

Instructions and Frequently Asked Questions

San Diego Fee For Service (FFS) Medi-Cal and Treatment Evaluation and Resource Management (TERM) Networks

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Instructions and Frequently Asked Questions

Optum Public Sector Networks:

What is the Fee For Service (FFS) Medi-Cal Network?

The FFS Medi-Cal network is part of the County of San Diego Health and Human Services Agency Mental Health Plan (MHP) and specifically serves San Diego Medi-Cal beneficiaries whose behavioral health issues are considered to be severe and meet Title 9 Medical Necessity for Specialty Mental Health Services.

What is the Treatment Evaluation and Resource Management (TERM) Network?

Optum TERM is a mental health program developed under the direction of the Board of Supervisors and managed by Optum Public Sector San Diego through a contract with the County of San Diego Health & Human Services Agency (HHS) Behavioral Health Services. The Optum TERM mission is to improve the quality and appropriateness of mental health services provided to the clients of HHS CWS and Juvenile Probation. In addition to contracting and credentialing providers Optum is responsible for monitoring the work of the TERM network providers through a quality review process.

Credentialing Criteria:

What are the credentialing criteria for my license type?

There may be different credentialing criteria for the various license types accepted to the Networks. A comprehensive list of the requirements for each license type can be found on our website at www.optumsandiego.com. >BHS Provider Resources > Fee For Service Providers or TERM Providers > [Credentialing Criteria](#).

Joining the Network(s):

How do I get started?

Joining one or both of the networks requires participation on [Council for Affordable Quality Healthcare \(CAQH\)](#). There is no cost to you and the information and documentation you provide in their ProView database will be used to facilitate our credentialing process.

[More about CAQH](#)

[CAQH Preview](#)

Once you have registered you will receive a CAQH ID# and be granted access to the site where you will complete the [CAQH Provider Profile](#). This completed profile will serve as part of your credentialing application to the Network(s).

- **Once you have completed your application you must grant Optum access to review your documents :
Optum Public Sector Agency ID# 1354**

Applications:

Council for Affordable Quality Healthcare (CAQH) CAQH Participation is required to join our network(s). You will be required to enter your CAQH ID # on the clinical application(s). To participate in CAQH, please contact: www.CAQH.org

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I am a new provider which application should I complete?

- All applicants must complete at least two (2) applications:
 - Credentialing Application – This application facilitates credentialing per National Committee of Quality Assurance (NCQA) guidelines and is a requirement for all applicants.
 - The additional application(s) you complete will depend on which network(s) you are applying to:

Examples:

Network(s)	Applications
FFS Only	<ul style="list-style-type: none"> Credentialing Application (CAQH) Provider Clinical Application FFS Medi-Cal
FFS TERM Therapist	<ul style="list-style-type: none"> Credentialing Application (CAQH) Provider Clinical Application FFS Medi-Cal TERM Therapist Clinical Application
FFS TERM Therapist CWS and/or Juvenile Probation Evaluator	<ul style="list-style-type: none"> Credentialing Application (CAQH) Provider Clinical Application FFS Medi-Cal TERM Therapist Clinical Application TERM Evaluator Clinical Application
* TERM Therapist Only	<ul style="list-style-type: none"> Credentialing Application (CAQH) TERM Therapist Clinical Application
TERM Therapist CWS and/or Juvenile Probation Evaluator	<ul style="list-style-type: none"> Credentialing Application (CAQH) TERM Therapist Clinical Application TERM Evaluator Clinical Application
CWS and/or Juvenile Probation Evaluator Only	<ul style="list-style-type: none"> Credentialing Application (CAQH) TERM Evaluator Clinical Application

What do I do if I only want to apply to the TERM Network?

* When you join the Optum TERM network, you are required to join the FFS Medi-Cal network as well when the services rendered are billable through Medi-Cal. Participation in both networks enables you to bill Medi-Cal for services you provide to Child Welfare Services (CWS) clients who have Medi-Cal coverage. You can apply to be a TERM only provider if none of the services you render are billable to Medi-Cal i.e. Domestic Violence, Child Physical Abuse or Sexual Abuse Groups, etc.

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I am a contracted TERM Provider; how do I add an Intern to my Practice?

TERM Providers who want to add up to three (3) TERM Interns to a practice will need to have the Intern complete either a TERM Therapy Intern or Intern Evaluator Application. As a supervisor you will be required to submit the following documentation with the Intern's application:

- A copy of the appropriate Board's (Board of Behavioral Sciences or Board of Psychology) "Supervisor Responsibility Statement" or "Supervisor Agreement Form" signed by both you and the applicant.
- A copy of your certificate for the most recent required supervisor's course completed (must be within the past two years)
- The Intern Applicant must complete and submit a Writing Sample Packet that he/she has completed under your supervision with the application.

I am already a FFS Medi-Cal Provider and want to join TERM. Do I need to apply or can I just be added?

You will need to apply to the TERM Panel even if you are already an approved FFS Medi-Cal Provider. You can apply by completing the "[TERM Therapist Clinical Application and/or TERM Evaluator Clinical Application](#)" as applicable.

What documents do I need to include with my Application?

Each application includes a specific check list of the supporting documentation that must be sent with the application. Review the check list carefully and ensure you have included everything:

Example (may not be all inclusive): Credentiaing Application

- Complete application
- National Provider Identifier (NPI)
- Current Resume/ Curriculum Vitae (*TERM Applicants must submit a Curriculum Vitae*)
- Copy of your professional license
- Copy of your Certificate of Insurance for you Professional Malpractice Liability Insurance

Example (may not be all inclusive): Clinical Application

- **W-9** completed and signed
- **Copy of Social Security Card** when using that number as your Tax ID to be paid
- **Federal Employer Identification Number (FEIN) or Individual Taxpayer Identification Number (ITIN) verification**, if a social security number is not used, by submitting a current Internal Revenue Service (IRS) generated document. The only acceptable documents include an IRS-generated Letter 147-C, IRS-generated Form 941 (Employer's Quarterly Federal Tax Return), IRS-generated Form 8109-C (Deposit Coupon), or IRS-generated Form SS-4 (only the official Confirmation Notification of FEIN/ITIN assignment). Note: The legal name of the provider on the application must exactly match the name on the IRS-generated document; and he provider must be an owner or officer of the entity listed on the IRS document. For further information, please visit the IRS (<https://www.irs.gov/>) or call them at (800) 829-4933.

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- **Driver's License or state-issued identification card (issued within the 50 United States or the District of Columbia)** of the provider, or person signing the application who has the authority to legally bind the applicant or provider. The signature must be that of the provider, unless the provider is a corporation. If the provider is a corporation and the application is going to be signed by a person other than the provider, please submit a copy of the section of the corporation's bylaws that identifies the signing person's authority to legally bind the corporation.
- **Psychiatric Nurse Practitioners (PNP) and Physician Assistants (PA)** must submit a copy of their Supervisory Agreement with an appropriate paneled FFS Psychiatrist
- **Medicare Provider Number (if applicable)** Providers intending to serve both Medicare and Medi-Cal beneficiaries must have a current Medicare Provider Number by visiting the Centers for Medicare and Medicaid Services (CMS) website www.cms.hhs.gov (*Medi-Cal will not reimburse you for services to a client with Medicare and Medi-Cal unless you have a Medicare provider number.*)
- **Licensed Professional Clinical Counselor (LPCC) (If applicable)** CCR 1820.7 Requirement - LPCCs applying to treat couples and families must submit a copy of the Board confirmation of qualification.

I am already a FFS Medi-Cal and/or TERM provider how do I add a clinical specialty to my provider profile?

If you are requesting the addition of a clinical specialty to your provider profile you must submit a Medi-Cal and/or TERM Therapist and/or Evaluator Specialty Addition Application(s). Specialties/Privileges cannot be added to your profile via a phone call or email; it will only be accomplished by submitting the correct application.

Credentialing:

How long does the credentialing process take after my application is submitted?

- **All Providers:**
 - Once your complete application packet is received it will be processed utilizing National Committee of Quality Assurance (NCQA) Guidelines which include a Primary Source Verification (PSV) and presentation at the Credentialing Committee; the Credentialing Committee meets once a month typically on the 2nd Monday of that month.
- **FFS Medical Only Providers:**
 - If you are applying to the FFS Medi-Cal Network Only your application will be submitted to the Credentialing Committee once it has completed the required NCQA Primary Source Verification (PSV). Depending on when your complete application is received it may take 1 – 3 months to complete the credentialing process
- **TERM and TERM/Medi-Cal Providers:**
 - If you are applying to be a TERM Only or TERM/Medi-Cal Provider additional requirements must be satisfied prior to your application being submitted to the Credentialing Committee.
 - Writing Sample – Reviewed and determined to meet the TERM Documentation Guidelines)
 - Resume/CV reviewed for the education, clinical experience and training to support the specialties requested on your application

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How will I be notified when my credentialing is completed?

You will be notified within 10 business days of the Credentialing Committee's action. A notification will be sent to the business email you identified on your application which will include the committee decision, along with the agreement to be signed and returned to Optum, and instructions for next steps if applicable:

- 1) **Individual Provider Agreement (FFS & TERM)** – Contract for Network(s)

Contracting:

Once I sign and return the agreement to Optum Public Sector can I start seeing clients?

No, there are additional requirements that must be completed prior to Optum Public Sector fully executing your contract/agreement:

- **Mandatory Provider Orientation(s):**

You must attend a Provider Orientation which is typically held the last Wednesday of every month at the Optum Public Sector location in Mission Valley (*Medication prescribers are exempt*).

- **TERM:** When you apply to be a TERM Only or Medi-Cal/TERM Provider you must attend the TERM portion of the Provider Orientation from 9:00AM - 10AM.
- **FFS Medi-Cal:** Whether you apply to be a FFS Medi-Cal only Provider or a Medi-Cal /TERM Provider you will be required to attend the Orientation from 10 AM to approximately 12:30PM for the Medi-Cal portion of the presentation.
- **TERM Individualized Documentation Training/Orientation:** When you apply to be a TERM Only or Medi-Cal/TERM Provider you must participate in a personalized TERM training with one of the TERM Clinicians.

- **Mandatory Documentation Training:**

FFS Medi-Cal applicants must complete an online documentation training; more information will be sent to you during the credentialing and contracting process.

Additional Questions:

If you have additional questions please contact Provider Services via email at sdu_providerserviceshelp@optum.com or call:

FFS Medi-Cal Provider Line: 800-798-2254 Option 7

Term Provider Line: 877-824-8376 Option 3

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