

UC SAN DIEGO MEDICAL GROUP

PHSO Managed Care Provider Newsletter

May 2026



Hello to the blooming season

Spring is a season full of surprises, beauty, and fascinating changes in nature. From blooming flowers to longer sunny days, spring brings a fresh start and a sense of restoration. But beyond the obvious, there are countless random facts about spring that will amaze and delight you. These fun spring facts are perfect for curious minds looking to learn something new this season.

- The term “spring” comes from the concept of “springing forth.” It describes how plants, animals, and life seem to return after winter.
- Ice cream sales increase in spring: As temperatures rise, so do cravings for cold, creamy treats—hello, waffle cones!
- Children grow taller more quickly in spring: Research suggests kids gain height more rapidly during spring than other seasons.
- Working in gardens helps mental health: Digging in soil reduces stress and improves feelings of well-being.
- Scent perception improves in spring: Higher temperatures and humidity levels make aromas more detectable and pleasant.

These tidbits remind us that nature works its magic all around us after winter fades. The fresh air, colorful landscapes, and growing things signal a time of new starts.

“The pleasures of spring are available to everybody and cost nothing.” —George Orwell

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UCSD Managed Care Updates

UC San Diego Health partners with UC Riverside Health

UCSD Health Managed Care is pleased to share that we are partnering with UC Riverside (UCR) Health Managed Care to serve as their Management Services Organization (MSO). We are honored to support UCR Health in this role and excited to collaborate in advancing their managed care operations.



This partnership does not impact participation, operations, or requirements for UCSD Health contracted providers. Rather, it reflects a shared commitment between UCSD Health and UCR Health to leverage expertise, strengthen collaboration across the UC system, and support high-quality, coordinated care. As part of this collaboration, select materials—including this provider manual—are co-branded to reflect our partnership.

We value the continued engagement of our UCSD Health provider network and appreciate your ongoing support as we expand our collaborative efforts within the UC Health system.

2026 Provider Manual Now Available

We are happy to share that the UCSD Health Managed Care Provider Manual for 2026 is now available on the UCSD Health Network website. The provider manual serves as a key resource for our contracted providers and includes important information to support your ongoing work with UCSD Health Managed Care.

We encourage all providers and office staff to review the manual and keep it available for reference, as it outlines policies, procedures, and operational guidance designed to promote clear communication and efficient collaboration.

The 2026 Provider Manual can be downloaded here:

👉 <https://ucsdhn.org/providers/clinical-integration-network-cin/#resources>

We hope you find the manual helpful and appreciate your continued partnership with UCSD Health Managed Care.

Doing Business with UCSD Health Managed Care Electronically

UCSD Health Managed Care encourages providers to use our electronic tools whenever possible. These options are designed to reduce administrative work, support faster turnaround times, and make it easier for your practice to manage claims and payments.

Electronic Claim Submission

Providers may submit claims electronically through **Office Ally** (Payer ID: **UCSDH**), our clearinghouse partner. Electronic submission is the fastest and most efficient way to send claims and includes access to claim status and remittance information. Learn more or get started at <https://cms.officeally.com>.

EFT & Electronic Remittance Advice (ERA)

Enrollment in **EFT and ERA** helps reduce paper checks and supports quicker, more accurate payment reconciliation. To enroll, contact PHSONetworkmgmt@health.ucsd.edu to receive an invitation to UCSD's Payment Works system.

Check Claim Status & Retrieve Remittance Online

Using **ucsdlink**, providers can quickly access claim and payment information without calling:

- Check claim status in real time
- Retrieve an **RA for a single claim**
- Download a **full RA** associated with a bulk payment or check
- Access **835 files** electronically if enrolled in ERA

Visit ucsdlink.ucsd.edu and click "**Check PHSO Claim Status.**"

For assistance, contact Provider Relations at PHSONetworkmgmt@health.ucsd.edu.

UCSD Managed Care Reminders

Medical Management

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.

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.

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 an 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 (Not available by phone on Tuesdays), from **12:00 PM to 4:30 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 Request Details

When submitting authorization requests, please ensure the following:

- ICD-10, CPT codes, quantities, and rendering providers/vendors or UCSD departments 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.

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, if 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:** Prior Auth (619) 471-9100 | Inpatient/SNF (858) 732-0817
- **Routine turnaround times:**
 - **Commercial:** Five (5) business days.
 - **Medicare:** Seven (7) 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 for 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 that 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.**



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 managedcareumAG@health.ucsd.edu

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 managedcareumAG@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.

STATEMENT OF CONFIDENTIALITY

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 after your participation.

UM AFFIRMATION STATEMENT

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.

Practice and Provider Data

PHSO Link

PHSO Link is an online portal that allows contracted UCSD Managed Care providers to submit referrals electronically and verify claim and referral status. If a referral or claim has been received by UCSD, it will be reflected on the portal.

If you're a contracted provider and don't yet have access and are interested in obtaining access, you may email your request to PHSONetworkmgmt@health.ucsd.edu. Per HIPAA, a signed DocuSign document is required. Please provide the names and email addresses of the Office Administrator and the Medical Director.



PHSO Link Users

A new policy has been implemented that requires users to provide visual confirmation to the Help Desk via web cam to verify identity.

This safety measure has been put in place to help mitigate the potential of identity theft and risk from external threats.

To maintain your active status, you must login to PHSO Link at least once every 90 days, otherwise your account will be blocked.

If you need assistance resetting your password or reinstating your account, please contact the admin for your site or our PHSO Help Desk at (619) 543-4357.

Credentialing

UCSD Health PHSO Managed Care would like to remind all contracted provider partners of the importance of notifying UCSD when adding new physicians to their practices. Any newly added physicians billing under the contracted Tax ID Number (TIN) must be credentialed by UCSD before rendering services to UCSD Managed Care members.

To avoid claim denials due to "Deny Missing/Incomplete Credentialing Date" (DMICD), your office must notify our UCSD Physician Network department via email at Physiciannetwork@health.ucsd.edu as soon as possible; otherwise, you run the risk of claims being denied.

Provider Termination Notice

We would like to remind all provider partners of the importance of notifying UCSD promptly of a provider leaving/terminating 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 of 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 and Encounter Submission

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 if 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

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**”. Appeals must be submitted in writing describing the reason for the claim of dispute.

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 a “deny-past appeal limit” and the claim must be written off by the provider.



All claim appeals and PDR forms **must be mailed** to the address listed below:

UCSD PHSO Managed Care
Attn: Claim/Appeal Department
PO Box 5198
Lake Forest, CA 92630

Acknowledgement and Resolution

- The UCSD Claims Department will acknowledge disputes within 15 days of receipt from the 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 Filing

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 of 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 are for the corrected patient and correct date of service.
- Proof claim sent on time (e.g.: report showing date of 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.



UCSD PHSO Managed Care Contact Information

<u>CONTACT US</u>	
<u>Main Phone: (619) 471-9123</u>	
Providers Select Option 1	Members Select Option 2
<p>Option 1: Provider Claims Hours: M-F, 8:00 am – 12:00 pm</p> <p>Option 2: Referrals/Utilization Management (UM)* Phone Hours: M-F, 12:00 pm - 4:30 pm <i>(Not available by phone on Tuesdays)</i> Fax: Prior Auth (619) 471-9100 Inpatient/SNF: (858) 732-0817</p> <p>Option 3: Eligibility Inquiries Hours: M-F, 8:00 am – 5:00 pm</p> <p><small><i>*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</i></small></p>	<p>Option 1: Patient Care Appointment Line Hours: M-F, 8:00 am – 4:00 pm</p> <p>Option 2: Non-HMO Inquiries</p> <p>Option 3: UCSD Medical Group Plan Customer Service Hours: M-F, 8:00 am – 5:00 pm Fax: (619) 471-9077</p>

Please take a moment to fill out the Quarterly Provider Newsletter survey and provide us with your feedback. Your response will help our Managed Care Team know if the information provided in the newsletter is helpful to you and your staff, thank you!

[UCSD PHSO Managed Care Provider Newsletter Communication Survey- Spring 2026](#)