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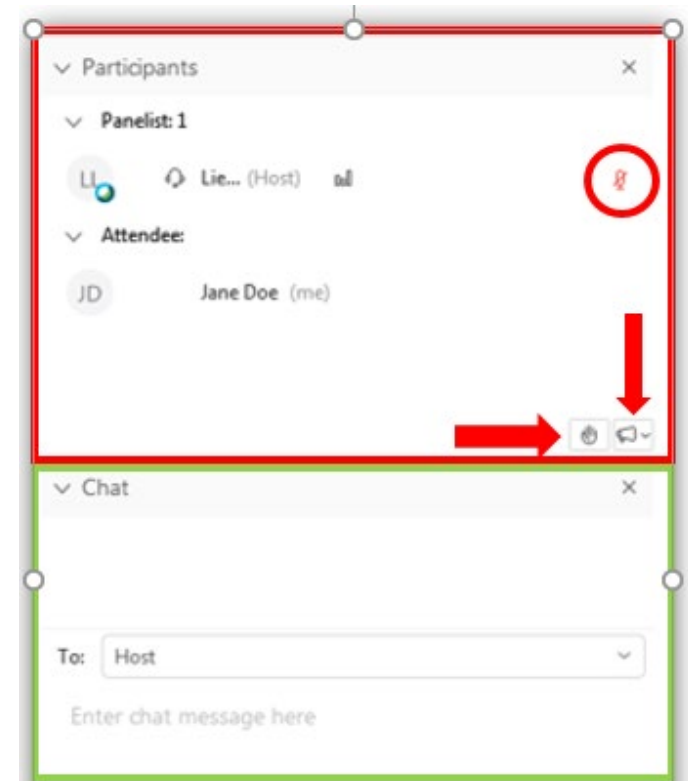
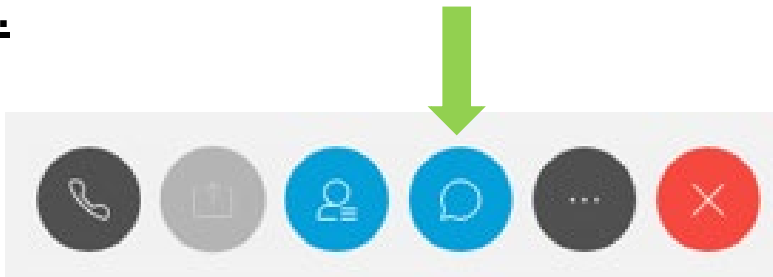
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New Provider Orientation Community Supports Providers

Housekeeping

- This webinar will be recorded and posted on our website.
- Slides will be emailed to all participants after the presentation.
- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “Chat” box located in the Participants box.**



Agenda

- Background
- Community Supports Providers Overview
- Online Provider Portal
 - Portal Overview
 - eTAR Submissions and Corrections
- Resources

About Us



Mission:

To help our members, and the communities we serve, be healthy.

Vision:

To be the most highly regarded managed care plan in California.

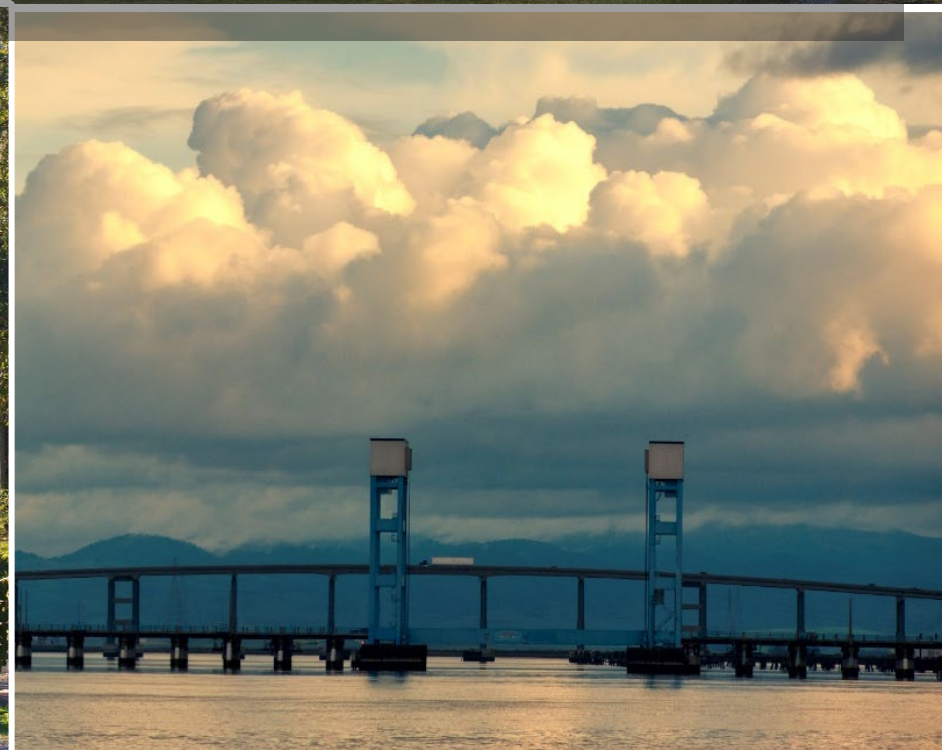


Community Supports Providers

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Community Supports Overview



Non-Medi-Cal services that PHC may choose to offer in a particular county “in lieu” of a traditional Medi-Cal covered service.



These services **WILL NOT** receive additional funding. Cost of Community Supports (CS) will be covered in lieu of normal covered service.



Allows plans to address Social Determinants of Health in a way that is cost-effective.



DHCS has provided a list of 14 possible services.



PHC can add Community Supports (CS) over time.



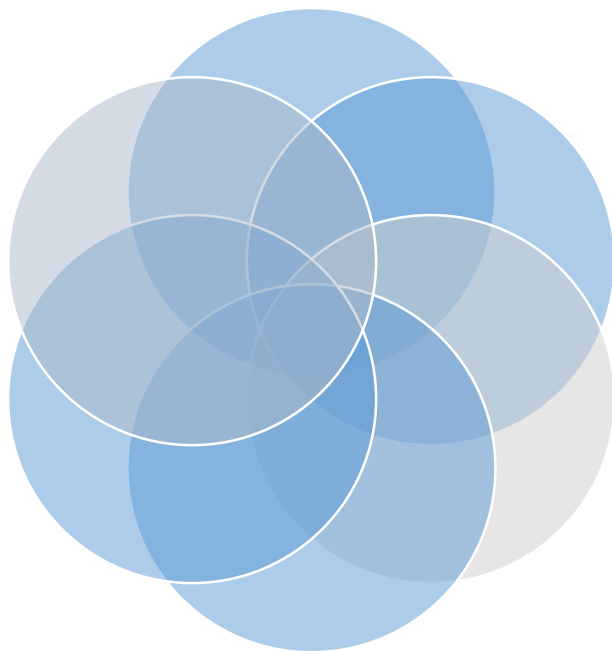
Individuals **DO NOT** need to be in receipt of ECM in order to receive a Community Supports (CS) service.

Key Points

Optional services

PHC can add
more Community
Supports later

TAR criteria for
each service



May vary by
county

In-Lieu of a Medi-Cal
benefit;

- Must be cost effective

Focusing on the Social
Determinants of Health



Community Supports Services

On January 1, 2022, PHC will provide the following six (6) Community Supports services to eligible members. MCPs may add or remove Community Supports at defined intervals: every six (6) months for an addition and annually for a removal.

Housing Transition
Navigation Services

Housing Deposits

Housing Tenancy

Short-Term Post
Hospitalization Housing

Recuperative Care
(Medical Respite)

Medically Tailored
Meals/Medically
Supportive Food

Policies

Policy MCUP3142

- CalAIM Community Supports (CS)

Policy MCUP3041

- Treatment Authorization Request (TAR) Review process



<http://www.partnershiphp.org/Providers/Medi-Cal/Pages/Provider-Manuals.aspx>



Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Housing Transition/Navigation Services						
H0043	Supported housing; per diem	U6	Used by Managed Care with HCPCS code H0043 to indicate In- Lieu of Services supported housing	\$386.00	PMPM	As Needed-No more than 90 days in a continuous duration
H2016	Comprehensive community support services; per diem	U6	Used by Managed Care with HCPCS code H2016 to indicate In- Lieu of Services comprehensive community support services	\$386.00	PMPM	As Needed-No more than 90 days in a continuous duration
Housing Deposits						
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.	U2	Used by Managed Care with HCPCS code H0044 to indicate In- Lieu of Services Housing Deposit	Null-See note		Once Per Lifetime
Short-Term Post-Hospitalization Housing						
H0044	Supported housing, per month. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Deposits.	U3	Used by Managed Care with HCPCS code H0044 to indicate In- Lieu of Services Short-Term Post- Hospitalization Housing	\$108.00	Per Diem	Once Per Lifetime. Not to exceed 6 months. TAR note: up to a count of 6 can be approved upon receipt of initial TAR





Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Recuperative Care (Medical Respite)						
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used by Managed Care with HCPCS code T2033 to indicate In-Lieu of Services Recuperative Care (Medical Respite)	\$204.00	Per Diem	As Needed -no more than 90 days continuous duration
T1002	RN services; up to 15 mins	U6	Used by Managed Care with HCPCS code T1022 to indicate In-Lieu of Services Recuperative Care (Medical Respite)	Null-See note	15 Mins	As Needed -no more than 90 days continuous duration
Medically-Supportive Food/Meals/Medically Tailored Meals						
S5170	Home delivered prepared meal	U6	Used by Managed Care with HCPCS code S5170 to indicate In- Lieu of Services Medically- Supportive Food/Meals/Medically Tailored Meals	\$9.50	Per Meal	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.
S9470	Nutritional counseling, diet	U6	Used by Managed Care with HCPCS code S9470 to indicate In-Lieu of Services Medically-Supportive Food/Meals/Medically Tailored Meals	\$41	Per Nutritional Assessment	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.
S9977	Meals; per diem, not otherwise specified	U6	Used by Managed Care with HCPCS code S9977 to indicate In- Lieu of Services Medically- Supportive Food/Meals/Medically Tailored Meals	\$66.00	Per Weekly Grocery Box Delivered	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.



Reminders

A TAR is required for all Community Supports services. There are specific criteria for each service.

PHC shall review all Community Supports TARs in an equitable and non-discriminatory manner.

PHC shall screen members during the review process for Community Supports services and can make referrals for additional services when appropriate.

Member eligibility is required to be valid at the time the TAR is submitted and must remain eligible throughout the time the services are provided.

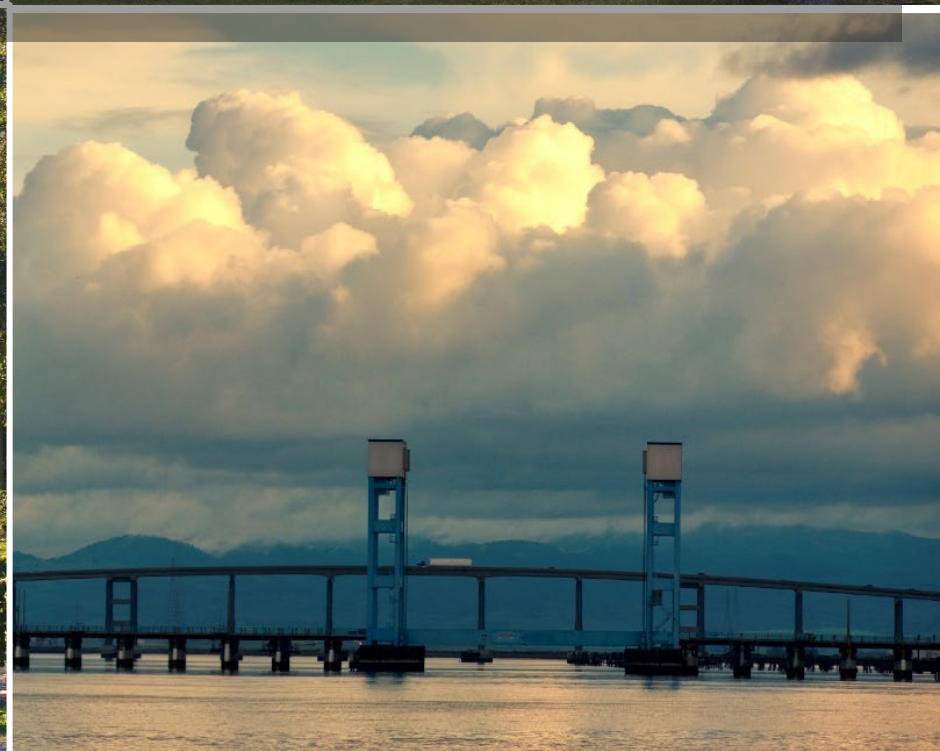
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Provider Relations



Interpretive Services

Telephone Language Services: (844) 333-3095

Providers will be asked to provide the following at the start of the call:

- PHC# - click on link to see how to find PHC # <https://bit.ly/2Ypnrul>
- Provider Site Name and City
- Member ID (if applicable)



Video Language Services:

- Determine if the device meets the technical requirements for the app (linked below).
- Request a license from AMN by completing the VRI Setup Form link and submitting.
- AMN will contact provider within three (3) business days to confirm approval status.
- Please note that each individual device will require a separate license and login

There is no cost for each provider license. PHC will pay the cost of interpreting services.

Resources:

AMN Healthcare Training Video:
<https://bit.ly/3A7x8uM>

VRI Guidelines: <https://bit.ly/3DjCF3z>
VRI Setup Form: <https://bit.ly/3lchVEv>

PRIVACY INCIDENTS

It is the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under the HIPAA Privacy Rule, which compromises the security or privacy of PHI. Privacy incidents must be reported immediately even if you don't have all the details.

When in doubt, report it to PHC:

- Unsecure email with PHI
- Mistakenly sent fax with PHI
- Computer breach
- Malware detection

Report Discovery of Incident within 24 hours by:

Email RAC_Reporting@partnershiphp.org

Fax (707) 863-4363

Anonymously at (800) 601-2146



Fraud, Waste and Abuse

FRAUD

- An intentional act of deception, misrepresentation, or concealment in order to gain something of value.

WASTE

- Over-utilization of services (not caused by criminally negligent actions) and the misuse of resources.

ABUSE

- Excessive or improper use of services or actions that is inconsistent with acceptable business or medical practices. This refers to incidents that, although not fraudulent, they may directly or indirectly cause financial loss.

Examples

- Charging excessive costs for services or supplies
- Billing for services at a higher rate than justified
- Providing medically unnecessary services

Partners in Fighting Fraud

We ask our providers help us combat fraud by reporting suspicious and fraudulent activity. DHCS and CMS require us to maintain a robust anti-fraud plan and share it with our providers, members, and employees.

- PHC Anonymous Fraud Hotline (800) 601-2146
- Medi-Cal Fraud Issues (800) 822-6222
- Medicare Fraud Issues (800) 633-4221

Data Sharing

PHC Shares data with its providers through the Provider Portal and the PHC website

PHC shares information with members through the Member Portal and the PHC website.

Community Resources



Members can access health education materials and community resources online at:

<http://www.partnershiphp.org/Members/Medi-Cal/Pages/Health%20Education/Health-Education---Members.aspx>



CalAIM Resources



➤ DHCS CalAIM Website

<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

➤ DHCS CalAIM Community Support Policy Guide

<https://www.dhcs.ca.gov/Documents/MCQMD/ILOS-Policy-Guide-September-2021.pdf>

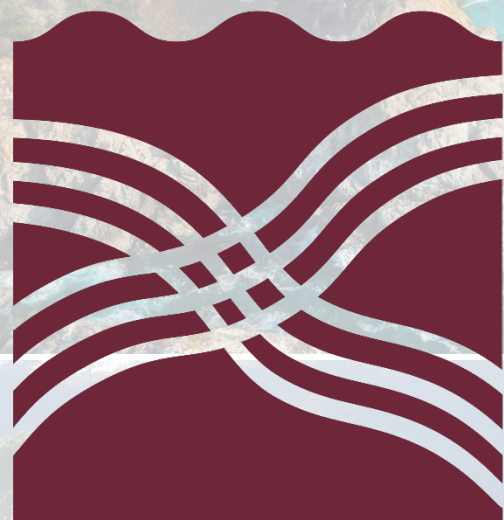
➤ DHCS CalAIM Community Support Fact Sheet

https://www.dhcs.ca.gov/Documents/MCQMD/Fact-Sheet-ILOS_final_4-14-2021_a11y.pdf

➤ PHC CalAIM Initiatives and Programs

<http://www.partnershiphp.org/Community/Pages/CalAIM.aspx>

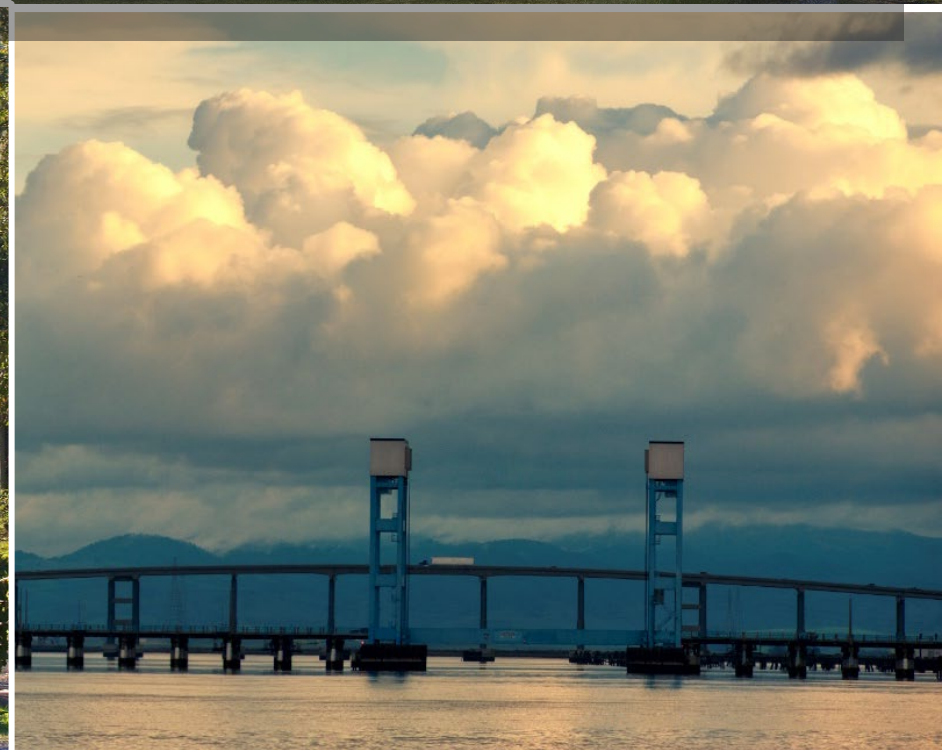
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Invoicing and Claims



How to Submit Claims

Electronic Claims

Electronic Data Interchange (EDI)

- ✓ Submission of HIPAA-compliant 5010 version 837P File
- ✓ Preferred submission method for faster reimbursement
- ✓ Contact EDI Enrollment and Testing at:

Phone: (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org

Paper Claims

- ✓ Submission of CMS-1500 format only
- ✓ Send to: Partnership HealthPlan (Medi-Cal)

P.O. Box 1368
Suisun City, CA
94585-1368

Invoice Billing Format

- ✓ Contact EDI Enrollment and Testing at:

Phone: (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org to establish secure FTP connection prior to submission.



Invoice Billing Format

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Invoice Number	Invoice Date (MM/DD/YYYY)	Billing Provider NPI 10 digits, numeric	Billing Provider Tax ID (TIN) 9 digits, numeric no dashes	Billing Provider Last Name or Organization Name REQUIRED FIELD enter last name or organization name for billing provider	Billing Provider First Name Required if provider is a person. If provider is not a person, leave blank.	Billing Provider Phone Number enter 10 digit phone number (no dashes)	Billing Provider Street Address Required Field	Billing Provider City Required Field	Billing Provider State select 2 letter state abbreviation from list	Billing Provider Zip Code enter 5 digit numeric zip code	Billing Provider Entity Type Qualifier Select from List 1 - person 2 - organization	Member Client ID # CIN Required Field	Member Last Name Required Field	Member First Name Required Field

Allows providers who are not able to generate electronic or paper claims to bill for covered ECM services using a PHC-issued excel-based workbook

Invoice spreadsheets will be submitted to PHC's secure FTP site for processing

Acknowledgement and rejection reports will also be available to providers at PHC's secure FTP site

Required: 2016 Microsoft Excel version or later





Claim Inquiry Form (CIF) and Appeals

The electronic CIF system can be accessed using Provider Online Services
<https://provider.partnershiphp.org/UI/Login.aspx>

Electronic CIF - 1st Level

- Providers have 6 months to eCIF from the date on original remittance advice. Failure to eCIF within 6 months is subject to automatic denial.
- Supporting documents can be uploaded when submitting an eCIF.
- PHC will issue a response within 45 working days.

Re-CIF - 2nd Level

- Providers have 90 days from the date of 1st level eCIF determination to re-CIF.
- PHC will issue a response within 45 working days.

Appeals - 3rd Level

- Providers may submit a claim appeal if re-CIF is denied.
- Appeals must be submitted in writing within 90 days of the re-CIF denial.
- PHC will issue a response within 45 working days.

Claims Billing Tips

Providers have 365 days from the date of service to submit claims to PHC for payment consideration. Claims received on the 366th day from the date of service will be denied.

Verify the member's Client ID/CIN is valid and complete on the invoice. Do NOT use the member's Social Security number.

In cases when the provider rendering services is not a physician, Rendering Provider NPI and all fields associated with Rendering Provider should be left blank. If provider rendering services is a physician, the physician's NPI should be submitted on claim and invoice.

Providers can obtain claim status, view or print remittance advice (RA), view check payment amounts, and submit claim corrections via the PHC Provider Portal website at www.partnershiphp.org



Claims Team Contacts

Claims Resolution Unit
1-855-798-8761

Claims Customer Service
1-855-798-8757

Partnership HealthPlan of California Provider
Online Services at:
www.partnershiphp.org

Sara Lundin
Claims Resolution Coordinator
slundin@partnershiphp.org

Bonnie Fries
Claims Resolution Coordinator
bfries@partnershiphp.org



PHC Online Services Overview

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Provider Portal

PHCONLINE SERVICES

Providers who are eligible for Prop 56 funding can access information through the Claims module. Contact your eAdmin for access.

Did you know that as of January 1st, 2019, all CCS services will be carved in and referred to as the Whole Child Model? If you have questions please call our Customer Service @ 707-863-4130.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES



Welcome to our redesigned Provider Online Services

[eAdmin Sign up](#)

Click above to register as a new eAdmin. If you are not the designated eAdmin check with your practice manager for instructions. INTERWEB01

Username:

Password:

[Login](#)

[Forgot Username](#) [Change Password](#)



Eligibility Modules



Claim Modules



Clinical Modules



User Management



Authorizations (RAFs and TARs)

Web-based platform for providers to:

Check Eligibility Verification
Submit referrals
View status of authorizations
View status of claims
Submit eCIF (Claims Inquiry Form)

<https://provider.partnershiphp.org/UI/Login.aspx>



What is an eAdmin?

One or more key employees who manage users and their access to PHC Provider Online Services (OLS). eAdmin users create and manage accounts for their employees.

eAdmin Responsibilities

- Create accounts
- Grant and disable employee access
- Audit user accounts
- Primary Point of Contact for Portal
- Coordinate organization needs related to Portal
- Ensure individuals are HIPPA compliant

Who should be an eAdmin?

- An eAdmin should be anyone in an office that will need to:
 - Check member eligibility
 - Check Remittance Advice or Claims Status
 - Submit a TAR
- Examples – front desk staff, LPHA, biller, office manager

It is recommended there be more than one eAdmin in case of staff turnover.

eAdmin Sign Up

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES



Welcome to our redesigned Provider Online Services

eAdmin Sign up

Click above to register as a new eAdmin. If you are not the designated eAdmin check with your practice manager for instructions.

Username:

Password:


Login

Forgot Username Change Password

1. Go to <https://provider.partnershiphp.org/UI/Login.aspx>
2. Click on eAdmin Sign Up

Details Needed to Create eAdmin

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES



Online Services - Self Service Signup

IRS #:

NPI:

Check#:

Check Amount:

Online Services - Provider Secret Key

Secret Key:

Note: If you have not received a payment, please contact esystemssupport@partnershiphp.org and we will provide a secret key for you.

User Management Allows Employee Access

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES

Online Services - New User Registration

User Name:

First Name:

Last Name:

User Email:

Password:

Confirm Password:

Phone Number:

Change password after login?

Username Help!

At least 8 characters long
No special characters

Password Help!

At least 8 characters long
At least 1 number
Use one of the special characters @!%*?&
An upper and lower case letter

eAdmin Roles and Responsibilities:

- I am responsible for creating accounts for this organization
- I am responsible for managing permissions of users for various online services applications (includes granting and revoking)
- I am responsible for auditing user accounts periodically
- I am a primary point of contact for PHC online services
- I am responsible for coordination of online services for this organization
- I am responsible for ensuring that individuals of this organization only have permissions that are in accordance with the HIPPA minimum use standards set forth in 45 CFR 164.502(b) and 164.514(d)

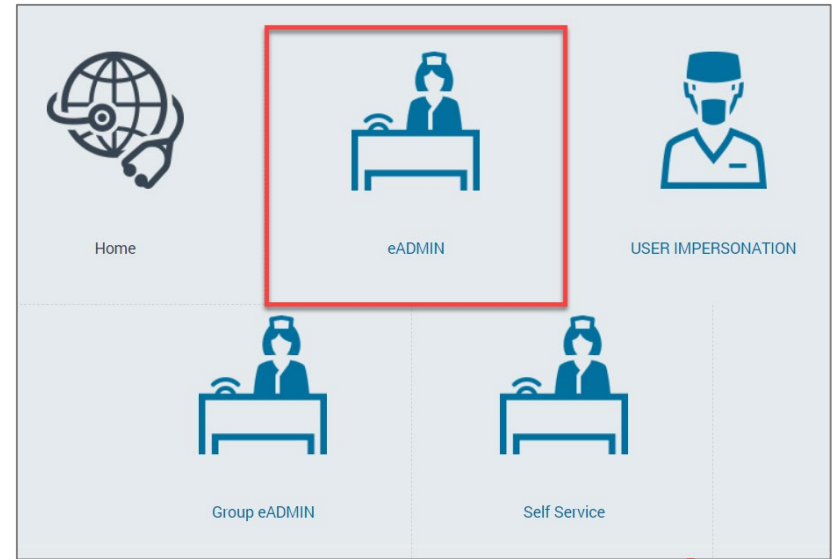
The eAdmin, must update the account for each employee, as needed. Check the box next to each feature the employee needs, then click **Save User Profile**.

Creating Regular User Profile



Eligibility Modules Claim Modules Clinical Modules

User Management Authorizations (RAFs and TARs)



Home eADMIN USER IMPERSONATION

Group eADMIN Self Service

User Details

Name: [Redacted] Email: [Redacted]
Login Group Code: [Redacted]
Username: [Redacted]
Last Login: [Redacted]

IRS Numbers:

IRS Number	IRS Name

[+ Add New User](#) Refresh

Username	First Name	Last Name	User Email	Phone Number	User Type	Is Active	Is Locked	LastLogin

PHC Online Services Modules



Checking eEligibility

PHCONLINE SERVICES Username

Home
Claim Modules
Eligibility Modules
Clinical Modules
User Management

PHC - eEligibility

Member Search

Date of Service: 1/4/2019

Social Security Number:

CIN or Healthy Kids #: 12345678A9

Last Name:

First Name:

Date of Birth:

Search Member Clear

Search Help!

Below is the search Criteria with the Date of Service

- 1.SSN (for e.g.: 999999999)
- 2.CIN (for e.g.: 999999999)
- 3.Last Name AND First Name
- 4.Last Name AND DOB (for e.g. DOB: 01/01/2015)

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
12345678A9	Smith	Jane	Female	01/01/2001	Medi-Cal	Select

Enter Date of Service

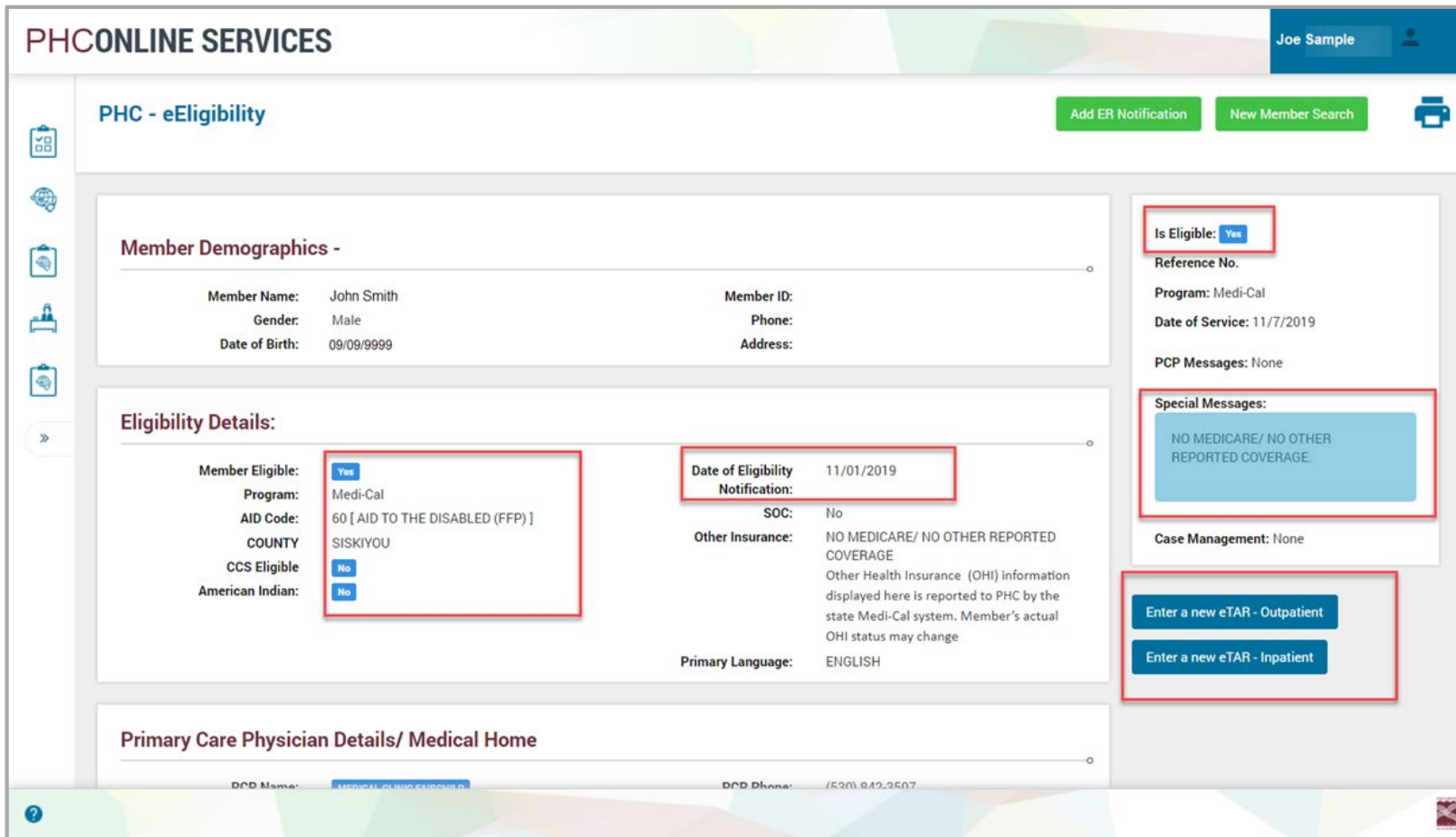
Search and Select member



Enter Member search criteria

Member eEligibility Details Screen

Providers will verify Medi-Cal member eligibility with PHC prior to rendering treatment.



PHCONLINE SERVICES Joe Sample

PHC - eEligibility Add ER Notification New Member Search

Member Demographics -

Member Name: John Smith	Member ID:
Gender: Male	Phone:
Date of Birth: 09/09/9999	Address:

Eligibility Details:

Member Eligible: Yes	Date of Eligibility Notification: 11/01/2019	
Program: Medi-Cal	SOC: No	Special Messages: NO MEDICARE/ NO OTHER REPORTED COVERAGE.
AID Code: 60 [AID TO THE DISABLED (FFP)]	Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE	
COUNTY: SISKIYOU	Other Health Insurance (OHI) information displayed here is reported to PHC by the state Medi-Cal system. Member's actual OHI status may change	
CCS Eligible: No	Primary Language: ENGLISH	Case Management: None
American Indian: No	<input type="button" value="Enter a new eTAR - Outpatient"/> <input type="button" value="Enter a new eTAR - Inpatient"/>	

Primary Care Physician Details/ Medical Home

PCP Name: MEDICAL CLINIC SAN CARLOS PCP Phone: (530) 842-2507

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eTAR Submission and Corrections



eTAR Features

eTAR entry starts from Eligibility screen or from eTAR module

eTAR Status Checking

Automatic faxing from the eTAR module

eTAR Corrections

eTAR numbers will automatically assigned by the system

Attachments

Questions on eTAR
Call Care Coordination (800) 809-1350

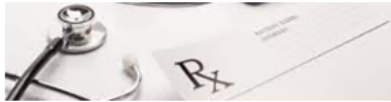
eTAR Requirements

UTILIZATION MANAGEMENT

The PHC Utilization Management (UM) program team serves to implement a comprehensive integrated process that actively evaluates and manages utilization of health care resources delivered to all members, and to actively pursue identified opportunities for improvement. The UM program serves our members by assuring that:

- Members receive the appropriate quantity and quality of healthcare services
- Service is delivered at the appropriate time
- The setting the service is delivered in is consistent with the medical care needs of our members

Submitting Referrals and Authorizations



Please use our online system to submit Referral Authorization Forms (RAF) and Treatment Authorization Forms (TAR).

Click here to submit RAFs and TAR online

Treatment Authorization Request (TAR) Requirements

Forms



If online services are not available, please use RAF and TAR forms.

- Referral Authorization Form (RAF)
 - eRAF Request Form
- Treatment Authorization Request (TAR) Form
- Long-Term Care - TAR
- Behavioral Health Therapy (BHT) Fax Cover Sheet

RAF/TAR Status



PHC's TAR/RAF inquiry system is available online.

Click here to check RAF and TAR status.

Endocrinology Guidelines



Project Echo

PHC Endocrinology Referral Guidelines

PHC Webinar: Guidelines for Endocrinology Referrals

Slides | Recording

- Treatment Authorization Requests (TAR) are submitted by the rendering provider of the service prior to a provision of services unless emergent.
- TARs can be submitted through the Provider Portal:
<https://provider.partnershiphp.org/UI/Login.aspx>
- TAR requirements can be found on our website:
<http://www.partnershiphp.org/Providers/HealthServices/Pages/Utilization-Management.aspx>

eTAR Entry

- Start from the eEligibility Screen
- Enter Member information
- Click Search Member

The screenshot displays the PHCONLINE SERVICES interface. The top navigation bar includes 'PHCONLINE SERVICES' on the left and 'Lis OConnell' on the right. A left-hand menu lists various modules: Home, Claim Modules, Eligibility Modules (highlighted), Clinical Modules, User Management, and Authorizations(RAFs and TARs). The main content area is titled 'PHC - eEligibility' and contains a 'Member Search' section. This section features several input fields: 'Date of Service' (with a calendar icon and the value '2/19/2019'), 'Social Security Number', 'CIN or Healthy Kids #' (with the value '12345678A9'), 'Last Name', 'First Name', and 'Date of Birth' (with a calendar icon). Below these fields are two buttons: 'Search Member' (green) and 'Clear' (blue). To the right of the search form is a 'Search Help!' box containing the text: 'Below is the search Criteria with the Date of Service' followed by a numbered list: 1.SSN (for e.g.: 999999999), 2.CIN (for e.g.: 999999999), 3.Last Name AND First Name, and 4.Last Name AND DOB (for e.g. DOB: 01/01/2015).

Note - if you need to edit the start date later on in the process, the system will send you back to the eEligibility screen to start over.

eTAR Entry

Eligibility screen with eRAF and eTAR buttons.

Click **Enter a new eTAR – Outpatient**

PHC - eEligibility

Add ER Notification
New Member Search

Member Demographics - Jane Doe ePrompts

Member Name: Jane Doe	Member ID: [REDACTED]
Gender: Female	Phone: [REDACTED]
Date of Birth: [REDACTED]	Address: [REDACTED]

Is Eligible: Yes

Reference No. [REDACTED]

Program: Medi-Cal

Date of Service: 10/12/2021

PCP Messages: None

Special Messages:

Substance Use Services administered by PHC. See State System for additional benefit information.

Other Health Insurance

Case Management: None

Eligibility Details:

Member Eligible: Yes	Date of Eligibility Notification: 10/01/2021	SOC: No
Program: Medi-Cal	Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE	Other Health Insurance (OHI) information displayed here is reported to PHC by the state Medi-Cal system. Member's actual OHI status may change
AID Code: [REDACTED]	Primary Language: ENGLISH	
COUNTY: HUMBOLDT		
CCS Eligible: No		
American Indian: No		

Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient

Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name: [REDACTED]	PCP Phone: [REDACTED]
PCP Address: [REDACTED]	PCP Fax: [REDACTED]

eTAR

Fields with an asterisk (*) must be completed

PHCONLINE SERVICES

PHCONLINE SERVICES

MEMBER NAME: [REDACTED] CITY: [REDACTED]

GENDER: [REDACTED] DATE OF BIRTH [AGE]: [REDACTED]

PHONE # (ON FILE): [REDACTED] PATIENT PH#: [REDACTED]

PCP DETAILS: [REDACTED] ADDRESS: [REDACTED]

PCP FAX #: [REDACTED] PCP ADDRESS: [REDACTED]

TAR Start & End Dates

START DATE: 11/15/2021 END DATE*: 11/15/2022

TAR TYPE*: [REDACTED]

Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

-Select TAR Type-

- Ancillary
- BHT
- CBAS
- Community Support
- DME
- ECM
- Incontinence
- MED

SELECT PROVIDER*: [REDACTED]

SERVICE PROVIDER ADDRESS: [REDACTED]

PREFERRED RETURN FAX#: [REDACTED] PATIENT CURRENT LOCATION*: [REDACTED]

IS URGENT: [REDACTED]

Select Provider

Primary Diagnosis (no decimal points)

Service Detail
CPT Code, Units of Service, Modifiers

Medical Justification
Typing in or uploading attachments

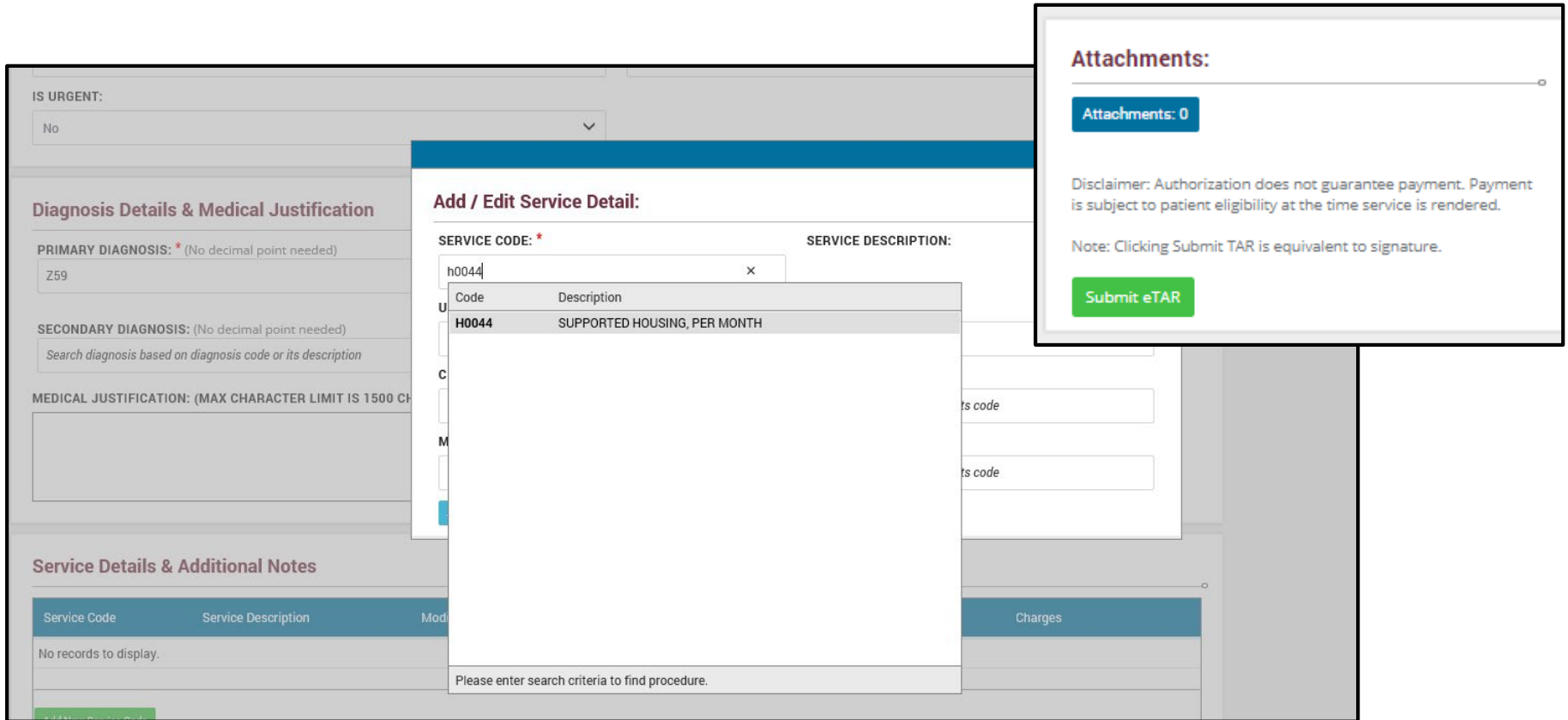
TAR Type

Date Span (retro TARS needs start date put in the eligibility page)

Patient Current Location

eTAR – Add Attachments

Remember to attach PDF documents first, then submit.



The screenshot displays the eTAR system interface. On the left, there are sections for 'Diagnosis Details & Medical Justification' and 'Service Details & Additional Notes'. The 'Diagnosis Details' section includes fields for 'PRIMARY DIAGNOSIS' (with value 'Z59') and 'SECONDARY DIAGNOSIS'. The 'Service Details' section shows a table with columns for 'Service Code', 'Service Description', and 'Mod'. A modal window titled 'Add / Edit Service Detail' is open, showing a search for 'h0044' which results in a table with one entry: 'H0044 SUPPORTED HOUSING, PER MONTH'. To the right, an 'Attachments' panel shows 'Attachments: 0' and a 'Submit eTAR' button. A disclaimer and note are also present in this panel.

Attachments:

Attachments: 0

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit eTAR

eTAR Submitted Successfully

- ✓ This means TAR has been successfully submitted, it does not mean Approved
- ✓ Note TAR number
- ✓ View TAR button allows you to see and print a copy of completed TAR
- ✓ Non-urgent TARs take 3-5 days for review

Success! TAR submitted successfully
Please allow 24 hours before checking TAR Status

TAR has been successfully Submitted

eTAR# PF2111230001 [View TAR](#)

You have successfully submitted a TAR and this is your confirmation number.
Please make sure all required non-electronic attachments are faxed promptly to ensure your request is processed.
Fax #: (707) 863-4118.
Authorization of service does not guarantee payment.
Member must be PHC eligible at the time of service and have no other applicable insurance coverage.

[Submit a new TAR](#) [TAR Status Checking](#)

eTAR Status Checking and Corrections

[Click here to access PHC's Utilization Management \(UM\) Criteria and Policies.](#)



Home



RAF Exceptions



RAF Pop-Ups



RAF Entry



eRAF Status Checking

Please allow 24 hours before checking RAF Status



TAR Entry



eTAR Status Checking

Please allow 24 hours before checking TAR Status



TAR Corrections



PHC - TAR Corrections

TAR corrections can be done if a claim has not been paid against the TAR

The following information can be corrected on a eTAR:

- Date span
- Provider
- Diagnosis
- Units of Service
- Modifier

eTAR Corrections


PHCONLINE SERVICES


Home

- Claim Modules
- Eligibility Modules
- Clinical Modules
- User Management
- Authorizations(RAFs and TARs)

TAR Status Checking


TAR Search Criteria

 In/Out Patient: *

 TAR #:

Member ID #:

TAR Span From: To:

 TAR Status:

Display most recent:

Search Help!

Please complete any one of the following search criteria to perform valid search.

- 1.TAR #
- 2.Member ID # (Member's SSN or CIN)
- 3.TAR Span : From Date and To Date - (Limited to search within last 24 months)

Search Clear

For detailed information on your TAR status, please click view letters below.

TAR Search Results

TAR #	Start & End Dates	TAR Status	Member Name	Service Provider Details	Attachments	Letters	View
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>				

No TAR's found...

eTAR Corrections

PHCONLINE SERVICES

TAR Start & End Dates

Start Date:
03/04/2019

End Date:
03/04/2020

TAR TYPE:

Out-Patient

CORRECTION - START DATE:

CORRECTION - END DATE:

SERVICE PROVIDER:

SERVICE PROVIDER DETAILS:

PROVIDER FAX# (ON FILE):

CORRECTION - SELECT PROVIDER:

CORRECTION - SERVICE PROVIDER:

CORRECTION - SERVICE PROVIDER DETAILS:

PREFERRED RETURN FAX#:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS:

R05 - Cough

SECONDARY DIAGNOSIS:

R05 - Cough

PRIMARY DIAGNOSIS - CORRECTION:

SECONDARY DIAGNOSIS - CORRECTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	Line Status
J7619	ALBUTEROL, INHALATION SOLN ADMIN THRU DME, UNIT DOSE FORM, PER MG				3	3		<input type="button" value="Edit"/> <input type="button" value="Delete"/>

ADDITIONAL NOTES:

eTAR Corrections

Click Submit TAR Correction Request

PHCONLINE SERVICES

TAR Correction

Member Details

MEMBER NAME: _____ CIN: _____

GENDER: _____ DATE OF BIRTH [AGE]: _____

PHONE #: _____ PATIENT PH#, IF DIFFERENT: _____

PCP DETAILS: _____ ADDRESS: _____

PCP ADDRESS: _____

TAR Start & End Dates

Start Date: 12/31/2021 End Date: 12/31/2021 TAR TYPE: Out-Patient

CORRECTION - START DATE: _____ CORRECTION - END DATE: _____ SERVICE PROVIDER: _____

SERVICE PROVIDER DETAILS: _____ PROVIDER FAX# (ON FILE): _____

CORRECTION - SELECT PROVIDER: _____ CORRECTION - SERVICE PROVIDER: _____

CORRECTION - SERVICE PROVIDER DETAILS: _____

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit TAR Correction Request

Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit TAR Correction Request

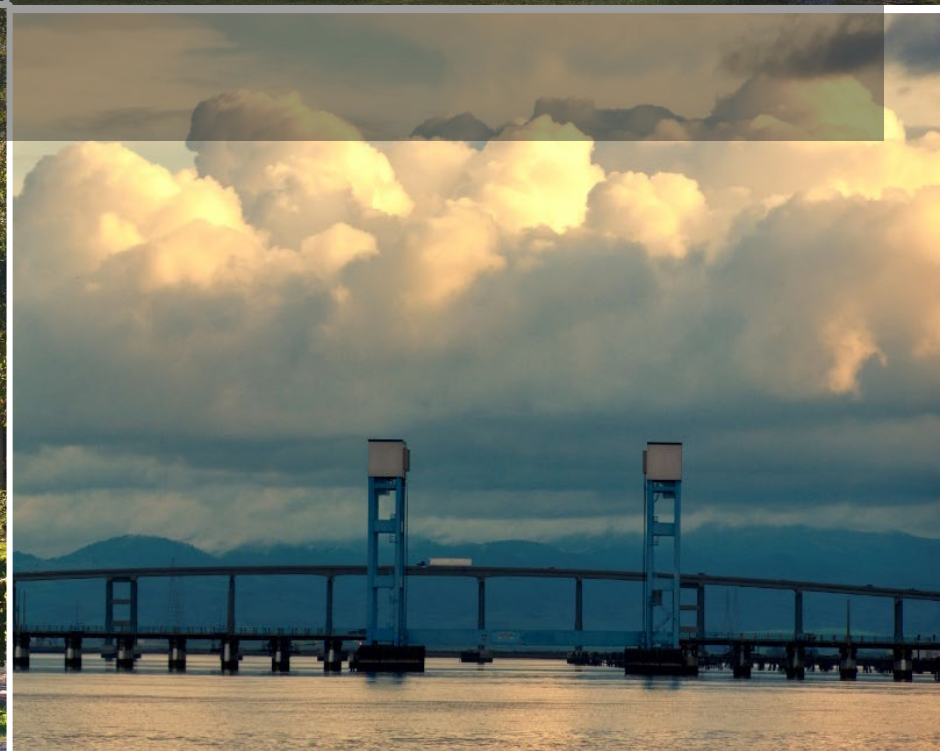
PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Roundtables



Roundtables

2022 Community Supports Provider Roundtable Schedule 9:00 – 10:00 AM

January 13, 27	April 7, 21
February 10, 24	May 12, 26
March 10, 24	June 9, 23

<https://partnershipphp.webex.com/partnershipphp/onstage/g.php?PRID=70cd645305ffa79bca707c712256412d>



Contact Us

CalAIM@partnershiphp.org

Care Coordination
(707) 863-4276

Utilization Management
(707) 863-4133

<http://www.partnershiphp.org/Community/Pages/CalAIM.aspx>

Provider Relations
(707) 863-4100

eSystemsSupport@partnershiphp.org

Automated Eligibility Verification/PCP Assignment (available 24/7):
(800) 557-5471 or Online Services Portal

Just a reminder if you are sending PHI please utilize your internal secure email system to meet HIPAA standards. If unable to send a secure email then please send via fax.



Questions

All attendees will receive an email with the following:

- Today's PowerPoint Presentation
- NPI Application Guidance
- DHCS Enhanced Care Management Coding Options (Updated November 2021)
- Invoice Billing Instructions
- FAQs
- Roundtable Flier

