Welcome

The Webinar Will Begin Shortly

Before starting, following are a few housekeeping items and tips about how you can participate in this webinar.

All lines are muted to minimize background noises.

You can ask questions at any time during the presentation – Use the **Q&A or Chat Box**.

We will review questions as they come in, and will have a Q&A period at the end of the presentation.

Thank you for attending today's webinar.

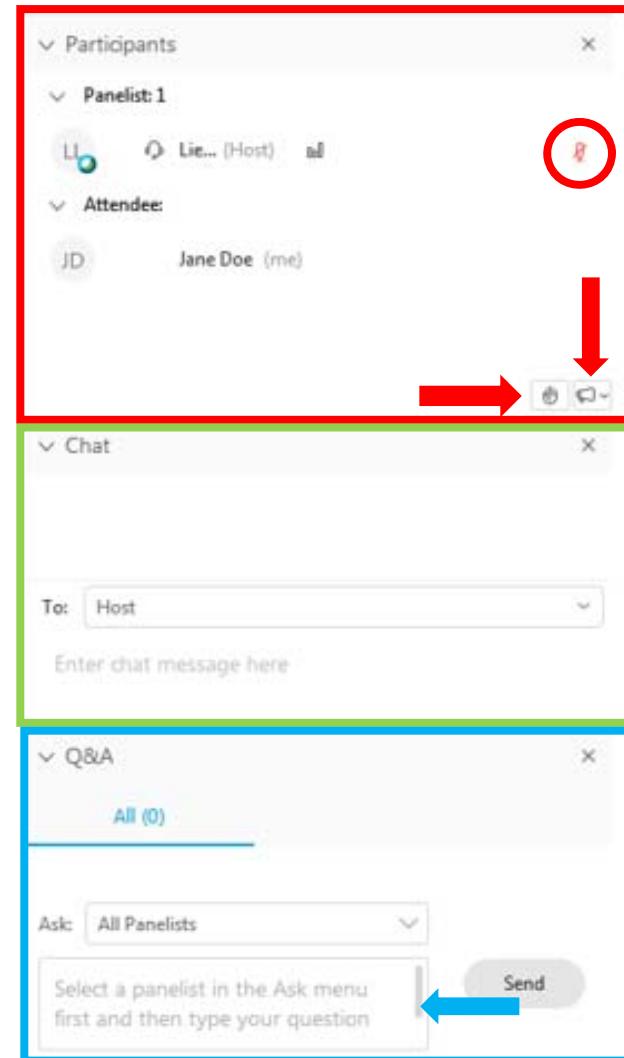PARTNERSHIP
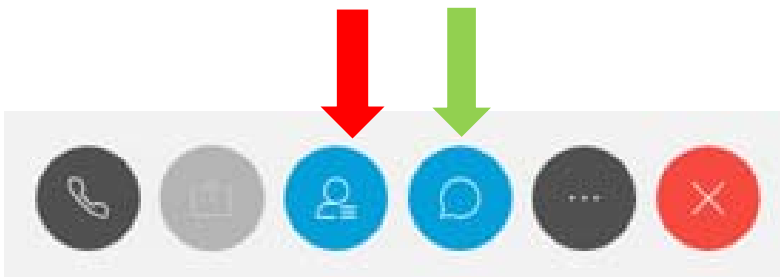HEALTHPLAN of CALIFORNIA
A Public Agency

Wellness and Recovery Program

Drug Medi-Cal Organized Delivery Service

June 18, 2020

Housekeeping

- All participants have been muted to eliminate any possible noise interference/distraction.

- If you have a question or would like to share your comments during the webinar, **please type your question in the "Q&A" box or click on the "raised hand" icon located in the Participants box.**

Agenda

- Welcome and Housekeeping
- eAdmin
- eEligibility
- Claims Search
    - CIFs
- EDI/Electronic Billing
- Claims
- Contacts and Resources
- Questions

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PHC Online
Services Overview

Provider Online Services (OLS) Overview

- OLS is used for entering CalOMS information, checking eligibility, correcting claims, submitting Treatment Authorization Requests (TARs) and remittance advice look-up

- Providers have access to OLS once they have been contracted, credentialed and added to our system

- This training will be recorded for on-demand listening

- Education staff will help you with any questions you have on OLS and can train providers 1:1

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Introduction

What is an eAdmin?

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

eAdmin responsibilities

| Create accounts for the organization | Grant and disable employee access | Periodically audit user accounts | Be a primary point of contact for PHC OLS | Coordinate all provider organization needs related to PHC OLS | Ensure that individuals are HIPAA compliant |

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Who Should Be an eAdmin?

An eAdmin should be anyone in an office who will need to:

- Enter CalOMS information

- Check eligibility of member

- Check Remittance Advice or Claims

- Submit a Treatment Authorization Form (TAR)

- Check Claim Status

- Examples – front desk staff, LPHA, biller, office manager

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

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eAdmin Sign Up

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES

Welcome to our redesigned Provider Online Services

eAdmin Sign up

Click above to register as a new eAdmin. If you are not the designated eAdmin check with your practice manager for instructions. INTERWEB02

Username: Username

Password: Password

Login

Forgot Username Change Password

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

eAdmin Sign Up

Details Needed to Create New eAdmin

IRS Number (TIN)

- Enter numbers only – no hyphens or spaces

NPI Number

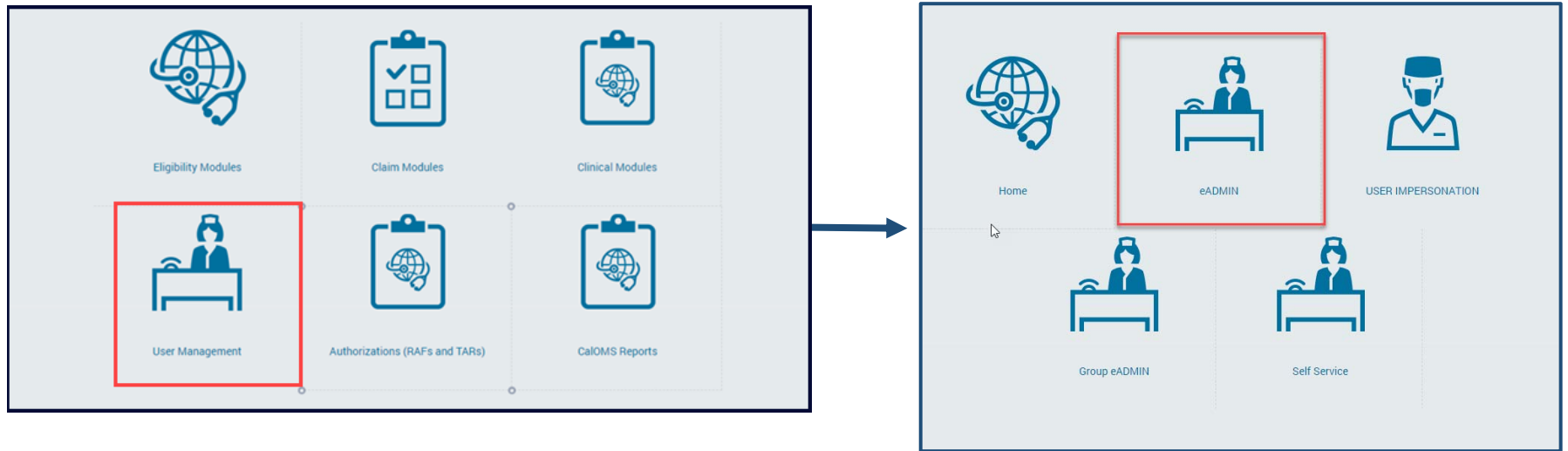- Enter numbers only – no hyphens or spaces

Check Number

- Enter entire check number or the last 6 digits
- Check information must be from a paid claims check with last 90 days

Check amount

- Enter full amount, without $ symbol or comma
- For example: 1234.56 not $1,234.56

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Creating Regular User Profile

eAdmin - User Management

User Details

Name:	Joe Sample	**Email:**	jsample@sample.org
Login Username:	jsample	**Group Code:**	Internal User
Last Login:	11/8/2019 1:49:35 PM		

IRS Numbers:

IRS Number	IRS Name
No records to display.	

+ Add New User

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

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User Management Allows Employee Access

Add / Edit User Details:

User Name:	eAdmin1
First Name:	Ed
Last Name:	Admin
Email:	eAdmin@gmail.com
Phone Number:	(530) 555-1234
Account Active:	☑
Lock Account:	☐

Features:
- ☑ CAP Report
- ☑ eEligibility
- ☑ Claim Search
- ☑ Set Up ER Notification Alerts
- ☑ ACA – Remittance Advice
- ☑ Advice Nurse Reports
- ☑ Check Search
- ☑ Code Lookup
- ☑ Prop 56 - Remittance Advice
- ☑ RAF Status Check
- ☑ TAR Status Check
- ☑ Monthly Eligibility Download
- ☑ Patient in Acute Hospital
- ☑ User Impersonation
- ☑ PCP AI - Remittance Advice
- ☑ CIF or Re-CIF Status Inquiry
- ☑ ER Notifications
- ☑ EDP - Remittance Advice
- ☑ Survey Editor
- ☑ RAF Entry
- ☑ TAR Entry
- ☑ TAR Corrections

[Save User Profile] [Cancel]

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

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PHC Online Services Modules

Eligibility Modules

Claim Modules

Clinical Modules

User Management

Authorizations (RAFs and TARs)

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Checking eEligibility

Member eEligibility Details Screen

PHC Member:

PHCONLINE SERVICES

Member Demographics - Mickey Mouse

Member Name:	Mickey Mouse
Gender:	Male
Date of Birth:	01/01/9999

Member ID:
Phone:
Address:

Eligibility Details:

Member Eligible:	Yes
Program:	Medi-Cal
AID Code:	60 [AID TO THE DISABLED (FFP)]
COUNTY	SOLANO
CCS Eligible	No
American Indian:	No

Date of Eligibility Notification: 6/01/2020
SOC: No
Other Insurance: Other Health Insurance (OHI) information displayed here is reported to PHC by the state Medi-Cal system. Member's actual OHI status may change
Primary Language: ENGLISH

Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name:	SPECIAL MEMBER PARTNERSHIP HEALTHPLAN
PCP Address:	4665 BUSINESS CENTER DRIVE FAIRFIELD CA94534

PCP Phone: (800) 863-4155
PCP Fax:

Additional Services

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Non-Member eEligibility Details Screen

Non-PHC Members: Non-PHC members residing in a W&R county: Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano county.

Non-Member eEligibility Details Screen

Non-PHC Members:

Non-PHC Medi-Cal members will have the aid code 99
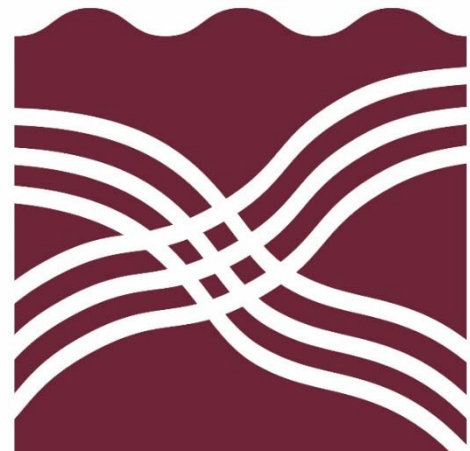
Claims Search and Correction

Provider Online Services Claims

Claim Search Module	Lets users search for claims and view detailed information.
Check Search Module	Lets users search for checks and view check details.
EOP Remittance Module	Provides details on the Explanation of Payments and claims that have been paid, denied, or adjusted.
Claims Inquiry Form (CIF)	Lets users search for claims and submit corrections (add or change) information.

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Claims Dashboard

From the Home Page Dashboard click the Claim Modules icon
Select **Claim Search**

Claim Search

Select Provider Profiles defaults to "all"
Enter **Date of Service Range** and **Search Criteria**

Claim Search

To view Claims Detail click the **Select** button below the **Actions** Tab

Claim Summary

Claims Summary

Back

Claim Type :	M	**Member Name :**	MARY JONES	**Claim Number**	160016790012
Date Of Service :	03/18/2016	**Charge Amount :**	$125.00	**Date Range :**	08/01/2005 to 05/16/2016

Expand All

	Line#	Date	Count/ Days	Proc	LC	EX	Check Number	Charge($)	Allow-P($)	Deny	Coins($)	SOC/ Ded($)	Tax($)	Pay($)	write-off($)
>	0100	03/18/2016	1/0	99213	11	11	R20001099999	$125.00	$24.00	$0.00	$0.00	$0.00	$0.00	$0.00	$125.00
								$125.00		$0.00				$0.00	

|◄ ◄ 1 ► ►| Page size: 10 ▼   1 items in 1 pages

Submit CIF

EX Codes and Descriptions

Code	Description
11	PAYABLE - CAPITATED PROCEDURE PAID AT "0"

Submit CIF

Correction Inquiry Form

Submit CIF

Click **Submit CIF**

Claims CIF or Re-CIF Status Inquiry

Claims which can be electronically inquired (CIF◆d) through the e-Claims Inquiry system are:

- Retroactive eligibility within the last 13 months
- Retroactive authorization by PHC
- Corrected patient identifier
- Corrected billed amount
- Corrected and/or additional diagnosis codes
- Corrected and/or additional modifier codes
- Corrected procedure codes and/or revenue codes
- Corrected units/counts
- Corrected anesthesia start/stop time
- Corrected date of service
- Corrected Place of Service code and/or Bill Type code
- Long Term Care corrections
- Share of Cost (SOC) changes
- Under/Over payments which do not require supporting documentation

You may not submit an electronic inquiry for Tracer claims. Please submit your claim inquiry using the State of California Inquiry Form (CIF) and mail it to: Partnership HealthPlan of California, P.O. Box 1368 Suisun City, CA 94585-1368 or contact our Customer Service Department at 855-798-8757.

REMINDER: ANY CLAIMS INQUIRES SUBMITTED BEYOND SIX MONTHS FROM THE DATE OF THE ORIGINAL CLAIM DENIED, WILL BE AUTOMATICALLY DENIED. THE ONLY EXCEPTIONS ARE FOR RETROACTIVE ELIGIBILITY AND PHC AUTHORIZATIONS

OK   Cancel

Review Pop-Up Window
Click **OK** when finished

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CIF Data Screen Continued

Select Claim Type from drop down and ER or Non-ER for Box 19

Service Line

Line#	Date From	Date To	Proc Code(s)	LC	Charge($)	SOC/Ded($)	Pay($)	Counts/Units	Diagnosis	Modifiers	U+	Amount Expected	NDC Code		
0100		1/28/2016	93306	22	268	0	0	1/0	R011 ,,	26/,	0			Edit	Delete

Update ServiceLine:

Date Of Service From:

Date Of Service To:

Place of Service:

Proc. / Rev Code:

Surgical ProcCode:

Diagnosis Codes Primary:

Diagnosis Codes Secondary:

Primary Modifier:

Secondary Modifier:

NDC Codes:

Billed Amount: Enter billed amount

Share Of Cost: Enter SOC

Units / Counts: Enter units

Payment Type: Select One

+ Units: Enter + units

Amount Expected: Enter Amount

[Save Changes to Service Line] [Cancel]

View of data fields that can corrected.

Enter **Only** the information that **needs** to be changed.

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Action Requested

Action Requested

Action:	[dropdown] ◄—
Notify Me:	☐
Email:	Email

hone:	(___)-___-____

Clicking on the arrow in the Action box opens a "drop-up" menu of items.

Action Requested

Action: [Additional Informati... ▼]

Action Requested

Click Additional Information to open a free text box if you need to add special instructions.

☐ Additional Information
☐ Change/Add – Procedure Code/ HCPC/ REV/ Accom Code
☐ Change/Add – Diagnosis Code
☐ Change/Add – Modifier
☐ Change/Add – Quantity/ Count
☐ Change/Add – A Remark to the claim (e.g. SBMD, 911, Pre-op, Trauma)
☐ Change/Add – Additional Charges (e.g. add a line to the claim)
☐ Change/Add – Attachments (EOB/ RX/ Catalog/ Pricing)
☐ Change/Add – Date Change
☐ Change/Add – NDC
☐ Overpayment – Duplicate payment
☐ Overpayment – Take back payment
☐ Retro Updates to – RAF
☐ Retro Updates to – TAR
☐ Retro Updates to – SOC
☐ Retro Updates to – Eligibility
☐ Underpayment

Select the items that fit your need. You may check more than one box.

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Submit CIF

Action Requested

Action:	[dropdown ▼]
Notify Me:	☐
Email:	Email
Phone:	(___)-___-____

[Submit CIF] [Clear]

| Select *Action* | Enter phone number | Click submit |

If you would like a completion confirmation:

| Click N*otify* | Enter email address | You will advance to the upload attachments screen |

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Attachments

CIF Attachments window:

Click the plus (+) button to add attachment(s).

You can also delete and view your attachment(s) before sending to PHC.

Electronic Data Interchange (EDI) Claims Enrollment

EDI Enrollment and Testing

837
Submitting Claims Electronically

- Must be able to send claims in the 837 format

- NPI must be Medi-Cal approved

- Agreement must be on file completed with signatures to get started

835
Receiving Remittance Advice Electronically

- Must be able to receive remittance advice in the 835 format

- NPI must be Medi-Cal approved

- Agreement must be on file completed with signatures to get started

Questions? Contact EDI Enrollment and Testing (707) 863-4527

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EDI Enrollment and Testing

Partnership HealthPlan of California
837 Claims Enrollment & Payer Agreement

The 837 Claims Enrollment & Payer Agreement Document should be completed and signed by the Trading Partner and the Billing Provider. The Trading Partner is the party that submits electronic claims directly to Partnership HealthPlan of California (PHC). The Trading Partner and the Billing Provider representatives that sign the 837 Claims Enrollment & Payer Agreement Document indicate that the Trading Partner is authorized to submit claim transactions in HIPAA compliant ANSI X12 formats on behalf of the Billing Provider.

Billing Provider should continue to submit paper claims until they receive notification that the Trading Partner has been approved to submit electronic claims to PHC on behalf of the Billing Provider listed in the 837 Claims Enrollment & Payer Agreement Document.

Partnership HealthPlan of CA accepts electronic files in the HIPAA compliant 5010 version of ANSI X12 837 file formats.

The completed 837 Claims Enrollment & Payer Agreement Document should be faxed to 707-863-4390 or emailed to: EDI-Enrollment-Testing@partnershiphp.org

After the completed 837 Claims Enrollment & Payer Agreement Document is received, our EDI Team will process it and email the Trading Partner regarding enrollment completion or testing requirements. New Trading Partners will be assigned a submitter ID and will be provided with connection details for EDI file transmissions.

To enroll providers for 835 electronic remittance advice files, please complete the form titled "835 ERA Enrollment & Payer Agreement Document."

Trading Partners should not submit electronic claims on behalf of the billing provider until they receive confirmation from PHC that enrollment is complete and that the Billing Provider's NPI number has been set up for electronic claims submission.

EDI Enrollment forms and directions can be found on the PHC website at:

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

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Claims Overview

Outpatient Services

Overview

- Types of Covered Services

- Modifiers, Procedure Codes, ICD-10 & Place of Service Codes

- Billable Modifiers

- Billable Procedure Codes

- HCPCS & Modifier Guide for levels of care

- HCPCS, Modifier & Place of Service Code Examples

- Group Formula

- Same Day Services

- Claim Corrections/CIFs

- Important Information

- Resources

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CMS-1500 Billing Form

Types of Covered Services

All Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties who meet medical necessity criteria can access the full continuum of substance use treatment services to include:

- Outpatient Services (ASAM Level 1)
- Intensive Outpatient Services (ASAM Level 2.1)
- Residential Services (ASAM Levels 3.1 & 3.5) up to 90 days
- Withdrawal Management ("Detox")
- Recovery Services (Community Support)
- Opioid (Narcotic) Treatment Program Services

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Billing Codes

Modifiers: Modifiers are a 2 digit code used to supplement a procedure code. Wellness and Recovery modifiers are used to distinguish different levels of care.

Procedure Codes: Procedure Codes are a medical code set used to report medical, surgical and diagnostic procedures and services. CPT codes are a numeric 5 digit code. HCPCS codes are an alpha numeric 5 digit code.

The Wellness and Recovery Program uses HCPCS codes.

ICD-10: ICD-10 codes are alpha numeric codes used to report a patient's diagnosis.

Place of Service Codes: These codes are used to specify the entity where services were rendered. Wellness and Recovery will use Place of Service Codes as follows:

55 - Residential	57- Non-Residential
02 - Telehealth	14 - Group Home

Billable Modifiers

Modifier	Definition	Description
HA	Under 21 years old	Child/adolescent program
HD	Perinatal Services	Pregnant/parenting women's program
HG	ASAM OTP/NTP	Opioid addiction treatment program
U6	ODS Recovery Services	Medicaid level of care 6
U7	ODS ASAM 1 Outpatient Treatment	Medicaid level of care 7
U8	ODS ASAM 2.1 Intensive Outpatient Treatment	Medicaid level of care 8
UA	ODS ASAM OTP/NTP	Medicaid level of care 10

CMS1500 example:

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Billable Procedure Codes

Procedure	Description
G9008	**Physician Consultation** – Coordinated care fee, physician coordinated care oversight services, **per minute.**
H0004	**Individual Counseling** – Behavioral health counseling and therapy, **per minute.**
H0005	**Group Counseling** – Alcohol and/or drug services; group counseling by a clinician, **per minute.**
H0006	**Case Management** – Alcohol and/or drug services, **per minute.**
H0015	**Intensive Outpatient** – Individual and group counseling between 9-19 hours per week, **per minute.**
H0020	**Methadone Dosing**
S5000	**Medication Assisted Treatment (MAT)** – Generic Drug
S5001	**Medication Assisted Treatment (MAT)** – Brand Name Drug
T1012	**Recovery Services** – Recovery Monitoring/Substance Abuse Assistance, **per minute.**

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER
From			To					CPT/HCPCS	MODIFIER	
MM	DD	YY	MM	DD	YY					
03	01	20	03	01	20	57		H0004	U7	A

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ODS ASAM 1 Outpatient Treatment

ODS ODF	ASAM 1	1st Modifier	2nd Modifier
H0004	Individual Counseling	U7	
H0005	Group Counseling	U7	
H0006	Case Management	U7	
G9008	Physician Consultation	U7	
H0004	Recovery Services-Individual Counseling	U6	U7
H0005	Recovery Services-Group Counseling	U6	U7
H0006	Recovery Services-Case Management	U6	U7
T1012	Recovery Services-Recovery Monitoring/Substance Abuse Assistance	U6	U7

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER
From			To					CPT/HCPCS	MODIFIER	
MM	DD	YY	MM	DD	YY					
03	01	20	03	01	20	57		H0004	U7	A

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ODS ASAM 2.1
Intensive Outpatient Treatment

IOP	ASAM 2.1	1st Modifier	2nd Modifier
H0004	Individual Counseling	U8	
H0005	Group Counseling	U8	
H0006	Case Management	U8	
G9008	Physician Consultation	U8	
H0015	Patient Education	U8	
H0004	Recovery Services-Individual Counseling	U6	U8
H0005	Recovery Services-Group Counseling	U6	U8
H0006	Recovery Services-Case Management	U6	U8
T1012	Recovery Services-Recovery Monitoring/Substance Abuse Assistance	U6	U8

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ODS ASAM OTP/NTP

OTP/NTP		1st Modifier	2nd Modifier
H0004	Individual Counseling	UA	HG
H0020	Methadone Dosing	UA	HG
S5000	Medication Assisted Treatment (MAT) – Generic Drug	UA	HG
S5001	Medication Assisted Treatment (MAT) – Brand Name Drug	UA	HG

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS
From MM	DD	YY	To MM	DD	YY			CPT/HCPCS	MODIFIER				
07	01	20	07	01	20	57		H0004	UA HG	A	100	00	60

Group Formula

Procedure Code H0005 (Group Counseling)

Group services should use the following methodology:

• Number of minutes for the group + travel/number of beneficiaries in the group = Total minutes per beneficiary + documentation time

To bill for transportation, the counselor must document in progress notes:

• Date
• Start and end time to the service location
• Start and end time back to the facility

Documentation time is specific to the beneficiary and the time it takes for the counselor to write a progress note for each beneficiary that participated in the group. Example: Document the date, start and end time - 4/02/19, 1:00 p.m. to 1:05 p.m.

Note: If a member leaves a group counseling session prior to the completion (Ex: if one person out of that group was only there for 30 minutes of the 1 hour group session.), you will need to remove the member from the group formula.

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Group Formula Example

Example:

15 minutes transportation to site + 90 minute group + 15 minutes transportation back to the facility site

= 120 minutes/number of beneficiaries in group (10)

= 12 minutes per beneficiary

+ 5 minutes for documentation time

17 minutes

This claim can be billed with 17 units for each individual who participated in the group which you will indicate in box 24 "G" on the CMS-1500

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	F. $ CHARGES		G. DAYS OR UNITS
From			To					CPT/HCPCS	MODIFIER				
MM	DD	YY	MM	DD	YY								
Grp formula ex: 30 mileage + 90 group ÷ 10 (# in grp) = 12 + 5 min documentation = 17													
03	01	20	03	01	20	57		H0005	U7	A	50.00	00	17

Same-Day Services

- Beneficiaries are eligible to receive more than one service per day by various providers

- This is to ensure correct level of care placement for beneficiaries

- Many services are allowed to be billed in the same day when the combination of services does not have a conflict

Please refer to the MHSUDS Information Notice 17-039 for more information related to same-day services. This notice can be found on the DHCS website.

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Claim Correction/CIFs

CIFs (Claims Inquiry Forms) are used to reconcile claim over or underpayments and resubmit corrected claims.

CIF Timeframes:

- CIF 6 months from process date

- ReCIF within 90 days from CIF determination

- Written appeal within 90 days from ReCIF determination

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Important Information

- There must be a CalOMS Episode for each member prior to billing.

- All claims must be submitted within 90 days from the date of service.

Billing Code Examples

The use of the "U" Modifier codes are to distinguish different levels of care. You must have both a procedure code and a Modifier for each line billed.

Examples:
Perinatal adult beneficiary is served in an ODS ODF facility and receives a case management service, the claim would need to include these codes and modifiers – H0006|U7|HD with Place of Service 57.
If an adult beneficiary has completed treatment at an Intensive Outpatient facility and has transitioned into recovery services at that same facility, when this beneficiary receives a recovery monitoring service the codes and modifiers would be – T1012|U6 |U8 with Place of Service 57. You will utilize both modifiers to indicate the monitoring service and level of care.
If an adolescent beneficiary receives a physician consultation in an outpatient program, the codes and modifiers would be- G9008|U7|HA with Place of Service 57.
Individual Counseling in an outpatient program - H0004|U7 with Place of Service 57.
Group Counseling in an outpatient program - H0005|U7 with Place of Service 57.
OTP/NTP Case Management H0006|UA|HG with place of service 57.

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Lab Work

- Labs require a sign off for medical necessity by the program's medical director.

- **Kaiser members only:** The provider must coordinate with the Kaiser primary care who must order the labs. Labs ordered by the SUD provider for Kaiser members cannot be submitted to PHC and will not be paid by Kaiser unless one of their doctors orders it.

- **Solano County members only:** Solano County PHC members must use a Quest Service Center. Providers must coordinate with Quest Diagnostics for specimen pick-up if lab draw done at provider site.

- **All other counties:** All other county members may go to labs willing to bill state Medi-Cal for services.

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Contacts and Resources

Provider Online Services Training

PHC will conduct 1-1 OLS training with each organization on July 1 and 2.

To schedule your training email the following to **esystemssupport@partnershiphp.org:**

1. Provide your designated eAdmin's name and email address

2. Email your first, second and third time slot preference as soon as possible or before June 25 to secure your spot. We will send you a confirmation email and a link for the training.

July 1, 2020

8 – 9 AM	9 – 10 AM	10 – 11 AM	11 – 12 Noon

July 2, 2020

8 – 9 AM	9 – 10 AM	10 – 11 AM	11 – 12 Noon

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Resources

Monday - Friday
8 a.m. - 5 p.m.

Claims Support
(530) 999-6868

Partnership HealthPlan of California
www.partnershiphp.org

Email Support
eSystemsSupport@partnershiphp.org

PHC Online Services
https://provider.partnershiphp.org/IUI/Login.aspx

When emailing *eSystemsSupport* for assistance please provide the following information with brief description of issue:

Online Services Portal

User name   Contact information
Organization name   Tax ID number

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Questions?

Visit us online at www.partnershiphp.org.

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