

April 2026

# QRTips

Behavioral Health Services  
Quality Management Services

## Reminders

### Telehealth Email Acknowledgement Form

County and contract providers must obtain client's consent to receive emails from the BHP with telehealth appointment information, if applicable. Similarly, if a program utilizes other alternative methods of communication, such as text messages, the program is responsible for informing their clients and obtaining consent.

### Licensed Vocational Nurse (LVN) & Licensed Psychiatric Technician (LPT)—Effective 7/1/23

On 6/10/25, DHCS added LVN, LVN Clinical Trainee, LPT and LPT Clinical Trainee as allowable provider types to the following codes:

- 96372** Therapeutic, prophylactic, or diagnostic injection, subcutaneous or intramuscular, 1-15 mins
- 96373** Therapeutic, prophylactic, or diagnostic injection, intra-arterial, 1 - 15 minutes
- 96374** Therapeutic, prophylactic, or diagnostic injection, intravenous push, single or initial substance/drug, 15 minutes
- 96375** Therapeutic, prophylactic, or diagnostic injection, each additional sequential intravenous push of a new substance/drug, 15 minutes
- 96376** Therapeutic, prophylactic, or diagnostic injection; each additional sequential intravenous push of the same substance/drug provided in a facility; 15 minutes; has to be more than 30 minutes after a reported push of the same drug
- 96377** Application of on-body injector (includes cannula insertion) for timed subcutaneous injection, 1 - 15 minutes

## Update

### Licensed Occupational Therapists (LOT)—Effective 7/1/23

On 3/1/26, DHCS added LOT and LOT Clinical Trainee as allowable provider types to the following codes:

- 96127** Brief emotional/behavioral assessment
- 99366** Med team conference w/ interdisciplinary team, face-to-face w/ client and/or family
- 99368** Med team conference w/ interdisciplinary team, client and/of family not present

[Provider Type Coding Quick Guide](#)

## TRAININGS & MEETINGS

Online Training:  
[BHP Annual Provider Training](#)

### SMHS QA/QI Coordinators' Meeting

Teams Meeting  
4/9/2026  
10:00 AM – 12:00 PM

SMHS  
Documentation  
Office Hours  
Teams Meeting  
[1<sup>st</sup> Thursday](#)  
[at 10:00 AM – 10:50 AM](#)

&  
[3<sup>rd</sup> Wednesday](#)  
[at 3:00 PM – 3:50 PM](#)  
of every month

Email  
[SMHSClinicalRecords@ochca.com](mailto:SMHSClinicalRecords@ochca.com)  
for invitation

Helpful Links:  
[QMS Support Team](#)  
[TATS Training Request Form](#)  
[BHS EHR Blog Posts](#)  
[Medi-Cal Certification](#)

# Telehealth

(Q&A from March 2026)

Prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth and must explain the following:

- The client has a right to access covered services in person
- Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the client's ability to access covered services in the future
- Non-medical transportation benefits are available for in-person visits
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

County: This information is found in the combined Informed Consent for Services and Telehealth Consent.

Reference: [BHIN 23-018](#)

## Does "telehealth" include services by phone?

Yes. In [BHIN 23-018](#), DHCS refers to "telehealth" as synchronous audio-only (e.g., telephone) and synchronous video interactions (e.g., Teams, Zoom).

## Can you bill specialty mental health services via telehealth?

No. Out-of-state specialty mental health services cannot be billed to SD/MC except when it is customary practice to receive medical services in a border community outside the State.

Reference: [Title 9, CCR, § 1810.355\(b\)](#) and [Cal. Code Regs. Tit. 22, § 51006](#)

## Can you provide telehealth services with a parent, guardian, support person, or agency who is out of state?

As stated above, out-of-state specialty mental health services cannot be billed. However, gathering information from someone who is out of state for a client who is in California may be clinically appropriate and billable. For example:

- Gathering information for the comprehensive assessment from a parent, guardian, or support person who is currently out of state or from an out-of-state agency where client received care.
- Gathering program information from an out-of-state agency where a client will be moving to in order to support coordinate of care.

## Do we need to document the physical address of their location?

The clinician should "verbally obtain and document the client's full name and address of present location at the beginning of each telehealth session."

Reference: [Cal. Code Regs. Tit. 16, § 1815.5 - Standards of Practice for Telehealth](#), [BBS Telehealth Best Practice Guidance Documents](#)

If the client is home at the time of the telehealth session, the client's full name is present on the progress note, and the client's home address is correct in the client's chart, the provider may document "home" as client's location.

## Does that mean only clinicians need to obtain and document the client's address? Does this only apply to therapy services?

Obtaining and documenting the client's address applies to all telehealth services by all provider types, including case management.

## If a client is calling from out of state with a crisis, do you recommend documenting it as a non-billable service?

If the provider assists with a crisis while the client is out of state, such as searching for resources or calling the police in client's current location, document the service as non-billable.

## What if you learn that the client is out of state after a service has been provided?

Please confirm the client is in the state of California prior to providing telehealth services so this doesn't happen. However, if this does happen, document the service as non-billable.

# Targeted Case Management (TCM)

(Continued from March 2026 QRTips)

The DHCS definition of TCM can be broken into four parts; understanding each one is critical for accurately capturing TCM services provided.

1. “Targeted case management is a service that **assists a member to access** needed **medical, educational, social, prevocational, vocational, rehabilitative** or **other community services.**”



## Medical

- External psychiatrist/medication management
- Primary care
- Dental services



## Prevocational/vocational

- Job training programs
- Employment placement services
- Apprenticeship or trade school



## Educational

- Special education resource programs
- Parenting classes
- GED or adult education enrollment
- English as a Second Language classes



## Rehabilitative

- Substance use recovery programs
- Residential treatment programs
- Individual or group therapy
- Wraparound services



## Social

- SNAP/CalFRESH
- Housing assistance
- Social Security benefit programs
- Domestic violence or family support services

## Other community services



- Transportation
- After school programs
- Opportunities to socialize and practice skills learned
- Legal aid or tenant rights services

Note: Those who provide TCM services should be able to find the client’s needs in the comprehensive assessment, Problem List, and the TCM Care Plan. For example, the client’s social needs might be indicated under presenting problem, living arrangement, financial, trauma, and/or treatment recommendations.

# Targeted Case Management (TCM)

(Continued)

2. The service activities may include but are not limited to, **communication, coordination, and referral; monitoring service delivery** to ensure patient access to service and the service delivery system; **monitoring the member's progress in accessing needed services; placement services** and **plan management**.
  - Examples found in [March 2026 QRTips](#).
3. TCM services may be **face-to-face** or by **telehealth** with the **member** or **significant support persons** and may be provided **anywhere in the community**.
  - TCM services should be focused on the client's needs.
4. Additionally, services may be provided by any person determined by the BHP to be qualified to provide the service, consistent with the **scope of practice and state law**.
  - All disciplines can provide TCM services except Certified Peer Support Specialists.
  - TCM services will be most commonly provided by Mental Health Rehabilitation Specialists (MHRS) and Other Qualified Providers (OQPs).
  - All disciplines should work at the top of their job classification.
  - If you are not sure which discipline you are, please ask your supervisor.

## Documentation

Progress note requirement: Brief description of how the service addressed the client's behavioral health needs.

Write **1-2 short sentences** explaining **what you did** and **how it helped the client**

- ✓ Use simple, everyday language
- ✓ Link your action to the problem list or a behavioral health issue from the problem list
- ✓ Make clear **why YOU** as a professional **had to do this service**
- ✓ Ensure that the **activities described** in the progress note **justify the duration of the service**

### Examples:

- "Helped the client apply for housing assistance to reduce stress and sleep disruption that worsened anxiety."
- "Coordinated with the clinic to schedule client's medication management appointment to address mood instability related to depression."
- "Discussed options for transportation so client can attend therapy and stay engaged in treatment to manage PTSD symptoms."

# Targeted Case Management (TCM)

(Continued)

## Documentation

Progress note requirement: Brief summary of next steps

Write **1-2 short sentences** simple, everyday language

- ✓ Use simple, everyday language
- ✓ Be specific
- ✓ Connect to the care plan goals

### Examples:

- “Client will bring income documents to next meeting to complete benefit application.”
- “I will follow up with the housing coordinator next week.”
- “Plan to review progress on therapy attendance during next visit.”
- Client will try using public transit route provided to reach appointments on Tuesday.”

### Assessment Reminders:

“To ensure that clients receive the right service, at the right time, and in the right place, providers shall use their clinical expertise to **complete initial assessments and subsequent assessments as expeditiously as possible**, in accordance with each client’s clinical needs and generally accepted standards of practice.”

- If unable to complete the comprehensive assessment within a reasonable time, document reasons for delay (related to client, not staff)

“Assessments shall be **updated as clinically appropriate**, such as when the client’s condition changes.”

- The comprehensive assessment is shared within the BHP. Updates/reassessments shall be completed if clinically appropriate. Billing for a service that is not medically necessary or clinically appropriate may be seen as **waste**.
- It may be clinically appropriate to **review** the comprehensive assessment with the client for accuracy upon receiving the client from another program if the client was recently assessed rather than conducting a full reassessment.



### Progress Note Reminders:

“Each progress note shall provide sufficient detail to **support the service code(s) selected for the service type(s)** as indicated by the service code description(s)”

- Description of medically necessary intervention(s) documented should read as the service type selected and meet the criteria for the service code selected.
- For example, a therapy service should include therapeutic interventions that focus primarily on symptom reduction and restoration of functioning. If family therapy service code is selected, therapeutic interventions should address the client and family member(s) present in session.

# BHS QMS Billing Team

## DHCS Medi-Cal Claim Submission Timely Filing Limits

- **Initial Claim:** Must be submitted within 12 months from the month of service.
- **Replacement Claim:** Must be submitted within 15 months from the month of service (only if the initial claim was submitted within one year of the service date).

## County-to-State Claim (837 File) Submission Schedule:

- **Medi-Cal ADP Claim Submissions:** Occur every Tuesday. All charges should be entered or corrected by the end of day Monday.
- **Medi-Cal Short Doyle Claim Submissions:** Occur every Wednesday. All charges should be entered or corrected by the end of day Tuesday.

## DHCS Billing Corner: Understanding M80 Denials & PCCN Requirements

### M80 Lockout Denials

An M80 denial occurs when DHCS identifies a pair of procedure codes that **cannot be billed together** for the same member on the same day.

### How to Prevent M80 Denials

- Reference the Service Table on MEDCCC Library
- Apply correct overridable modifiers (such as 59, XE, XP, XU) for distinct services
- Clearly document when services are separate and independent
- Review M80 denials promptly and submit corrections

### PCCN Reminder

When submitting a **replacement** or **void** claim, the **Payer Claim Control Number (PCCN)** must be included from a previously processed claim.

### Why It Matters

- Ensures DHCS can link your correction to the previously processed claim
- Reduces preventable rejections and speeds up payment
- Supports accurate record-keeping and auditing

### Bottom Line:

Avoiding M80 denials and including the PCCN on all corrected claims are simple but crucial steps to ensuring clean claims and timely DHCS payments.

## Important Update

The DHCS FY 25-26 Service Tables have been updated as of March 2026.

- The Medicare COB requirement has been removed from procedure codes T2021 and T2024. **However, if you are substituting another code that *does* require Medicare COB, you must bill Medicare first, following the guidance provided in the “Medicare COB Required?” column.**

## Helpful Resources

- **BHS QMS BT Contract Provider Web Portal**  
[BHS Contract Provider Claims/Billing Resources | Orange County California - Health Care Agency](#)
- **Aid Code Chart**  
[MedCCC – Library](#)
- **Medi-Cal Eligibility Verification**  
[DHCS - Provider Portal](#)
- **Medi-Cal Service Table**  
[MedCCC – Library](#)
- **Medicare Advantage Plans**  
[Medicare Advantage Plans](#)
- **Medicare COB Requirements**  
**SMHS:**  
[Specialty Mental Health Services Billing Manual SFY 2025-26](#)  
**DMC:**  
[DMC-ODS Billing Manual SFY 2025-26](#)
- **Share of Cost Spend Down Guide**  
[Share of Cost \(SOC\) \(share\)](#)

## MCST OVERSIGHT

- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- **COUNTY CREDENTIALING/RE-CREDENTIALING**
- **NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)**
- ACCESS LOGS
- **INFORMING MATERIALS, GRIEVANCES & INVESTIGATIONS**
- CHANGE OF PROVIDER/2<sup>ND</sup> OPINIONS
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- **PROVIDER DIRECTORY**
- CAL-OPTIMA CREDENTIALING (AOA PTAN COUNTY PROVIDERS)
- PAVE ENROLLMENT (SMHS PROVIDERS ONLY)
- **SUPERVISION REPORTING FORMS & REQUIREMENTS**
- PROVIDER TRANSACTION ACCESS NUMBER (PTAN)
- PROFESSIONAL LICENSING WAIVERS

## REMINDERS, ANNOUNCEMENTS & UPDATES

### **PROVIDER DIRECTORY 274 USER INTERFACE**

Monthly submissions for the Behavioral Health Plan Provider Directory have transitioned to the 274 User Interface (274 UI) for all providers. This platform aligns with key data elements required by the Department of Health Care Services (DHCS) Network Adequacy Certification Tool (NACT), supporting improved data consistency and streamlined reporting for both the NACT and the Provider Directory.

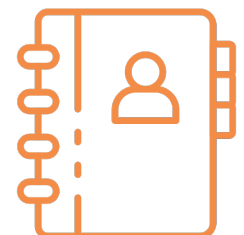
With this transition, providers and program administrators from county and county-contracted programs are responsible for entering and updating provider data in the 274 UI monthly. Providers will receive automated email notifications on the 1st of each month, prompting them to submit updates. If a submission is not completed by the 15th, another reminder email will be sent.

Program administrators are to review each provider listed under their assigned site(s) every month. Submit updates as needed. If no changes are required, select the “NO CHANGE” button on each provider’s profile to confirm your review. This step allows the MCST to verify compliance and ensure administrators are completing monthly reviews for all assigned providers.

**IMPORTANT:** If no activity is recorded for your program and provider reviews for three consecutive months, a Notice of Deficiency may be issued for non-compliance with [DHCS BHIN-25-026](#) requirements.

For questions, you may e-mail:

- Provider Directory: [BHPPProviderDirectory@ochca.com](mailto:BHPPProviderDirectory@ochca.com)
- NACT: [BHPNetworkAdequacy@ochca.com](mailto:BHPNetworkAdequacy@ochca.com)



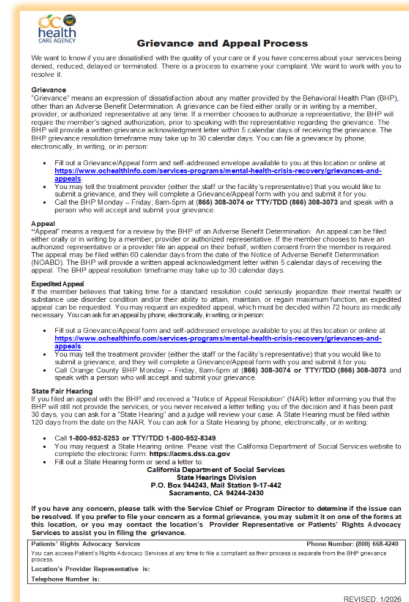
## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### REVISED: GRIEVANCE & APPEAL POSTERS (REGULAR AND LARGE PRINT)

The grievance and appeal posters have been revised (1/2026) and are readily available on the QMS website. DHCS issued [BHIN 25-015](#) to provide updated guidance regarding the grievance and appeal process, including revised member notice templates and compliance with federal and state regulations.

### KEY POINTS

- ✓ The Grievance and Appeal Poster must be prominently displayed in provider locations and printed on 8x14 legal size paper.
- ✓ Materials, including posters, must be available in alternate formats such as large print (11x17) and in all threshold languages to ensure accessibility.
- ✓ Providers are expected to make these materials available without requiring members to request them, supporting accessibility and compliance.



### [Link to Access the SMHS Grievance & Appeal Posters:](#)

[Behavioral Health Plan and Provider Information | Orange County California - Health Care Agency](#)

### [Link to Access the DMC-ODS Grievance & Appeal Posters:](#)

[DMC-ODS For Providers | Orange County California - Health Care Agency](#)



AVAILABLE  
NOW

### MONTHLY MCST TRAININGS – NOW AVAILABLE

MCST is offering open training sessions for new and existing providers. The 3-hour training is on NOABDs, Grievances, Appeals, State Fair Hearings, 2<sup>nd</sup> Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail [BHPGrievanceNOABD@ochca.com](mailto:BHPGrievanceNOABD@ochca.com) with Subject Line: MCST Training for SMHS or DMC-ODS and a MCST representative will send you an e-mail invitation to attend the training via Microsoft Teams.

**2<sup>nd</sup> Tuesdays of the Month @ 1 p.m. MCST Training (SMHS)**  
**4<sup>th</sup> Tuesdays of the Month @ 1 p.m. MCST Training (DMC-ODS)**

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### COUNTY CREDENTIALING REQUIREMENTS

All **new providers** must submit their initial County credentialing packet within 5-10 business days of being hired to the MCST. **The newly hired provider must NOT deliver any Medi-Cal covered services under their license, waiver, registration and/or certification until they have received an e-mail from VERGE/RLDatix indicating that they have successfully completed their application and attested.** It is the responsibility of the designated administrator to review and submit all the required documents for the new hire credentialing packet including the supervision reporting form for the applicable providers to the MCST, timely. Once the provider attest, the credentialing process is automatically expedited and approved within an average of 3-5 business days.

## COUNTY CREDENTIALING



### PROVIDERS REQUIRED TO BE COUNTY CREDENTIALIAED:



**NOTE:** Any provider who works in a job classification that requires a license, waiver, certification and/or registration and delivers Medi-Cal covered services must be credentialed by the County. This list is not exhaustive, please inquire with the MCST for further guidance.

- ✓ Licensed Vocational Nurse
- ✓ Licensed Psychiatric Technician
- ✓ Certified Nurse Assistant
- ✓ Certified Medical Assistant
- ✓ Certified/Registered AOD Counselor
- ✓ BBS Licensed (LMFT, LPCC, LCSW)
- ✓ BBS Associate (AMFT, APCC, ACSW)
- ✓ BOP Registered/DHCS Waivered
- ✓ Physician Assistant
- ✓ Psychiatrist
- ✓ Physician
- ✓ Nurse Practitioner
- ✓ Registered Nurse
- ✓ Occupational Therapist
- ✓ Psychologist
- ✓ Pharmacist
- ✓ Certified Peer Support Specialist

## COUNTY CREDENTIALING



### SUBMISSION CHECKLIST

A complete packet should contain the following documents listed below and be labeled Last Name, First Name. The document names can be abbreviated. For example, New Applicant Request Form (NARF), Annual Provider Training (APT), Cultural Competency (CC), etc. The e-mail subject line must be titled Credentialing – Program Name.

#### SMHS CHECKLIST

- ✓ Doe, John NARF
- ✓ Doe, John Resume
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Provider Insurance Verification Form
- ✓ Supervision Reporting Form (if applicable)

**NOTE:** The APT and CC Training must be the most current training that was completed in the last year.

#### DMC-ODS CHECKLIST

- ✓ Doe, John NARF
- ✓ Doe, John Resume
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Doe, John ASAM A
- ✓ Doe, John ASAM B
- ✓ 5 CEU/CME in Drug Addiction/Recovery (**ONLY** for MD, LCSW, LMFT, LPCC, Psychologist)
- ✓ Provider Insurance Verification Form
- ✓ Supervision Reporting Form (if applicable)



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### SUPERVISION REPORTING FORM REQUIREMENT

There are four types of supervision reporting forms the MCST oversees. Below is a grid listing all the provider types that must submit one of the required supervision reporting forms below:

- ✓ Clinician Supervision Reporting Form
- ✓ Counselor Supervision Reporting Form
- ✓ Medical Supervision Reporting Form
- ✓ Qualified Provider Supervision Form

## SUPERVISION REPORTING FORMS

### LIST OF PROVIDERS REQUIRED TO SUBMIT A SUPERVISION REPORTING FORM

CLINICIANS	COUNSELORS	MEDICAL PROVIDERS	QUALIFIED PROVIDERS
<ul style="list-style-type: none"> <li>• Registered ASW</li> <li>• Registered MFT</li> <li>• Registered PCC</li> <li>• Registered/Waivered Psychologist</li> <li>• Psychologist Clinical Trainee</li> <li>• Clinical Social Worker Clinical Trainee</li> <li>• Marriage &amp; Family Therapist Clinical Trainee</li> <li>• Professional Counselor Clinical Trainee</li> <li>• Associate Applicant – BBS 90 Day Rule</li> </ul>	<ul style="list-style-type: none"> <li>• Registered Counselors</li> </ul>	<ul style="list-style-type: none"> <li>• Nurse Practitioner</li> <li>• Nurse Specialist Trainee</li> <li>• Registered Nurse Trainee</li> <li>• Vocational Nurse Trainee</li> <li>• Psychiatric Technician Trainee</li> <li>• Occupational Therapist Trainee</li> <li>• Occupational Therapist Assistant</li> <li>• Pharmacist Trainee</li> <li>• Physician Assistant Trainee</li> <li>• Physician Assistant</li> <li>• Medical Assistant</li> <li>• Licensed Vocational Nurse</li> <li>• Licensed Practical Nurse</li> <li>• Licensed Psychiatric Technician</li> <li>• Certified Nurse Assistant</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Rehabilitation Specialist</li> <li>• Other Qualified Provider</li> <li>• Certified Peer Support Specialist</li> </ul>

### REMINDER

- All required providers must submit the supervision form to the MCST upon commencement (e.g., new hire).
- Any status change requires an updated form to be submitted to the MCST (e.g., separation, change in supervisor, etc.).
- Supervision must be provided regularly.
- Provider's that require supervision are **prohibited** from delivering any Medi-Cal covered services if they have **NOT** submitted their supervision reporting form.

## GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2<sup>ND</sup> OPINION AND CHANGE OF PROVIDER

Leads: Esmi Carroll, LCSW & Jennifer Fernandez, LCSW

## SUPERVISION REPORTING FORMS

Lead: Esmi Carroll, LCSW

## ACCESS LOGS

Lead: Jennifer Fernandez, LCSW

## PAVE ENROLLMENT FOR SMHS

Leads: Araceli Cueva & Elizabeth "Liz" Fraga (Staff Specialists)

## CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Ashley Cortez, LCSW & Esther Chung (Staff Specialist)

Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga

Provider Directory Leads: Esther Chung & Joanne Pham (Office Specialist)

## PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

Lead: Boris Nieto (Staff Assistant)

## COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT & Annette Tran, LCSW



## CONTACT INFORMATION

400 W. Civic Center Drive., 4<sup>th</sup> floor  
Santa Ana, CA 92701

(714) 834-5601 FAX: (714) 480-0755

## E-MAIL ADDRESSES

BHPGrievanceNOABD@ochca.com

BHPManagedCare@ochca.com

BHPProviderDirectory@ochca.com

BHPSupervisionForms@ochca.com

BHPPTAN@ochca.com

## MCST ADMINISTRATORS

Annette Tran, LCSW

Health Services Administrator

Catherine Shreenan, LMFT

Service Chief II



# QMS MAILBOXES

Please email questions to the group mailboxes to ensure emails arrive to the correct team rather than an individual team member who may be out on vacation, unexpectedly away from work, or otherwise unavailable.

Group Mailbox	Oversees
<a href="mailto:BHPGrievanceNOABD@ochca.com"><u>BHPGrievanceNOABD@ochca.com</u></a>	Grievances & Investigations • Appeals / Expedited appeals • State Fair Hearings • NOABDs • MCST training requests
<a href="mailto:BHPManagedCare@ochca.com"><u>BHPManagedCare@ochca.com</u></a>	Access Logs • Access Log entry errors & corrections • Change of Provider / 2nd Opinion • County credentialing • Cal-Optima credentialing (AOA County Clinics) • Expired licenses, waivers, registrations & certifications • PAVE (SMHS Only) • Personnel Action Notification (PAN)
<a href="mailto:BHPSupervisionForms@ochca.com"><u>BHPSupervisionForms@ochca.com</u></a>	Submission of supervision reporting forms for clinicians, counselors, medical professionals & other qualified providers • Submission of updated supervision forms for change of supervisor, separation, license/registration change • Mental Health Professional licensing waivers
<a href="mailto:BHPProviderDirectory@ochca.com"><u>BHPProviderDirectory@ochca.com</u></a>	Provider Directory notifications • Provider Directory submission for SMHS & DMC-ODS programs
<a href="mailto:BHSHIM@ochca.com"><u>BHSHIM@ochca.com</u></a>	County-operated SMHS & DMC-ODS programs use related: Centralized Retention of Abuse Reports & Related Documents • Centralized processing of client record requests and clinical document review & redaction • Release of Information, ATDs, restrictions & revocations • IRIS Scan Types, Scan Cover Sheets & Scan Types crosswalks • Record quality assurance & correction activity
<a href="mailto:BHSIRISLiaison@ochca.com"><u>BHSIRISLiaison@ochca.com</u></a>	EHR support, design & maintenance • Add/delete/modify program organizations • Add/delete/maintain all county & contract rendering provider profiles in IRIS • Register eligible clinicians & doctors with CMS
<a href="mailto:BHPNetworkAdequacy@ochca.com"><u>BHPNetworkAdequacy@ochca.com</u></a>	Manage MHP and DMC-ODS 274 data & requirements • Support of MHP county & contract user interface for 274 submissions
<a href="mailto:BHPPTAN@ochca.com"><u>BHPPTAN@ochca.com</u></a>	Assist in maintaining PTAN status of eligible clinicians & doctors
<a href="mailto:SMHSClinicalRecords@ochca.com"><u>SMHSClinicalRecords@ochca.com</u></a>	Chart reviews • Corrective Action Plan (CAP) assistance • Documentation & coding support/trainings • Use of downtime forms • Scope of practice guidance • QRTips newsletter
<a href="mailto:BHPSUDSupport@ochca.com"><u>BHPSUDSupport@ochca.com</u></a>	SUD documentation support • CalOMS (clinical questions) & DATAR • DMC-ODS reviews • MPF updates • PAVE (County SUD Clinics)
<a href="mailto:CalAIMSupport@ochca.com"><u>CalAIMSupport@ochca.com</u></a>	Enhanced Care Management • Transitional rent
<a href="mailto:BHPBillingSupport@ochca.com"><u>BHPBillingSupport@ochca.com</u></a>	IRIS billing • Office support
<a href="mailto:BHPIDSS@ochca.com"><u>BHPIDSS@ochca.com</u></a>	General questions regarding designation
<a href="mailto:BHPDesignation@ochca.com"><u>BHPDesignation@ochca.com</u></a>	Inpatient involuntary hold designation • LPS facility designation • Outpatient involuntary hold designation
<a href="mailto:BHPCertifications@ochca.com"><u>BHPCertifications@ochca.com</u></a>	SMHS Medi-Cal certification
<a href="mailto:BHSInpatient@ochca.com"><u>BHSInpatient@ochca.com</u></a>	Inpatient TARs • Hospital communications • ASO / Carelon communication
<a href="mailto:BHPUMCCC@ochca.com"><u>BHPUMCCC@ochca.com</u></a>	Utilization management of Out of Network (and in network) complex care coordination. Typically for ECT, TMS, eating disorders
<a href="mailto:QISystems@ochca.com"><u>QISystems@ochca.com</u></a>	<b>Quality Standards and Clinical Practice Team (QSCP)</b> – EBPs, QAPI, BHA • <b>HEDIS/POM</b> – CalOMS, CANS/PSC-35 • <b>BHP QI Support</b> – QI related questions for SMHS and DMC-ODS programs (including DATAR med monitoring)