PHP PROVIDER WEBINAR
OCTOBER 26, 2021
THE LIFE PLAN, BILLING & CLAIMS
TOPICS

• About PHP
• Care Management Model
• The Life Plan
• Billing and Claims Reminders
• Ongoing Provider Support
• Questions/Comments
• Contact Us
ABOUT PARTNERS HEALTH PLAN

PHP is a not for profit managed care plan that contracts with Medicare and the New York State Department of Health (Medicaid) to provide benefits to participants through the Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities (FIDA I/DD).
PHP was designed by professionals with over six decades of successful experience supporting the unique needs of individuals with I/DD.

- PHP uses a person-centered process that addresses members them develop and implement a process to reach them.

- Grounded in the tradition of specialized I/DD services.

- Supporting and advocating for the needs of its population now and into the future.
Partners Health Plan employs a two-person Care Coordination Team model as part of its comprehensive managed care plan to cover health and IDD services for individuals with developmental disabilities and their families.

Each PHP member is assigned a Care Manager, who is a Qualified Intellectual Disabilities Professional (QIDP) and a Clinical Team Leader, who is a licensed RN or Social Worker.
CARE MANAGEMENT MODEL

CARE MANAGERS ARE RESPONSIBLE FOR MANAGING PLANS, SERVICES AND SUPPORTS:

- Primary point of contact for members.
- Completion of Comprehensive Reassessments.
- Development of Person-Centered Plans.
- Lead IDT meetings for stable members.
- Linkage to OPWDD Waiver Services, Community Supports, LTSS
- Monitor member goals and needs.
The Care Manager will always be the provider’s primary point of contact & all services must be authorized by the Care Manager – NOT OPWDD.

A PHP member’s Care Manager’s name is always listed on the Life Plan, but if you are unable to find this information you may call: 1-855-747-5483.
Life Plans are developed during meetings with the participant/advocate, circle of support, and Interdisciplinary Team.

The Life Plan includes important information about the participant’s goals and needs, and the services and supports to address them.

Providers review and approve Life Plans before they are finalized; approvals are a confirmation that the Life Plan, including any services authorized in Section 4, is accurate.
On an **ongoing basis**, PHP’s care management team monitors the participant’s well-being and progress toward achieving the goals listed in the Life Plan and **makes any needed adjustments or revisions in collaboration with the participant and his or her circle of support.**
All services rendered will **require a PHP Care Manager’s authorization** in accordance with the member’s Life Plan to pay the claims.

Providers will not be paid for services requiring Interdisciplinary Team (IDT) authorization in the absence of such authorization. These services must be authorized in Section 4 of the member’s Life Plan to be paid.
Providers will not be paid in instances where a provider bills in excess of the number of units authorized.
CLAIMS PAYMENT REMINDERS

Providers will not be paid for specific services while a member is admitted to a hospital or skilled nursing facility, with the exception of services delivered on the admission and discharge dates.
CLAIMS PAYMENT REMINDERS

THESE SERVICES INCLUDE...

Outpatient Therapies (PT/OT/psych)
PCA/CDPAS
ICF Day Services
Pathways to Employment

Day Habilitation
Prevocational Services
Community Habilitation
Supported Employment
Respite

*Any claims for ICF or IRA services submitted when an individual is inpatient must include codes to reflect the claim is for a medical leave day. For example: 4438 Rate for IRA Medical Leave and 0185 Revenue Code for ICF Medical Leave.
If you submit a claim for a service that is not authorized in the Member’s Life Plan, billed in excess of the number of units authorized, or while a member is admitted to hospital or SNF, your claim will be denied.
If a claim is denied, it will be indicated in the Explanation of Benefits (EOB)

Go to: PHPCares.org/providers/authorizations-appeals
HOW TO APPEAL A CLAIM

If a provider disagrees with an authorization-related denial, or if the provider disagrees with the manner which a claim was processed, the provider has the right to file an appeal with PHP within 60 days from the date of the determination or denial unless contracted otherwise.

GO TO: PHPCares.org/providers/authorizations-appeals

Appeals must include:

- Claim Number
- Authorization number (if applicable)
- Participants name and PHP Number
- Date(s) of Service
- Service code(s) billed
- Unit(s) value billed
- Amount billed
- Reason for appeal

Appeals must be submitted in writing and mailed to: Partners Health Plan Attn: Appeals and Grievances P.O. Box 16309 Lubbock, TX 79490
Please remember to submit your claims in accordance to your contracts timely filing parameters which according to your contract is i.e. 90/120 days.

It is important to follow the Billing & Claims Submission Guidelines and Susan Wallach, your agency contact at PHP can assist you with questions about timely claims filing.
ONGOING PHP PROVIDER SUPPORT

- Training offerings:
  - *Transition to Managed Care for Agency Staff*
  - *Quality of Care and Healthcare Outcomes in I/DD Population*
  - *Mental Health First Aid*

- Initiatives, partnerships, collaborations (i.e. tele-medicine)

- Analytics Support

- Provider News Bulletins

- Ability to showcase services/supports to PHP & CDNY’s care management teams through Provider Spotlight

- Provider webinars on applicable topics:
  - *Technical Support*
  - *Current PHP Initiatives*
  - *Current Trending Topics*
PHP’s goal is to ensure members get the services that they need and providers are appropriately compensated.

CONTACT

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Participant Services:
1-855-747-5483.

www.phpcares.org
THANK YOU!