

AultCare & PrimeTime Health Plan PROVIDER NEWS

Where You Matter.

Winter 2021/2022 Edition

MHK (Medical House of Knowledge)

Online Pharmacy Prior Authorization Platform
Effective January 1, 2022

Please click the link below for further details.

<https://www.aultcare.com/assets/Member-Information-NCQA-required-page/Email-FINAL.pdf?vid=3>



AultCare & PrimeTime Health Plan Prior Authorizations

Please visit www.aultcare.com or www.pthp.com | Provider Resources for the most up-to-date medical prior authorization listings.

Click the links below:

[AultCare](http://www.aultcare.com)

[PrimeTime Health Plan](http://www.pthp.com)

**WE WILL CONTINUE TO
COMMUNICATE INFORMATION AS
IT IS UPDATED.**

AultCare & eviCore HealthCare Collaboration

eviCore began accepting prior authorization requests on March 29, 2021 for select services with dates of service beginning on April 1, 2021.

PRODUCT LINES INCLUDE:

- AultCare Commercial Insured (excluding self-funded)
- PrimeTime Health Plan (excluding PrimeTime Choices)

SUBMIT AUTHORIZATIONS THROUGH EVICORE FOR THE SERVICES LIST BELOW:

- Advanced Imaging (MRI,CT,PET)
- Nuclear Cardiology
- Molecular Genetic Testing
- Radiation Oncology
- Medical Oncology

Prior authorization requirements for self-funded plans remain unchanged.



NOW AVAILABLE

Two New Methods of Communication Available for Providers

Note: The two new methods of communication do not apply to the PrimeTime Health Plan Service Unit



We now have two new methods of communication available for providers to work with our AultCare Provider Service Unit:

1: PROVIDER SERVICE GROUP EMAIL acproviderservice@aultcare.com



- Email will be monitored throughout the day.
- Replies will be same day or within 24 hours.
- Please use this email (sending secure) in lieu of faxing information to the Provider Service Unit.
- The email can be used for questions that you normally ask over the phone.
- Please include the provider name, NPI, member name, ID number, and/or date of birth.

2: LIVE CHAT



- Log into the Provider Portal using your established provider password and login.
- Click the blue box at the bottom right hand corner of the page.
- Complete the three questions and then click.
- Our Service Representatives will be available Monday through Friday 7:30 am to 5:00 pm to assist.

Automatic Call Backs AultCare Customer Service

When requesting an automatic call back, please leave the following information to ensure an accurate return call:



AultCare Offers Nicotine Support for Patients on The Federal Employee Health Plan

For patients on Federal Employee Health Plan (FEHB), AultCare provides counseling and promotes Nicotine Replacement Therapy as advised by CDC guidelines for our members. AultCare conducts counseling via telephonic or virtual meetings. Therapy for both nicotine use and vaping is available for adults and youth.

A FEHB member's nicotine cessation medications are covered by their AultCare insurance at a zero dollar (\$0) copay when specific criteria are met:

- A written prescription from physician.
- Adults ages 18 and older.
- May obtain up to two 90-day treatment courses per calendar year.
- FEHB members try Bupropion SR 12HR 150mg (*generic Zyban*) and 1 over the counter product. For example, Nicotine TD Patch (*all strengths*), Nicotine Gum (*fast acting NRT; all strengths*), Nicotine Lozenges (*fast acting NRT; all strengths*). (*This is effective 4/1/21.*)
- Brand Name Medications may include: Chantix (*must have documented Bupropion*), Nicotrol Inhaler (*fast acting NRT; must have documented Nicotine TD Patch*), Nicotrol Nasal Spray (*fast acting NRT; must have documented Nicotine Gum and Nicotine Lozenges*).
- A First Line Medication must be tried first and documented within the previous 365 days in order for the brand name medication to be covered.

When addressing e-cigarette addiction, AultCare uses a combination of counseling and nicotine step down therapy, including prescription NRTs.

For more information on AultCare's Nicotine Cessation Programs, please call 330-363-3281.

Provider Service Group Fax Number

When faxing the Provider Service Unit be sure to use the updated fax number below:

330-363-4334

Also when faxing, please include the name of the service representative so your fax can be directed appropriately. This fax cannot be used for general purposes when faxing without a contact name.

Prohibition on Billing Medicare-Medicaid

ENROLLEES FOR MEDICARE COST- SHARING

Under 42 CFR §422.504(g)(1)(iii), all Medicare Advantage Organizations, such as PrimeTime Health Plan, are required to educate providers regarding balance billing protections applicable to dual eligible enrollees. PrimeTime Health Plan reminds all Medicare providers you may not balance bill beneficiaries enrolled in the Qualified Medicare Beneficiary (QMB) Program for Medicare cost-sharing (such charges include deductibles, coinsurance, or copayments).

QMB is a Medicare Savings Program that exempts dual eligible Medicare beneficiaries from Medicare cost-sharing liability. The program is a State Medicaid benefit that helps pay for Medicare deductibles, coinsurance, and co-payments subject to State payment limits.

Federal law bars Medicare providers from collecting Medicare Part A and Medicare Part B deductibles, coinsurance, or copayments from those enrolled in the QMB program. The prohibition applies to members enrolled in PrimeTime Health Plan.

Providers who inappropriately balance bill QMB individuals are subject to sanctions.

QMB ENROLLMENT WEBSITE DISPLAY


We are pleased to announce the Provider Portal now has a Qualified Medicare Beneficiary (QMB) enrollment display on the eligibility page for any PrimeTime Health Plan enrollees who are dual eligible.

Refer to the **Prohibition on Billing Medicare-Medicaid** article, at the top of the page, regarding the guidelines for no balance billing beneficiaries enrolled in the QMB Program.


Coverage History

Start	EndPlan	Group	Status
01-01-2015	QMXBP0915	E00045	active

JUST A REMINDER...



Now In-Network!



University Hospitals

Locations and providers include:

- Main Campus
- 11 Regional Sites (Rainbow Babies & Children's Hospital is excluded)
- 3 Ambulatory Surgery Centers
- Labs
- UH-Owned Provider Groups
- Home Health and Durable Medical Equipment
- Rehabilitation Facilities

University Hospital Health System locations are now in-network for AultCare Commercial members with most networks (PPO, HMO, and Marketplace PPO) and all PrimeTime Health Plan members.



While University Hospital is considered in-network for most AultCare commercial plans, it is important to confirm with AultCare Customer Service prior to referring services to ensure your patients receive the best level of benefits.

If you have any questions, please contact AultCare Customer Service at 1-800-344-8858 or 330-363-6360 or PrimeTime Health Plan Customer Service 1-800-577-5084 or 330-363-7407.

General questions can be directed to Provider Relations at 330-363-1160 or prelations@aultcare.com

FRAUD, WASTE, AND ABUSE

AultCare is committed to stopping fraud, waste, and abuse. You can help us prevent fraud, waste, and abuse by anonymously reporting malpractice without fear of retaliation to the FWA hotline, email, or AultCare's FWA officer.

EXAMPLES OF FRAUD, WASTE, AND ABUSE



- » Services rendered at an unlikely location
- » Services not matching diagnosis
- » Charges or bills for services that were not provided
- » Identical prescriptions from multiple providers
- » Frequently lost prescriptions or durable medical equipment
- » Sharing of insurance cards

HOW TO REPORT FRAUD, WASTE, AND ABUSE



FWA Hotline

1-866-307-3528



FWA Email

aultcarefraud@aultcare.com or
aultcarethp.alertline.com



AultCare's FWA Officer

Megan Lattimer, mlattimer@aultcare.com



CONTACT US

330-363-6360 | 1-800-344-8858
www.aultcare.com

you
matter

6/20/20

SURPRISE BILLING

As of January 1, 2022, under both Ohio and Federal law, patients shall be held harmless when they receive certain emergency services, out-of-network ancillary services at a network facility and out-network care with no informed consent. AultCare will reimburse the out-of-network provider as required by regulations. If the reimbursement offer is rejected, the matter is first negotiated. If negotiations fail after 30 business days, it is taken to binding arbitration for a final decision.

AULTCARE'S TELEHEALTH POLICY FOR 2022

In response to the ongoing COVID-19 precautionary safety measures, AultCare has established a telehealth policy for 2022.

PrimeTime Health Plan has included Telehealth benefits to all plans for the 2022 calendar year.

As a reminder, AultCare implemented this policy for all medically necessary services as an interim measure to address the COVID-19 circumstances. This is not a contractual change or material amendment.

[Telehealth Policy Details](#)

**If you have any questions,
please contact AultCare at 330-363-6360
(1-800-344-8858) or PrimeTime Health Plan
at 330-363-7407 (1-800-577-5084).**

**You may also contact your
provider representative.**

**Grievance and Appeals
Department**
Thank You!

AultCare Corporation and PrimeTime Health Plan would like to thank our providers for your timely responses to our requests.

Despite the COVID-19 Pandemic, each provider office continues to be responsive, demonstrating your commitment of providing quality healthcare and service to our members. We thank you for your continued hard work and dedication.

Thank you again,
Grievance and Appeals Department

ELECTRONIC PRIOR AUTHORIZATION & REFERRAL FORM

The Electronic Prior Authorization and Referral Form (previously referred to as the Online Fillable Form) is used for submission of medical prior authorization requests for services not housed in TTAP and for out-of-network referrals.

Please delete previously saved fillable forms from your desktop. The updated process will allow you to access, complete, attach documents, and submit the form through the Provider Portal.

The link below provides a guide to the new process:

[Electronic Prior Authorization and Referral Form Guide](#)

Please note: For PrimeTime Health Plan requests, this form can be used, but is not required. A fax request will be accepted for services not housed in TTAP. (Fax: 330-363-2350)

***Please forward this information to staff members
in your organization who are responsible for prior
authorization and referral requests.***

**You may contact AultCare Provider Relations at
prelations@aultcare.com or 330-363-1160
with questions.**

REMINDER
Utilization Management wants to remind providers to use TTAP, eviCore or the Electronic Prior Authorization & Referral form when submitting prior authorizations.
Faxes should only be used as a last resort.
(PrimeTime Health Plan exception)

MEDICAL VS. ROUTINE APPOINTMENTS

Medicare beneficiaries enrolled in PrimeTime Health Plan are eligible for routine screenings and physicals with \$0 cost share.

Plan cost sharing amounts apply if the reason for the physician visit is medical or the routine visit evolves into a medical visit.

We kindly ask providers to share this information with patients when the visit is no longer considered routine or any additional services ordered are non-routine.

The change from routine to medical impacts the benefit applied and the cost share owed by the member. This prompts patients to contact PrimeTime Health Plan with concerns as to why they are being charged for routine services.

We appreciate the service and care you provide PrimeTime Health Plan members.

Thank you for your support in being transparent with our members.

SEQUESTRATION UPDATE 2% Adjustments

Medicare recently announced the following impacts payments for all Medicare Fee-for-Service (FFS) claims:

- No payment adjustment through March 31, 2022
- 1% payment adjustment April 1 – June 30, 2022
- 2% payment adjustment beginning July 1, 2022

Part D Pharmacy Information

The following table contains specific instructions on how to locate detailed resources regarding the 2022 PrimeTime Health Plan formulary. The most up to date documents can be found on our website at www.pthp.com.

Please review the 2022 formulary as there have been changes.

Subject	Description	Location
Formulary	2022 Comprehensive Formulary – provides a list of covered drugs, tier and any restrictions that may apply	On the website, at the top under “I am looking for...” select “Forms & Documents”, under “2022 Prescription Drug Information (Part D)” choose “2022 Comprehensive Formulary”.
Prior Authorizations (PA)	Contains the criteria and list of drugs that require prior approval	On the website, at the top under “I am looking for...” select “Forms & Documents”, under “2022 Prescription Drug Information (Part D)” choose “2022 Prior Authorization Criteria”.
Step Therapy (ST)	Contains the Step Therapy criteria and list of drugs	On the website, at the top under “I am looking for...” select “Forms & Documents”, under “2022 Prescription Drug Information (Part D)” choose “2022 Step Therapy Criteria”.

Pharmacy Directory

Access to the 2022 PrimeTime Health Plan Pharmacy Directory is located on our website, www.pthp.com. From the home page, click on the link “Provider and Pharmacy Directories”. Note: Preferred pharmacies are marked with an asterisk (*) after the name.

AultCare/Optum Diabetic Program

Certain diabetes testing supplies are available at no cost to members starting January 1, 2022. Members will be eligible for a Contour Next One blood glucose meter and all related blood glucose testing supplies for \$0 copayment with a prescription. Members can order their free meter by calling 1-800-401-8440 (code: CTR-OPX).



Products covered for \$0 copayment:

- Contour Next Test Strips
- Contour Next Control Solution
- Microlet Next Lancing Device
- Microlet Lancets
- All Generic Lancets

This program does not apply to all AultCare plans. Please contact AultCare Customer Service 330-363-6360 or 1-800-344-8858 to see if this program is available for your patient.



BetterDoctor Introduction

FOR PHYSICIANS, OFFICE MANAGERS, BILLING STAFF



Did you know that federal and many state regulations require health plans - and often providers - to verify the accuracy of their provider directory information regularly, typically every 90 days? More important, an accurate provider directory ensures we can connect the right patients more easily to you.

That's why we're excited to announce our partnership with Quest Analytics to streamline your verification process through their BetterDoctor solution.

BetterDoctor is trusted by 700,000+ healthcare professionals from 360,000+ locations to attest their information through their online verification portal. It's one way we're making administration of your provider data easier and helping you

keep your information updated, meet compliance and contractual requirements, enhance relationships with patients and plans, and maintain a successful, thriving business. Plus, BetterDoctor is specifically designed to help reduce your regulatory risks by keeping a record of every change made to your provider data: what was changed, by whom, and when.

In most cases, regulators audit plan directories by calling offices to verify the physicians practicing at that location. BetterDoctor also may contact physician practices by email, fax, telephone and U.S. mail to request a review and direct them to [BetterDoctor's online verification tool](#). You are encouraged to respond to these outreaches to ensure an accurate directory for all our members.

For more information about AultCare and PrimeTime HealthPlan and BetterDoctor, physicians can call our Networks, Credentialing & Contracting Department at 330-363-1400.

For more information about BetterDoctor, visit their website <https://questanalytics.com/solutions/betterdoctor/> You may also contact them at support@betterdoctor.com or by phone at 844-668-2543, Monday through Friday, 9 a.m. to 5 p.m. central time.

SOME COMMON DISCREPANCIES IDENTIFIED IN PROVIDER DIRECTORIES INCLUDE:

- The practitioner does not practice at the office.
- The practitioner is not accepting new patients.
- The phone number is incorrect or disconnected.

AultCare Premier Select Network Individual Marketplace Plans

The Premier Select Network is a narrow AultCare network, with access to quality care at local hospitals. Not all providers at these hospitals are included in the Premier Select Network.

To maximize plan benefits, consult the directory at www.aultcare.com | Find a Provider. You can confirm if your provider is in network by searching within the Premier Select Network directory.

The Premier Select Network is available to members who live in Stark County.

PREMIER SELECT NETWORK HOSPITALS

Stark County

- Aultman Alliance Community Hospital
- Aultman Hospital

Summit County

- Akron Children's Hospital

Wayne County

- Aultman Orrville Hospital

If you have questions, please contact AultCare Customer Service at 330-363-6360 (1-800-344-8858), email Customer Service at acproviderservice@aultcare.com, or use the Chat function within the provider portal.

As always, you may also direct general questions to AultCare Provider Relations via email at prelations@aultcare.com or by calling 330-363-1160.



Five Things Physicians and Patients Should Question

1

Don't take a multi-vitamin, vitamin E or beta carotene to prevent cardiovascular disease or cancer.

Vitamin supplementation is a multi-billion dollar industry (\$28.1 billion in 2010) in the United States, much of which is taken with the intention to prevent cardiovascular disease or cancer. However, there is insufficient evidence to demonstrate benefit from multivitamin supplementation to prevent cardiovascular disease or cancer. Adequate evidence demonstrates that supplementation with vitamin E and beta carotene in healthy populations specifically have no benefit on cardiovascular disease or cancer. Beta carotene is also associated with increased risks of lung cancer in smokers and people who have been exposed to asbestos.

2

Don't routinely perform PSA-based screening for prostate cancer.

More than 1,000 symptom-free men need to be screened for prostate cancer in order to save one additional life. As a result, increased harms and medical costs due to widespread screening of asymptomatic men are believed to outweigh the benefits of routine screening. There is a high likelihood of having a false positive result leading to worry, decreased quality of life and unnecessary biopsies when many of these elevated PSAs are caused by enlarged prostates and infection instead of cancer. This recommendation pertains to the routine screening of most men. In rare circumstances, such as a strong family history of prostate and related cancers, screening may be appropriate.

3

Don't use whole-body scans for early tumor detection in asymptomatic patients.

Whole-body scanning with a variety of techniques (MRI, SPECT, PET, CT) is marketed by some to screen for a wide range of undiagnosed cancers. However, there is no data suggesting that these imaging studies will improve survival or improve the likelihood of finding a tumor (estimated tumor detection is less than 2% in asymptomatic patients screened). Whole-body scanning has a risk of false positive findings that can result in unnecessary testing and procedures with additional risks; including considerable exposure to radiation with PET and CT, a very small increase in the possibility of developing cancer later in life, and accruing additional medical costs as a result of these procedures. Whole-body scanning is not recommended by medical professional societies for individuals without symptoms, nor is it a routinely practiced screening procedure in healthy populations.

4

Don't use expensive medications when an equally effective and lower-cost medication is available.

On average, the cost of a generic drug is 80–85% lower than the name-brand product, although generic drugs are required to have the same active ingredients, strength and similar effectiveness as brand-name drugs. Studies estimate that for every 10% increase in the use of generic cholesterol drugs, Medicare costs could be reduced by \$1 billion annually.

5

Don't perform screening for cervical cancer in low-risk women aged 65 years or older and in women who have had a total hysterectomy for benign disease.

Health care professionals should not perform cervical cancer screening in women who have had a hysterectomy that removed their cervix and do not have a history of high-grade precancerous lesions or cervical cancer. Screening provides no benefits to these patients and may subject them to potential risks from false-positive results; including physical (e.g., vaginal bleeding from biopsies) or psychological (e.g., anxiety).

In addition, cervical cancer screening should not be performed on women over the age of 65 that are at low risk for cervical cancer and have had negative results from prior screenings. Health care professionals should make this decision on a case-by-case basis, but once a patient stops receiving screenings, in general, they should not re-start screenings. Screening for women in this population provides little to no benefit as the incidence and prevalence of cervical disease declines for women starting at age 40–50 years.

How this List was Created

The American College of Preventive Medicine (ACPM) Prevention Practice Committee (PPC), responsible for practice guidelines and statements from the College, created a *Choosing Wisely* task force to lead the development of these recommendations. Task force members consist of select PPC members and additional ACPM members solicited through ACPM's bi-weekly e-newsletter, *Headlines*. Each task force member individually developed 2-3 recommendations and the top ten were selected using an electronic survey by the entire task force. Subsequently, the ten recommendations were prioritized by the task force and rationales with references were produced. These recommendations were presented to the entire PPC for consideration and prioritization of the top five. The top recommendations were selected and rationales revised and presented to the ACPM Board of Regents for final approval.

ACPM's disclosure and COI procedures can be found at www.acpm.org.

Sources

- 1 Nutrition Business Journal. NBJ's supplement business report: an analysis of markets, trends, competition and strategy in the U.S. dietary supplement industry. New York (NY): 2011.

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- 2 Lim LS, Sherin K; ACPM Prevention Practice Committee. Screening for prostate cancer in U.S. men ACPM position statement on preventive practice. *Am J Prev Med.* 2008 Feb;34(2):164-70.

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- 3 Ladd SC. Whole-body MRI as a screening tool? *Eur J Radiol.* 2009 Jun;70(3):452-62.

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- 4 Hoadley JF, Merrell K, Hargrave E, Summer L. In Medicare Part D plans, low or zero copays and other features to encourage the use of generic statins work, could save billions. *Health Affairs (Millwood).* 2012 Oct;31(10):2266-75.

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Facts about generic drugs [Internet]. Silver Spring (MD): U.S. Food and Drug Administration; 2012 [updated 2012 Sep 19; cited 2014 Dec 5]. Available from: <http://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/UnderstandingGenericDrugs/ucm167991.htm>.
- 5 Moyer; U.S. Preventive Services Task Force. Screening for cervical cancer: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med.* 2012 Jun 19;156(12):880-91, W312.

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About the ABIM Foundation

The mission of the ABIM Foundation is to advance medical professionalism to improve the health care system. We achieve this by collaborating with physicians and physician leaders, medical trainees, health care delivery systems, payers, policymakers, consumer organizations and patients to foster a shared understanding of professionalism and how they can adopt the tenets of professionalism in practice.

To learn more about the ABIM Foundation, visit www.abimfoundation.org.



About the American College of Preventive Medicine

Founded in 1954, the American College of Preventive Medicine (ACPM) is a professional, medical society of more than 2,700 members employed in research, academia, government, clinical settings and other entities worldwide. As the leader for the specialty of preventive medicine and physicians dedicated to prevention, ACPM provides a dynamic forum for the exchange of knowledge, and offers high-quality educational programs for continuing medical education and maintenance of certification information and resources for ongoing professional development and networking opportunities.



American College of Preventive Medicine
physicians dedicated to prevention

For more information, please visit us at: www.acpm.org.

For more information or to see other lists of Five Things Providers and Patients Should Question, visit www.choosingwisely.org.

Why PrimeTime Health Plan?



BERNIE KOSAR Former Cleveland Browns Quarterback

It's about well-being ... and being well. We believe in keeping your patients healthy as much as helping them when they are not. As **Bernie Kosar** puts it, "It's my prime time. I want to stay active and in shape to enjoy it 100%!"



UP TO

\$1,000

VISION AND DENTAL
ALLOWANCE

Choose your own provider!



UP TO

\$300

OVER-THE-COUNTER
BENEFIT

Paid quarterly!



INSULIN SAVINGS
PROGRAM

\$35

For select insulin.



OVER 170
TIER 1 DRUGS

\$0 COPAY

Preferred pharmacies.



PRIMARY CARE
PHYSICIAN COPAY
AS LOW AS

\$0

Your patients can call PrimeTime Health Plan to learn more!

Call 330-363-7407 (TTY: 711)

- Schedule a one-on-one appointment with a Medicare specialist in-person or over the phone
- Attend an in-person meeting near you
- Register for an informational meeting from the comfort of your home

Hours of Operation: 7 days a week, 8 am - 8 pm

AULTCARE'S
PRIMETIME
HEALTH PLAN

For more information, please contact PrimeTime Health Plan at 330-363-7407 or 1-800-577-5084 or TTY users can call 711, Monday-Friday from 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week from 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com. PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal. A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings, call 1-800-577-5084 or for TTY users 711.



PrimeTime Health Plan is rated **5 STARS** by the Centers for Medicare & Medicaid Services (CMS)!

A 5-star rating is the highest rating awarded and considered excellent by CMS.



PrimeTime Health Plan received a 5-star rating because of your commitment to quality of service and care. A star rating of 5 allows our organization to enhance plan benefits and programs to improve your patients' quality of life and experience with our health plan.

PrimeTime Health Plan was recognized by U.S. News and World Report as one of the Best Medicare Advantage Plans in Ohio! This is the fifth time in six years we have received this recognition.



For more information, please contact PrimeTime Health Plan at 330-363-7407 or 1-800-577-5084 or TTY users can call 711, Monday-Friday from 8:00 a.m. to 8:00 p.m. (October 1 – March 31, we are available 7 days a week from 8:00 a.m. to 8:00 p.m.), or visit www.pthp.com. PrimeTime Health Plan is an HMO-POS plan with a Medicare contract. Enrollment in PrimeTime Health Plan depends on contract renewal. A sales person will be present with information and applications. For accommodation of persons with special needs at sales meetings, call 1-800-577-5084 or for TTY users 711. Every year, Medicare evaluates plans on a 5-Star Rating system.

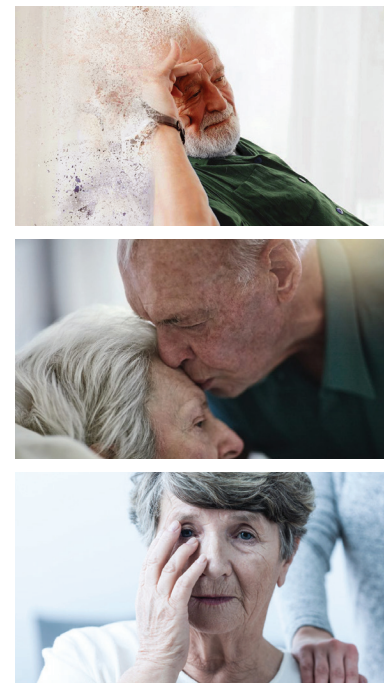
DEMENTIA

Dementia involves a progressive decline in cognition along with a short - and long - term memory loss due to brain damage or disease. It is always going to affect the health of the patient and should be documented for all encounters, as it affects care planning.

DOCUMENTATION TIPS

- Dementia and its underlying cause should be reported for every face-to-face encounter, as well as any reliance on a third party’s provision of the patients’ history, and any behavioral disturbance witnessed or reported.
- For most forms of Dementia, one code identifies the etiology, and a second code describes dementia with or without behavioral disturbance. While documentation of violent, combative, or aggressive behavior in dementia, the *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)* defines behavioral disturbances more broadly to include significant mood disturbances, psychotic symptoms (eg, hallucinations), or other behaviors. These conditions will need to be identified as “behavioral disturbances” in documentation in order for them to be classified as such.
- Some conditions may be perceived as inherent in dementia or advanced dementia, but the classification does not capture these conditions in the dementia codes. These conditions (eg, depression, sleep disorders, malnutrition, cachexia, or frailty) may risk adjust and should be documented when they occur.
- Always spell out acronyms (eg, Alzheimer’s disease [AD] and age-associated cognitive decline [AACD]) to prevent confusion and elevate the accuracy of documentation.
- Often, there is a discrepancy between the nomenclature used by physicians in documentation and the nomenclature required for abstracting a specific dementia diagnosis. See the table below for the ICD-10-CM common nomenclature for the etiology of dementia and its associated codes.

	Codes
Alcoholic dementia, state dependence, abuse	F10.27, F10.97
Alzheimer’s disease, state early or late onset	G30.-
Cerebral lipidoses	E75.-
Epilepsy	G40.-
Frontotemporal dementia	G31.09
Huntington’s disease	G10
Lewy body disease	G31.83
Multiple sclerosis	G35
Parkinson’s disease	G20
Pick’s disease	G31.01
Senile Dementia, not otherwise specified	F03.9-
Unspecified dementia	F03.9-
Vascular dementia	F01.5-



Resource: *Risk Adjustment Documentation & Coding 2nd Edition*, Sheri Poe Bernard, CCPS-P, CDEO, CPC, CRC

Useful Information

You Can Find on our Website

If you have questions, you may be able to find the answers at www.aultcare.com and www.plhp.com.

We continue to enhance the information available on our websites.

HERE IS A LIST OF SOME INFORMATION AND SERVICES YOU WILL FIND ON OUR WEBSITES:

- **Provider Directory:** Our searchable provider directories include information about our network healthcare professionals. You can search by network, specialty, name, hospital affiliation, languages spoken, gender, zip code, county, and whether or not they are accepting new patients
- **Health & Wellness Tools:** A health library & interactive self-management tools
- **Pharmacy Information:** Access to the pharmacy directory, formularies, recall information, and prior authorization/step therapy/quantity limit information, information on how to request an exception for non-formulary medications
- **Claims Submission Information:** Electronic claims procedures and electronic claims submission enrollment forms
- **Provider Credentialing Information:** Request for application forms, CAQH information, status change forms, OSHA information, HIPAA information

HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

CAHPS is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

835 Refund Request Enhancement – Include Claim Number and Patient Account Number

As requested by many providers, AultCare has enhanced the PLB03-2 segment to include AultCare's refund identification number, claim number and the patient account number submitted by the provider. If the PLB03-2 segment would contain more than 50 characters, AultCare would only include the claim number and the patient account number. An example is below:

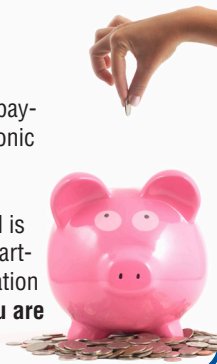
PLB*123456789*20201231*WO: **MSCP00001900208**

CLM2100100001 **ACCT12345678** *-22.13

Refund Identification Number **Claim Number** **Account Number**

835 RECOUPMENT OVERPAYMENT PROCESS

AultCare has implemented a process to recoup overpayments immediately for providers utilizing 835 Electronic Payment and Remittance Advices. This process can be implemented for your organization once AultCare receives the appropriate approval. Once the approval is received, a representative from the EDI Support Department will work with you to determine an implementation date. **Please email edisupport@aultcare.com if you are interested in implementing this process.**



Coordination of Benefit Updates (COB)

AultCare has established processes in place to notify our members of their required Coordination of Benefit (COB) updates.

- Letters are mailed 90, 60, and 30 days in advance of the expiration date
- Members can go online through the member portal to update their COB information
 - ✓ www.aultcare.com, Member Tab, Account Login, COB Update; or
 - ✓ The COB can be printed and mailed to

AultCare

P.O. Box 6910 • Canton, OH 44706

HIPAA 835 TRANSACTIONS



Electronic Remittance Advice (ERA) / Electronic Funds Transfer (EFT)

FOR CURRENT 835 PROVIDERS, WE WOULD LIKE TO REMIND YOU OF THE FOLLOWING:

- If you are adding a new location for your practice and payments are to be directed to your current billing/pay to address, you are **not** required to complete the online 835 EFT/ERA Enrollment Form.
- When a new location is added and payments are to be directed to a **different billing/pay to address**, you will be required to complete the online 835 EFT/ERA Enrollment Form for appropriate set-up.
 - ✓ Once we receive the completed 835 EFT/ERA Enrollment Form, our EDI Support Department will work with you on testing and establishing a “go live” date.
 - ✓ In the interim, if claims are received for the additional location, paper checks will be generated until the testing and “go live” date is finalized.

FOR PROVIDERS WHO ARE NOT CURRENTLY RECEIVING EFT/ERA TRANSACTIONS:

- To implement the 835 EFT/ERA transaction process, please complete the online enrollment form located on our website at www.aultcare.com. Log into your account and scroll down to the bottom of the page. Under *Important Forms*, click the EFT/ERA Enrollment link.
- Once the form is submitted, testing will be completed and a “go live” date will be established. Claims processed after the “go live” date will generate to the 835 remit process. You will receive paper checks for run out claims as well as claims processed within our legacy claims payment system.

Questions regarding enrollment for EFT/ERA transactions can be directed to the EDI Support Department at edisupport@aultcare.com.

AULTCARE MEMBERS AND CIGNA ELIGIBILITY

Effective January 1, 2019, certain AultCare members may have access to care using the Cigna PPO Network.* The following contains useful information on how to verify benefits and eligibility, obtain authorization, and submit claims to Cigna.

VERIFICATION OF BENEFITS AND ELIGIBILITY

Contact AultCare Customer Service at 330-363-6360 or 1-800-344-8858 to verify benefits and eligibility. Please do not contact Cigna to verify this information.



PRIOR AUTHORIZATION GUIDELINES

Please contact AultCare Customer Service first to obtain eligibility, benefit and prior authorization information.

If a prior authorization is required, the AultCare representative will connect the provider to the Cigna prior authorization department. Do not use the Cigna online prior authorization tool.

MEDICAL CLAIM SUBMISSION

Submit all medical claims to Cigna using the address information on the back of the member ID card.

 <p>www.aultcare.com</p> <p>Member</p> <p>Employer:</p> <p>Group #:</p> <p>Member ID:</p> <p>Cigna Group #:</p> <p>Effective:</p> <p>Dental Plan</p> <p>Effective:</p> <p><small>Benefits are not insured by Cigna or affiliates. Call AultCare at 1-800-344-8858.</small></p>	<p>Medical Plan</p> <p>Cigna PPO "S"</p> <p>To find a Cigna provider, please visit: www.myCigna.com</p> <p>Pharmacy Plan</p> <p>Rx Claims: OPTUM Rx </p> <p>Rx Bin: 610011</p> <p>Rx PCN: IRX</p> <p>Rx Group: AUCCOMM</p> <p>Issuer: 80840</p> <p>For Pharmacy Help Desk 888-219-3164</p>
<p>Claims Submission</p> <p>Submit Medical Claims to: Cigna PPO PO Box 188061 Chattanooga, TN 37422-8061 Payer ID #82308</p> <p>Submit Dental Claims to: AultCare P.O. Box 6910 Canton, OH 44706</p>	<p>Customer Service/Eligibility</p> <p>This card is not a guarantee of coverage. For verification and coverage details call 330-363-6360 or 1-800-344-8858 weekdays, 7:30 AM to 5:00 PM.</p> <p>Hearing Impaired: Call 330-363-2393 or 1-866-633-4752.</p> <p>Important Requirements</p> <p>MEMBERS: Carry this card at all times. Before hospital admission or surgery (outside the physician's office) or for other services as specified in your plan your physician must call for pre-treatment authorization (precertification). Failure to comply may result in a reduction of benefits. Emergency hospital admissions must be reported within 48 hours or by the next regular working day following admission (72 hours in some states).</p> <p>PROVIDERS: Precertification must be obtained for services as specified in the member's plan. For precertification, call AultCare at 330-363-6360 or 1-800-344-8858.</p> <p><small>AWAY FROM HOME CARE</small></p>

QUESTIONS?

Please contact AultCare Customer Service at 330-363-6360 or 1-800-344-8858. The hours of operation are Monday – Friday from 7:30 am – 5:00 pm EST.

CONTACT US
330-363-6360 | 1-800-344-8858
www.aultcare.com



How and When You Can Talk to Utilization Management Staff & Decision Makers



YOU HAVE THE ABILITY TO GET ANSWERS TO YOUR QUESTIONS REGARDING THE UTILIZATION MANAGEMENT (UM) DECISION PROCESS OR FIND OUT THE STATUS OF A REQUEST. DID YOU KNOW THAT:

- You have access to speak with a UM staff members Monday through Friday from 8:00AM and 4:30PM.
- UM staff members are able to receive inbound communication regarding UM issues after normal business hours via voicemail.
- UM staff typically send outbound communication regarding UM inquiries and requests during normal business hours.
- When you call us or we call you, UM staff members will identify themselves by name, title, & organization when initiating or returning calls regarding UM issues.
- Please also take note that TTY/Hearing impaired and language assistance is available for members or providers who require these services (*see page 24 for UM contact information*).

Medically Appropriate Utilization Management Decision Making

Utilization Management decisions are based on the appropriateness of care and services as well as eligibility and coverage of requested services. AultCare & PrimeTime Health Plan do not reward practitioners or other individuals for issuing denials of coverage or service of care and there are no financial incentives for Utilization Management decision makers that result in underutilization. The specific criteria used in decisions are available to you at no cost by accessing the provider portal or by contacting the Utilization Management department at the phone numbers listed on page 24 and a physician, nurse, or pharmacist reviewer is available to discuss Utilization Management denial decisions.



Care Coordination/Population Health Management Programs to Help Your Patients Stay Healthy & Manage Chronic or Acute Conditions

Did you know that we have population health management programs that are available to your AultCare and PrimeTime Health Plan patients at no additional cost to them? Population health management programs help to support our providers, by helping your patients maintain or begin a healthy lifestyle and manage any chronic or complex conditions they may have. Through these programs and outreach, AultCare and PrimeTime Health Plan will also encourage your patients to visit their doctor for an annual physical exam and recommended check-ups.

These are just a few of the programs we offer to our members at no additional cost:

Interactive Web-Based Self-Management Tools and a Health Library: These are located on www.pthp.com or www.aultcare.com in the “Member Area”, under the “Health & Wellness and Care Coordination” sections:

Wellness, Disease, and Case Management Programs

- One-on-one health coaching with a registered nurse, including evidence-based educational materials.
- Interactive programs including:
 - **Congestive Heart Failure Program** is a tele-monitoring program for members with Congestive Heart Failure (CHF) that allows one of our Care Coordinators to monitor your patient’s daily weight readings and symptoms and communicate with you and the patient to report issues and prevent hospital admissions
 - **Diabetic Program** is a tele-monitoring program for members with diabetes that allows one of our Care Coordinators to monitor your patient’s daily blood sugar readings and symptoms and communicate with you and the patient to report issues and prevent hospital admissions
 - **COPD Program** is a tele-monitoring program for members with COPD that allows one of our Care Coordinators to monitor your patient’s pulse ox readings and symptoms and communicate with you and the patient to report issues and prevent hospital admissions
 - **Behavioral Health Program** is a program that provides education, resources and support through outreach to members with behavioral health diagnoses with the goal to improve your patient’s self-management or their mental health and improve overall outcomes and utilization of services
 - **Stroke Prevention Program** is a program that can assist your patients with a high risk for stroke by providing them with health coaching and education to help them identify symptoms, knowing when to seek medical attention, preventing hospital and ED utilization, and statin medication compliance
 - **Pre-Diabetes Program** provides monthly educational materials on how to help lower risk of becoming diabetic. The materials incorporate tips for healthy eating and exercise and helps individuals understand factors that may trigger unhealthy habits. The first 6 months of the program focuses on decreasing weight/BMI by 5-7% and encouraging participation in an exercise program with physician approval. Fitness goals include working towards 150 minutes of weekly activity. The second 6 months focuses on education to help maintain weight loss and motivation.
- **Case Management** is a program that offers your patient Case Management services to help assist them with both complex and basic needs to navigate through the health care continuum.
 - ✓ **Basic case management** includes, but is not limited to, assisting the member to obtain services within their network of providers, retrieval to the network and when services are not available within the member’s network, assisting them to maximize their out of network benefits. This level may also be appropriate for someone with basic education needs.
 - ✓ **Complex Case Management** involves in-depth and ongoing assessment and reassessments. It is a dynamic and synergistic process that encourages the member to take ownership of their health status. These members have most often experienced a critical event or diagnosis that requires extensive use of resources and who need help navigating the system to facilitate appropriate delivery of care and services.
- **Smoking Cessation Assistance:** If your patients are interested in quitting the nicotine habit, PrimeTime and AultCare Wellness or The Ohio Tobacco Quit Line can assist your patients by listening, giving advice and tips, and motivating them to kick the habit. To reach the PrimeTime Wellness Smoking Cessation Coach, please call 330-363-3281 or for The Ohio Tobacco Quit Line counseling services call 1-800-QUIT-NOW.
- **Population Health Management Program:** Focuses on providing patient-centered, accessible, comprehensive, and coordinated care. Population Health Management nurses connect with members over the phone or face-to-face for as long as needed. Education is offered to those dealing with chronic and acute conditions along with additional information and resources to ensure members’ needs are met. They offer education on the importance of age and gender preventive screenings, appropriate utilization of services, and education on how to navigate the healthcare system. The Population Health Management team of nurses are available on-site at many Primary Care Provider offices and serve as the link between members, providers, and the health plan.

If you would like more information about our programs or would like to refer one of your patients to a Population Health Management program, please contact us. Contact information is located on the back page of this newsletter.

Practice Guidelines



RATIONALES FOR GUIDELINES:

The following guidelines are based on reviews of current medical literature. They are designed to assist providers in managing the care of their patients and to achieve more uniform quality standards for clinical care.

The guidelines are not intended to replace the clinical judgment of the provider or to establish a standard of care. The decision to follow any particular guideline should be made by the provider after considering the circumstances presented by the individual member.

OUTCOMES EXPECTED:

To encourage uniform quality standards for clinical care of members.



ASTHMA

- National Institute of Health: National Heart, Lung, Blood Institute
- Guidelines for the Diagnosis and Management of Asthma, 2007 2020 Focused Updates to the Asthma Management Guidelines: A Report from the National Asthma Education and Prevention Program Coordinating Committees Expert Panel Working Group

<https://www.nhlbi.nih.gov/health-topics/asthma-management-guidelines-2020-updates>

ATRIAL FIBRILLATION:

- American Heart Association, American College of Cardiology, and the Heart Rhythm Society Guideline for the Management of Patients With Atrial Fibrillation, 2014
- 2019 AHA/ACC/HRS Focused Update of the 2014 AHA/ACC/HRS
- Guideline for the Management of Patients With Atrial Fibrillation

<https://services.aap.org/en/search/?k=adhhd>

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

- American Academy of Pediatrics
- ADHD: Clinical Practice Guideline for the Diagnosis, Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents, 2019

<https://pediatrics.aappublications.org/content/145/3/e20193997>

BIPOLAR DISORDER

- American Psychiatric Association
- Treatment of Patients with Bipolar Disorder, 2002, Guideline Watch 2005

<http://psychiatryonline.org/guidelines>

CARDIOVASCULAR RISK PREVENTION

- American Heart Association, American College of Cardiology
- 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease

http://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp

CANCER DETECTION, PREVENTION, AND RISK REDUCTION

- National Cancer Institute of the Department of Health and Human Services, National Institute of Health, provides screening/testing guidelines for the following types of cancer, current editions:

- ✓ Breast Cancer Risk Reduction, V1.2021
- ✓ Breast Cancer Screening and Diagnosis, V1.2021
- ✓ Breast, Ovarian, and Pancreatic Cancer: Genetic/Familial High-Risk Assessment, V2.2021
- ✓ Colorectal Cancer Screening, V2.2021
- ✓ Colorectal: Genetic/Familial High-Risk Assessment, V1.2021
- ✓ Lung Cancer Screening, V1.2021
- ✓ Prostate Cancer Early Detection, V1.2021

http://www.nccn.org/professionals/physician_gls/f_guidelines.asp

- American Cancer Society
 - Cervical Cancer Screening for Individuals at Average Risk: 2020 Guideline Update from the American Cancer Society
- <https://www.cancer.org/cancer/cervical-cancer/detection-diagnosis-staging/cervical-cancer-screening-guidelines.html>

CHILDHOOD AND ADOLESCENT OBESITY

- American Academy of Pediatrics
- AAP Clinical Report, The Role of the Pediatrician in Primary Prevention of Obesity, 2015

<http://pediatrics.aappublications.org/content/136/1/e275>

CHOLESTEROL

- American College of Cardiology, American Heart Association
- Guideline on the Management of Blood Cholesterol, 2018

http://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp

continued on page 18

Practice Guidelines

CHRONIC KIDNEY DISEASE

- National Kidney Foundation
- Kidney Disease Improving Global Outcomes Clinical Practice Guideline for the Evaluation and Management of Chronic Kidney Disease, 2012

https://kdigo.org/wp-content/uploads/2017/02/KDIGO_2012_CKD_GL.pdf

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

- National Institute of Health: National Heart, Lung, Blood Institute
- Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease, 2021

<http://goldcopd.org/>

- Spirometry for Health Care Providers, 2019

<http://goldcopd.org/>

DEPRESSION

- American Psychiatric Association
- Treatment of Patients with Major Depressive Disorder, 2010

<http://psychiatryonline.org/guidelines>

DIABETES

- American Diabetes Association
- Clinical Practice Recommendations and Position Statements: Standards of Medical Care in Diabetes, 2021

https://care.diabetesjournals.org/content/44/Supplement_1/S4

DIETARY GUIDELINES

- U.S. Department of Health and Human Services and U.S. Department of Agriculture.
- 2020-2025 Dietary Guidelines for Americans. 9th Edition. December 2015.

<https://health.gov/our-work/food-nutrition/current-dietary-guidelines>

HEART FAILURE

- American College of Cardiology, American Heart Association Task Force, Heart Failure Society of American Focused Update of the 2013 Guideline for the Management of Heart Failure, 2017
- ACC/AHA/HFSA Focused Update on New Pharmacological Therapy for Heart Failure, 2016
- Update to the 2017 ACC Expert Consensus Decision Pathway for Optimization of Heart Failure Treatment: Answers to 10 Pivotal Issues About Heart Failure with Reduced Ejection Fraction, 2021

<http://content.onlinejacc.org/guidelines.aspx>

HYPERTENSION

- American Heart Association, the American College of Cardiology
- Clinical Performance and Quality Measures for Adults With High Blood Pressure: A Report of the American College of

Cardiology/American Heart Association Task Force on Performance Measures, 2019

<https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000678>

IMMUNIZATIONS - ADULTS AND CHILDREN

- Center for Disease Control National and Prevention
- Advisory Committee on Immunization Practices (ACIP) Recommendations and Immunization Schedules, 2021
- The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine, December 2020

<http://www.cdc.gov/vaccines/>

OBESITY

- American College of Cardiology, the American Heart Association, and the American Obesity Society Guideline for the Management of Overweight and Obesity in Adults, 2013

<https://www.ahajournals.org/doi/10.1161/01.cir.0000437739.71477.ee>

OPIOIDS

- Ohio Department of Mental Health and Addiction Services
- Guidelines for Prescribing Opioids for the Treatment of Chronic, Non-Terminal Pain 80mg of a Morphine Equivalent Dose (MED) "Trigger Point", 2013

<http://mha.ohio.gov/Default.aspx?tabid=828>

OSTEOPOROSIS

- Bone and Health Osteoporosis Foundation
- Clinician's Guide to Prevention and Treatment of Osteoporosis, 2014

https://static1.squarespace.com/static/5d7aabc5368b54332c55d-f72/t/5d9f679cbc775a5f22c91b61/1570727839254/Cosman2014_Article_ClinicianSGuideToPreventionAnd.pdf

PHYSICAL ACTIVITY

- U.S. Department of Health and Human Services
- Physical Activity Guidelines for Americans, 2nd edition

<https://health.gov/paguidelines/guidelines/default.aspx>

PREGNANCY

- American Academy of Pediatrics and the American College of Obstetricians and Gynecologists Guidelines for Perinatal Care, 8th Edition

<https://services.aap.org/en/search/?context=all&k=perinatal%20care%208th>

- Optimizing Post Partum Care, American College of Obstetrician and Gynecologists, Committee Opinion, June 2016

<http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Optimizing-Postpartum-Care>

continued on page 19

Practice Guidelines

RHEUMATOID ARTHRITIS

- American College of Rheumatology
- Guideline for the Treatment of Rheumatoid Arthritis, 2015
<https://www.rheumatology.org/Portals/0/Files/ACR%202015%20RA%20Guideline.pdf>

SCHIZOPHRENIA

- American Psychiatric Association
- The American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia, Third Edition, 2020
<http://psychiatryonline.org/guidelines>

STROKE

- American Heart Association, American Stroke Association
- Guidelines for the Primary Prevention of Stroke, 2014
http://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp

TOBACCO USE AND DEPENDENCE

- US Department of Health and Human Services
- Treating Tobacco Use and Dependence: Clinician Practice Guideline 2008 Update (Reaffirmed 2015)
<https://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html>

WELL-WOMAN CARE

- American College of Obstetricians and Gynecologists
- Well-Woman Visit, Committee Opinion, 2018
<https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/10/well-woman-visit>

WORK PLACE HEALTH SCREENING

- American Heart Association
- The Role of Worksite Health Screening, A Policy Statement From the American Heart Association, 2014
http://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp

The complete listing of practice guidelines is also in the provider manual, which is located on our website. If you would like to request a paper copy or have any questions, call the Customer Service phone line at 330-363-6360 or toll free at 1-800-344-8858. TTY / TDD Line: 711.

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TOO BUSY TO CALL US?



You may also email us 24 hours a day, 7 days a week at www.aultcare.com or www.pthp.com by clicking on the “Contact Us” link at the top of the website home pages. You will receive a response within 1-2 business days of your inquiry.

*We understand some of your patients have special communication needs. We will provide a translator or hearing impaired services (TTY) to those patients who are in need. If you have a patient who requires these services, please have your patient call 711 and they will be directed appropriately.

**For members, PrimeTime Health Plan Customer Service is available Monday through Friday, between 8:00 am and 8:00 pm. From October 1 through March 31, Customer Service is available seven days a week, between 8:00 am and 8:00 pm.

CONTACT INFORMATION

DEPARTMENT	HOURS	LOCAL / TOLL-FREE #	TYPES OF INQUIRIES / CONCERNS
AultCare Customer Service	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-6360 ■ 1-800-344-8858 ■ (TTY 711*) 	<ul style="list-style-type: none"> ■ Claim Status ■ Benefits ■ Eligibility ■ Status of referrals, precertifications, prior authorizations
PrimeTime Health Plan Customer Service **	Monday - Friday 8:00 am - 4:30 pm	<ul style="list-style-type: none"> ■ 330-363-7407 ■ 1-800-577-5084 ■ (TTY 711*) 	
Aultra Administrative Group	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-2050 ■ 1-855-270-8497 	
AultCare Timken and TimkenSteel Customer Service	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-6282 ■ 1-800-505-2858 ■ Fax: 330-580-5501 	
Utilization Management	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-6360 ■ 1-800-344-8858 	<ul style="list-style-type: none"> ■ To request referrals, prior authorizations, precertifications
Case Management	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-6360 ■ 1-800-344-8858 	<ul style="list-style-type: none"> ■ Referrals to Case Management program
Disease Management	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-2421 ■ 1-800-344-8858 	<ul style="list-style-type: none"> ■ Referrals to Disease Management programs
Networks, Credentialing & Contracting	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-1400 ■ Fax: 330-363-6421 ■ credentialing@aultcare.com 	<ul style="list-style-type: none"> ■ Update your provider information ■ Request to become a provider
Provider Relations	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-1160 ■ Fax: 330-363-1155 	<ul style="list-style-type: none"> ■ Any questions or concerns unrelated to those noted above