



PARTNERS  
HEALTH PLAN

**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).



# ABOUT PARTNERS HEALTH PLAN



- ✓ 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.

# CARE MANAGEMENT MODEL

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.

# CARE MANAGEMENT MODEL

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



**Life Plans are developed during meetings** with the participant/advocate, circle of support, and Interdisciplinary Team.

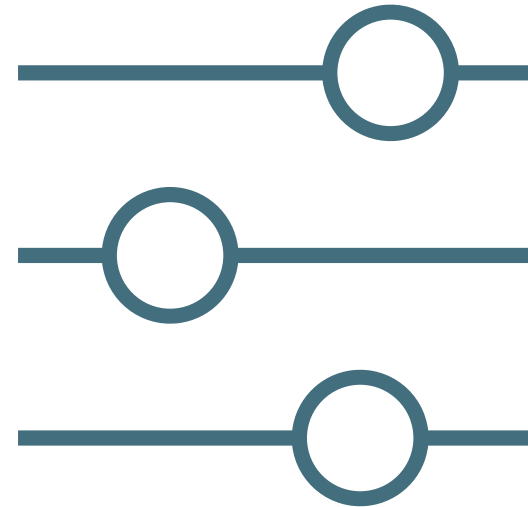
**The Life Plan includes important information** about the participant's goals and needs, and the services and supports to address them.

**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.**



# LIFE PLANS

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.**



# CLAIMS PAYMENT REMINDERS



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.

All services rendered will **require a PHP Care Manager's authorization** in accordance with the member's Life Plan to pay the claims.

# CLAIMS PAYMENT REMINDERS

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.*

# CLAIMS PAYMENT REMINDERS



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.**

# CLAIMS PAYMENT REMINDERS

If a claim is denied, it will be indicated  
in the Explanation of Benefits (EOB)

## PARTNERS HEALTH PLAN

Company No.: 4500

Plan No.: 01

Claim#:

Patient:

Provider:

Enrollee:

Enrollee Id: XXX-XX-

Patient#:

Dates of Service	Proc. Code	Amount Billed	Not Covered	Rmk Code	Discount Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Other Insurance	Payment Amount
01/02-01/02/2020	0430	\$764.00	\$764.00	A1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
01/02-01/02/2020	0430	\$357.00	\$357.00	A1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Column Totals		\$1,121.00	\$1,121.00		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

**Patient's Responsibility: \$0.00**

## Remark Code Description

A1 SERVICE DENIED FOR LACK OF PRIOR AUTHORIZATION

GO TO: [PHPCares.org/providers/authorizations-appeals](https://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](https://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**

# TIMELY FILING GUIDELINES



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*

# CONTACT PHP

PHP's **goal** is to ensure **members** get the **services** that they need  
and **providers** are appropriately compensated.

## CONTACT

**Susan Wallach, LCSW, ACSW**  
Assistant Director,  
Provider Network Management

**Desk:** 845-709-8709

**Cell:** 646-565-8682

**Fax:** 646-883-9907

**Email:** [swallach@phpcares.org](mailto:swallach@phpcares.org)

**Participant Services:**  
**1-855-747-5483.**



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



THANK YOU!