



LOCKOUTS AND MODIFIERS



There is an ongoing struggle with lockouts and modifiers for many individuals. If you are one of these individuals, you are not alone.

In the [Provider Type Quick Guides](#), there is a “Table” tab that lists services in the column “Outpatient Overridable Lockout w/ Appropriate Modifiers” that require a modifier if billed on the same calendar day as the service listed in column B, which includes a brief description of the service.

To help individual providers determine whether a modifier is required for their service, an inverted lockout table has been created by the Technical Assistance and Training Support team, which can be found on the same web page as the Provider Type Quick Guides.

You can now look up *your* service using the Lockout Table to see if *your* service needs a modifier. If you render a service listed in column A, and you or another provider renders a service listed in column B on the same calendar day, the service in column A requires a modifier.

For example, if you performed “psychotherapy, 60 minutes with patient” (90837) on the same day with the same client that you or another treatment team member delivered “group psychotherapy” (90853), you would search for 90837 in column A and see that it requires a modifier.

*Definitions of modifiers can be found on the “Modifiers” tab of the Provider Type Quick Guides.

TRAININGS & MEETINGS

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

SMHS QA/QI Coordinators’ Meeting

Teams Meeting
5/14/2026
10:00 AM – 12:00 PM

SMHS Documentation Office Hours

Teams Meeting
[1st Thursday](#)
[at 10:00 AM – 10:50 AM](#)
&
[3rd Wednesday](#)
[at 3:00 PM – 3:50 PM](#)
of every month

Email
SMHSClinicalRecords@ochca.com
for invitation

Helpful Links:

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

Adult Protective Services (APS) or Child Protective Services (CPS) Abuse Reports

Since April 2022, County Clinic staff no longer scan Adult Protective Services (APS) or Child Protective Services (CPS) Abuse Reports or APS/CPS response letters into IRIS. For County Clinics, the QMS Health Information Management (HIM) Team is responsible for the centralized retention of all APS/CPS Abuse Reports completed by County Clinic/Program Clinicians, as well as any response letters received.

Procedure:

Due to the sensitive nature of APS/CPS documents, Reporting Clinicians (mandated reporters) are responsible for submitting all APS/CPS Abuse Report documents directly to HIM. Office Support staff should not participate in this process. This approach supports a trauma-informed workplace and minimizes staff exposure to potentially distressing content. If a mandated reporter is unavailable, their Service Chief or the Service Chief's clinical designee should complete the submission process.

After completing an APS/CPS Abuse Report, the Reporting Clinician will:

1. Complete a PHI Accounting of Disclosure PowerForm when applicable.
2. Complete one HIM APS & CPS Documents Routing Slip per document (do not alter the PDF format).
3. Scan and email the routing slip and the corresponding APS/CPS report to BHSHIM@ochca.com
4. After receiving confirmation from HIM that the submission has been processed, shred the original documents. (Hard copies should not be retained at the clinic.)

If an APS/CPS response letter is received for a previously submitted report, follow steps 2 through 4 above.

The **HIM APS/CPS Documents Procedure** and **HIM APS/CPS Documents Routing Slip** can be found in the EHR Blogs under: EHR Quick Guides > Health Information Management.

If there are any questions regarding the APS/CPS Document Procedure, please contact QMS HIM at BHSHIM@ochca.com or 714-834-8608. HIM staff will respond as soon as possible.

Inclusion of Autistic Disorder

With the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) aims to design a coherent plan to address clients' needs across the continuum of care, ensure that all Medi-Cal clients receive coordinated services, and improve health outcomes. The goal is to ensure access to the right care in the right place at the right time.

Programs and providers are required to use appropriate ICD-10 diagnosis code(s) to submit claims to receive reimbursement.¹ Effective October 1, 2019, autistic disorder (autism spectrum disorder, F84.0) was added as a covered diagnosis for reimbursement of outpatient Medi-Cal Specialty Mental Health Services (SMHS).² Effective January 1, 2022, BHIN 21-073 superseded the portion of BHIN 20-043 that limits SMHS to a list of DHCS included ICD-10 diagnoses.³ For Medi-Cal clients who meet the access criteria for SMHS delivery system, medical necessity determinations for specific, covered SMHS are made based on the clinical judgment of a treating practitioner that is qualified under California law to make such determinations.⁴

If a client is requesting an assessment for SMHS, the program shall complete a comprehensive assessment and use their clinical judgment to determine which service(s) are clinically appropriate for a client based on the client's individualized needs. Clients should not be denied an assessment based on a pre-existing diagnosis nor should they be denied SMHS if access criteria are met.

Please note that autistic disorder is a neurodevelopmental disorder, not a neurocognitive disorder, and may be treated with SMHS if clinically appropriate. For example, a client with autistic disorder may need support in developing coping strategies to manage anxiety that arises during social situations and interferes with functioning at school or work. Clients may also experience impairments in emotion regulation, including difficulty identifying, expressing, or managing emotional responses. This may result in heightened distress, meltdowns, or shutdowns when facing everyday stressors. SMHS can support the development of adaptive coping strategies and emotional awareness to improve the client's ability to self-regulate across settings.

¹[BHIN 22-013](#) Code selection during assessment period for outpatient behavioral health (BH) services

²[BHIN 20-043](#) 2020 International Classification of Diseases, Tenth Revision (ICD-10) Included Code Sets Effective October 1, 2019, remaining in effect until new guidance is issued

³[BHIN 21-073](#) Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements

⁴[BHIN 26-002](#) Criteria for Medi-Cal member access to the Specialty Mental Health Services (SMHS) delivery system, medical necessity, and other coverage requirements

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.

Technical Denials

Increase in Technical Denials

Increase in Technical Denials related to Taxonomy and alias codes, including:

- N54
- N95
- N288

Action Required

Please *do not* work these denials at this time. The Billing Team is aware of the issue and is actively working to resolve it.

MA43 = Unsatisfactory Immigration Status (UIS)

State Update

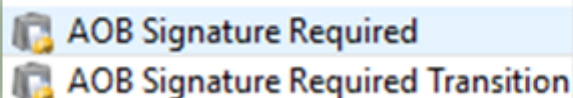
- MA43 technical denials are now eligible for resubmission
- We will begin releasing these denied claims from your queues
- Claims will be resubmitted automatically

Please Note: Not all resubmissions may qualify for reimbursement, and we still cannot determine a member's UIS status via Eligibility Portals

Important: Do **NOT** adjust Technical Denials with **MA43** for DOS 07/01/2024 to current.

New AOB Queue

A new billing queue has been added to the RCA app. The *new* queue, **AOB Signature Required**, now *replaces* the former **AOB Signature Required Transition** queue.



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

REMINDERS, ANNOUNCEMENTS & UPDATES

PROVIDER DIRECTORY 274 USER INTERFACE

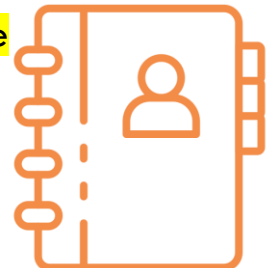
Monthly submissions for the Behavioral Health Plan Provider Directory have transitioned to the 274 User Interface (274 UI) for all providers, effective 11/1/25. This platform aligns with key data elements required by the Department of Health Care Services (DHCS) Network Adequacy Certification Tool (NACT), 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 notification will be sent.

Program administrators are to review each provider listed under their assigned site(s) each month for accuracy. If there are no changes, select the "NO CHANGE" button for each provider's profile to confirm your review. This step allows the MCST to verify compliance and ensure administrators are confirming monthly reviews for all assigned providers.

IMPORTANT: If there are no activity of submission for two consecutive months, a Notice of Deficiency may be issued for non-compliance with [DHCS BHIN-25-026](#) requirements.

ALL programs should have access to the 274 UI. If you still do NOT have access to the 274 UI portal, you are to contact BHPNetworkAdequacy@ochca.com immediately! Tokens were issued to all county contracted programs over the last several months to designees to begin entering the required data on the 274 UI.



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

ACCESS LOG REMINDERS

- ✓ DHCS requires tracking both the offer date and render date for initial appointments. Therefore, ALL **new** recipients requesting **initial access** to SMHS and/or DMC-ODS—whether by phone, walk-in, or any other method—must have an Access Log completed at every **access point**.
- ✓ To meet DHCS time and distance standards, an appointment must be offered to the member with the provider closest to their place of residence. If a member declines the appointment offered within the required timeframe and instead request an appointment outside of that timeframe, the provider has still met the Access Log requirement.
- ✓ If the provider completes a warm hand-off to the 24/7 Member Access Line, an Access Log is not required, as the 24/7 Member Access Line staff will complete it.
- ✓ Programs that operate on weekends must include weekend business days when calculating the 10 business-day window for offering a “routine” appointment.
- ✓ A timely access NOABD is issued only when the BHP has exhausted all options and is unable to secure an appointment with any provider in the network to meet the timeframe requirement for an initial appointment. If you believe the BHP has been unable to meet this requirement, you must consult with the NOABD Lead before issuing a timely access NOABD. Contact the NOABD Lead at (714) 834-5601 or e-mail BHPGrievanceNOABD@ochca.com.

ACCESS LOG REPORT

ACCESS LOG REPORTS & ERROR FINDINGS

- Service Chiefs/Program Directors are to run and review Access Log reports **weekly** to fix timely access errors and ensure Access Log entries are entered **daily** by the staff (e.g. Intake Counselor).
- MCST runs an IRIS Access Log report monthly for SUD and SMHS to monitor and reconcile for errors.
- Any errors found by MCST must be corrected and re-submitted by the program within **3 business days**. The MCST Access Log Leads are required to reach out to the program to correct the errors and confirm it has been corrected on the Access Log.
- MCST may conduct random audit to verify that programs are generating Access Log encounters. Programs that are not in compliance may be issued a Notice of Deficiency.

COMMON

ERRORS



- ✓ There is **NO** Access Log Entry.
- ✓ There is a **LATE** Access Log Entry.
- ✓ Data Entry Errors: Dates, misspelling, etc.
- ✓ Duplicate Entries
- ✓ An appointment was made outside the required timeframe and an NOABD – Timely Access was not issued.

For questions regarding the Access Log requirements, please contact the Access Log Lead at (714) 834-5601 or e-mail at BHPManagedCare@ochca.com and include “Access Log” in the subject line.

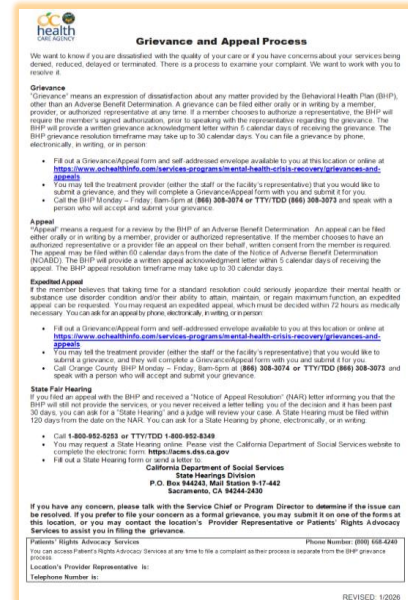
REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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](#)



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, 2nd Opinion/Change of Provider, Supervision Reporting Forms and Access Logs.

Please e-mail 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.

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

REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

SUPERVISION REPORTING FORM REQUIREMENT

There are four types of supervision reporting forms the MCST oversees. We recently added some provider types on the forms and published it on the QMS website. 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 - **REVISED**
- ✓ Medical Supervision Reporting Form - **REVISED**
- ✓ Qualified Provider Supervision Form - **REVISED**

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



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.**

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:



- ✓ 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

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.




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	DMC-ODS CHECKLIST
<ul style="list-style-type: none"> ✓ Doe, John NARF ✓ Doe, John Resume ✓ Doe, John APT ✓ Doe, John CC ✓ Provider Insurance Verification Form ✓ Supervision Reporting Form (if applicable) 	<ul style="list-style-type: none"> ✓ 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)

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





OUR TEAM



Annette Tran, LCSW
Health Services Administrator



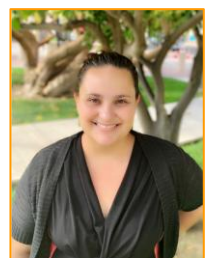
Catherine Shreenan, LMFT
Service Chief II



Araceli Cueva
Staff Specialist



Boris Nieto
Staff Assistant



Jennifer Fernandez, LCSW
Behavioral Health
Clinician II



Ashley Cortez, LCSW
Behavioral Health
Clinician II



Liz Fraga
Staff Specialist



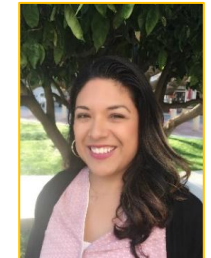
Vanessa Estrada
Office Specialist



Tanya Carbajal
Office Specialist



Joanne Pham
Office Specialist



Esmi Carroll, LCSW
Behavioral Health
Clinician II

GRIEVANCES, APPEALS, STATE FAIR HEARINGS, NOABDS, 2ND 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

CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Ashley Cortez, LCSW

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

Provider Directory Leads: Joanne Pham

PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

Lead: Boris Nieto

COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT & Annette Tran, LCSW

CONTACT INFORMATION

400 W. Civic Center Drive., 4th 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.

BHPBillingSupport@ochca.com	IRIS Billing ● Office Support
BHPCertifications@ochca.com	SMHS Medi-Cal Certifications ● PAVE (SUD and JI) ● MPF/OOCR Updates
BHPDesignation@ochca.com	Inpatient Involuntary Hold Designation ● LPS Facility Designation ● Outpatient Involuntary Hold Designation
BHPGrievanceNOABD@ochca.com	Grievances & Investigations ● Appeals/Expedited Appeals ● State Fair Hearings ● NOABDs ● MCST Training Requests
BHPIDSS@ochca.com	General Questions Regarding Designation
BHPIRISFrontOfficeSupport@ochca.com	County Front Office Operational Support – Guidance on Front Office Procedures and Non-Technical EHR Workflow Inquiries
BHPManagedCare@ochca.com	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)
BHPNetworkAdequacy@ochca.com	Manage SMHS & DMC-ODS 274 Data ● Support of MHP County & Contract User Interface for 274 Submissions
BHPProviderDirectory@ochca.com	Provider Directory Notifications ● Provider Directory Submission for SMHS & DMC-ODS Programs
BHPPTAN@ochca.com	Assist in Maintaining PTAN Status of Eligible Clinicians & Doctors
BHPSUDSupport@ochca.com	DMC-ODS Clinical Chart Reviews ● Corrective Action Plan (CAP) Assistance ● Documentation & Coding Support ● Use of Downtime Forms ● Scope of Practice Guidance ● SUDsies Newsletter ● DMC-ODS Documentation Training Requests
BHPSupervisionForms@ochca.com	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
BHPUMCCC@ochca.com	Utilization Management of Out-of-Network (and In-Network) Complex Care Coordination Typically for ECT, TMS, Eating Disorders
BHSHIM@ochca.com	County-Operated SMHS & DMC-ODS Programs Use Related: Centralized Retention of Abuse Reports & Related Documents ● Centralized Processing of Client Record Requests and Clinical Documentation Review & Redaction ● Release of Information, ATDs, Restrictions & Revocations ● IRIS Scan Types, Scan Cover Sheets & Scan Types Crosswalks ● Record Quality Assurance & Correction Activity
BHSInpatient@ochca.com	Inpatient TARs ● Hospital Communications ● ASO/Carelon Communication
BHSIRISLiaison@ochca.com	EHR Support, Design & Maintenance ● Add/Delete/Modify Program Organizations ● Add/Delete/Maintain All County & Contract Rendering Provider and Front Office Staff Profiles in IRIS ● Manage SMHS & DMC-ODS 274 Requirements
BHSPandP@ochca.com	New BHS P&P needs ● BHS P&P updates
CalAIMSupport@ochca.com	Enhanced Care Management (ECM) ● Transitional Rent
QISystems@ochca.com	Quality Standards and Clinical Practice Team (QSCP) – EBPs, QAPI, BHA ● HEDIS/POM – CalOMS, CANS/PSC-35 ● BHP QI Support – QI Related Questions for SMHS and DMC-ODS Programs (Including DATAR, Medication Monitoring); QA/QI Meeting Invite Requests
QMSSpecialProjects@ochca.com	BHP Provider Manual ● Member Handbook ● Intake/Advisement Checklist ● Justice Involved SME
SMHSClinicalRecords@ochca.com	SMHS Clinical Chart reviews ● Corrective Action Plan (CAP) Assistance ● Documentation & Coding Support ● Use of Downtime Forms ● Scope of Practice Guidance ● QRTips Newsletter ● SMHS Documentation Training Requests