



Starting the New Year with a Health Assessment for Enrollees

As a result of the COVID-19 pandemic, many enrollees did not have their annual health assessment in 2020. Please reach out to patients who did not get their exam in 2020. According to the CDC, Americans use preventive services at about half the recommended rate, and even with the expanded use of telehealth, a complete health assessment requires an in-person visit. Chronic diseases such as heart disease, cancer and diabetes account for 7 of every 10 deaths and about 75% of healthcare spending. Chronic disease can be managed, prevented or detected through appropriate

screenings. Despite these benefits, too many Kentuckians go without needed screenings and care.

WellCare wants to collaborate with you to help increase the number of enrollees who get preventive care. WellCare's Case and Disease Management teams can help enrollees overcome barriers to care and manage their chronic conditions. Our Quality Practice Advisors are available to answer your questions and provide you with educational materials.

Source: Centers for Disease Control and Prevention (2017). Preventive healthcare. Retrieved from <https://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf>



We are available to help.

Together, we can strive to help our members manage their health.

Case and Disease Management Phone Numbers:

 **Medicaid:**








1-877-389-9457 (TTY 711)

 **Medicare:**







1-866-635-7045 (TTY 711)

In This Issue

Quality

-  New Year Health Assessment
-  Enhanced Value-Added Benefits
-  Coordination of Care
-  WellCare Provider Portal
-  Annual CAHPS[®] Survey
-  Immunizations and Well-Child Care
-  Community Connections Line

Operational

-  Updating Provider Directory
-  Electronic Funds Transfer
-  Provider Formulary Updates
-  Point of Care Formulary
-  Pharmacy Updates
-  WellCare Office Locations



Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.





MEDICAID ONLY

New Enhanced Value-Added Benefits

AS OF JANUARY 1, 2021, WELLCARE OF KENTUCKY IS OFFERING NEW AND ENHANCED VALUE ADDED BENEFITS:



College Scholarship – Fifty enrollees have a chance to receive a \$1,000 scholarship. Scholarships are awarded to enrollees (ages 18 and older) who have been accepted to attend a **college** or **university** of their choice.



Weight Watchers – WellCare offers a six-month membership for Medicaid enrollees. The goal is to support healthy lifestyles and improve health outcomes. Requirements:

- Enrollee must be 13 years or older. Must be accompanied by an adult if younger than 18.
- BMI must be greater or equal to 25 for adults 18 years or older. Children ages 13-19 must be ranked in the 85th percentile.
- Kurbo by WW for members 13-17
 - Kurbo is a mobile health and weight management program specifically for teens to help build healthy habits for life
 - Users have access to the mobile app which includes food and a activity tracker, educational videos, and fun games
 - Users have access to a one-on-one Kurbo health coach who provides personalized tips and encouragement. Participants meet with their coach via video every week, and can contact their coach anytime via in-app messaging
 - Enrollees learn basic nutrition skills to help make healthier choices around food and exercise. Topics include portion control, understanding food labels, the benefits of exercise and so much more



Fitbit/Amazon Prime Membership – Enrollees will be eligible to receive one of these items as part of the Healthy Rewards program. Enrollees need to complete Healthy Rewards activities. To be eligible for a Fitbit, enrollees must complete two Healthy Reward activities.



OTC – Each head-of-household is eligible to receive OTC items each month mailed directly to their home. No prescription is required. The amount of the OTC allowance is based on the enrollee's household size. Only WellCare of Kentucky Medicaid plan enrollees living in the same home will be counted as part of the household.

- 1 person household - \$10 per month
- 2 person household - \$20 per month
- 3+ person household - \$25 per month



Vision – Enrollees age 21 and older are eligible to receive an annual allowance of \$150 to buy eyeglasses or contacts every 12 months.



Coordination of Care

HERE ARE A FEW TIPS TO HELP COORDINATE CARE FOR YOUR PATIENTS:

- ✓ Review all medications and the medication list with your patients and document this in their medical record
- ✓ Schedule specialist and lab appointments while your patients are in the office
- ✓ Remind your patients about annual flu shots and other immunizations
- ✓ Make sure your patients know you are working with specialist on their care. Ensure you receive notes from specialists and behavioral health clinicians and reach out to them if you have not received consultation notes. Tell your patients the results of all tests and procedures. Share decision-making with patients to help them manage their care, and please follow-up on all authorizations requested for your patients.
- ✓ Call or contact your patients to remind them when it is time for preventive care services, such as annual wellness exams, recommended cancer screenings and follow-up care for ongoing conditions such as hypertension and diabetes. This is especially important this year because many enrollees did not go in for their screenings due to the COVID-10 pandemic.

Remember to view the online Provider Bulletins regularly for important updates and notices.

**Provider bulletins are at
<https://www.wellcare.com/en/Kentucky/Providers/Bulletins>**



WellCare Provider Portal – iCarePath Claim Appeal & Dispute Project

- Applies to **claim** appeals and disputes only
- KY Medicaid and Medicare providers have the ability to view the status of claim appeals and disputes
- Enhancements include:
 - A combined appeal and dispute form (before this there was a separate form for appeals and disputes)
 - Updated helpful content throughout the form to make the submission process easier for providers
 - Prepopulated enrollee and servicing provider information
 - Confirmation message with ticket number for applicable iCarePath lines of business
 - New “Appeal” and “Dispute” tabs on the claims landing page that will allow providers to search for the status of their appeal or dispute by provider ID or ticket number



Annual CAHPS® Survey – What Matters Most to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey mailed to an anonymous select sample of our health plan members. The purpose is to assess member experience with their providers and health plan to improve the quality of care provided. This survey focuses on asking your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. **We hope you will encourage your patients to participate if selected.**

The pharmacy team can affect the member experience, whether we interact with members directly or not, by ensuring that we address the following items that are address in the annual CAHPS survey:

- ✓ Assist members in understanding and accessing their pharmacy benefits (i.e. what medications are/are not covered),
- ✓ Identify (and mitigate) barriers to members obtaining and taking their medications.
- ✓ Ensuring appropriate communications with providers and health plans occur to complete the processing of timely authorizations

These factors are important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s).



We value and appreciate the excellent care you provide to our members and look forward to partnering with you.



Immunizations and Well-Child Checkups

Providers play a key role in establishing and maintaining a practice wide commitment to communicating effectively about vaccines and maintaining high vaccination rates – from providing educational materials, to being available to answer questions.

Confused parents may delay or refuse immunizations for their child due to misperceptions of disease risk and vaccine safety. A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with patients and their caretakers by encouraging open, honest and productive dialogue.



Help educate parents on the prevention and spread of disease.

Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations. Remember, you may complete a comprehensive well-child checkup during a sick child visit or sports physical if the member is due for a checkup. When those patients between the ages of six months and two years come in and receive their first flu vaccination, schedule an appointment for the second vaccination.



Community Connections Help Line

1-866-775-2192

We offer non-benefit resources such as help with food, rent and utilities.



Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF DEMOGRAPHIC CHANGES SO WE CAN KEEP OUR INFORMATION CURRENT.

To ensure our members and Provider Relations staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.

New Phone Number, Office Address or Change in Panel Status:



Medicaid

Send an email on your letterhead with the updated information to **KY_ProviderCorrection@wellcare.com**. Please include contact information if we need to follow up with you.

Medicare

Call: 1-855-538-0454

Thank you for helping us maintain up-to-date directory information for your practice.



Electronic Funds Transfer (EFT) Through PaySpan®

FIVE REASONS TO SIGN UP TODAY FOR EFT:

- 1** You control your banking information.
- 2** No waiting in line at the bank.
- 3** No lost, stolen, or stale-dated checks.
- 4** Immediate availability of funds - **no** bank holds!
- 5** No interrupting your busy schedule to deposit a check.

Setup is easy and takes about five minutes to complete. Please visit <https://www.payspanhealth.com/nps> or call your Provider Relations representative or PaySpan at **1-877-331-7154** with any questions.

We will only deposit into your account, **not** take payments out.



Provider Formulary Updates

Medicaid:

The WellCare Medicaid Preferred Drug List (PDL) has been updated.

Visit www.wellcare.com/Kentucky/Providers/Medicaid/Pharmacy to view the current PDL and any pharmacy updates. You can also refer to the Provider Manual available at www.wellcare.com/Kentucky/Providers/Medicaid to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures.

Medicare:

The Medicare Formulary has been updated. Find the most up-to-date complete formulary at

www.wellcare.com/Kentucky/Providers/Medicare/Pharmacy. You can also refer to the Provider Manual available at www.wellcare.com/Kentucky/Providers/Medicare to view more information regarding WellCare's pharmacy UM policies and procedures.



Point of Care Formulary Information for Providers

PRESCRIBE WITH CONFIDENCE – EVERY DRUG. EVERY PLAN. EVERY TIME.

Are you and your team spending valuable time processing prior authorizations?

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to WellCare's extensive support resources, providers can identify plan-specific drug coverage and restriction criteria as well as alternative therapies with these medical applications.

Epocrates®, an athenahealth service, is the #1 point of care medical app among U.S. physicians. It is trusted by over 1 million healthcare professionals. Just download the free app or search from your desktop with epocrates® web at www.epocrates.com.

MMIT's Coverage Search is a top-rated drug coverage search application. Download the free app or search from your desktop at www.FormularyLookup.com.

Quickly obtain the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team with epocrates® and Coverage Search.



Pharmacy Updates

EFFECTIVE JULY 1, 2021, THE FOLLOWING CHANGES WILL BE MADE TO THE PHARMACY PROGRAM:

- ✓ All Kentucky Medicaid Managed Care Organizations (MCO) will be partnering with one Pharmacy Benefit Manager (PBM), MedImpact, for pharmacy claims processing and pharmacy prior authorizations (PA).
- ✓ All outpatient drugs, including over-the-counter (OTC) drugs, will be covered under a single KY formulary and Preferred Drug List (PDL) managed by MedImpact. This does not include Physician Administered Drugs, which will continue to be managed by Wellcare, under the medical benefit.
- ✓ If a member is on a drug that currently does not require a PA but will require a PA on July 1, 2021, the member will be granted 90 days to transition to a preferred alternative or request a PA. Please visit Kentucky.magellanmedicaid.com for a list of preferred drugs covered under the KY PDL.
- ✓ All prior authorizations will be managed by MedImpact. Please call **1-844-336-2676** or fax all pharmacy PA requests to **1-858-357-2612** beginning July 1, 2021. You may also submit your request online through Cover My Meds, Surescripts, or CenterX ePA portals. For all medically billed drug (Jcode) PA requests, please continue to send those directly to WellCare for review.



WellCare Office Locations



www.wellcare.com/Kentucky/Providers

WellCare has various offices throughout Kentucky where you will find your local Provider Relations and Health Services team members.

Ashland

1539 Greenup Avenue
5th Floor, Suite 501
Ashland, KY 41101-7613
Main Office Number: **1-606-327-6200**

Bowling Green

360 East 8th Ave.
Suite 311
Bowling Green, KY 42101-2135
Main Office Number: **1-270-793-7300**

Hazard

450 Village Lane, 2nd Floor
Hazard, KY 41701-1701
Main Office Number: **1-606-436-1500**

Lexington

2480 Fortune Drive
Suite 200
Lexington, KY 40509-4168
Main Office Number: **1-859-264-5100**

Louisville

13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223-4198
Main Office Number: **1-502-253-5100**

Owensboro

The Springs, Building C
2200 E. Parrish Ave., Suite 204
Owensboro, KY 42303-1451
Main Office Number: **1-270-688-7000**

Important reminder

You can use the member's Kentucky Medicaid ID number when the WellCare member ID number is not available when billing a claim.

Please remember to use the Kentucky MMIS, www.kymmisis.com, as your primary source of Managed Care Organization (MCO) assignment and eligibility for WellCare members. We encourage all providers to use KYMMIS as their primary source as it contains the most updated eligibility and MCO assignment information on each individual member.