UC San Diego Health

UC SAN DIEGO MEDICAL GROUP

On this issue:

PHSO Managed Care Provider Newsletter

August 2026

What's not to love about summer?

Summer is known for sunshine, vacations, and long, warm days, but there's a lot more to the season than meets the eye. From science behind rising temperatures to quirky seasonal facts, summer is full of unexpected details most people never think about. Some of these facts are fun, some are strange, and a few might even change how you see the hottest time of year. Here are facts to explore what really makes the season unique.

- In the summer heat, the iron in France's Eiffel Tower expands, making the tower grow more than 6 inches.
- The month of August was named for Julius Caesar's adopted nephew Gaius Julius Caesar Octavius, who held the title "Augustus." He named the month after himself.
- Popsicles, a popular summer treat, was accidentally invented by an 11-year-old boy in San Francisco in 1905. He left a glass of soda sitting outside and by the next morning the soda had frozen. In the U.S., cherry is the number 1 flavor.
- Monarch butterflies spend the summer in North America before migrating south.

In general, the summer is a time for going on new journeys, experiencing exciting new things, and creating cherished memories with the people you care about.

"Some of the best memories are made in flip-flops." —Kellie Elmore

UCSD PHSO Managed Care Reminders

Department of Managed Healthcare: Timely Access to Care Guidelines

UC San Diego Medical Group PHSO Managed Care would like to remind providers that timely access to quality of care is an important way to ensure patients receive the healthcare they need at the right time. California law requires health plans to provide timely access to care, ensuring members can obtain appointments, telephone advice, and urgent care within specified time frames.

We would like to share DMHC's access to care guidelines listed below. If you have any questions, please contact our Provider Relations team at PHSOnetworkmgmt@health.ucsd.edu

Urgent Care Appointment Type	Time frame
Urgent Care (prior authorization NOT required by health plan)	2 days (48 hours)
Urgent Care (prior authorization REQUIRED by health plan)	4 days (96 hours
Non-Urgent Care Appointment Type	**Time frame**
Non-Urgent Doctor Appointment (Primary Care Physician)	10 business days
Non-Urgent Doctor Appointment (Specialty Physician)	15 business days
Non-Urgent Mental Health Appointment (non-physician)	10 business days
Appointment for other service to diagnose or treat a health condition	15 business days
Non-Urgent Prenatal Appointment	10 business days
Non-Urgent Appointment (ancillary provider)	15 business days
Follow-Up Care	**Time frame**
Mental Health/Substance Use Disorder Follow-Up Appointment	10 business days from prior appointment

Member Eligibility Verification

We want to remind all provider partners of the importance of, before rendering services, verifying member eligibility and benefits in one of the following methods:

1. Member-assigned Health Plan website (access with login & password).
2. Contact Health Plan by phone (automated eligibility verification systems).
3. Contact UCSD PHSO Managed Care for Eligibility inquiries at (619) 471-9123, option 1,3.

Additionally, please do not rely on the member's health plan identification card as proof of eligibility, as information may change.

UCSD Medical Group works very closely with contracted health plans to obtain timely and accurate membership data. There may be a time delay, as UCSD must rely upon health plans receipt of accurate data.

Please contact our Provider Relations team at PHSOnetworkmgmt@health.ucsd.edu if you have any questions.

Provider Manual

UC San Diego Health Managed Care Provider Manual is available on the UCSD Health Network website. The provider manual is a key resource for contracted providers to obtain important information to support their ongoing work with UCSD Health Managed Care.

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

The Provider Manual can be downloaded here:
👉 https://ucsdhn.org/providers/clinical-integration-network-cin/#resources

Claims & Knox-Keene Act

The Knox-Keene Health Care Service Plan Act of 1975 is California's primary law regulating health care service plans, giving DMHC authority over HMOs and managed care plans under Health & Safety Code §1340 et seq.

- It governs HMO billing in California and provides consumer protections for enrollees of HMO plans.
- Patients to whom services are being rendered are not liable and cannot be billed for any portion of this bill except for copayments, coinsurance, or non-covered benefit items.
- Therefore, HMO members may not be billed for any portion of a covered service or product.

HIPAA Disclosure

UC San Diego Health healthcare providers, doctors and medical groups have a legal obligation to protect patient privacy and adhere to the Health Insurance Portability and Accountability Act (HIPAA). The US Department of Health and Human Services issued the HIPAA Privacy Rule to implement HIPAA requirements. The HIPAA Security Rule protects specific information covered by the Privacy Rule.

The Privacy Rule standards address the use and disclosure of individuals' protected health information (PHI) by entities subject to the rule. These individuals and organizations are called "covered entities."

One aspect of HIPAA compliance is promptly reporting any PHI breaches to the appropriate parties. For health care providers affiliated with UCSD Managed Care, it is important to report any breaches, cyberattacks, or PHI disclosures to the organization promptly. The purpose of HIPAA is to safeguard patients' PHI and ensure it is used only for authorized purposes.

Covered Entities

The following types of individuals and organizations are subject to the Privacy Rule and considered covered entities:

- **Healthcare providers:** Every healthcare provider, regardless of the size of practice, who electronically transmits health information in connection with certain transactions. These transactions include:
    - Claims
    - Benefit eligibility inquiries
    - Referral authorization requests
    - Other transactions for which HHS has established standards under the HIPAA Transactions Rule.
- **Healthcare clearinghouses:** Entities processing nonstandard information received from another entity into a standard format or vice versa. Healthcare clearinghouses receive identifiable health information when providing processing services to a health plan or healthcare provider as a business associate.
- **Business associates:** A non-member of a covered entity's workforce using individually identifiable health information to perform functions for a covered entity. These functions, activities, or services include:
    - Claims processing
    - Data analysis
    - Utilization review
    - Billing

Breaches of PHI, whether intentional or accidental, can put patients' privacy and confidentiality at risk. In addition to the ethical considerations, failing to report a HIPAA breach can result in significant penalties, including financial fines and damage to the organization's reputation. Therefore, promptly

reporting HIPAA breaches, cyberattacks, or PHI disclosures to UCSD Managed Care is essential to ensuring appropriate action is taken to contain the situation and protect patients' privacy.

In conclusion, healthcare providers have a legal and ethical obligation to protect patient privacy and safeguard PHI. Promptly reporting HIPAA breaches, cyberattacks, or PHI disclosures to UCSD Managed Care is an important part of fulfilling this obligation and ensuring that patients' privacy is protected. Healthcare providers should familiarize themselves with UCSD's reporting procedures and be prepared to report incidents through the appropriate channels promptly. By working together, healthcare providers and UCSD can help maintain the privacy and security of patient information and uphold HIPAA compliance standards.

If you need to report any HIPAA violation or PHI breach, don't hesitate to get in touch with the UC San Diego Health Office of Compliance and Privacy directly at (844) 234-7737 or via email at hccomply@health.ucsd.edu

For additional information, you may also visit HHS's website at HIPAA website

Provider Claim and Encounter Submission

Types of claims

Types of Claims			
	Tracers	**Corrected Claims**	**PDR/Appeals**
Definition:	Claims never received by UCSD; provider is resubmitting claim	Claims previously submitted but denied for invalid diagnosis code, procedure code, or billed amount	Claims previously denied for no auth, provider liability, duplicate claim, timely filing, payment disputes, and/or requesting a retro auth
Requirements:	Must indicate "TRACER" on the claim form in Box 19 of the CMS-1500	Must enter code "7" in Box 22 and the original claim number in the Original Ref. No box.	Must include a cover letter indicating the claim is an "APPEAL"
Deadlines:	UCSD MC will process claim & waive timeliness as long as it is submitted within 180 days from DOS with proof of timeliness report	UCSD MC will allow 1 year from original denial to process	Providers may appeal within 1 year from the event that precipitated the dispute. This is in accordance w/ AB1455.
Late Submissions:	Tracers received after 180 days from DOS will be denied as "untimely follow up"; provider must write off claim	Corrected claims received after 1 year from original denial will be denied as "untimely follow up"; provider must write off claim	Appeals received after 1 year will be denied as "deny-past appeal limit"; provider must write off claim

Claims Reimbursement

UC San Diego Medical Group will adjudicate clean Commercial and Medicare claims within the timeframes outlined in the provider agreement or within state and/or federal regulatory timeframes, whichever comes first. A clean claim is defined as a claim that may be processed without obtaining additional information from the provider of service or from the patient.

UC San Diego Medical Group may contest or deny a claim, or portion thereof, by notifying the Provider within state and/or regulatory timeframes, after the Date of Receipt UCSDH will pay all applicable interest and penalties based on said regulations.

Claim Overpayments

If UCSD determines whether a claim or claims have been overpaid, UCSD will notify the Provider in writing through a separate notice. The notice will clearly identify the claim(s), the name of the member/patient, the Date of Service(s) and a clear explanation of the basis upon which UCSD believes the amount paid on the claim(s) was in excess of the amount due, including applicable State or Federal interest and penalties on the claim(s). UCSD must submit a written request for a refund of an overpayment to the Provider within three hundred and sixty-five (365) calendar days from the Date of Payment, or last action on the claim.

To Contest the Notice: If the Provider contests UCSD's notice of overpayment of a claim, the Provider, within thirty (30) working days of the receipt of the notice of overpayment of a claim, must send written notice to UCSD. The notice must state the basis upon which the Provider believes that the claim was not overpaid. UCSD will process the contested notice in accordance with UCSD's Provider Dispute Resolution Process described in this Provider Operations Manual.

No Contest: If the Provider does not contest UCSD's notice of overpayment of a claim, the Provider must reimburse UCSD within thirty (30) working days of the Provider's receipt of the notice of overpayment of a claim. If a provider's reimbursement is not received and posted at UCSD within 45 working days of the initial letter, and the provider has not submitted a notice of disagreement, the claim will be offset from future monies owed to the provider.

Offsets to Payments: UCSD may only offset an uncontested notice of overpayment of a claim against a Provider's current claim submission when the Provider fails to reimburse UCSD within the time frame set forth above. In the event that an overpayment of a claim or claims is offset against the Provider's current claim or claims pursuant to this section, UCSD will provide the amount of the recoupment in the Provider Remittance Advice. The specific overpayment or payments that have been offset against the specific current claim or claims will be identified in the initial overpayment notification letter.

Provider Dispute & Resolution Process Timelines

	Commercial Claims	Senior Claims
Timely Filing	365 days after most recent actional taken on claim	120 days after most recent actional taken on claim
Acknowledgment	15 working days after date of receipt	Not required
UCSD will issue written determination of the dispute	45 working days after date of receipt	30 working days after date of receipt
If a dispute is returned for additional information, provider can submit an amended dispute to UCSD	30 working days after request for additional information	30 working days after request for additional information
If the dispute favors the provider, UCSD will pay any outstanding monies	5 working days of the issuance of the written determination	5 working days of the issuance of the written determination

Medical Management

Peer to Peer Discussion Request Line

Physicians may leave their request for peer-to-peer discussion regarding referral decisions made. Please call (858) 249-4892 and include this information on your message:

1. Member name (DOB, if available)
2. Referral number of requests
3. Call back number and best day and time requesting physician is available to speak with UCSD PHSO physician reviewer
4. Reason for peer-to-peer discussion request

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.

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.**

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.

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.

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

UCSD Managed Care Staff Updates

Welcome New Staff

We are excited to welcome two new leaders to our Claims team; Richard (Rich) Garrett, our new Claims Manager, and Marquita Baker, our new Claims Supervisor.

Rich

Rich brings more than 12 years of leadership experience in managed care claims operations, with expertise in medical claims adjudication, operational performance, compliance, quality improvement, and audit readiness. Throughout his career, he has successfully led claims teams in health plan, managed care, and third-party administrator environments, supporting both Medicare Advantage and Medicaid populations.

Most recently, Rich served as a Senior Claims Manager supporting Medicare Advantage and Medi-Cal claims operations, where he focused on workflow optimization, quality oversight, audit readiness, and cross-functional collaboration to improve accuracy and operational efficiency. He has also held leadership roles with First Choice Health Network, Avesis/Guardian, Keenan & Associates, McGregor & Associates, and Centene, where he developed a strong reputation for driving process improvements, enhancing service quality, and building high-performing teams.

Rich holds a Bachelor of Science in Management and is passionate about creating efficient, compliant, and customer-focused claims operations. His extensive experience in claims management, provider relations, performance improvement, and team leadership makes him a valuable addition to our organization.

Originally from Chicago, Illinois, Rich attended The Ohio State University before making San Diego his home in 2016. Outside of work, he enjoys staying active and involved in a variety of pursuits, including playing competitive basketball, cooking, painting, and drawing. He is also an avid traveler who enjoys exploring new cultures and experiences, with favorite destinations including Cuba, Greece, and Panama. Rich's passion for continuous learning, creativity, and new experiences has helped shape both his professional journey and personal outlook, and he looks forward to bringing that same enthusiasm and curiosity to his role with the team.

Marquita

Marquita brings more than 18 years of healthcare claims and operations experience, with extensive expertise in claims adjudication, provider dispute resolution, appeals management, reimbursement analysis, and managed care operations. Throughout her career, she has developed a strong reputation for resolving complex claim issues, ensuring regulatory compliance, improving operational processes, and delivering outstanding support to both providers and members.

Most recently, Marquita has served in several claims' leadership and specialist roles at UC San Diego Health, where she has managed complex commercial and Medicare claims, provider disputes, appeals and grievances, overpayment recovery efforts, and coordination of benefits processing. She has also played an important role in staff training, operational improvement initiatives, EPIC testing projects, and cross-functional collaboration to enhance claims operations and service quality.

Prior to UC San Diego Health, Marquita worked with American Specialty Health and Mitchell International, where she gained valuable experience in claims reconciliation, reimbursement analysis, claims auditing, and issue resolution. Her broad background across healthcare operations, coding, compliance, and provider relations gives her a well-rounded perspective that will be a tremendous asset to our organization and team.
Marquita is the proud mother of her energetic and amazing 5-year-old daughter, Brooklyn, who keeps her smiling and inspired every day. Together, they enjoy taking advantage of San Diego's beautiful weather by exploring the outdoors and discovering new adventures. In her free time, Marquita enjoys catching the latest movies at the theater, listening to true crime podcasts, and watching true crime documentaries and shows. She also loves attending live music events, visiting the San Diego Zoo and Safari Park, and traveling to new destinations.
Always eager to challenge herself, Marquita recently took up running and is proud to have completed a 10K race and two 5K races. Her determination and positive outlook are reflected in her favorite quote: "She believed she could, so she did." Professionally, Marquita is passionate about continuing to grow within Managed Care and is excited to bring fresh ideas and innovative solutions that support team success and operational excellence. She looks forward to making a positive impact and helping the department continue to thrive.

Congratulations on their retirement!

All of us at UCSD Medical Group would also like to celebrate the well-deserved retirements of Julie De Lara, Claims Manager and Erika Geracsekova, Claims Supervisor and thank them for their many years of dedicated service, we are happy and excited for them both and wish them the very best on their new chapters in life!

Blue & Gold Concierge Line

Reminder to Health Net Blue & Gold employees.
If you have questions about…

- Access to UCSD Network & How to Enroll
- Care Coordination & Care Management
- Available UCSD Primary Care locations
- Appointment Scheduling & Availability
- Assistance with Specialty & Ancillary Referrals
- Services Available within UCSD Network
- Available UCSD Community Care Network locations
- Assistance with Registration/Enrollment

Please Call the:

Blue & Gold Concierge Phone Line
(619) 543-2273
Hours: Monday – Friday, 8:00 am – 5:00 pm

UCSD Health 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, 8:00 am – 12:00 pm **Option 2: Referrals/Utilization Management (UM)*** Phone Hours: M-F, 12:00 pm - 4:30 pm *(Not available by phone on Tuesdays)* Fax: Prior Auth (619) 471-9100 Inpatient/SNF: (858) 732-0817 **Option 3: Eligibility Inquiries** Hours: M-F, 8:00 am – 5:00 pm **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, 8:00 am – 4:00 pm **Option 2: Non-HMO Inquiries** **Option 3: UCSD Medical Group Plan Customer Service** Hours: M-F, 8:00 am – 5:00 pm Fax: (619) 471-9077