



# ProviderFocus

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## REMINDER: Signatures, Credentials and Dates Are Important

THP requires that each entry in the patient's medical record contain an acceptable signature, credentials, and the date on which the provider performed a service. Visit the Centers for Medicare and Medicaid Services (CMS) website at [cms.gov](https://www.cms.gov) for more information on signature requirements. 🍏

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## Regional Education Seminar Events



**Upcoming Webinar: September 21, 2023, 12-1:30 PM | [Register Now](#)**

THP developed regional education seminars to celebrate our physicians and their staff. Attendees will meet and hear from members of THP's leadership team on topics that include:

- Quality of care measures
- Provider information accuracy
- Programs and initiatives
  - Gold Star Program
- Mountain Health Trust
- Member Quality Incentives
- Member Redetermination
- Medicare Advantage/DSNP (Dual Eligible Special Needs Plan)
- DSNP Model of Care Training Attestation
- Q & A Session

Sign up for our provider communications to learn when and where our next seminars are taking place in 2023! 🍏



# New at The Health Plan (THP): Podcasts!

THP launches podcasts for our provider network!

Beginning in March 2023, THP's Provider Delivery Services (PDS) team will host podcasts exclusively for our participating providers.

## What will we discuss?

THP's Information Technology, Clinical Services, Provider Delivery Services, and Operations experts will be guests to talk about:

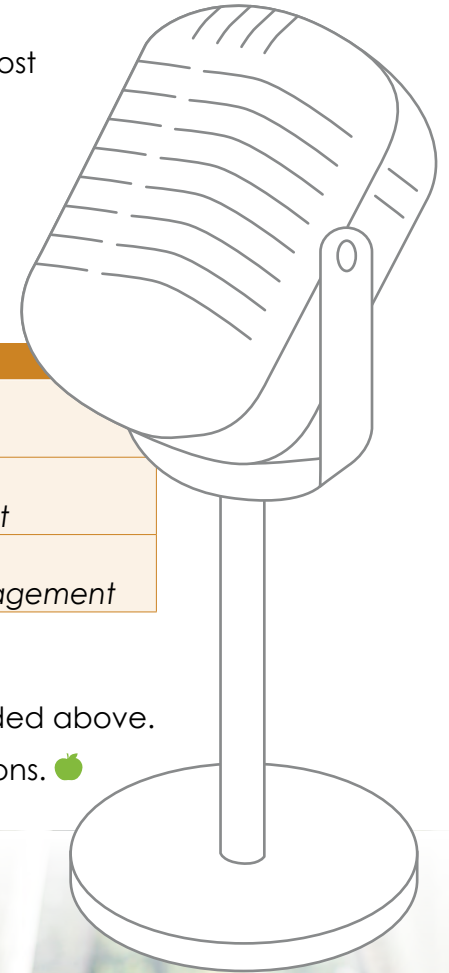
Cyber Security • Systems & Tools • Data Accuracy • & more!

Release Date	On This Month's Episode...	THP Guest Speaker
July 10	<b>Cyber Security: Email Security</b>	<b>Phil Brossman,</b> <i>Director, IT Security</i>
July 20	<b>The Power of One System: Guiding Care</b>	<b>Heather Jones</b> <i>Director, Utilization Management</i>
August 28	<b>Program Highlight: Gold Star Program</b>	<b>Kaleb Haramy</b> <i>Director, Provider Network Management</i>

## Ready to Listen In?

Access the THP MyPlan provider portal on or after the release dates provided above.

Contact your area's [Practice Management Consultant \(PMC\)](#) with questions. 🍏



# Your Medicare Patients Could Fall Victim Telemarketing Scams

According to the Centers for Medicare and Medicaid Services (CMS), several topical drugs have been targets of Fraud, Waste and Abuse (FWA) through telemarketing schemes. In these instances,



Medicare enrollees receive unsolicited phone calls from pharmacies inquiring if they had pain issues and if they can contact their doctor on their behalf. Then, a form is sent to the provider's office requesting signature for the topical drugs. As a result, a claim is billed to the patient's plan at an inflated cost. Most often, the topical drugs are not FDA approved for topical use.

## **What can physicians and practitioners do to help?**

- Remind your patients to never provide personal information such as banking and health information or Social Security and Medicare identification numbers over the phone to someone they don't know
- Evaluate forms that are sent to your office requesting signature for your patient to receive topical medication prescriptions

Contact The Health Plan (THP) Customer Service team at 1.877.847.7901 with questions. 🍏

## Hours of Operation Reminder to Providers



The Health Plan ensures that practitioners offer hours of operation that are no less (in number or scope) than the hours of operation offered to non-Medicaid or non-Medicare members. 🍏

## We Want to Hear From You



The Health Plan (THP) would love to hear your suggestions for articles to include in upcoming newsletters. Feel free to e-mail [providerservicing@healthplan.org](mailto:providerservicing@healthplan.org) with your ideas. 🍏





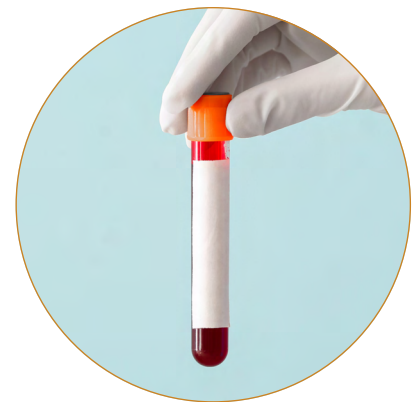
## THP's Preferred Lab Network is Labcorp

THP members enrolled in a health plan with lab cost sharing pay the lowest applicable out-of-pocket through Labcorp.

Labcorp offers many services including the following:

- Comprehensive Testing – nearly 5,000 frequently requested, specialty and genetic tests, with an increased emphasis on precision medicine tests to help providers deliver more personalized care to each patient.
- Patient Convenience & Access – easy-to-use online and web-based tools to help patients make appointments, streamline the lab check-in process, get advance estimates of out-of-pocket costs for testing, access test results and experience simplified billing and payment.
- Variety of Test Order & Results Delivery Solutions – simplified test orders and results through Electronic Health Records (EHR) interfaces, including access to historical test results regardless of the ordering physician.

Physicians can log in to Labcorp's provider portal, [Labcorp Link](#), to access tools to improve patient service and satisfaction.



To establish a Labcorp specimen box for your office, contact Labcorp's Regional Business Development Manager, Shelby Neri, at **304.377.1088** or [NeriS@labcorp.com](mailto:NeriS@labcorp.com). 🍏

# Low Income Medicare Beneficiaries

The QMB (Qualified Medicare Beneficiary) Program is a Medicaid benefit that pays Medicare premiums and cost sharing for certain low-income Medicare beneficiaries. Federal law prohibits Medicare providers from collecting Medicare Part A and Part B co-insurance, copayments, and deductibles from those enrolled in the QMB Program, including those enrolled in Medicare Advantage and other Part C plans. If you are a PCP, THP has coded your patient rosters with a symbol to help you identify which of your patients meet this income level. Patient rosters are available on our secure provider portal located at [myplan.healthplan.org](https://myplan.healthplan.org). The patient should make the provider aware of their QMB status by showing both their Medicare and Medicaid or QMB card each time they receive care. Providers may contact Medicare at 1.800.MEDICARE (1.800.633.4227) for additional information.

Refer to CMS MedLearn Matters article for further guidance: [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf](https://cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1128.pdf) 🍏



## Required Training for Participating Physicians & Practitioners

# Dual-Eligible Special Needs Plans (D-SNP) Model of Care

The Health Plan (THP) developed a specific model of care (MOC) to help address the complex health care needs of members enrolled in its Medicare Advantage Dual Eligible Special Needs Plans (D-SNP).

THP's D-SNP MOC was approved by The Centers for Medicare & Medicaid Services (CMS) and describes the measurable goals of the program, The Health Plan staff structure and care management roles, and the use of clinical practice guidelines and protocols.

\*All Medicare Advantage participating physicians and practitioners must complete D-SNP MOC training each calendar year. 🍏





# MTM Program

## Medication Therapy Management (MTM)

THP's pharmacy benefit manager, Express Scripts Inc. (ESI) offers interactive telephonic medication reviews to qualified THP Medicare Advantage members.

Those qualified will be contacted by an ESI pharmacist to complete a comprehensive medication review (CMR) annually and their progress will be assessed quarterly. By performing these reviews, THP can improve patient outcomes and address potential polypharmacy, overutilization, and suboptimal dosing.

Physicians and practitioners may receive calls from ESI or its vendors to address issues that have been identified during medication review or to complete the CMR for a cognitively impaired patient. As an advocate for the patient's health, we encourage you to participate. We hope you will take advantage of this opportunity and thank you for your dedication. 🍏



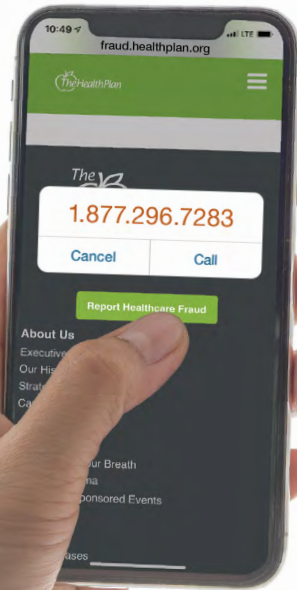
## Member Rights and Responsibilities

THP's Provider Manual describes the member rights and responsibilities and is available on THP's corporate website, [healthplan.org](http://healthplan.org). 🍏





**COMPLIANCE**  
FRAUD, WASTE & ABUSE  
HOTLINE



**Anyone**  
can report  
suspected **fraud** or issues of  
**noncompliance**

- Employees
- Volunteers
- Providers
- Members
- Vendors
- Subcontractors

**Dial: 1.877.296.7283**  
**Email: [siu@healthplan.org](mailto:siu@healthplan.org)**

*You may report anonymously.  
There can be **NO** retaliation against you for  
reporting suspected noncompliance in good faith.*

## Out-of-Network and Tertiary Facility Transfers Require Prior Authorization

THP requires prior authorization before transferring patients to an out-of-network or tertiary facility. If you are unsure of a facility's status with THP call THP at 1.800.624.6961 To request prior authorization, visit our secure provider portal. 🍏



## Pharmacy Management Updates



THP may add or remove formulary drugs during the year. To view a list of formulary drugs and/or initiate the formulary exception process, please visit THP's corporate website: [healthplan.org](http://healthplan.org). Search under "For You & Family" "Pharmacy" "Formularies." 🍏



# THP's Affirmative Statement

## Regarding Incentives

THP bases its decision-making for coverage of healthcare services on medical appropriateness utilizing nationally recognized criteria. The Health Plan does not offer incentives to providers or employees involved in the review process for issuing non-authorization nor does The Health Plan specifically reward, hire, promote, or terminate practitioners or other individuals for issuing denials of coverage. Also, The Health Plan does not offer incentives that foster inappropriate under-utilization by the provider, nor do we condone under-utilization, nor inappropriate restrictions of healthcare services. 🍏



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