



PARTNERS 
Medicare

**PARTNERS National
Health Plans
of North Carolina, Inc.
(PARTNERS)**

Summer Provider
Conferences 2007





What Is Medicare Advantage?

- Effective January 1, 2006, as part of the Medicare Modernization Act, the Medicare + Choice program became known as Medicare Advantage.



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Medicare Advantage & PARTNERS

- PARTNERS as a Medicare Advantage plan, contracts with the Centers for Medicare and Medicaid Services to manage our members' original Medicare benefits and provide to our members enhanced medical benefits and Medicare prescription drug coverage.



Medicare Advantage & PARTNERS

- PARTNERS offers two types of Medicare Advantage plans:
 - PARTNERS Medicare Choice (HMO)
 - HMO plan with in network benefits only
 - Standard and Enhanced plans with Medicare prescription drug coverage
 - A medical only plan
 - PARTNERS Medicare Options (PPO)
 - PPO plan with Medicare Prescription Drug coverage
 - In and out of network benefits



PARTNERS HMO & PPO Member Identification

Front of card displays plan type



BENEFIT		
Office Visit	\$15	
ER/Ambulance	\$50/100	
Inpat Hospital	\$450/stay	
Outpatient Svc	15%	
Skilled Nrsng	\$100/day	
X-rays	10%	
MHCD Outpt	\$40/30	
Supplies/DME	20%	
RX Gen/Brand	\$15/75	
Out-of-network	20%	
Member Name Joe R. Sample		

Member ID
J999996666-01
Birth Date
06/20/1935
Effective
08/01/2006
Group #
7700

Customer Service
(336) 774-5410 or 1-888-310-4110
TTY/TDD 1-888-451-9957 or (336) 774-5498

Call the PARTNERS Medicare Options Designated Mental Health/Substance Abuse Administrator at 1-800-266-6167 to arrange mental health or substance abuse services.

Members send correspondence to: PARTNERS Medicare Options P.O. Box 17509
Winston-Salem, NC 27116-7509.



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PARTNERS HMO & PPO Member Identification



As of January 2006, all members have ID numbers that replaced their old Social Security based identifiers.

The replacement numbers consists of a lead alpha character **J** followed by eight numbers and the suffix **01**.



PARTNERS[®]
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New Names and New Look for Cards Coming 2008

PARTNERS[®]
Medicare *Choice* 

PARTNERS[™]
Medicare *Options* 

is now...

BlueMedicare HMO[™]
Offered by PARTNERS National Health Plans of North Carolina, Inc.

BlueMedicare PPO[™]
Offered by PARTNERS National Health Plans of North Carolina, Inc.

New names, same great service

Blue Medicare HMO and Blue Medicare PPO plans are offered by PARTNERS National Health Plans of North Carolina, Inc., a subsidiary of Blue Cross and Blue Shield of North Carolina (BCBSNC).

Your plan for better health.[™] | bcbsnc.com



BlueCross BlueShield
of North Carolina

Draft



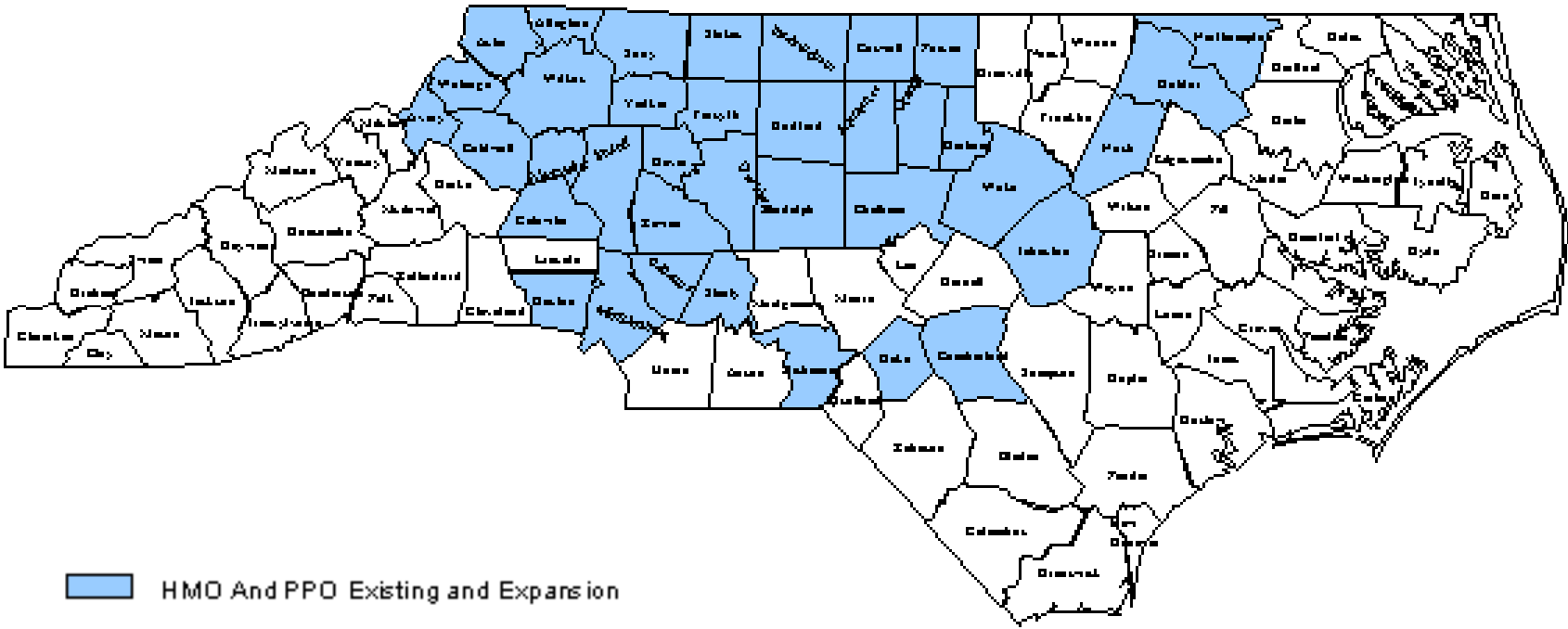
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PARTNERS HMO & PPO Network

Alamance, Alexander, Alleghany, Ashe, Avery,
Cabarrus, Caldwell, Caswell, Catawba, Chatham,
Cumberland, Davidson, Davie, Durham, Forsyth,
Gaston, Guilford, Halifax, Haywood, Hoke, Iredell,
Johnston, Mecklenburg, Nash, Northampton, Orange,
Person, Randolph, Richmond, Rockingham, Rowan,
Stanly, Stokes, Surry, Wake, Watauga, Wilkes,
Yadkin



PARTNERS Medicare HMO & PPO





PARTNERS Offers Members 3 HMO Plans & 2 PPO Plans

Benefits Comparison for In Network Benefits

	PARTNERS Medicare Choice (HMO) Enhanced/Standard	PARTNERS Medicare Options (PPO) Enhanced/Standard
PCP Office Visits	\$15 / \$30	\$15 / \$30
Specialist Office Visits	\$15 / \$30	\$30 / \$45
Inpatient Care	\$350 / \$750	\$350 / \$750
Total Out-Of-Pocket Maximum	\$3,100	\$3,100
Outpatient Surgery	\$0 or 10%	\$0 or \$10
Diagnostic Tests, X-rays and Labs	\$0 or 10%	\$0 or 10%

- ✓ Please note that employer plans may vary from the individual plan
- ✓ Medical & Rx benefits may vary by plan
- ✓ Please verify benefits prior to service by calling **1-888-296-9790**
- ✓ Out of pocket maximums do not apply to out of network services.
- ✓ Out of network PPO coinsurance apply



Member Eligibility

- To be eligible to enroll in either PARTNERS Medicare Choice or PARTNERS Medicare Options, a prospective member must meet all of the following criteria:
 - Be entitled to Medicare Part A and enrolled in Medicare Part B
 - Must reside in our CMS approved service area for the selected plan type
 - Must not have End Stage Renal Disease (ESRD), unless exception qualifications are met.



Member Eligibility

- There is no age limitation for PARTNERS plans.
- There are no pre-existing condition limitations for PARTNERS plans.
 - If a prospective member meets all of the previous requirements, they are eligible regardless of age or pre-existing conditions. This includes individuals who receive their Medicare benefits through disability.



PARTNERS Medicare Choice (HMO)

- PARTNERS Medicare Choice (HMO) is our original Medicare Advantage plan, the first and largest Medicare Advantage plan in North Carolina.
- HMO plan members are required to stay within a large network of doctors and specialists in order to receive covered benefits.
- PARTNERS HMO Enhanced plan includes our most robust medical benefits and is available with or without Medicare prescription drug coverage.



PARTNERS Medicare Choice (HMO)

- PARTNERS Medicare Choice (HMO) primary care physicians (PCP's) are responsible for providing or arranging for all appropriate medical services for PARTNERS (HMO) members, including:
 - Preventive care
 - Referrals to participating specialists when necessary
 - Coordinating care management for the patient



PARTNERS Medicare Choice (HMO)

- PARTNERS Medicare Choice (HMO) relies on primary care physicians to decide when specialist care is necessary and when other services such as medical equipment are indicated.
- Family practice, general practice, internists (internal medicine), pediatricians and geriatric providers are all eligible to serve as a PCP's.



PARTNERS Medicare Choice (HMO)

- PARTNERS Medicare Choice members have direct access to Ob/Gyn, mental health/substance abuse, vision (ophthalmology or optometry) and emergency/urgent care.
 - However, prior approval is required from Magellan, (PARTNERS Mental Health vendor).
 - Reynolds American Incorporated (RAI) retirees are required to access mental health and substance abuse services through referral by Winston Salem Health Care **1-336-718-1004**.



PARTNERS HMO Referrals

- Prior to a HMO member receiving specialists services, an authorization form must be completed by the primary care physician.
- Referrals to non-participating providers must be prior approved by PNHP.



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PARTNERS HMO Referrals

Coming January 1, 2008:

OPEN GATE

- As part of our benefit enhancements for 2008, PARTNERS Medicare Choice (HMO) members will no longer require referrals from their PCP in advance of receiving care from a specialist or when obtaining home durable medical equipment.



PARTNERS HMO Referrals

- Until January 1, 2008, referrals by the PCP are still required as part of the HMO member's 2007 benefits plan.
- This change will not impact PPA and pre-certification/certification requirements.
- Members will still be required to choose a PCP and PCP's will continue their responsibility to coordinate the member's care.



PARTNERS Medicare Options (PPO)

- PARTNERS Medicare Options (PPO) provides member's the freedom to choose in- or out-of-network providers.
- Benefits are similar to PARTNERS Medicare Choice (HMO) but the PPO requires higher copays and coinsurance with some benefits.
- This plan is currently available with a Standard or Enhanced Medicare prescription drug package.



Community Eye Care (CEC)

- PARTNERS contracts with Community Eye Care (CEC) to provide medical/routine vision care to PARTNERS HMO and PPO members:
 - No referrals needed
 - Direct access to contracting ophthalmologists and optometrists
 - Routine vision
 - Medical surgical
 - Community Eye Care **1-888-254-4290**



Magellan Behavioral Health

- Mental health and substance abuse management programs and services do not require a referral from the Primary Care Physician.
- PARTNERS contracts with Magellan Behavioral Health for mental health and substance abuse management and administration (including certification, concurrent review, utilization management, discharge planning and case management).
 - Magellan Behavioral Health **1-800-359-2422**
 - ✓ Please note that the Magellan Network does not provide services for RAI members. RAI members access their mental health or substance abuse services through referral by Winston Salem Health Care at **1-336-718-1004**.



Case Management Programs

- In certain health situations, PARTNERS members are eligible to work one-on-one with a case manager. Your patients may be eligible for a case manager if they:
 - Have a qualifying complex, chronic or rare disease
 - Are at risk for developing a complex and serious medical condition
 - Have been involved in an accident or other catastrophic health event
 - Need assistance managing their health care needs
 - ❖ Case managers are available at no additional cost, but copayment and coinsurance for covered services may apply.



Disease Management Programs

- PARTNERS disease management programs are available for members with chronic diseases including:
 - Congestive Heart Failure
 - Diabetes
 - Coronary Artery Disease
 - Chronic Obstructive Pulmonary Disease
 - Other Chronic Conditions
- PARTNERS proactively seeks to identify these members, facilitating early education and intervention.



Prior Plan Authorization (PPA)

- Prior Plan Authorization (PPA) requires that a provider must receive approval from PARTNERS before the member is eligible to receive coverage for certain health care services.
- Services on the PARTNERS prior authorization guideline list require the PCP or authorized specialist to contact PARTNERS Health Services to obtain an authorization.
 - PARTNERS Healthcare Services **1-336-774-5400** or **1-888-296-9790**



Preadmission Certification

- All non-emergency hospital admissions require precertification by calling PARTNERS Healthcare Services Department at **1-336- 774-5400** or **1-888-296-9790**.
- Plan authorization is required for scheduled admissions, including acute hospital, rehabilitation facility, hospice and skilled nursing facility.
- For urgent and emergency admissions, prior authorization is not required. However, notification to PARTNERS of urgent/emergency admissions within (48) hours or the first business day after the admission is required.



Fast Track Appeals Process

- If the member's health is at risk a medical doctor may request a fast appeal on the member's behalf:
 - By faxing a fast appeal request to **1-336-794-8836** or by calling Customer Services or PARTNERS Healthcare Services
- CMS requires members receiving HH, Rehab, or SNF services be given a two (2) day notice in advance of termination of a service.



PARTNERS Formularies

- PARTNERS formulary is a list of drugs selected by PARTNERS in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program.
- PARTNERS will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a PARTNERS network pharmacy, and other plan rules are followed.



PARTNERS Prescription Drugs Utilization Management

- Medication Management Therapy Programs:
 - Available at no additional cost to select members who:
 - Take many prescription drugs
 - Have multiple medical conditions
 - Have high prescription drug costs
- Members who meet the criteria will be contacted by PARTNERS and invited to join the program – participation is voluntary.



PARTNERS Prescription Drugs Utilization Management

- Quantity Limit Drugs:
 - A few drugs are subject to quantity limits including:
 - Hypnotics (Ambien, Ambien CR, Sonata, Lunesta)
 - Proton Pump Inhibitors
 - Migranol
 - Triptans
- To request an exception, providers can call PARTNERS at **1-888-296-9790**.
- Fax form is located on the PARTNERS Web site at **www.partnershealth.com**.



PARTNERS Prescription Drugs Utilization Management

- Prior Approval Drugs:
 - Some prescription drugs require prior approval.
- Formulary, criteria and fax form is located on the PARTNERS Web site under Provider Resources at **partnershealth.com** or by calling PARTNERS at **1-888-296-9790**.



PARTNERS Prescription Drugs

Certain types of drugs are excluded by law and are considered non-Part D drugs. They are excluded from coverage.

Non-prescription drugs	Drugs used to promote fertility
Drugs used for symptomatic treatment of colds or cough	Drugs used for cosmetic purposes or hair growth
Drugs used for anorexia, weight loss or weight gain	Barbiturates and Benzodiazepines
Prescription vitamins and minerals except prenatal and fluoride	Outpatient drugs for which the manufacturer seeks to insist that monitoring services be purchased directly from the manufacturer
Erectile dysfunction drugs (as of 1/1/2007)	



National Provider Identifier (NPI)

- PARTNERS is continuing to collect and accept the National Provider Identifier (NPI).
- PARTNERS is utilizing the same contingency plan as BCBSNC. – For NPI electronic transaction questions please contact Jack Drab at **jack.drab@bcbsnc.com**.



Credentialing & Recredentialing

- Blue Cross and Blue Shield of North Carolina (BCBSNC) provides the credentialing services for PARTNERS.
- Initial credentialing requires a completed Uniform Application.
- Full instructions by medical specialty, along with a copy of the Uniform Application are housed on the Web site **www.bcbsnc.com**
- All documents should be sent to the BCBSNC Credentialing Department for verification and processing.



Hold Harmless

- The member will not be held financially responsible for the cost of covered services except for any applicable copayment, coinsurance, or deductible if all of the following are true:
 - The member has followed the guidelines of the Plan in consulting with and following the direction of his/her PCP or participating specialist to whom he/she has a valid referral, or a participating specialist to whom he/she has direct access.
 - The PCP or participating specialist fails to obtain pre-certification with PARTNERS Healthcare Services Department for those covered services, which require pre-certification.
 - The non-pre-certified covered services have already been rendered.



Laboratory Services

- Reference Labs:
 - If a specimen is drawn and the laboratory work is sent to a reference lab, the only service billable to PARTNERS is the administrative/handling charge i.e. 36415. (The reference lab will bill directly to PARTNERS for the services it provides).
- In-Office Labs:
 - If you are performing the laboratory service in your office, and your lab is CLIA certified, services can be filed directly with PARTNERS for reimbursement.
 - Please note that select counties are subject to PARTNERS laboratory in-office allowable lists, and that only procedures included on the in-office allowable lists can be billed directly to PARTNERS. Please review your practice's participation agreement to determine how laboratory services should be handled for your PARTNERS patients.



Timely Filing of Claims

- All PARTNERS claims must be filed directly to PARTNERS and not to an intermediary carrier.
- Claims must be submitted within one hundred and eighty (180) days of providing services.
- Claims submitted after one hundred and eighty (180) days will be denied unless mitigating circumstances can be documented.
 - To have these claims reviewed, please submit proof of timely filing to the claims department by faxing to **1-336-659-2962**.



Medical Records

- Providers are not required to obtain consent from the member to send medical records.
- Providers agree to make records freely available to PARTNERS for review.
- Providers agree to discuss records and the connected treatment with PARTNERS, its representatives or committees.



Claims Reimbursement Disputes

- In the event an error is suspected on an Explanation of Payment (EOP), a request for correction may be initiated either by telephone or in writing – by using the PARTNERS Claim Inquiry Form.
- To request a review in writing, the following information must be included:
 - Letter of explanation, relative to any error in the processing of the claim
 - Copy of the original claim
 - Copy of the corresponding EOP with the claim in question circled



Sending to PARTNERS

- PNHP Address:
 - PO Box 17268
Winston-Salem, NC 27116-7268
 - PO Box 24907 was closed in October 2006
 - PNHP fax numbers are located in the provider manual on page 2-3, please fax to the dedicated business area for a quicker turnaround time.



Electronic Billing – Batch Transmissions

- Electronic Solutions supports applications for the electronic exchange of health care claims, remittance, enrollment inquiries and responses.
- Electronic Solutions provides support for health care providers and clearinghouses that conduct business electronically.
 - Electronic Solutions is available to assist via the Provider Line **1-888-296-9790**
 - ✓ Reminder: Rejected claims are claims not being processed, - negatively effecting your AR. Please remember to work your rejected claims report so that claims are submitted to PARTNERS and accepted for processing.



HealthTrio Connect – Claims Inquiries

- HealthTrio Connect is an electronic tool that providers can use to verify member's benefits, eligibility, check claim status and review the EOP.
- HealthTrio connectivity is free to PARTNERS contracting providers.
- HealthTrio Connect:

PARTNERS Provider Services 1-888-296-9790

@ www.partnershealth.com



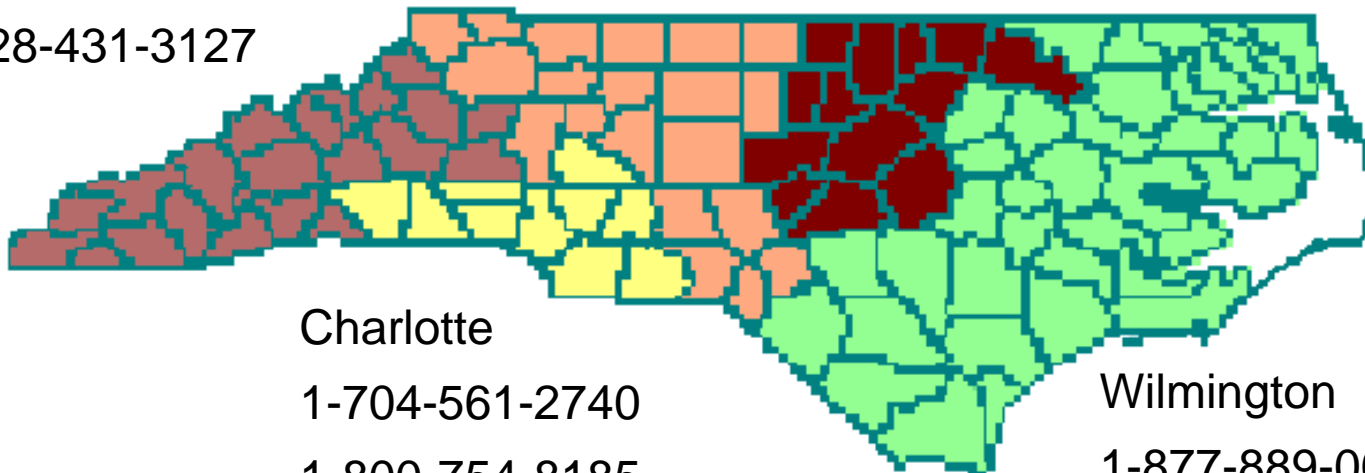
PARTNERS Provider Information Line

- Eligibility Verification
- Claims Inquiries
- Benefit Inquiries
 - Provider Information Line:
Monday through Friday, 8:00 a.m. until 5:00 p.m. **1-888-296-9790** or **1-336-774-5400**
 - ✓ Reminder that HealthTrio Connect can deliver information directly to your desktop.



Local Network Management Offices

	Greensboro	Raleigh
Hickory	1-336-316-5374	1-919-469-6935
1-877-889-0002	1-888-298-7567	1-800-777-1643
1-828-431-3127		



Charlotte
1-704-561-2740
1-800-754-8185

Wilmington
1-877-889-0001
1-910-509-0635



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- Browse the Providers section of our Web site and discover the following information:
 - Online provider manual
 - Provider newsletters
 - Resources for electronic batch processing
 - Information about prior authorization
 - Medical management programs
 - Contact information
 - Much more!

www.partnershealth.com



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Thank you!

Questions?