



California | Anthem Blue Cross
Medi-Cal Managed Care

New provider orientation

Agenda

- Access standards
- Cultural competency
- Education and training
- New Provider Orientation: references, links, sources
- Availability Essentials
- Provider manual
- Attestation instructions



Counties in which Medi-Cal Managed Care operates

Alpine

Amador

Calaveras

El Dorado

Fresno

Inyo

Kern

Kings

Los Angeles

Madera

Mono

Sacramento

San Francisco

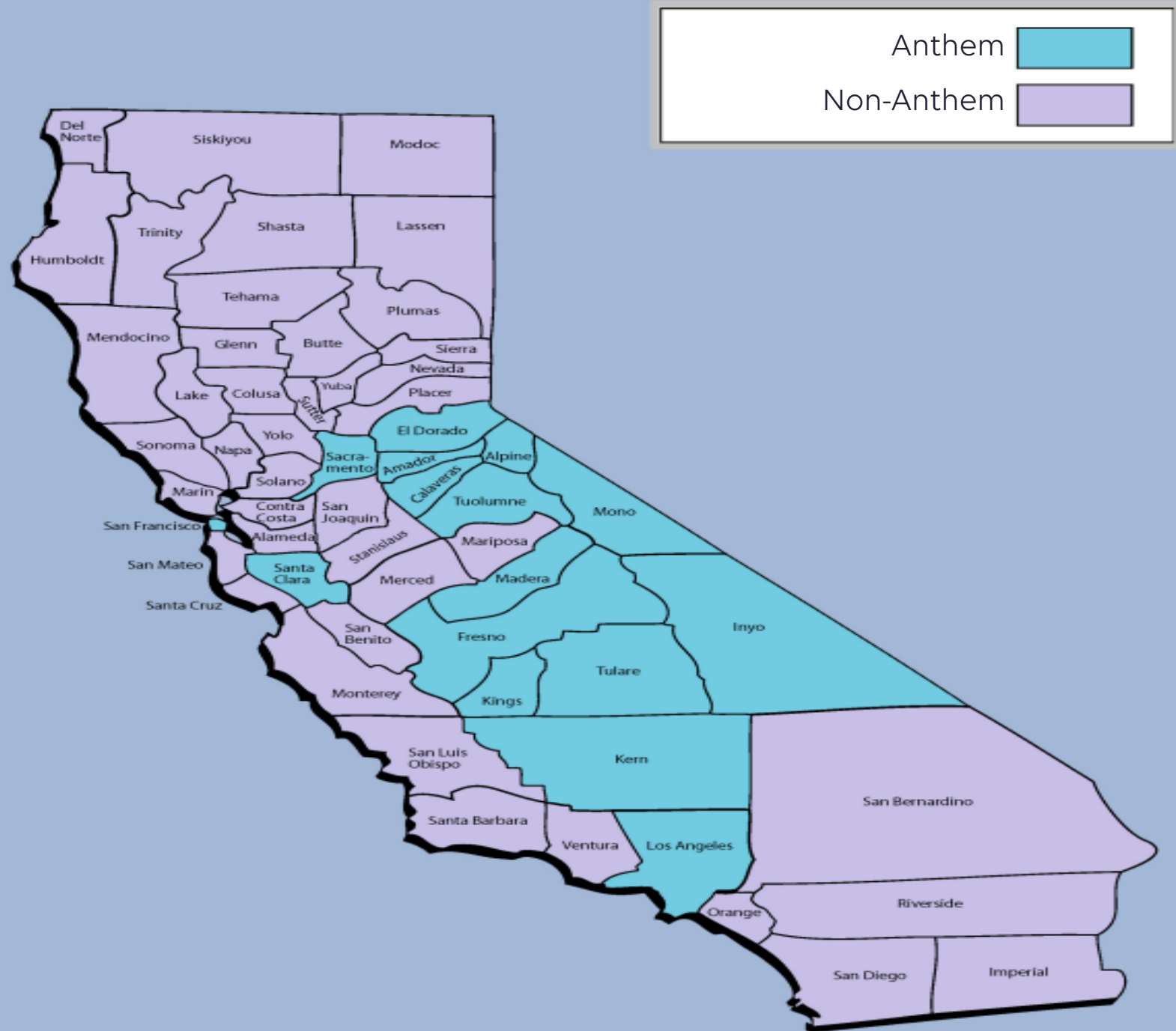
Santa Clara

Tulare

Tuolumne



Counties map



Appointment access standards

Healthcare providers must make appointments for members from the time of request as follows:

General appointment scheduling	
Emergency examination	Immediate access, 24/7
Urgent (sick) examination	Within 48 hours of request if authorization is not required or within 96 hours of request if authorization is required, or as clinically indicated
Nonurgent (sick) examination	Within 48-72 hours of request or as clinically indicated
Routine primary care examination (nonurgent)	Within 10 business days of request
Nonurgent consults/specialty referrals	Within 15 business days of request
Nonurgent care with nonphysician mental health providers (where applicable)	Within 10 business days of request
Nonurgent ancillary	Within 15 business days of request
Mental health appointment, nonphysician	Within 10 business days of request

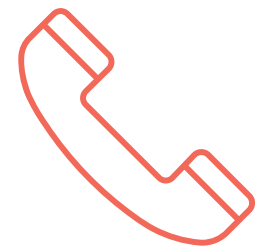
After-hours call standards

The answering service or after-hours personnel must ask the member if the call is an emergency. In the event of an emergency, the member must be immediately directed to dial **911** or to proceed to the nearest hospital emergency room.

If staff or answering service is not immediately available, an answering machine may be used. The answering machine message must instruct members with emergency healthcare needs to dial **911** or go directly to the nearest hospital ER. The message must also give members an alternative contact number so they can reach the primary care physician (PCP) or on-call care provider with medical concerns or questions. Non-English-speaking members who call their PCP after hours should expect to get language-appropriate messages. In an emergency, these messages should direct the member to dial **911** or proceed directly to the nearest hospital ER.

In a nonemergency, members should receive instruction on how to contact the on-call care provider. If an answering service is used, the service should know where to contact a telephone interpreter.

All calls taken by an answering service must be returned.



Noncompliance

Ensure that you comply with the standards described; compliance with these standards is a contractual requirement.

Anthem monitors compliance through various mechanisms, including annual telephone surveys, to determine whether participating care provider offices meet these standards.

For additional details, review the provider manuals at [Provider Manuals, Policies & Guidelines](#).



Health education and cultural linguistics

Request health information from a range of topics for our members, your patients.

Go to The Community Resource Link at <https://resource.findhelp.com> to find Health Education Services.

- Enter your ZIP code.
- Enter *Anthem Blue Cross California* in the search box.

☐ **Health Education Services**
by **Anthem Blue Cross California**

Anthem Blue Cross provides health education services to Anthem Medi-Cal members on various health topics, including nutrition and chronic diseases. This program provides:- Health educationServices...

Main Services: **health education** , **one-on-one support** , **virtual support**

Other Services: **nutrition education** , **disease management** , **navigating the system**

Serving: **all ages**

Next Steps:

Call **213-222-3663** or email **healthed_ca_medicaid@anthem.com** to get more info .

Serves your state

Open Now : 8:00am - 5:00pm ▼

MORE INFO ▼

SAVE

SHARE

NOTES

SUGGEST

CONTACT HERE

Cultural competency care provider responsibilities

Work effectively with members using in-person or telephonic interpreters and media such as TTY and remote interpreting services.

Document primary language and linguistic service needs in the member's medical record.

Notify members of the availability of interpreter services and strongly discourage the use of friends and family, particularly minors, to act as interpreters.

Post the *Free Interpretation Services* sign at key points of contact.

Document the member's language and the request/refusal of interpreter services in the medical record.

Interpreter services

- Anthem offers telephone and face-to-face interpreters, which includes American Sign Language.
- Interpreter services are available 24/7 at no cost to the member. Refer to the desktop reference on the right or follow the link below.

<https://providers.anthem.com/ca> > Resources > Training Academy > *Interpreter Services* section

Interpreter services

Desktop reference

Keep this guide handy for use with members enrolled in Anthem publicly funded programs. Interpreter services are free.

Telephone interpreters

During business hours, members and providers may call the Customer Care Center at **800-407-4627** (outside Los Angeles County) or **888-285-7801** (inside Los Angeles County). After business hours, call the 24/7 NurseLine at **800-224-0336** and:

1. Give the customer care associate or the helpline nurse the member's ID number.
2. Explain the need for an interpreter and state the language for which interpreter services are needed.
3. Wait while you are connected to an interpreter.

Once connected to the interpreter, the customer care associate or the helpline nurse introduces the member, explains the reason for the call and begins the dialogue.

Face-to-face interpreters including sign language

Members and providers may call the Customer Care Center at the numbers above to schedule services during business hours. Three business days are required to schedule services, and 24 business hours are required to cancel. Providers may also schedule by emailing ssp.interpret@anthem.com. Registration with our secure email service is required. Type **Secure** in the subject line.



Translation services

- Anthem ensures member information materials are translated in the member's preferred language.
- You can request translation of materials for our members into non-English languages and alternative formats at no cost by calling our Customer Care Center.



Cultural competency resources and training

Cultural competency training

Required training material:

- Caring for Diverse Populations Toolkit
- Cultural competency training, including Cultural Competency and Patient Engagement Workshop
- Employee Language Skills Self-Assessment Tool
 - The assessment provided by Industry Collaboration Effort is a prescreening/self-assessment tool. It does not qualify as appropriate documentation for staff to be considered a qualified interpreter that adheres to generally accepted interpreter ethics principles.
- Cultural and Linguistic Referral Form

More materials can be found in the Provider Training Academy. Details follow.

Cultural competency resources and training (cont.)

Cultural Competency and Patient Engagement Workshop Presentation

A training resource to increase cultural and disability competency

Our goal is to help care providers effectively support the health and healthcare needs of their diverse patients.

- Go to <https://providers.anthem.com/ca>.
- Select **Resources**.
- Select **Training Academy**.
- Under the heading *Cultural Competency and Patient Engagement*, select **Cultural Competency and Patient Engagement Workshop Presentation**.

Cultural competency resources and training (cont.)

Caring for Diverse Populations Toolkit

A comprehensive resource to help providers and office staff increase effective communication by enhancing knowledge of the values, beliefs, and needs of diverse patients

- Go to <https://providers.anthem.com/ca>.
- Select **Resources**.
- Select **Training Academy**.
- Under the heading *Caring for Diverse Population Toolkit*, select **Toolkit: Caring for Diverse Populations**.

Cultural competency resources and training (cont.)

Interpreter Services Desktop Reference:

- Go to <https://providers.anthem.com/ca>.
- Select **Resources**.
- Select **Training Academy**.
- Under the heading *Interpreter Services*, select **Interpreter Services Desktop Reference**.

Request or Refusal for Interpreter Service Form:

- Go to <https://providers.anthem.com/ca>.
- Select **Resources**.
- Select **Training Academy**.
- Under the heading *Interpreter Services*, select **Request or Refusal for Interpreter Service Form**.

The form is available in several languages.

Cultural competency resources and training (cont.)

Cultural and Linguistic Referral Form:

- Go to <https://providers.anthem.com/ca>.
- Select **Resources**.
- Select **Training Academy**.
- Under the heading *Interpreter Forms*, select **Cultural and Linguistic Referral Form**.



Cultural and Linguistic Referral Form

California | Anthem Blue Cross | Medi-Cal Managed Care

Instructions

For members with vision, hearing, or speech impairments, do not send medical records. Email the completed form to CACulturalLinguisticServicesInbox@anthem.com.

Member information

Member first and last name	
Date of birth	
Member ID number	
Address (street, city, state, ZIP code)	
Email address	
Phone number	

Cultural and linguistic requests

Date of referral	Click or tap to enter a date.																							
Interpretation services	☐ Telephonic ☐ Face-to-face (on-site, video-remote interpreting (VRI))																							
Select the language for interpretation services	<table><tr><td>☐ Arabic</td><td>☐ Laotian</td></tr><tr><td>☐ Armenian</td><td>☐ Mien</td></tr><tr><td>☐ Cambodian</td><td>☐ Punjabi</td></tr><tr><td>☐ Chinese traditional</td><td>☐ Russian</td></tr><tr><td>☐ Chinese simplified</td><td>☐ Spanish</td></tr><tr><td>☐ Farsi</td><td>☐ Tagalog</td></tr><tr><td>☐ Hindi</td><td>☐ Thai</td></tr><tr><td>☐ Hmong</td><td>☐ Vietnamese</td></tr><tr><td>☐ Japanese</td><td>☐ Sign language</td></tr><tr><td>☐ Korean</td><td></td></tr><tr><td>☐ Other (specify):</td><td></td></tr></table>		☐ Arabic	☐ Laotian	☐ Armenian	☐ Mien	☐ Cambodian	☐ Punjabi	☐ Chinese traditional	☐ Russian	☐ Chinese simplified	☐ Spanish	☐ Farsi	☐ Tagalog	☐ Hindi	☐ Thai	☐ Hmong	☐ Vietnamese	☐ Japanese	☐ Sign language	☐ Korean		☐ Other (specify):	
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☐ Korean																								
☐ Other (specify):																								
Impairment/disability	☐ Vision ☐ Hearing ☐ Speech																							

Cultural competency resources and training (cont.)

Employee Language Skills Self-Assessment Tool

Developed by health plans to help identify and document the bilingual capabilities of practitioners and their staff

- Go to <https://providers.anthem.com/ca>.
- Select **Resources**.
- Select **Training Academy**.
- Under the heading *Interpreter Forms*, select **Employee Language Skills Self-Assessment Tool**.

Diversity, Equity, and Inclusion (DEI) training

From [All Plan Letter 23-025 \(ca.gov\)](#):

“In alignment with the timeline presented in Appendix A, MCPs must develop a DEI training program that encompasses sensitivity, diversity, cultural competency and cultural humility, and health equity trainings, for all MCP staff, and Network Providers regardless of their cultural or professional training and background.² All trainings must be specific to MCP Member demographics including, but not limited to Members’ sex, race, color, religion, ancestry, national origin, creed, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, health status, marital status, gender, gender identity, sexual orientation, or identification with any other persons or groups defined in Penal Code section 422.56, within specific regions.³ The DEI training program must align with the National Committee for Quality Assurance (NCQA) Health Equity Accreditation Standards.⁴”

“MCPs are further responsible for ensuring that their Subcontractors and Network Providers comply with all applicable state and federal laws and regulations, Contract requirements, and other DHCS guidance, including APLs and Policy Letters.⁸”

From [All Plan Letter 24-017 \(ca.gov\)](#):

“MCPs must require all Subcontractors, Downstream Subcontractors, and all staff who are in direct contact, including staff with oral and/or written contact, with Members in the delivery of care or Member Services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI, every two years or more often if needed.⁴”

TGI Training Provider Survey

Complete this survey to confirm your participation in the Transgender, Gender Diverse, Intersex Cultural Competency Training Program (APL 24-017).

[Survey link](#)

Transportation services

Anthem has selected ModivCare, the nation's leading manager of nonemergency transportation, to coordinate no-cost transportation for our members enrolled in Medi-Cal in California.

ModivCare will be responsible for:

- Taking reservations from members, facilities and medical groups for nonemergency ground transportation.
- Contracting with ground transportation providers.
- Providing payment for nonemergency ground transportation claims.

ModivCare currently manages our transportation benefits for:

- Medicare-Medicaid Plan (Medi-Medi) members.
- Medi-Cal members.

ModivCare will help Anthem members manage their rides to and from medically necessary medical appointments, including rides by livery, ambulate, or mass transit. Routine transportation is a covered benefit, so there is no additional cost for this service to these members.

Non-emergent medical transportation (NEMT)

The Department of Health Care Services (DHCS) Transportation Access Standards include the completion of a mandatory [Physician Certification Statement \(PSC\) Form \(PDF\)](#) prior to NEMT services being rendered. The PCS form must be completed by the member's physician or physician extender (including physician assistants (PAs), nurse practitioners (NPs), certified nurse midwives (CNMs), physical therapists, speech therapists, occupational therapists, mental health or substance use disorder care providers, or discharge planner who is employed or supervised by the hospital, facility or physician's office where the patient is being treated and who has knowledge of the patient's condition at the time of completion of this certificate).

Source: [All Plan Letter 22-008 \(ca.gov\)](#)

Referrals and care coordination

PCPs coordinate and make referrals to specialists, ancillary providers, and community services.

Care providers should refer members to in-network facilities and providers. When this is not possible, care providers should follow the appropriate process for requesting out-of-network referrals.

Note: Specialty referrals to in-network care providers do not require prior authorization from Anthem; however, please check with the member's medical group to confirm.



Initial Health Assessment (IHA)

PCPs are strongly encouraged to review their monthly eligibility list to proactively contact their assigned members to encourage them to make an IHA appointment within the following timeframes:

- Adults and children over 18 months — within 120 days of health plan enrollment date (whichever is less).
- Children under 18 months — within 120 days of health plan enrollment date or within periodicity established by the American Academy of Pediatrics for ages 2 and younger (whichever is less).



New Baby, New LifeSM

The New Baby, New Life program is a comprehensive, proactive care management and coordination program for all expectant women and for newborns. All identified pregnant patients are automatically included in the program. It offers:

- Individualized, one-on-one case management support for women at the highest risk.
- Care coordination for moms who may need a little extra support.
- Educational materials and information on community resources.
- Incentives to help keep up with prenatal exams, postpartum checkups, and well-child visits after the baby is born.

This program helps us to identify and support pregnant

women as early in their pregnancies as possible. We act quickly to assess any obstetrical risk and ensure appropriate levels of care to mitigate risk.

Anthem requires notification of pregnancy after the first prenatal visit and notification of delivery following birth.

You may choose to complete the notifications of pregnancy and delivery in the online Interactive Care Reviewer (ICR) or via fax:

- If sending via fax, download the Pregnancy Notification Form at <https://providers.anthem.com/ca> > Resources > Forms > Pregnancy and Maternal Child Services.
- Fax the completed form to Anthem at **833-410-4451**.

We also encourage care providers to complete the Maternity Module in Availity Essentials (<https://Availity.com>).

High-Risk OB Case Management Program

- The program uses a member-centric, integrated case (care) management (CM) approach.
- Our case managers are experienced, OB-registered nurses led by an OB medical director. They work with our members to conduct an in-depth maternity assessment, use condition-specific CM tools to provide education and interventions, and will collaborate with all areas of our member's healthcare team to ensure that any gaps in care, behavioral health needs, or educational opportunities are addressed.
- Our case managers will work with you and other health care specialists to support our members in various ways throughout their pregnancies. If you identify a member who has a high-risk pregnancy, please refer them to our Case Management team using the Case Management Referral Form (next slide).



Care management

Our CM team provides telephonic assistance from licensed health professionals for our members who need additional support in managing their health:

- For example — support treatment plans, medication reconciliation, and more.

To make a referral, complete the Care Management Referral Form, [which can be found here](#).

Medi-Cal Managed Care		
Care Management Referral Form		
For physical health case management (CM): Fax: 866-333-4827 Email: CAMedicaidPHCM@anthem.com		For behavioral health CM: Fax: 855-473-7902 Email: bhcmreferrals@anthem.com
<i>This form is for Medi-Cal Managed Care (Medi-Cal) members only. Refer to only one program (choose either physical health or behavioral health CM based on primary referral reason). (Referral processing time: within three business days of submission)</i>		
Referrer information		
Date referral submitted:	Name of person submitting referral:	Organization (if applicable):
Phone number:	Email address:	Fax number:
Member information		
Does member have primary Medi-Cal coverage? ☐ Yes ☐ No (explain):	First and last name:	Parent/guardian name (if minor):
Member ID:	Date of birth:	Primary phone:
Primary language:	Alternate phone:	
Has member/caregiver been informed of referral? ☐ Yes ☐ No		
Is member receiving CM from another organization? ☐ Yes ☐ No		
> If yes, provide case manager name/contact information:		
Primary diagnoses/conditions:		
☐ Asthma ☐ CAD ☐ CHF ☐ COPD ☐ Cystic fibrosis ☐ Diabetes ☐ ESRD	☐ HTN ☐ High-risk pregnancy ☐ Sickle cell ☐ Child/youth with special healthcare needs ☐ Transplant	☐ Substance use ☐ Mild-mod behavioral health diagnosis (list): ☐ Other (list):
Admission history (Select all that apply.):		
☐ ≥ 2 hospitalizations in 12 months ☐ ≥ 3 ER visits in last 12 months ☐ ER visit within last 7 days	☐ Readmitted to hospital within past 30 days ☐ Discharged from hospital within last 7 days	
Why are you referring to CM? (Select all that apply and explain.)		

Contact information

Utilization Management (UM) for Medi-Cal

- Phone: **888-831-2246**
- Monday to Friday, 8 a.m. to 5 p.m.
- Fax: **800-754-4708**

Behavioral health

Requests for prior authorization specific to behavioral health should be faxed to **855-473-7902** or emailed to Medi-CalBHUM@anthem.com.

- Phone: **888-831-2246**
- Monday to Friday, 8 a.m. to 5 p.m.
- Fax: **800-754-4708**

UM for Major Risk Medical Insurance Program (MRMIP)

- Phone: **877-273-4193**
- Monday to Friday, 8 a.m. to 5 p.m.
- Fax: **800-754-4708**

Cal MediConnect Plan

- Customer Care phone: **855-817-5786**
- Monday to Friday, 8 a.m. to 6 p.m.
- Medical notification/prior authorization fax: **888-235-8468**

Disease management (DM)

Our DM programs feature:

- Proactive identification process.
- Evidence-based Clinical Practice Guidelines from recognized sources.
- Collaborative practice models that include the physician and that support care providers in treatment planning.
- Continuous patient self-management education.
- Ongoing communication with care providers regarding patient status.
- NCQA accreditation for nine of our programs, which incorporate outreach, education, care coordination, and follow-up to improve treatment compliance and enhance self-care.

Condition Care Program Referral Form		
Thank you for referring your patient(s) to our program. All information contained on this form is strictly confidential and may become part of your patient's record.		
Referring physician information		
Referring physician name:		
Referring physician phone:	Referring physician email:	
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:	Member email:	
Health condition (See condition care [CND] eligible conditions):		Reason for referral:
Any additional details:		
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:	Member email:	
Health condition (See CND] eligible conditions):		Reason for referral:
Any additional details:		
Member information		
Member name:		
Member ID:	Member DOB:	Referral date:
Member phone:	Member email:	
Health condition (See CND] eligible conditions):		Reason for referral:
Any additional details:		
Please email this form to Condition-Care-Provider-Referrals@anthem.com by secure email. For more information about the Condition Care Program, visit our website here .		

Behavioral health

Anthem members have direct access to behavioral health care providers. Members do not have to contact us for a referral.

Visit [this page](#) for information and forms.

ABA questions?

Call the Behavioral Health UM department for Medi-Cal at **888-831-2246** if you have questions regarding authorization for applied behavioral analysis (ABA).



Eligibility and benefits

[Availity Essentials](#) is your one-stop shop for:

- Eligibility and benefits.
- Claims status.
- EOB information.
- Provider reporting.

Reach out to your provider relationship management representative for assistance or sign up at Availity Essentials today.



Claim submissions and dispute tools

[Availity Essentials](#) is a secure, full-service website that offers a claims clearinghouse and real-time transactions at no charge to healthcare professionals. Use Availity Essentials to submit claims, check the status of claims, appeal a claim decision, and much more.

Availity Essentials offers the following functionalities:

- Submit claims
- Claims status inquiry
- Claims disputes
- Request authorization
- Chat with Payer for real-time answers and assistance from us
- And more

To check claims or dispute a claim:

- On the homepage, select **Claims & Payments**.
- Select **Claim Status Inquiry**.
- Submit an inquiry and review the Claims Status Detail page.
- If the claim is denied or final, there will be an option to dispute it. Select *Dispute the Claim* to begin.

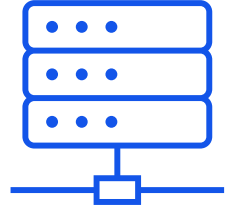
Claim submissions and disputes (cont.)

Claim payment appeals process

If a care provider does not agree with the outcome of a claim determination, the care provider may appeal the decision by using the claim payment appeals process outlined in the [provider manual](#).

If there is a full or partial claim rejection or the payment is not the amount expected, submit a claim appeal. The appeal must be received by Anthem within 365 days from the date on the notice of the letter advising of the action.

Provider data management in Availity Essentials



We use the provider data management (PDM) application in Availity Essentials to verify and initiate care provider demographic change requests for all professional and facility care providers. The PDM application is the intake tool for care providers to submit demographic change requests, including submitting roster uploads.

Roster automation is a technology solution to streamline and automate large care provider data additions, changes, and conclusions that are submitted to the health plan using a standardized Microsoft Excel submission.

Learning Hub

These courses and demonstrations are available to registered Availity Essentials users in our on-demand [Learning Hub \(on24.com\)](https://on24.com) (Google Chrome recommended):

- Provider Data Management Webinar
- Roster Automation Standard Template and Rules of Engagement
- Provider Roster Upload via Availity Essentials
- Adding Providers via Manage My Organization

CalAIM and other special programs

We work with the California Department of Health Care Services (DHCS), county, and other local partners in the California Advancing and Innovating Medi-Cal (CalAIM) program. CalAIM aims to make Medi-Cal more equitable, coordinated, and person-centered to help our members maximize their health and life trajectory. Under CalAIM, we strive to integrate our Medi-Cal members' care across physical health, behavioral health, and local social service care providers. CalAIM is for members at all levels of risk and need, while also differentiating and specializing in unmet social needs through Enhanced Care Management and Community Supports.

[California Advancing and Innovating Medi-Cal \(CalAIM\)](#)



Marketing rules

We follow strict enrollment and marketing guidelines created by DHCS.

The delivery of quality healthcare poses numerous challenges, not least of which is the commitment shared by Anthem and our network of care providers to protect our members.

We want our members to make the best healthcare decisions possible for themselves and their families. And when they ask for our assistance, we want to help them make those decisions without undue influence.



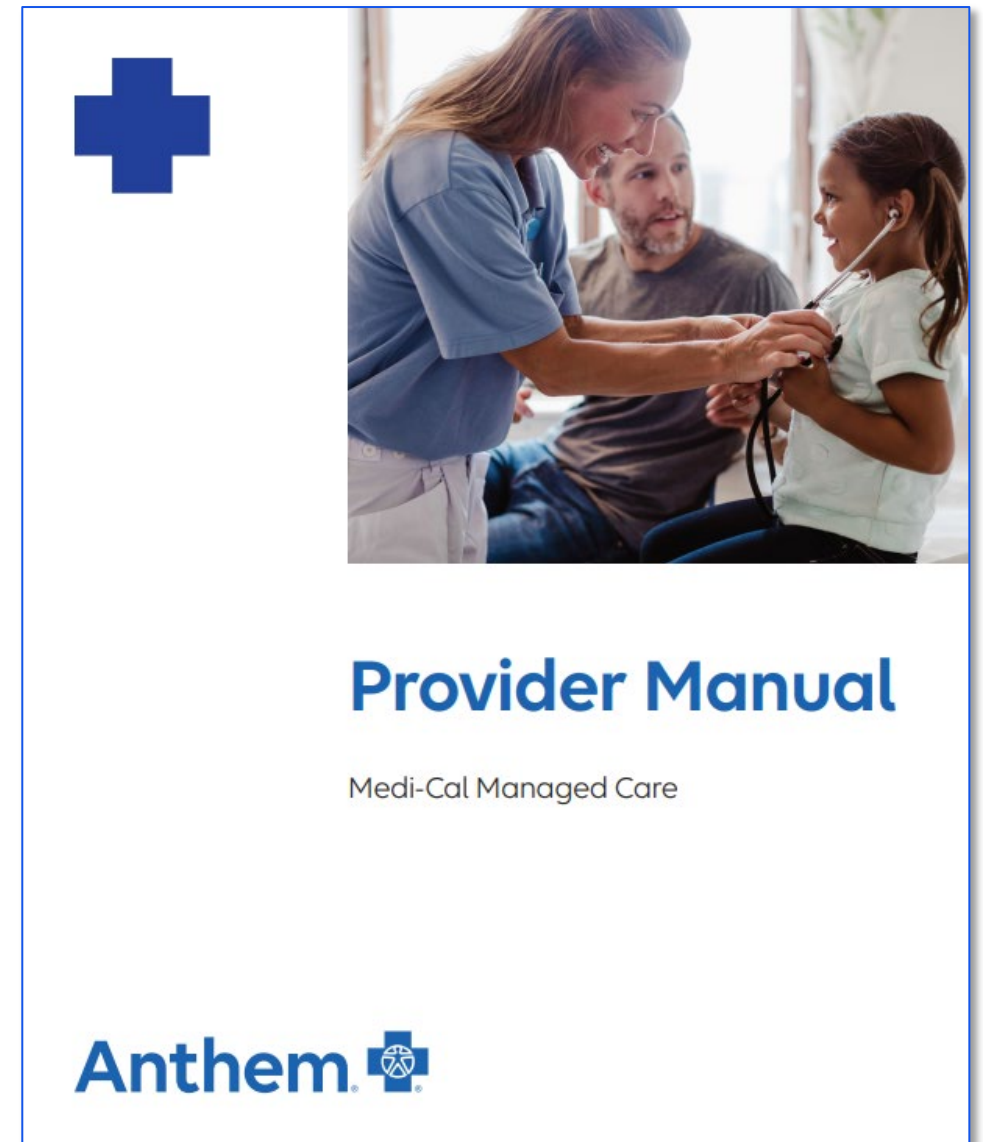
Provider manual

The provider manual is an excellent reference for tools, health education, medical appointment standards, linguistic needs, credentialing, compliance, and regulatory requirements.

You can also find guidance on billing, invoicing, and clean claims submission protocols. This includes the care provider's obligation to refrain from billing members for covered services, even if Anthem pays late or denies payment for a claim.

Encounter data submission guidance is also covered.

Guidance on requirements for notice of termination can be found in the provider manual as well as your Anthem contract.



New Provider Orientation Attestation

Thank you for your attention to this presentation. Please complete the attestation form via the link below or the QR code.

This step is mandatory to ensure that your completion is registered.

<https://us.mar.medallia.com/NPO>



Thank you

Reach out to your provider relationship management representative with any questions.

Medi-Cal Customer Care Center

Message us anytime using **Chat with Payer** in Availity Essentials.

800-407-4627 (TTY 711)
outside L.A. County
or **888-285-7801 (TTY 711)**
inside L.A. County





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