

CaAIM Provider Portal Indicator

Below you'll find a step-by-step reference guide on how to view the Community Supports (CS) and Enhanced Care Management (ECM) Provider Portal Indicator on Partnership's Online Services Provider Portal. Provider Portal Link: <https://provider.partnershiphp.org/UI/Login.aspx>

1. Log into the Provider Portal and select Eligibility Module. Click eEligibility.
2. Start member search.

Member Search



eELIGIBILITY

Date of Service: 

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth: 

3. Click "Select" on the member identified.

Member Identifier/ CIN	Last Name	First Name	Gender	Date of Birth	Program	Actions
						<input style="background-color: #0070C0; color: white; padding: 2px 5px; border: none;" type="button" value="Select"/>

4. Member eligibility screen details will be displayed.

PHCONLINE SERVICES Joe Sample

PHC - eEligibility Add ER Notification New Member Search

Member Demographics -

Member Name: John Smith Member ID: _____
 Gender: Male Phone: _____
 Date of Birth: 09/09/9999 Address: _____

Eligibility Details:

Member Eligible: **Yes** Date of Eligibility Notification: 11/01/2019
 Program: Medi-Cal SOC: No
 AID Code: 60 [AID TO THE DISABLED (FFP)] Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE
 COUNTY: SISKIYOU Other Health Insurance (OHI) information displayed here is reported to PHC by the state Medi-Cal system. Member's actual OHI status may change
 CCS Eligible: **No** Primary Language: ENGLISH
 American Indian: **No**

Primary Care Physician Details/ Medical Home

PCP Name: _____ PCP Phone: (530) 942-2507

Is Eligible: **Yes**

Reference No.

Program: Medi-Cal
 Date of Service: 11/7/2019

PCP Messages: None

Special Messages:

NO MEDICARE/ NO OTHER REPORTED COVERAGE.

Case Management: None

Enter a new eTAR - Outpatient
Enter a new eTAR - Inpatient

5. Scroll down to the Additional Services section where CS and/or ECM provider indicator will be displayed.

PHCONLINE SERVICES Austin Floresca

Member Demographics - ePrompts

Member Name: _____ Member ID: _____
 Gender: _____ Phone: _____
 Date of Birth: _____ 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 more details and 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 HEALTH PLAN PCP Phone: (800) 863-4155
 PCP Address: 4665 BUSINESS CENTER DRIVE FAIRFIELD CA 94534 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
WASH	WASH SCIENCE PLAN PROVIDER	(800) 615-1853
Mental Health	Medicare	(800) 633-4227
Substance Use Services	PHC/Carelon	(855) 765-9703