

Provider Newsletter

Kentucky

wellcare

2021 • Issue 4 • Medicare



Meet the Brand That's Taking a No-Nonsense Approach to Medicare



Welcome to the new Wellcare. You are a valued Wellcare provider, and we want to share some exciting changes to our Medicare plans.

We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses and specialists.

In addition to our new look, we're working hard to get rid of the nonsense in health insurance. That's why we're offering simplified plans, streamlined benefits, and new ways to save. You probably have questions, so we want to answer them for you.

(continued on next page)

In This Issue

Quality

-  Meet the New Brand
-  Annual CAHPS® Survey
-  Community Connections Line
-  Caring for Older Adults
-  Providers Love Our Live Chat
-  Coordination of Care

Operational

-  New Live-Chat Offerings
-  Electronic Funds Transfer
-  Updating Provider Directory
-  Provider Formulary Updates
-  Pharmacy Auth. 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.





Meet the Brand That's Taking a No-Nonsense Approach to Medicare *(Continued)*

Which Medicare brands will become Wellcare and will the logos be changing?

WellCare, Allwell, Health Net, 'Ohana, Fidelis Care, and Trillium Advantage. The new bridging logos are shown below.



Does this involve all lines of business for these brands?

No, only Medicare. In a few states, some of these brands will continue to exist with Medicaid and Marketplace plans.

When does the transition begin?

This fall, you will begin to receive materials with the new Wellcare branding. **We will officially transition to Wellcare on January 1, 2022.**

As a current Wellcare provider, what changes can I expect to payor business operations, such as claims processing, payments, provider portal, etc.?

There will be no operational or business integration changes for 2022. However, if there are any administrative changes in the future, we will notify you immediately.



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 addressed 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.



Community Connections Help Line



1-866-775-2192

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



Caring for Older Adults

Caring for the older adult patient can be challenging. As the overall population ages, there can be a decline in physical and cognitive functions. Medication regimens can become more complex and confusing. The experiencing of pain may become more acute. In addition to the physical and mental changes, which occur as an individual grows older, there are other important considerations, such as an individual's choice in regards to their preference for end-of-life care (advance care planning).

Therefore, with all of the changes an individual may face in their later years, it is important to screen older adults to identify functional decline. The NCQA HEDIS® measure Care for Older Adults (COA) helps insure older individuals receive the care needed to help them maintain a quality of life.

The Care for Older Adult (COA) HEDIS® measure assesses percentage of adults, 66 years of age and older, who had each of the following performed during the measurement year:

- ✓ Advance care planning
- ✓ Medication review
- ✓ Functional status assessment
- ✓ Pain assessment

(continued on next page)



Caring for Older Adults *(Continued)*

What can you do to help?

- 1** Talk to your patients about advance care planning and document the discussion in the patient's medical record. Even if the patient declines to discuss, or does not wish to learn more about advance care planning, document this in the medical record. Also, document if the patient has an advance directive.
- 2** Complete a medication review each visit. This is especially important if the patient has been in the hospital or ED within the past 30 days and/or if the patient is being cared for by multiple providers.
- 3** Complete a functional assessment. Is there something hindering the patient's ability to perform tasks that are necessary for daily living? What can be done to assist?
- 4** Assess for pain each visit.

The performance of the above assessments should be documented in the patient's medical record.

Assessing older individuals during their visits helps ensure they can maintain their quality of life.

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



**We're here to help, and we
continue to support our providers.**

**Please contact your Quality Practice
Advisor or Provider Relations
Representative if you have questions or
need assistance.**



Providers Love Our Live Chat!

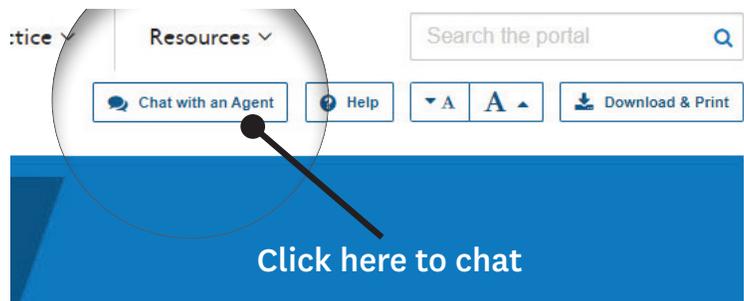
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

Providers are talking — about the live-chat feature on our Provider Portal, that is!

So far in 2021, live chats with our agents have increased at an unprecedented rate. As of the third quarter, more than 10 percent of our inbound interactions happened via live chat, as opposed to traditional phone calls.

That's because live chat is **the easiest and fastest way** to get access to basic status updates on a member's eligibility, claims, or authorizations. In addition, our live-chat agents are able to help with complex, on-the-spot inquiries. This means less time waiting on hold to speak to an agent on the phone. Best of all, live chat has the highest score for first contact resolution among all of our communication channels.

The next time you or someone in your office has a question, remember that live chat is just a click away:



Need Access?

If you'd like to learn more about the Provider Portal and its features, or would like to request access for you and your office, email AWSEscalations@WellCare.com. We're here to answer any questions you have about live chat and more!



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 specialists 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-19 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's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.

New Live-Chat Offers on the Provider Portal:



**Provider
Home Page**



**Claim
Main Page**



**Care Management
Home Page
(Authorizations)**



**Claims Appeals &
Disputes Page**



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



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.



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:

Please call us at: 1-855-538-0454

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



Provider Formulary Updates

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.



Pharmacy Authorization Updates

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**. 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.

MedImpact has created an automated PA process at the pharmacy point of sale for many commonly prescribed drugs, including:

✓ Anxiolytics

✓ Antipsychotics

✓ Stimulants

Manual PA requests may be avoided if prescribers write the member's diagnosis code (ICD-10-CM format) on the face of the prescription.

(continued on next page)



Pharmacy Authorization Updates Continued



Effective July 11, 2021 to September 29, 2021, DMS is allowing short acting opioids to be grandfathered for 90 days for members who have a history of opioid use. New starts to therapy may require a prior authorization. Prescribers are encouraged to plan ahead and submit prior authorization requests before September 29. Prescribers can avoid longer prior authorization call wait times by obtaining prior authorizations well in advance of September 29, 2021.

Please note prescriptions for drugs excluded from Kentucky Medicaid's Pharmacy Benefit will reject at the point of sale and prior authorization requests will be denied.

These drugs include, but are not limited to:

- ✓ Anorexiant (including phentermine)
- ✓ Blood and blood plasma products
- ✓ Cosmetic treatments
- ✓ Mifeprex
- ✓ Palladone
- ✓ Treatments for sexual or erectile dysfunction



To identify covered drugs, please see the **Over-The-Counter (OTC) Drug List**, the **Preferred Drug List**, and the **Formulary Search** tool online at <https://kyportal.medimpact.com>



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**