

June 2026

QR Tips

Behavioral Health Services
Quality Management Services

Pathways to Well-Being (PWB) Reminder

Pathways to Well-Being (PWB) Reminder:

ALL youth under age 21 receiving SMHS in Orange County, regardless of their Medi-Cal status or SSA involvement, should be screened for PWB/IS/TFC eligibility by completing the PWB/IS/TFC eligibility assessment form after medical necessity is established.

Please know the following steps need to take place:

1. Establish medical necessity by completing or acquiring the comprehensive 7-domain assessment.
2. Assessed for PWB/IS/TFC using the eligibility assessment form.
3. If assessment determines the client is eligible, PWB/IS cohort is opened by entering the date the assessment was completed.
4. PWB/IS 90-day review is completed to initiate tracking of PWB/IS eligible youth.
5. If:
 - OC SSA social worker is involved; assessment form is emailed to them using an SSA inbox.
 - Out-of-county social worker, assessment form is completed but is NOT sent to the SSA inbox.
6. For PWB eligible youth, the assigned clinician will coordinate CFTs with the assigned social worker.

Interventions

(Continued on page 2)

Billable interventions should demonstrate what service is provided, how it addresses a **specific** symptom, condition, diagnosis, and/or risk factor, and why it is medically necessary.

TRAININGS & MEETINGS

Online Training:

[BHP Annual Provider Training](#)

SMHS QA/QI Coordinators' Meeting

Teams Meeting

6/11/2026

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](#)

Interventions


(Continued from page 1)

While activities that engage a client (i.e., building rapport, active listening, providing unconditional regard, etc.) are important, a medically necessary and clinically appropriate intervention must be present in the progress note to bill.

Engagement activity without medical necessity	Engagement activity provided along with a medically necessary service
<p>Example: “Asked open-ended questions about client’s hobbies to begin building rapport.”</p>	<p>Example: “Due to client’s negative experience with a behavioral health provider who placed client on a psychiatric hold last year, this writer asked client open-ended questions about their expectations and hesitation about the current treatment plan to begin building rapport.”</p>
<p>In the example above, the writer does not inform the reader what symptom, condition, diagnosis, and/or risk factor is being addressed, nor how the intervention (*building rapport) is medically necessary.</p>	<p>In the example above, the writer informs the reader of the problem/risk factor (*issues with behavioral health providers due to a negative experience) and how the engagement activity (*building rapport) is happening simultaneously with a billable service (*plan development).</p>

Interventions not clearly tied to symptom, condition, diagnosis, and/or risk factor	Intervention tied to symptom, condition, diagnosis, and/or risk factor
<p>Example: “To address Z65.3 (problems related to other legal circumstances). This writer educated client on assertive communication and self-advocacy.”</p>	<p>Example: “To address Z65.3 (problems related to other legal circumstances). Client has a history of using aggressive communication and body language when upset, including when speaking to the judge. This writer educated client on different communication styles and possible consequences, how to speak assertively and role-played with client so client may advocate for themselves during the next court hearing.”</p>
<p>In the example above, the writer does not explain how the intervention (*educating the client on assertive communication and self-advocacy) addresses the indicated problem (*Z65.3), nor does it explain how the intervention is medically necessary.</p>	<p>In the example above, the writer informs the reader of the problem (*Z65.3), how the client’s behavior places the client at risk (*aggressive communication and body language when speaking to the judge), and describes a medically necessary service (*building communication skills) to address impairment (*communication/social functioning).</p>

*This information applies solely to the examples provided in this article and should not be generalized to all services



HEDIS FUM

FOOD FOR THOUGHT

DID YOU KNOW?

Everyday thousands of people turn to the Emergency Department for mental health needs. **Mental health** conditions rank among the **top five reasons for ED visits** in the United States, highlighting just how essential reliable outpatient support has become (NCQA). Patients who **do not** receive a mental health **follow-up** are **six times more** likely to **return to the ED** within **two months**, underscoring the impact of timely aftercare (NCQA). And according to HEDIS guidelines, assessments and other **follow-up services** can be **billed on the same day** as an ED discharge, with that single visit meeting both the **7-day** and **30-day FUM** requirements (NCQA).

HEDIS® (Healthcare Effectiveness Data and Information Set) is a registered trademark of the National Committee for Quality Assurance (NCQA)

Follow-Up After Emergency Department Visit for Mental Illness (FUM) 2025-2026

For more information on HEDIS and outcome measures reach out to the HEDIS POM Team via email at QISystems@ochca.com

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.

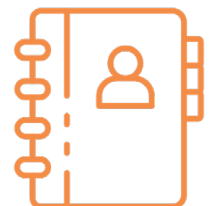
With this transition, providers and program administrators from county and county-contracted programs are responsible for entering and updating provider data in the 274 UI monthly. Providers will receive automated email notifications on the 1st of each month, prompting them to submit updates. If a submission 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 and providers 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!



REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

CREDENTIALING: CULTURAL COMPTENCY TRAINING CERTIFICATE REQUIREMENT



Cultural Competency Training is a mandatory training required for ALL county and contracted providers.

- ✓ **County** providers are offered two (2) approved courses identified in Eureka, under the Relias platform for staff to choose from:
 - Cultural Humility and Implicit Bias in Behavioral Health OR
 - A Multicultural Approach to Recovery-Oriented Practice
- ✓ **Contracted** providers may complete any recognized Cultural Competency Training to meet this requirement. However, the training must not be specific to only a targeted population (e.g., immigrants, youth, etc.). The training would need to encompass a diversity of cultural competency that serves the Orange County behavioral health population. A strong Cultural Competency Training contains the three (3) components below:
 - Introduces cultural and linguistic competency and highlights the role culture plays in behavioral health.
 - Providers should learn key concepts such as culture, cultural identity, and intersectionality, while building self-awareness about how their own backgrounds influence their work.
 - Helps providers better understand clients' cultural backgrounds and use meaningful strategies to strengthen therapeutic relationships across diverse communities.
- ✓ For more information about Cultural Competency Training and requirements, refer to the hyperlink below for guidance:

[Cultural Competency Training | Orange County California - Health Care Agency](#)



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.

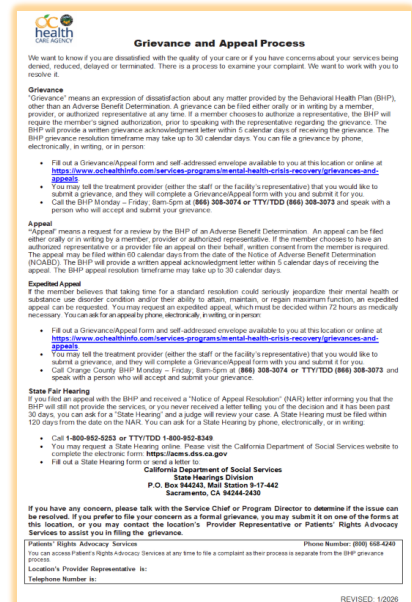
REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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.



Grievance and Appeal Process

We want to know if you are dissatisfied with the quality of your care or if you have concerns about your services being denied, reduced, delayed or terminated. There is a process to examine your complaint. We want to work with you to resolve it.

Grievance
"Grievance" means an expression of dissatisfaction about any matter provided by the Behavioral Health Plan (BHP), other than an Adverse Benefit Determination. A grievance can be filed either orally or in writing by a member, provider, or authorized representative at any time. If a member chooses to authorize a representative, the BHP will require the member's signed authorization, prior to speaking with the representative regarding the grievance. The BHP will provide a written grievance acknowledgment letter within 5 calendar days of receiving the grievance. The BHP grievance resolution timeframe may take up to 30 calendar days. You can file a grievance by phone, electronically, in writing, or in person.

- Fill out a Grievance/Appeal form and self-addressed envelope available to you at this location or online at <https://www.ochcahealth.com/services/programs/mental-health-crisis-recovery/grievances-and-appeals>.
- You may tell the treatment provider (either the staff or the facility's representative) that you would like to submit a grievance, and they will complete a Grievance/Appeal form with you and submit it for you.
- Call the BHP Monday - Friday, 8am-5pm at (866) 308-3074 or TTY/TDD (866) 308-3073 and speak with a person who will accept and submit your grievance.

Appeal
"Appeal" means a request for a review by the BHP of an Adverse Benefit Determination. An appeal can be filed either orally or in writing by a member, provider or authorized representative. If the member chooses to have an authorized representative or a provider file an appeal on their behalf, written consent from the member is required. The appeal may be filed within 60 calendar days from the date of the Notice of Adverse Benefit Determination (NABD). The BHP will provide a written appeal acknowledgment letter within 5 calendar days of receiving the appeal. The BHP appeal resolution timeframe may take up to 30 calendar days.

Expedited Appeal
If the member believes that taking time for a standard resolution could seriously jeopardize their mental health or substance use disorder condition and/or their ability to attain, maintain, or regain maximum function, an expedited appeal can be requested. You may request an expedited appeal, which must be decided within 72 hours as medically necessary. You can ask for an appeal by phone, electronically, in writing, or in person.

- Fill out a Grievance/Appeal form and self-addressed envelope available to you at this location or online at <https://www.ochcahealth.com/services/programs/mental-health-crisis-recovery/grievances-and-appeals>.
- You may tell the treatment provider (either the staff or the facility's representative) that you would like to submit a grievance, and they will complete a Grievance/Appeal form with you and submit it for you.
- Call Change County BHP Monday - Friday, 8am-5pm at (866) 308-3074 or TTY/TDD (866) 308-3073 and speak with a person who will accept and submit your grievance.

State Fair Hearing
If you filed an appeal with the BHP and received a "Notice of Appeal Resolution" (NAR) letter informing you that the BHP will still not provide the services, or you never received a letter telling you of the decision and it has been past 30 days, you can ask for a "State Hearing" and a judge will review your case. A State Hearing must be filed within 120 days from the date on the NAR. You can ask for a State Hearing by phone, electronically, or in writing.

- Call 1-800-852-8253 or TTY/TDD 1-800-852-8249
- You may request a State Hearing online. Please visit the California Department of Social Services website to complete the electronic form: <https://casms.dss.ca.gov>
- Fill out a State Hearing form or send a letter to:
California Department of Social Services
State Hearings Division
P.O. Box 944262, Mail Station 9-T-442
Sacramento, CA 95844-2620

If you have any concern, please talk with the Service Chief or Program Director to determine if the issue can be resolved. If the provider to file your concern as a formal grievance, you may submit it on one of the forms at this location, or you may contact the location's Provider Representative or Patient Rights Advocacy Services to assist you in filing the grievance.

Phone Number: (866) 682-4243
You can access Patient Rights Advocacy Services at any time to file a complaint or their process is separate from the BHP grievance process.
Location's Provider Representative is:
Telephone Number is:

REVISED: 1/2026

[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, 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.




CREDENTIALING

PROVIDERS REQUIRED TO BE CREDENTIALIED:



- ✓ 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 Associate with DHCS Waiver
- ✓ 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 credentialied by the County. This list is not exhaustive, please inquire with the MCST for further guidance.



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/County Application
- ✓ Doe, John APT
- ✓ Doe, John CC
- ✓ Provider Insurance Verification Form
- ✓ Supervision Reporting Form (if applicable)
- ✓ DHCS Waiver for Registered Psychological Associates

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/County Application
- ✓ 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)



MANAGED CARE SUPPORT TEAM



OUR TEAM



Annette Tran, LCSW
Health Services Administrator



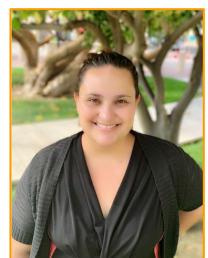
Catherine Shreenan, LMFT
Service Chief II



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



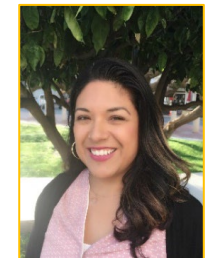
Vanessa Estrada
Office Specialist



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



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.

Medi-Cal Provider Portal Update

Great news! The Medi-Cal Provider Portal now displays both Residing and Responsible County Codes when verifying a client's eligibility!

✓ SUBSCRIBER LAST NAME: [REDACTED] EVC #: [REDACTED] **RESP CNTY: 30. RESI CNTY: 36** PRMY AID CODE: M1. MEDI-CAL

Subscriber Name:	Subscriber ID:
[REDACTED]	[REDACTED]
Subscriber Birth Date:	Issue Date:
[REDACTED]	05/27/2026
Primary Aid Code:	First Special Aid Code:
M1	
Second Special Aid Code:	Third Special Aid Code:

Responsible County: 30 - Orange

Residence County: 36 - San Bernardino

MEDCCC Library Website Updates

We are pleased to share that the **MEDCCC Library website has been refreshed** with several improvements designed to enhance usability and provide quicker access to key resources. While the link remains the same, the site has been renamed to **County Claims Customer Services Library** to better reflect its purpose, instead of MEDCCC Library.

The updates are part of our ongoing commitment to support staff and streamline how information is shared across departments.

[County Claims Customer Services Library](#)

Take note: the list of the **Medicare Advantage Plans** has increased.

Helpful Resources

- **BHS Contract Provider Web Portal:** [BHS Contract Provider Claims/Billing Resources | OC - HCA](#)
- **Medi-Cal Eligibility Verification:** [DHCS - Provider Portal](#)
- **MEDCCC Library (now known as):** [County Claims Customer Services Library | DHCS](#)
- **Aid Code Chart:** [Aid Code Chart \(SDMC\)](#)
- **Medicare/CMAP COB Requirements, utilize:**
 - **ADP:** [DMC-ODS Service Table FY 2025-2026](#)
 - **MHP:** [SMHS Service Table FY 2025-2026](#)
- **Third-Party/Medicare HMO (OHC) COB Requirements, utilize:**
 - **ADP:** [DMC-ODS Billing Manual FY 2025-2026](#)
 - **MHP:** [SMHS Billing Manual FY 2025-2026](#)
- **Share of Cost Spend Down Guide:** [Share of Cost \(SOC\) \(share\)](#)
- **Medicare Advantage Plans:** [Medicare Advantage Plans](#)

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/Carelton 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