Partnership HealthPlan of California

Online Services Authorization Modules User Guide

Version	Description	Date
1.0	Initial release. Final phase of Online Services redesign.	April 2019

Version	Approver	Title
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Introduction

This *PHC Online Services Authorization Modules User Guide* supports the April 2019 version of Partnership HealthPlan of California's Online Services for these modules:

- RAF Entry
- eRAF Status Checking
- TAR Entry
- eTAR Status Checking
- TAR Corrections

In response to provider requests, the new modules feature a new, easy to use, intuitive platform for entering RAFs and TARs. You can easily submit a new RAF or TAR for the same member from the Eligibility page. You can view any letter or fax that was sent, as well as all the attachments that you submitted. You can enter retro RAFs and TARs by backdating the dates on the eligibility screen.

The RAF features include:

- RAF auto-approvals appear almost instantly when you submit your RAF. If desired, the RAF can be printed out and handed to the member. Most RAFs are auto-approved. Those that aren't auto-approved show a status of *In Process*, which are pending PHC review.
- You can add attachments to support your referral.
- Search functions include specialist search, where you can search by the name of the specialist, NPI, state, zip code, and specialty type.
- The diagnosis search function includes searching by diagnosis code or description.
- Check on eRAF status by RAF number, member ID number, or RAF date span.

The TAR features include:

- The ability to add attachments (admission face sheet, history and physical, progress notes, discharge summary, etc.)
- The diagnosis search function includes searching by diagnosis code or description.
- Check on inpatient eTAR status by TAR number, member ID number, admit and discharge date, and TAR type.
- Check on outpatient eTAR status by TAR number, Member ID number, start and end date, and TAR type.
- The outpatient correction function allows you to make corrections to the TAR once it is approved.

This newest version of PHC Online Services is available at https://provider.partnershiphp.org.

About This User Guide

This user guide is separated into two different sections. One section has procedures, where step-by-step instructions guide you through using the PHC Online Services' Authorizations modules. Within this section, we have also provided you with Creating a RAF – Quick Reference and PHC Generates TAR Numbers

PHC gives each TAR a unique alpha numeric filename. All the TAR numbers begin with P, for PHC Online Services. The second letter comes from the type of TAR you select as you are creating the TAR.

After the TAR type, the next six numbers in the filename come from the day the TAR was created, in the format YYMMDD. So in the example PD1903290024, the 190329 represent March 29, 2019.

The last four numbers represent the count of TARs created that day. So 0024 is the 24th TAR created that day.

The following table lists the TAR types.

TAR Types and TAR Filenames

TAR Type	Character in Filename	Sample TAR Filename
Outpatient		
DME	D	PD1903290003
MED	M	PM1903290003
Ancillary	A	PA1904150001
CBAS	C	PC1903190001
Incontinence	I	PI1903290003
BHT	B	PB1903260001
Inpatient		
LTC (Long Term Care Facility)	L	PL1903120003
SNF (Skilled Nursing Facility)	S	PS1903290003
Acute (Acute Inpatient Hospital Admissions)	H	PH1903080001

Creating a TAR – Quick Reference.

Perhaps you will use this section the first few times you perform the various procedures, and then as you get familiar with the modules, you can just refer to them on occasion.

There is also a [Page and Field Reference](#) section, where every page and field in the Authorizations module is described. You can refer to this reference section as you need.

Audience

This document provides instructions for users of the Authorization Modules of PHC Online Services. It is assumed that users are familiar with the concepts, terminologies, and numbers of their provider environments:

- Provider numbers
- Diagnosis codes (ICD10)
- Service codes
- Bed codes

Further Reading

User guides for other PHC Online Services modules are available as separate documents, including:

- *User Management Module User Guide*
- *Eligibility Modules User Guide*
- *Claims Modules User Guide*
- *Clinical Modules User Guide*

System Requirements

PHC Online Services functions in these browsers:

- Google Chrome
- Mozilla Firefox
- Internet Explorer
- Apple Safari

Getting Help

Partnership HealthPlan of California (PHC) is available to help you with PHC Online Services from 8 a.m. to 5 p.m. Pacific time, Monday through Friday. Contact us:

- (707) 863-4100
- eSystemsSupport@Partnershiphp.org

Logging In and Out of PHC Online Services

You can log in to PHC Online Services if you have a valid user or eAdmin account.

Logging In

First Login

When your eAdmin created your user account, you received an email with your username, a temporary password, and a link to the login page.

1. Click the link in the email. The page https://provider.partnershiphp.org appears in your default browser.

2. On the Login page, enter your username and temporary password.

3. The Reset Password page opens. Enter a new password. You are redirected back to the Login page.

4. Log in using your new password.

5. Read and accept the **Terms and Conditions** for using PHC Online Services.

Subsequent Logins

1. Access PHC Online Services at https://provider.partnershiphp.org.

2. Enter your username and password, and then click the **Login** button.

If you have logged in but perform no action for 20 minutes, PHC Online Services times out and closes. You need to log in again to continue your work in PHC Online Services.

Your company may have programmed a shorter time-out period.

Logging Out

When you have completed your work in PHC Online Services, you must log out.

1. Click on your name in the User Profile menu, located in the upper right corner of the page.
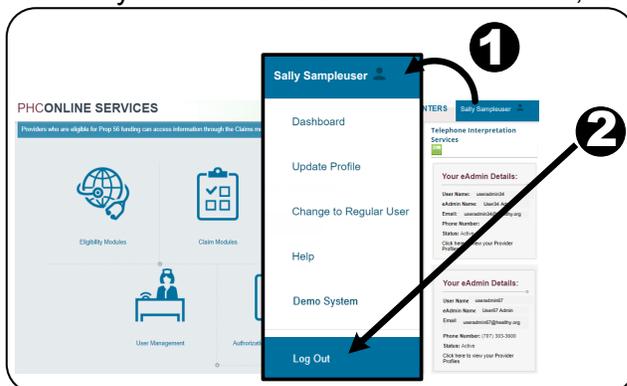
2. In the drop-down menu, click **Log Out**. You are logged out of the system, and returned to the Login page.

Managing Usernames

If you forget your username, the system assists you.

Retrieving a Forgotten Username

1. On the Login page, click on *Forgot Username*.

   The Forgot Username page appears.

2. Enter your email address. Click the **Request User Name** button. An email with your registered username will be sent to you. Use it to log in.

Managing Passwords

Please note your password expires if you have not logged in to PHC Online Services for 180 days.

Forgotten Passwords

If you forget your password, the system just prompts you to make a new password.

1. On the Login page, click on **Change Password**.

The Forgot Password page appears.
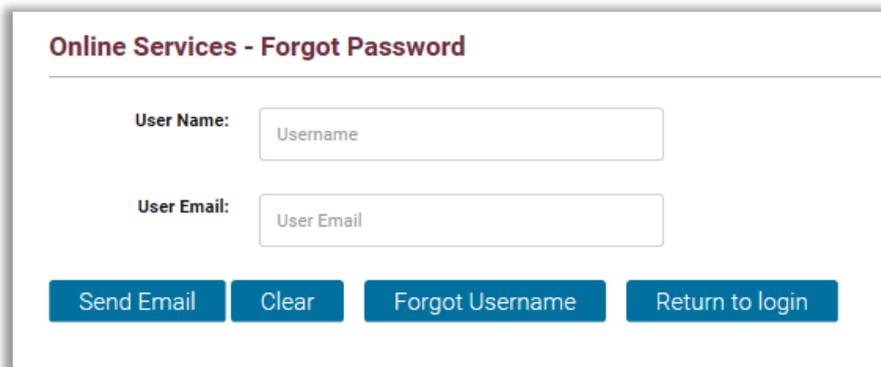
2. Enter your username and email address. Click **Send Email**. An email will be sent to you containing a link to the Password Reset page.

3. Click the link in the email to go to the Password Reset page.

4. Enter a new password, and then re-enter it for confirmation.

5. Click **Submit**.

You can now login to PHC Online Services using your new password.

Changing Passwords

You can also change your password at any time by clicking your name in the top right corner of PHC Online Services and selecting **Update Profile**.

The Home Page, Explained

When you log in, the Home page opens. The main portion of the Home page shows the icons representing the user modules. The icons that appear depend on the permissions assigned to the current user. At the top right corner of the page is your user name. To the left is your organization's name. You can access any PHC member data related to your organization's IRS number.
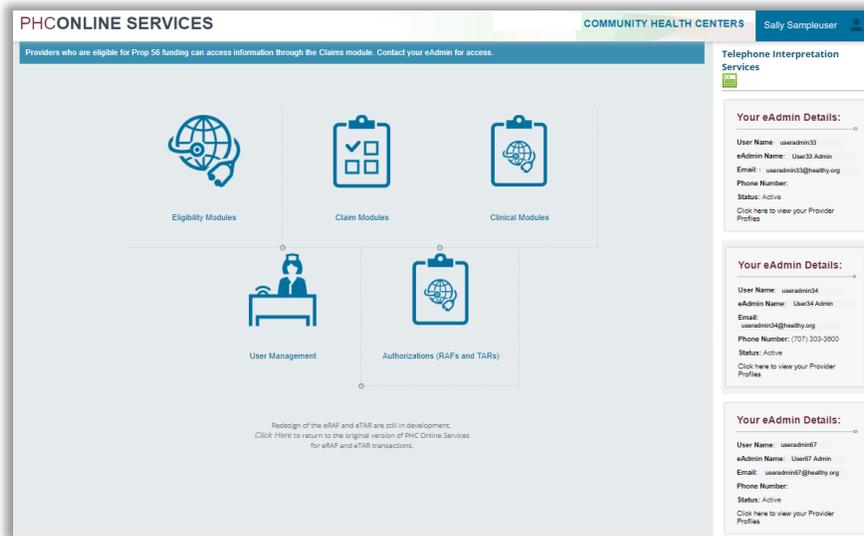
The Home Page

The Home page can be grouped into main areas for the purpose of discussion.
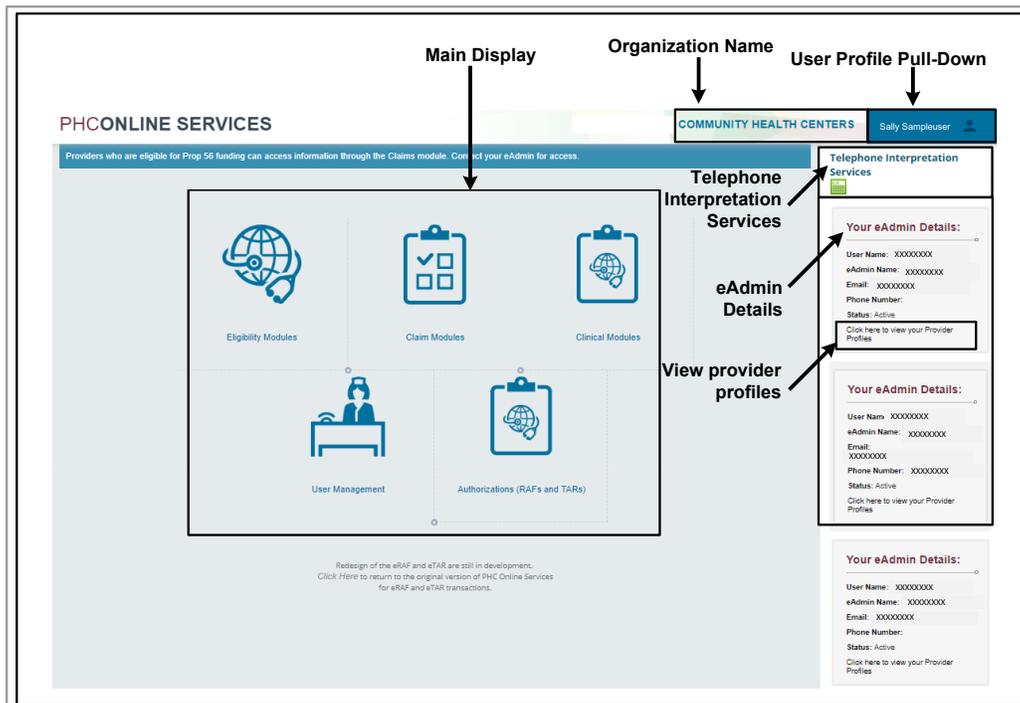
Areas on the Home Page

The Main Display Area

The main display shows the PHC Online Services modules. Nested below each module are sub-modules. The following site map shows all PHC Online Service's modules and sub-modules.

Eligibility Modules

Monthly Eligibility Download
Capitation Reports
eEligibility
Batch Eligibility

Claim Modules

Claim Search
Check Search
EOP – Remittance Advice
PCP-AI – Remittance Advice
ACA – Remittance Advice
Prop 56 – Remittance Advice
Claims CIF or Re-CIF Status Inquiry
Code Lookup

Clinical Modules

Setup ER Notification Alert
ER Notifications
Patients in Acute Hospital
Advice Nurse Reports

User Management

eAdmin
User Impersonation
Group eAdmin
Self Service

Authorization Modules

RAF Entry
eRAF Status Checking
TAR Entry
eTAR Status Checking
TAR Corrections
Help

Site Map

The User Profile Pull-Down Menu

Click your username in the upper right corner to display a menu.

Sally Sampleuser

Dashboard

Update Profile

Change to Regular User

Help

Demo System

Log Out
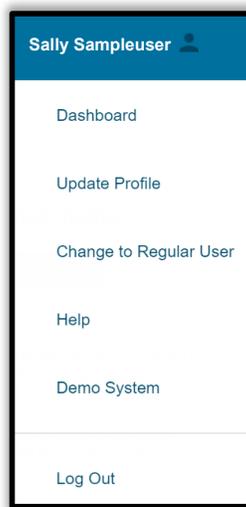
User Profile Pull-Down

User Profile Pull-Down Menu

Menu Item	Description
Dashboard	Takes you back to the Home page.
Update Profile	Use this to review or update your username, email address and password.
Change to eAdmin Change to Regular User	You can add eAdmin rights to your account. Contact an existing eAdmin in your organization to supply the required information.
Help	Click to open the Help page. You can also click the **Help** icon in the bottom left of the PHC Online Services window.
Demo System	Click to access the Provider Online Services training webinar.
Log Out	End your session and exit PHC Online Services.
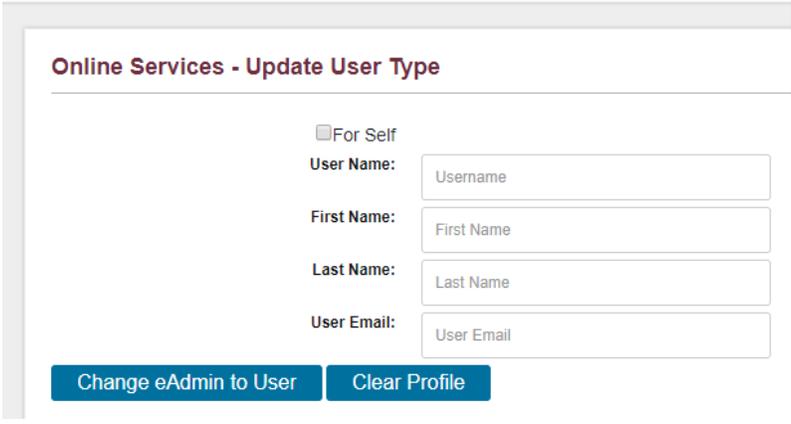
The eAdmin Details Area

Below your user name, you will see the details for the eAdmins within your organization. Contact them when you have a question about your login account.

Under the contact information for each eAdmin, there is a *Click here to view your Provider Profiles* link. Click the link to view a page with information about the providers associated with your login account. You can also print the list.

General Navigation

This section explains how to move around in the user interface in general terms. It helps to know how to use the interface before you perform any of the procedures.

Use the tab key to move from field to field as you input information into any page.

From the Home page, click on any module's icon to go to that module's landing page. The module's landing page contains icons representing all its sub-modules. You can always click in the upper left corner to go back to the Home page.

Module and Its Sub-Modules

From this module landing page, you can click on a sub-module's icon, which takes you to that sub-module's page.
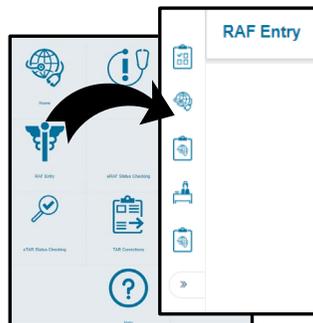
Sub-Module to Sub-Module Page with Navigation Pane

At this sub-module level, a navigation pane appears on the left side. The navigation pane has an icon for each top level module. You can click any of the icons to go to that module's landing page.

In the procedures, the navigation is noted as: *Home> Authorizations > RAF Entry*. That means from the Home page, click on the **Authorizations** icon, then click on the **RAF Entry** icon.

You can expand or collapse the navigation pane, as shown in the following illustration.
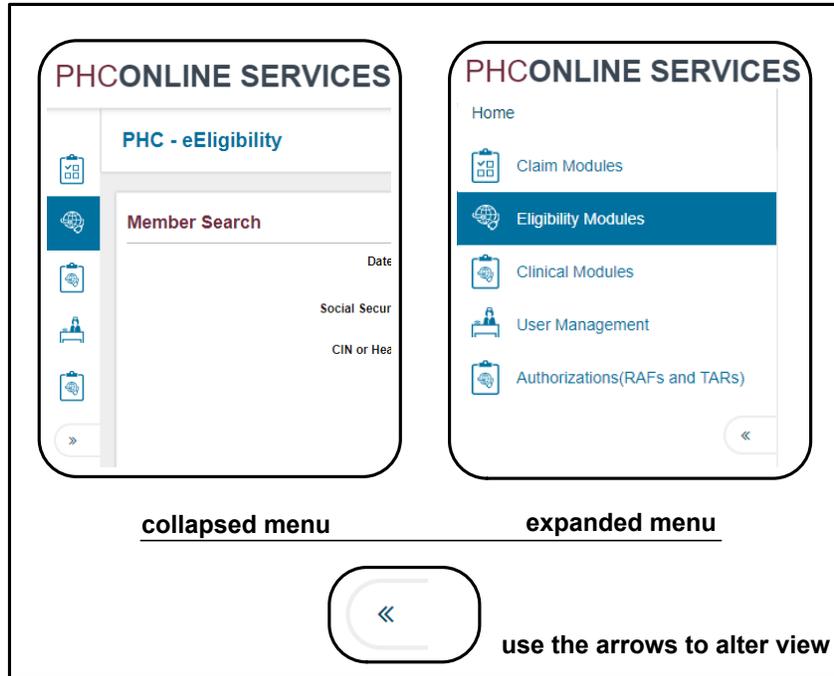
Expand or Collapse the Navigation Pane

There are several locations in PHC Online Services where the system offers you the opportunity to view a record onscreen. If the word "View" is *italicized*, you can click on it to view the record.

Additionally, you can use your web browser's functionality to view the record in a new browser tab. Just right-click on the word *View* and select **Open in new tab**. That way you stay where you left off in PHC Online Services, and can see the record in a new tab.

TAR Search Results

TAR #	Start & End Dates	TAR Status	Member Name	Service Provider Details	Attachments	Letters	View
PM1903290003	03/29/2019 - 03/29/2020	Approved	**TEST PATIENT1** CIN: 11111111G0	Blue Mountain Family Prac 2541 Redwood Road Anytown, CA 55555 (555) 555-5555			*View TAR*
PI1903290003	03/29/2019 - 03/29/2020	Approved	**TEST PATIENT2** CIN: 11111112G0	Ramble Family Practice 78 Ash Street Anytown, CA 55555 (555) 555-5555			*View TAR*
L0195709	03/27/2019 - 09/27/2019	In Progress	**TEST PATIENT3** CIN: 11111113G0	Green Center 888 Birch Court Anytown, CA 55555 (555) 555-5555			*View TAR*

Example of View Link – *Italicized*

Required Fields

Fields that require an entry are marked with an * (asterisk) in the PHC Online Services interface. For example, the **End Date** field is required in the following illustration:

END DATE: *
4/12/2020

Searching within PHC Online Services

Throughout PHC Online Services, you are presented with search fields for providers, diagnoses, and bed codes. Searching through an entire list of these codes would be cumbersome. Instead, we provide you with an easy way to filter your search. You just type in at least three letters or numbers of the name you are searching for, and you are presented with a filtered list. From the filtered list, it is much easier to find the selection for which you are searching.

For example, when creating a RAF, the pull-down arrow for specialists shows an empty list. In actuality, the list contains all possible specialists in Partnership HealthPlan, so it is too long to search through manually.

Specialist Search: * (Enter Specialist/Group/Facility Name/NPI)

Enter Specialist/Group/Facility Name/NPI

Specialist Search

To search for a specialist, enter at least three numbers or letters in the specialist's name, group, facility, or NPI number to get a list of matching results.

Specialist Search Functionality

You can enter more than three characters to get a smaller search results list. When you have selected your choice, the NPI number, name, address and phone fields populate.

Specialists Search – Populated Fields

PHC Online Services provides you with an additional, advanced search feature for your convenience.

Specialist Advanced Search

When you click on **Advanced Search**, the Specialist Search pop-up window displays. The search functionality is described in the following illustration.

Specialist Advanced Search Functionality

When searching for providers when creating a TAR, your list of providers shows only those providers belonging to the group of the logged in user. The list is much shorter, so clicking the pull-down arrow displays the list of available providers. You can also enter in three letters or numbers to filter the results even further.
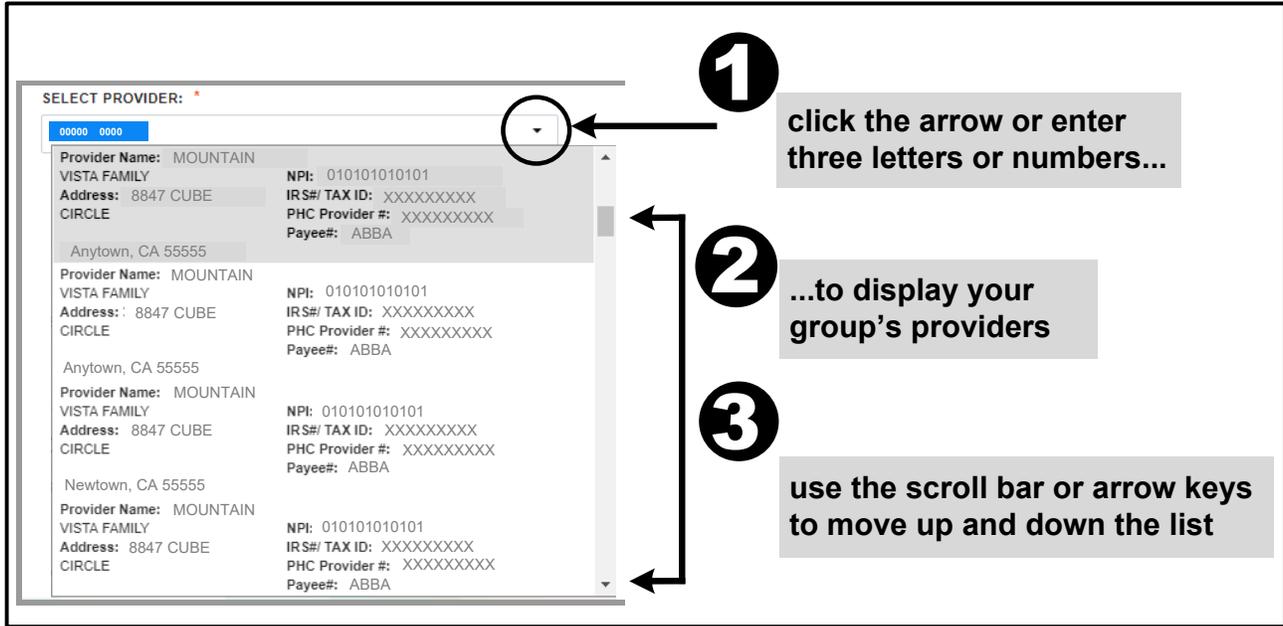
Provider Search Functionality

The providers are listed in alphabetical order.

The searches for diagnosis codes and bed codes function in the same manner: enter at least three letters or numbers from the selection. Note that it is assumed that the user already knows the code names or numbers that he or she is searching for (or at least the minimum three characters of it). The following table lists the types of searches within the Authorizations modules, and shows where PHC Online Services gets the values that display.

Type of Search	Data Source
Specialists	All Partnership HealthPlan providers
Providers	All providers within the group of the logged in user
Diagnosis Codes	ICD10 (omit decimals when entering code numbers)
Bed or Service Codes	Revenue Codes

Using Non-Contracted Providers

During the search for providers in the RAF workflow, PHC Online Services lists non-contracted providers at the end of the list, in bold red text. If you select a non-contracted provider, this message appears.

You have selected a non-contracted provider. Please be advised that referrals to non-contracted providers require additional review before a determination can be made.
Referrals to non-contracted providers require the following documentation to be submitted to PHC for review:
1. Evidence of exhaustion of PHC's in-network providers (i.e. denial letters from contracted specialists).
2. Clinical documentation supporting the medical necessity for a referral to a non-contracted provider (i.e. History and Physical, recent progress notes).

Non-Contracted Provider Message

Make sure to add the required information using the **Attachments** button, described within the procedures. The RAFs to non-contracted providers are not auto-approved. They are in the *in process* status until PHC Health Services manually review them.

Working with Lists

This section explains how to look through the lists you generate within each module. Lists are made up of records. On the bottom right, the number of records contained in a list is displayed. You can select to display 10, 20, 50, 100 or all items on the page, at a time. The number of pages displayed varies according to the number of items you select to display.
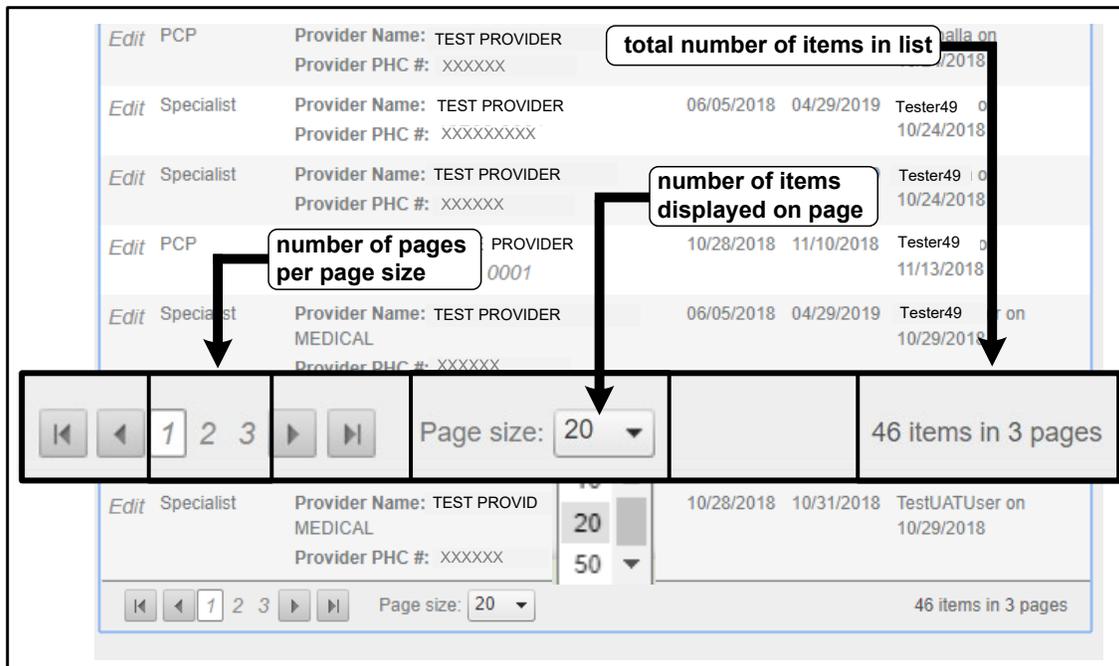
Controlling List Pages

Use the back- and forward arrows to page through list, or click on a page number to go to that page.
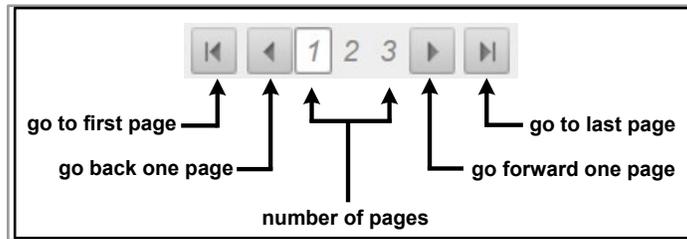
Navigating List Pages

At the bottom right of any list, you will see the total number of items and pages in the list. These numbers change when you change the number of items to display on a page.

You can download most lists by clicking the **PDF** or **Excel** icon immediately above the list. You can also use them after you have filtered for certain results.

Note: Some browsers may give you an incompatibility message when you download to Excel, saying that the file format and extension do not match, and asking if you want to open the file. Click **Yes**.

Sorting and Filtering Lists

You can sort lists by column; click on column headings. This is useful when working with long lists.

Printing Lists

You can print the information on most lists by clicking the **Print** icon at the top right of the web page. When you click **Print**, the Print dialog box opens. Before starting to print, you can change the following:

- Orientation of the printing (portrait or landscape)
- Size of paper on which to print

Different web browsers have different methods for setting printing options. Consult your browser's Help.

Working with Attachments

You can attach other files to the RAFs and TARs. The maximum file size is 10 MB.

RAFs and TARs accept PDF, JPG, and JPEG file types.

If you need step-by-step instructions, see the *Add Attachments to a CIF* section in the *PHC Online Services Claims Modules User Guide*.

Retroactive Authorizations

The RAF and TAR workflows include searching for the member's eligibility on a certain date. PHC Online Services defaults to today's date. If you go on to begin a RAF or a TAR, and notice you have to change the service dates (for example, use a previous date for a retroactive date), use the **Change Service Dates** button to return to the eligibility page. Enter in the appropriate date, and continue on with the RAF or TAR. You will have to re-enter the member search again.

Managing RAFs

A provider or specialist needs to submit a Referral Authorization Form (RAF) when they want to refer a member to another specialist. Most RAFs are auto-approved. RAFs are not required for certain members for referrals: direct members, Medi-Medi members, and CCS members. For these members, the RAF button never appears.

The following illustration shows an automatically approved RAF's progress, from the initial provider's request, through its processing at PHC, and back to where the provider can view its final status.

1. Provider creates a RAF that qualifies to be automatically approved. Its status is *approved*.
2. Providers view RAF status in the RAF Status Checking module.

PHC Online Services

Provider
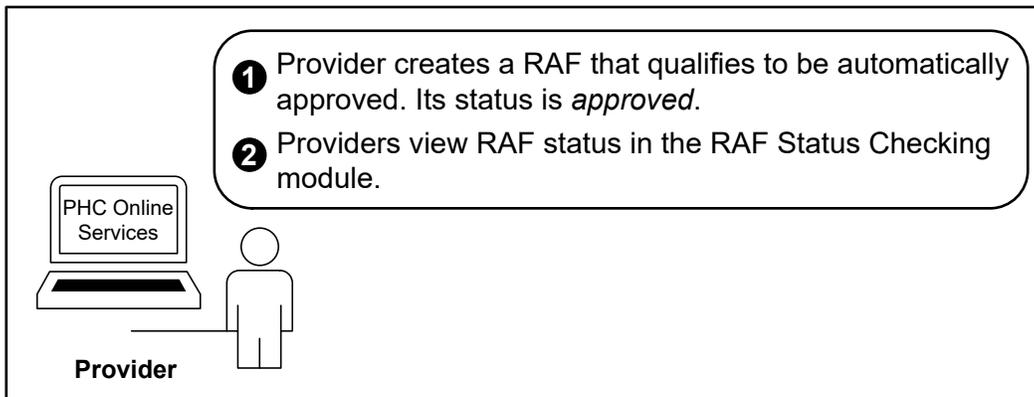
Auto-Approved RAF Flow

The RAFs that are not auto-approved can have several statuses. RAFs that are *in process* are awaiting manual review. You can take no further action with RAFs having statuses of *denied* or *void*.

The following illustration shows the progress of a manually reviewed RAF, from the initial provider's request, through its processing at PHC, and back to where the provider can view its final status.

RAF status:
approved
denied
voided
pended

RAF status:
in process

PHC Online Services

Primary Care Provider   **PHC Health Services**

1. Provider creates a RAF. status is *in process*.

2. RAFs are passed to PHC Health Services. Health Services makes determination.

3. Providers can view RAF status in the RAF Status Checking module. Status can be approved, denied, voided, pended.
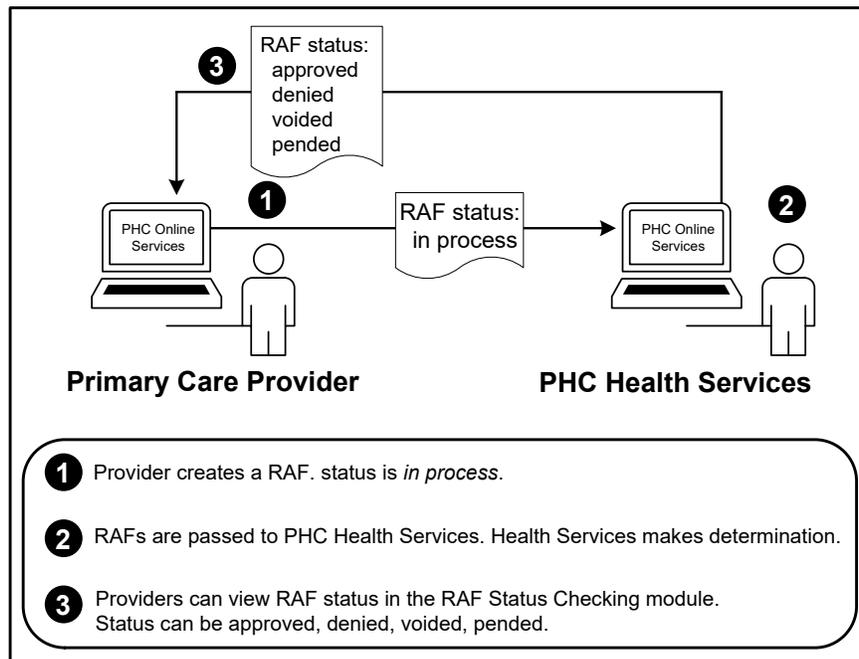
Flow for Non-Auto-Approved RAFs

The table below lists all the possible RAF statuses and their descriptions.

RAF Statuses

RAF Status	Description
Approved	The RAF has been approved.
In Process	The RAF is on its way to being processed by PHC.
Denied	PHC has denied the request.
Voided	The request is nullified.
Pended	PHC Health Services is waiting to make a determination.

No RAFs Needed for Certain Specialty Groups

You do not need to submit a RAF if you are referring a member to certain specialty groups. These groups do not appear in the specialty search list. These specialties do not need RAFs:

Specialty Codes Exempt from RAFs

Specialty Group Name
Anesthesiology
Behavioral Health Treatment
DME
Dialysis
Home Health
Laboratories
Medical Transportation
Radiology
Skilled Nursing

Creating a RAF

Required fields have an asterisk (*) in the PHC Online Services interface.

Creating a RAF – Quick Reference

PHC Online Services
Creating a RAF – Quick Reference

PARTNERSHIP HEALTHPLAN of CALIFORNIA

❶ Go to *Home < Authorizations < RAF Entry*

RAF Entry

❷ Search for Member

PHC - eEligibility

Member Search

❸ Enter Service Date

is member eligible? → no → no referral

yes

❹ Click **Enter a new eRAF** button

❺ Fill Out RAF Entry Form

RAF Entry

- enter RAF duration
- enter specialist
- enter diagnosis
- enter if Indicated or Urgent
- enter PCP preferred communication method
- enter out-of-county referral reason, if applicable
- add any attachments

❻ Submit RAF

❼ Check status by clicking on *eRAF Status Checking*

eRAF Status Checking

Procedure – Creating a RAF

Use the following procedure to create a RAF. RAF Entry Page - Fields contains descriptions of all fields on the RAF Entry page.

1. Go to *Home > Authorizations (RAFs and TARs).* The Authorization landing page appears.

2. Click **RAF Entry**. The eEligibility page appears.

3. Search for the member to determine if the member is eligible. For a complete description of the searching functionality, see the *Eligibility Modules User Guide*.

   If the member is eligible, the **Is Eligible** field at the top right states **Yes**, and the **Enter a new eRAF** button appears on the bottom right. Note: if the **Enter a new eRAF** button does not appear, then you don't submit a RAF for the member.
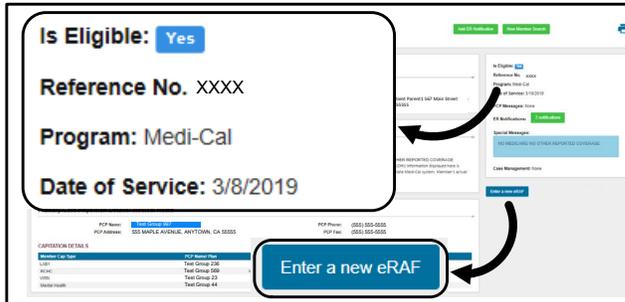
4. Click **Enter a new eRAF**. The RAF Entry page displays, populated with the member's demographic information.

5. Specify how long the referral is active. The **Start Date** is set to the date entered on the Eligibility page. Enter the number of months in the Referral Start & End Dates section, in the **Duration** field. This field is required. The default duration is 12 months. The **End Date** automatically displays a date based on the start date and duration.

Referral Start & End Dates

Start Date:		End Date:
03/03/2019	Duration: * 12 Months	3/3/2020
	(Min. 1 Month - Max. 12 Months)	

6. Find the specialist to whom you are referring the member. This field is required. In the Service Provider Details section, enter in the first three letters of the specialist's name, NPI, or facility name. Select a provider, and that provider's name, address and phone number populate the fields.

Service Provider Details

Specialist Search: * (Enter Specialist/Group/Facility Name/NPI)   [Advanced Search] [Clear]

Enter Specialist/Group/Facility Name/NPI ▼

Specialist Name [PHC#]:   Address: Phone#:

7. Find the member's diagnosis. This field is required. In the Diagnosis Details & Medical Justification section, enter in the first three letters or numbers of the diagnosis in the **Diagnosis Search** field. The **Diagnosis Code** and **Diagnosis Description** fields populate.

Diagnosis Details & Medical Justification

Diagnosis Search: *

Search diagnosis based on diagnosis code or its description ▼

Diagnosis Code: Diagnosis Description:

8. Enter a reason for the referral in the **Medical Justification** field.

Medical Justification:

9. Specify whether the referral is **Indicated** or **Urgent** in the **This Referral is** field.

This Referral is:

Indicated: important to health; not life threatening
Urgent: potentially life-threatening condition

10. Select how you, as PCP, want to be contacted by the specialist in the **PCP Preferred Communication Method** field.

11. If the referral is out of county, select a reason.

If you selected **Other**, type in the reason in the **Referral Reason** field. This field is required when **Other** is selected.

12. Type in any questions for the specialist in the **Questions** field.

13. Add any files to this RAF using the **Attachments** button in the upper right corner of the screen.

14. Click **Submit eRAF** in the upper right panel.
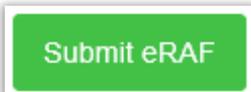
A verification screen appears, listing the RAF number.
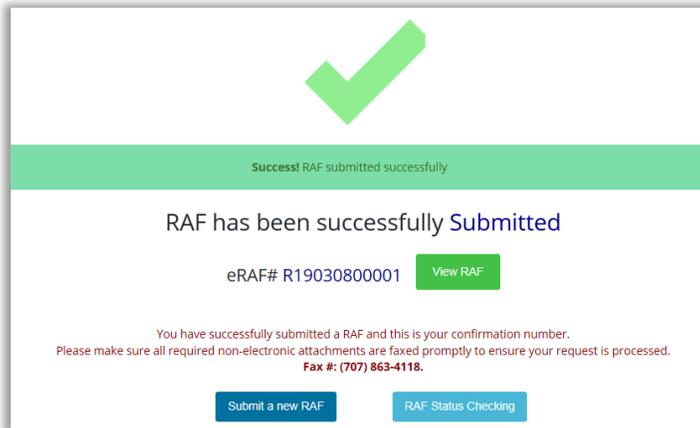
To view the RAF, click **View RAF**. The RAF number and status display at the top. You can print from this screen for your records. You can also view any attachments or letters using the buttons.

RAF: R19030800001   **Status: Approved**

eRAF#: R19030800001
Status: Approved

Attachments:

View Attachments: 0   View Letters: 0

This is all the information that you entered. Please print it out for your own records.

🖶 PRINT

Member Details

Member Name:	**CIN:**
Test48 Patient	33333334F3
Gender:	**Date of Birth [Age]:**
Male	12/01/2017 [1]
Phone # (on file):	**Address:**
(555) 555-5555	557 Main Street, Anytown, CA 999
PCP Details:	**PCP Address:**
Test Provider Group [55555 555]	333 Hospital Curve, Newtown, CA 88888
PCP Fax #:	
(555) 555-5555	

🖶 PRINT

Referral Start & End Dates

Start Date:	**Duration:**	**End Date:**
03/08/2019	12 Months	03/08/2020

View Attachments: 0   View Letters: 0

Service Provider Details

Name [PHC#]:	**Address:**	**Phone#:**
Test Provider Group [55555 555]	333 Hospital Curve, Newtown, CA 88888	(555) 555-5555

Diagnosis Details & Medical Justification

Diagnosis Code:	**Diagnosis Description:**
B391	Chronic pulmonary histoplasmosis capsulati

Medical Justification:

This Referral is:
Indicated: important to health; not life threatening

PCP Preferred Communication Method:
Please call me when you have seen patient

Out of County Referral Reason:
Maintain continuity of care

Referral Reason:

Questions:

Submitted RAF Page

Handling Duplicate RAFs

Exact Duplicate RAFs occur when the Member ID and Service Dates are the same and with one of the following conditions:

- *Same Specialists and Diagnosis Codes.*
- *Same Specialist and Different Diagnosis Codes.*
- *Different Specialist and Same Diagnosis Codes.*

Partial Duplicates occur when the Member ID is the same, but the Service Dates overlap with one of the following conditions:

- *Same Specialists and Diagnosis Codes.*
- *Same Specialist and Different Diagnosis Codes.*
- *Different Specialist and Same Diagnosis Codes.*

After you click **Submit eRAF**, PHC Online Services notifies you when a duplicate RAF already exists. Instead of the verification screen that appears in a usual flow, the Duplicates Found page appears, listing the two RAFs. The one you have just tried to process is at the top of the list and is noted as **Current**. The second row is a previous RAF with the same member ID, same dates of service and one of the conditions listed above.

There are either three or four buttons displayed under the list. The fourth button, "Proceed to Submit RAF" is displayed if the selected specialist is a contracted provider. Three buttons are displayed if the selected specialist is a non-contracted provider. The following table describes the four button options.

Button	Description
Edit eRAF to Remove Duplicates	Click this button to edit the current RAF. For example, you can extend the date of the RAF. If you enter partial dates that are already included in the duplicate RAF, this RAF will be processed as a duplicate and is manually reviewed. If no dates

	in this RAF coincide with dates in the duplicate RAF, then the RAF is processed.
I agree that RAF is Not required	Click this button to remove the RAF you just created.
Second Opinion – Proceed to Submit eRAF	Click this button if the referral is for a second opinion. The new RAF will be reviewed and processed manually. If selected specialist is a contracted provider, the RAF will be auto-approved.
Proceed to Submit eRAF	Click this button to auto approve. This button will only be displayed if the selected specialist is a contracted provider.

Canceling a RAF

RAFs with a status of *Approved*, *In Process*, or *Pended* states can be canceled.

You can also update a RAF's end date with this functionality.

Find the RAF using the eRAF Status Checking module. See **Checking a RAF's Status** for information on how to use that module.

The **Cancel RAF** button appears in the **View** column.

Click the **Cancel RAF** button. The Cancel RAF window displays.
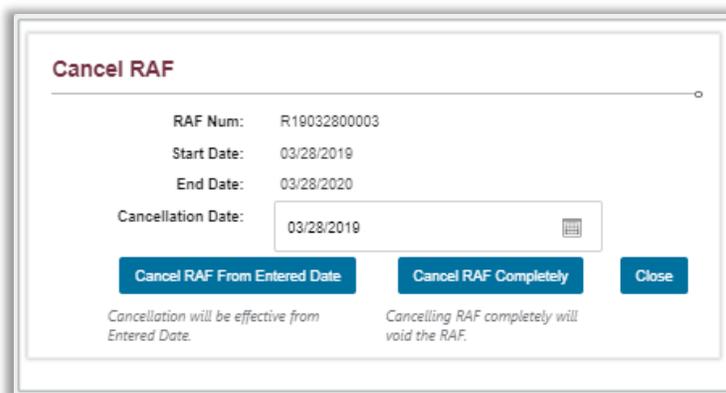
To modify the end date, enter a new date (either today's date or a date in the future) in the **Cancellation Date** field. Click the **Cancel RAF from Entered Date** button. The status does not update, and the new end date is saved with the record.

To cancel the RAF, click the **Cancel RAF Completely** button. The status changes to *Void*, and no further action can be taken on this RAF.

If you are not making any changes, click the **Close** button. The window closes without saving any changes.

Checking a RAF's Status

Many RAFs are auto-approved as soon as they are submitted. For the ones that are not auto-approved, checking on their status can be helpful. See RAF Status Checking Page for a description of all the fields on this page.

1. Click on eRAF Status Checking on the Authorizations module page.

    The eRAF Status Checking page appears.

2. Search by one or more values in these fields:

    - RAF number

    - Member ID number (SSN or CIN)

    - Dates of RAF: include both start and end date

3. Click **Search**. The results are displayed in the eRAF Search Results section.

4. View the results in the eRAF Search Results list. The information is displayed in these columns: **RAF Number**, referral **Start & End Dates**, **RAF Status**, **Member Details**, **Specialist Details, PCP Details**, and **Diagnosis Details**.

5. Optionally, you can see the RAF onscreen by clicking **View RAF**. It is displayed onscreen in the same manner as the View RAF functionality when a RAF is created. The eRAF Status Checking – RAF Preview page appears in its own window.

If you want to cancel a RAF, see Canceling a RAF.

Managing TARs

A Treatment Authorization Form (TAR) is required when a provider wants approval for a procedure, including assistive technology, physical therapy, equipment (DME), or products. Each TAR is manually reviewed at PHC. Inpatient and outpatient TARs that have been submitted have a status of *Received*.

The following illustration shows a TAR's progress, from the initial provider's request, through its processing at PHC, and back to where the provider can view its final status.
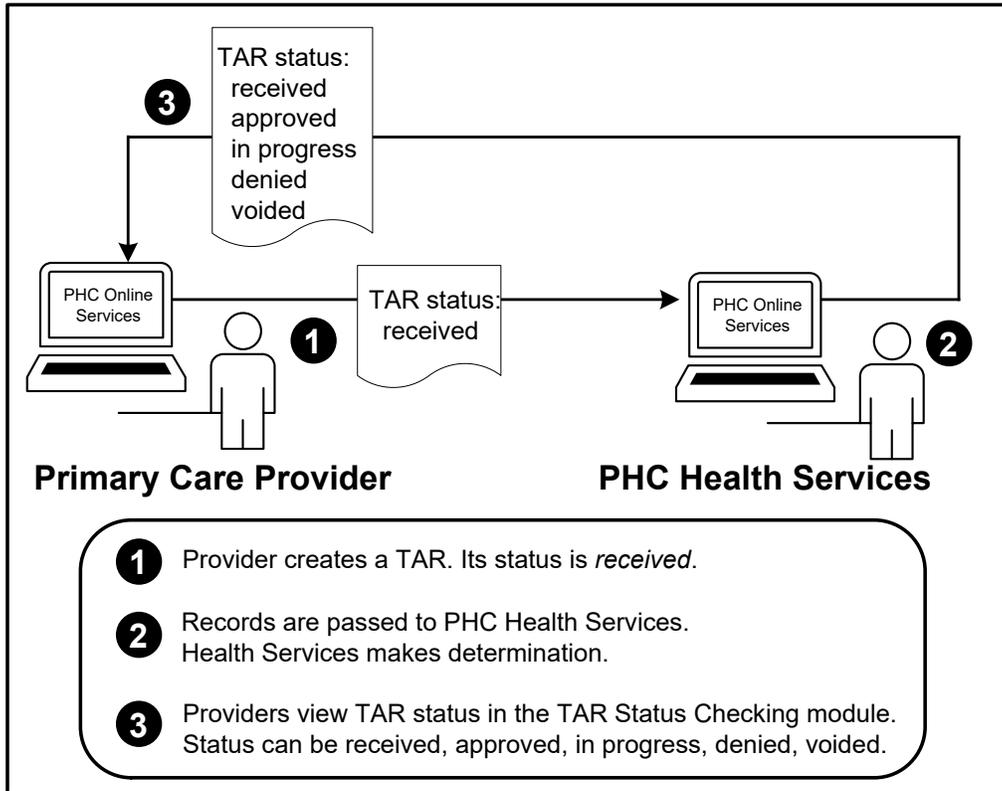
Inpatient and Outpatient TAR Flow

A TAR can have one of several statuses. The following table lists the statuses and gives their description.

TAR Statuses

TAR Status	Description
Approved	The TAR has been approved.
Received	The TAR is on its way to being processed by PHC.
In Progress	The TAR is being processed by PHC.
Denied	PHC has denied the request.
Voided	The request is nullified.

PHC Generates TAR Numbers

PHC gives each TAR a unique alpha numeric filename. All the TAR numbers begin with P, for PHC Online Services. The second letter comes from the type of TAR you select as you are creating the TAR.

After the TAR type, the next six numbers in the filename come from the day the TAR was created, in the format YYMMDD. So in the example PD1903290024, the 190329 represent March 29, 2019.

The last four numbers represent the count of TARs created that day. So 0024 is the 24th TAR created that day.

The following table lists the TAR types.

TAR Types and TAR Filenames

TAR Type	Character in Filename	Sample TAR Filename
Outpatient		
DME	D	PD1903290003
MED	M	PM1903290003
Ancillary	A	PA1904150001
CBAS	C	PC1903190001
Incontinence	I	PI1903290003
BHT	B	PB1903260001
Inpatient		
LTC (Long Term Care Facility)	L	PL1903120003
SNF (Skilled Nursing Facility)	S	PS1903290003
Acute (Acute Inpatient Hospital Admissions)	H	PH1903080001

Creating a TAR – Quick Reference

Required fields have an asterisk (*) in the PHC Online Services interface.

PHC Online Services
Creating a TAR – Quick Reference

PARTNERSHIP HEALTHPLAN of CALIFORNIA

1 Go to *Home < Authorizations < TAR Entry*

TAR Entry

2 Search for Member

PHC - eEligibility
Member Search

3 Enter Service Date

is member eligible? → no → no authorization

yes ↓

4 Click [Enter a new eTAR - Outpatient] **or** [Enter a new eTAR - Inpatient] **button**

5 Fill Out Outpatient TAR Entry Form **or** Fill Out Inpatient TAR Entry Form

TAR Entry
- enter TAR end date
- enter specialist
- enter diagnosis
- enter **yes** or **no** for **Urgent**
- enter PCP preferred return FAX number
- enter TAR type: ancillary, BHT, CBAS, DME, Incontinet, MED
- enter patient's current location
- enter primary diagnosis, secondary, etc.
- add attachments
- enter service codes
  - units
  - quantity
  - modifier 1, modifier 2, modifier 3

TAR Entry
- enter TAR end/discharge date, if known
- enter provider
- enter admitting physician
- enter diagnosis
- enter **yes** or **no** for **Urgent**
- enter TAR type: acute, LTC, SNF
- enter discharge location
- enter preferred return FAX number
- enter attending physician
- enter admitting diagnosis, secondary, etc.
- enter bed codes
- enter number of care days
- add any attachments

6 Click [Submit eTAR] **or** [Submit eTAR InPatient] **button**

7 Check status by clicking on *eTAR Status Checking*

eTAR Status Checking

Creating an Outpatient TAR

Use this procedure to create an outpatient TAR. See TAR Entry - Outpatient for a description of all fields on the TAR Entry page. Required fields have an asterisk (*) in the PHC Online Services interface.

1. Go to *Home > Authorizations (RAFs and TARs).* The Authorization landing page appears.

2. Click **TAR Entry**. The eEligibility page appears.

3. Search for the member to determine if the member is eligible. For a complete description of the searching functionality, see the *Eligibility Modules User Guide.*
    If the member is eligible, the **Is Eligible** field at the top right states **Yes**, and the two TAR buttons appear on the bottom right.
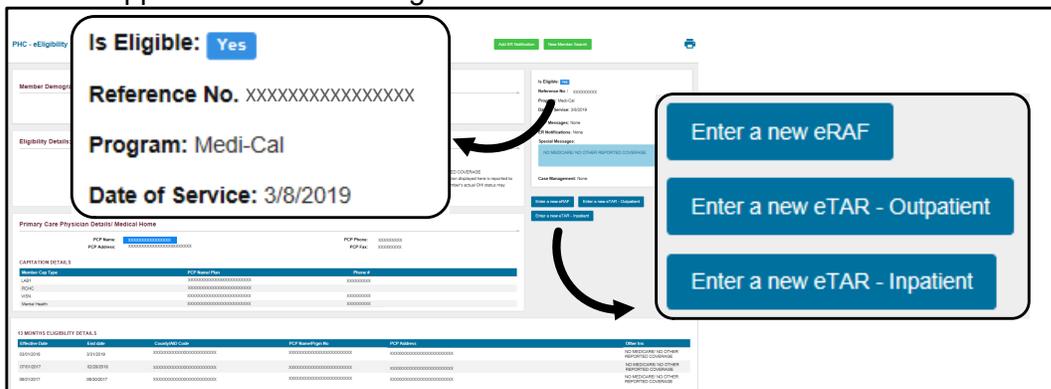
4. To create an outpatient TAR, click **Enter a new eTAR - Outpatient**. The TAR Entry page displays, populated with the member's demographic information.

    You can enter in an additional phone number for the patient in the **PATIENT PH#** field.

---

5. Specify how long the referral is active. Enter an end date in the **END DATE** field. This field is required. The default duration is 12 months. You can change the start date from the Eligibility page.

6. Find the provider to whom you are referring the member. This field is required. Use the **Select Provider** field to search. Once you select the provider, the provider address, details and fax number populate. See Searching within PHC Online Services for information on provider searches.

7. Enter in the fax number you want the specialist to use to communicate with your office in the **PREFERRED RETURN FAX#** field.

8. Specify whether the treatment is urgent. In the **IS URGENT** drop-down menu, select **Yes** or **No**. If you select **Yes**, the **REASON FOR THE URGENT TAR** field appears. Enter a reason into the field. This field is required.

9. Select the type of TAR from the **TAR TYPE** drop-down menu. This field is required. Your choices are:
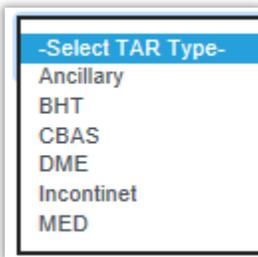
10. Specify where the patient is currently staying. This field is required. Your choices are:

11. Find the member's diagnosis. This field is required. Search in the **PRIMARY DIAGNOSIS** field, remembering to omit decimal points. When you select the diagnosis, the **DIAGNOSIS CODE** and **DIAGNOSIS DESCRIPTION** fields automatically populate.

12. Select a secondary diagnosis, if applicable.

13. Enter a reason for the TAR in the **MEDICAL JUSTIFICATION** field.

14. Enter in a Service Code in the Service Details & Additional Notes section. Click **Add New Service Code**.

The Add/Edit Service Detail pop-up displays.

15. Search for the service code in the **SERVICE CODE** drop-down. This field is required. Once you enter in a code, the description displays in the **SERVICE DESCRIPTION** field.

16. Do not use the **UNITS** field.

17. Enter in the number of units in the **QUANTITY** field. This field is required.

18. If there are any modifiers, use the drop-down menus in the **MODIFIER** fields.

19. Save the new service code to the TAR by clicking **Add New Service Detail**.

The completed service code is added to the list. You can edit or delete the service code record.

20. Enter as many service codes as you need.

21. Enter further notes in the **ADDITIONAL NOTES** field.

22. Add any files to this TAR using the **Attachments** button in the upper right corner of the screen.

23. Click **Submit eTAR** in the upper right panel.
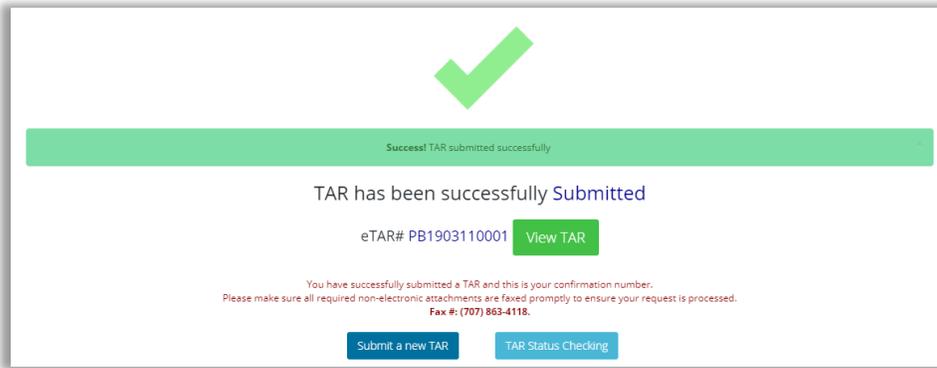
A verification screen appears, listing the TAR number.

If you click **View TAR**, the TAR is displayed onscreen. The TAR number and status display at the top. You can print from this screen for your records. You can also view any attachments or letters using the buttons.
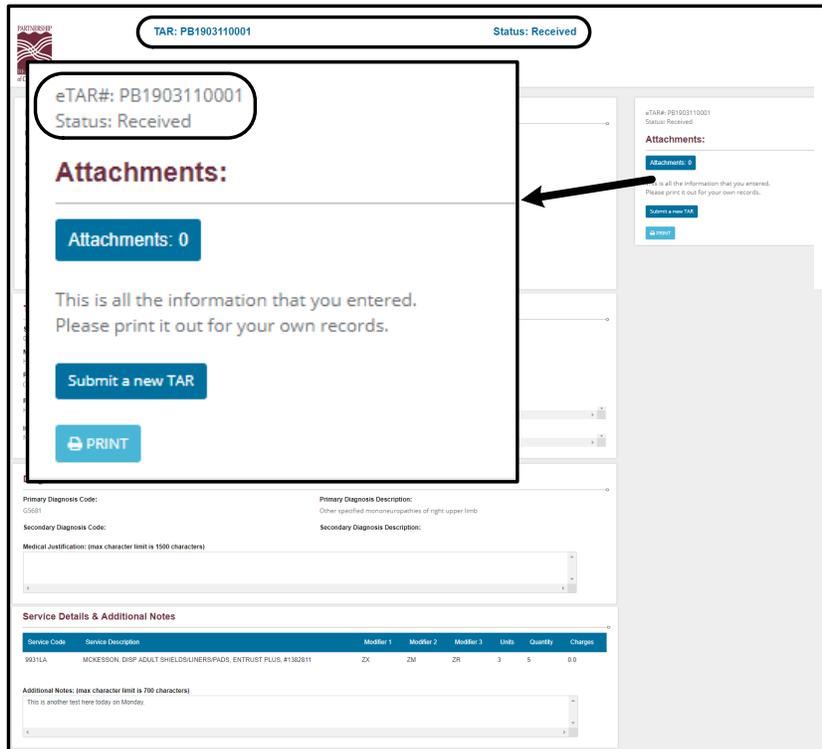
Submitted TAR Page

Creating an Inpatient TAR

Use this procedure to create an Inpatient TAR. See TAR Entry - Inpatient for a description of all fields on the Inpatient TAR Entry page. Required fields have an asterisk (*) in the PHC Online Services interface.

1. Go to *Home > Authorizations (RAFs and TARs).* The Authorization landing page appears.

2. Click **TAR Entry**. The eEligibility page appears.

3. Search for the member to determine if the member is eligible. For a complete description of the eligibility functionality, see the *Eligibility Modules User Guide*.

   If the member is eligible, the **Is Eligible** field at the top right states **Yes**, and the two TAR buttons appear on the bottom right.
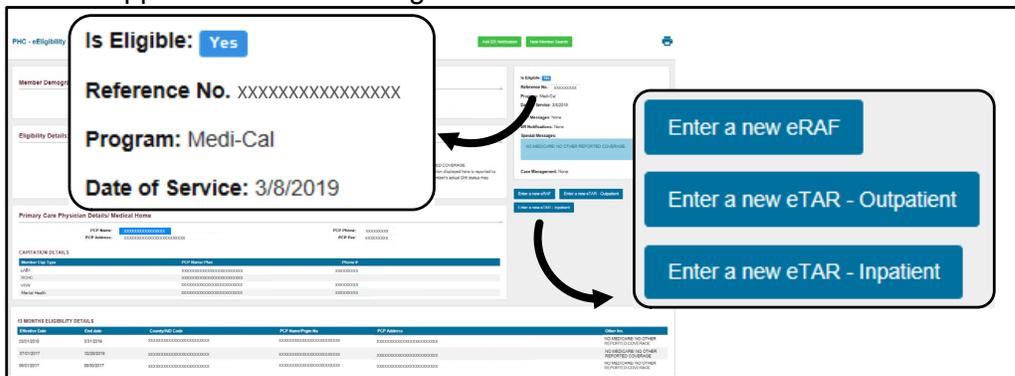
4. Click **Enter a new eTAR - Inpatient**. The TAR InPatient Entry page displays, populated with the member's demographic information.

   You can enter in an additional patient phone number in the **PATIENT PH#** field.

5. Specify the start date of the inpatient TAR. In the TAR Start & End Dates section, today's date automatically displays in the **START/ADMIT DATE** field.

6. If you know the end or discharge date for the TAR, enter the date in the **END/DISCHARGE DATE** field. If you do not know the end or discharge date, you can leave the field blank.

7. Search for a provider in the **Select Provider** field. This field is required. Once you select the provider, the provider address, details and fax number populate.

8. Enter the name of the admitting physician in the **ADMITTING PHYSICIAN** field. This field is required.

9. Specify whether the treatment is urgent. In the **IS URGENT** drop-down menu, select **Yes** or **No**. If you select **Yes**, the **REASON FOR THE URGENT TAR** field appears. Enter a reason into the field.

10. Select the type of TAR from the **TAR TYPE** drop-down menu. This field is required. Your choices are:

    -Select TAR Type-
    Acute - Acute Inpatient Hospital Admissions
    LTC - Long Term Care Facility (Custodial Care)
    SNF - Skilled Nursing Facility
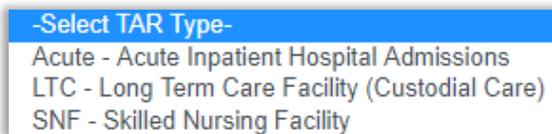
11. Specify the location where the patient will be discharged to. Your choices are:

    -Select Discharge To-
    Acute Care
    Acute Rehab Facility
    AMA
    Correctional Facility
    Deceased
    Home
    Home Health Care
    Hospice
    Hotel
    Skilled Nursing Facility
    Unknown/Other
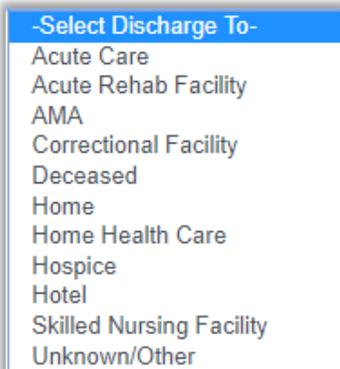
    If you select **Unknown/Other**, you are required to enter a location in the **Explain** field.

12. Enter in the fax number you want the specialist to use to communicate with your office in the **PREFERRED RETURN FAX#** field.

13. Enter the attending physician's name in the **ATTENDING PHYSICIAN** field. This field is required.

14. Find the member's diagnosis. This field is required. Search in the **ADMITTING DIAGNOSIS** field. When you select the diagnosis, the **CODE** and **DESCRIPTION** fields automatically populate.

15. Select further diagnoses in the **SECONDARY DIAGNOSIS** and **OTHER DIAGNOSIS** fields, if applicable.

16. Enter any further notations in the **NOTES** field. You are limited to 700 characters.

17. Enter the bed code. Click **Add New Bed Code**.
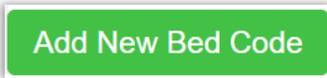
The Add/Edit Bed Code Details pop-up appears.

Find the appropriate bed code from the **BED CODE** search field. This field is required. Enter the number of care days the patient is expected to have in the **# OF CARE DAYS** field. This field is required. The **START DATE** and **END DATE** fields automatically populate, based on the value you entered for number of care days.
Click **Add**. The record appears in the Bed Code Details & Additional Notes section.

18. The completed bed code record is added to the list. You can edit or delete the bed code record.

19. Enter as many bed codes as you need.

20. Add any files to this TAR using the **Attachments** button in the upper right corner of the screen.

21. Click **Submit eTAR InPatient** in the upper right panel.
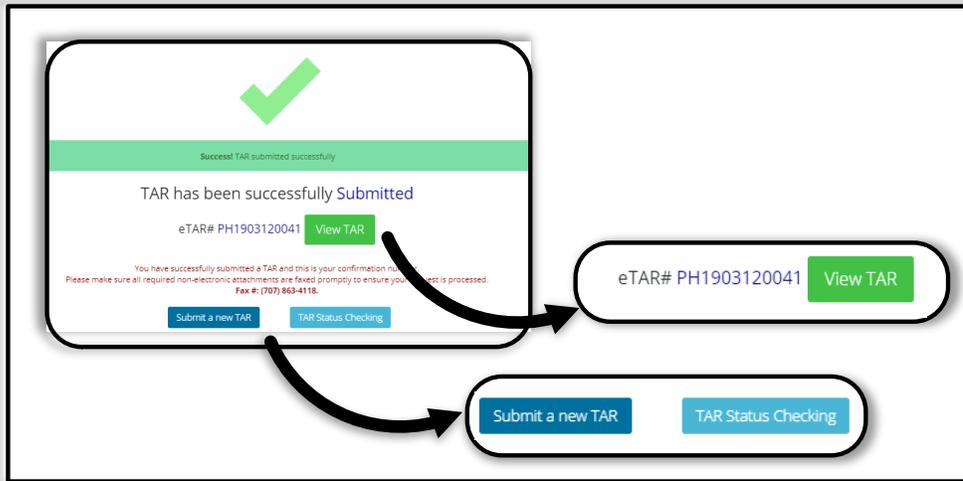
A verification screen appears, listing the TAR number.

If you click **View TAR**, the TAR is displayed onscreen. The TAR number and status display at the top. You can print from this screen for your records. You can also view any attachments using the **Attachment** button.
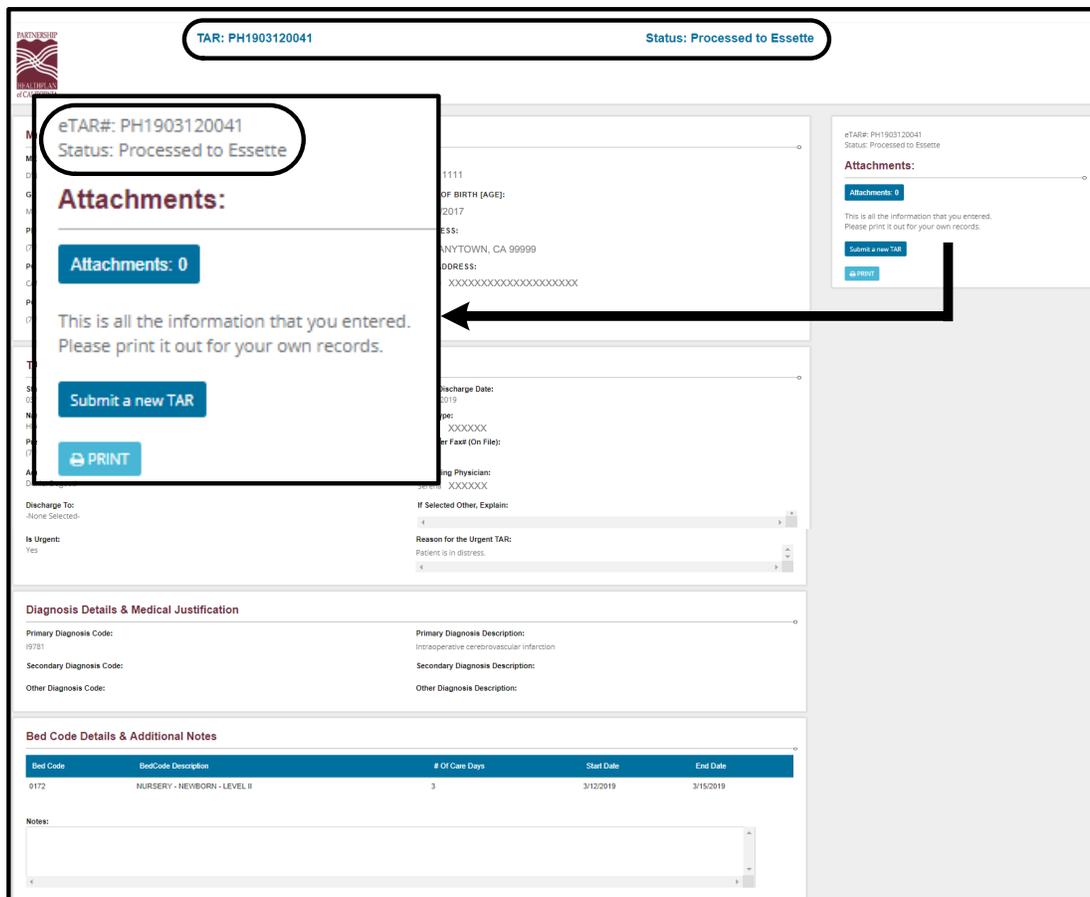
Checking a TAR's Status

Use this module to view the status of a TAR. See <u>eTAR Status Checking</u> for descriptions of the fields on this page.

To check on the status of a TAR, use the following procedure.

1. Click on **eTAR Status Checking** on the Authorizations module page.

    The TAR Status Checking page appears.

2. Select either **Inpatient** or **Outpatient** in the **In/Out Patient** field. This field is required.

3. Search by one or more values in these fields:

    *   TAR number

    *   Member ID number (SSN or CIN)

    *   Dates of TAR: include both start and end date

4. You can further refine the search by status. In the **TAR Status** pull-down menu, you can select **All**, **Approved**, **Received**, **Denied**, **Voided**, or **In Progress**.

5. Click **Search**. The results display in the TAR Search Results section.

View the results in the TAR Search Results list. The information is displayed in these columns: **TAR Number**, **Start & End Dates**, **TAR Status**, **Member Name**, **Service Provider Details**, **Attachments**, **Letters**, and **View**.

TAR Search Results

TAR #	Start & End Dates	TAR Status	Member Name	Service Provider Details	Attachments	Letters	View
PH1903190001	03/19/2019 -	In Progress	Test Patient 46 CIN: 11111111111	Blue Mountain Family Prac 2541 Redwood Road Anytown, CA 55555 (555) 555-5555			*View TAR*
PH1903120041	03/14/2019 - 03/14/2019	In Progress	Test Patient 63 CIN: 11111111112	Ramble Family Practice 78 Ash Street Anytown, CA 55555 (555) 555-5555			*View TAR*
PH1903140001	03/14/2019 -	In Progress	Test Patient 49 CIN: 11111111114	Green Center 888 Birch Court Anytown, CA 55555 (555) 555-5555			*View TAR*

6. You can see the TAR onscreen by clicking **View TAR**. The TAR displays in a page. You can print the TAR with the **Print** button.

TAR: PA1903250001   **Status: Approved**

eTAR#: PA1903250001

[View TAR Corrections [3]]
[PRINT]
[Close]

Member Details

MEMBER NAME:	CIN:
Test Patient 49	11111111114
GENDER:	DATE OF BIRTH [AGE]:
Female	01/01/1983 [36]
PHONE # (ON FILE):	ADDRESS:
(555) 555-5555	733 Aster Court, Anytown, CA 99999
PCP DETAILS:	PCP ADDRESS:
XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXX
PCP FAX #:	
XXXXXXXXX	

TAR Start & End Dates

Start Date:	End Date:
03/25/2019	03/25/2020
Name [PHC#]:	TAR Type:
XXXXXXXXX	Out-Patient
Provider Fax# (On File):	
XXXXXXXXX	

Diagnosis Details

Primary Diagnosis Code:	Primary Diagnosis Description:
L02519	Cutaneous abscess of unspecified hand
Secondary Diagnosis Code:	Secondary Diagnosis Description:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Quantity
00811	ANES LOW INTEST ENDO, ENDO INTRO DISTAL DUODENUM, NOS				1
00811	ANES LOW INTEST ENDO, ENDO INTRO DISTAL DUODENUM, NOS				2
00812	ANES LOW INTEST ENDO, ENDO INTRO DISTAL DUODENUM, SCREENING COLONOSCOPY				20
0016375	BYPASS CEREB VENT TO INTESTINE WITH AUTOL SUB, PERC APPROACH				4
00163J5	BYPASS CEREB VENT TO INTESTINE WITH SYNTH SUB, PERC APPROACH				4
00811	ANES LOW INTEST ENDO, ENDO INTRO DISTAL DUODENUM, NOS				1
00812	ANES LOW INTEST ENDO, ENDO INTRO DISTAL DUODENUM, SCREENING COLONOSCOPY				20

Other Details:

Preferred Return Fax#:
XXXXXXXXX
Start Date: 03/25/19
End Date: 03/25/20
Discharge Date: 03/25/20
Urgent: No
Urgent Reason:
TAR Type: Ancillary
Provider Fax#: 7075788037
Patient Current Location: SNF/ICF
Patient Ph#, If Different:
Medical Justification:
Notes:
Attachments received: (#): 0
No. of Service Lines Received: (#): 7

7. If this TAR has been corrected, you see the **View TAR Corrections** button in the upper right. To view any corrections that have been made to this TAR, click **View TAR Corrections**. The number of corrections appears in parentheses. To make a correction, see Managing TAR Corrections.

Managing TAR Corrections

You can make corrections to an outpatient TAR that has already been approved. See TAR Corrections for descriptions of the fields on this page.

There are a few criteria that must be met before you make a correction to a TAR.

- It is an outpatient TAR
- The TAR's status is *Approved*
- The start date is within six months of the current date
- All previous corrections are in *Completed* status

Special Numbering for TAR Corrections

TAR corrections have an additional numbering scheme, to separate the corrections from the original TAR. When someone corrects an outpatient TAR, its TAR number is appended with two digits. The first correction is appended with 01, the second with 02, and so on. So for example, an original TAR was assigned the number PB19032600. After the first correction, its number is now PB1903260001. After its second correction, its number is PB1903260002.

Separate Statuses for TAR Corrections

TAR corrections have a status of *received* until PHC Health Services makes a determination on the correction. If PHC Health Services needs a bit of time to resolve a correction (for example, a PHC Health Services staffer has to reach out to a provider for clarification), they set the status to *in progress*. After PHC Health Services makes a determination, they set the status to *completed*. The following table describes each status.

TAR Correction Statuses

TAR Correction Status	Description
Received	The TAR correction request is on its way to being processed by PHC.
In Progress	The TAR correction request is being processed by PHC.
Completed	PHC has made a determination on this TAR correction request. No further action can be taken on this correction request.

The following illustration shows a TAR correction's progress, from the initial provider's request, through its processing at PHC, and back to where the provider can view its final status. Note that if a TAR Correction status is *received*, it has not yet been reviewed by PHC Health Services.
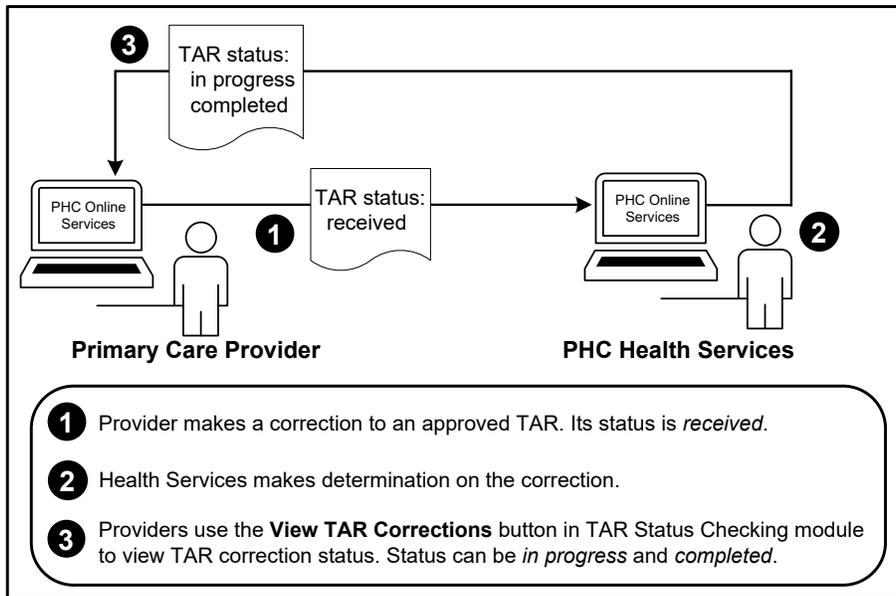
Outpatient TAR Correction Flow

To use the TAR Corrections module, go to *Home > Authorizations (RAFs and TARs) > TAR Corrections*.

The TAR Status Checking page appears.

Making the First Correction to a TAR

1. Find the TAR you want to correct. Follow the steps in [Checking a TAR's Status](#). The TAR should appear in the TAR Search Results list.

2. Click **View TAR**. The TAR displays. If the status is *Approved*, the **Submit TAR Correction** button displays with the **Print** and **Cancel** buttons. (You can only make a correction request on a TAR that has been approved.)

3. Click **Submit TAR Correction**. The displayed page changes, so that the fields you can edit are highlighted in blue. You can change the TAR **Start** and **End Dates**, **Provider**, **Primary** and **Secondary Diagnosis**, and the **Additional Notes** field.

4. Make any changes to the fields highlighted in blue. The current values for those fields are displayed above the blue highlighted fields, so you can compare values. The same search capabilities you had when originally entering TAR data are still available.

5. Click **Submit TAR Correction Request**. A validation screen appears. The TAR correction has a status of *received* until PHC Health Services manually review this TAR. They give it a

status of *In Progress* or *Completed*. Please note that the status may be *completed*, and PHC Health Services determined to accept the TAR correction or not. View the TAR corrections once the status is changed to *completed* to determine if correction was accepted or not.
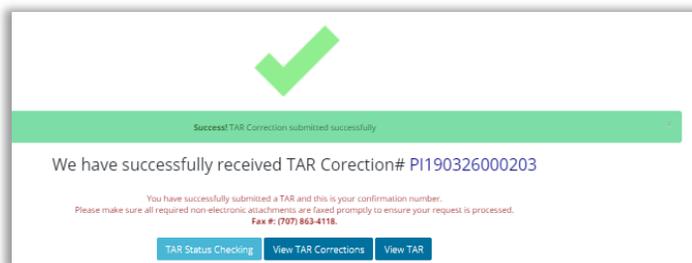
Making Subsequent Corrections

You can only make a correction to a TAR that has an *Approved* status. The corrected TAR must have these criteria in order for you to take action on it:

- It is an outpatient TAR
- The TAR's status is *Approved*
- The start date is within six months of the current date
- All previous corrections are in *Completed* status

1. Find the TAR you want to correct. Follow the steps in [Checking a TAR's Status](). The TAR should appear in the TAR Search Results list.

2. Click **View TAR**. The TAR displays. If the status is *Approved*, the **Submit TAR Correction** button displays with the **Print** and **Cancel** buttons. (You can only make a correction request on a TAR that has been approved.)
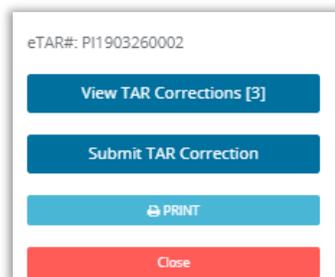
3. Click **Submit TAR Correction**. Make any changes to the fields highlighted in blue. The current values for those fields are displayed above the blue highlighted fields, so you can compare values. The same search capabilities you had when originally entering TAR data are still available.

4. Click **Submit TAR Correction Request**. A validation screen appears. PHC Health Services manually review this TAR. They give it a status *completed* or *in progress*

Viewing All Corrections for a TAR

You can see all the corrections made to a TAR.

1. Search for the TAR. Follow the steps in <u>Checking a TAR's Status</u>.

2. Click **View TAR** in the list. The button **View TAR Corrections** appears on the right. If the **Submit TAR Correction** button is not displayed, it means the previous TAR correction has not been completed.

eTAR#: PI1903260002

View TAR Corrections [3]

Submit TAR Correction

🖶 PRINT

Close
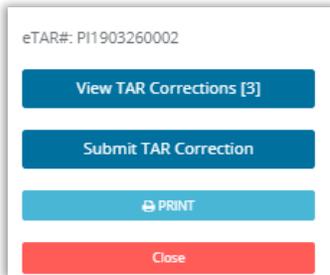
3. To see all the corrections that have been made to a TAR, click the **View TAR Corrections** button. This brings up the TAR Correction Requests page.

TAR Correction Requests

Correction Requests - PI1903260002

TAR Correction #	Status	TAR #	Submitted Date	Submitted By	View
PI190326000201	Completed	PI1903260002	3/26/2019 5:17:51 PM	mukeshjain	View
PI190326000202	Completed	PI1903260002	3/26/2019 5:20:56 PM	mukeshjain	View
PI190326000203	Received	PI1903260002	3/29/2019 10:32:47 AM	theavaughan	View

You can see any corrections to the TAR. TAR corrections with a *received* status have not yet been viewed by PHC Health Services.

4. Click **View** for the last TAR correction. The TAR Correction XXXXXXX page appears. You can print the TAR correction from this page.

🖶 PRINT

Close
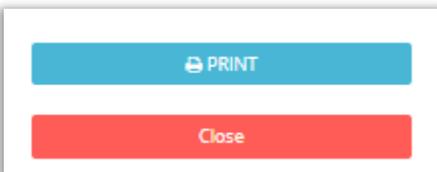
Page and Field Reference

This section lists each page in the Authorizations module, and defines all the fields on each page.

RAF Entry Page

To read the procedure for creating and submitting a RAF, see

No RAFs Needed for Certain Specialty Groups

You do not need to submit a RAF if you are referring a member to certain specialty groups. These groups do not appear in the specialty search list. These specialties do not need RAFs:

Specialty Codes Exempt from RAFs

Specialty Group Name
Anesthesiology
Behavioral Health Treatment
DME
Dialysis
Home Health
Laboratories
Medical Transportation
Radiology
Skilled Nursing

Creating a RAF. The procedure has several close up sample screenshots of the RAF Entry page.

The RAF Entry Form

RAF Entry Page – Field and Button Descriptions

Page Section	Field Name or Button	Description
Member Details	Change Member	Use this button to return to the **Member Search** page.

Page Section	Field Name or Button	Description
	Member Name	The member's name displays.
	Gender	The member's gender displays.
	Phone # (on file)	The member's phone number displays.
	PCP Details	The PCP name displays.
	PCP Fax #	The PCP fax number displays.
	CIN	The member's CIN number displays.
	Date of Birth [Age]	The member's date of birth displays, and the age displays between [brackets].
	Address	The member's address displays.
	PCP Address	The PCP's address displays.
Referral Start and End Dates	Change Service Dates	Use this button to return to the **Member Search** page and change the service dates.
	Start Date	Today's date displays.
	Duration *	Enter in the number of months for which the referral is good. The default is 12 months. This field is required.
	End Date	The referral's end date displays automatically, based on the duration you enter.
Service Provider Details	Specialist Search *	Enter the name of the specialist, group or facility, or the NPI number. Click here for information on searching for specialists for RAFs. This field is required.
	Specialist Name [PHC#]	Once the **Specialist Search** field is filled, this field displays the name of the specialist or facility.
	Address	Once the **Specialist Search** field is filled, this field displays the address of the specialist or facility.
	Phone #	Once the **Specialist Search** field is filled, this field displays the phone number of the specialist or facility.
	Advanced Search	This button displays the Advanced Search pop-up. Click here for more information on Advanced Search.
	Clear	Use this button to clear the current entry.

Page Section	Field Name or Button	Description
Diagnosis Details and Medical Justification	Diagnosis Search *	Look up a diagnosis by ICD10 code or name. Omit any decimal points in codes. Click here or information on searching for diagnosis codes. This field is required.
	Diagnosis Code	The ICD10 code displays, based on your entry or selection in the **Diagnosis Search** pull-down.
	Diagnosis Description	The ICD10 description displays, based on your selection in the **Diagnosis Search** pull-down.
	Medical Justification	Enter in the justification for this referral.

	This Referral is	Select one of these options:
		    Indicated: important to health; not life threatening
		    Urgent: potentially life-threatening condition

	PCP Preferred Communication Method	Select one of these options:
		    Please call me when you have seen patient
		    I would like to receive periodic status report
		    Call me if procedures or admission planned

	Out of County Referral Reason	Select one of these options:
		    No in county specialist available
		    Maintain continuity of care
		    Tertiary level of care needed
		    Other – Specify in Referral Reason

	Referral Reason	If you selected Other – Specify in **Referral Reason** for the **Out of County Referral Reason**.
	Questions	If you have any questions for the specialist, type them here.
	Attachments	Use this to add any files to the record. Refer to Working with Attachments for file requirements.
	Submit eRAF	When you have completed the form, click **Submit eRAF**.

eRAF Status Checking Page

To read the procedure for checking the status of a RAF, see Checking a RAF's Status. The procedure has several close up sample screenshots of the RAF Status Checking page.

The eRAF Status Checking Search Form

The eRAF Status Checking RAF Preview Window

eRAF Status Checking Page – Field and Button Descriptions

Field, Column or Button Name	Description
Search Form	
RAF #	Enter RAF number.
Member ID #	Enter member's identification number.
RAF Span From	Enter the start date for the RAF.
To	Enter the end date for the RAF.
Display most recent	Enter the number of RAFs you want in the Results list.
Search	Click to search the records.
Clear	Click to clear the form.
eRAF Search Results List	
RAF #	The RAF number displays.
Start & End Dates	The RAF's start and end dates display.
RAF Status	The RAF's status displays.
Member Details	The member's name, CIN, and phone number display.
Specialist Details	The specialist's name, address, and phone number display.
PCP Details	The PCP's name, address, and phone number display.
Diagnosis Details	The diagnosis code and description display.
View RAF	Click **View RAF** to see the RAF onscreen.
Cancel RAF	Cancel a RAF that has *Approved* status. You can also modify a RAF's end date with this functionality.

TAR Entry – Outpatient

To read the procedure for creating an outpatient TAR, see Creating an Outpatient TAR. The procedure has several close up sample screenshots of the TAR Entry page.

The TAR Outpatient Entry Page

Outpatient TAR Entry Page – Field and Button Descriptions

Page Section	Field Name or Button	Description
Member Details	Change Member	Use this button to return to the Member Search page.
	Member Name	The member's name displays.
	Gender	The member's gender displays.
	Phone # (on file)	The member's phone number displays.
	PCP Details	The PCP's name displays.
	PCP Fax #	The PCP's fax number displays.
	CIN	The member's CIN number displays.
	Date of Birth [Age]	The member's date of birth displays, and the age displays between [brackets].
	Patient Ph#	Enter in an additional member phone number if needed.
	Address	The member's address displays.
	PCP Address	The PCP's address displays.
TAR Start and End Dates	Start Date	Today's date displays.
	End Date *	By default, today's date displays. You can enter a future date using the calendar. For retroactive TAR, enter a date that is in the past. This field is required.
	Select Provider *	Select the provider you are requesting for the member from the pull-down arrow. Click here for information on searching providers for TARs. This field is required.
	Service Provider Address	Once the **Provider Name** field is filled, this field displays the address of the specialist or facility.
	Preferred Return Fax #	Enter a fax number that the specialist prefers for communication.
	Is Urgent	Select either **Yes** or **No**.
	Reason for the Urgent TAR *	If you select **Yes** for Urgent, this field appears. You must enter the urgency reason in this field. This field is required.

Page Section	Field Name or Button	Description
	TAR Type *	Select a TAR type: Ancillary, BHT, CBAS, DME, Incontinent, Med. This field is required.
	Service Provider Details	The provider's name displays.
	Provider Fax # (on file)	The provider's fax number on file displays.
	Patient Current Location *	Specify where the member is currently, from these options: Home, SNF/ICF, Board and Care, Acute Hospital, Homeless, Other. This field is required.
	If Selected Other, Explain *	If you selected **Other** for Patient Current Location, enter in the member's current location. This field is required.
Diagnosis Details and Medical Justification	Primary Diagnosis *	Find the primary diagnosis by ICD10 code or text. Omit entering decimal points. Click here for information on how to search the ICD10 codes. This field is required.
	Diagnosis Code	The ICD10 code displays, based on your entry in the **Primary Diagnosis** pull-down.
	Diagnosis Description	The ICD10 description displays, based on your entry in the **Primary Diagnosis** pull-down.
	Secondary Diagnosis	Find the secondary diagnosis by ICD10 code, if applicable.
	Diagnosis Code	The secondary diagnosis code displays.
	Diagnosis Description	The secondary diagnosis description displays.
	Medical Justification	Enter your justification for this TAR. The maximum character limit is 1500 characters for this field.
Service Details and Additional Notes	Add New Service Code	The Add/Edit Service Detail pop-up displays. See the table immediately following this table for field descriptions.
	Additional Notes	Enter any further notes. The maximum character limit is 700 characters for this field.
Attachments		Use this to add any files to the record. Refer to Working with Attachments for file requirements.

Page Section	Field Name or Button	Description
Submit eTAR		When you have completed the form, click **Submit eTAR**.
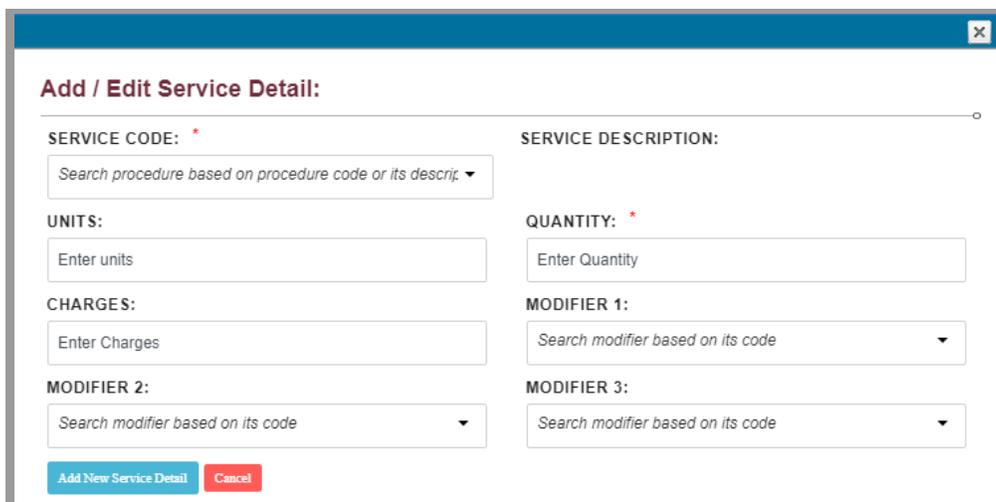
The Add/Edit Service Detail Window

Add/Edit Service Detail Window – Field and Button Descriptions

Field Name or Button	Description
Service Code *	Enter a service code. Click here for information on how to search the service (or bed) codes. This field is required.
Service Description	The service's description displays.
Units	Do not use this field.
Quantity *	Enter the number of units for this service type. This field is required.
Charges	Not applicable.
Modifier 1, 2, 3	Enter a modifier, if needed.
Add New Services Detail	Click this button to add the service to the TAR.
Cancel	Cancel this service detail.

TAR Entry – Inpatient

To read the procedure for creating an inpatient TAR, see

[Creating an Inpatient](#) TAR. The procedure has several close up sample screenshots of the TAR Inpatient Entry page.

The TAR Inpatient Entry Page

Inpatient TAR Entry Page – Field and Button Descriptions

Page Section	Field Name or Button	Description
Member Details	Change Member	Use this button to return to the Member Search page.
	Member Name	The member's name displays.
	Gender	The member's gender displays.
	Phone # (on file)	The member's phone number displays.
	PCP Details	The PCP's name displays.
	PCP Fax #	The PCP's fax number displays.
	CIN	The member's CIN number displays.
	Date of Birth [Age]	The member's date of birth displays, and the age displays between [brackets].
	Patient Ph#	Enter in an additional member phone number if needed.
	Address	The member's address displays.
	PCP Address	The PCP's address displays.
TAR Start and End Dates	Start/Admit Date	Today's date displays.
	End/Discharge Date	Enter a discharge date.
	Select Provider *	Select the provider you are requesting for the member from the pull-down arrow. Click here for information on searching providers for TARs. This field is required.
	Service Provider Details	Once the **Provider Name** field is filled, this field displays the address of the specialist or facility.
	Provider Fax # (on file)	The provider's fax number on file displays.
	Admitting Physician *	Enter the name or number of the admitting physician. This field is required.
	Is Urgent	Select either **Yes** or **No**.
	Reason for the Urgent TAR *	If you select **Yes** for Urgent, this field appears. You must enter the urgency reason in this field. This field is required.
	TAR Type *	Select a TAR type. This field is required. Acute – Acute Inpatient Hospital Admissions

Page Section	Field Name or Button	Description
		LTC – Long Term Care Facility (Custodial Care) SNF – Skilled Nursing Facility
	Discharge to	Select where the patient will be discharged: Acute Care, Acute Rehab Facility, AMA, Correctional Facility, Deceased, Home, Home Health Care, Hospice, Hotel, Skilled Nursing Facility, Unknown/Other
	Unknown/Other	If you selected **Unknown/Other** in the **Discharge To** field, enter in where the patient will be discharged to.
	Service Provider Address	Once the **Provider Name** field is filled, the provider's address displays.
	Preferred Return Fax #	Enter the preferred FAX number for the provider.
	Attending Physician *	Enter the name of the attending physician. This field is required.
	If Selected Other, Explain *	If you selected **Other** for Patient Current Location, enter the member's current location. This field is required.
Diagnosis Details and Medical Justification	Admitting Diagnosis *	Find the admitting diagnosis by ICD10 code or text. Omit entering decimal points. Click here for information on how to search the ICD10 codes. This field is required.
	Code	The ICD10 code displays, based on your entry in the **Primary Diagnosis** pull-down.
	Description	The ICD10 description displays, based on your entry in the **Primary Diagnosis** pull-down.
	Secondary Diagnosis	Find the secondary diagnosis by ICD10 code, if applicable.
	Secondary Code	The secondary diagnosis code displays.
	Secondary Description	The secondary diagnosis description displays.
	Other Diagnosis	If applicable, find any other diagnosis.
	Other Code	Based on the **Other Diagnosis** field, the displays.
	Other Description	ICD10 code displays based on **Other Description** field.
	Notes	Enter any notes. The maximum character limit is 700 characters for this field.

Page Section	Field Name or Button	Description
Bed Code Details and Additional Notes	Add New Bed Code	The Add/Edit Service Detail pop-up displays. Click here for information on how to search the service (or bed) codes.
Attachments		Use this to add any files to the record. Refer to Working with Attachments for file requirements.
Submit eTAR Inpatient		When you have completed the form, click **Submit eTAR Inpatient**.
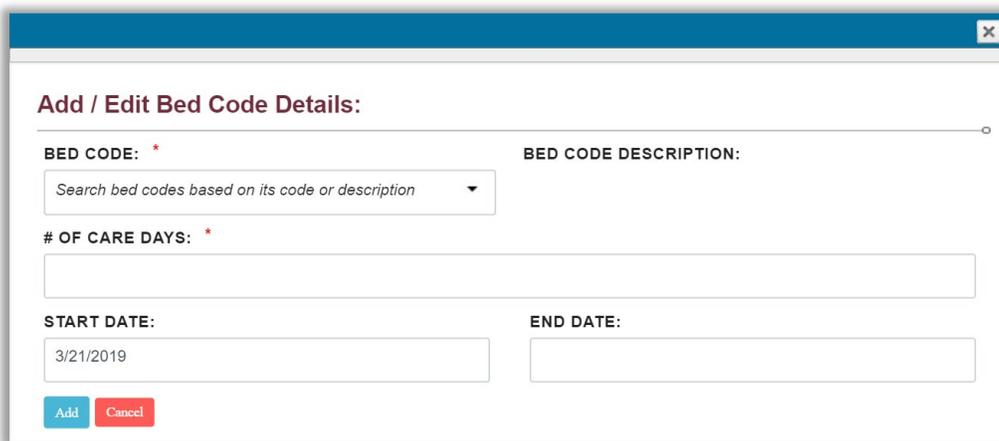
The Add/Edit Bed Code Details Window

Add/Edit Bed Code Details Window Page – Field and Button Descriptions

Field Name or Button	Description
Bed Code *	Enter a bed code. Click here for information on how to search the bed codes. This field is required.
Bed Code Description	The bed code's description displays.
# of Care Days *	Enter the number of days for which the patient is admitted. This field is required.
Start Date	This field automatically populates from the date you entered on the main **TAR Inpatient Entry** page.
End Date	This field automatically populates based on the start date and what you entered in the **# of Care Days** field.

Add	Use this button to add the record.
Cancel	Use this button to cancel this bed code.

eTAR Status Checking

To read the procedure for checking the status of a TAR, see Checking a TAR's Status. The procedure has several close up sample screenshots of the TAR Status Checking page.

The TAR Status Checking Page

eTAR Status Checking Page – Field and Button Descriptions

Field, Column or Button Name	Description
Search Form	
In/Out Patient	Select either In Patient or Out Patient
TAR #	Enter TAR number.
Member ID #	Enter member's identification number.
TAR Span From	Enter the start date for the TAR.
To	Enter the end date for the TAR.
Display most recent	Enter the number of TARs you want in the Results list.
Search	Click to search the records.
Clear	Click to clear the form.
TAR Search Results List	
TAR #	The TAR number displays.
Start & End Dates	The TAR's start and end dates display.
TAR Status	The TAR's status displays.
Member Details	The member's name, CIN, and phone number display.
Specialist Details	The specialist's name, address, and phone number display.
PCP Details	The PCP's name, address, and phone number display.
Diagnosis Details	The diagnosis code and description display.
View	Click **View TAR** to see the TAR onscreen.

TAR Corrections

The fields for this workflow are the same as in TAR Entry – Outpatient, so please see that section for field and button descriptions. In addition, there is a new list of search results, which is shown below. To read the procedure for creating and submitting TAR Corrections, see Managing TAR Corrections.

Note that the TAR Corrections workflow allows you to search by original TAR number only. You have to search for the original TAR number, then scan the results to find out how many corrections there are to that TAR.

The TAR Correction Requests Page

TAR Corrections Page – Field and Button Descriptions

Column or Button Name	Description
TAR Correction #	Displays the TAR correction number. When a TAR is corrected, its number appends a 01 for the first correction, 02 for second, and so on.
Status	Displays the TAR's status.
TAR #	Displays the original TAR number.
Submitted Date	Displays the date and time the TAR was submitted.
Submitted By	Displays name of provider or PHC employee who last modified record.
View	Click to view the TAR with its corrections onscreen.

Glossary

Here we have defined some terms from the healthcare industry and PHC Online Services.

ACA	Affordable Care Act
AI	Access Initiative
BIC	Benefits Identification Card number, assigned by the state
CCN	Claim Control Number
CCS	California Child Services
CIF	Claims Inquiry Form
CIN	Client Index Number
DOB	Date Of Birth
DX	Diagnosis Codes
eAdmin	A provider's system administrator for PHC Online Services.
ER	Emergency Room
HKN	Healthy Kids Number
NPI	National Provider Identifier. All providers have an NPI.
PCP	Primary Care Physician, Primary Care Provider
PDF	Portable Document Format
PHC	Partnership HealthPlan of California
RA	Remittance Advice
RAF	Referral Authorization Form
RP	Risk Population
SSN	Social Security Number
TAR	Treatment Authorization Referral
TIN	Tax ID Number, also known as IRS Number. Could be a person or an entity.

LIST OF TABLES