Partners Health Management

Physical Health Out-of-Network (OON)

Provider Guide

Key Reminders

- Make sure your office staff know about the launch of Tailored Plans, how to verify member eligibility using NCTracks, and which Tailored Plans you are contracted with as a physical health Tailored Plan provider.
- NCDHHS has flexibilities in place to ease administrative burden at launch and ensure beneficiaries receive uninterrupted care. If you are not yet contracted during the flexibility period, you can still see members, bill for service, and be reimbursed at 100% of the NC Medicaid fee-for-service rate.
- When a member presents for service, use NCTracks to verify member eligibility and determine which Tailored Plan they are assigned. For dates of service beginning 7/1/2024, instead of submitting physical health claims to Medicaid Direct for Partners members, provider should submit using the methods outlined in the Partners Provider Training: View the slides | Recording Playback
- A Primary Care Provider can still administer and bill for service if they are not on the member's Partners ID Card. The member may contact Partners to change their PCP. Members can change their PCP in the member portal or by calling 1-888-235-4673.
- To alleviate provider administrative burden during the launch of Tailored Plans, Partners will initiate a No Prior Auth period for Medical Services rendered between 7/1/2024 and 9/30/2024. This exception does not apply to concurrent reviews for inpatient hospitalizations, which should still occur during this time period.

Claim Submission Guidance for OON Providers

- OON providers do not have a participating agreement in place and during the waiver period, or if part of OON auth exceptions, the provider may proceed with submitting claims using the guidance below.
- OON Providers must submit all first-time claims for reimbursement no more than one hundred eighty (180) calendar days from the Date of Service, or in the case of a health care provider facility, within one hundred eighty (180) calendar days after the date of the member's discharge from the facility. See page two for OON Provider Claim Submission guidance.
- Providers should use the appropriate paper claim form type (CMS 1500 or UB 04) and submit to:

  Partners Health Management
  PO Box 8002
  Farmington, MO 63640-8002

- OON Providers who have an EDI/Clearinghouse claim submission process, may submit physical health claims to Payer ID 68069.

NOTE: OON Providers subject to EVV requirements, must submit claims through Electronic Visit Verification (EVV). Partners utilized HHAeXchange as the EVV vendor. Please view the Partners EVV Welcome Letter for additional details on connecting with the HHA portal.

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OON Provider Steps When Authorization is Required

Beyond the authorization waiver period, all out-of-network physical health services require an authorization except for primary care, emergency/urgent care, or family planning services with contraceptive management diagnoses.

1) OON providers should request a service authorization using the manual authorization submission methods outlined below.
2) The authorization will be reviewed for medical necessity. If approved, the OON provider has 180 calendar days from the date of service to submit a first-time claim using the paper claim or EDI submission methods listed above.

Partners Health Management Manual Authorization Submission

- Providers can find the Partners Manual Authorization Request Form here and submit via fax or email: https://providers.partnersbhm.org/utilization-management/
- Physical Health Authorization Fax Numbers:
    - Inpatient Requests 336-527-3208
    - Outpatient Requests 704-884-2613
    - Transplant Requests 866-753-5659
    - Pharmacy PADP Requests 704-772-4300
- Physical Health Authorization Request Email Addresses:
    - PHManualAuthorizations@partnersbhm.org
- Authorization Requests via Phone: 1-877-398-4145

Not Contracted?

Carolina Complete Health is working as a delegate for Partners to build the physical health provider network. You may elect to participate with Partners for physical health services. To do so, please just complete the Contract Request Form with Carolina Complete Health

Provider Support

- Please reach out to Partners Provider Helpdesk: 1-877-398-4145
- Physical Health Partners providers may also reach out to their assigned Provider Engagement Administrator with Carolina Complete Health Network.

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