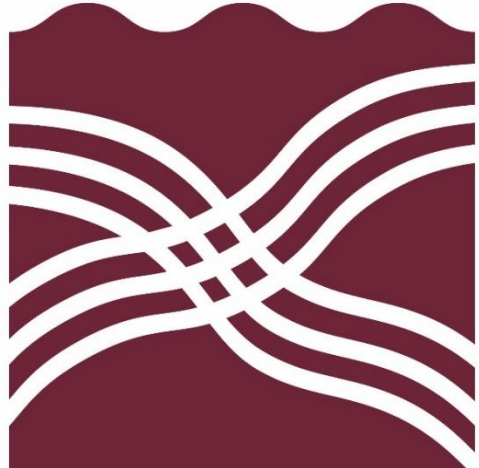


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# Wellness and Recovery Program

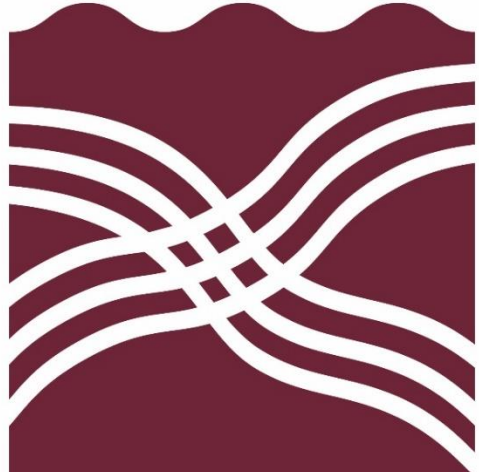
Drug Medi-Cal Organized Delivery Service  
February 2021

# Agenda

- Welcome and Housekeeping
- Claims
- Online Services
  - Claim Search
  - CIFs
- Contacts and Resources



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# Claims Overview

# Outpatient Services

# Overview

- Types of Covered Services
- Modifiers, Procedure Codes, ICD-10 & Place of Service Codes
- Billable Modifiers
- Billable Procedure Codes
- HCPCS & Modifier Guide for levels of care
- HCPCS, Modifier & Place of Service Code Examples
- Group Formula
- Same Day Services
- Claim Corrections/CIFs
- Important Information
- Resources

# CMS-1500 Billing Form

**HEALTH INSURANCE CLAIM FORM**  
 APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare ID) MEDICAID (Medicaid ID) TRICARE (TRICARE ID) CHAMPVA (Member ID) GROUP HEALTH PLAN (ID) FECA BLK/LUNG (ID) OTHER (ID)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) E. PATIENT'S BIRTHDATE (MM DD YY) SEX (M F)

3. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

4. INSURED'S NAME (Last Name, First Name, Middle Initial) 5. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 7. OTHER INSURED'S POLICY OR GROUP NUMBER

8. RESERVED FOR NUCC USE 9. RESERVED FOR NUCC USE

10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO c. OTHER ACCIDENT? YES NO

11. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who has assignment below.) SIGNED DATE

13. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) QUAL. MM DD YY 14. OTHER DATE MM DD YY

15. NAME OF REFERRING PROVIDER OR OTHER SOURCE 16. HOSPITALIZATION DATES RELATED TO CURRENT SERVICE FROM TO

17. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

18. OUTSIDE LAB? YES NO \$ CHARGES 19. RECEPTION CODE ORIGINAL REF. NO.

20. PRIOR AUTHORIZATION NUMBER

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate ALL to service line below (IHE) ICD (HS) 0)

22. PROCEDURES, SERVICES, OR SUPPLIES (Exclude Unusable Charge/Modifiers) A. DATES OF SERVICE From To B. CLASS OF SERVICE EMG C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.

23. FEDERAL TAX I.D. NUMBER SSN EIN 24. PATIENT'S ACCOUNT NO. 25. PATIENT'S ASSIGNMENT? YES NO 26. TOTAL CHARGE 27. AMOUNT PAID 28. BALANCE DUE

29. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDES DEGREE/S OR CREDENTIALS) (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED DATE 30. SERVICE FACILITY LOCATION INFORMATION 31. BILLING PROVIDER INFO & PH#

Wet Signature

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED UMB-0935-1197 FORM CMS-1500 (02-12)

# Types of Covered Services

All Medi-Cal beneficiaries in Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano counties who meet medical necessity criteria can access the full continuum of substance use treatment services to include:

- Outpatient Services (ASAM Level 1)
- Intensive Outpatient Services (ASAM Level 2.1)
- Residential Services (ASAM Levels 3.1 & 3.5) up to 90 days
- Withdrawal Management (“Detox”)
- Recovery Services (Community Support)
- Opioid (Narcotic) Treatment Program Services

# Billing Codes

**Modifiers:** Modifiers are two-digit codes used to supplement a procedure code. Wellness and Recovery modifiers are used to distinguish different levels of care.

**Procedure Codes:** Procedure Codes are medical codes set used to report medical, surgical and diagnostic procedures and services. CPT codes are a numeric 5 digit code. HCPCS codes are an alpha numeric 5 digit code.

The Wellness and Recovery Program uses HCPCS codes.

**ICD-10:** ICD-10 codes are alpha numeric codes used to report a patient's diagnosis.

**Place of Service Codes:** These codes are used to specify the entity where services were rendered. Wellness and Recovery will include Place of Service Codes\* such as:

55 - Residential

57- Non-Residential

11- Office

02 - Telehealth

14 - Group Home

20- Urgent Care

\***Note:** This is not an all inclusive list.

# Billable Modifiers

Modifier	Definition	Description
HA	Under 21 years old	Child/adolescent program
HD	Perinatal Services	Pregnant/parenting women's program
HG	ASAM OTP/NTP	Opioid addiction treatment program
U6	ODS Recovery Services	Medicaid level of care 6
U7	ODS ASAM 1 Outpatient Treatment	Medicaid level of care 7
U8	ODS ASAM 2.1 Intensive Outpatient Treatment	Medicaid level of care 8
UA	ODS ASAM OTP/NTP	Medicaid level of care 10

CMS1500 example:

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.
From		To				PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)		DIAGNOSIS POINTER	
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER		
03	01	20	03	01	20	57		H0004	U7	A	

# Billable Procedure Codes

Procedure	Description
<b>G9008</b>	<b>Physician Consultation</b> – Coordinated care fee, physician coordinated care oversight services, <b>per minute.</b>
<b>H0004</b>	<b>Individual Counseling</b> – Behavioral health counseling and therapy, <b>per minute.</b>
<b>H0005</b>	<b>Group Counseling</b> – Alcohol and/or drug services; group counseling by a clinician, <b>per minute.</b>
<b>H0006</b>	<b>Case Management</b> – Alcohol and/or drug services, <b>per minute.</b>
<b>H0015</b>	<b>Intensive Outpatient</b> – Individual and group counseling between 9-19 hours per week, <b>per minute.</b>
<b>H0020</b>	<b>Methadone Dosing</b>
<b>S5000</b>	<b>Medication Assisted Treatment (MAT)</b> – Generic Drug
<b>S5001</b>	<b>Medication Assisted Treatment (MAT)</b> – Brand Name Drug
<b>T1012</b>	<b>Recovery Services</b> – Recovery Monitoring/Substance Abuse Assistance, <b>per minute.</b>

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE			C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS POINTER
From	To						CPT/HCPCS	MODIFIER			
MM	DD	YY	MM	DD	YY						
03	01	20	03	01	20	57	H0004	U7			A

# ODS ASAM 1 Outpatient Treatment

ODS ODF	ASAM 1	1st Modifier	2nd Modifier
H0004	Individual Counseling	U7	
H0005	Group Counseling	U7	
H0006	Case Management	U7	
G9008	Physician Consultation	U7	
H0004	Recovery Services-Individual Counseling	U6	U7
H0005	Recovery Services-Group Counseling	U6	U7
H0006	Recovery Services-Case Management	U6	U7
T1012	Recovery Services-Recovery Monitoring/Substance Abuse Assistance	U6	U7

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)			E. DIAGNOSIS POINTER
From	To						CPT/HCPCS	MODIFIER			
MM	DD	YY	MM	DD	YY						
03	01	20	03	01	20	57		H0004	U7		A

# ODS ASAM 2.1 Intensive Outpatient Treatment

IOP	ASAM 2.1	1 <sup>st</sup> Modifier	2 <sup>nd</sup> Modifier
H0004	Individual Counseling	U8	
H0005	Group Counseling	U8	
H0006	Case Management	U8	
G9008	Physician Consultation	U8	
H0015	Patient Education	U8	
H0004	Recovery Services-Individual Counseling	U6	U8
H0005	Recovery Services-Group Counseling	U6	U8
H0006	Recovery Services-Case Management	U6	U8
T1012	Recovery Services-Recovery Monitoring/Substance Abuse Assistance	U6	U8

24. A. DATE(S) OF SERVICE			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS POINTER	
From	To				CPT/HCPCS	MODIFIER		
MM	DD	YY	MM	DD	YY			
03	01	20	03	01	20	57	H0004 U8	A

# ODS ASAM OTP/NTP

OTP/NTP		1st Modifier	2nd Modifier
H0004	Individual Counseling	UA	HG
H0020	Methadone Dosing	UA	HG
S5000*	Medication Assisted Treatment (MAT) – Generic Drug	UA	HG
S5001*	Medication Assisted Treatment (MAT) – Brand Name Drug	UA	HG

\*NDC (National Drug Code) is required in order to determine the drug being billed

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E.	F.	G.
MM	DD	YY	MM	DD	YY	PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS
07	01	20	07	01	20	57		H0004	UA   HG	A	100   00	60

# NDC Guidelines

- What is an NDC?
  - An NDC (National Drug Code) is a universal number that identifies a drug.
- How is an NDC billed?
  - Paper Claim: In box 24 A (shaded area) – Enter “N4” Qualifier followed by the 11-digit NDC
  - Electronic Claim: In Loop ID 2410: Segment LIN02 Enter “N4”. Segment LIN03 Enter 11-digit NDC

24. A. DATE(S) OF SERVICE						B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES			E.	F.	G.		
From			To			PLACE OF SERVICE	EMG	(Explain Unusual Circumstances)			DIAGNOSIS POINTER	\$ CHARGES	DAYS OR UNITS		
MM	DD	YY	MM	DD	YY			CPT/HCPCS	MODIFIER						
N412345678912															
01	29	21	01	29	21	57		S5000	UA	HA		A	29	27	1

# Group Formula

## **Procedure Code H0005 (Group Counseling)**

### **Group services should use the following methodology:**

- Number of minutes for the group + travel/number of beneficiaries in the group = Total minutes per beneficiary + documentation time

### **To bill for transportation, the counselor must document in progress notes:**

- Date
- Start and end time to the service location
- Start and end time back to the facility

Documentation time is specific to the beneficiary and the time it takes for the counselor to write a progress note for each beneficiary that participated in the group.

Example: Document the date, start and end time - 4/02/19, 1 p.m. to 1:05 p.m.

**Note:** If a member leaves a group counseling session prior to the completion (Ex: if one person out of that group was only there for 30 minutes of the 1 hour group session.), you will need to remove the member from the group formula.

# Group Formula Example

## Example:

15 minutes transportation to site + 90 minute group + 15 minutes transportation back to the facility site

= 120 minutes/number of beneficiaries in group (10)

= 12 minutes per beneficiary

+ 5 minutes for documentation time

**17 minutes**

This claim can be billed with 17 units for each individual who participated in the group which you will indicate in box 24 "G" on the CMS-1500

24. A.	DATE(S) OF SERVICE						B.	C.	D.PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E.	F.		G.	
	From			To			PLACE OF SERVICE	EMG	CPT/HCPCS	MODIFIER			DIAGNOSIS POINTER	\$ CHARGES		DAYS OR UNITS	
	MM	DD	YY	MM	DD	YY											
Grp formula ex: 30 mileage + 90 group ÷ 10 (# in grp) = 12 + 5 min documentation = 17																	
03	01	20	03	01	20		57		H0005	U7				A	50.00	00	17

# Same-Day Services

Beneficiaries are eligible to receive more than one service per day by various providers

This is to ensure correct level of care placement for beneficiaries

Many services are allowed to be billed in the same day when the combination of services does not have a conflict

## **Note:**

- 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.

Please refer to the MHSUDS Information Notice 17-039 for more information related to same-day services. This notice can be found on the DHCS website.

# Important Information

- There must be a CalOMS Episode for each member prior to billing.
- All claims must be submitted within 90 days from the date of service.
- Claims must be submitted in the same month, claims cannot cross months. i.e. Dates of service 02/01/2021-03/05/2021 must be billed on 2 separate claims:
  - 1<sup>st</sup> claim 02/01/2021-02/28/2021
  - 2<sup>nd</sup> claim 03/01/2021-03/05/2021

# Billing Code Examples

**The use of the “U” Modifier codes are to distinguish different levels of care. You must have both a procedure code and a Modifier for each line billed.**

## Examples:

Perinatal adult beneficiary is served in an ODS ODF facility and receives a case management service, the claim would need to include these codes and modifiers – H0006|U7|HD with Place of Service 57.

If an adult beneficiary has completed treatment at an Intensive Outpatient facility and has transitioned into recovery services at that same facility, when this beneficiary receives a recovery monitoring service the codes and modifiers would be – T1012|U6 |U8 with Place of Service 57. You will utilize both modifiers to indicate the monitoring service and level of care.

If an adolescent beneficiary receives a physician consultation in an outpatient program, the codes and modifiers would be- G9008|U7|HA with Place of Service 57.

Individual Counseling in an outpatient program - H0004|U7 with Place of Service 57.

Group Counseling in an outpatient program - H0005|U7 with Place of Service 57.

OTP/NTP Case Management H0006|UA|HG with place of service 57.

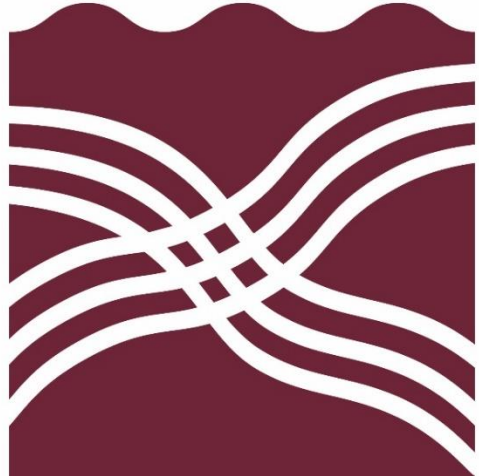
# Laboratory Services

Laboratory Services are not separately reimbursable for Wellness & Recovery

**Note: Solano County members only:** Solano County PHC members must use a Quest service center. Providers must coordinate with Quest Diagnostics for specimen pickup if lab draw done at provider site.



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# Online Services Claim Search & CIFs

# Provider Online Services Claims

## **Claim Search Module**

Lets users search for claims and view detailed information.

## **Check Search Module**

Lets users search for checks and view check details.

## **EOP Remittance Module**

Provides details on the Explanation of Payments and claims that have been paid, denied, or adjusted.

## **Claims Inquiry Form (CIF)**

Lets users search for claims and submit corrections (add or change) information.


# Claims Dashboard

From the Home Page Dashboard click the Claim Modules icon  
Select **Claim Search**

The screenshot displays the PHCONLINE SERVICES dashboard for the NORTH STATE PHYSICIANS GROUP, logged in as eAdmin1. The dashboard features a grid of icons for various services: Eligibility Modules, Claim Modules (highlighted with a red box), and Clinical Modules. Below this grid, a secondary window is shown, also highlighted with a red box, containing a grid of icons for: Home, Claim Search, Check Search, EOP - Remittance Advice, PCP-AI - Remittance Advice, ACA - Remittance Advice, Claims CIF or Re-CIF Status Inquiry, and Code Lookup. On the right side of the dashboard, there are two sections for 'Telephone Interpretation Services' and 'Your eAdmin Details', each listing user information such as User Name, eAdmin Name, Email, Phone Number, and Status.

# Claim Search

**Select Provider Profiles** defaults to “all”  
Enter **Date of Service Range** and **Search Criteria**

PHC - Claim Search 

**Claim Search**

All items checked

CIN :

Last Name:

First Name:

Date of Birth:

Claim Control Number:

Date of Service Range: From  To


Date of Range:

**Search Help!**

Below is the search Criteria with the Date of Service and Date Range

- 1.CIN (for e.g.: 9999999999)
- 2.Last Name OR First Name AND Date of Birth
- 3.Claim Control Number

# Claim Search

PHC - Claim Search 

**Claim Search**

All items checked  [Select Provider Profiles](#)

CIN:

Last Name:

First Name:

Date of Birth:

Claim Control Number:

Date of Service Range: From  To

Date of Range:

**Search Help!**

Below is the search Criteria with the Date of Service and Date Range

- 1.CIN (for e.g.: 999999999)
- 2.Last Name OR First Name AND Date of Birth
- 3.Claim Control Number

Member#	Member Identifier/ CIN	Member Name	Gender	Date of Birth	Program	Actions
0008888100	12365477C6	MARY JONES	Female	7/6/1976	Medi-Cal	<input type="button" value="Select"/>

To view Claims Detail click the **Select** button below the **Actions** Tab

# Claim Summary

## Claims Summary



Back

Claim Type : M      Member Name : MARY JONES      Claim Number : 160016790012  
Date Of Service : 03/18/2016      Charge Amount : \$125.00      Date Range : 08/01/2005 to 05/16/2016

Expand All

Line#	Date	Count/Days	Proc	LC	EX	Check Number	Charge(\$)	Allow-P(\$)	Deny	Coins(\$)	SOC/ Ded(\$)	Tax(\$)	Pay(\$)	write-off(\$)	
> 0100	03/18/2016	1/0	99213	11	11	R20001099999	\$125.00	\$24.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$125.00	
							\$125.00		\$0.00					\$0.00	

Page size: 10      1 items in 1 pages

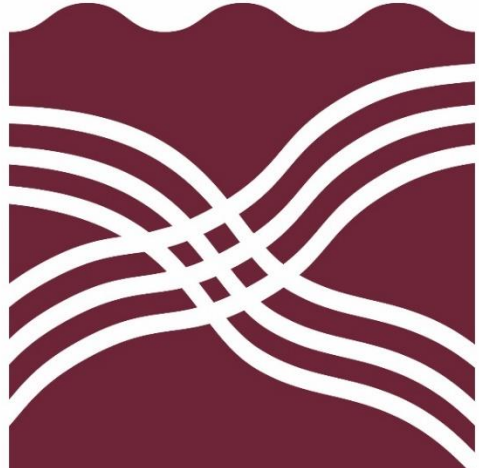
Submit CIF

### EX Codes and Descriptions

Code	Description
11	PAYABLE - CAPITATED PROCEDURE PAID AT "0"



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Submit CIF



Correction Inquiry Form


# Claim Correction/CIFs

CIFs (Claims Inquiry Forms) are used to reconcile claim over or underpayments and resubmit corrected claims.

## CIF Timeframes:

- All CIFs, ReCIFs and Appeals must be completed within 120 days from the date of service.

# Submit CIF

**Claims Summary**  [Back](#)

Claim Type : M      Member Name : Mary Jones      Claim Number : 160977  
Date Of Service : 11/18/2015      Charge Amount : \$310.80      Date Range : 08/01/2005 to 05/16/2016


[Expand All](#)

Line#	Date	Count/ Days	Proc	LC	EX	Check Number	Charge(\$)	Allow-P(\$)	Deny	Coins(\$)	SOC/ Ded(\$)	Tax(\$)	Pay(\$)	write- off(\$)
> 0100	11/18/2015	1/0	99214	11	66	R20001088	\$310.80	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00	\$0.00	\$310.80
							\$310.80		\$60.00				\$0.00	

Page size: 10      1 items in 1 pages

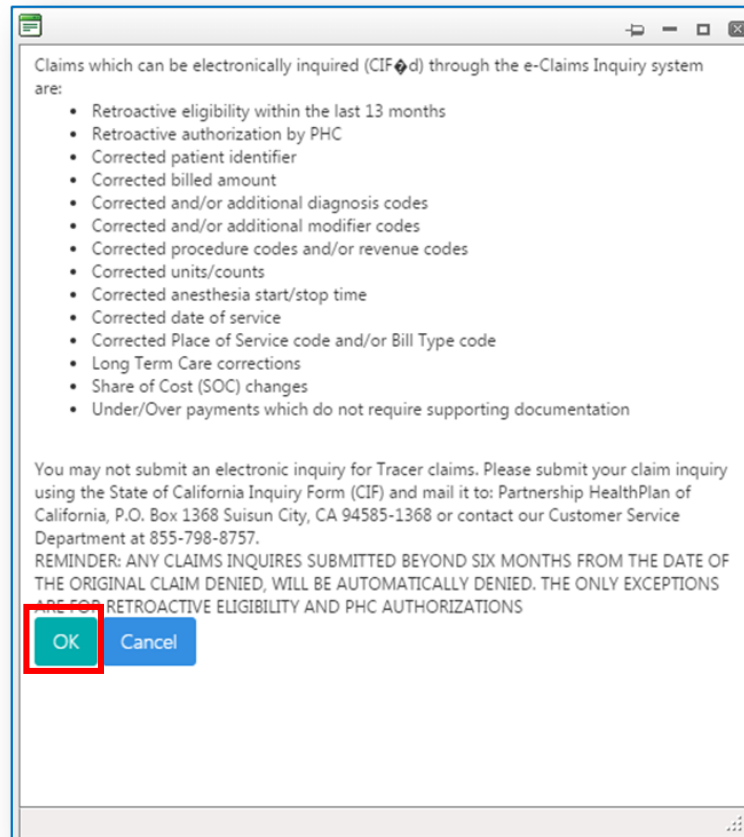
[Submit CIF](#)

**EX Codes and Descriptions**

Code	Description
66	DENIED - MEDI-CAL BENEFITS CAN'T BE PAID W/O PROOF OF MEDICARE DENIAL 

Click **Submit CIF**

# Claims CIF or Re-CIF Status Inquiry



Review Pop-Up Window  
Click **OK** when finished

# CIF Data Screen Continued

Select Claim Type from drop down and ER or Non-ER for Box 19

## PHC - Claims Inquiry Form

### CIF Details

CIF Number:

Retro Authorization#:

Bill Type (UB04 Only Box 4):

CCN Number:



Claim Type:   
Hospital Outpatient  
Physician  
Vision  
DME  
Supplies  
Home Health  
Pharmacy  
Other  
Wellness and Recovery

### Patient Details

Medi-Cal #:   
Change Medi-Cal # to:

Retroactive eligibility within last 13 months:

Patient Name:   
New Patient Name:



# Service Line

Line#	Date From	Date To	Proc Code(s)	LC	Charge(\$)	SOC/Ded(\$)	Pay(\$)	Counts/Units	Diagnosis	Modifiers	U+	Amount Expected	NDC Code
0100		1/28/2016	93306	22	268	0	0	1/0	R011 ..	26/,	0		

**Update ServiceLine:**

Date Of Service From:

Date Of Service To:

Place of Service:

Proc. / Rev Code:

Surgical ProcCode:

Diagnosis Codes Primary:

Diagnosis Codes Secondary:

Primary Modifier:

Secondary Modifier:

NDC Codes:

Billed Amount:

Share Of Cost:

Units / Counts:

Payment Type:

+ Units:


Amount Expected:

View of data fields that can corrected.

Enter **Only** the information that **needs** to be changed.

# Action Requested

**Action Requested**

Action:  

Notify Me:


Email:

Phone:



Clicking on the arrow in the Action box opens a “drop-up” menu of items.

**Action Requested**

Action:  



Click Additional Information to open a free text box if you need to add special instructions.

Additional Information

- Change/Add - Procedure Code/ HCPC/ REV/ Accom Code
- Change/Add - Diagnosis Code
- Change/Add - Modifier
- Change/Add - Quantity/ Count
- Change/Add - A Remark to the claim (e.g. SBMD, 911, Pre-op, Trauma)
- Change/Add - Additional Charges (e.g. add a line to the claim)
- Change/Add - Attachments (EOB/ RX/ Catalog/ Pricing)
- Change/Add - Date Change
- Change/Add - NDC
- Overpayment - Duplicate payment
- Overpayment - Take back payment
- Retro Updates to - RAF
- Retro Updates to - TAR
- Retro Updates to - SOC
- Retro Updates to - Eligibility
- Underpayment



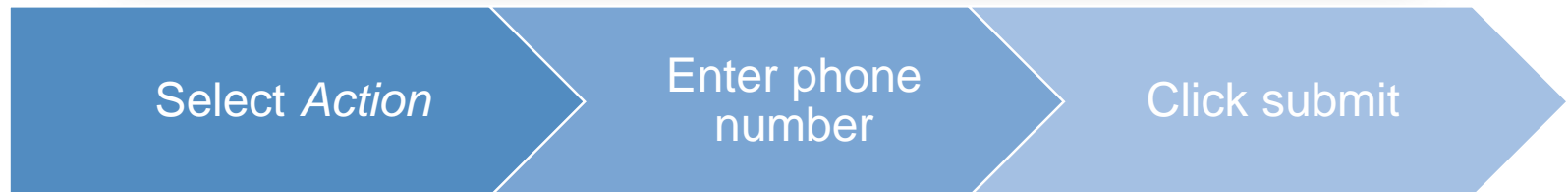
Select the items that fit your need. You may check more than one box.

# Submit CIF

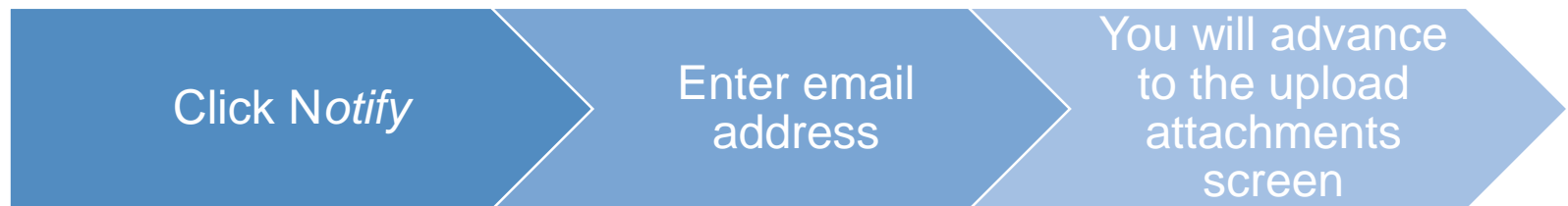
**Action Requested**

Action:   
Notify Me:   
Email:

Phone:



If you would like a completion confirmation:



# Attachments

CIF Attachments window:

PHC – Claims Inquiry Confirmation [Print](#)

---

**CIF Attachments**

CIF Number	File Name	File Type	File Size	
C160490792957	eob lookup.docx	application/vnd.openxmlformats-officedocument.wordprocessingml.document	81507	<a href="#">Delete</a> <a href="#">View</a>

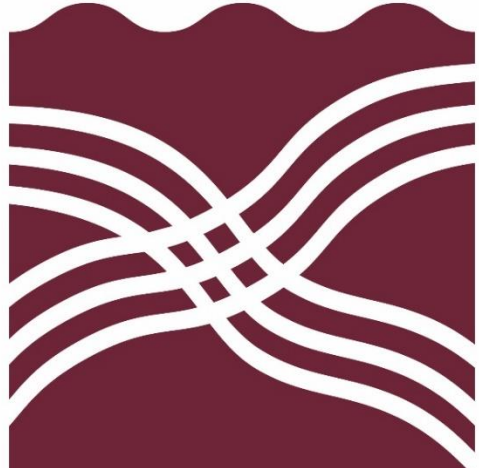
[+ Add New Attachment](#) [Refresh](#)

Click the plus (+) button to add attachment(s).

You can also delete and view your attachment(s) before sending to PHC.



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# Contacts and Resources



# Resources

Monday - Friday  
8 a.m. - 5 p.m.

Claims Support  
(530) 999-6868

Partnership HealthPlan of California  
[www.partnershiphp.org](http://www.partnershiphp.org)

Email Support

[ClaimsWellnessRecovery@partnershiphp.org](mailto:ClaimsWellnessRecovery@partnershiphp.org)

PHC Online Services

<https://provider.partnershiphp.org/IUI/Login.aspx>