

# The Care Management Network Provider Newsletter

June 2022



## Change

CMU is preparing for upcoming changes in response to the State's Cal-AIM initiative. As with any change, there will be an adjustment period. Please know the CMU team is ready and available to support our network providers during this transition. It is our hope the modifications will enhance and improve the services provided; simplifying the entire process for both the beneficiaries and providers.

## Evidence Based Practices (EBP)

According to the American Psychological Association, "evidence-based practice is the integration of the best available research with clinical expertise in the context of patient characteristics, culture and preferences".

In an effort to better define outcome measures/treatment goals, and align with EBP, we are hoping to start a CBT training pilot. This training will be made available to both county staff as well as a subset of network providers.

***Once confirmed, CMU will be seeking network providers with working knowledge of CBT intervention for Depression/Anxiety.***

### Commitment (tentative details):

- Attend 2 Full days of training (1 initial training day with a follow up training day a few weeks later)
- Participate as part of a cohort (5-8 individuals that attended the training) with consultation calls twice a month for up to 3 months minimum. (cases presented will need to be moderate/severe)
- Stay tuned for more information

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## Claims

### 3 ways to submit claims:

- ◆ Provider Portal
- ◆ Availity (must be able to submit 837 files)
- ◆ Paper Claims:  
P.O. Box 5143 Lake Forest, CA 92609

### For follow up contact:

- ◆ Provider Portal  
[bhs.support@cchealth.org](mailto:bhs.support@cchealth.org)  
or 925-957-7272
- ◆ Availity  
<https://www.availity.com/ediclearninghouse>
- ◆ Paper Claims  
925-372-4400 Option 4

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

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### Modifiers

A modifier is required for the following:

- ◆ 59 modifier after 1st line for 2 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 for POS 02 & 10

## Informal Appeals

If you would like to appeal a denied claim please submit your informal appeal to CMU a couple different ways:

- \* Message through Provider Portal (subtopic BHS Informal Appeal Portal)
- \* Call 925-372-4400 Option 4

Explain the corrections you'd like to make, or request to consult on the denial reason.

If asked to resubmit a claim, send directly to CMU:

- \* Via Fax 925-372-4410
- \* Via Provider Portal

Informal Appeals must be received by CMU within 30 days of the Claim Explanation of Benefits Date.



## 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.

The Tip Sheet goes step by step identifying what sections need to be completed.

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

The screenshot shows the CMS Claim Entry form with several sections. Red arrows point to the following fields:

- Claim Identification:** Alternate ID (1000100)
- 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, 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
- 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; or the claim may be denied.
- Denied or deferred claims—Corrected claims or Informal Appeals of denied claims must be received by CMU within 30 days of the claim Explanation of Benefits date.



## 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, development, dental, and long-term care needs, throughout their lives, from birth to a dignified end of life.

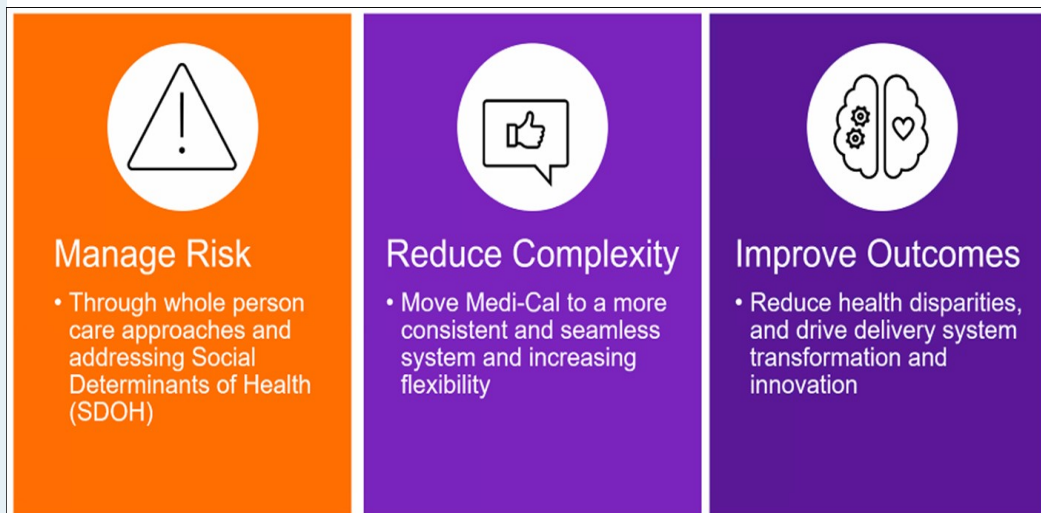
### More information:

#### CCBHS CalAIM Website:

<https://cchealth.org/bhs/calaim>

**DHCS CalAIM Website:** <https://www.dhcs.ca.gov/CalAIM/>

## Primary Goals of CalAIM



## Implementation of CalAIM

- Documentation - standardize and streamline
- Focus will be on Quality with recoupments resulting from **fraud, waste and abuse**
- Specialty Mental Health Services (SMHS) – definition broadened
- Changes to the Drug Medi-Cal Organized Delivery

## Timeline



## Documentation Reform—Moderate/ Severe

- Documentation will be streamlined to improve efficiency
- The intake assessment will be condensed from 4 pages to 3 pages + 1 blank page for extra space
- Treatment plan (Partnership Plan) will be replaced by a new dynamic “Problem List”
- Progress notes will be slightly modified and streamlined
- Disallowances will focus on fraud, waste, abuse
- There will be corrective action plans for quality issues

Training to address Documentation Reform will be held in June.  
Please see the next page for dates/times.



## Fraud, Waste, Abuse

- **Fraud** is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program or to obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the custody or control of, any health care benefit program (18 U.S.C. §1347).
- **Waste** is the overutilization of services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.
- **Abuse** includes actions that may, directly or indirectly, result in:
  - Unnecessary costs to the Medicare Program, improper payment, payment for services that fail to meet professionally recognized standards of care, or services that are medically unnecessary.
  - Abuse involves payment for items or services when there is no legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

### Conduct that can inference Fraud, Waste, Abuse:

- Repeated pattern of unnecessary services  
Example: “assembly line” nonindividualized treatment patterns, or “cookie-cutter” progress notes
- Pattern of knowingly false statements on billings, or corresponding progress notes  
Example: deliberately listing wrong location of service or provider to conceal license eligibility issues  
Example: Intentional concealment of known errors or overpayments—Use of inaccurate statements, or deliberate failure to disclose adverse facts, in response to audit questions

## Upcoming CMU Trainings -

- **CalAIM training**

Thursday, June 23rd

9:00 a.m.—10:30 a.m.

Tuesday, June 28th

9:00 a.m.—10:30 a.m.

- **CMU Review training:**

Wednesday, July 13th

Wednesday, August 24th

Friday, September 16th

Wednesday, October 19th

Friday, November 18th

**CMU Review is held from**

**9:00 a.m.—12:30 p.m.**

**For both trainings  
please keep an eye  
out in your email for  
the Zoom links.**

## Mild/Moderate Service Authorizations

CMU received approval to authorize more than 8 sessions for all Prior Authorization requests. Moving forward, you may request **up to 26 units** per service, which should be customized per client's impairments and needs. You will need to identify the number of units being requested per service. Any services that are checked but do not have a corresponding number will be authorized for the default of 8 units

Please be aware the **Initial authorization will not change**. You will still need to submit your first Prior Authorization request after your first 8 units.

EXAMPLE:

Requested Service/# visits (please keep in mind the standard is up to 8 visits for each prior authorization request):

☒ Individual 26 ☐ Family      ☐ Group      ☐ Medication Monitoring      ☐ Collateral     

## Changes in Acuity

If you believe the acuity assigned to your client does not match their presentation, please contact CMU. When sending the information through a CRM, identify the client's presenting symptoms and impairments. While we do have the acuity screening tool there are other factors CMU may use to make a final determination.



## DHCS Registration

- All providers must be registered through the Department of Health Care Services (DHCS). You may register either as an Ordering, Rendering, Prescribing (ORP) provider or an Individual Provider.
- ORP providers do not have the ability to bill the State directly. All claims must go through another party (i.e. the County).
- Individual providers may bill the State directly.



For more information please visit: <https://www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx>

## Required Training

### CULTURAL COMPETENCE TRAINING

As part of California's Department of Health Care Services (DHCS) man-dated 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 CCHP's training outlined below, you do not need to submit a certificate.

Contra Costa Health Plan (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 sub-mitted, 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>

### BENEFICIARY PROTECTION TRAINING

This training is due every 3 years and will coincide with your re-credentialing dates. Once your previous training date has expired, you will receive notification via email.

## CCHS & BHS Wellness Team

### Free Wellness Videos

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

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



### BHS Self Care Sessions

(Mindfulness, Yoga, Expressive Arts)

Mondays and Wednesdays at 4:10PM

<https://cchealth.zoom.us/j/9258323238>

## 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.

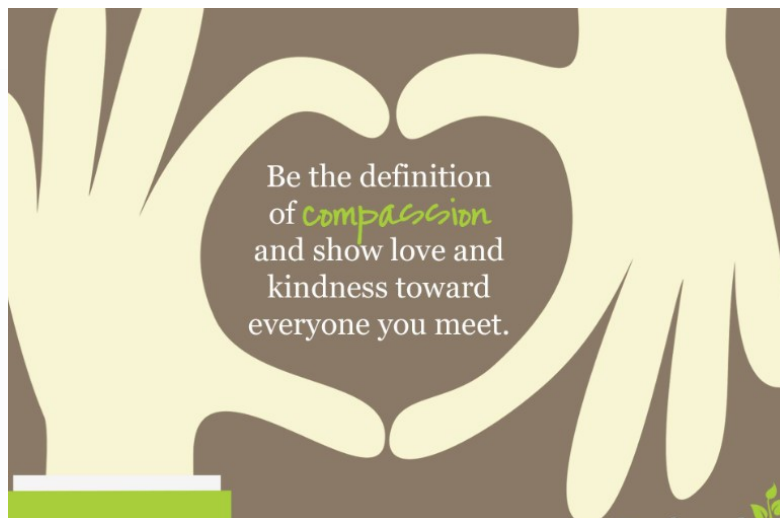
[Crisis and Suicide Hotline](#): Toll-free 211 or 1-800-833-2900. You can also text the words HOPE to 20121.

[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 número 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  
Martinez, CA 94553  
Phone: 925-372-4400  
Fax: 925-372-4410





## CMU Spotlight: Roxanne Osegueda

### CMU Clerical Supervisor

I have been with county since 2003. I started with Concord Adult MH, then 2019 transferred to West County Adult MH and in 2021 came to Care Management Unit. I have been blessed to have great coworkers and managers/supervisors along the way.

I have four children, my son, two daughters & my daughter-in law. My son & daughter-in law blessed me with two beautiful granddaughters.

I enjoy family BBQs, camping, water sports, snowmobiling & dancing.

### Q&A

- Do you recall any embarrassing moment at work?  
As I was walking into the restroom, I seen a mouse run by, I screamed so loud, everyone came to see if I was okay...very embarrassing!
- If you were an animal, what would you be?  
Bird
- If you were stuck on an island what three things would you bring?  
Suntan Lotion  
Radio  
Water
- People would be surprised if they knew:  
I know how to ride a quad
- What is on your bucket list?  
Visit Greece
- What is the first thing you would buy if you won the lottery?  
Houses for each of my children
- What is the one thing, you can't live without?  
Family