

Behavioral Solutions of California

CA Medi-Cal ABA Program Quick Reference Guide

ID Card	UnitedHealthcare' Community Health Plan (8840) 911-87726-04 Member ID: 99999999 Group Number: CAMCMP Member ID: 87726 This card does not guarantee coverage. To verify benefits or to find a provider, visit the website mynthcomy communityplan or call. Emergency Sentice rendered to the Member by non-Conflucting provides are reimbursable by the Confluctor without Prior Authorization. POP Name: PROVIDER PHYSICIAN Ro Bin: 610494 Ro Grip: ACUCA Rx PCN: 4444 PO Box 30884, Salt Lake City, UT 84130-0884 Solid Administered by UnitedHealthcare Community Plan of California, Inc. Pharmacy Claims: OptumRx, PO Box 20044, Hot Springs, AR 71903 For Pharmacyts: 877-305-8952
Clinician is Responsible for:	Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card Obtaining authorization as necessary Be familiar with the OHBS-CA Network Manual, located on our website, providerexpress.com > Guidelines / Policies & Manuals
Prior Authorization	All autism services require prior authorization: • Verify benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card • Prior Authorization can be obtained via Treatment Authorization Request Form and submitted either • Online at https://optumpeeraccess.secure.force.com/ABAtreatment/ • Or via fax at 1-888-541-6691
UHC Community Plan Of CA, Inc. Members & Providers	Phones are answered 7am7pm. PST • After Hours - County Crisis Line – see below*: 1-888-724-7240 • Claims, Eligibility & Coordination of Care Issue: 1-866-270-5785
Language Assistance Program	1-866-270-5785
Hearing & Speech Impaired Line	1-866-270-5785, TTY: 711
Claims Paper Submission	 Mail paper claims to: Optum, P.O. Box 30884, Salt Lake City, UT 84130-0760 All autism provider services must be billed on a Form 1500 Submission should occur within 90 days of date of service
Electronic Submission	Submit claims online through: • UHCprovider.com • Payer ID for submitting claims is 86047 • Submit electronically using the EDI clearing house Payer ID 87726
*County Behavioral Health Services & Substance Use Treatment Referrals	San Diego Access & Crisis Line • Phone: 1-888-724-7240



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Claim Status	Claims status can be obtained by calling Customer Service Center: 1-866-556-8166 Or through the Web portal at UHCprovider.com
Claim Appeals	Claim appeals process: Process for appeal will be detailed in the Member's Rights Enclosure which accompanies the Explanation of Benefit (EOB) denial notice sent to the provider and the member Appeals must be requested within 180 calendar days from receipt of the notice of the action letter
Update Practice Info	You can update your practice information by contacting your designated Autism Network Manager.
Disclaimer	Information contained herein is subject to change. Please contact your Network Manager with any questions.
Network Management	Consuela Morales-Streit, Sr. Specialty Network Manager Email: consuela.morales-streit@optum.com