Central California Alliance for Health

PCP MAT in the Provider Portal
The Enhanced Primary Care Pain Management Program has been developed to increase access to primary care pain management services for Medi-Cal Members. Such services are for the purpose of supporting primary care providers in offering Medication Assisted Treatment (MAT) for members on high doses of opiate medications for chronic non-cancer pain and with opiate use disorder.
PCP MAT Program Description

Eligible Members

• Members eligible include a provider’s linked Medi-Cal members with an ICD-10 diagnosis of F11 through F11.99

Eligible Providers

• To be eligible to provide services under the program, rendering providers must:
  - 1) Be credentialed under a Primary Care Physician Services Agreement
  - 2) Have DEA X licensure
    • Rendering physician assistants and nurse practitioners must also be supervised by a physician that has DEA X-licensure
Eligible Services

- Eligible services include initial and follow-up consultative evaluation and management services for the treatment of concerns related to opiate use, that meet the following additional requirements:
PCP MAT Program Description

• **Initial Visit**
  - History and physical exam;
  - Assessment of cause of pain, current treatment regimen and any co-occurring substance abuse disorder;
  - Development of a plan of care regarding MAT;
  - Communications and follow-up with the Alliance regarding the Member’s condition; and
  - Must be billable under CPT codes 99204 or 99205

• **Follow-Up Visits**
  - MAT management;
  - Services vary in duration and content depending on circumstances; and
  - Must be billable under CPT codes 99212 through 99215
PCP MAT Program Description

- Services must receive prior authorization from the Alliance

- Authorization will not exceed one year in duration or 40 visits
  - After this time, prior authorization for an additional year or 40 visits can be requested

- To receive reimbursement for program services, the provider must include the authorization number on the claim form.
Compensation

• When all eligibility terms are met, services described above are not considered Primary Care Physician Services subject to case management and will be paid fee-for-service rates by the Alliance as set forth in the Primary Care Physician Services Agreement.
Authorization Request Procedure

Accessing Web Account Login

http://www.ccaah-alliance.org
Creating a Web Account

Providers

We are your partners in delivering quality health care and advancing our medical home. We’re here to support our providers with easy access to online resources and a knowledgeable team that is readily available to answer questions.

Provider Services (800) 700-3874 ext. 5504 (Monday – Friday 8:00 AM – 5:00 PM)

Provider News

- Tobacco Cessation Counseling Benefit
- CBI Program: 2017 Changes
- HEDIS 2017 – Provider Medical Record Location and Contact Form
- Changes to Face-to-Face Interpreting Services
- New Face-to-Face Interpreting Services Request Form

Get more news HERE!
Login, Create, or Reset Password

Type your User Name and Password and click Logon

NOTE: The new portal system will require a password reset upon first login

- Request a new account
- Reset password
- Recover User Name via email

Please login by entering your assigned username and password

User Name
Password

Click here to create a new user...
Forgot Password
Forgot User Name

Preferred Language: English - United States
2016 Central California Alliance for Health℠
The system will be offline nightly from 12:00 AM to 1:00 AM for routine maintenance.

You may need to turn off your popup-blocker or set your popup-blocker to always allow popups from this portal.

**Welcome to the New Alliance Provider Portal!**

On October 5, 2016 enhancements and changes in appearance to the Provider Portal were added. You will notice changes to some sections of the portal including: claims and remittance advice search, eligibility verification and reports. The provider directory, prescription history and referrals and authorizations functions have stayed the same.

If you were unable to attend one of the "Alliance Provider Portal Changes: What to Expect" webinar sessions, you can access the presentation and webinar recording on the Provider Portal web page on the Alliance website.

If you still have questions after viewing the presentation and webinar, please contact the appropriate department listed below.

Provider Services Department
(831) 430-5504

Member Services Department
(831) 430-5505

Authorizations Department
(800) 700-3874 ext. 5506
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Provider Services Department
(931) 430-5504

Member Services Department
(831) 430-5505

Authorizations Department
(800) 700-3874 ext. 5506
Authorization Entry: Step 1

Select the Auth Class ‘Outpatient’

Select Auth Sub-Class ‘PCP – MAT’
*previously named ‘Pain Specialist Pilot’
Always select ‘Pre-Service’ when requesting a PCP MAT authorization even if services have already been rendered.

*You will be instructed on how to request an authorization when services have already been rendered further down in this presentation.
Authorization Entry: Step 1  (cont.)

Enter member information in the Member field and click SEARCH

-OR-

Leave the field blank and click SEARCH for a detailed member search option

Click CONTINUE when finished
Authorization Entry: Step 2

Select your Contact Info from the dropdown
-OR-
Enter new Custom Info

Enter a Diagnosis Code and click SEARCH
(please note that only F11 - F11.99 diagnosis codes qualify for the PCP MAT program)

Enter the Provider ID or NPI of the INDIVIDUAL Servicing Provider NOT the Group NPI and click SEARCH
-OR-
Leave the field blank and click SEARCH for a detailed provider search option
(please note that this program requires that the servicing provider identified in this field have a DEA X-license)

Only ‘Pain Management’ services will display. Enter the quantity of services (visits) being requested.
The maximum quantity is 40 visits.
Authorization Entry: Step 2 (cont.)

Select Priority:
ROUTINE requests are processed within 5 business days
URGENT requests are processed within 2 business days

Enter the following into the Additional Information field:
1. For services rendered/initiated within the previous 30 calendar days, type - “Services initiated on (DATE). Authorization requested for 1 year.”
2. For services being initiated in the near future, type - “Authorization requested for 1 year.”

SUBMIT AUTH REQUEST when finished
Authorization Entry: Step 3

To Fax supporting documents, Print a cover sheet and fax it with paper documentation

PLEASE NOTE: Supporting documentation is OPTIONAL and NOT required when submitting a PCP MAT authorization request

To attach a PDF click ‘Select’ to choose a document, then UPLOAD DOCUMENT

CONTINUE when finished with supporting documentation

* PLEASE NOTE: FAILURE TO PROVIDE SUPPORTING DOCUMENTATION MAY DELAY OR VOID THIS REQUEST.
Authorization Entry: Step 4

Step 1: Select a member and classification.
Step 2: Complete detail fields.
Step 3: Attach supporting documentation.
Step 4: View confirmation and PDF summary.

Thank you for submitting your Referral Request. It has been assigned Reference #V202020202 with a status of "Received". Please use the Authorization/Referral Search link to check the status of this authorization, submit a cancel or change request, and/or attach additional documentation.

Disclaimers:

Reimbursement for services rendered is subject to:
- Member eligibility must be verified for date(s) of service
- Service(s) rendered is a covered benefit
- Member is not eligible for other health care coverage
- Service(s) rendered do not require authorization
- Service(s) rendered are performed within effective date range of referral

Click here to view and print the authorization
Click here to submit another request
Click here for the Search application
Submitting a Claim for PCP MAT Services

• Services must be billable under a qualifying CPT Code:
  – Initial/New patient visit (99204 - 99205)
  – Follow up/Established patient visit (99212 - 99215)

• Always include the authorization number on the claim form

• As with the Authorization Request, services provided by X-licensed physician assistants and nurse practitioners must be billed under the supervising physician
Questions?
Thank you!

Helpful Contact Information

Provider Services Department
(800) 700-3874 ext. 5504 or (831) 430-5504

Member Services Department
(800) 700-3874 ext. 5505 or (831) 430-5505

Authorization Department
(800) 700-3874 ext. 5506 or (831) 430-5506

Authorizations Status Line
(800) 700-3874 ext. 5511 or (831) 430-5511

Claims Department
(800) 700-3874 ext. 5503 or (831) 430-5503