

# Health Tradition

*A Mayo Health System Choice in Wisconsin*



► **Provider Reference Guide**

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## Introduction

This resource is a provider reference guide for accessing information for Health Tradition products and affiliated health plans. It is designed to give network practitioners and their staff an overview of Health Tradition plans, processes and procedures.

The guide provides instructions, helpful hints and resource contacts for Health Tradition, including information on:

- Plan descriptions
- Membership eligibility
- Benefits
- Medical management
- Claims
- Quality management

The Provider Reference Guide is divided into five sections: Important Telephone Numbers, Rights and Responsibilities, Health Tradition Health Plan, Medicaid/BadgerCare and General Information. Each section provides an overview of the administrative functions for each plan type.

The guide has been designed to make it versatile and easy for you to locate and access information. As plan information is added or updated, new inserts will be sent to you to keep this guide current.

We hope you find this Provider Reference Guide helpful. If you have any comments or suggestions on how to improve this guide, please contact the Health Tradition Provider Relations department.

## Important Telephone Numbers

- Customer Service  
**1-877-832-1823** (toll-free)
- Ask Mayo Clinic  
**1-877-817-0936** (toll-free)
- Ask Mayo Clinic (Medicaid)  
**1-877-341-1746** (toll-free)
- Health Tradition Health Plan  
**608-781-9692 or 1-888-459-3020** (toll-free)
- Health Tradition Medicaid Member Advocate  
**608-783-9507 or 1-800-545-8499** (toll-free)
- Health Tradition Medicaid Provider Advocate  
**608-783-9508**
- Mayo Clinic Tobacco Quitline  
**1-888-642-5566** (toll-free)
- Mental Health Services  
**608-781-3208 or 1-800-658-9006** (toll-free)
- Referral Coordinators  
**608-781-2960, 608-781-2947 or 1-888-459-3020** (toll-free)
- Utilization Management Coordinators  
**608-781-2751 or 1-888-758-7848** (toll-free)
- Wisconsin Medicaid Provider Services  
**608-221-9254 or 1-800-947-9627** (toll-free)

## Provider Rights and Responsibilities



### Rights

- Discuss treatment options, medical necessity or appropriateness of care or any information that the provider determines to be in the best interest of the member with the Plan.
- Discuss appropriate treatment options with the member.
- Reimbursement for services provided in a timely manner as determined by the provider agreement.
- Make referrals to other providers.
- Review Health Tradition's medical criteria used in making utilization management decisions.
- Resolution in a fair and timely manner of any disputes that may arise under the participating provider agreement.
- Reasonable access to determine member eligibility and benefits.

### Responsibilities

- Provide and coordinate the healthcare needs of Health Tradition members.
- Provide services to Health Tradition members free from discrimination in service delivery on the basis of age, color, handicap, gender, creed, national origin, ancestry, sexual orientation, arrest or conviction records, marital status, political affiliation or religion.
- Maintain the provider-patient relationship with the member.
- Utilize participating Health Tradition providers, facilities, (for example, hospitals, surgery centers) and ancillary services (for example, labs, x-ray).

## Provider Rights and Responsibilities



- Undergo credentialing and recredentialing according to Health Tradition's criteria.
- Accept the negotiated reimbursement rate as payment in full for covered services provided to members, excluding deductibles, co-payments and coinsurance.
- Ensure Health Tradition members' right to privacy and confidentiality of all communications and records and to be compliant with HIPAA requirements.
- Participate in Health Tradition's utilization and quality management programs.
- Submit claims in a standardized format.
- Identify complaints and grievances by members and forward them in a timely manner to Health Tradition.

### Continuity of Care

- When a provider terminates and remains within the service area, the plan and provider are jointly responsible to provide continuity of care under certain circumstances.
- Health Tradition ensures access to primary care providers until the end of the current plan year.
- If a member is undergoing a course of treatment with a terminating provider who is not a primary care provider, Health Tradition is required to provide coverage for the remainder of the course of treatment or for up to 90 days.
- If the member is a woman who is in the second or third trimester of pregnancy when the provider terminates, she may receive care until the completion of postpartum care for herself and her infant.

## Provider Rights and Responsibilities

### Provider Termination or Change of Status Notification

All participating providers shall notify Health Tradition in writing at least sixty (60) days prior to experiencing any of the following changes:

- Merging with another practice
- An individual practitioner leaving a practice
- Relocation
- New ownership
- Closed to current, new or transferring members
- Closed for business

#### Other Changes /Routine Maintenance

Providers have the responsibility to relay changes related to such things as office locations, telephone numbers, practice affiliations, tax identification numbers, service hours, name changes and billing service. This information is critical and should be communicated to Health Tradition as soon as the change is anticipated.

Please contact Health Tradition Provider Relations at the following address to relay changes:

**Health Tradition**  
**Attn: Provider Relations**  
**PO Box 188**  
**La Crosse, WI 54602-0188**

## Provider Rights and Responsibilities

### Practitioner Appeal

- If you have a question or concern about any aspect of a Health Tradition utilization management decision, you may take the following steps:
  - If you would like to discuss the case with a Health Tradition physician reviewer, contact Health Tradition Health Plan at 608-781-2751 or toll-free at 1-888-758-7848
  - If informal discussions are not satisfactory or you do not agree with the decision, you may appeal in writing to:
 

**Health Tradition Health Plan**  
**Attn: Director of Operations**  
**P.O. Box 188**  
**La Crosse, WI 54602-0188**
- The letter should include a summary of the diagnosis, services and clinical documentation to support the basis for the appeal.
- An expedited appeal for services that require immediate attention may be requested by calling Health Tradition at 608-781-9692 or 1-888-459-3020 (*toll-free*).

## Member Rights and Responsibilities

### Rights

- **To choose.** Members have the right to choose a personal healthcare provider from the plan's network of healthcare providers. The plan encourages members to establish a relationship with that healthcare provider.
- **To information.** Members have the right to information about the benefit plan relating to covered services and excluded healthcare benefits, available healthcare providers, preventive care, their illness and its care, the process to make known a complaint or request, and policies/procedures relevant to their care.
- **To privacy and confidentiality.** Members have the right to privacy and confidentiality of all communications and records on covered services received.
- **To participate in their care.** Members have the right to be active in decisions about their treatment. Members have the right to a candid discussion of appropriate or medically necessary treatment options for their condition, regardless of cost of benefit coverage. Members have the right to be informed about the risks and benefits of treatment and to refuse care.
- **To present a complaint/grievance.** Members have the right to voice concerns about their care and to receive a prompt and fair review of any complaints.
- **To be treated with respect and dignity.** Members have the right to be treated with respect and dignity regardless of race, age, gender or creed.

## Member Rights and Responsibilities

### Responsibilities

- **To know their benefits and responsibilities.** Members have a responsibility to understand their health plan benefits, follow the required procedures, know how to use the plan's provider network and ask questions about items they don't understand.
- **To provide accurate information.** Members have a responsibility to provide accurate and complete information about their health history and eligibility/enrollment. Members have a responsibility to show their membership card each time they receive services and to fulfill any financial obligations they may incur.
- **To participate in their care.** Members have a responsibility to participate in their care by asking questions to understand their illness, following the recommended/agreed upon treatment plan, and making healthy lifestyle choices to try to maintain their health and prevent illness.
- **To keep their appointments.** Members have a responsibility to keep their appointments or to give early notice if they must cancel.
- **To show consideration and respect.** Members have a responsibility to show consideration and respect to healthcare providers and staff.

## *Plan Descriptions*

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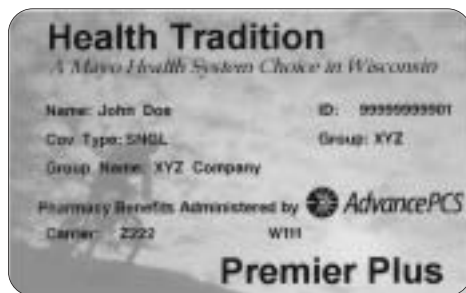
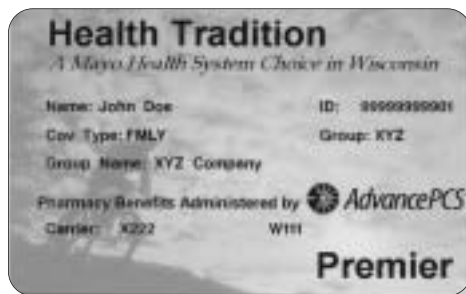
Health Tradition offers access to a full range of healthcare services through a network of community-based providers in Wisconsin, Minnesota and Iowa.

- **Premier** – Traditional HMO plan using primary care providers to coordinate members' medical care.
- **Premier Plus** – Point-of-service plan offering out-of-network benefits beyond traditional HMO services
- **65Plus** – Medicare Select product designed to supplement traditional Medicare coverage

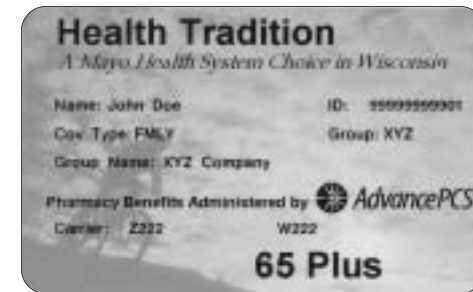
Determining Membership Eligibility

- Health Tradition Premier
- Health Tradition Premier Plus
- Health Tradition 65Plus

Each member enrolled in Premier, Premier Plus or 65Plus is issued a membership card. The cards contain the following information:



Determining Membership Eligibility



Any practitioner can verify Premier, Premier Plus and 65Plus membership eligibility by contacting Health Tradition Customer Service at 1-877-832-1823.

In addition, Health Tradition Premier, Premier Plus and 65Plus members are not required to select a primary care location.

Health Tradition Customer Service Representatives are available from 7 a.m. to 7 p.m. (Central Time) Monday – Friday to answer questions on member eligibility. Conversant—the automated assistance line—is available 24 hours a day by calling the same number at 1-877-832-1823 (toll-free).

## Determining Benefits

Each Health Tradition health plan has different benefit levels and cost-sharing amounts. Coverage for eligible services varies depending upon the health plan selected by the member's employer. For more information on benefit levels, contact Health Tradition Customer Service.

### Collection of Copayments

The copayment, when applicable, should be collected each time a member visits the office. Health Tradition is not responsible for uncollected copayments.



### For More Information:

- Members may call Health Tradition Customer Service from 7 a.m. to 7 p.m. (Central Time) Monday – Friday for answers about plan benefits and practitioner network.
- Practitioners may call Health Tradition Customer Service for questions on benefits, claims administration or member eligibility.

### Customer Service

**1-877-832-1823** (toll-free)

- For issues on prior authorization or referrals, practitioners may call the Health Tradition Utilization Management department.

Referrals: **608-781-2960, 608-781-2947**

or **1-888-459-3020** (toll-free)

Inpatient Authorizations: **608-781-2751**

or **1-888-758-7848** (toll-free)

- Please contact the Provider Relations Department for questions on contracting or credentialing.

**608-781-9692 or 1-888-459-3020** (toll-free)

## Determining Benefits

### Helpful Hints

Please provide the following information when requesting benefit assistance:

- Member's name
- Member's identification number
- Member's date of birth
- Subscriber's name

## Health Promotion Resources

### Disease Prevention and Wellness Resources

Health Tradition strongly believes in a proactive approach to health improvement and disease prevention. Listed below are some of the resources available to Health Tradition members:

- **Ask Mayo Clinic**
  - Nurse line with health information.  
**Call 1-877-817-0936** (toll-free)
- **Smoking Cessation**
  - Zyban® – nicotine-free pill aiding in smoking cessation
  - Prescription co-pays apply
  - Counseling sessions via telephone available
  - Educational sessions at various provider sites
  - Mayo Clinic Tobacco Quitline  
**Call 1-888-642-5566** (toll-free)
- **Healthiest Babies Possible®**
  - Preconception self-study education program
  - Savings bond for baby at birth upon successful completion of program by mother
- **Adult Preventive Health Guideline Recommendations**
  - Physical exams
  - Screenings
  - Tests
  - Immunizations
- **Pediatric Prevention Health Guideline Recommendations**
  - Well child exams
  - Immunizations

## Health Promotion Resources

- **Health Education and Patient Information**
  - Videos, brochures and fact sheets
  - Patient education classes offered at various clinic sites
- **Newsletters**
  - **Healthmate** – Health plan information published quarterly for members
  - **HealthReach** – Health plan information published quarterly for providers
  - **Employer Link** – Health plan information published quarterly for employers

## Medical Management

### Urgent and Emergency Care

Managed care laws in Wisconsin include a uniform standard of coverage for emergency room care. Health Tradition's emergency care definition and provisions are outlined below:

- **Emergency Care** – Hospital or medical treatment which is required unexpectedly and immediately because of an accidental injury or emergency illness. An emergency shall exist when a member's symptoms are of sufficient severity to lead a prudent layperson to reasonably conclude that immediate medical attention is necessary. It does not include elective medical treatment for an illness or injury for which the need for care could reasonably have been foreseen. Health Tradition may not deny coverage for emergency services that a reasonably prudent layperson would consider an emergency.
- Prior authorization is not required for emergency care at any hospital.
- Follow-up services must be provided in the appropriate setting to be eligible for coverage.
- Emergency medical services or urgent care that is provided to a covered dependent who is a full-time student attending school outside the geographic service area of the plan will be covered by Health Tradition.
- Questions about Emergency Care:  
Call the Utilization Management department at 608-781-2751 (*La Crosse area*) or 1-888-758-7848 (*toll-free*).

## Medical Management

### Prior Authorization

**Prior Authorization** – the process of receiving written approval from the Plan for certain services or products in advance of the service or product being provided. Prior Authorization does not guarantee payment of benefits.

Prior Authorization is required for the following services:

- Certain diet drugs
- Certain durable medical equipment items under \$500
- Cosmetic services/procedures
- All durable medical equipment over \$500
- Elective inpatient admission
- Experimental/investigational services/procedures
- Gastric bypass
- Home healthcare services
- Hospice care
- Outpatient mental health/chemical dependency services (excluding 65Plus)
- Skilled nursing facility admission
- Transplants

To obtain assistance with prior authorization, contact Health Tradition at 608-781-2751 or 1-888-758-7848 (*toll-free*) or fax at 608-781-9654.

*Prior authorization requirements are subject to change upon notification.*

## Medical Management



### Referrals

A written referral form is required when a practitioner refers a member to an out-of-network healthcare provider. However, a referral is not required when a practitioner refers a member to an in-network specialist. A list of in-network specialists is available to members in their Health Tradition provider directory.

Referrals to out-of-network healthcare providers must be approved by the Plan prior to services being rendered. In emergency situations, approval must be obtained as soon as possible after the member receives services from an out-of-network practitioner.

If a member requires services from a specialist not available in-network, Mayo Clinic in Rochester is the preferred out-of-network referral center. A written referral must be approved by the Plan prior to services being rendered.

The member's in-network healthcare provider coordinates referrals. This is obtained by completing an external referral form that includes the following information:

- Member name
- Member identification number
- Diagnosis and treatment information
- Clinical information or appropriate documentation to support the clinical condition
- Frequency of service proposed

## Medical Management



To request additional referral forms, call the Health Tradition Referral Coordinator department at 608-781-2960.

Completed referral forms can be faxed to Health Tradition at 608-781-9654.

To obtain assistance with prior authorization or referral requirements, contact Health Tradition at 608-781-2960, 608-781-2947 or 1-888-459-3020 (*toll-free*).

### Medical Guidelines

Health Tradition utilizes InterQual<sup>®</sup>, a nationally recognized utilization management criteria. These criteria are used in determinations for:

- Type of treatment
- Frequency of treatment
- Diagnostic testing
- Preventive healthcare services

Upon request, Health Tradition will share these criteria. Contact the Utilization Management Department at 608-781-2751 or 1-888-758-7848 (*toll-free*).

## Medical Management



### Case Management

Health Tradition provides case management services to high-risk members who require complex medical care. Case managers work with a member's healthcare provider to establish and coordinate a plan of care.

Contact Health Tradition at 608-781-2751 or 1-888-758-7848 (*toll-free*) if a Health Tradition patient being cared for at your facility may benefit from the special assistance of case management.

### DME, Supplies

Durable medical equipment (DME) items must be purchased from an in-network provider to optimize their plan benefit.

The individual healthcare provider prescribing DME *must* complete a prescription form. The member then takes the prescription to a participating DME provider.

Prior authorization is required for *all* covered services greater than \$500. Certain items less than \$500 require prior authorization from the health plan (for example, oxygen). Please call Customer Service at 1-877-832-1823 (*toll-free*) for more information.

The DME provider will complete a DME authorization form and send it to Health Tradition for prior authorization.

## Medical Management



### Mental Health/Chemical Dependency

Members enrolled in a Health Tradition plan may seek an initial mental health or chemical dependency visit without a referral from their primary care provider.

It is the responsibility of the in-network mental health/chemical dependency provider to contact Health Tradition Mental Health Services at 608-781-3208 or 1-800-658-9006 (*toll-free*) to authorize services.

#### Prior Authorization Requirements Include:

- Elective admissions
- Urgent/emergent inpatient admissions (*notify the Plan within 48 hours*)
- Day treatment programs
- Group services
- Psychological testing
- Transitional care
- Continuation of outpatient services

#### Initial Authorization Process for Outpatient Services

Prior authorization is not required for the first five visits. However, to receive payment for up to the first five visits, the *Initial Authorization Request for Mental Health/Chemical Dependency Services* form needs to be completed during or after services have been provided. It is recommended that the form be submitted to Health Tradition after the second or third visit.

## Medical Management

The first two sessions will be considered evaluation sessions. Even though they are deemed medically necessary by Health Tradition, the form needs to be completed for the sessions to get paid. Failure to complete this form will result in denial of services retroactive to the first visit.

Approval of the third, fourth, and fifth visits will be dependent on medical necessity being demonstrated. Information required includes:

- Patient and provider information
- Patient diagnosis, symptoms and history
- Treatment plan and goals

### Prior Authorization for Continuation of Outpatient Services

Prior authorization is required for the continuation of mental health/chemical dependency services. If the initial visits that were approved have been exhausted, the *Prior Authorization Request for Continuation of Mental Health and Chemical Dependency Services* form needs to be completed. Failure to submit the completed form to the Health Plan will result in denial of any further services beyond what was initially approved. Information required includes:

- Patient and provider information
- Patient diagnosis, symptoms and history
- Treatment plan and goals
- Treatment sessions and other services used to date
- Number of services requested

## Medical Management

### Prior Authorization for Psychological Testing

Prior authorization is required for any psychological testing. If services are provided without obtaining prior approval from the Health Plan, services will be denied. The *Prior Authorization Request for Psychological Testing* form needs to be completed before services have been provided.

- Patient and provider information
- Patient diagnosis, symptoms and history
- Treatment plan and goals
- Specific test or tests required

To request additional authorization forms, call the Mental Health Services department at 608-781-3208.

Completed authorization forms can be faxed to Health Tradition Mental Health Services at 608-781-9654 or mailed to:

**Health Tradition  
Mental Health Services  
P.O. Box 188  
La Crosse, WI 54602-0188**

To obtain assistance with prior authorization or referral requirements, contact Health Tradition Mental Health Services at 608-781-3208 or 1-800-658-9006 (*toll-free*).

## Medical Management

### Chiropractic Management

Health Tradition has an agreement with Health Services Management, Inc. (HSM) to manage our chiropractic network. Management services provided by HSM include:

- Provider selection assistance
- Provider credentialing
- Provider contracting
- Claims payment administration
- Utilization management
- Quality management

Please contact Health Tradition Customer Service at 1-877-832-1823 (*toll-free*) to verify chiropractors participating in the network.

For information on chiropractic plan procedures, please refer to your HSM provider administrative manual. If you do not have a manual available, please contact HSM at 1-800-432-3640 (*toll-free*).

## Claims

### Claims Submission

Submit claims on a standard HCFA-1500 form or UB-92 claim form. Electronic claim submission is preferred. Contact Provider Relations for assistance.

### Send claims to:

#### MMSI

**Attn: Claims Department**  
**4001 41st Street NW**  
**Rochester, MN 55901-8901**

### Time Limit for Claims Filing

For best results, submit claims within 60 days of the date of service. Clean claims will be processed within 30 days of receipt.

Claims must be submitted within 15 months of the initial service date to receive reimbursement for services rendered.

*Claims received by Health Tradition with missing or incomplete data fields will be returned unprocessed.*

### Telephone Inquiry on Claims

If payment or rejection is not received within 45 days of claim(s) submission or you disagree with the way your claim was processed, first call Customer Service at 1-877-832-1823 (*toll-free*). Keep a copy of the claim to provide information to the Customer Service Representative. The Customer Service Representative will assist you if resubmission or correction is required.

## Claims

### Appealing Claims

If you disagree with the way Health Tradition processed your claim, you may appeal by submitting a written request stating the reason for appeal, supporting documentation and your desired resolution. Send to:

**Health Tradition Health Plan**  
**Attn: Director of Operations**  
**P.O. Box 188**  
**La Crosse, WI 54602-0188**



### For More Information:

Contact Health Tradition Customer Service at 1-877-832-1823 (*toll-free*) if you have any questions on the following issues:

- Member eligibility
- Benefit description
- Claims status
- Reimbursement
- Coordination of benefits
- Claims appeal

## Quality Management

### Quality Management Program

The focus of the Quality Management Program is to promote a quality-oriented environment for both members and practitioners. This is accomplished through monitoring and evaluation of care.

### Objective

Health Tradition identifies annual clinical and service quality improvement goals. The Quality Program is responsible for the coordination of data collection, documentation, analysis and re-evaluation of quality improvement activities.

### Organization

The Health Tradition Medical Director oversees the functioning of the program and provides medical leadership. Various committees provide administrative and clinical oversight for all quality initiatives. Multi-disciplinary work teams collaborate on identified areas of improvement.

### Measurement Methods

The following tools and methods are used to improve and monitor services:

1. *Annual QI work plan and evaluation*
2. *Policies and procedures*
3. *Practice guidelines*
4. *Committees*
  - Utilization and Quality Management
  - Reconsideration/Grievance
  - Credentialing
  - Pharmacy and Therapeutics

## Quality Management

### 5. Surveys

- Provider satisfaction survey
- Member satisfaction survey
- Health-related survey

### 6. Complaint Analysis

- Member complaints
- Provider complaints
- Written grievances

### 7. Studies

- Process improvement
- Outcome evaluation
- HEDIS (Effectiveness of care measurement)

### 8. Communication

- Provider newsletter (*HealthReach*)
- Member newsletter (*Healthmate*)
- Employer newsletter (*Employer Link*)
- Ask Mayo Clinic (*Nurse phone line*)

## Plan Description

The Medicaid HMO plan offered by Health Tradition serves the AFDC, Healthy Start and BadgerCare populations. Members must receive their care from a Health Tradition provider. Members must receive a referral to visit a contracted specialty center or any specialist outside of the Health Tradition network. Visits to in-network specialists do not require a referral. Members are eligible for all services that are covered by Wisconsin Medicaid.

## Verifying Membership Eligibility

Providers can verify eligibility by calling Wisconsin Medicaid Provider Services at 608-221-9254 or 1-800-947-9627 (*toll-free*). All enrolled members must be Wisconsin residents. If a member is not enrolled in a Medicaid/BadgerCare HMO, but on Fee-For-Service Medicaid, they are eligible to use any Medicaid certified provider.

All Medicaid members are issued a FORWARD ID card with a magnetic strip on the back. There are three ways for providers to verify the members' eligibility:

- Purchase a swipe machine to read the magnetic strip
- Utilize the EDSNET dial-up system online
- Call Wisconsin Medicaid Provider Services at 1-800-947-9627 (*toll-free*)

## Benefits

Members enrolled in the Medicaid/BadgerCare HMO program through Health Tradition are entitled to all the same benefits found in the Wisconsin Medical Assistance Program (WMAP). Members cannot be billed for any Wisconsin Medicaid/BadgerCare covered service. For more specific information about Wisconsin Medicaid/BadgerCare benefits, please refer to the Wisconsin Medical Assistance Provider Handbooks or call Wisconsin Medicaid Provider Services at 1-800-947-9627 (*toll-free*).

## Health Promotion Resources

### Disease Prevention and Wellness Resources

Health Tradition strongly believes in a proactive approach to health improvement and disease prevention. Listed below are resources available to Health Tradition members:

- **Ask Mayo Clinic**
  - Nurse-answered telephone line with health information. **Call 1-877-341-1746** (toll-free)
- **Smoking Cessation**
  - Zyban® – nicotine-free pill aiding in smoking cessation
  - Counseling sessions via telephone available
  - Educational sessions at various provider sites
  - Mayo Clinic Tobacco Quitline  
**Call 1-888-642-5566** (toll-free)
- **Adult Preventive Health Guideline Recommendations**
  - Physical exams
  - Screenings
  - Tests
  - Immunizations
- **Pediatric Prevention Health Guideline Recommendations**
  - HealthCheck well-child exam
  - Immunizations

## Health Promotion Resources

- **Health Education and Patient Information**
  - Videos, brochures and fact sheets
  - Patient education classes offered at various clinic sites
- **Newsletters**
  - **Healthmate Medicaid** – Health plan information published twice a year for Medicaid/BadgerCare members
  - **HealthReach** – Health plan information published quarterly for providers

## Medical Management

### Urgent and Emergency Care

Managed care laws in Wisconsin include a uniform standard of coverage for emergency room care. Health Tradition's emergency care definition and provisions are outlined below:

- **Emergency Care** – *Hospital or medical treatment which is required unexpectedly and immediately because of an accidental injury or emergency illness. An emergency shall exist when a member's symptoms are of sufficient severity to lead a prudent layperson to reasonably conclude that immediate medical attention is necessary. It does not include elective medical treatment for an illness or injury for which the need for care could reasonably have been foreseen.* Health Tradition may not deny coverage for emergency services that a reasonably prudent layperson would consider an emergency.
- Prior authorization is not required for emergency care at any hospital.
- Follow-up services must be provided in the appropriate setting to be eligible for coverage.
- Questions about Emergency Care:  
Call the Utilization Management department at 608-781-2751 (*La Crosse area*) or 1-888-758-7848 (*toll-free*).

## Medical Management

### Prior Authorization

**Prior Authorization** – the process of receiving written approval from the Plan for certain services or products in advance of the service or product being provided. Prior Authorization does not guarantee payment of benefits.

Prior Authorization is required for the following services:

- Certain diet drugs
- Certain durable medical equipment items under \$500
- Cosmetic services/procedures
- All durable medical equipment over \$500
- Elective inpatient admission
- Experimental/investigational services/procedures
- Gastric bypass
- Home healthcare service
- Hospice care
- Outpatient mental health/chemical dependency services (excluding 65Plus)
- Outpatient speech therapy services
- Skilled nursing facility admission
- Transplants

To obtain assistance with prior authorization, contact Health Tradition at 608-781-2751 or 1-888-459-3020 (*toll-free*) or fax at 608-781-9654.

*Prior authorization requirements are subject to change upon notification.*

## Medical Management



### Referrals

A written referral form is required when a practitioner refers a member to an out-of-network healthcare provider. However, a referral is not required when a practitioner refers a member to an in-network specialist. A list of in-network specialists is available to members in their Health Tradition provider directory.

Referrals to out-of-network healthcare providers must be approved by the Plan prior to services being rendered. In emergency situations, approval must be obtained as soon as possible after the member receives services from an out-of-network practitioner.

If a member requires services from a specialist not available in-network, Mayo Clinic in Rochester is the preferred out-of-network referral center. A written referral must be approved by the Plan prior to services being rendered.

The member's in-network healthcare provider coordinates referrals. This is obtained by completing an external referral form that includes the following information:

- Member name
- Member identification number
- Diagnosis and treatment information
- Clinical information or appropriate documentation to support the clinical condition
- Frequency of service proposed

## Medical Management



To request additional referral forms, call the Health Tradition Referral Coordinator department at 608-781-2960.

Completed referral forms can be faxed to Health Tradition at 608-781-9654.

To obtain assistance with prior authorization or referral requirements, contact Health Tradition at 608-781-2960, 608-781-2947 or 1-888-459-3020 (*toll-free*).

### Medical Guidelines

Health Tradition utilizes InterQual<sup>®</sup>, a nationally recognized utilization management criteria. These criteria are used in determinations for:

- Type of treatment
- Frequency of treatment
- Diagnostic testing
- Preventive healthcare services

Upon request, Health Tradition will share these criteria. Contact the Utilization Management Department at 608-781-2751 or 1-888-758-7848 (*toll-free*).

## Medical Management



### Case Management

Health Tradition provides case management services to high-risk members who require complex medical care. Case managers work with a member's health care provider to establish and coordinate a plan of care.

Contact Health Tradition at 608-781-2751 or 1-888-758-7848 (*toll-free*) if a Health Tradition patient being cared for at your facility may benefit from the special assistance of case management.

### DME, Supplies

The Durable Medical Equipment (DME) and Durable Medical Supply (DMS) guidelines are the same as those for the Wisconsin Medical Assistance Program (WMAP). DME is covered only when prescribed by a physician. Covered services are limited to items contained in the Wisconsin Durable Medical Equipment Index. Certain items in this index require prior authorization.

Disposable Medical Supplies are also covered. Routine supplies used by a home health agency that are not recipient-specific are included in the patient care visit rates and are not separately reimbursable. Please refer to the Wisconsin Medical Assistance provider handbook for more specific information or call Wisconsin Medicaid Provider Services at 1-800-947-9627 (*toll-free*).

## Medical Management



### Mental Health/Chemical Dependency

Members enrolled in a Health Tradition plan may seek an initial mental health or chemical dependency visit without a referral from their primary care provider.

It is the responsibility of the in-network mental health/chemical dependency provider to contact Health Tradition Mental Health Services at 608-781-3208 or 1-800-658-9006 (*toll-free*) to authorize services.

#### Prior Authorization Requirements Include:

- Elective admissions
- Urgent/emergent inpatient admissions (*notify the Plan within 48 hours*)
- Day treatment programs
- Group services
- Psychological testing
- Transitional care
- Continuation of outpatient services

#### Initial Authorization Process for Outpatient Services

Prior authorization is not required for the first five visits. However, to receive payment for up to the first five visits, the *Initial Authorization Request for Mental Health/Chemical Dependency Services* form needs to be completed during or after services have been provided. It is recommended that the form be submitted to the Health Tradition after the second or third visit.

## Medical Management

The first two sessions will be considered evaluation sessions. Even though they are deemed medically necessary by Health Tradition, the form needs to be completed for the sessions to get paid. Failure to complete this form will result in denial of services retroactive to the first visit.

Approval of the third, fourth, and fifth visits will be dependent on medical necessity being demonstrated. Information required includes:

- Patient and provider information
- Patient diagnosis, symptoms and history
- Treatment plan and goals

### Prior Authorization for Continuation of Outpatient Services

Prior authorization is required for the continuation of mental health/chemical dependency services. If the initial visits that were approved have been exhausted, the *Prior Authorization Request for Continuation of Mental Health and Chemical Dependency Services* form needs to be completed. Failure to submit the completed form to the Health Plan will result in denial of any further services beyond what was initially approved. Information required includes:

- Patient and provider information
- Patient diagnosis, symptoms and history
- Treatment plan and goals
- Treatment sessions and other services used to date
- Number of services requested

## Medical Management

### Prior Authorization for Psychological Testing

Prior authorization is required for any psychological testing. If services are provided without obtaining prior approval from the Health Plan, services will be denied. The *Prior Authorization Request for Psychological Testing* form needs to be completed before services have been provided.

- Patient and provider information
- Patient diagnosis, symptoms and history
- Treatment plan and goals
- Specific test or tests required

To request additional authorization forms, fax a request to the Health Tradition Mental Health Services department at 608-791-9654.

Completed authorization forms can be faxed to Health Tradition Mental Health Services at 608-781-9654 or mailed to:

**Health Tradition  
Mental Health Services  
P.O. Box 188  
La Crosse, WI 54602-0188**

To obtain assistance with prior authorization or referral requirements, contact Health Tradition Mental Health Services at 608-781-3208 or 1-800-658-9006 (*toll-free*).

## Medical Management

### Chiropractic Management

Health Tradition has an agreement with Health Services Management, Inc. (HSM) to manage our chiropractic network. Management services provided by HSM include:

- Provider selection assistance
- Provider credentialing
- Provider contracting
- Claims payment administration
- Utilization management
- Quality management

Please contact Health Tradition Customer Service at 608-783-9507 or 1-888-459-3020 (*toll-free*) to verify chiropractors participating in the network.

For information on chiropractic plan procedures, please refer to your HSM provider administrative manual. If you do not have a manual available, please contact HSM at 1-800-432-3640 (*toll-free*).

## Claims

### Claims Submission

Electronic claim submission is preferred. Submit claims on a standard HCFA-1500 form or UB-92 claim form. Contact Provider Relations for assistance.

### Send claims to:

**UCare Minnesota  
c/o Health Tradition  
P.O. Box 1210  
Minneapolis, MN 55440-1210**

### Time Limit for Claims Filing

For best results, submit claims within 60 days of the date of service. Clean claims will be processed within 30 days of receipt.

Claims must be submitted within 12 months of the initial service date to receive reimbursement for services rendered.

*Claims received by UCare Minnesota c/o Health Tradition with missing or incomplete data fields will be returned unprocessed or denied.*

### Telephone Inquiry on Claims

If payment or rejection is not received within 45 days of claim(s) submission or you disagree with the way your claim was processed, please fax a Claim Status Adjustment form to UCare Minnesota, Attn: Health Tradition Claims to 612-676-6501. If you do not have one of these forms, please call Customer Service at 608-783-9507 or 1-888-459-3020 (*toll-free*).

## Claims

### Appealing Claims

If you disagree with the way Health Tradition processed your claim, you may appeal by submitting a written request stating the reason for appeal, supporting documentation and your desired resolution. Send to:

**Health Tradition Health Plan**  
**Attn: Director of Operations**  
**P.O. Box 188**  
**La Crosse, WI 54602-0188**



### For More Information:

Contact the Health Tradition Member Advocate at 608-783-9507 or 1-888-459-3020 (*toll-free*) if you have any questions on the following issues:

- Member eligibility
- Benefit description
- Claims status
- Reimbursement
- Coordination of benefits
- Claims appeal

## Quality Management

### Quality Management Program

The focus of the Quality Management Program is to promote a quality-oriented environment for both members and practitioners. This is accomplished through monitoring and evaluation of care.

### Objective

Health Tradition identifies annual clinical and service quality improvement goals. The Quality Program is responsible for the coordination of data collection, documentation, analysis and re-evaluation of quality improvement activities.

### Organization

The Health Tradition Medical Director oversees the functioning of the program and provides medical leadership. Various committees provide administrative and clinical oversight for all quality initiatives. Multi-disciplinary work teams collaborate on identified areas of improvement.

### Measurement Methods

The following tools and methods are used to improve and monitor services:

1. *Annual QI work plan and evaluation*
2. *Policies and procedures*
3. *Practice guidelines*
4. *Committees*
  - Utilization and Quality Management
  - Reconsideration/Grievance
  - Credentialing
  - Pharmacy and Therapeutics

## Quality Management

### 5. Surveys

- Provider satisfaction survey
- Health-related survey

### 6. Complaint Analysis

- Member complaints
- Provider complaints
- Written grievances

### 7. Studies

- Process improvement
- Outcome evaluation

### 8. Communication

- Provider newsletter (*HealthReach*)
- Member newsletter (*Healthmate Medicaid*)
- Ask Mayo Clinic (*Nurse phone line*)

## Credentialing

### Credentialing New Providers

Please contact Health Tradition Provider Relations at 608-781-9692 prior to practitioners joining the practice to obtain necessary credentialing packets and instructions.

- All practitioners joining a group practice with a current Health Tradition contract must be credentialed by Health Tradition prior to rendering services to Health Tradition members.
- After the appropriate credentialing committee has approved a practitioner, Health Tradition will pay for services from the committee approval date.
- Services provided to members before approval will be denied with no member liability allowed.

### Recredentialing

- Recredentialing is performed every two years on providers after the initial credentialing process.
- Providers will be sent recredentialing materials prior to their recredentialing date.
- If the provider does not fully complete and return the recredentialing materials, payment may be pended or denied with no member liability allowed.

Network Access Standards

**Appointment Standards**

These standards are relevant for members who request to see either their usual provider *or any other provider* who practices within the same specialty (including primary care). They are not intended to be applied when a member specifies a particular provider within a specialty.

Appointment Type	Expectation
<b>Primary Care</b>	
Emergency care	Seek care immediately
Symptom-based urgent/ acute care	Same work day if phone contact or request is before noon, otherwise next business day
Symptom-based minor/ sub-acute care	Within 7 calendar days of phone contact or request
Routine follow-up care	Within 14 calendar days of phone contact or request
Preventive care	Within 30 calendar days of phone contact or request
<b>Specialty Care</b>	
Emergency care	Seek care immediately
Symptom-based urgent/ acute care <sup>1</sup>	Same work day if phone contact or request is before noon, otherwise next business day
Symptom-based minor/ sub-acute care <sup>1</sup>	Within 7 calendar days of phone contact or request
Routine follow-up care <sup>1</sup>	Within 14 calendar days of phone contact or request
Medically necessary high-risk prenatal care	Within 2 weeks of request; 3 weeks if request is for a specific HMO provider

<sup>1</sup>The member's primary care provider may be required to write a referral for specialty services, depending on plan requirements

Network Access Standards

**Office Wait Standard**

The member should not wait longer than 15 minutes after scheduled appointment time (not check-in time) when the member arrives on time.

**Non-Discrimination**

*Provider hours of operation must not discriminate against Health Tradition Medicaid members by restricting days or hours of available appointments.*

## Pharmacy

MMSI administers Health Tradition's pharmacy benefits and AdvancePCS provides online claims processing for plan members.

Health Tradition uses a drug formulary for our health plans. The formulary lists both generic and brand name medications. Generic medications should be used when available.

Non-formulary products may not be covered depending on the plan. Most plans will have the ability to obtain non-formulary drugs at a higher co-pay. For a copy of the formulary, contact Provider Relations at 608-781-9692 or 1-888-459-3020 (*toll-free*).

## Complaints and Grievances

Members have the right to file an oral (complaint) or written (grievance) appeal to the plan regarding eligibility, benefits, experimental/investigational treatment, claims, utilization management decisions or service from the plan or our providers. Members also may request a representative to appeal on their behalf. Providers should forward any complaints they receive from a Health Tradition member to the plan.

Oral complaints should be filed with Health Tradition Customer Service at 1-877-832-1823 (*toll-free*). We encourage all complaints to first be made orally for a more prompt and efficient handling of the problem.

Member Advocates are available for those situations requiring additional assistance or investigative work. Contact the Member Advocates at 608-781-9692 or 1-888-459-3020 (*toll-free*).

If a situation requires further appeal, written grievances can be made to:

**Health Tradition**  
**Attn: Director of Operations**  
**P.O. Box 188**  
**La Crosse, WI 54602-0188**

Written grievances are resolved within 30 days. Urgent requests for appeals on utilization management denials, experimental drugs/devices/procedures or benefit coverage will be handled within 72 hours. Contact the plan at 608-781-9692 or 1-888-459-3020 (*toll-free*).

## *Complaints and Grievances*

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Employees of the State of Wisconsin and Medicaid/BadgerCare members have additional appeal rights to the state level. For more information, contact the Plan at 608-781-9692 or 1-888-459-3020 (*toll-free*).

*Refer members to their Certificate of Coverage for more information.*

# Health Tradition Health Plan

1808 East Main Street | Onalaska, WI 54650