



# Medi-Cal: Managed Care, and Who Does the Customer Call?

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Managed care isn't different from Medi-Cal – It *is* Medi-Cal, managed differently.

## What is Medi-Cal Managed Care?

The goal of managed care is that patients will get higher quality, coordinated health care at a lower cost to the system. A managed care plan is an organized network of health care providers which emphasizes primary and preventive care. With managed care, Medi-Cal pays a managed care organization a certain amount per-member-per-month, and that organization then ensures patients get all the care they need, coordinated through the patient's primary care physician.

## What is Partnership HealthPlan of California?

The managed care organization for Humboldt County is [Partnership HealthPlan of California](#), known as PHC or Partnership. Partnership is a County-Organized Health System, which is a locally run, not for profit organization. PHC has been serving counties since 1994.

## The Enrollment Process

Enrollment in PHC happens prospectively and is automatic. The month of application and any months prior to the Medi-Cal application approval will be "fee-for-service" meaning providers are paid for each individual service provided. Example: customer applies for Medi-Cal on June 25, the application is approved July 2, and coverage goes back to the first of the application month. June and July are "fee-for-service" and the customer is enrolled in PHC August forward. Enrollment is NOT optional; everybody with full scope no share of cost Medi-Cal becomes a PHC member. Small exception: Native Americans who choose to receive healthcare services through an Indian Health Service facility can opt out.

The county takes no action to enroll or dis-enroll a customer into PHC; the residence address of the customer drives the process. If there is an urgent enrollment or dis-enrollment issue that is a barrier to services, the Managed Care Ombudsman addresses it.

## What Else?

- Managed Care does not affect the county eligibility process or the aid code.
- PHC focuses on primary and preventive care; members choose a Primary Care Physician (PCP) to coordinate health care needs. Members can change their PCP.
- Customers with a share of cost (SOC) don't receive full PHC benefits in a month until SOC is met, but assistance through PHC Member Services is available.
- Customers with restricted Medi-Cal are not enrolled in PHC.
- There is a Website available to members and providers, [www.partnershiphp.org](http://www.partnershiphp.org). The Member Handbook is available here and is also mailed to new members.
- Partnership partners with Carelon Behavioral Health for mild to moderate mental health services and Substance Use Disorder (SUD) services. Call Carelon at 855-765-9703.
- Not everything is under PHC's umbrella. Dental coverage is through Denti-Cal. Some behavioral/mental health coverage is under Humboldt County Mental Health Managed Care.

There are some other services “carved out” of managed care such as prescriptions and services provided under CA Children’s Services.

- For prescription questions or concerns call Medi-Cal RX Customer Service Line.

#### Medi-Cal RX Customer Service

24 hours a day, 7 days a week 800-977-2273

or 711 for TTY, Monday thru Friday 8 a.m.-5 p.m.

#### When should a member call PHC Member Services?

- To get general information about medical benefits.
- To select or change a Primary Care doctor.
- To address concerns or questions about medical care.
- To order a PHC ID card (not BIC Cards).
- To notify PHC that the member has moved out of county.
- To address billing or claim problems.
- To address changes in commercial insurance coverage.
- To address problems getting appointments or specialty care.
- To address problems or complaints about care received.
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#### PHC Member Services Department

Monday – Friday, 8am – 5pm

(800) 863-4155

#### When should a member call Eligibility at Social Services?

- To report address changes.
- To report household changes and people moving in or out of the home.
- To report other changes currently reported, such as income.
- To ask about a Notice of Action or other mail sent by Social Services.
- To discuss getting benefits back if a customer’s eligibility has been discontinued.
- To request a new Benefits Identification card (BIC).
- If a provider says that as far as they see the customer is not on Medi-Cal.
- For most of the reasons they call Eligibility today.

#### Eureka Call Center

Monday – Friday, 8 a.m. – 5 p.m.

877-410-8809

If calling the Eureka Call Center and PHC did not resolve the problem:

Medi-Cal Billing 800-541-5555 or 800-430-7077 for TTY Monday – Friday 8 a.m.-5 p.m.

The last resort is Medi-Cal Managed Care Ombudsman 888-452-8609.