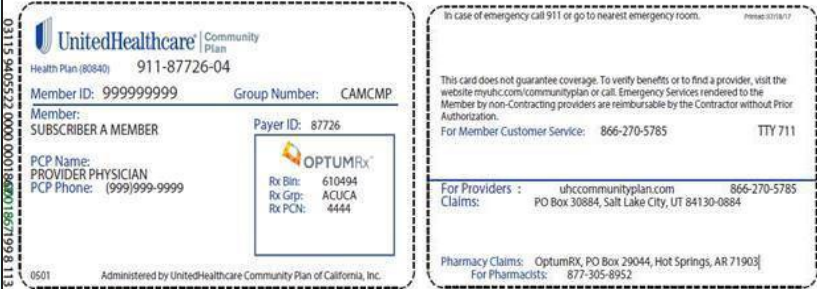


CA Medi-Cal ABA Program Quick Reference Guide

<p>ID Card</p>	
<p>Clinician is Responsible for:</p>	<p>Verifying benefits/eligibility online at providerexpress.com or call the Behavioral Health number located on the back of the Member's ID card</p> <ul style="list-style-type: none"> Obtaining authorization as necessary Be familiar with the OHBS-CA Network Manual, located on our website, providerexpress.com > Guidelines / Policies & Manuals
<p>Prior Authorization</p>	<p>All autism services require prior authorization:</p> <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Online at https://optumpeeraccess.secure.force.com/ABAtreatment/ Or via fax at 1-888-541-6691
<p>UHC Community Plan Of CA, Inc. Members & Providers</p>	<p>Phones are answered 7am.-7pm. PST</p> <ul style="list-style-type: none"> After Hours - County Crisis Line – see below*: 1-888-724-7240 Claims, Eligibility & Coordination of Care Issue: 1-866-270-5785
<p>Language Assistance Program</p>	<p>1-866-270-5785</p>
<p>Hearing & Speech Impaired Line</p>	<p>1-866-270-5785, TTY: 711</p>
<p>Claims Paper Submission</p>	<p>Mail paper claims to:</p> <ul style="list-style-type: none"> 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
<p>Electronic Submission</p>	<p>Submit claims online through:</p> <ul style="list-style-type: none"> UHCprovider.com Payer ID for submitting claims is 86047 Submit electronically using the EDI clearing house Payer ID 87726
<p>*County Behavioral Health Services & Substance Use Treatment Referrals</p>	<p>San Diego Access & Crisis Line</p> <ul style="list-style-type: none"> Phone: 1-888-724-7240

Claim Status	Claims status can be obtained by calling Customer Service Center: <ul style="list-style-type: none">• 1-866-556-8166• Or through the Web portal at UHCprovider.com
Claim Appeals	Claim appeals process: <ul style="list-style-type: none">• 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