

SUD Support Newsletter

QUALITY MANAGEMENT SERVICES

June 2026

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WHAT'S NEW?

Updated DMC-ODS Payment Reform 2026 – CPT Guide

There is now an updated guide available for the DMC-ODS service billing codes, based on the most recent DHCS Service Table and Medi-Cal Billing Manual. As a reminder, the County's CPT Guide is intended to be used as a tool to support providers in selecting the most appropriate service billing code for the service provided. It is not all-encompassing and should be used with DHCS' Service Table and Medi-Cal Billing Manual.

One significant change you will see in the CPT Guide that is not made explicit by the State, but is based on guidance from the Centers for Medicare and Medicaid Services (CMS) is highlighted below:

Going forward, the **Psychiatric Diagnostic Evaluation, 60 Min (90791-1)** and **Psychiatric Diagnostic Evaluation with Medical Services, 60 Min (90792-1)** codes should only be used one time during the assessment process. This means that if an assessment of a client is conducted over multiple sessions on different days, only one of those services should be claimed using these codes. This primarily impacts the LPHA who

Continued on page 2...



Training & Resources Access

☀️ Training Requests ☀️

[TATS Training Request Form](#)

To be utilized by administrators (i.e., Service Chief, Program Director, QI Coordinator, etc.) to request a training on documentation and service codes!

NEW

Updated DMC-ODS Payment Reform 2026 - CPT Guide

[DMC ODS Payment Reform 2026 CPT Guide v3 513261779296134618.pdf](#)

[SUD Documentation Manual DMC-ODS CalAIM Doc Manual.pdf](#)

[MAT Documentation Manual FINAL CalAIM MAT Documentation Manual v3 11.6.24.pdf](#)

DISCLAIMER: These documents are tools created to assist with various QA/QI regulatory requirements. They are NOT all-encompassing documents. Providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory requirements. If you are unsure about the current guidance, please reach out to BHPSUDSupport@ochca.com

UPDATED! DMC-ODS Office Hours

A voluntary and informal space to ask questions and discuss documentation requirements. Occurs virtually on the second Wednesday (2pm) & **fourth Tuesday (10am)** of every month.

Upcoming meetings: June 10, 2026 at 2pm & June 23, 2026 at 10am

WHAT'S NEW?

...continued from page 1

conducts the initial ASAM-based assessment from start to finish (as opposed to only contributing by way of the Case Formulation or narrative write-up because the non-LHPA is conducting the assessment services with the client). For these cases, one option would be for the LPHA to claim the first assessment session with the client using this code and bill any subsequent assessment services using the SUD Assessment (70899-103) code. Another option would be for the LPHA to bill all assessment services using the SUD Assessment (70899-103) code except for the last assessment service (such as the development of the Case Formulation or narrative write-up) where the Psychiatric Diagnostic Evaluation, 60 Min (90791-1) code is used. The code can be used again in the same episode of care by the LPHA when there is a significant change necessitating re-evaluation, such as at the time of re-assessment to determine whether the client needs a higher or lower level of care.



CLARIFICATION

There were a few items in the previous month's newsletter that need to be clarified:

Registered/Waivered Clinical Psychologists

Along with Registered Psychological Associates being ineligible to provide and claim for DMC-ODS services, waivered Psychologists are also not eligible. Although the State's Medi-Cal Billing Manual makes references to waived Psychologists being considered a registrant, the Welfare and Institutions Code only allow for licensed Psychologists to provide SUD services under Medi-Cal.

County Logo on the AOB/ATD

Contracted providers are not required to have the County logo on the Medi-Cal AOB/ATD. Providers may utilize their own agency AOB/ATD document as long as the required verbiage of the assignment of benefits to OC HCA is clearly indicated.



Documentation

1. Can adolescent clients receive any level of care if they are simply "at risk" of an SUD diagnosis?

No. Clients under the age of 21 who are deemed "at risk" and do not meet criteria for an SUD diagnosis are only eligible for Early Intervention Services. Since Early Intervention Services for adolescents is offered as part of the outpatient level of care, please be sure that the documentation makes it clear that the client under 21 who presents as "at risk" is receiving Early Intervention Services, not the Outpatient Drug Free (ODF) level of care. To access ODF or any other treatment level of care, clients under the age of 21 must meet the criteria for an SUD diagnosis and have a full ASAM-based assessment completed that establishes the client's need for the level of care. For the residential level of care, the prior authorization requirement is the same across adults and adolescents.

2. If I do collaborative documentation with a client in session, how do I need to document this?

The State does not provide guidance on what is required when the service progress note documentation is completed with the client in the session. Therefore, at this time, it is sufficient to simply indicate that this took place. Examples include stating, "Counselor and client worked together on progress note documentation" or "Collaborative documentation was utilized for this service." The time spent working on the documentation with the client in session is considered billable service time, not documentation time, on the progress note and in the billing system (IRIS). Keep in mind, that the time spent on collaborative documentation that is included in service time should be reasonable in proportion to the time spent providing clinical interventions relevant to the client's SUD treatment. In other words, collaborative documentation cannot be the bulk of the total service time.

3. If care coordination was provided to the same client on the same date by multiple providers,

Continued on page 3...

Documentation FAQ (continued)

...continued from page 2

can we submit the billing as one claim?

No. Each rendering provider must have a separate claim. Combining multiple encounters as one claim is only permitted when all elements below are met:

- Same date of service
- Same service type (i.e., same service billing code)
- Same client
- Same provider

Remember that there must either be a separate progress note for each encounter or one progress note that captures all encounters claimed.*

Whichever way it is documented, each encounter must be properly documented with evidence of medical necessity to justify the billing.

Group services must be claimed separately and not combined.

*County providers must document on the same progress note for service encounters to be captured under one claim (on one FIN).



Physician & Clinician Consultation Code Update

Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician, Patient and/or Family not Present, 30 Min+ (99367-1) and Medical Team Conference by Non-MD, Patient/Family not Present, 30 Min+ (99368-1)

These codes require at least 3 qualified LPHAs from different disciplines who are all certified DMC-ODS providers working with the client directly to be involved in the consultation. Update: It is permissible for the qualified LPHA of the same discipline to be involved, if their treatment specialty or role in the client's treatment is distinct. For example, in a consultation between two LMFTs and an RN, each of the two LMFTs must play a distinct and separate role in the client's treatment (e.g., one provides individual therapy while the other provides family therapy). Or, in the case of the code for the physician, a consultation between 3 MDs, where each of the MDs play a distinct and separate role in the client's treatment (e.g., psychiatry, primary care physician, endocrinologist).

For more information on the requirements for use of these codes, please refer to the CPT Guide (link under "Training & Resources Access" section on page 1).

Withdrawal Management & Residential Treatment Services Overlap

There have been some claim denials from the State in situations where a client is transitioning from the withdrawal management level of care to the residential level of care, due to the 24-hour service billing lockout. This can happen when the date of discharge from the withdrawal management is on the same date as the date of admit to the residential level of care. To prevent claim denials for such transitions, please be mindful of the following:

For programs transitioning clients from withdrawal management to residential treatment within their own agency –

- Make sure that only one treatment day is claimed for the discharge/admit date (i.e., either the discharge date is claimed for the withdrawal management episode of care OR the admit date is claimed for the residential treatment episode of care).

For programs transitioning clients from withdrawal management to residential treatment with another provider -

- Make sure to communicate/coordinate to determine which provider will bill if discharge/admit date are the same date (in most cases it makes sense for the receiving residential provider to claim the admit date). If both programs wish to bill, the residential admit and withdrawal management discharge cannot be on the same date!

Reminder:

Each treatment day claimed at the withdrawal management and residential treatment program (including the date of discharge) must be supported with appropriate documentation that at least one qualifying service was provided!

Disclaimer: The Quality Management Services (QMS) Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly SUD Newsletter to all DMC-ODS providers as a tool to assist with various QA/QI regulatory requirements. It is NOT an all-encompassing document. Programs and providers are responsible for ensuring their understanding and adherence with all local, state, and federal regulatory 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.

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: ?	Residence County: ?
30 - Orange	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](#)

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.

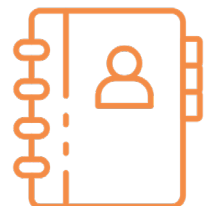
With this transition, providers and program administrators from county and county-contracted programs are responsible for entering and updating provider data in the 274 UI monthly. Providers will receive automated email notifications on the 1st of each month, prompting them to submit updates. If a submission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

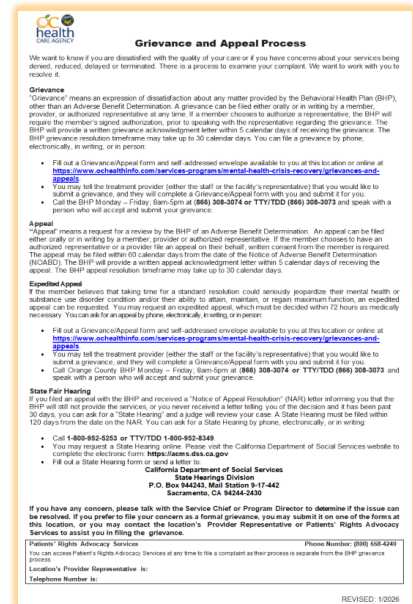
REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

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.



[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:



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.

- ✓ 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

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)





OUR TEAM



Annette Tran, LCSW
Health Services Administrator



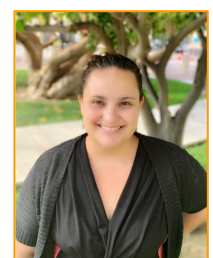
Catherine Shreenan, LMFT
Service Chief II



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



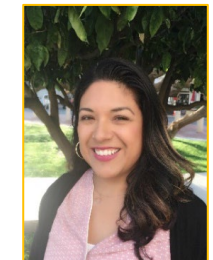
Vanessa Estrada
Office Specialist



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

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Santa Ana, CA 92701

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E-MAIL ADDRESSES

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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



HEDIS FUA

FOOD FOR THOUGHT

DID YOU KNOW?

Substance use and mental health crises affect millions of Americans. **One in eight ED visits** is tied to these issues, showing just how widespread the need is. (NCQA) In 2022, **48.7 million people**—more than 17% of the population—were living with a substance use disorder. And **three out of four drug-related ED visits are from nonfatal overdoses**, each one a warning sign and a chance for intervention. (Trillium Healthcare & 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 Substance Use Disorder (FUA) 2025-2026

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



Scan QR Code for full
FUA Training Module
You will be prompted to register your
email in Articulate the first time only.

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