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Summer 2016

A Teachers Health Trust and WellHealth Publication

## Teachers Health Trust, Performance Plus Plan Updates

Teachers Health Trust is proud to announce the launch of their new website! This new website features improved functionality, simplified access to essential documents and information, and continually updated information tailored for both members and providers.

With the launch of the new Teachers Health Trust Website also comes a new provider portal associated with the new claims system. This portal will allow you to have 24/7, 365 days a year access to instantly view the information that is most pertinent for you and your staff, including:

- *Claims Data and Statuses for claims submitted on or after 4/1\**
- *Payment Details*
- *Member Eligibility*
- *Current Member Deductibles*

Because this new portal is associated with the new claims system, **all providers/groups must create a new account to access the system.** Old login and passwords will not be recognized by the new portal. To create a new account, follow these simple steps:

1. Go to [www.teachershealthtrust.org](http://www.teachershealthtrust.org)
2. On the **PROVIDERS** drop down menu, Select Portal  
(This will link you to the Portal Login Website)
3. Click [I'm a new Provider](#)
4. Complete the Provider Registration Form

Please keep track of login information in a secure place, including password information and answers to security questions. Multiple accounts can be created per TIN, however, to minimize confusion, please create a single account for your group rather than per staff member. High turnover in office staff has previously lead to complications in password and account reset when troubleshooting.

Once you have created a login and can access your account, navigation through the portal is simple. Here are a few guidelines:

### My Claims

1. This tab will show you all claims associated with your group's TIN.
2. Search claims by entering all required fields in RED: member DOB, Dates of Services, and Paid Dates (if unknown, simply enter a generic date range (e.g. 01/01/2016 through 07/01/2016)
3. Member claims will have the option to VIEW CLAIM, which will show you the details of the claim, including how much claimed, and how much was paid.
  - Click on [view details](#) to see if a check has been issued as well as charge, copay, deductible, and ineligible amounts that were applied to claim.



### **Member Eligibility**

1. Once you have searched for a member under the claims tab, this tab will show you that specific member's current eligibility. OR
2. Enter specific member info, including the member's full name, DOB, and member ID to pull up a member's eligibility.

### **Plan Documents**

1. Once you have searched for a member under the claims tab, this tab will show you that member's current deductible limits and the amount that has been satisfied to date for every plan year available, OR
2. You may enter specific member info, including the member's full name, DOB, and member ID to pull up current deductible limits.
3. If no portion of the member's deductible has been met, no information will be shown here.

These are just a few of the features associated with the new provider portal. Again, this information is available 24/7 through the online portal with minimal effort. As providers, you will be able to login to your office account and retrieve answers in a matter of minutes rather than call the Trust for answers. **We encourage all provider groups to register online through the new provider portal in order to have quick, easy access to the information you most commonly request.**

Should you still require a replacement copy of the original EOB, you may request a copy by utilizing the Email tab in the provider portal. Please include claim # and/or dates of service in your request.

For information regarding claims submitted prior to 4/1, the previous provider portal may still be accessed by using your old login and password. Simply follow the link provided on the new portal login webpage to access that portal.

### **Radiology Procedure Policy:**

Steinberg Diagnostic Medical Imaging (SDMI) is the exclusive freestanding Provider for outpatient radiology. Physicians who have the ability to perform radiology studies in their office may do so as per their 2015 Trust contract. Preauthorization requirements may apply. Trust patients are required to pay a 20% coinsurance of all allowable charges when NOT using SDMI. All services have a \$0 co-insurance at SDMI except for CT, MRI, and PET Scans (\$50, \$75, and \$200).

### **Patient Centered Medical Home Provider Changes:**

A teacher may change their designated qualified Patient Centered Medical Home (PCMH) provider once each quarter. For example, a request made in the second quarter will take effect in the following third quarter (certain exceptions may apply) and will affect per patient/per month payment for qualified PCMH providers. The provider change request form is available on the Trust website for members to complete. The most frequent reason for change of provider is poor access for the member.

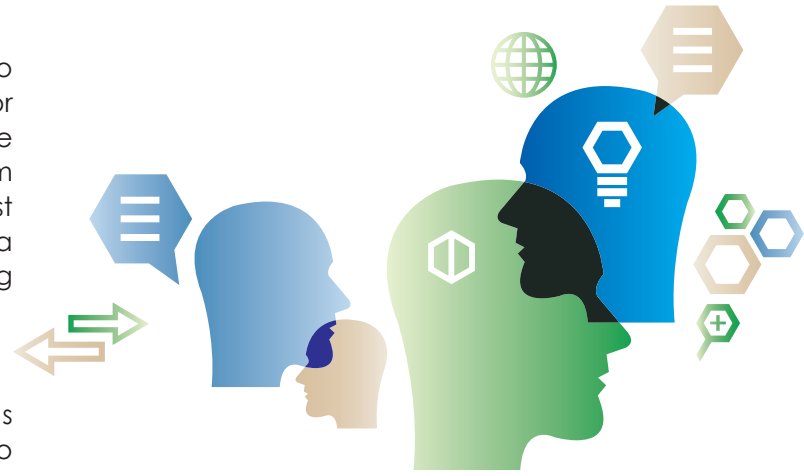
### **Prior Authorization:**

Prior Authorization requests are submitted to the Teachers Health Trust through TRISTAR for procedures and/or medical services. Authorization for ordered procedures (CPT Codes) and/or medical services is issued directly to the ordering physician by the Trust/TRISTAR. Authorization ensures medical necessity, as outlined by national guidelines. A complete list of procedures/services requiring prior authorization as well as forms for submitting prior authorization can be found at the Teachers Health Trust website. Please note that requests for prior authorization do not guarantee payment or benefit eligibility. This process typically takes two business days.

### **Referral Policy and par80 Deadlines:**

All referrals should be sent via the electronic par80 system by the Patient Centered Medical Home provider, or for previously established specialist physician relationships, through a WellHealth Healthcare Advocate. The 3rd quarter of 2016 will be a "transitional" quarter and financial penalties will not be applied. Referrals are for one-year duration. For questions regarding par80, call Stacey Sarmiento at **(702) 481 5264** or email [stacey@par80.com](mailto:stacey@par80.com).

The WellHealth Healthcare Advocates may issue a par80 referral for pre-existing relationships with specialists for services that occurred in 2015 through the present date by downloading the application form. The request form can be obtained by the member by going to the Trust website at [www.teachershealthtrust.org](http://www.teachershealthtrust.org), by calling a Healthcare Advocate at **(855) 404 9355** or by emailing [advocates@wellhealthqc.com](mailto:advocates@wellhealthqc.com)



#### **Ob/Gyn and Pediatric Providers:**

OB/GYN and Pediatric Offices may serve as a member's chosen PCMH Provider and can issue referrals through par80 (and their traditional means temporarily). Those providers who do not have access to the par80 system should make referrals through their normal, routine channels. **Teachers will NOT be penalized with higher co-pays, and the specialist visit will be paid AS IF the referral was issued through par80 until the offices have access to the par80 electronic system.** Ob/Gyn and Pediatric providers will be trained on par80 during the 3rd quarter of 2016. If you have questions or have not been scheduled for par80, please call Stacy Sarmiento at **(702) 481 5264** or email [stacey@par80.com](mailto:stacey@par80.com). All other Specialty providers are considered "Receiving" offices for referrals. These offices do not send referrals for the Performance Plus Plan. (Receiving offices will be trained on par80 during late 2016 and into 2017).

#### **Provider Relations/Credentialing:**

Please be advised that as of April 1, 2016, the Trust Credentialing/Re-credentialing application and the THT Add, Change, Termination (ACT) form will no longer be accepted. The new forms are available on both the THT ([TeachersHealthTrust.org](http://TeachersHealthTrust.org)) and the WellHealth ([WellHealthqc.com](http://WellHealthqc.com)) websites. For any questions or concerns please email Network Relations at [networkrelations@wellhealthqc.com](mailto:networkrelations@wellhealthqc.com) or call Network Relations at **(702) 728 5880**.

#### **Par80 Referrals:**

A referral is a PCMH provider's certified recommendation that a member requires further care from a specialist. Referrals are issued electronically through par80 by PCMH offices, although WellHealth Healthcare Advocates may issue referrals under special circumstances (ER Visit follow-up referral and/or pre-existing relationships with specialists). Urgency and duration must be indicated on each referral. Par80 directs the referrals In-Network, which ensures that the member will not be subject to deductible and will be charged lower co-pays.

#### **Par80 Referrals and Text Messaging:**

When a referral is generated to a THT member, a text message is automatically sent to the member with details of the referral and instructions to make the appointment, if not already contacted by the receiving office. A reminder notice is also sent to the member a few days prior to the appointment. Once the appointment is completed, a brief survey may be sent to the member to evaluate the overall patient experience. Please encourage each THT member to NOT opt out of the par80 text message system. Also, please remember to enter the appointment date into the par80 system.

#### **Members without Referrals:**

Some members may see a specialist without first obtaining a referral from their PCMH provider. This is allowed by the Trust's Performance Plus Plan; however, the member will be subject to a 20% coinsurance after their deductible is met. Members scheduled to see a specialist without a referral should not be denied care. Under certain circumstances, a retroactive referral can be arranged through the WellHealth Healthcare Patient Advocates or PCMH Provider. The Specialist office should always verify that members have a referral when confirming/scheduling appointments and/or help the member obtain a referral from their chosen PCMH provider. Offices can remind members that without a referral, 100% of the charges will be at the member's expense until they meet their deductible, and once their deductibles met, a 20% coinsurance will apply.

### **Specialists Follow-up after Emergency Room and/or Urgent Care Visits:**

Following an emergency room and/or urgent care visit, a member may receive a recommendation to quickly follow-up with a specialist provider. If time allows, a par8o referral and appointment can be obtained from the PCMH provider or a WellHealth Healthcare Advocate to the appropriate in-network specialist. If this is not possible, a retroactive referral can be obtained by the member or the provider. Please do **NOT** refuse to see the member as the referral will be forthcoming. The specialist office can also call a Healthcare Advocate at **(855) 404 9355** to generate the par8o referral. A copy of the referral will be forwarded to the PCMH provider.

### **Referrals for Out-of-Network Unique Specialties:**

If a member requires the services of a specialty that is not available In-Network, a Single Case Agreement (SCA) can be negotiated with that specialty by WellHealth on behalf of a specific member with adequate documentation from the PCMH Provider and/or others. For more information, call Vanessa Garcia at **(702) 466 5313** or [vgarcia@wellhealthqc.com](mailto:vgarcia@wellhealthqc.com).

### **Utilization of Out-of-Network Providers:**

Members who elect to see an out-of-network provider will be subject to significant financial costs. The member will pay (1) all charges subject to out-of-network deductible (\$2,500), (2) 40% coinsurance of all eligible medical expenses, and (3) 100% of all non-eligible medical expenses. In addition, out-of-network providers are not able to issue referrals through the par8o system. Please be aware of these costs when choosing specialists to refer to.

### **Claims Content:**

The new claims system (TriZetto) is now operational and additional personnel have been added to the THT Claims Department in an effort to tackle the backlog of your claims payments. You can expect to see considerable improvement in claims processing and turnaround times for the backlog payment of claims through the efficiencies of this new system. The Trust's goal turnaround time for submitted clean claims is less than 30 business days. We appreciate your patience as the THT Claims Department strives to reach this benchmark by the end of August, at the latest. Should you have further concerns about the backlog of claims, please email Keith G. Boman, MD (Chief Medical Officer) at [CMO@wellhealthqc.com](mailto:CMO@wellhealthqc.com) or Vanessa Garcia (Network Development Manager) at [networkrelations@wellhealthqc.com](mailto:networkrelations@wellhealthqc.com) with details.



Vanessa Garcia & Courtney Diggins

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### **Quick Contacts:**

**Provider Relations-** P: (702) 728 5880 | F: (702) 522 1357 | E: [networkrelations@wellhealthqc.com](mailto:networkrelations@wellhealthqc.com)

**Authorizations-** P: (702) 832 4658 or (844) 586 2244 | F: (702) 847 7690 or (562) 506 0304 | E: [authorizations@wellhealthqc.com](mailto:authorizations@wellhealthqc.com)

**Credentialing-** P: (702) 545 6108 | E: [credentialing@wellhealthqc.com](mailto:credentialing@wellhealthqc.com)

Teachers Health Trust Member Eligibility Verification- P: (702) 866 6160

CMO - Keith Boman MD, FACC- P: (702) 205 7752 | E: [cmo@wellhealthqc.com](mailto:cmo@wellhealthqc.com)