



GOLD STAR PROGRAM

Please fax to: The Health Plan Secure Line: 1.888.329.8471

Beginning July 1, 2020, if a West Virginia healthcare practitioner has performed a procedure at least **30** times per year and, over the previous six months, has attained a **100%** approval rating, they may request to be a part of our Gold Star Program pursuant to 2019 WVHB 2351.

Once The Health Plan (THP) verifies the provider's information, THP will update their system to allow the provider to perform service(s) without submitting additional prior authorization for verified code(s). At the end of the six-month enrollment, the provider may request to be exempted again.

Please note: The Health Plan reserves the right to audit charts during the Gold Star period.

PROVIDER INFORMATION	
Provider Name:	
NPI:	Tax ID:
Address:	Phone:
	Fax:
Contact Name:	
Phone:	Fax:
PROCEDURE INFORMATION	
Initial Request	Request for Extension
CPT, HCPCS or Proc Code:	
Description of Service:	
Date of Submission:	
Approved Authorization Numbers over the last 6 months : (Example: 2019304XXXXX)	
1.	19.
2.	20.
3.	21.
4.	22.
5.	23.
6.	24.
7.	25.
8.	26.
9.	27.
10.	28.
11.	29.
12.	30.
13.	31.
14.	32.
15.	33.
16.	34.
17.	35.
18.	36.



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PROCEDURE INFORMATION	
Approved Authorization Numbers over the last 6 months (continued):	
37.	69.
38.	70.
39.	71.
40.	72.
41.	73.
42.	74.
43.	75.
44.	76.
45.	77.
46.	78.
47.	79.
48.	80.
49.	81.
50.	82.
51.	83.
52.	84.
53.	85.
54.	86.
55.	87.
56.	88.
57.	89.
58.	90.
59.	91.
60.	92.
61.	93.
62.	94.
63.	95.
64.	96.
65.	97.
66.	98.
67.	99.
68.	100.

THP USE ONLY	
Approve Deny	
Start Date:	End Date: