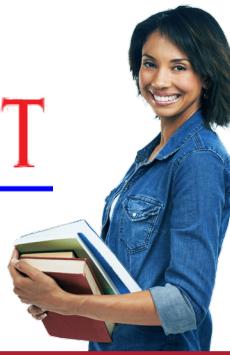




TEACHERS HEALTH TRUST

For Teachers By Teachers



- [PCPs & Referrals](#)
- [Benefits](#)
- [Provider Reimbursements](#)

- [Claims Submission](#)
- [Networks & Tiers](#)
- [Authorizations & Medical](#)

- [Management](#)
- [Online Service](#)
- [Eligibility & Customer Service](#)

PCPs & Referrals

Q: Is the THT medical plan an HMO?

A: No. This is not an HMO plan.

Q: If a member has selected a certain PCP within our office, do they have to see only that Doctor or can they see any Doctor in our office?

A: Members can see any Doctor in the selected PCP's office to obtain the PCP copay. To get the specialist copay, a referral to that specialist is required.

Q: Is there a limit on how often a member can change their PCP?

A: There is no limit.

Q: Will there be a PCP change form to print? How long will it take to change?

A: There is no form. Members can contact Allegiance customer service at 855-999-1050 and we will update the system.

Q: Will the deductible apply to PCP office visits or procedures performed in a PCP office?

A: The PCP Copay will apply to the office visit charge with any WellHealth PCP. Deductible and coinsurance will apply to all other services performed in the office. Please refer to the SPD for complete details.

Q: Does therapy (Occupational, Physical, and Speech) require a PCP referral?

A: No, therapy does not need a referral.

Q: Will patients need to get referrals from par80 to see a specialist?

A: Yes, a PCP referral to a specialist is required in order for the member to get the specialist copay. If there is no referral, then the member will be required to pay a deductible and coinsurance.

Q: Are existing referrals still good for one year starting 2019?

A: Yes, Allegiance is still honoring them.

Q: For specialist referrals, are electronic referrals from the PCP required through the par8o system?

A: Yes, the PCP needs to enter the referral through the par8o system for the benefit to process correctly.

Q: Will the specialist be limited to the ICD-10 codes referred by the PCP?

A: The claim itself will not be limited, but the ICD-10 codes need to be included so that the WellHealth healthcare advocates can find the information quickly.

Q: Can patients see any OB/GYN they want without a referral?

A: Yes, patients can see a WellHealth OB/GYN because they're now considered PCPs.

Q: If a patient comes to an OB/GYN, can we refer to a specialist or do patients have to go to their PCP for a referral?

A: Starting 1/1/19, OB/GYNs are considered Primary Care Providers, so OB/GYNs can create a referral for the member to see a specialist.

Q: In 2018 and previous years, teachers had two tiers for benefits; benefits varied based on whether the patient had a referral. With a referral, the patient paid a copay, without a referral a deductible applied. How is this changing with the new tiers?

A: There is a co-pay applied for a Specialist with a referral. Deductible/coinsurance applies without a referral.

Q: If a patient sees a specialist without a referral, are we able to bill Cigna without referral?

A: Yes. Benefits still apply without a referral. The member will receive a better benefit with a referral.

Q: Will a specialist be able to refer to another specialist on par8o?

A: As of right now, specialists cannot refer to another specialist. Information on how to use par8o will be provided in the par8o guide.

Q: If a patient does not want to get a referral can they use the Tier 2 Cigna network?

A: A patient can still use the Tier 1 network without a referral, but a lesser benefit will be applied. The goal is to drive members to Tier 1 for all services.

Q: Will providers have issues with hospital claims being paid to them if there is a different PCP listed?

A: No, the hospital claims will be based on necessity. A member's selected PCP will not affect hospital claims.

Q: Does Chiropractic care need a referral?

A: There is no referral required for chiropractic care.

Benefits

Q: Are benefits changing for 2019?

A: There are minimal changes for 2019. Any WellHealth PCP can now make a referral to a WellHealth specialist. As long as the referral is from a WellHealth PCP, the member will get the copay benefit.

Q: Are benefits changing for OT, PT, and ST? Is it still a 24 visit limit without a prior authorization?

A: The visit limit is increasing to 30. After that 30 visits, treatment will be reviewed for medical necessity.

Q: Does the 30 visit limit also apply to Speech Therapy?

A: No. It does not apply. Speech Therapy will be reviewed for medical necessity after initial evaluation.

Q: Are nutritionists covered?

A: There are benefits for nutritional counseling—6 visits allowed per benefit period.

Q: Will Nutritionists be covered for diabetic diagnosis only? Or is obesity covered as well?

A: Nutritional counseling is a covered benefit and is not limited to a diabetic diagnosis. Obesity and weight reduction services and diagnoses are not covered.

Q: Is there coverage for Genetic Testing?

A: Yes. With a referral, the benefits for provider services are 80%, deductible waived; without a referral the benefits are 80% after deductible. Standalone labs are 100%, deductible waived.

Q: Is there coverage for Massage Therapy?

A: Massage therapy is not covered by the plan.

Q: Is the Well Woman Exam for a yearly pap considered preventive at 100% coverage? Is it one (1) exam every twelve (12) months or is it one (1) exam per benefit year?

A: Preventive Care Pap tests are covered 100% under tier 1. There is no longer a one year wait between visits. It is now one visit covered at 100% per plan year.

Q: Are there any changes for Neuropsych testing?

A: No changes in benefits for 2019; however, pre-treatment reviews will be done through Allegiance, not HBI.

Q: I received a couple letters from THT saying that only the MD is qualified for coverage, not the PA. How do we ensure PAs are covered?

A: PAs need to be credentialed with WellHealth and will be paid a percentage of the MD schedule.

Q: THT previously denied claims noting that they required that COB be updated by members. Is this going to happen again with Allegiance?

A: There will not be a COB requirement. Allegiance will only pend claims for COB if other insurance is potentially involved. If we do not receive response in 45 days regarding other insurance coverage, we will deny the claims.

Provider Reimbursements

Q: Will there be changes to the fee schedule?

A: WellHealth is in the process of amending contracts for the whole network. We are bringing the whole network up to current year Medicare.

Q: Will the fee schedules be the same for both Tiers?

A: No, Tier 1 uses the WellHealth contracts, Tier 2 utilizes the Cigna contracts.

Q: Where can we have access to the fee schedule for providers?

A: Fee schedules are not published, but you can call the WellHealth healthcare advocate line at (855) 404-9355 and they will provide you with your individual schedule.

Q: What will happen with EFT/ERA? Will we need to re-apply for this?

A: Reach out to our EFT/ERA vendor, Zelis, and make sure you're set up. Zelis: 877-828-8770.

Q: Does Zelis charge a fee for EFT/ERA?

A: There is a fee for this. You can continue to receive payments via check if you choose to do so.

Q: Can I still get paper checks and EOBS?

A: Yes.

Q: With the new claims payment system, will there be a lapse/delay in payments?

A: Claims will be processed by Allegiance as they are received.

Q: What will be the turnaround time for claims payments in 2019?

A: Allegiance will process all clean claims within 30 calendar days. THT funds the claims payment.

Q: As of right now, PAs get lower reimbursement than MDs, will that continue?

A: Yes, that will be the same per the WellHealth contract.

Q: If a member selects a MD as PCP but sees a PA will the claim be paid at the MD rates or the PA rates?

A: Claims will be paid based on the rates for the PA because that is who is filing the claim.

Claim Submission

Q: Where do I send claims?

A: All claims with a date of service of 1/1/19 or later will be sent to Allegiance. Claims with a date of service prior to 1/1/19 will be sent to THT. Refer to the member ID card for the PO Box or payer number for electronic submission.

Q: What is the claims routing number for Tier 1?

A: Payer ID# 80140. Claim remittance information can also be found on member ID cards.

Q: What is the copay for tier 1?

A: Copay for PCP is \$10 and specialist is \$20.

Q: What if you are a provider in both the Tier 1 (THT/WellHealth) and Tier 2 (Cigna OAP) networks?

A: Claims need to be submitted directly to Allegiance if you are a provider for both networks.

Q: Do you accept Electronic claims through Change Healthcare?

A: Yes. Our clearing house can accept claims from any other clearing house.

Q: For ERA's do you send back through Change Healthcare?

A: Yes. They are set up through our EFT/ERA vendor, Zelis. Zelis will work through the clearing houses.

Q: What is the process for resubmission and corrected claims? What is the filing limit?

A: Per your contract with WellHealth, you have 90 days to submit a claim from the date of service.

Q: Is Allegiance also going to process claims for Mental Health or will this still be through Human Behavior Institute (HBI)?

A: Allegiance will be processing the claims, but HBI will still do all the pre-certifications and authorizations.

Q: Where do we send claims with dates of service prior to 01/01/19?

A: Dates of service prior to 1/1/19 should be sent to Tristar.

Q: What is the process to appeal claims with dates of service prior to 1/1/19?

A: Follow whatever appeal procedures are in place for all 2018 claims.

Q: For any outstanding claims with 2018 dates of service, will there be a point in 2019 where Allegiance will process those claims or will we be dealing with THT until all 2018 claims are processed?

A: TriStar will be handling all claims with dates of service prior to 1/1/19.

Networks & Tiers

Q: Is there any re-credentialing that will be required of providers?

A: Credentialing will not change in 2019. If you have additional questions regarding credentialing please reach out to your WellHealth Provider Advocate.

Q: Can you provide an explanation on what is Tier 1 and Tier 2?

A: Tier 1 is a network comprised of THT/WellHealth contracted providers; Tier 2 is a network of providers contracted with Cigna Open Access Plus (OAP). Members can access both networks. Tier 1 pays benefits at a better rate for the member.

Q: Is Tier 1 in network for THT/WellHealth and Tier 2 is out of network?

A: No. There is technically no 'out of network' benefit. Tier 2 is Cigna Open Access Plus (OAP). Tier 1 is made up of THT/WellHealth contracted providers and has the best benefits for members.

Q: We are contracted with Cigna currently, is there new contracting for Cigna Open Access Plus?

A: For Cigna OAP contracting questions, please contact Cigna.

Q: Just to clarify, the member can see anyone in our practice as long as our group is contracted? Even for preventive visits?

A: Correct, as long as your group is a WellHealth contracted provider then the member will receive the PCP office visit copay benefit for copay eligible benefits. Referrals are still required for seeing a specialist. All the providers must be credentialed through WellHealth.

Q: Are you doing away with Patient Centered Medical Home (PCMH)? Will our office get paid if we are not listed as a PCMH?

A: If the provider is already contracted with PCMH they will continue. If not, it will be the fee schedule they are already on.

Q: What lab and radiology facilities will be preferred for the THT/WellHealth network?

A: Quest is the preferred lab and Steinberg is the preferred radiology center for Tier 1.

Authorizations & Medical Management

Q: Will prior-authorizations that are currently in place be honored?

A: Yes. They will be honored on services scheduled after the 1/1/19 effective date with Allegiance.

Q: Will our current Tristar authorizations cross over, or do we need to request new authorizations for all of our current patients on 1/1/19?

A: Allegiance will receive a list of existing prior authorizations and honor those.

Q: For Radiology testing, will MRI, CT, Nuclear Medicine, and PET need authorization? For both tiers?

A: These tests for THT/WellHealth providers are based on medical necessity and will not need a prior authorization. Cigna providers would follow their eviCore process. If you are contracted with THT/WellHealth your claims will come to Allegiance for pricing under those rates.

Q: Will providers need prior authorization for EGD and Colonoscopy?

A: These do not need a prior authorization, but will need a referral to a THT/WellHealth specialist.

Q: If we evaluate for Speech Therapy today and the patient has not used the visits for 2018, will we need the authorization for any dates of service into 2019?

A: The authorization would need to be done through Allegiance for dates of service in 2019.

Q: What about obtaining authorization for in-office procedures? Who will we contact?

A: Contact Allegiance by using the number for pre-treatment reviews on the ID card.

Q: Does Durable Medical Equipment (DME) require prior authorization?

A: Yes, prior authorization is required for DME over \$3000.

There is a form at <https://www.askallegiance.com/THT/ForProviders> so you can complete the review.

Q: Is the \$3000 authorization requirement for DME referring to the value of the equipment or the total claim?

A: We recommend authorizations for all high dollar situations. Since most do not know what the billed is versus the contract rate, it is better to submit the form.

Online Services

Q: How soon can a provider register for the par8o portal?

A: Registration for the par8o portal is active now and available to all WellHealth Providers.

Q: How do I get a portal log in?

A: On the “For Providers” page at www.askallegiance.com/tht, click on the link and register as a new user; the necessary information to register will be sent to you.

Q: Will the PCP be shown on the benefit website?

A: No. The member should know, or you can call Allegiance Customer Service and they can look up the last PCP visited.

Eligibility & Customer Service

Q: Will members be issued new member ID numbers?

A: Yes. Members will be issued a new 12 digit family ID number. Individuals within the family will be differentiated by their date of birth.

Q: Will we be able to confirm patient eligibility without the 12 digit ID number?

A: The web portal requires ID number and DOB, but if you call Allegiance customer service you can get eligibility with the member name and DOB.

Q: Will TriStar still continue to have customer service for 2018 claims?

A: Yes, TriStar customer service will be available for 2018 claims.

Q: Who would providers contact when we have an issue or additional questions on claims?

A: For 2019 dates of service, you would call Allegiance at 1-855-999-1050. For 2018 you would call TriStar at 702-216-1624.

Q: Will members be able to access the nurse line 24/7?

A: WellHealth does not have a nurse line, though there is a nurse available exclusively for the population. Members do have access to MDLive for telemedicine services. Visit www.askallegiance.com/tht for more information about MDLive.

Q: How to obtain the slides from the Provider Presentation?

A: The THT/WellHealth Provider slides will be available at www.askallegiance.com/tht and on the THT website.