

## Teachers Health Trust, Performance Plus Plan Updates



Food For Thought, August 18, 2016, TPC Summerlin

### Practice Manager Council - Food For Thought:

The next Practice Manager Council meeting will be held on November 17 from 11:30 a.m. – 1 p.m. at Tommy Bahamas Town Square. These meetings give practice managers and their staff the opportunity to meet the WellHealth Network Relations team, voice their concerns and opinions, and enjoy networking opportunities with other Network practices.

If you would like to RSVP for this event, please contact [events@wellhealthqc.com](mailto:events@wellhealthqc.com) or text (702) 409 2147. We look forward to seeing you there!

### How Your Claims Are Processed:

When a claim is submitted to the Trust, it is reviewed to determine if the expense was a covered benefit, if the participant was eligible for coverage at the time of the service, and if the participant complied with all the terms and conditions of the Plan.

The Plan uses various reference sources during the administration process including CPT, HCPCS, ASA, ADA, and/or ICD- 10 guidelines, and Medicare Correct Coding Initiatives. Claims are paid using negotiated contract rates with providers based on the contract in place as of the date of service and not (in the case of an inpatient admission) based on the date of admission.

A determination of each claim will be mailed to both providers and participants in an Explanation of Benefits (EOB). Claim payments will be issued to the Provider if the claim contains an Assignment of Benefits authorizing payment to be made to the Provider.

If additional information is required before the claim can be processed, both member and provider alike will be sent a written notice of what is needed, and the information requested must be provided within the specified time period. If the information is not submitted within the required time, the claim will be denied.

### Claims Appeal/Adjustment Processes:

If a claim is denied in whole or in part, and/or you disagree with the benefit determination, you have the right to appeal the benefit denial. Providers may submit an appeal or request for claims adjustment by completing the claims appeal request form found on the Trust's website. A more in-depth Claim Appeals Overview can be found on p.160-71 of the Plan Document.

### TPL Definition and Processes:

Third Party Liability (TPL) occurs when someone else (an individual, organization, or business) may have been responsible for a participant's injury or illness (i.e automobile accident). When this is the case, that entity or its insurer may be liable to pay the participant's health insurance claims related to that injury or illness, instead of the Trust.

Specific diagnosis codes will indicate an injury or illness which may have been caused by a third party. When the Trust receives claims with these types of diagnosis codes they contact both the provider and participant to indicate a TPL has occurred, and that additional information/documentation is needed from the participant in order to determine how the injury or illness occurred before a claim can be fully processed and/or paid. Many claims are pended due to missing TPL information which the member must provide. For more information regarding TPL processes, please reference p.188-92 of the Plan Document.

**Perinatology Outpatient Services Prior Authorization:**

Please remember all Perinatology outpatient services require **prior authorization**. These services were previously listed alphabetically under Outpatient Services as opposed to Perinatology on the Services Requiring Prior Authorization list found on the Trust's website (page 46), which made them difficult to identify at first glance.

Providers referring patients to Perinatologists will first need to submit for prior authorization. If the referring provider fails to submit for prior authorization, the Perinatologist should do so on the patient's first visit. The supporting documentation will be reviewed, and the patient will be contacted by WellHealth's Population Health Management (PHM) Team to enroll and participate in the My Best Pregnancy PHM program.

Please note: failure to submit for prior authorization will result in higher copays for patients and may also result in decreased payment to the Perinatologist. Please watch for more information regarding the PHM programs, including co-payments and benefit levels for participants enrolled in these programs.

**par8o Referral Champions:**

Referrals are an integral part of the success of the patient-centered medical home (PCMH) model. All PCP sending offices have been trained on par8o and should be utilizing the system to send all Trust referrals to specialists. Many Specialist receiving offices have also been trained and are utilizing the par8o system online. When both sending and receiving offices are utilizing par8o online, several benefits occur:

- More patients actually connect with a specialist office following a PCMH par8o-sent referral
- Providers have access to a patient's full referral history
- Communication via the online par8o system allows for instant transmittal and easy follow-up and instant messaging, as opposed to busy fax lines or waiting on hold
- Multiple text messages are issued to the patient in regards to the appointment

These are the WellHealth Network's Top 5 Sending Office during the 2nd quarter.

1. Healthcare Partners Medical Group – 1,328
2. WellHealth Medical Group – 820
3. Dignity Health Medical Group – 430
4. Nevada Family Care – 340
5. Las Vegas Medical Group – 317

We would like to formally recognize the efforts of these practices. Thank you for your hard work and dedication to the PCMH model. Your participation with par8o not only assists us with the tools need to better manage the network, but also improves patient access and satisfaction. Keep up the great work!

**Top Practices for Patient Access:**

As part of the PCMH model, increased access to care is both encouraged and required. Within the WellHealth network, several groups have stood out as the top practices for ease of access. These practices are known by our Healthcare Advocate staff as going above and beyond to see patients for same-day, next-day, or after hours and weekend appointments and additionally have office staff that are pleasant and easy to work with:

Dr. Dara Welborn (Henderson)  
 Dr. Gautham Reddy (Henderson)  
 Dr. Nouhad Damaj (Centennial)  
 Dr. Mark Day (Henderson)  
 Osteopathic Medical Associates of Nevada (West Sahara)  
 Dr. Wendy Perkins (Henderson)  
 Total Care Family Practice (Henderson)

We would like to formally acknowledge and thank these groups. Your commitment to improving patient access is greatly appreciated! Thank you for inspiring other Network providers to do the same.

**Contact Information:**

<p><b>Trust Provider Relations</b> (702) 866-6160, options 3-5</p>	<p><b>WellHealth Network Relations</b> (702) 866-6160, option 2 OR (702) 728-5880</p>
<p><b>Who should call:</b> If you are calling from a Hospital, SNF, LTAC, Surgery Center, Ambulatory, or are a Dental (including Oral Surgeons) or Vision Provider.</p> <p>What we can assist you with: The above providers may call regarding contracting, credentialing, and provider maintenance (i.e. Adds and terminations associated with your TIN/EIN, as well as demographic changes).</p> <p>The above providers may also call with questions regarding claims status, payments, and appeals / adjustments.</p>	<p><b>Who should call:</b> If you are a medical provider, including Primary Care, Behavioral Health providers, Hospitalists, and various Specialists (e.g. Endocrinologists, Cardiologists, Physical Therapy, etc.)</p> <p>What we can assist you with: The above providers may call regarding contracting, credentialing, par8o referral management, provider maintenance and rosters (i.e. Adds and terminations to your practice, as well as demographic changes), and verification of PCMH patient attribution and eligibility.</p> <p>The above providers may also call with questions regarding claims status, payments, and appeals / adjustments.</p>
<p><b>What we are not able to assist you with:</b> Neither department is able to assist with member benefits and/or co-payments and deductible level inquiries. This information can be found within the summary plan document and/or provider portal online.</p> <p>Likewise, neither department is able to assist with requests, inquiries, or status regarding Prior Authorization. For information regarding Authorizations, please email <a href="mailto:thtpreauth@tristargroup.net">thtpreauth@tristargroup.net</a></p>	

**Quick Contacts:**

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

**Authorizations-** P: (702) 832 4658 or (844) 586 2244 | F: (702) 847 7690 or (562) 506 0304 | E: thtpreauth@tristargroup.net

**Credentialing-** P: (702) 545 6108 | E: 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

