

Enhanced Care Management Referral Submission Guide

To submit an Enhanced Care Management (ECM) referral, please use one of the four options listed below:

- **Option 1 – Fax:** The form can be faxed to **(530) 351-9040**.
 - The referral form will have protected health information (PHI), which means it must be sent as encrypted.
- **Option 2 – Email or eFax:** The form can be emailed to ECM@partnershiphp.org or eFaxed to **(530) 351-9040**.
 - All emails and eFaxes must be sent as encrypted.
- **Option 3 – By phone:** You can call Partnership HealthPlan of California's Care Coordination Department at **(800) 809-1350**, Monday – Friday, 8 a.m. to 5 p.m.
- **Option 4 – Mail:** The form can be mailed to:
Partnership HealthPlan of California
Attn. Enhanced Health Services Department
4665 Business Center Drive
Fairfield, CA 94534

What happens next?

Partnership will review the referral and determine member eligibility for ECM enrollment. If eligible, an ECM provider will contact the member and help them enroll. If you have questions or need assistance, please email the ECM team at ECM@partnershiphp.org.