Welcome to
Blue Shield of California
Promise Health Plan

Behavioral Health Providers
Agenda

• Information to help you provide behavioral health services
  • Behavioral health services and referrals
  • Continuity and coordination of care
  • Social services support
  • Assessment
    • Q&A

• Information to help you work with Promise Health Plan
  • Register for a Provider Connection account
  • Check member eligibility
  • Submit claims/check claims status
  • Appeal process
  • Attest to provider directory information
    • Q&A
Your presenters

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Senior Program Manager
Provider Education
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Promise Health Plan
Medi-Cal membership

Medi-Cal provides health care coverage for children and adults in California who have limited income and resources, or with certain health status requirements, or a combination of both.

- Supported by federal and state taxes.
- Care typically provided free or at low-cost.
Behavioral health services/referrals

<table>
<thead>
<tr>
<th>Behavioral health services provided by Blue Shield Promise</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient treatment for mild/moderate mental health conditions:</td>
<td>Blue Shield Promise Social Services (877) 221-0208 and/or complete the Medi-Cal Social Services and Mental Health Referral Form (Located on the Behavioral Health Services Program page)</td>
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<tr>
<td>• Individual and group mental health testing and treatment (psychotherapy)</td>
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<tr>
<td>• Psychological testing to evaluate a mental health condition</td>
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<tr>
<td>• Lab work, drugs, and supplies</td>
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<tr>
<td>• Drug therapy monitoring</td>
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<tr>
<td>• Psychiatric consultation</td>
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<tr>
<td>Behavioral health treatment for members under 21:</td>
<td>Behavioral Health Treatment phone: (888) 297-1325</td>
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<tr>
<td>• Applied behavior analysis</td>
<td></td>
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<tr>
<td>• Diagnostic evaluation</td>
<td>Behavioral Health Treatment fax: (844) 283-3298</td>
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<tr>
<td>• Psychological assessment</td>
<td>Behavioral Health Treatment referral packet</td>
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</tbody>
</table>
Behavioral health services/referrals continued

<table>
<thead>
<tr>
<th>County Specialty Mental Health and Substance Use Disorder Services</th>
<th>Contact</th>
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| Specialty mental health services for serious mental health conditions:  
  • Counseling  
  • Psychiatric medication management  
  • Crisis intervention  
  • Crisis mobile response  
  • Inpatient psychiatric hospitalization  
  • Referrals | Los Angeles County Access Center Helpline  
  (24/7)  
  (800) 854-7771, Option 1 |
|  | San Diego County Access & Crisis Line  
  (888) 724-7240; TTY (619) 641-6992 |
| Substance use disorder services:  
  • Residential care  
  • Counseling | Los Angeles County Substance Abuse Service Helpline  
  (844) 804-7500 |
|  | San Diego County Drug Medi-Cal Organized Delivery System  
  (888) 724-7240 TTY 711 |
“No wrong door” for Promise Health Plan members

- Members can contact you directly and/or can start behavioral health services at any point in the care continuum, receiving additional referrals to other levels of care as needed.

- As a behavioral health provider for Blue Shield Promise members, these are the types of services you provide:
  
  • Outpatient treatment for **mild/moderate mental health conditions** (all ages) including:
    - Individual and group mental health testing and treatment (psychotherapy)
    - Psychological testing to evaluate a mental health condition
    - Drug therapy monitoring
    - Psychiatric consultation
  
  • Blue Shield Promise will help with screening for appropriate level of care.
Blue Shield Social Services can help

The Social Services team can:

- Help remove social determinants that prevent members’ from receiving care they need.
- Conduct psychosocial assessments on referrals, connecting members to resources and services based on the care plan.
- Provide or arrange for services as such:
  - Care coordination
  - Crisis intervention
  - Discharge planning and transition of care
  - Member and family education and advocacy
  - Non-emergency medical transportation to medical, dental, mental health and substance use disorder appointments
  - Over-the-phone interpreting services

To make a referral, call (877) 221-0208 and/or complete the Medi-Cal Social Services and Mental Health Referral Form located on the Behavioral Health Services Program page.)
Continuity and coordination of care

As part of our compliance with NCQA* and to ensure alignment with best practices, Promise Health Plan monitors and encourages coordination of care between medical and behavioral healthcare to encourage continuity.

What we do:

• Interdisciplinary care team to address a member’s full spectrum of health-related needs across the care continuum.
• Comprehensive assessment to identify a member’s needs and barriers to care.
• Communication strategy such as rounds, warm handoffs, and connected EHR/EMR*, to support prevention and early intervention.
• Robust monitoring system for follow-up care.
• Methods to address polypharmacy and indiscriminate use of controlled substances.
• Activities to monitor, evaluate, and improve interventions and quality.

* National Committee for Quality Assurance (NCQA)
* Electronic Health Records or Electronic Medical Records (EHR/EMR)
Continuity and coordination of medical and behavioral healthcare continued...

**What you do:**

- Get permission from the member to share information with PCP or other designated healthcare provider(s).
- Respond to coordination of care requests.
- Follow-up with the member on any outcomes related to shared information.
- Ensure treatment plan best fits the member’s needs.
- Collaborate with the member’s care team to share treatment plans.
- Confirm alignment around medicine prescribed and/or recommended.
Blue Shield of California Wellvolution

- Health platform with clinically proven lifestyle-based programs and tools.
- Provided at no cost to Promise Health Plan Medi-Cal members.
- Accessible via smartphone apps and from internet browsers.

<table>
<thead>
<tr>
<th>Mental health</th>
<th>Diabetes prevention</th>
<th>Condition-specific</th>
<th>Tobacco &amp; vaping cessation</th>
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<tbody>
<tr>
<td>Ginger and Headspace programs that can help manage sleep, stress, anxiety, depression, and boost resilience.</td>
<td>Programs focusing on Type 2 diabetes include digital coaching and digital technology (Fitbits &amp; heart rate monitors). Focus is on weight loss to improve overall health.</td>
<td>Programs that include intensive behavioral counseling for treating common conditions such as diabetes, hypertension, obesity, and heart disease.</td>
<td>Programs include nicotine replacement therapy in the form of patch, lozenge, or gum. A two-month supply can be delivered to the home.</td>
</tr>
</tbody>
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www.wellvolution.com,
SABIRT*

SABIRT includes alcohol and drug misuse screening, assessment, brief interventions, and referral to treatment for Medi-Cal members ages 11 and older, including pregnant women.

• **Both PCPs and behavioral health providers are required to administer SABIRT.**

• Validated screening tools include, but are not limited to:
  
  • Cut Down, Annoyed, Guilty, Eye-Opener Adapted to Include Drugs (CAGE-AID)
  • Tobacco, Alcohol, Prescription medication, and other Substances (TAPS)
  • National Institute on Drug Abuse (NIDA) Quick Screen for adults
  • Single NIDA Quick Screen alcohol-related question can be used for alcohol use screening.
  • Drug Abuse Screening Test (DAST-10)
  • Alcohol Use Disorders Identification Test (AUDIT-C)
  • Parents, Partner, Past and Present (4Ps) for pregnant women and adolescents
  • Car, Relax, Alone, Forget, Friends, Trouble (CRAFFT) for non-pregnant adolescents
  • Michigan Alcoholism Screening Test Geriatric (MAST-G) alcohol screening for geriatric population

• In addition to SABIRT, you can choose to administer other assessments appropriate for your patient.

• If member agrees, share results with their care team to support continuity and coordination of care.

* [Screening, Brief Intervention, and Referral to Treatment](https://www.sabirt.org) (SABIRT)
CalAIM = California Advancing and Innovating Medi-Cal

- A long-term commitment to transform and strengthen Medi-Cal, offering a more equitable, coordinated, and person-centered approach to maximizing health and life trajectory.
  - Goal: Focus on whole person care and social drivers of health.
  - No wrong door: Medi-Cal enrollees can quickly and easily access mental health and substance use disorder services, regardless of the delivery system where they initially seek care.

- DHCS requires Medi-Cal managed care plans like Promise Health Plan – not providers – to administer the Screening and Transition of Care Tool for members under 21 (youth) and for members 21 and over (adults).
  - Assessment helps determine appropriate referral for members newly seeking mental health services.
  - Not intended for use with members already receiving mental health services, or whose mental health needs have been clinically assessed.
  - Not required when members contact behavioral health providers directly to seek mental health services.
Provider Connection Reference Guide for Promise Health Plan providers

- Step-by-step instructions for common tasks.
- Links to helpful resources.
- Website/account management registration FAQ.

Recommended browsers:
Latest version of Google Chrome or Microsoft Edge
Internet Explorer, Firefox and Safari browsers are not supported.
Establish a Provider Connection “provider” account*

- If you need help establishing an account:
  - For help establishing an account, see the Provider Connection training: Blue Shield Promise Reference Guide or step-by-step registration tutorials.
  - Contact Provider Customer Care at (800)468-9935.

- To establish a “provider” account, you need:
  1. Designated Account Manager to register it.
  2. One Tax ID (TIN) or Social Security Number (SSN).
  3. Claims data: Check/EFT amount for one claim paid in the last three months under the registering TIN/SSN, and ONE of the following:
     - Check/EFT number or Member ID or Claim number
     - No claims within the last three months? The system will ask for the full name and birth date of an eligible Blue Shield member.

- Once the account is established, the Account Manager can add users for your organization if necessary and oversee all aspects of the account.

* There are three account types: Provider, MSO, and Billing. See
* Your organization may already have an account to which you can be added as a user. If you are unable to determine internally the name of your Account Manager, see the FAQ in the Promise Health Plan Provider Connection Reference Guide: How do I tell if my organization has an existing Provider Connection account?
How to navigate Provider Connection

1. **Top level navigation:** General site actions like Login/register, Help, and Search.

2. **White menu bar:** Navigational links to the five site sections and the home page. The arrow indicates the section you are in.

3. **Blue sub-menu bar:** Direct navigational links for the most-used content and tools within the specific section.

4. **Category headings:** High-level clickable table of contents for how information is organized on the page. Clicking a category heading will drop you down to a category.

5. **Categories:** Contains quick links to tools and resources when appropriate, and clickable boxes that will take you to your desired information.

* Promise Health Plan resources not requiring login are integrated throughout Provider Connection. They are also available from the Blue Shield Promise website: blueshieldca.com/promise/providers. Links in the footer of each page allow you to move between the two websites.
Verify eligibility (log in required)

The Verify eligibility tool is available from the home page and from the Eligibility & benefits section after log in. It lets you confirm that a patient is a Blue Shield of California or Promise Health Plan member.

1. Select the member search type: SEARCH SINGLE MEMBER or SEARCH MULTIPLE MEMBERS.
2. Select the Member coverage/card type.
3. Search for the member by entering Subscriber ID or Member Name (Last name then First name) and Date of birth (MMDDYYYY) or Medicare beneficiary ID (MBI) and Date of birth.
4. Click Search.
Verify eligibility results

5. Member eligibility results display. Eligibility displays in **green** when the member is active. For additional information, click:
   a) **Details**: Comprehensive member information including historical and future eligibility.
   b) **ID Card**: Electronic copy for viewing, printing or download.
   c) **Benefits**: Link to the Medi-Cal Member Handbook EOC.
   d) **Claims**: Link to the Check claims status tool.
Submit claims

Claims cannot be submitted on Provider Connection.

Submit claims electronically

Electronic data interchange (EDI) lets you submit claims and receive payments electronically via electronic funds transfer.

Benefits include:

• Reduced administrative costs
• Improved accuracy of billing/posting information
• Reduced paperwork for your office
• Improved cash flow
• Faster claims processing
• Improved security for protected information

Click how to enroll in EDI.

Submit paper claims

The Claims Routing Tool on Provider Connection tells you where to submit paper claims. No login is required to use this tool.

• Required fields are marked by an asterisk (*).
• Information you will need: Member ID number with alpha prefix, and date of service.

* For additional information on claims, see EDI, ERA/EFT, and Secondary 277CA FAQ and/or How to submit claims on Provider Connection—no login required.
† Remember to ask member if they have health insurance coverage in addition to Medi-Cal. If yes, that insurance will be primary and should be billed.
Check claims status: Search instructions (log in required)

The Check claims status tool is available from the home page and from the Claims section after log in. All claims connected to your username and login will display if you are the Account Manager or have been granted access by your Account Manager. Use this tool to locate claims and related EOBs. It will display claims from the last three years with most recent at the top.

1. Enter data into one or more search field: Member, Claim, and/or Provider Information. Click Search.

2. Results will display below the blue header row. To sort results in alphabetical or ascending/descending order by column, click the desired column header and the up/down arrow once it presents.

3. Click the claim number to see more detailed information and to view/download the EOB. Use your browser button to return to the tool's home screen.

4. To conduct a new search, click Start over to clear the search fields.
Claim details screen

Clicking the claim number from the search results opens the **Claims detail screen** and provides access to the following information:

1. **Claim status**
2. **Download EOB**
3. **File a dispute**

4. **View all claims for this member**
5. **Toggle between full and summary view**
6. **View payment details**

This section includes line-item detail as well as claim messages and notes.

7. **This section presents when there is history such as claim adjustments and/or related claims**

8. **Additional notes**
Initiating a dispute:* Submit by mail

1. Click Possible next steps: Resolve claim issue or dispute NEW from the finalized claim.

2. Click the file a dispute by mail link to view instructions.

* If a member has health insurance coverage in addition to Medi-Cal, that insurance will be primary.
Tracking dispute status

This section contains all disputes submitted online for Commercial, Shared Advantage, and BlueCard, plus disputes submitted by mail for Commercial, Shared Advantage, and Promise Health Plan.

1. Click View my disputes.
2. Select the **Submitted by mail** tab. All disputes load under the light blue header.
3. Click filter to search for specific disputes.
   - Click the claim number to see claim details.
   - Click links under the Document column to view dispute-related letters/documentation.
Provider directory accuracy mandate

To comply with 2021 Consolidated Appropriations Act (CAA) and California Senate Bill (SB) 137 provider directory accuracy mandate:

Via Provider Connection, the Account Manager or a user given access to provider data must:

1. Attest online to data accuracy every 90 days.
   • A yellow alert banner displays on Account Managers’ Provider Connection home page when it is time to attest. It also appears on their Provider & practitioner profiles page.

2. Make directory updates whenever information changes by either:
   • Single edits in the Provider & Practice Profiles page.
   • Bulk data file download/upload from the Provider & Practice Profiles page using the Provider Data Validation Spreadsheet.

Click Provider Data Management to view step-by-step instructions or watch the “how-to” video. Materials are in the Education section on Provider Connection – no log in required.

* If after reviewing these instructions you still need help, contact the Provider Information & Enrollment Team at (800) 258-3091 Monday through Friday, from 6 a.m. to 6:30 p.m.

* For help with Provider Connection registration/access, contact Provider Customer Care at (800) 468-9935.
# Resources to support you

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<tr>
<th>Action</th>
<th>Support</th>
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<tbody>
<tr>
<td><strong>Promise Health Plan Medi-Cal New Provider Orientation</strong> (onboarding)</td>
<td>• Gathers key resources in one place that you may find helpful when serving Blue Shield Promise members.</td>
</tr>
<tr>
<td><strong>Blue Shield Promise Provider Connection Reference Guide</strong></td>
<td>No login required. Also located in the <a href="#">News &amp; Education</a> section.</td>
</tr>
<tr>
<td><strong>Provider Connection help</strong></td>
<td>Online text-based website help available from every page – no login required.</td>
</tr>
<tr>
<td><strong>Provider Customer Care</strong></td>
<td>• General help with provider website if you can’t find an answer in the resources above.</td>
</tr>
<tr>
<td>(800) 468-9935</td>
<td>• Removal or disabling of an Account Manager for your organization.</td>
</tr>
<tr>
<td>Live chat available from every page after login</td>
<td>• Provider and Tax ID association for one of your claims.</td>
</tr>
<tr>
<td><strong>Provider Information &amp; Enrollment</strong></td>
<td>• Provider demographic validation process</td>
</tr>
<tr>
<td><a href="mailto:bscpublisher@blueshieldca.com">bscpublisher@blueshieldca.com</a> (800) 258-3091</td>
<td>• Provider network inquiries and applications</td>
</tr>
<tr>
<td>(800) 258-3091</td>
<td>• Credentials (Can also email credentialling department at <a href="mailto:bscinitialapp@blueshieldca.com">bscinitialapp@blueshieldca.com</a>)</td>
</tr>
<tr>
<td><strong>Promise Health Plan Social Services</strong></td>
<td><strong>Social Services Department Referral Form</strong></td>
</tr>
<tr>
<td>(877) 221-0208</td>
<td></td>
</tr>
<tr>
<td><strong>Provider Connection News &amp; Education section</strong></td>
<td>• View the latest news, register for live webinars, view recorded webinars and tutorials, and access other educational materials on topics important to you and your organization.</td>
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</table>
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