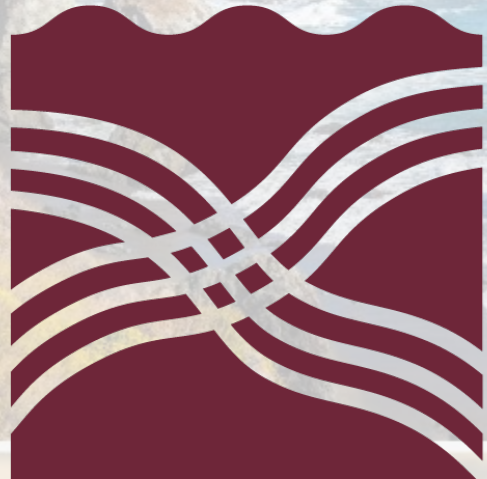


PARTNERSHIP



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New Provider Orientation Enhanced Care Management (ECM)

Agenda

About Us

Member
Services

Enhanced
Care
Management

Claims

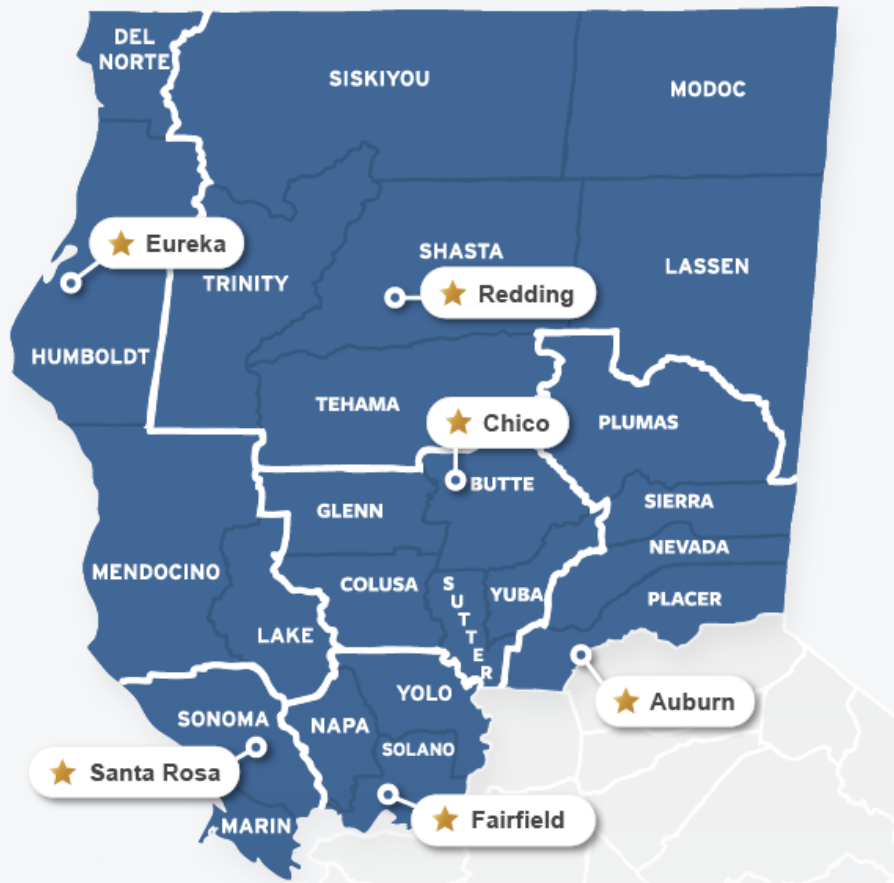
Provider
Relations

Partnership
Online
Services

eTAR
Submission
and
Corrections

About Us

Regional Offices



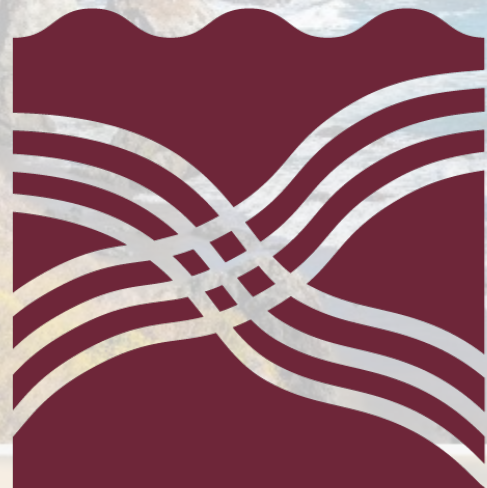
Mission:

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

Vision:

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

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Member Services

Member Services

Member Services has staff members in the Auburn, Eureka, Fairfield, and Redding regional offices.

- Over 50% of call center staff are bilingual
- (800) 863-4155 | Monday – Friday, 8 a.m. – 5 p.m.

Member Services staff assists with:

- Information about members Medi-Cal benefits
- PCP assignment
- Getting health care services and appointments
- Member materials, such as your Partnership ID card, member handbook, and provider directory
- Interpreting services and materials in other languages or formats (i.e. large print or braille)
- Billing problems
- Grievances and appeals
- Processing various authorized representative forms
- Member portal questions

Member Services



Behavioral Health Treatment (BHT) for Autism Spectrum Disorder

Partnership is responsible for providing Early and Periodic Screening, Diagnostic and Treatment services for members under 21. Includes BHT services that are medically necessary.



Wellness & Recovery

On July 1, 2020, Partnership administered the Substance Use Disorder service (SUD) Program, working with seven of its counties Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano – to administer SUD treatment and services.



Whole Child Model

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

Member Services



Mental Health

- Partnership has partnered with Carelon Behavioral Health to help manage mental health benefits for members with mild to moderate mental health conditions in need of outpatient mental health services.
- (855) 765-9703
- www.carelonbehavioralhealth.com



Vision Service Plan

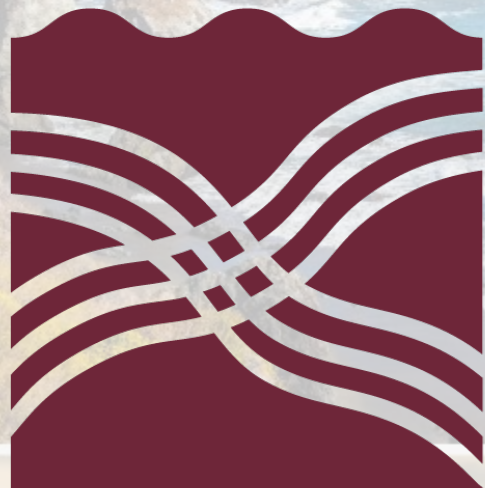
- Partnership has partnered with Vision Service Plan for the members vision benefit
- Members of all ages are covered for one eye exam, frames, and lenses every 24 months.
- (800) 877-7195
- www.vsp.com/medicaid



Medi-Cal Dental

- Smile, California – Medi-Cal Dental Program Provides free or low-cost dental services to children and adults who receive Medi-Cal.
- (800) 322-6384
- www.SmileCalifornia.org

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Health Services

Health Services

Enhanced Health Services

- Enhanced Care Management (ECM)
- Community Supports (CS)
- Treatment Authorization Requests (TAR)

Care Coordination (800) 809-1350

- Works directly with a member to find out who their provider is, what contact information exists, and any member reassignment.

Quality Improvement (707) 863-4213

- Quality Incentive Program (QIP)

Enhanced Care Management

A Medi-Cal benefit, offered primarily in person.

To qualify, members must meet DHCS criteria outlined – “Population of Focus”

Goal is to provide a community-based lead case manager to coordinate medical, oral, behavioral health, long-term supports and community referral needs, no matter the payer.



ECM Highlights

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

Social
Determinant of
Health (SDOH)
planning

Culturally
Competent
Communication

Lead Care
Manager
Assignment

Individualized
Care Plans
(ICPs)

Community-
Based Outreach
and Engagement

Risk Screening
and assessment

Adult Populations of Focus



Adult ECM Populations of Focus:

- Individuals experiencing homelessness
- At risk for avoidable hospital or emergency department utilization
- Individuals with serious mental health and/or substance use disorder needs
- Individuals transitioning from incarceration
- Adults living in the community and at risk for long-term care institutionalization
- Nursing facility residents transitioning to the community
- Birth equity

Youth Populations of Focus

Children/ Youth ECM Populations of Focus:

- Individuals experiencing homelessness
- At risk for avoidable hospital or emergency department utilization
- Individuals with serious mental health and/or substance use disorder needs
- Individuals transitioning from incarceration
- Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS condition
- Children and youth involved in child welfare
- Birth equity



ECM Reminders

ECM Referrals:

- No wrong door approach
- ECM screening conducted

TARs:

- TARs are required for a member to be officially enrolled in the program.

Billing/Invoicing Requirements

Reporting Requirements:

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

ECM Policies

MCCP2032

CalAIM: ECM

MCUP3143

Service Authorization Process for ECM



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

Non-Clinical and Clinical ECM Codes

Non-Clinical Codes	Modifiers	Frequency	Rate	Example
G9012	No modifier	Successful Engagement. This is when a member agrees to enroll in ECM. This is allowed one time per provider.	\$150	G9012 X 1 unit = \$150
G9012	U2	Allowed once per month in person . The once-a-month meeting with the member. The care plan is reviewed, and goals are created for the month.	\$400	G9012-U2 X 1 unit = \$400
G9012	U2-GQ	Allowed once per month telephonic .	\$400	G9012-U2-GQ X 1 unit = \$400

Clinical Codes	Modifiers	Frequency	Rate	Example
G9008	U1	Allowed once per month in person . The once-a-month meeting with the member. The care plan is reviewed, and goals are created for the month.	\$400	G9008 -U1 X 1 unit = \$400
G9008	U1-GQ	Allowed once per month telephonic .	\$400	G9008-U2-GQ X 1 unit = \$400

Unsuccessful Outreach Attempts Prior to ECM Enrollment

- Partnership will reimburse up to **five** unsuccessful outreach attempts, per eligible member, per rolling **30-day period**.
- Each unsuccessful outreach attempt is billed as a single date of service and not by date span.
- ECM providers must verify member eligibility before providing any service and verify that Partnership members are not enrolled in an ECM program prior to outreach.

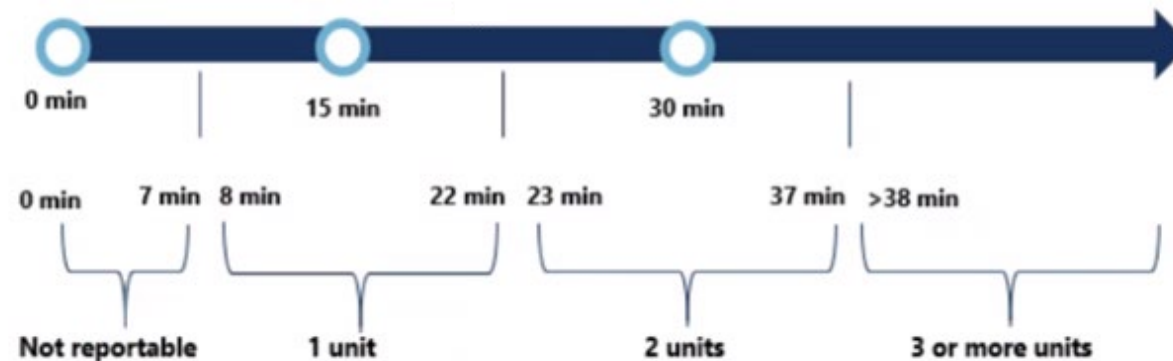
Clinical	Modifiers	Frequency	Rate	Example
G9008	U8	Up to 5 per rolling 30-day period	\$5	G9008 X 1 unit = \$5
G9008	U8/GQ	Up to 5 per rolling 30-day period	\$5	G9008-U8/GQ X 1 unit = \$5
Non-Clinical	Modifiers	Frequency	Rate	Example
G9012	U8	Up to 5 per rolling 30-day period	\$5	G9012 X 1 unit = \$5
G9012	U8/GQ	Up to 5 per rolling 30-day period	\$5	G9012-U8/GQ X 1 unit = \$5

- Telephonic/electronic methods may include secure text messages or emails individualized to the member. Mass communications (i.e. mass mailings, distribution emails, and group text messages) do not count as outreach and cannot be billed.

Multidisciplinary Team Conference (MTC) Informational Services

Service Code	Modifiers	Frequency	Billed Amount	Example
G9007	No modifier	Optional. Used to indicate when a MTC occurs between the member's ECM lead care manager and one or more other providers involved with managing a member's care.	0.1 or 1.00 this is not reimbursable. Billed in increments of 15 minutes.	G9007 X 4 units = \$0.04

- Efforts that are seven minutes or less would not meet the “Rule of Eights” threshold and would not be reportable.



- Example:** A case manager spent one hour and seven minutes with clinical staff discussing the member's plan of care. This would be billed at 4 units of service. (G9007 X 4 units = \$0.04)

ECM Codes and Rates Link

To view the full Enhanced Care Management (ECM) Billing Codes and Rates click [HERE](#)

eTAR Requirements

UTILIZATION MANAGEMENT

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

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

Submitting Referrals and Authorizations



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

- Click here to submit a Treatment Authorization Request (TAR) or Referral Authorization Form (RAF) online
- Treatment Authorization Request (TAR) Requirements

RAF/TAR Status



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

- Click here to check RAF and TAR status

Forms



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

- Referral Authorization Form (RAF)
- eRAF Request Form
- Treatment Authorization Request (TAR) Form
- Long-Term Care 20-1 TAR form
- Bed Hold & Change of Status Report
- Long-Term Care Reference Sheet
- Behavioral Health Therapy (BHT) Fax Cover Sheet
- Incontinence Supplies Medical Necessity Certification

Endocrinology Guidelines



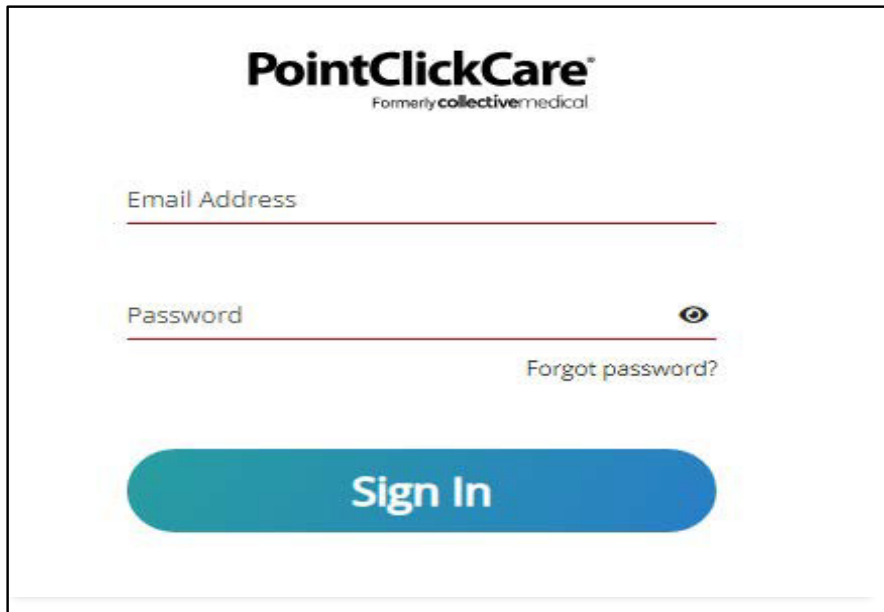
Project Echo

Partnership Endocrinology Referral Guidelines

- TARs 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, click [here](#)
- TAR requirements can be found on our website, click [here](#)

PointClickCare (PCC)

- PCC is a Health Information Exchange System used to view hospital encounter data. ECM providers are required to contract with PCC for ECM.
- Partnership pays for the licensure fee
- PCC is the platform that ECM providers use to upload care plans and ROI's. This must be done within 60 days of the initial TAR request date.



The image shows a screenshot of the PointClickCare login interface. At the top, the logo reads "PointClickCare" with "Formerly collective medical" underneath. Below the logo are two input fields: "Email Address" and "Password". The "Password" field has a small eye icon to its right. To the right of the "Password" field is a link that says "Forgot password?". At the bottom of the form is a large blue button with the text "Sign In".

Contact Information:

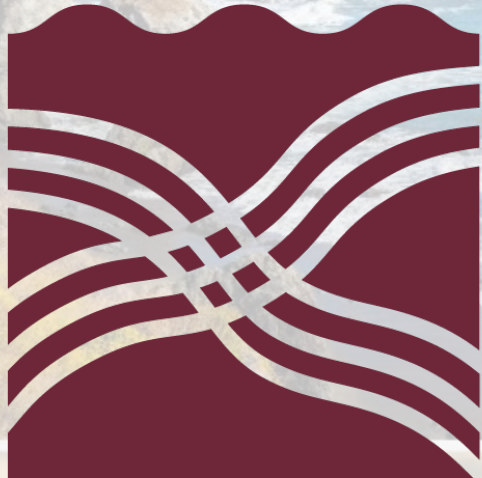
Email: cmt-support@pointclickcare.com

Phone: (801) 285-0770

Available Monday - Friday 7:00AM -
6:00PM MST

Login Link: <https://pointclickcare.com/>

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ECM Referrals and Provider Assignment

ECM Member Eligibility and Referrals

ECM Member Eligibility:

- A member must have full scope Partnership eligibility
- Member must meet at least one ECM Population of Focus

• ECM Referral Sources:

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

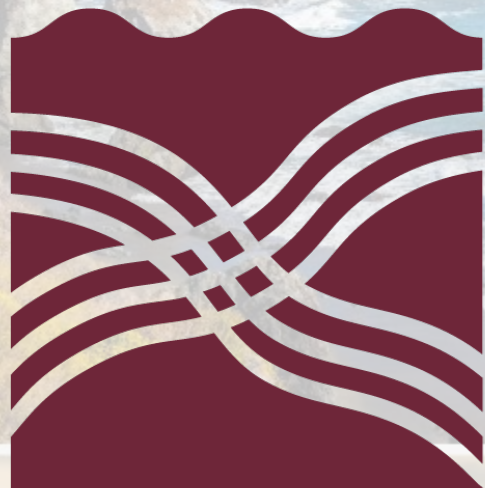
Referral Assignment

ECM Referral Assignment

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

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

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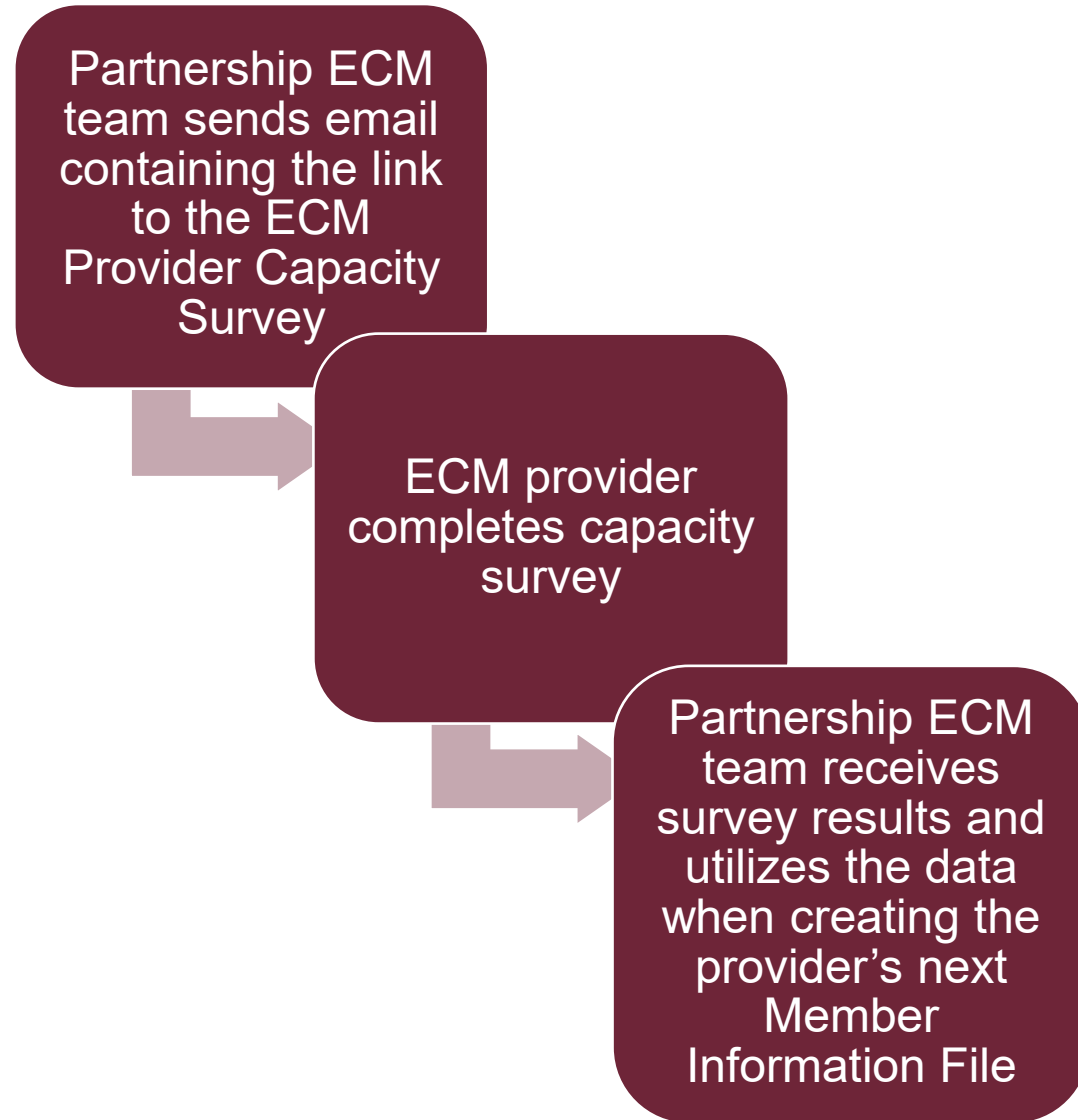


ECM Provider Capacity

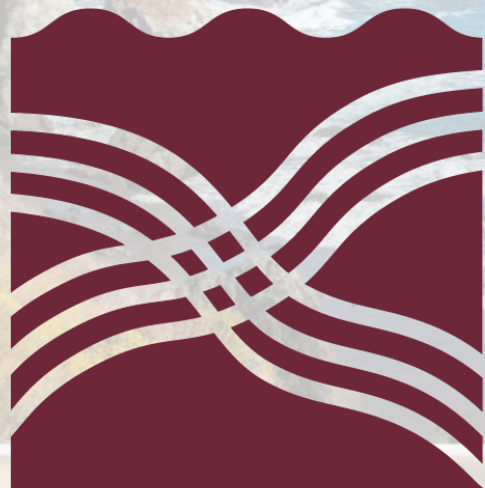
Provider Capacity Survey

- Partnership will send the Provider Capacity Survey via an online form to track ECM provider capacity.
- The ECM provider will complete the survey, and Partnership will analyze the results to help assist with next months referral count.

NOTE: Providers serving multiple counties will complete a separate survey for each location.



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ECM Provider Reporting

ECM Provider Reporting Requirements

Encounter Data

Monthly reporting from ECM providers to MCPs, including encounter counts, outreach dates, and methods used.

Release of Information (ROI)

Requires a signed ROI form with a valid signature and timeframe to share PHI with the ECM provider, lead case manager, and care team once the member agrees to participate.

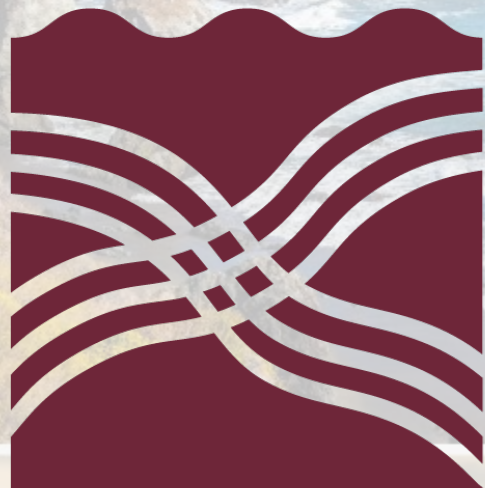
Individualized Care Plan (ICP)

A person-centered, culturally appropriate plan developed by providers to address each member's unique needs. It should be interdisciplinary, goal-oriented, and support whole-person care.

Quality Incentive Program (QIP)

ECM providers are automatically enrolled in Partnership's QIP to support quality care, continuous improvement, and potential incentive earnings.

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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 of California (Medi-Cal)
P.O. Box 1368
Suisun City, CA 94585-1368

Invoice Billing Format

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

Invoice Billing Format

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

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

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

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

Required: 2016 Microsoft Excel version or later.

Provider Dispute Resolution (PDR)

The Electronic PDR System can be accessed using Provider Online Services [Provider Online Service Portal](#)

- Providers have the right to dispute claim determinations regarding payment or denial.
- Disputes may be submitted via Provider Online Services or by mail.
- Providers must file disputes within 365 days (one year) from the original payment or denial date listed on the Partnership Remittance Advice (RA). Submissions received beyond this timeframe will be automatically denied.
- Partnership will promptly acknowledge receipt of the dispute and provide an electronic response detailing the outcome of the review within 45 business days.
- The Provider Dispute Form is available for download on the Partnership website.
- When submitting a Provider Dispute Resolution (PDR) to correct a claim for underpayments, modifiers, units of service, or dates, providers now have the option to select ECM and Community Supports under the claim type.

[Provider Dispute Resolution Form](#)

Claims Billing Tips

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

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

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

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

Claims Team Contacts

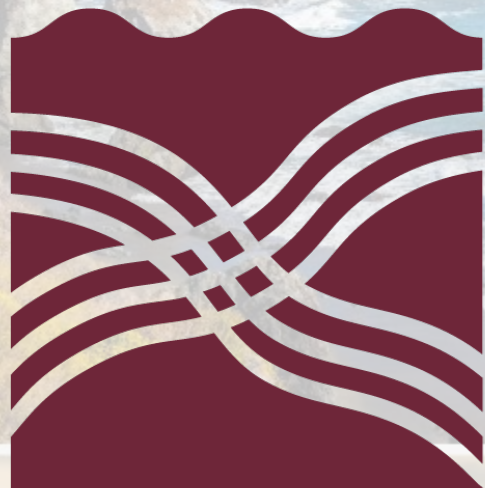
Claims Resolution Unit: 1-855-798-8761

Claims Customer Service: 1-855-798-8757

Claims Help Desk: claimsecmhelpdesk@partnershiphp.org

Partnership Provider Online Services at: www.partnershiphp.org

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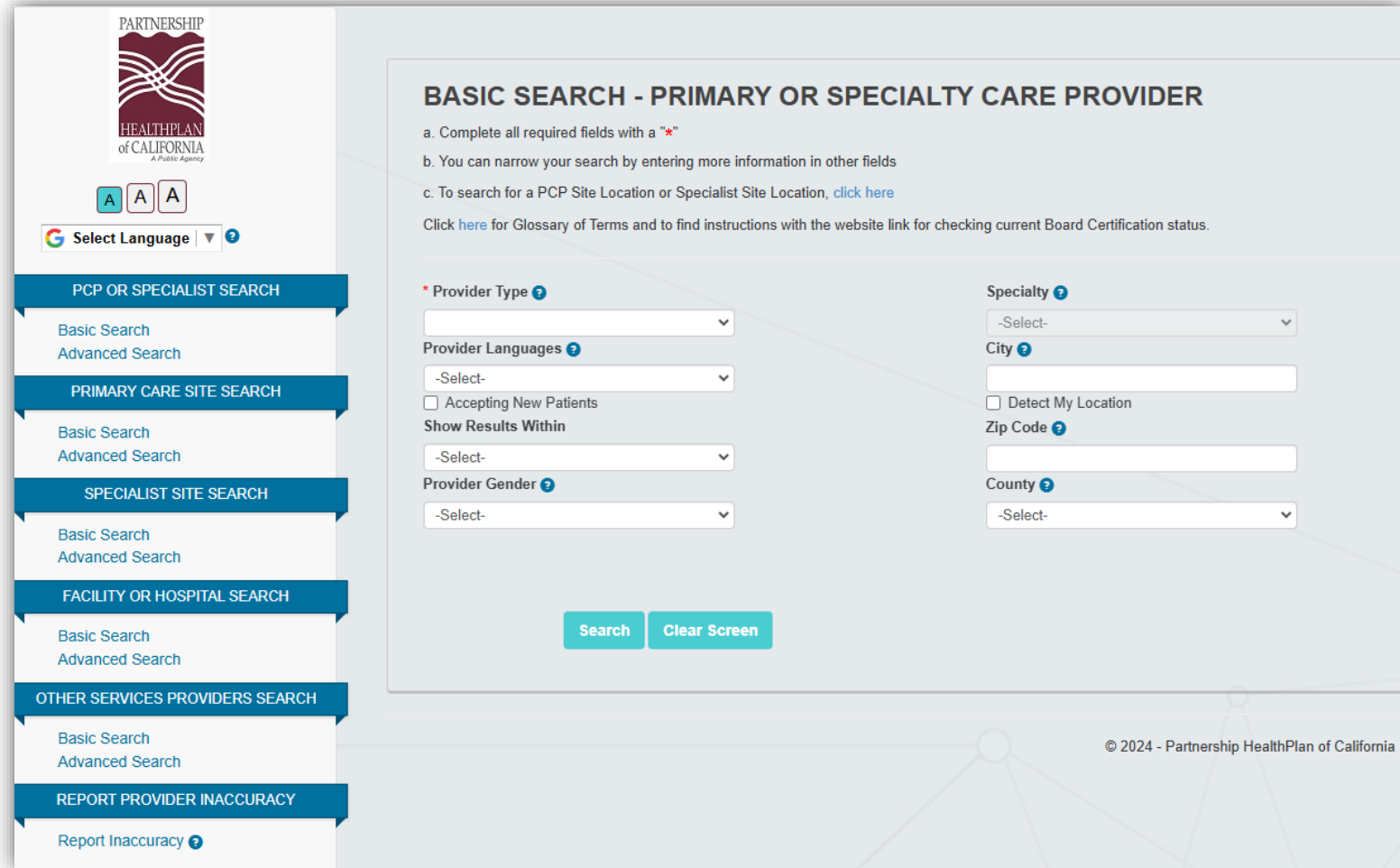
Provider Relations

Provider Relations



Provider Relations Directory

- Partnership has a searchable online provider directory with interactive tools. The online directory is updated daily to reflect changes made the previous business day. If you believe that you have found an error, you can email: PHCDirectory@partnershipphp.org
- You can also report an error in the directory by clicking **Report Inaccuracy** and completing the questions.



The screenshot displays the 'BASIC SEARCH - PRIMARY OR SPECIALTY CARE PROVIDER' interface. On the left is a navigation sidebar with the Partnership HealthPlan of California logo and a 'Select Language' dropdown. The sidebar contains six main search categories, each with 'Basic Search' and 'Advanced Search' links: 'PCP OR SPECIALIST SEARCH', 'PRIMARY CARE SITE SEARCH', 'SPECIALIST SITE SEARCH', 'FACILITY OR HOSPITAL SEARCH', 'OTHER SERVICES PROVIDERS SEARCH', and 'REPORT PROVIDER INACCURACY'. The 'REPORT PROVIDER INACCURACY' section includes a 'Report Inaccuracy' link. The main content area is titled 'BASIC SEARCH - PRIMARY OR SPECIALTY CARE PROVIDER' and includes instructions: 'a. Complete all required fields with a "*"', 'b. You can narrow your search by entering more information in other fields', and 'c. To search for a PCP Site Location or Specialist Site Location, click here'. It also provides a link to the 'Glossary of Terms' and instructions for checking Board Certification status. The search form contains several fields: 'Provider Type' (required), 'Provider Languages', 'Accepting New Patients' (checkbox), 'Show Results Within', 'Provider Gender', 'Specialty', 'City', 'Detect My Location' (checkbox), 'Zip Code', and 'County'. 'Search' and 'Clear Screen' buttons are at the bottom. The footer shows the copyright '© 2024 - Partnership HealthPlan of California' and an 'ACCREDITED NCQA HEALTH PLAN' logo.

Interpretive Services AMN Healthcare



Telephone language services: (844) 333-3095

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

- Partnership number, provider site name and city, member ID (if applicable)
- If you do not have the member's ID, bypass the prompt by stating you do not have that information but will still require interpreting services.

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

Resources:

AMN Healthcare Training Video: [click here](#)

Where to find your Partnership number: [click here](#)

VRI Guidelines: [click here](#)

VRI Setup Form: [click here](#)

Compliance and Regulatory Affairs

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 Partnership:



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

Phone: (800) 601-2146

Fraud, Waste, and Abuse

FRAUD

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

WASTE

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

ABUSE

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

Fraud, Waste, and Abuse

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.

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

Examples

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

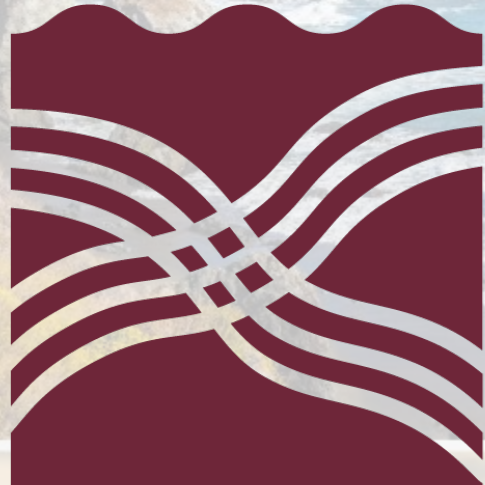
Data Sharing

Partnership
shares data with
its providers
through the
provider portal
and the
Partnership
website.



Partnership
shares
information with
members through
the member portal
and the
Partnership
website.

PARTNERSHIP

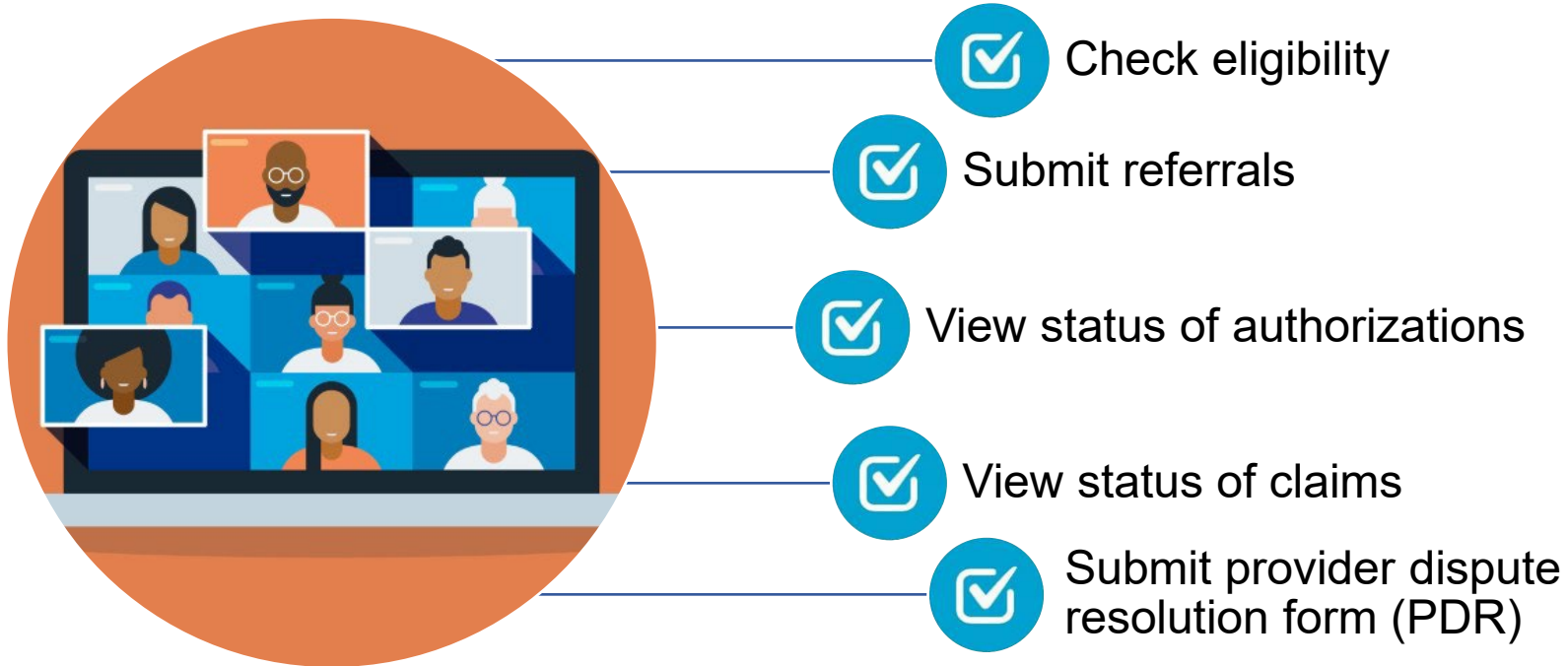


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Partnership Online Services Overview

Provider Online Services (OLS)



Provider online services: <https://provider.partnershiphp.org/ui/login.aspx>

For portal inquiries and trainings, please contact
eSystemsSupport@partnershiphp.org

eAdministrators (eAdmins)

Each organization will designate one or more eAdmin users.

eAdmin Roles and Responsibilities	Normal User Access
<ul style="list-style-type: none">• Create and manage accounts• Grant and disable employee access• Audit user accounts• Primary point of contact for portal• Coordinate organization needs related to the portal• Ensure individuals are HIPAA compliant	<p>Access to modules depending on each organization needs:</p> <ul style="list-style-type: none">• Eligibility module• Authorizations module• Claims module• Clinical module <p>*For normal user access, contact your eAdmin or esystems inbox for eAdmin contact information.</p>

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

eAdmin Sign-Up

Welcome to our redesigned Provider Online Services

eAdmin Sign up

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

Username:

Password:

Login

Forgot Username Change Password

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

Self-Service Sign-Up or Provider Secret Key

Online Services - Self Service Signup

IRS #:

NPI:

Check#

Check Amount

[Validate Provider Details](#)

[Clear](#)

[Login](#)

Online Services - Provider Secret Key

Secret Key:

[Validate Skey](#)

[Clear](#)

[Login](#)

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

New User Registration eAdministrator

User Name:

First Name:

Last Name:

User Email:

Password:

Confirm Password:

Phone Number:

☐ Change password after login?

eAdmin Roles and Responsibilities:

☐ I am responsible for creating accounts for this organization

☐ I am responsible for managing permissions of users for various online services applications (includes granting and revoking)

☐ I am responsible for auditing user accounts periodically

☐ I am a primary point of contact for PHC online services

☐ I am responsible for coordination of online services for this organization

☐ I am responsible for ensuring that individuals of this organization only have permissions that are in accordance with the minimum use standards set forth in 45 CFR 164.502(b) and 164.514(d)

Username Help!

At least 8 characters long

No special characters

Password Help!

At least 8 characters long

At least 1 number

Use one of the special characters @!%*?&

An upper and lower case letter

1. Fill out New User Registration and select **Create User**.

*You will receive an email from online services to verify your email.

2. Once verified, go to [log in page](#)

Username:

Password:

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

Creating Normal User Profiles

Select **User Management** Module → select **eAdmin** Submodule → Select **Add New User**

PARTNERSHIP ONLINE SERVICES

eAdmin - User Management

User Details

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

IRS Numbers:

IRS Number	IRS Name
0	[Text]

Add New User Refresh

Username	First Name	Last Name	User Email	Phone Number	User Type	Is Active	Is Locked	LastLogin	
[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	[Text]	Enable Edit

Partnership Online Services Modules

PARTNERSHIP ONLINE SERVICES

Effective January 1, 2024, Partnership HealthPlan has renamed the Claims electronic CIF system to the Provider Dispute Resolution System (eCIF). Claim inquiries and disputes can continue to be submitted electronically via this system.

Partnership's regional medical directors, with contact information, can be found [here](#).

Access member eligibility details

Eligibility Modules

Search Claims, PDRs/CIFs, Status check search, EOP - Remittance advice

Claim Modules

Clinical Modules

(eAdmin only) Manage user profiles, add users, grant and edit access to modules

User Management

Access Advice Nurse reports, ER Notifications

Access authorization information, submit and correct authorizations

Authorizations (RAFs and TARs)

Telephone Interpretation Services

Your eAdmin Details:

User Name: _____

eAdmin Name: _____

Email: _____

Phone Number: _____

Status: Active

[Click here to view your Provider Profiles](#)

Your eAdmin Details:

User Name: _____

eAdmin Name: _____

Email: _____

Phone Number: _____

Status: Active

[Click here to view your Provider Profiles](#)

eEligibility – Member Search

PARTNERSHIP ONLINE SERVICES

Home

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

PHC - eEligibility

Member Search

Date of Service: 1/6/2025

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:

Search Member **Clear**

Search Help!

Below is the search Criteria with the Date of Service

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

The easiest way to search a member is by the member's **CIN #**

When submitting through the TAR module, it will bring you back to the eligibility screen. The date of service (DOS) on the eligibility screen will be the starting DOS of the TAR. To change the DOS, select the calendar icon.

Click Search Member

Enter Date of Service



Enter Member Search Criteria



Search and Select Member

Member eEligibility Details Screen

PHCONLINE SERVICES

Member Demographics - ePrompts

Member Name:
 Gender:
 Date of Birth:
 Member ID:
 Phone:
 Address:

Eligibility Details:

Is Eligible: **Yes**
Reference No:
Program: Medi-Cal
Date of Service:
PCP Messages: None
Special Messages:
Substance Use Services administered by PHC. See State System for additional benefit information.

Additional Services

Service Type	Service Provider	Phone #
CS- Housing Transition/ Navigation	NEW LIFE DISCOVERY PROJ	(530) 941-9241
ECM	NEW LIFE DISCOVERY PROJ	(530) 941-9241

PCP Name: PARTNERSHIP HEALTHPLAN
PCP Address: 4665 BUSINESS CENTER DRIVE FAIRFIELD CA94534
PCP Phone: (800) 853-4155
PCP Fax:

Additional Services

Service Type	Service Provider	Phone #
CS- Housing Transition/ Navigation	NEW LIFE DISCOVERY PROJ	(530) 941-9241
ECM	NEW LIFE DISCOVERY PROJ	(530) 941-9241
VISION	VISION SERVICE PLAN / Medi-Cal	(800) 815-1883
Mental Health	Medicare	(800) 633-4227
Substance Use Services	PHC/Carilion	(855) 765-9703

- ECM/CS TAR indicator is now live on the provider portal as of 11/15/2024.
- Providers can see if a member is enrolled in ECM or receiving CS services as well as the provider and phone number.

Partnership Provider Portal Indicator

- Prior to outreaching a member, all providers have the ability to check the provider portal indicator to ensure member is not already enrolled with another provider.

PHCONLINE SERVICES

Austin Floresca

Member Demographics -

Member Name:

Gender:

Date of Birth:

Member ID:

Phone:

Address:

Eligibility Details:

Is Eligible: **Yes**

Reference No

Program: Medi-Cal

Date of Service: 10/24/2024

PCP Messages: None

Special Messages:

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

Additional Services

Service Type	Service Provider	Phone #
CS- Housing Transition/ Navigation	NEW LIFE DISCOVERY PROJ	(530) 941-9241
ECM	NEW LIFE DISCOVERY PROJ	(530) 941-9241

PCP Name: **PARTNERSHIP HEALTHPLAN**

PCP Address: 4665 BUSINESS CENTER DRIVE FAIRFIELD CA94534

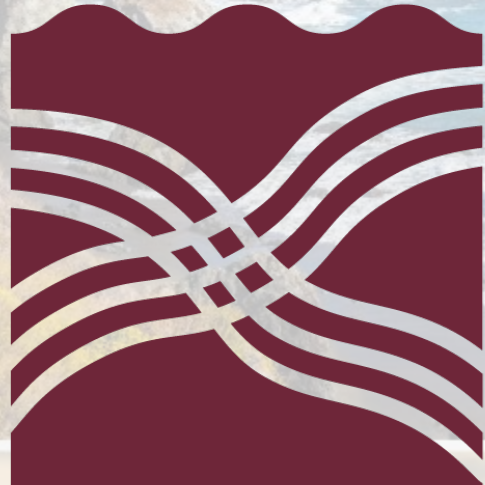
PCP Phone: (800) 863-4155

PCP Fax:

Additional Services

Service Type	Service Provider	Phone #
CS- Housing Transition/ Navigation	NEW LIFE DISCOVERY PROJ	(530) 941-9241
ECM	NEW LIFE DISCOVERY PROJ	(530) 941-9241
VISION	VISION SERVICE PLAN / MEDICAL	(800) 615-1883
Mental Health	Medicare	(800) 633-4227
Substance Use Services	PHC/Carelon	(855) 765-9703

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
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eTAR Submission and
Corrections

How to Submit a TAR

eEligibility – Member Search

PARTNERSHIP ONLINE SERVICES

Home

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

PHC - eEligibility

Member Search

Date of Service: 1/6/2025

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth:

Search Member Clear

Search Help!

Below is the search Criteria with the Date of Service

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

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
					Medi-Cal	Select

When submitting through the TAR module, it will bring you back to the eligibility screen. The date of service (DOS) on the eligibility screen will be the starting DOS of the TAR. To change the DOS, select the calendar icon.



Authorizations (RAFs and TARs)




TAR Entry

- Go to **Authorizations** ➡ **TAR Entry**
(Note: You will be redirected to this eEligibility screen)
- Enter Member Information
- Click Search
- Click Select once Member Information Appears

How to Submit a TAR

Member Details

PARTNERSHIP ONLINE SERVICES

PHC - eEligibility [Add ER Notification](#) [New Member Search](#) 

Member Demographics - [ePrompts](#)

Member Name:		Member ID:	
Gender:		Phone:	
Date of Birth:		Address:	

Eligibility Details:

Member Eligible:	Yes	Date of Eligibility Notification:	1/01/2025
Program:		SOC:	No
AID Code:		Other Insurance:	NO MEDICARE/ NO OTHER REPORTED COVERAGE Other Health Insurance (OHI) information displayed here is reported to PHC by the state Medi-Cal system. Member's actual OHI status may change
COUNTY:		Primary Language:	ENGLISH
CCS Eligible:	No		
American Indian:	No		

Assigned Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name:		PCP Phone:	
PCP Address:		PCP Fax:	

Is Eligible: [Yes](#)
Reference No.:
Program: Medi-Cal
Date of Service: 1/6/2025
PCP Messages: None
Special Messages:
[NO MEDICARE/ NO OTHER REPORTED COVERAGE.](#)
[Other Health Insurance](#)
Case Management: None

[Enter a new eTAR - Outpatient](#)
[Enter a new eTAR - Inpatient](#)

Click **Enter a new eTAR - Outpatient**

How to Submit a TAR

TAR Start and End Dates

Member Details

[Change Member](#)

MEMBER NAME:

JEAN FISHER

GENDER:

Female

PHONE # (ON FILE):

(415) 200-7747

PCP DETAILS:

INDIAN HEALTH CHAPA-DE [29552 0004]

PCP FAX #:

(530) 477-9217

CIN:

93236620F7

DATE OF BIRTH [AGE]:

02/11/1957 [68]

PATIENT PH#:

ADDRESS:

185 E MAIN ST UNIT 2315 GRASS VALLEY CA - 95945

PCP ADDRESS:

1350 E MAIN ST , GRASS VALLEY CA - 95945

Required fields are marked with a
red asterisk *

- End Date
- TAR Type
- Select Provider
- Primary Diagnosis
- Medical Justification
- Patient's Current Location

TAR Start & End Dates

START DATE:

5/14/2025

END DATE: *

5/14/2026



SELECT PROVIDER: *

Select Provider

SERVICE PROVIDER ADDRESS:

PREFERRED RETURN FAX#:

TAR TYPE: *

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

-Select TAR Type-

-Select TAR Type-

Ancillary

BHT

CBAS

Community Supports

DME

ECM

Incontinence

MED

How to Submit a TAR

Service Details

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges
--------------	---------------------	------------	------------	------------	-------	----------	---------

No records to display.

Add New Service Code

ADDITIONAL NOTES: (MAXIMUM CHARACTER LIMIT IS 700 CHARACTERS)

Add / Edit Service Detail:

SERVICE CODE: *

Search procedure based on procedure code or its description

UNITS:

Enter units

CHARGES:

Enter Charges

MODIFIER 2:

Search modifier based on its code

SERVICE DESCRIPTION:

QUANTITY: *

Enter Quantity

MODIFIER 1:

Search modifier based on its code

MODIFIER 3:

Search modifier based on its code

Add New Service Detail

Cancel

Click **Add New Service Code**

Fill out the fields marked with a **red asterisk ***

Once complete, click **Add New Service Detail**

(Repeat for each service code added)

How to Submit a TAR

Submission Page



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

TAR has been successfully Submitted

eTAR# PM1234567891

[View TAR](#)

You have successfully submitted a TAR and this is your confirmation number.
Authorization of service does not guarantee payment.
Member must be PHC eligible at the time of service and have no other applicable insurance coverage.

[Submit a new TAR](#)

[TAR Status Checking](#)

After clicking Submit TAR, a verification screen appears, listing the TAR number. The TAR number and status display on the top. Print for your records. You can also view any attachments.

How to Add Attachments to a TAR

[Home](#)
[Claim Modules](#)
[Eligibility Modules](#)
[Clinical Modules](#)
[User Management](#)
[Authorizations\(RAFs and TARs\)](#)
[CalOMS Report](#)

TAR Status Checking

TAR Search Criteria

In/Out Patient: *

Out Patient

TAR #:

PI2505130101

Member ID #:

TAR Span From:

5/19/2024

To:

5/19/2026

TAR Status:

All

Display most recent:

10

Search

Clear

Search Help!

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

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

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

TAR Search Results

TAR #	Start & End Dates	TAR Status	Member Name	Service Provider Details	Submitted By	Attachments	Letters	View
PI2505130101	06/15/2025 - 04/24/2026	In Progress	ASIAH EDMONDSON CIN: 93605296G8	SHIELD CALIF HEALTH CARE 27911 FRANKLIN PKWY VALENCIA, CA 91355 Phone: (661) 294-4200	tiffortiz	View Attachments	View TAR	

- Authorizations Module → TAR Status Checking
- Search for the TAR
- Click View TAR

How to Add Attachments to a TAR

Member Details

MEMBER NAME:

LAURA CROUSE

GENDER:

Female

PHONE # (ON FILE):

(530) 802-5494

PCP DETAILS:

MEDICAL CLINIC WESTERN SIERRA [82764 0001]

PCP FAX #:

(530) 289-3159

CIN:

92682262A9

DATE OF BIRTH [AGE]:

03/16/1961 [64]

ADDRESS:

181 ARCADIA DR GRASS VALLEY CA - 959455615

PCP ADDRESS:

209 NEVADA STREET , DOWNIEVILLE CA - 95936

eTAR#: PM2505160213

Attach supporting documentation here.

Add Attachments

PRINT

Close

TAR Start & End Dates

Start Date:

05/16/2025

End Date:

05/16/2026

Name [PHC#]:

DHMG SIERRA NEVADA [28982 0004]

TAR Type:

Out-Patient

Provider Fax# (On File):

(530) 274-0590

On the following screen, click **Add Attachments**
Note: Attachments can only be added to **In Progress TARs**

How to Make TAR Corrections

TAR Status Checking

TAR Status Checking

TAR Search Criteria

In/Out Patient: *

Out Patient

TAR #:

Member ID #:

TAR Span From:

5/14/2024

To:

5/14/2026

TAR Status:

All

Display most recent:

10

Search

Clear

Search Help!

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

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

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

TAR Search Results

TAR #	Start & End Dates	TAR Status	Member Name	Service Provider Details	Submitted By	Attachments	Letters	View
	07/01/2025 - 07/01/2026	Approved				View Attachments	View Letters	View TAR



Authorizations (RAFs and TARs)




TAR Corrections

Go to the Authorizations Module. Click **TAR Corrections**
 Search for the TAR via **TAR number**, **Member CIN number**, or **Date Range**
 Once the TAR populates, click on **View TAR**

How to Make TAR Corrections

Member Details



TAR: [REDACTED]Status: Approved

Member Details

MEMBER NAME:	CIN:
[REDACTED]	[REDACTED]
GENDER:	DATE OF BIRTH [AGE]:
[REDACTED]	[REDACTED]
PHONE # (ON FILE):	ADDRESS:
[REDACTED]	[REDACTED]
PCP DETAILS:	PCP ADDRESS:
[REDACTED]	[REDACTED]
PCP FAX #:	

eTAR#: [REDACTED]

[Submit TAR Correction](#)[PRINT](#)[Close](#)

TAR Start & End Dates

Start Date: 07/01/2025	End Date: 07/01/2026
Name [PHC#]: [REDACTED]	TAR Type: Out-Patient
Provider Fax# (On File): [REDACTED]	

Click on **Submit TAR Correction**
Note: Corrections can only be made to **approved TARs**

How to Make TAR Corrections

- Corrections can be made to any items that appear in **blue**
- Service details can be **edited and/or deleted**
- Once corrections have been made, **click the green submit button**



TAR Start & End Dates

Start Date:
 07/01/2025

End Date:
 07/01/2026

TAR TYPE:
 Out-Patient

SERVICE PROVIDER:
 [Redacted]

PROVIDER FAX# (ON FILE):
 [Redacted]

CORRECTION - START DATE:
 [Calendar icon]

CORRECTION - END DATE:
 [Calendar icon]

SERVICE PROVIDER DETAILS:
 [Redacted]

CORRECTION - SELECT PROVIDER:
 Select Provider

CORRECTION - SERVICE PROVIDER DETAILS:
 [Redacted]

PREFERRED RETURN FAX#:
 [Redacted]

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS:
 R4689 - Other symptoms and signs involving appearance and behavior

SECONDARY DIAGNOSIS:
 F88 - Other disorders of psychological development

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

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

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	Line Status
X4110	OCC THER TREAT INI 30 MIN				12	12		
X4112	OCC THER TREAT EA ADD 15 MIN				24	24		

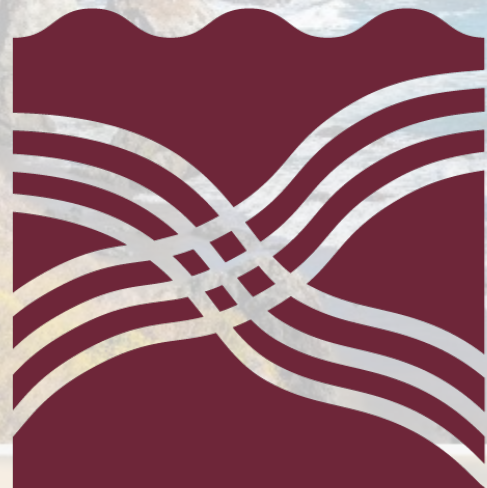
ADDITIONAL NOTES:

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

Note: Clicking Submit TAR is equivalent to signature.

Submit TAR Correction Request

PARTNERSHIP



HEALTHPLAN
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ECM Provider Office Hours

2025 ECM Provider Office Hours

Click [HERE](#) to Register

May						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Questions

Contacts:

- ECM@partnershiphp.org
- CalAIM@partnershiphp.org

Register for upcoming
CalAIM Office Hours [here](#).

For more information, please
visit our [CalAIM Webpage](#)

