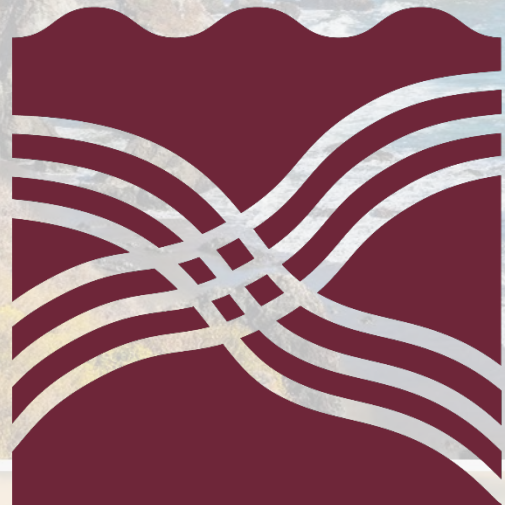


PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Alternate Levels of Care Support Training

January 31, 2024

Agenda

- About us
- Portal overview:
 - Eligibility
 - Treatment Authorization Request (TAR)
- LTC/ICF DD Code & Form Conversion
- Claim Submission
- Resources

About Us



Mission:

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

Vision:

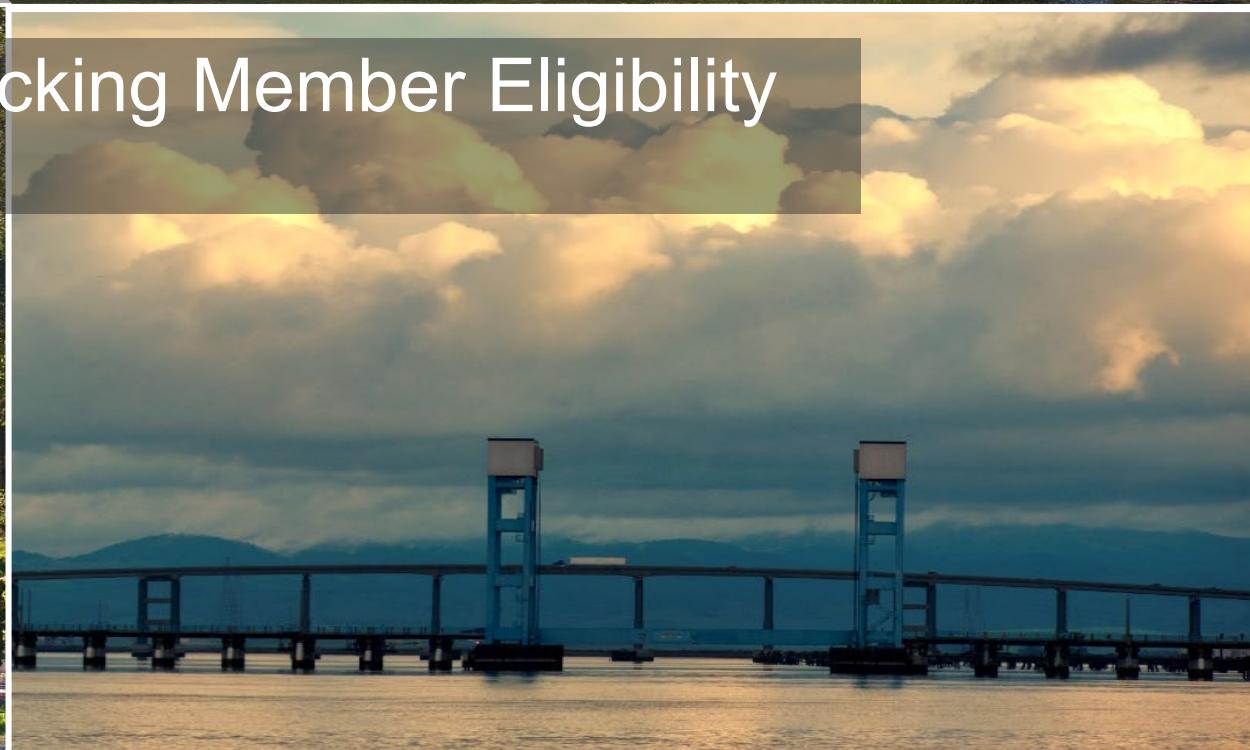
To be the most highly regarded managed care plan in California.



PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



eEligibility Submodules



BATCH ELIGIBILITY

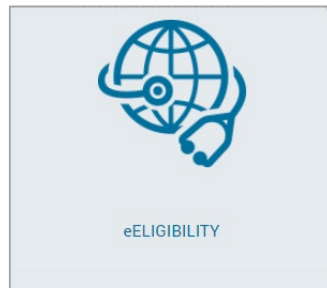
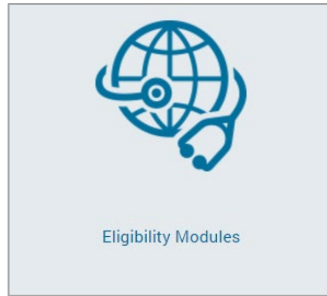


MONTHLY ELIGIBILITY DOWNLOAD




eELIGIBILITY


Checking Eligibility



PHC - eEligibility



Member Search


Date of Service: 

Social Security Number:

CIN #:

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)

Search Member
Clear

Member#	Member Identifier/ CIN	Member Name	Gender	Date of Birth	Program	Actions
00056423178	1234567830	Edgar Po	Male	12/15/2020	Med-Cal	Select

*Date of service auto populates to the day you create the TAR

Note: The easiest way to search for a member is by the CIN #

eEligibility

PHCONLINE SERVICES SAM SAMPLE Mickey Anderson

PHC - eEligibility Add ER Notification New Member Search

Member Demographics

Member Name: [Redacted]
Gender: [Redacted]
Date of Birth: [Redacted]

Eligibility Details:

Member Eligible: **Yes**
Program: Medi-Cal
AID Code: [Redacted]
COUNTY: [Redacted]
CCS Eligible: **No**
American Indian: **No**

Primary Care Physician Details/ Medical Home/ Ac

PCP Name: [Redacted]
PCP Address: [Redacted]

Additional Services

Service Type	Service Provider	Phone #
VISION	VISION SERVICE PLAN /Medi-Cal	(800) 615-1883
Mental Health	Beacon/College Health IPA	(855) 765-9703
Substance Use Services	PHC Beacon	(855) 765-9703

Is Eligible: Yes

Reference No. [Redacted]

Program: Medi-Cal

Date of Service: 6/14/2022

PCP Messages: None

ER Notifications: 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 eRAF Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient

Enter a new eTAR - Inpatient

Enter a new eTAR - Outpatient

If the member is eligible, the **Is Eligible** field at the top right states **Yes**, and the two (2) TAR buttons appear on the bottom right.



Treatment Authorization Request (TAR)



How to submit an eTAR



PARTNERSHIP



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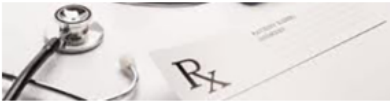
Treatment Authorization Request

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

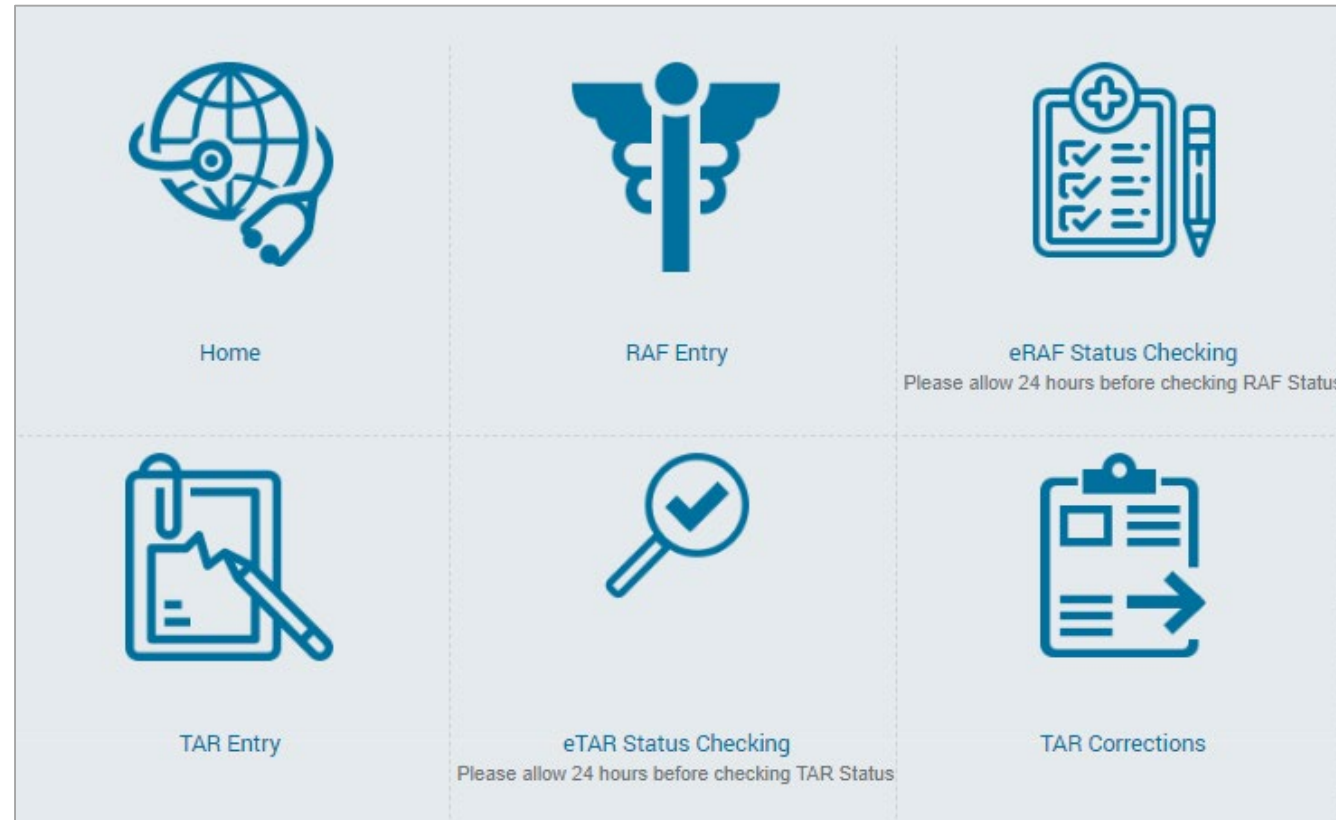
PHC Endocrinology Referral Guidelines

PHC Webinar: Guidelines for Endocrinology Referrals

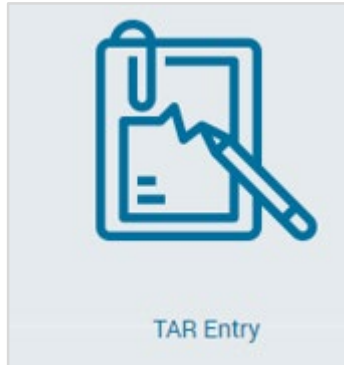
Slides | Recording

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


Authorization Submodules




How to submit an eTAR



1. Go to the Authorizations Module. Click **TAR entry**

PHC - eEligibility 

Member Search


Date of Service: 

Social Security Number:

CIN #:

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)

*Date of service auto populates to the day you create the TAR

2. Select **Date of Service**, then enter **member information** to determine if member is eligible. Click **Search Member**. **Date of service auto-populates for the current date. To change date, click on the calendar icon on the right side. Click **Select***

How to submit an eTAR

PHCONLINE SERVICES SAM SAMPLE Mickey Anderson

PHC - eEligibility

Member Demographics -

Member Name: [Redacted]
Gender: [Redacted]
Date of Birth: [Redacted]

Eligibility Details:

Member Eligible: **Yes**
Program: Medi-Cal
AID Code: [Redacted]
COUNTY: [Redacted]
CCS Eligible: **No**
American Indian: **No**

Primary Care Physician Details/ Medical Home/ Ac

PCP Name: [Redacted]
PCP Address: [Redacted]

Additional Services

Service Type	Service Provider	Phone #
VISN	VISION SERVICE PLAN /Medi-Cal	(800) 615-1883
Mental Health	Beacon/College Health IPA	(855) 765-9703
Substance Use Services	PHC Beacon	(855) 765-9703

Is Eligible: Yes

Reference No. [Redacted]

Program: Medi-Cal

Date of Service: 6/14/2022

PCP Messages: None

ER Notifications: 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 eRAF **Enter a new eTAR - Outpatient**

Enter a new eTAR - Inpatient

Enter a new eTAR - Inpatient

Enter a new eTAR - Outpatient

If the member is eligible, the **Is Eligible** field at the top right states **Yes**, and the two TAR buttons appear on the bottom right.

3. Click **Enter a new eTAR** button

TAR Entry Page

TAR Entry

Member Details [Change Member](#)





MEMBER NAME: Donna Jones	CIN: 16123456F9
GENDER: Female	DATE OF BIRTH [AGE]: 2/6/1988
PHONE # (ON FILE): 415-587-0279	PATIENT PH#: <input type="text"/>
PCP DETAILS: [REDACTED]	ADDRESS: 2345 Rock Rose Lane Santa Rosa CA - 95623415
PCP FAX #: [REDACTED]	PCP ADDRESS: 721 Stony Point Lane STE 19, Santa Rosa CA - 94506

TAR entry page with the member's demographic information displays.

TAR Entry Page

All fields with an asterisk (*) must be completed

TAR Start & End Dates

START DATE: <input type="text" value="6/28/2022"/>	END DATE: *  <input type="text" value="6/28/2023"/> 	TAR TYPE: *  Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service. <input type="text" value="-Select TAR Type-"/>
SELECT PROVIDER: *  <input type="text" value="Select Provider"/>	SERVICE PROVIDER DETAILS: <input type="text"/>	<div style="border: 1px solid gray; padding: 5px;"> <input type="text" value="-Select TAR Type-"/> <input style="background-color: #007bff; color: white;" type="text" value="-Select TAR Type-"/> Ancillary BHT CBAS Community Supports DME ECM Incontinence MED </div>
SERVICE PROVIDER ADDRESS: <input type="text"/>	PROVIDER FAX# (ON FILE): <input type="text"/>	

4. Specify how long the referral is active. Enter an end date in the **End Date** field.
5. Find the provider to whom you are referring the member. Use the **Select Provider** field to search.
6. Select the type of TAR from the **TAR Type** drop-down menu.

TAR Entry Page

The screenshot shows a form with three main sections. The first section is 'PREFERRED RETURN FAX#' with a text input field and a yellow arrow pointing to it. The second section is 'IS URGENT:' with a dropdown menu showing 'No' and 'Yes' (highlighted in blue) and a yellow arrow pointing to it. The third section is 'PATIENT CURRENT LOCATION: *' with a dropdown menu showing '-Select Patient Current Location-' and a list of options: Home, SNF/ICF, Board and Care, Acute Hospital, Homeless, and Other (highlighted in blue). A yellow arrow points to the dropdown menu.

7. Enter in the fax number in the **Preferred Return Fax#** field.
8. Specify whether the treatment is urgent. If you select **Yes**, the **Reason For The Urgent TAR** field appears. Enter a reason into the field.
9. Select where the patient is currently staying.

TAR Entry Page

MEDICAL JUSTIFICATION: (MAX CHARACTER LIMIT IS 1500 CHARACTERS)

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2
No records to display.			

Add New Service Code

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

Add / Edit Service Detail:

SERVICE CODE: *

SERVICE DESCRIPTION:

UNITS:

QUANTITY: *

CHARGES:

MODIFIER 1:

MODIFIER 2:

MODIFIER 3:

Add New Service Detail **Cancel**

10. Enter a reason for the referral in the **Medical Justification** field.

11. Search **Service Code**.

12. Enter in the number of units in the **Quantity** field.

If there are modifiers, use drop down menu in the **Modifier** field.

Adding Attachments

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



13. Add **Attachments**
14. Click **Submit eTAR**

Submit eTAR

eTAR Submission

Success! TAR submitted successfully

TAR has been successfully Submitted

eTAR# PB31802110024 [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.

[Submit a new TAR](#) [TAR Status Checking](#)

A verification screen appears, listing the TAR number. The TAR number and status display on the top. Print for your records. You can also view any attachments.



LTC/ICF DD Code & Form Conversion

Cindy Ashton



Agenda

Clean Claims

Claims Submissions

Local Code and Claim Form Conversion

Contact Us



Clean Claims

What is a Clean Claim?

- A “**clean claim**” is a claim that can be processed without obtaining additional information from the provider of a service or from a third party.
- PHC has 45 working days from received date to process claims.
- Currently we are processing most clean claims within 20 days of receipt.

Clean Claim 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 claim. Do **not** use the member's Social Security number.

Complete 25-1 LTC Claim Form completely with all required information

Types of Submission

Electronic Claims

- ✓ Electronic Data Interchange (EDI)
- ✓ Submission of HIPAA Compliant 837P and 837I File
- ✓ Preferred submission method for faster reimbursement

Paper Claims

- ✓ Submissions of UB-04, CMS 1500
- ✓ Send to:
Partnership HealthPlan
P.O. Box 1368
Suisun City, CA 94585-1368



Benefits of Electronic Billing and Common Rejections

Benefits



Increased Auto
Adjudication



Faster
Reimbursement



Reduced Billing
Errors

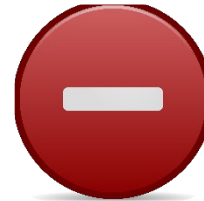


Reduced Cost



Resource
Conservation

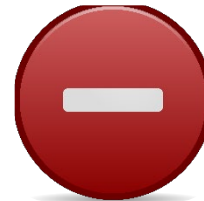
Common Rejections



Invalid Diagnosis/Procedure
Code



ICD-10 Indicator



INACCURATE DATA ENTRY



Provider NPI not enrolled

EDI Contact & Information

EDI Contact Information:

- PHC EDI Enrollment & Testing
Information Technology Department
Phone: (707) 863-4527 | Fax: (707) 863-4390
Email: EDI-Enrollment-Testing@partnershiphp.org
- PHC EDI Production Support Information Technology Department
Phone: (707) 863-4520 | Fax: (707) 863-4390
Email: EDI-Production-Support@partnershiphp.org

EDI Enrollment Forms:

- [837 Claims Enrollment & Payer Agreement](#)
- [835 ERA Enrollment & Payer Agreement](#)

Institutional Companion Guide

- [Institutional Companion Guide](#)

FIS – EFT Enrollment

- Phone: 877.330.4950 5:00 a.m. – 3:00 p.m. PST
- Email Address: TMSImplementations@unionbank.com

Note: The provider will need the Pay To/Payee code provided by Provider Relations for enrollment. This code is referred to as Vendor ID by FIS

Local Code Conversion



Local Codes are specific HCPC billing codes that represent a service rendered



With the retirement of the 25-1 claim form on 02/01/2024 Local Codes will no longer be accepted



Local Codes will now be captured and billed under National Codes



Crosswalk Tool is listed on our PHC website

Taxonomy Codes

Taxonomy Codes are a 10 digit alpha numeric code set that designates Providers classifications and specializations

- **UB04 Claim form requires**

Facility Taxonomy Code – are required in box 81cc

UB04 Form Overview

Fields 1-30

1 Facility Name		2 Facility Mailing Address		3a PAT. CNTL. #	Optional			4 TYPE OF BILL
Street Address		City, State Zip		b. MED. REC. #	Patient Account #			213
City, State Zip				5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM		7	
				Tax ID	10/01/2022	10/31/2022		
8 PATIENT NAME			a	9 PATIENT ADDRESS			a	
Jane Doe				1261 D Street				
b			b			c	d	
Redding			CA			96651		
10 BIRTHDATE	11 SEX	12 DATE	ADMISSION 13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	
06/28/1934	F	01/01/2022	10	9	4		30	
						CONDITION CODES		
						22 23 24 25 26 27 28		
						29 ACCT STATE		
						30		

Admission Hour Box 13

- Enter the hour of admission in 24 hour format (00-23)
- Example admit time of 1:45 p.m. will be entered as 13

TOB (Type of Bill) Box 4

- **1st Digit - Type of Facility**
 - 1 Hospital Swing Bed
 - 2 = Skilled Nursing
 - 6 Intermediate Care
- **2nd Digit - Classification**
 - 1 = Skilled Nursing Inpatient
 - 2 = Skilled Nursing Inpatient (Medicare part B only)
- **3rd Digit - Frequency Definition**
 - 1 = Admit Through Discharge Claim.
 - 2 = Interim - First Claim.
 - 3 = Interim - Continuing Claim.

Admit Type Box 14

- 1 = Emergency Admission
- 2 = Urgent Admission
- 3 = Elective Admission
- 4 = Information not Available
- 9 = Unknown

Source Box 15

- 1 = Physician Referral
- 2 = Clinic Referral
- 4 = Transfer from a hospital
- 5 = Transfer from another SNF
- 6 = Transfer from another health care facility
- 7 = Transfer from ED

UB04 Form Overview

Field 17 Patient Status

25-1 Box 14	UB04 Box 17	Description	25-1 Box 14	UB04 Box 17	Description
00	30	Still A Patient	06	30	Sill A Patient
01	09	Admitted As Inpatient	07	30	Still A Patient
02	20	Expired	08	03	Transferred To Inpatient Care
02	40	Expired At Home	09	01	Routine Discharge To Home
02	41	Expired In A Medical Facility	10	20	Expired
02	42	Expired – Place Unknown	11	02	Transferred To Inpatient Care
03	02	Transferred To Inpatient Care	11	43	Transferred To A Federal Health Care Facility
03	05	Transferred To Designated Cancer Center Or Children’s Hospital	11	51	Transferred To Hospice Facility
03	43	Transferred To A Federal Health Center	11	62	Transferred To An Inpatient Rehabilitation Facility
03	51	Transferred To Hospice Facility	11	65	Transferred To A Psychiatric Hospital
03	62	Transferred To Inpatient Rehabilitation Facility	11	66	Transferred To A Critical Access Hospital
03	65	Transferred To Psychiatric Hospital	11	70	Transferred To Another Type Of Health Care Facility
03	66	Transferred To Critical Access Hospital	12	01	Routine Discharge To Home
03	70	Transferred To Another Type Of Facility	12	06	Discharged To Home Under The Care Of Home Health Agency
04	06	Discharged To Home Under Care Of Home Health Agency	12	50	Discharged To Home Hospice
04	50	Discharged To Home Hospice	13	03	Transferred To SNF With Medicare Certification
05	03	Transferred To SNF With Medicare Certification	13	04	Transferred To A Facility With Custodial Or Supportive Care
05	04	Transferred To A Facility With Custodial Or Supportive Care	13	61	Transferred To A Hospital Based Medicare Approved Swing Bed
05	61	Transferred To A Hospital Based Medicare Approved Swing Bed	13	63	Transferred To A Medicare Certified Long Term Care Hospital
05	63	Transferred To A Medicare Certified Long Term Care Hospital	13	64	Transferred To Another Nursing Facility Certified Under Medicaid But Not Medicare
05	64	Transferred To Another Nursing Facility Certified Under Medicaid But Not Medicare	32	04	Transferred To A Facility That Providers Custodial Or Supportive Care



UB04 Form Overview

Fields 38-49 (23)

38		39		40		41	
Partnership HealthPlan P.O. Box 1368 Suisun City, CA 94585		CODE	VALUE CODES AMOUNT	CODE	VALUE CODES AMOUNT	CODE	VALUE CODES AMOUNT
a	24		01				
b	23		3775 00				
c							
d							

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0101	ALL INCLUSIVE ROOM & BOARD			31	9675 30		
PAGE 1 OF 1		CREATION DATE	11/28/2022	TOTALS	9675 30		



Value Codes

- Value Codes and Value Codes Amounts are directly tied to your reimbursement and are required for every claim
- Box 39a will always be Value Code 24
- The amount listed for Value Code 24 is based on the Revenue Code billed on your claim
- Value Code 23 represents SOC. The amount listed for 23 will be the patient's SOC
- There is a crosswalk to assist with the form conversion

39		VALUE CODES
CODE		AMOUNT
a	24	.01
b	23	3775.00

Accom Code	Rev Code	Rev Code Description	Paper Value Code	Electronic Value Code
01- NF-B Regular Services Distinct Part	0101	All Inclusive Room & Board	01	.01
01- NF-B Regular Services Free Standing	0101	All Inclusive Room & Board	07	.07

Revenue Codes

Accommodation codes will be transitioned into National Revenue Codes

Box 42

Accom Code	Rev Code	Accom Code	Rev Code	Accom Code	Rev Code
01	0101	64	0180	83	0199
02	0180	65	0101	84	0199
03	0180	66	0101	85	0190
04	0101	68	0180	86	0190
05	0180	69	0180	87	0185
11	1001	71	0190	88	0185
12	0180	72	0190	89	0180
21	0101	73	0185	90	0180
22	0180	74	0185	91	0190
23	0180	75	0190	92	0190
31	1001	76	0190	93	0185
32	0180	77	0185	94	0185
41	0101	78	0185	95	0180
43	0180	79	0180	96	0180
61	0101	80	0180	97	0199
62	0180	81	0180	98	0199
63	0180	82	0180		

Box 43

Rev Code	Rev Code Description
0101	All Inclusive Room & Board
0180	Leave of Absence General
1001	Residential Treatment Psychiatric
0190	Subacute Care General
0185	Leave of Absence - Nursing Home for Hospitalization
0199	Subacute Care - Other

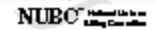
UB04 Form Overview

Fields 50-81CC

50 PAYER NAME CAL PERS Partnership Health Plan		51 HEALTH PLAN ID		52 PBL INFO	53 PBL ESN	54 PRIOR PAYMENTS 3600:00	55 EST AMOUNT DUE 2300:30	56 NPI OTHER PRV ID	Facility NPI
58 INSURED'S NAME Jane Doe Jane Doe			59 REL	60 INSURED'S UNIQUE ID OHC ID # CIN 12345678A		61 GROUP NAME CAL PERS PHC		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME		
66 DX Z5189	Y	A	B	C	D	E	F	G	H
69 ADMIT DX Z5189	70 PATIENT REASON DX	a	b	c	71 FPS CODE	72 ECI	a	b	c
74 PRINCIPAL PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	OTHER PROCEDURE CODE DATE	75	76 ATTENDING NPI	QUAL	FIRST	
76	77 OPERATING NPI	QUAL	FIRST		78 OTHER NPI	QUAL	FIRST		
80 REMARKS					81CC a	B3	314D00000X		
					b	↑	Facility Taxonomy		
					c				
					d				

UB-04 CMS-1450

APPROVED OMB NO. 0938-0392



THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.





Important Reminders

- 25-1 Form will not be accepted beginning dates of service 02/01/2024
- Local Codes will not be accepted beginning dates of service 02/01/2024
- Value Code and Value Code amounts are required for reimbursement
- Facility Taxonomy Codes are required on every claim



Resources



[Taxonomy.nucc.org](https://www.taxonomy.nucc.org)



[MediCal LTC Claim
Form and Code
Conversion](#)

Additional Support

Partnership recognizes the impact of the Local Code Conversion and the conversion from a 25-1 billing form to a UB04 billing form



We are here to support you via:

- 1:1 training in person
- 1:1 training via WebEx
- Phone support
- Email support
- FAQs to be sent shortly



Please do not hesitate to contact us



Contact Us

Business hours:

Monday – Friday
8 a.m. – 5 p.m.

Claims Customer Service:

800.863.4133
707.863.4130

Partnership Website:

www.partnershiphp.org

Claims Resolution Coordinators

855.798.8761
530.999.6868

Facility Liaison: Priscila Ayala

payala@partnershiphp.org

