

Happy New Year, Providers!

2026 Plan Materials Available

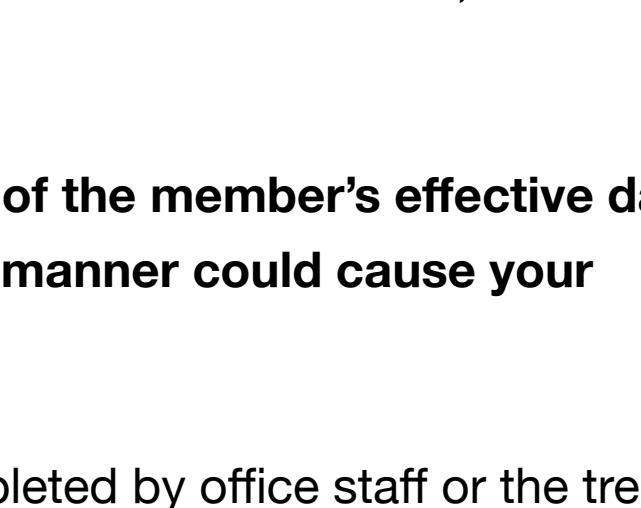
All 2026 HealthTeam Advantage plan materials are available for your reference and use. Please use the following links to access and download:

- [Prior Authorization Lists and Forms](#)
- [Provider Manual and Plan Contacts](#)
- [Provider Portal User Guide](#)
- [Evidence of Coverage and Summary of Benefits for all plans](#)

Important Requirement for our Chronic Special Needs Plan (C-SNP)

Provider Verification

The HealthTeam Advantage Diabetes & Heart Care (HMO C-SNP) plan serves eligible Medicare beneficiaries in Alamance, Davidson, Davie, Forsyth, Guilford, Randolph, and Rockingham counties.



To complete enrollment in the Chronic Special Needs Plan, your patient must prove that they have a qualifying condition of Diabetes, Chronic Heart Failure, and/or a Cardiovascular Disorder.

Provider verification is required within 30 days of the member's effective date. Failure to complete this verification in a timely manner could cause your patient's disenrollment from their health plan.

This verification is short, simple, and can be completed by office staff or the treating provider. You can view a sample form [here](#).

Completed forms can be submitted:

- **By phone:** (888) 965-1965
- **By email:** conciergeHTA@htanc.com
- **By fax:** 800-820-0774

Please complete and return this verification form within 2 business days of receipt.

Prior Authorization Enhancements and Updates

HealthTeam Advantage continues to strive for ease and access to medically necessary care. Click the link below to view detailed changes for 2026. Visit our [website](#) for PA lists and forms.

[Detailed Changes for 2026 →](#)

HEDIS Medical Record Review Season is Approaching!

As we gear up for the HEDIS Medical Record Review season, HealthTeam Advantage would like to remind you that we will be sending records requests throughout March and April 2026. These requests will pertain to Measurement Year (MY) 2025 visits and earlier.

Please ensure that all 2025 medical records and encounters are uploaded to your EMR system promptly. Timely and accurate submission of these records is crucial for a smooth review process.

Additionally, we encourage you to:

- Verify that all patient information is up-to-date.
- Address any outstanding documentation issues.
- Reach out to our Quality Department if you have any questions or need assistance.

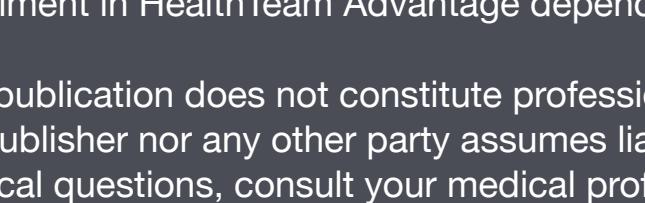
Thank you for your cooperation and dedication to quality care! Your Provider Concierge may reach out to your practice as needed. If you need us prior, please call (844) 806-8217, option 5, or email providerconcierge@htanc.com.

Coding Tip Corner

Kick off the year with essential reminders to strengthen medical record documentation and coding accuracy.

Review commonly missed elements, the importance of specificity, and practical tips for coders and providers to support quality care, compliance, and complete patient records.

[Learn more →](#)



Need Assistance?

Contact Your Provider Concierge:

Phone: **844-806-8217** (Option 5)

Email: providerconcierge@htanc.com

8 AM – 5:30 PM ET, Monday – Friday