



Quality

The Importance of Dental Care

Oral health is important to your patients' overall health. As part of your medical examination, PCP screenings along with oral health education, counseling and referral for prevention of oral disease is essential to the well-being of the patient. Full physical health is not possible without good oral health. Prevention with annual dental visits and proper dental care at home improves the patients' overall health. Prevention will also reduce the number of dental-related emergency room visits, while reducing excessive costs of care.



You can find a dentist close to the member's home by using our *Find a Provider* tool at www.missouricare.com.

MO Healthnet Managed Care Health Plan Benefits and Services

Here are some things to keep in mind:

Participating WellCare Providers must, in accordance with generally accepted professional standards ensure that the hours of operation offered to WellCare Members are no less than those offered to commercial members.

All contracted services available to MO HealthNet Managed Care Health Plan members are available 24 hours a day, 7 days a week, when medically necessary.

In This Issue

Quality

The Importance of Dental Care.....1
 MO Healthnet Managed Care Health Plan Benefits And Services1
 Continuity and Coordination of Care.....2
 How Care Management Can Help Your Members.....2
 Improving Patient Satisfaction and CAHPS® Scores, Part 2 of 3.....3
 Encourage Chlamydia Screenings.....3
 Immunizations and Well-Child Checkups.....4
 NEW: Secure Portal Authorization Enhancements.....4
 CDC Opioid Guidelines.....5
 Member Rights and Responsibilities.....5

Operational

Electronic Funds Transfer (EFT) through PaySpan®6
 Healthy Rewards Program.....6
 Affirmative Statement.....6
 Clinical Practice Guidelines7
 Updating Provider Directory Information.....7
 Provider Resources.....8

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.



Continuity and Coordination of Care

Continuity and Coordination of Care is the foundation of many healthcare restructuring efforts. This emphasizes the integration of physical and behavioral healthcare. Collaboration between physical and behavioral health providers is essential to coordinate health services, patient needs and information to help better achieve treatment goals.

In effort to evaluate Coordination of Care, Missouri Care conducted a Behavioral Health Medical Record Review. This included contracted Inpatient and Outpatient Behavioral Health providers. The review was based on high claim volume or need for re-audit due to placement on a Corrective Action Plan in the prior year's review. The 2019 review included one inpatient and seven outpatient Behavioral Health providers.

Results of the review included:

- ✓ 74% of records contained evidence of efforts to obtain consent to communicate with the PCP
- ✓ 90% of records contained documentation of communication with PCP
- ✓ 93% of records contained evidence of at least 1 PCP Communication every 90 days or at another significant point in treatment (if applicable)

All areas demonstrated significant improvement from 2018 and met their identified goals.

Integrative Care, in which three of the audited providers were involved, was noted to have a significant positive impact on Coordination of Care between Medical and Behavioral Health Care providers.

To enhance communication between physical and behavioral health providers, please use a Coordination of Care Form available at <https://www.wellcare.com/en/Missouri/Providers/Medicaid/Forms>. Behavioral Health providers are asked to complete the form and send to the member's PCP for inclusion in the medical record.

Missouri Care's fully integrated Care Management team emphasizes continuity of care for our members through the coordination of care among physicians, Community Mental Health Centers, and other providers.

Providers may refer a patient for Care Management by:

- Calling **1-800-322-6027** and following the prompts for Care Management
- Faxing a referral to **1-866-946-1104**

Missouri Care also has a designated Provider Relations (PR) representative to work exclusively with the Behavioral Health Provider Network. This representative offers service and education, including information on the coordination of care, as well as provide oversight on inquiries or claims issues to the Behavioral Health Provider Network. If you are a Behavioral Health provider with feedback about provider communication or have other questions, please contact your local Behavioral Health or Provider Relations representative.

How Care Management Can Help Your Members



Care Management helps members with healthcare or social needs. It pairs members with a care manager.

The Care Manager is a registered nurse, a licensed clinical social worker or other licensed health professional who can help members with issues such as:

- Complex medical needs
- Children with special healthcare needs
- Solid organ and tissue transplants
- Lead poisoning



We're here to help you!

Please contact us for more information on our program. A Missouri Care staff member will tell you about the program. This no-cost program gives you access to a registered nurse (RN) or Licensed Clinical Social Worker (LCSW) **1-800-322-6027** TTY **711** Monday through Friday from 8am to 6pm CST.

Improving Patient Satisfaction and CAHPS® Scores, Part 2 of 3

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys asks patients to evaluate their healthcare experiences. Missouri Care conducts an annual Child CAHPS Survey, which asks parents or guardians to rate experiences with their child’s healthcare providers and plans. As a Missouri Care provider, you can positively impact members’ experiences and, as a result, CAHPS scores.

Ways To Improve Patient Satisfaction	
Know What You Are Being Rated On:	Tips to Increase Patient Satisfaction
Getting Needed Care	Assist patients in scheduling tests, treatments and specialist appointments.
Getting Care Quickly	Provide timely appointments and educate patients on where to get care after office hours. Communicate and apologize if you are running behind schedule.
Coordination of Care	Be informed about the care the child received from other healthcare providers. Offer patients assistance in coordinating care between providers.
Rating of Personal Doctor	Ask your patients what is important to them. Sit down when you talk to them.
Rating of Specialist	Be informed of patients’ specialist visits. Help them understand the information and advice they received from the specialist visit.
How Well Doctors Communicate	Show respect and listen carefully to what the child’s parent/guardian has to say. Spend enough time with each patient. Provide easy-to-access communication options like email or text.
Shared Decision Making	Talk to the child’s parent/guardian about why the child should or should not take a medication.

 Applying these tips should not only improve patient communication and their experience, but could also improve CAHPS scores!

Source: 2019 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Encourage Chlamydia Screenings

Chlamydia trachomatis (Chlamydia) is one of the most common sexually transmitted bacterial infections in the U.S. and causes numerous health problems in both women and men.

Most women infected with Chlamydia have no symptoms, thereby minimizing the chances they will seek care. Because of the negative effect Chlamydia can have on members’ health, it is imperative that the member obtains a Chlamydia test with either a urine test or vaginal swab from the same ThinPrep used for a Pap smear. Samples must be sent to lab vendor for analysis.

To help protect and improved members’ health, Missouri Care will encourage and recommend PCPs to screen annually for Chlamydia in all female members 16-24 years of age who indicated they are sexually active.



Methods to identify sexually active women include:

- Prescription for contraceptive medications (for any reason, including period control), diaphragm, or spermicide
- Claim/encounter code for Pregnancy, Sexual Activity, or Pregnancy Test

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 preventing the spread of disease. Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations. The Missouri HealthNet online provider manual references the Childhood Immunization Schedule on the Department of Health and Senior Services' website at health.mo.gov/living/wellness/immunizations/professionals.php

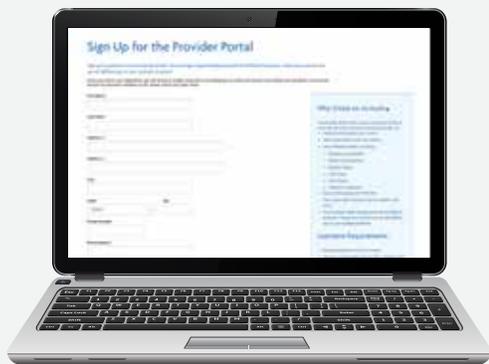
Missouri HealthNet provides members with a current, abbreviated CDC immunization schedule.



Providers should conduct well-child visits using Missouri HealthNet's HCY/EPSTD Screening Forms. Forms from newborn to 20 years of age can be found under "Healthy Children and Youth Screening [HCY Screening]" at manuals.momed.com/manuals/presentation/forms.jsp. 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.

NEW: Secure Portal Authorization Enhancements

WellCare has made several recent enhancements to our secure Provider Portal Authorization System. We've expanded your online capabilities, so you can accomplish more than ever before – without the need to call Provider Services for assistance.



New features include:

- **Authorization Edits:** Providers can now edit previously submitted authorizations online. You can also return and upload additional attachments (such as requested medical records) and review previously submitted documentation.
- **Real-time Authorization Status:** Quickly and easily look up status of any authorization request at any time. If you need any assistance, you can chat with a live agent.
- **New Status:** We've added a new "**Partially Approved**" authorization status to more accurately depict the determination of requests where a portion of services have been approved.

Not registered on our secure Provider Portal yet? It only takes a few moments to **sign up for an account** and start benefitting from the many useful features provided.

CDC Opioid Guidelines

In 2016, 11.5 million Americans reported misusing opioid drugs. In response to the ongoing opioid overdose epidemic, The Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain recommends avoiding a threshold of > 90 MME/day.



For those members \geq 90 MME/day, the following are helpful tips and reminders:

- 1 Baseline and ongoing assessment of pain and function (e.g. Pain Intensity and Interference, PEG (Pain, Enjoyment, General Activity) Scale)
- 2 Evaluate risk of harm or misuse
- 3 Assess for optimization of non-opioid therapies
- 4 Determine whether to continue, adjust, taper or, discontinue opioid therapy during each visit
- 5 Consideration of non-pharmacological therapeutic measures as an adjunct to opioids for long-term pain management

Reference

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>

Member's Rights and Responsibilities

Your members have the right:

- To receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- To be treated with respect and dignity
- To have their privacy protected
- To participate with practitioners in making decisions about their health care
- To a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost and benefit coverage
- To voice complaints or appeals about the Plan or the care it provides
- To make recommendations regarding the Plan's member rights and responsibilities policy



Your members have the responsibility to:

- To supply information that the plan and its doctors and providers need to provide care
- To follow plans and instructions for care that you have agreed on with your doctor
- To understand your health problems
- To help set treatment goals that were agreed to with their doctor



Your members may have additional Rights and Responsibilities. These are listed in your Member Handbook.



Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

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

Setup is easy and takes about five minutes to complete. Please visit 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.



Healthy Rewards Program

The Healthy Rewards Program rewards members for taking small steps toward healthier lives. When they complete primary care provider visits, prenatal visits and certain health checkups, members earn rewards that are placed on reloadable Visa® cards. The more services members complete, the more they earn.

Providers can encourage their patients to take part in this program.

For more information on the Healthy Rewards Program, log on to the Provider Portal, contact your Provider Relations Representative or call one of the Provider Services phone numbers at the end of this newsletter.



Affirmative Statement

Missouri Care's Utilization Management Program decision making is based only on appropriateness of care, service and existence of coverage. Missouri Care does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

If you have questions about this program, please call Customer Service at **1-800-322-6027**. TTY users call **711**.

Clinical Practice Guidelines



The Legacy WellCare Clinical Practice Guidelines (CPGs) have been retired (effective 6/1/2020) as a result of the integration of policies with Centene. The Centene CPG has been approved with updated links/references from the Legacy WellCare CPGs. Addenda have been added for those states with specific language as dictated by Regulatory Affairs and/or the applicable State agency. To access the *CPG Grid*, visit <https://www.wellcare.com/Providers> and select your state in the top right corner. Clinical Guidelines can be found under Tools & News in the Provider drop down.

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 Care Management 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:

Send a letter on your letterhead with the updated information. Please include contact information if we need to follow up with you.

Please send the letter by any of these methods:



Email:
MissouriProviderRelations@wellcare.com



Fax:
1-866-946-1105



Mail:
Missouri Care
Attn: Provider Operations
4205 Philips Farm Rd, Suite 100,
Columbia, MO 65201

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



Provider Resources



1-800-322-6027



www.wellcare.com/Missouri/providers

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative. Refer to our *Quick Reference Guide*, for detailed information on many areas including Claims, Appeals, and Pharmacy. These are located at www.wellcare.com/Missouri/Providers/Medicaid.

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available at www.wellcare.com/Missouri/Providers/Clinical-Guidelines.

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