

Out-of-Network Claims Process for Indian Health Care Providers

In April 2022, DHCS released updated guidance on Network Adequacy Certification requirements through Behavioral Health Information Notice (BHIN) [24-020](#). In this updated guidance, county behavioral health plans have been mandated to demonstrate compliance with federal regulations addressing protections for American Indians and American Indian Health Services provided within a managed care system (42 C.F.R. §438.14).

Background

While Native American/American Indian Health Facilities (collectively referred to here as Indian Health Care Providers or IHCPs) are not required to contract with counties, the County of San Diego Behavioral Health Services (BHS) must document good-faith efforts to contract with and fulfill obligations to reimburse IHCPs as an Out-of-Network (OON) provider for the provision of Specialty Mental Health Services (SMHS) and/or Drug Medi-Cal Organized Delivery Services (DMC-ODS) to Medi-Cal beneficiaries.

BHS has an established process for Out-of-Network providers to submit claims for reimbursement for the provision of SMHS and/or DMC-ODS services. This process is managed by its Administrative Services Organization, Optum San Diego.

The procedure for processing claims from IHCPs as an OON provider is as follows:

- When an IHCP identifies an eligible Medi-Cal beneficiary, the program shall contact the:

Out-of-Network Claims Process

Optum Medi-Cal FFS Provider Line

(800) 798-2254 | Press 2 for Claims/Billing Questions

Hours of Operation: Mon-Fri 8:00am – 5:00pm

- Optum will work closely with IHCPs to establish a single out-of-network agreement for payment of SMHS and/or DMC-ODS services.
 - All criteria and requirements are identified in the agreement.

Optum Claims Fax: (877) 364-6945

The fax number is utilized to:

Additional Contact Information

- Request stop payment on a check not received via mail
- Request aging report of unpaid claims for status of claim
- Send copies of Other Health Coverage (OHC) EOBs if claim is denied
- Claim appeals
- Corrected claims

Providers may fax or call for Medi-Cal Eligibility Verification to confirm the client's eligibility for the month of service.

Email questions *without* specific client information to sdffsclaims@optum.com.

Additional Reference(s)

- [BHIN 22-053](#) Obligations Related to Indian Health Care Providers in DMC-ODS Counties