



## Partners'/CCHN Tailored Plan Provider Office Hours

September 10, 2024  
12:00 PM – 12:30 PM

# Agenda

- ▶ Verifying Member Eligibility
- ▶ State Flexibilities and Transition of Care Flexibilities
- ▶ PCS Referral Process
- ▶ Billing for Personal Care Services (PCS)
- ▶ Electronic Visit Verification (EVV) Hard Launch Guidelines
- ▶ Third Party EVV
- ▶ Electronic Funds Transfer and Electronic Remittance Advice
- ▶ Resources and Tech Support from HHAeXchange

# Checking Eligibility in NCTracks

- ▶ Providers may verify member eligibility in NCTracks
- ▶ A 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



# Partners Tailored Plan Member ID Cards



Name:

Medicaid ID#:

Date Issued:

PCP Information:

PCP Name:

PCP Address:

PCP Phone:

This card is not a guarantee of eligibility, enrollment or payment

## Member ID Card

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

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

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 conductuallas 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 (7am-6pm 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.



# 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. Policy Flexibilities for each item listed in the table are detailed below.

<https://providers.partnersbhm.org/provider-communication-bulletin/>

Policy Flexibility	Time Frame
Relax Medical PA requirements	7/1/2024 – 9/30/2024
Relax Pharmacy PA requirements	7/1/2024 – 9/30/2024
Non-Participating Providers Paid at Participating Rates	7/1/2024 – 9/30/2024
Non-Participating Providers Follow In-Network Prior Authorization Rules	10/1/2024 – 1/31/2025
Ability to Switch PCP	7/1/2024 – 1/31/2025
<b>Continuity of Care for Ongoing Course of Treatment</b>	<b>7/1/2024 – 1/31/2025</b>



Existing and active Personal Care Services authorizations received by Partners from NC Medicaid through the Transition of Care process will be honored through 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 9/30/2024.
  - This exception does not apply to concurrent reviews for inpatient hospitalizations, which should still occur during this period.
- ▶ For additional details, please review Partners' Communication Bulletin #152 located on the Partners Provider Knowledge Base
- ▶ 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



# Personal Care Services Referral Process

The steps for submitting a new referral for PCS includes the following:

1. Partners DHB-3051 form should be completed by the member's primary care provider or physician.
2. Fax the completed form to Partners at **704-457-5261**.
3. Once this form is completed, a member of our team will contact you within 30 days to schedule a face-to-face meeting to complete your assessment.
4. After the assessment has been completed and the start date has been determined, an authorization will be created/submitted by Carolina Complete Health (CCH) and will be shared with the Provider agency. Providers will receive notification of authorization via ProviderCONNECT.



# Electronic Visit Verification

- ▶ [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) that require an **in-home visit by a provider (99509 HA or HB modifier)**.
- ▶ EVV hard launched for Tailored Plan physical health PCS on 7/1/24.
- ▶ Partners utilizes [HHaEXchange](#) as their EVV Vendor.
- ▶ 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.
- ▶ [View the June 25th Electronic Visit Verification in North Carolina LTSS Provider Forum from NC DHHS for additional details and data on the North Carolina EVV Launch.](#)





# Submitting Claims: EVV Requirements

- ▶ Personal Care Services billed with CPT Code 99509 with HA or HB modifiers are subject to Electronic Visit Verification (EVV).
- ▶ PCS (99509 HA or HB) for dates of service 7/1/24 and onward, claims must be submitted through EVV or they will deny.

Service Code	Modifier	Description	Program Description
99509:HA	HA	Attendant Care Services	Personal Care Services, Private Residences, Beneficiaries under 21 years
99509:HB	HB	Attendant Care Services	Personal Care Services, Private Residences, Beneficiaries 21 years and older



# 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 3L](#), Adult Care Home Providers are not subject to the EVV requirement.
- All other Personal Care Services (PCS) 99509 service codes (i.e. Adult Care Homes and Assisted Living Facilities) 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 PCS 99509 with HA or HB modifiers are subject to EVV requirements and must submit their claims through HHAeXchange for Partners members.**
- ▶ OON providers billing all other PCS 99509 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.



# 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>



# Upcoming Office Hours for all Physical Health providers

Partners and Carolina Complete Health will host office hours beginning 9/10/24 and 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.
- 9/10: Personal Care Services focus. Intended audience: Any provider billing for PCS, including adult care homes and in-home PCS.
- 10/01: Utilization Management focus with tips and best practices for submitting authorizations. Intended audience: all physical health Partners providers.
- 10/22: Prenatal Programs available for Partners members. Intended audience: Advanced Medical Homes, FQHCs, and Health Departments.
- 11/12: Home Health Provider topics. Intended audience: All Home Health Care Services Providers.
- 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)