

# QRTips

Behavioral Health Services  
Quality Management Services  
Quality Assurance & Quality Improvement Division

## PROBLEM LIST REQUIREMENTS

Every problem list for a beneficiary should include:

- **Diagnosis/es** identified by a provider acting within their scope of practice AND
  - **Diagnosis-specific specifiers** from the current DSM shall be included with the diagnosis, when applicable.
- Current International Classification of Diseases (**ICD**) codes.
- **Problems identified by a provider** acting within their scope of practice, if any.
- **Problems identified by the member** and/or significant support person, if any.
- The **name** and **title (or credentials)** of the provider that identified, added, or resolved the problem, and the **date the problem was identified, added, or resolved**.

For more information on the problem list, see [BHIN 23-068](#).

## PROBLEM LIST

Problem / Diagnosis	Provider Name and Credential	Date Added and Resolved
F32.1 Major Depression Disorder, Single Episode, Moderate	Provider Name, LMFT	Added 1/1/2025
Z59.41 Food Insecurity	Provider Name, MHRS	Added 1/1/2025
"I overthink too much."	Provider Name, LMFT	Added 1/15/2025
Avoids going to work	Provider Name, MHRS	Added 1/15/2025 Resolved 4/30/2025

## TRAININGS & MEETINGS

...

AOA Online Trainings  
[AOABH Annual Provider  
Training](#)

MHP AOA QI  
Coordinators' Meeting  
Teams Meeting: TBD  
10:30- 11:30am

CYS Online Trainings  
[CYPBH Integrated Annual  
Provider Training](#)

MHP CYS QI Coordinators'  
Meeting  
Teams Meeting: 7/10/2025  
10:00-11:30am  
More trainings on [CYS ST website](#)

## HELPFUL LINKS

...

[QMS AOA Support Team](#)

[QMS CYS Support Team](#)

[BHS Electronic Health Record](#)

[Medi-Cal Certification](#)

### Reminder to Service Chiefs & Supervisors:

Please submit monthly program and provider updates/changes for the Provider Directory and send to:

[BHPPProviderDirectory@ochca.com](mailto:BHPPProviderDirectory@ochca.com) and [BHSIRISLiaison@ochca.com](mailto:BHSIRISLiaison@ochca.com).

Review QRTips in staff meetings and include in your meeting minutes.



## CODING TIPS

Although some services cannot be extended, please select the most appropriate service code for the service rendered and document the TOTAL duration of that service.

### Example:

- If psychotherapy is provided for a minimum of 53 minutes up to 67 minutes, the clinician will select **90837-4 Psychotherapy, 60 min w/ patient**.
  - This service does not have an add-on code and cannot be extended.
- If psychotherapy is provided for 68 minutes or more, the clinician will still select **90837-4 Psychotherapy, 60 min w/ patient** and enter the total duration. IRIS will reconcile the additional service time when the substitute codes are established.
  - For instance, if the clinician meets with the client for 73 minutes of psychotherapy, the clinician will select 90837-4 Psychotherapy, 60 min w/ patient and enter 73 minutes under service time.

### Substitute Codes

Substitute codes allow providers to bill specific assessment and therapy services that exceed the time allowed by the original CDM code.

These substitute codes are not yet built into IRIS but will be reconciled when the substitute codes are established.

Substitute Code	May be used to substitute the following CDM Codes when max time exceeded
Assessment Substitute (T2024)	<b>90791-4</b> Psychiatric diagnostic evaluation, 60 mins <b>90792-4</b> Psychiatric diagnostic evaluation with medical services, 60 mins <b>90885-4</b> Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes, 60 mins <b>96105-4</b> Assessment for Aphasia, per hour <b>96110-4</b> Developmental Screening with scoring and documentation, per standardized instrument, 60 mins <b>96125-4</b> Standardized Cognitive Performance Testing per hour <b>96127-4</b> Brief emotional/behavioral assessment with scoring and documentation per standardized instrument, 60 mins <b>96146-4</b> Psychological Neuropsychological Test, 60 mins
Therapy Substitute (T2021)	<b>90837-4</b> Psychotherapy, 60 mins with patient <b>90847-4</b> Family psychotherapy with patient present, 50 mins <b>90849-4</b> Multiple-family group psychotherapy, 84 mins <b>90853-4</b> Group psychotherapy, 50 mins

- The CDM codes above include a brief description of the service. For minimum and maximum minutes per service code, please refer to the [Provider Type Coding Quick Guides](#).
- Substitute codes only apply to the provider types who are able to use the CDM codes listed in the table above. Please refer to your [Provider Type Coding Quick Guide](#) to see which services you are able to provide.

**Disclaimer:** The Quality Management Services (QMS) Quality Assurance (QA) and Quality Improvement (QI) Division develops and distributes the monthly QRTips newsletter to all MHP 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.

## CRISIS INTERVENTION (70899-413)

Crisis Intervention is an unplanned, expedited service, to or on behalf of a client to address a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an emergency response service enabling a client to cope with a crisis, while assisting them in regaining their status as a functioning community member. The goal is to stabilize an immediate crisis within a community or clinical treatment setting. Crisis intervention may include contact with significant support persons or other collaterals if the purpose of their participation is to focus on the treatment of the client.

Crisis intervention may be provided face-to-face, by telephone, or by telehealth.

### Services include but are not limited to:

#### Billable

- Gathering information from the referring party, client, significant support person, and/or family
- Risk assessment that may or may not result in a hospitalization
- De-escalation
- Therapy
- Reviewing/practicing coping skills (please state specific coping skills if applicable)
- Collateral contacts and coordination
- Referral/linkage to supportive services

#### Non-billable

- Drive time
- Waiting while not providing an intervention
- Searching for the client

#### Reminders:

- Total service time to bill: minimum of eight (8) minutes, limited to eight (8) hours per instance.
- Service time should be accurate and not an estimate.
- Crisis intervention may be provided face-to-face or via telehealth with the member and/or significant support persons.
- May be provided in a clinic setting or anywhere in the community.

#### Tips:

- Keep track of time spent on billable and non-billable services for documentation.
- Crisis Intervention vs. Psychotherapy for Crisis can be found in the [October 2024 QRTips](#).
- If a crisis evaluation is handled by two providers, each provider should individually document what they did in the encounter. More information can be found in the [June 2024 QRTips](#).

## BOARD OF BEHAVIORAL SCIENCES (BBS) UPDATE

There is a new law change regarding requirements for the display of licenses/registrations and a “Notice to Clients” to ensure that clients have access to information confirming their clinician’s licensure.

**Effective January 1, 2025:** Licensees/registrants are only required to display their license/registration in a conspicuous place in their primary place of practice when rendering professional clinical services in person.

**For all new clients on and after July 1, 2025,** a “Notice to Clients” must contain the following:

- Licensee/registrant’s full name as filed with the Board
- License/registration number
- Type of license/registration (e.g., Licensed Marriage and Family Therapist, Associate Clinical Social Worker, etc.)
- Expiration date of license/registration number



## MCST OVERSIGHT

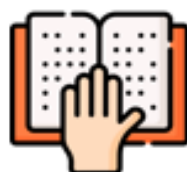
- EXPIRED LICENSES, WAIVERS, CERTIFICATIONS AND REGISTRATIONS
- NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABDS)
- INFORMING MATERIALS, GRIEVANCES & INVESTIGATIONS
- APPEAL/EXPEDITED APPEAL/STATE FAIR HEARINGS
- CAL-OPTIMA CREDENTIALING (AOA PTAN COUNTY PROVIDERS)
- SUPERVISION REPORTING FORMS & REQUIREMENTS
- 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)
- PROFESSIONAL LICENSING WAIVERS

## REMINDERS, ANNOUNCEMENTS & UPDATES

### BRAILLE GRIEVANCE MATERIALS READY FOR PICK-UP!

The Department of Health Care Services (DHCS) requires the Behavioral Health Plan (BHP) to accommodate the communication needs of all members and be prepared to facilitate alternative format request for Braille, audio format, large print, accessible electronic format, and other auxiliary aids and services that may be appropriate.

The county has received the Braille grievance informing materials to meet the requirement for the:



- Grievance & Appeal Form
- Grievance & Appeal Poster (SMHS)
- Grievance & Appeal Poster (DMC-ODS)

Information has been communicated to county and contracted programs to pick up the materials over the last month. If you have not picked up the materials for your program, please reach out to the MCST via e-mail at

[BHPPProviderDirectory@ochca.com](mailto:BHPPProviderDirectory@ochca.com) to coordinate a date and time to pick it up at the:

CAN Building  
400 W. Civic Center Dr., 4<sup>th</sup> Floor  
Santa Ana, CA 92701  
(714) 834-5601



NEW

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### TRANSGENDER, GENDER DIVERSE, OR INTERSEX (TGI) GRIEVANCES

Senate Bill (SB) 923 (Chapter 822, Statutes of 2022), known as the Transgender, Gender Diverse or Intersex Inclusive Care Act, added section 14197.09 to the W&I and mandated Department of Health Care Services (DHCS) to require all of its Behavioral Health Plans (BHPs), subcontractor, and downstream subcontractor staff who are in direct contact with members in the delivery of care or member services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or TGI. Trans-inclusive health care means comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding, and respect. Additionally, SB 923 requires DHCS to track, monitor, and report grievances, impose sanctions for violations of the law, and publicly report this data alongside other grievance data.

#### WHAT DOES THIS MEAN FOR THE GRIEVANCE PROCESS?

The [BHIN 25-019](#) indicates, if a member submits a grievance against the provider or staff for failure to provide trans-inclusive health care, the BHP is required to report the grievance to DHCS quarterly, effective 7/1/25.

BHPs are also required to submit additional information, as specified by DHCS, that verifies the grievance data reported to DHCS on a quarterly basis when the outcomes of the grievance reported are resolved in a member's favor. If the grievance is resolved in the member's favor, then the individual named in that grievance who is employed by the BHP, **must complete a refresher course by retaking the trans-inclusive health cultural competency training immediately AND before they have direct contact with members again.** This means the individual is **NOT** permitted to have any phone contact, face-to-face interaction, provide treatment services and is unable to deliver any non-billable/billable services, nor chart in the medical records for **ALL** members until the TGI training has been completed and submitted to the MCST to close out the grievance. BHPs are also required to submit to DHCS verification of the completed refresher training quarterly.

Providers or staff at a program should note that any pattern of repeated TGI grievances that are substantiated against a provider(s) and/or staff at a program presumes that the provider(s) and/or staff at that program (BHP, subcontractors, and downstream subcontractors) are not providing adequate trans-inclusive care as required. Such patterns and practices suggest that existing training is ineffective or that the working culture is hostile towards TGI members and requires further remediation, including, but not limited to staff training, staff discipline, and/or re-evaluation of the training curriculum.

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

**REVISED**



### DHCS REVISED THE NOTICE OF ADVERSE BENEFIT DETERMINATION (NOABD) & ENCLOSURES

Department of Health Care Services (DHCS) recently issued the [BHIN 25-014](#) and supersedes BHIN 18-010E. It provides updated clarification and guidance regarding the application of federal regulations and state law for processing grievances and appeals.

This BHIN also encloses several notice templates, including the Notice of Grievance Resolution (NGR), Notices of Adverse Benefit Determination (NOABD), Notices of Appeal Resolution (NAR), a "Your Rights" attachment, a member non-discrimination notice, and language assistance taglines. These notices provide members with required information about their rights under the Medi-Cal program.

### BRIEF OVERVIEW OF THE REVISIONS

- Grievance and NOABD enclosures are renamed to:
  - Your Rights => Your Rights Under Medi-Cal Managed Care
  - Language Assistance => Notice of Availability
- The enclosure titled "Your Rights Under Medi-Cal Managed Care" include additional content about:
  - ✓ **Aid Paid Pending (APP)** – members have the right to keep receiving approved services while waiting for a final decision from an appeal or State hearing.
  - ✓ **Second Opinion** – members have the right to a second opinion from a network provider, or for the BHP to arrange for the member to obtain a second opinion outside of the network, at not cost to the member.
- The revised English NOABDs and enclosures are now available on the QMS website. The other threshold languages are currently being translated. See links below to access the forms:
  - QMS SMHS Forms: [Mental Health Plan and Provider Information | Orange County California - Health Care Agency \(ohealthinfo.com\)](#)
  - QMS DMC-ODS Forms: [DMC-ODS For Providers | Orange County California - Health Care Agency \(ohealthinfo.com\)](#)
- The revised NOABDs and enclosures are to go into effect, immediately.

### NOABD DELIVERY SYSTEMS TO BE ISSUED TO SUD DMC-ODS MEMBERS

- SUD DMC-ODS outpatient programs are now required to use **NOABD Delivery Systems** instead of the NOABD Denial of Authorization for Requested Services.
- The **NOABD Delivery Systems** is used when it is determined that the member does not meet the criteria to be eligible for substance use disorder services and shall refer the member to the appropriate health care delivery system (i.e., Managed Care Plan, mental health, Medi-Cal Fee-for-Service), or other services.
- The **NOABD Denial of Authorization for Requested Services** is still available to use for denying the authorization of SUD residential service requests.



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### MCST GENERAL E-MAIL BOXES



QMS has renamed all the general e-mail addresses and created new ones to enhance the communication and efficiency with serving our providers and members. Please begin using the e-mail addresses listed below for questions and documents to be sent to the appropriate mailboxes. The old e-mail addresses will automatically be forwarded to the new ones for a short period of time. Please update our e-mail addresses, as some of the old e-mail addresses will expire August 2025.

MCST MAILBOXESV	OVERSEES
<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:BHPManagedCare@ochca.com">BHPManagedCare@ochca.com</a>	Access Logs, Access Log Entry Errors & Corrections; Change of Provider/2 <sup>nd</sup> Opinion; County Credentialing; Cal-Optima Credentialing (AOA County Clinics); Expired Licenses, Waivers, Registrations & Certifications; PAVE (SMHS Only); Personnel Action Notification (PAN)
<a href="mailto:BHPProviderDirectory@ochca.com">BHPProviderDirectory@ochca.com</a>	Provider Directory Notifications; Provider Directory submission for SMHS and DMC-ODS programs by the 15 <sup>th</sup> of every month.
<a href="mailto:BHPSupervisionForms@ochca.com">BHPSupervisionForms@ochca.com</a>	Submission of the Supervision Reporting Forms for Clinicians, Counselor, Medical Professionals and Qualified Providers; Submission of updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change; Mental Health Professional Licensing Waivers for Psychology Candidates.
<a href="mailto:BHPPTAN@ochca.com">BHPPTAN@ochca.com</a>	Provider Transaction Access Number (PTAN) enrollment and inquiries.

new

new

new

**COMING  
SOON**



### PROVIDER DIRECTORY WILL BE INTEGRATED INTO THE 274 USER INTERFACE (UI)

The MCST has worked in collaboration with DAE and HCAIT to streamline and integrate the Provider Directory into the 274 UI. We are anticipating the launch of the Provider Directory 274 UI sometime in August/September 2025. More information to come!

## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)



### **PROVIDER TRANSACTION ACCESS NUMBER (PTAN)**

The PTANs will be transitioned to the MCST, effective 7/1/25. Eligible providers are required to be registered with a PTAN in the SMHS and DMC-ODS Adult & Older Adult (AOA) outpatient county clinics for the county to be reimbursed for Medicare and Medi-Medi covered services.



If you are a county LPHA/LMHP provider, you may be eligible to obtain a PTAN. Please contact the PTAN Lead at [BHPPTAN@ocha.com](mailto:BHPPTAN@ocha.com) to initiate the process.



### **WHAT IS A PLW?**

It is a Professional Licensing Waiver (PLW) for psychology candidates who has accumulated 48 semester units or 72 quarter units of graduate coursework or has graduated from a doctoral program and wants to deliver Medi-Cal covered services at a county clinic or contracted program.

### **PROFESSIONAL LICENSING WAIVERS (PLW)**

Effective 7/1/25, the PLWs will be transitioned to the MCST. The MCST is required to complete the PLW application for County and County-contracted CYS and AOA providers. The PLW allows pre- and post-doctoral candidates to bill Medi-Cal for SMHS while acquiring supervised professional experience to obtain their license.

If you are a county or contracted provider needing to apply for a PLW please contact the Supervision Lead at [BHPSupervisorForms@ocha.com](mailto:BHPSupervisorForms@ocha.com) with the subject line: PLW Request to initiate the process, effective 7/1/25.



## REMINDERS, ANNOUNCEMENTS & UPDATES (CONTINUED)

### MCST TRAININGS ARE AVAILABLE UPON REQUEST

- **NEW** programs are required to schedule a full training to comply with the MCST oversight and DHCS requirements. It is recommended to have the Directors, Managers, Supervisors and Clinical Staff participate in the training to ensure those requirements are met and implemented. Contact the MCST to schedule the training at least a month prior to delivering Medi-Cal covered services.
- If you and your staff would like a refresher on a specific topic or a full training about MCST's oversight please e-mail the Health Services Administrator, Annette Tran at [anntran@ochca.com](mailto:anntran@ochca.com) and the Service Chief II, Catherine Shreenan at [cshreenan@ochca.com](mailto:cshreenan@ochca.com).



AVAILABLE  
**NOW**

### MONTHLY MCST TRAININGS – NOW AVAILABLE

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

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

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

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

Leads: Esmi Carroll, LCSW & Jennifer Fernandez, LCSW

### SUPERVISION REPORTING FORMS

Lead: Esmi Carroll, LCSW

### ACCESS LOGS

Lead: Jennifer Fernandez, LCSW

### PAVE ENROLLMENT FOR SMHS

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

### CREDENTIALING AND PROVIDER DIRECTORY

Credentialing Lead: Elaine Estrada, LCSW & Ashley Cortez, LCSW  
Cal Optima Credentialing Lead: Araceli Cueva & Elizabeth "Liz" Fraga  
Provider Directory Leads: Esther Chung & Joanne Pham (Office Specialists)

### PROVIDER TRANSACTION ACCESS NUMBER (PTAN)

Lead: Boris Nieto, Staff Assistant

### COMPLIANCE INVESTIGATIONS

Lead: Catherine Shreenan, LMFT & Annette Tran, LCSW



### CONTACT INFORMATION

400 W. Civic Center Drive., 4<sup>th</sup> floor  
Santa Ana, CA 92701  
(714) 834-5601 FAX: (714) 480-0755

### E-MAIL ADDRESSES

[BHPGrievanceNOABD@ochca.com](mailto:BHPGrievanceNOABD@ochca.com)  
[BHPManagedCare@ochca.com](mailto:BHPManagedCare@ochca.com)  
[BHPProviderDirectory@ochca.com](mailto:BHPProviderDirectory@ochca.com)  
[BHPSupervisionForms@ochca.com](mailto:BHPSupervisionForms@ochca.com)  
[BHPPTAN@ochca.com](mailto:BHPPTAN@ochca.com)

### MCST ADMINISTRATORS

Annette Tran, LCSW  
Health Services Administrator  
Catherine Shreenan, LMFT  
Service Chief II



# QMS MAILBOXES

Please email the group mailboxes below to ensure your questions arrive to the correct team rather than to an individual team member who may be on vacation, unexpectedly out of the office or otherwise unavailable.

Group Mail Box	Oversees
<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:BHPManagedCare@ochca.com">BHPManagedCare@ochca.com</a>	Access Logs • Access Log Errors & Corrections • Change of Provider / 2nd Opinion • County Credentialing • Cal-Optima Credentialing (AOA County Clinics) • Expired Licenses, Waivers, Registrations & Certifications • PAVE (MHP Only)
<a href="mailto:BHPSupervisionForms@ochca.com">BHPSupervisionForms@ochca.com</a>	Submission of Supervision Reporting Forms for Clinicians, Counselor, Medical Professionals & Qualified Providers • Submission of Updated Supervision Forms for Change of Supervisor, Separation, License/Registration Change, etc.
<a href="mailto:BHPProviderDirectory@ochca.com">BHPProviderDirectory@ochca.com</a>	Provider Directory submission for SMHS & DMC-ODS programs by the 15 <sup>th</sup> of every month.
<a href="mailto:BHSHIM@ochca.com">BHSHIM@ochca.com</a>	County-Operated MHP & DMC-ODS Programs Use Related: Centralized Retention of Abuse Reports & Related Documents • Centralized Processing of Client Record Requests and Clinical Document Review & Redaction • Release of Information, ATDs, Restrictions & Revocations • IRIS Scan Types, Scan Cover Sheets & Scan Types Crosswalks • Record Quality Assurance & Correction Activity
<a href="mailto:BHSIRISLiaison@ochca.com">BHSIRISLiaison@ochca.com</a>	EHR Support, Design & Maintenance • Add/Delete/Modify Program Organizations • Add/Delete/Maintain All County & Contract Rendering Provider Profiles in IRIS • Register Eligible Clinicians & Doctors with CMS • Assist in Maintaining PTAN Status of Eligible Clinicians & Doctors
<a href="mailto:BHPNetworkAdequacy@ochca.com">BHPNetworkAdequacy@ochca.com</a>	Manage MHP and DMC-ODS 274 Data & Requirements • Support of MHP County & Contract User Interface for 274 Submissions
<a href="mailto:BHPPTAN@ochca.com">BHPPTAN@ochca.com</a>	
<a href="mailto:BHPAOASupport@ochca.com">BHPAOASupport@ochca.com</a>	AOA Documentation Support • CANS / PSC-35 • Medication Monitoring • MHP Chart Reviews • QRTips • Provider Support Program (AOAST only)
<a href="mailto:BHPCYSSUPPORT@ochca.com">BHPCYSSUPPORT@ochca.com</a>	CYS Documentation Support • CANS / PSC-35 • Medication Monitoring • MHP Chart Reviews • QRTips
<a href="mailto:BHPSUDSupport@ochca.com">BHPSUDSupport@ochca.com</a>	SUD Documentation Support • CalOMS (clinical questions) & DATAR • DMC-ODS Reviews • MPF Updates • PAVE (County SUD Clinics)
<a href="mailto:CalAIMSupport@ochca.com">CalAIMSupport@ochca.com</a>	
<a href="mailto:BHPBillingSupport@ochca.com">BHPBillingSupport@ochca.com</a>	IRIS Billing • Office Support
<a href="mailto:BHPIDSS@ochca.com">BHPIDSS@ochca.com</a>	General Questions regarding Designation
<a href="mailto:BHPDesignation@ochca.com">BHPDesignation@ochca.com</a>	Inpatient Involuntary Hold Designation • LPS Facility Designation • Outpatient Involuntary Hold Designation
<a href="mailto:BHPCertifications@ochca.com">BHPCertifications@ochca.com</a>	MHP Medi-Cal Certification
<a href="mailto:BHSInpatient@ochca.com">BHSInpatient@ochca.com</a>	Inpatient TARs • Hospital Communications • ASO / Carelon Communication
<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