

# CONTRA COSTA MENTAL HEALTH PLAN

## CARE MANAGEMENT UNIT

### PROVIDER PORTAL GUIDE TO PROCEDURES

October 2019



**CONTRA COSTA**  
**BEHAVIORAL HEALTH**  
A Division of Contra Costa Health Services

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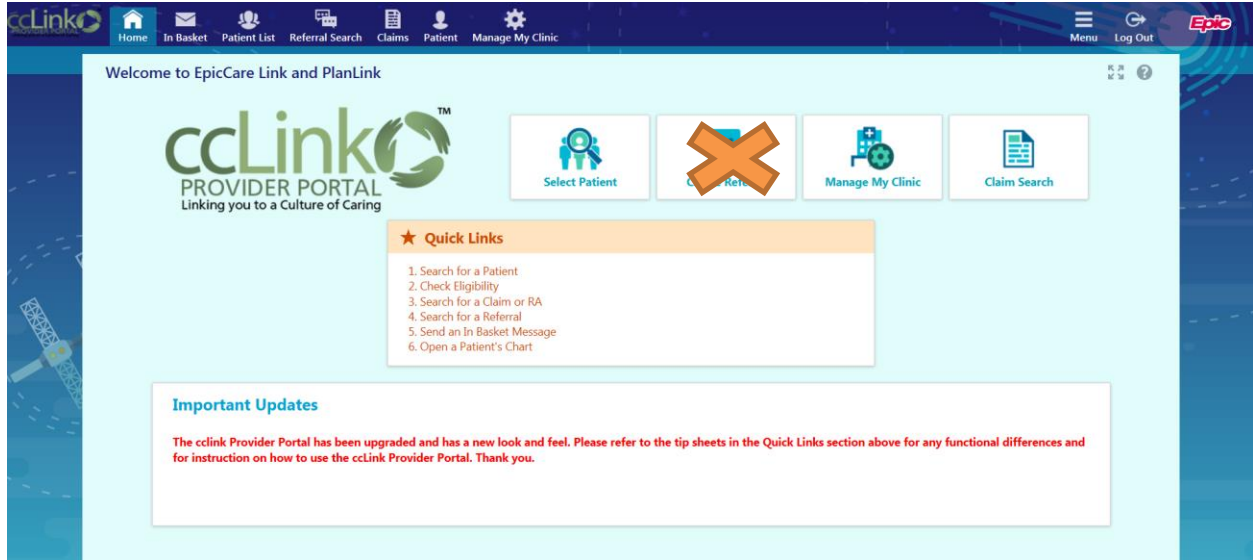
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## PROVIDER PORTAL HOME PAGE

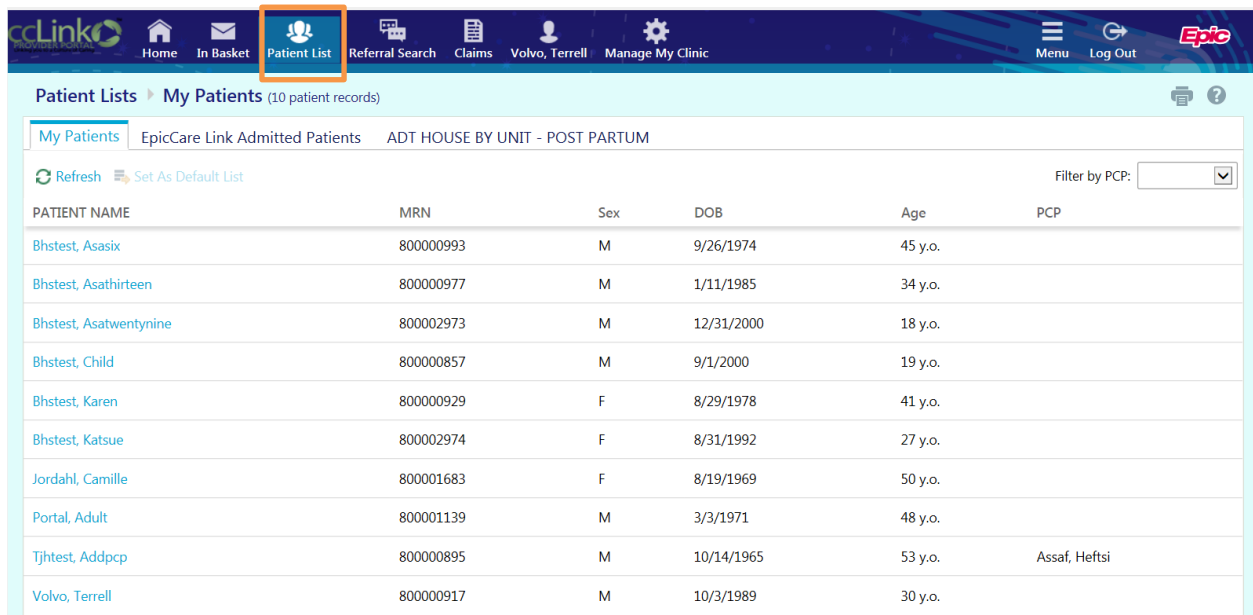
Please note, any “Quick Links” tip sheets may not be completely applicable to your view of Provider Portal, because the Portal is shared with CCHP providers.

**IMPORTANT:** Do not use the “Create Referral” button on the home page!



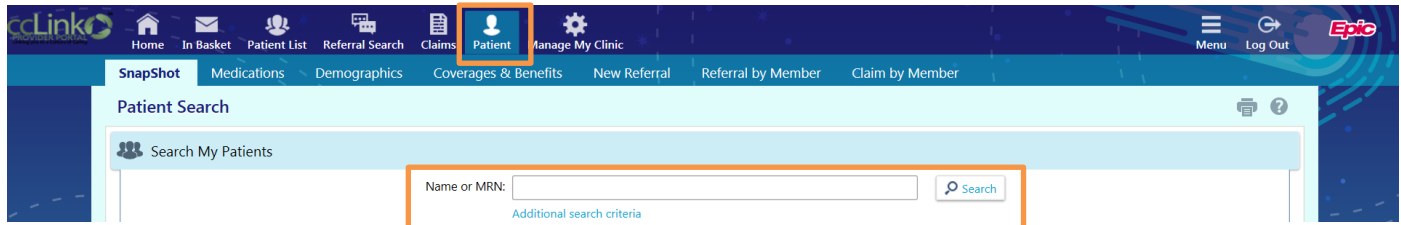
## LOCATING CLIENT INFORMATION

Once I log in, how do I locate my client list? You can click the “Select Patient” button on the home page. Or, you can click on “Patient List” in the top menu bar. The Patient List icon is available whether or not you are on the home screen.

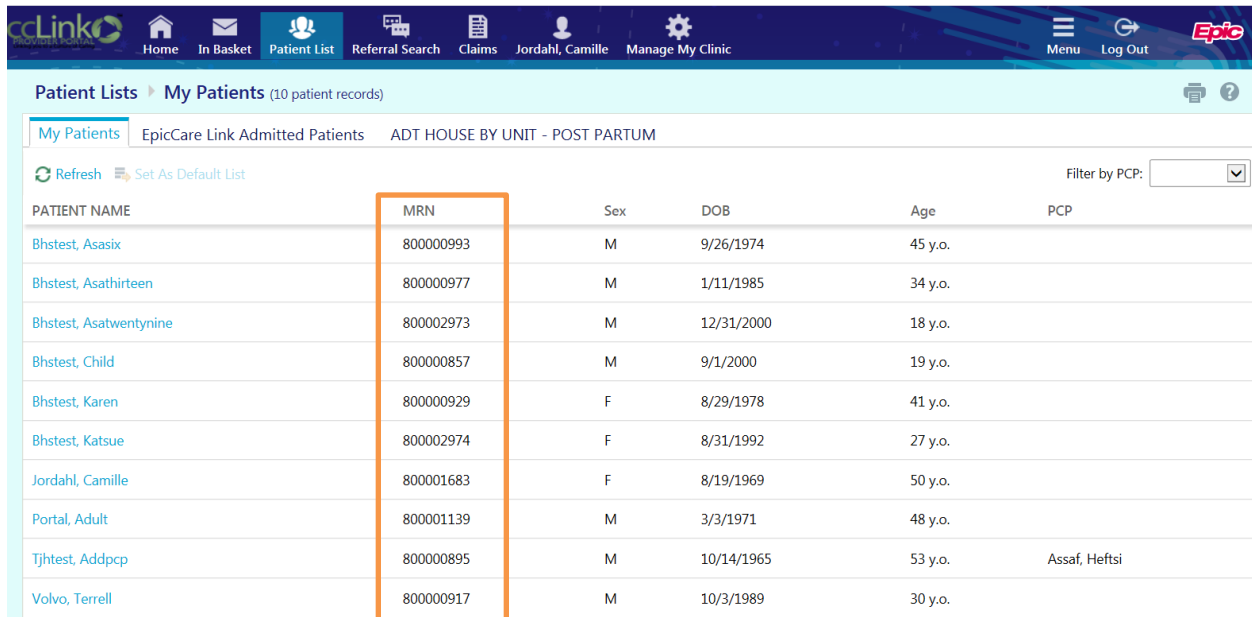


## How do I locate my client list if I am a member of a group?

Your client list may appear blank if you are an individual provider in a group. You can still find individual client records by closing any client records you have open, then going to the “Patient” tab in the main menu. Use the search function to search for individual clients.



## Locating the client's MRN It will be to the right of the client's name.



## Accessing the client's chart

Click on a client's name to open the client's “Snapshot” tab. Review of the “Patient Snapshot,” “Facesheet,” and “Medications” tabs can provide information helpful for completing the client's intake, and can be verified with the client at the first session. Only information entered by providers who are part of the Contra Costa County System of Care will be visible. For instance, records from outside PCPs will not be included. Note that there is a tab in the top bar indicating the client record you have open, and will remain until you close that record or navigate to a different client. You can change the client record by clicking the “Change Patient” button on the bottom left hand side of the client's “Storyline.” You can have only one client record open at a time.

**Referral by Member**

View Option:  Show Active Referrals

Click on the referral ID to view more information about that referral

**Search Results: 2 referrals found**

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
539290	BEHAVIORAL HEALTH	GILSON, GWYNNE	SAINI, AMRIT	AUTH	10/02/2019	10/01/2020	10/02/2019
539286	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	AUTH	10/02/2019	10/01/2020	10/02/2019

**Camille Jordahl**  
Female, 50 y.o., 8/19/1969  
MRN: 800001683

**BEHAVIORAL HEALTH / BHS  
M/C FULL SCOPE MEDICAL**  
Effective: 9/14/2014  
Rel to Sub: Self  
Member ID: 108587801

PCP: None

ACCESS ENDS  
12/31/2019

[Change patient](#)

### How can I navigate directly to the section of the client record that I want to see?

You can hover over the “Patient” icon in the top menu bar to see additional options. Note that if you have a client record open, making a selection will take you directly to that section of the client record. If you don’t have a client record open, it will take you to your client list to make that selection.

**ccLinko PROVIDER PORTAL**  
Linking you to a Culture of Caring

Welcome to EpicCare Link and PlanLink

**Patient**

- Clinical Review**
  - Snapshot
  - Medications
- Patient Profile**
  - Demographics
  - Coverages & Benefits
- Referrals**
  - New Referral
  - Referral by Member
- Claims**
  - Claim by Member

### **Why is a client name not on my patient list?**

Clients will not show up on your patient list until an initial authorization has been entered. This will normally take 24-48 hours from the time the authorization is entered.

If a client who has previously been on your list is no longer visible, it is probably because there has been no activity associated with the client for over 90 days. New activity is defined as either a new Referral being entered, or a claim being received by the system. If no activity occurs for 90 days, the system is set to automatically drop the client off the patient list under the assumption that services are no longer being provided.

The "Access Ends" field in the patient "Storyline" indicates when the client's record will no longer be available, unless a new claim is received or a new Referral is entered, at which point it should update. This date is NOT the date your authorization expires.

**Camille Jordahl**  
Female, 50 y.o., 8/19/1969  
MRN: 800001683

---

**BEHAVIORAL HEALTH / BHS  
M/C FULL SCOPE MEDI-CAL**  
Effective: 9/14/2014  
Rel to Sub: Self  
Member ID: 108587801

---

PCP: None

---

**ACCESS ENDS**  
12/31/2019

If you would like to request that a client be added back to your list, please send a Provider Portal In Basket message with the subtopic "BHS Other," listing the client's name and MRN.

### **Why is a client's name still on my patient list after I sent a closing?**

Client closings are processed in a separate system. Provider Portal is programmed to retain a client name on a provider's patient list for 90 days after the last activity, so that the provider has access to referrals and claims history, in the event that there are any denied claims.

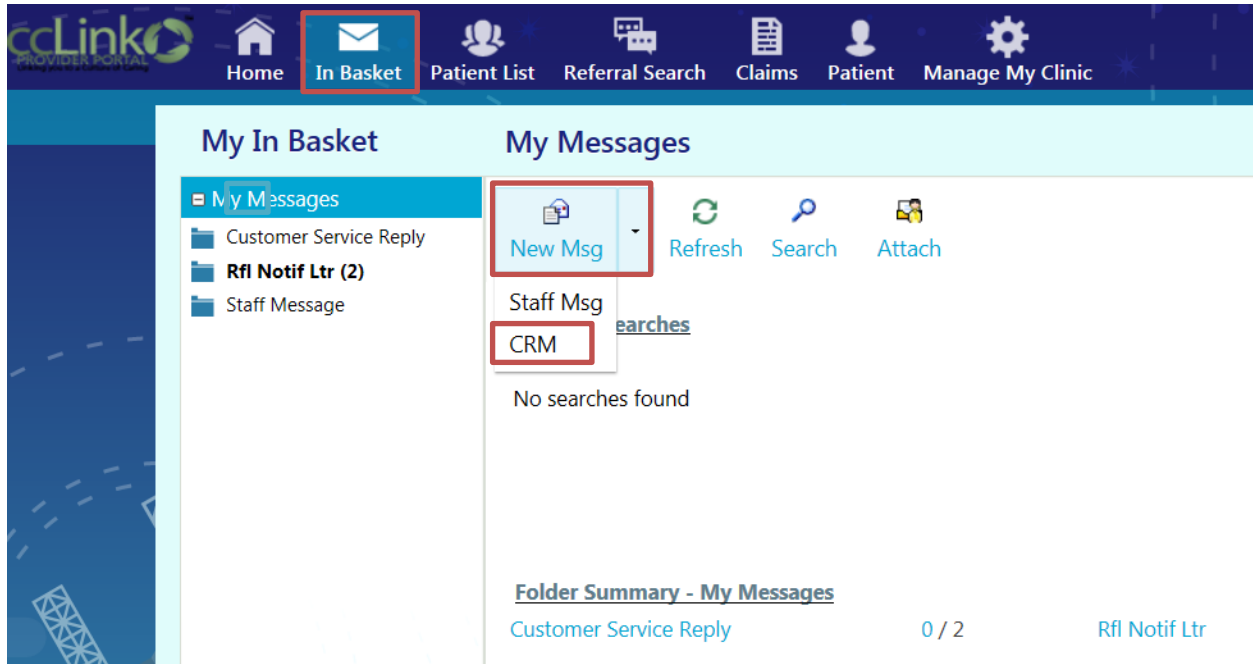
If you would like to have a client's name removed from your patient list, please send a Provider Portal In Basket message with the subtopic "BHS Other," linking the client's name with the message.

## IN BASKET MESSAGING

**How do I send a message to CMU?** From the home page, select “In Basket” from the top menu.

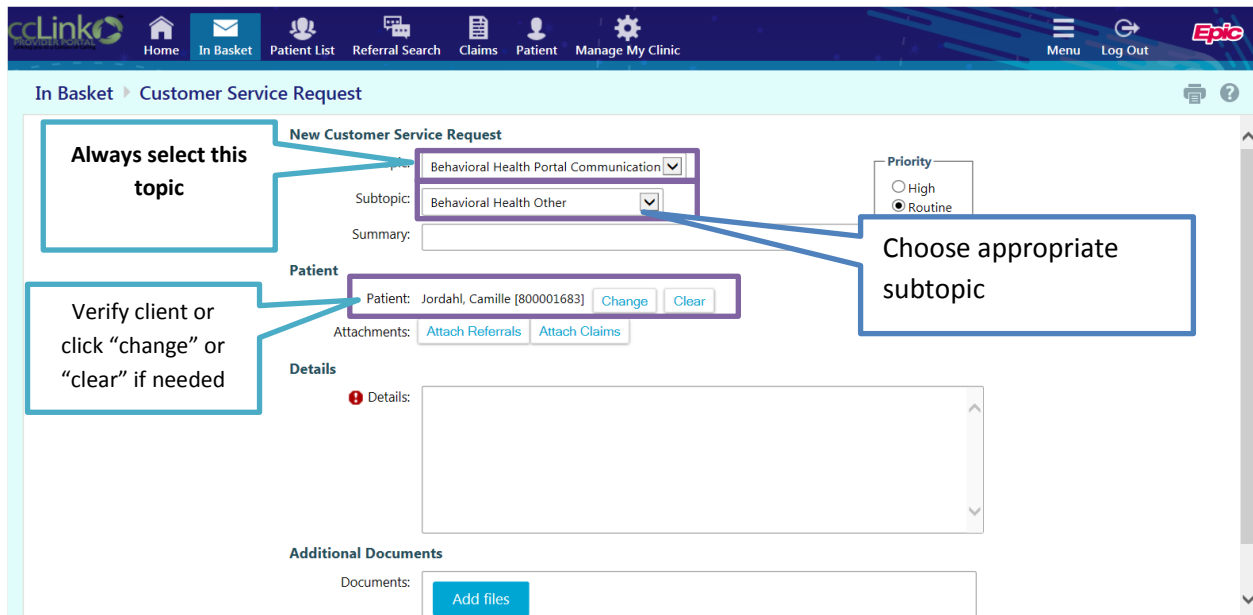
Next to the “New Msg” button, click the small triangle, then select “CRM” when it appears.

**Please send separate messages for each of your clients.** Messages link to individual client records.



**ALWAYS** Select Topic “Behavioral Health Portal Communication”, then the appropriate “Subtopic.”

See the following section for guidance on choosing subtopics.





Enter the details of your request. Attach any documents you wish CMU to review.

**New Customer Service Request**

Topic: Behavioral Health Portal Communication  
Subtopic: Behavioral Health Other  
Summary: Saw client two times this week

**Priority**  
 High  
 Routine  
 Low

**Patient**  
Patient: Jordahl, Camille [800001683] [Change](#) [Clear](#)

Attachments: [Attach Referrals](#) [Attach Claims](#)

**Details**  
Details: I would like an authorization for two client sessions in the same week.  
I saw the client yesterday, and she called me in crisis today due to having been in a car accident. I was able to see her immediately.

**Additional Documents**  
Documents: [Add files](#)

Attach any relevant documents

**IMPORTANT:** Provider Portal does NOT retain a copy of outgoing CRM messages. If you would like to retain a copy of your outgoing message, please click the print icon BEFORE clicking submit.

**New Customer Service Request**

Topic: Behavioral Health Portal Communication  
Subtopic: Behavioral Health Other  
Summary: Saw client two times this week

**Priority**  
 High  
 Routine  
 Low

**Patient**  
Patient: Jordahl, Camille [800001683] [Change](#) [Clear](#)

Attachments: [Attach Referrals](#) [Attach Claims](#)

**Details**  
Details: I would like an authorization for two client sessions in the same week.  
I saw the client yesterday, and she called me in crisis today due to having been in a car accident. I was able to see her immediately.

**Additional Documents**  
Documents: [Add files](#)

Click to print a copy

Click only after printing a copy (if desired)

[Submit](#) [Cancel](#)

## How do I see the response to a CRM message from CMU?

From the In Basket, the “Customer Service Reply” icon will have a number next to it indicating if you have a new message or messages.

The screenshot shows the Epic In Basket interface. The left-hand navigation pane has a blue arrow pointing to the 'Customer Service Reply (2)' folder. The main area displays 'My Messages' with options like 'New Msg', 'Refresh', 'Search', and 'Attach'. Below this are 'Favorite Searches' and 'Consolidated In Baskets' options. At the bottom, a 'Folder Summary - My Messages' table is visible:

Folder	Count
Customer Service Reply	2 / 4
Rfi Notif Ltr	2 / 34
Staff Message	0 / 6

Click the message you want to read and it will open in the bottom window.

The screenshot shows the Epic In Basket interface with a 'Customer Service Reply' message selected. The message content is displayed in the bottom window:

**Jordahl, Camille** Received: Today  
Gwynne Gilson, MFT → Heftsi Assaf  
You have permission to bill for two client sessions this week.  
Previous Messages ∨

**CRM # 270867**  
Priority: Routine Created on: 10/04/2019 02:56 PM By: Heftsi Assaf  
Owner: Gwynne Gilson, MFT Status: Unresolved

**Letters**

Finalized	Type	Template	Created By
10/04/2019 02:56 PM	Letter	BHS CFS AUTHORIZATION LETTER	Heftsi Assaf

**Notes**

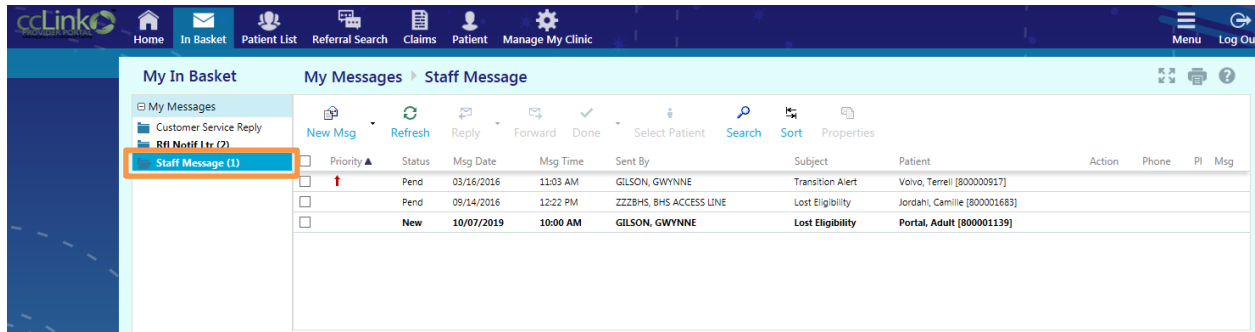
Gwynne Gilson, MFT 10/04/2019 03:01 PM  
Summary: Reply To Customer Service Request  
You have permission to bill for two client sessions this week. ----- Message ----- From: Heftsi Assaf Sent: 10/4/2019 2:56 PM PDT To: Bhs Cmu Clinician Pool

## How do I respond to the Customer Service Reply?

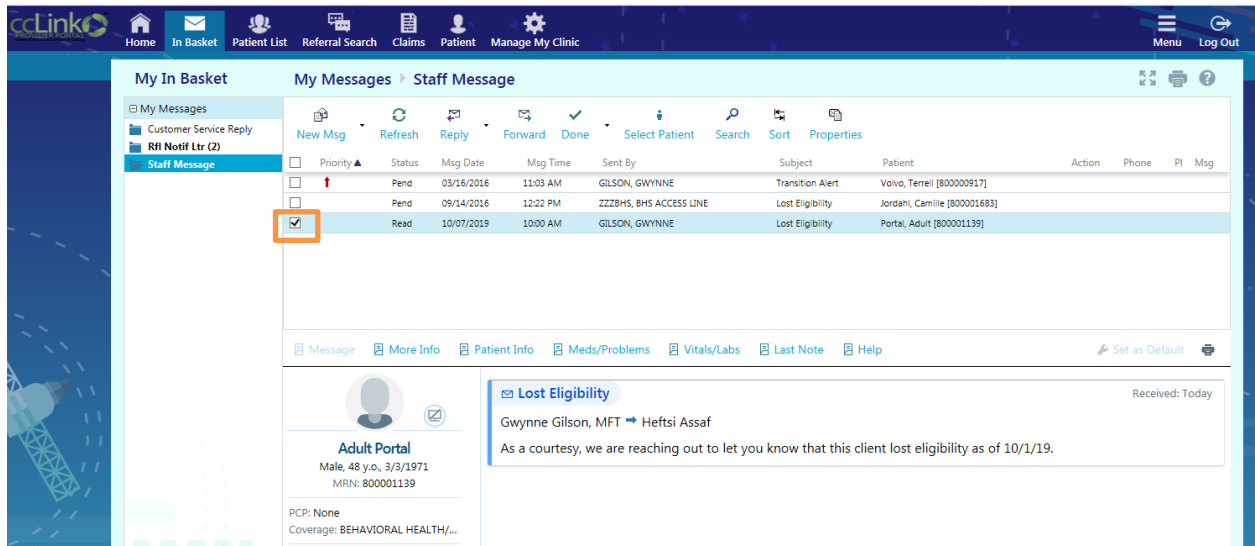
There is no “Reply” button for Customer Service Reply messages. You will have to initiate a new In Basket message in order to respond. You can, however, reference the original CRM number.

## How do I see new messages initiated by CMU (Staff Messages)?

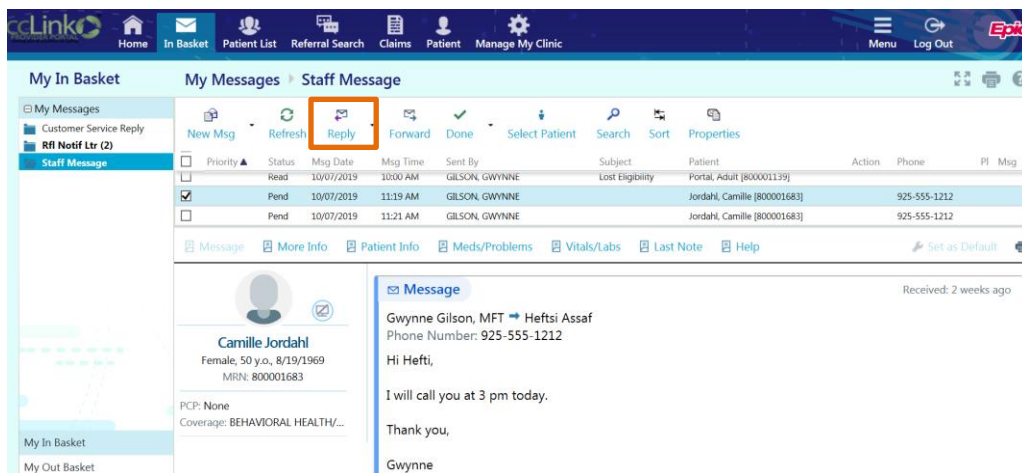
CMU cannot initiate “Customer Service Reply” messages. Therefore, to initiate communication regarding an issue, CMU uses “Staff Messages.” If the folder name is in bold with a number in parentheses next to it, you have one or more new messages.



Clicking once on the folder icon will open the list of read and unread messages. Click on the message line you want to read and it will open in the lower part of the screen.



How do I respond to a “Staff Message”? With the message selected, click the “Reply” button in the menu bar.



## When should I use “Staff Message” instead of a CRM message?

In most cases, you should **NOT** use Staff Message to communicate about a client with CMU. Please use CRM messaging to communicate with CMU. However, Staff Messages are a convenient way to reach out to other providers within the system of care for coordination of care.

## How do I send a Staff Message?

From In Basket, click the triangle next to “New Msg,” and choose “Staff Msg”

## How can I see staff message replies that I have sent?

Within the In Basket, click “My Out Basket” and then under “Sent Messages,” click “Staff Message”

Priority	Status	Msg Date	Msg Time	Sent By	Subject	Patient	Action	Phone	PI	Msg Recipient
	Sent	04/01/2016	9:35 AM	ASSAF, HEFTSI	RE: Transition Alert	Volvo, Terrell [800000917]				Gwynne Gilson, MFT
	Pend	03/16/2016	11:30 AM	ASSAF, HEFTSI	RE: Eligibility Alert	Test, Katy [800002633]		925-555-1212		Gwynne Gilson, MFT
	Sent	09/14/2016	12:26 PM	ASSAF, HEFTSI	RE: Mental Health Access Screening	Bhstest, Adultreauth [800000925]				Gwynne Gilson, MFT

**Legend**

- ↑ High Priority
- ↓ Low Priority
- !! Critical
- ! Abnormal
- !-! Previous Abnormal
- ☐ Cc
- Work Assigned To You
- Work Taken By You (Click icon to put back)
- Work Assigned To Your Pool (Click icon to take)
- Work Taken By Others (Click icon to take)

## CHOOSING THE CORRECT SUBTOPIC

After you choose “Behavioral Health Portal Communication” for your message, the “Subtopic” menu will appear.

**New Customer Service Request**

Topic: Behavioral Health Portal Communication

**Subtopic:** BHS Claims

**Summary:** Behavioral Health Provider Services

**Patient:** Behavioral Health Other

**Details:** BHS Initial Authorization Request

**Priority:**  High  Routine  Low

**Patient:** BHS Reauthorization Request

**Details:** BHS Annual Authorization Request

**Patient:** BHS Open/Close

**Details:** BHS Closings

**Patient:** BHS Informal Appeal-Provider Portal

**Details:** BHS Registration Form

Choose your subtopic based on the examples below:

### BHS Claims – Routes to the AP Claims clerk pool

- Claims payments,
- Claims denials
- Remittance advices
- Status of claims
- Receipt of claims

### Behavioral Health Provider Services – Routes to the Provider Services clerk pool

- Change of address (mailing, POS, billing)
- Availability for Referrals
- Change of contact info (name changes, phone, email, fax)
- Contract questions
- Supplies (Medi-Cal guides, CCMHP provider list)
- Provider Trainings (questions, RSVP)
- Adding or closing a place of service
- Referring new providers to our panel
- Updates to billing address or W-9 tax information

### Behavioral Health Other – Routes to CMU clinician Pool

- Eligibility questions
- Request status of authorizations
- Requests for special authorization
- Questions about CMU procedures
- Questions about documentation requirements
- Other miscellaneous topics

**BHS Initial Authorization Request** – Routes to the Access Clerk Pool

- Requests for initial authorization when you have made a first appointment with a client.
- **DO NOT** use this subtopic for submitting intakes

**BHS Reauthorization Request** – Routes to CMU Clinician Pool

- Submitting intakes

**BHS Annual Authorization Request** – Routes to CMU Clinician Pool

- Submitting annual updates

**BHS Open/Close** – Routes to CMU Clinician Pool

- Submitting two-page registration and discharge form for cases that were open for fewer than 60 days

**BHS Closings** – Routes to CMU Clerk Pool

- Submitting discharge forms for cases open longer than 60 days, or for which you have already submitted an intake

**BHS Informal Appeal – Provider Portal** – Routes to CMU Clinician Pool

- Submitting informal appeals for denied claims

**BHS Registration Form** – Routes to CMU Clerk Pool

- Submitting the Registration and Admission form at time of intake or annual update

## REQUESTING INITIAL AUTHORIZATIONS

### How do I request an initial authorization?

Once you have created a CRM message, choose “BHS Initial Authorization Request” as your subtopic.

Enter Summary: Request for Initial Authorization

If you are requesting an initial authorization for a new client, you will not be able to select a patient because that client will not be on your patient list until you have a Referral in the system. Therefore, you must type all of the client identifying information into the “Details” box.

Please provide the following, which helps us identify the patient, and also collect date for required reporting to the State of California regarding timely access to care for clients.

- Client name with correct spelling
- Client birth date
- Client CIN, if available.
- Date client first contacted you
- Date of first appointment offered
- Date of first appointment accepted (may be the same as the first offered)

The screenshot shows the 'New Customer Service Request' form in the cLink CRM. The 'Topic' dropdown is set to 'Behavioral Health Portal Communication' and the 'Subtopic' dropdown is set to 'BHS Initial Authorization Request'. The 'Summary' field contains 'Request for initial authorization'. The 'Patient' section has a 'Select Patient' button. The 'Details' text area contains the following text: 'I would like an initial authorization for Jane Smith Her date of birth is 8/13/1963 CIN is 99999999A She first contacted me on 10/27/19 First appointment offered was 10/30/19 She accepted an appointment on 11/2/19'. The 'Additional Documents' section has an 'Add files' button and a '10.0 MB Total Allowed' indicator. The 'Priority' section has radio buttons for 'High', 'Routine' (selected), and 'Low'. The 'Submit' and 'Cancel' buttons are at the bottom right.

**Annotations:**

- A green box highlights the 'Topic' dropdown with the text: "Always choose this topic".
- A green box highlights the 'Details' text area with the text: "The client will not yet be on your list. Provide details here."

The client will appear on your patient list once your request is processed and the initial authorization is entered in the system.

Provider Portal does NOT retain a copy of your outgoing CRM message. Therefore, if you would like to retain a copy, select the “Print” icon BEFORE you click “Submit”

The screenshot shows the 'New Customer Service Request' form in the cLink system. The form includes fields for Topic (Behavioral Health Portal Communication), Subtopic (BHS Initial Authorization Request), and Summary (Request for initial authorization). It also has a Patient selection button and a Details text area containing patient information. At the bottom, there is an 'Add files' button for additional documents and 'Submit' and 'Cancel' buttons. A callout box with a blue border and a pointer to a printer icon in the top right corner contains the text: 'Click this icon BEFORE you submit to print a copy of your request.'

Click "Submit" to complete your request.

This screenshot is identical to the one above, showing the 'New Customer Service Request' form. In this version, the 'Submit' button at the bottom right is highlighted with an orange rectangular box, indicating the next step in the process.

Your request will now be routed to CMU for review.



## How do I find Referral Letters?

When CMU issues the Referral for the initial authorization, the letter will arrive in the “Rfl Notif Ltr” folder on your In Basket screen. The name of the folder will be in bold with a number in parentheses next to it. Click the icon to open it.

The screenshot shows the Epic In Basket interface. The left sidebar has a tree view with 'My Messages' expanded, showing 'Customer Service Reply', 'Rfl Notif Ltr (3)', and 'Staff Message'. The 'Rfl Notif Ltr (3)' folder is selected. The main content area shows a list of messages with the following columns: Priority, Date, Time, Letter, Referral #, Member, Next Appt Date, Next Appt Status, Next Appt Visit Type, and Priority. The messages listed are:

Priority	Date	Time	Letter	Referral #	Member	Next Appt Date	Next Appt Status	Next Appt Visit Type	Priority
	10/07/2019	12:27 PM	Bhs Re-Auth [32059]	539282	Volvo, Terrell				Routine
	10/07/2019	12:26 PM	Bhs Initial Authorization [31997]	539277	Portal, Adult				Routine
	10/07/2019	12:25 PM	Bhs Annual Auth [32061]	539286	Jordahl, Camille				Routine

In the “Rfl Notif Ltr” list, select the letter you wish to view. It will appear in the bottom half of the screen. You can scroll through the letter by using the scroll bar on the right.

The screenshot shows the Epic In Basket interface with the 'Rfl Notif Ltr (2)' folder selected. The selected message is expanded, showing patient information and the full text of the authorization letter. The patient information is:

**Camille Jordahl**  
Female, 50 y.o., 8/19/1969  
Legal Sex: Female  
MRN: 800001683  
Confidential Patient: None  
PCP: None  
Coverage: BEHAVIORAL HEALTH/...

The letter text is:

ANNA M. ROULL RN, MS, MPH  
Health Services Director  
MATTHEW D. WHITE, MD  
Acting Behavioral Health Director

**CONTRA COSTA HEALTH SERVICES**  
NETWORK PROVIDER - AUTHORIZATION LETTER

CAMILLE JORDAHL  
143 WALNUT ST  
MARTINEZ CA

Referral #: 539286  
Member ID: 108587801  
Primary: BHS M/C FULL SCOPE MED  
Secondary:  
Phone:

CONTRA COSTA BEHAVIORAL HEALTH  
CARE MANAGEMENT UNIT  
30 Douglas Drive, Suite 214  
Martinez, California 94553  
Ph: (925) 372-4400  
Fax: (925) 372-4410

Use the scroll bar to review the entire letter.

Verify that the authorization dates are correct.

**My In Basket**    **My Messages** ▶ **Rfl Notif Ltr**

My Messages  
 Customer Service Reply  
**Rfl Notif Ltr (2)**  
 Staff Message

New Msg Refresh Done Search Sort Properties

Priority	Date ▲	Time	Letter	Referral #	Member	Next Appt Date	Next Appt Status
<input checked="" type="checkbox"/>	10/07/2019	12:25 PM	Bhs Annual Auth [32061]	539286	Jordahl, Camille		
<input type="checkbox"/>	10/07/2019	12:26 PM	Bhs Initial Authorization [31997]	539277	Portal, Adult		
<input type="checkbox"/>	10/07/2019	12:27 PM	Bhs Re-Auth [32059]	539282	Volvo, Terrell		

Message More Info Visits Problems Meds My Last Note Last PCP Note Labs Orders ...

**Auth #: 539286 Auth Start Date: 10/2/2019 Auth Expiration Date: 10/01/2020**

Verify the service codes and quantities that have been authorized.

You have been referred to:  
 Heftsi Assaf  
 13201 SAN PABLO AVENUE #316  
 SAN PABLO CA 94806-3965  
 Phone: 510-869-5009

For the following service(s):

Code	Procedure Name	Requested Quantity	Approved Quantity
99205	PR OFFICE OUTPATIENT NEW 60 MINUTES	1	1
90832	PR PSYCHOTHERAPY W/PATIENT 30 MINUTES	4	4
90887	PR CONSULTATION WITH FAMILY	6	6
90834	PR PSYCHOTHERAPY W/PATIENT 45 MINUTES	26	26

How do I print Referral Letters?

If you wish to print the Referral Letter, you can click on the "Print" icon in the menu bar.

**My In Basket**    **My Messages** ▶ **Rfl Notif Ltr**

My Messages  
 Customer Service Reply  
**Rfl Notif Ltr (2)**  
 Staff Message

New Msg Refresh Done Search Sort Properties

Priority	Date ▲	Time	Letter	Referral #	Member	Next Appt Date	Next Appt Status	Next Appt Visit
<input checked="" type="checkbox"/>	10/07/2019	12:25 PM	Bhs Annual Auth [32061]	539286	Jordahl, Camille			
<input type="checkbox"/>	10/07/2019	12:26 PM	Bhs Initial Authorization [31997]	539277	Portal, Adult			
<input type="checkbox"/>	10/07/2019	12:27 PM	Bhs Re-Auth [32059]	539282	Volvo, Terrell			

Message More Info Visits Problems Meds My Last Note Last PCP Note Labs Orders ... Set as Default Print

**Letter**

**Camille Jordahl**  
 Female, 50 y.o., 8/19/1969  
 Legal Sex: Female  
 MRN: 800001683  
 Confidential Patient: None  
 PCP: None  
 Coverage: BEHAVIORAL HEALTH/...

ANNA M. ROHL, RN, MS, MPEI  
 Health Services Director  
 MATTHEW P. WHITE, MD  
 Active Behavioral Health Director

**CONTRA COSTA HEALTH SERVICES**

**CONTRA COSTA BEHAVIORAL HEALTH**  
 CARE MANAGEMENT UNIT  
 33 Douglas Drive, Suite 234  
 Martinez, California 94553  
 Ph: (925) 372-4400  
 Fax: (925) 372-4410

NETWORK PROVIDER - AUTHORIZATION LETTER

Click to print the Referral Letter.

# SUBMITTING INTAKES, ANNUAL UPDATES, AND DISCHARGE FORMS

How do I submit intakes, annual updates, or discharge forms? [Create a new CRM message.](#)

Topic: Behavioral Health Portal Communication

Subtopic: BHS Reauthorization Request, BHS Annual Authorization Request, or BHS Closings

Summary: This field is optional

Patient: Select the correct client name associated with the paperwork

The screenshot shows the 'New Customer Service Request' form. The 'Topic' dropdown is set to 'Behavioral Health Portal Communication' and the 'Subtopic' dropdown is set to 'BHS Reauthorization Request'. The 'Priority' section has 'Routine' selected. The 'Patient' field contains a 'Select Patient' button, which is highlighted with a blue arrow. Below this are 'Details' and 'Additional Documents' sections.

When you click the "Select Patient" button, your list of clients will open up. Select the correct client.

The screenshot shows the 'Patient Search' window with a search bar and a list of patients. The patient 'Jordahl, Camille' is highlighted with a red box.

PATIENT NAME	MRN	Sex	DOB	Age	PCP
Bhstest, Asasix	800000993	M	9/26/1974	45 y.o.	
Bhstest, Asathirteen	800000977	M	1/11/1985	34 y.o.	
Bhstest, Asatwenty-nine	800002973	M	12/31/2000	18 y.o.	
Bhstest, Child	800000857	M	9/1/2000	19 y.o.	
Bhstest, Karen	800000929	F	8/29/1978	41 y.o.	
Bhstest, Katsue	800002974	F	8/31/1992	27 y.o.	
Jordahl, Camille	800001683	F	8/19/1969	50 y.o.	

The client's name will now be filled in.

In Basket ▶ Customer Service Request

### New Customer Service Request

Topic: Behavioral Health Portal Communication

Subtopic: BHS Reauthorization Request

Summary:

**Priority**


High  
 Routine  
 Low

**Patient**

Patient: Jordahl, Camille [800001683] [Change](#) [Clear](#)

Attachments: [Attach Referrals](#) [Attach Claims](#)

**Details**

 Details:

**Additional Documents**

Documents: [Add files](#)

Fill in the details of your request.

In Basket ▶ Customer Service Request

### New Customer Service Request

Topic: Behavioral Health Portal Communication

Subtopic: BHS Reauthorization Request

Summary:

**Priority**

High  
 Routine  
 Low

**Patient**

Patient: Jordahl, Camille [800001683] [Change](#) [Clear](#)

Attachments: [Attach Referrals](#) [Attach Claims](#)

**Details**

Details: The intake for this client is attached. Please issue a reauthorization.

**Additional Documents**

Documents: [Add files](#)

Enter details about your request.

Click the “Add File” button to attach your intake from your computer

In Basket ▶ Customer Service Request

### New Customer Service Request

Topic: Behavioral Health Portal Communication  
Subtopic: BHS Reauthorization Request  
Summary:

**Priority**  
 High  
 Routine  
 Low

**Patient**  
Patient: Jordahl, Camille [800001683] [Change](#) [Clear](#)  
Attachments: [Attach Referrals](#) [Attach Claims](#)

**Details**  
Details: The intake for this client is attached. Please issue a reauthorization.

**Additional Documents**  
Documents: [Add files](#)

Click “Add File” to locate the document on your computer.

Confirm you have attached the correct document. Select Type “BH MS Clinical Documents.” Click the printer icon if you wish to print a copy of the message, and then click “Submit”

In Basket ▶ Customer Service Request

Patient: Jordahl, Camille [800001683] [Change](#) [Clear](#)  
Attachments: [Attach Referrals](#) [Attach Claims](#)

**Details**  
Details: The intake for this client is attached. Please issue a reauthorization.

**Additional Documents**  
Documents: [Add files](#)

Confirm you’ve attached the correct document.

Choose the “Type” of document.

When you’re ready, click “Submit”

[Submit](#) [Cancel](#)

**What do I do about signing intakes, annual updates, or discharge forms if I am submitting them through Provider Portal?**

Please scan the copy of your paperwork that has your signature, including the date of your signature, and attach it to an In Basket message as shown above. If you do not have the ability to scan your intake or annual, please mail or fax it in to CMU. We need to see your signature and the date in order to verify the timeliness of documentation.

***Please note that no form of digital signatures are permitted on clinical paperwork, including images of signatures made with a fingertip on a touch pad.***

**How do I submit claims through Provider Portal?**

**DO NOT SUBMIT CLAIMS THROUGH PROVIDER PORTAL.** They must go to DocuStream.

## CLAIMS-RELATED PROCEDURES

### How do I check the status of claims I've submitted through DocuStream?

Once DocuStream accepts your claim as “clean,” it will be passed through to our Tapestry system. You can then check the status of your claim in Provider Portal. If you would like to see a list of claims for all of your clients, you can start by selecting “Claim Search” on the home screen.



On the “Claim Search” screen, enter the time period for which you would like to see claims. You will then see a list of claims for services in the selected time period that have been entered into Tapestry, along with the claims status.

Claim Search BHS Prov Caseload Rpt Remittance Advice Search

Claim Search

ASSAF, HEFTSI Assaf, Heftsi

Search for vendor, tax ID, provider, member ID, claim ID...

From date: 9/1/2015 To date: 9/30/2015

Advanced Search

Claim #	Member Name	Provider	Vendor	Svc Frm Dt	Clm Rcv Dt	Status	Check #	Check/EOB Date
1598737	Bhstest, Payingclaims	ASSAF, HEFTSI	ASSAF, HEFTSI	09/01/2015	09/01/2015	Processing		
1598736	Bhstest, Payingclaims	ASSAF, HEFTSI	ASSAF, HEFTSI	09/01/2015	09/01/2015	Processed		
1598725	Jordahl, Camille	ASSAF, HEFTSI	ASSAF, HEFTSI	09/04/2015	09/16/2015	Processing		
1598724	Jordahl, Camille	ASSAF, HEFTSI	ASSAF, HEFTSI	09/16/2015	09/16/2015	Denied	X89706	04/30/2016

Click to scroll through list of claims

Click on the Claim # to see more detail about the claim.

Claim #	Member Name	Provider	Vendor	Svc Frm Dt	Clm Rcv Dt	Status	Check #	Check/EOB Date
1599208	Portal, Adult	ASSAF, HEFTSI	ASSAF, HEFTSI	03/07/2016	03/07/2016	Check Sent	X89706	04/30/2016
1599207	Portal, Adult	ASSAF, HEFTSI	ASSAF, HEFTSI	03/04/2016	03/07/2016	Processing		
1599206	Portal, Adult	ASSAF, HEFTSI	ASSAF, HEFTSI	03/06/2016	03/07/2016	Denied	X89706	04/30/2016

Claim Detail:

**CMS Claim #1599208**

**Adjudication**  
 Billed for **\$150.00**  
 Allowed: \$70.20  
 Patient Total: -\$0.00  
**Net Payable: \$70.20**  
 Interest: + \$0.00  
 Penalty: + \$0.00  
**Total Payment: \$70.20**

**Payment**  
 Check/EFT: X89706  
 Date: 04/30/2016  
 Status: Posted/Printed  
 Amount: \$2,657.92

**EOB Generated**

**Coverage**  
 BHS M/C FFS  
 BEHAVIORAL HEALTH - BHS M/C FULL SCOPE MEDI-CAL  
 Subscriber: Self  
 Member: Adult Portal  
 Member ID: 108608901  
 Effective from: 1/1/2016  
 Line of Business: BHS LINE OF BUSINESS  
 Payment Method: Primary Coverage  
 Paid As:

**Billing Info**  
 Vendor: ASSAF HEFTSI [1104953538]  
 Place of Service: ASSAF HEFTSI - SAN PABLO  
 Provider: Heftsi Assaf [1104953538]  
 13201 SAN PABLO AVE STE 316  
 SAN PABLO CA 94806-3695  
 13201 SAN PABLO AVENUE #316  
 SAN PABLO CA 94806-3965  
 Specialty: Mental Health

**Referrals**

Referral	Auth	AP Claims Used	Visits Used
535380	Auth: 3/4/2016 - 5/4/2016 GILSON, GWYNNE → Heftsi Assaf AUTH BHS MH Outpatient Network	1	0
535384	Auth: 3/4/2016 - 3/3/2017 GILSON, GWYNNE → Heftsi Assaf AUTH BHS MH Outpatient Network	0	0

**Processing**  
 Service Date: 3/7/2016  
 Received: 3/7/2016

**CRM**  
 No CRM for this claim.

**Claim Details**  
 Member Group: BHS MEMBER GROUP [9]  
 Risk Panel: —  
 Business Segment: BEHAVIORAL HEALTH BUSINESS SEGMENT [50]

**Diagnoses**

#	Code	Diagnosis	Qualifier
1	F33.1	Major depressive disorder, recurrent, moderate	

**Claim Codes**  
 Claim Level: No claim level claim code.  
 Service Level: No service level claim code.

**Services**

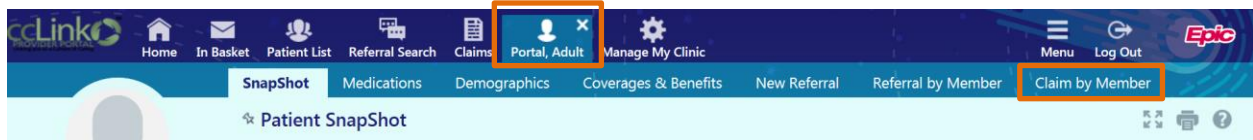
#	Service	From	To	Modifiers	Quantity	Claim Codes	Billed	Allowed	Patient Total	Net Payable
1	90834 - PR PSYCHOTHERAPY W/PATIENT 45 MINUTES CPT(R)	3/7/2016	3/7/2016		1.00		150.00	70.20	0.00	70.20

Claim Code Description Table

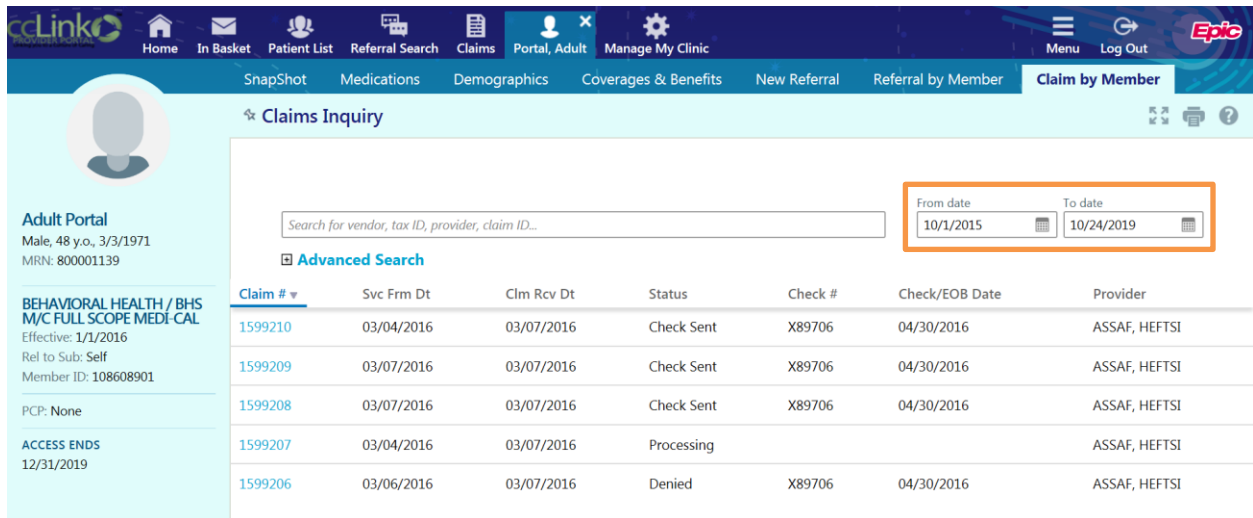
Scroll here to view the claim record



Alternatively, you can look up claims by individual client. Select your client from your patient list. Within the client record, choose “Claim by Member”:

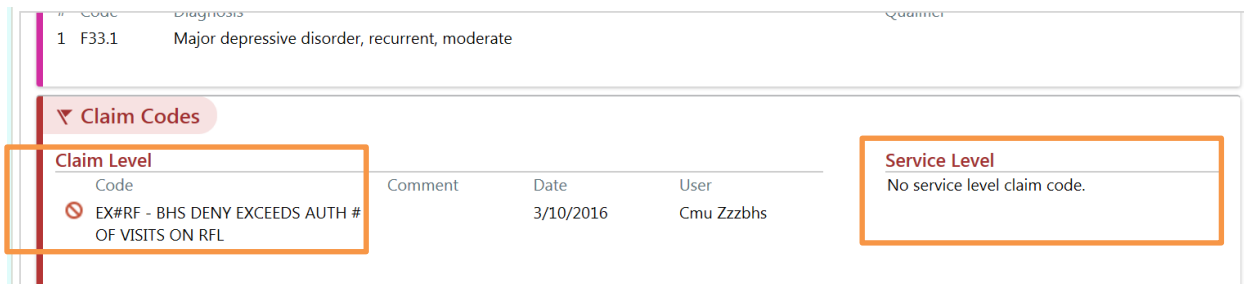


Within Claims Inquiry, enter the date range for the claims you wish to see. You will then be able to see a list of claims for that client along with the status of each claim. You can click on the Claim # to see the claim details.



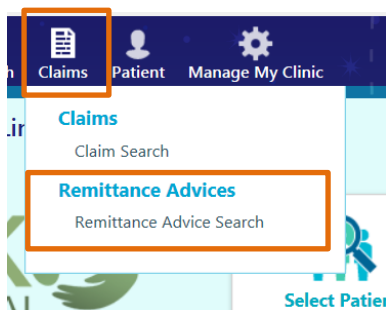
### How can I see the reason a claim was deferred or denied?

In the Claim Details screen, scroll down for the “Claim Codes” section.



### Locating Remittance Advices

To find these, hover over the “Claims” icon in the top menu bar, and select “Remittance Advices”



Use the search function to select your search criteria, and select the check number for the Remittance Advice you would like to see.

Claim Search **Remittance Advice Search**

Remittance Advice Search

ASSAF, HEFTSI

Search for vendor, tax ID, provider, claim ID, check number...

From date: 1/1/2015 To date: 10/25/2019

**Advanced Search**

Vendor: ASSAF, HEFTSI Tax ID: Provider: Member ID: Claim ID: Submitted ID: Check Number:

Check Number	Vendor	RA Date	Service Date Range	Mailed Date	Total Amount
31	ASSAF, HEFTSI	01/13/2016	01/04/2016 to 01/04/2016	01/13/2016	0.00
17	ASSAF, HEFTSI	11/04/2015	08/19/2015 to 11/03/2015	11/04/2015	30.00
16	ASSAF, HEFTSI	09/16/2015	08/15/2015 to 09/15/2015	10/28/2015	432.90
9	ASSAF, HEFTSI	09/02/2015	09/02/2015 to 09/02/2015	09/02/2015	70.20
8	ASSAF, HEFTSI	09/01/2015	09/01/2015 to 09/01/2015	09/01/2015	70.20

Here you will be able to view the Explanation of Benefits codes for denied claims.

Claim Search **Remittance Advice Search**

Remittance Advices ▶ Remittance Advice Report

108580301	BHSTEST, CLAIMS GRANT ACCESS	08/19/2015	90832	200.00	0.00	5
	<b>SUBTOTAL</b>				<b>0.00</b>	
108583901	BHSTEST, CLAIMSTWO	08/25/2015	90832	100.00	0.00	26439
	<b>SUBTOTAL</b>				<b>0.00</b>	
108584001	BHSTEST, CLAIMTHREE	08/25/2015	90832	-100.00	-70.20	
108584001	BHSTEST, CLAIMTHREE	08/25/2015	90832	100.00	0.00	312
	<b>SUBTOTAL</b>				<b>-70.20</b>	
108584401	BHSTEST, CLAIMFIVE	08/26/2015	90832	-100.00	-70.20	
108584401	BHSTEST, CLAIMFIVE	08/26/2015	90832	100.00	0.00	26439
	<b>SUBTOTAL</b>				<b>-70.20</b>	
108584901	BHSTEST, CLAIMSEVEN	08/27/2015	90832	-100.00	-70.20	
108584901	BHSTEST, CLAIMSEVEN	08/27/2015	90832	100.00	25.20	
	<b>SUBTOTAL</b>				<b>45.00</b>	
108587601	BHSTEST, NOTTIMED	09/10/2015	99205	200.00	140.40	
	<b>SUBTOTAL</b>				<b>140.40</b>	
108593201	BHSTEST, LISSETH	11/03/2015	90806	100.00	70.20	
	<b>SUBTOTAL</b>				<b>70.20</b>	
				ADJUSTMENTS	45.00	
				<b>TOTALS</b>	<b>30.00</b>	

**Explanation of Benefits**

Code	Explanation
5	PROCEDURE NOT COVERED BY MEMBER'S PLAN
26439	BHS DENIED VOID/REPLACE ERROR
312	DENY COVERAGE TERMINATED

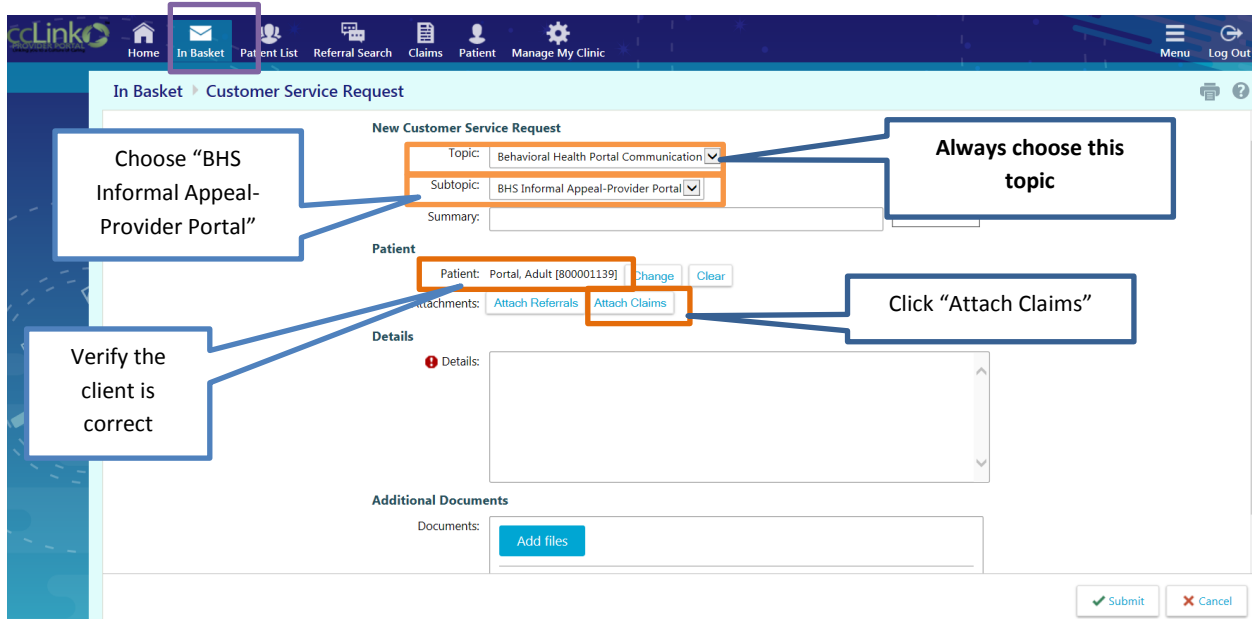
# INFORMAL APPEALS

## When to submit an Informal Appeal:

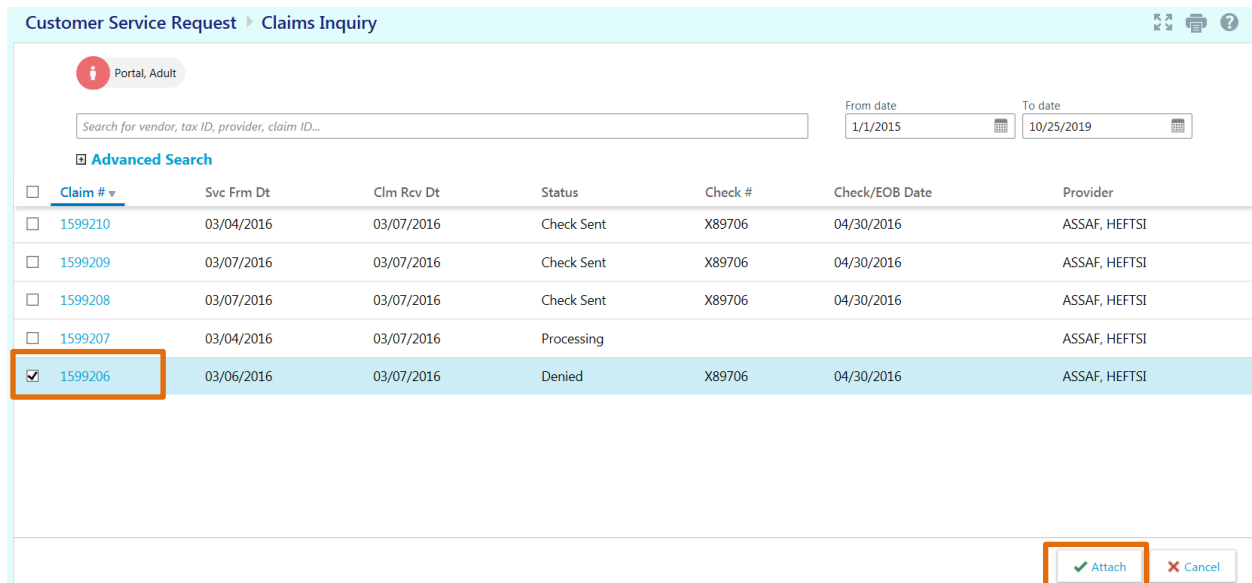
If you are requesting a special exception, resubmitting a claim that was previously denied for the same date of service and CPT code, or if a Referral needs to be corrected or revised, please submit an Informal Appeal.

## How do I submit an informal appeal through Provider Portal?

Create an "In Basket" CRM message through the process described above. Choose "BHS Informal Appeal" as your "Subtopic" and enter the message summary.



Once you click "Attach Claims," a list of claims you have previously submitted for this client will appear. Click the square next to the Claim # you wish to attach. Click "Accept":



The claim you are appealing will now be attached. **This will be for CMU’s reference only** in reviewing the informal appeal. Fill in the details of your justification for appeal in the “Details” box.

In Basket ▶ Customer Service Request

**New Customer Service Request**

Topic: Behavioral Health Portal Communication  
Subtopic: BHS Informal Appeal-Provider Portal  
Priority:  High  Routine  Low

Summary:

Patient: Portal, Adult [800001139] [Change](#) [Clear](#)

Attachments: [Attach Claims](#) [Remove All Claims](#)

Claim #	Svc Frm Dt	Clm Rcv Dt	Status	Check #
1599206	03/06/2016	03/07/2016	Denied	X89706

**Details**

Details: I saw this client twice in the same week because he was suicidal. The session was necessary in order to stabilize him and prevent a hospitalization.  
In the future, I will call for authorization as soon as possible.  
Thank you for your consideration.

**Additional Documents**

[Submit](#) [Cancel](#)

Claim is now attached

Explain why you think claim should be paid.

Be sure to click “print” before submitting if you want a copy

Submit

Click “Submit” when ready.

CMU will either pay the claim or inform you of the reason if the appeal is denied.

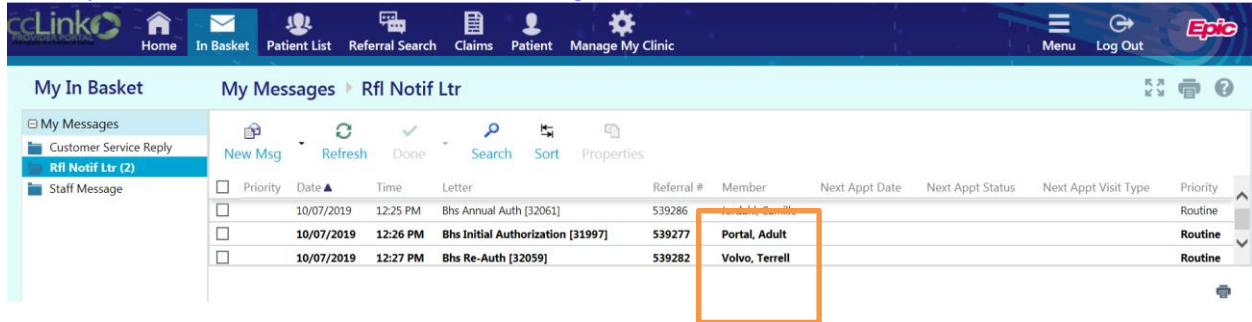
## REFERRALS

**How do I find Referral Letters for clients who have been authorized to me?**

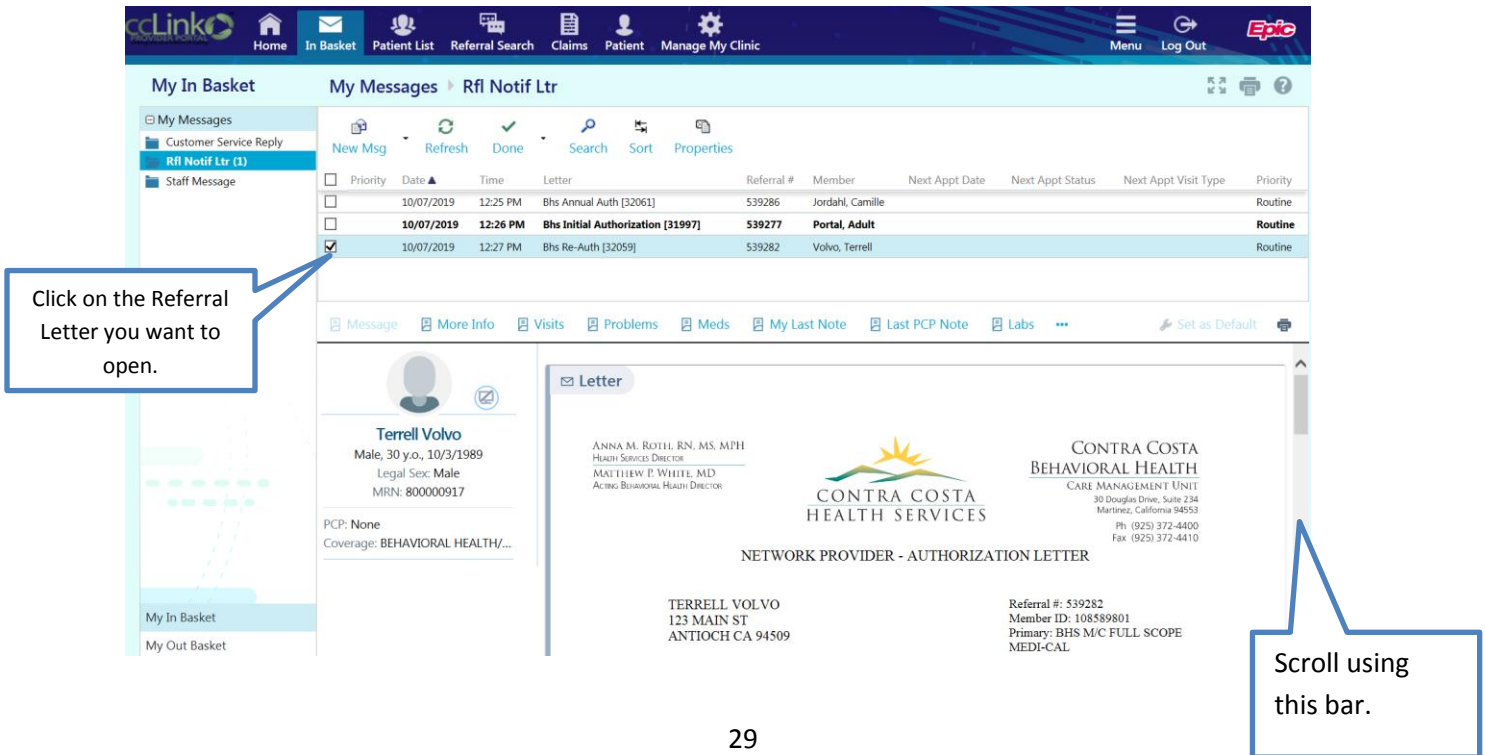
From the In Basket screen, choose the "Rfl Notif Ltr" Folder. Unread Referral Letters will be indicated by a number next to the folder name.



Click on the "Rfl Notif Ltr" Folder. The following screen will open. Locate the member whose Referral Letter you want to access from the list on the right.



Click on the appropriate line. The Letter will open in the lower part of the screen. You can scroll through the Letter using the scroll bar on the right hand side.



## How do I find the actual Referrals?

Click on the client name in your patient list. You will see the “SnapShot” screen. Click on “Referral by Member”

**Adult Portal**  
Male, 48 y.o., 3/3/1971  
MRN: 800001139

**BEHAVIORAL HEALTH / BHS  
M/C FULL SCOPE MEDI-CAL**  
Effective: 1/1/2016  
Rel to Sub: Self  
Member ID: 108608901

PCP: None

**ACCESS ENDS**  
12/31/2019

**Demographics**  
Adult Portal  
48 year old male  
3/3/1971  
Comm Pref:

**Last 3yr**  
No recent visits

**Allergies**  
Not on File

**Problem List**  
None

**Significant History/Details**  
Smoking: Never Assessed  
Smokeless Tobacco: Unknown  
Alcohol: Not on File

**Immunizations/Injections**  
None

**Family Comments**  
None

The “Referral by Member” screen will default to the view option “Show Active Referrals,” which will only show authorizations that have not expired. To see all current and previous Referrals for a client, select “Show All Referrals.” Click on the Referral ID to see the Referral Details.

**Referral by Member**

View Option: Show All Referrals

Click on the referral ID to view more information about that referral

**Search Results: 22 referrals found**

ID	Payor	Referred By	Referred To	Status	Start Date	Expiration Date	Creation Date
539277	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	AUTH	10/02/2019	12/02/2019	10/02/2019
538674	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	AUTH	03/26/2019	05/26/2019	03/26/2019
538421	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	AUTH	01/15/2019	03/17/2019	01/15/2019
538342	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	DENIED	12/18/2018	12/17/2019	12/18/2018
538336	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	AUTH	12/13/2018	12/12/2019	12/13/2018
538297	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	AUTH	11/15/2018	01/15/2019	11/15/2018
537735	BEHAVIORAL HEALTH	GILSON, GWYNNE	ASSAF, HEFTSI	AUTH	04/19/2018	04/18/2019	04/19/2018

Within the Referral Details screen, use the scroll bar to scroll through the Referral information.

Referral by Member ▶ Referral Details Print ?

[Add Note/Attachment](#)

## Portal, Adult

**Referral** Referral # 539277  
Group # 464

**Patient-Friendly Report**  
[Click to display Patient-friendly Report](#)

**Member Information**

**Demographics**

Address	City	State	Zip Code	Phone Number
SSN	Gender	Language	Date of Birth	
xxx-xx-2011	M		03/03/1971	

**Coverages**

Auth Req?	Covered?	Payor	Plan	Member #	Eff From	Eff To	Auth #	Precert #	Comment
	Covered	BEHAVIORAL HEALTH	BHS M/C FULL SCOPE MEDICAL	108608901	1/1/16				

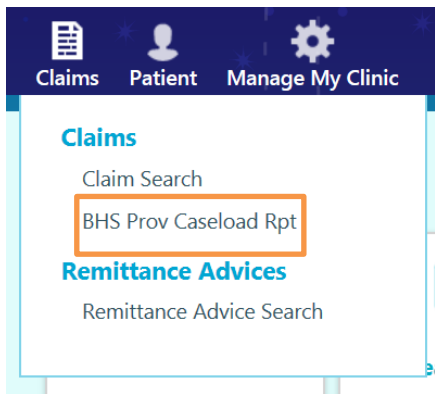
Scroll using this bar.

## CHECKING ELIGIBILITY AND BENEFITS

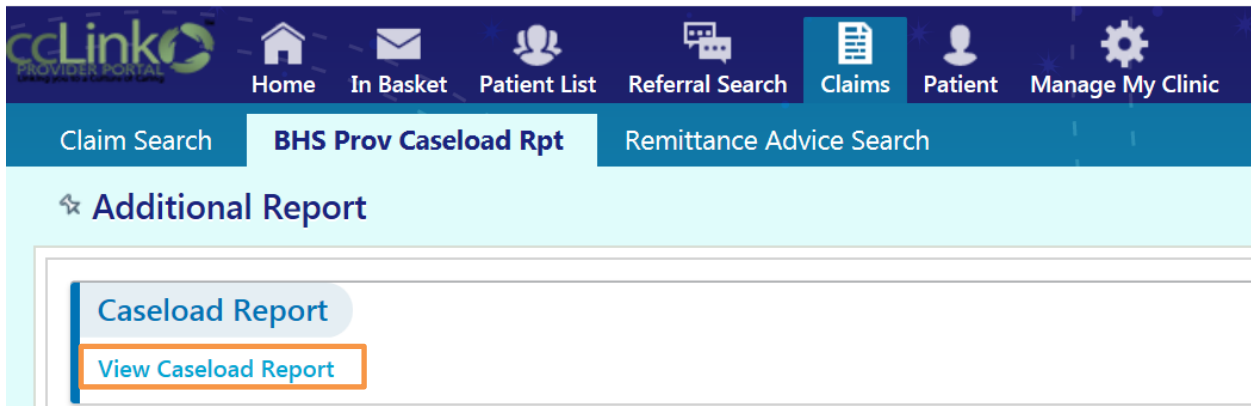
The “BHS Provider Caseload Report” gives you a color-coded summary of eligibility for your active clients. We do NOT recommend use of the “Coverages and Benefits” tab, due to the complexities of Medi-Cal coverages.

We recommend you view your caseload report at the beginning of the month and the 2<sup>nd</sup> week of the month.

To access the report, hover over the “Claims” icon and then select “BHS Prov Caseload Rpt”



On the next screen, click “View Caseload Report” (You may have to re-enter your Provider Portal password)





You will then be able to view a caseload report for your complete client load. (note that the screen shot is masked to hide client names)

**BHS Client Caseload Eligibility (BHS3616)**

Providers selected: **ASSAF, HEFTSI**  
Summary of patient load and eligibility as of **10/25/2019**

**Key:**  
**Red** = No (Eligibility Problem, Refer to Primary Insurance or Medicare if applicable; consult with CMU as needed).  
**Yellow** = Maybe (Possible eligibility issue, consult with CMU as needed)  
**Green** = Yes (Eligibility OK)  
 OHC = Other Health Care (same as OHI)  
 SOC = Share of Cost  
 OHCP = Other Health Care Plan (i.e. Alameda Alliance, Solano Partnership)  
 If M/C assigned to Kaiser or Blue Cross and no longer mod-sev, consult with CMU (mild-mod Kaiser or BC, refer back to health plan)  
 If you learn your client is now eligible for OHI, consult with CMU

Patient Name	Acuity	MRN	CIN	Plan Name	From	To	Coverage Attributes								
							Out of County	Restrict ed	Foster	Adopte d	Aid Codes	OHC	OHCP	SOC	
	Mild-Mod			HP MCAL/AFDC/RMC	2/1/17							M3			
	Mild-Mod			HP MCAL/AFDC/RMC	11/1/16							M3, X3			
	Mild-Mod			HP MCAL/MEDI-CAL EXPANSION ACA/RMC	1/1/19							M1, X7			
	Mild-Mod			BHS M/C FULL SCOPE MEDI-CAL	10/1/19							M3			
	Mild-Mod			HP MCAL/MEDI-CAL EXPANSION ACA/RMC	3/1/17							M1, 9G			
	Mild-Mod			HP MCAL/MEDI-CAL EXPANSION ACA/CPN	4/2/18							M1			

Note the key at the top of the report. Consult with CMU regarding any questions about eligibility.

**Key:**  
**Red** = No (Eligibility Problem, Refer to Primary Insurance or Medicare if applicable; consult with CMU as needed).  
**Yellow** = Maybe (Possible eligibility issue, consult with CMU as needed)  
**Green** = Yes (Eligibility OK)  
 OHC = Other Health Care (same as OHI)  
 SOC = Share of Cost  
 OHCP = Other Health Care Plan (i.e. Alameda Alliance, Solano Partnership)  
 If M/C assigned to Kaiser or Blue Cross and no longer mod-sev, consult with CMU (mild-mod Kaiser or BC, refer back to health plan)  
 If you learn your client is now eligible for OHI, consult with CMU

Key to Coverage Attributes. In general, the color coding of the report is the key information you need to review. The following information is for additional reference only.

Coverage Attributes							
Out of County	Restricted	Foster	Adopted	Aid Codes	OHC	OHCP	SOC

**Out of County:** If a code appears in this column, it means the client’s Medi-Cal is assigned to a county other than Contra Costa. Children who also have a code in the Foster or Adopted columns usually remain eligible. Adults who have what is known as an “Inter-County Transfer” process underway can usually be authorized for services. Consult with CMU.

**Restricted:** This code might appear for a client that is only eligible for services related to pregnancy, or it could be for a client that has restricted/emergency Medi-Cal only. If a code is listed in this column, it is best to contact CMU to confirm whether the client can be seen.

**Foster Aid Code:** Indicates the client is receiving services through the foster care system. Normally these clients are eligible for a full range of health care services.

**Adopted:** Indicates the client was adopted out of the foster care system. Normally these clients are eligible for a full range of health care services.

**Aid Codes:** List the Medi-Cal aid codes under which the client qualifies for services.

**OHC:** Indicates that the client has another health care plan in addition to Medi-Cal. If a code is listed in this column and your client does not have a foster or adopted aid code, please check with CMU.

**OHCP:** Indicates the client has a health care plan other than CCHP, Kaiser, or Blue Cross.

**SOC:** Indicates the client Share of Cost that must be met out of pocket before services can be billed to Medi-Cal