

AultCare & PrimeTime Health Plan PROVIDER NEWS

Where You Matter.

September 2022 Edition

REFERRING TO NON-PARTICIPATING PROVIDERS

We want to share a friendly reminder to all contracted providers and facilities about AultCare's policy regarding referrals.

Members access their highest level of benefits from network/participating providers and facilities. Providers and facilities put members at risk of higher out-of-pocket expenses when they refer to non-participating providers in non-emergent situations or without AultCare's prior approval.

For a complete list of network/participating providers and facilities, please visit our online provider directory at www.aultcare.com. Click on the 'Find a Provider' link at the top of the page to access the directory.

Please share this information with the practitioners in your practice.

You may direct any questions to Provider Relations at prelations@aultcare.com or 330-363-1160.

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 in-network for AultCare Commercial members with most networks (PPO, HMO, and Marketplace PPO) and all PrimeTime Health Plan members.



NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA)

We are pleased to announce the National Committee for Quality Assurance (NCQA) has awarded Reaccreditation to AultCare for its Commercial HMO, Commercial PPO, and Marketplace product lines and PrimeTime Health Plan for its Medicare HMO-POS product line through 2025.

NCQA is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs.



**Congratulations,
AultCare and PrimeTime Health Plan,
for this outstanding recognition!**

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 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:



Bypass the front desk operator

Direct AultCare Provider Customer Service
Phone Number **330-363-6396**

(Does not include PrimeTime/Marketplace/Timken or Alutra members)

AultCare 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.

PREGNANCY AND OPIOID PAIN MEDICATIONS

PREGNANT PATIENTS SHOULD BE SCREENED FOR OPIOID USE THROUGHOUT PREGNANCY

*Possible risks to pregnancy include:

- Neonatal Opioid Withdrawal Syndrome (NOWS): withdrawal symptoms (irritability, seizures, vomiting, diarrhea, fever, and poor feeding) in newborns
- Neural tube defects: serious problems in the development (or formation) of the fetus' brain or spine
- Congenital heart defects: problems affecting how the fetus' heart develops or how it works
- Gastroschisis: birth defect of developing baby's abdomen (belly) or where the intestines stick outside of the body through a hole beside the belly button
- Stillbirth: the loss of a pregnancy after 20 or more weeks
- Preterm delivery: a birth before 37 weeks

LEARN MORE:



<https://www.cdc.gov/opioids/providers/prescribing/guideline.html>

PATIENT FACT SHEETS:

<https://www.cdc.gov/drugoverdose/patients/materials.html>

*Broussard CS, Rasmussen SA, Reefhuis J, et al. Maternal treatment with opioid analgesics and risk for birth defects. Am J Obstet Gynecol 2011; 204:314:e1-11.

Kellogg A, Rose CH, Harms RH, Watson WJ. Current trends in narcotic use in pregnancy and neonatal outcomes. Am J Obstet Gynecol 2011; 204:259:e124.

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 copayments 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.

AULTCARE 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.

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.

Coverage History

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

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.

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*

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
aultcarepthp.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**

Prior Authorization Platforms

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](#)

[PrimeTime Health Plan](#)

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.

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)

Part D Pharmacy Information

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

Subject	Description	Location
Formulary	Comprehensive Formulary – provides a list of covered drugs, tier and any restrictions that may apply	On the website, click “Provider Resources” at the top, under “Part D Provider Documents” choose “Comprehensive Formulary.”
Prior Authorizations (PA)	Contains the criteria and list of drugs that require prior approval	On the website, click “Provider Resources” at the top, under “Part D Provider Documents” choose “Criteria - Prior Authorization.”
Step Therapy (ST)	Contains the Step Therapy criteria and list of drugs	On the website, click “Provider Resources” at the top, under “Part D Provider Documents” choose “Criteria - Step Therapy.”

Pharmacy Directory

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

Insulin Savings Program

The Insulin Savings Program provides members with the opportunity to pay lower costs towards their insulin. Through this program, select insulin is available for only a \$35 copay per 30 day supply, through the deductible, initial, and coverage gap phases at in-network pharmacies.



Select Insulins Included

HUMALOG INJ 100/ML	HUMULIN INJ 70/30KWP
HUMALOG JR INJ 100/ML	HUMULIN N INJ U-100
HUMALOG KWIK INJ 100/ML	HUMULIN N INJ U-100KWP
HUMALOG MIX INJ 50/50	HUMULIN R INJ U-100
HUMALOG MIX INJ 50/50KWP	LANTUS INJ 100/ML
HUMALOG MIX INJ 75/25KWP	LANTUS SOLOS INJ 100/ML
HUMALOG MIX SUS 75/25	LEVEMIR INJ
HUMULIN INJ 70/30	LEVEMIR INJ FLEXTUOC

Insulins listed on the PrimeTime Health Plan formulary with “SI” listed next to the insulin name are included in the program. Not all dosages are included.

This program only applies to insulin filled under the member’s Part D plan. Insulin used in an insulin pump is covered under the Part B, not Part D, benefit.

AultCare/Optum Diabetic Program

Certain diabetes testing supplies are available at no cost to members. 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.



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 Health Plan and BetterDoctor, physicians can call our Networks, Credentialing & Contracting Department at 330-363-1400.

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.

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.

REMINDER

If attestation of information is not received at least yearly, listings will be removed from the provider directory until verification is received through BetterDoctor.

Are your patients looking for a Medicare Advantage Plan?

PrimeTime Health Plan's **5-STAR** specialists are ready to help!



PrimeTime Health Plan is the local specialist in everything your patients need to know about Medicare. Encourage your patients to learn about our 5-star rated plan and the programs and services available to them.



Call 330-363-7407 (TTY 711) to speak with a specialist or visit us in-person at 2600 Sixth St SW in Canton.



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. 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.

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AULTCARE'S
PRIMETIME
HEALTH PLAN



**BEING
WELL**

Quality, local care is a priority for our members.

AultCare is proud to serve your patients with the programs and services they need to improve all aspects of their health.

From pharmacy, case management, disease management, and beyond, we have streamlined our health and wellness services for comprehensive, coordinated care. We are advocates for your patients' care - **because they matter.**

330-363-6360 | aultcare.com
2600 Sixth St. SW, Canton

AULTCARE

Useful Information

You Can Find on our Website

If you have questions, you may be able to find the answers to your questions at www.aultcare.com and www.plhp.com. We continue to enhance the information available on our websites.

HERE'S A LIST OF SOME INFORMATION AND SERVICES YOU'LL 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
- **Eligibility, Benefit Verification, & Claims Payment Information:** (requires log-in)
- **Provider manuals (requires log-in):** Includes information such as:
 - Member Rights & Responsibilities
 - Grievance & Appeals
 - Provider Credentialing
 - Pharmacy Management Procedures
 - Practice Guidelines
 - Medical Record Guidelines
 - Claim Submission Procedures
 - Utilization Management Procedures
 - Evaluation of New Technology
 - Disease & Case Management Programs
 - Appointment Availability Guidelines
 - Notice of Privacy Practices

If you do not have internet access and would like a written copy of any of the information listed above, please call Provider Relations at 330-363-1160 and a representative will be happy to assist you.

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.

PrimeTime Health Plan REMINDER Ambulatory Claims

- Ambulatory surgical claims must be billed on a CMS-1500 form
- Any unlisted procedures should be accompanied with a description

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 DECISION PROCESS OR FIND OUT THE STATUS OF A REQUEST. DID YOU KNOW THAT:

- You have access to speak with Utilization Management staff members Monday through Friday from 8:00AM and 4:30PM?
- Utilization Management staff members are able to receive inbound communication regarding Utilization Management issues after normal business hours via voicemail?
- Utilization Management staff typically send outbound communication regarding Utilization Management inquiries and requests during normal business hours?
- When you call us or we call you, Utilization Management staff members will identify themselves by name, title, & organization when initiating or returning calls regarding Utilization Management issues?
- The TTY/Hearing impaired and language assistance is available for members or providers who require these services (see page 16 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 16 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 we have population health management programs 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 under Member Resources - Health and Wellness.

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 Registered Nurses to monitor your patient's daily weight readings and symptoms during normal business hours 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 Registered Nurses to monitor your patient's daily blood sugar readings and symptoms during normal business hours 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 Registered Nurses to monitor your patient's pulse ox readings and symptoms during normal business hours 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 Health Plan 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. The nurses also assist 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.

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
 - American Heart Association Scientific Statement: Lifestyle and Risk Factor Modification for the Reduction of Atrial Fibrillation, 2020
- http://professional.heart.org/professional/GuidelinesStatements/UCM_316885_Guidelines-Statements.jsp

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, V1.2022
 - ✓ Breast Cancer Screening and Diagnosis, V1.2022
 - ✓ Breast, Ovarian, and Pancreatic Cancer: Genetic/Familial High-Risk Assessment, V2.2022
 - ✓ Colorectal Cancer Screening, V1.2022
 - ✓ Colorectal: Genetic/Familial High-Risk Assessment, V1.2022
 - ✓ Lung Cancer Screening, V1.2022
 - ✓ Prostate Cancer Early Detection, V1.2022
- 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>

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Practice Guidelines

CHOLESTEROL

- American College of Cardiology, American Heart Association
- Guideline on the Management of Blood Cholesterol, 2018
- A Scientific Statement from the AHA, Dietary Guidance to Improve Cardiovascular Health, 2021

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

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 Initiative for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease, 2021

<http://goldcopd.org/>

DEPRESSION

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

<http://psychiatryonline.org/guidelines>

Encompasses: two HEDIS measures:

1. Antidepressant Medication Management which includes members 18 years of age and older who were diagnosed with a new episode of major depression, treated with antidepressant medication, and who remained on an antidepressant medication treatment. Two phases of treatment included are as follows:
 - a. Effective Acute Phase Treatment. Newly diagnosed and treated members who remained on an antidepressant medication for at least 84 days.
 - b. Effective Continuation Phase Treatment. Newly diagnosed and treated members who remained on an antidepressant medication for at least 180 days.
2. Follow-up After Hospitalization of a Mental Illness includes discharges for members 6 years of age and older who were hospitalized for treatment of selected mental health disorders and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two areas for follow-up include:
 - a. Members who received follow-up within 7 days of discharge.
 - b. Members who received follow-up within 30 days of discharge.

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 America
- 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Joint Committee on Clinical Practice Guidelines
- 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

<https://www.jacc.org/guidelines>

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, 2022
- The Advisory Committee on Immunization Practices' Updated Interim Recommendation for Allocation of COVID-19 Vaccine, December 2020
- Use of the Janssen (Johnson & Johnson) COVID-19 Vaccine: Updated Interim Recommendations from the Advisory Committee on Immunization Practices - United States, December 2021
- The Advisory Committee on Immunization Practices' Recommendation for Use of Moderna COVID-19 Vaccine in Adults Aged ≥ 18 Years and Considerations for Extended Intervals for Administration of Primary Series Doses of mRNA COVID-19 Vaccines — United States, February 2022
- Use of COVID-19 Vaccines in the United States (Interim Clinical Considerations)

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

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Practice Guidelines

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

- National Osteoporosis Foundation
- Clinician’s Guide to Prevention and Treatment of Osteoporosis, 2021

<https://link.springer.com/content/pdf/10.1007/s00198-021-05900-y.pdf>

PHARYNGITIS

- Infectious Disease Society of America
- Clinical Practice Guideline for the Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society of America

<https://academic.oup.com/cid/article/55/10/e86/321183?login=false>

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 Postpartum Care, American College of Obstetrician and Gynecologists, Committee Opinion, June 2018

<https://www.acog.org/-/media/project/acog/acogorg/clinical/files/committee-opinion/articles/2018/05/optimizing-postpartum-care.pdf>

RHEUMATOID ARTHRITIS

- American College of Rheumatology
- Guideline for the Treatment of Rheumatoid Arthritis, 2021

<https://www.rheumatology.org/Portals/0/Files/2021-ACR-Guideline-for-Treatment-Rheumatoid-Arthritis-Early-View.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
- Guideline for the Prevention of Stroke in Patients with Stroke and Transient Ischemic Attack, 2021

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: 330-363-2393 or 1-866-633-4752.

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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
AultCare Provider Customer Service Unit	Monday - Friday 7:30 am - 5:00 pm	<ul style="list-style-type: none"> ■ 330-363-6396 	
PrimeTime Health Plan Customer Service **	Monday - Friday 8:00 am - 4:30 pm	<ul style="list-style-type: none"> ■ 330-363-3123 ■ 1-855-281-7561 ■ Fax: 330-363-7714 	
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