

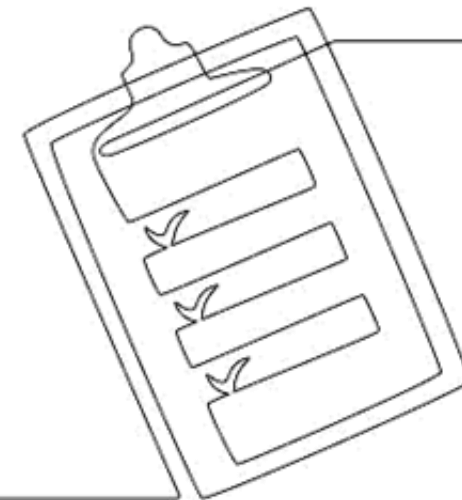


Welcome to
Blue Shield of California
Promise Health Plan

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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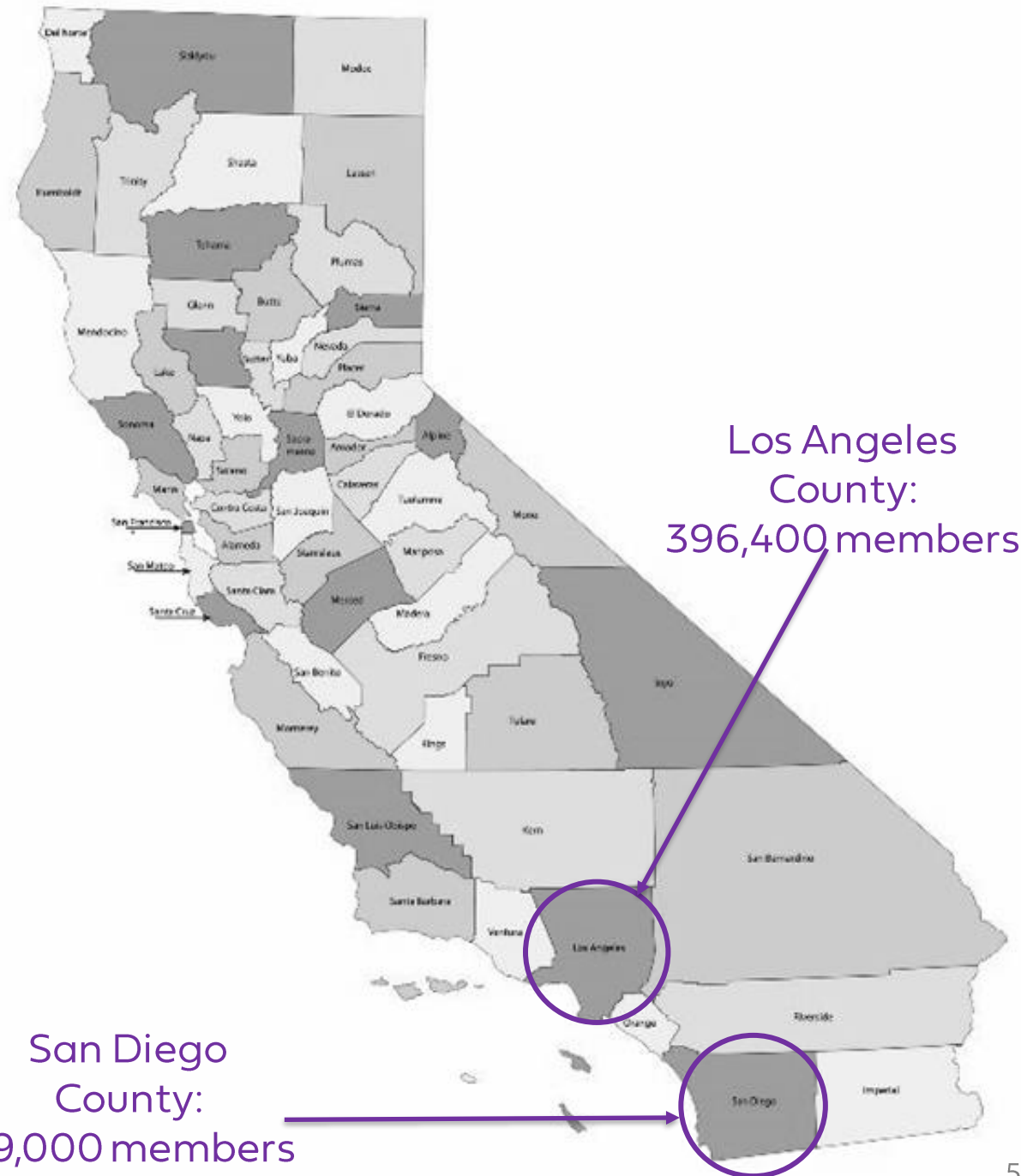


WELCOME

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

Behavioral health services provided by Blue Shield Promise	Options
<p>Outpatient treatment for mild/moderate mental health conditions:</p> <ul style="list-style-type: none"> • Individual and group mental health testing and treatment (psychotherapy) • Psychological testing to evaluate a mental health condition • Lab work, drugs, and supplies • Drug therapy monitoring • Psychiatric consultation 	<p>Blue Shield Promise Social Services (877) 221-0208</p> <p>and/or complete the</p> <p><i>Medi-Cal Social Services and Mental Health Referral Form</i></p> <p>(Located on the Behavioral Health Services Program page.)</p>
<p>Behavioral health treatment for members under 21:</p> <ul style="list-style-type: none"> • Applied behavior analysis • Diagnostic evaluation • Psychological assessment 	<p>Behavioral Health Treatment phone: (888) 297-1325</p> <p>Behavioral Health Treatment fax: (844) 283-3298</p> <p>Behavioral Health Treatment referral packet</p>

Behavioral health services/referrals *continued*

County Specialty Mental Health and Substance Use Disorder Services	Contact
<p>Specialty mental health services for serious mental health conditions:</p> <ul style="list-style-type: none"> • Counseling • Psychiatric medication management • Crisis intervention • Crisis mobile response • Inpatient psychiatric hospitalization • Referrals 	<p>Los Angeles County Access Center Helpline (24/7) (800) 854-7771, Option 1</p> <p>San Diego County Access & Crisis Line (888) 724-7240; TTY (619) 641-6992</p>
<p>Substance use disorder services:</p> <ul style="list-style-type: none"> • Residential care • Counseling 	<p>Los Angeles County Substance Abuse Service Helpline (844) 804-7500</p> <p>San Diego County Drug Medi-Cal Organized Delivery System (888) 724-7240 TTY 711</p>

“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 such as:
 - 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.)

blue shield of california
Promise Health Plan

Blue Shield of California Promise Health Plan
Medi-Cal Member Social Services and Mental Health Referral Form

This referral does not guarantee approval or eligibility of services. To receive a confirmation of outcome of the referral you are submitting, please check the box titled "Preferred contact information".

Fax this completed form for Medi-Cal San Diego County: (619) 219-3320

Member Information

First name: _____
Member ID/CIN: _____
Languages spoken: _____

Requestor Information

Please be aware that a referral does not guarantee approval or eligibility of services.

Date of Request: _____
Full Name: _____
Street Address: _____
Phone: _____
Name of person completing this form: _____
Name of person completing the form: _____

Which of the services below would you like to request?

Advance Health Care Directives	Community based adult services (e.g., caregiver support)
Caregiver resources	Food resources
Homeless resources, e.g., shelter referrals	Housing resources, e.g., board and care facility referrals
Other (non-medical) For medical need	For Care Management/Populations

Referral Form for Mental Health Services

Send your completed form to Blue Shield Promise at:
Email: MediCalmentalhealth@blueshieldca.com
Fax: Los Angeles County: (323) 889-2109; San Diego County: (619) 219-3320

Please check this box to confirm that your practice has already verified the Medi-Cal member's eligibility for Medi-Cal mental health services:

Reason for request for mental health services

Behavioral Health symptoms (please check all that apply):

Abuse/Neglect	Poor self-care due to mental health
Chronic pain	Psychosis (auditory/visual hallucinations, delusional)
Depression/Anxiety	Post Traumatic Stress Disorder (PTSD)/Trauma
Homicidal ideation	Violence/Aggressive behavior
Perinatal depression and/or anxiety	Substance use disorder? Yes No If yes, type of substance: _____

Other behavioral health symptoms: _____

Impairments (please check all that apply):

Difficulty in or unable to complete activities of daily living (ADLs)	Difficulty in maintaining relationships
Difficulty in, or unable to go to work/school	Legal/Child protective services (CPS)
	Legal/Adult protective services (APS)

Other impairments: _____

Medications

Please list all medications the patient is currently taking, or send a medication list with this form: _____

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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.

Mental health

Ginger and Headspace programs that can help manage sleep, stress, anxiety, depression, and boost resilience.

Diabetes prevention

Programs focusing on Type 2 diabetes include digital coaching and digital technology (Fitbits & heart rate monitors). Focus is on weight loss to improve overall health.

Condition-specific

Programs that include intensive behavioral counseling for treating common conditions such as diabetes, hypertension, obesity, and heart disease.

Tobacco & vaping cessation

Programs include nicotine replacement therapy in the form of patch, lozenge, or gum. A two-month supply can be delivered to the home.

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 \(SABIRT\)](#)

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



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.

03/2022

Blue Shield Provider Connection Reference Guide

for Blue Shield of California Promise Health Plan providers

The Blue Shield Provider Connection website gives you easy access to the tools you need to serve our members and support your practice.

Use this reference guide to learn more.



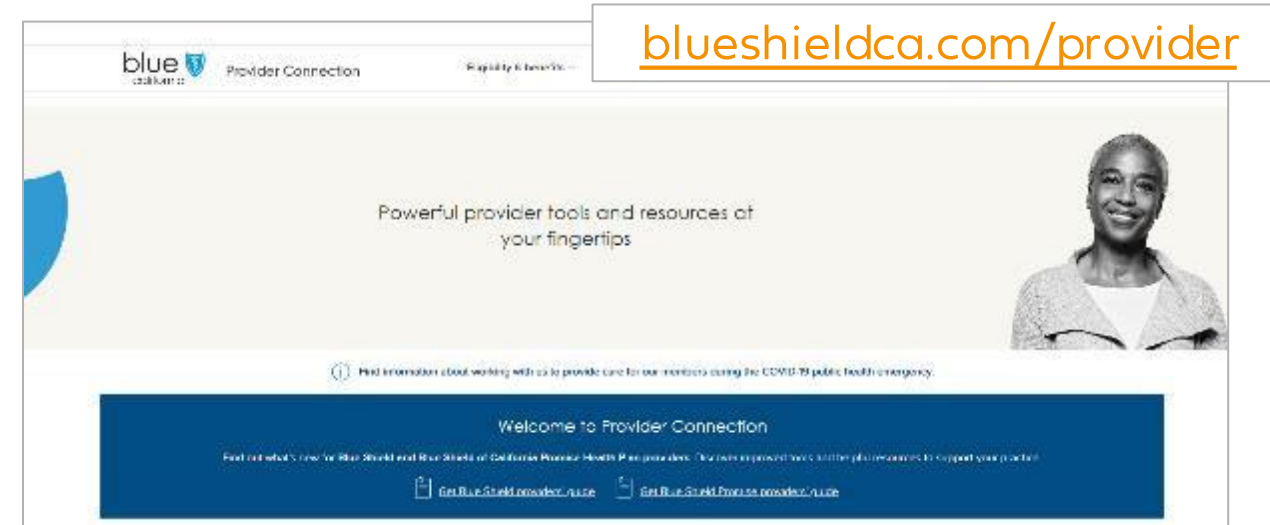
[Click to access](#)

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Establish a Provider Connection “provider” account*

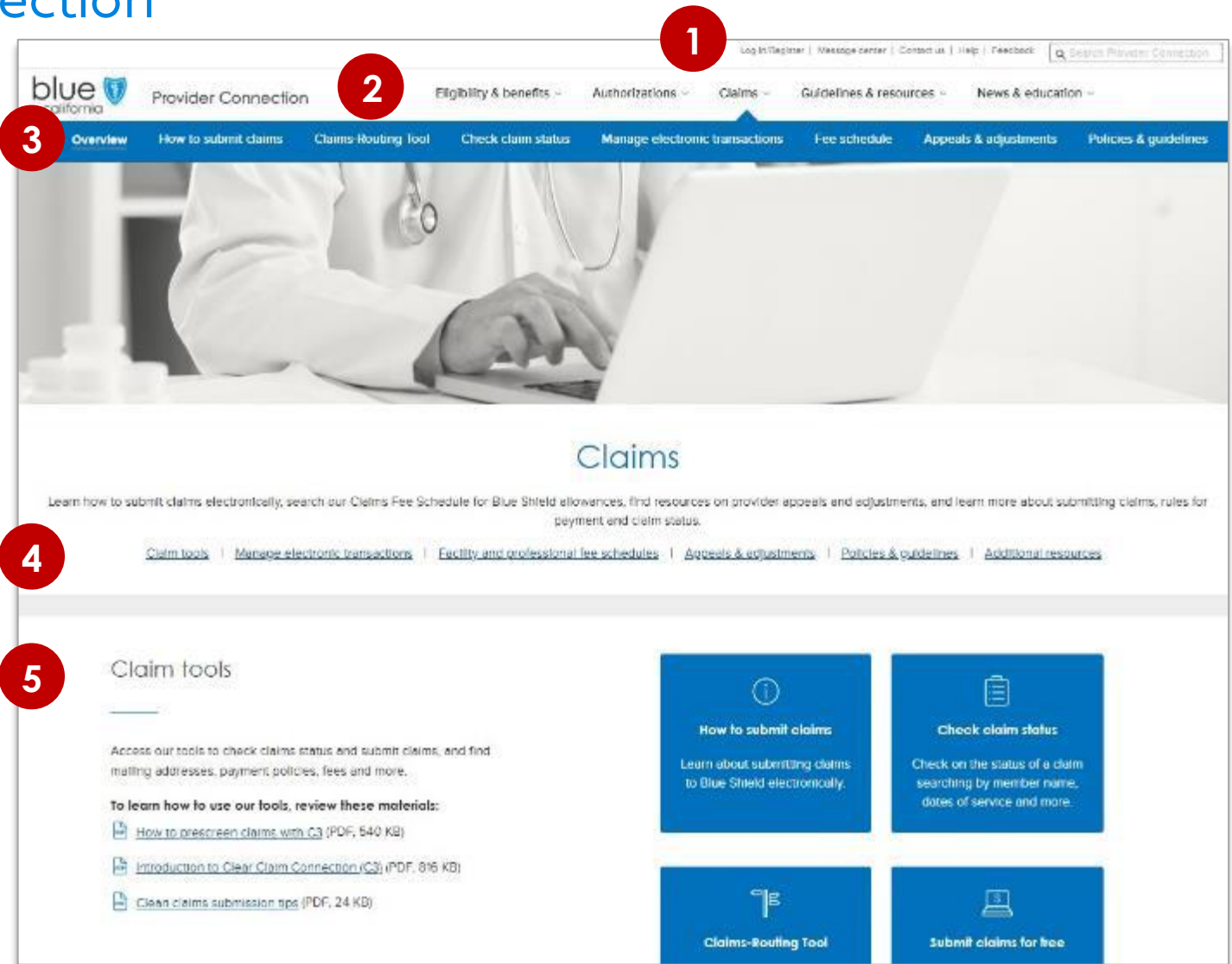
- If you need help establishing an account:
 - For help establishing an account, see the [Provider Connection training](#): Blue Shield Promise Reference Guide or step-by-step registration tutorials.
 - Contact Provider Customer Care at **(800)468-9935**.
- To establish a “provider” account, you need:
 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**.

The screenshot shows the 'Verify eligibility' web form. At the top, there are two tabs: 'SEARCH SINGLE MEMBER' (highlighted with a red circle 1) and 'SEARCH MULTIPLE MEMBERS'. Below the tabs, there is a heading 'Member coverage / card type' (highlighted with a red circle 2) and three radio button options: 'Blue Shield of California / Promise Health Plan' (selected), 'Other Blue Plan', and 'Federal Employee Program'. A red circle 3 points to the search input fields. There are three search panels, each with a 'Clear form' link and a 'Search' button (highlighted with a red circle 4). The first panel, 'SEARCH BY SUBSCRIBER ID', has a text input for 'Subscriber ID' with a placeholder '9-16 characters'. The second panel, 'SEARCH BY MEMBER NAME', has two text inputs for 'Last name' (with 'Doe' entered) and 'First name' (with 'John' entered), and a date input for 'Date of birth' with a placeholder 'MM/DD/YYYY' and a calendar icon. The third panel, 'SEARCH BY MBI', has a text input for 'Medicare beneficiary ID' with a placeholder '11 characters' and a date input for 'Date of birth' with a placeholder 'MM/DD/YYYY' and a calendar icon. A 'Help' icon is visible in the top right corner.

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.

Member name MEMBER, G		Status Eligible		
Subscriber ID 9077	Date of birth 02/10/1946	Gender Female	Member address 000 ALTON AVE LOS ANGELES, CA	
LOB Blue Shield Promise Medi-Cal - LA	Region HEALTHCARE LA IPA	Coverage effective / start date 01/01/2019	Coverage end / redetermination date 02/2020	>
Recipient N/A		PCP name DOCTOR, B	Participating provider group HEALTH CARE LA IPA	

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 log in 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.

Claims-routing tool

Enter the valid 3-character prefix which is the first 3 characters as displayed on the Member ID card to find where to submit your claim. All fields required.

3-character prefix: XYZ

Member ID: Enter 9 - 20 characters

Date of service (up to 36 months before and 31 days after current date): 03/16/2021

Search

BlueCross BlueShield

Member Name: John A. Sample

Member ID: XYZ04567890123

* 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.

The screenshot shows the 'Check claims status' tool interface. At the top, there are tabs for 'Search', 'Other Blue plans', and 'Appeal status'. Below the tabs, there are three main sections: 'Member information', 'Claim information', and 'Provider information'. Each section contains several input fields for search criteria. A red box highlights the 'Search' button at the bottom right, with a red arrow pointing to it from callout 1. Below the search fields, there is a 'Start over' button and a 'Search' button. Callout 2 points to the table header, callout 3 points to a claim number in the table, and callout 4 points to the 'Start over' button.

Claim status	Claim number	Claim type	Date of service	EOB	Member name	Member ID/ Subscription ID	Provider name	Amount billed	Amount paid	Member responsibility	Checklist number
IN PROCESS	000042	Medical	04/04/2020-04/04/2020	NEW	Member, Our	590219805-02	QUEST DIAGNOSTICS	\$3,500.00	0.00	\$10.41	N/A

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

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

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

Claim 000343
Finalized 11/17/2021

Medical | Finalized | [View EOB](#)

Possible next steps: [Resolve claim issue or dispute](#) **NEW**

Information is valid and up to date as of 11/17/2021 at 02:04 a.m.

Member information

Member name	Mark, Twain	Member ID	0E49
Date of birth		Group number	W300uuu
View all claims for this member			

Claim details

Date of service	11/01/2021-11/01/2021	Amount billed	\$1,235.00
Claim received	11/01/2021	Allowed amount	\$121.21
Provider	JOE J DOCTOR	Patient responsibility	\$174.40
		Amount paid	\$0.00

Payment details

Check/EFT number	10028897	Check/EFT amount	\$60.60
Check/EFT date	11/17/2021	Payee name	Not Assigned
Check/EFT status	Check Number Assigned		

Claim history

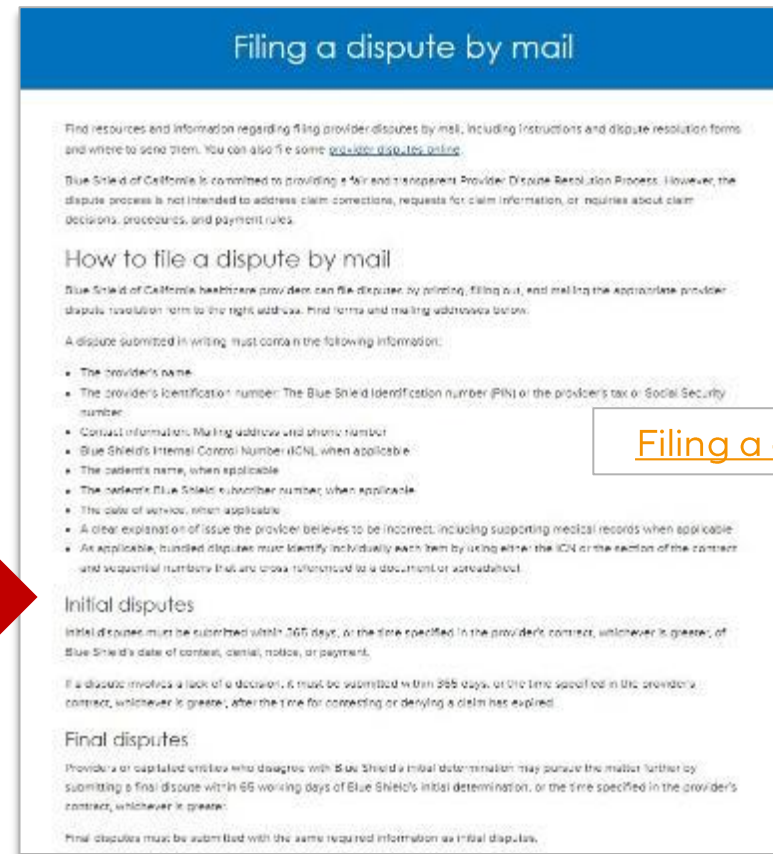
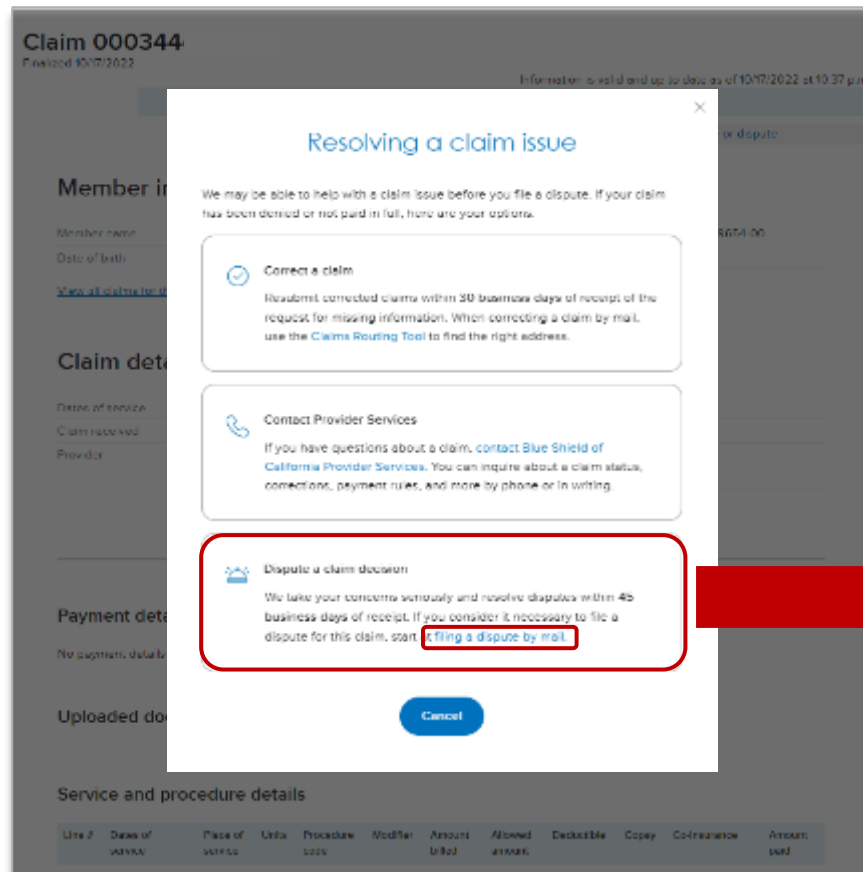
Number	Line number	CR#	Amount bill	Amount paid	Unpaid amount	Check date
41002401	00102000	00112000	\$1,000.00	\$0.00	\$0.00	
41002400	00102000	00102000	\$100.00	\$0.00	\$0.00	

Service and procedure details

Line #	Date of service	Place of service	Unit	Procedure code	Modifier	Amount billed	Allowed amount	Denial code	COB	COB reason	Amount paid
199	11/01/2021-	Office	1	99219	N/A	\$1,235.00	\$121.21			\$60.61	\$0.00

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.



[Filing a dispute by mail](#)

* 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.

File a dispute online
Have a question? See FAQs

Enter the claim number associated with your dispute to start the process.

Note: Disputes for Medicare Advantage, Blue Shield of California Promise Health Plan, Federal Employees Program (FEP), and dental plan claims must be filed by mail.

Claim #

File a dispute by mail
Find paper dispute resolution forms, filing instructions, and mailing addresses.
[Get forms and instructions](#)

Submitted disputes
Get information about disputes you've submitted within the last 5 years.
[View my disputes](#)

Submitted disputes

Submitted online **Submitted by mail**

Filter Export

Show disputes submitted online based on one or more search filters

Case # Member last name Dispute received Start date: 12/29/2021 End date: 11/15/2022

Claim # Provider Dates of service Start date: End date:

Tax ID Status

Showing 1-100 of 4,236 disputes: Dispute received: 12/29/2021-11/15/2022

Case #	Claim number	Tax ID	Provider name	Member name	Dates of service	Date received	Date closed	Documents	Dispute status
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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 & Practitioner Profiles* page.
 - Bulk data file download/upload from the *Provider & Practitioner 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

Action	Support
Promise Health Plan Medi-Cal New Provider Orientation (onboarding)	<ul style="list-style-type: none"> Gathers key resources in one place that you may find helpful when serving Blue Shield Promise members.
Blue Shield Promise Provider Connection Reference Guide	No login required. Also located in the News & Education section.
Provider Connection help	Online text-based website help available from every page – no login required.
Provider Customer Care (800) 468-9935 Live chat available from every page after login	<ul style="list-style-type: none"> General help with provider website if you can't find an answer in the resources above. Removal or disabling of an Account Manager for your organization. Provider and Tax ID association for one of your claims.
Provider Information & Enrollment bscproviderinfo@blueshieldca.com (800) 258-3091	<ul style="list-style-type: none"> Provider demographic validation process Provider network inquiries and applications Credentials (Can also email credentialling department at bscinitialapp@blueshieldca.com)
Promise Health Plan Social Services (877) 221-0208	Social Services Department Referral Form
Provider Connection News & Education section	<ul style="list-style-type: none"> 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.





Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association.