HTA Provider Resources At-A-Glance



CONTACTS

Provider Concierge

Phone: 855-218-3334 Email: providerconcierge@healthteamadvantage.com

Benefits & Eligibility (verify member benefits/eligibility) Phone: 844-806-8217 (Option 1) Email: providerbenefitseligibility@healthteamadvantage.com

Claims

(status, reprocessing inquiries, payment inquiries) **Phone:** 844-806-8217 (Option 2) **Email:** htaclaims@healthteamadvantage.com

Utilization Management: HTA UM Department

Phone: 844-873-2905 (8 a.m.-5 p.m., Mon-Fri) 336-604-1589 (after 5 p.m.) Fax: 844-873-3163

PROVIDER REFUND MAILING ADDRESS

Attn: Provider Refunds HealthTeam Advantage 7800 McCloud Rd. Ste 100 Greensboro, NC 27409

Split Billing Required for 2 Calendar Years

When treating a member and billing for services that span two calendar years, you **MUST** split the billing into two separate claims. By ensuring that only one calendar year is billed on a claim, we can assign the correct benefit and member financial responsibility to each claim. We apologize for any inconvenience, but this is a system requirement for HealthTeam Advantage and Teal Premier.

PROVIDER PORTAL

24/7 online access to information on eligibility/ benefits and claims status. Register at <u>https://htaprovider.prod.healthaxis.net/login</u> Log in to access:

- Member eligibility
- Member benefits
- Copay/cost-shares
- Coverage history
- Coordination of benefits
- Claim status
- Claim submission
- EOPs
- Checks

Need help registering? HAX For Provider Portal User Guide

ELECTRONIC CLAIMS SUBMISSION

We use SSIClaimsNet to provide claims clearinghouse services for electronic claims submission and real-time eligibility. Submit claims electronically whenever possible.

- Payer Identification (ID) number for HealthTeam Advantage PPO: 88250
- Payer Identification (ID) number for HealthTeam Advantage HMO CSNP, Diabetes & Heart Care Plan: 88350

Claims Mailing Address

HealthTeam Advantage P.O. Box 94270 Lubbock, TX 79493

HOW TO SUBMIT A CLAIM DISPUTE

Send dispute letter to include the following:

- Member name
- ID number
- Claim number
- Detailed explanation of the dispute and supporting documentation

Dispute Mailing Address

HealthTeam Advantage Claims Department P.O. Box 94270 Lubbock, TX 79493

