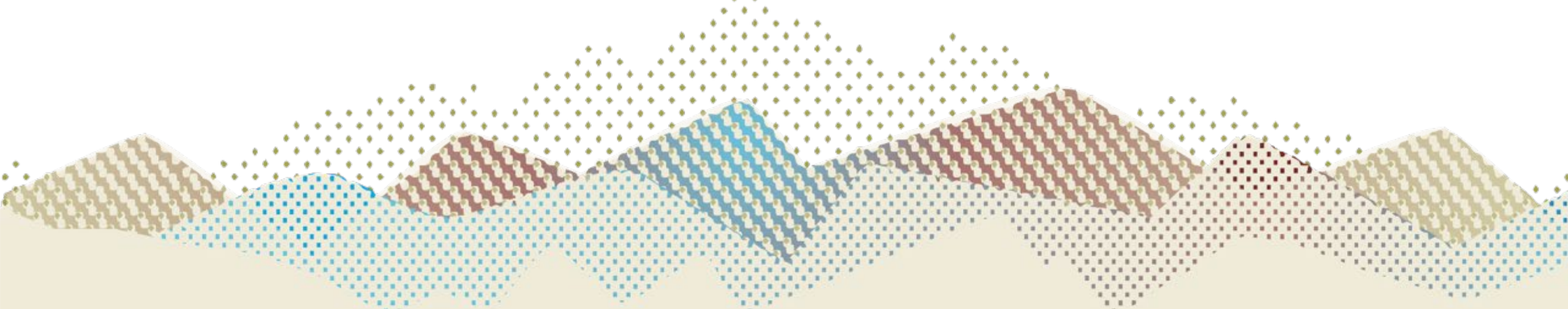


Authorizations Module

How to submit inpatient and outpatient TARs, check the status of TARs, correct and add attachment to outpatient TARs, and how to submit RAFs.



Treatment Authorization Request (eTAR)

How to submit an outpatient eTAR



How to Submit a TAR Authorization Submodules



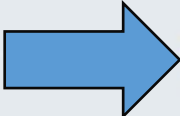
Home



RAF Entry



eRAF Status Checking
Please allow 24 hours before checking RAF
Status



TAR Entry



eTAR Status Checking
Please allow 24 hours before checking TAR Status



TAR Corrections



Authorizations (RAFs and TARs)

How to Submit a TAR eEligibility – Member Search


PARTNERSHIP ONLINE SERVICES

Home

- Claim Modules
- Eligibility Modules**
- Clinical Modules
- User Management
- Authorizations(RAFs and TARs)

PHC - eEligibility

Member Search


Date of Service: 

Social Security Number:

CIN #:

Last Name:

First Name:

Date of Birth: 

The **date of service** (DOS) auto populates to the day you create your TAR. If you need to change the DOS, select the Calendar icon.

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)

| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Program | Actions |
|------------------------|-----------|------------|--------|---------------|---------|---------------------------------------|
| | | | | | | <input type="button" value="Select"/> |

How to Submit a TAR eEligibility Page

PARTNERSHIP ONLINE SERVICES

PHC - eEligibility

Add ER Notification

New Member Search



Member Demographics - [REDACTED]

ePrompts

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

Member ID: [REDACTED]
Phone: [REDACTED]
Address: [REDACTED]

Is Eligible: **Yes**

Reference No. [REDACTED]

Program: Medi-Cal

Date of Service: 1/6/2025

PCP Messages: None

Special Messages:

NO MEDICARE/ NO OTHER REPORTED COVERAGE.

Other Health Insurance

Case Management: None

Eligibility Details:

Member Eligible: **Yes**
Program: [REDACTED]
AID Code: [REDACTED]
COUNTY: [REDACTED]
CCS Eligible: **No**
American Indian: **No**

Date of Eligibility Notification: 1/01/2025
SOC: No
Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE
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

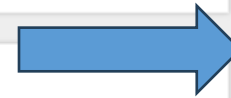
Assigned Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name: [REDACTED]
PCP Address: [REDACTED]

PCP Phone: [REDACTED]
PCP Fax: [REDACTED]

Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient



TAR Entry Page

Member's Demographic Information

PARTNERSHIP ONLINE SERVICES

TAR Entry [Click here to review current TAR requirements, as they may have changed.](#)

Member Details [Change Member](#)

| | | | |
|--------------------|--------------------|----------------------|-----------------------------------|
| MEMBER NAME: | Mickey Mouse | CIN: | 1234567F8 |
| GENDER: | Male | DATE OF BIRTH [AGE]: | 01/01/1989 |
| PHONE # (ON FILE): | (707) 123-4567 | PATIENT PH#: | <input type="text"/> |
| PCP DETAILS: | Walt Disney Center | ADDRESS: | 123 Pluto Lane Vallejo CA |
| PCP FAX #: | (707) 456-7891 | PCP ADDRESS: | 567 Disney Boulevard - Santa Rosa |

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:

1/6/2025

END DATE: *

1/6/2026



TAR TYPE: *

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

-Select TAR Type-

-Select TAR Type-

-Select TAR Type-

SERVICE PROVIDER DETAILS:

PROVIDER FAX# (ON FILE):

PATIENT CURRENT LOCATION: *

-Select Patient Current Location-

-Select Patient Current Location-

- Home
- SNF/ICF
- Board and Care
- Acute Hospital
- Homeless
- Other

SELECT PROVIDER: *

Select Provider

SERVICE PROVIDER ADDRESS:

PREFERRED RETURN FAX#:

IS URGENT:

No

Signature Details & Medical Justification

Diagnosis Details & Medical Justification

All fields with an asterisk (*) must be completed

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)

Search diagnosis based on diagnosis code or its description

DIAGNOSIS CODE:

DIAGNOSIS DESCRIPTION:

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

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 |
|------------------------|---------------------|------------|------------|------------|-------|----------|---------|
| No records to display. | | | | | | | |

[Add New Service Code](#)

ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)



Add / Edit Service Detail:

SERVICE CODE: *

Search procedure based on procedure code or its description

SERVICE DESCRIPTION:

UNITS:

Enter units

QUANTITY: *

Enter Quantity

CHARGES:

Enter Charges

MODIFIER 1:

Search modifier based on its code

MODIFIER 2:

Search modifier based on its code

MODIFIER 3:

Search modifier based on its code

[Add New Service Detail](#) [Cancel](#)

Add Attachment(s) and Submit eTAR

Attachments:

Attachments: 0

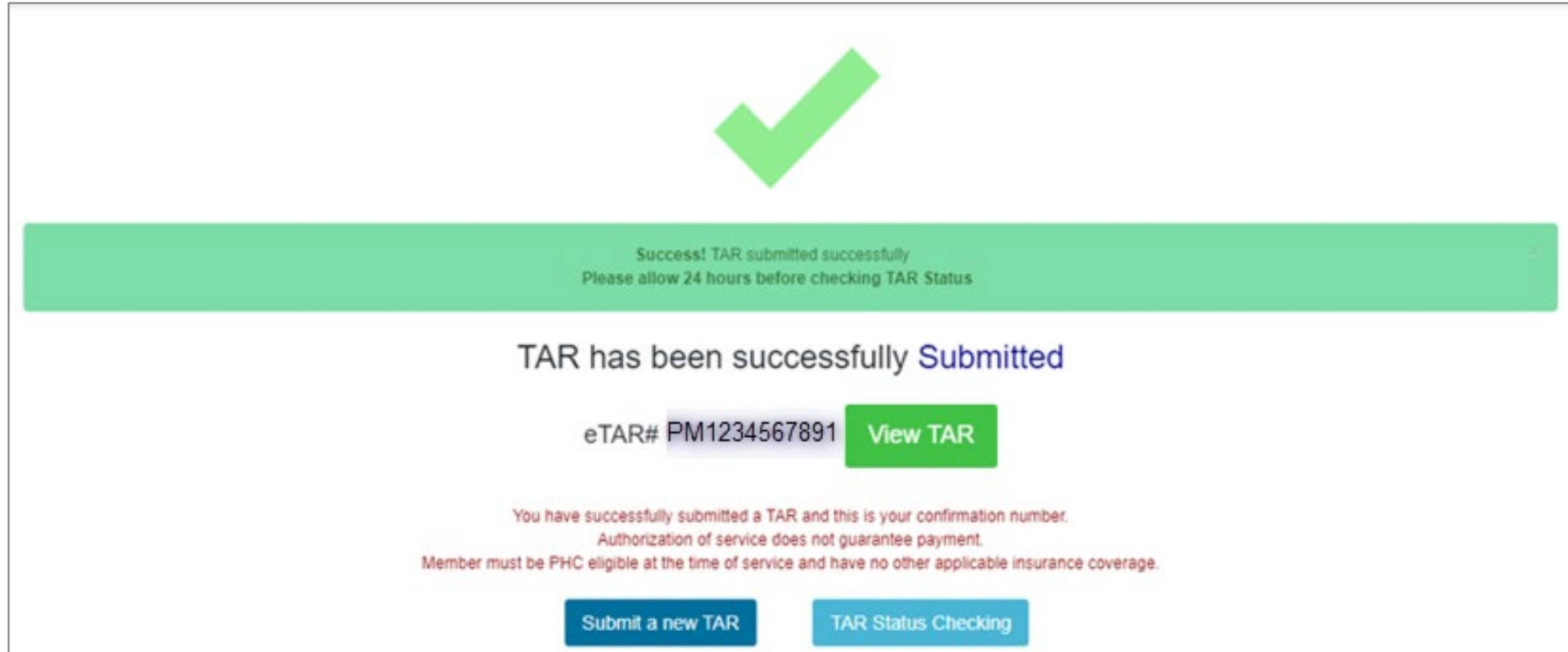
Attach supporting documentation here.

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

TAR Successful Submission



Success! TAR submitted successfully
Please allow 24 hours before checking TAR Status

TAR has been successfully Submitted

eTAR# PM1234567891 [View TAR](#)

You have successfully submitted a TAR and this is your confirmation number.
Authorization of service does not guarantee payment.
Member must be PHC eligible at the time of service and have no other applicable insurance coverage.

[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.

Treatment Authorization Request (eTAR)

How to submit an Inpatient TAR



How to Submit a TAR

eEligibility Page

PARTNERSHIP ONLINE SERVICES

PHC - eEligibility

Add ER Notification

New Member Search



Member Demographics - [REDACTED]

ePrompts

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

Member ID: [REDACTED]
Phone: [REDACTED]
Address: [REDACTED]

Is Eligible: **Yes**

Reference No. [REDACTED]
Program: Medi-Cal
Date of Service: 1/6/2025

PCP Messages: None

Special Messages:

NO MEDICARE/ NO OTHER REPORTED COVERAGE.

Other Health Insurance

Case Management: None

Eligibility Details:

Member Eligible: **Yes**
Program: [REDACTED]
AID Code: [REDACTED]
COUNTY: [REDACTED]
CCS Eligible: **No**
American Indian: **No**

Date of Eligibility Notification: 1/01/2025
SOC: No
Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE
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

Assigned Primary Care Physician Details/ Medical Home/ Additional Services

PCP Name: [REDACTED]
PCP Address: [REDACTED]

PCP Phone: [REDACTED]
PCP Fax: [REDACTED]

Enter a new eTAR - Outpatient

Enter a new eTAR - Inpatient



Inpatient TAR

All fields with an asterisk (*) must be completed

TAR Start & End Dates

START/ADMIT DATE:

1/28/2025

END / DISCHARGE DATE:



SELECT PROVIDER: *

Select Provider

SERVICE PROVIDER DETAILS:

PROVIDER FAX# (ON FILE):

ADMITTING PHYSICIAN: *

IS URGENT:

No

TAR TYPE: *

-Select TAR Type-

-Select TAR Type-

- Acute - Acute Inpatient Hospital Admissions
- LTC - Long Term Care Facility (Custodial Care)
- SNF - Skilled Nursing Facility

PREFERRED RETURN FAX#:

ATTENDING PHYSICIAN: *

Inpatient TAR

All fields with an asterisk (*) must be completed

Diagnosis Details & Medical Justification

ADMITTING DIAGNOSIS: * (No decimal point needed)

Search diagnosis based on diagnosis code or its description

CODE:

DESCRIPTION:

SECONDARY DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

OTHER DIAGNOSIS: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

OTHER CODE:

OTHER DESCRIPTION:

NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)

Empty text area for notes.

Bed Code Details & Additional Notes

| Bed Code | BedCode Description | # Of Care Days |
|----------|---------------------|----------------|
|----------|---------------------|----------------|

No records to display.

Add New Bed Code

Add / Edit Bed Code Details:

BED CODE: * **BED CODE DESCRIPTION:**


Search bed codes based on its code or description

OF CARE DAYS: *

START DATE: **END DATE:**

Add Cancel

TAR Successful Submission



Success! TAR submitted successfully
Please allow 24 hours before checking TAR Status

TAR has been successfully Submitted

eTAR# PM1234567891 [View TAR](#)

You have successfully submitted a TAR and this is your confirmation number.
Authorization of service does not guarantee payment.
Member must be PHC eligible at the time of service and have no other applicable insurance coverage.

[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.

Adding Attachments to pended/in process outpatient TARs only



A Public Agency





Authorizations (RAFs and TARs)



eTAR Status Checking

Please allow 24 hours before checking TAR Status

TAR Status Checking



TAR Search Criteria



In/Out Patient: *

TAR #:

Member ID #:

TAR Span From: **To:**

TAR Status:

Display most recent:

Search Help!

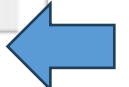
Please complete any one of the following search criteria to perform valid search.

1. TAR #
2. Member ID # (Member's SSN or CIN)
3. TAR Span : From Date and To Date - (Limited to search within last 24 months)

For detailed information on your TAR status, please click view letters below.

TAR Search Results

| TAR # | Start & End Dates | TAR Status | Member Name | Service Provider Details | Submitted By | Attachments | Letters | View |
|----------------------|-------------------------|----------------------|----------------------|--------------------------|----------------------|----------------------------------|------------------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | View Attachments | View Letters | View TAR |
| | 07/01/2025 - 07/01/2026 | Approved | | | | | | |





TAR: PR1234567890

Status: In Progress



Member Details

MEMBER NAME:

Mickey Mouse

GENDER:

Male

PHONE # (ON FILE):

(707) 123-4567

PCP DETAILS:

Walt Disney Center

PCP FAX #:

(707) 456-7891

CIN:

1234567F8

DATE OF BIRTH [AGE]:

01/00/1989

ADDRESS:

123 Pluto Lane Vallejo CA

PCP ADDRESS:

567 Disney Boulevard - Santa Rosa

eTAR#: PR1234567890

Attach supporting documentation here.

Add Attachments

PRINT

Close



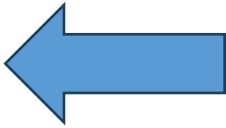
TAR: [REDACTED]

Status: In Progress

Attachment : [REDACTED]

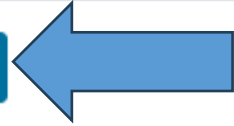
Select a file:

No file chosen



Notes:

[Empty text area for notes]



| Attachment Type | Attachment Name | Date Added | Upload Notes | Size | Download | Delete |
|-----------------|-----------------|------------|--------------|------|----------|--------|
|-----------------|-----------------|------------|--------------|------|----------|--------|

No records to display.

TAR Start & End Dates



TAR: [REDACTED]

Status: In Progress

Attachment : [REDACTED]

Select a file:

No file chosen

Notes:

[Empty text area for notes]

File uploaded successfully.

| Attachment Type | Attachment Name | Date Added | Upload Notes | Size | Download | Delete |
|-----------------|--------------------|-----------------------|--------------|--------|----------------------|-------------------|
| application/pdf | MedicalRecords.pdf | 3/31/2025 11:37:00 AM | | 197232 | View | X |

Uploaded files will appear below. Be sure to click **Close** when finished.




Treatment Authorization Request (TAR) Corrections

How to submit outpatient TAR corrections



How to Make TAR Corrections

TAR Status Checking 

TAR Search Criteria

In/Out Patient:

TAR #:

Member ID #:

TAR Span From: To:

TAR Status:

Display most recent:

Search Help!

Please complete any one of the following search criteria to perform valid search.

1. TAR #
2. Member ID # (Member's SSN or CIN)
3. TAR Span : From Date and To Date - (Limited to search within last 24 months)

For detailed information on your TAR status, please click view letters below.

TAR Search Results

| TAR # | Start & End Dates | TAR Status | Member Name | Service Provider Details | Submitted By | Attachments | Letters | View |
|----------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|----------------------------------|------------------------------|--------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | <input type="text"/> | View Attachments | View Letters | View TAR |



Authorizations (RAFs and TARs)




TAR Corrections



Go to the Authorizations Module. Click **TAR Corrections**
Search for the TAR via **TAR number**, **Member CIN number**, or **Date Range**
Once the TAR populates, click on **View TAR**

How to Make TAR Corrections

 **TAR:** [REDACTED] **Status:** Approved

Member Details

| | |
|---|---|
| MEMBER NAME: [REDACTED] | CIN: [REDACTED] |
| GENDER: [REDACTED] | DATE OF BIRTH [AGE]: [REDACTED] |
| PHONE # (ON FILE): [REDACTED] | ADDRESS: [REDACTED] |
| PCP DETAILS: [REDACTED] | PCP ADDRESS: [REDACTED] |
| PCP FAX #: [REDACTED] | |

TAR Start & End Dates


| | |
|---|---------------------------------|
| Start Date: 07/01/2025 | End Date: 07/01/2026 |
| Name [PHC#]: [REDACTED] | TAR Type: Out-Patient |
| Provider Fax# (On File): [REDACTED] | |

eTAR#: [REDACTED]

[Submit TAR Correction](#)

[PRINT](#)

[Close](#)



TAR Start & End Dates

Start Date:
07/01/2025

End Date:
07/01/2026

TAR TYPE:
Out-Patient

CORRECTION - START DATE:

CORRECTION - END DATE:

SERVICE PROVIDER:

SERVICE PROVIDER DETAILS:

PROVIDER FAX# (ON FILE):

CORRECTION - SELECT PROVIDER:

Select Provider

CORRECTION - SERVICE PROVIDER:

CORRECTION - SERVICE PROVIDER DETAILS:

PREFERRED RETURN FAX#:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS:

R4689 - Other symptoms and signs involving appearance and behavior

SECONDARY DIAGNOSIS:

F88 - Other disorders of psychological development

PRIMARY DIAGNOSIS - CORRECTION: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

SECONDARY DIAGNOSIS - CORRECTION: (No decimal point needed)

Search diagnosis based on diagnosis code or its description

Service Details & Additional Notes

| Service Code | Service Description | Modifier 1 | Modifier 2 | Modifier 3 | Units | Quantity | Charges | Line Status |
|--------------|------------------------------|------------|------------|------------|-------|----------|---------|--------------|
| X4110 | OCC THER TREAT INI 30 MIN | | | | 12 | 12 | | Edit Delete |
| X4112 | OCC THER TREAT EA ADD 15 MIN | | | | 24 | 24 | | Edit Delete |

ADDITIONAL NOTES:

- Corrections can be made to any items that appear in **blue**
- Service details can be **edited and/or deleted**
- Once corrections have been made, **click the green submit button**



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 TAR Correction Request



Success! TAR Correction submitted successfully

We have successfully received TAR Corection# PI190326000203

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.

[TAR Status Checking](#)

[View TAR Corrections](#)

[View TAR](#)

Referral Authorization Request (RAF)


How to submit a RAF




How To Submit a RAF eEligibility – Member Search



RAF 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)

| Member Identifier/ CIN | Last Name | First Name | Gender | Date of Birth | Program | Actions |
|------------------------|-----------|------------|--------|---------------|---------|---------------------------------------|
| | | | | | | <input type="button" value="Select"/> |

Go to the Authorizations Module. Click **RAF entry**
Select **Date of Service**, then enter **member information** to determine if member is eligible.
Click **Search Member**.

How to Submit a RAF eEligibility – Member Demographics

PARTNERSHIP ONLINE SERVICES

PHC - eEligibility Add ER Notification New Member Search

Member Demographics - [REDACTED] ePrompts

| | |
|----------------------------------|------------------------------|
| Member Name: [REDACTED] | Member ID: [REDACTED] |
| Gender: [REDACTED] | Phone: [REDACTED] |
| Date of Birth: [REDACTED] | Address: [REDACTED] |

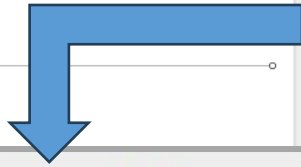
Eligibility Details:

| | |
|--|---|
| Member Eligible: Yes | Date of Eligibility Notification: 1/01/2025 |
| Program: Medi-Cal | SOC: No |
| AID Code: [REDACTED] | Other Insurance: NO MEDICARE/ NO OTHER REPORTED COVERAGE Other Health Insurance (OHI) information displayed here is reported to PHC by the state Medi-Cal system. Member's actual OHI status may change |
| COUNTY: [REDACTED] | Primary Language: ENGLISH |
| CCS Eligible: No | |
| American Indian: No | |

Assigned Primary Care Physician Details/ Medical Home/ Additional Services

| | |
|--------------------------------|------------------------------|
| PCP Name: [REDACTED] | PCP Phone: [REDACTED] |
| PCP Address: [REDACTED] | PCP Fax: [REDACTED] |

Enter a new eRAF Enter a new eRAF - Outpatient
Enter a new eRAF - Inpatient



Enter a new eRAF **Enter a new eRAF - Outpatient**
Enter a new eRAF - Inpatient



How to Submit a RAF

Referral start and end dates

Referral Start & End Dates

[Change Service Dates](#)

Start Date: 01/31/2025 **Duration:** * 12 Months (Min. 1 Month - Max. 12 Months) **End Date:** 1/31/2026

Service Provider Details

Specialist Search: * (Enter Specialist/Group/Facility Name/NPI) [Advanced Search](#) [Clear](#)

Specialist Name [PHC#]: **Address:** **Phone#:**

- Select the duration of the RAF (RAF duration auto populates for 12 months)
- Search for the Specialist/Group/Facility
- You may also search providers by doing an advanced search

How to Submit a RAF

Diagnosis details and medical justification

Diagnosis Details & Medical Justification

Diagnosis Search: * (No decimal point needed)

Search diagnosis based on diagnosis code or its description

➤ Search Diagnoses by the code or a keyword in the diagnosis

Diagnosis Code:

Diagnosis Description:

Medical Justification:

This Referral is:

Indicated: important to health; not life threatening

PCP Preferred Communication Method:

-Please Select Method-

Reason for Out of Network Referral:

-Please Select Reason-

Referral Reason:

Questions:

How to Submit a RAF

Attachments and Submit eRAF

Attachments:

Attachments: 0


Disclaimer: Authorization does not guarantee payment. Payment is subject to patient eligibility at the time service is rendered.

Note: Clicking Submit RAF is equivalent to signature.

Submit eRAF

- Attachments can be added to the eRAF to the guidelines of the Pop-Up

RAF Submission



Success! RAF submitted successfully
Please allow 24 hours before checking RAF Status

RAF has been successfully Submitted

eRAF# R21234567891 [View RAF](#)

You have successfully submitted a RAF and this is your confirmation number.
Authorization of service does not guarantee payment.
Member must be PHC eligible at the time of service and have no other applicable insurance coverage.

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

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



Thank you!