New Provider Orientation

Provider Relations
January 2022

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- Departments and Responsibilities
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About Us

REGIONAL OFFICES
- Eureka
- Fairfield
- Redding
- Santa Rosa

Mission:

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

Vision:

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

Organizational Goals
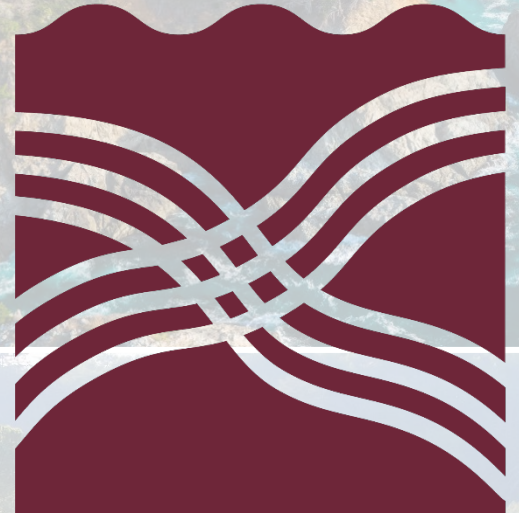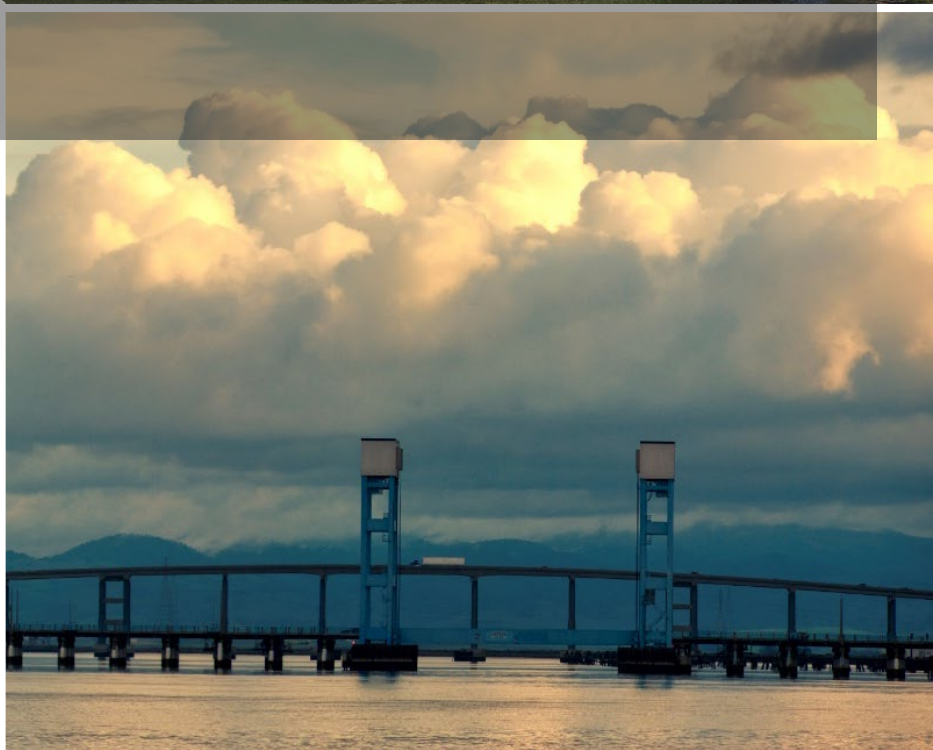

Improve patient access to care

Focus on primary and preventative care

Increase availability of specialty services

Decrease avoidable emergency room services

Provide timely reimbursement

Be a locally responsive organization

Organizational Goals

Member Services

Member Services

Member Services

In-person interpretive services are available (if patient meets criteria) by prior arrangement for hearing impaired or foreign languages

Primary Care Assignment

Over the phone interpretive services for foreign language is available for all patients

Member education

Member complaint/grievance

Issue ID cards and member literature

Eligibility verification and clarification

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Membership

DIRECT MEMBERS

Members not assigned to a PCP are referred to as "Direct Members"

Members with a Share of Cost (SOC)

1st month eligibility, if they haven't picked a PCP

Long Term Care (LTC) residents

Foster care children, if known to PHC

Specific medical conditions such as transplant or ESRD

Direct Members do not need RAFs

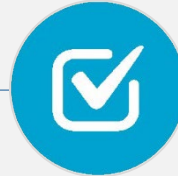## WHO ARE OUR MEMBERS?

Medi-Cal Recipients

February 1, 2021 PHC, at the request of DHCS, changed special members to direct members. This is only a name change.
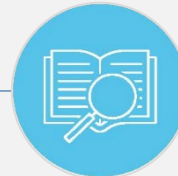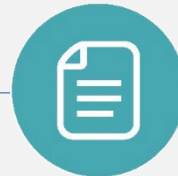
Primary Care Provider (PCP) Assignment

Members who are assigned to a unique PCP site are called "Case Managed" members

Members select their PCP from a list of practices that are open.

Members who do not select a PCP will be assigned based on home zip code to a practice open to new members.

The PCP is responsible for the management of patient's care. The PCP office issues Referral Authorization Form (RAF) for specialty care.

Accessibility

Preventive Care – within 10 business days of request

Routine Care – within 10 business days of request

**Prenatal Care** – within 10 business days of request

Newborn Care – newborns discharged from hospital should be seen within 48 hours of discharge

Emergent Visit – immediate treatment or referral to an appropriate emergency services provider
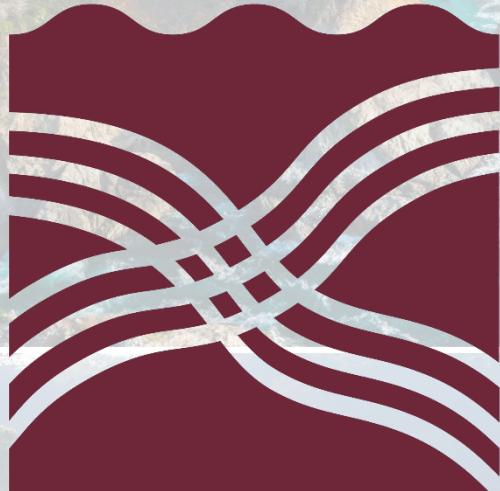
Same Day Appointments – open access appointments available same day or advanced access appointment scheduling if patient prefers

Specialty Care – within 15 business days

Urgent Care – within 48 hours
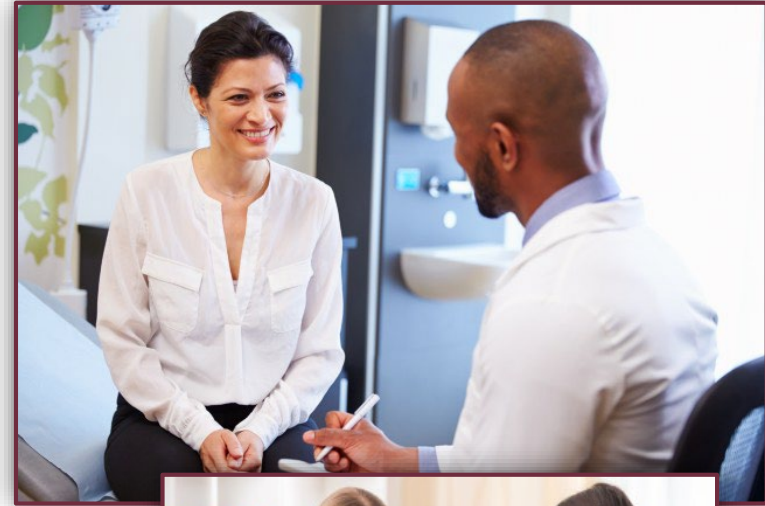
Health Services

Health Services

Utilization Management
- RAFs
- TARs
- (707) 863-4133

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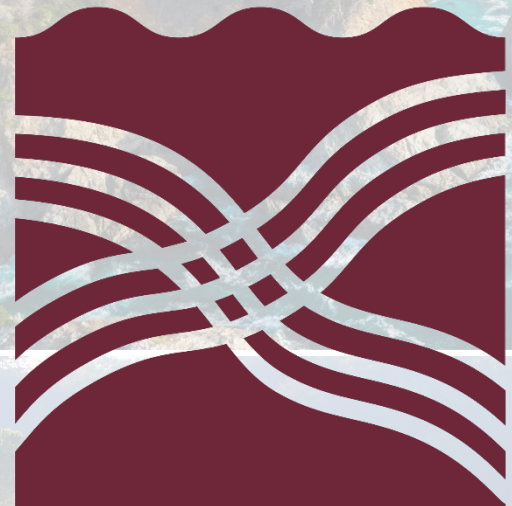- Enhanced Care Management (ECM)
- (800) 809-1350

Quality Improvement
- HEDIS
- QIP
- (707) 863-4213

Population Health
- Health Education
- Community Outreach
- (855) 798-8764

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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

Provider Support

- General Claims information
- Denied Claims
- Claims Submission Process
- Remittance Advice (RAs)
- CHDP
- Claims Inquiry Form (CIF)

Services provided by EDI

- Assists providers with the set-up of electronic billing
- Supports each provider that is currently billing electronically
- Works with provider's clearing house
- 835 files
- 837 submission files

Claims Customer Service Phone Number:
(707) 863-4130

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Claims Mailing Addresses and Limits

Partnership HealthPlan (Medi-Cal)
P.O. Box 1368, Suisun City CA 94585-1368

Billing limit = 365 days.
This will apply to claims for date of service on or after 07/1/2014.

PCP-QIP – note to receive PCP-QIP credit, billing limit is 90 days.

Paper Claims, CIFs and Appeals can be sent to address above.

**"Clean" claims are processed within 30 days of receipt
Current Version CMS 1500**

Claim Inquiry Form (CIF) and Appeals

CIF/eCIF - 1st Level
- Use eCIF feature on the Provider Portal.
- Supporting documents can be uploaded when submitting an eCIF. Turnaround, if error free, is 45 working days.
- Providers have 6 months to eCIF from the date on original RA. Failure to eCIF within 6 months is subject to automatic denial.

Re-CIF - 2nd Level
- Providers have a <u>one time window</u> of 90 days from the date of eCIF determination to re-CIF. Turnaround for re-CIFs is 45 working days.
- Paper CIF (least preferred method), Claims Inquiry Form #60-1 (03/07), can be obtained from State (Medi-Cal) who owns and maintains the form.

Appeals - 3rd Level
- Providers may submit a claim appeal if re-CIF denied. Appeals must be submitted in writing within 90 days of the re-CIF denial.
- Must use Medi-Cal Appeal Form #90-1 (03/07). Failure to submit an appeal within 90 days will result in denial. Turnaround for Claims Appeals is 45 working days.
- Appeals must have a signature by the provider/person authorized by the provider.

Provider Relations

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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 Communication

Provider Newsletter

http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx

Provider Bulletins

http://www.partnershiphp.org/Providers/Medi-Cal/Pages/Provider-Bulletins.aspx

Provider Updates

Policies

http://www.partnershiphp.org/Providers/Policies/Pages/default.aspx

PROVIDER RELATIONS

Supporting our Providers

The Provider Relations Department is responsible for supporting PHC providers in helping keep the communities we serve, be healthy. The department is responsible for contracting, credentialing, provider education and the Provider Directory. If you have any questions, please reach out to your Provider Relations Representative or call the Provider Relations Department at 707-863-4100.

Provider Resources

Provider Manuals
Provider Bulletin
PHC Provider Learning Portal
Provider Representative Territory
Provider Changes Requirements
Cultural Competency for Providers
Telehealth Toolkit
New Provider Education Packet
Interpretive Services | Adding Video App to Device
Video App Request Form | VRI Training Video

Provider Directory

Medi-Cal Provider Directory

Additional Resources

Provider Grievance Process
BHT Provider Best Practices
HIPAA/Fraud, Waste and Abuse
Quality Measure Highlights
Anti Bias Strategies for Providers

Policy Updates

2022 Policy Updates
2021 Policy Updates
2020 Policy Updates

Forms

Common Forms
NEMT Required Justification Form (PCS)
Provider Request to Discharge Member
Medicare/Medi-Cal Crossover Claim Form
Medical Equipment Distribution Services
Guidelines | Request Form | Instructions
Growing Together Referral Form
Referral Authorization Form (RAF)
Treatment Authorization Request (TAR) Form
Missed Appointment Form
Provider Change Form
Interested in Contracting with PHC? Click here
PHC Contracted Providers Adding New Sites, click here
PCP-Beacon Referral Form

Provider Newsletter

Winter 2021 Provider Newsletter
Fall 2021 Provider Newsletter
Summer 2021 Provider Newsletter
Spring 2021 Provider Newsletter

Provider Emergency Notification (PEN)

The Provider Emergency Notification (PEN) is designed for the PCP network to notify PHC the status of the site during a State of Emergency, Public Safety Power Shutoff (PSPS), office closure due to COVID-19 or devastation such as fire, earthquake or flood.

It is important to send your notification e-mail the night before possible closure or before 9 a.m. the following morning.

In an Emergency we encourage you to notify PHC of your clinic's status with the following information:

- Daily clinic status (open or closed)

- Alternative phone numbers (if applicable)

PEN-NR@partnershiphp.org - **Northern Region** counties (Del Norte, Siskiyou, Modoc, Humboldt, Trinity, Shasta, Lassen)

PEN-SR@partnershiphp.org - **Southern Region** counties (Mendocino, Lake, Sonoma, Napa, Yolo, Solano, Marin)

Provider Relations Directory

On January 1, 2018, PHC launched our new searchable Online Provider Directory with interactive tools. If you believe that you have found an error email PHCDirectory@partnershiphp.org.

BASIC SEARCH - PRIMARY OR SPECIALTY CARE PROVIDER

a. Complete all required fields with a "*"

b. You can narrow your search by entering more information in other fields

c. To search for a PCP Site Location or Specialist Site Location, click here

Click here for Glossary of Terms.

|	
* Provider Type ❓	Specialty ❓
-Select- ▾	-Select- ▾
Provider Languages ❓	City ❓
-Select- ▾	
Accepting New Patients	Detect My Location
☐	☐
Show Results Within	Zip Code ❓
-Select- ▾	
	County ❓
	-Select- ▾

Search   **Clear Screen**
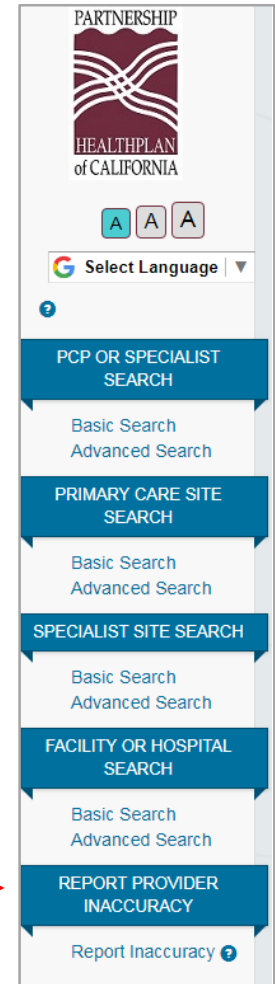
The online directory is updated daily to reflect changes made the previous business day.

PARTNERSHIP HEALTHPLAN of CALIFORNIA

A A A

G Select Language | ▾

❓

PCP OR SPECIALIST SEARCH

Basic Search
Advanced Search

PRIMARY CARE SITE SEARCH

Basic Search
Advanced Search

SPECIALIST SITE SEARCH

Basic Search
Advanced Search

FACILITY OR HOSPITAL SEARCH

Basic Search
Advanced Search

REPORT PROVIDER INACCURACY

Report Inaccuracy ❓

If you find an error you can report it by clicking *Report Inaccuracy* and completing the questions.

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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.

The Change form can be found at: http://www.partnershiphp.org/Providers/Medi-Cal/Documents/OnDemandTrainingWebinars/Common%20Forms/Provider%20Information%20Change%20Form.pdf

Staying Healthy Assessments (SHA)

The Staying Healthy Assessment (SHA) is an (IHEBA) approved by the Department of Health Care Services (DHCS) and is designed to help determine and meet any specific behavioral health education needs the patients might require. The SHA consists of seven age-specific pediatric questionnaires and two adult questionnaires. Our threshold languages are available on PHC website as well as information on other languages.

The SHA, through its set of questionnaire can help providers identify high-risk behavior, set priorities for behavior change, and refer patients for appropriate services.

PHC wants our providers to meet state regulations. The purpose of the SHA is to ensure Medi-Cal member's healthcare needs are met.

Timeline Requirements:
- Age 0 -17 - Within 120 days of enrollment.
- Age 7-12 yrs - 1st Scheduled Exam, after entering new age group.
- Adults/Seniors - within 120 days of enrollment, then every 3-5 years. PCP reviews and initials.

The state may audit your office so make sure the SHA is being utilized.

http://www.partnershiphp.org/Providers/HealthServices/Pages/SHA-Training-for-Providers.aspx

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SHA Periodicity

DHCS Form Numbers	Periodicity — Age Groups	Administer — Within 120 Days of Enrollment	Administer /Re-Administer — 1st Scheduled Exam *(after entering new age group)*	Every 3-5 Years	Review — Annually *(intervening Years)*
DHCS 7098 A	0 – 6 Mo	√			
DHCS 7098 B	7 – 12 Mo	√	√		
DHCS 7098 C	1 - 2 Yrs	√	√		√
DHCS 7098 D	3 - 4 Yrs	√	√		√
DHCS 7098 E	5 - 8 Yrs	√	√		√
DHCS 7098 F	9 -11 Yrs	√	√		√
DHCS 7098 G	12 - 17 Yrs	√	√		√
DHCS 7098 H	Adult	√		√	√
DHCS 7098 I	Senior	√		√	√

California Children's Services Move to Whole Child Model

Who – California Children's Services (CCS) members who are already assigned to Partnership HealthPlan of California

What – The Whole Child Model (WCM) program is intended to integrate care for CCS children and their families for CCS and non-CCS conditions through care coordination and access to care.

Where – PHC's 14 counties

When – January 19, 2019

Why – California law (SB 586) mandated change for PHC and counties

What Remains the Same
- ✓ CCS Counties will continue to determine program eligibility
- ✓ CCS services, benefits, and CCS-paneled providers
- ✓ CCS program eligibility requirements
- ✓ Medical Therapy Program/Unit (MTP/MTU) operation
- ✓ Authorization and case management for CCS services for children who are **NOT** PHC members

What Changed
PHC will provide Case Management, Utilization Management (TARs), and Integration of CCS and non-CCS services.

Blood Lead Screening

Federal and State law *requires* clinicians caring for Medi-Cal patients to conduct blood lead screening on **all** children at 12 and 24 months of age, and to talk about potential lead exposures at **every** well child visit from 6 months to 6 years of age.

Beginning January 1, 2021 PHC will reach out to all members aged 6 months to 6 years who have no recorded blood lead screening to recommend lead screening. PHC will pass this list to Primary Care Providers (PCP) who are expected to reach out to these members to remind them to get tested.

If providers elect not to order the screening, they must:

- document in detail the reason for not conducting the screening
- include the signature of the parent/guardian who refused the screening
- or the reason the signature could not be collected

PHC offers several Improvement Programs, including the Primary Care Provider Quality Improvement Program (PCP QIP) offering financial incentives, data resources, and technical assistance to providers who serve our members so that significant improvements can be made in the following areas:

Prevention and Screening	Chronic Disease Management	Appropriate Use of Resources
Primary Care Access and Operations	Patient Experience	

For more information visit:

http://www.partnershiphp.org/Providers/Quality/Pages/PCPQIPLandingPage.aspx
http://www.partnershiphp.org/Providers/Medi-Cal/Pages/ProviderEducationTrainingMaterials.aspx

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Behavior Health Treatment (BHT) for Members Under the Age of 21

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 determined to be medically necessary to correct or ameliorate any physical behavioral conditions.

Providers can check member eligibility online through the provider portal: https://provider.partnershiphp.org/UI/Login.aspx

Refer to the provider directory for a list of contracted BHT providers: http://www.partnershiphp.org/Members/Medi-Cal/Pages/Find-a-Primary-Care-Provider.aspx

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Developmental Screening

All children enrolled in Medi-Cal are entitled to receive developmental screening, a required service for children under the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit.

National guidelines recommend developmental screening for all children at nine months, 18 months, and 30 months of age and as medically necessary when risk is identified on developmental surveillance.

CPT Code 96110.KX

- Payable per year, age (2 months to <20) without a TAR.
- Used for screening that does not include one of the nine screening tools approved by DHCS.
- Autism only screening, socio-emotional screens and other must use 96110.KX
- Paid fee for service (not part of PCP capitation).

CPT Code 96110

- Payable per year, age (2 months to <20) without TAR.
- Used for screening that includes one of the nine screening tools approved by DHCS.
- Paid fee for service (not part of PCP capitation).

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Wellness & Recovery

Starting July 1, 2020, Partnership HealthPlan of California (PHC), working with seven of its 14 member counties – **Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano** – will administer the substance use disorder (SUD) services program.

Wellness & Recovery (W&R) Program which includes:

- Outpatient treatment (licensed professional or certified counselor, up to nine hours per week for adults)
- Intensive outpatient treatment for individuals with greater treatment needs (licensed professional or certified counselor, structured programming, nine-19 hours per week for adults)
- Detoxification services (withdrawal management)
- Residential treatment (DHCS licensed facility, certified staff)
- Medically assisted treatment (methadone, buprenorphine, disulfiram, naloxone)
- Case management
- Recovery services (aftercare)

PHC members may be screened and connected to care by calling
**Carelon Behavioral Health:
(855) 765-9703**

Mental Health

Beacon Health Options will change its name to **Carelon Behavioral Health** on March 1, 2023. Carelon Behavioral Health provides mental health care services.

☑ Screens, then directs members to local Carelon Behavioral Health provider if **mild to moderate impairment** is determined.

☑ Supports member's transition between levels of care from Carelon Behavioral Health to County Mental Health or vice versa.

☑ Offers PCPs psychiatric decision support via telephone consultation with a Carelon Behavioral Health psychiatrist.

☑ Medication management and diagnostic clarification.

☑ Calls related to outpatient mental health services can be connected to Carelon Behavioral Health at **(855)-765-9703.**

Visit our Mental Health Services page for more resources:
http://www.partnershiphp.org/Providers/BehavioralHealth/Pages/Mental-Health-Services.aspx

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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

- Support Groups
- Emergency Response
- Vision Services
- Support Groups
- Veteran Services
- Children and Families

- Dental
- Disabilities
- Clothing and Personal Care
- COVID-19
- Transportation
- Utilities

CalAIM

The **California Advancing and Innovating Medi-Cal (CalAIM)** initiative utilizes the Medi-Cal program to help address the multifaceted challenges facing California's most vulnerable residents such as individuals experiencing homelessness, behavioral health care access, children with complex care needs, the growing number of justice-involved populations who have significant clinical needs and the growing aging population.

A member must meet the DHCS criteria and PHC ECM Policy Guidelines outlined in MCCP2032 CalAIM Enhanced Care Management.

For more information go to **http://www.partnershiphp.org/Community/Pages/CalAIM.aspx**
For Questions please contact **CalAIM@partnershiphp.org**.

Laboratory and Vision Services

Laboratory Services

- PHC members in Marin, Napa, Sonoma, Solano and Yolo counties are capitated to Quest Diagnostics for routine lab services.
- Members in Del Norte, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Trinity counties can visit PHC contracted providers, Quest and Lab Corp for routine lab services.

Vision Services

- PHC members are covered through Vision Services Plan (VSP).
- Members can refer to the provider directory for a list of contracted vision providers.
- No referral is necessary
- http://www.partnershiphp.org/Members/Medi-Cal/Pages/Find-a-Primary-Care-Provider.aspx

Provider Portal

Web-based platform for providers to:
- ✓ Check eligibility
- ✓ Capitation Reports
- ✓ Submit Referrals
- ✓ View status of authorizations
- ✓ View status of claims
- ✓ Submit eCIF (Claims Inquiry Form)

PHCONLINE SERVICES

Eligibility Modules   Claim Modules   Clinical Modules

User Management   Authorizations (RAFs and TARs)

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: Username

Password: Password

Login

Forgot Username Change Password

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

eEligibility

Verify current and retroactive eligibility with PHC

Identify member's PCP and other capitated entities:

Quest Laboratories: lab services	**Vision Service Plan:** vision care	Hospital (if applicable)	Kaiser	Mental Health – outpatient mild-to-moderate Carelon Behavioral Health Health Options

Verify Eligibility

PHC Website https://provider.partnershiphp.org/UI/Login.aspx	(800) 557-5471 24hrs a day, 7 days a week	Monday thru Friday 8AM – 5PM (707) 863-4120	If not a PHC member contact the State of California www.medi-cal.ca.gov

eRAF

Referral Authorization Form

What is a RAF?	A RAF is a permission slip from PCP to a specialist when a member is capitated to a PCP
What does a RAF Cover?	RAF's only cover office visits, consultation, evaluations, follow-ups
When do I need a RAF?	A RAF is required anytime a member has an assigned PCP If a member switches PCP's during eligibility, a new RAF is needed from the new PCP
How long does it take PHC to review a RAF?	Regular RAF request can take *up to* 5 business days, 80% will auto adjudicate. "Urgent" RAFs will be reviewed with in 1 business day
Who submits the eRAF?	PCP submits eRAF on the provider portal: https://provider.partnershiphp.org/UI/Login.aspx

eRAF

Referral Authorization Form

- eRAFs are submitted by the Primary Care Physician (PCP) to the specialist on the Provider Portal.
- PHC requires one RAF per member, per specialist.

eTAR Requirements

- 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

Medi-Cal Rx

As of January 1, 2022, Medi-Cal Pharmacy Benefits (Medi-Cal Rx) is administered through the Fee-For-Service (FFS) delivery system. For more information, go to http://www.partnershiphp.org/Providers/Pharmacy/Pages/default.aspx.
Magellan is the Pharmacy Benefit Manager (PBM) for Medi-Cal Rx.

What changed?	What stayed the same?

▪ Medi-Cal RX includes all Pharmacy services billed as a pharmacy claim, including but not limited to:
  ✓ Outpatient drugs (prescription and over-the counter), including Physician if ordered from Pharmacy
  ✓ Administered Drugs (PADs)
  ✓ Enteral nutrition products
  ✓ Medical supplies
	▪ The scope of existing Medi-Cal pharmacy coverage.
	▪ Provision of pharmacy services billed on medical or institutional claims and/or as part of a bundled/all-inclusive billing structure in an inpatient or long-term care (LTC) setting, including Skilled Nursing Facilities (SNF) and other Intermediate Care Facilities (ICF), regardless of delivery system.
	▪ Existing Medi-Cal managed care pharmacy carve-outs
	▪ Any pharmacy services billed as a medical and/or institutional claim instead of a pharmacy claim.

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

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Data Sharing

PHC shares data with its providers through the Provider Portal and the PHC website.
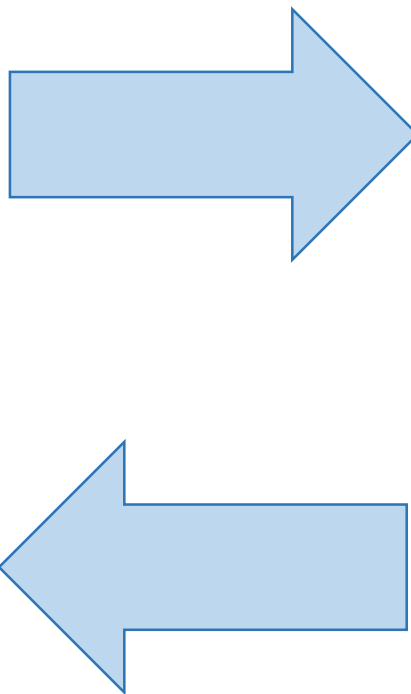
PHC shares information with members through the Member Portal and the PHC website.

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

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Contact Us

Business hours
- Monday – Friday
- 8 AM – 5 PM

Address
- 4665 Business Center Drive, Fairfield CA 94534

Member Services
- (707) 863-4120

Eligibility Verification
- (800) 557-5471

Provider Relations
- (707) 863-4100

PHC Website
- www.partnershiphp.org

FIS Integrated Payables (EFT)
- (800) 330-4950

Carelon Behavioral Health
- (855) 765-9703

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