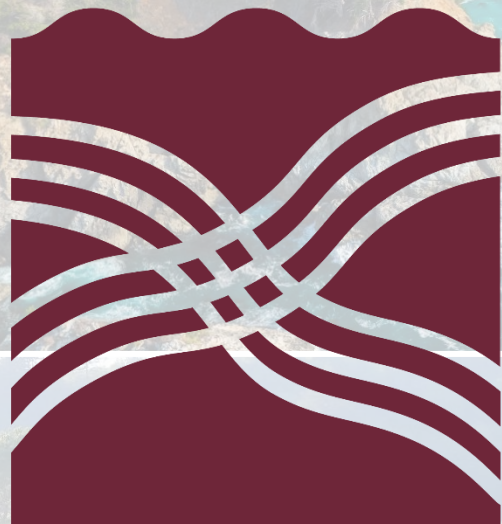


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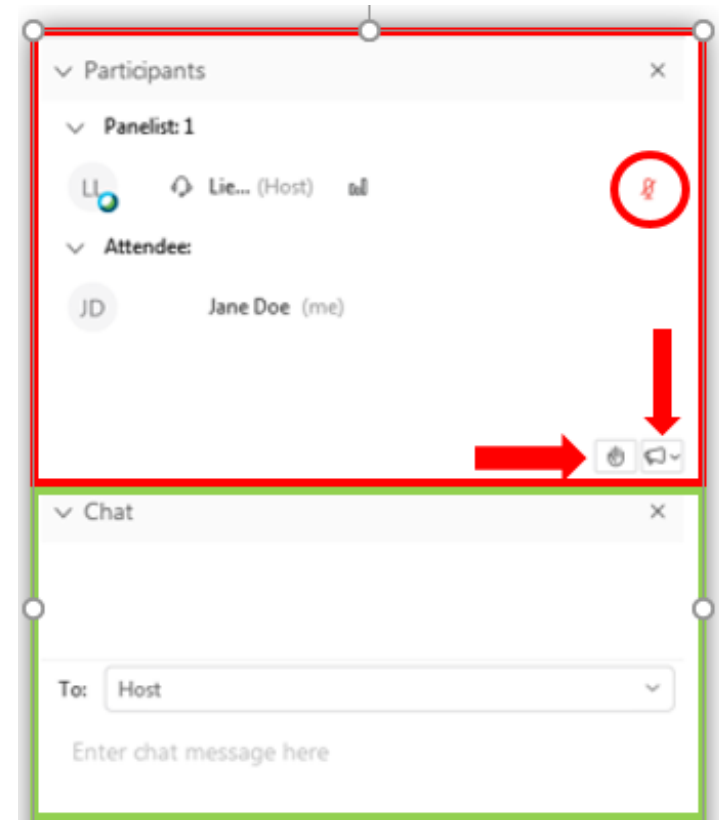
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# New Provider Orientation Enhanced Care Management (ECM)

# 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 “Chat” box located in the Participants box.**



# Agenda

- Background
- Departments and Responsibilities
  - ✓ Member Services
  - ✓ Health Services
  - ✓ Claims
  - ✓ Provider Relations
- Provider Online Services Overview
  - eTAR Submission and Correction
- Roundtable Schedule
- Resources
- Questions

# About Us



## 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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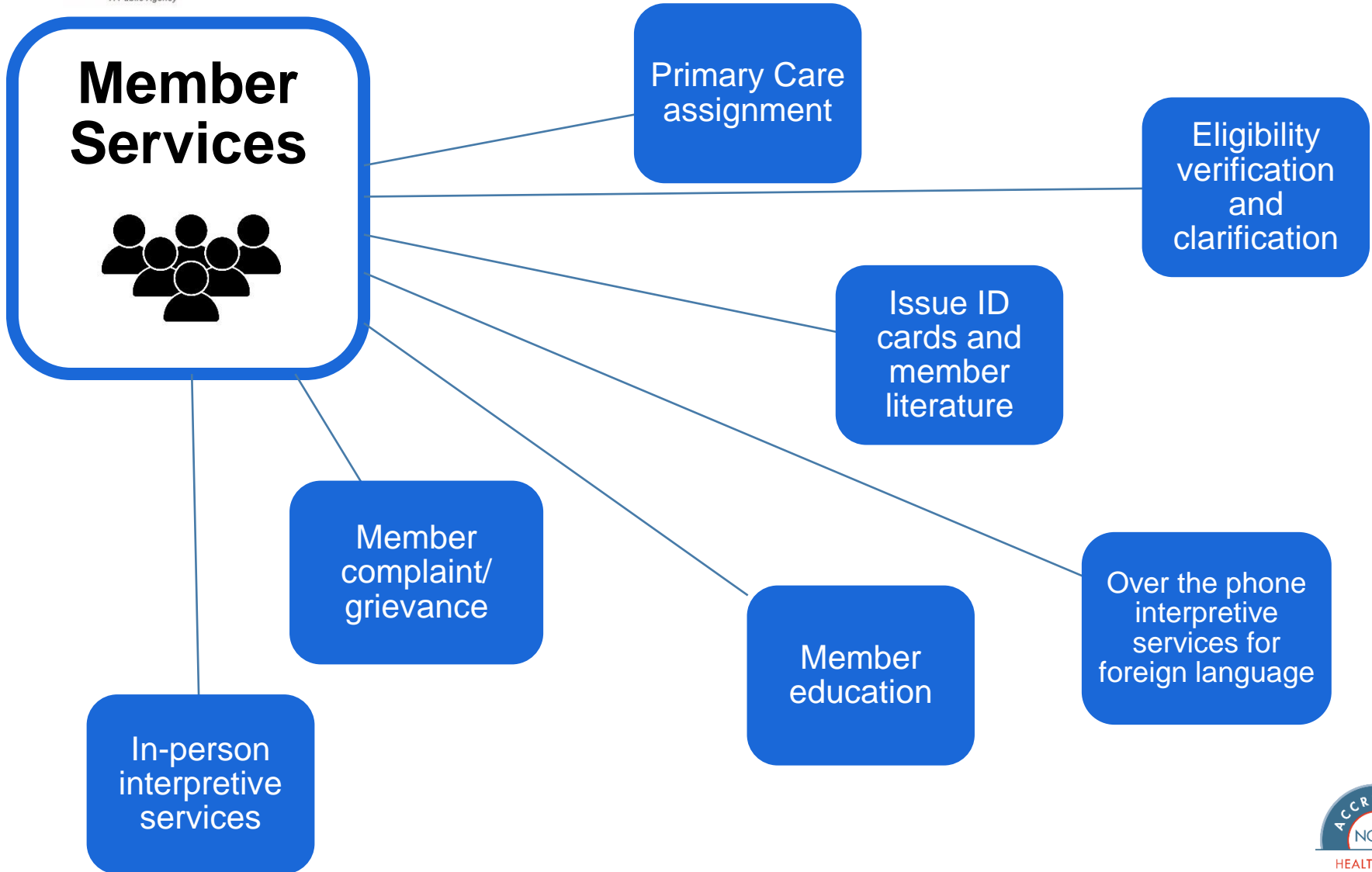


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# Member Services

# Member Services



# Member Services



## Behavioral Health Treatment (BHT) for Autism Spectrum Disorder

- PHC is responsible for providing Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services for members under the age of 21. Services include BHT services that are medically necessary.



## 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.



## Wellness & Recovery

- On July 1, 2020, PHC administered the Substance Use Disorder service (SUD) Program, working with seven of its 14 counties – Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano.



## Mental Health

- PHC has partnered with Beacon Health Options to help manage mental health benefits for PHC members with mild to moderate mental health conditions in need of outpatient mental health services.

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# Health Services





# Health Services

## Utilization Management

- Referral Authorizations (RAF)
- Treatment Authorizations (TAR)
- (707) 863-4133

## Care Coordination

- Complex Case Management (CCM)
- Disease Management Program
- Enhanced Care Management (ECM)
- (800) 809-1350

## Quality Improvement

- HEDIS
- QIP
- (707) 863-4213

## Population Health

- Health Education
- (855) 798-8764

# Enhanced Care Management (ECM) Policies

## [MCCP2032](#)

CalAIM: Enhanced Care Management (ECM)

## [MCUP3143](#)

Service Authorization Process for Enhanced Care Management (ECM)



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

# ECM Highlights

## ECM Benefit:

- ✓ Comprehensive care management
- ✓ Primarily face-to-face, to address clinical and non-clinical needs
- ✓ Improve the quality and health outcomes for members with the highest level of need; who access multiple payers and systems.



# ECM Populations of Focus

ECM Populations of Focus (POFs)	Adults	Date	Children & Youth	Date
1. Individuals Experiencing Homelessness	✓	1/1/2022	✓	1/1/2022
2. Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly High Utilizers)	✓	1/1/2022	✓	7/1/2023
3. Individuals with Serious Mental Health and/or SUD Needs	✓	1/1/2022	✓	7/1/2023
4. Individuals Transitioning from Incarceration	✓	2024	✓	2024
5. Adults Living in the Community and At Risk for LTC Institutionalization	✓	1/1/2023	-	-
6. Adult Nursing Facility Residents Transitioning to the Community	✓	1/1/2023	-	-
7. Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	-	-	✓	7/1/2023
8. Children and Youth Involved in Child Welfare	-	-	✓	7/1/2023
9. Pregnant and Postpartum; Birth Equity	✓	1/1/2022	✓	7/1/2023

# Enhanced Care Management (ECM) Highlights

## ECM Core Service Requirements:

Lead care  
manager  
assignment

Community-  
based outreach  
and engagement

Risk screening  
and assessment

Social  
Determinant of  
Health (SDOH)  
planning

Individualized  
Care Plans  
(ICPs)

Cultural  
Competent  
Communication

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

# Enhanced Care Management (ECM) Reminders

## ECM Referrals:

- No wrong door approach
- ECM screening conducted

## Required: Treatment Authorization Requests (TARs)

## Billing/Invoicing Requirements

## Reporting Requirements:

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



# ECM Codes and Rates

## Enhanced Care Management

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description	Rate	Frequency
G9008	ECM In-Person: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services	\$400	Monthly PEPM
G9008	ECM Phone/Telehealth: Provided by Clinical Staff. Coordinated care fee, physician coordinated care oversight services.	U1, GQ	Used by Managed Care with HCPCS code G9008 to indicate Enhanced Care Management services.	\$400	Monthly PEPM
G9008	ECM Outreach In Person: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9008 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.		
G9008	ECM Outreach Telephonic/Electronic: Provided by Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9008 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.		





# ECM Codes and Rates

## Enhanced Care Management

HCPCS Level II Code	HCPCS Description	Modifiers	Modifier Description	Rate	Frequency
G9012	ECM In-Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services	\$400	Monthly PEPM
G9012	ECM Phone/Telehealth: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U2, GQ	Used by Managed Care with HCPCS code G9012 to indicate Enhanced Care Management services.	\$400	Monthly PEPM
G9012	ECM Outreach In Person: Provided by Non-Clinical Staff. Other specified case management service not elsewhere classified.	U8	Used by Managed Care with HCPCS code G9012 to indicate a single in –person Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management.		
G9012	ECM Outreach Telephonic/Electronic: Provided by Non- Clinical Staff. Other specified case management service not elsewhere classified.	U8, GQ	Used by Managed Care with HCPCS code G9012 to indicate a single telephonic/electronic Enhanced Care Management outreach attempt for an individual member, for the purpose of initiation into Enhanced Care Management. Telephonic/electronic methods can include text messaging or secure email individualized to the Member. However, mass communications (e.g., mass mailings, distribution emails, and text messages) do not count as outreach and should not be included.		
G9012	Successful Engagement			\$150	One Time





# eTAR Requirements

## UTILIZATION MANAGEMENT

The PHC 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 RAFs and TAR online  
[Treatment Authorization Request \(TAR\) Requirements](#)

### 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 - TAR
- Behavioral Health Therapy (BHT) Fax Cover Sheet

### RAF/TAR Status



PHC's TAR/RAF inquiry system is available online.  
Click here to check RAF and TAR status.

### Endocrinology Guidelines



Project Echo  
PHC Endocrinology Referral Guidelines  
PHC Webinar: Guidelines for Endocrinology Referrals  
[Slides | Recording](#)

- 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.partnershipp.org/UI/Login.aspx>

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



# PointClickCare

## Contact Information

**Email:** [cmt-support@pointclickcare.com](mailto:cmt-support@pointclickcare.com)


**Phone:** (801) 285-0770, Monday-Friday 7:00AM-6:00PM MST

<https://secure.collectivemedical.com/static/edie-ui/#/login>

A screenshot of the PointClickCare login interface. At the top, it says "PointClickCare" with "Formerly collectivemedical" underneath. Below that are two input fields: "Email Address" and "Password". The password field has a small eye icon to its right. Below 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".

**PointClickCare**  
Formerly **collectivemedical**

Email Address

Password 

[Forgot password?](#)

**Sign In**



# CaAIM Resources



The screenshot shows the DHCS website with a navigation menu (HOME, MEMBERS, PROVIDERS, ABOUT US, COMMUNITY) and a search bar. The main content area is titled "CALAIM INITIATIVE AND PROGRAMS" and features a "What is CaAIM?" section with a photo of a family. Below this is a detailed page titled "California Advancing and Innovating Medi-Cal" which includes a list of primary goals and recent updates.

**What is CaAIM?**  
California Advancing and Innovating Medi-Cal (CaAIM) is a multi-year initiative, by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of individuals on Medi-Cal by implementing broad delivery system, as well as program and payment reform across the Medi-Cal program. The CaAIM initiative utilizes the Medi-Cal program to help address the multifaceted challenges facing California's most vulnerable residents such as individuals experiencing homelessness, behavioral health care access, children with complex care needs, the growing number of justice-involved populations who have significant clinical needs and the growing aging population.

**California Advancing and Innovating Medi-Cal**  
CaAIM is a multi-year initiative by DHCS to improve the quality of life and health outcomes of our population by implementing broad delivery system, program and payment reform across the Medi-Cal program. The major components of CaAIM build upon the successful outcomes of various pilots (including but not limited to the Whole Person Care Pilots (WPC), Health Homes Program (PHP), and the Coordinated Care Initiative) from the previous federal waivers and will result in a better quality of life for Medi-Cal members as well as long-term cost savings/avoidance.

CaAIM has three primary goals:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health;
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

DHCS formally released the CaAIM proposal on October 29, 2019, at the Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC) meetings. Between November 2019 and February 2020, DHCS conducted extensive stakeholder engagement for both CaAIM and the renewal of the federal authorities under which Medi-Cal operates (i.e. 1115 and 1915b waivers).

DHCS postponed the planned implementation of the CaAIM initiative, originally scheduled for January 1, 2021 so that both DHCS and all of our partners could focus their limited resources on the needs arising from the public health emergency due to COVID-19.

DHCS released a revised CaAIM proposal on January 8, 2021.

- [Revised CaAIM Proposal](#)
- [CaAIM Executive Summary and Key Changes](#)

**CaAIM Updates**  
The CaAIM proposal was updated on January 8, 2021. As implementation of various components of CaAIM begins, DHCS will provide updates here:

- CaAIM Research Webinar:
  - DHCS held a webinar to provide an overview of the [2021 CaAIM Proposal](#) on Thursday, January 28, 2021. The webinar reviewed the components of the proposal including changes made to the original proposal based on stakeholder feedback.

➤ [DHCS CaAIM Website](#)

➤ [DHCS CaAIM ECM Policy Guide](#)

➤ [DHCS CaAIM ECM Fact Sheet](#)

➤ [PHC CaAIM ECM Webpage](#)

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# ECM Referrals and Provider Assignment

# ECM Member Eligibility and Referrals

## ECM Member Eligibility:

- A member must meet the DHCS criteria and PHC ECM Policy Guidelines outlined in MCCP2032 CalAIM Enhanced Care Management.
- The most important eligibility guideline is that a member must fall into one of the eligible Populations of Focus.

## ECM Referral Sources:

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

# Referral Assignment

## ECM Referral Assignment

In order to maximize the network and align a member with the appropriate provider as defined by DHCS, below are some of the variables the Care Coordination 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
- PHC 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 Reporting

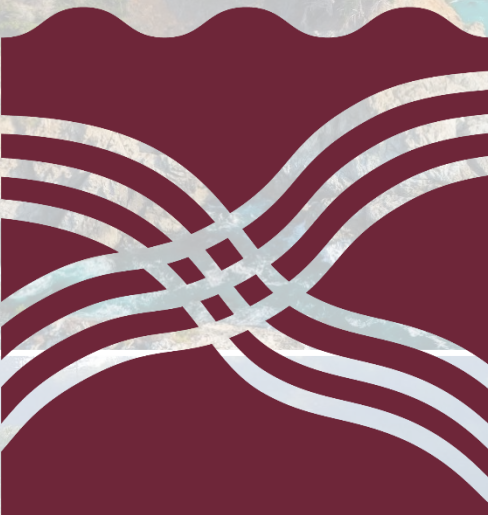
Determining and continually updating provider capacities will be crucial in this benefit's implementation.

- Establish baseline capacity for go-live and inform PHC, including projections for capacity in the upcoming months.
- Things to consider:
  - ✓ Usual patient capacity
  - ✓ Plans to expand staff to grow capacity
  - ✓ Rough caseload estimates provided by PHC
- Be prepared to update your capacities on an ongoing basis with PHC – we want to ensure we serve everyone eligible for this benefit while accommodating your restraints for capacity.



# ECM Provider Reporting

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# ECM Provider Reporting Requirements

On November 18, 2021, DHCS released guidance on ECM Provider reporting.

- Templates are available on our [website](#), as well as a recorded training on reporting processes.
- Two (2) templates are required per DHCS and an optional one is available – pending agreement between PHC and ECM Providers.

Some items that will be required include:

- Number of Encounters (In-Person or Telephonic/Video)
- Dates of Outreach Attempts and Method (In-Person or Telephonic/Video)

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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](mailto: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](mailto: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 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 - 1<sup>st</sup> 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 - 2<sup>nd</sup> Level

- Providers have 90 days from the date of 1<sup>st</sup> level eCIF determination to re-CIF.
- PHC will issue a response within 45 working days.

## Appeals - 3<sup>rd</sup> 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](http://www.partnershiphp.org)



# Claims Team Contacts

**Claims Resolution Unit: 1-855-798-8761**

**Claims Customer Service: 1-855-798-8757**

**Claims Help Desk:**

ClaimsECMHelpDeskSR@partnershiphp.org

**Partnership HealthPlan of California Provider Online Services at:**

[www.partnershiphp.org](http://www.partnershiphp.org)





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# Provider Relations

# Provider Relations

Contracting/  
network  
development

Credentialing  
activities

Provider  
education

On-site visits,  
trainings and  
meetings

Provider  
database  
directory  
maintenance

eSystems  
applications  
(Provider  
Portal)

Provider  
Newsletter  
and Bulletins

Cultural and  
Linguistic  
Services

Provider  
Dispute  
Resolution

Provider  
Manual

Electronic  
Funds  
Transfer (EFT)  
via FIS 1-  
877-330-4950


Provider  
Support



# Provider Relations Directory

**Directory Changes** can be submitted by completing an electronic change form to the changes provider email box ([changesproviders@partnershiphp.org](mailto:changesproviders@partnershiphp.org)) or by faxing the form to (707) 863-4599. Please ensure you are keeping us up to date with provider and clinic changes, moves, additions and closures as per DHCS regulatory requirements.

**PHC must be notified 90 days prior to closing the site.**

	<b>PROVIDER INFORMATION CHANGE FORM</b>	<i>For PHC Use Only</i>		
		PR Rep: <input type="text"/>	<input type="text"/>	
		PHC # <input type="text"/>	<input type="text"/>	
		<input type="checkbox"/> PCP:	<input type="checkbox"/> South	<input type="checkbox"/> North
		<input type="checkbox"/> Other:	<input type="checkbox"/> South	<input type="checkbox"/> North
		<input type="checkbox"/> Non Visit Directory Validation		

The Change form can be found at:

<http://www.partnershiphp.org/Providers/Medi-Cal/Documents/OnDemandTrainingWebinars/Provider%20Information%20Change%20Form.pdf>



# Interpretive Services

## Telephone Language Services: (844) 333-3095

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

- PHC# - click on link to see how to find PHC # <https://bit.ly/2Ypnrul>
- Provider Site Name and City
- Member ID (if applicable)



## 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/3lchVEv>

# Compliance and Regulatory Affairs

## PRIVACY INCIDENTS

Privacy incidents must be reported immediately even if you don't have all the details. When in doubt, report it to PHC:

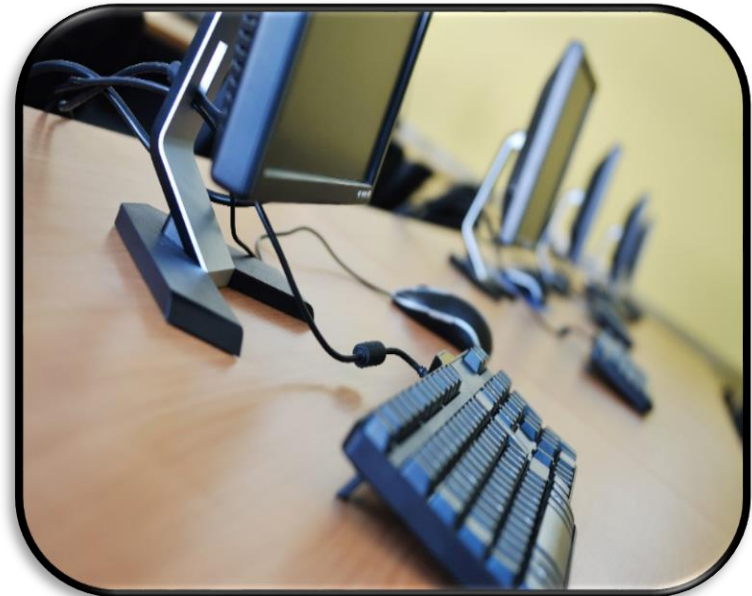
- Unsecure email with PHI
- Mistakenly sent fax with PHI
- Computer breach
- Malware detection

Report Discovery of Incident within 24 hours by:

Email [RAC\\_Reporting@partnershiphp.org](mailto: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

# Data Sharing

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

Data to members is shared through the Member Portal and the PHC website

# PHC Online Services Overview

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# 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](#)

Username:

Password:

[Login](#)

[Forgot Username Change Password](#)

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



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>





## 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.***

# 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:

Password:

[Login](#)

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

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



# Details Needed to Create eAdmin

## PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES



### Online Services - Self Service Signup

IRS #:

NPI:

Check#:

Check Amount:

[Validate Provider Details](#) [Clear](#) [Login](#)

### Online Services - Provider Secret Key

Secret Key:

[Validate Skye](#) [Clear](#) [Login](#)

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



# User Management Allows Employee Access

PARTNERSHIP HEALTHPLAN OF CALIFORNIA ONLINE SERVICES

### Online Services - New User Registration

User Name:

First Name:

Last Name:

User Email:

Password:

Confirm Password:

Phone Number:

Change password after login?

#### 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

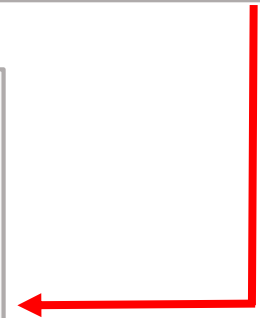
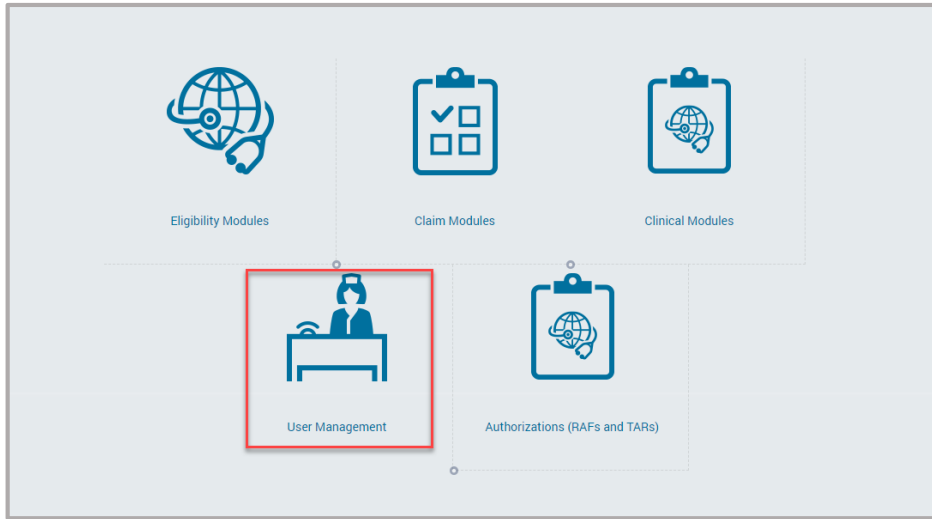
#### eAdmin Roles and Responsibilities:

- 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 HIPPA minimum use standards set forth in 45 CFR 164.502(b) and 164.514(d)

[Create User](#) [Clear](#) [Login](#)

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**.

# Creating Regular User Profile



**User Details**

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

**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
----------	------------	-----------	------------	--------------	-----------	-----------	-----------	-----------

# PHC Online Services Modules




# Checking eEligibility

**PHCONLINE SERVICES** Username 

**PHC - eEligibility** 

**Member Search**


Date of Service:  

Social Security Number:

CIN or Healthy Kids #:

Last Name:

First Name:

Date of Birth:  

**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
12345678A9	Smith	Jane	Female	01/01/2001	Medi-Cal	<input type="button" value="Select"/>

Enter Date of Service

Search and Select member



Enter Member search criteria



# Member eEligibility Details Screen

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

**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: <span style="background-color: #28a745; color: white; padding: 2px 5px; border: 1px solid red;">Yes</span>	Date of Eligibility Notification: <span style="border: 1px solid red; padding: 2px 5px;">11/01/2019</span>
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: <span style="background-color: #28a745; color: white; padding: 2px 5px; border: 1px solid red;">No</span>	Primary Language: ENGLISH
American Indian: <span style="background-color: #28a745; color: white; padding: 2px 5px; border: 1px solid red;">No</span>	

**Special Messages:**

NO MEDICARE/ NO OTHER REPORTED COVERAGE.

Case Management: None

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

**Is Eligible:** Yes

Reference No.

Program: Medi-Cal


Date of Service: 11/7/2019

PCP Messages: None

**Primary Care Physician Details/ Medical Home**

PCP Name: [REDACTED] PCP Phone: (530) 842-3507

Eureka | Fairfield | Redding | Santa Rosa



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# 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 (Including care plans, ROI, etc.)

Questions on eTAR  
Call Utilization Management  
(707) 863-4133

# eTAR Entry

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

The screenshot displays the PHCONLINE SERVICES interface. On the left is a navigation menu with options: Home, Claim Modules, Eligibility Modules (highlighted), Clinical Modules, User Management, and Authorizations(RAFs and TARs). The main content area is titled 'PHC - eEligibility' and contains a 'Member Search' form. The form includes the following fields: Date of Service (with a calendar icon and the value 2/19/2019), Social Security Number, CIN or Healthy Kids # (with the value 12345678A9), Last Name, First Name, and Date of Birth (with a calendar icon). Below the form are 'Search Member' and 'Clear' buttons. On the right side of the form, there is a 'Search Help!' section with the text: 'Below is the search Criteria with the Date of Service' followed by a list: 1.SSN (for e.g.: 999999999), 2.CIN (for e.g.: 999999999), 3.Last Name AND First Name, and 4.Last Name AND DOB ( for e.g. DOB: 01/01/2015). The top right of the page shows the user name 'Lis OConnell' and a profile icon.

**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**

**PHC - eEligibility** Add ER Notification New Member Search

**Member Demographics - Jane Doe** ePrompts

Member Name: Jane Doe Member ID: [REDACTED]  
Gender: Female Phone: [REDACTED]  
Date of Birth: [REDACTED] Address: [REDACTED]

**Eligibility Details:**

Member Eligible:  Yes Date of Eligibility Notification: 10/01/2021  
Program: Medi-Cal SOC: No  
AID Code: [REDACTED] Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE  
COUNTY: HUMBOLDT 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/ Additional Services**

PCP Name: [REDACTED] PCP Phone: [REDACTED]  
PCP Address: [REDACTED] PCP Fax: [REDACTED]

Is Eligible:  Yes  
Reference No. [REDACTED]  
Program: Medi-Cal  
Date of Service: 10/12/2021  
PCP Messages: None  
Special Messages:  
Substance Use Services administered by PHC. See State System for additional benefit information.  
Other Health Insurance  
Case Management: None

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

# eTAR

Fields with an asterisk (\*) must be completed

## PHCONLINE SERVICES

MEMBER NAME: [REDACTED] CITY: [REDACTED]

GENDER: [REDACTED] DATE OF BIRTH [AGE]: [REDACTED]

PHONE # (ON FILE): [REDACTED] PATIENT PH#: [REDACTED]

PCP DETAILS: [REDACTED] ADDRESS: [REDACTED]

PCP FAX #: [REDACTED] PCP ADDRESS: [REDACTED]

### TAR Start & End Dates

START DATE: 11/15/2021 END DATE: 11/15/2022

TAR TYPE: \*  
Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

- Select TAR Type-
- Ancillary
- BHT
- CBAS
- Community Support
- DME
- ECM
- Incontinence
- MED

SELECT PROVIDER: \*  
Select Provider

SERVICE PROVIDER ADDRESS: [REDACTED]

PREFERRED RETURN FAX#: [REDACTED]

PATIENT CURRENT LOCATION: \*  
-Select Patient Current Location-

IS URGENT: [REDACTED]

Select Provider

Primary Diagnosis  
(no decimal points)

Service Detail  
CPT Code, Units of Service, Modifiers

Medical Justification  
Typing in or uploading attachments

TAR Type

Date Span (retro TARS needs start date put in the eligibility page)

Patient Current Location

# eTAR Entry

Enter the service code and select in the drop down:

PHCONLINE SERVICES eSystems Support

IS URGENT: No

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: \* (No decimal point needed)  
DIAGNOSIS CODE: DIAGNOSIS DESCRIPTION:

SECONDARY DIAGNOSIS: (No decimal point needed)  
MEDICAL JUSTIFICATION: (MAX CHARACTER LIMIT IS 1500 CH)

Service Details & Additional Notes

Service Code	Service Description
No records to display.	

Add New Service Code

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

**Add / Edit Service Detail:**

SERVICE CODE: \* SERVICE DESCRIPTION:


G9008 OTHER SPECIFIED CASE MGMT

Code	Description
G9008	Coordinated care fee, phys coordinate care oversight scvcs

Please enter search criteria to find procedure.

# eTAR – Add Attachments

Remember to attach PDF documents first, then submit.

**PHCONLINE SERVICES**
eSystems Support 

**IS URGENT:**

No ▼

Select Patient Current Location: ▼

**Diagnosis Details & Medical Justification**

**PRIMARY DIAGNOSIS:** \* (No decimal point needed)

*Search diagnosis based on diagnosis code or its description*

**DIAGNOSIS CODE:**

**SECONDARY DIAGNOSIS:** (No decimal point needed)

*Search diagnosis based on diagnosis code or its description*

**SECONDARY CODE:**

**MEDICAL JUSTIFICATION:** (MAX CHARACTER LIMIT IS 1500 CHARACTERS)

**Service Details & Additional Notes**

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3
G9008	Coordinated care fee, phys coordinate care oversight scvcs	U1	GQ	

Add New Service Code

**ADDITIONAL NOTES:** (MAX CHARACTER LIMIT IS 700 CHARACTERS)

**Attachments:**

Attachments: 0

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 eTAR



# 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

The screenshot displays the PHCONLINE SERVICES interface. At the top left, the text 'PHCONLINE SERVICES' is visible. A large green checkmark is centered on the page. Below it, a green banner contains the text: 'Success! TAR submitted successfully. Please allow 24 hours before checking TAR Status'. Underneath the banner, the text reads 'TAR has been successfully Submitted' followed by 'eTAR# PE2111150001' and a green 'View TAR' button. At the bottom, there are two blue buttons: 'Submit a new TAR' and 'TAR Status Checking'. A sidebar on the left contains several icons for navigation. At the bottom of the page, there are two blue buttons: 'Submit a new TAR' and 'TAR Status Checking'.

PHCONLINE SERVICES

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

TAR has been successfully Submitted

eTAR# PE2111150001 [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


**PHCONLINE SERVICES**



Home

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

## TAR Status Checking



### TAR Search Criteria

**In/Out Patient:** Out Patient

**TAR #:**

**Member ID #:**

**TAR Span From:** 8/31/2020  **To:** 8/31/2022

**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	Attachments	Letters	View
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>				

No TAR's found...

# 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

eTAR#: F

Submit TAR Correction

PRINT

Close

### 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

**PHCONLINE SERVICES**

**TAR Correction**

**Member Details**

MEMBER NAME:

CIN:

GENDER:

DATE OF BIRTH [AGE]:

PHONE #:

PATIENT PH#, IF DIFFERENT:

PCP DETAILS:

ADDRESS:

PCP ADDRESS:

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**

**TAR Start & End Dates**

Start Date: 12/31/2021      End Date: 12/31/2021      TAR TYPE: Out-Patient

**CORRECTION - START DATE:**       **CORRECTION - END DATE:**

**SERVICE PROVIDER:**

SERVICE PROVIDER DETAILS:       PROVIDER FAX# (ON FILE):

**CORRECTION - SELECT PROVIDER:**       **CORRECTION - SERVICE PROVIDER:**

*Select Provider*

**CORRECTION - SERVICE PROVIDER DETAILS:**

**Submit TAR Correction Request**

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**

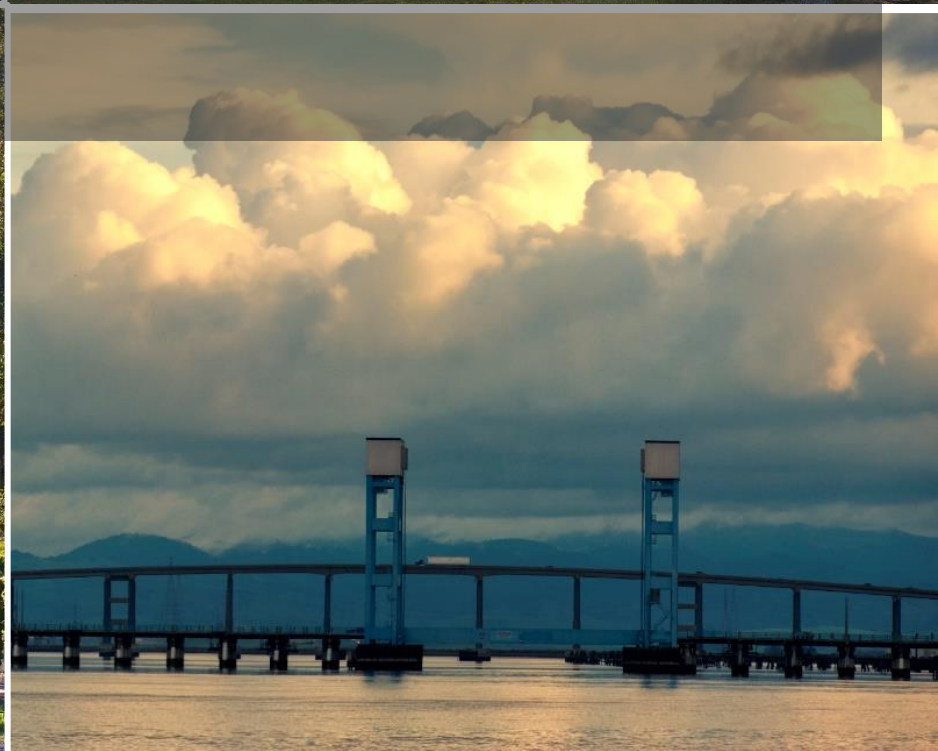


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of CALIFORNIA  
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# Roundtables



# Roundtables

## 2024 ECM Provider Roundtable Schedule 12:00 – 1:00 PM

### JANUARY

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			

### FEBRUARY

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		

### MARCH

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						

### APRIL

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				

### 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				

Roundtable registration:

<https://partnershiphp.webex.com/webappng/sites/partnershiphp/webinar/webinarSeries/register/a67779c9dd4e489986db9bb1743c06d7>



# Contact Us

[ECM@partnershiphp.org](mailto:ECM@partnershiphp.org)

Care Coordination  
(800) 809-1350

Utilization Management  
(707) 863-4133

[ECM Webpage](#)

Provider Relations  
(707) 863-4100

[eSystemsSupport@partnershiphp.org](mailto: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.***





# Questions

All attendees will receive an email with the following:

- Today's PowerPoint Presentation
- NPI Application Guidance
- DHCS Enhanced Care Management Coding Options
- Billing and Invoice Instructions
- FAQs

