



PARTNERS  
HEALTH PLAN

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

Q&A FOLLOW UP

# WEBINAR Q&A FOLLOW UP

Question	Answer
There are services that maintain someone's place in the community while they are in hospital that need to be billed, in particular; housing subsidy (state plan) and Support Broker. There services were not in the inpatient "denied" list. Will these be covered?(sound came back)	Housing subsidy is a state plan paid item and not a PHP covered benefit. As such PHP has no impact on how this service is paid when someone is inpatient. Support broker services will not be denied while a PHP member is inpatient; brokers and FIs should ensure any services provided and billed for while a member is inpatient are within allowable guidelines.
When providing services over the units on the Life Plan will any additional billed unit be paid only when an authorization is granted by PHP. When additional units are approved is there an authorization letter issued.	Services should not be provided in excess of the number of units authorized on the Life Plan. If there is a need to request additional units, this should be done before the service is provided so the Life Plan can be amended if appropriate. A new Life Plan, including any changes to the number of units authorized, is sent any time the Life Plan is amended.
Can request for changes or corrections to the LP occur at anytime or only at meetings?	Requests to change the Life Plan can be made at any time. The process to complete a change to the Life Plan occurs during a meeting with the provider and individual/advocate and results in a Life Plan addendum.

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Can we clarify that the auth units are for the entire 6 months of the LP and not weekly	Section 4 of the Life Plan lists the date range for which the number of units is authorized. Denials should only occur when the total number of units billed for exceed what is authorized during that date range.
Itotally understand the LP requirements in general--during this period of state of emergency--their was flexibility given to providers to provide supports/services, within the waiver, within the agency's total unit authorization--I know there was an expectation that there should be communicating with the CM-but the LP did not have to be updated immediately--How is PHP handling these situations	PHPs service authorizations are made at the individual member level. PHP adheres to all OPWDD flexibilities with regard to service delivery during the PHE, including the requirement to update Life Plans for any service changes that required such. Care Managers made those updates upon request of the individual or provider.
Since a person receiving services needs to be enrolled with a managed care agency, what role, if any does PHP play in assisting a person to enroll with a CCO when they choose to disenroll from PHP?	PHP Care Managers advise any person who chooses to disenroll of the need to connect with a CCO/HH Care Manager to maintain waiver services. PHP also tracks enrollment into a CCO, and when necessary, may engage waiver service providers to support the enrollment.

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Does PHP pay for hospital days for Bed Reserve.	PHP reimburses for medical and therapeutic leave days in accordance with current OPWDD regulations. Claims for supervised IRA and ICF services provided when a PHP member is inpatient need to reflect the correct rate codes to ensure payment.
Are we allowed to bill retainer days for IRA or hospital day in ICF?	see above
What about when an individual who is enrolled in a Supervised IRA program? OPWDD allows retainer days (14) for when an individual is in a hospital. Will PHP no longer pay for retainer days?	see above
How do they come up with authorized number of units?	Life Plans, which include all authorized services, are developed during meetings led by the Care Manager that include the individual, advocate and service providers. This person-centered planning process considers the goals and needs of the individual, and engages the person and his/her IDT to consider the most appropriate set of services and supports needed to support those goals. The number of units authorized is specific to each individual's needs and circumstances. The number of units authorized is approved by the individual/advocate and service providers during the Life Plan development process.



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What is the appeal process for timely filing?	Follow the Appeal process on slide 16, or review the PHP Provider Manual located in on the <a href="#">PHP Provider Material's</a> web page.
Is there an appeal process for timely filing if claim was submitted timely but denied. The claim was rebilled with corrected information but denied due to timely filing?	Follow the Appeal process on slide 16, or review the PHP Provider Manual located in on the <a href="#">PHP Provider Material's</a> web page.
When submitting claims to clearing house we are not getting denials back from PHP at almost 45+ days so how does that effect the 60 day deadline	Being Researched- will be updated once information is received
What about Code 15 Covid Delay (They are referring to the timely delay code 15 for Natural event that DOH has in effect)?	Being Researched- will be updated once information is received

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Is there a webinar specifically on how to bill?	Please see the claims billing and submission guidelines in the <a href="#">Provider section</a> of the website.
Can you confirm for timely filing is based off of first date of service?	Yes Timely Filing is based of the date of service.
Is PHP changing dental providers	PHP will be changing to a new Dental Benefit Manager - DentaQuest effective 1/1/2022. This company maintains a very large and accessible network of all dental subspecialties. If you are a dental provider and want more information please contact them at: <a href="mailto:NYProviderengagement@dentaquest.com">NYProviderengagement@dentaquest.com</a> .
is there a way to change the way PHP process and pay voids and adjustments? Now it is done in PLB area of the Era file and details only can be found on paper EOB	Being Researched- will be updated once information is received

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Best way to send new rate sheets.	<a href="mailto:rateupdates@phpcares.org">rateupdates@phpcares.org</a>
Please confirm that the direct deposit vendor charges a fee of 9% for each payment issued	No fee is charged for EFT
Does Dentaquest provide electronic 835's & EFT's?	Yes they do.