

PARTNERSHIP



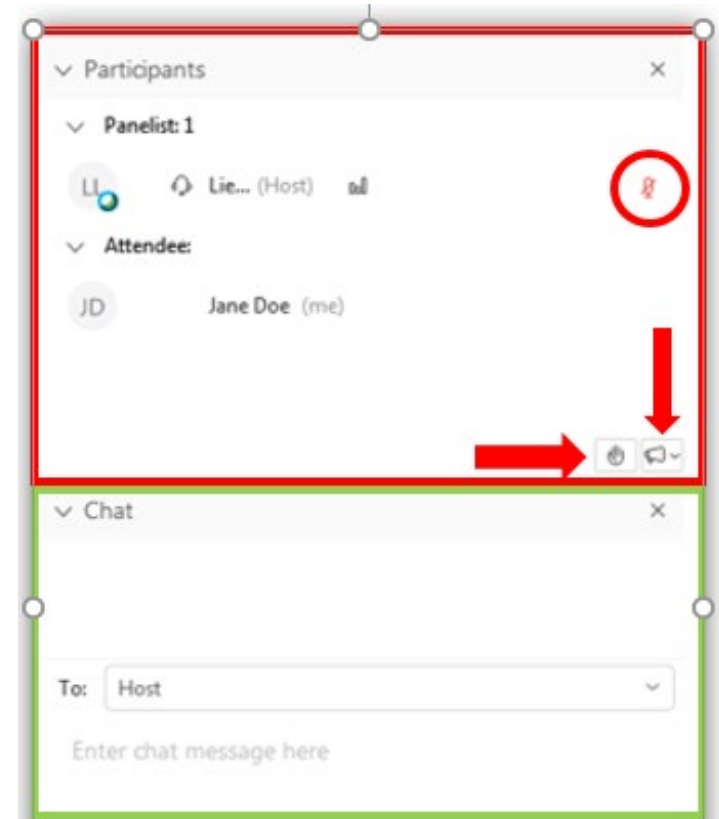
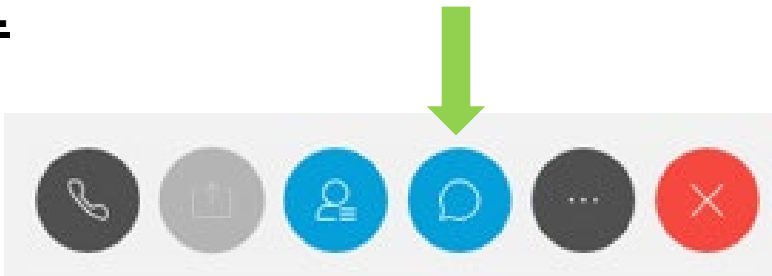
HEALTHPLAN
of CALIFORNIA
A Public Agency



New Provider Orientation Enhanced Care Management (ECM)

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
- Departments and Responsibilities
 - ✓ Member Services
 - ✓ Health Services
 - ✓ Claims
 - ✓ Provider Relations
- Provider Online Services Overview
 - eTAR Submission and Correction
- Roundtable Schedule
- Resources
- Questions

About Us



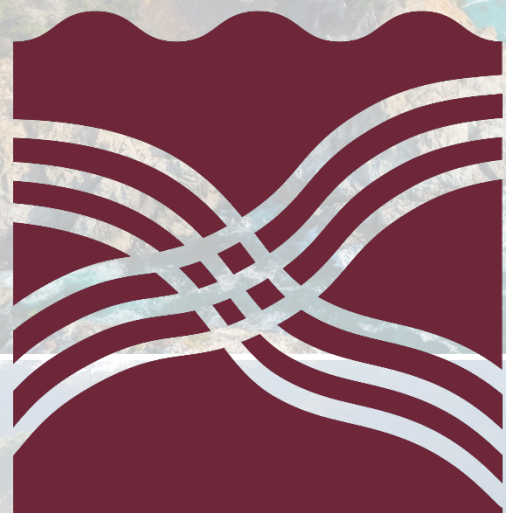
Mission:

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

Vision:

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

PARTNERSHIP

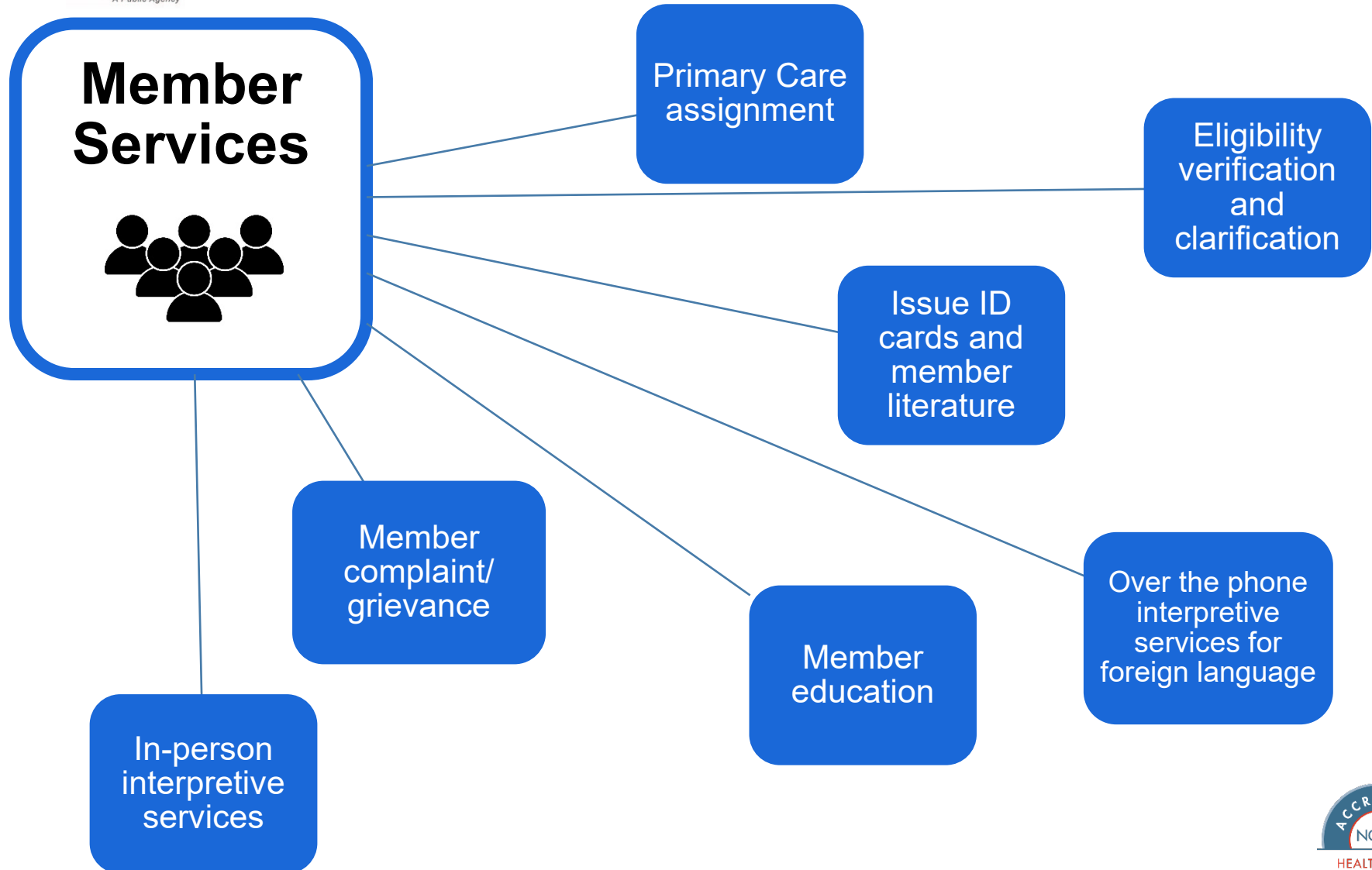


HEALTHPLAN
of CALIFORNIA
A Public Agency



Member Services

Member Services



Member Services



Behavioral Health Treatment (BHT) for Autism Spectrum Disorder

- PHC is responsible for providing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under the age of 21. Services include BHT services that are medically necessary.



Whole Child Model

- The whole Child Model (WCM) program is intended to integrate care for California Children's Services (CCS) children and their families for CCS and non-CCS conditions through care coordination and access to care.



Wellness & Recovery

- On July 1, 2020, PHC administered the Substance Use Disorder service (SUD) Program, working with seven of its 14 counties – Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano.



Mental Health

- PHC has partnered with Beacon Health Options to help manage mental health benefits for PHC members with mild to moderate mental health conditions in need of outpatient mental health services.

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Health Services



Health Services

Utilization Management

- Referral Authorizations (RAF)
- Treatment Authorizations (TAR)
- (707) 863-4133

Care Coordination

- Complex Case Management (CCM)
- Disease Management Program
- Enhanced Care Management (ECM)
- (800) 809-1350

Quality Improvement

- HEDIS
- QIP
- (707) 863-4213

Population Health

- Health Education
- (855) 798-8764

Enhanced Care Management (ECM) Policies

MCCP2032

CalAIM: Enhanced Care Management (ECM)

MCUP3143

Service Authorization Process for Enhanced
Care Management (ECM)



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

ECM Highlights

ECM Benefit:

- ✓ Comprehensive care management
- ✓ Primarily face-to-face, to address clinical and non-clinical needs
- ✓ Improve the quality and health outcomes for members with the highest level of need; who access multiple payers and systems.

Partnership will launch the first three (3) out of seven (7) Populations of Focus on January 1, 2022.

Populations of Focus:

- ✓ Homeless – Adults and Children/Youth
- ✓ High Utilizers – Adults
- ✓ Serious Mental Illness (SMI) and Substance Use Disorder (SUD) – Adults

Enhanced Care Management (ECM) Highlights

ECM Core Service Requirements:

Lead care
manager
assignment

Community-
based outreach
and engagement

Risk screening
and assessment

Social
Determinant of
Health (SDOH)
planning

Individualized
Care Plans
(ICPs)

Cultural
Competent
Communication

Coordination of care, access, support, advocacy, health education, coaching, hospital admission/re-admission prevention, transition planning, family supports and engagement.

Enhanced Care Management (ECM) Reminders

ECM Referrals:

- No wrong door approach
- ECM screening conducted

Required: Treatment Authorization Requests (TARs)

Billing/Invoicing Requirements

Reporting Requirements:

- Encounter Data
- Release of Information (ROIs)
- Individualized Care Plans (ICPs)
- Quality Oversight Monitoring Reports



ECM Codes and Rates

Enhanced Care Management

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description	Rate	Frequency
G9008	ECM In-Person: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services	\$350	Monthly PEPM
G9008	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.	\$350	Monthly PEPM
G9008	ECM Outreach In Person: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9008 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.		
G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.		



ECM Codes and Rates

Enhanced Care Management

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description	Rate	Frequency
G9012	ECM In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services	\$350	Monthly PEPM
G9012	ECM Phone/Telehealth: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2, GQ	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services.	\$350	Monthly PEPM
G9012	ECM Outreach In Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9012 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.		
G9012	ECM Outreach Telephonic/Electronic: Provided by Non- Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9012 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.		
G9012	Successful Engagement	U8		\$150	One Time

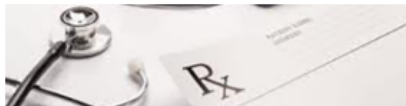
eTAR Requirements

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.partnershipp.org/UI/Login.aspx>

- TAR requirements can be found on our website:
<http://www.partnershiphp.org/Providers/HealthServices/Pages/Utilization-Management.aspx>



Collective Medical Plan

Collective Medical Plan and Data Sharing Platform Training

Tuesday, December 14, 2021
12 pm – 1pm

Register here:

<https://partnershipphp.webex.com/partnershipphp/j.php?MTID=me568ee262017abce47baead8e4052b2f>

Contact Information

Email: support@collectivemedical.com

Phone: (801) 285-0770, Monday-Friday 7:00AM-6:00PM MST

<https://secure.collectivemedical.com/static/edie-ui/#/login>

A screenshot of the Collective Medical Plan login page. The page features the "collectivemedical" logo at the top, with "A PointClickCare Company" underneath. Below the logo are two input fields: "Email Address" and "Password", each with a red underline. To the right of the password field is a link that says "Forgot password?". At the bottom of the form is a large blue button with the text "Sign In".

CaAIM Resources

➤ DHCS CaAIM Website

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

➤ DHCS CaAIM ECM Policy Guide

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

➤ DHCS CaAIM ECM Fact Sheet

https://www.dhcs.ca.gov/Documents/MCQMD/Fact-Sheet-ECM_final_4-14-2021_a11y.pdf

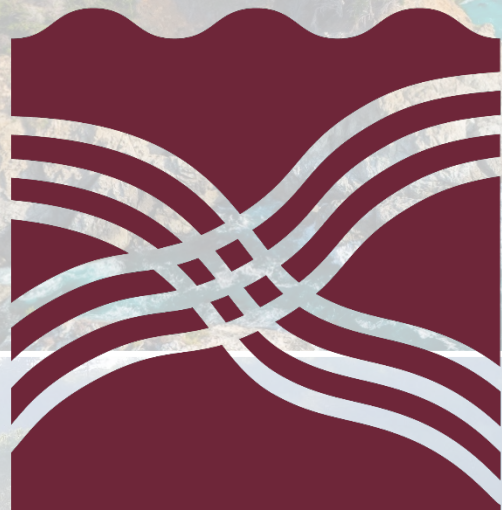
➤ PHC CaAIM Initiatives and Programs

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



The screenshot shows the DHCS website with a navigation menu (HOME, MEMBERS, PROVIDERS, ABOUT US, COMMUNITY) and a search bar. The main content area is titled 'CALAIM INITIATIVE AND PROGRAMS' and features a 'What is CaAIM?' section. This section includes a photo of a family and text explaining that CaAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of individuals on Medi-Cal by implementing a broad delivery system, program and payment reform across the Medi-Cal program. It also lists three primary goals: 1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health; 2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and 3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform. Below the goals, there are links for 'Revised CaAIM Proposal' and 'CaAIM Executive Summary and Key Changes'. A 'CaAIM Updates' section mentions that the proposal was updated on January 6, 2021, and provides a link to a research webinar.

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



ECM Referrals and Provider Assignment

ECM Member Eligibility and Referrals

ECM Member Eligibility:

- A member must meet the DHCS criteria and PHC ECM Policy Guidelines outlined in MCCP2032 CalAIM Enhanced Care Management.
- The most important eligibility guideline is that a member must fall into one of the eligible Populations of Focus.

ECM Referral Sources:

- ECM providers identifying members
- Practitioner sending PHC members directly to ECM providers
- Members self-referring to an ECM provider
- Members and/or their caregiver or Authorized Representative calling PHC requesting ECM services
- Community partners referring PHC members to an ECM provider
- Internal department referrals (ex: CC, Grievance, UM, PHM, QI, MS, etc.)
- PHC generating reports, based on available data sources, of members who may be eligible for ECM services

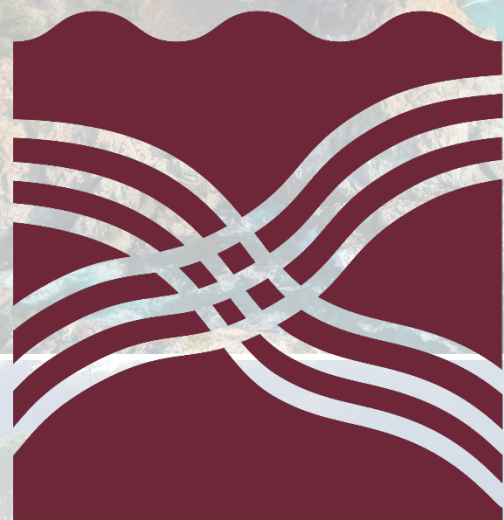
Referral Assignment

ECM Referral Assignment

In order to maximize the network and align a member with the appropriate provider as defined by DHCS, below are some of the variables the Care Coordination team will review when compiling a referral list for an ECM provider:

- Members' Population of Focus, their location, their needs/preferences (if known)
- ECM Provider's stated experience with a population of focus (ex: homeless, high utilizer, etc.)
- ECM Provider's location in proximity to the member
- Provider's stated capacity to accept new referrals
- PHC will make every effort where possible to assign the member to an ECM provider that is also their PCP of record

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



ECM Provider Capacity

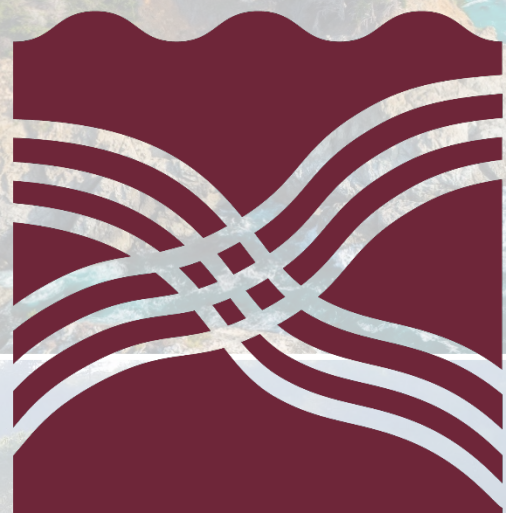


Provider Capacity Reporting

Determining and continually updating provider capacities will be crucial in this benefit's implementation.

- Establish baseline capacity for go-live on 1/1/2022 and inform PHC, including projections for capacity in the upcoming months.
- Things to consider:
 - ✓ Usual patient capacity
 - ✓ Plans to expand staff to grow capacity
 - ✓ Rough caseload estimates provided by PHC
- Be prepared to update your capacities on an ongoing basis with PHC – we want to ensure we serve everyone eligible for this benefit while accommodating your restraints for capacity.

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



ECM Provider Reporting

ECM Provider Reporting Requirements

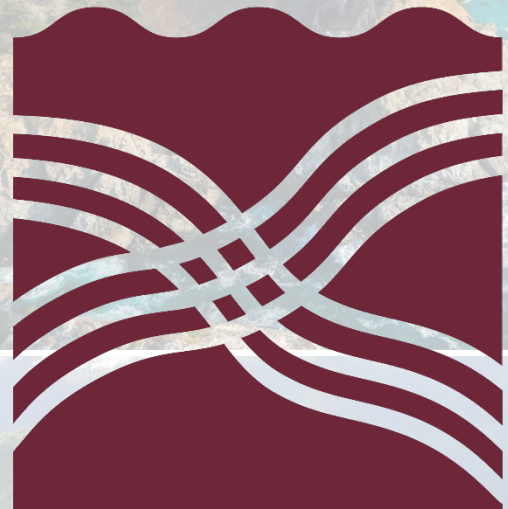
On November 18, 2021, DHCS released guidance on ECM Provider reporting.

- Templates still being developed internally and will be distributed soon.
- Two (2) templates are required per DHCS and an optional one is available – pending agreement between PHC and ECM Providers.

Some items that will be required include:

- Number of Encounters (In-Person or Telephonic/Video)
- Dates of Outreach Attempts and Method (In-Person or Telephonic/Video)

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



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.partnershipphp.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



PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Provider Relations

Provider Relations

Contracting/
network
development

Credentialing
activities

Provider
education

On-site visits,
trainings and
meetings

Provider
database
directory
maintenance

eSystems
applications
(Provider
Portal)

Provider
Newsletter
and Bulletins

Cultural and
Linguistic
Services

Provider
Dispute
Resolution

Provider
Manual

Electronic
Funds
Transfer (EFT)
via FIS 1-
877-330-4950


Provider
Support



Provider Relations Directory

Directory Changes can be submitted by completing an electronic change form to the changes provider email box (changesproviders@partnershiphp.org) or by faxing the form to (707) 863-4599. Please ensure you are keeping us up to date with provider and clinic changes, moves, additions and closures as per DHCS regulatory requirements.

PHC must be notified 90 days prior to closing the site.

	PROVIDER INFORMATION CHANGE FORM	<p><i>For PHC Use Only</i></p> <p>PR Rep: <input type="text"/></p> <p>PHC # <input type="text"/></p> <p><input type="checkbox"/> PCP: <input type="checkbox"/> South <input type="checkbox"/> North</p> <p><input type="checkbox"/> Other: <input type="checkbox"/> South <input type="checkbox"/> North</p> <p><input type="checkbox"/> Non Visit Directory Validation</p>
--	---	--

The Change form can be found at:

<http://www.partnershiphp.org/Providers/Policies/Documents/Provider%20Relations/Provider%20Relations%20Attachments/MPPR208-A.pdf>



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>

Compliance and Regulatory Affairs

PRIVACY INCIDENTS

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

Data to members is shared through the Member Portal and the PHC website

PHC Online Services Overview

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency





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. INTERWEB02

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:

[Validate Provider Details](#) [Clear](#) [Login](#)

Online Services - Provider Secret Key

Secret Key:

[Validate Skye](#) [Clear](#) [Login](#)

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

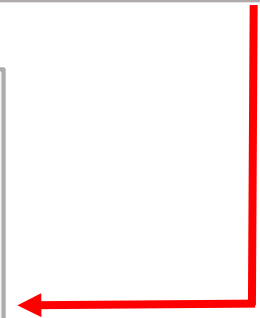
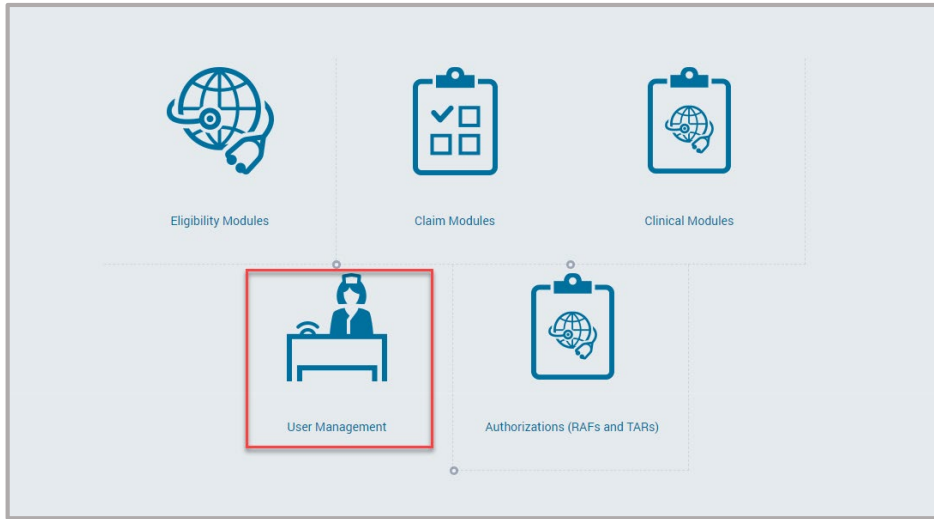
eAdmin Roles and Responsibilities:

- 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 HIPAA minimum use standards set forth in 45 CFR 164.502(b) and 164.514(d)

[Create User](#) [Clear](#) [Login](#)

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



User Details

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

Social Security Number:

CIN or Healthy Kids #:

Last Name:

First Name:

Date of Birth: 

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	<input type="button" value="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
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
American Indian: No	

Special Messages:

NO MEDICARE/ NO OTHER REPORTED COVERAGE.

Case Management: None

Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient

Is Eligible: Yes

Reference No.

Program: Medi-Cal

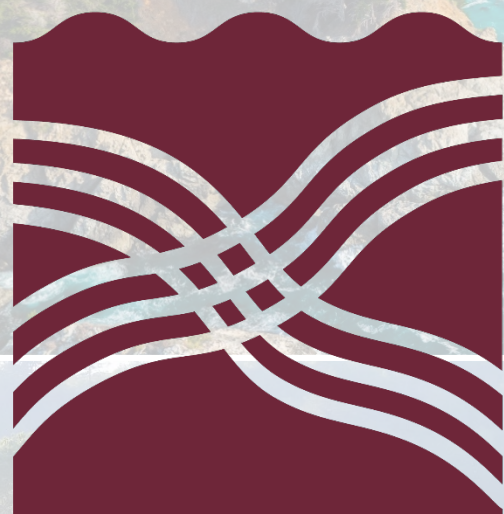
Date of Service: 11/7/2019

PCP Messages: None

Primary Care Physician Details/ Medical Home

PCP Name: [Redacted] PCP Phone: (530) 842-3507

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



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 (Including care plans, ROI, etc.)

Questions on eTAR
Call Utilization Management
(707) 863-4133

eTAR Entry

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

PHCONLINE SERVICES Lis OConnell

Home PHC - eEligibility

Claim Modules

Eligibility Modules

Clinical Modules

User Management

Authorizations(RAFs and TARs)

Member Search

Date of Service:

Social Security Number:

CIN or Healthy Kids #:

Last Name:

First Name:

Date of Birth:

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)

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]

Eligibility Details:

Member Eligible: Yes Date of Eligibility Notification: 10/01/2021
Program: Medi-Cal SOC: No
AID Code: [REDACTED] Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE
COUNTY: HUMBOLDT 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
American Indian: No

Primary Care Physician Details/ Medical Home/ Additional Services

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

Enter a new eTAR - Outpatient Enter a new eTAR - Inpatient

eTAR

Fields with an asterisk (*) must be completed

PHCONLINE SERVICES

MEMBER NAME: [REDACTED] SSN: [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: ***

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

SELECT PROVIDER: *

Select Provider

SERVICE PROVIDER ADDRESS: [REDACTED]

PREFERRED RETURN FAX#: [REDACTED]

PATIENT CURRENT LOCATION: *

-Select Patient Current Location-

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 Entry

Enter the service code and select in the drop down:

PHCONLINE SERVICES eSystems Support

IS URGENT:
 No

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed) DIAGNOSIS CODE: DIAGNOSIS DESCRIPTION:
Search diagnosis based on diagnosis code or its description

SECONDARY DIAGNOSIS: (No decimal point needed)
Search diagnosis based on diagnosis code or its description

MEDICAL JUSTIFICATION: (MAX CHARACTER LIMIT IS 1500 CH)

Service Details & Additional Notes

Service Code	Service Description
No records to display.	

[Add New Service Code](#)

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

Add / Edit Service Detail:


SERVICE CODE: * SERVICE DESCRIPTION: OTHER SPECIFIED CASE MGMT

Code	Description
G9008	Coordinated care fee, phys coordinate care oversight scvcs

Please enter search criteria to find procedure.

eTAR – Add Attachments

Remember to attach PDF documents first, then submit.

PHCONLINE SERVICES
eSystems Support 

IS URGENT:
No ▼

Select Patient Current Location: ▼

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)
Search diagnosis based on diagnosis code or its description

DIAGNOSIS CODE:

DIAGNOSIS DESCRIPTION:

SECONDARY DIAGNOSIS: (No decimal point needed)
Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

MEDICAL JUSTIFICATION: (MAX CHARACTER LIMIT IS 1500 CHARACTERS)

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3
G9008	Coordinated care fee, phys coordinate care oversight scvcs	U1	GQ	

Add New Service Code

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

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

The screenshot displays the PHCONLINE SERVICES interface. At the top left, the text 'PHCONLINE SERVICES' is visible. A large green checkmark is centered on the page. Below it, a green banner contains the text: 'Success! TAR submitted successfully. Please allow 24 hours before checking TAR Status'. The main message reads 'TAR has been successfully Submitted' followed by 'eTAR# PE2111150001' and a green 'View TAR' button. A red notice states: '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.' At the bottom, there are two buttons: 'Submit a new TAR' and '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)

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 DETAILS:

CORRECTION - SERVICE PROVIDER:

PREFERRED RETURN FAX#:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS:

R05 - Cough

SECONDARY DIAGNOSIS:

R05 - Cough

PRIMARY DIAGNOSIS - CORRECTION:

Search diagnosis based on diagnosis code or its description

SECONDARY DIAGNOSIS - CORRECTION:

Search diagnosis based on diagnosis code or its description

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		Edit Delete

ADDITIONAL NOTES:

eTAR#: F

Submit TAR Correction

PRINT

Close

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: _____

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

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: _____

Select Provider

CORRECTION - SERVICE PROVIDER DETAILS: _____

Submit TAR Correction Request

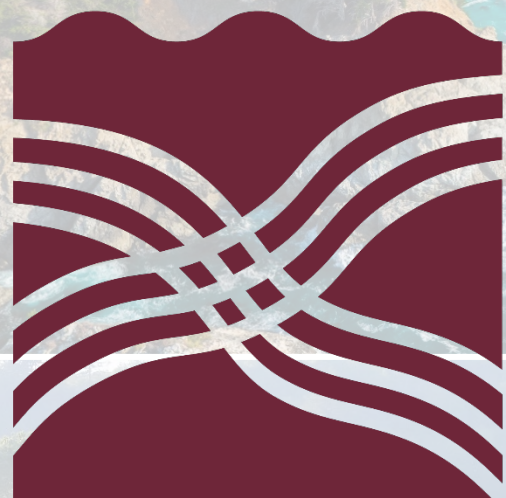


Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit TAR is equivalent to signature.

Submit TAR Correction Request

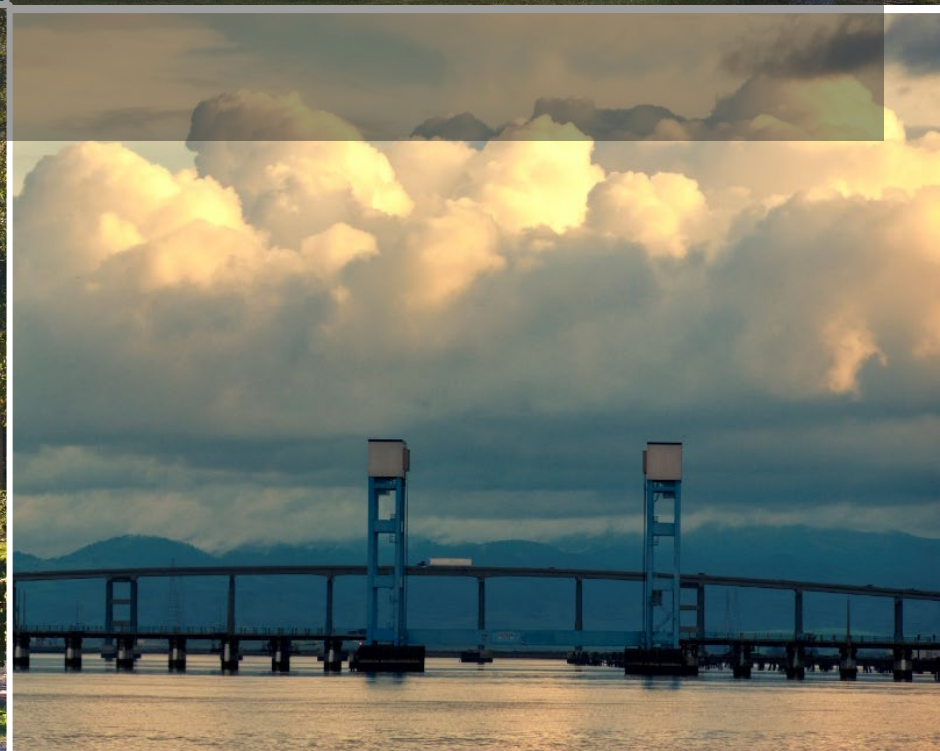
PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Roundtables



Roundtables

2022 ECM Provider Roundtable Schedule 12:00 – 1:00 PM

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=653897d6c98588dd1caa3a82f184bf18>



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)
- Billing and Invoice Instructions
- FAQs
- Roundtable Flier

