

New Jersey Provider Newsletter



2020 • Issue 1

Quality

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. <http://www.wellcare.com/NJCare2020ID>

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New Medicare ID cards for 2020

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

To allow space for the enlarged font, we will remove information found on the current ID cards that can be easily obtained through our secure [Provider self-service portal](#). This will also ensure that the most current Member information is used each time the member visits your facility for services.

What's changing?

- Font size will be increased
- Copays will be removed

Exciting Authorization Rule Enhancements

Your Partner in Medicare Quality Care

Newark Water Crisis & Lead Poisoning

When will the new ID cards go into effect?

Members will begin receiving the new ID cards in the mail beginning in November and throughout December of 2019. The new cards will become effective January 1, 2020.

How does this affect me?

Beginning January 1, 2020, WellCare Providers must log on to our secure [self-service portal](#) to confirm the member's copay and eligibility. Many of you already do this, as the portal contains the most reliable and up-to-date member information.

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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.





EPSDT Dental Services by a Primary Care Provider

Dental screening by the PCP in this context means, at a minimum, observation of tooth eruption, occlusion pattern, presence of caries, or oral infection.

It includes completion of the AAP caries risk assessment:

- i A referral to a dentist by one year of age or soon after the eruption of the first primary tooth is mandatory.
- ii Follow up at well child visits through the age of twenty (20) to determine at a minimum, dental visits twice a year for oral evaluation and preventive services occurred and that needed treatment services are being or were provided.
- iii NJ Smiles program allows trained PCPs to provide oral health services to children through the age of 6 years old as outlined in 4.2.6.4

** *The American Academy of Pediatrics (AAP) Caries Risk Assessment Form & Medical Provider Referral to Dentist available on WellCare website at: www.wellcare.com/New-Jersey/Providers/Medicaid/Forms*

** *Dental Providers for Children: located on Wellcare Website under section Labeled Helpful NJ FamilyCare Information: www.wellcare.com/New-Jersey/Members/Medicaid-Plans/NJ-FamilyCare*



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.

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



How Care Management Can Help You

Care Management helps members with special needs. It pairs a member with a case manager. The case manager is a Registered Nurse (RN) or Licensed Clinical Social Worker (LCSW) who can help the member with issues such as:

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



We're here to help you!
For more information about Care Management, or to refer a member to the program, please call us at **1-866-635-7045**. This no-cost program gives access to an RN or LCSW Monday–Friday from 8 a.m. to 8 p.m. Eastern Time.

Chat Feedback EN-ES ▼

welvie
POWERING DECISIONS

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Welcome to Welvie.
Better information.
Better decisions.

Log In

First time here?
Register

"This is great. Very informative and the journal feature is fabulous. I learned a lot. I wished I had this before my hysterectomy. Thanks!!"
- Veronica, 74.

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welvie

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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. 95% 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.

Appointment Access and Availability

WellCare is required by the Centers for Medicare & Medicaid Services and state regulations to administer appointment access and availability audits. Appointment Access standards are documented below.

Type of Appointment:
• Emergency services: Immediately upon presentation
• Urgent Care: Less than 24 hours
• Symptomatic acute care: Less than 72 hours
• Routine non-symptomatic visits, including annual gynecological examinations or pediatric and adult immunization visits: Less than 28 days
• Specialist referrals: Less than 4 weeks
• Urgent Specialty Care: Within 24 hours of referral
• Baseline physicals for new adult enrollees: Within 180 calendar days of initial enrollment
• Baseline physicals for new children enrollees and adult clients of DDD: Within 90 days of initial enrollment, or in accordance with EPSDT guidelines.
• Prenatal care: <ul style="list-style-type: none"> – Within 3 weeks of a positive pregnancy test – Within 7 days of request in first and second trimester – Within 3 days of identification of high-risk – Within 3 days of first request in third trimester
• Routine physicals: Within 4 weeks
• Lab and radiology services: <ul style="list-style-type: none"> – Within 3 weeks for routine – Within 48 hours for urgent care
• Initial pediatric appointments: Within 3 months of enrollment
• Dental appointments: <ul style="list-style-type: none"> – Emergency: No later than 48 hours, or earlier as the condition warrants, of injury to sound natural teeth and surrounding tissue and follow-up treatment by a dental provider – Urgent: Within 3 days of referral – Routine: Within 30 days of referral
• MH/SA appointments: <ul style="list-style-type: none"> – Emergency services: Immediately upon presentation at a service delivery site – Urgent: Within 24 hours of the request – Routine: Within 10 days of the request
• Maximum number of intermediate/limited patient encounters for PCPs and Pediatricians: 4 per hour for adults and children.
• Waiting time in office: Less than 45 minutes

For additional information, please refer to the Provider Manual posted on the WellCare Provider Portal located at: www.wellcare.com/New-Jersey/Providers/Medicaid.



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.



Provider Formulary Updates

Medicaid:

The Preferred Drug Lists (PDL) has been updated. Visit www.wellcare.com/WellCare/New-Jersey/Providers/Medicaid/Pharmacy to view the current PDL and pharmacy updates.

Medicare:

There have been updates to the Medicare formulary. Find the most up-to-date, complete formulary at www.wellcare.com/New-Jersey/Providers/Medicare/Pharmacy.

You can also refer to the Provider Manual to view more information regarding our pharmacy Utilization Management (UM) policies and procedures. Provider Manuals are available at www.wellcare.com/New-Jersey/Providers/Medicaid and www.wellcare.com/New-Jersey/Providers/Medicare.



Nurse Advice Line

Members, parents, caregivers or guardians have access to the Nurse Advice Line at **1-800-919-8807**. It's available 24 hours a days, 7 days a week. You can also find this number in member letters, member handbooks, the Quick Reference Guide on WellCare's website at www.wellcare.com/New-Jersey/Providers/Medicaid.

The Nurse Advice Line is available to answer health-related phone calls, and when appropriate, make referrals to the Care Management team for follow-up and assessment of Care Management needs.

It Benefits Your Practice To Keep Your Provider Demographic Information Current

As a WellCare participating provider, it is very important for you to keep your demographic information current. When you update your information with WellCare to keep it current, it helps:

- Ensure you and your practice/facility receive proper notifications from WellCare
- Avoid claim payment issues caused by outdated demographic information
- Ensure you receive proper referrals based on your specialty and/or subspecialty
- Ensure members who need to contact you for services have your correct address/phone number

To ensure the above occurs, if any of the following changes, please tell us in advance or as soon as possible:

- Office phone number
- Fax Number
- Office address
- Correspondence Address
- Office Hours
- Hospital Affiliation
- Panel status
(Are you accepting new Medicare/Medicaid patients?)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Group Name

To Submit Your Updated Information

Per your contract, at least 30 days' advance notice is required and you should include contact information in case we need to follow up with you.

You can submit updates by:



Mailing a letter on your letterhead with the updated information to:
WellCare Health Plans of NJ
 550 Broad St. 12th floor
 Newark, NJ 07102
 Attention: Provider Relations Department



Emailing: NJPR@wellcare.com



Call: 1-855-538-0454

Thank you for keeping your information up to date with us.

WellCare appreciates everything you do to improve the health and well-being of our members.

Updated Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. They also reference evidence-based standards to ensure that the guidelines contain the highest level of research and scientific content. CPGs are also used to guide efforts to improve the quality of care in our membership. CPGs on a variety of topics are published to the Provider website. Clinical Policy Guiding Documents (CPGDs) are also available on the CPG page. These are companion documents to the CPGs. To access CPGs and CPGDs related to Behavioral, Chronic, and Preventive Health, please visit 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 menu.





Beyond Healthcare. A Better You.

WellCare of New Jersey
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Newark, NJ 07102

We're Just a Phone Call or Click Away



Medicare: 1-855-538-0454



Medicaid: 1-888-453-2534



www.wellcare.com/New-Jersey/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 home page. You will see *Messages from WellCare* on the right.

Resources and Tools

Visit www.wellcare.com/New-Jersey/Providers to find guidelines, key forms and other helpful resources for both Medicare and Medicaid. You may also request hard copies of documents by contacting your Provider Relations representative. Refer to our Quick Reference Guide for detailed information on many areas such as Claims, Appeals, Pharmacy, etc. These are located at www.wellcare.com/New-Jersey/Providers/Medicaid or www.wellcare.com/New-Jersey/Providers/Medicare.

Additional Criteria Available

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/New-Jersey/Providers/Clinical-Guidelines.