



Tidbits

Teachers Health Trust, Performance Plus Plan Updates



Referrals

A referral is a PCMH provider's certified recommendation that a member requires further care from a specialist. Referrals are issued electronically through par8o by sending to offices only (PCMH), 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 are indicated on each referral. Par8o directs the referrals In-Network, which ensures that the member will not be subject to deductible and will be charged lower co-pays.

Members without Referrals

Some members may choose to 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 turned away. Under certain circumstances, a retroactive referral can be arranged through the WellHealth Healthcare Patient Advocates or PCMH (see below). 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 deductible is met, a 20% coinsurance will apply.

Referrals from OB/GYN & Pediatric Providers

OB/GYN and Pediatric Offices may serve as a member's chosen PCMH Provider and can issue referrals through par8o (and their traditional means temporarily). Training on the par8o system is currently in progress for these providers and will continue through the third quarter. In the interim, referrals sent through traditional methods other than par8o claims will be paid as if a referral was made in par8o.

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 par80 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 (effective 6/7/2016). Do **NOT** refuse to see the member as the referral will be forthcoming and payment will be made. The specialist office can also call a Healthcare Advocate at (855) 404 9355 to generate the par80 referral. A copy of the referral will be forwarded to the PCMH provider.

Emergent Specialist Visits without Referrals

On occasion, a member may see a known in-network specialist for an emergent problem with no time to obtain a referral. Do **NOT** refuse to see the member. A retroactive referral can be generated for the member by the mechanisms noted above and payment will be made.

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.



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 deductible, (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 par80 system. Please be aware of these costs when choosing specialists to refer to.

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 Trust website (under forms). Please note that requests for prior authorization do not guarantee payment or benefit eligibility. This process typically takes two business days.

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: authorizations@wellhealthqc.com

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

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

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