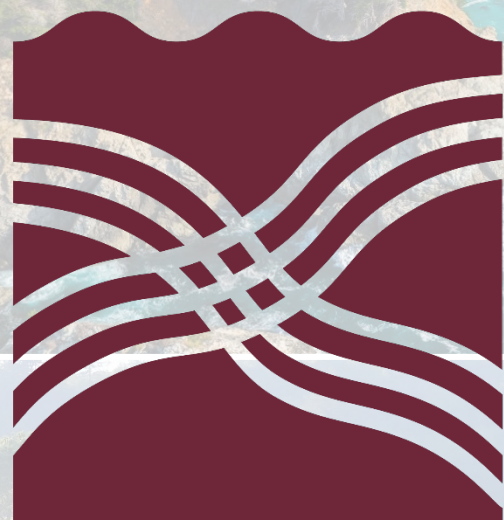


PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Online Services Provider Portal Updates



Claims Attachments



New Claims - Upload Attachments



Existing Claims - Upload Attachments



View - Claim Attachments

- Three new modules will be added to the claims section to add, view, and edit claim attachments.
- Users must request attachment access from eAdmins.

Claims Attachments

Attachment confirmation

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](#)

- Here is an example of that confirmation page with the ACN. Be sure to include this number with your claim submissions.
- When Uploading attachments, the attachment should be in PDF format. Multiple documents can be attached. Once submitted an ACN number will be provided that is associated with the submitted documents.

Claims 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

Reminders

Reminders about Claims Attachments/Best Practices

- ✓ You can print your claim attachments so you have a record of the Attachment Control Number (ACN)
- ✓ If there is more than one document to attach for that same claim, please use sequential numbers after the uploader's initial (1,2,3 etc.)



Eligibility Screen Updates

The 13-month history will move from the bottom of the eligibility page into it's own tab.

PHC - eEligibility

Add ER Notification

New Member Search



Member Demographics - [Redacted]

ePrompts

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

Member ID: [Redacted]
Phone: [Redacted]
Address: [Redacted]

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

13 Month Eligibility



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

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: [Redacted]
PCP Address: [Redacted]

PCP Phone: [Redacted]
PCP Fax: [Redacted]

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

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 checked="" type="checkbox"/> No | Primary Language: Spanish |
| American Indian: <input checked="" 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

Enter a new eTAR - PAD/Drug

TAR Updates Physician Administered Drugs (PAD)

TAR Entry

Member Details Change Member

MEMBER NAME: [REDACTED] **CIN:** [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: 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

SERVICE PROVIDER DETAILS:

SELECT PROVIDER: *
Select Provider



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

SERVICE PROVIDER DETAILS: