

Eligibility Verification and TARS Submissions

Part 1: Eligibility Verification

The process of submitting a Treatment Authorization Request (TAR) starts with verifying eligibility in the Partnership Health Plan Online Services Portal.

Information needed before starting

- Full Legal Name of Client
- Date Of Birth

Steps to Verify Eligibility

- 1. Navigate to the Partnership Healthplan of California Online Services Portal located here: <u>https://provider.partnershiphp.org/UI/Login.aspx</u> and log in
- 2. Choose Eligibility Module:



3. Next choose eEligibility





4. Enter the following information in the portal:

Date of Service: Date that the service begins (or if processing retroactively, enter the date the service began

Last Name: Client's legal last name

First Name: Client's legal first name

Date of Birth: Client's date of birth

Then select Search Member

- 5. A list of potential matches will populate, select the client with data that matches our records
- 6. The Member's Partnership records will be displayed on the screen. Look in the Eligibility Details Section below the Member's Demographics to see if the client is eligible to receive services

Member Demographics -	0	ePrompts	3
Member Name: Gender: Date of Birth:	Male	Member ID: Phone: Address:	
Eligibility Details:	-		
Member Eligible: Program:	Yes Medi-Cal	Date of Eligibility Notification: SOC:	1/01/2022 No
Code: COUNTY	60 [AID TO THE DISABLED (FFP)] SONOMA	Other Insurance:	YES MEDICARE PARTS A&B / YES MEDICARE SR. ADVANTAGE PLAN

At the bottom section of the screen you can see if there is an expiration date of client's coverage coming up as well as details about which county they receive services from

3 MONTHS ELIGIBILIT	Y DETAILS			
Effective Date	End date	County/AID Code	PCP Name/Prgm No	PCP Address
07/01/2020	3/31/2023	SOLANO/M1 [CITZAD138% (EFF 1/1/2014))	HLTH SVC SOLANO COUNTY/Medi-Cal	365 TUOLUMNE ST VALLEJO,CA 94!



7. If the member **is not eligible**, stop here and document in the client's case notes that they are not eligible for CalAIM services.

If the member **is eligible**, the next step is to submit a Treatment Authorization Request (TAR)



Part 2: Treatment Authorization Request (TARS) Process

Now that it has been verified that the client is eligible for services, the TAR Submission process can take place.

Required documents for submitting TARS for each CalAIM program:

Community Supports- Recuperative Care

 CS Referral Form- document medical necessity for services in the additional notes section such as homeless and need to recuperate in a clean environment to reduce risk of complications from healing after hospitalization- state reason for hospitalization, procedures, medical diagnoses etc to support stay.

Community Supports- Housing Navigation/Transition Services

• CS Referral Form- document client's homeless status and health issues that would better be addressed if housed.

Community Supports- Housing Deposits

- CS Referral Form- be sure to note an itemized list of the cost what is requested and the total
- Supporting documents such as a lease agreement, past due utilities, letter from utility provider, etc.

Community Supports- Housing Sustaining/Tenancy

Note: An active TAR for Housing Navigation/Transition Services must be in place <u>before</u> submitting a Housing Deposits TAR

• CS Referral Form- document client's challenges with maintaining housing in additional notes section

Enhanced Care Management

- ECM Referral Form
- Individual Care Plan
- Signed ROI



Starting a TAR in the Partnership Online Services Portal

- 1. Verify that the member is eligible for services through the eEligibility process documented in Part One.
- While still on the eEligibility screen, begin entering a Treatment Authorization Request (TAR) for the client by selecting <u>Enter a new</u> <u>eTAR – Outpatient</u> on the bottom right of the screen.



Tips for Completing a TAR

Member Details

Patient Ph#

Update the client's phone number if the one in their records isn't current.

TAR Start and End Dates

The **Start Date** will automatically be prepopulated with the Eligibility date that was entered on the prior screen. If that date is not correct, then return to the beginning of the eligibility module and enter the first date of service.

The **End Date** should be 180 days (90 for RC) after the Start Dateunless a retroactive TAR is being submitted. In that case, enter the exact days that the client was in the program.



Select Provider

Choose the first provider at the top of the drop down selection as shown in the screenshot. COTS information should automatically populate after making a selection.

Provider Name: COMMITTEE ON TH	ENPI: 1497410286
SHELTERLES	IRS#/ TAX ID: 680176855
Address: 900 HOPPER STREET	PHC Provider #: 78313 0001
PETALUMA, CA - 94952	Payee#: O CMSH
Provider Name: COMMITTEE ON TH	^E NPI: 1497410286
SHELTERLES	IRS#/ TAX ID: 680176855
Address: 900 HOPPER STREET	PHC Provider #: 78313 0002
PETALUMA, CA - 94952	Payee#: O CMSH
Provider Name: COMMITTEE ON TH	ENPI: 1497410286
SHELTERLES	IRS#/ TAX ID: 680176855
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PETALUMA, CA - 94952	Payee#: O CMSH

TAR Type

Choose <u>Community Supports</u> or <u>ECM</u> from the dropdown list according to the service that is being requested for the client.

Patient Current Location

Choose Homeless if the client is living on the streets or in a shelter

Choose <u>Home</u> if the client is currently housed but is at risk of losing housing and needs new housing.

Is Urgent?

Choose this if the client needs Housing Deposit assistance within the next business day, or as soon as possible so that the client can take advantage of a housing opportunity. Describe why there is a sense of urgency to processing the TAR in the "Reason for the Urgent TAR" field.



Diagnosis Details and Medical Justification

Primary Diagnosis: Choose from the following:

Z5901- Sheltered HomelessZ5902- Unsheltered HomelessZ59811- Housing instability, housed, with the risk of homelessness

Secondary Diagnosis Not required

Medical Justification

Document medical necessity for services such as homeless and need to recuperate in a clean environment to reduce risk of complications from healing after hospitalization- state reason for hospitalization, procedures, medical diagnoses etc. to support stay.

Service Details & Additional Notes

Choose Add New Service Code and complete the highlighted fields of the Add/Edit Service Detail form that pops up:

SERVICE CODE: *	SERVICE DESCRIPTION:	
Search procedure based on procedure code or its descriptio		
UNITS:	QUANTITY: *	
Enter units	Enter Quantity	
CHARGES:	MODIFIER 1:	
Enter Charges	Search modifier based on its code	
MODIFIER 2:	MODIFIER 3:	
Search modifier based on its code	Search modifier based on its code	



Service Codes

Please refer to the chart below when entering Service Codes, Quantities and Modifiers

Service	Code	Quantity	Modifier
Recuperative Care	T2033	90 (Days)	U6
Housing Transition / Navigation Services	H0043	6 (Months)	U6
Housing Deposits	H0044	1 time only	U2
Housing Tenancy and Sustaining Services	T2041	6 (Months)	U6
Enhanced Care Management Services	G9012	6 (Months)	U2
ECM Successful Outreach	G9012	1	

Additional Notes

Give details about client's circumstances related to their medical condition that could be improved by the services being requested.

Attachments

Located in the top right corner of the form, choose the Attachments: 0 button then choose the appropriate files to upload





Double Checking the TAR before submitting may save time in getting it processed. TAR errors need to be corrected and keeps the client waiting for services longer.

Before Submitting the TAR:

- Are the Start and End dates correct?
- Does the date range span 6 months for ECM or CSHN? 90 days/3 months or less for Recuperative Care?
- <u>For ECM</u>: Are both Enhanced Case Management and ECM Successful Outreach services requested?
- Does the quantity match the date range?
- Are the appropriate documents attached?
- Are there additional notes that could be added to the TAR to explain the client's needs?

After reviewing the TAR and making any necessary updates, submit it by pressing the Submit eTAR button located in the upper right corner of the screen.

After submitting the TAR, email the Program Manager, Data Manager and CalAIM Admin to let them know that a TAR has been submitted for the client.

Questions? Please reach out to the CalAIM Administrator



Part 3: Checking the Status of Submitted TARS

Once a TAR has been submitted, it typically will not show up in the system until the next day.

1. Log in to the Partnership Online Services Portal and then choose eTar Status Checking



- 2. In the TAR Search Criteria form choose **Out Patient** from the dropdown list and press **Search**
- 3. TAR Search Results will populate with all active TARS within the past year. Find the line with the TAR that was submitted and look in the 3rd column for the latest status.

TAR Search Results								
TAR #	Start & End Dates	TAR Status 🕌	Member Name	Service Provider Details	Submitted By	Attachments	Letters	View
T	T	T	T		T			
PF2212040012	05/25/2022 - 07/06/2022	In Progress	CIN: CIN: CIN: CIN: CIN: CIN: CIN: CIN:	THE SHELTERLES COMMITTEE ON 900 HOPPER STREET PETALUMA , CA 94952 Phone: (707) 765-6530	COTSJGaines	View Attachments		View TAR
PF2212040011	04/21/2022 - 06/22/2022	In Progress	CIN:	THE SHELTERLES COMMITTEE ON 900 HOPPER STREET PETALUMA , CA 94952 Phone: (707) 765-6530	COTSJGaines	View Attachments		View TAR
PF2212040010	03/18/2022 - 03/21/2022	In Progress	CIN: 9	THE SHELTERLES COMMITTEE ON 900 HOPPER STREET PETALUMA , CA 94952 Phone: (707) 765-6530	COTSJGaines	View Attachments		View TAR
PF2211270003	11/27/2022 - 01/27/2023	Denied [Duplicate Authorization]	CIN:	THE SHELTERLES COMMITTEE ON 900 HOPPER STREET PETALUMA , CA 94952 Phone: (707) 765-6530	SWisemanCOTS	View Attachments		View TAR
PF2211300012	12/01/2022 - 02/28/2023	Approved	CIN:	THE SHELTERLES COMMITTEE ON 900 HOPPER STREET PETALUMA , CA 94952 Phone: (707) 765-6530	COTSEMorris	View Attachments	View Letters	View TAR



4. On this screen, the TAR and it's attachments can also be viewed. If the TAR has been **Approved**, choose View TAR and download a PDF of the file.

TAR Search Res	sults							
TAR #	Start & End Dates	TAR Status	Member Name	Service Provider Details	Submitted By	Attachments	Letters	View
T	T	T	Ţ		T			
PF2211300012	12/01/2022 - 02/28/2023	Approved	CIN:	THE SHELTERLES COMMITTEE ON 900 HOPPER STREET PETALUMA , CA 94952 Phone: (707) 765-6530	COTSEMorris	View Attachments	View Letters	View TAR

- Save in the **Approved TARs** folder located in the CalAIM folder on the S Drive. Be sure to follow the naming convention already in use there.
- Email the Program Manager and CalAIM Admin to let them know that the client's TAR has been approved
- 5. If the TAR has been **Denied**, please download the TAR to view the explanation, and reach out to the CalAIM Administrator for assistance with correcting the TAR and resubmitting it.

Best Practices for TAR Submissions

TAR Start Date

Please refer to the CalAIM program below to determine what Start Date should be used

CS Housing Navigation	Date should match the date the Housing Support Plan (HSP) was developed
CS Housing Deposit	Date should occur within the span of the CS Housing Navigation TAR, and cover 2 months, in case the move-in date gets pushed out
CS Tenancy/Sustaining	Date should occur after the client has moved in. If client received Housing Navigation services, then use the date the HSP was updated after move in.
CS Recuperative Care	Date should be the day they enroll in RC
Enhanced Care Mgmt	Date should match the date the ICP and ROI were signed



TAR Renewals

- Submit TAR renewals as soon as the current TAR ends to ensure continuity of service.
- Renewal date should be the day after the prior TAR ends.

Questions? Please reach out to the CalAIM Administrator