

## Duncan-Sanford, Judy A

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**From:** Duncan-Sanford, Judy A  
**Sent:** Tuesday, October 19, 2021 1:14 PM  
**Subject:** Optum Public Sector: PLEASE BE ON THE LOOKOUT - Request to Complete a Very Short Questionnaire



Dear Provider,

A Provider Services Contract Administrator will be contacting you within the next few days to request some supplemental information that is now required by the State for all Fee for Service (FFS) Medi-Cal Providers. In order to make this process quick and easy Optum Public Sector has created a simple form to gather the needed information.

If you choose to proactively complete the form, please select <https://forms.office.com/r/CgsRJ6tFYk> and follow the directions. It should take less than two (2) minutes to finish.

### State Required Information:

The State is requiring all California Counties to report specific information regarding their contracted Medi-Cal Providers as well as the beneficiaries they serve.

They are asking us to report the below information for each treatment location you render services to San Diego County Medi-Cal Beneficiaries:

- **How many hours a week you render services to children ages 0 – 20 at this specific treatment location.**
  - This question pertains to all your patients/clients within this age range regardless of which Insurance Company covers them.
    - *Example:* You accept clients/patients from four (4) different insurance plans and have a number who choose to pay cash. You would add up the total number of hours spent in a week that all the children (0 – 20) you treat for all four (4) plans including the cash pays and provide that number as a response to this question.
- **How many hours a week you render services to adults age 20+ at this specific treatment location.**
  - This question follows the exact same logic as the one above for children. It pertains to all your adult patients/clients within this age range regardless of which Insurance Company covers them.

- **What is the **maximum number** of Medi-Cal covered children (0 - 20) you see at this specific location?**
  - The information needed for this question is the maximum number of Medi-Cal covered children you are seeing or are willing to serve at this location.
- **What is the **maximum number** of Medi-Cal covered adults (20+) you see at this specific location?**
- The information needed for this question is the maximum number of Medi-Cal covered adults you are seeing or are willing to serve at this location.

We are also required to have your home address (residence). This address cannot be a P.O. Box and will remain confidential.

### **Medi-Cal Enrollment Information:**

A few of our Fee for Service (FFS) Medi-Cal Providers still need to be enrolled in our plan at the State level. If you are one of these providers, we may also be requesting the following: (*Optum is facilitating your enrollment*)

- A clear copy of your active Driver's License (*cannot be expired or redacted*) – If you do not have a Driver's License a valid State ID will be accepted.
- A copy of your most recent professional license wall certificate (*cannot be expired or redacted*) or a copy of the original wall certificate issued at the time of your Initial licensure
  - A wall certificate typically comes via USPS mail when you renew your license,
  - A current pocket license is also accepted

Thank you in advance for your assistance in meeting these State requirements.

Best regards,

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**Provider Services Team / Optum San Diego**  
Optum San Diego Public Sector

**Due to COVID-19 all correspondence should be sent through fax or email**

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F 1 877-309-4862

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For local information and daily updates on COVID-19, please visit [www.coronavirus-sd.com](http://www.coronavirus-sd.com). To receive updates via text, send **COSD COVID19** to **468-311**.

Coronavirus Disease 2019  
**COVID-19**

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***We are Recruiting!***

If you have colleagues who may be interested in learning more about our network, please contact our Provider Recruiter.

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