




**Partners'/CCHN Tailored Plan Provider Office Hours**  
**Home Health Provider Topics**  
**November 12, 2024**  
**12:00 PM – 12:30 PM**

# Agenda

- ▶ Home Health Services Information
- ▶ Home Health Services Clinical Coverage Policies
- ▶ Serving Partners' Tailored Plan Members
- ▶ Electronic Visit Verification (EVV) Soft Launch Guidelines
- ▶ Third Party EVV
- ▶ Electronic Funds Transfer and Electronic Remittance Advice
- ▶ Submitting Claims
- ▶ Additional Resources



# Partners Tailored Plan Member ID Cards



**PARTNERS**  
Improving Lives.  
Strengthening Communities.®

**Member ID Card**

Partners Tailored Plan  
901 S. New Hope Rd.  
Gastonia, NC 28092

[www.partnersbhm.org](http://www.partnersbhm.org)

**Name:**  
**Medicaid ID#:**  
**NC Health Choice ID#:**

**PCP Information:**  
PCP Name:  
PCP Address:  
PCP Phone:

RxBIN: 025052  
RxPCN: MCAIDADV  
RxGRP: RX22AC  
Pharmacy: 1-866-453-7196


**Important Contact Information/Información importante de contacto**

Member and Recipient Services/Servicio para miembros y destinatarios (7 a.m.-6 p.m. EST).....1-888-235-4673, TTY: 711  
Partners MemberCONNECT.....[www.partnersbhm.org](http://www.partnersbhm.org)  
24-Hour Nurse Line/Línea de enfermería las 24 horas.....1-888-369-2452  
24-Hour Behavioral Health Crisis Line/Línea de crisis de salud conductual las 24 horas.....1-833-353-2093

If you suspect a doctor, clinic, home health service or any other kind of medical provider is committing Medicaid fraud, report it. **Call 919-881-2320.**

**For a medical emergency, go to the nearest emergency room or call 911.**

Prescriber Services (7 am-6 pm. EST).....1-866-453-7196  
Provider Services (7 am-6 pm. EST).....1-877-398-4145



**Partners**

Possession of an ID card does not guarantee eligibility.

Check member eligibility via:

Secure web portal: <https://providers.partnersbhm.org/category/providerconnect/>

Provider Line: 1-877-398-4145.

NCTracks

# Home Health Services

- ▶ Section 12006 of the Twenty First Century Cures Act (Cures Act) and the Centers for Medicare & Medicaid Services (CMS) requires the State of North Carolina to begin utilizing an Electronic Visit Verification System (EVV) for all **the Tailored Plan Programs by July 1, 2024**. The Cures Act mandate requires all visits to be timestamped via an electronic verification method utilizing EVV tools to record the member, caregiver, time the service begins and ends, location of the service, date of the service and the type of service performed.
- ▶ To ensure that the provider community complies with the Cures Act mandate requirements, the state of North Carolina will require **some Personal Care Services (PCS) and Home Health Care Services (HHCS) providers for the Tailored Plan Programs by July 1, 2024**. As a result, Partners will continue their partnership with HHAeXchange as its EVV solution. In preparation for the **PCS hard launch** and **HHCS soft launch** on July 1, 2024, we want to ensure your agency is ready to start using HHAeXchange Provider Portal for your patients.
- ▶ **HHCS Code Crosswalk required EVV:** <https://providers.partnersbhm.org/category/electronic-visit-verification/>

## PCS Hard Launch Guidelines effective July 1, 2024:

- All providers are expected to be fully compliant with EVV requirements.
- EVV data must be validated prior to claims adjudication.
- Claims without the required EVV criteria will deny.
- Only PCS billed with 99509 and an HA or HB modifier are subject to EVV requirements.

## HHCS Soft Launch Guidelines effective July 1, 2024:

- HHCS providers should submit EVV visit information to HHAeXchange to ensure all systems are operating as intended for a successful hard launch.
- During soft launch, you may submit claims outside of HHA while working collaboratively with Partners to resolve any barriers.

# Home Health Soft Launch

- ▶ During the Home Health Soft Launch, the EVV program will operate as “Pay and Report”.
- ▶ Claims will not deny if EVV visit information is not submitted to HHA.
- ▶ A warning edit will be applied noting the missing EVV validation.
- ▶ During soft launch, you may submit claims outside of HHA while working collaboratively with Partners to resolve any barriers.



# Home Health Services

- ▶ To help avoid claim denials, all claims' submissions should include the proper taxonomy codes for adjudication.
- ▶ The appropriate taxonomy code for Home Health Care Services is 251E00000X.
- ▶ Taxonomy codes submitted on claims must be accurately listed on NCTracks as well.
- ▶ Claims submitted without the proper taxonomy code may result in the claim denying.
- ▶ View the State bulletin for more information  
<https://medicaid.ncdhhs.gov/blog/2022/04/12/home-health-services-electronic-visit-verification-implementation>

# Home Health Services

Home Health services are provided to beneficiaries who reside in private residences. Medically necessary services include:

- ▶ Home health aide services
- ▶ Skilled nursing services
- ▶ Medical supplies
- ▶ Specialized therapies
  - physical therapy
  - speech-language pathology
  - occupational therapy
- ▶ Skilled nursing, specialized therapies and medical supplies can be provided if the beneficiary resides in an adult care home (such as a rest home or family care home).



# Home Health Services Clinical Coverage Policies

- <https://medicaid.ncdhhs.gov/node/859>
- <https://medicaid.ncdhhs.gov/3a-0/open>
- <https://medicaid.ncdhhs.gov/3d/open>
- <https://medicaid.ncdhhs.gov/3g-1/open>
- <https://medicaid.ncdhhs.gov/documents/files/3g-2-2/open>
- <https://medicaid.ncdhhs.gov/documents/files/3h-1-1/open>

## Services Subject to EVV

Section 12006(a) of the 21st Century Cures Act mandates that states implement Electronic Visit Verification (EVV) for all Medicaid-funded Personal Care Services (PCS) and Home Health Services (HHCS) that require an in-home visit by a provider.

Program	Procedure Code
State Plan PCS	99509
Community Alternatives Program for Disabled Adults and Children	S5125
	S5135
	S5150
	S9122
	T1004
	T1019
	T2027
Innovations	T2013
	T2033
TBI	S5125
	T1015
	T2013
(b)(3) Wavier	T2033
	T1019
	T2013
(i) Waiver	H2022
	T2013
	T1019

Program	Revenue Code
Home Health Care Services	RC420
	RC424
	RC430
	RC434
	RC440
	RC444
	RC550
	RC551
	RC559
	RC580
	RC581
RC570	

Full list of codes subject to EVV including modifier combinations and service descriptions can be found [medicaid.ncdhhs.gov/evv-service-codes-list/download?attachment](https://medicaid.ncdhhs.gov/evv-service-codes-list/download?attachment)



# Who is Partners EVV Vendor Solution

- HHAeXchange is the vendor solution utilized by Partners Health Management and Carolina Complete Health.
- Providers Connecting with HHAeXchange.
  - Option 1: Agencies currently without an EVV solution should use the free EVV tools provided by HHAeXchange and Partners.
  - Option 2: Agencies **currently** using a different third party EVV solution should use their existing EVV system and import the visit data into HHAeXchange. HHA will then route the visit data to Partners.

# HHAXchange Resources

- Requirements to set up access within HHAXchange:
  - [HHAXchange Provider Enrollment Form](#)
  - [HHAXchange Information Hub](#)
  - [HHAXchange Job Aids](#)
  - [Provider Managed Billed Diagnoses Codes](#)
  - [HHA Tailored Plan EDI Code Table](#) guide contains the HHA payer IDs for each tailored plan. IDs ending in 'HHCS' are home health and the others are PCS.
- ▶ For a 1:1 with HHAX, submit a ticket via [HHAX support](#) and select “Training Request”

# Third-Party EVV Integration

- ▶ **HHAeXchange Third-Party EVV Integration Knowledge Base**
- ▶ <https://knowledge.hhaexchange.com/edi/Content/Home/Home-C.htm>
  - [Visit Import Guide v5](#)
  - [EDI Export Interface Guide v5](#)
  - [EDI Code Table Guide](#)
    - Use Payer ID 28223 for Partners PCS 99509 HA or HB and Behavioral Health
    - Use Payer ID 57539 for Partners Home Health Care Services



# Submitting Claims: EVV not Required

- In accordance with NC Medicaid Clinical Coverage Policy select Home Health Care Services Providers are not subject to the EVV requirement. (HHCS Requiring EVV Crosswalk)
- All other Home Health Care (HHCS) service codes should submit claims using the physical health claim submission methods for Partners.

Electronic Secure Provider Portal	ProviderCONNECT: <a href="https://id.partnersbhm.org">https://id.partnersbhm.org</a> then choose Physical Health Claims to submit through Availity.
Paper Claim Forms	Partners Behavioral Health Management PO Box 8002 Farmington, MO 63640-8002
EDI Clearinghouse	Use Payer ID 68069. CCH processes physical health claims. As long as your clearinghouse connects to Availity using payer ID 68069, CCH can process the physical health claim.



# Submitting Claims: OON Providers

- ▶ **OON providers billing select Home Health Care Services (HHCS) are subject to EVV requirements and are encouraged to submit their claims through HHAeXchange for Partners members during the soft launch period.**
- ▶ OON providers billing non EVV required HHCS should file their claims via paper claim form or utilize their clearinghouse set up and submit to payer ID 68069 (see previous slide).
- ▶ OON providers have 180 calendar days to submit first time claims.
- ▶ For Paper Claim do's and don'ts, reference the [CCH Billing Manual](#).



# Receiving Payment and Remittance Advice

- ▶ CCH processes physical health claims, payments, and Explanations of Payment (EOPs) for Partners physical health. EOPs will contain a Partners logo.
- ▶ Providers will receive payment via paper check or EFT if enrolled with Payspan
- ▶ Remittance Advice, also referred to as an 835 or Explanation of Payment (EOP) can be accessed via:
  - Payspan: <https://www.payspanhealth.com/>
  - Physical copy if you receive paper check
- ▶ RA/835/EOPs are issued with payment. Partners physical health check run is Monday with payment issued to providers on Tuesday.
- ▶ To enroll with Payspan and establish EFT, visit <https://www.payspanhealth.com/> or call 1-877-331-7154, Option 1 – Monday thru Friday 8:00 am to 8:00 pm est.



# Electronic Funds Transfer for Claims

## Behavioral Health Claims

### Partners EFT process:

Please contact Partners Vendor Group for EFT and banking information set: [vendorsetup@partnersbhm.org](mailto:vendorsetup@partnersbhm.org)

## Physical Health Claims

### Payspan: A Faster, Easier Way to Get Paid (PDF)

To contact Payspan: Call 1-877-331-7154, Option 1 or email [providersupport@payspanhealth.com](mailto:providersupport@payspanhealth.com) Monday thru Friday 8:00 am to 8:00 pm est.

Providers must register with each line of business (LOB): there will be registration codes specific for Partners.

Payspan offers monthly training sessions for providers covering the following topics:

- How to Register with Payspan (New User)
- How to Add Additional Registration Codes to an Existing Payspan Account
- How to navigate through the Payspan web portal
- How to view a payment
- How to find a remit
- How to change bank account information
- How to add new users

Registration information can be found through CCH:

<https://network.carolinacompletehealth.com/training>



# Submitting Claims (non-EVV)

Method	Physical Health Claims Submission	Behavioral Health Claims Submission
Electronic	ProviderConnect, <a href="https://id.partnersbhm.org/">https://id.partnersbhm.org/</a> then choose <b>Physical</b> Health Claims to submit <b>Physical</b> Health Claims, this brings you to Availity.	ProviderConnect, <a href="https://id.partnersbhm.org/">https://id.partnersbhm.org/</a> then choose <b>Behavioral</b> Health Claims to submit <b>Behavioral</b> Health Claims, this brings you to Alpha+.
Paper	Partners Health Management Attn: Claims PO Box 8002 Farmington, MO 63640-8002	901 S. New Hope Road, Gastonia, NC 28054
Clearinghouse/SFTP	Provider's Clearinghouse connection to Availity, then the claim can be passed for processing.	Behavioral Health Claims will be submitted to Alpha+
Payor ID	68069	13141

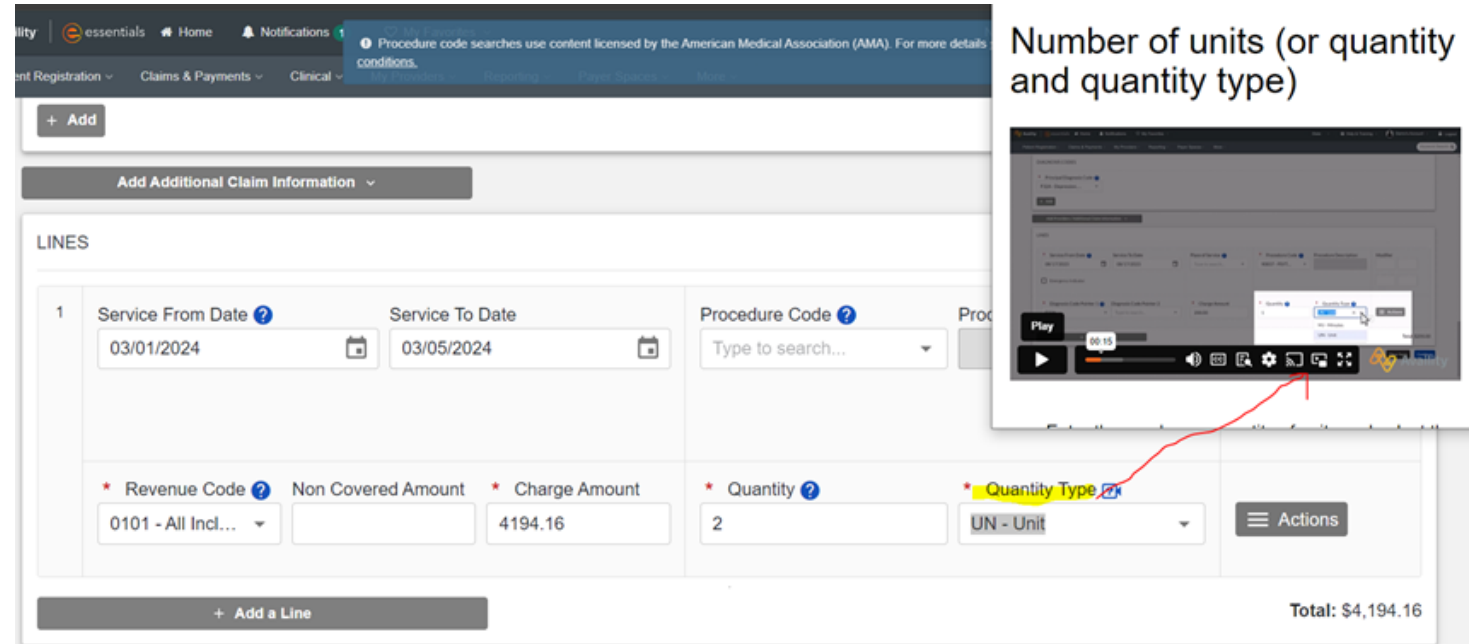


# Claims Submission Tips (non-EVV)

- ▶ For dates of service beginning 7/1/24, instead of submitting physical health claims to NC Tracks for Partners Tailored Plan members, providers should submit to Carolina Complete Health using one of the physical health methods outlined in this training.
- ▶ **Frequently used provider Guides:**
  - Rendering and Billing Taxonomy placement on claims: [Provider Guide](#)
  - NPI and TIN should align with NCTracks provider data: [Provider Guide](#)
  - The National Drug Code (NDC) must be submitted on a claim along with any PADP drugs and the CPT vaccine product codes: [Provider Guide](#)
  - Pediatric modifier placement follows the [Health Check Billing Guide](#)
  - If the claim contains CLIA-certified or CLIA-waived services, the CLIA number must be entered in Box 23 of a paper claim form or in the appropriate loop for EDI claims: [Provider Guide](#)

# Availity Questions (non-EVV)

- ▶ Providers should now see an updated number of units dropdown.
- ▶ Availity also added a video detailing to new units process.
- ▶ Are there additional issues that providers are experiencing in Availity portal?



The screenshot displays the Availity portal interface. At the top, there are navigation tabs for 'essentials', 'Home', and 'Notifications'. A notification banner states: 'Procedure code searches use content licensed by the American Medical Association (AMA). For more details conditions.' Below this is a '+ Add' button and a section for 'Add Additional Claim Information'. The main area is titled 'LINES' and contains a table with one line item. The table has columns for 'Service From Date', 'Service To Date', 'Procedure Code', 'Revenue Code', 'Non Covered Amount', 'Charge Amount', 'Quantity', and 'Quantity Type'. The 'Quantity Type' dropdown is highlighted in yellow and set to 'UN - Unit'. An 'Actions' button is visible to the right of the 'Quantity Type' dropdown. At the bottom right, the total amount is shown as 'Total: \$4,194.16'. An inset video player is overlaid on the right side of the screenshot, showing a video player interface with a play button and a progress bar. A red arrow points from the video player to the 'Quantity Type' dropdown in the main screenshot.

Number of units (or quantity and quantity type)

# EDI Questions (non-EVV)

- ▶ EDI claims can be submitted to Payer ID 68069
- ▶ Choose “Partners Health Management Physical Health 68069”
- ▶ As long as the providers clearinghouse has a connection to Availity, the claim will pass through to be processed by CCH.
- ▶ Medicaid claims should be submitted within 365 days from date of service.
- ▶ ProviderCONNECT to submit claims in Availity for Medicaid Tailored Plan
- ▶ Physical Health claims
  - Mail physical health claims to: Partners Health Management Claims, PO Box 8002, Farmington, MO 63640-8002
- ▶ Questions:
  - Phone: 704-842-6486
  - Fax: 704-854-4203

# Clearinghouse and Set Up of New Payers (non-EVV)

- Partners Health Management has partnered with Availity®, an independent company, to operate and service our electronic data interchange (EDI) and portal transactions.
- Physical Health Claims can be submitted through Availity beginning with Dates of Service July 1, 2024.
- **Noted Impacts:** For any Provider using a clearinghouse or vendor to submit transactions to Partners Health Management today, Partners Health Management and Availity are working with your trading partner to update the connections.
- For Questions regarding set up or additional information please refer to Partners' Provider Knowledge Base, <https://providers.partnersbhm.org/alphamcs-zixmail-sign/>
- Providers with questions regarding Availity can contact the Availity Help Desk by calling 1.800.AVAILITY (282.4548). The help desk is available Monday – Friday, 8 a.m. – 7 p.m. Eastern Standard Time.

# Clearinghouse and Set Up of New Payers (non-EVV)

## Existing Availity Trading Partners

If you are currently sending EDI Transactions for other Health Plans via a secure FTP account with Availity, follow your standard business process to work with Partners Health Management. If you need assistance, please refer to the resources in this [EDI Quick Start Guide for Availity](#).

## New to Availity?

If you do not already have an Availity Account, please register with the links below:

1. Go to [www.availity.com](http://www.availity.com)
2. Click **Register** and complete the process. For registration guidance or tips, we recommend you refer to the following resource prior to starting your registration application:
  - [Register and Get Started with Availity Portal microsite](#)
  - [EDI Quick Start Guide for Availity](#)
  - [Submitting a Claim on Availity Essentials](#)

# You Have a Partners' Tailored Plan Member, Now What?

- ▶ Thank you for serving our members
- ▶ Questions that we may ask you
  - Are you Contracted to serve Partners Tailored Plan Members?
  - What service are you providing?
  - What and Where were you billing prior to 7/1/2024 for these services?
- ▶ The following slides will walk you through priority information and provide additional resources



# Checking Eligibility in NCTracks

- ▶ Providers may verify member eligibility in NCTracks
- ▶ A Tailored Plan (TP) Member will show benefit plan “TPMC – Tailored Plan Medicaid Managed Care”
- ▶ Seeing a “Tailored Care Management” provider does not indicate TP eligibility. Medicaid Direct members are also eligible for Tailored Care Management

Benefit Plan	Category of Eligibility	Dates of Enrollment	Managing Entity	Address
ROUTINE PH : \$0.00	SECOND SUR : \$0.00	SKILL NUR : \$0.00	SPEECH THE : \$0.00	
SURGICAL : \$0.00	SURGICAL A : \$0.00	URGENT CAR : \$0.00	VISION OP : \$0.00	
MANAGED CARE FOR BEHAVIORAL HEALTH SERVICES	ASCN-ASCN	07/01/2024 - 07/31/2024	LME/MCO Name	LME/MCO Address
Service Types And Copay				

Medicaid Direct members have managed care for BH only through the LME-MCO

Service Types And Copay				
CASE MANA : \$0.00	DENTAL : \$0.00	FRAMES : \$0.00		
TPMC - TAILORED PLAN MEDICAID MANAGED CARE	MADCY-MADCY	07/01/2024 - 07/31/2024	LME/MCO Name	
Benefit Plan	Category of	Dates of	Managing Entity	Add

Tailored Plan members have Tailored Plan Medicaid Managed Care



# Policy Flexibilities for Tailored Plan Launch

- ▶ Tailored Plan goes live July 1, 2024. Below are policy flexibilities to help ease Member confusion and administrative burdens for providers.
- ▶ These Flexibilities have been extended, please see each item listed in the table detailed below.
- ▶ Additional information is available on Partners' Provider Knowledge base and linked here: [Provider Alert: Extension of Tailored Plan Launch Flexibilities - Partners Health Management - Provider Knowledge Base \(partnersbhm.org\)](https://partnersbhm.org/ProviderAlert/ExtensionofTailoredPlanLaunchFlexibilities-PartnersHealthManagement-ProviderKnowledgeBase)

Policy Flexibility	Duration	Time Frame
Relax Medical PA requirements	214 days	7/1/2024 – 1/31/2025
Relax Pharmacy PA requirements	214 days	7/1/2024 – 1/31/2025
Non-Par Providers paid at Par Rates	214 days	7/1/2024 – 1/31/2025
Non-Par Providers Follow In-Network Prior Authorization Rules	119 additional days	2/1/2025 – 5/31/2025
Ability to Switch PCP	214 days	7/1/2024 – 1/31/2025
Continuity of Care for Ongoing Course of Treatment	7 months	7/1/2024 – 1/31/2025



# Partners Prior Auth Flexibilities

- ▶ To alleviate provider administrative burden during the launch of Tailored Plans, Partners will initiate a No Prior Auth period for Medical Services rendered between 7/1/2024 and 1/31/2025.
- ▶ *\*This exception **does not apply** to reviews for inpatient hospitalizations, Electroconvulsive Therapy (ECT) for Inpatient and Outpatient Children only, Personal Care Services requiring Electronic Visit Verification, and initial ICF-IID or Innovations, which should still occur during this time period. Refer to [Partners Benefit Page](#) for more information regarding prior authorization requirements*
- ▶ For additional details, please review [Partners' Provider Alert dated September 25, 2024](#).
- ▶ You can also reach out to Partners:
  - Physical Health: PHUMQuestions@partnersbhm.org 1-877-398-4145
  - Behavioral Health: UMQuestions@partnersbhm.org 1-877-398-4145



# State Flexibilities and Transition of Care Flexibilities

- ▶ **If a provider is not in your Tailored Plan’s network**
  - Your providers need to accept your Tailored Plan to be covered. Providers that don’t accept Tailored Plans are considered “**out-of-network.**”
- ▶ **There are rules in place to help make this move easier for you.** The goal is to avoid disrupting your care as much as possible.
  1. You may keep seeing the **Medicaid providers you see now** until January 31, 2025 – even if they’re not listed on your health plan ID card. (If you see a new provider for the first time, they must accept your Tailored Plan.)
  2. Your coverage for the **medicine** you take also stays the same until January 31, 2025.
  3. You can keep seeing the **dental** providers you see now. Your dental coverage will not change.
  4. You can change your [primary care provider \(PCP\)](#) for any reason until January 31, 2025.
- ▶ **If you would like to continue to see an out-of-network provider after January 31, 2025, talk to your Tailored Plan:**
  - [Alliance Health](#), 1-800-510-9132, TTY: 711 or 1-800-735-2962
  - [Partners Health Management](#), 1-888-235-4673, TTY/English: 1-800-735-2962, TTY/Spanish: 1-888-825-6570
  - [Trillium Health Resources](#), 1-877-685-2415, TTY: 711
  - [Vaya Total Care](#), 1-800-962-9003, TTY: 711

<https://providers.partnersbhm.org/wp-content/uploads/partners-physical-health-on-provider-guidance.pdf>



# Provider Support and Who to Contact

Who	What	How
Partners Customer Service	<ul style="list-style-type: none"> <li>• Claims questions</li> <li>• Prior Auth questions</li> <li>• Grievances and Appeals</li> <li>• Portal (ProviderConnect)</li> <li>• Member assignment</li> </ul>	1-877-398-4145; 7 a.m. to 6 p.m. Monday-Saturday
Partners EVV Team	<ul style="list-style-type: none"> <li>• EVV Support</li> </ul>	<a href="mailto:EVVsupport@partnersbhm.org">EVVsupport@partnersbhm.org</a>
Carolina Complete Health Network Provider Relations	<ul style="list-style-type: none"> <li>• Physical Health contracting</li> </ul>	<a href="mailto:NetworkRelations@cch-network.com">NetworkRelations@cch-network.com</a>
Carolina Complete Health Provider Engagement	<ul style="list-style-type: none"> <li>• Payspan</li> <li>• Panel Status</li> </ul>	<a href="#">CCHN Provider Engagement Team</a>

# Partners' Tailored Plan Office Hours Topics

Partners and Carolina Complete Health will host office hours for Partners Tailored Plan physical health providers. We will use the time to share pertinent updates related to the topics and specialty areas below as well as hear from you and answer any questions you may have.

Office Hours sessions will be held every three weeks on Tuesdays at 12PM. Please register for the sessions that you would like to attend. **If you would like to register for more than one session, you must register separately.**

## Previous Sessions

- **9/10:** Personal Care Services focus. Intended audience: Any provider billing for PCS, including adult care homes and in-home PCS. View [slides](#) and [recording](#).
- **10/01:** Utilization Management focus with tips and best practices for submitting authorizations. Intended audience: all physical health Partners providers. View [slides](#) and [recording](#).
- **10/22:** Prenatal Programs available for Partners members. Intended audience: Advanced Medical Homes, FQHCs, and Health Departments. View [slides](#) and [recording](#).
- **11/12:** Home Health Provider topics. Intended audience: All Home Health Care Services Providers.

## Upcoming Sessions

- **12/3:** Hot Topics/General Education and Q&A Intended audience: all physical health Partners providers.

[https://centene.zoom.us/webinar/register/WN\\_44IO68UTRfGCcZSt2koKug#/registration](https://centene.zoom.us/webinar/register/WN_44IO68UTRfGCcZSt2koKug#/registration)



# Questions?

