

Apple

Bytes



Winter 2017

A Teachers Health Trust and WellHealth Publication for Providers and their Staff

Teachers Health Trust Performance Plus Plan Updates: 2016 Recap



Food For Thought, August 18, 2016, TPC Summerlin

Practice Managers Council: Food for Thought

The WellHealth Quality Care Practice Managers Council Food for Thought luncheons are held quarterly and open to all WellHealth Network Medical providers and staff. These meetings are largely informative in nature; however, they do give office managers and staff a chance to meet with WellHealth Quality Care management in person and to discuss some of the common challenges in their practice. Furthermore, managers are also able to meet and network with other practice managers they work closely with. Please contact events@wellhealthqc.com for information on the next luncheon.

Rx Savings Solutions

The Teachers Health Trust (Trust) has partnered with a new prescription savings program called Rx Savings Solutions (rxsavingsolutions.com). The program works with the Trust's claim system to identify lower cost medications for patients. In the coming weeks, Rx Savings Solutions will be working with the WellHealth Network Relations team to schedule in-office visits with our network providers. The purpose of these visits is to properly introduce you and your staff to the program, as well as present educational materials regarding patient engagement and proper utilization of the tool.

For more information regarding the Rx Savings tool and/or to schedule your in-office training, please call **(702) 728-5880** or email networkrelations@wellhealthqc.com.

Referrals

A referral is a Patient-Centered Medical Home (PCMH) provider's certified recommendation that a participant requires further care from an in-network specialist. Referrals are issued electronically through the par8o system by PCMH offices, although a WellHealth Healthcare Advocate may issue referrals under special circumstances (ER visit follow-up referral and/or pre-existing relationships with specialists). Urgency, duration, and primary ICD-10 code should be indicated on each referral. Remember, in-network referrals through par8o ensures the member will generally not be subject to deductibles and be charged lower co-payments.

Important Information about Prior Authorization

Prior authorization requests are submitted to the Teachers Health Trust through TRISTAR for certain procedures and/or medical services. Authorizations are issued directly to the ordering physician by the Trust/TRISTAR and 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 Trust website (on the forms page found on the providers drop-down menu). Please note that requests for prior authorization do not guarantee payment or benefit eligibility. This process typically takes two business days. Additions to the 2016 prior authorization list include endoscopy, hernia surgery, air ambulance, infusion, perinatology, and cardiolyte SPECT nuclear studies. Cardiology procedures including SPECT, CT, and PET will require additional documentation. Please review the complete list of procedures/services requiring prior authorization on the Trust website.

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Provider Changes

A participant may change their designated PCMH PCP provider once each quarter. A request made in the second quarter will take effect in the following quarter (certain exceptions may apply). The provider change request form is available on the Trust website and is to be completed by the member and submitted to advocates@wellhealthqc.com. Immediate provider change requests are not possible except under special qualifying circumstances.

par8o and Here's to Health Population Health Management Program

The WellHealth par8o referral management software is now integrated with the WellHealth Population Health Management (PHM) programs to allow for a streamlined enrollment process.

The following programs are available for patients with any of the correlating diagnoses and/or pre-diagnoses. It is important that primary care providers help identify participants needing to be referred into these programs.

Program Name	Pre-Diagnoses	Disease State	Specialization
Control is the Goal	Pre-Diabetes, Obesity	Diabetes	Endocrinology
Have a Heart	Hypertension, Hyperlipidemia	Congestive Heart Failure	Cardiology
Breathe Easy	Asthma / Allergies	COPD / Asthma / Emphysema	Pulmonology / Allergy
My Best Pregnancy	Advanced Maternal Age	High-Risk Pregnancy*	Perinatology / OB/GYN

* All high-risk pregnancy patients will also require prior authorization and assessment by the PHM Clinical team

When referring patients into one of the above PHM programs, the provider and/or staff member who has access to the par8o system for your practice will simply select **POPULATION HEALTH** from the specialty drop down options for the Trust Performance Plus Plan. All provider information will be the same as if sending a normal referral. When listing the reason for referral, please include the patient's pre-diagnosis and/or diagnoses and ICD-10 code. Then you will be able to select one of the four programs listed above under recommended providers in the care compass.

Once you have selected the corresponding program, simply send the referral and a member of the WellHealth PHM clinical team will reach out to the member within 48 hours (two business days).

For more information regarding the PHM programs and/or your role in assisting patients in enrolling and managing their chronic illnesses, please contact **Tina Phyfer, APRN, Director of Population Health Management**, at (702) 794-0272 ext. 2760.

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 apply (see above). Trust patients are required to pay a 20 percent co-insurance 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).

Network Relations Credentialing and Onboarding Processes

Report all new providers who may have been added to your group to WellHealth Quality Care as soon as possible. New providers will need to complete both an ACT Form and a credentialing application found on the Trust website in order to begin the onboarding process. Only once a provider has completed credentialing will they be able to see Trust participants. Any claims submitted prior to completing credentialing will be denied. If you have any questions or concerns, you can email Provider Relations at networkrelations@wellhealthqc.com or call (702) 728-5880.

Provider Portal Provider Resources For Benefits & Eligibility

The Trust officially launched its new website in mid-July 2016. Providers and participants have utilized the website as the resource for their most common questions, concerns, and issues. Moving forward, both Member Services and the Network Relations Teams will no longer be able to quote member eligibility, benefits, copayments, and/or deductible levels for providers. For your convenience, the Trust has provided several tools and resources for providers and participants to access this information (see below).

The Provider Portal is available through the Trust's website (teachershealthtrust.org) and is the primary way for providers to:

- Verify member eligibility
- See a member's deductibles that have been satisfied to date
- Check claims statuses/history

For more information regarding the Provider Portal, including how to create a new account, please reference the July 2016 Apple Bytes. If you do not have a copy, you can find the most recent provider communications on the Trust's website or email networkrelations@wellhealthqc.com for more information.

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2017 Plan Document

Member benefits and co-payment information can be found in the latest Trust Plan Document (PD) available on the website. Please note this document is updated from time to time. Pages 6-10 of the document contain a summary off the Trust's co-payment and co-insurance policies, with further benefit levels described in great detail throughout the remaining document. You can easily search the index beginning on page 207 to search page numbers regarding specific benefit information.

Trust Website Resources

In addition, the Trust website also provides multiple supporting documents for providers, including the advanced control formulary and a complete list of services requiring prior authorization. Members are also able to search for your practice by utilizing the provider search function available on the website. To update your practice's provider profiles, you are welcome to send hi-resolution images to the WellHealth Marketing team at bbenton@wellhealthqc.com.

Patient-Centered Medical Home (PCMH) Overview

By implementing the PCMH model, WellHealth along with the Trust, seeks to improve the quality, efficiency, and effectiveness of the care delivered by our in-network providers. The PCMH model encourages members and providers to work together, allowing for a team of healthcare professionals to create a personalized effective care plan.

The guidelines for the Performance Plus Plan Patient-Centered Medical Home are as follows:

- Participants are required to choose a primary care provider as their designated PCMH provider.
- Participants are allowed to change their chosen PCMH provider once per quarter.
- Participants may see their chosen PCMH Provider for a \$0 co-payment for preventative care, and \$10 co-payment for all other office visits (20 percent co-insurance may apply for office procedures).
- Prior to scheduling an appointment, providers should verify a member's PCMH Provider selection by contacting WellHealth Network Relations at **(702) 728-5880** or by utilizing the member search function in the par8o system
- Participants may see a specialist for a \$20 co-payment when referred by their chosen PCMH provider. PCMH Providers are to utilize the par8o referral management system to send all referrals.
- If a participant chooses to see any out of network provider (be it PCP, OB/GYN, or Specialist), their costs will be significantly higher. Please refer to the co-payment and co-insurance overview for greater details.
- If a PCMH provider is absent and unable to see a member who has selected him/her, another provider in that office may substitute as long they practice under the same Tax ID, copays remain the same.

Teachers Health Trust Partnerships

The Teachers Health Trust is a non-profit, self-funded health trust which provides medical, dental, and vision benefits to all licensed employees of the Clark County School District (CCSD). The Trust is funded by both member premiums and CCSD yearly contributions. One medical plan serves all Clark County teachers: Performance Plus, a Patient-Centered Medical Home Plan.

WellHealth Quality Care is an organization that focuses on health care delivery and administration. In 2011, WellHealth was established Nevada's first Accountable Care Network of providers. WellHealth partners with the Trust by managing their performance plus provider network and their population health management programs, as well as providing support for provider relations and member healthcare advocacy.

TRISTAR Benefits Administrators are a leading provider of quality, cost-effective benefits administration and bring the latest technology and systems available for claims adjudication and processing. TRISTAR has partnered with the Trust as their Third Party Claims Administrator (TPA), as well as fully staffing Member Services and Eligibility, Case Management, and Information Technology.

In 2015, the Trust began working with WellHealth Quality Care and TRISTAR Benefit Administrators in an effort to establish more efficient and advanced processes for the Trust's future. In 2016, the Trust launched their new medical plan, the Performance Plus Plan, based on a Patient-Centered Medical Home model, to improve patient outcomes, reduce utilization, and decrease overall costs.

Together, in partnership with WellHealth and TRISTAR, the Trust has implemented multiple changes, including a complete restructuring of the Trust's leadership, organizational structure, and an increase in staffing for member and claims services, as well as network relations teams.

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Contact Information:

<p>Trust Provider Relations (702) 866-6160, options 3-5</p>	<p>WellHealth Network Relations (702) 866-6160, option 2 OR (702) 728-5880</p>
<p>Who should call: 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>Who should call: 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>What we are not able to assist you with: 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 contact P: (702) 832-4658 or (844) 586-2244 E: thtpreauth@tristargroup.net</p>	

Quick Contacts:

Mailing Address- PO Box 96238 Las Vegas, NV 89193-6238 | P: (702) 866-6160 | F: (702) 794-2093

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

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

Claims Submission- The Teachers Health Trust Payor ID # is 88019.

For all Paper Claims Submission, mail all paper HCFA, UB92, Superbills, and Dental Claims forms to Teachers Health Trust at P.O. Box 96238, Las Vegas, Nevada 89193-6238. For all Electronic Claims Submission, please contact your current software vendor. If you do not currently submit claims electronically but would like to, the following Medical Services Organizations may be able to assist you: HCRnet P: (702) 735-5525 | www.hcrnet.com Emdeon Customer Solutions | Change Healthcare P: (877) 363-3666 | www.emdeon.com

