

OPTUMIST



Provider Services Department Message

Greetings and welcome to the Spring 2026 edition of the OPTUMIST Newsletter! In this edition we are highlighting several topics including authorizations reminders, the upcoming virtual open house for FFS providers, Medical Record Numbers (MRNs) update for electronic claims submission, FFS provider handbook updates, attestation reminders, Information Privacy & Security training, and TERM updates including important reminders for submission of group therapy progress reports and treatment plans, and important CFWB updates for TERM Providers.

We continue to welcome your questions and feedback on how we can make our Newsletter valuable to you.

Best wishes,

Provider Services Department

Newsletter Content

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- **P6:** QI Corner – Medication Quality Assurance Reviews
- **P7:** Information and Updates for FFS Medi-Cal & TERM Providers
- **P9:** Information and Updates for TERM Providers
- **P12:** San Diego Access and Crisis Line
- **P14:** Recruitment for FFS Medi-Cal and TERM Provider Networks

Contact Numbers

San Diego Access and Crisis Line	(888) 724-7240
Medi-Cal Provider Line	(800) 798-2254
TERM Provider Line	(877) 824-8376



optumsandiego.com

Information and Updates for FFS Medi-Cal Providers

Provider Services Department Updates and Reminders



Fee-for Service (FFS) Provider Handbook Updated March 2026

The [FFS Provider Handbook](#) has been revised to include relevant updates to the Optum FFS Medi-Cal provider network policies and practices. The revised handbook can be found on the Optum website at optumsandiego.com in the Fee for Service Providers section, under the Manuals category. When reviewing the handbook, please pay close attention to the following:

- **Claims Processing Procedures:** All clean claims shall be submitted within ninety (90) days from the date of service. Clean claims will be processed within thirty (30) days from the receipt of the claim. Processing means paid or denied. Any claims that are returned or questioned must be resubmitted or addressed within ninety (90) days of the Optum Explanation of Benefits (EOB) date or outreach from Optum. Should these deadlines not be adhered to, submitted claims will be denied and resubmission will not be possible.
- **Shift from Serious Incident Reporting (SIR) to Critical Incident Reporting (CIR):** The handbook was updated to reflect new language and guidelines regarding critical incident reporting requirements.



Attestation Reminders

Wait Time Attestation

In order to ensure compliance with Senate Bill 1135 standards of forty-eight (48) hours for Urgent appointments and ten (10) business days for Non-Urgent Appointments, providers are required to complete a Wait Time Attestation twice a year to reflect the time a client must wait to get an appointment at each office in which the provider renders services. This attestation is available online and can be completed in conjunction with the required Practice Information Verification and Validation attestation. Providers whose wait times exceed the standards should close themselves to new referrals until the wait times are back within standards. Providers may close an office to new referrals by contacting Provider Services at: sdu_providerserviceshelp@optum.com.

Practice Information Verification and Validation Attestation

Senate Bill 137 (SB137) includes a requirement to verify and validate the accuracy of your practice information including changes in contact information (address, phone number, email address, etc.), areas of clinical expertise and whether or not you are accepting new Fee For Service (FFS) Medi-Cal clients/patients. Attestations are required to be completed every 6 months and can be completed by visiting the Optum San Diego website at optumsandiego.com and accessing the secure Provider Portal with your unique One Healthcare ID.

Have Questions? Contact Provider Services

(800) 798-2254, Option 7

sdu_providerserviceshelp@optum.com

Information and Updates for FFS Medi-Cal Providers

Claims Department Update



MRNs No Longer Required for Electronic Claim Submission

Effective April 1, 2026, providers are no longer required to request or submit Medical Record Numbers (MRNs) for clients.

Optum has implemented system updates that now allow the use of Medi-Cal Identification Numbers in place of MRNs. This change is intended to streamline workflows and reduce administrative burden for providers.

What this means:

- MRN requests are no longer necessary.
- Providers should use the client's Medi-Cal number when accessing or submitting information.
- No additional action is required from providers to implement this change.
- If you have submitted an MRN request on or after 04/01/26, please disregard and proceed with submitting your claims.

Have Questions?

Contact the Claims Department
(800) 798-2254, Option 2



Join us for a Virtual Open House!

Learn more about:

- Timeliness Record Form
- Medical Necessity
- Accurate Documentation
- Processing Times
- Authorizations
- Q&A

Have Questions?

Contact the UM Department
(800) 798-2254, Option 3, then 3 again

Friday, May 1, 2026 | 9:30 – 10:45AM

If you would like to receive the calendar invitation by email, please RSVP by April 29th by calling the Optum Provider Line at: (800) 798-2254, Option 3, then 3 again

Microsoft Teams Meeting

Join: <https://teams.microsoft.com/meet/256671201845522?p=VlzUYOXtkRqpc01qXM>

Meeting ID: 256 671 201 845 522

Passcode: Bf7hE6vp



OUTPATIENT OPEN HOUSE

Optum Public Sector San Diego - Utilization Management

Join us for a Virtual Open House!

Learn more about:

- *Timeliness Record Form*
- *Medical Necessity*
- *Accurate Documentation*
- *Processing Times*
- *Authorizations*
- *Q&A*



Representatives from Optum Claims and QI will also be joining us to answer questions

Friday, May 1st, 2026 | 9:30AM-10:45AM

If you would like to receive the calendar invitation by email, please RSVP by April 29th by calling the Optum Provider Line at:

(800) 798-2254 Option 3, then 3 again

Microsoft Teams Meeting

Join: <https://teams.microsoft.com/meet/256671201845522?p=VlzUYOXtkRqpc01qXM>

Meeting ID: 256 671 201 845 522

Passcode: Bf7hE6vp

Information and Updates for FFS Medi-Cal Providers

Contact Us

The Provider Line is available for you from 8am – 5pm Monday through Friday.



(800) 798-2254

- Press 2 for Claims/Billing Questions
- Press 3 for Authorization
 - Press 3 for FFS Outpatient Determinations (*Clinical Questions*)
 - Press 4 for FFS Outpatient Administrative Services (*Authorization Questions*)
- Press 7 for Provider Services



This information is also available to you on our website: optumsandiego.com



QI Corner

Inpatient Professional Services **Review Criteria Spotlight:** **The progress note supports the** **code billed**



One of the most missed questions on the inpatient review is “Does the note support the code billed?” The review will fail if:

- The note does not provide enough supporting information for selected CPT code. The documentation of each patient encounter should include history, examination and medical decision that justifies the selected code.
- There is no time indicated on the progress note when using total time for selected CPT code.

To ensure progress notes meet criteria for claims to be substantiated, please follow these general documentation principles:

- The medical record should be complete and legible
- Documentation of each patient encounter should include:
 - Reason for the encounter and relevant history
 - Physical examination findings and interpretation of diagnostic test results
 - Assessment, clinical impression, or diagnosis
 - Plan for care
 - Date and legible identity of the examiner and patient

A sample inpatient note can be found [HERE](#)

A documentation guide for inpatient professional services can be found [HERE](#)



Have Questions? Email us at: SDQI@optum.com

Information and Updates for FFS Medi-Cal & TERM Providers

Utilization Management (UM) Department Reminders



Authorizations Reminder

- Authorization is not required for CPT 96372, and claims may be submitted directly to Optum. If the visit is only for administering an injectable medication, no OAR is needed—bill 96372.
- An OAR is required for all services under “Office or Other Outpatient Services,” except for 90792 (Assessment) and 96372 (Injection Administration). All other codes, including 99202–99205, still require an OAR.
- Track when next authorization request needs to be submitted to Optum based on number of sessions approved and end date of authorization issued.
- A Timeliness Record form needs to be submitted for each initial Outpatient Authorization Request (OAR). For TERM providers, this would be with the initial treatment plan. While submission of the Timeliness Record form does not impact authorization, it is required for State reporting purposes. The form for psychotherapy services is the Mental Health Non-Psychiatric SMHS Timeliness Record; for medication services it is the Mental Health Psychiatric SMHS Timeliness Record.

Have Questions?

Contact the UM Department
(800) 798-2254, Option 3, then 3 again

Information and Updates for FFS Medi-Cal & TERM Providers

Article 14 Information Privacy & Security Requirements



Optum and the County of San Diego believe that providers participating in the Fee for Service (FFS) and Treatment and Evaluation Resource Management (TERM) Provider Networks are an integral part of protecting the privacy and security of County information that you may create, receive, access, store, transmit and/or destroy under your agreement.

As a provider on the FFS/TERM Networks, you have access to the Information Privacy & Security training on the Health & Human Services Agency website (County website) and are expected to review it annually. The training can be accessed by clicking [here](#).

This communication serves to remind you of your responsibility to complete the County of San Diego Information Privacy & Security training for 2026.

Please note that the information and training materials indicate a date of 2025 as the information and materials remain unchanged.

Submitting Updated Documents



Please submit the below documents to the Provider Services Department prior to their expiration. Updated documents can be submitted via email to the Provider Services Department at sdu_providerserviceshelp@optum.com or by fax to (877) 309-4862.

- Professional Liability Insurance (PLI)
- American Nurses Credentialing Center (ANCC) Certifications (*Applicable to PNP's Only*)

If you have any questions, please contact the Provider Services Department at:
(800) 798-2254, Option 7 sdu_providerserviceshelp@optum.com

Information and Updates for TERM Providers

Optum TERM At a Glance

Important Reminders for Submission of Group Therapy Progress Reports and Treatment Plans

- The TERM Group Report Face Sheet should be submitted with all Child Abuse, Domestic Violence Offender, and Sex Offender group therapy intake and quarterly progress reports to ensure the information needed for processing these reports is included.
- Timely submission of treatment plans for Medi-Cal funded CFWB clients is crucial to ensure authorization is in place for ongoing sessions.

Important CFWB Updates for TERM Providers

- CFWB has shared several practice and legal updates that are relevant to TERM providers. The updates involve the provision of client background records, and changes in regulations pertaining to client access to records.



UPCOMING TRAINING OPPORTUNITIES

- **May 8, 2026:** [Critical Issues in Child and Adolescent Mental Health Conference](#) (CEU's available).
- **May 22, 2026:** [Relationship Training Institute webinar series](#) is offering a live online workshop on Managing High-Conflict Personalities (CEU's available).
- [The National Child Traumatic Stress Network training site](#) offers a variety of webinars and e-learning courses, some of which have CEU's available.

*Listed trainings are for informational purposes only. While topics may be relevant to TERM providers, they are not 'TERM approved/recommended' offerings.



QUICK LINKS

- [TERM Provider Handbook](#)
- [TERM Group Report Facesheet](#)
- [TERM Treatment Plan Documentation Resources](#)
- [IPV-V Group Treatment Standards](#)
- [CSA-NPP Treatment Standards](#)
- [Format & Required Elements of a CFWB Psychological Evaluation](#)
- [TERM Therapy Provider FAQ](#)
- [FAQ For CFWB Evaluations](#)
- [Claims Resources for TERM Providers](#)
- [TERM Therapy Provider Telehealth Best Practices](#)
- [Request for Additional CFT Meeting Units](#)
- [Temporary Change of Authorization](#)



TERM Advisory Board Provider Representatives

The TERM Advisory Board meets quarterly to provide professional input regarding the performance of the system and its policies, procedures, and protocols.

Representation on the Board includes San Diego County HHS Behavioral Health Services, Child Welfare Services, Probation Department, Juvenile Court, Public Defender Juvenile Delinquency Branch, District Attorney, County Counsel, Dependency Legal Services, Children's Legal Services, Optum, TERM Provider Panel, Youth and Parent Partners.

Current TERM Provider Representatives on the Board:

Michael Anderson, Psy.D.: drmike6666@gmail.com

Denise VonRotz, LMFT: dvonrotz@msn.com

Please feel free to contact your provider representatives for updates from the Advisory Board meetings, process improvement ideas, or to provide professional or client feedback.

Information and Updates for TERM Providers



Important Reminders for Child Abuse, Domestic Violence Offender, and Sex Offender Group Therapy Progress Report Submission

- Use of the TERM Group Report Face Sheet is required when submitting reports for Child Abuse, DV Offender, and Sex Offender intake and quarterly group progress reports. This is to ensure the information required for Optum processing and payment authorization is included
- A copy of the TERM Group Report Face Sheet can be found on the Optum website under the tab entitled “Other Group Treatment” (Accessed at optumsandiego.com → TERM Providers → Other Group Treatment → TERM Group Report Face Sheet)
- Providers may use their own established progress reporting templates for Child Abuse, DV Offender, and Sex Offender group services
- Child Abuse groups have a standardized reporting template provided by CFWB that providers are encouraged to use. The Child Abuse Group Progress Report Form templates are located on the Optum website under the tab entitled “Other Group Treatment” (Accessed at optumsandiego.com → TERM Providers → Other Group Treatment → Child Physical Abuse Group Progress Reporting Forms)
- If the CFWB Child Abuse Group Progress Report Forms are used, the TERM Group Report Face Sheet is not required as the CFWB form is a standardized reporting template that includes all the information required for TERM processing.

Medi-Cal Funded CFWB Treatment Plan Submission Reminders

- For CFWB therapy referrals in which Medi-Cal is the funding source, the initial authorization letter includes authorization for the initial intake assessment
- Authorization for additional ongoing therapy sessions will occur through the provider’s submission of the CFWB Initial Treatment Plan (ITP) and Treatment Plan Updates (TPU)
- Not only is timely submission of treatment plans important for coordination of care with CFWB, please be cognizant that if treatment plans are not submitted timely this will result in delays in obtaining authorization for continued services and may impact billing

Information and Updates for TERM Providers



Important CFWB Updates for TERM Therapists and Evaluators

Child and Family Well-Being (CFWB) has communicated several practice and legal updates that are relevant to the work of TERM Therapists and Evaluators. These include potential changes to client background records that are shared, and updates to the Family Code and California Rule of Court that allow for increased client access to records. Please review the following information carefully:

1) Release of Client Background Records to TERM Providers: CFWB staff release court reports contained in the case file to TERM therapists and evaluators who will be providing mental health services to the child and/or family when the disclosure is necessary to protect and promote the child's physical and emotional well-being pursuant to San Diego County Local Rule 6.6.10. Please be aware that disclosure is subject to the following limitations:

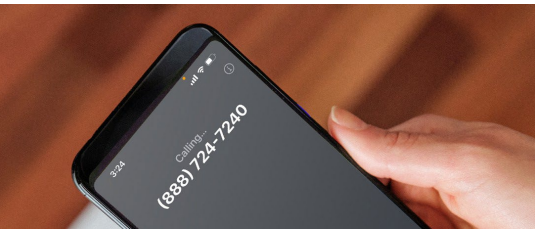
- CFWB staff shall share only information that is necessary for the provider to deliver treatment, assessment, care coordination, or services to the child or family.
- Court reports may be shared in full or in part, depending on the provider's treatment-related need.
- Information that is not relevant to the provider's treatment role—such as relative placement discussions, parental criminal history, immigration status, or other non-clinical content—must be redacted when it is not necessary to meet the identified treatment purpose.
- When a provider requires comprehensive context to effectively assess, treat, or ensure the safety of the child, the full court report may be disclosed.
- When appropriate, CFWB staff may also meet this obligation through verbal or written summaries limited to treatment-relevant information, as an alternative to releasing the full court report.

If you should receive redacted records and believe that access to additional information is needed to guide treatment or inform the psychological evaluation process, please contact the client's PSW to discuss the identified need and purpose of the requested information.

2) Release of Records to Adoptees: Pursuant Family Code 9202, when adoptees reach the age of 18, they can request a copy of their medical records which may include a copy of TERM reports. The agency advises adoptees making such requests that upon receipt of the medical records there should be consultation with their mental health professional for interpretation, particularly if the report contains material sensitive in subject matter (Cal. Code Regs. tit. 22, §35051).

3) Release of Evaluation Reports to CFWB-Involved Clients: Effective January 1, 2026, under California Rule of Court 6.6.12, an attorney may disclose a mental health evaluation from a juvenile dependency court record to their client when the client is both the subject of the evaluation and represented by that attorney; a court order is not required. While CFWB, if appropriate, encourages a feedback session with the evaluator to support trauma-informed communication of results, a feedback session is not required for the release of the evaluation. If you should have concerns about providing the feedback session, please discuss the concerns directly with the client's PSW.

San Diego Access and Crisis Line



We are here for you

The San Diego Access and Crisis Line (ACL) is an outstretched hand to individuals of all ages or people they know, who are overwhelmed, depressed or searching for answers.

A phone call will connect you with a compassionate professional who is always standing by to provide hope and encouragement.

We can help when:

- You need to talk to a professional who cares
- You do not feel you can cope with life
- You are looking for community resources
- You are concerned someone you know might hurt themselves
- You feel you might be in danger of hurting yourself or others



optumsandiego.com



San Diego Access and Crisis Line

Free assistance 7 days a week, 24 hours a day
Available in all languages

888-724-7240

TDD/TTY 711

optumsandiego.com



If you or someone you know is in crisis, help is available nationwide. Call or text **988**, or chat at 988lifeline.org.



*Funding for services is provided by
County of San Diego Behavioral Health Services*

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San Diego Access and Crisis Line

Free assistance 7 days a week, 24 hours a day

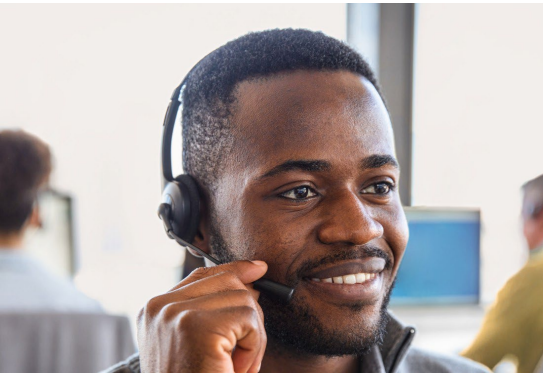


We are here for you

888-724-7240

TDD/TTY 711

San Diego Access and Crisis Line



About us

The San Diego Access and Crisis Line (ACL) is operated by Optum and has offered San Diego County residents free, confidential, brief support and community resources since 1997.

Our staff are trained mental health professionals who provide compassionate and knowledgeable support to those we serve.

About our services

- Free, confidential support for all ages
- Crisis intervention
- Suicide prevention, intervention, and postvention
- Referrals for mental health, alcohol and/or drug needs
- Referrals to other related resources
- Mobile Crisis Response screening

Who we can help

- Individuals of all ages who are struggling with mental health or substance use related concerns
- Family members or friends who are concerned about someone
- People who are thinking about harming themselves or others
- Professionals seeking resources for their clients

Wellness plan

**“If I need help, what can I do?”
Reach Out!**

Access and Crisis Line: **888-724-7240**

Family/friend: _____

Therapist: _____

Doctor: _____

Clergy: _____

Other support: _____

**Call 911 if this is a
life-threatening emergency.**



888-724-7240

**Free, confidential support
in all languages**

- 24 hours a day
- 7 days a week



**Online Chat Services
are available**

- Monday through Friday
- 4 p.m. to 10 p.m.



San Diego Access and Crisis Line

Free assistance 7 days a week, 24 hours a day

**We are here for you
888-724-7240
TDD/TTY 711**

We Are Recruiting!

Contracting for Two Networks:



Fee-for-Service (FFS) Medi-Cal Provider Network

Specialty Mental Health Services:

- Advanced Outpatient Services
- Psychiatric Consultations
- Medication Management
- Psychological Testing



Treatment & Evaluation Resource Management (TERM) Provider Network

Child and Family Well-Being & Juvenile Probation Systems Services:

- Specialized Therapy
- Forensic Evaluations

Growing our richly diverse provider networks

Seeking:

- Master's Level Clinicians
- Psychologists
- Psychiatrists
- Psychiatric Nurse Practitioners
- Psychiatric Physician Assistants

Gain Supportive Solutions:

As a Contracted Provider, Optum is with you every step of the way.

We are here for you through personalized:

- Collaboration
- Courtesy Reviews
- Referrals
- Claims Processing & Payments
- And more!

What providers are saying:

"Optum was positive and collaborative."

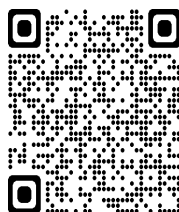
"I never have to wait on hold for long periods of time which is appreciated."

"Provider Services staff is always friendly, responds quickly and offers help with all situations/questions. Thank you."



Optum serves as the Administrative Service Organization for the County of San Diego Behavioral Health Services.

Are You Ready to Be Part of the Solution? Learn More Today!



Tina Garcia, Provider Recruiter
(619) 641-5308

tina.garcia@optum.com

optumsandiego.com