



# Partners' Tailored Plan Provider Information Session An Update for Physical Health Providers

May 21, 2024

12:00 PM – 1:00 PM

# Agenda

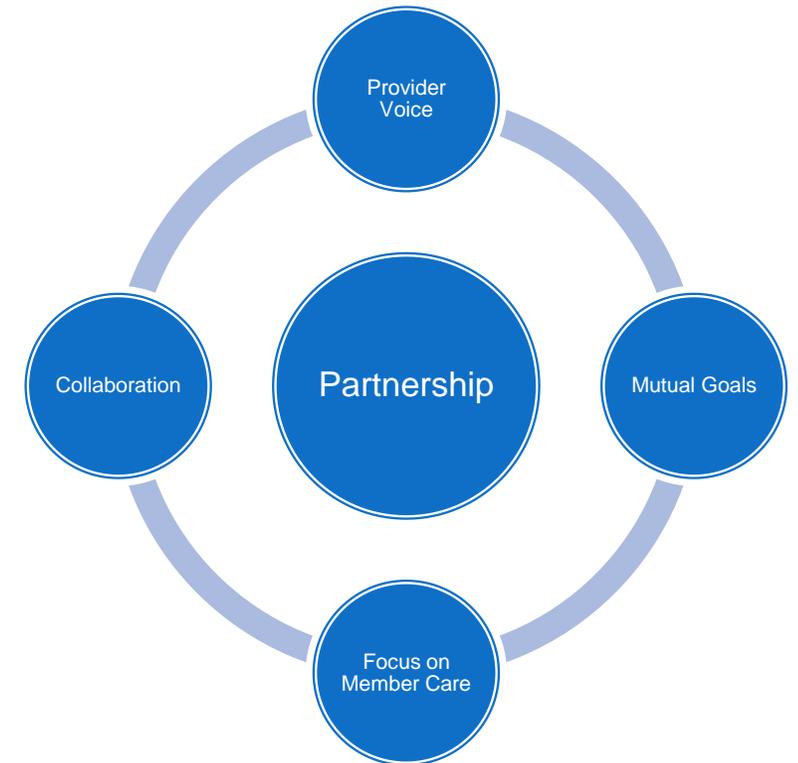
- Who is Partners and What is the Relationship with Carolina Complete Health
- Transition of Care Flexibilities
- Registering for ProviderConnect – Partners’ Provider Portal
- Submitting Claims
- Submitting Authorizations
- Provider Resources and Who to Contact

# Who is Partners and What is the Relationship with Carolina Complete Health?



# Carolina Complete Health and Partners

- **Partners Health Management** and **Carolina Complete Health** bring a shared vision for true partnerships with all providers across the system of care, which is reflected in our network management model.
- As the only Provider-led Entity (PLE), **CCH** seeks out physician and clinician expertise in medical policy and aim to give providers a voice in how to best to care for their patients while reducing administrative burden.
- Since **Partners'** inception as a managed care organization, **Partners** has executed a strategy of collaboration with providers.
- Our mutual goals is to aid provider success as they offer accessible, robust and effective services for members.



We envision a world where all people live their fullest and happiest lives possible.



# Partners Health Management Catchment Area

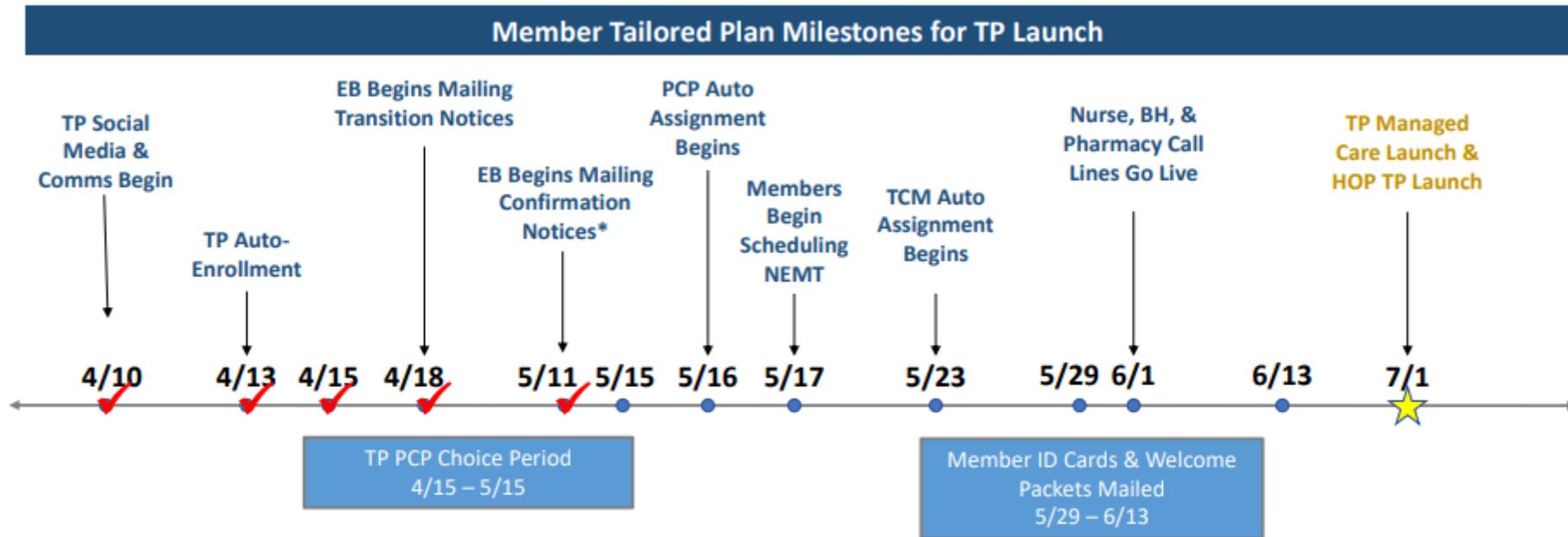


Serving **15** Counties in  
North Carolina

# Partners Health Management

- Is a Managed Care Organization that operates a health insurance plan for Medicaid and other state and local funds that ensures access to care for people who need mental health (MH), substance use disorder (SUD), intellectual and/or developmental disability (I/DD) and traumatic brain injury (TBI) services.
- Manages a network of providers to deliver treatment and services.
- Provides Tailored Care Management (TCM) to members who are eligible and choose Partners for TCM.
- Provides education, advocacy and support for members receiving services in our area, through member engagement, community engagement, system of care training (GAST, CIT), PartnersACCESS call center.
- Staffs a 24/7 crisis call center for behavioral health concerns.
- Will add management of **Physical Health and Pharmacy Services** with the start of the Tailored Plans on July 1, 2024.

# Tailored Plan Member Milestones



\*Confirmation notices and Transition notices are different mailings. Transition notices provide information about the Tailored Plan and the beneficiary's other health care options (if applicable), while confirmation notices authorize enrollment. Confirmation notices are sent to the newly TP eligible and those that opt-in after the TP Choice Period.

# 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 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-6pm. EST).....1-866-453-7196  
Provider Services (7 am-6pm. 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.



# ProviderConnect

## ➤ Partners ProviderCONNECT Portal Setup

To access ProviderCONNECT, in-network contracted providers must identify one individual who will serve as their Local Administrator and will be responsible for managing all other users who access Partners' ProviderCONNECT for that provider organization.

## ➤ Action needed

- Designated portal administrators must complete Partners Health Management ProviderCONNECT set-up form: <https://www.surveymonkey.com/r/MBXQSBF>
- Once you complete the survey, you will receive an email from Partners in 1-2 business days with next steps.
- For questions about this form please contact [credentialingteam@partnersbhm.org](mailto:credentialingteam@partnersbhm.org).

# ProviderConnect

- View additional information on ProviderConnect using the following links:
  - <https://providers.partnersbhm.org/providerconnect-local-administrator-instructions/>
  - <https://providers.partnersbhm.org/provider-alert-local-administrators-can-now-set-up-users-in-providerconnect/>

# Submitting Claims

- Submitting Claims
- You can submit your Physical Health Claims through ProviderConnect

The screenshot shows the PARTNERS ProviderCONNECT website. At the top, there is a navigation bar with the logo and links for Home, Tailored Plan, Medicaid Direct, Contact, Profile, and Messages. A user is logged in as 'Welcome, Wake'. Below this is a dark blue navigation bar with links for Resources, Provider Directory, Patient Management, Office Management, and References. The main content area features three green banners: 'Medicaid Rates to Increase January 1, 2024, for Behavioral Health Services', 'Medicaid Expansion Launched December 1, 2023', and 'NC Medicaid Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan will launch July 1, 2024'. Below the banners are two white boxes for alerts: 'Provider Alert Update: ProviderCONNECT Update: UM Service Authorization Decision Letters' and 'Provider Alert: Provider Alert Archives' and 'Provider Bulletin: Provider Communication Bulletin #150 | March 2024'. On the left, a 'QUICK LINKS' section lists: 'Submit a request for Help Partners' SysAid', 'Behavioral Health Claims', 'Physical Health Claims' (highlighted with a blue border), 'ProAuth Authorizations', 'RadMD', 'Sign up for the Pyx Health Mobile App and get a FREE GIFT CARD!', and 'Partners Events'. On the right, a 'Provider Knowledge Base' section is displayed on a laptop screen, listing: 'Provider News', 'Provider Tools', 'Access to Care & Utilization Management', 'Care Management', 'Finance, Claims, & Billing', 'Quality Management', 'Corporate Compliance', 'Clinical Tools', and 'Additional Resources'. A green button at the bottom of this section says 'See PKB for all your needs!'.

# Submitting Claims

Method	Physical Health Provider Claims Submission	Behavioral Health Provider Claims Submission
Provider Information	Physical Health providers who have been submitting their PH claims to NC Medicaid Direct will submit to CCH/Availity.	Behavioral Health Providers should continue to submit your claims to Partners/Alpha+.
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	Carolina Complete Health 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 Submitted in Error	<b>Physical Health claims submitted as Behavioral Health Partners Code: Exps – DENY:</b> Please submit to Availity/CCH for physical health processing.	<b>Behavioral Health claims submitted as Physical Health CCH Code: Exps – DENY:</b> Please submit to Alpha+/Partners for Behavioral Health processing.

# Clearinghouse and Set Up of New Payers

- 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 (1.800.282.4548). The help desk is available Monday – Friday, 8 a.m. – 7 p.m. Eastern Standard Time.

# Clearinghouse and Set Up of New Payers

## 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](#)

# Claims Submission Tips

- 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](#)

# Inpatient Claims Submission Tips

## ➤ Physical Health Claims

- Physical Health claims uses the primary diagnosis on inpatient claims to determine the claim is physical health vs. behavioral health and processes the claim accordingly.
- If an inpatient claim has a primary diagnosis for physical health but the member also received behavioral health services during the stay, the claim will be processed using the appropriate DRG for the full stay.

## ➤ Behavioral Health Claims

- Behavioral Health claims uses the primary diagnosis on inpatient claims to determine if the claim is behavioral health vs. physical health. If an inpatient claim has a behavioral health primary diagnosis, the claim will be processed at the per diem rate for the room and board revenue code.

# Outpatient Claims Submission Examples

- Child presents for an EPSDT Well Child Check and the PCP also manages ADHD diagnoses.

Service Line CPT Code	Service Line Primary Diagnoses Code
99393	Z00129
99401	F909
99213	F909
92551	Z00129

- Adult member sees their PCP for ADHD management and has a cough. The PCP runs a COVID test during the visit.

Service Line CPT Code	Service Line Primary Diagnoses Code
99214	F909
87636	R051

- Today, these claim scenarios are billed to Medicaid Direct, and July 1, 2024, they will be processed by Carolina Complete Health for Partners' Tailored Plan providers.
- Please use the physical health claim submission steps outlined on Slide 13.

# Claims Reconsideration Process

- Partners works diligently with Providers to resolve their issues; however, there are times when a Provider is dissatisfied with a Claims Processing outcome.
- If dissatisfied with the Claims Processing outcome, Providers can complete the **Reconsideration Form** listed below.
- Claims Analysts will review claims submitted on the form for accuracy and provide the research outcome.
- If dissatisfied with the outcome of the Claims Reconsideration, Providers have the option to **File a Grievance/Complaint**.

Email claims reconsideration review form to [claimsdepartment@partnersbhm.org](mailto:claimsdepartment@partnersbhm.org).  
The form is located at <https://providers.partnersbhm.org/claims-information/>.  
A grievance can be submitted if provider is unsatisfied with the outcome of the claim review. <https://providers.partnersbhm.org/grievance-incident-reporting/>.

# Ways Providers Can File a Grievance

- Intake Points: Any Partners staff may receive provider grievances via the following methods:
  - Telephone – Call 1-888-235-HOPE (4673)
  - Mail – Partners Health Management, c/o Grievance/Complaint, 901 South New Hope Road, Gastonia, NC 28054
  - Email – [Grievances@partnersbhm.org](mailto:Grievances@partnersbhm.org)
  - Online – Feedback form <https://www.partnersbhm.org/feedback/>
  - In person – Every employee at Partners is able to receive your grievance or complaint.
  - ProviderCONNECT (Provider Portal)



## Feedback

You're always welcome to tell us your thoughts. Use the form below to leave a compliment or grievance/complaint about Partners or our Providers. All feedback is important to us. Some concerns and complaints will require a formal process when we look into them. These are considered grievances/complaints. Although your feedback is confidential, there are times when it is helpful for us to contact you.

You can file a grievance/complaint by:

- ▶ Telephone - Call 1-888-235-HOPE (4673)
- ▶ Mail - Partners Health Management, C/o Grievances/Complaints, 901 South New Hope Road, Gastonia, NC 28054
- ▶ Email - [Grievances@partnersbhm.org](mailto:Grievances@partnersbhm.org)
- ▶ Online - Use our [feedback form](#) >
- ▶ Or in person - Every employee at Partners is able to take your grievance/complaint.

### Concerns, Grievances/Complaints, and Compliments

Please use this form to express concerns, grievances/complaints and compliments about Partners or its providers.

**Name \***

First  Last

**Phone \***

**Email**

**Home Address**

Address Line 1

Address Line 2

City  State  Zip Code

Please enter the address where you receive mail.

**Grievance/Complaint, Concern or Compliment \***

Enter a brief description of why you are submitting this form. If you allow, Partners will followup with you for more details.

Some issues may require us to clarify the situation by contacting you for discussion. May Partners Health Management contact you to discuss your issue? \*

Yes, Partners may contact me.  No, Partners should not contact me.

There are times when we would need to share your personal information with the parties involved in order to rectify the issue. If your issue is deemed as such, may we share your information with the parties involved? \*

When necessary, Partners may share my personal information with other parties involved.  Partners should keep my personal information confidential. I recognize my issue may not fully be resolved without full disclosure of the situation.

**Who filled out this form? \***

Me  My friend or family member  My provider

*Partners will provide providers any reasonable assistance in completing forms and other procedural steps.*

# ProviderCONNECT

## File a Grievance/Complaint

Additional Resources / File a Grievance/Complaint

Grievances (also called concerns or complaints) are defined as "an expression of dissatisfaction about matters involving the MCO or MCO Provider Network." Grievances/complaints are expressions of dissatisfaction about any matters other than an "action" (summarized as Utilization Management Department decisions to deny, reduce, suspend or terminate any requested services).

Anyone at Partners can receive a grievance/complaint. Grievances/complaints may be submitted via telephone, mail, email, Partners' website, or in person.

The Legal Department is responsible for assigning grievances/complaints to appropriate staff or departments for resolution. The Legal Department also tracks, monitors, and ensures that the grievance/complaint is resolved. Timelines regarding resolution are available in the **Provider Operations Manual**.

If the person filing the grievance/complaint is a member or recipient, or is someone acting by or on behalf of a member or recipient, and would like to request an extension to the resolution of the grievance/complaint, the request\* should be submitted either in person, by calling 1-877-864-1454, or in writing to the following address:

### Partners Behavioral Health Management

c/o Grievances  
901 South New Hope Road  
Gastonia, NC 28054

\*Include the grievance/complaint reference number located at the top of the Grievance Acknowledgement letter in the request.

Please remember that:

- Any person or organization has the right and ability to bring a grievance/complaint.
- Upon enrollment and upon request, the grievance/complaint process must be shared with all enrollees and families of enrollees accordingly.
- Additionally, Providers must inform enrollees and families that they may contact Partners directly about any grievance/complaint.
- Providers must publish and make available the toll-free Partners' Customer Services number for enrollees and family members, along with the telephone number for the Disability Rights of North Carolina.
- Partners has a standardized appeal process for grievances/complaints that is outlined in the **Provider Operations Manual**.
- Providers must keep documentation on all grievances/complaints received, including dates received, the issues included in the grievances/complaints, and resolution information.
- Any unresolved grievances/complaints should be referred to Partners.

If you have questions regarding this process, please call 1-877-864-1454 or email [Grievances@PartnersBHM.org](mailto:Grievances@PartnersBHM.org)

Grievance/Complaint Online Form

Grievance/Complaint Online Form

Please use this form to express concerns, grievances/complaints and compliments about Partners or its providers.

### Name \*

First

Last

### Phone \*

### Email

### Home Address

Address Line 1

Address Line 2

City

State

Zip Code

Please enter the address where you receive mail.

### Grievance/Complaint, Concern or Compliment \*

Enter a brief description of why you are submitting this form. If you allow, Partners will follow-up with you for more details.

Some issues may require us to clarify the situation by contacting you for discussion. May Partners Health Management contact you to discuss your issue? \*

- Yes, Partners may contact me.  No, Partners should not contact me.

There are times when we would need to share your personal information with the parties involved in order to rectify the issue. If your issue is deemed as such, may we share your information with the parties involved? \*

- When necessary, Partners may share my personal information with other parties involved.  Partners should keep my personal information confidential. I recognize my issue may not fully be resolved without full disclosure of the situation.

### Who filled out this form? \*

- Me  My friend or family member  My provider

Submit

# Payment Expectations

- Providers can expect the first checkwrite by July 9, 2024.
- This checkwrite will include dates of service July 1, 2024, forward.
- Partners will include interest and penalties as part of claims processing according to the contractual agreement.
- The payment will be reflected on the Remittance Advice/Explanation of Payment using Claim Adjustment Reason Code (CARC) 225 – Penalty or Interest Payment by Payer.

# 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 and Trillium.

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>



# 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
Continuity of Care for Ongoing Course of Treatment	7/1/2024 – 1/31/2025

# Submitting Authorizations Via Portal

- ProAuth is Partners platform for authorization submission through our secure provider portal, ProviderCONNECT.
- Providers will be given instructions to access ProAuth when they join the network and access ProviderCONNECT.
- ProAuth is the preferred method for service authorization request submission.
- Phone  
1-877-398-4145
- Physical Health Fax Numbers
  - Inpatient Requests 336-527-3208
  - Outpatient Requests 704-884-2613
  - Transplant Requests 866-753-5659
  - Pharmacy PADP Requests 704-772-4300

How can providers determine which services require prior authorization for a health plan?

Partners Benefit Grids and Service Pre-Authorization Lookup Tool can be located at:  
<https://providers.partnersbhm.org/benefits/>

*Physical Health services will be available for viewing on the Benefit Grids and PA Lookup Tool prior to 7/1/2024.*

# Submitting Authorizations Via Portal

- ProviderCONNECT provides access to the authorization portal
- ProAuth is Partners platform for authorization submission through our secure provider portal, ProviderCONNECT. Providers will be given instructions to access ProAuth when they join the network and access ProviderCONNECT.
- ProAuth is the preferred method for service authorization request submission.
- Providers can view ProAuth demo and Powerpoint here:  
<https://www.partnerstraining.org/>
- Mental Health, Substance Use, Intellectual and Developmental Disabilities (I/DD), and Traumatic Brain Injury (TBI) service requests should be submitted under Behavioral Health. Physical Health and Physician Administered Drug Program (PADP) service requests should be submitted under Medical.

# Submitting Authorizations Manually

- Providers can find the Partners Manual Authorization Request Form here: <https://providers.partnersbhm.org/utilization-management/>
- This form is to be used for the following situations:
  - The ProAuth/TruCare system is not available and is not expected to be available for an extended period. For example; 4 hours or more; this information will be communicated via the Partners website.
  - The Provider is an out-of-network and/or non-participating provider who is serving a Partners member who either requires specialty treatment not available in the network, is out of the catchment area when a crisis occurs or lives in another catchment area, but Medicaid is not expected to change. For example, members living in residential situations outside of the Partners catchment area but continue to have Medicaid from one of Partners counties.
  - A service is being requested that is not in the Partners Benefit Plan and is not an available drop-down option for services in the ProAuth/TruCare system. For example, an EPSDT Medicaid request for a service not included in the Partners Medicaid Benefit Plan.

# Authorization, Notification, and Determination Timeframes

Authorization Type	Timeframe for Provider	Timeframe for Determination
Standard Service Request (Inpatient)	All non-emergency inpatient admissions require prior authorization. Prior authorization should be requested at least fourteen (14) calendar days before the scheduled service delivery date or as soon as need for service is identified.	72 hours
Standard Service Request (Outpatient)	Prior authorization should be requested at least fourteen (14) calendar days before the scheduled service delivery date or as soon as need for service is identified.	14 days
Urgent Service Request (Inpatient)	Emergency admissions will require notification via authorization submission within one (1) business day, following the date of admission.	72 hours
Urgent Service Request (Outpatient)	Prior authorization should be requested as soon as need for service is identified, prior to service being performed.	72 hours
Retrospective Review	Retrospective review is an initial review of services provided to a beneficiary, but for which authorization and/or timely notification was not obtained due to extenuating circumstances. Providers may request a retrospective review up to 90 days after the date of service (DOS) or date of admission (DOA) in the case of an inpatient request.	30 days

# How can providers determine which services require prior authorization for a health plan?

- The Benefit Grids outline service codes, service limits, level of care and documentation requirements needed for service authorization requests (SARs). The requirements for unmanaged services are also outlined in the Benefit Grids. The Benefit Grids can be located at:

<https://providers.partnersbhm.org/benefits/>.

*Physical Health services will be available for viewing on the Benefit Grids prior to 7/1/2024.*

- Partners' Service Pre-Authorization Lookup Tool provides authorization requirements by service code. The PA Lookup Tool can be located at:

<https://providers.partnersbhm.org/benefits/>.

*Physical Health services will be available for viewing on the PA Lookup Tool prior to 7/1/2024.*



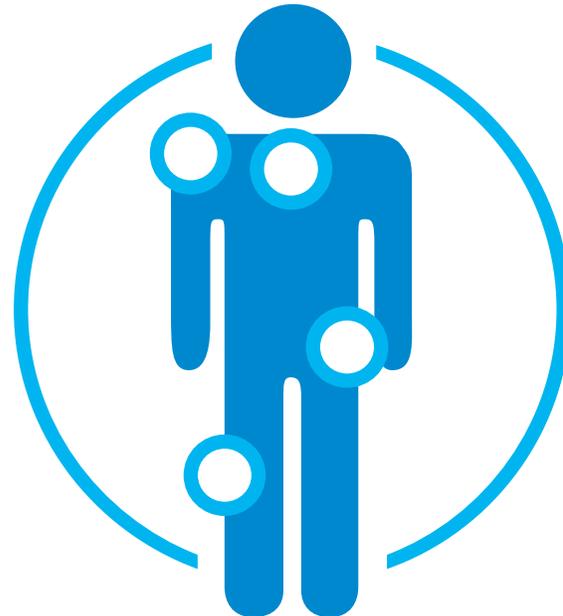
# Utilization Management Contact Information

- UM Physical Health Phone Number:  
1-877-398-4145
- UM Physical Health Fax Numbers:
  - Inpatient Requests 336-527-3208
  - Outpatient Requests 704-884-2613
  - Transplant Requests 866-753-5659
  - Pharmacy PADP Requests 704-772-4300
- UM Physical Health Email Addresses:
  - For Service Requests: [PHManualAuthorizations@partnersbhm.org](mailto:PHManualAuthorizations@partnersbhm.org)
  - For Questions: [PHUMQuestions@partnersbhm.org](mailto:PHUMQuestions@partnersbhm.org)

# Evolut (Formerly National Imaging Associates, Inc.)

- Partners, through its partnership with Carolina Complete Health, will use Evolut (formerly National Imaging Associates, Inc.) to provide the management and prior authorization of **non-emergent, advanced, outpatient imaging services**.
- Any services rendered on and after October 1, 2024 will require authorization. Only non-emergent procedures performed in an outpatient setting require authorization with Evolut.

- CT/CTA
- CCTA
- MRI/MRA
- PET Scan
- MUGA Scan
- Myocardial Perfusion Imaging
- Stress Echocardiography
- Echocardiography



## Excluded from the Program Procedures Performed in the following Settings:

- Hospital Inpatient
- Observation
- Emergency Room



# Evolut (Formerly National Imaging Associates, Inc.)

Item	Key Point(s)
<b>RadMD Access &amp; Features</b>	<ul style="list-style-type: none"><li>▪ <b>Prior authorization requests can be made online at: <a href="http://www1.RadMD.com">www1.RadMD.com</a></b></li><li>▪ RadMD Website – Available 24/7 (except during maintenance)</li><li>▪ Request authorization (ordering providers only) and view authorization status</li><li>▪ Upload clinical information</li><li>▪ View Evolut’s Clinical Guidelines ▪ Frequently Asked Questions ▪ Quick Reference Guides ▪ Checklist ▪ RadMD Quick Start Guide ▪ Claims/Utilization Matrices</li><li>▪ View and manage Authorization Requests with other users (Shared Access) ▪ Requests for additional Information and Determination Letters ▪ Clinical Guidelines ▪ Other Educational Documents</li></ul> <p>To sign up for RadMD Go to: <a href="http://www1.RadMD.com">www1.RadMD.com</a> Click the New User button and set up a unique username/account ID and password for each individual user in your office. NIA-Carolina Complete Health educational documents: <a href="http://www1.RadMD.com">www1.RadMD.com</a></p>

# Provider Resources

NC Medicaid Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan will launch July 1, 2024.

If you are experiencing a behavioral health crisis, call Partners new Behavioral Health Crisis Line: 833-353-2093.

The Tailored Plan Primary Care Provider Choice Period ends May 15. Call 1-888-235-4673 to select your Primary Care Provider or fill out the Choose or Change Your PCP form.

877-864-1454 ▶ Training Resource and Collaborative ▶ Provider Knowledge Base ▶ Find a Provider ▶ ProviderCONNECT ▶ MemberCONNECT



Tailored Plan Home Members Recipients Pharmacy Providers Contact

## Partners Tailored Plan

Partners Tailored Plan covers services for mental health, substance use disorders, intellectual & developmental disabilities, physical health and pharmacy. If you have questions or want more information, contact Member and Recipient Services at 1-888-235-4673.

If you are a provider in the Partners network, or are interested in joining our network, please call our dedicated Provider Line at 1-877-398-4145.



### Members

If you have Medicaid, we have a lot of information to help you get or use services. You can select a topic from the Members tab at the top of the page. If you need to talk to someone, you can call our Member and Recipient Services Line at 1-888-235-4673. We want to help you get the most out of your benefits plan.

▶ Learn More

### Recipients

If you do not have Medicaid, are uninsured or under insured, you may get services using state funds. The Recipients tab at the top of the page will give you information on many topics. You may also call Member and Recipient Services for more information. That number is 1-888-235-4673.

▶ Learn More

### Pharmacy

Partners Tailored Plan works with CVS Health to ensure your pharmacy needs are met. You can find information on the pharmacy program by selecting a topic from the Pharmacy tab located at the top of the page, including a link to the NC Medicaid Preferred Drug List.

▶ Learn More

### Provider

Providers may use the Provider tab to find information on joining the Partners Tailored Plan network, manuals and forms, how to access ProviderCONNECT, our secure provider portal and how to access online training materials. We truly see our providers as partners and are here to help you succeed.

▶ Learn More

## Learn More About Partners Health Management

- <https://www.partnersbhm.org/tailoredplan/>
- <https://www.partnersbhm.org/tailoredplan/providers/manuals-forms-and-policies/>
- <https://www.partnersbhm.org/wp-content/uploads/partners-quick-reference-guide.pdf>
- <https://www.partnersbhm.org/tailoredplan/pharmacy/>
- <https://www.partnersbhm.org/tailoredplan/providers/provider-training-materials/>
- <https://providers.partnersbhm.org/claims-information/>
- [NC DHHS Tailored Plan Toolkit](#)

# Tailored Plan Transportation Services

**Non-Emergency Medical Transportation (NEMT)**  
**Non-Emergency Medical Transportation (NEMT)** is the new name for your transportation benefits under the Tailored Plan.

Members and/or their guardian will need to use **Modivcare**, Partners' transportation vendor, to access this service.

**Tailored Plan Members:** Call Member Services at **1-888-235-4673** and choose the "Transportation" option starting May 16, 2024, to schedule rides that will begin July 1, 2024.

## What appointments are covered?

- Medical, dental and vision
- Behavioral health
- Prescription pick-up following Primary Care Provider (PCP) appointments
- Women Infants Children (WIC)
- Non-medical appointments such as educational classes and weight-control classes, including Weight Watchers

<https://www.partnersbhm.org/tailoredplan/members/tailored-plan-transportation-services/>

# Contracting with Partners Tailored Plan

- Physical Health Providers may enter a contract with Partners Tailored Plan through our physical health partner, Carolina Complete Health
- Please initiate your contract with the [Contract Request Form](#)
- You may also reach out to the Carolina Complete Health Network team via email at: [networkrelations@cch-network.com](mailto:networkrelations@cch-network.com)

**Note:** Prior to contracting, providers must be credentialed with NC Medicaid. NCTracks is the system of record for provider enrollment data.



# 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
Carolina Complete Health Network Provider Relations	<ul style="list-style-type: none"> <li>• Tailored Plan Physical Health Contracting</li> </ul>	NetworkRelations@cch-network.com
Carolina Complete Health Provider Engagement	<ul style="list-style-type: none"> <li>• Payspan</li> <li>• Panel Status</li> </ul>	<u>CCHN Provider Engagement Team</u>

# Questions?

