



2022 Medicare Provider Partnership for Quality Program

WELLCARE UNDERSTANDS THAT THE PROVIDER-MEMBER RELATIONSHIP IS A KEY COMPONENT IN ENSURING SUPERIOR SERVICE AND THE SATISFACTION OF OUR MEMBERS.

Since Wellcare recognizes these important partnerships, we are pleased to offer the 2022 Partnership for Quality (P4Q) Bonus Program, which rewards Primary Care Providers for improving quality and closing gaps in care.

The P4Q Program includes a bonus enhancement to better align payment with quality. Providers can earn incentives at multiple levels based upon Star Rating scores for each measure. Even more exciting is that we have increased the bonus payouts this year by \$5 for most measures. Bonuses increase by an average of \$10-15 per Star Rating after achieving 3 stars. See the table on the next page for new amount structure.

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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.





2022 Medicare Provider Partnership for Quality Program Continued

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$25	\$35	\$45
Care of Older Adult - Medication List and Review*	\$5	\$15	\$25	\$35
Care of Older Adult - Pain Screening*	\$5	\$15	\$25	\$35
Care of Older Adult - Functional Status Assessment*	\$5	\$15	\$25	\$35
Colorectal Cancer Screen	\$10	\$25	\$35	\$45
Diabetes - Dilated Eye Exam	\$10	\$25	\$35	\$45
Diabetes HbA1c \leq 9	\$10	\$30	\$45	\$60
Diabetes Monitor Nephropathy	\$5	\$15	\$25	\$35
Follow-Up After ED Visit for People With High-Risk Multiple Chronic Conditions	\$10	\$15	\$25	\$35
Hypertension	\$10	\$30	\$45	\$60
Mammogram	\$10	\$25	\$35	\$45
Medication Adherence - Blood Pressure Medications	\$10	\$30	\$45	\$60
Medication Adherence - Diabetes Medications	\$10	\$30	\$45	\$60
Medication Adherence - Statins	\$10	\$30	\$45	\$60
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$25	\$35	\$45
Statin Use in Persons With Diabetes	\$10	\$25	\$35	\$45
Transitions of Care - Medication Reconciliation Post Discharge	\$10	\$15	\$25	\$35
Transitions of Care - Patient Engagement after Inpatient Discharge	\$10	\$15	\$25	\$35

*Dual Eligible Special Needs Plan (DSNP) members only

We are sending a flyer to all of our providers with the improved bonus amounts, so look for yours soon in your e-mail. Payments will begin after processing claims/encounters for the first quarter of 2022 and will continue through 2023.

If you have any questions, or if you would like to know more about the P4Q program, please contact your Wellcare Quality Practice Advisor.



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.



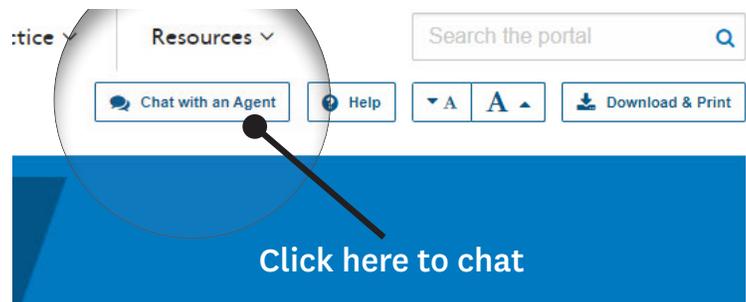
Providers Love Our Live Chat!

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!



Community Connections Help Line



1-866-775-2192

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



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

There have been updates to the Medicare formulary. Find the most up-to-date, complete Formulary at <https://www.wellcare.com/North-Carolina/Providers/Medicare/Pharmacy>.

You can also refer to the Provider Manual to view more information regarding Wellcare's pharmacy Utilization Management (UM) policies and procedures. To find your state's Provider Manual visit <https://www.wellcare.com/North-Carolina/Providers/Medicare>. Select your state from the drop-down menu and click on Overview under Medicare in the Providers drop-down menu.



Provider Bulletins



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

<https://www.wellcare.com/North-Carolina/Providers/Bulletins>



Provider Resources

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our homepage. You will see Messages from Wellcare on the right.

Resources and Tools

Visit <https://www.wellcare.com/North-Carolina/Providers/Medicare> to find guidelines, key forms and other helpful resources. You may also request hard copies of documents by contacting your Provider Relations representative.

Refer to our **Quick Reference Guide**, for detailed information on areas including Claims, Appeals and Pharmacy. These are at <https://www.wellcare.com/North-Carolina/Providers/Medicare>.

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at <https://www.wellcare.com/North-Carolina/Providers/Clinical-Guidelines>, click on *Clinical Guidelines* under your state.

We're Just a Phone Call or Click Away



Wellcare Health Plans, Inc.
1-855-538-0454



<https://www.wellcare.com/en/North-Carolina/Providers>