

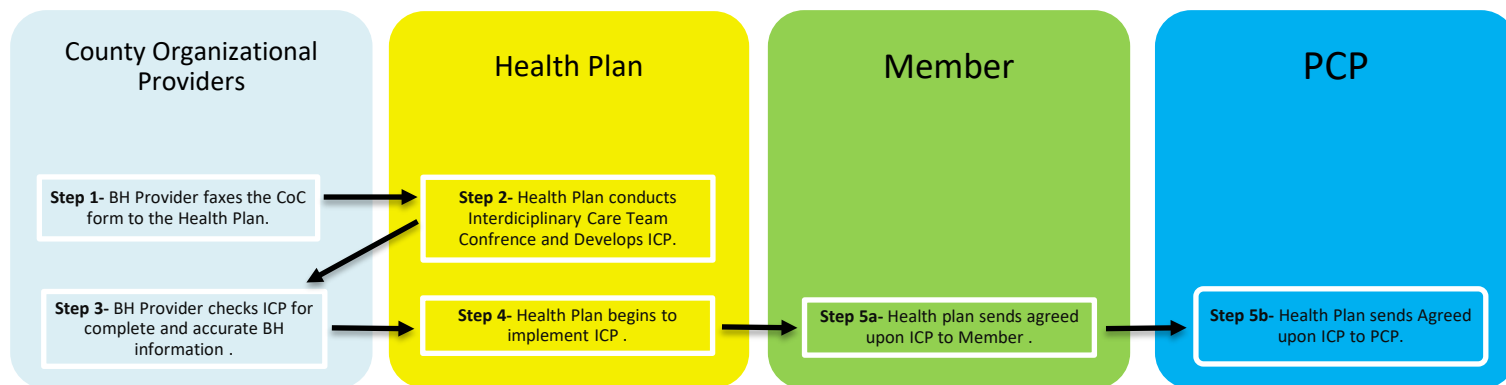
Behavioral Health Plan Coordination Card

	Blue Shield CA Promise Health Plan	Community Health Group	Health Net	Molina Healthcare
Customer Service	1-855-905-3825	1-888-244-4430	1-855-464-3572	1-888-665-4627
Website	www.blueshieldca.com/ promise	www.Chgsd.com	www.HealthNet.com	www.MolinaHealthcare.com
Provider Website	https://promise.blueshieldca.com/ca/bh_mcr_srch?version=2019&lob=cmc	http://www.chgsd.com/pr oviderServices.aspx	https://www.healthnet.com /portal/provider/home.ndo	www.MolinaHealthcare.com/ providers
24-Hour Nurse Line	1-855-905-3825	1-800-647-6966	1-855-464-3572	1-888-275-8750
Pharmacy Line <i>(formulary available online)</i>	1-855-699-5557	1-800-788-2949	1-855-464-3572	1-855-665-4627
Transportation	1-877-433-2178	1-800-224-7766	1-855-464-3572	1-888-665-4627
Behavioral Health Services	1-855-321-2211 Fax (866) 422-3413	1-800-404-3332 Fax (877) 862-7603	1-855-464-3572 Fax (855) 854-0020	1-855-665-4627 Fax (562) 499-6105
Behavioral Health Data Contact	Siddharth Iyer Siddharth.Iyer@blueshieldca.com	Tatsani Inkhamfong Flora (619) 498-6439 Tinkha@chgsd.com	Armando Robledo (818) 676-7586 Armando.X.Robledo@Healthnet.com	Ramesh Kapalavai (888) 562-5442 ext. 121335 Ramesh.Kapalavai@MolinaHealthcare.com
Behavioral Health Claims Contact & Address	Beacon Health Option Attn: Brink Hartman (714) 715-0534 PO Box 1862 Hicksville, NY, 11802-1862	Community Health Group Attn: George Scolari (800) 404-3332 2420 Fenton Street, #100 Chula Vista, CA. 91914	MHN Attn: Der Lee (916) 935-0123 P.O. Box 14621 Lexington, KY 40512-4621	Molina Healthcare Attn: Megan Dankmyer 888-562-5442, ext. 125671 P.O. Box 22702 Long Beach, CA 90801
Health Plan Primary Liaison	David Bond (619) 719-4510 David.Bond@blueshieldca.com	George Scolari (800) 404-3332 gscola@chgsd.com	Kathleen Lang (760) 679-5406 Klang@cahealthwellness.com	Lily Wang (858) 974-1737 Lilly.Wang@MolinaHealthcare.com

Data Exchange

- Cal MediConnect Plan sends BHS their active member roster including the data fields below no later than the 15th of each month.
 - Client First Name
 - Client Last Name
 - Client DOB (MM/DD/YYYY Format)
 - Client SS (123-45-6789 Format)
- Within two weeks, BHS will return the following information to your identified data contact listed on the reverse side.
 - Client First Name
 - Client Last Name
 - Client DOB (MM/DD/YYYY Format)
 - Client SS (123-45-6789 Format)
 - Client open to a BHS program flag (Y/N)
 - Name of program (s) (Subunit Description)
 - Single Accountable Individual Name (SAI)
 - Date open to program (MM/DD/YYYY) format)
 - Date of last service at program (MM/DD/YYYY)
 - Service Code Description of Last Service
- BHS can receive health plan datasets vis WatchDox, secured email or another secure method used by the plans.
- Please contact Christopher Guevara at Christopher.Guevara@sdcounty.ca.gov to facilitate the data sharing process.

Care Coordination



* Acronyms: **Coc Form**= Coordination of Care Form ICP= Interdisciplinary Care Plan