

# SUD

## Support Newsletter

QUALITY MANAGEMENT SERVICES

October 2026

### SUD Clinical Records Review Team

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### DMC-ODS Office Hours

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

Upcoming meetings:  
November 11, 2026  
December 9, 2026  
January 13, 2027

## WHAT' S NEW?

### 2026 Annual Provider Training (APT)

**Must be completed by Thursday, October 15, 2026!**

County Providers will take the training through Eureka.

Contracted providers will take the training through the link on the [QMS Training page website](#).

As a reminder, County-contracted Program Directors or Heads of Service must fill out and complete an attestation once all applicable staff and supervisors have completed the training. The training and the attestation are available on the [QMS Training page website](#). The attestation is required whether staff complete the APT individually or as a group.

### **\*Important update\***

If contracted staff complete the APT as a group, **a sign-in sheet is required** and will serve as the record of completion, along with the attestation for provider credentialing.

The completed attestation form and the sign-in sheet need to be sent by secure email to [BHPSUDSupport@ochca.com](mailto:BHPSUDSupport@ochca.com).

All staff are encouraged to keep their certificates of completion for personal records.



## 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 training on documentation and service codes!

#### DMC-ODS Payment Reform 2026 - CPT Guide

#### Coding Quick Guides

By provider type at [DMC-ODS Provider Website](#)

#### SUD Documentation Manual

#### MAT Documentation Manual

#### DMC-ODS Allowable Modifiers & Lockouts Reference Sheet

**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](mailto:BHPSUDSupport@ochca.com)

# Reminders

## NTP Dosing

With the implementation of Payment Reform, **Licensed Vocational Nurses (LVNs)** have become eligible providers in the DMC-ODS. Therefore, any LVNs at the NTPs providing dosing services should be claiming for these services under their name and taxonomy. Dosing services by LVNs should not be claimed under the physician's name. Additionally, LVNs are not independent practitioners and must practice under the direction of a physician or registered nurse, according to the California Board of Vocational Nursing and Psychiatric Technicians. Please be sure that the Clinical Supervision Reporting Form has been submitted to the Managed Care Support Team prior to rendering services.

## Outpatient Claim Denials for Duplicate Services

Be sure that multiple encounters of the same service type (except groups) provided on the same date of service by the same provider to the same client are captured in one claim. We have been seeing that claims submitted separately are leading to denials due to the services being flagged as a potential duplicate service. Contracted providers may elect to complete separate progress notes for each of the encounters. However, when entering the service in IRIS, the service minutes from each encounter must be combined into one claim.



## A Note about CCAPP's Registered Trained Support Staff (RTSS)...

Unfortunately, they are not an eligible provider type to bill in the DMC-ODS. They are considered non-professional support staff and are limited to providing non-clinical services such as general supervision of clients or conducting structured activities. At the residential programs, structured groups facilitated by a RTSS do not count as one of the qualifying services that are needed at the residential levels of care to justify the billing of the treatment day.



## Documentation FAQ

### 1. What services can a Clinical Trainee provide?

Clinical Trainees are not considered LPHAs, however, are permitted to provide the same services as associate and licensed professionals in the DMC-ODS. Clinical Supervisors may determine what allowable DMC-ODS services are appropriate for their supervisee to provide based on their experience, knowledge, and skill level. Please remember that Clinical Trainees must receive the appropriate clinical supervision, as indicated in their Clinical Supervision Reporting Form submitted to the Managed Care Support Team. It is advised that Clinical Supervisors review and co-sign documents completed by the Clinical Trainee (e.g., progress notes) as they assume full responsibility for the services provided by Clinical Trainees.

### 2. Can the problem list be started before the assessment is finalized?

Yes. The problem list can be developed based on the first encounter with the client, as soon as an issue or need has been identified. Oftentimes at the outpatient levels of care, providers may need several sessions or services to complete the initial assessment. It is advised that identified needs are placed on the problem list at the time it is discovered as opposed to waiting until the completion of the initial assessment, especially since we frequently begin addressing needs prior to or in the midst of completing the assessment (e.g., care coordination). Time spent with the client developing the problem list during an assessment session can be claimed as part of the assessment service at the outpatient levels of care. In these cases, the treatment planning does not need to be separated out from the assessment service.

**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.

## 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/2<sup>ND</sup> 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 cloud-based 274 User Interface (274 UI) for all providers, effective July 6, 2026. This upgrade follows the successful completion of administrator and provider trainings in June.

With this transition, providers and program administrators from county and county-contracted programs are expected to maintain the established practice of updating program and provider profiles by the last day of each month.



This month the MCST will be conducting an audit of programs and providers with no submission activity from July through September. A Notice of Deficiency will be issued to any entity found non-compliant 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](mailto:BHPNetworkAdequacy@ochca.com) immediately!



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### CERTIFIED PEER SUPPORT SPECIALIST (CPSS)



#### [AB 96: Medi-Cal Peer Support Specialist](#)

This bill removes the existing requirement for Certified Medi-Cal Peer Support Specialists (CMPSS) to hold a high school diploma or equivalent. Peer Support Specialists contribute significantly to the behavioral health system by applying their lived experience to support individuals in recovery. The bill recognizes lived experience as a key qualification for this role and eliminates the diploma requirement to help ensure certification is accessible during a time of heightened behavioral health needs.

AB 96 has passed both the California Assembly and Senate and has been enrolled, meaning it has been finalized by the Legislature and formally presented to the Governor as of September 3, 2026. Implementation cannot begin until the Governor reviews and approves the bill.

### LICENSED VOCATIONAL NURSES (LVN)

- LVNs are not an independent practitioner.
- LVNs are entry-level health care providers who is responsible for rendering basic nursing care and practices under the direction of a physician, nurse practitioner or registered nurse.
- A LVN must provide nursing services under the direction of a registered nurse who directs nursing care and/or the patient's physician who directs medical care. The supervisor must be responsible for direction to the LVN regarding the respective nursing and medical procedures. The direction provided by the registered nurse or physician to the LVN must be available at least by telephone. ([16 CCR § 2518.7](#)).
- **LVN Trainees** instructor must be present for student supervision. The program must pair students with like discipline staff (with an academic MOU in place) but ultimately, supervision of the student trainee must come from the instructor.

Be sure LVNs are supervised by the correct practitioners and ensure the Medical Supervision Reporting Form (MSRF) reflects this, or they will NOT be able to deliver any Medi-Cal covered services within that scope of practice and may be subject to recoupment of those services.



## LIST OF FORMS UNDER THE MCST OVERSIGHT

### GRIEVANCE & APPEAL

Grievance & Appeal Form  
Grievance & Appeal Poster  
Grievance & Appeal Poster (Large Print)  
Grievance Fact Sheet  
Grievance Tracking Form  
Notice of Availability

### NOTICE OF ADVERSE BENEFIT DETERMINATION

NOABD Delivery System  
NOABD Denial of Authorization  
NOABD Financial Liability  
NOABD Modification  
NOABD Payment Denial  
NOABD Termination  
NOABD Timely Access  
Your Rights Under Medi-Cal Managed Care

### SUPERVISION FORMS

Clinical Supervision Reporting Form  
Counselor Supervision Reporting Form  
Medical Supervision Reporting Form  
Qualified Provider Supervision Reporting Form

### COUNTY CREDENTIALING

Credentialing Checklist  
New Applicant Request Form – **UPDATED SEPTEMBER 2026**  
Provider Insurance Verification Form

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#### Link to Access the SMHS Forms:

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

#### Link to Access the DMC-ODS Forms:

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



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



AVAILABLE  
NOW

### MCST TRAININGS HAVE TRANSITIONED TO ONLINE MODULES FOR:

County Credentialing

NOABDs

Grievances, Appeals & State Fair Hearings

Supervision Reporting Forms

Access Logs

**274 UI Provider Directory - NEW**

2<sup>nd</sup> Opinion/Change of Provider – Coming Soon

### Link to the MCST Trainings:

[QA/QI Trainings and Documentation Support | Orange County California - Health Care Agency](#)

These trainings are now available on the QMS website for all new and existing providers. This transition is part of MCST's effort to streamline processes, increase efficiency, and ensure that essential training resources are easily accessible at any time—both for onboarding and for refresher purposes.

As part of MCST's role in tracking, monitoring and maintaining compliance with DHCS requirements the centralized trainings in an online format now allows MCST to verify participation, assess ongoing compliance, and ensure that all providers receive uniform guidance aligned with DHCS standards.

Each module is expected to take approximately 30–60 minutes to complete, depending on the trainee's pace and level of engagement with the interactive components designed to reinforce the understanding of DHCS mandates.

The MCST can offer a Microsoft Teams training session upon request. Please e-mail the MCST representative at [BHPGrievanceNOABD@ochca.com](mailto:BHPGrievanceNOABD@ochca.com) with Subject Line: MCST Training Request for SMHS or DMC-ODS.



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### COUNTY CREDENTIALING REQUIREMENTS

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

## 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)



## 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
- ✓ Medical Supervision Reporting Form
- ✓ Qualified Provider Supervision Reporting Form

## SUPERVISION REPORTING FORMS



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

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

### REMINDER

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

## OUR TEAM



**Annette Tran, LCSW**  
Health Services Administrator



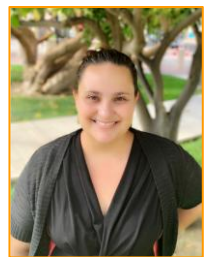
**Catherine Shreenan, LMFT**  
Service Chief II



**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



**Kimia Hashemi-Nejad**  
Office Specialist



**Joanne Pham**  
Office Specialist



**Esmi Carroll, LCSW**  
Behavioral Health  
Clinician II

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

Leads: Esmi Carroll, LCSW & Jennifer Fernandez, LCSW

### **SUPERVISION REPORTING FORMS**

Lead: Esmi Carroll, LCSW

### **ACCESS LOGS**

Lead: Jennifer Fernandez, LCSW

### **PAVE ENROLLMENT FOR SMHS**

Leads: Araceli Cueva & Elizabeth "Liz" Fraga

### **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., 4<sup>th</sup> floor  
Santa Ana, CA 92701

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

### **E-MAIL ADDRESSES**

BHPGrievanceNOABD@ochca.com

BHPManagedCare@ochca.com

BHPProviderDirectory@ochca.com

BHPSupervisionForms@ochca.com

BHPPTAN@ochca.com

### **MCST ADMINISTRATORS**

Annette Tran, LCSW

Health Services Administrator

Catherine Shreenan, LMFT

Service Chief II



# BHS QMS Billing Team

## H.R. 1: Key Changes Affecting California Medi-Cal Billing

- **Immigration Status Changes – Effective October 1, 2026**
  - Certain immigration categories will lose full-scope Medi-Cal eligibility
  - Members in these categories will transition to restricted/emergency-only coverage
  - Expect increased denials for full-scope services
- **Retroactive Eligibility Changes – Effective January 1, 2027**
  - Applies to applications submitted after December 31, 2026
  - Modified Adjusted Gross Income (**MAGI**) New Adult Group (19–64): Retroactive eligibility reduced to 1 month
  - All Other Members: Retroactive eligibility reduced to 2 months
- **90-Day Renewal Grace Period (Cure Window)**

If a member reapplies within 90 days of losing coverage:

  - MAGI Adults: Eligible for 1 month retroactive coverage
  - All Other Members: Eligible for 2 months of retroactive coverage
- **Six-Month Eligibility Renewal – Effective January 1, 2027**
  - MAGI Adult group must now renew eligibility every 6 months
  - Higher likelihood of coverage gaps that may affect claim approval
- **Work/Community Requirements – Effective January 1, 2027**
  - MAGI adults must meet work/activity requirements
  - Non-compliance may lead to temporary loss of coverage
  - Coverage gaps may affect billing and claim eligibility
- **Expanded Address Verification – Effective January 1, 2027**
  - Counties will begin using the National Change of Address (NCOA) database for ongoing updates
  - More frequent address corrections may occur
  - Address updates may cause managed care plan changes, impacting billing

❖ Resource: [HR1-DHCS-Fact-Sheet-2026.pdf](#)

## 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](#)
- **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 \(SOC\) \(share\)](#)
- **Aid Code Chart:** [Aid Code Chart \(SDMC\)](#)
- **Medicare Advantage Plans:** [Medicare Advantage Plans](#)

## 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.

# 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.

|                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <a href="mailto:BHPBillingSupport@ochca.com">BHPBillingSupport@ochca.com</a>                 | IRIS Billing • Office Support                                                                                                                                                                                                                                                                                                                                                             |
| <a href="mailto:BHPCertifications@ochca.com">BHPCertifications@ochca.com</a>                 | SMHS Medi-Cal Certifications • PAVE (SUD and JI) • MPF/OOCR Updates                                                                                                                                                                                                                                                                                                                       |
| <a href="mailto:BHPDesignation@ochca.com">BHPDesignation@ochca.com</a>                       | Inpatient Involuntary Hold Designation • LPS Facility Designation • Outpatient Involuntary Hold Designation                                                                                                                                                                                                                                                                               |
| <a href="mailto:BHPGrievanceNOABD@ochca.com">BHPGrievanceNOABD@ochca.com</a>                 | Grievances & Investigations • Appeals/Expedited Appeals • State Fair Hearings • NOABDs • MCST Training Requests                                                                                                                                                                                                                                                                           |
| <a href="mailto:BHPIDSS@ochca.com">BHPIDSS@ochca.com</a>                                     | General Questions Regarding Designation                                                                                                                                                                                                                                                                                                                                                   |
| <a href="mailto:BHPIRISFrontOfficeSupport@ochca.com">BHPIRISFrontOfficeSupport@ochca.com</a> | County Front Office Operational Support – Guidance on Front Office Procedures and Non-Technical EHR Workflow Inquiries                                                                                                                                                                                                                                                                    |
| <a href="mailto:BHPManagedCare@ochca.com">BHPManagedCare@ochca.com</a>                       | Access Logs • Access Log Entry Errors & Corrections • Change of Provider/2nd Opinion • County Credentialing • Cal-Optima Credentialing (AOA County Clinics) • Expired Licenses, Waivers, Registrations & Certifications • PAVE (SMHS Only) • Personnel Action Notification (PAN)                                                                                                          |
| <a href="mailto:BHPNetworkAdequacy@ochca.com">BHPNetworkAdequacy@ochca.com</a>               | Manage SMHS & DMC-ODS 274 Data • Support of MHP County & Contract User Interface for 274 Submissions                                                                                                                                                                                                                                                                                      |
| <a href="mailto:BHPProviderDirectory@ochca.com">BHPProviderDirectory@ochca.com</a>           | Provider Directory Notifications • Provider Directory Submission for SMHS & DMC-ODS Programs                                                                                                                                                                                                                                                                                              |
| <a href="mailto:BHPPTAN@ochca.com">BHPPTAN@ochca.com</a>                                     | Assist in Maintaining PTAN Status of Eligible Clinicians & Doctors                                                                                                                                                                                                                                                                                                                        |
| <a href="mailto:BHPSUDSupport@ochca.com">BHPSUDSupport@ochca.com</a>                         | 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                                                                                                                                                             |
| <a href="mailto:BHPSupervisionForms@ochca.com">BHPSupervisionForms@ochca.com</a>             | Submission of Supervision Reporting Forms for Clinicians, Counselors, Medical Professionals & Other Qualified Providers • Submission of Updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change • Mental Health Professional Licensing Waivers                                                                                                        |
| <a href="mailto:BHPUMCCC@ochca.com">BHPUMCCC@ochca.com</a>                                   | Utilization Management of Out-of-Network (and In-Network) Complex Care Coordination Typically for ECT, TMS, Eating Disorders                                                                                                                                                                                                                                                              |
| <a href="mailto:BHSHIM@ochca.com">BHSHIM@ochca.com</a>                                       | 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 |
| <a href="mailto:BHSInpatient@ochca.com">BHSInpatient@ochca.com</a>                           | Inpatient TARs • Hospital Communications • ASO/Carelon Communication                                                                                                                                                                                                                                                                                                                      |
| <a href="mailto:BHSIRISLiaison@ochca.com">BHSIRISLiaison@ochca.com</a>                       | 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                                                                                                                                                               |
| <a href="mailto:BHSPandP@ochca.com">BHSPandP@ochca.com</a>                                   | New BHS P&P needs • BHS P&P updates                                                                                                                                                                                                                                                                                                                                                       |
| <a href="mailto:CalAIMSupport@ochca.com">CalAIMSupport@ochca.com</a>                         | Enhanced Care Management (ECM) • Transitional Rent                                                                                                                                                                                                                                                                                                                                        |
| <a href="mailto:QISystems@ochca.com">QISystems@ochca.com</a>                                 | <b>Quality Standards and Clinical Practice Team (QSCP)</b> – EBP, QAPI, BHA • <b>HEDIS/POM</b> – 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                                                                                                                        |
| <a href="mailto:QMSSpecialProjects@ochca.com">QMSSpecialProjects@ochca.com</a>               | BHP Provider Manual • Member Handbook • Intake/Advisement Checklist • Justice Involved SME                                                                                                                                                                                                                                                                                                |
| <a href="mailto:SMHSClinicalRecords@ochca.com">SMHSClinicalRecords@ochca.com</a>             | 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                                                                                                                                                                    |