimed.
  - ⇒ Does not support the claim for a SMHS—did not describe an allowable service.
  - ⇒ Describes a service outside the scope of practice of the person delivering the service.
  - ⇒ Is not signed (or electronic equivalent) by the person(s) providing the service.
  - ⇒ Does not match the service claimed. (“Recovery” is limited to mismatches resulting in “overbillings”.)
- ⇒ Date of service documented in the progress note does not match the date of service claimed. (“Recovery” is limited to examples where the provider is unable to provide other documented evidence that the progress note with the “mismatched” date actually corresponds to the claim in question, and/or was due to a clerical error.)
- ⇒ The units of time claimed for the service are higher than the amount of time of the service documented in the progress note. (“Recovery” is limited to mismatches resulting in “overbillings”.)
- ⇒ The claim for a group activity, which is provided as a Mental Health Service, Medication Support, Crisis Intervention, or TCM service, was not properly apportioned to all clients present, and resulted in excess time claimed. (“Recovery” is limited to apportionments resulting in “overbillings”.)



## DHCS Reasons for Recoupment—Continued

- ⇒ The service provided was a Non-Reimbursable Service and was solely for one of the following:
  - a) Academic educational service;
  - b) Vocational service that has work or work training as its actual purpose;
  - c) Recreation;
  - d) Socialization that consists of generalized group activities that do not provide systematic individualized feedback to the specific targeted behaviors;
  - e) Transportation;
  - f) Clerical;
  - g) Payee related.
- ⇒ The beneficiary received the service at a location that was ineligible for Federal Financial Participation (e.g., Institution for Mental Disease (IMD), jail, and other similar settings, or in setting subject to lockouts per CCR, Title 9, Chapter 11).

NOTE: When a beneficiary who resides in a setting in which s/he would normally be ineligible for Medi-Cal is moved off grounds to an acute psychiatric inpatient hospital or PHF, that individual again becomes Medi-Cal eligible
- (unless the hospital is free-standing with more than 16 beds and is thus considered an IMD and the beneficiary is between the ages of 21-64).
- ⇒ The service was provided to a beneficiary in juvenile hall and when ineligible for Medi-Cal. (A dependent minor in a juvenile detention center prior to disposition, if there is a plan to make the minor's stay temporary, is Medi-Cal eligible. See CCR, title 22, section 50273(c)(5). A delinquent minor is only Medi-Cal eligible after adjudication for release into community. See CCR, title 22, section 50273(c)(1).)
- ⇒ Medi-Cal reimbursement was received when the beneficiary was not present for at least 50 percent of scheduled hours of operation for that day.



## Claims

### *Please Remember:*

- ◆ Only one month should be included on a single claim—do not submit multiple months of service on the same claim.
  - ◆ Ensure you are using your correct contracted rate.
  - ◆ Mail Paper Claims to:  
P.O. Box 5143 Lake Forest, CA 92609
  - ◆ Use the correct modifier, if needed (see below for more info on modifiers).
- Any questions re: claims call 925-372-4400 Option 4.*

### Modifiers

A modifier is required for the following:

- ◆ **59 modifier** after the 1st line for 2 or more services provided on the same day with different CPT codes.
- ◆ **76 modifier** after 1st line for 2 services provided on the same day with the same CPT codes.
- ◆ **95 modifier** for all lines when using Place of Service Type 02 & 10.

## Informal Appeals

Compare your Remittance Advice against the services you provided.

If you would like to appeal a denied claim, you may request a review with CMU two ways:

**Send a message** through Provider Portal (subtopic BHS Informal Appeal Portal) / **Call CMU Claims** 925-372-4400 Option 4 (Explain the corrections you'd like to make, or request to consult on the denial reason)

**OR**

**Resubmit the claim** through Provider Portal.

***PLEASE DO NOT DO BOTH***

\*\* CMU has developed a list of denial codes and provided an updated definition of the code. This will be distributed to providers in the next few weeks.





## Claim Entry—BH Tip Sheet

Please remember to reference the CMS 1500 Claim Entry—BH Tapestry Link “Tip Sheet” for any Provider Portal claim entry questions.

For the screen shots you MUST enter each box with a red arrow.

**Shared Providers\*** must enter “BH”/”BH” in the Miscellaneous Information box.

The screenshot shows the CMS Claim Entry form with several sections and fields highlighted with red arrows:

- Claim Identification:** Alternate ID (1000140)
- Illness Dates:** 14. Start of current illness, 15. Start of similar previous, 16. Work missed from, 16. Work missed to, 17. Referring provider, 18. Hospitalization from, 18. Hospitalization to, 20. Outside lab, 20. Outside lab charges
- Accident Information:** 10. Condition related to, 10a. Related to employment, 15. Accident date, 10b. Accident state
- Diagnoses:** 21. Diagnosis (A), Code Set, Qualifier, 24h. EPSDT, 24h. EPSDT Conditions
- Service Entry - Line 1:** 24a. Service from date, 24a. Service to date, 24b. Place of service type, 24d. Service, 24d. Modifiers, 24e. Associated diagnosis, 24f. Amount billed, 24g. Quantity (1.00)
- Claim Level Information:** 28. Total billed
- Encounter Information:** 33. Vendor, 26. Account number with vendor, 32. Place of service, 24j. Provider, 24j. [ZZ] Provider taxonomy, 27. Provider accept assignment code, 13. Benefit assignment indicator
- Condition Codes:** Condition Codes
- Miscellaneous Information:** Box ID, Box Data Contents

### More Guidelines

- Claims must be submitted within 60 days of the date of service claimed. If not, the claim may be denied.
- Denied or deferred claims—Corrected claims or Informal Appeals of denied claims must be submitted to CMU within 30 days of the denied claim.



**\*Please allow up to 30 days for CMU to respond.**

*\* Shared Provider = Providers who provide services to CCHP Commercial clients in addition to Medi-Cal clients.*

## COVID-19 UPDATES

California's Public Health Emergency expired 2/28/2023.

**The State has indicated there will not be any major changes to the Telehealth guidelines that were enacted in response to COVID-19. The rate for Telehealth services will remain the same as the rate for in-person services.**

While the pandemic may be moving into the next phase it is still important to stay up to date on the latest news/guidelines related to COVID-19.

There are various online resources available to the public. A few good starting points are the County and State's COVID-19 webpages:

[COVID-19 Resources | Contra Costa County, CA Official Website](#)

[covid19.ca.gov](https://covid19.ca.gov)

## Beneficiary's Corner

### MEDI-CAL COVERAGE

The State's COVID-19 Public Health Emergency (PHE) ended 2/28/2023. As a result, millions of Medi-Cal beneficiaries may lose their coverage. DHCS goal is to minimize beneficiary burden and promote continuity of coverage for our beneficiaries. In order to support these efforts, please help us encourage members to keep their contact information updated with the local Medi-Cal office in Contra Costa County and the Employment & Human Services Department (EHSD). SSI recipients get Medi-Cal automatically and should simply keep their contact information updated with Social Security.

**PLEASE REFERENCE FLYER ON NEXT PAGE FOR CONTACT INFORMATION**

### In-Person Sessions

While Telehealth services are an authorized service, all beneficiaries have the right to receive services in person. When the PHE started, CMU provided an example of a "Telehealth Consent." Moving forward, you may continue to use that consent (which has been updated), add your own language to your individual consents, OR explain the right to in-person sessions to your client verbally. If explaining the right verbally, you will need to document the verbal agreement in your progress note from that session.

#### **What does this mean?**

If you are only providing Telehealth services, and the client is requesting in-person services, you will need to transition care to a provider offering in-person services.





#### **How do you request a new provider?**

Please call CMU with the request. You will need to explain to the beneficiary there may be a wait for in-person services. In the interim, explain to the client you are able to provide Telehealth services.

# Keep Your Medi-Cal

Don't miss important information about your Medi-Cal health coverage.

Make sure that your county has your current contact information.

 Name	Phone 
 Address	E-mail 

Report any changes to your name, address, phone number, or e-mail address. Contact us at:

Employment & Human Services Department (EHSD)
P.O. Box 4114, Concord, CA 94524
Telephone: (866) 663-3225 or (800) 709-8348
FAX (925) 228-0310
Website: <a href="http://ehsd.org/help">ehsd.org/help</a>

## Did You Know?

You can complete your annual renewal and report changes to your Medi-Cal online.

Create your online account today by going to [mybenefitscalwin.org](http://mybenefitscalwin.org) and selecting the "Create An Account" link.

## Upcoming CMU Trainings

### CMU Review training:

**Training is on hold until new guidelines are updated to align with CalAIM initiate.**

CMU Review is held from 9:00 a.m.—12:30 p.m.

### CalAIM Trainings:

Can be found on our Network Provider Resources Webpage.

[Network Provider Resources :: Behavioral Health :: Contra Costa Health Services \(cchealth.org\)](#)

### **Network Provider Resources Webpage**

CMU Provider Services has a hub where you can find all the resources you'll need as a Network provider including Provider Orientation Materials, Provider Portal Guidance and claims tips! ! You can also view the mandatory CalAIM training Video and receive the handouts.

<https://cchealth.org/mentalhealth/network-provider/#Materials>

## Network Providers' Corner

### CULTURAL COMPETENCE TRAINING

As part of California's DHCS mandated requirements, all providers must complete a "Cultural Competence" training **each calendar year**. Once you complete your training, please **submit a copy of the certificate** to CMU Provider Services. If doing Contra Costa Health Plan's (CCHP) training outlined below, you do not need to submit a certificate.

CCHP offers an online training which takes about 30 minutes to complete. Once finished, you complete an attestation verifying completion of the online training. Once the attestation is submitted, it is received by CMU as verification of completion of the Cultural Competency training requirement.

### **Go to the Training Resources page for CCHP:**

<https://cchealth.org/healthplan/pdf/provider/Cultural-Competency-Training.pdf>

## Keep Us In The Know: Communicating

- ◇ Your Outgoing Voicemail Message
  - Your hours of availability.
  - Are you out of town?
  - Do you have a back-up number/contact in case of an emergency?

### **The area of greatest need is for providers to see clients in person.**

- Have you opened up your office doors again? Call us!
- ◇ Timely Access To Care Timetables
  - 1 business day to return new client calls



## Contract Renewals

**ALL providers will be renewing contracts this year...**

- The contract language has been updated to include the changes due to CalAIM.
- All Providers with contracts ending in 2023 were already notified and have submitted their documentation.
- Providers with contracts ending in 2024 recently received notification and should have submitted their renewal documentation by Monday, March 6th.
  - Please make sure to submit your documentation quickly.
- All contracts must be entered by Friday, March 31st.
  - Providers should receive their contract to sign via email in May/June.
- The contracting process takes 3 months



## Communication from CMU

We recently learned when CMU replies to a CRM sent by a network provider, the response will be deleted from the network provider's "in-basket" once the CRM is "resolved" by CMU.

Typically, CMU will resolve a CRM immediately after a response is sent to the network provider. As such, CMU's message will be deleted and you as a network provider will not receive or see the message.

If the provider reads the incoming CRM prior to it being resolved by CMU, then, that message will be visible in the "sent" basket.

It is not certain how long this "glitch" has been in place. If you have sent any CRMs to CMU and have not received a response, we apologize. CMU responds to all questions/concerns sent via CRM. If you sent a CRM and have not received a response, please let us know.

We apologize for any confusion and will update everyone as soon as the problem is fixed.

## CCHS & BHS Wellness

### Team

### Free Wellness Videos

(Yoga, Mindfulness, Tai Chi, Cardio) 24/7

<https://cchealth.org/wellness/video-record.php>



## Ongoing Resources Available

[Contra Costa Behavioral Health Access Line](#): Toll-free 1-888-678-7277  
Línea Telefónica de Acceso para Servicios de Salud Mental: Llame Gratis al 1-888-678-7277 para más información.

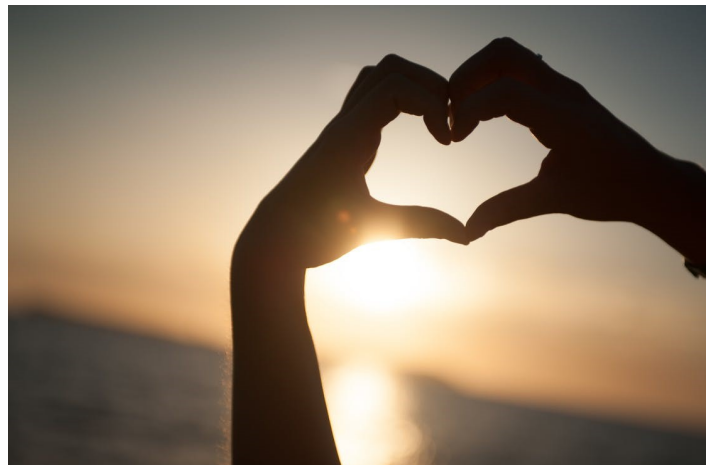
[Crisis and Suicide Hotline](#): Toll-free 211 or dial The **988** Lifeline.  
1-800-273 TALK remains in place as well. You can also text the words HOPE to 20121.

[211 Contra Costa Database](#): A comprehensive, up-to-date, and free of charge database of local health and social services for Contra Costa residents provided by Contra Costa Crisis Center.

[Frontline Workers Counseling Project, Free](#) (Therapist or Support Group):  
<https://fwcp.org/get-therapy>

[Línea Telefónica de Crisis y Suicidio](#): Llame Gratis al 211 o 1-800-833-2900. Si está en crisis puede llamar este numero y hablar con alguien que puede escuchar. También ofrecen información gratuita de servicios sociales y de salud para los residentes de Contra Costa. Proporcionada por el Centro de Crisis de Contra Costa.

[211.org](#): Free national hotline for referrals to social services, psychiatric urgent and emergency care. You can also call 211 anywhere in the country to get connected locally.



### Care Management Unit

### Provider Services for the Network

1330 Arnold Drive #143  
Martinez, CA 94553  
Phone: 925-372-4400  
Fax: 925-372-4410



## Staff Spotlight:



### Douglas Hand, Clerk Senior Level

#### Q&A

- **Before working for CCMHP, what was the most unusual or interesting job you've ever had?**

*When I was much younger, I worked in the hospitality industry as a desk clerk where occasionally I would meet a celebrity when they were checking in.*

- **What do you like to do in your spare time?**

*I enjoy listening to music, watching movies, and playing games with my family while visiting. The time always goes fast when we're all together laughing.*

- **What is an ability you wish you had?**

*I wish I was a good singer and did not suffer from stage fright.*

- **What is the first concert you attended?**

*My brother took me to see the band "Boston" when I was about 12 years old. They were amazing!*

- **What is the first thing you would buy if you won the lottery?**

*I would buy each of my family members a nice house and would make sure we lived near each other.*

- **Where would you like to travel to?**

*I would love to go to New York and see the Statue of Liberty.*