

Provider Newsletter



2020 • Issue I

Quality

Welcome to WellCare!

WellCare Health Plans, Inc. is pleased to announce our newest Medicare Advantage markets in Washington, Missouri, and New Hampshire.



At WellCare, we value the highest quality care for our members and strive to ensure they have a positive healthcare experience.

This is demonstrated in our commitment to partnering with high performing physician practices and through our robust benefit packages for PPO, HMO and DSNP beneficiaries. These markets bring a unique opportunity to serve a wide demographic of members with innovative approaches to better healthcare.

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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.



Welvie®: Improving Members' Health Care Experience

In 2015, WellCare began offering the Welvie online surgery shared-decision making program to its Medicare Advantage members.

Welvie's six-step program curriculum helps participants decide on, prepare for and recover from surgery. Through information, Q&As and videos, patients learn how to work with their doctors to explore treatment options – both surgical and non-surgical – when considering “preference-sensitive” surgeries like spine fusion, knee arthroscopy, prostatectomy and other elective procedures. Preference-sensitive surgeries are defined as those that have two or more viable alternatives for a presenting condition. If the patient, along with their doctor, decides surgery is right for them, Welvie then helps patients prepare for surgery and recovery with robust tools including checklists, calendars and other information and helpful tips to help them have error- and complication-free results.

Welvie participants receive a \$25 Amazon.com gift card for completing the first three steps of the program (reward is available once per member per 365 days).

The program's goal is to support member-physician interaction and preparation for surgery, as well as to promote improved health literacy.

After three years, the program has received high satisfaction marks from members. 96% of WellCare members have reported they felt the Welvie program helped them speak with their doctor about their treatment options and 97% said the Welvie program better prepared them for surgery.

To refer your WellCare Medicare Advantage patients to Welvie, just send them to www.welvie.com to register and engage in the program.

Meridian to WellCare Transition

We have some exciting news to share! Effective January 1, 2020, MeridianCare, a WellCare company, is changing its name and logo to WellCare.

This branding change is only applicable to the MeridianCare (Medicare) line of business. The MeridianHealth, MeridianComplete, MeridianChoice and MeridianRx lines of business will not transition their brand or logos.

You play a vital role in the delivery of healthcare services to our members. We strive to remove administrative barriers so that you can focus on caring for our members. It is our goal to make the transition to WellCare as seamless as possible for you and your patients.

We have created an **online Meridian Migration page** with important information to further help you with this transition. This page will provide details about the items that are changing, all previous communications to providers, FAQs, training guides and resource materials.

To access this page, go to www.wellcare.com > Select your state > Select Providers > Click on the Meridian Migration icon.

If you have any questions about this notice, please call your Provider Network Development Representative or Provider Services at **1-877-902-6784**.

Meridian Update – Illinois Department of Healthcare and Family Services

As of **January 1, 2020** the Illinois Department of Healthcare and Family Services (HFS) is transitioning to a Uniform Preferred Drug List (PDL) for all Medicaid Managed Care Organizations (MCO). Meridian will utilize the State's PDL for all new prescriptions and for all current members that are on a medication. All MCO and FFS members will have the same

Preferred list of medications. MCOs may have certain quantity limits and safety edits that are different from FFS.

In an effort to make a smooth transition, impacted members have received letters explaining which medication will no longer be covered with the preferred alternative medication listed.

Integration at a Glance

Welcome to the team! Change doesn't have to be hard... We can help!

Here is a breakdown of some day-to-day tasks for before and after the transition of Meridian Medicare plans to WellCare.

	Meridian (Medicare)	WellCare (Medicare)
Provider Online Resources	In 2019, and for 2019 dates of service visit www.mhplan.com	Beginning in 2020, visit www.wellcare.com Also, register for our Secure Provider Portal at https://provider.wellcare.com/Provider/Accounts/Registration
Clinical Appeals	Phone (Customer Experience Team) Mail Fax (including 2019 denials in 2020)	WellCare Secure Provider Portal (Medical Auth appeals only) Mail Fax
Authorization • Requests • Status	Meridian Provider Portal Online Electronic Prior Authorization (EPA) form	Status: • WellCare Secure Provider Portal • Online Chat • IVR Requests: • WellCare Secure Provider Portal • Expedited - Fax or Call
Claims • Inquiries/ Status • Submissions • Disputes	Inquiries/Status (CARE): • Meridian Provider Portal • Call center • IVR Claims Disputes: • Must be mailed in	Status: • WellCare Secure Provider Portal • Online Chat • IVR Submissions/Corrections/Appeals/Disputes: • WellCare Secure Provider Portal
EFT & Electronic Remittance	PaySpan®	PaySpan® For assistance with your account please visit www.payspanhealth.com or call 1-877-331-7154.
Eligibility and Benefits	Web Meridian Provider Portal Call center IVR	WellCare Secure Provider Portal Online Chat IVR (including co-payment information)

Please visit www.wellcare.com, select your state and go to the *Medicare Overview* page for links to forms, training and other helpful resources, including the Provider Manual and Quick Reference Guide.

Register for our Secure Provider Portal to access advanced features and functionality like viewing/submitted Care Gaps and Appointment Agendas and more.

NOTE: This information is specific to Medicare plans only. All processes will remain as-is for Meridian Medicaid/Meridian Choice and MMP populations in 2020.

New Medicare ID cards for 2020

WellCare is changing our Medicare Member ID cards for the 2020 plan year. The new layout utilizes a larger font, making it easier for our members to read.

Learn what else is changing in your state:

- Alabama
- Illinois
- South Carolina
- Arkansas
- Louisiana
- Tennessee
- Arizona
- Maine
- Texas
- Connecticut
- Mississippi
- Georgia
- North Carolina

WellCare Self-Service Tools for Providers

WellCare offers robust technology options to save Providers time using the secure web portal, Chat and our IVR (Interactive Voice Response System).



Self-Service Tools

These self-service tools help providers do business with WellCare. We want your interactions with us to be as easy, convenient and efficient as possible.

Giving providers and their staff access to self-service tools is a way for us to accomplish this goal.

Click here to access the Portal Self Service Quick Reference Guide:

<https://www.wellcare.com/Arkansas/Providers/Medicare/Overview/>



Secure Web Portal

Registering for the secure Web Portal gives providers and their staff access to improved search tools, claims and authorization status, member information, and convenient ways to connect with us.

Below are some of the helpful functions available through the Provider Portal:

- **Eligibility and Benefits** – Providers can submit and view authorization requests, claims and eligibility.
- **View Member Information** – Patient profiles give providers access to medical records, demographic information, care gaps, healthcare conditions, pharmacy utilization and benefits.
- **Contact Us** – Resolve issues quickly by communicating with customer service agents through secure messages and online chat.
- **Access Useful Guides** – View guides, FAQs, educational newsletters and provider manuals.
- **Download Key Forms** – Forms for authorizations, behavioral health, pharmacy, grievance, and more.
- **Claims Status and Submissions** – Providers can submit claims online and review the status of previously submitted claims.
- **Chat** – Providers can get real-time claim adjustments and more without having to wait on hold.
- **Claims Appeals, Claims Disputes and Corrected Claims** – Can also be processed and performed on-line as well. Claims tips and resources can help providers accurately submit their requests for quicker processing.
- **Portal Training Materials** – For more information concerning our secure portal and to view our portal training materials, go to the appropriate link below and select *Available Training*, under *Highlights of the New Portal*.

Click here to register for the secure portal: <https://provider.wellcare.com>.



Using Chat: Get to Know the Benefits of Chat

Faster than email and easier than phone calls, Chat is a convenient way to ask simple questions and receive real-time support.

Providers have the ability to use our Chat application instead of calling and speaking with agents.

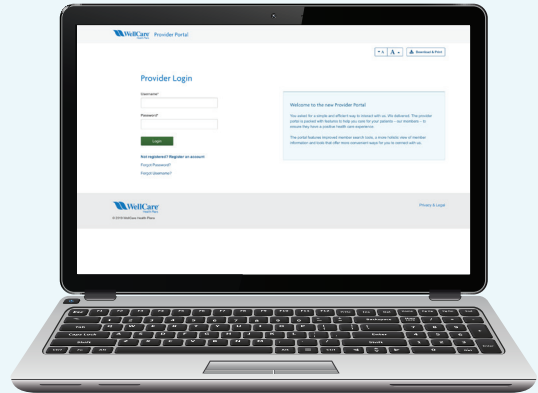
Explore the benefits you will experience by using live Chat!

- **Convenience** – Live Chat offers the convenience of getting help and answers without having to have a phone call
- **No Waiting On Hold**
- **Documentation of Interaction** – Chat logs provide transparency and proof of contact. Live Chat software gives you the option of receiving a transcription of the conversation afterward

You can access Chat through the portal.

The *Chat Support* Icon is located on our secure provider portal. From there:

- 1 Log on to the provider portal at <https://provider.wellcare.com/>
- 2 Access the “Help” section
- 3 Submit a chat inquiry. The receiving chat agent can assist with numerous complex issues
- 4 If the chat agent is unable to resolve the issue, the issue will be routed to the right team for further assistance



Interactive Voice Response (IVR) System

- Technology to expedite provider verification and authentication within the IVR
- Provider/Member account information is sent directly to the agent's desktop from the IVR validation process, so providers do not have to re-enter information
- Full speech capability, allowing providers to speak their information or use the touch-tone keypad
- Receive status for multiple lines of claim denials
- Automatic routing to the PCS claims adjustment team to dispute a denied claim
- Rejected claims information

TIPS for using our new IVR

Providers should have the following information available with each call:

Self-Service Features

- Ability to receive Member co-pay benefits
- Ability to receive Member eligibility information
- Ability to request authorization and/or status information
- Unlimited claims information on full or partial payments
- WellCare provider ID number
- NPI or Tax ID number for validation (if you do not have your WellCare provider ID)
- For claims inquiries: the member's ID number, date of birth, date of service and dollar amount
- For authorization and eligibility inquiries: the member's ID number and date of birth



Secure Web Portal

For the fastest, most effective way to manage your inquiries, please use our Secure Web Portal. Our portal represents the fastest and most effective ways to manage your inquiries and get what you need.

Which channel is best?

Service	Web Portal	Chat	IVR
Appeal Requests / Status (Rx)	✓ Fastest Results		
Appeals & Disputes	✓ Fastest Results		
Authorization Requests	✓ Fastest Results	✓	
Authorization Requirements	✓ Fastest Results	✓	✓
Authorization Status	✓ Fastest Results	✓	✓
Benefits & Eligibility	✓ Fastest Results	✓	✓
Claim Status	✓ Fastest Results	✓	✓
Claim Submission (and Corrections)	✓ Fastest Results	✓	
Co-payment Information	✓ Fastest Results	✓	✓
Coverage Determination Requests/Status (Rx)	✓ Fastest Results		✓
Form Requests	✓ Fastest Results	✓	✓
Provider Resources	✓ Fastest Results		

Click here to register for the secure portal: <https://provider.wellcare.com>.

What Value-Based Models Are Right for Your Practice? WellCare's Collaborative Health Systems Can Help.



What's an ACO or an IPA—and is it right for my practice?

Accountable Care Organizations and Independent Physician Associations are only two of the partnership models where Collaborative Health Systems, a WellCare Company, has assisted independent practices since 2012. We currently serve over 2,200 participating providers who manage nearly \$2 billion in the total cost of care.

We collaborate to create a one-of-a-kind success path for your independent practice

Whether you are exploring value-based primary care options to improve outcomes for your Medicare beneficiaries, an advanced risk-based partnership model, or need the expertise and tools to achieve improved patient health outcomes and satisfaction at a lower cost, Collaborative Health Systems (CHS) can work with you to find the best arrangement for your practice, group, and patients.

More practices doing well

- 90%+ average quality score achieved by CHS ACOs in PY 2018
- \$310 million+ in total net savings to the Medicare Trust Fund*
- \$178 million+ in shared savings*

*2012-2018 for 2015-2018 active ACOs



Find out more - contact us today for more information and a customized free review.
Call us at **1-866-245-7043** or Email CHSInquiry@wellcare.com

Engaging your Patients in Medication Adherence Discussions

According to the American Medical Association, patients only take their medications half of the time. Adherence is defined as a patient who takes their medications at least 80% of the time, and with the current rate of 50% adherence in the general public, this is an area worth addressing. To combat this lack of adherence, engaging with your patients is essential.

Below are some tips on how to assess for medication adherence in your patient.

- 1 Create a routine by asking every patient about their adherence to medications.
- 2 Ask open ended questions:
 - a. Can you tell me how you are taking this medication?
 - b. What do you think about this medication?
 - c. How do you remember to take your medicine?
- 3 Ask the patient about barriers that hinder them from taking their medication.
 - a. What bothers you about this medication?
 - b. What stands in the way of you taking your medicine?
- 4 Offer a supportive, non-judgmental atmosphere by utilizing motivational interviewing:
 - a. Listen to the patients concerns
 - b. Ask the patient about their health goals
 - c. Avoid arguments and adjust to resistance
 - d. Support optimism and give encouragement
 - e. Understand and respect patient values and beliefs
- 5 If the patient states he/she is non-adherent, thank him/her for sharing before continuing to assess.
- 6 Develop a plan to address barriers the patient is experiencing and involve the patient in your decisions. One way to do this is to offer clinically appropriate options for them to choose from.
 - a. Utilize the word “we”.
 - b. We can try option 1 or option 2. What do you think about these options? Which of these do you think best suits you?



We value everything you do to deliver quality care to our members – your patients. Thank you for playing a role in assessing and improving medication adherence in your patients.

Reference:

1. AMA Ed Hub and Society of General Internal Medicine, “Medication Adherence Improve Patient Outcomes and Reduce Costs,” retrieved from: <https://edhub.ama-assn.org/steps-forward/module/2702595>
2. AMA. “Nudge theory explored to boost medication adherence,” retrieved from: <https://www.ama-assn.org/delivering-care/patient-support-advocacy/nudge-theory-explored-boost-medication-adherence>
3. Treatment Improvement Protocols Series, “Chapter 3-Motivational Interviewing as a Counseling Style,” retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK64964/>
4. American Association of Diabetes Educators, “Fostering Medication Adherence Tips and Tricks,” retrieved from: https://www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering_med_adherence.pdf?sfvrsn=4



Advanced Directives

As a reminder, physicians are encouraged to initiate discussions with members who do not have an advance directive completed and document the discussion in the medical record. An advance directive is a written instruction such as a living will or durable power of attorney for healthcare relating to the provision of healthcare when the individual is incapacitated.

Physicians should emphasize the importance of having legal documents in place should the member face a life-threatening illness. Members are encouraged to provide their physicians with a copy of the fully executed advance directive. They need to understand that doing so will help ensure their wishes are followed in case they become incapacitated and unable to participate directly in medical decision-making.

Reimbursement for Advanced Care Planning Discussions

Medicare reimburses healthcare providers for advance care planning (ACP) discussions with Medicare beneficiaries. Hospitals, physicians, and NPPs should use the CPT codes in Table 1 to file claims for ACP services.

Table 1. CPT Codes and Descriptors CPT

Codes	Billing Code Descriptors
99497	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; first 30 minutes, face-to-face with the patient, family member(s), and/or surrogate
99498	Advance care planning including the explanation and discussion of advance directives such as standard forms (with completion of such forms, when performed), by the physician or other qualified healthcare professional; each additional 30 minutes (List separately in addition to code for primary procedure)

For a list of Advanced Care Planning FAQs, please click here:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/Downloads/FAQ-Advance-Care-Planning.pdf>

Effective Communication with Patients

The ability to effectively and compassionately communicate information is key to successful patient-provider relationships. The present health care environment has increasing demands on productivity and affords less time with each patient, which can hinder effective communication.



Here are some things providers can do to communicate more effectively with patients:

- Listen carefully to the patient and respect their point of view
- Remember the patient has come to you for help. Be empathetic and acknowledge their feelings.
- Reassure the patient you are available to help them
- Check often for patients' understanding
- Respect the patient's culture and beliefs
- Explain medication in simple, easy to understand language. Tell them why they may want to take the medication and why they may not want to take the medication.

Successful communication can impact patient outcomes. Open communication leads to more complete information, which enhances the prospect of a more complete diagnosis, and can potentially improve adherence to treatment plans.

Source: ACOG,

"Effective Patient-Physician Communication", retrieved from:

<https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Effective-Patient-Physician-Communication>

Dialysis Claims Payment Policy

As part of our continued efforts to ensure evidence-based guidelines are used when making medical decisions, WellCare has implemented a new Dialysis Claims Payment Policy.

To review the Policy, please visit <https://www.wellcare.com/Providers>, and select your state. Under *Provider*, click *Claims* then select the *Payment Policy* link in the column to the right.

WellCare reimburses providers for dialysis treatments according to the methodology below:

Criteria for CAPD/CCPD

In accordance with CMS Guidelines Chapter 8 Section 80.4 of the Medicare Claims Processing Manual updated 01/18/2019, Rev. 4202, CAPD/CCPD will be allowed to be paid on a weekly or daily basis, not on a per treatment basis. Billing instructions require providers to report the number of days in the unit's field. A facility's daily payment rate is 1/7 of three times the composite rate for a single hemodialysis treatment.

Criteria for Hemodialysis

To facilitate for a more standardized billing practice WellCare will move to a 6 day billing cycle versus CMS 7 day billing cycle for Hemodialysis treatments.

Additional Information

Additional Dialysis: If additional dialysis beyond the usual weekly maintenance dialysis due to the Member's underlying condition, the ESRD facility's claim for these extra services must be accompanied by a medical justification for payment to be made.

Skilled Nursing and Home Health Billing Updates

Medicare Fee-for-Service (FFS) is introducing new payment methodologies for HH and SNF services. For FFS SNF and HH providers, the Skilled Nursing Facility Patient Driven Payment Model (PDPM) will be effective October 1, 2019 and the Home Health Patient Driven Groupings Model (PDGM) will be effective January 1, 2020. These new payment models introduce new HIPPS code sets for HH and SNF services.

- SNF encounters with “from” dates on or after October 1, 2019 and HH encounters with “from” dates of service on or after January 1, 2020 may be submitted using the existing HIPPS codes or the new HIPPS codes.
- SNF encounters with “from” dates of service prior to October 1, 2019 should continue to be submitted with existing HIPPS codes.
- For SNF stays lasting 14 days or less in which an Admission assessment was not completed prior to discharge, MAOs may submit the HIPPS code from another assessment that took place during the stay or submit a default HIPPS code.

The default HIPPS code for encounters with a “from” date of service prior to October 1, 2019 is “AAA00.” The default HIPPS code for encounters with a “from” date of service on or after October 1, 2019 is “ZZZZZ.”

- HH encounters with “from” dates of service prior to January 1, 2020 should continue to be submitted with existing HIPPS codes.

Please ensure your billing offices are aware of the new billing requirements and have your systems updated accordingly.

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.

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:



Please call us at **1-855-538-0454**.

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



Community
Connections HELP Line

1-866-775-2192

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

Medication Adherence and RxEffect™

To help with medication adherence, WellCare engages our members with refill reminder phone calls, off-therapy (missed dose) phone calls and letters as well as utilizing our network pharmacies to help counsel our members. However, there is nothing as powerful as a reminder from the member's primary care provider about the importance of medication adherence.

RxEffect™ is an online platform available to WellCare Medicare provider groups to help improve members' medication use and compliance.

Talk to your WellCare associate today to get users from your office access to the RxEffect™ portal.



This web portal:

- ✓ Is sponsored by WellCare – so there is no cost to our provider partners
- ✓ Uses predictive modeling to target the patients who need it most
- ✓ Uses real-time monitoring of pharmacy claims and is updated daily
- ✓ Includes opportunity flags for 30-day conversions, diabetic patients not on statins, Appointment Agendas and high-risk medications



Provider Formulary Updates

There have been updates to the Medicare formulary. Find the most up-to-date, complete Formulary at www.wellcare.com. Select your state from the drop-down menu and click on Pharmacy under Medicare in the Providers dropdown menu.

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 www.wellcare.com. Select your state from the drop-down menu and click on Overview under Medicare in the Providers drop-down menu.



Updated Clinical Practice Guidelines

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit <https://www.wellcare.com/Providers> and **select your state**. Clinical Guidelines can be found under Tools & News in the Provider drop-down.





We're Just a Phone Call or Click Away



WellCare Health Plans, Inc.: 1-855-538-0454



Representing the following states: AR, CT, GA, IL, LA, MO, MS, NH, SC, TN, TX, WA



www.wellcare.com/providers

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 www.wellcare.com/Providers 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 www.wellcare.com/Providers, click on Resources under your state.

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