



PARTNERS  
HEALTH PLAN

# Provider Information Session

PHP CARE COMPLETE FIDA-IDD

Fully Integrated Duals Advantage for Individuals with Intellectual and Developmental Disabilities.

A Medicare and Medicaid Health Plan

# Topics Covered



- ▶ About PHP
- ▶ Plan Benefits & Vendors
- ▶ Medications
- ▶ Transition to PHP
- ▶ Care Coordination
- ▶ The Assessment & Life Plan
- ▶ Medisked
- ▶ DD Provider Responsibilities
- ▶ Billing
- ▶ Q&A

# About PHP

- Who We are
- Mission and Values
- Plan Benefits
  - Vendors



# Who We Are



- ▶ Partners Health Plan 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-IDD) Demonstration.
- ▶ Partners Health Plan was designed by professionals with over six decades of successful experience supporting the unique needs of individuals with intellectual and other developmental disabilities.
- ▶ We use a person centered process that ***addresses members personal goals*** for their life, and helps them ***develop and implement*** a process to reach them.

# Mission and Values



- ▶ Promoting wellness
- ▶ Supporting choice
- ▶ Integrating services
- ▶ Respecting diversity
- ▶ Promoting quality of life

***Our mission is to protect the benefits and services that our members currently receive and to assist members with remaining in their homes and communities as long as possible.***

# Plan Benefits



Partners Health Plan will integrate all benefits, an example of some of the benefits offered are:

- ▶ Medicare Part A, B and D
- ▶ Medicaid Services
- ▶ OPWDD Services/ Waiver
- ▶ Long Term Supports and Services
- ▶ Behavioral Health
- ▶ Accessible Dental Vendors
- ▶ Accessible Vision Vendors
- ▶ 1 member ID card
- ▶ Dual Care Team with a licensed RN as the leader\*
- ▶ Durable Medical Equipment/Prosthetic and Orthotic Supplies
- ▶ On staff DME specialist to assist with DME orders
- ▶ Accessible Hearing Vendors
- ▶ Non-emergency Transportation (community members)
- ▶ Individualized care model: The Life Plan
- ▶ Expedited Self Direction Services
- ▶ Web based Person-Centered Portal
- ▶ Clinical Pharmacy Program
- ▶ Telemedicine Program

# Vendors



Call Center	Hosted By	Purpose	Phone Number
Participant Call Center	HealthSmart	Inquiries	1-855-747-5483
Utilization Management	HealthSmart	Prior Authorizations	1-855-769-2508
NYS Enrollment Broker	Maximus	Enrollment/Disenrollment	1-844-343-2433
		TTY	1-888-329-1541
PHP Fraud Hotline	PHP	Fraud, Waste, Abuse	1-855-747-0013
24/7 Nurse Advice Line	Sequence Health	Clinical Advice	1-855-769-2507
National Vision Administrators (NVA)	Vision Vendor	Inquiries	1-877-865-7925
BeneCare	Dental Vendor	Inquiries	1-800-903-3335
LogistiCare	Transportation Vendor	Transportation Reservations	1-855-369-3721
		Where's My Ride?	1-855-369-3722
Perform Rx	Pharmacy Vendor (PBM)	Participant Services	1-855-508-1718
		Pharmacy Provider Services	1-855-508-1719
Integra	DME/POS Vendor	Order Status	N/A
Language Line	Translation Vendor	Translation Services	1-866-874-3972 ID: 706926

# Medications

- Covered Medications
- Not Covered Medications
- Pharmacy Review Program





# Medications



## Covered Drugs:

- ▶ Part D Medicare Drugs have a \$0 deductible as well as \$0 in copayments for generic and brand drugs
- ▶ PHP uses formulary guidelines such as step therapy, quantity limits and prior authorization for medications.
- ▶ PHP's formulary can be found on the PHP website, under the "Find a Provider" tab and then by clicking on the "About Our Formulary" link

*PHP has a 98% Medicare match for prescription drugs*

# Medications



## Not Covered Drugs:

- ▶ Non-Formulary Exception Request: Prescriptions not listed on the formulary may not be covered unless granted as an exception
- ▶ If a medication is not currently on PHP's formulary, Prescribers can request an exception based on medical necessity and in an effort not to disrupt a person's current status. This can be done by the Prescriber sending a *Coverage of Determination* request or contacting via phone -- our Pharmacy Management Vendor (Perform Rx).
- ▶ PHP updates our formulary on an annual basis. If the Plan has been contacted about a particular medication throughout the year, we will consider adding the medication to our formulary in the following year.

# Medications

## Pharmacy Review:

- ▶ PHP has a Clinical Pharmacist on staff that can complete a review for all transitions in care (discharge from hospital/SNF), polypharmacy, and upon request.
- ▶ The Clinical Pharmacist works directly with Prescriber
- ▶ They can discuss the effectiveness of current medications and how to help the member maintain their best health
- ▶ Data shows that many individuals with I/DD are on multiple medications, prescribed for long periods of time. Often, Practitioners do not communicate across disciplines, causing people to be overly or improperly medicated.

# Transition to PHP

- Transition to PHP
- Continuity of Care



# Transition to PHP



## How it works:

- ▶ Enrollment is voluntary. If calling to enroll *before 20<sup>th</sup>*, effective date is the 1<sup>st</sup> of the next month. If calling to enroll *after the 20<sup>th</sup>*, effective date is the 1<sup>st</sup> of the month following.
- ▶ Once PHP is notified of enrollment, a Care Manager/Care Coordinator will be assigned.
- ▶ Upon effective date, new member begins using their PHP ID card (not their Medicaid or Medicare cards).  
\*example shown on next slide
- ▶ As the new plan member transitions into to our plan, the PHP Care Manager/Care Coordinator assume the role previously held by the CCO Care Manager
- ▶ The CCO Life Plan will remain the service plan of note until the PHP Life Plan takes effect (within 60-90 days after enrollment)
- ▶ *A NOT will be sent to CCO provider agency informing of individual's enrollment in PHP, and discontinuation of CCO Care Management services*



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**Participant Name:** <John E. Smith>  
**Participant ID:** <nnnnnnnnnnnnnn>  
**Health Plan (80840):**  
**PHP Care Complete FIDA-IDD Plan**  
**Effective Date:** <Coverage Start Date>  
**PCP Name:** <PCP Name>  
**PCP Phone:** <1-xxx-xxx-xxxx>  
**Care Manager:** <Name>  
**Care Manager Phone:** <1-xxx-xxx-xxxx>

**PARTICIPANT CANNOT BE CHARGED**  
**Copays:** PCP/Specialist: \$0 ER: \$0 Rx: \$0

H9869 – 001



**RxBIN:** 012353  
**RxPCN:** 06480000  
**RxGRP:** 343233  
**RxID:** <nnnnnnnnnnnnnn>



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### Back of Model Member Identification Card

In an emergency, call 9-1-1 or go to the nearest emergency room (ER) or other appropriate setting. If you are not sure if you need to go to the ER, call your Care Manager or the 24-Hour Nurse Advice line.

**Participant Services and Provider Services**.....1-855-747-5483 TTY 711  
**24-Hour Nurse Advice**.....1-855-789-2507 TTY 711  
**Care Management**.....See Care Manager Phone # on front of card  
**Perform Rx Participant Services**.....1-855-508-1718  
**Dental Services – Call Benecare**.....1-800-903-3335  
**Hospitals: notify us within 24 hours of emergency admission**....1-855-769-2508  
**Pre-certification/Notification**.....1-855-789-2508  
**Perform Rx Pharmacy Provider Services**.....1-855-508-1719  
**Non-emergency Transportation - Call LogistiCare**.....1-855-369-3721

Send Claims To: Partners Health Plan P.O. Box 2151, Charleston, WV 25328  
Electronically submit claims via Emdeon Submitter ID 14966  
**Website:**.....www.phpcares.org

*This card should be brought to all appointments.*

# Continuity of Care



- ▶ If the new member's providers are not part of the PHP provider network, they can keep their providers and services that they are currently receiving for up to 90 days.
- ▶ Exceptions:
  - ▶ PHP acknowledges the importance of continuity of care during the first 90 days for a new member; therefore we allow a new member, during their initial transition to continuing seeing providers they already have a relationship with even if they are non in network. Please note that it is a provider's decision to participate in this transition; they may opt to stop seeing a new PHP member after their enrollment date.
  - ▶ Receiving behavioral health services and the provider is not in PHP's provider network then members can continue with the current provider until treatment is complete or up to 2 years.
  - ▶ If a member resides in an OPWDD certified residence, they can continue to reside there for as long as the residential services is determined
  - ▶ All DD services are covered for non-par DD agencies regardless if they are in, or out, of network

# Care Coordination

- Care Management Team
- Responsibility of the Team





# Care Management Team



TERM	SUMMARIZED DEFINITION
Care Manager	Lead member of the two person care management team that member's receive support from. Licensed professional (RN/LMSW). Responsible for leading the participant's team and monitoring/managing health-related needs on an on-going basis.
Care Coordinator	QIDP or MSC level staff. Coordinates services and advocated for options to promote high quality outcomes. Serves as the member's primary point of contact; facilitates communication with member.

For members who reside in an ICF setting, they will gain a Care Manager upon joining PHP. ICF residents will also will retain their CFA, in addition to having a PHP Life Plan . The Qualified Intellectual Disabilities Professional (**QIDP**) will work with the Care Manager to coordinate services and to create the Life Plan for the member.

# Responsibilities



WHO	RESPONSIBILITIES
<b>Care Manager</b>	<ul style="list-style-type: none"><li>-Conducts Assessment (upon intake, trigger events and annually)</li><li>-Ensures a person receives necessary services decided upon at their Life Plan meeting</li><li>-Approves (authorizes) all services being received</li><li>-Reviews programs to ensure high quality service</li><li>-Lead person for contact from Day Habilitation/Residences/ICF's in the event of Life changes/hospitalizations (contact number on the back of the member's card)</li></ul>
<b>Care Coordinator</b>	<ul style="list-style-type: none"><li>-Obtains DDP2, LOC, POM, ISP and Physical (updating as necessary)</li><li>-Maintains contact with the Plan participant throughout the year</li><li>-Responsible for flow of information between Care Management Team and programs</li><li>-Does not exist for ICF members (since they retain their QIDP)</li></ul>

# The Assessment & Life Plan

- I Am Assessment
  - Medisked
  - Life Plan
- Similarities to the ISP
- Interdisciplinary Team



# I AM Assessment



- ▶ The I AM assessment is an OPWDD, DOH and CMS approved tool, used to determine a person's history, preferences, personal outcomes and hopes.
- ▶ The I AM assessment was developed to be I/DD specific. Woven throughout the I AM Assessment are CQL/POM related questions that will highlight POM related life goals for each member.
- ▶ The I AM produces a report of traditional health and safety requirements.
- ▶ The I AM Assessment addresses 28 areas and helps the IDT team determine which actions are needed or desired by the person to lead a fulfilling life.
- ▶ The I AM recommends specific services and supports to address members hopes and dreams as well as traditional health and safety requirements.
- ▶ The I AM is comprehensive, similar to a "UAS" in the medical field. At this time the I AM does not replace the CAS.

# I AM Assessment



## When does it take place?

- ▶ An initial I AM Assessment is conducted with the member within their first 30 days of enrollment. Following that, reassessments are routinely conducted annually or as necessary following a precipitating event. The member can also request another assessment during the year.

## Who is involved?

- ▶ The Care Manager is responsible for conducting the I AM with the member, the Care Coordination may attend the assessment meeting and assist with collecting data. If a member chooses to they may invite others to be present for the I AM as well.

Medisked Coordinate is a Care Management Platform specifically created for the I/DD population. It brings all the elements of I/DD care coordination together, in a person-centered way:

- ▶ Create / edit / store complete member care plans and service delivery information.
- ▶ Create and track plan authorizations and expiration
- ▶ Maintains assessment data, including individuals' needs, services needed, and plan/goal progress
- ▶ Auto-generate suggested plans of care based on assessment results
- ▶ Generates assignments for provider and service specific plans
- ▶ In-depth monitoring of quality of service delivery
- ▶ Client portal access to view information and plans – allows for sign off and communication

# The Life Plan



- ▶ OPWDD, with the assistance of Partners Health Plan, has developed a person-centered care and service planning and delivery approach with a focus on member choice, improved health/service outcomes, and timely access to high-quality medically necessary services, supports, and habilitation in the least restrictive setting. The result is the creation of a customized "Life Plan" for each member.
- ▶ The Life Plan was designed to integrate preventive and wellness services, medical and behavior healthcare, personal safe guards and habilitation to support each participant's personal dreams in a state-of-the-art document.

# The ISP and the Life Plan



- ▶ The Life Plan replaces the ISP document but contains all of the same information, and meets all of the regulatory requirements of the ISP.
  - Name of the person
  - Date of Meeting
  - Medicaid Number or CIN Number
  - The Narrative Sections
  - Funded Services/HCBS Waiver Services
  - Required Information for HCBS Waiver Services
  - Signatures
  - Attachments
  - All of the supports and services necessary to help the person live a successful life
  
- ▶ The difference between the ISP and Life Plan is that the ISP document only integrates DD services, whereas the Life Plan integrates all services *and* natural supports.



# Life Plan Structure



- ▶ The Life Plan is comprised of 6 comprehensive sections:
  - ▶ Assessment Narrative Summary
  - ▶ Personal Outcomes
  - ▶ Health & Safety Supports Individual Protective Oversight Plan (IPOP)
  - ▶ List of Services
  - ▶ Member Supports
  - ▶ Summary Section

# Interdisciplinary Team



- ▶ Each member has an Interdisciplinary Team (IDT). The IDT participates in the areas of the care coordination process, including assessments and reassessments, Life Plan development, and authorizations.
- ▶ Mandatory membership of the IDT is comprised of the participant (plan member), their family or designated representative/chosen advocate, the primary providers of DD services (day hab., res hab., etc.).
- ▶ In addition to the mandatory members the team may include: professionals (including those licensed in various disciplines such as doctors, psychologists, speech therapists, etc.) and the member's chosen natural supports.

# DDRO

- TABS/CHOICES
  - DDP 1
  - LOC/LCED
  - NOD/NOT



## TABS/ CHOICES

- ▶ Upon enrollment in PHP, provider agencies will no longer have ability to upload information to CHOICES. A PHP Care Coordinator is responsible to upload those documents previously uploaded by individual's MSC. Other items are updated in TABS by way of electronic feed to OPWDD (see DDP1 section below).

## DDP 1

- ▶ Agencies will not need to complete a DDP1 for PHP members. Section 4 of the Life Plan authorizes the agency to commence services. It will display the agency, the service and the code, and the frequency. This information is transmitted to OPWDD/the local DDRO as the section of the Life Plan is updated.

## LOC / LCED

- ▶ The PHP Care Coordinator assumes the responsibility for the annual review of the LOC/LCED. The updated LOC/LCED form is uploaded to PHP's electronic record system, and can be accessed by providers on the provider portal.

## NOD

- ▶ A PHP Care Coordinator will apply for enrollment in the HCBS Waiver for members seeking waiver services who are not waiver enrolled at the time they come to PHP. PHP will obtain the NOD from the local DDRO, and will upload to PHP's electronic record system, for view on PHP portal by relevant providers. PHP Care Coordinator can also provide a hard copy of the NOD to provider of waiver services as requested.

# DD Provider Responsibilities

- ▶ Portal
- ▶ Notification of Change
- ▶ Network
- ▶ Finding a Doctor
- ▶ Billing Methods
- ▶ Electronic Claims Submission
- ▶ Paper Claims Submission
- ▶ Authorizations
- ▶ Services Requiring Authorization
- ▶ Provider Forms



# Portal



The PHP Provider Portal is the primary method of information sharing between PHP and in-network I/DD providers not using an Electronic Health Record/Agency Management Platform integrated with PHP. You do not need to utilize Medisked to access the Portal, it is a web based system, available to all agencies.

The PHP portal is a digital cabinet for core team members to access essential documents for each member. If you are part of a member's circle of support you may be granted access to the member's portal by the Care Team. There are six available functions within the PHP Provider Portal:

- Forms
- Periodic Summaries
- Charts
- My Assessments
- My Plans
- the Message Center

# Notification of Change



- ▶ The Notification of Change is intended to be interchangeable, real time communication/information between providers and PHP.
- ▶ The NOC is *not* meant to convey routine information that is already known.
  - For instance, if a member who has a seizure condition a NOC would not be completed. However, if a member has a seizure and this condition was not known a NOC would be completed.



# Network



Many of PHP's network providers have specific experience and expertise in serving individuals with IDD, which is of vital importance for individuals with moderate to severe cognitive impairments, many of whom are non-verbal. They also have experience in desensitization, which has proven to be very effective when delivering certain types of services to persons with IDD without the use of anesthesia or sedatives (e.g., dental cleanings, gynecological exams).

Many of these preferred providers of our members have been successfully recruited for the network.

PHP is always looking to recruit good providers not already in our network – ***recommendations are appreciated!***

# Finding a Doctor



There are several options for finding a doctor in the PHP network:

- ▶ Speak to your Care Team
- ▶ PHP Participant Call Center
  - ▶ 1-855-747-5483

- ▶ Print Directory

Available on the website or by request

- ▶ PHP Website (under construction)

Use the Search Tool (updated approximately every 10 days)

<http://phpcares.org/our-network/find-a-provider-or-pharmacy>

# Billing Methods



Claims can either be submitted electronically or on paper:

- ▶ Electronic claims submission

  - HealthSmart Clearinghouse

  - Change Healthcare (Formerly Emdeon) Submitter ID: **14966**

- ▶ Paper claims

  - Mail all paper claims to:

**Partners Health Plan**

**PO Box 16309**

**Lubbock, TX 79490**

# Paper Claims Submission

Please follow these simple instructions to facilitate the processing of your claims

- ▶ Submit original red-ink, current versions of CMS1500 and UB04 claim forms
- ▶ Avoid submitting black and white copies
- ▶ Avoid handwriting claims
- ▶ Print data within the allotted field size
- ▶ Include your National Provider Identifier (NPI)
- ▶ Use the Billing Guide as a resource
- ▶ Google search 'fillable UB-04'

# Electronic Claims Submission



PHP encourages providers to submit their claims electronically

- ▶ Claims submitted electronically process more quickly
- ▶ Reduced administrative costs for provider
- ▶ Reduced timely filing denials
- ▶ Better for cash flow

# Authorizations



Authorizations are only required after 90 days of *continuous* enrollment.

## Two types of authorizations

- ▶ DD service authorizations are assigned in the life plan which is completed by Interdisciplinary Team (IDT)
- ▶ A limited amount of medical services have authorization requirements  
Inpatient, SNF, complex diagnostic services

Waiver services authorizations are put into our Care Management system by the member's care team

- ▶ Authorization are discussed and approved during the life plan process

# Services Requiring Authorization



For services that require authorization through Healthsmart's Utilization Management system, there is a list on our website that details what these services are.

▶ PHP Website > Providers > Provider Materials

▶ [http://phpcares.org/wp-content/uploads/2014/05/20180108\\_Provider-Authorizations\\_UM\\_Care-Coordination.pdf](http://phpcares.org/wp-content/uploads/2014/05/20180108_Provider-Authorizations_UM_Care-Coordination.pdf)

▶ Included on this page there are instructions for how to obtain pre-authorization for these services.

# Payment



- ▶ PHP pays clean claims within 15 days of submission on average
- ▶ PHP generates two check runs per week on Tuesday and Friday evenings
- ▶ Three options for payment
  - ▶ EFT / ACH (recommended)
  - ▶ Virtual Card
  - ▶ Paper check
- ▶ Please be advised that PHP is transitioning our claim payment vendor
  - ▶ Providers paid via EFT will receive a fax notification February 18<sup>th</sup> with instructions
  - ▶ Instructions will also be included on the EOP with our February 14<sup>th</sup> claim remittance.



# Remittance Advice

Two options to receive remittance for payments from PHP:

▶ Paper EOBs

- EOBs are either faxed or mailed to the provider

▶ Electronic remittance (*recommended*)

- EDI enrollment packet can be found on PHP website
- Electronic remittance can be integrated into billing software
- Remittance comes in standard 835 format

# Important Phone Numbers & Web Links



Provider services (claim inquiries, member eligibility, benefits): 1-855-747-5483

Utilization management: 1-855-769-2508 (P) 1-855-769-2509 (F)

## Claims submission

HealthSmart Clearinghouse: 1-888-744-6638 (no charge)

Change Healthcare (formerly Emdeon): 1-888-363-3361

Enroll in electronic submission / remittance: 1-888-744-6638

Enrollment packet: <http://phpcares.org/wp-content/uploads/2016/05/PHP-Provider-EDI-Enrollment-Packet.pdf>

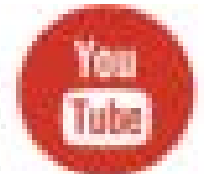
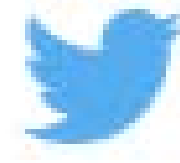
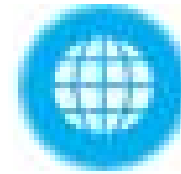
Billing Guidelines <http://phpcares.org/wp-content/uploads/2017/08/Billing-and-Claims-Submission-Guidelines.pdf>

Rate updates, send rate sheets to: [rateupdates@phpcares.org](mailto:rateupdates@phpcares.org)

# Contact Information

Jessica Cannella, *Clinical Trainer*

- Landline: 646-844-4020 x1023
- Email: [Jcannella@phpcares.org](mailto:Jcannella@phpcares.org)



**Our Website:**

**[www.phpcares.org](http://www.phpcares.org)**

# Thank you for attending!



# THE HEALTHCARE AND SUPPORT YOU COUNT ON FOR LIFE



[phpcares.org](http://phpcares.org)