New Provider Training

Agenda

About CalViva Health

Our Members

- Member Eligibility/ID Cards
- Covered and non-covered benefits
- Pharmacy Benefit
- Health Education
- Member Grievances

Provider Responsibilities

- Staying Healthy Assessments
- PCP Transfers
- Access to Care Standards
- HEDIS Improvement Incentive Program

Claims

- Claims, Claim Disputes/Appeals

Utilization Management

- Prior Authorizations
- Case Management
- Continuity of Care

Web Portal/ Provider Resources

- Web Portal
- Secure Provider Portal
- Provider Engagement
- Resources and Contacts

About CalViva Health

Who We Are

CalViva Health is the local health initiative health plan for the Medi-Cal program in Fresno, Kings and Madera counties. CalViva Health partners with the health plan to serve Medi-Cal beneficiaries in these counties.

Mission Statement

To provide access to quality healthcare and promote the health and well being of the communities we serve in partnership with healthcare providers and our community partners. CalViva Health is committed to protecting local healthcare with an organized system to care for Medi-Cal beneficiaries within our region.

About CalViva Health

Our Role

- To provide oversight of delegated and administrative functions
- To ensure standards and regulations are met
- To review periodic reports
- To hold monthly management oversight meeting
- Regulatory agency liaison
- To provide a forum for member participation and engagement and support the community

CalViva Health contracts the health plan to provide administrative and health care services to Medi-Cal members on CalViva Health's behalf.

Important to Note

If you are a provider contracted through a delegated medical group to serve CalViva Health members then you must follow the medical group's policies and procedures for claims, authorizations, appeals, credentialing, referring members for case management, etc.

If you have questions, please reach out to your medical group provider contact.

Medical group is used for PPG and/or IPA

- PPG= Participating Provider Group
- IPA= Independent Physician Association

Welcome

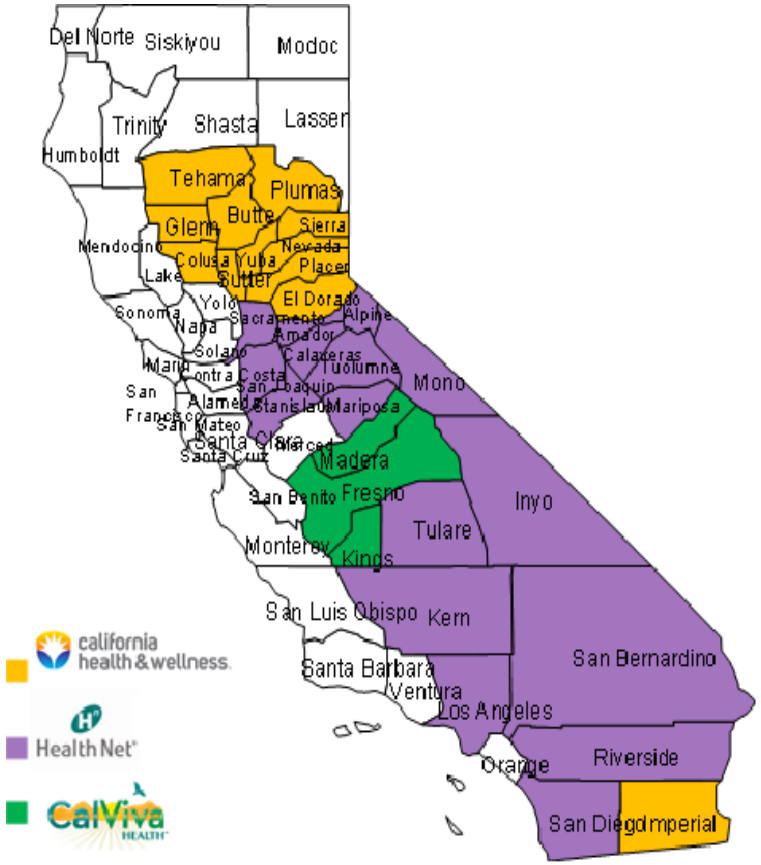
We are pleased to provide this orientation that includes tools and resources to assist you and your staff in caring for our members.

We offer local accountability with national capability.

Some facts about CalViva Health:

We serve

- 3 counties (Fresno, Kings and Madera; displayed in green)
- Med-Cal population



CalViva Health Members

Member Eligibility

Standard practice is for all members being seen at your practice to have eligibility reviewed at each visit.

There are multiple ways to check member's eligibility status

- Medi-Cal AEVS

  (800)456-2387

  www. Medi-cal.ca.gov
- the health plan Provider Portal

  provider.healthnet.com
- CalViva Health Provider Services

  (888) 893- 1569

Identification Cards

Member Identification Card

CalViva HEALTH

Name FIRST MI LASTNAME
CIN #[XXXXXXXXX]

Physician Group and PCP
[PPG Name]
[PCP or Clinic Name]
Street Address
[City State Zip + 4]
PCP PHONE: [X-XXX-XXX-XXXX]

Effective date with PCP:
[MM/DD/YY] Office Copay: $0

Issue Date MM/DD/YY
Enrollment Date MM/DD/YY

CalViva Health only covers medical and hospital services provided or authorized by your Participating Physician Group (PPG).

To change your PPG or Primary Care Provider (PCP), call CalViva Health Member Services at 1-888-893-1569 / TTY: 711 or visit www.calvivahealth.org

[<Rx BIN 022659>] [<RxPCN 6334225>]

CalViva Health Member Services is available 24 hours a day, 7 days a week

Member Services & Mental Health Benefits	1-888-893-1569 (TTY: 711)
Nurse Advice Line	1-888-893-1569 (TTY: 711)
Website	www.calvivahealth.org

If you think you have a medical or psychiatric emergency, call 911 or go to the nearest hospital.

See your PCP for non-emergency health needs like colds, minor infections or illnesses, or treatment for ongoing health needs. Do not go to the emergency room for routine health care.

Providers Call for Eligibility and Authorization: **1-888-893-1569** Option 2 for eligibility verification.
Non-contracted hospitals requesting prior authorization for post-stabilization care: 1-800-995-7890, option 2
Medi-Cal Rx Help Line: **1-800-977-2273**
Out of area/Emergency Providers Call 1-888-893-1569 for authorization.

Prior Authorization: Primary Care Physician referral in advance is required for most non-emergency services by contracting providers. Emergency services rendered to the member by non-CalViva Health providers are reimbursable by CalViva Health without prior authorization.

This card is for identification only. It does not verify eligibility.

Mail all claims to: PO Box 9020, Farmington, MO 63640-9020.

CalViva HEALTH

MEDI-CAL Identification Card

Common Benefit Offerings- Some Benefits Listed Below

Medical Services Offered by the health plan	Behavioral Health Services
Care Management Services	MHN is responsible for Mild to Moderate Services Call MHN at 800-289-2040 for more details
Dental Services (limited to certain counties)	Attention Deficit Disorder and Autism Testing
DME	Individual/Group Evaluations and Treatments
Emergency Care; Hospitalization	Psychotherapy/Psychiatric consultations
Family Planning Services; Maternity and Newborn Care	Psychological testing
Routine Adult and Pediatric Examinations	Prior authorization is not required for initial assessment for outpatient behavioral health services
Gender Alignment	**Services Provided By County Agencies**
Health Education Materials/Programs	CCS Eligible Conditions
Home Health/Hospice Services	Services Provided at Regional Health Centers
Skilled Nursing Facility Care	**Non-Covered Services**
Vision Services	Experimental or Not Medically Necessary Specialty Services
Interpreter Services	Cosmetic Surgery
Podiatry Services	Services to Reverse Surgically-Induced Infertility
Non-emergency medical transportation (NEMT) and Non-medical transportation (NMT). For NEMT -A provider must complete a Physician Certification Statement (PCS) form	Services Provided Outside of the U.S.A except for Emergency Services in Canada and Mexico

Medi-Cal Pharmacy Benefit

Effective January 1, 2022 pharmacy benefits and services transitioned from managed care to State's responsibility under the Rx benefit program known as Medi-Cal Rx.

As a prescribing Medi-Cal Provider, registration for the Medi-Cal Rx web portal will be required to access pharmacy services tools, pharmacy claim submissions and status updates.

Visit the Medi-Cal Rx website for more information
https://medi-calrx.dhcs.ca.gov/home/

Health Education and Cultural and Linguistic Services

HEALTH EDUCATION

Health Education department has free programs, services and resources for members and providers.

- Free health education classes to provider groups, schools, hospitals and community-based organizations
- Free health screenings at Health Fairs
- Member Newsletter
- Pregnancy Matters
- Preventative Screening Guidelines
- And more
- Health Education Information Line 1-800-804-6074

CULTURAL AND LINGUISTIC SERVICES

C&L Department ensures that materials and interpreter services are available in member's language

Interpreter Services

- Free health education material in threshold languages
- Request interpreter services (888) 893-1569
- 24-hour access at no cost
- 72-hour notice for in person interpreter service request
- Qualified interpreters trained on health care terminology
- Workshops and trainings are provided to CalViva Health contracted Providers. Email Training Request form to Cultural.and.Linguistic.Services@Healthnet.com or call our Cultural & Linguistic Services Department at (800) 977-6750.

Member Grievances

In the event a member has a complaint and wishes to take action, members can:

- Ask to complete a Grievance Form while in provider's office. Providers must have these forms readily available in office. Forms are available in the following link https://providerlibrary.healthnetcalifornia.com/medi-cal/forms.html
- Call Member Services and file a verbal grievance at (888)-893-1569
- Submit a grievance online at www.calvivahealth.org
- Call the California Department of Social Services - Fair Hearing Department
  1-800-952-5253 or 1-800-952-8349 TDD
- Contact the Ombudsman Program
  1-888-452-8609

The health plan has 30 calendar days from the receipt of the grievance to investigate and respond to the member

Provider Responsibilities

Staying Healthy Assessments

- The Department of Health Care Services (DHCS) requires all new Medi-Cal members to complete their comprehensive Initial Health Assessments with their primary care provider within 120 days from plan enrollment. The Initial Health Assessment (IHA) can be completed by a primary care physician (PCP), nurse practitioner, certified nurse midwife, or physician assistant.
- The Initial Health Assessment must include completion of the age-appropriate Staying Healthy Assessment (SHA) form or Department of Health Care Services (DHCS) approved Individual Health Education Behavioral Assessment (IHEBA).
- The IHA is required by DHCS for all newly enrolled patients, including those with disabilities. Providers must follow DHCS requirements for completing the IHA, in accordance with DHCS Policy and Plan Letters.
- All forms must be placed in the member's medical record file
- For any members with mild to moderate substance use disorders, the provider should also complete an SABIRT (Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment) to members ages 11 years and older, including pregnant women to address specific conditions and future treatment recommendations.
- All forms are available to download on DHCS website at the following link

  https://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

PCP Transfers

Members have the right to change their primary care providers (PCP) every 30 days. If a PCP is affiliated with a participating provider group (PPG), then the PCP should follow the PPG policies as well.

Members can request PCP change prior to their visit by calling ***Member Services*** at (888) 893-1569.

Or the provider can have the member complete a ***PCP Change Request Form*** to have the member re-assigned to a practice.

If faxed on Date of Service:

- Requires Member Signature
- Requires Member ID#
- Member must answer NO to all questions regarding prior services rendered
- Takes up to six days to update in the health plan system
- If member has received services by another provider within the same month, then the PCP change may not become effective until the following month.
- Fax number is listed at the bottom of the form

Access to Care and Availability Standards

Our appointment accessibility and provider availability policies, procedures and guidelines for providers and health care facilities providing primary care, specialty care (including seldom used or unusual specialty services), behavioral health care, urgent care, ancillary services, and emergency care, are in accordance with applicable federal and state regulations, contractual requirements and accreditation standards.

CalViva Health and its participating providers are required to demonstrate that, throughout the CalViva Health service area, a comprehensive range of primary, specialty, institutional, and ancillary care services are readily available and accessible within reasonable timeframes. Additionally, there is a requirement to demonstrate that members have access to non-discriminatory and appropriate covered health care services within reasonable period of time appropriate for the nature of the member's condition and consistent with good professional practice. This includes, but is not limited to, provider availability, waiting time and appointment access with established time-elapsed standards.

For more information about ***Access to Care and Appointment Availability Standards*** please visit: https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/provider-oversight/service-and-quality-requirements-/access-to-care-and-availability-standards-medi-cal.html

HEDIS Incentive Program

The health plan offers incentive payments to qualifying primary care providers in recognition for their efforts to improve quality of care for Medi-Cal members

- PCPs are awarded for care gaps closed in various HEDIS measures
- FQHC/RHC/IHS providers are awarded for meeting the minimum performance level (MPL) and having a certain % of improvement (1% for providers meeting MPL and 2% for providers below MPL) in various HEDIS measures.
- CalViva Health counties with active W-9 on file
- Other eligibility requirements exist!

A useful tool to maximize your HEDIS incentive is Cozeva Portal

Providers have support in the following areas when they sign up on Cozeva Portal:

- Track measure rates using the Registries scorecard
- View patient-level detail on gaps in care
- Track estimated/potential incentive payments
- Print face sheets to facilitate pre-visit planning
- Close data gaps instantly by uploading records
- More frequent incentives (quarterly vs. semiannual)
- Free of charge and no limit for amount of accounts
- More timely and secure e-payments through PayPalHyperwallet®

Claims

Claims and Appeals

Paper claims submission address:
PO Box 9020, Farmington, MO 63640-9020

Appeals submission address:
PO Box 989881, West Sacramento, CA 95798-9881

- Providers have 1 year from date of payment/denial to appeal, contest or resubmit a corrected claim

Electronic claims submission information
Electronic Data Interchange (EDI) (800) 225-2573 ext. 6075525

- Claims must be submitted within 180 days from date of service
- Claims process within 30-45 days
- For more information about claims and billing please visit Provider Library on the health plan's website: https://providerlibrary.healthnetcalifornia.com/medi-cal.html
- Or contact Provider Services at 888-893-1569

Utilization Management

Utilization Management

Our utilization management (UM) program is designed to ensure that members receive timely, medically necessary and cost-effective health care services at the correct level of care. The scope of the program includes all members and network providers.

Elements of UM process are as follows:

- Prior authorization
- Concurrent review
- Discharge planning
- Care management
- Retrospective review

Prior Authorizations

Primary care physicians (PCPs) and specialists should follow the guidelines below when completing the Inpatient California Medi-Cal Prior Authorization Form or the Outpatient California Medi-Cal Prior Authorization Form to request prior authorization of services.

Providers are required to complete all fields on the form as follows

- If the number of units or visits is not indicated in the Professional field, only one visit is authorized by health plan. That visit must take place within 60 days of the order date. If more than one consultation is required, another request must be submitted to health plan for review
- Designate the type of request (urgent or elective)
- Designate service requested to determine prior authorization requirements
- ICD-10 codes and CPT codes and descriptions are required fields
- Providers must attach all pertinent medical information for the request to be reviewed for medical necessity

All Prior Authorization Request Forms can be located on Provider Library
https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual/prior-authorizations/request-prior-authorization-form.html

Case Management

The Case Management program identifies members as being at high risk for hospitalizations or poor outcomes and who have barriers to their health care.

Trained nurse care managers, in collaboration with a multidisciplinary team, provide coordination, education and support to the member in achieving optimal health, enhancing quality of life and accessing appropriate services. Once a member is selected to participate in the program, a case manager contacts the member's provider to coordinate care.

- Providers may refer members for case management and complete the Care Management Referral Form (CalViva PDF)
- Members may self-refer to the program by calling the member services telephone number on the back of their identification (ID) card.

Continuity of Care

Under the health plan's continuity of care (COC) policy, there are two types of COC, non-clinical and clinical COC.

Medi-Cal members, their authorized representatives on file with Medi-Cal or their providers may initiate a request for continuity of care directly from the health plan. The health plan accepts verbal or written COC requests. Refer to the Member Services Department (Medi-Cal) for assistance

The health plan completes continuity of care requests within:

- 30 calendar days from the date of receipt
- 15 calendar days if the member's medical condition requires more immediate attention, or
- Three calendar days if there is risk of harm to the member. Risk of harm is defined as an imminent and serious threat to the member's health.

Upon completion of the COC review, the provider and the member will be notified of decision within seven calendar days. A request for COC is complete when:

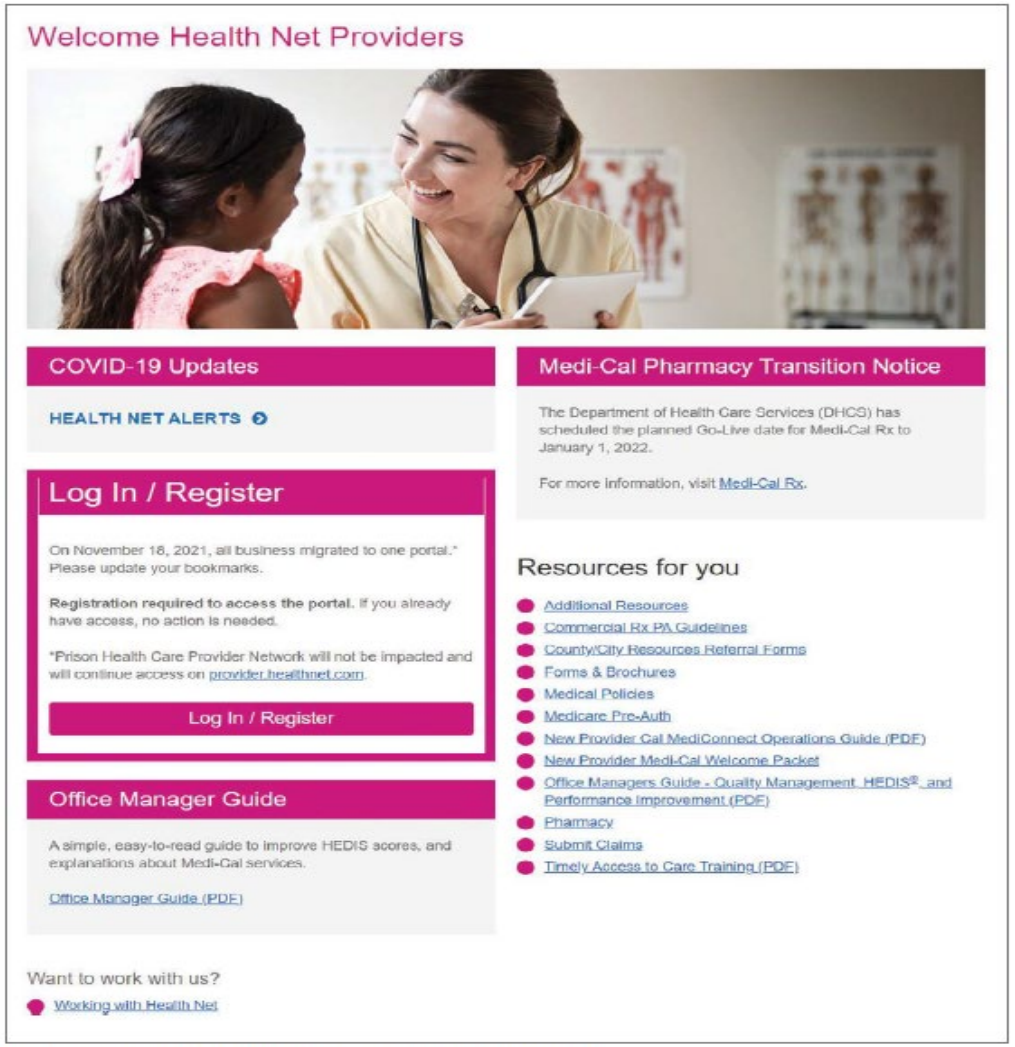
- The member is informed of their right to continued access.
- The health plan and the non-participating FFS provider are unable to agree to a compensation rate.
- The health plan has documented quality-of-care issues, or
- The health plan makes a good faith effort to contact the provider and the provider has not responded to the health plan within 30 calendar days of the health plan's effort to contact the provider.

Provider Resources

Web Portal

Save time navigating the health plan provider portal on provider.healthnet.com

- Register for the secure portal
- Learn how to submit claims online
- Get pharmacy information
- View webinar calendars
- Get medical policies at your fingertips
- Find frequently asked questions (FAQs) and answers
- And more



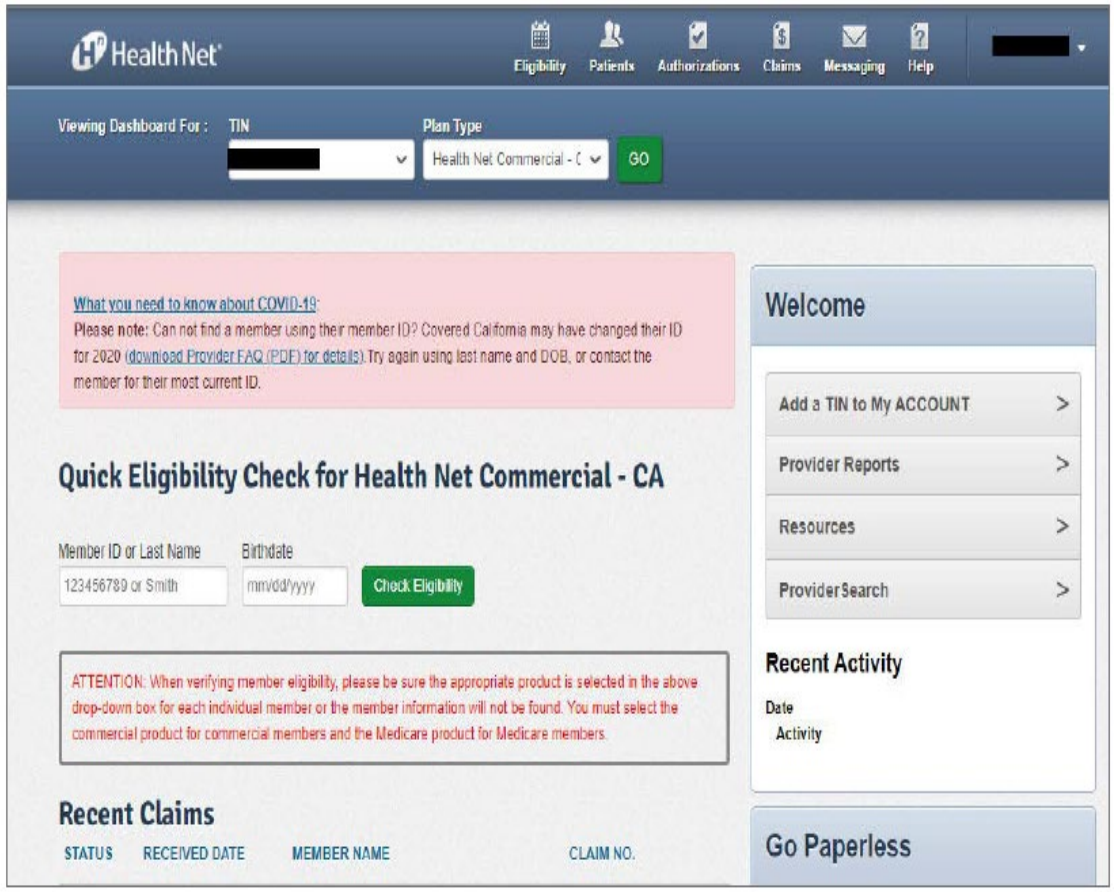
Actual provider portal image may look different.

Web Portal

Register for the secure portal
on provider.healthnetcalifornia.com

T*he provider portal can help make your job easier*

- Manage your account
- Look up a member's eligibility
- Find a member's Schedule of Benefits
- Get easy access to medical management (prior authorization requests, health risk assessments (HRAs), care plans, health records)
- Submit claims
- Other functions are also available on the provider website



Screen shots may not match the current look of the provider portal.

[1]Some features or functions may only be available based on provider type.

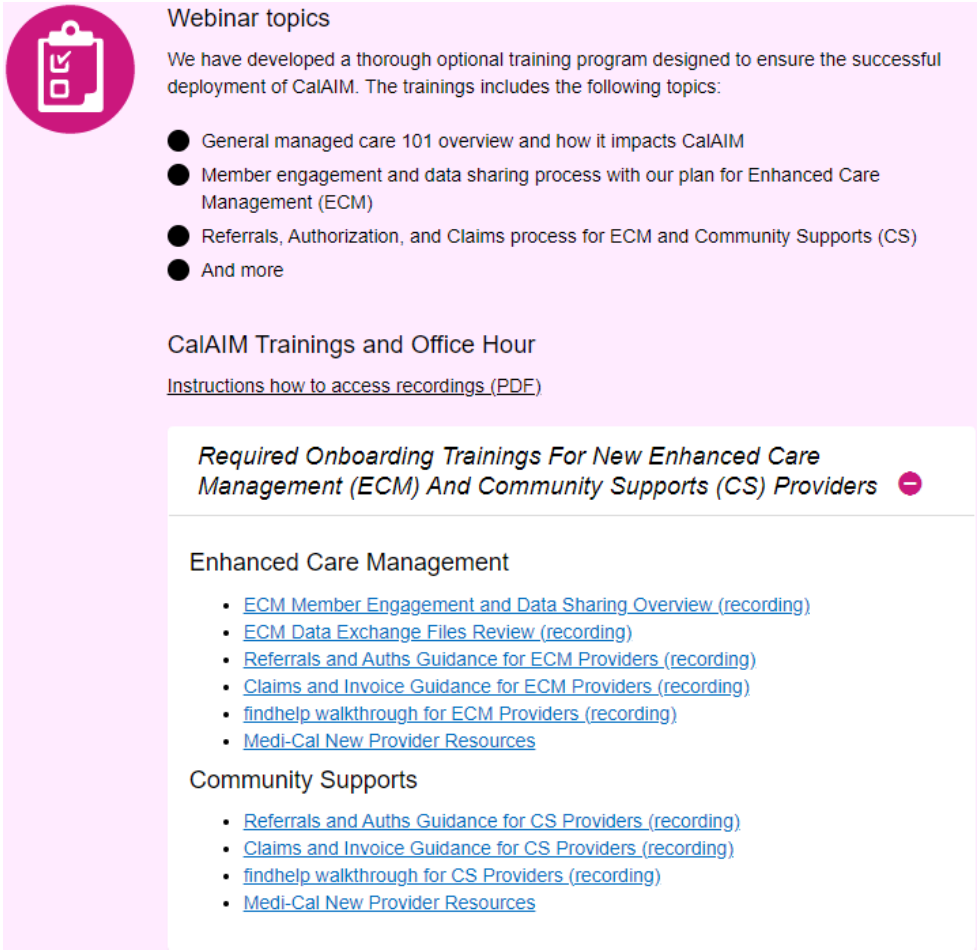
CalAIM

CalAIM (California Advancing and Innovating Medi-Cal) is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program.

We have developed a thorough optional training program designed to ensure the successful deployment of CalAIM. The trainings includes the following topic:

1. General managed care 101 overview and how it impacts CalAIM
2. Member engagement and data sharing process with our plan for Enhanced Care Management (ECM)
3. Referrals, Authorization, and Claims process for ECM and Community Supports (CS)
4. And more

You can access CalAIM Webinar Recordings in the following Link
https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html



Provider Engagement

Provider Engagement team goal is to deliver personalized and effective training, tools and other support to assist providers in providing care to our members in the most efficient manner.

A vital part of our Provider Engagement service philosophy centers on direct personal communication with Providers.

Product we support:
Medi-Cal

Services we offer:
- In person Support
- Operational Support to resolve issues of highly escalated nature
- Provider Training and Education – In person or webinar
- Resources and Tools

Thank you for allowing us the opportunity to assist in making your experience with CalViva Health a positive one.

You can reach our team @HN_Provider_Relations@healthnet.com

Contact Resources

- ***Member and Provider Services***: 1-888-893-1569 to request the following:
  Interpreter Services, Transportation, Eligibility, claims issues, Case Management, etc.

- ***Enrollment Service Line:***
  1-877-618-0903

- ***Cultural & Linguistic Services:***
  1-800-977-6750

- ***Health Education Information Line:***
  1-800-804-6074

- ***Web and Secure Portal:***
  - provider.healthnet.com and provider.healthnetcalifornia.com
  - 1-866-458-1047

- ***Provider Engagement:***
  HN_Provider_Relations@healthnet.com

THANK YOU for reviewing this new provider training deck. For more detailed information about provider tools and resources available for newly contracted providers please visit provider.healthnet.com< Resources for you< New Provider Welcome Packets