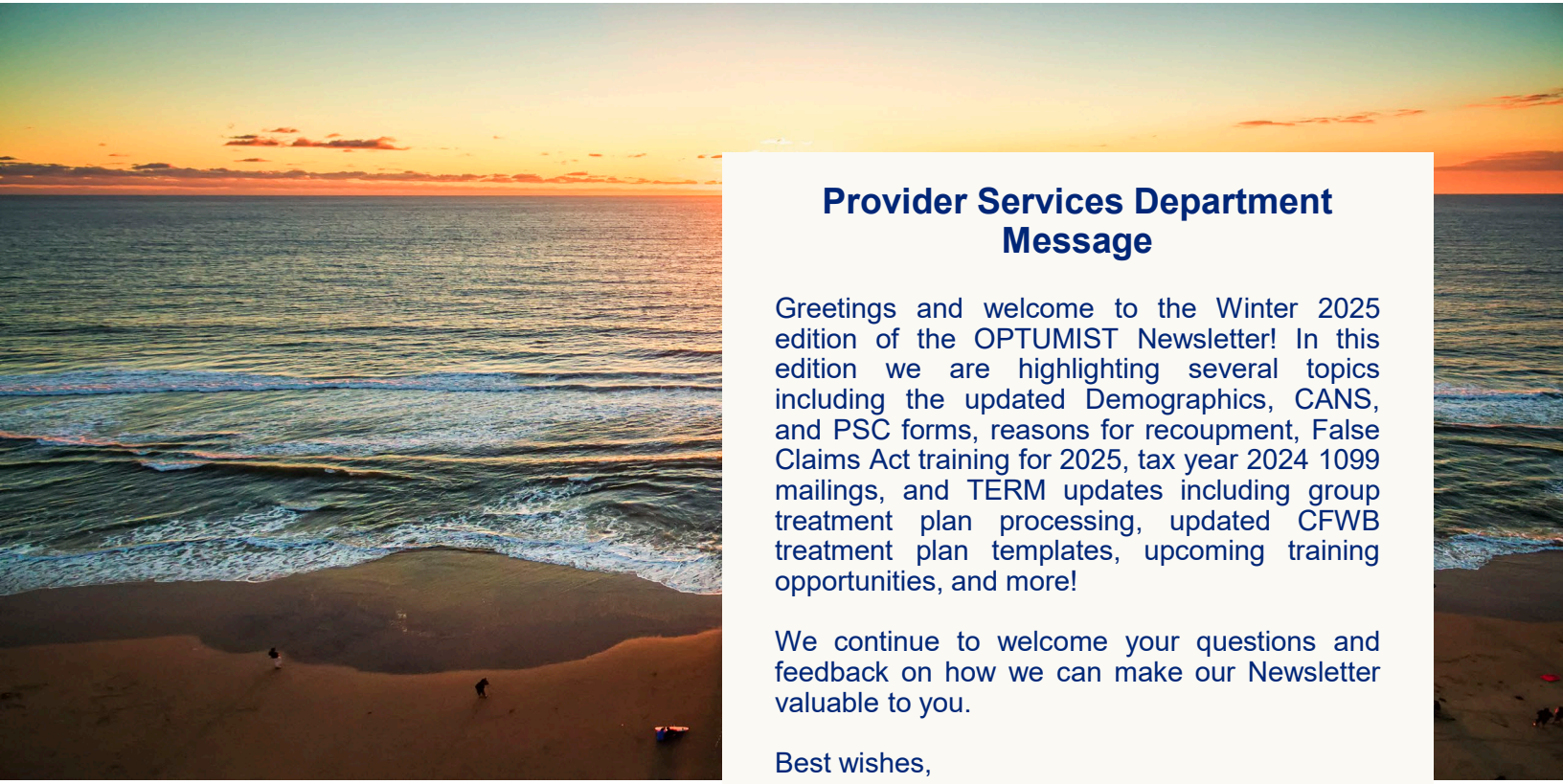


OPTUMIST



Provider Services Department Message

Greetings and welcome to the Winter 2025 edition of the OPTUMIST Newsletter! In this edition we are highlighting several topics including the updated Demographics, CANS, and PSC forms, reasons for recoupment, False Claims Act training for 2025, tax year 2024 1099 mailings, and TERM updates including group treatment plan processing, updated CFWB treatment plan templates, upcoming training opportunities, and more!

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

Best wishes,

Provider Services Department

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

Newsletter Content

- **P2:** Information and Updates for FFS Medi-Cal Providers
- **P4:** QI Corner – Reasons for Recoupment
- **P5:** Information and Updates for FFS Medi-Cal and TERM Providers
- **P7:** Information and Updates for TERM Providers
- **P16:** San Diego Access and Crisis Line
- **P17:** Recruitment for FFS Medi-Cal and TERM Provider Networks

Information and Updates for FFS Medi-Cal Providers

New Demographics, Child and Adolescent Needs and Strengths (CANS), and Pediatric Symptoms Checklist (PSC) Forms



New Forms for Immediate Use: Demographics, CANS, and PSC Forms

San Diego County system of care providers for mental health and Substance Use Disorder (SUD) treatment moved into a new electronic health record, SmartCare, as of September 1, 2024. To ease the transition, Optum Public Sector San Diego has been cross walking the content from outdated forms into the new SmartCare system and entering all needed client data on behalf of the FFS provider.

Below are links to access the three forms available on the Optum San Diego website for immediate use. The change to these new forms will align FFS Providers with the rest of San Diego County system of care for client data collection.

1. [Optum Demographic Form](#) – **NEW**
 - Similar to now, shall be submitted with Outpatient Authorization Requests for: All initial requests, continuing requests as updates occur, and annually.
2. [CANS Form](#) (replaces all previous CANS forms) – **NEW**
 - “Case Name” and “Case Number” = N/A
3. [PSC Form](#) (replaces all previous PSC forms) – **NEW**
 - “Client ID” = Medi-Cal number or the “Client ID” from your Optum authorization letter
 - “Program” = Provider Name

Historically, there were additional CANS/PSC forms; this lessens the forms down to only one form for each (CANS and PSC). Please continue to refer to all previous communications and direction regarding CANS/PSC requirements as outlined by the County of San Diego and Optum. For CANS/PSC assessments completed on or after September 1, 2024, you may have noticed reports from Optum look a little different; this is the new look of SmartCare reports. You may have also noticed the new look of your SmartCare authorization letters.

Thank you for your flexibility and commitment to San Diego Medi-Cal beneficiaries, as we navigate this change together and work to align the Optum FFS provider network with the rest of the San Diego County mental health and SUD system of care.



If you have any questions, please contact our Provider Line, Monday thru Friday, 8am to 5pm, at (800) 798-2254, Option 3, then Option 4.

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, then 3 again for Clinical Questions

Press 3, then 4 for Authorization Questions

Press 7 for Provider Services



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



QI Corner

Reasons for Recoupment

In alignment with DHCS Compliance Monitoring requirements and CalAIM Medi-Cal Transformation initiatives, recoupment shall be focused on identified overpayments and patterns in documentation suggestive of fraud, waste or abuse.



Fraud and abuse are defined in The Code of Federal Regulations (CFR), Title 42, section 455.2. W&I, section 14107.11; subdivision (d) also addresses fraud. Definitions for fraud, waste, and abuse, as those terms are understood in the Medicare context, can also be found in the Medicare Managed Care Manual.

Reasons for Recoupment Criteria

| | |
|-----------------------------------|---|
| Missing Documentation | No progress note was found to support the billed service |
| Insufficient Documentation | The documentation does not support the service that was billed |
| Provider Mismatch | The provider who delivered the service is not the same as the provider listed on the claim |
| Unsigned Documentation | The progress note was not signed, either physically or electronically, by the provider who delivered the service |
| Generic Notes | Progress notes have repetitive entries that lack specific details and personalization about a client's condition or treatment |
| Administrative Errors | Mistakes in processing or other administrative errors that lead to overpayments |

[Click here for the Reasons for Recoupment Document](#)

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

Information and Updates for FFS Medi-Cal & TERM Providers

False Claims Act training for 2025: Training for HSA Contractors



Optum and the County of San Diego believe FFS/TERM Network Providers are an integral part of ensuring that there are prevention strategies in place to protect clients, providers and stakeholders from fraud, waste and abuse. Through prevention, early detection, investigation and ultimate resolution, we support quality of care and sound clinical practices required by the Federal and State False Claims Act.

As a provider on the FFS/TERM Networks, you have access to Federal and State False Claims Act training and are expected to review it annually. The training can be accessed on the County website and by clicking [here](#).

This communication serves to remind you of your responsibility to complete the County of San Diego False Claims Act training for 2025.



Information and Updates for FFS Medi-Cal & TERM Providers

Claims Processing Procedures



As a reminder, all claims must be submitted within sixty (60) days from the date of service. All claims will be processed within thirty (30) days of receipt. Processed means paid, denied, or returned for correction.

A denied claim that has been corrected must be resubmitted within sixty (60) days from the date of the Explanation of Benefits (EOB), but no later than four (4) months from the date of service.

All payments will be made based on the approved fee schedule in effect at the time services are rendered.

For additional information regarding claims and billing, please refer to your Individual Provider Participation Agreement and the Provider Handbooks located on the Optum website.

- **Fee-for-Service (FFS) Provider Handbook:** Click [here](#) to access
- **TERM Provider Handbook:** Click [here](#) to access

Have Questions?

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

Tax Year 2024 1099 Mailings



We are excited to inform you that 1099 forms are expected to be mailed out by January 31, 2025. To make this process even more convenient, we are pleased to introduce eStatements (ES), a new feature that allows you to instantly download a PDF copy of your 1099 form.

Signing up for eStatements is quick and easy, and our Optum Finance team is here to assist you every step of the way. We are committed to ensuring you have all the information and support you need to take advantage of this new service.

If you have any questions about your 1099 forms or need assistance with setting up eStatements, please do not hesitate to reach out to Daisy Aya at Daisy.Aya@Optum.com. We are here to help!

Thank you for your continued partnership. We look forward to serving you better with these new enhancements.

Information and Updates for TERM Providers

Optum TERM At a Glance



TERM UPDATES

- ✓ **Group Treatment Plan Processing**
 - Shares reminder of updated group treatment plan processing for services in which plans were previously sent directly to PSWs
 - Instructs TERM providers on relevant steps for submission of plans
 - Tip: Use the TERM Group Report Facesheet in the 'Quick Links' below

- ✓ **Updated CFWB Treatment Plan Templates**
 - Highlights updates made to the CFWB Treatment Plan Templates for Individual and Conjoint Therapy
 - Provides links for easy access to updated templates and resources



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](#)



UPCOMING TRAINING OPPORTUNITIES

- **February 18 - 20, 2025:** [DC: 0-5 Clinical Training](#) (CEUs available)
- **February 21, 2025:** [Telehealth & TeleBehavioral Health Policy Update](#) (No Cost, CEUs available)
- **March 3, 2025:** [Trauma-Informed Care Practices in Corrections](#) (CEUs available)
- **March 4, 2025:** [Culturally Informed Care in Corrections](#) (CEUs available)
- **March 6, 2025:** [Advanced Topics in Competency Assessment](#) (CEUs available)
- **March 21, 2025:** [Digital Behavioral Health Therapeutics](#) (No Cost, CEUs available)
- **March 25, 2025:** [Working with Individuals with Developmental or Cognitive Impairment](#) (CEUs available)
- **April 2, 2025:** [Youth Justice Issues](#) (CEUs available)
- **April 15, 2025:** [Sexual Identity Development & Acceptance: Essential Insights for Working With Sexual Minority Clients](#) (CEUs available)

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

Information and Updates for TERM Providers

Audio Only and Telephonic Therapy with TERM-Referred Clients

Policy regarding the provision of mental health services rendered through telehealth has been an ever-evolving topic over the last few years. This has required mental health clinicians to practice diligence in staying up to date with the shifts in regulations and best practices related to this service delivery method. Keeping track of the guidance can present a challenge in and of itself, made even more complex as most providers participate in multiple panels and work with multiple insurances.

Audio only or telephonic telehealth treatment offers a salient example of this need for a dual focus on clinical and administrative practice. This domain of telehealth service delivery has seen significant changes in the last few years alone.


- In 2020, waivers allowed for flexibilities to permit equivalent reimbursement of audio-only or telephonic behavioral health care
- The 2022 Medicare Physician Fee Schedule included permanent provisions for Medicare beneficiaries to be entitled to audio-only mental health visits
- In the state of California, Medi-Cal policy implemented in 2023 granted permanent payment parity for audio-only visits
 - For qualified services, Medi-Cal beneficiaries are also required to have the ability to choose whether to engage in a covered telehealth service via interactive audio and visual telecommunications or audio only/telephone telecommunications system

At the same time, following the expiration of the COVID-19 public health emergency, many health plans and payers have transitioned away from reimbursement for audio only/telephonic mental health treatment. Regulatory entities continue to advise practitioners to utilize video and audio functionality when providing remote mental health treatment instead of audio only whenever possible (Department of Health and Human Services, 2023).

With all the differing directives, what is the relevant practice guidance for your work, as a TERM panel therapy provider?

- Optum defines telehealth as “the provision of behavioral health services by a behavioral health provider via a secure two-way, real-time, interactive audio/video telecommunications system when the client and provider are not in the same physical location”
- Per Optum TERM’S recent publication of the updated [TERM Provider Handbook](#) and [TERM Therapy Provider Telehealth Best Practices](#), guidance has been made available as to the importance of optimizing the use of video and audio tools during telehealth treatment with TERM-referred clients
- The updated guidance clarifies that audio only/telephonic provision of mental health treatment to TERM-referred clients can occur in some limited instances which require thoughtful consideration of the presenting needs and client circumstances and timely coordination with the Protective Services Worker

The guidance was developed in collaboration with Child and Family Well-Being Department clinical staff, based on review of best practices highlighted in relevant literature, and with respect to clinical considerations specific to CFWB-referred clients.

Some of the salient clinical considerations are outlined on the next page along with links to informational resources. 

Information and Updates for TERM Providers

Audio Only and Telephonic Therapy with TERM-Referred Clients - *Continued*

- Work with CFWB-referred clients is forensic in nature
- Use of both audio and video functionality can improve a clinician's awareness of client safety and confidentiality considerations during sessions
- Audio and video engagement allows for assessment and observation of a more holistic picture of a client's mental status and response to intervention over time
- Being able to view a client with video bolsters a provider's ability to monitor and assess for safety risks and factors likely to disrupt treatment, especially those that may require more visual cueing (i.e., grave disability, caregivers interjecting to coach children and youth, multi-tasking while participating in services, etc.)
- Visual feedback, such as non-verbal gestures, body language, and slight facial expressions can aid clinicians in helping clients connect to, understand, describe, and regulate emotions
- Use of audio and video enables clinicians to more fully assess for and tailor treatment needs related to nuanced and complex mental health presentations, including dissociation, challenges with the regulation of executive functioning and attention, emotional and behavioral dysregulation, alexithymia, and clients that may be responding to internal stimuli

What can you review to prepare for your provision of telehealth therapy services with TERM-referred clients?

- Review the requirements and guidance related to telehealth delivery of mental health treatment with TERM-referred clients
 - [Telehealth Attestation](#)
 - [Updated TERM Provider Handbook](#) (page 38 outlines considerations for telehealth therapy)
 - [TERM Therapy Provider Telehealth Best Practices](#) (pages 7-8 outline guidance related to Audio Only and Telephonic Therapy)
- Stay aware of emerging research and literature on best practices in telehealth, including relevant considerations that could prompt use of audio-only service delivery
- Ensure you have knowledge of pertinent policies and regulations pertaining to telehealth, including relevant Medi-Cal guidance when providing therapy to a TERM-referred client whose services are funded by their Medi-Cal policy (see the California Department of Health Care Services [Telehealth FAQ](#) page)
- Reference your licensing board and professional associations of membership to remain compliant with all laws, ethics, and professional practice standards
- Document ongoing assessment of a TERM-referred client's appropriateness for telehealth service delivery on each treatment plan submitted
 - See the updated [TERM Treatment Plan Documentation Resources](#) for examples
- Discuss telehealth considerations with TERM-referred clients from the start of treatment, including the value of using concurrent audio and video interactions
- Coordinate with the Protective Services Worker when encountering barriers to telehealth service delivery and document the coordination and efforts to address any barriers on the treatment plan

Thank you again for your continued dedication to the TERM mission. As always, Optum TERM invites your feedback, questions, and suggestions. We look forward to hearing from you!

Information and Updates for TERM Providers

Enhanced Coordination of CFWB Continuing Therapy Authorizations

Optum TERM is pleased to announce that the continuing therapy authorization process for Child and Family Well-Being (CFWB) funded individual, conjoint, and family therapy cases was recently enhanced. As part of the monthly Authorization Due to Expire review process that occurs 45 days in advance of authorizations expiring, CFWB is now able to proactively specify to when weekly therapy sessions are approved for the 3-month continuing authorization period. What this means for providers is that you will automatically receive an authorization for weekly sessions when you receive your continuing authorization if the client's Protective Services Worker (PSW) has requested this frequency, rather than needing to wait for the PSW to submit additional paperwork. If the PSW has not requested this when the monthly Authorization Due to Expire report is coordinated between Optum TERM and CFWB, then the standard continuing authorization protocol will be followed, and your renewed authorization will be for bi-weekly sessions over the 3-month continuing authorization timeframe. If you believe that weekly sessions continue to be clinically indicated for the client after the initial 6-month therapy authorization, please proactively communicate this directly to the client's PSW and include relevant supporting documentation on your written treatment plan updates. As a reminder, the standard authorization protocol for CFWB funded individual/conjoint/family therapy is for weekly sessions for the first 6 months, and then bi-weekly sessions for the 3-month continuing authorization. Approval of weekly continuing therapy sessions is based on clinical necessity and approval by CFWB.



Information and Updates for TERM Providers

CFWB Treatment Plan

Template Updates

As of November 2024, the CFWB Treatment Plan Template for individual and conjoint therapy was updated. Below we share some of the most relevant updates and links to the templates and relevant resources. Thank you in advance for your review of and use of the new templates.

What was updated?

- Addition of a Modality Field for Conjoint / Family Therapy

As depicted in the images below (updated Youth Template on left and Parent Template on right), the CFWB Treatment Plan Template now includes a 'Modality' field to accommodate the inclusion of Conjoint / Family Therapy services. When authorized to render conjoint or family therapy services, please mark the appropriate check box at the top of the template.

This report is a(n): Initial Treatment Plan Treatment Plan Update Discharge Summary

Modality: Individual Parent-Conjoint (both parents/caregivers) ←

This report is a(n): Initial Treatment Plan Treatment Plan Update Discharge Summary

Modality: Individual Conjoint/Family ←

- Addition of Treatment Plan Review Section & Signature Lines on Parent Template

The CFWB Parent Treatment Plan Template now includes dedicated space to capture review of the plan with the client. As seen below, there are four important components for a provider to document in this section.

1) Mark the appropriate check box to reflect the Treatment Plan type discussed, 2) include the Parent's signature if reviewing in person, 3) select a date from the drop-down field to indicate the type of plan reviewed and date of review when discussed through telehealth, and 4) include the provider's signature to attest to the review.

PARENT SIGNATURE ← 1

I have discussed this Initial Treatment Plan Treatment Plan Update Discharge Summary with my provider.

Parent Signature: _____ ← 2 Date: _____

If the client is receiving telehealth treatment, the treatment plan shall be reviewed with the client and the review must be documented below.

Select One was reviewed with parent by the provider on this date: Click or tap to enter a date. ← 3

Provider Name: _____ Date: Click or tap to enter a date.

Provider Signature: _____ ← 4

Where can I access the updated forms?

The updated CFWB Treatment Plan Templates can be found on the [Optum San Diego website](#) under the 'CFWB Treatment' tab of the [TERM Provider](#) landing page.

Alternatively, you can download the Templates and other resources by clicking on these links:

[CFWB Youth Treatment Plan Template](#)

[Treatment Plan Documentation Resources](#)

[CFWB Parent Treatment Plan Template](#)

[TERM Provider Handbook](#)

Information and Updates for TERM Providers

Expansion of TERM Group Therapy Report Processing

Effective 01/01/25, Optum TERM will be responsible for processing and tracking group therapy progress reports for three additional types of group therapy for Child and Family Well-Being referred clients:

- Child Abuse Group Therapy
- DV Offender Group Therapy
- Sex Offender Group Therapy

What action will I need to take?

- Starting 01/01/25, the required progress reports for these groups will be sent to Optum TERM rather than to the client's Protective Services Worker (PSW). Please see the sections below for more information and detailed instructions.



How do I submit the reports?

Work product submission for these groups will follow the process for CFWB treatment plans outlined on page 57 of the [TERM Provider Handbook](#):

- Intake reports, progress updates, and discharge summaries are submitted only to Optum TERM at the following fax number: (877) 624-8376.
- Timelines for report submission are as follows:
 - Intake Reports: Group therapy intake reports are due fourteen (14) calendar days from the initial authorization date. If an extension is needed to this timeline due to delays in scheduling the first appointment, please refer to the information outlined under the sections below “Group report tracking” and “What actions do I need to take with the monthly tracking letters?”
 - Quarterly Progress Updates: Group progress updates are due twelve (12) weeks after the Intake report and every twelve (12) weeks thereafter, for the duration of therapy.
 - Discharge Summaries: A Discharge Summary is due upon the termination of treatment, regardless of number of sessions or next quarterly progress report due date.
 - Unscheduled Reports: At times, CFWB or the client's attorney may request additional unscheduled therapy progress updates.
 - Providers are expected to make reasonable efforts to provide the update within the requested time frame or communicate delays to the requesting party.

Information and Updates for TERM Providers

Expansion of TERM Group Therapy Report Processing - *Continued*

What forms should I use and where can I access the forms?

- Use of the TERM Group Report Face Sheet is required when submitting reports for these groups. 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”](#)
- 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”](#)
 - 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 of the information required for TERM processing

What occurs after I submit the Face Sheet and report?

- Optum TERM will be responsible for forwarding the Face Sheet and group progress report to the assigned PSW
- If the required Face Sheet is not included and there is not sufficient information to process the report, TERM staff will call you to request re-submission of the report with the Face Sheet
- Please note that Optum TERM will not be providing quality review oversight of these group progress reports

Payment for group progress reports

- Group progress reports will no longer be pre-authorized after 01/01/25. Providers will be issued an authorization for payment of the group progress report on submission of the report to Optum TERM
 - Providers are reimbursed at the rate of \$50 for each report submission
- For cases that were first authorized prior to the 01/01/25 implementation:
 - If a pre-authorization is already in the system that covers the date of the first submitted report after 01/01/25, no additional report authorization will be issued for that submission; the next report submission will follow the authorization on submission process outlined above. If a pre-authorization is not in the system, TERM will generate an authorization for the report and forward it to you

Information and Updates for TERM Providers

Expansion of TERM Group Therapy Report Processing - *Continued*

Group report tracking

- Please note that there will be a delay in Optum's ability to track these group reports, as we are working to complete the necessary updates to the tracking system. It is anticipated that this functionality will be available soon, and we will send a communication to group therapy providers as soon as the tracking process is ready
- Once the tracking system is updated, work products for the above-referenced groups will be included in the monthly TERM Work Product Due Date Tracking process
- Providers will receive a monthly courtesy "Due Date Tracking" letter outlining the due dates of all clients assigned to them
- For group therapy services that start after 01/01/25, work product due dates for each client assigned will be included in the next Due Date Tracking letter after the initial authorization
- For group services that started prior to 01/01/25, work product due dates for assigned clients will be added to the tracking system and Due Date Tracking letter after the first progress report is submitted to Optum TERM

What actions do I need to take with the monthly tracking letters?

- Review the letter to ensure it accurately reflects your current caseload and pending reports
- If an authorized client has not engaged in treatment or is delayed in starting services, providers can request to exclude the client from your caseload or to extend the due date for the intake report via the Due Date Tracking letter by faxing the request to (877) 624-8376 or by calling TERM directly at (877) 824-8376 (Option 1)

Why are these changes taking place?

- This will allow all TERM group therapy referrals to follow a uniform process for authorization, tracking and submission of progress reports, as well as distribution of progress reports to Child and Family Well-Being (CFWB)
- This will help ensure that CFWB has the necessary information for case planning and decision-making and will also ensure that providers are authorized and reimbursed for all reports, including unscheduled reports that are requested by CFWB or client's counsel
- Due to the critical role TERM provider documentation plays in client case planning, required TERM work products are tracked by Optum to ensure submission by the established due date



Please do not hesitate to reach out if you have any questions about the updated process (877-824-8376, Option 1).

Information and Updates for TERM Providers

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 and Family Well-Being, 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. TERM providers are currently represented on the Board by:

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.

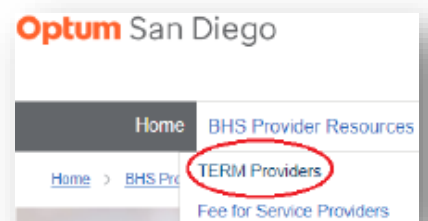
Contact

For provider assistance, a TERM dedicated phone line is available Monday through Friday from 8am to 5pm at (877) 824-8376. The available options for your call include:

Option 1: TERM Department

Option 2: Claims Department

Option 3: Provider Services Department



San Diego Access and Crisis Line

888-724-7240 TDD/TTY Dial 711



Free, confidential support in all languages

- 24 hours a day
- 7 days a week



Online Chat Services are available ;

- Monday through Friday
- 4pm – 10pm



optumsandiego.com

We are here for you

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

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

We can help you 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



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



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Funding for services is provided by the County of San Diego Health & Human Services Agency.

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."

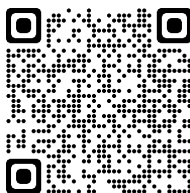
"I never have to wait on hold for long periods of time which is appreciated."

"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