

Welcome!

Welcome to our first edition of the Health Tradition Health Plan provider newsletter. WEA Insurance Corporation has purchased the Health Tradition Health Plan license from Mayo Clinic Health System and assumed administration of the business as of November 1, 2018.

We are excited to be offering a Health Maintenance Organization (HMO) product and look forward to working with our provider partners. This newsletter includes information to assist with the transition. Please feel free to contact our Provider Service staff with any questions at 844.825.9319.



Provider Manual

The Health Tradition provider manual is a resource that provides an overview of Health Tradition plans, processes, and procedures. The provider manual is available on our website at HealthTradition.com/ForProviders. ▲



Provider Portal

Maddy is your go to for all of your provider health insurance needs. She's our online health portal that gives you access to information about Health Tradition plan members. You can sign up for your Maddy portal account beginning January 1, 2019.

***Note:** If you are also a current WEA Trust provider, your myTrust portal account will be changing to Maddy portal beginning January 1, 2019, and you do not need to create a new account. With your Maddy portal account, you will be able to access both WEA Trust and Health Tradition information.

Questions?

Contact our customer service team at 844.825.9319. ▲

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Sign up to receive our E-Newsletter

Go to HealthTradition.com/ProviderNews

Provider Portal: Maddy Portal

With Maddy you can:

- ✓ Access member eligibility, benefits, claims and authorizations
- ✓ Submit authorization requests
- ✓ Contact customer service and more!

To sign up:

- ✓ On January 1, 2019, visit MaddyPortal.com
- ✓ Select "Providers"
- ✓ Create an account username and password*



Medical Management

Harmony Care Management

Harmony Care Management takes care management to a new level of service. Our member-centric approach pairs each member with their own team of Harmony Care clinicians who will support the member throughout the continuum of their care. Through this partnership, the Harmony Care team and member develop a relationship in which members are provided education of their healthcare choices. This enables members to make informed decisions and have knowledgeable discussions with their physicians leading to the best path of care. ▲

Interlink CancerCARE

We work with Interlink CancerCARE to assist in making coverage determination by using nationally accepted guidelines through National Comprehensive Cancer Network (NCCN). Use of these guidelines lend toward best outcomes, both in efficacy and safety, but also least invasive and cost-effective which is consistent with Health Tradition plan language. These guidelines are not used to direct care, but to determine if requested therapies meet coverage criteria. This requires all members with a cancer diagnosis to have all the elements of their treatment plan reviewed and approved prior to administration. We like to work with our providers to come to concordance regarding our member's care. We also work with our members to provide that high value touch during this very personal and intimate time. ▲

Referrals

Referrals to out-of-network healthcare providers must be approved prior to services being rendered. If a member requires services from a specialist not available in-network, the provider may fax in a request using the referral

request form found on our website at HealthTradition.com/ForProviders.

In emergency situations, approval must be obtained as soon as possible after the member receives services. ▲

Authorizations

Some services require preauthorization. The list of services requiring preauthorization and the request form can be found on our website at HealthTradition.com/ForProviders. The purpose of the preauthorization function is for Health Tradition Health Plan to determine member eligibility, benefit coverage, medical necessity, and appropriateness of services. We also utilize this information to engage members in Harmony Care Management. Our goal is for our members to always obtain the best possible, evidence-based care from their providers. ▲

Operations

Vitamin D Assay Testing Policy

Starting January 1, 2019, Health Tradition Health Plan will only cover Vitamin D Assay testing for specific diagnoses or in higher risk patients when results will be used to institute or monitor more aggressive therapy. Vitamin D Assay testing will no longer be covered for routine health checks, general screenings, or in the absence of specific diagnoses or risk factors. The current research available does not support general screening for Vitamin D deficiency at a population level. In addition, the U.S. Preventive Services Task Force (USPSTF) found no studies that evaluated the direct benefit of screening for Vitamin D deficiency in adults.

The new Vitamin D Assay Testing Policy will be on the Health Tradition Health Plan website in the Provider tab under Medical Policies. This policy will outline the diagnoses/conditions in which Vitamin D Assay testing will be covered.

In addition, this policy will list the general utilization parameters for Vitamin D Assay testing. When submitting claims for Vitamin D Assay Tests, be sure the appropriate ICD-10 diagnosis code that reflects the specific reason for the test is listed and linked on the claim. Vitamin D Assay tests done for screening or in the absence of a diagnosis/condition listed in the policy will be denied as not medically appropriate and provider liability for network providers. ▲

Provider Changes

Network providers are responsible for notifying Health Tradition Health Plan of any updates to their provider organization, business practice, or practitioners. All such changes should be reported to the Provider Network Management department using the Provider Update form, found on our website at HealthTradition.com/ForProviders/forms-and-instructions. Please provide at least 30 days prior notice of any changes including, but not limited to:

- Change in ownership, operations, or incorporation status
- Change in Tax ID number or legal business name, acquisition of other medical practice or entity
- Change in accreditation, licensure or eligibility status
- Change in billing or other contact information
- Change in service location
- Practitioner joining or leaving your organization
- Change in practitioner name, credentials, or specialty ▲

Electronic Claim Submission

Health Tradition Health Plan prefers that claims be submitted through Electronic Data Interchange (EDI). EDI allows medical providers to send and receive healthcare claims information electronically. If you submit electronically, you have agreed to do so in an electronic format that meets HIPAA compliance transaction and code set requirements.

Health Tradition Health Plan's clearing house is Netwerkes/Optum. Health Tradition Health Plan's Payor ID is HLTHT. ▲

Credentialing

Contracted providers must complete the credentialing process and receive approval for network participation prior to rendering services to Health Tradition Health Plan members. Services provided before the successful completion of the credentialing process will be denied and may not be billed to the member. ▲



Let's Keep in Touch

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<https://www.facebook.com/HealthTradition>

Correspondence Mailing Address:

Health Tradition Health Plan
P.O. Box 21171
Eagan, MN 55121

Claims Mailing Address:

Health Tradition Health Plan
P.O. Box 21191
Eagan, MN 55121

Physical Address:

Health Tradition Health Plan
45 Nob Hill Road
Madison, WI 53713

Chiropractic Claims Address:

Magellan Healthcare
7805 Hudson Road, Suite 190
St. Paul, MN 55125

Hours: Monday - Friday: 7:30 a.m. to 5:00 p.m.

Provider Service

Telephone: (844) 825-9319 or (608) 395-6598
Fax: (608) 781-9654

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Provider Services
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