UC San Diego Health

UC SAN DIEGO MEDICAL GROUP

PHSO Managed Care Provider Bulletin

August 2025

Sun-sational Summer Facts

Summer is a season synonymous with warmth, fun activities, and fascinating phenomena, making it a favorite time of year for many. It's a time when days stretch longer, the sun shines brighter, and life seems to move at a more relaxed pace.

Interesting facts about summer:

Longest Day of the Year: The summer solstice marks the longest day of the year, occurring between June 20-21 in the Northern Hemisphere with the most daylight hours.

Fruits and Vegetables: Summer is the prime season for many delicious fruits and vegetables, such as watermelon, berries, corn, and tomatoes, which are often enjoyed at picnics and barbecues.

Cultural Celebrations: Various cultural events and festivals take place during summer, such as Spain's La Tomatina, where participants engage in a massive tomato fight.

Dog Days of Summer: This term refers to the period between July 3 and August 11, named after the Dog Star (Sirius), which was believed by ancient Greeks to bring hot weather.

Historical Names: The months of summer have interesting origins; for example, July is named after Julius Caesar, and August is named after his adopted nephew, Augustus.

These fun facts highlight the unique characteristics and cultural significance of the summer season, making it a time of joy and celebration for many around the world. Enjoy the warmth and all the activities that summer has to offer!

"But tomorrow may rain, so I'll follow the sun." - The Beatles

UCSD Managed Care Updates

Electronic Claim Submission

We are excited to announce that UC San Diego Health (UCSD) Managed Care has partnered with Office Ally, a leading claims clearinghouse. As of August 1, 2025, you can now submit claims electronically to UCSD (**Payer ID UCSDH**) via Office Ally at no cost.

Key Benefits:
- Streamlined Claims Submission: Submit claims electronically through Office Ally's secure platform.
- Real-time Claim Status: Check the status of your claims easily and efficiently.
- Electronic Remittance Advice (ERA): Retrieve your ERA through Office Ally, making it easier to manage your claims.

Getting started is easy:
1. Visit Office Ally's website at https://cms.officeally.com and click on 'START TODAY' at the top right corner of the homepage.
2. For general questions, email Office Ally at OAPayerSuccess@officeally.com.

EFT & ERA

Sign up for Electronic Remittance Advice (ERA) and Electronic Fund Transfer (EFT) Payments by contacting PHSOnetworkmgmt@health.ucsd.edu. Our Network Management team will send you an invitation to register for electronic payments via UCSD's Payment Works system. Once the online process is complete, your provider record will be updated to reflect that you are receiving your ERAs via 835.

Check claim status Online

Friendly reminder to providers that you don't have to make a call to check the status of your claim. You also have an option to verify claim status online. Now you can simply visit ucsdlink.ucsd.edu and click "Check PHSO Claim Status". If you have any questions or need assistance, please contact our Provider Relations team at PHSOnetworkmgmt@health.ucsd.edu.

UCSD Managed Care Reminders

Practice and Provider Data

Credentialing

Late last year, UCSD Health PHSO Managed Care sent an alert to provider partners, emphasizing the importance of notifying UCSD when adding new physicians to their practices. Any new physician billing under the contracted Tax ID Number (TIN) must be credentialed by UCSD before rendering services to UCSD Managed Care members.

It is essential that your office notifies the UCSD PHSO Network Management via email at PHSOnetworkmgmt@health.ucsd.edu as soon as possible otherwise, UCSD will deny claims due to "Deny Missing/Incomplete Credentialing Date" (DMICD).

Provider Termination Notice

UC San Diego Medical Group PHSO Managed Care would like to remind all provider partners of the importance of notifying UCSD promptly of a provider leaving your practice. All notifications are required to be submitted in writing as follows:

- A termination notice shall be submitted to UCSD ninety (90) days before the termination date from a provider/medical group.
- Notification of a professional or provider group termination shall be provided to the affected member(s) at least sixty (60) days before the impending termination.

UCSD must receive notice of termination within the timeframe mentioned above to keep within regulatory guidelines. If you have any questions, please reach out to our Provider Relations Department at PHSOnetworkmgmt@health.ucsd.edu

Provider Address/TIN Changes

In a continued effort for UC San Diego PHSO Managed Care to maintain providers' information up to date, we would like your help by reporting changes made in your practice. We especially want to know when you change addresses, add/remove providers, or providers are no longer accepting new patients.

Maintaining your office information up to date not only helps direct patients to an appropriate location, but it also helps avoid delays in your payment. Remember, if your office address or TIN has changed, we need a current W9 to update your records. To report changes, don't hesitate to get in touch with the PHSO Provider Relations Team at PHSOnetworkmgmt@health.ucsd.edu

Claim Submission

Please remember the following criteria regarding Claims & Encounter Data Submission:
- Claims should be submitted electronically via Office Ally; see Electronic Claim Submission above. If submission of paper claim is required, our claims address is:
  > UCSD PHSO Managed Care
  > Attention: Claims Department
  > P.O. Box 5198
  > Lake Forest, CA 92630
- Claims must be complete and accurate for all services rendered to UCSD Medical Group members.
- The Claims Department will not accept handwritten claims.
- Claims must be received no later than 90 calendar days from the DOS.
- According to the Knox-Keene Act (CA Health & Safety Code, section 1340 et seq.), except for allowable co-payments or non-covered services, members shall not be billed for covered services.

Corrected Claims

A corrected claim is a claim that was previously submitted and denied by UCSD for invalid diagnosis, procedure or billed amount. When submitting a corrected paper claim, please follow the steps below:

- Provider must indicate "CORRECTED CLAIM" on the claim form.
- CMS-1500 claim, enter 7 in Box 22 and the original UCSD claim number in the Original Ref No box.
- UB04 claims, enter 7 in the 4th in the digit in the Type of Bill box (the first digit always being a zero).
- UCSD PHSO Managed Care will allow 180 days from the original denial to process.
- Corrected claims received after 180 days from original denial will be denied as "untimely follow up" and provider must write off the claim and not balance bill the member.

Any corrected claims not submitted with this information will be processed as original claims and likely result in duplicate claim denial.

Claim Tracers

If your office or biller has an issue with claims not being received by UC San Diego Health PHSO Managed Care and you want to avoid longer wait times by calling in to check status of your claims, we recommend you submit a claim tracer. A tracer is a claim that UCSD has no record of receiving. Providers can submit a tracer claim with proof of timely filing by following the below steps:

- Provider must indicate "TRACER" on:
  - Box 19 of the CMS-1500 claim form.
  - Box 80 of the UB-04 claim form.
- UCSD PHSO Managed Care will process the claim and waive timeliness as long as it is submitted within 180 days from the DOS with proof of timely filing.

- Any tracer received after 180 days from DOS will be denied as "untimely follow up" and provider must write off the claim.
- Missing & Incomplete Service Facility Location on Box 32 for CMS claim form Missing Hospitalization Date on Box 18 for Inpatient Services for CMS claim form.

Provider Claim Dispute/Appeal and Resolution Process

Claim Appeal/Provider Dispute Resolution (PDR) Submission

- Appeals must be submitted in writing describing the reason for the claim dispute.
- Providers must submit a Provider Dispute Resolution (PDR) form for any denied claim and must indicate in a cover letter that this is an "**APPEAL**".
- Appeal and PDR's **must be mailed** to the address listed below:
  > UCSD PHSO Managed Care
  > Attn: Claim/Appeal Department
  > PO Box 5198
  > Lake Forest, CA 92630
- In accordance with AB1455, Providers may appeal within one (1) year from the event that precipitated the dispute.
- Any appeal received after one (1) year will be denied as "deny-past appeal limit" and the claim must be written off by the provider.

Acknowledgement and Resolution

- UCSD Claims Department will acknowledge disputes within 15 days of receipt from provider.
- If a dispute is returned to the provider for additional information, the provider has 30 working days from the date of receipt to submit an amended dispute to UCSD.
- UCSD will issue a written determination of the dispute within 45 working days for commercial claims and 90 working days for CMS claims.
- If the dispute favors the provider, UCSD will pay any outstanding monies within 5 working days of the issuance of the written determination.

Proof of Timely Filling

Timely filing denials are often upheld due to incomplete or invalid documentation submitted with reconsideration requests. To demonstrate timely filing when submitting a request for reconsideration, refer to the following instructions.

Proof of timely filing documentation:

- A denial/rejection letter from another insurance carrier.
- Another insurance carrier's explanation benefits.
- Letter from another insurance carrier or employer group indicating no coverage for patient on date of service of claim
- All the above must include documentation that claims is for the corrected patient and correct date of service.
- Proof claim sent on time (e.g.: report showing date claim was sent; billing ledger).

Claims received outside of the timely filing limit will be denied however you have the option to submit an appeal with proof of timely filing. Per Hold Harmless Provision section of your contract, other than copayments or deductibles, members shall not be responsible for any payment for covered services.

Claim Resubmission and PDR/Appeal Grid

Tracers	Corrected Claims	Appeals
Definition: Claims never received by UCSD; provider is resubmitting claim	Original claim denied for: • Invalid diagnosis • Invalid/incorrect procedure code • Incorrect billed amount	Original claim denied for: • No authorization • No authorization provider liability • Duplicate claim • Timely filing • Member not eligible
		Also used for payment disputes and/or requests for a retro authorization
Requirement: The word "TRACER" must be indicated in Box 19 of the CMS-1500 and Box 80 of the UB-04	CMS-1500 claim - Enter "7" in Box 22 and the original claim number in the Original Ref. No box. UB04 - Enter "7" in the 4th digit (the first digit always being a zero) the Type of Bill box. Please note: You must enter a valid UCSD claim number or your claim will be denied.	Provider must indicate "APPEAL" on the claim form
UCSD MC will process claim & waive timeliness as long as it is submitted within 180 days from the DOS with proof of timely filing		Requires a cover letter with: • Explanation of the correction • Reason for appeal • Relevant supporting documentation
Tracers received after 180 days from the DOS will be denied as "Untimely follow up"; provider must write off claim and not balance bill the member	UCSD allows 180 days from original denial to submit a corrected claim	UCSD allows one (1) year from event that precipitated dispute to appeal

Medical Management

Authorization Requests

Reminder

When submitting prior authorization requests to UCSD Managed Care UM, please ensure that the latest progress note is attached. If the progress notes are for service dates older than six months, they may require revision, and additional documentation may be needed. Be sure to include the referral coordinator's name and direct telephone number in the request, as this will help UM process the request efficiently.

Specialists: Please share your progress notes with the patient's PCP for coordinated care.

Authorization Request Details

When submitting authorization requests, please ensure the following:

- ICD-10, CPT codes, quantities, and rendering providers/vendors or UCSD department are entered accurately. This will help ensure smoother claims processing.
- You may select "unspecified provider" in the referring field and include a UM note to provide additional details to help us assist you in selecting the correct code or provider/vendor.
- **Out-of-Network (OON) requests**: Please ensure the reason for the OON request is clearly documented. All OON requests are reviewed by a Physician Reviewer. If the request does not meet criteria for OON approval, it will be redirected to an appropriate in-network (INN) provider or vendor.

Once an authorization has been finalized, no modifications can be made to the CPT codes, quantities, or servicing provider. If changes are necessary, a new authorization must be submitted. For any determinations already made, please follow the standard referral resubmission process.

Communication Methods

To ensure efficient assistance from the UM team, please select one communication method:

- **Electronic requests:** Internal providers with PHSO Link access should submit inquiry via the referral in-basket pool **"UC MC UM STAFF."** If you do not have access, use our **secure emails:** managedcareum@health.ucsd.edu for prior authorizations or managedcareip@health.ucsd.edu for inpatient requests.
- **Phone availability:** The UM team is available Monday through Friday, from **12:00 PM to 4:00 PM**.
- For non-urgent matters, please leave a detailed voicemail at **(619) 471-9123** and follow the prompts. There are two separate options—one for **Inpatient** and one for **Prior Authorization**. Be sure to select the appropriate option to ensure a timely response.

Please avoid duplicating requests by leaving voicemails if you've already submitted a request electronically, as this can delay the UM team's response time.

Authorization Submittal and Verification

All Managed Care services require providers to verify eligibility, benefits, prior authorization, and/or case management before service. Many services now meet Prior Auth gold carded criteria, allowing for immediate provider and member notification, as long as the prior authorization request is complete and accurate.

- **Authorization requests** should be submitted by the ordering physician's office on the same day the order is written.
    - **Preferred method:** via **PHSO Link or EPIC**.
    - **Fax: (619) 471-9100**
- **Routine turnaround times:**
    - **Commercial:** 5 business days.
    - **Medicare:** 14 calendar days.
- **Stat/Urgent and Medication Part B request:** Processed in 24-72 hours
- **For inpatient referrals** (acute hospital, LTAC, ARU, SNF, discharge planning), please fax to **(858) 732-0817**.
- Check authorization approval through **PHSO Link Provider Portal** or **EPIC**. For follow-up, messages can be sent via **in-basket pool UC MC UM STAFF** (responses typically within 2 business days).
- **Specialists:** Do not schedule appointments until official authorization approval has been received unless the patient has already received a Universal Prior Authorization letter for a consultation visit with an in-network affiliate provider.
- Failure to obtain authorization approval may result in claim denials.
- Providers with access to **PHSO Link** should avoid faxing prior authorizations and instead submit them through the portal.

Entering Detailed Communication to the Patient in the EMR Regarding Determination of Referrals

This detailed documentation in the patient's EMR is required by Health Plans.

Do not change UM's decision on referrals that are modified approvals. If appropriate, please re-process a new referral for the member and re-register with member's other coverages and uncheck member's Managed Care coverage. Please confirm, the member's other coverage is the only one showing in the referral so that the referral may be reprocessed under the separate coverage since UM has already made their final decision. **No changes can be made to the original referral after UM determination has been made.**

Utilization Management Incentive Attestation Information

UC San Diego Medical Group Managed Care Utilization Management Department (UM) is required to maintain the following information, which is available for review at any time.
- UM Annual Program
- UM Policies and Procedures
- UM Work Plan Evaluations
- UM Work Plan Description
- UM Criteria for Decisions
- The UM decision-making is based only on appropriateness of care and service and existence of coverage. The Organization does not specifically reward practitioners or other individuals for issuing denials of coverage or service. Financial incentives for UM decision makers do not encourage decisions that result in under-utilization.

All UM Team Members and Value Based Advisory Group meeting members and attendees are required to sign an attestation of no conflict of interest, a statement of confidentiality, and an UM Affirmation Statement, annually.

A copy of the attestation is available for review, should any member, physician or the public request this document. If you would like to request a copy of any of the above information that is used to provide utilization management, please email managedcareum@health.ucsd.edu

CONFLICT OF INTEREST STATEMENT

A reviewer or committee member shall be deemed to have a conflict of interest if he/she: 1) has any familial relationship with a beneficiary whose care is being reviewed; 2) has any familial relationship with a health care provider whose care is being reviewed; 3) has any involvement in the care provided to the beneficiary which is being reviewed; 4) has any fiduciary interest in or fiduciary relationship with the provider whose care is being reviewed; and/or 5) any other involvement in the case which impairs his/her ability to remain objective. All peer reviewers and members of the Quality Improvement, Utilization Management, and Peer Review Credentialing Committee(s) or any pertinent UCSD Healthcare reviewed or brought before the committee, shall reveal the conflict of interest either to the person requesting the peer review or the chairperson of the committee. A member and/or peer reviewer with a conflict of interest shall refrain from casting a vote on any related issues

and shall absent himself or herself from any discussions of the committee on such issues.
By being noted as having attended this meeting, you agree that you have read and understand the above Conflict of Interest Statement and agree to abide by its terms.

<u>**STATEMENT OF CONFIDENTIALITY**</u>

As a member of the Quality Improvement, Utilization Management, and Peer Review Credentialing Committee(s) or any pertinent UCSD Healthcare Committee(s) you will have access to confidential and propriety information and documentation. By signing this statement of Confidentiality, you agree to keep all information and discussions confidential. Additionally, you agree not to copy, reproduce, plagiarize, or otherwise disseminate or discuss any documents distributed by UCSD Healthcare to any persons or entities without the express written permission from UCSD Healthcare. This Statement of Confidentiality shall remain in full force and effect during your term on the Quality Improvement Committee and shall remain in effect in perpetuity subsequent to your participation.

<u>**UM AFFIRMATION STATEMENT**</u>

The UM decision making is based only on appropriateness of care and service and existence of coverage. The Organization does not specifically reward practitioners or other individuals for issuing denials of coverage or service care and will not influence hiring, compensation, termination or promotion. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.
Health Plan contact information is included in most communications to members and providers, if a member or provider would like to file an appeal or grievance related to referral decisions or care/ service given by providers.

There is also a dedicated PHSO email that can be used by Health Plans and provider offices, should there be a need to forward these appeals and grievances directly to PHSO, in addition to filing these with the Health Plans. The email is managedcareumAG@health.ucsd.edu. Please send all emails securely.

Access to UM Clinical Criteria and UM Policies Used

The public, provider and patients can access any UM Policies and UM clinical criteria used to make authorization decisions. These are available upon request. Please email
managedcareum@health.ucsd.edu

PHSO Managed Care Clinical Team

Provider groups are increasingly strained across all dimensions of the Quintuple Aim. The complexity of managing patient care, particularly for aging patients with multiple chronic conditions, places significant demands on providers. Patient expectations for timely and personalized care continue to rise, while constraints on access and rising healthcare costs create additional pressure on already overburdened practices. These challenges must be balanced with the need to maintain high-quality care and ensure equitable access for all patients.

Programs like UCSD at Home, Care Connections Hub, Wellness Outreach Hub and, more recently Remote Patient Monitoring (RPM) and Chronic Care Management (CCM) offer valuable solutions by enabling team-based, population health services that extend across both primary and specialty care.

Please send a secure email to pophealthadmin@health.ucsd.edu if you need more information about our programs or have any questions.

UCSD PHSO MANAGED CARE CONTACT INFORMATION

CONTACT US	
Main Phone: (619) 471-9123	
Providers Select Option 1	**Members Select Option 2**

Option 1: Provider Claims
    Hours: M-F, 8 am-4 pm
 	
Option 2: Referrals/UM*
    Hours: M-F, 12 pm-4:30 pm
    Fax: (619)471-9100
 	
Option 3: Eligibility Inquiries
    Hours: M-F, 8 – 5pm
 	
Option 2 is for non-urgent matters. Urgent care matters, please use Epic in basket pool **UC MC UM STAFF. If you are an external/affiliated provider/vendor, please contact our UM team via our secure email at managedcareum@health.ucsd.edu*
	Option 1: Patient Care Appointment Line
	    Hours: M-F, 8 am-4 pm
	
	Option 2: Non-HMO Inquiries
	
	Option 3: UCSD Medical Group Plan Customer Service
	    Hours: M-F, 8 am -5 pm
	    Fax: (619)471-9077