

National Medicare Provider Newsletter

wellcare

2022 • Issue 4



Wellcare Expanded Network – Coming in 2023!

WELLCARE MEDICARE ADVANTAGE MEMBERS CAN RECEIVE CARE AWAY FROM HOME IN-NETWORK.

This allows members to get the same care that they depend on, trust, and need – whether they're traveling across state lines, across the country, or as part of their daily activities. Coverage, cost-share, and benefits are all determined based on the member's benefit plan. Providers will receive their contracted payment rates.



How to Tell if You Are in the Wellcare Expanded Network:

Your contract with Wellcare allows for participation in the Expanded Network (some contractual exceptions may apply). You can check your status via the provider portal or by contacting your provider representative.

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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.



Wellcare Expanded Network – Coming in 2023!

(continued)



What Providers Need to Know:

- ✓ Providers can verify member eligibility by calling the number on the back of the member's ID card or by visiting the portal.
- ✓ The expanded network applies to members of Wellcare Medicare Advantage Plans only, and does not include members of other Centene plans.
- ✓ Cost shares will vary based on the member's benefit plan. In-network amounts will be listed when verifying eligibility.
- ✓ Referrals are not required.
- ✓ Prior authorizations and notification requirements still apply. For complete CPT/HCPCS code listings by plan state, please see the Online Prior Authorization Tool on our website at **www.wellcare.com/auth_lookup**.
- ✓ Members do not have to contact Wellcare prior to accessing care outside of their home location.

*Limited to Wellcare and Wellcare By 'Ohana and not available across all legacy Centene plans. (Note: "legacy Centene plans" specifically refers to Wellcare By Allwell, Wellcare By Health Net, Wellcare By Trillium Advantage, and Wellcare By Fidelis.)



Statins Therapy for Patients with Diabetes and Cardiovascular Disease

Statin therapy should be considered for most patients with diabetes and or cardiovascular disease for primary or secondary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the American College of Cardiology (ACC)/American Heart Association's (AHA) evidence-based recommendations to assist you in helping you choose the most appropriate statin-intensity for your patient.

2018 AHA/ACC Cholesterol Guideline: Primary Prevention

Patient Risk Category	ACC/AHA Recommendation
Patients ages 20-75 years and LDL-C \geq 190 mg/dl	A high intensity statin
T2DM and age 40-75 years	Moderate-intensity statin and risk estimate to consider high-intensity statins
Age $>$ 75 years	Clinical assessment and risk discussion
Age 40-75 years and LDL-C \geq 70 mg/dl and $<$ 190 mg/dl without diabetes <ul style="list-style-type: none"> • Risk 5% to $<$7.5% (borderline risk) • Risk \geq7.5-20% (intermediate risk) • Risk \geq20% (high risk) 	Risk Estimator <ul style="list-style-type: none"> • Moderate-intensity statin • Moderate-intensity statins and increase to high-intensity with risk enhancers • High-intensity statin

Commonly Prescribed Statins

High-Intensity	Moderate-Intensity
<ul style="list-style-type: none"> • atorvastatin 40, 80 mg • rosuvastatin 20, 40 mg 	<ul style="list-style-type: none"> • lovastatin 40, 80 mg • atorvastatin 10, 20 mg • Pitavastatin 1, 4 mg • pravastatin 40, 80 mg • Fluvastatin 80 mg • simvastatin 20, 40 mg • rosuvastatin 5, 10 mg

Reference: 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019; March 17. Accessed 6/23/2022; www.acc.org

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;00:000-000. Accessed 1/28/2018. www.ahajournals.org/journal/circ



We value everything you do to deliver quality care to our members – your patients. We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.



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 area is 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.**
 - Can you tell me how you are taking this medication?
 - What do you think about this medication?
 - How do you remember to take your medicine?
- 3 Ask the patient about barriers that hinder them from taking their medication.**
 - What bothers you about this medication?
 - What stands in the way of you taking your medicine?
- 4 Offer a supportive, non-judgmental atmosphere by using motivational interviewing:**
 - Listen to the patient's concerns
 - Ask the patient about their health goals
 - Avoid arguments and adjust to resistance
 - Support optimism and give encouragement
 - Understand and respect patient values and beliefs
- 5 If the patient says they are non-adherent, thank them 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.**
 - Use the word "we."
 - 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.

References:

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



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 our patients whether or how often they experienced critical aspects of health care. This includes communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. We hope that 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 CARPS 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
- ✓ Ensure that 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.



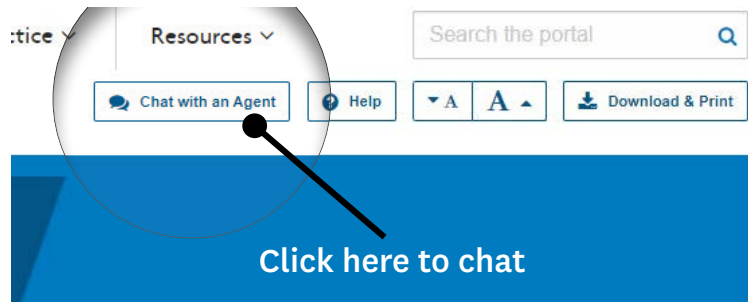
Providers Love Our Live Chat!

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.

▶ *PaySpan does not apply to Wellcare by Fidelis Care providers.*



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 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.



Provider Bulletins

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



Visit www.wellcare.com; select your state, click on *Providers*, scroll down and click on *READ BULLETINS*.



NA Medicare Provider Manuals



The NA Medicare Provider Manuals are located at <https://www.wellcare.com/>. Select your state from the drop-down menu and click on Providers>Overview



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.

MO PROVIDERS ONLY:

To add new practitioners to existing groups or to request updates or provider terminations, please email mail to:

CHHS_Provider_Roster@Centene.com Please visit <https://www.homestatehealth.com/providers/tools-resources.html> for roster templates.

We're Just a Phone Call or Click Away



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



www.wellcare.com/providers



Representing the following states:

AR, AZ, CT, FL, GA, IN, IL, KY, LA, MA, MI, MO, MS, NH, NY, OH, SC, TN, TX, WA



Provider Update Tool

We have developed an online tool for providers to update their practice information. All providers can update demographics, billing information, new enrollments, and more. **Check it out!**

Update Your Information



Web Update Tool

Provider Network Participation & Enrollment Process

NEW CONTRACT

<https://www.ilmeridian.com/providers/resources/provider-updates.html>

We appreciate your interest in MHS and are excited to set up your office as a participating provider. If you would like more information, please fill out the online information request form. An MHS representative will reach out to you shortly to discuss contracting options for your office.

ADD PROVIDER TO EXISTING CONTRACT

<https://www.ilmeridian.com/providers/resources/provider-updates/term-existing-provider.html>

If you are a provider who is part of an existing contacted medical or behavioral health entity, use this online contracted enrollment form to enroll a new provider.

NON-CONTRACTED PROVIDER

<https://www.ilmeridian.com/providers/resources/provider-updates.html>

If you are not contracted with MHS, complete the non-contracted enrollment form. All submissions must include a completed W9. Set-up may take 45-60 days after we receive your submission. You must be enrolled with Indiana Medicaid and have an Indiana Medicaid provider number. You can enroll online at **indianamedicaid.com**.

DEMOGRAPHIC UPDATES

<https://www.ilmeridian.com/providers/resources/provider-updates/demographic-change-.html>

If you are already a contracted provider with MHS and would like to update existing information, please use our online provider update forms.



Care Coordination and the Increased Importance in Achieving P4Pl

Care Coordination is essential to providing high quality care and ensuring patient safety in transitions of care.

Here are more tips to provide the necessary care to your patients:



Review medications with your patients



Schedule specialist and lab appointments while your patients are in the office



Remind your patients about annual flu shots and other immunizations



Make sure that your patients know you are also working with specialists regarding their care. Ensure you receive notes from specialists about the patient's care and reach out to specialists if you have not gotten consultation notes. Tell your patient the results of all test and procedures. Share decision-making with patients to help them manage care, and please follow up on all authorizations requested for your patients.



Call or contact your patients to remind them when it's 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.



Breast Cancer and Cervical Cancer Screening Awareness

OCTOBER IS BREAST CANCER AWARENESS MONTH.

Encourage women to get all of their preventive health exams completed during October if they have not already done so this year.



According to the Centers for Disease Control and Prevention (CDC), many deaths from breast and cervical cancer could be avoided by increasing cancer screening rates. The CDC reports that deaths from these diseases occur disproportionately among those who rely on public health programs like Medicaid or are uninsured.

WellCare of Kentucky, Inc., covers all regular preventive tests and screenings for women without requiring a referral or prior approval. Help us ensure that our members stay healthy by recommending appropriate preventive tests and screenings.

Please continue to encourage annual mammography for breast cancer screening and a Pap smear for cervical cancer screening, applicable to recommended age ranges and physician input.



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.



Antibiotic Awareness Week

Did you know that **Antibiotics Awareness Week is November 18-24, 2022**? Antibiotic Awareness Week is set aside to promote the appropriate use of antibiotics to counter the threat of antibiotic resistance.

Help your patients understand when an antibiotic is appropriate, with these CDC guidelines:

- ✓ Explain to your patients why they do not need an antibiotic for a viral infection and include other things they can do to feel better.
- ✓ Include in your discussion signs and symptoms of worsening infection and sepsis, as well as when to seek care if symptoms worsen.
- ✓ Do a strep test prior to prescribing an antibiotic.

For additional information, please check out the “Be Antibiotics Aware Partner Toolkit” located at www.cdc.gov.

Together, we can help prevent antibiotic resistance and ensure enrollees receive appropriate, clinically based care.



According to the Centers for Disease Control and Prevention (CDC), more than 2.8 million antibiotic-resistant infections occur in the U.S. each year, with more than 35,000 individuals dying as a result of these infections. The CDC is raising awareness of this growing problem and encouraging healthcare professionals to prescribe antibiotics only when appropriate to prevent antibiotic resistance and the spread of “superbugs;” and to follow clinical guidelines on evaluation and treatment of infections.



Healthy Rewards Program

The Healthy Rewards Program rewards members for taking small steps that will help them live healthier lives.

For simple tasks like completing prenatal visits, preventive dental visits, and certain health checkups, members can earn rewards that are placed on prepaid debit cards. Members can use these cards at a variety of locations to purchase healthy items that they use every day. The more services members complete, the more they can earn.

Now is a good time to remind your patients to take advantage of this program and their dental benefits by scheduling a dental visit. Providers can also encourage their patients to participate in the Healthy Rewards Program by signing and including their provider ID on applicable activity reports.



For more information on Wellcare’s Healthy Rewards Program, please contact your Provider Relations representative or call one of the Provider Services phone numbers at the end of this newsletter.



What is CAHPS?

- ✓ Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a survey initiative to support and promote the assessment of consumers' experiences with healthcare.
- ✓ A survey that captures a patient's experience with all aspects of their healthcare, it is based on the patient's perception of the service they receive.
- ✓ The survey, launched by an NCQA certified vendor, is administered annually, via random sample and anonymous member selection.
- ✓ The surveys are administered between March and June, beginning with surveys distributed by mail, and concluding with telephone-assisted surveys for participants who have not responded.

Provider Impact on CAHPS



60% of responses are correlated to the physician-patient interaction.



Primary Care Provider who develops meaningful and sustainable relationships with patients and provide integrated care have:

- Greater Patient Trust
- Better Outcomes
- Improved Continuity of Care



Consistent PCP visits, commonly yield higher CAHPS Scores.



Increase HEDIS/Medication Adherence Scores.

Impacting CAHPS Scores

- ✓ **Obtaining needed care:**
 - Make scheduling as easy as possible. Ask staff to help schedule specialist appointments.
- ✓ **Getting appointments and care quickly:**
 - Reduce wait times by moving patients from the waiting room to an exam room.
 - Contact your patients when delays are expected.
 - Advise patients of the best days and times to schedule appointments.
- ✓ **Coordination of Care:**
 - Provide quickly and timely lab results.
 - Coordinate with your patients to bring list of prescriptions for their next visit.
 - Review specialty notes before your patient's visit.
- ✓ **Overall rating of health care quality:**
 - Ask open-ended questions to allow your patients to disclose health issues and concerns.
 - Provide a quick explanation for lengthy wait times.


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What is CAHPS? *(continued)*


What is the Medicare Health Outcomes Survey (HOS)?

- ✓ An annual survey administered from April through July to a random sample of Medicare Advantage patients.
- ✓ A measurement of the patients’ perception of their physical and mental health and overall quality of life.
- ✓ A baseline measurement is collected, and the same patients are surveyed again two years later to assess changes in health status.


Provider Impact on HOS



Each Star HOS survey addresses and measures a different aspect of the patient care and patient-provider interaction. You can directly impact each of these five measures.



Providers play a key role in all member experience surveys and outcomes. Continued provider-patient engagement, setting patient expectations, and guiding patients throughout their healthcare journey contributes to the member experience.



Providers who ensure that their patients are kept informed and assist in patients’ care coordination help to build trust, reduce anxiety, and eliminate dissatisfaction.

Impacting HOS Measures	
<p>✓ Improving or Maintaining Physical Health</p> <p>Assesses the number of patients whose physical health stayed the same or improved after two years.</p>	<p>ASK PATIENTS:</p> <ol style="list-style-type: none"> 1. How far can you walk? 2. Do you need any assistance, such as a cane or walker? 3. Do you have trouble walking up the stairs? 4. How well can you perform regular activities, such as cooking and cleaning? 5. Does pain limit or impact your daily activities?
<p>✓ Improving or Maintaining Mental Health</p> <p>Assesses the number of patients whose mental health stayed the same or improved after two years.</p>	<p>ASK PATIENTS:</p> <ol style="list-style-type: none"> 1. How would you describe your energy level? 2. Do you spend time with other people or family? 3. Does alcohol use cause any personal problems? 4. Have you felt calm and peaceful? 5. Have you felt down or blue?

(continued)

What is CAHPS? *(continued)*

Impacting HOS Measures

✓ **Monitoring Physical Activity**

Assesses the number of patients who discuss exercise with their provider and were advised to start or maintain physical activity.

ASK PATIENTS:

1. What is your daily level of exercise or physical activity?
2. What activities do you enjoy?
3. Do you feel better when you are more active?
4. Discuss the benefits of activities that get people up and moving like walking, jogging, or swimming.

✓ **Reducing Risk of Falling**

Assesses the number of patients with falling or walking problems who received recommendation from their provider(s) on how to prevent falls.

ASK PATIENTS:

1. Have you had any falls?
2. What were the circumstances of the fall?
3. How do you think a fall could have been prevented?
4. Have you felt dizzy or had problems with balance or walking?
5. Do you have any vision problems?
6. Do you have someone who can help you at home?

✓ **Improving Bladder Control**

Assesses the number of patients with urinary incontinence (UI) who discussed the problem and treatment options with their provider(s).

ASK PATIENTS:

1. Have you had leakage in the past six months?
2. How often and when does the leakage problem occur?
3. Has UI affected your daily life?
4. Would you like help controlling your UI?