CONTRA COSTA MENTAL HEALTH PLAN

CARE MANAGEMENT UNIT

PROVIDER PORTAL

GUIDE TO PROCEDURES

October 2019

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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!
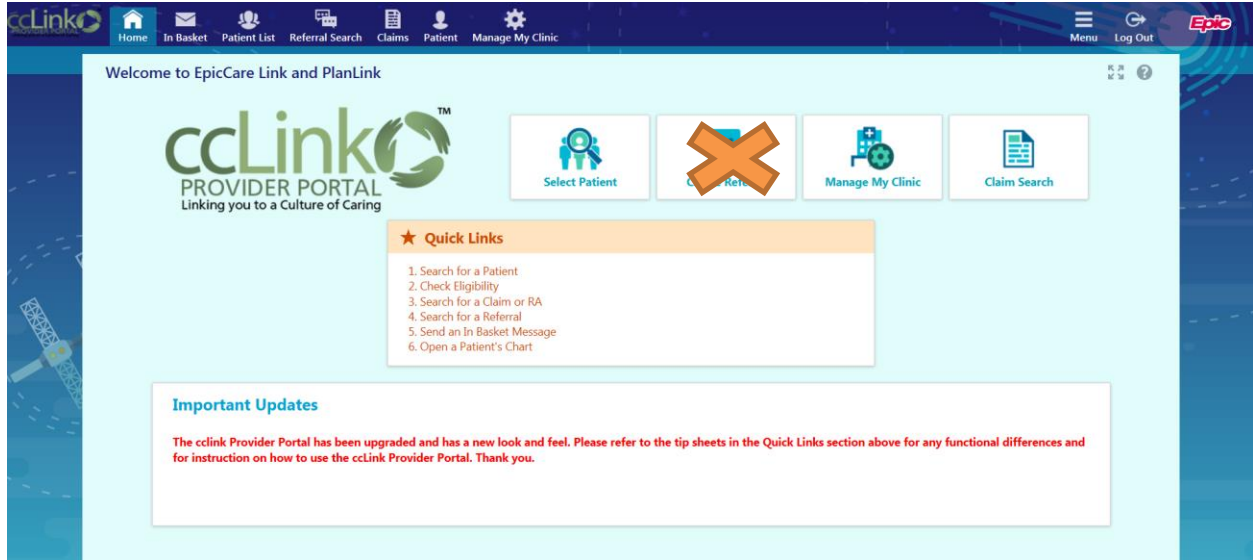
LOCATING CLIENT INFORMATION

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.

Patient Lists ▸ My Patients (10 patient records)

My Patients | EpicCare Link Admitted Patients | ADT HOUSE BY UNIT - POST PARTUM

Refresh | Set As Default List   Filter by PCP:

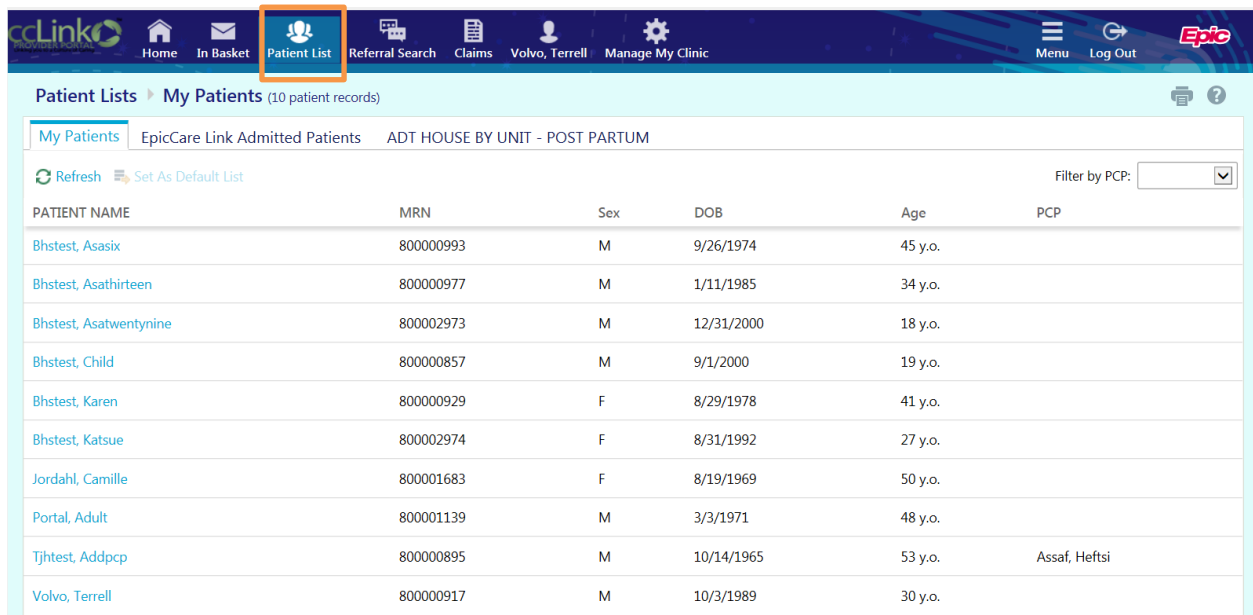| PATIENT NAME	MRN	Sex	DOB	Age	PCP
Bhstest, Asasix	800000993	M	9/26/1974	45 y.o.	
Bhstest, Asathirteen	800000977	M	1/11/1985	34 y.o.	
Bhstest, Asatwentynine	800002973	M	12/31/2000	18 y.o.	
Bhstest, Child	800000857	M	9/1/2000	19 y.o.	
Bhstest, Karen	800000929	F	8/29/1978	41 y.o.	
Bhstest, Katsue	800002974	F	8/31/1992	27 y.o.	
Jordahl, Camille	800001683	F	8/19/1969	50 y.o.	
Portal, Adult	800001139	M	3/3/1971	48 y.o.	
Tjhtest, Addpcp	800000895	M	10/14/1965	53 y.o.	Assaf, Heftsi
Volvo, Terrell	800000917	M	10/3/1989	30 y.o.	

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

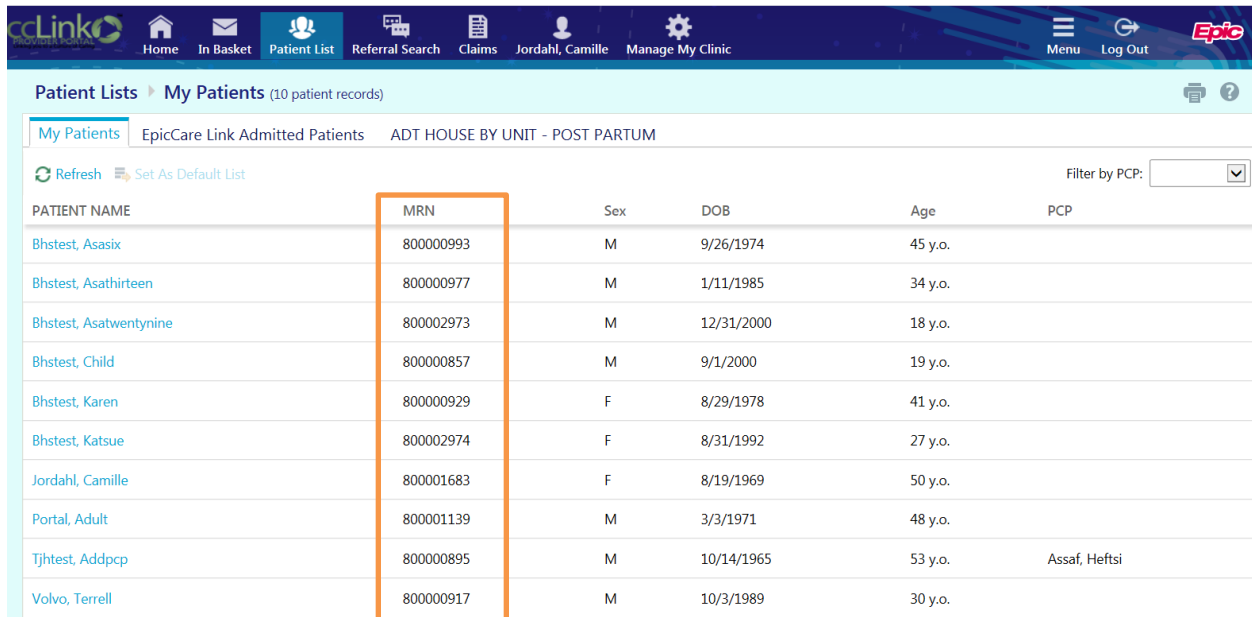Your client list may appear blank if you are an individual provider in a group. You can still find individual client records by closing any client records you have open, then going to the "Patient" tab in the main menu. Use the search function to search for individual clients.
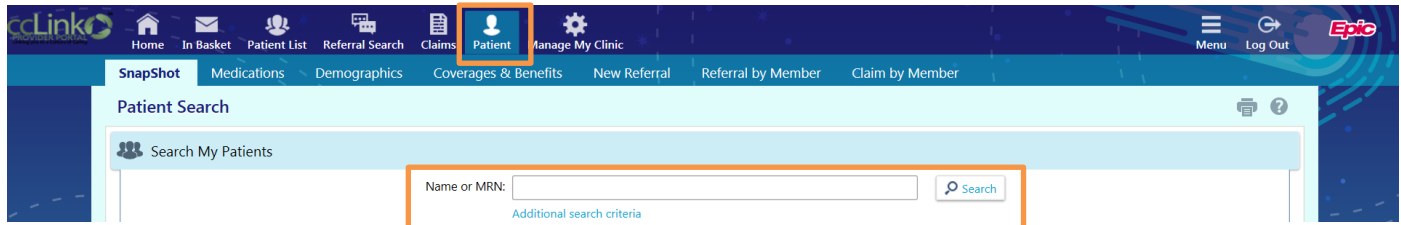
Locating the client's MRN It will be to the right of the client's name.

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.

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.

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

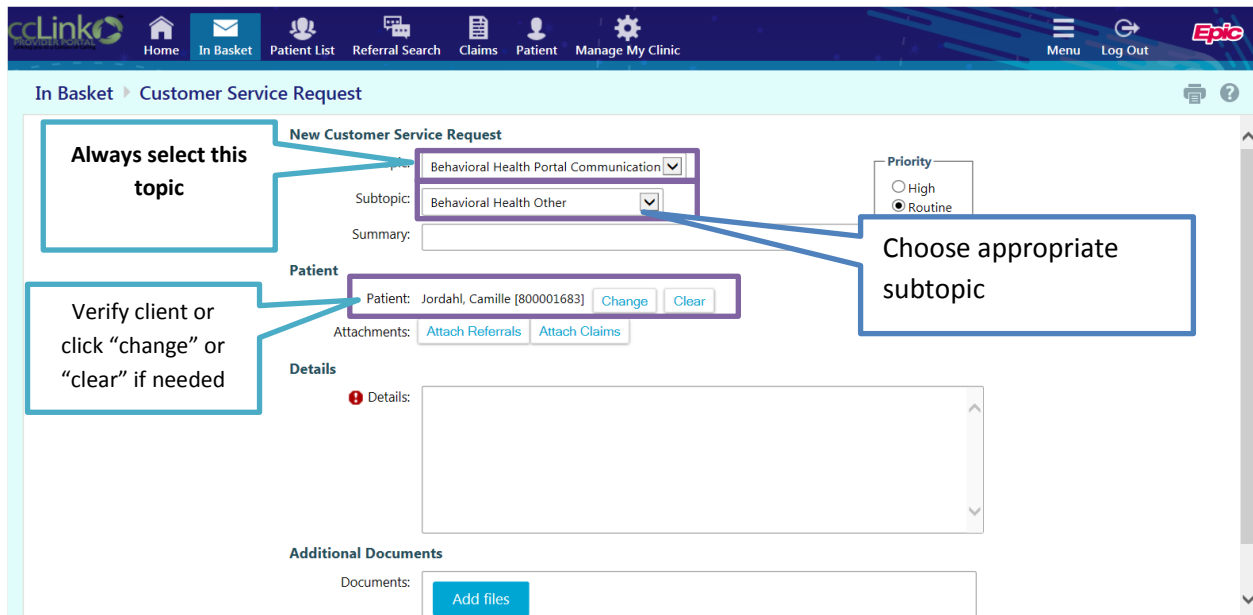**How do I send a message to CMU?** From the home page, select "In Basket" from the top menu.

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.
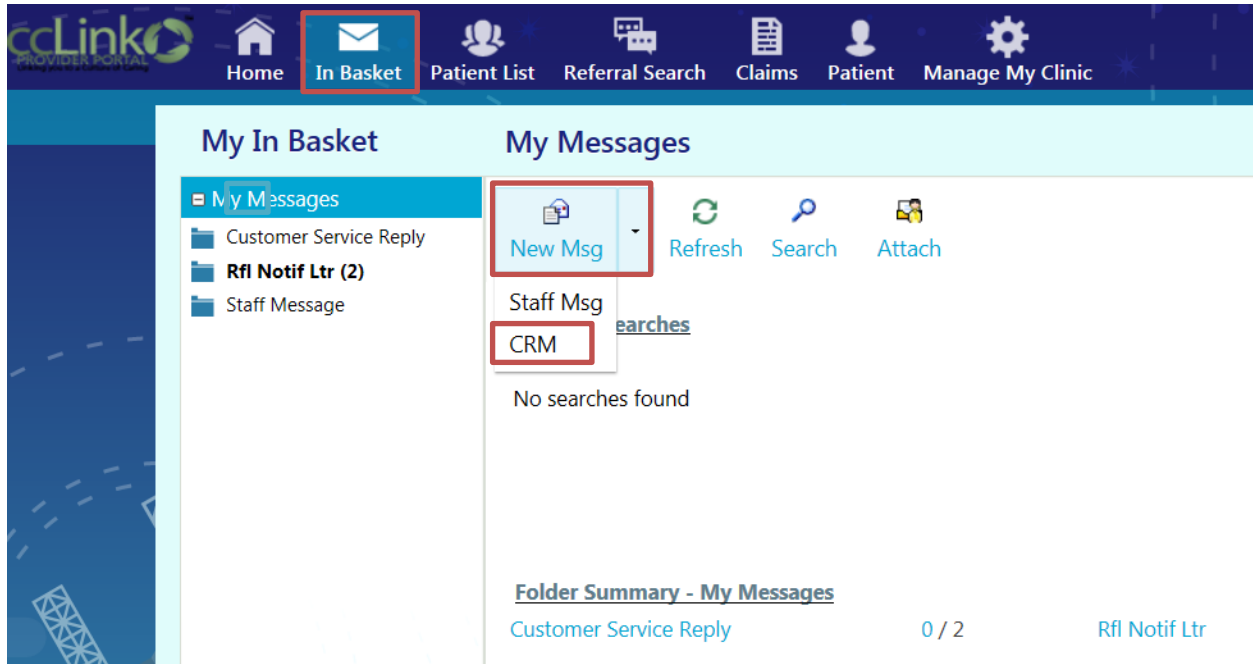
ALWAYS Select Topic "Behavioral Health Portal Communication", then the appropriate "Subtopic."

See the following section for guidance on choosing subtopics.

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

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.

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.

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

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.
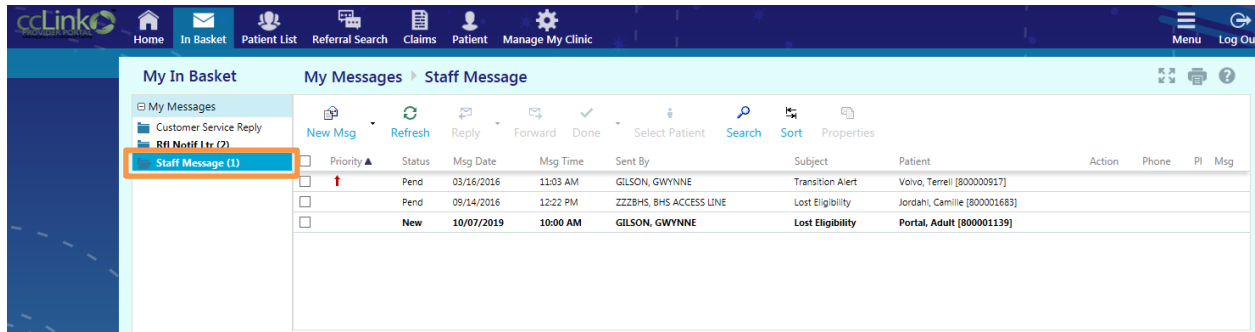
Clicking once on the folder icon will open the list of read and unread messages. Click on the message line you want to read and it will open in the lower part of the screen.
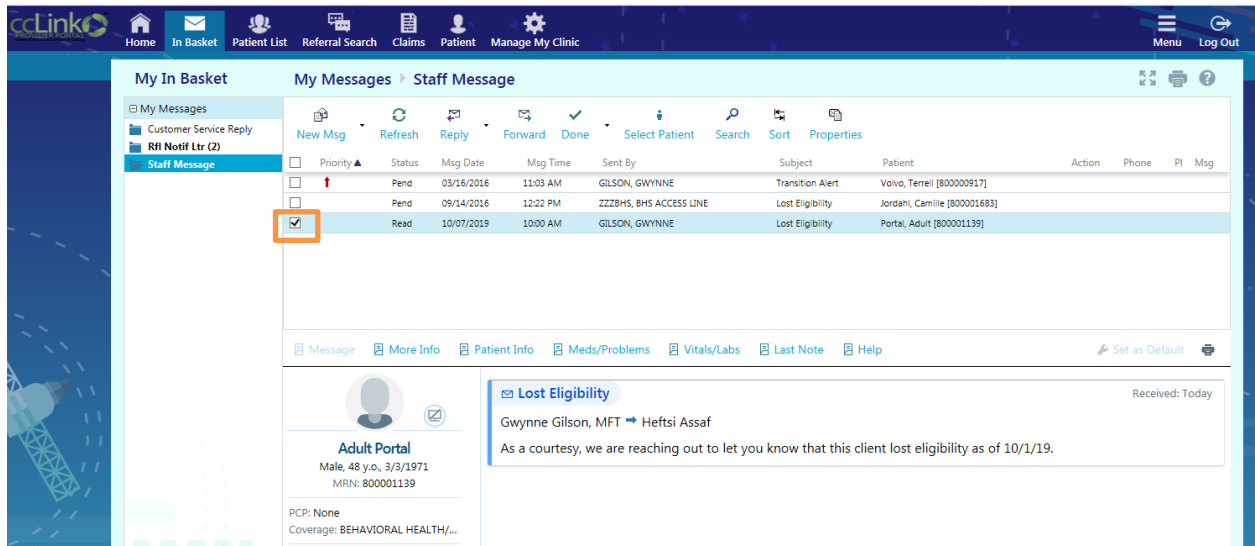
How do I respond to a "Staff Message"? With the message selected, click the "Reply" button in the menu bar.
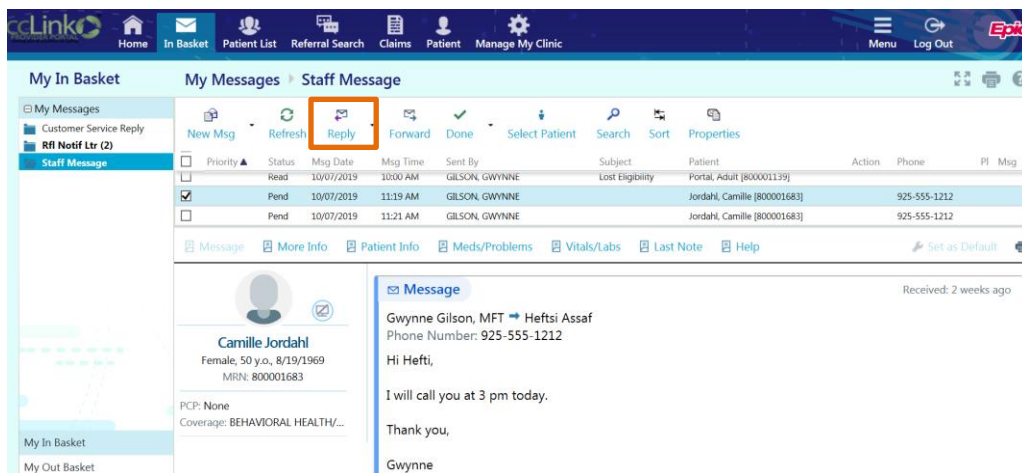
When should I use "Staff Message" instead of a CRM message?

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"

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
Behavioral Health Provider Services
Behavioral Health Other
BHS Initial Authorization Request
BHS Reauthorization Request
BHS Annual Authorization Request
BHS Open/Close
BHS Closings
BHS Informal Appeal-Provider Portal
BHS Registration Form

Priority
○ High
● Routine
○ Low

Summary:

Patient

Patient:

Details

Details:

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 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"

Click this icon BEFORE you submit to print a copy of your request.

Click "Submit" to complete your request.

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.

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.

Use the scroll bar to review the entire letter.

Verify that the authorization dates are correct.

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.

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

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

The client's name will now be filled in.

Fill in the details of your request.

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.

Click "Add File" to locate the document on your computer.

Additional Documents

Documents: [Add files]

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]

Network Provider -...

Type: BH MS Clinical Documents ☑

Confirm you've attached the correct document.

Choose the "Type" of document.

[✔ Submit] [✕ Cancel]

When you're ready, click "Submit"

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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.

> 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:

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Alternatively, you can look up claims by individual client. Select your client from your patient list.
Within the client record, choose "Claim by Member":
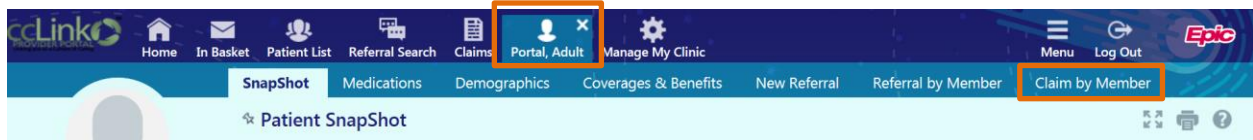
Within Claims Inquiry, enter the date range for the claims you wish to see. You will then be able to see a list of claims for that client along with the status of each claim. You can click on the Claim # to see the claim details.
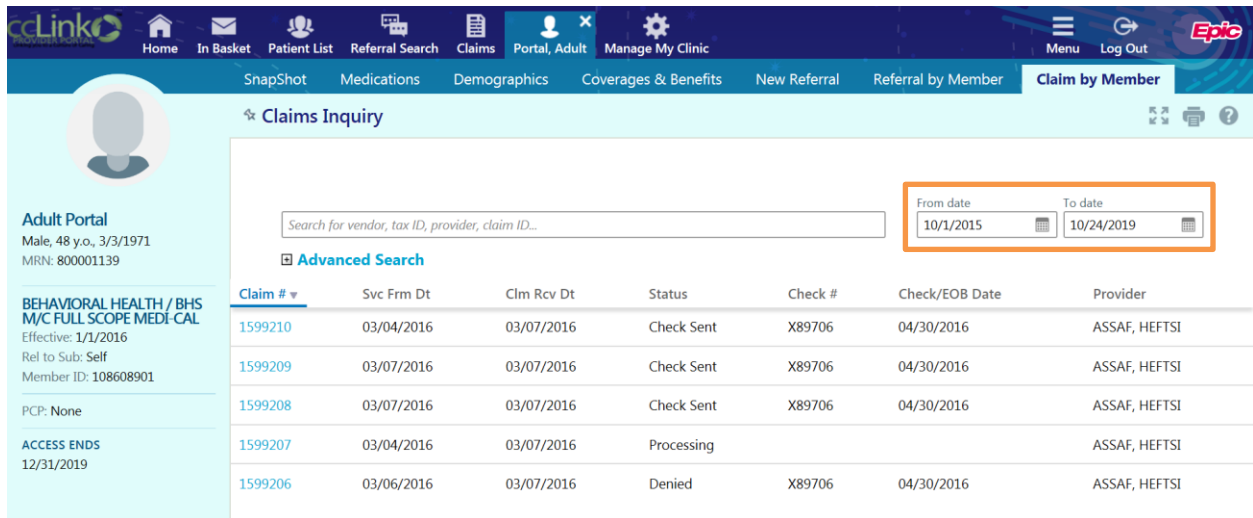
How can I see the reason a claim was deferred or denied?
In the Claim Details screen, scroll down for the "Claim Codes" section.
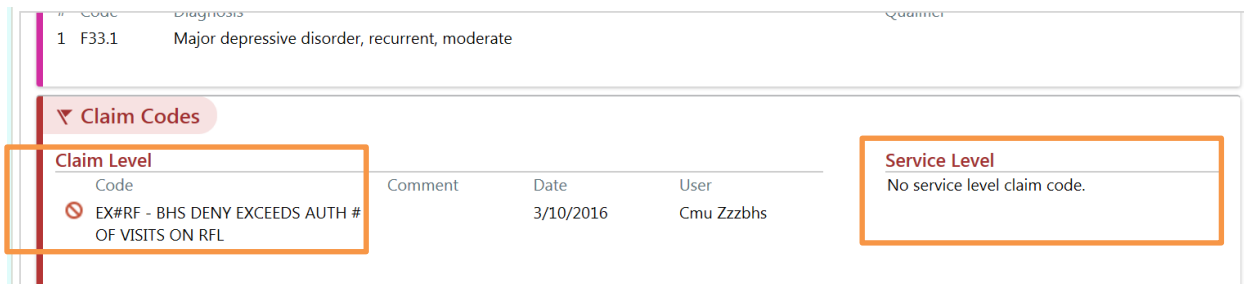
Locating Remittance Advices
To find these, hover over the "Claims" icon in the top menu bar, and select "Remittance Advices"
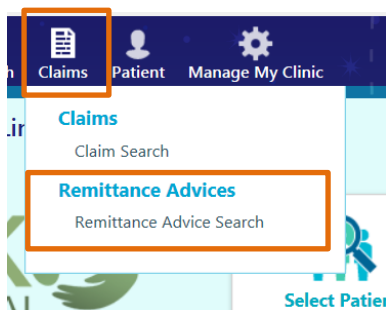
Use the search function to select your search criteria, and select the check number for the Remittance Advice you would like to see.

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

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.
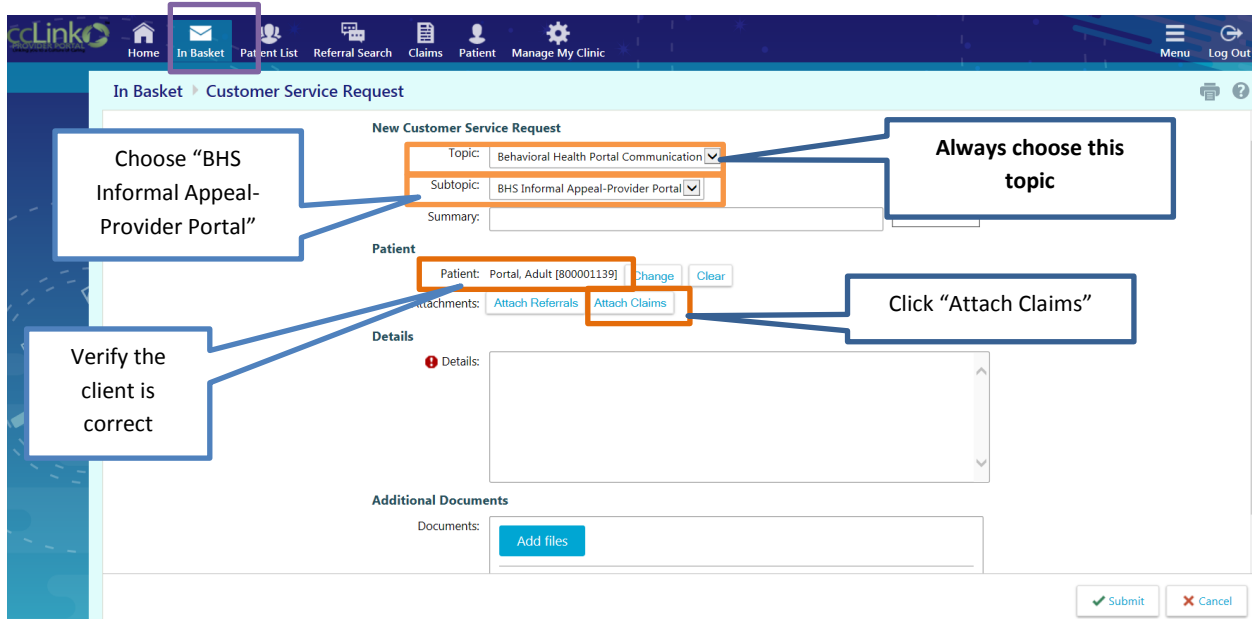
Once you click "Attach Claims," a list of claims you have previously submitted for this client will appear. Click the square next to the Claim # you wish to attach. Click "Accept":
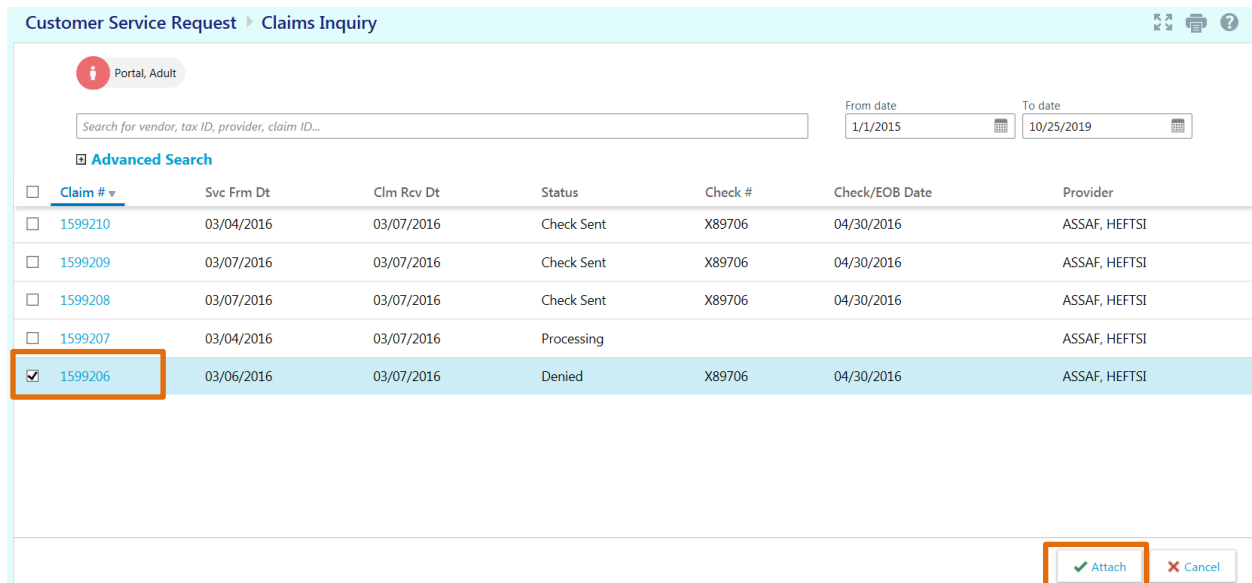
The claim you are appealing will now be attached. **This will be for CMU's reference only** in reviewing the informal appeal. Fill in the details of your justification for appeal in the "Details" box.

In Basket ▶ Customer Service Request

New Customer Service Request

Topic: Behavioral Health Portal Communication ▾

Subtopic: BHS Informal Appeal-Provider Portal ▾

Summary:

Priority
○ High
● Routine
○ Low

Patient

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]

Callouts:
- Claim is now attached
- Explain why you think claim should be paid.
- Be sure to click "print" before submitting if you want a copy
- Click "Submit" when ready.

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

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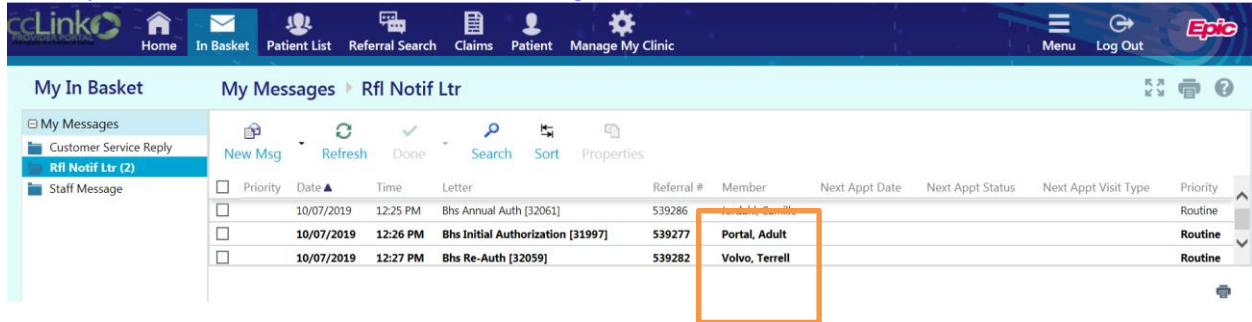
Click on the appropriate line. The Letter will open in the lower part of the screen. You can scroll through the Letter using the scroll bar on the right hand side.

Click on the Referral Letter you want to open.

Scroll using this bar.
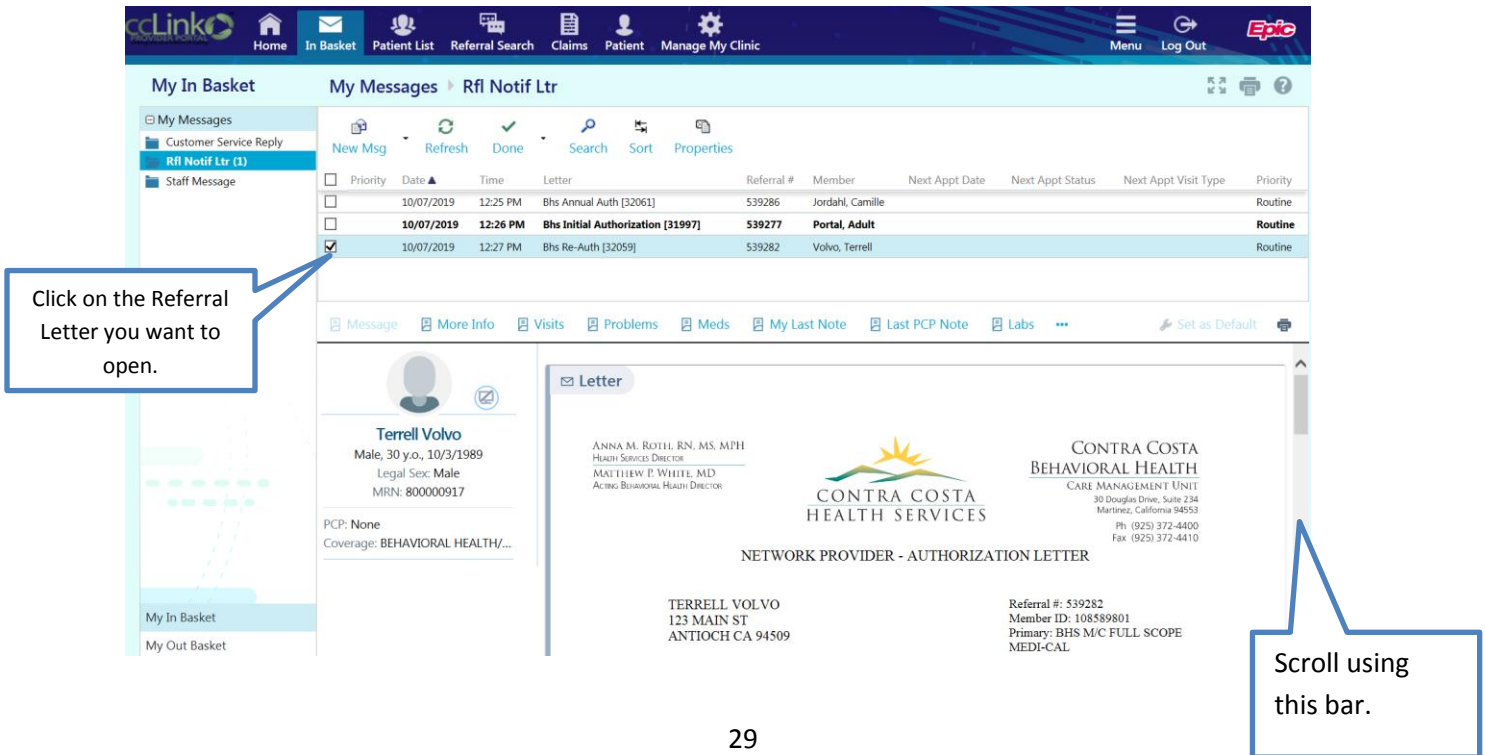
How do I find the actual Referrals?

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

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.

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

Referral by Member ▸ Referral Details

📝 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 MEDI-CAL	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 2nd week of the month.

To access the report, hover over the "Claims" icon and then select "BHS Prov Caseload Rpt"
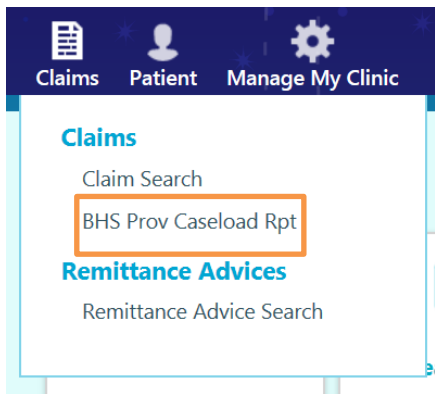
On the next screen, click "View Caseload Report" (You may have to re-enter your Provider Portal password)
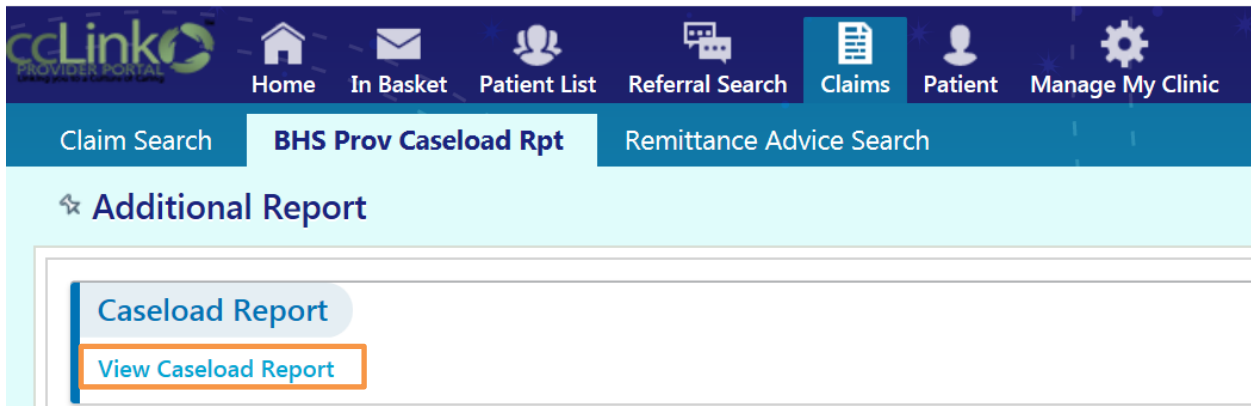
You will then be able to view a caseload report for your complete client load. (note that the screen shot is masked to hide client names)

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	Out of County	Restricted	Foster	Adopted	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