



CALIFORNIA CONTACT INFORMATION



Care Advocacy Teams and Inpatient Authorizations <i>(All inpatient care must be pre-authorized)</i>	OPTUMⁱ	OHBS-CAⁱⁱ	UHCBP of CAⁱⁱⁱ
	1-800-888-2998	1-800-888-2998	1-800-260-2773
<ul style="list-style-type: none"> • Telephones are answered 24 hours a day, 7 days a week. In the event of an emergency, please notify us immediately. 			
Scheduling Appointments <i>(Timely Access to Care time frames apply)</i>	Appointment	Mental Health	EAP
	Routine/Non- Emergency	Within 10 business days	Within 10 business days
	Urgent	Within 48 hours	Within 48 hours
	Emergency	Same day	n/a
Claims Addresses <i>Claims may also be submitted electronically at www.providerexpress.com</i>	Optum (includes EAP)	OHBS-CA	University of California
	P.O. Box 30755 Salt Lake City, UT 84130-0755	P.O. Box 30602 Salt Lake City, UT 84130-0602	PO Box 30760 Salt Lake City, UT 84130-0760
	Wells Fargo	United HealthCare (UHC)	
	P.O. Box 30884 Salt Lake City, UT 84130-0884	UHC OPTIONS PPO	UHC (all other)
		Mail to the address listed on the back of Members ID Card or call 1-877-842-3210	PO Box 30757 Salt Lake City, UT 84130-0757
	Mail Handlers	UHCBP of CA	
	PO Box 30756 Salt Lake City, UT 84130-0756 1-877-262-2193	P.O. Box 30755 Salt Lake City, UT 84130-0755	
Member Complaints & Appeals	OPTUM/OHBS-CA		UHCBP of CA
	Attn: Appeals & Grievances PO Box 30512 Salt Lake City, UT 84130-0512 Phone: 1-800-985-2410 Fax: 1-855-312-1470		Attn: Appeals & Grievances PO Box 30573 Salt Lake City, UT 84130-0512 Phone: 1-800-260-2773 Fax: 1-801-938-2100
Claims/Customer Service	OPTUM		OHBS-CA
	1-800-888-2998		1-800-888-2998
24-Hour Intake Line	1-800-888-2998		1-800-888-2998
EAP Intake/Referral Line	1-866-248-4096		1-866-248-4096
Language Assistance Services	1-800-888-2998		
Hearing & Speech Impaired Line	711 for TTY (at operator request, say "1-800-985-2410")		

ⁱ United Behavioral Health, operating under the brand Optum

ⁱⁱ OptumHealth Behavioral Solutions of California is also known as U.S. Behavioral Health Plan, California or USBHPC.

ⁱⁱⁱ Health plan coverage provided by UnitedHealthcare Benefits Plan of California. Administrative services provided by United HealthCare Services, Inc. OptumRx, OptumHealth Care Solutions, Inc. or its affiliates. Behavioral health products are provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH) or its affiliates.

Nondiscrimination Notice and Access to Communication Services

OptumHealth Behavioral Solutions of California does not exclude people or treat them unfairly because of their sex, age, race, color, national origin, or disability.

Free services are available to help you communicate with us. Such as, letters in other languages, or in other formats like large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free number on your member ID card. TTY 711.

If you think you weren't treated fairly because of your sex, age, race, color, national origin, or disability, you can send a complaint to:

Optum Civil Rights Coordinator
11000 Optum Circle
Eden Prairie, MN 55344
Phone: 888-445-8745, TTY 711
Email: Optum_Civil_Rights@Optum.com

If you need help with your complaint, please call the toll-free number 1-800-999-9585. TTY 711. You must send the complaint within 60 days of when you found out about the issue.

You can also file a complaint with the U.S. Dept. of Health and Human services.

Online <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Phone: Toll-free **1-800-368-1019, 800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Language Assistance Services and Alternate Formats

This information is available in other formats like large print. To ask for another format, please call the toll-free number 1-800-999-9585. TTY 711.

You have the right to get help and information in your language at no cost. To request an interpreter, call the toll-free member phone number listed on your health plan ID card, press 0. TTY 711.

This letter is also available in other formats like large print. To request the document in another format, please call the toll-free member phone number listed on your health plan ID card, TTY 711, Monday through Friday, 8 a.m. to 8 p.m.

1	Spanish	Tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para solicitar un intérprete, llame al 1-800-999-9585 y presione el cero (0). TTY 711
2	Chinese	您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 1-800-999-9585，再按 0。聽力語言殘障服務專線 711
3	Vietnamese	Quý vị có quyền được giúp đỡ và cấp thông tin bằng ngôn ngữ của quý vị miễn phí. Để yêu cầu được thông dịch viên giúp đỡ, vui lòng gọi 1-800-999-9585, bấm số 0. TTY 711
4	Tagalog	May karapatan kang makatanggap ng tulong at impormasyon sa iyong wika nang walang bayad. Upang humiling ng tagasalin, tumawag sa 1-800-999-9585, pindutin ang 0. TTY 711
5	Korean	귀하는 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 통역사를 요청하기 위해서는 1-800-999-9585로 전화하여 0 번을 누르십시오. TTY 711
6	Armenian	Դուք իրավունք ունեք անվճար օգնություն և տեղեկություններ ստանալու Ձեր նախընտրած լեզվով: Թարգմանիչ պահանջելու համար զանգահարե՛ք 1-800-999-9585 սեղմե՛ք 0: TTY 711
7	Persian	شما حق دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. برای درخواست مترجم شفاهی با شماره 1-800-999-9585 تماس حاصل نموده و 0 را فشار دهید. TTY 711
8	Russian	Вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы подать запрос переводчика позвоните по телефону 1-800-999-9585 и нажмите 0. Линия TTY 711
9	Japanese	ご希望の言語でサポートを受けたり、情報入手したりすることができます。料金はかかりません。通訳をご希望の場合は、1-800-999-9585までお電話の上、0を押してください。TTY 専用番号は 711 です。
10	Arabic	لك الحق في الحصول على المساعدة والمعلومات بلغتك دون تحمل أي تكلفة. لطلب مترجم فوري، اتصل بالرقم 1-800-999-9585، واضغط على 0. الهاتف النصي (TTY) 711

11	Panjabi	ਤੁਹਾਡੇ ਕੋਲ ਆਪਣੀ ਭਾਸ਼ਾ ਵ ਿੱਚ ਸਹਾਇਤਾ ਅਤੇ ਜਾਣਕਾਰੀ ਮੁਫਤ ਪਰਾਪਤ ਕਰਨ ਦਾ ਅਵਕਾਰ ਹੈ। ਦੁਆਬੀਏ ਲਈ 1-800-999-9585 ਫ਼ੋਨ ਿੰਨਬਰ ਟੀਟੀ ਾਈ 711 ਤੇ ਕਾਵਿੱਲ ਕਰੋ, 0 ਵਦਿੱਬੋ।
12	Mon-Khmer, Cambodian	អ្នកម នសិ ិធ លង់ នីងព័ត៌ម ន ជ ស របស់អុ នត ដដោយមិនអុ ស លែង ើមបដសដនើសអុនកបកប រប សូមដដៅដលខ 1-800-999-9585 រួចដ ើយ ច ចដលខ 0។ TTY 711
13	Hmong	Koj muaj cai tau kev pab thiab tau cov ntaub ntawv sau ua koj hom lus pub dawb. Yog xav tau ib tug neeg txhais, hu rau 1-800-999-9585, nias 0. TTY 711
14	Hindi	आप क पास अपना भाषा में सहायता एव जानकारी ननःशुल क परापत करने का अधिकार है। दुभाषण के लिए 1-800-999-9585 पर फ़ोन करें, 0 दबाएं। TTY 711
15	Thai	คุณมีสิทธิที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของคุณได้โดยไม่มีค่าใช้จ่าย หากต้องการขอล่ามแปลภาษา โปรดโทรศัพท์ถึงหมายเลข 1-800-999-9585 และกด 0 สำหรับผู้ที่มีความบกพร่องทางการได้ยิน หรือการพูด โปรดโทรไปถึงหมายเลข 711