

Network Notes

OptumHealth Behavioral Solutions of California – News and Updates for Contracted Providers

Fall 2020

Creating a Diverse Provider Network

Diversity is about a rich mix of differences encompassing everything that makes you uniquely you.



- Take a minute to visit providerexpress.com. Go to secure “Transactions” and be sure your profile accurately reflects not only your areas of clinical expertise, but also your ethnicity and linguistic capabilities
- At least twice a year, we send out a comprehensive Provider Data Validation form for your review. When you receive it, promptly review and update any outdated or inaccurate information.

OptumHealth Behavioral Solutions of California (“OHBS-CA”) is responsible for arranging for the provision of a comprehensive spectrum of behavioral health services to a widely diverse membership throughout California. In order to fulfill this responsibility, we administer a provider network including qualified, licensed professionals and facility-based programs that represent a wide array of clinical specialties and cultural diversity. For a member seeking services, the ability to make an informed decision in selecting a provider is critical. Many members want to work with a provider with whom they share similar experiences and perspectives. Finding a provider who shares their cultural background, ethnicity and language builds a familiarity that helps the member feel included, feel that they are being heard. That feeling of connection can be an important part of recovery.

Playing Your Part

The more we know about your specific cultural background, ethnic identity and language skills, the more we can celebrate and promote awareness of the diversity of the OHBS-CA network. Knowing about you can help a member or OHBS-CA staff identify a provider who can ensure the member accesses the right provider for the right care at the right time. What can you do to help?

In addition to helping members identify a provider with a cultural background or language of their choice, we expect all providers in the network to embrace the concept of cultural competency, the communication bridge that enables providers to effectively meet and serve the unique needs of populations whose cultures may be different than the prevailing culture. While you may not share the cultural background with a member, your ability to recognize, respect and adapt to cultural variances are pivotal in building that bridge and helping a member on the road to recovery. Many resources are available to assist providers in developing and maintaining cultural competency. You can find links to a few of them on the next page.

The OHBS-CA Role

As part of our Quality Management program, and to ensure that all members have access to appropriate treatment as needed, OHBS-CA continuously develops, maintains, and monitors a network with adequate numbers and types of clinicians and outpatient programs year-round.

Our ongoing activities include:

- Annual analysis of the cultural and linguistic composition of the California provider network in comparison with the general population in California, as measured by the U.S. Census. This analysis can then be used to assist in outreach or recruitment efforts to help ensure the network is adequate and available to meet not only the clinical and geographical needs of our diverse membership, but also their cultural, ethnic and linguistic needs
- Annual evaluation of Member Satisfaction Survey results to identify and address any cultural or linguistic barriers to care
- Quarterly evaluation of complaint data to identify and address any gaps in the network adequacy related to language, race or ethnicity needs of members



Creating and maintaining a network representing diverse perspectives that reflect our membership is vital to helping people live healthier lives. Please help us by ensuring that members have access to your cultural, ethnic and linguistic demographic information.

Resources Supporting Cultural and Linguistic Diversity

Provider Express

- [California Language Assistant Program page](#)
 - [CDI Long Notice](#)
 - [DMHC Long Notice](#)
- [Cultural Competency page](#)

Other Resources

- [U.S. Dept. of Health & Human Services](#) – Information on Cultural Competency
- [U.S. National Library of Medicine](#) – Health Literacy and Cultural Competence
- Centers for Medicare and Medicaid Services (CMS) – [A Practical Guide to Implementing the National CLAS Standards: For Racial, Ethnic and Linguistic Minorities, People with Disabilities and Sexual and Gender Minorities](#)
- Industry Collaboration Effort (ICE) – [Better Communication, Better Care – Provider Tools to Care for Diverse Populations](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#) – Resources on Cultural Competency

Adoption of APA Psychological and Neuropsychological Testing Billing and Coding Guide

Effective January 1, 2021, OHBS-CA is adopting the *Psychological and Neuropsychological Testing Billing and Coding Guide*, developed by the American Psychological Association (APA) for guidance on clinical criteria used to make coverage decisions on testing services. This change is applicable to Commercial, Medicaid and Medicare membership, unless otherwise mandated by Federal, State or contractual requirements.

Please watch Provider Express > [Guidelines / Policies & Manuals](#) for more information as the date approaches.



COVID-19 – National Health Care Emergency



You can find more information and tools to assist you with coordination of care on providerexpress.com.

Virtual Visits

Many of you have taken advantage of increased flexibility in the use of telehealth services. The ability to make use of technology to deliver services while respecting social distancing and stay-at-home requirements has played a large role in providing timely access to care. We recently expanded the capabilities of our virtual visit platform so you can use it to provide telehealth services with nearly all payers and insurance companies, not just OHBS-CA or Optum. The use of this platform is free to network providers who have submitted a signed attestation, which is available on providerexpress.com. Once you register to use the platform, members can see your virtual visit schedule and book appointments with you online. More information about virtual visits can be found on providerexpress.com.

If you are not normally part of our virtual visit network but would like to continue to provide telehealth services when the COVID-19 emergency period ends, please consider submitting your [attestation](#) and allowing us to identify you as a virtual visit provider in the online provider directory.

COVID-19 Resources for You and Members

The COVID-19 section on [Provider Express](#) keeps you updated about changes in policies and processes. Through the COVID-19 pages, we've been able to provide timely updates as well as links to Health Plan and state-specific COVID-19 websites. We urge providers to continue to visit these pages regularly for the most current information since it offers us the quickest means to notify you of new or changing information.

In the COVID-19 section, you also have access to the Psych Hub™ [COVID-19 Mental Health Resource Hub](#). This hub includes videos produced by Psych Hub, as well as written and visual assets developed by leading national organizations, for maintaining one's well-being and coping with mental health concerns during a global pandemic. The Resource Hub is a [first-of-its-kind collaboration](#) between the nation's leading mental health advocacy groups, the largest national healthcare payors, and the Department of Veterans Affairs.

Few industries have escaped the impact of the COVID-19 pandemic. And the challenges of a rapidly changing environment have certainly been felt by behavioral health providers. We are dedicated to supporting our network during this unique and trying time. We thank you and applaud the work you are doing to deliver care to members, even as you also work to safeguard your personal wellbeing.

Due to the frequent regulatory and operational changes related to COVID-19 we recommend that you regularly visit our COVID-19 pages on providerexpress.com for the most current information.

Coordination of Care

Now more than ever it is vital to focus on the importance of Coordination of Care. We take an active role in this process and expect our Network providers to do so as well. Coordination of care between mental health and physical health care providers achieves greater improvements in depressive symptoms and medical symptoms than when care is not coordinated.

Coordination of care should begin on or after the initial session of treatment and should continue at periodic intervals during ongoing treatment. It should also be done at the time of a patient's discharge, and when a member is transferred to another level of care or facility. All OHBS-CA providers are expected to coordinate care with a member's PCP, other behavioral health clinicians and, when applicable, hospital staff.

In addition to Provider Express, we have other tools and resources to help both you and members cope with the healthcare emergency:

- [Live and Work Well – COVID-19 Support](#)
- [OptumEAP – COVID-19 Resources](#)

Thank You

The OHBS-CA provider network has been very responsive to the members we serve throughout the health care emergency. We thank you and want you to know that your participation in the network is greatly appreciated.

Help Members Find You

During the national health emergency, as more people are accessing their behavioral health benefits, it is more important than ever that members be able to connect with the appropriate clinician. Some things you can do to improve the member experience and increase access are:

- Review your member-facing profile through the [Provider Directory](#) to see what the members see.
- Keep your practice hours, specialties and current availability updated through [Provider Express](#). Provider Express has been enhanced and streamlined to make it quick and easy to update your information. [A tutorial is available online.](#)
- List your email and website on your Provider profile to offer an additional option for members to use to contact you.

- Ensure your voicemail message includes information such as:
 - Hours of operation/ Current availability
 - Email address, Short Message Service (SMS) text messaging number or website (if preferred)
 - Reminder to the caller to clearly state their name and phone number twice

Remember that you are expected to return members' calls within 24 hours. If you have questions or concerns regarding your contractual responsibilities related to access and availability, please contact your Provider Relations Advocate.

Sign Up for Direct Deposit

Beginning in late 2020 and throughout 2021, OHBS-CA will phase out sending paper checks for payments. If you haven't already done so, please be sure to sign up for Automated Clearing House (ACH)/direct deposit, our preferred method of payment.

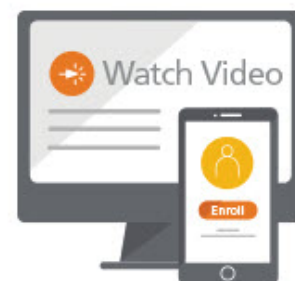
For more information about ACH and virtual card payments, or to enroll with Optum Pay, visit providerexpress.com or the [Optum Pay website](#).

Why Choose ACH/Direct Deposit?

- Funds deposited directly into your bank account so you can get paid without ever coming into the office
- Easy and fast way to get paid
- Improved financial control – no paper checks or remittance information to lose or misplace
- Ability to track customized information online

If your practice/health care organization is already enrolled and receiving your claim payments through direct deposit from Optum Pay™, there is no action you need to take. However, if you don't elect to sign up for ACH/direct deposit, **beginning as early as the 4th quarter of 2020**, you may receive virtual card payments (virtual cards) in place of paper checks.

How to
enroll in
direct
deposit



Employee Assistance Program Reminders

What are Employee Assistance Program services?

Employee Assistance Program (“EAP”) is a health and wellness benefit provided by one’s employer. The EAP benefit is designed to provide assessment and referral, as well as a brief counseling intervention for members. The typical EAP benefit offers a limited number of routine weekly sessions with a clinician for brief counseling services but is not designed to provide an ongoing course of psychotherapeutic treatment. EAP services are a benefit paid for by the member’s employer and they remain confidential. The member has no financial responsibility—**no deductible, co-payment or coinsurance** amount. OHBS-CA will reimburse you directly at your contracted rate for authorized counseling sessions.

You can boost referrals to your practice

All OHBS-CA Behavioral Health commercially contracted therapists are contracted to bill for EAP services. We do not have a separate EAP network, creating ease in providing ongoing services and in billing. Please note that there are limitations around psychiatrists providing EAP services. If you are a certified Employee Assistance Professional or have special training or experience in EAP, log-on to providerexpress.com and attest to your expertise or contact our network managers.

The EAP Call center receives over 8,000 calls per week, referring many of those members to clinicians across the country. Once your credentials are updated, our EAP Specialists will begin referring EAP members directly to your practice.

EAP services can be rendered virtually

All EAP members can be seen virtually, following OHBS-CA guidelines. Be sure to complete the virtual visit attestation on providerexpress.com. In addition, many EAP members seek to schedule online at liveandworkwell.com, so please keep your availability updated.

EAP Authorizations, Billing, & Claims

Authorizations are required for EAP services and may be initiated by either members or providers prior to the first appointment. To request authorization, call the behavioral health number on the back of the member’s insurance card. EAP authorization letters are sent directly to the member. When a member arrives for EAP services, inquire about the EAP authorization code, effective and expiration dates, and whether any of the authorized visits have been utilized.

The easiest way to bill for OHBS-CA EAP services is to submit claims on providerexpress.com. All EAP Claims must include an HJ modifier following the CPT code to be processed and paid correctly. Your contracted rates are the same for EAP services and for routine outpatient therapy services. OHBS-CA EAP allows the following procedure codes:

Accepted CPT Codes

- 90832HJ – 30-37 min individual therapy
- 90834HJ – 38-52 min individual therapy
- 90846HJ – Family therapy without the patient in attendance
- 90847HJ – Family therapy with the patient in attendance
- 90853HJ – group therapy other than family

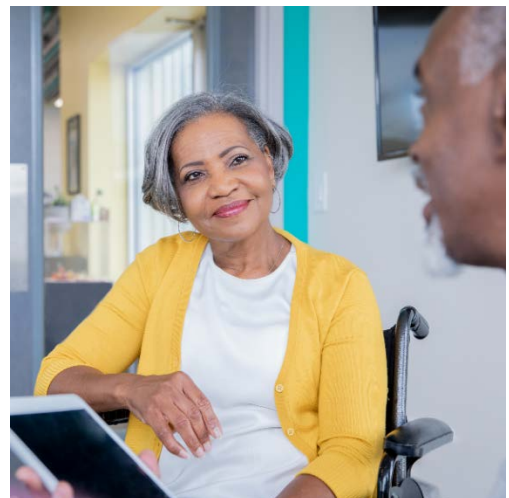
Note: *extended therapy visits (90837) are not covered by OHBS-CA EAP. There are occasions in which a formal diagnostic assessment (90791) is covered. Please call to discuss further.*

More information regarding EAP

If you have any questions, please call OHBS-CA Employee Assistance Program 24/7. You can find the member’s dedicated EAP number on the back of their insurance card, or you can reach our general EAP team 24/7 at **1 800-358-8515** for further assistance.

Clients referred for EAP services must be seen within the following timeframes

APPOINTMENT TYPE	TIMEFRAME
Routine/Non-Emergency	Within 10 business days
Urgent	Within 24 hours
Emergency	N/A



Quality Achievements

The Quality Management (QM) Program monitors access to care and availability of clinicians, quality of care and services, patient safety, and appropriate utilization of resources. Each year, an in-depth evaluation of the QM Program is performed. This includes a review of the processes that support these components of care along with OHBS-CA overall structure. The findings of the most recent evaluation conducted in 2019 include:

- Outstanding performance in the areas of network availability and accessibility
- High performance in the areas of customer service call response time and claims payment accuracy, and

turn-around times for claims processing, appeals, provider disputes, and non-coverage determinations

- Appointment for emergent care (non-life threatening) offered within 6 hours was at 100%
- Appointment for urgent care offered within 48 hours was at 100%
- Member complaints remain below the performance threshold, with 100% of complaints resolved within 30 days of receipt

An Executive Summary of the most recent QM performance evaluation is available by calling toll-free **1-877-614-0484**.

Members Highly Satisfied with Treatment & Services

OHBS-CA administers the Member Satisfaction Survey to a sample of members who receive services from an OHBS-CA network clinician. Results are analyzed annually. The findings are used to identify opportunities to improve the member experience.

The 2019 survey assessed member satisfaction along multiple domains including:

- Obtaining referrals or authorizations
- Accessibility and acceptability of the clinician network
- Customer service; treatment/quality of care
- Overall satisfaction

Results of the survey indicate that members experience high overall satisfaction with treatment received. 91% of members indicated that they would use these services again. 89% of members indicated that they were able to

find care that was respectful of language, cultural, and ethnic needs. 89% of the members surveyed reported that the treatment they received from their clinician helped them better manage their problems. Overall member satisfaction with services received from OHBS-CA was 89%.



Improvements Noted in Clinicians' Satisfaction

In 2019, 1,642 Network clinicians in California responded to our Provider Satisfaction Survey that measures clinician satisfaction with areas of service including the authorization process, Network Services staff, the Authorization Process, Claims/Customer Service, Credentialing, web site usage and Net Promoter Scores (NPS).

For the second year in a row, OHBS-CA saw significant improvements in overall provider satisfaction. We saw continuing improvement in satisfaction with Network

Services staff, Claims/Customer Service, the Authorization Process and Provider Express. And satisfaction with the credentialing and recredentialing process remained high. In addition, the Net Promoter Score also improved substantially over the 2018 results. We greatly appreciate the valuable feedback you provide through the web-based survey. Your responses help us identify what we are doing well, and where we need to improve our service. Thank you to all of you who took the time to participate in the survey.

Monitoring Network Availability

PROVIDER TYPE	STANDARD (URBAN)	STANDARD (SUBURBAN)	STANDARD (RURAL)	PERFORMANCE GOAL
Prescribers (MD, DO, RN w/ prescriptive authority, PA)	10 miles	20 miles	30 miles	95%
Ph.D./Master's Level	10 miles	20 miles	30 miles	95%
Child/Adolescent Clinician	10 miles	20 miles	30 miles	95%
Acute Inpatient Care	15 miles	15 miles	15 miles	90%
Intermediate Care/Partial Hospitalization/Residential	15 miles	30 miles	60 miles	90%
Intensive Outpatient Care	15 miles	30 miles	60 miles	90%
Medication Assisted Treatment (MAT)	15 miles	30 miles	60 miles	90%
MEDI-CAL NETWORK ADEQUACY STANDARDS IN SAN DIEGO COUNTY				
PROVIDER TYPE	TIMELY ACCESS STANDARD		TIME AND DISTANCE STANDARD (DENSE)	
Psychiatric Care (Adult & Pediatric)	Within 15 business days of request		15 miles or 30 minutes from beneficiary's residence	
Mental Health (Non-psychiatry)	Within 10 business days of request		15 miles or 30 minutes from beneficiary's residence	

We developed the standards shown above to ensure that members have appropriate availability of behavioral health clinicians and facilities within a defined geographic distance.

An analysis of the results of the annual measurement of OHBS-CA network geographic availability shows that clinicians and facilities are in geographic positions of availability to provide services to membership in all

urban, suburban and rural areas of California, except for acute care facilities.

There is an overall scarcity of inpatient behavioral health facility programs throughout California, especially in rural areas. We continue to monitor these areas for new programs that are willing and able to contract with us to enhance the availability of services for the members we serve.

PUBLIC POLICY COMMITTEE

In accordance with California law, U.S. Behavioral Health Plan, California ("USBHPC") dba OptumHealth Behavioral Solutions of California ("OHBS-CA") has a Public Policy Committee to provide a formal structure for the comments and participation of covered members, and employer and health plan representatives. This committee consists of at least three subscriber enrollees of OHBS-CA, one contracted clinician and one member of our Board of Directors.

Responsibilities of the Public Policy Committee include:

- Evaluating care and service proposals
- Defining public policy in accordance with the state's Knox-Keene Act
- Reviewing and discussing member grievance data
- Examining member and provider satisfactions survey results
- Reviewing the company's financial condition
- Making recommendations to the USBHPC Board of Directors regarding quality of care and service

The Public Policy Committee meets quarterly, and reports to our Board of Directors and we are actively recruiting for additional committee members. For more information regarding committee membership, please contact your Provider Relations Advocate or call **1-877-614-0484**.

TIMELY ACCESS TO CARE

Improving and expanding member access to care continues to be a priority and a challenge throughout the health care industry. During the 2020 health care emergency, OHBS-CA has continued to explore ways to improve member access to a choice of providers who meet their needs.

In accordance with the Notice of Enforcement Discretion from the Office for Civil Rights at the Department of Health and Human Services (“**Notice**”), we have temporarily expanded telehealth access to help accommodate members’ needs during the public health emergency. Our **virtual visits** (telehealth) network, has expanded, helping members to easily connect with providers through convenient, secure, virtual connections that extend access to providers throughout California. Our new online attestation process makes it easier for you to notify us of your capability to deliver services virtually.

We also offer a virtual visits platform, recently enhanced to allow use for nearly all payers and insurance companies. Once a provider is registered, clients can view their virtual visit schedule and book appointments. For more information, visit the **virtual visits** page on Provider Express.

To request interpreter services at no cost to members or providers: To request interpreter services:

Call: **1-800-999-9585**.

Hearing and Speech impaired: **1-800-842-9489** (TTY).

Clinician Timely Response to Member Messages: Please return all member calls within 24 hours.

After-Hours Answering System and Messaging: Be sure your answering machine message includes instructions to members regarding what they should do in an emergency situation.

If you are unable to see new members, please let us know. You can update your availability status online at **Provider Express**. You may remain unavailable for up to six months. CA regulations require you update us within 5 days of changes to your availability and 10 days for any demographic change to your practice.

We know you share our commitment to offering clinically appropriate and timely access to care pursuant to Section 1367.031 of the California Health and Safety Code. The DMHC Help Center may be contacted at 1-888-466-2219 to file a complaint if the member is unable to obtain a timely referral to an appropriate provider.

It is important for you to be aware of our access standards (shown below). Thank you for making these standards a part of the quality care provided by the OHBS-CA network.

STANDARD	CRITERIA	ANTICIPATED COMPLIANCE
Non-Life-Threatening Emergency	A situation in which immediate assessment or care is needed to stabilize a condition or situation, but there is no imminent risk of harm to self or others	100% of members must be offered an appointment within 6 hours of the request for the appointment
Urgent	A situation in which immediate care is not needed for stabilization but, if not addressed in a timely way, could escalate to an emergency situation	100% of members must be offered an appointment within 48 hours of the request for the appointment
Routine (non-urgent)	A situation in which an assessment of care is required, with no urgency or potential risk of harm to self or others	100% of members must be offered an appointment within 10 business days of the request for the appointment
After-Hours Answering System & Messaging	Messaging must include instruction for obtaining emergency care	100%
Network Clinician Availability	Percentage of network clinicians available to see new patients	90%
Clinician Timely Response to Enrollee Messages	Clinician shall provide live answer or respond to enrollee messages for routine issues within 24 hours	90%

The time for a particular, non-emergency appointment may be extended if it is determined¹ and documented that a longer waiting time will not have a detrimental impact on the member’s health. Rescheduling of appointments, when necessary, must be consistent with good professional care and ensure there is no detriment to the member.

¹ An extension to the time for a non-emergency appointment may be determined by the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and is consistent with professionally recognized standards of practice

CALIFORNIA LANGUAGE ASSISTANCE PROGRAM

The OHBS-CA Language Assistance Program was implemented in January 2009 to meet the regulatory requirements promulgated by 2003 California Senate Bill 853 (SB853). This Program offers language assistance services to enrollees with Limited English Proficiency (LEP).

Our Language Assistance Program includes the following services at no charge to the enrollee or the provider:

- Informing enrollees and providers about the available language services
- Providing information to enrollees about bilingual clinicians through the online provider directory
- Oral interpretation services in the caller's language of choice via the Language Line to any enrollee who requires language assistance
- Oral interpretation of relevant written OHBS-CA English-version documents via the Language Line, per the regulations
- Written translation into threshold languages of relevant written OHBS-CA English-version documents, per the regulations

What is Required of Clinicians and Facilities?

- Offer any LEP enrollee oral interpretation services, at no charge, through OHBS-CA, even when accompanied by a family member or friend who is able to interpret
- Document the acceptance or declining of interpreter

services in the enrollee's chart

- Post a one-page notice in your waiting room/facility of the availability of language assistance (Notice). The Notice is available to you via providerexpress.com and in the OHBS-CA Network Manual, which can be found on Provider Express
- Make available to enrollees, upon request, a pre-translated version of the DMHC grievance process and Independent Medical Review (IMR) application and instructions. Providers may access the DMHC grievance instructions and IMR application on the Department's web site at www.dmhc.ca.gov or by clicking on the link on providerexpress.com
- Go to Provider Express to obtain pre-translated versions of the OHBS-CA Grievance Form as well as the English version accompanied by the notice of availability of language assistance
- If language assistance is required, contact us at the number provided on the back of the enrollee's ID card so we can assist you by using the Language Line to provide telephonic oral interpretation

We monitor provider compliance with the Language Assistance Program through site visits and treatment record reviews.

For additional information, visit the [California Language Assistance Program](#) page on *Provider Express*.



AUTISM/APPLIED BEHAVIOR ANALYSIS INFORMATION

Provider Express – Admin Resources – [Autism/ABA Information](#)

ABA CPT CODES AND MODIFIERS

Effective 3/30/2020, we implemented the use of CPT codes for ABA services. These CPT codes allow for the use of modifiers, shown below, to reflect the credentials of staff delivering services and allow for accurate and efficient claims processing.

Modifier	Credentials of staff
No Modifier	BCBA
HN	BCaBA
HM	Behavior Technician

When submitting charges for services rendered by a BCBA, please do not include any modifiers on the claim. Other plans may be using an HO modifier to indicate when a service has been rendered by a BCBA but OHBS-CA is not.

If you have any questions regarding claims please contact the Provider Service Line at 1-877-614-0484.

If you have questions regarding your fee schedule, CPT codes or modifiers, please reach out to your assigned Provider Relations Advocate or send an email to ca_abanetwork@optum.com.

COVID-19 AUTISM/APPLIED BEHAVIOR ANALYSIS TELEHEALTH POLICY

During the COVID-19 health crisis, we taken temporary action to ensure that health care providers, qualified and licensed in accordance with applicable regulations to provide ABA services, may use audio or video communications technology immediately to deliver telephonic and telehealth care to members in addition to any HIPAA-approved telehealth technology as long as this method will effectively support the behavioral health needs of the individual member.

Specifically related to ABA services:

- Providers must use their clinical judgement about the appropriateness and effectiveness of using telehealth to deliver ABA services based on knowledge of each member's specific clinical needs. This applies to all ABA CPT codes, with the

exceptions of 0362T and 0373T, which require on-site services with multiple staff present.

- Direct ABA treatment rendered via telehealth must be synchronous in nature.
- Current authorizations can be used for telehealth services. If additional units outside of your current authorizations are needed, please contact the ABA team at **1-866-830-0325**

Please see Provider Express for the most current information on effective and expiration dates, reimbursement policies, and other tools and resources related to the public health emergency.

- [Autism/ABA Telehealth Policy Updates](#)
- [COVID-19 Reimbursement Guidelines](#)

SAN DIEGO MEDI-CAL ABA PROVIDERS

Please see this [important reminder](#) about training for all providers seeing San Diego Medi-Cal members.



IMPORTANT REMINDERS

SAN DIEGO COUNTY MEDI-CAL PROVIDER TRAINING

OHBS-CA must ensure that all providers who provide services to members covered under the Medi-Cal Managed Care program comply with the state's Medi-Cal training requirements.

Behavioral health and autism/ABA providers are expected to review the training materials within **10 days** of their credentialing effective date. An attestation regarding completion of training can be completed and submitted online at Provider Express.

See [Medi-Cal Provider Resources](#) > Provider Training Materials for:

- [Training deck for UHC Community Plan of CA/Medi-Cal](#)
- [Medi-Cal Provider Training Attestation](#)

AFFIRMATIVE INCENTIVE STATEMENT

The clinical guidelines and Psychological and Neuropsychological Testing Guidelines are sets of objective and evidence-based behavioral health criteria used to standardize coverage determinations, promote evidence-based practices, and support members' recovery, resiliency, and well-being. OHBS-CA Coverage Determination Guidelines are intended to standardize the interpretation and application of terms of the member's Benefit Plan, including terms of coverage, Benefit Plan exclusions and limitations.

You will find these, along with Best Practice Guidelines and the Supplemental and Measurable Guidelines, at Provider Express > [Guidelines/Policies & Manuals](#).

OHBS-CA expects all treatment provided to members be outcome-driven, clinically necessary, evidence-based, and provided in the least restrictive environment possible. Utilization management decision making is based only on the appropriateness of care and service and existence of coverage. OHBS-CA does not reward its staff, practitioners or other individuals for issuing denials of coverage or service care. Utilization management decision makers do not receive financial or other incentives that encourage decisions that result in underutilization of services.

CARE ADVOCACY PROCESS PROVIDES PEER REVIEW DISCUSSION

Our care advocacy process offers every clinician the opportunity to discuss a potential adverse benefit determination based on medical necessity with an appropriate peer reviewer at OHBS-CA before a final

determination is made. You may request a discussion with a peer reviewer at any time during the decision process or after the decision has been made. You may reach a peer reviewer by calling the number shown in the certification letter or an adverse determination letter or by calling the number on the back of the member's ID card and requesting to speak with a peer reviewer.

UNIVERSITY OF CALIFORNIA EMPLOYEE CLAIMS

We encourage all clinicians to submit claims electronically, either through our secure web site, [providerexpress.com](#), or via Electronic Data Interchange (EDI). However, if you do not submit your claims electronically, please remember that claims for employees of the University of California must be submitted to their designated claims address:

Optum
PO Box 30760
Salt Lake City, UT 84130-0760

If you submit your claims electronically, no special handling is required. For more information on electronic submission of claims, see Provider Express > Admin Resources > [Optum Pay](#).

RESOURCES FOR OHBS-CA PROVIDERS

You have access to a wide variety of resources and information through our provider website, [Provider Express](#):

- [OHBS-CA Network Manual](#)
- [Information on virtual visits platform & attestation](#)
- [COVID-19 Information](#)
- [Clinical criteria](#)
- [Video channel](#)
- [Training information](#)
- [Optum Pay™ information on Automated Clearinghouse \(direct deposit\) or Virtual Card Payments](#)

