



Licensed Independent Practitioner Collaborative Webinar

May 19, 2021



Welcome

Michelle Stroebel MA, NCC LCMHC

Provider Network Trainer

- ▶ Visit the Partners Provider Knowledge Base link to view documents related to the LIP Collaborative:
<https://providers.partnersbhm.org/licensed-independent-practitioners-collab/>

- ▶ Subscribe to receive Partners' provider communications at
www.partnersbhm.org/subscribe.
 - Subscribe to receive Provider Communication Bulletins and Provider Alerts



Agenda

- ▶ Welcome
- ▶ Coordination of Benefits
- ▶ Member Engagement
- ▶ ASAM Training
- ▶ Standard Plans
- ▶ Resources
- ▶ Partners Training Academy





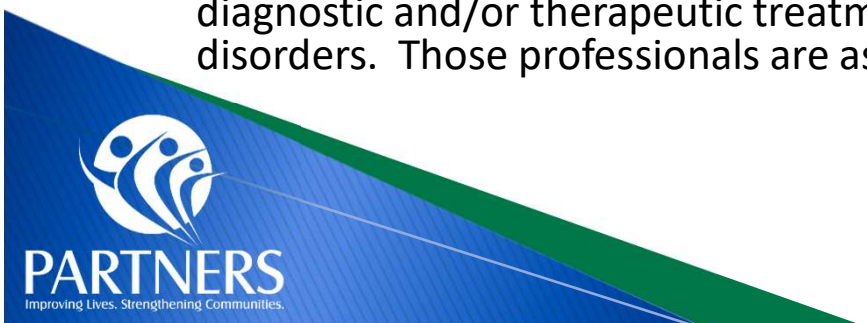
Coordination of Benefits



Partners Program Integrity Department helps improve lives and strengthen communities by ensuring our members receive the quality and level of care they need and are entitled to, that provider documentation demonstrates the need and care given and that taxpayer dollars are spent appropriately through rigorous detection and prevention of fraud, waste and abuse (FWA).

Coordination of Benefits

- ▶ Clinical Coverage Policy 8C: Coordination of Benefits states that “Any provider services dually eligible beneficiaries(i.e., Medicaid and Medicare or other insurance carries) shall be enrolled as a participating provider with each of the identified insurance carries in order to be reimbursed”
- ▶ Partners Claims Adjudication Policy states that “ Claims with Coordination of Benefits (COB) should be submitted within 180 days of service and include the COB information on the claim.” If the member is currently enrolled in the Partners AlphaMCS system and obtains third party coverage, or the provider is made aware of other party coverage, it’s the provider’s responsibility to ensure this information is added to the system.
- ▶ On March 28, 2003,(Revised May 22, 2018) the US Department of Health and Human Services and the Centers for Medicare and Medicaid Services released Program Memorandum Intermediaries/Carriers Transmittal AB-03-037 Subject: Provider Education Article: Medicare Payments for Part B Mental Health Services, which states “Medicare recognizes the following providers who are eligible under Part B to furnish diagnostic and/or therapeutic treatment for mental, psychoneurotic, and personality disorders. Those professionals are as follows:

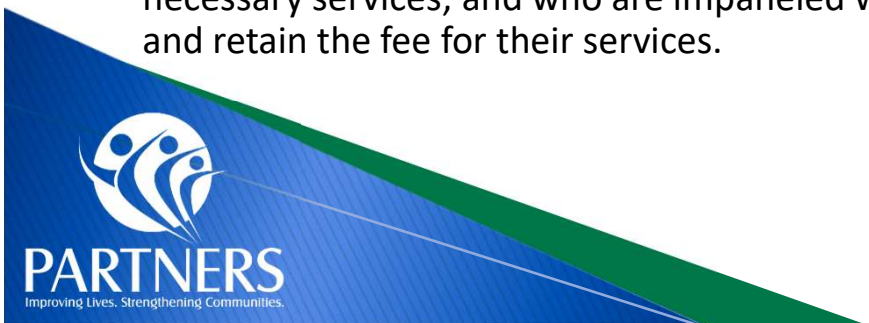


Providers Eligible under Part B

Paneled Professionals

- ▶ Physicians (MD) and Doctors of Osteopathy(DO); particularly
- ▶ Psychiatrist
- ▶ Clinical Psychologist (CP);
- ▶ Clinical Social Workers (CSW);
- ▶ Clinical Nurse Specialist (CNS);
- ▶ Nurse Practitioners (NP);
- ▶ Physician Assistants (PA)
- ▶ Certified Nurse-Midwives (CNM)
- ▶ Independently Practicing Psychologist (IPP)

All services provided to Medicare patients must be furnished by practitioners who by virtue of their specific State licensure certification and training are professionally qualified to provide medically necessary services; and who are impaneled with Medicare, have the rights to bill directly and collect and retain the fee for their services.



Partners Responsibilities

- ***Federal and state regulations require Partners to be the payer of last resort. Providers are required to collect all first- and third-party funds before submitting claims to Partners for reimbursement. Third-party payers are any other funding sources that can be billed to pay for the services provided to the consumer. This can include worker's compensation, disability insurance or other health insurance.***
- ***Third-party payers, including Medicare and private health insurance carriers, must process the claim before Partners does. Providers must report any payments or denial reasons from third-party payers on claims filed with Partners. Claims submitted without third-party information will be denied.***
- ***Partners pays Coordination of Benefit claims according to the "lesser of" methodology. If the Medicaid allowed amount is more than the third-party payment, Partners will pay the difference up to the contracted allowed amount. If the other insurance payment is greater than the Partners contracted amount, no additional amount will be paid.***
- ***Partners will not pay for any service that could have been paid for by Medicare or other private insurance plans had the beneficiary or provider complied with the plan's requirements. Examples of common private plan non-compliance denials include, but are not limited to:***

Failure to get an authorization referral from a primary care physician

Non-participating provider

Failure to obtain prior approval

Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.

If the provider does not have enrolled providers or paneled staff with the primary payer, the member should be referred to an eligible provider of third-party covered services.



- ▶ Providers are required to collect all first- and third-party funds before submitting Medicaid claims to Partners for reimbursement.
- ▶ Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.
- ▶ Partners will not reimburse providers for covered services provided by clinicians who are non-paneled or not enrolled under the recipient's third-party coverage plans.

If you have any additional questions, please contact Partners Account Specialist and/or Claims Department.



References

- ▶ Clinical Coverage Policy 8C
- ▶ Partners Claims Adjudication Policy
- ▶ US Department of Health and Human Services and the Centers for Medicare and Medicaid Services

Contact Information

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901 South New Hope Rd.
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704.884.2617(P)/704.884.2711(F)
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Member Engagement Department



Member Engagement Team

Allison Crotty, **Member Engagement Director**

Beth Brooks, **Member Engagement Specialist Lead**
(Iredell, Surry, Yadkin)

Lindsay Green, **Member Engagement Specialist**
(Cleveland, Gaston, Lincoln)

Melissa Hatton **Member Engagement Specialist**
(Burke, Catawba, Rutherford)

Shirley Moore, **Member Engagement Specialist/CFAC Liaison**

Laverne Currence, **Plan Transition of Care Coordinator**

Sharon Welling, **State-Funded Waiting List Coordinator**



Member Engagement Roles

Provide customer service to members and families.

Help link members to available community resources.

Support members moving between health plans.

Develop and maintain a State-funded waiting list.



PARTNERS
Improving Lives. Strengthening Communities.

Member Engagement



Member Engagement

provides advocacy, supports and education for our members and families who receive Medicaid and uninsured services.



Member Engagement



Contact us to have your voice heard.

We provide information about community resources, types of services and your rights as a member.

- ▶ Log on to your Member Portal, find a provider or download the latest Member Handbook at www.partnersbhm.org
- ▶ Questions? Call **704-884-2729** or Contact the Member Engagement team at memberquestions@partnersbhm.org
- ▶ Find us on Social Media



@PartnersHealthMgmt



@PartnersHM



@partnershealthmgmt

Pyx Health Mobile App



ENROLL TODAY!

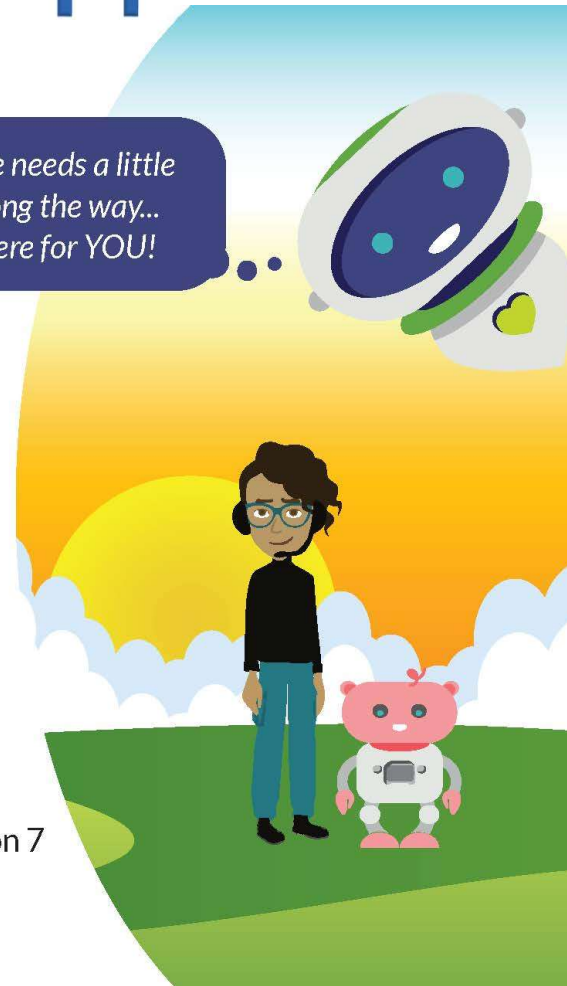
Use your smart phone
to go to **www.HiPyx.com...**
no need to go to the app store.

If you have trouble, call us at 1-855-499-4777.

Questions?

Contact Member Engagement: (877) 864-1454, Option 7
www.partnersbhm.org/member-education

*Everyone needs a little
help along the way...
we're here for YOU!*

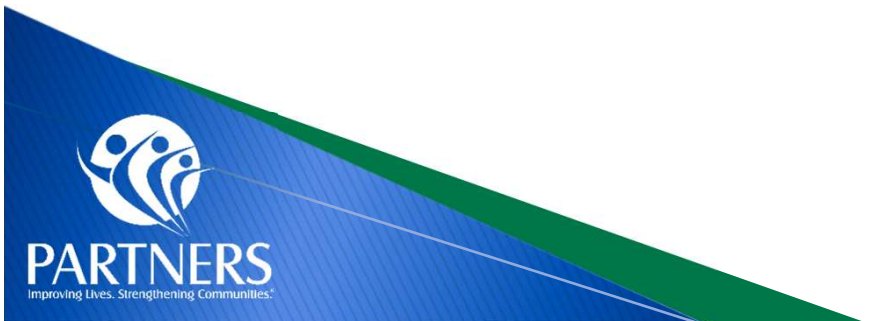


MemberCONNECT

MemberCONNECT is our member portal. Here members can register for seamless communication with Partners and access updates and health information.

To log into **MemberCONNECT**, go to

<https://www.partnersbhm.org/member-education/#Member-Portal>



Member Cafe

Partners' Member Café

We listen. We care. We help you take action.

Do you have questions or concerns about your health, your rights, or your current services? Partners cares and wants to listen. Grab a cup of coffee and join us for Partners' Member Café, a safe place for you to voice your concerns and learn about resources and services available to you.



When? The second Tuesday of each month.
Time? 1:00 p.m. – 2:00 p.m.
How? Via Zoom. Register at <https://www.partnersbhm.org/events/member-cafe/>

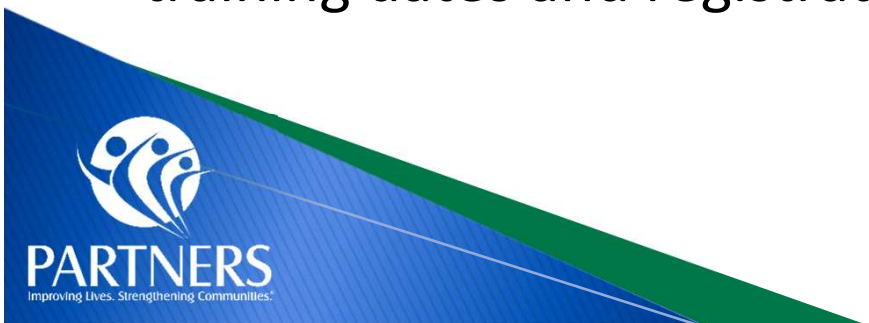


ASAM Training

ASAM Training

- ▶ Live Training
 - Live training includes 13 contact hours, the time-limited use of an electronic version of The ASAM Criteria manual (3rd Edition) and an opportunity to obtain a hard copy of The ASAM Criteria manual for the cost of shipping (\$15.50 per manual).
- ▶ eTraining
 - eTraining includes 12 continuing education credit hours provided through The Change Companies®, and access to the modules through June 30, 2021.

Please visit <https://bhs.unc.edu/asam/dashboard> for more information including continuing education credit options, training dates and registration.





Medicaid Managed Care Standard Plans

NC Medicaid Community Health Plans

- **WellCare:** wellcare.com/NC
- **UnitedHealthcare Community Plan:** uhccommunityplan.com/nc
- **HealthyBlue:** HealthyblueNC.com
- **AmeriHealth Caritas:** amerihealthcaritasnc.com
- **Carolina Complete Health:** carolinacompletehealth.com



NC Medicaid Community Health Plans Continued

The Eastern Band of Cherokee Indians (EBCI) Tribal Option

The EBCI Tribal Option is for people who are federally recognized tribal members or qualify for Indian Health Services (IHS) and live in Cherokee, Haywood, Graham, Jackson or Swain County or in a neighboring county of the five-county region.



Open Enrollment

The North Carolina Department of Health and Human Services is extending open enrollment for NC Medicaid Managed Care through Friday, May 21. This extension will not impact the NC Medicaid Managed Care launch date of July 1, 2021.



Enrollment Brokers

An enrollment broker will explain services covered by Standard Plans to beneficiaries who may be eligible for both Standard and Tailored plans.

SB28

Phone: 1-833-870-500

Website: <https://ncmedicaidplans.gov/>



Slide 26

SB28

Make sure to mention that open enrollment closed on May 15.

Stacy Bryant, 5/18/2021



Additional Information

County Realignment

- ▶ <https://www.partnersbhm.org/county-realignment/>



Medicaid Transformation

- ▶ <https://www.partnersbhm.org/medicaid-transformation/>



Resources

- ▶ Trainings
- ▶ Partners Publications
- ▶ Hope4NC
- ▶ COVID-19
- ▶ Medicaid Transformation
- ▶ Clinical Coverage Policies



Partners Training Academy

Find scheduled provider trainings on the PTA website.

<https://www.partnerstraining.org/>

Email questions and comments for PTA and provider trainings at

training@partnersbhm.org



Thank You!

Next LIP Webinar is scheduled for on August 18, 2021, at noon. Please look for registration link in the July Provider Bulletin.

