

Benefit Questions

- 1. If we have other people in our outpatient groups that we are not billing Partnership for, do we include or exclude them from the group formula?** All members who complete the session in full will be factored in group formula equation, even if some have other coverage that will be billed, instead of PHC. The only time a member is removed from the equation is if they leave the group early.
- 2. Do we do group formula for residential?** Residential is paid per bed day, which means there would not be separate billing for groups. **Do we bill for the day and then separate for group** Case Management may be billed separately if allowed per the provider contract.
- 3. Are we able to bill partial units?** Partial/fractional units may not be billed to PHC. We recognize that this is different than billing to the State. This is due to PHC system limitations.
- 4. For non-group client services, is there a minimum and maximum allowed minutes for each service?** Procedure codes H0004, H0005 and H0015 all have limitations. Outpatient Adult is limited to 9 hours/540 minutes per week. Outpatient Youth is limited to 6 hours/360 minutes per week. IN 20-006 has eliminated the upper limit of 19 hours for intensive outpatient.
- 5. If we draw labs onsite but analysis is done offsite are we able to collect reimbursement for our component of the procedure?** If the member is in any County other than Solano, the claim can be submitted to the State for reimbursement. Solano members must seek these services from Quest. At this time, UA testing is being re-evaluated. We will pass any additional information we receive on to you.
- 6. Please give an example of Lab work other than drug testing** TB testing.

Claims Submissions

- 1. What is the timely filing limitation for Wellness & Recovery claims?** All claims must be received within 90 days from the date of service. All corrections (CIFs) must be received within 120 days from the date of service. This includes CIFs, ReCIFs and appeals.
- 2. If a Provider chooses to submit claims via CMS1500 are those uploaded similar to an 837P file?**
Yes
- 3. How are 837P files uploaded?** These are uploaded as they are received. **Can they be uploaded once a month?** Each office will determine the frequency of billing.
- 4. If we have an EDI agreement on file, can we submit an electronic 837P file for claims?** Once testing is completed and you have received approval from EDI, you can start submitting electronically.

5. **Do we have to enter a description above the procedure code in Box 24?** No description is necessary.
6. **Can claims be billed across months?** Cross month billing is not allowed per DMC requirements. For example, if you have dates of service 01/01/2021-02/05/2021, these must be billed on 2 separate claims:
 - **1st claim** – DOS 01/01/2021-01/31/2021
 - **2nd claim** – DOS 02/01/2021-02/05/2021
7. **If 837P files are not allowed to be submitted and you are showing how to fill out a CMS 1500, can we submit paper HCFA 1500's and forgo the entry of claims manually into the portal? Yes If so, where do send the paper claims?** All claims will be submitted to Partnership Healthplan, P.O. Box 1368, Suisun City, CA 94585
8. **Outpatient Claims - Does a claim have to be sent in for each counseling session or can you put more than one than session on a claim?** Multiple dates of service can be entered on one claim, however, they must all be for the same month of service. We cannot accept claims with multiple months of service.
 - **Same Day Billing** - If the Member receives multiple services of the *same code and date of service*, by different rendering provider (counselors), the distinctive NPI needs to be billed individually on separate lines.
 - If the Member receives multiple services of the *same code and date of service*, by the same rendering provider (counselor), the services should combine into one claim line.
9. **What's the difference between 1st modifier and 2nd modifier?** Modifiers are used to describe all the care rendered. The primary modifier describes the level of care i.e. ODS ASAM 1 use modifier U7. The second modifier provides additional patient information i.e. HA describes a patient who is under the age of 21. **Note:** Modifiers HA (under 21) and HD (perinatal) must always be billed in the secondary position.
10. **If a provider submits a claim electronically through a clearinghouse, how will the provider be notified it was denied? All claims will be viewable on our Provider Portal. Will it be both electronically and by U.S. mail?** Until you are signed up for electronic remittances, they will be delivered via U.S. mail.
11. **Will we receive specifics of why the claim was denied?** PHC sends an RA (Remittance Advice) which provides details for each claim. Each claim will be assigned an EX (explanation) code that will advise the status of your claim to include the reasons for denial.
12. **How will counties receive payments so that they can post them to services in their own EHR?** Payments are made by paper checks unless a provider is enrolled in EFT through FIS 877.330.4950.
13. **We will need to see how claims are entered that have a COB? Counties will have to bill private insurance and receive a remittance prior to billing Medi-Cal.** We can receive secondary claims either electronically or via paper submission. On electronic submissions, the primary carrier values will need to be entered on the submission, we cannot accept attachments via electronic. For paper submissions, a copy of the primary EOB will be required for us to coordinate the claims correctly.

Partnership HealthPlan of California: Wellness and Recovery FAQs

- 14. How do we submit an 837P file if you can receive files?** Providers must submit a completed 837 agreement. There must be a Trading Partner and Billing Provider plus signature for each. Providers must use a Trading Partner unless they are able to submit 837 file format claims on their own without assistance from Partnership. Once an agreement is received, we will email the contacts provided on the agreement to request a test file. All claims must be submitted on paper until a final approval for 837 has been sent after successful testing.
- 15. If we have an EDI agreement on file, will the remittance be on an 835P file or on paper?** Once we receive an 835 agreement and it's approved, the NPI that applied will receive 835 files to the Trading Partner they list on the agreement. Paper will not be turned off until 835 has been turned on.
- 16. Do electronic claims require a wet signature?** No. Electronic claims do not require any type of signature
- 17. Can EDI test claims be single line claims or do they need to be full 6 line claims?** You can submit one line claims for your test claims. Remember to use real claim data with actual PHC members and services that you normally bill
- 18. How do I enroll for Electronic Claims Submission?** A signed 837 Claims Enrollment and Payer Agreement will need to be submitted our EDI Department. Please note, you will need a Trading Partner and 10 test claims prior to submitting this agreement which will be sent to:
PHC EDI Enrollment & Testing
Information Technology Department
Phone: (707) 863-4527 | Fax: (707) 863-4390
Email: EDI-Enrollment-Testing@partnershiphp.org

Additional Information

Online Services

A new field has been added to Online Services, our Provider Portal, when submitting CIFs on your claim corrections. When you select submit CIF, under the drop down menu Claim Type, you will select Wellness and Recovery:

CIF Details	
CIF Number:	<input type="text"/>
Retro Authorization#:	<input type="text" value="TAR Number"/>
Bill Type (UB04 Only Box 4):	<input type="text" value="Select One"/>
CCN Number:	<input type="text"/>
Claim Type:	<input type="text" value="Type (UB04 Only Box 19):"/>
Type (UB04 Only Box 19):	<ul style="list-style-type: none">Hospital OutpatientPhysicianVisionDMESuppliesHome HealthPharmacyOtherWellness and Recovery
Patient Details	
Medi-Cal #:	<input type="text"/>
Change Medi-Cal # to:	<input type="text" value="New Medical Number"/>
Patient Name:	<input type="text"/>
New Patient Name:	<input type="text"/>

Trading Partner

If you do not have a Trading Partner you may consider Office Ally. Office Ally is a free service to use. Providers are able to submit HIPAA compliant claims directly to PHC electronically. Office Ally can also assist with enrollment and test claims. For more information, you can access their site at [Office Ally](#)