PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

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New Provider Orientation

Community Supports Providers

Housekeeping

- This webinar will be recorded and posted on our website.

- Slides will be emailed to all participants after the presentation.

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

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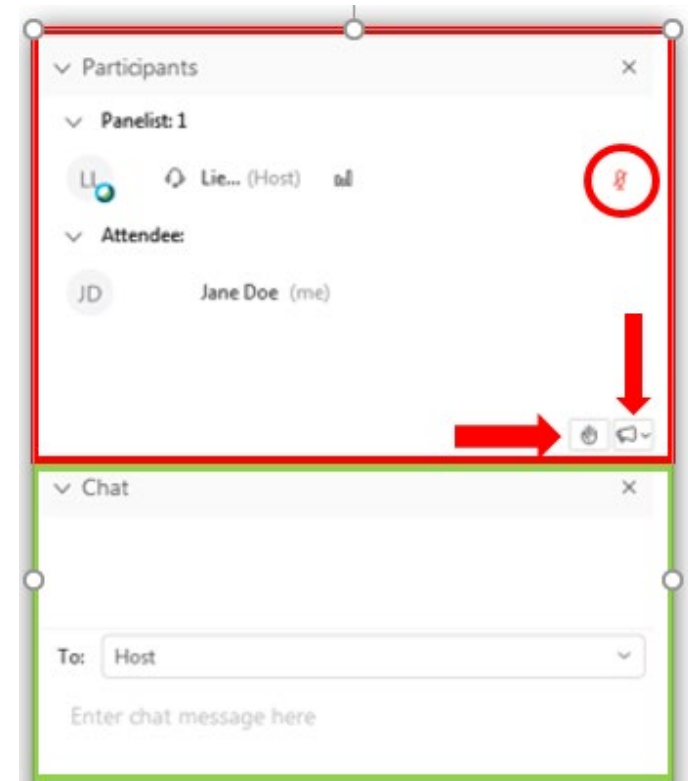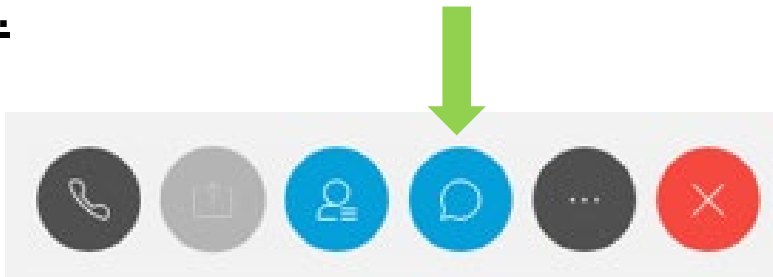
Agenda

- Background
- Community Supports Providers Overview
- Provider Relations
- Credentialing
- Invoicing and Claims
- Online Provider Portal
  - Portal Overview
  - eTAR Submissions and Corrections
- Resources

About Us

REGIONAL OFFICES
- Eureka
- Fairfield
- Redding
- Santa Rosa

Mission:

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

Vision:

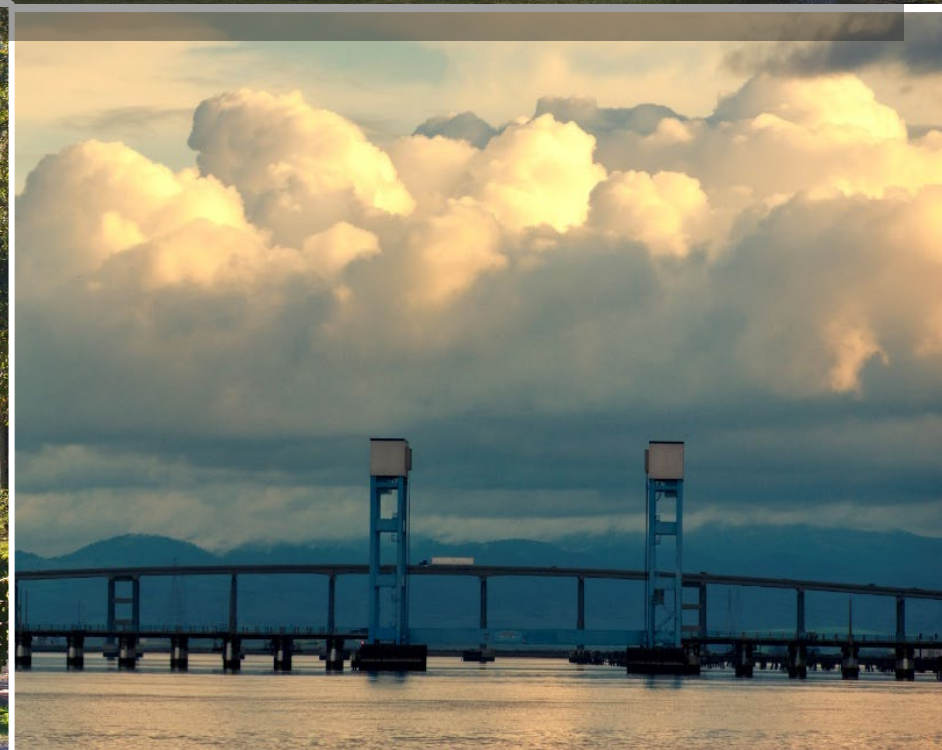*To be the most highly regarded managed care plan in California.*

Community Supports Overview

Non-Medi-Cal services that PHC may chose to offer in a particular county "in lieu" of a traditional Medi-Cal covered service.

These services **WILL NOT** receive additional funding. Cost of Community Supports (CS) will be covered in lieu of normal covered service.

Allows plans to address Social Determinants of Health in a way that is cost-effective.

DHCS has provided a list of 14 possible services.

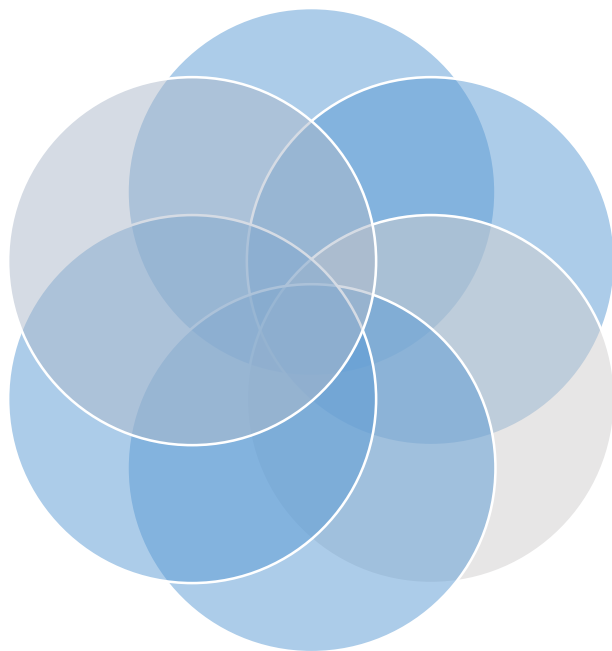PHC can add Community Supports (CS) over time.

Individuals **DO NOT** need to be enrolled in ECM in order to receive a Community Supports (CS) service.

Key Points

Optional services

PHC can add more Community Supports later

May vary by county

TAR criteria for each service

In-Lieu of a Medi-Cal benefit;
- Must be cost effective

Focusing on the Social Determinants of Health

Community Supports Services

As of January 1, 2023, PHC provides the following eight (8) Community Supports services to eligible members. MCPs may add or remove Community Supports at defined intervals: every six (6) months for an addition and annually for a removal.

Housing Transition Navigation Services	Housing Deposits	Housing Tenancy and Sustaining Services
Short-Term Post Hospitalization Housing	Recuperative Care (Medical Respite)	Medically Tailored Meals/Medically Supportive Food
Respite Services	Personal Care & Homemaker Services	

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Policies

Policy MCUP3142

- CalAIM Community Supports (CS)

Policy MCUP3041

- Treatment Authorization Request (TAR) Review process

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

Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Housing Transition/Navigation Services						
H0043	Supported housing; per diem	U6	Used by Managed Care with HCPCS code H0043 to indicate Community Supports Housing Transition/Navigation Services	$386.00	PMPM	As Needed-No more than 90 days in a continuous duration
H2016	Comprehensive community support services; per diem	U6	Used by Managed Care with HCPCS code H2016 to indicate Community Supports Housing Transition/Navigation Services	$386.00	PMPM	As Needed-No more than 90 days in a continuous duration
Housing Deposits						
H0044	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post-Hospitalization Housing.	U2	Used by Managed Care with HCPCS code H0044 to indicate Community Supports Housing Deposit	Null-See note		Once Per Lifetime

Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Housing Tenancy and Sustaining Services						
T2040	Financial management, self-directed; per diem	U6	Used by Managed Care with HCPCS code T2040 to indicate Community Supports Housing Tenancy and Sustaining Services	$222.00	PMPM	Up to 2 units per month. Can be billed in conjunction with T2041 HCPCS for Support Brokerage. If both approved max is 1 unit per month for each HCPCS code. Max Reimbursable amount per month regardless of combination of services for this ILOS is $444. As needed.
T2041	Support brokerage, self-directed; per diem	U6	Used by Managed Care with HCPCS code T2041 to indicate Community Supports Housing Tenancy and Sustaining Services	$222.00	PMPM	Up to 2 units per month. Can be billed in conjunction with T2040 HCPCS for Support Brokerage. If both approved max is 1 unit per month for each HCPCS code. Max Reimbursable amount per month regardless of combination of services for this ILOS is $444. As needed.

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Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Recuperative Care (Medical Respite)						
T2033	Residential care, not otherwise specified (NOS), waiver; per diem	U6	Used by Managed Care with HCPCS code T2033 to indicate Community Supports Recuperative Care (Medical Respite)	$204.00	Per Diem	As Needed -no more than 90 days continuous duration
Short-Term Post-Hospitalization Housing						
H0044	Supported housing, per month. Modifier used to differentiate Short-Term Post Hospitalization Housing from Housing Deposits.	U3	Used by Managed Care with HCPCS code H0044 to indicate Community Supports Short-Term Post- Hospitalization Housing	$108.00	Per Diem	Once Per Lifetime. Not to exceed 6 months. TAR note: up to a count of 6 can be approved upon receipt of initial TAR

Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Medically-Supportive Food/Meals/Medically Tailored Meals						
S5170	Home delivered prepared meal	U6	Used by Managed Care with HCPCS code S5170 to indicate Community Supports Medically- Supportive Food/Meals/Medically Tailored Meals	$9.50	Per Meal	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.
S9470	Nutritional counseling, diet	U6	Used by Managed Care with HCPCS code S9470 to Community Supports Medically-Supportive Food/Meals/Medically Tailored Meals	$41	Per Nutritional Assessment	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.
S9977	Meals; per diem, not otherwise specified	U6	Used by Managed Care with HCPCS code S9977 to indicate Community Supports Medically- Supportive Food/Meals/Medically Tailored Meals	$66.00	Per Weekly Grocery Box Delivered	Up to 2 delivered meals per day/delivered groceries for up to 2 meals per day. As needed for up to 12 weeks.

Community Supports Service Codes

HCPCS Level II Code	HCPCS Description	Modifier	Modifier Description	Rate In Claims System*	Unit of Service	Frequency/UM TAR
Personal Care/Homemaker Services						
S5130	Homemaker services	U6	Used by Managed Care with HCPCS code S5130 to indicate In-Lieu of Services Personal Care/Homemaker Services	$33	Per Hour	As needed- not to exceed 60 days.
T1019	Personal care services	U6	Used by Managed Care with HCPCS code T1019 to indicate Community Supports Personal Care/Homemaker Services	$33	Per Hour	As needed- not to exceed 60 days.
Respite Services						
H0045	Respite care services, not in the home	U6	Used by Managed Care with HCPCS code H0045 to indicate Community Supports Respite Services	$33	Per Hour	As needed- may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.
S5151	Unskilled respite care, not hospice	U6	Used by Managed Care with HCPCS code S5151 to indicate Community Supports Respite Services	$33	Per Hour	As needed- may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.
S9125	Respite care, in the home	U6	Used by Managed Care with HCPCS code S9125 to indicate Community Supports Respite Services	$33	Per Hour	As needed- may not exceed 24 hours per day of care. Service limit is up to 336 hours per calendar year.

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Reminders

A TAR and Community Supports Services (CSS) Referral Form are required for all Community Supports services. There are specific criteria for each service.

PHC shall review all Community Supports TARs in an equitable and non-discriminatory manner.

PHC shall screen members during the review process for Community Supports services and can make referrals for additional services when appropriate.

Member eligibility is required to be valid at the time the TAR is submitted and must remain eligible throughout the time the services are provided.

Provider Relations
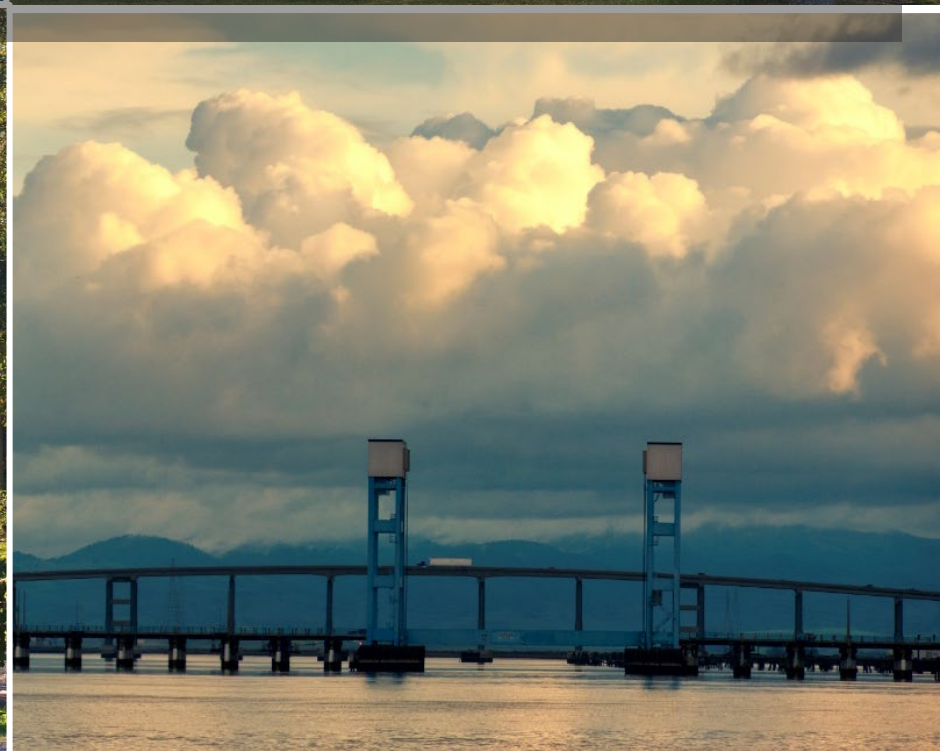
Interpretive Services

Telephone Language Services: (844) 333-3095
Providers will be asked to provide the following at the start of the call:

➢ Providers will select the language needed from an automated system and will be routed to an interpreter. The interpreter will ask the caller to provide the following at the start of the call:
  - ✓ PHC Provider Number (can be found in PHC Directory)
  - ✓ Patient Insurance: Options are "PHC Member" or "Other"

Note: Selecting "Other" will not prevent you from receiving interpreting services

Video Language Services:

❖ Determine if the device meets the technical requirements for the app (linked below).
❖ Request a license from AMN by completing the VRI Setup Form link and submitting.
❖ AMN will contact provider within three (3) business days to confirm approval status.
❖ Please note that each individual device will require a separate license and login

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

Resources:

AMN Healthcare Training Video:
https://bit.ly/3A7x8uM

VRI Guidelines: https://bit.ly/3DjCF3z
VRI Setup Form: https://bit.ly/3IchVEv

PRIVACY INCIDENTS

It is the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under the HIPAA Privacy Rule, which compromises the security or privacy of PHI. Privacy incidents must be reported immediately even if you don't have all the details.

When in doubt, report it to PHC:

- Unsecure email with PHI
- Mistakenly sent fax with PHI
- Computer breach
- Malware detection

Report Discovery of Incident within 24 hours by:
Email RAC_Reporting@partnershiphp.org
Fax (707) 863-4363
Anonymously at (800) 601-2146

Fraud, Waste and Abuse

FRAUD

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

WASTE

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

ABUSE

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

Examples

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

Partners in Fighting Fraud

We ask our providers help us combat fraud by reporting suspicious and fraudulent activity. DHCS and CMS require us to maintain a robust anti-fraud plan and share it with our providers, members, and employees.

- ➤ PHC Anonymous Fraud Hotline (800) 601-2146
- ➤ Medi-Cal Fraud Issues (800) 822-6222
- ➤ Medicare Fraud Issues (800) 633-4221

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Data Sharing

PHC Shares data with its providers through the Provider Portal and the PHC website

PHC shares information with members through the Member Portal and the PHC website.

Community Resources

Children and Families

Clothing and Personal Care

Crisis Services

Dental

Disabilities

Food

Support Groups

Housing

Mental Health

Perinatal

Providers

Public Assistance

Seniors

Substance Use

Transportation

Utilities

Veteran Services

Vision

Youth

Member Education

Members can access health education materials and community resources online at:
http://www.partnershiphp.org/Members/Medi-Cal/Pages/Health%20Education/Health-Education---Members.aspx

CalAIM Resources

➢ **DHCS CalAIM Website**
https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

➢ **DHCS CalAIM Community Support Policy Guide**
https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

➢ **DHCS CalAIM Community Support Fact Sheet**
https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-CS-a11y.pdf

➢ **PHC CalAIM Initiatives and Programs**
http://www.partnershiphp.org/Community/Pages/CalAIM.aspx

Invoicing and Claims

How to Submit Claims

Electronic Claims

Electronic Data Interchange (EDI)
- ✓ Submission of HIPAA-compliant 5010 version 837P File
- ✓ Preferred submission method for faster reimbursement
- ✓ Contact EDI Enrollment and Testing at:
  Phone: (707) 863-4527 or EDI-Enrollment-Testing@partnershiphp.org

Paper Claims

- ✓ Submission of CMS-1500 format only
- ✓ Send to: Partnership HealthPlan (Medi-Cal)
  P.O. Box 1368
  Suisun City, CA
  94585-1368

Invoice Billing Format

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

Invoice Billing Format

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

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

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

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

Required: 2016 Microsoft Excel version or later

Claim Inquiry Form (CIF) and Appeals

The electronic CIF system can be accessed using Provider Online Services
https://provider.partnershiphp.org/UI/Login.aspx

Electronic CIF - 1st Level
➤ Providers have 6 months to eCIF from the date on original remittance advice. Failure to eCIF within 6 months is subject to automatic denial.
➤ Supporting documents can be uploaded when submitting an eCIF.
➤ PHC will issue a response within 45 working days.

Re-CIF - 2nd Level
➤ Providers have 90 days from the date of 1st level eCIF determination to re-CIF.
➤ PHC will issue a response within 45 working days.

Appeals - 3rd Level
➤ Providers may submit a claim appeal if re-CIF is denied.
➤ Appeals must be submitted in writing within 90 days of the re-CIF denial.
➤ PHC will issue a response within 45 working days.

Claims Billing Tips

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

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

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

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

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Claims Team Contacts

Claims Resolution Unit
1-855-798-8761

Claims Customer Service
1-855-798-8757

Partnership HealthPlan of California Provider Online Services at:
www.partnershiphp.org

Bonnie Fries
Claims Resolution Coordinator

Claimsecmhelpdesksr@partnershiphp.org

PHC Online
Services
Overview

Provider Portal

PHCONLINE SERVICES

Providers who are eligible for Prop 56 funding can access information through the Claims module. Contact your eAdmin for access.
Did you know that as of January 1st, 2019, all CCS services will be carved in and referred to as the Whole Child Model? If you have questions please call our Customer Service @ 707-863-4130.

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES

Welcome to our redesigned Provider Online Services

eAdmin Sign up

Click above to register as a new eAdmin. If you are not the designated eAdmin check with your practice manager for instructions. INTERWEB01

Username: Bianca2018
Password: ....

Login

Forgot Username Change Password

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

Web-based platform for providers to:

Check Eligibility Verification
Submit referrals
View status of authorizations
View status of claims
Submit eCIF (Claims Inquiry Form)

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

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eAdmin

What is an eAdmin?

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

eAdmin Responsibilities

- Create accounts
- Grant and disable employee access
- Audit user accounts
- Primary Point of Contact for Portal
- Coordinate organization needs related to Portal
- Ensure individuals are HIPPA compliant

Who should be an eAdmin?

- An eAdmin should be anyone in an office that will need to:
  - Check member eligibility
  - Check Remittance Advice or Claims Status
  - Submit a TAR
  - Examples – front desk staff, LPHA, biller, office manager

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

Creating Regular User Profile

User Details

Name:		Email:	
Login Username:		Group Code:	
Last Login:			

IRS Numbers:

IRS Number	IRS Name

+ Add New User   🔄 Refresh

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

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PHC Online Services Modules

Checking eEligibility

Enter Date of Service

Search and Select member

Enter Member search criteria

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Member eEligibility Details Screen

Providers will verify Medi-Cal member eligibility with PHC prior to rendering treatment.

eTAR Submission and Corrections

eTAR Features

eTAR entry starts from Eligibility screen or from eTAR module

eTAR Status Checking

Automatic faxing from the eTAR module

eTAR Corrections

eTAR numbers will automatically assigned by the system

Attachments

Questions on eTAR

Call Care Coordination (800) 809-1350

eTAR Requirements

- Treatment Authorization Requests (TAR) are submitted by the rendering provider of the service prior to a provision of services unless emergent.

- TARs can be submitted through the Provider Portal:
  https://provider.partnershiphp.org/UI/Login.aspx

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

eTAR Entry

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

Note - if you need to edit the start date later on in the process, the system will send you back to the eEligibility screen to start over.

eTAR Entry

Eligibility screen with eRAF and eTAR buttons.

Click **Enter a new eTAR – Outpatient**

eTAR – Add Attachments

Remember to attach PDF documents first, then submit.

eTAR Submitted Successfully

- ✓ This means TAR has been successfully submitted, it does not mean Approved
- ✓ Note TAR number
- ✓ View TAR button allows you to see and print a copy of completed TAR
- ✓ Non-urgent TARs take 3-5 days for review

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

TAR has been successfully Submitted

eTAR# PF2111230001   View TAR

You have successfully submitted a TAR and this is your confirmation number.
Please make sure all required non-electronic attachments are faxed promptly to ensure your request is processed.
Fax #: (707) 863-4118.
Authorization of service does not guarantee payment.
Member must be PHC eligible at the time of service and have no other applicable insurance coverage.

Submit a new TAR   TAR Status Checking

eTAR Status Checking and Corrections

Click here to access PHC's Utilization Management (UM) Criteria and Policies.

Home

RAF Exceptions

RAF Pop-Ups

RAF Entry

eRAF Status Checking
Please allow 24 hours before checking RAF Status

TAR Entry

eTAR Status Checking
Please allow 24 hours before checking TAR Status

TAR Corrections

PHC - TAR Corrections

TAR corrections can be done if a claim has not been paid against the TAR

The following information can be corrected on a eTAR:

- ➢ Date span
- ➢ Provider
- ➢ Diagnosis
- ➢ Units of Service
- ➢ Modifier

eTAR Corrections

eTAR Corrections

PHCONLINE SERVICES

TAR Start & End Dates

Start Date:
03/04/2019

End Date:
03/04/2020

TAR TYPE:
Out-Patient

CORRECTION - START DATE:

CORRECTION - END DATE:

SERVICE PROVIDER:

SERVICE PROVIDER DETAILS:

PROVIDER FAX# (ON FILE):

CORRECTION - SELECT PROVIDER:

Select Provider

CORRECTION - SERVICE PROVIDER:

CORRECTION - SERVICE PROVIDER DETAILS:

PREFERRED RETURN FAX#:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS:

R05 - Cough

SECONDARY DIAGNOSIS:

R05 - Cough

PRIMARY DIAGNOSIS - CORRECTION:

Search diagnosis based on diagnosis code or its description

SECONDARY DIAGNOSIS - CORRECTION:

Search diagnosis based on diagnosis code or its description

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	Line Status		
J7619	ALBUTEROL, INHALATION SOLN ADMIN THRU DME, UNIT DOSE FORM, PER MG				3	3			✏ Edit	🗑 Delete

ADDITIONAL NOTES:

eTAR Corrections

Click Submit **TAR Correction Request**
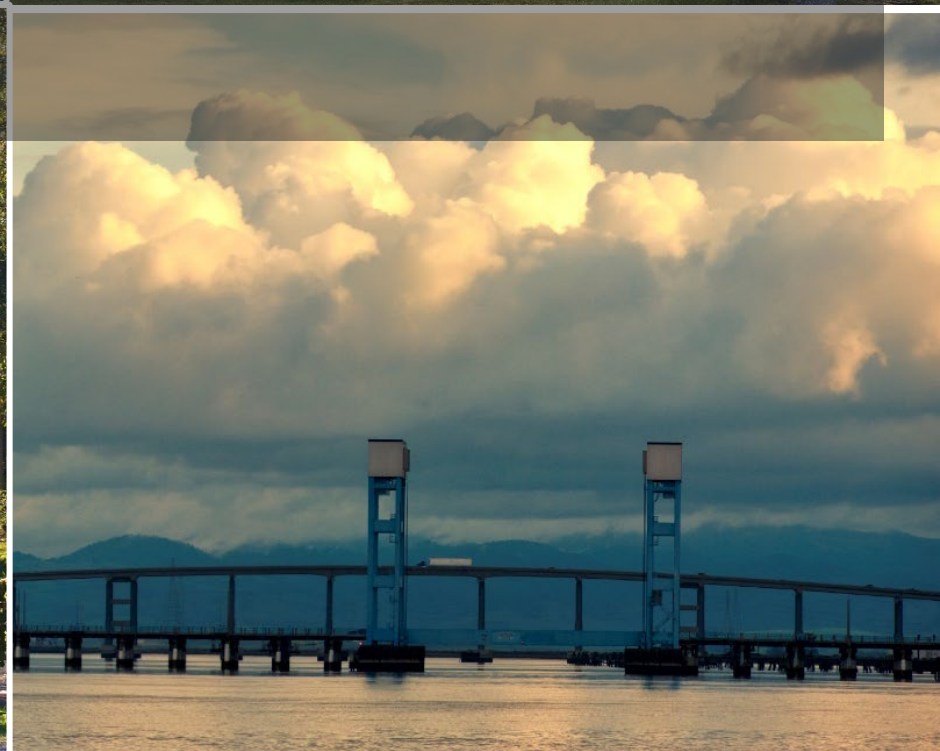
Roundtables

2023 Roundtable Schedule

Community Supports

Provider Roundtables

9-10:00am
- ❑ January 26
- ❑ March 23
- ❑ May 25
- ❑ July 27
- ❑ September 21
- ❑ November 16

Register by clicking the link or copy and paste to your web browser:
https://partnershiphp.webex.com/partnershiphp/j.php?MTID=m0a98ccbdeab03434f70265360c7047a0

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Contact Us

CommunitySupports@partnershiphp.org

Care Coordination
(707) 863-4276

Utilization Management
(707) 863-4133

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

Provider Relations
(707) 863-4100

eSystemsSupport@partnershiphp.org

Automated Eligibility Verification/PCP Assignment (available 24/7):
(800) 557-5471 or Online Services Portal

Just a reminder if you are sending PHI please utilize your internal secure email system to meet HIPAA standards. If unable to send a secure email then please send via fax.

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Questions