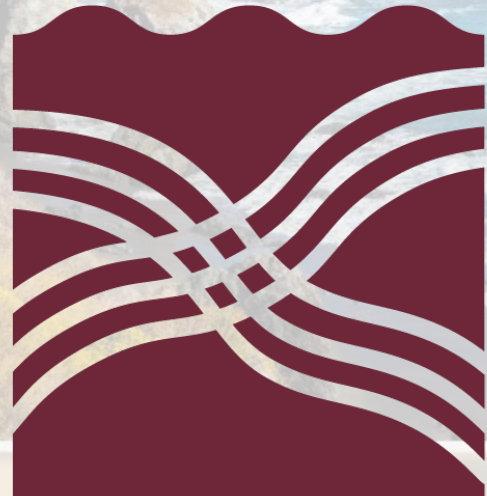


PARTNERSHIP



HEALTHPLAN

of CALIFORNIA

A Public Agency



Indian Health Services

Transition to Office of Management and Budget (OMB) Reimbursement

How We Are Organized

Partnership is a County Organized Health Systems (COHS) Plan

Non-Profit Public Plan

Low administrative rate allows for Partnership to have a higher provider reimbursement rate and support community initiatives.

Local Control and Autonomy

A local governance is sensitive and responsive to the area's health care needs.

Community Involvement

Advisory boards participate in decision-making regarding the direction of the plan.

Agenda

- **Overview**
 - Rates
 - Payment Methodology
- **Visit Types**
 - Exceptions to OMB Rate
 - Partnership Enhanced Benefits
- **Billing Information**
 - Claim Form / Format
 - Code Set
 - Other Health Insurance
 - Electronic Claims / Paper Claims

Overview



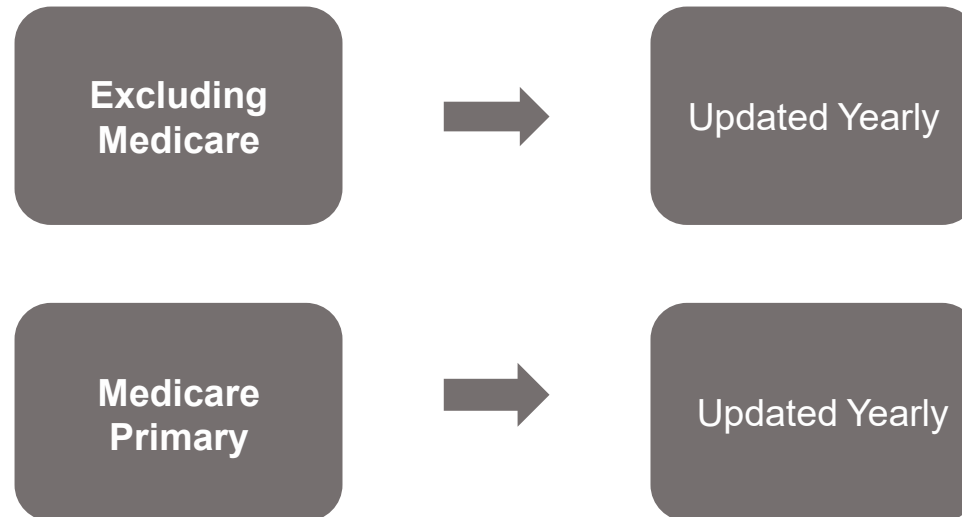
Overview

Effective January 1, 2018, Managed Care Plans are required to reimburse Indian Health Service (IHS), Memorandum of Agreement (MOA) 638 Clinics for eligible services at the applicable Office of Management and Budget (OMB) encounter rates. This is an updated presentation as of August 2024.



Overview - Rates

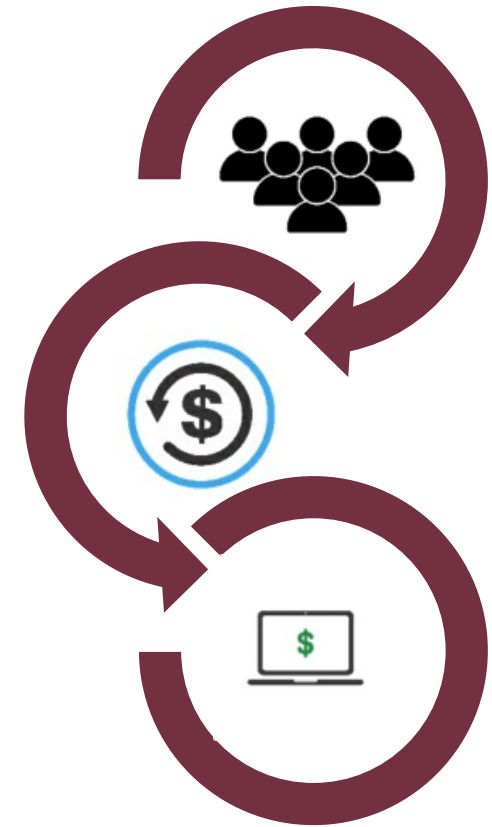
The OMB encounter rates are all-inclusive for eligible services. There are two applicable encounter rates.



The new rates are effective for dates of service January 1 each year. These rates are updated and released by DHCS

Overview – New Payment Methodology

- Services that are included in the Medi-Cal benefit and billed to Partnership will be reimbursed at the OMB rate
- Providers continue to be eligible for our Quality Improvement Program (QIP).



PCP QUALITY IMPROVEMENT PROGRAM

*Note: There are some services that are paid a FFS rate that will be covered in a future slide

Visit Types

One OMB encounter rate payment will be allowed, per day, per the following categories. A maximum of three OMB encounter payments are allowed per day, as long as there is only one in each of the categories.

*Note - The visit limitation listed here does not apply to Tribal FQHCs

Visit Types



Medical Health Visit

- Face-to-face encounter occurring at a clinic or center between an American Indian Health Program recipient and physician, physician assistant, nurse practitioner, nurse midwife or visiting nurse in certain circumstances.



Mental Health Visit

- Face-to-face encounter between an American Indian Health Program recipient and a psychiatrist, clinical psychologist, clinical social worker, or other health professional for therapeutic mental health services.
- **Note:** Bill mild-to-moderate Mental Health services to Partnership, not Beacon.



Ambulatory Visit

- Face-to-face encounter between an American Indian Health Program recipient and a health care professional other than a physician or mid-level practitioner which is included in California's Medi-Cal State Plan.
- **Note:** Bill Vision services to Partnership, not VSP.

Exceptions to OMB Rate



Non-Medical Transportation



Non-Emergency Medical Transportation



Pharmacy



Adverse Childhood Experiences (ACEs)

Partnership Enhanced Benefits

- Partnership contracts with clinics to provide certain services to adults that are not covered by Medi-Cal or are considered subject to optional benefits exclusion.
- The Partnership enhanced benefits do not qualify for OMB reimbursement.
- Services are reimbursed per contract.
- Bill services on a separate claim.

- Acceptable billing types for Partnership enhanced benefits:

UB-04

837I Format

CMS-1500 Form

837p Format



Billing Information



Claim Form/Format

Bill OMB rate(s) using UB-04 Form or 837I Electronic Format. This is consistent with billing to the State since October 2017.




Submit OMB line with revenue code, procedure code and modifier, if appropriate.

Add information line with traditional CPT or HCPCS Code.

Submit information line with zero billed amount.

Example UB-04 Form

Information lines are required to document the visit. Enter Procedure Code and charges of zero.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	
0520	Medical Visit	T1015	011520	1	479 00		
0520		99214-xx	011520	1	00		
0520		81002	011520	1	00		
0420	Ambulatory Visit	T1015	011520	1	479 00		
0420		98333	011520	1	00		
PAGE <input type="text"/> OF <input type="text"/> CREATION DATE <input type="text"/>					TOTALS 	958 00	
50 PAYER NAME		51 HEALTH PLAN ID	52 REL. INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI
PHC						958 00	57

*Do not use a decimal point.

Other Health Insurance - Medicare

- Providers can bill concurrently to Medicare and Partnership.
- Bill Partnership for OMB rate using the appropriate revenue code and Medicare-specific HCPCS code.
- Explanation of Medicare Benefits (EOMB) is not required for reimbursement by Partnership.
- Partnership will reimburse up to the allowable California modified rate updated yearly



Other Health Insurance - Commercial



Bill Partnership for OMB rate using the appropriate revenue code and procedure code.



Primary Explanation of Benefits (EOB) is required for reimbursement from Partnership.

Exception: Self Funded Blue Cross/Blue Shield Tribal Insurance which is the payer of last resort



Partnership will reimburse the full annual dual OMB rate.

Adverse Childhood Experiences (ACES)

Trauma Screening

G9919

Once in 11 months per provider
for children 0-20 yrs.

One in a lifetime per provider for
members 21 years and older

G9920

Once in 11 months per provider
for children 0-20 yrs.

Once in a lifetime per provider for
members 21 years and older.

Development Screening

96110

Payable per year of age (0 to <20)
without TAR

May only be used with one of the
DHCS approved screening tools.

Autism only screening; socio-emotional
screens and other must use 96110.KX.

96110.KX

Payable per year of age (0 to <20)
without TAR.

May be used for screening that does
not include one of the nine screening
tools approved by DHCS.

Electronic Claims

We encourage you to use electronic billing.

It is recommended that all providers who currently submit claims electronically, submit test claims, even if currently in production. This is not a requirement.

Contact Information

Partnership EDI Enrollment & Testing
Information Technology Department

Phone: **(707) 863-4527** | Fax: **(707) 863-4390**

Email: EDI-Enrollment-Testing@partnershiphp.org



Resources

Monday - Friday
8 a.m. - 5 p.m.

Claims Telephone Support
(707) 863-4130

Partnership HealthPlan of California
PartnershipHP.org

Contact your assigned PR
representative

Partnership Online Services
<https://provider.partnershiphp.org>

Our Mission: To help our members, and the communities we serve, be healthy.



Indian Health Services Clinics Billing for OMB Services

Medical Services – Bill Partnership

Rev Code	HCPC/CPT & Modifier	Description
0520	T1015	Partnership Primary Medical Visit
0520	G0466	Medicare Primary Claims – New Patient
0520	G0467	Medicare Primary Claims – Established Patient
0520	G0468	Medicare Primary Claims – Initial Preventive Exam (IPPE) or Annual Wellness Visit (AWV)





Indian Health Services Clinics Billing for OMB Services

Ambulatory Services – Bill Partnership

Rev Code	HCPC/CPT & Modifier	Description
0420	T1015	Partnership Primary – Physical Therapy
0430	T1015	Partnership Primary – Occupational Therapy
0440	T1015	Partnership Primary – Speech Pathology
0470	T1015	Partnership Primary – Audiology
0510	T1015	Partnership Primary – Podiatry
0520	H0047	Partnership Primary – Drug and Alcohol
0520	92004	Optometry – New Patient
0520	92014	Optometry – Established Patient
0940	98940	Partnership Primary – Chiropractic Manipulative Treatment, Spinal 1-2 regions
0940	98941	Partnership Primary – Chiropractic Manipulative Treatment, Spinal 3-4 regions
0940	98942	Partnership Primary – Chiropractic Manipulative Treatment, Spinal 5 regions
2101	97810	Partnership Primary – Acupuncture without electrical stimulation, initial 15 minutes
2101	97811	Partnership Primary – Acupuncture without electrical stimulation, each additional 15 minutes
2101	97813	Partnership Primary – Acupuncture with electrical stimulation, initial 15 minutes
2101	97814	Partnership Primary – Acupuncture with electronic stimulation, each additional 15 minutes





Indian Health Services Clinics Billing for OMB Services

Mental Health Services – Bill Partnership

Rev Code	HCPC/CPT & Modifier	Description
0900	G0469	Medicare Primary Claims – New Visit
0900	G0470	Medicare Primary Claims – Established Patient
None	G0071	Telephonic Evaluation Discussion – Established Patient
0561	T1015/AG Modifier	Mental Health Visit – Psychiatrist
0561	T1015/AH Modifier	Mental Health Visit – Clinical Psychologist
0561	T1015/AJ Modifier	Mental Health Visit – Clinical Social Worker
0561	T1015/HR Modifier	Mental Health Visit – Marriage and Family Therapist
0561	T1015/HO Modifier	Mental Health Visit – Professional Clinical Counselor (LPCC)

