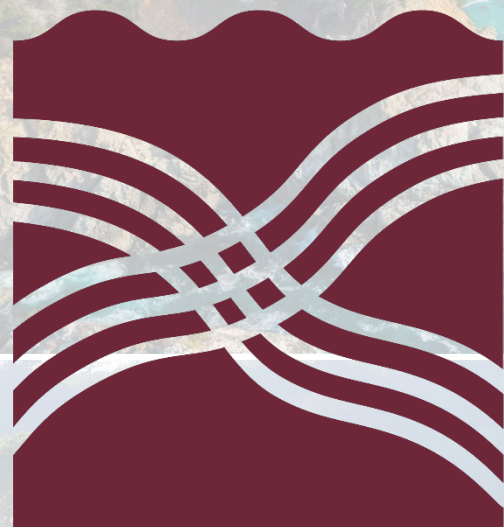


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New Claims System Implementation and Updates

April 3, 2024

Agenda

Welcome and Housekeeping

Health Rules Payor (HRP) Overview

Local Code Conversion

Taxonomy Codes: Billing & Rendering Taxonomies

Long Term Care Claim Changes

Other Claim Changes

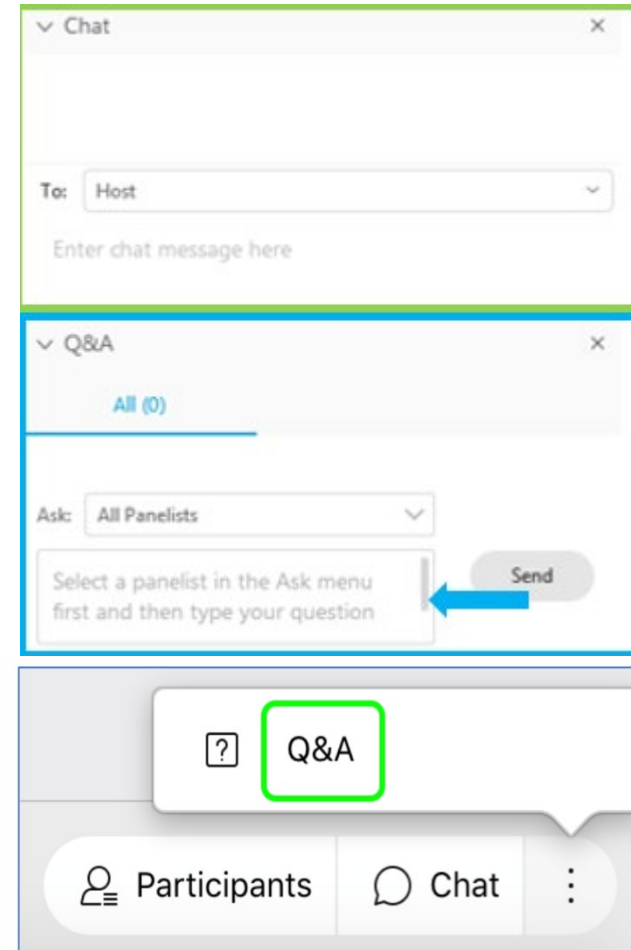
Online Services Provider Portal

EDI Parallel Testing: Electronic Claims / Remittance

Questions, Additional Training and Next Steps

Housekeeping

- This webinar will be recorded and posted on our website.
- Slides will be available after the presentation on Partnership website
- 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.**



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Health Rules Payor (HRP)

Health Rules Payor (HRP)

Background

- Partnership has used Amisys as a core claims system since we began over 25 years ago. With Partnerships continued growth, Amisys is unable to support the increased work

HRP

- Health Rules Payor or HRP is a next generation core claims processing system that will provide new levels of automation and seamless transactions between Partnership and our Providers

Benefits

Streamlines the
claims life cycle
from
submission to
payment

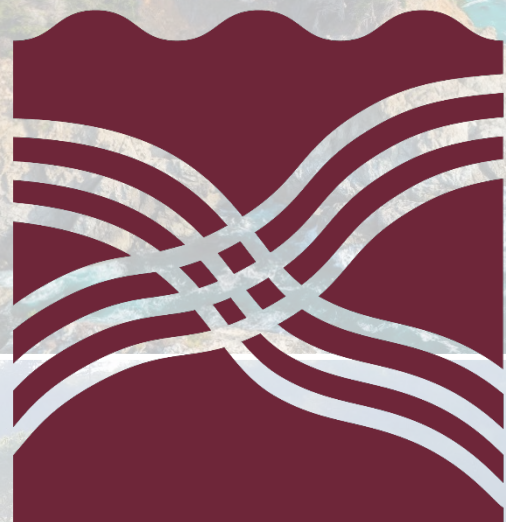
Increases
claims payment
accuracy and
reduces
provider rework
and rebilling

Increases
ability to
process and
pay claims
faster

What can providers expect?

- **ALL CLAIMS, both paper claims and electronic submissions, received at Partnership on or after Summer 2024 must be billed using provider taxonomies and on the appropriate claim forms (or the electronic equivalent).**
- Billing provider NPI & taxonomy are required on all claims. If rendering provider is different than the billing provider, the rendering provider NPI and taxonomy are also required.
- Claims submitted without required NPI & taxonomy codes will be rejected as of Summer 2024.

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Local Code Conversion

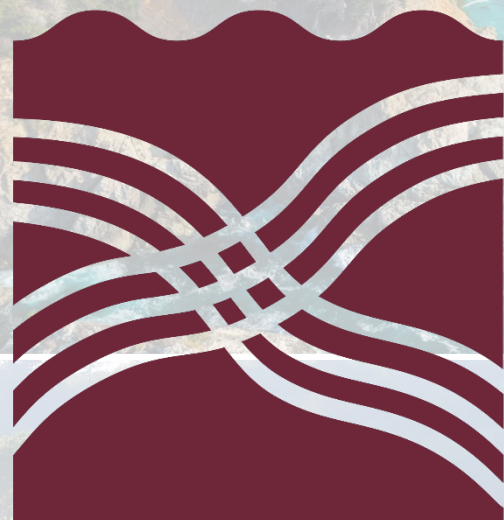
Local Code Conversion

Partnership has decided to not move forward with the planned conversion from local codes to national codes at this time.

However, Partnership will accept HIPAA-compliant national codes from providers that have the ability to bill them.

Future updates and educational material will be shared once DHCS announces effective dates for the conversion of each program or service category.

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Required Taxonomy Codes

Billing Guidelines

Taxonomy Codes for Professional Claims

Billing Provider NPI and Taxonomy are required on all claims. Please engage with your clearing house to ensure they are submitting with the taxonomy code.

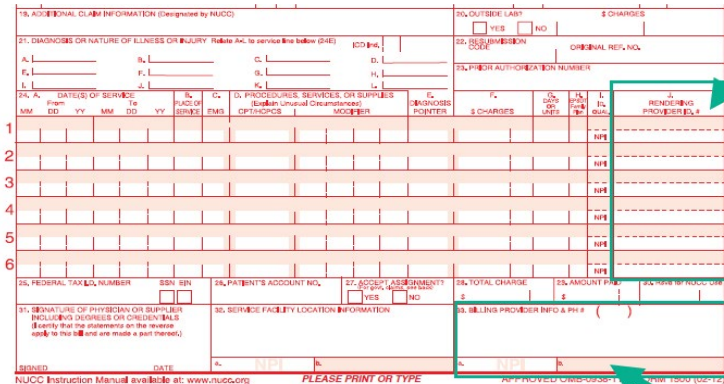
Rendering Provider NPI and Taxonomy is required when applicable.

For electronic 837P claims:

Data Element	Loop	Segment ID	Example of Billing Provider Taxonomy
Billing Provider Taxonomy Code	2000A	PRV03	PRV*BI*PXC*207Q00000X~
Data Element	Loop	Segment ID	Example of Rendering Provider Taxonomy
Rendering Provider Taxonomy Code	2310B	PRV03	PRV*PE*PXC*1223G0001X~

For paper CMS1500 claims:

- ✓ Billing Provider NPI should be placed in box 33a and the Billing Provider taxonomy should be placed in box 33b.
- ✓ Bill using Rendering Provider NPI in Box 24J when applicable.
- ✓ Rendering Provider taxonomy code should be placed in the shaded portion of box 24J when applicable.



The image shows a CMS1500 form with several boxes highlighted in green. Box 24J (Rendering Provider Information) is highlighted, with a green arrow pointing to the shaded area for the Rendering Provider NPI and Taxonomy Code. Box 33a (Billing Provider NPI) and Box 33b (Billing Provider Taxonomy Code) are also highlighted with green boxes and arrows.

Billing Guidelines

Taxonomy Codes for Institutional Claims

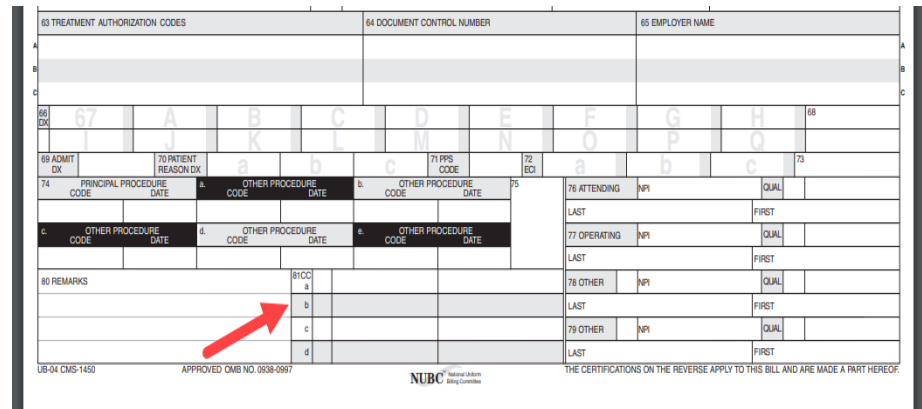
Billing Provider NPI and Taxonomy are required on all claims.

For electronic 837I claims:

Data Element	Loop	Segment ID	Example of Billing Provider NPI and Taxonomy
Billing Provider Taxonomy Code	2000A	PRV03	PRV*BI*PXC*282NR1301X~
Billing Provider NPI	2010AA	NM109	NM1*85*2*Dr. Mickey Mouse*****XX*1234567890~

For paper UB04 institutional claims:

- ✓ The Billing Provider's NPI should be placed in box 56.
- ✓ The Billing Provider's taxonomy code should be placed in box **81CCa** with Qualifier B3 (Health Care Provider Taxonomy Code).



The image shows a UB04 Institutional Claim Form. A red arrow points to box 81CCa, which is used for the Billing Provider's Taxonomy Code. The form includes various sections for patient information, procedure codes, dates, and provider information.



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Long Term Care Claim Changes



Long Term Care Changes



All LTC claims must be submitted electronically using the X12N 837I or on the paper UB-04 claim form.

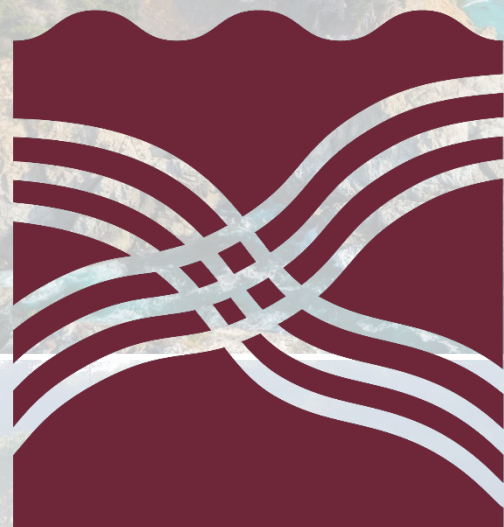


Providers should utilize the Medi-Cal Provider Manual for instructions on LTC billing and the LTC 25-1 to UB-04 Crosswalk at https://mcweb.apps.prd.cammis.medi-cal.ca.gov/news/31701_04



Partnership will no longer send out spreadsheets for LTC and hospice retroactive rate adjustments. Claims adjustments and additional reimbursement will occur once the new rates are configured in Partnership's claims system.

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Other Claim Changes



Anesthesia Billing Changes

- Providers billing for anesthesia services (CPT codes 00100 through 01999) will be required to submit time in **minutes** in box 24G on the CMS-1500 claim form and in the electronic equivalent, 837P file.
- In addition, start and stop times will no longer be required.
- Anesthesia time units should no longer be billed in units or 15-minute increments of anesthesia time.

Replacement / Void Claims

- Previously accepted claims that were originally submitted on or after Summer 2024 will have a 16-digit claim control number (CCN) assigned by PHC. These claims may later be billed with a claim frequency code of 7 (replacement) or 8 (void/cancellation) to request that the original claim be replaced or voided. The claim frequency code is sent in the CLM05-3 of the 837 electronic claim.

Data Element	Loop	Segment ID	Example of Claim Frequency Code in electronic claim
Claim Frequency Code	2300	CLM05-3	CLM*123456789*300***32:A:7**A*Y*Y~

- Claims submitted with a frequency code 7 or 8 must reference the 16-digit original claim control number (CCN) of the previously accepted claim in the REF02 segment.

Data Element	Loop	Segment ID	Example of original 16-digit PHC claim control number (CCN) referenced in the electronic claim
Payer Claim Control Number	2300	REF02	REF*F8*2407150199887711~

- Previously accepted claims that were originally submitted before Summer 2024 with a 12-digit claim control number require a CIF/eCIF submission to request adjustments.

Additional Changes

Partnership will be able to accept up to 4 modifier codes on each claim line

Provider's PHC# in Provider Directory will change

Encounter claims will not be adjudicated for payment and will not be included on a Remittance Advice (RA)

Length of Claim Control Number (CCN) will change to 16 digits

Reminders

Best to bill electronically for faster reimbursement

Billing Provider NPI and Taxonomy is required on all claims

Include Rendering Provider NPI and Taxonomy if different than the Billing Provider NPI & Taxonomy



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Online Services Provider Portal

Claim Attachments

The image displays a grid of nine icons, each representing a different function related to claim attachments. The icons are arranged in three rows and three columns. The middle row is highlighted with a yellow background. Each icon consists of a globe with a stethoscope, overlaid on a clipboard. The functions are as follows:

- Home
- Claim Search
- Check Search
- New Claims - Upload Attachments
- Existing Claims - Upload Attachments
- View - Claim Attachments
- EOP - Remittance Advice
- PCP-AI - Remittance Advice
- ACA - Remittance Advice



Claim Attachments

View Claim Attachments

From Date:

To Date:

ACN or Claim Number:

Search Help!

Below is the search Criteria to search Claim Attachments

1. From Date (for e.g.: mm/dd/yy) AND To Date (for e.g.: mm/dd/yy)
2. ACN or Claim Number

ACN	PHC Claim#	Attachment Type	Attachment Name(Size)	ACN Notes	UploadedBy	Date Uploaded	View
<input type="text" value="ESYS47"/>	<input type="text" value="2202190300003547"/>	<input type="text" value="RX"/>	<input type="text" value="Test Doc for UAT.pdf (183 KB)"/>	Show Note...	eSystems	08/18/2022	View

PHC - Claims

New Claims – Upload Attachments

This page will allow you to upload one or multiple pdf documents to the PHC Online Services system. Once submitted, an Attachment Control Number (ACN) will be generated and associated with these documents. This number should be retained for your records. In order to have the uploaded files associated/included with claims you plan to submit to Partnership HealthPlan of California, the ACN number referenced above should be included with your claims submission.



Claim Attachments

We have successfully received your claim attachments. Your Attachment Control Number (ACN) is **ESYS47**

Your selected files have been uploaded to our system and are now associated with the Attachment Control Number (ACN) shown above. Please be sure to retain this ACN number for your records. In order to have the uploaded files associated/included with claims you plan to submit to Partnership HealthPlan of California, the ACN number referenced above should be included with your claims submission.

[New Claims Attachments](#)

[Search - Claim Attachments](#)

[Claims Home](#)

Attachment confirmation

Claim Attachments

View Claims Attachments

Print Close Export to Excel

ACN	PHC Claim#	Attachment Type	Attachment Name (size)	ACN Notes	Uploaded By / Date Uploaded	Mark Completed By / Date	View
ESYS47	2202190300003547	RX	Test Doc for UAT.pdf (0.18 MB)	Test	eSystems 8/18/2022, 2:49:37 PM	apryor@partnershiphp.org 8/22/2022, 9:33:46 AM	View
ESYS48	2202190300003547	Letter of Agreement (LOA)	Test Doc for UAT.pdf (0.18 MB)	Letter Test UAT	eSystems 8/18/2022, 2:56:47 PM		View

1 - 2 of 2 items

Viewing claims attachments



Claim Attachments

When saving and uploading your attachments please use this naming convention:

Member's CIN_Date of service (MMDDYYYY)_Uploader's initials

Claim Attachments

- Reminders about Claim Attachments/Best Practices
 - You can print your claim attachments so you have a record of the Attachment Claim Number (ACN)
 - If there is more than one document to attach for the same claim, please use sequential numbers after the uploader's initials (1,2,3 etc.)

Eligibility Screen Updates

PHC - eEligibility

Add ER Notification

New Member Search



Member Demographics -

ePrompts

Member Name:
Gender: Male
Date of Birth:

Member ID:
Phone:
Address:

Eligibility Details:

Member Eligible: **Yes**
Program: Medi-Cal
AID Code: Disabled - 60 - Full Benefits - 60
COUNTY: SI
CCS Eligible: **No**
American Indian: **No**

Date of Eligibility Notification: 6/01/2021
SOC: No
Other Insurance (OHC): N - None
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

Is Eligible: **Yes**
Program: Medi-Cal
Date of Service: 6/29/2021
PCP Messages:
Special Messages:

13 Month Eligibility



Enter a new eTAR - Outpatient

Enter a new eTAR - PAD/Drug

Enter a new eTAR - Inpatient

Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name:
PCP Address:

PCP Phone:
PCP Fax:

Additional Services

Service Type	Service Provider	Phone#
VISION	VISION SERVICE PLAN	(800) 615-1883
Mental Health	Beacon/College Health IPA	(855) 765-9703
Substance Use Services	Siskiyou County	(530) 841-4890

TAR Updates

National Codes

SERVICE PROVIDER ADDRESS:

PROVIDER FAX# (ON FILE):

PREFERRED RETURN FAX#:

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

IS URGENT:
No ▼

Diagnosis Details & Medical Justification

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

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

MEDICAL JUSTIFICATION: (MAX CHARACTER LIMIT IS 1500 CHARACTERS)

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	
90999	DIALYSIS PROCEDURE				0	1	0	Edit Delete

[Add New Service Code](#)

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

TAR Updates

Physician Administered Drugs (PAD)

Physician-administered drugs are outpatient drugs that are typically administered by a health care provider in a physician's office or other outpatient clinical setting.

PHCONLINE SERVICES

PHC - eEligibility Add ER Notification New Member Search

Member Demographics ePrompts

Member Name:	Member ID:
Gender:	Phone:
Date of Birth:	Address:

Eligibility Details:

Member Eligible:	<input checked="" type="checkbox"/> Yes	Date of Eligibility Notification:	8/01/2021
Program:	Medi-Cal	SOC:	No
AID Code:	Family - P5- Full Benefits - P5	Other Insurance (OHC):	N - None
COUNTY:	SM	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:	<input type="checkbox"/> No	Primary Language:	Spanish
American Indian:	<input type="checkbox"/> No		

Is Eligible: Yes
 Program: Medi-Cal
 Date of Service: 8/16/2021
 PCP Messages:
 Special Messages:
13 Month Eligibility

Enter a new eTAR - Outpatient Enter a new eTAR - PAD/Drug
Enter a new eTAR - Inpatient

TAR Updates

Physician Administered Drugs (PAD)

TAR Entry



Member Details

Change Member

MEMBER NAME:

ARACELI ABARCA CAMACHO

CIN:

94298199D5

GENDER:

Female

DATE OF BIRTH [AGE]:

03/20/2003 [18]

PHONE # (ON FILE):

(707) 837-7548

PATIENT PH#:

PCP DETAILS:

Santa Rosa Community Health-Vista Campus [S7173-L8224]

ADDRESS:

9802 SUNRAY PL-, WINDSOR CA - 95492

PCP FAX #:

(707) 303-3611

PCP ADDRESS:

3569 Round Barn Cir, Santa Rosa CA - 95403

TAR Start & End Dates

START DATE:

8/16/2021

END DATE: *

8/16/2022

TAR TYPE: *

Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.

- PAD - New
- PAD - Renew

SELECT PROVIDER: *

Select Provider

SERVICE PROVIDER DETAILS:

SERVICE PROVIDER ADDRESS:

PROVIDER FAX# (ON FILE):

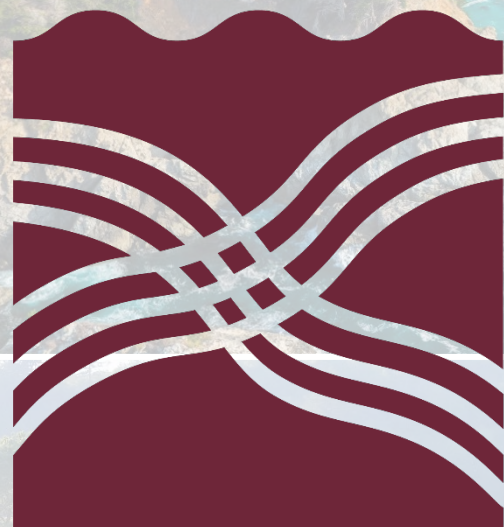


Provider Portal Outage

The provider online services portal will be down for maintenance beginning June 7, 2024 5:00PM – June 10, 2024 6:00AM. During this time you will not be able to access your account.

- Please call Member Services at (707) 863-4120 for all eligibility needs.
- Fax all TARs to the Utilization Department at (707) 863-4188

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Electronic Data Interchange

EDI Parallel Testing

- Electronic claim production files received during the EDI parallel testing period will also be processed through our HRP test system.
- EDI will post the HRP test response files to Trading Partners' sFTP accounts under the 'test\HRP' folder for review.
- Trading Partners are the direct submitters and receivers of EDI files (Some providers use clearing houses as the trading partner.)
- These files will be provided to Trading Partners to share examples of what to expect for claims processed in the HRP payer system

Partnership EDI Resources:

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

Claim Status Codes – Washington Publishing Company

<https://x12.org/codes/claim-status-codes>

<https://x12.org/codes/claim-status-category-codes>

EDI parallel testing period with existing trading partners is

March 18, 2024 – April 12, 2024



EDI Reminders

Interchange Control Number

837 files submitted without a unique Interchange Control Number in the ISA13 segment of the 837 file, will be rejected.

Submitter ID Number (Application Sender's Code)

Trading partners should continue to use their assigned submitter ID in the GS02 segment of their 837 files.

Electronic Claim Attachments (Attachment Control Number)

Electronic claims that have an electronic claims attachment, must reference the attachment control number (ACN) in the PWK06 segment of the electronic claim.

Data Element	Loop	Segment ID	Qualifier code 'AC' sent in PWK05 segment Attachment Control Number sent in PWK06 segment
Attachment Control Number	2300	PWK06	PWK*OZ*BM***AC*ESYS47~



EDI Response Reports

The following response reports are sent back to the trading partner for production files that were run.

Response Report Name	Description of Response Report
999_filename.txt	Confirmation receipt that file was received and processing has begun. This report is a HIPAA Compliant report.
277CA_filename.txt	Indicates which claims were rejected or accepted into claims adjudication. This report is a HIPAA Compliant report.
STS_filename.txt	Written explanation of which claims in the file were rejected or accepted into adjudication.
ERR_filename.txt	Indicates which SNIP 1-2 compliance edits were failed. The corresponding failed claims are shared in the BAD file.
BAD_filename.txt	Copy of the 837 claim data that failed the SNIP 1-2 edits referenced in the ERR file.

EDI Response Reports

STS Response Reports

- Current STS reports do not include **X12** claim status category codes & claim status codes.
- Future STS reports will include **X12** claim status category codes & claim status codes.

Example of an STS Report (claim level status of accepted claims and rejected claims)

Claim Control Number	Member ID from Claim	Member Last Name from Claim	Member First Name from Claim	Member DOB from Claim	Patient Control Number	Date of Service	X12 Claim Status Category Code	X12 Claim Status Code	Status Description	Transmission Claim ID	PHC Unique Claim Tracking ID
Assigned by PHC	Populated from subscriber loop	Populated from subscriber loop or patient loop	Populated from subscriber loop or patient loop	Populated from subscriber loop or patient loop	Patient Control Number sent in CLM01 segment				Claim level description that indicates if the claim was accepted into the claims system or if the claim was rejected If claim is rejected, it will not be loaded in claims system. Claim must be resubmitted after the rejection reason has been resolved or corrected	Transmission Claim Identifier sent in REF*D9 segment	Assigned by PHC
PHC_CCN	MEMBER_ID	LAST_NAME	FIRST_NAME	DOB	PATIENT_CONTROL_NBR	DOS	CATEGORY_CODE	STATUS_CODE	STATUS_DESCRIPTION	TRANSMISSION_CLAIM_ID	PHC_CLAIM_TRACKING_ID
210710R100000999						20210115	X12 Code	X12 Code	Rejected :Rejection Description	9998887B	0Z009E3E-1204-55A6-A6F7-F9123D12345F_00000002
2107100100000888						20210215	X12 Code	X12 Code	Accepted claim/encounter into adjudication	8887777A	0Z009E3E-1205-55A6-A6F7-F9123D12345F_00000003
210710R100000555						20210415	X12 Code	X12 Code	Rejected :Rejection Description	5678910D	0Z009E3E-1205-44A6-A5F6-E9264D65453E_00000005



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Next Steps

Provider Training

Weekly webinars to answer questions and review updates:

- Updated recordings, FAQs, and other materials will be shared in the following location.

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



Contact Us

Send all Claims System Implementation questions to:

esystemssupport@partnershiphp.org



Questions

Upcoming Webinar:

- April 10
- April 17
- April 24

The webinar and updated materials will be available on-demand at:
<http://www.partnershiphp.org/Providers/Medi-Cal/Pages/default.aspx>

Register [here](#) for upcoming trainings.

