



Payment Policy Gold Card Program

DISCLAIMER

This policy does not govern whether a specific procedure is covered under any specific member plan or policy, nor is it intended to address every claim situation. The determination that any service, procedure, item, etc., is covered under a member's benefit plan shall not be construed as a determination that a provider will be reimbursed for services provided. Individual claims may be affected by other factors, including but not necessarily limited to state and federal laws and regulations, legislative mandates, provider contract terms, and THP's professional judgment. Reimbursement for any services shall be subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification, and utilization management guidelines. Unless otherwise noted within the policy, THP's policies apply to both participating and non-participating providers and facilities. THP reserves the right to review and revise these policies periodically as it deems necessary in its discretion, and it is subject to change or termination at any time by THP. THP has full and final discretionary authority for its interpretation and application. Accordingly, THP may use reasonable discretion in interpreting and applying this policy to health care services provided in any case. No part of this policy may be reproduced, stored in a retrieval system or transmitted, in any shape or form or by any means, whether electronic, mechanical, photocopying or otherwise, without express written permission from THP. When printed, this version becomes uncontrolled. For the most current information, refer to the following website: healthplan.org.



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BACKGROUND

The Health Plan's (THP's) Gold Card Program ("Program") recognizes and rewards its direct contracted and credentialed West Virginia health care practitioners who meet certain outpatient prior authorization volume and approval criteria pursuant to West Virginia Code §33-15-4s "Prior Authorization" by eliminating the outpatient prior authorization process for a twelve-month period following Gold Card Program enrollment.

POLICY

Consistent with West Virginia Code §33-15-4s, health care practitioners will be eligible for Gold Card status from THP when they meet certain minimum requirements. Practitioners are evaluated on an annual basis and will be enrolled into THP's Gold Card Program for the next successive calendar year if they meet the following requirements:

1. Performance of at least 30 procedures in a twelve-month period which require prior authorization; and
2. 90% approval rate with respect to the corresponding prior authorizations.

THP does not require outpatient prior authorizations from a Gold Card practitioner for a twelve-month period, except for:

1. Experimental/ investigational services or procedures
2. Pharmaceutical medications
3. Services where policy or state code outlines maximum or minimum number of service levels (benefit limits)
 - a. When a service has a benefit limit and a claim is received for a service exceeding that benefit limit, THP will review for a prior authorization.
 - i. If a prior authorization was not obtained, THP will deny the service.
 - ii. If a prior authorization was obtained, THP will adjudicate the service in accordance with the member's benefit plan.
4. Services not covered
5. Out of network service requests



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Examples of services with Benefit Limits:

1. Chiropractic Services
2. Physical Therapy
3. Occupational Therapy
4. Speech Therapy
5. Medical Nutritionist Services
6. Durable Medical Equipment (DME)
7. Drug Testing
8. Pulmonary/ Cardiac Rehab

THP will notify eligible practitioners on an annual basis of their enrollment in the Gold Card Program.

Each Gold Card prior authorization exemption period will run for 12 months ("Gold Card Year"). The renewal period for THP's Gold Card Program will also run for 12-month periods ("Renewal Period"), subject to continued practitioner eligibility.

Health care practitioners who have received Gold Card status from THP will need to meet minimum requirements to remain in the program. As a result, at the conclusion of each Gold Card Year, THP will audit the performance of each practitioner that had been enrolled in the Program in that Gold Card Year ("Evaluation Period"). During the Evaluation Period, existing Gold Card practitioners will receive a preliminary renewal to continue in the Program for the next successive calendar year, subject to THP's determination of that practitioner's continued eligibility. The audit will review claims data from the Gold Card Year under review and the 12-month period that immediately preceded the Gold Card Year under review (Preceding Year"). In particular, existing Gold Card practitioners will qualify for continued enrollment in the Program if THP's audit identifies:

1. Performance of at least thirty (30) procedures (that previously would have required prior authorization) during the Gold Card Year under review; and
2. The performance of procedures during the Gold Card Year under review does not exceed the number of procedures performed in the Preceding Year by more than 20%, provided, however, that THP will allow for variances in procedures greater than 20% to the extent that the increase in the number of procedures directly corresponds to a similar (or higher) increase in THP members who received such procedures from the Gold Card enrolled practitioner.



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Quarterly, THP will report a list of Gold Card practitioners with both active and revoked status to the West Virginia Insurance Commissioner, (WV Code §33-15-4s).

Gold Card practitioners will be featured in THP's online provider directory as being "Gold Card." Practitioners with Gold Card status are still responsible for checking member eligibility and benefits during Gold Card Program enrollment.

Practitioners who had received Gold Card status in a Gold Card Year but who no longer meet the program's minimum requirements for continued participation or renewal will be notified by letter identifying the rationale for revocation of his or her exemption.

Practitioners with Gold Card status may opt out of the program at any time by providing written notification to THP.

THP has the right to audit, recoup overpayments, and require supporting documentation for any claims received from a practitioner with Gold Card status. If information is missing incorrect or does not support the medical necessity of the procedure, the claim(s) will be denied for no prior authorization.

The rendering institutional (837i) claim must include the admitting Gold Card practitioner NPI. The professional (837p) claim must include the rendering Gold Card practitioner NPI.