



PROVIDER CONNECTIONS

A Monthly Newsletter for HealthTeam Advantage Providers

Our Chronic Special Needs Plan has Expanded!

On January 1, 2020, we introduced our Diabetes & Heart Care Special Needs Plan (HMO CSNP) to beneficiaries in Guilford County. We are thrilled to announce the our Diabetes & Heart Care Plan has expanded and is now available to beneficiaries residing in Randolph, Alamance, and Rockingham counties!

This product is a Health Maintenance Organization (HMO) Chronic Special Needs Plan (CSNP). The beneficiaries must have diabetes and/or congestive heart failure (CHF) that is verified by an HTA network provider to enroll in the plan. To complete enrollment, your patients must confirm they have a qualifying condition of diabetes or congestive heart failure by having YOU complete this verification form.

No action needs to be taken to be contracted with this plan. All providers who are currently in-network are contracted with the HealthTeam Advantage Diabetes & Heart Care (HMO CSNP).

The plan can be identified by the letter "C" at the beginning of the member's ID number. For example, C9808012345 can be identified as a member enrolled in the CSNP plan. This plan has a separate [Prior Authorization List](#) (PAL) that can be found on our website in the tools section for providers. Please use this list as a resource to determine if prior authorization is needed for a service.

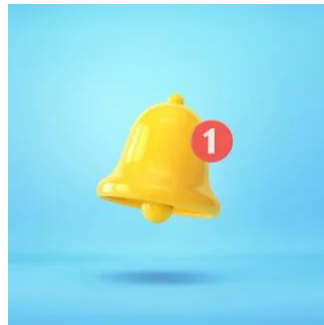
		2022 Diabetes & Heart Care Plan HMO CSNP		In an emergency, call 911 or go to the nearest emergency room. Medicare limited charges apply.	
Member Name: Test2 T Test1		Rx BIN#: 012312 Rx PCN#: PartD Rx Bin# Part B: 009893 Rx PCN# Part B: ROIRX Rx Grp#: H2624001		FOR MEMBERS Healthcare Concierge 888-965-1965 (TTY 711) Virtual Visit 888-796-8062 / TTY 800-770-5531 24-Hour Nurse Advice Line 877-229-8614 / TTY 800-735-8262	
Member ID: C0000001 HealthPlan: 80840		Copays: In-Network: PCP: \$0 Specialist: \$0/\$20 see EOC ER: \$90		FOR PROVIDERS Prior Authorization 844-873-2905 Benefits & Eligibility 844-806-8217 (Option 1) Pharmacy Claims 833-684-7256 Medical Claims Phone 844-806-8217 (Option 2) Medical Claims Payer ID# 88350 Medical Claims Address HTA, Claims PO Box 94270, Lubbock, TX 79493 VSP Vision 800-615-1883, PO Box 385018, Birmingham, AL 35238-5018 Delta Dental 855-253-4721, PO Box 9298 Farmington Hills, MI 48333-9298	
See your EOC or call your Healthcare Concierge at 888-965-1965 (TTY 711) for additional copy information.				HealthTeamAdvantage.com	

How to Submit Claims: Providers are to submit claims electronically or by mail.

Electronically: HealthTeam Advantage HMO Diabetes and Heartcare Plan
Electronic Payer ID #: 88350

Mail: Claims Mailing Address
HealthTeam Advantage
P.O. Box 94270
Lubbock, TX 79493

For more information about this plan and being a HealthTeam Advantage provider, review the [Provider Manual](#) on our website. If you have any questions email your [Provider Concierge](#) or call [855-218-3334](tel:855-218-3334).



IMPORTANT NOTIFICATION: Part B Drug Prior Authorizations

Click the button below to view the Part B Drug Prior Authorizations notification.

[View Here](#)



February Virtual Roundtable: Skilled Nursing Facilities

Join us **Wednesday, February 25**, from **11 a.m.-12 p.m.** for our next Virtual Roundtable: **Skilled Nursing Facilities**.

You'll learn more about the 2022 skilled nursing benefits, prior authorizations, billing, and where to find all 2022 plan documents.

Please RSVP to providerconcierge@healthteamadvantage.com with your:

- Name
- Practice/Facility
- Email Address
- Job Title

When your RSVP has been received, we will send a calendar invitation with a link to the virtual meeting.

Medical Director Corner



Controlling Blood Pressure (CBP)

The goal is for systolic blood pressure to be <140, and diastolic blood pressure to be <90. CMS now wishes to see blood pressures reported in the way that providers view them—as the blood pressure that best represents a person's true readings.

[Read More](#)

The Coding Tip Corner

Acceptable Risk Adjustment Providers

Click the button below to view the list of acceptable Risk Adjustment Providers for payment year 2022 (2021 dates of service).

[View Here](#)

Calendar Year 2022 Medicare Physician Fee Schedule Final Rule

On November 2, 2021, the Centers for Medicare & Medicaid Services (CMS) issued a final rule that includes updates on policy changes for Medicare payments under

the Physician Fee Schedule (PFS), and other Medicare Part B issues, on or after January 1, 2022. Click the button below to view the final rule.

[View Here](#)

Need Assistance?

Contact Your Dedicated Provider Concierge:

Phone: [855-218-3334](tel:855-218-3334)

Email: providerconcierge@healthteamadvantage.com

Have a compliance concern or suspect fraud, waste, or abuse?

Contact the Compliance Helpline (anonymously if you wish) at:

1-855-741-4518 or www.hta.ethicspoint.com



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