

# Provider Newsletter

Missouri | 2017 | Issue IV



## Register Now! Missouri Care's New Provider Portal

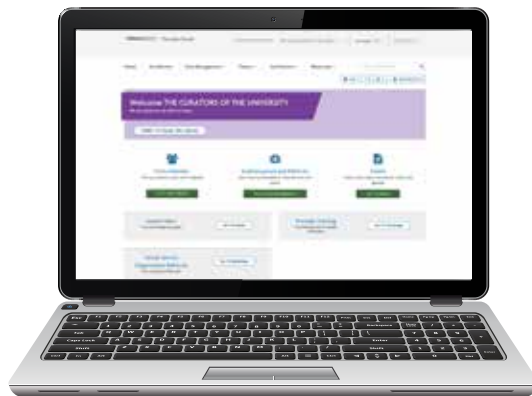
You wanted a simpler, more efficient way to interact with us. We delivered. The new portal is now live and packed with features to help you care for your patients – our members – to ensure they have a positive health care experience. Login or register now at <https://provider.wellcare.com>

The portal features improved claims and authorizations tools, a more holistic view of member information and some new tools that offer more convenient ways for you to connect with us. Features such as the My Practice area allow provider administrators to manage their users, permissions and access requests. The Visit Checklist feature will enable you to quickly create, print and submit an appointment agenda.

For information on how to use the new Provider Portal and more, watch this video: [www.wellcare.com/providers/video](http://www.wellcare.com/providers/video). Or access video training here:

[www.wellcare.com/Providers/  
New-Provider-Portal-  
Overview-Training](http://www.wellcare.com/Providers/New-Provider-Portal-Overview-Training)

If you have questions, please contact your local Provider Relations representative, or call Provider Services.



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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.



We're in this together: *Quality Health Care*

**missouricare**   
A WellCare Company

## PCP Request of Transfer of Member

We would like to ensure our Providers are aware of the appropriate process for requesting Members to be removed from their patient panel. Primary Care Physicians (PCPs) may request that a Member be removed from their patient panel if the physician feels that the Member is non-compliant with the physician's treatment plan or plan of care, if there is evidence of abusive or inappropriate behavior, or if the physician is unable to adequately address the Member's needs. WellCare Health Plans, Inc., and its affiliates and subsidiaries ("WellCare" or the "Company") has established a uniform policy to ensure the proper evaluation and processing of physician requests to transfer/reassign Members from their patient panel.

It is the policy of WellCare to comply with specific State and/or Federal contractual requirements that allow the PCPs to request the transfer of a Member. The Provider shall continue to provide medical care for the WellCare Member until such time that written notification is received from WellCare stating that the Member has been transferred from the Provider's practice.

The full detailed outline of this process can be located in the Provider Manual under the 'Termination of a Member' section. Primary care physicians can now request to transfer a member from their patient panel based on one of the above-mentioned qualifying reasons via the New Provider Portal. This new online submission option replaces the previous fax form process.

Providers can log onto the secured provider portal via <https://provider.wellcare.com>. Once on the home screen providers will select "My Patients" at the top; choose the member; then select the Action: "Request Member Transfer". Supporting documentation such as office notes and/or clinicals are required for completion of each submission. Requests to transfer a member are reviewed for accuracy and completion. Requesting providers will receive confirmation from Customer Service once the transfer is completed.



## Breaking Down Walls – Effective Communication with Patients

It can be very stressful when patients do not understand what their doctors are telling them about their health. Good communication can help alleviate fear and anxiety patients may experience.

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

- Listen carefully to the patient and find out what they want to know
- Be empathetic. Show respect for what patients have to say
- Spend enough time with patients so that they understand all aspects of their condition
- Explain medications 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.
- Be sure to answer all the patient's questions

## EFT

### Reminder: Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

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

Setup is easy and takes about five minutes to complete. Please visit [www.payspanhealth.com/nps](http://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.



## CommUnity Assistance Line

CAL NUMBER VIDEO RELAY  
1-866-775-2192 1-855-628-7552

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



## Closing the Gap for BMI

The pediatric body mass index (BMI) is one of the HEDIS measures that will require our focus this year. We appreciate the care that you provide to our members whether they are sick or well.

Our members usually receive a height and weight check with each office visit. However, if there is no BMI percentile with the proper code, the Care Gap remains open. We are aware that you are providing the service, and we want you to get credit for it. Close the gap by coding the BMI percentile for each office visit the member receives.

Please remember Medical record documentation for Pediatric BMI must be reported as an exact percentile or plotted on an age-growth chart for iHOP submissions. (CPT codes and ranges are not acceptable.)

Pediatric BMI (Ages 3-17)	ICD-10 Code
Less than 5 <sup>th</sup> percentile for age	Z68.51
5 <sup>th</sup> percentile to less than 85 <sup>th</sup> percentile for age	Z68.52
85 <sup>th</sup> percentile to less than 95 <sup>th</sup> percentile for age	Z68.53
Greater than or equal to 95 <sup>th</sup> percentile for age	Z68.54

## 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 Case 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 on the update with you.

Please send the letter by any of these methods:

- **Email:**  
MissouriProviderRelations@wellcare.com
- **Fax:**  
1-866-946-1105
- **Mail:**  
Missouri Care  
Attention: 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.

## Appeals Tip

Missouri Care offers the following tips to assist providers in submitting appeals:

- Tip 1:** Missouri Care cannot process an appeal without a cover letter clearly stating the reason for the appeal, the date of service, member ID, and/or correct claim number.
- Tip 2:** Make sure your appeal cover letter addresses the actual reason your claim was denied. For example, if your claim was denied for failure to get prior authorization, explain extenuating circumstances as to why you failed to get prior authorization. If you simply say that the treatment was medically necessary and the claim was not denied due to medical necessity, the denial will be upheld.
- Tip 3:** To avoid delays in processing, be sure your appeals and disputes are sent to the correct addresses (see the Provider Manual for the definition of a dispute versus an appeal).

### Send all appeals to:

Missouri Care  
Attn: Appeals  
4205 Philips Farm Rd, Suite 100,  
Columbia, MO 65201

### Send all disputes to:

Missouri Care  
Attn: Claim Payment Disputes  
PO Box 31370  
Tampa, FL 33631-3370



## 2017 CAHPS Survey Results

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys asks consumers and patients to evaluate their experiences with health care. The survey aims to measure how well plans are meeting their members' expectations and goals and to determine which areas of service have the greatest effect on the members' overall satisfaction.

SPH Analytics (SPHA) administered the child version of the 2017 CAHPS 5.0H Survey for Missouri Care. The CAHPS survey provides the member satisfaction component of the measurement set needed for NCQA accreditation for managed care organizations, like Missouri Care.

Members were asked to report on various aspects of Missouri Care's performance, from customer service to the quality of health care their children received. From this information, Missouri Care gets an overall performance rating in four categories and global proportion ratings in five domains of care. This information is helpful in identifying opportunities for improvement which could aid in increasing the quality of care provided.

As a provider, you have an opportunity to improve patients' satisfaction by:

- Being informed and up to date about the care the patient has received from other doctors and health care providers
- Spending enough time with the patient
- Explaining patients' health status, in a way they understand
- Listening and showing respect to patients
- Talking with patients about why they would or would not want to take medications
- Having readily available appointments

Missouri Care's CAHPS survey was conducted from March through June 2017 for all three regions in Missouri (Central, Eastern, and Western). A random sampling of 8,447 eligible members, 17 years and younger as of December 31, 2016, currently enrolled, who had been continuously enrolled for six months and whose primary insurance coverage was through Medicaid, were eligible to participate in the survey. A total of 1,415 valid surveys were collected from eligible members, for a response rate of 16.9 percent.

ALL REGIONS COMBINED		
Composites	Missouri Care Rate	2017 Rate Compared to the 2016 NCQA Benchmark
Getting Care Quickly	94.1%	90 <sup>th</sup>
Shared Decision Making	83.2%	90 <sup>th</sup>
Getting Needed Care	88.8%	75 <sup>th</sup>
How Well Doctors Communicate	95.2%	75 <sup>th</sup>
Coordination of Care	86.6%	75 <sup>th</sup>
Customer Service	87.4%	25 <sup>th</sup>
Ratings		
Rating of all Health Care	88.2%	75 <sup>th</sup>
Rating of Personal Doctor	88.6%	50 <sup>th</sup>
Rating of Specialist	86.7%	50 <sup>th</sup>
Rating of Health Plan	85.5%	50 <sup>th</sup>

## Helping Members Manage their Persistent Asthma

As we continue to provide the highest quality of care for our members, Missouri Care is undertaking an initiative to partner with you in managing your patients with persistent asthma.

Members with persistent asthma meet at least one of the following criteria and are typically on a controller medication:

- At least one ED visit or one acute inpatient visit with asthma as the principal diagnosis, or
- At least four outpatient asthma visits and at least two asthma medication dispensing events, or
- At least four asthma medication dispensing events.

Guidelines from the National Asthma Education and Prevention Program - Expert Panel Report 3 recommend the use of a daily, long-term controller medication directed toward suppression of airway inflammation for children and adults with persistent asthma.

Missouri Care asks that you review adherence to their asthma medication(s) with your patients. According to the Medicare & Medicaid Research Review, 90-day retail prescription helps increase medication adherence and improve outcomes. We also ask that you review the member's written asthma action plan.

Please refer to the National Heart, Lung and Blood Institute (NHLBI) for questions on asthma protocols or clinical pathways. Also refer to Missouri Care's Clinical Practice Guideline on asthma treatment. You can find the resource material 'Asthma REVISED January 2016' on our website at [www.wellcare.com/Missouri/Providers/Clinical-Guidelines/CPGs](http://www.wellcare.com/Missouri/Providers/Clinical-Guidelines/CPGs)

## Reducing Warfarin Adverse Drug Events

Members put on anticoagulant medication are known to be at high risk for adverse events, specifically, bleeding. A study of emergency department (ED) visits for adverse events estimated that anticoagulants were associated with 17.6 percent of the visits, with 48.8 percent of cases resulting in hospitalization.<sup>1</sup>

### Prescriber Tips:

- Before prescribing anticoagulants, providers should weigh the risk of thrombosis against the risk of bleeding.
- Record indication for warfarin therapy; target International Normalized Ratio (INR) range and duration of treatment for every patient.
- With each visit: Assess for significant drug and dietary interactions, evaluate patient's warfarin therapy understanding, and incorporate patient education as necessary. Communicate INR results and dosing decisions.
  - Monitoring is influenced by INR results, patient compliance, changes in health status, addition/discontinuation of medications, changes in diet, and/or dose adjustment decisions. Don't forget to consider a patient's OTC medication.
- With each visit: Patients should be given a written dosing schedule for their anticoagulation therapy that takes into account:
  - Drug name, dose, tablet strength and color, INR results, next appointment date, as well as a telephone number to call with questions or problems.

### Patient Education

- Explain the reason for starting warfarin, how warfarin works and duration of therapy.
- Explain the need for routine INR testing and discuss INR target range.
- Discuss side effects of warfarin, drug and food interactions, signs/symptoms of bleeding or clotting, and any necessary lifestyle changes.
- Explain when to take warfarin and what to do if a dose is missed.
- Discuss when to contact provider or when to go to the emergency department.

Stress the importance of notifying all health care providers of warfarin treatment.

If the patient has extended travel plans, ensure a sufficient supply of warfarin is available and arrangements have been made for ongoing INR monitoring.

### Reference:

<sup>1</sup>Shehab N, Lovegrove MC, Geller AI, et al. US Emergency Department Visits for Outpatient Adverse Drug Events, 2013-2014. *JAMA*. 2016;316(20):2115-2125.

## How to Improve Patient Satisfaction and CAHPS® Scores, Part 3 of 3

### What Is the CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask patients to evaluate their health care experiences. Missouri Care conducts an annual child CAHPS survey, which asks parents or guardians to rate experiences with their child's health care providers and plans.

As a Missouri Care provider, you can contribute to a positive experience on key aspects of their child's care.

### Ways to Improve Patient Satisfaction:

#### 1) Know What You Are Being Rated On:

Providers are evaluated on various aspects of care they provide in the Child CAHPS Survey, including whether patients can get appointments when needed, if providers communicate well, and if providers seem informed about all aspects of a child's care. In the survey, personal doctors and specialists are rated by parents on a scale of zero to 10. For full details, please see Part 2 in the Issue III 2017 Newsletter.

#### 2) Positive Communication Is Effective

Your medical team can help improve patients' experiences with positive communication.

Smiling, apologizing if you're running late, and answering questions are simple steps to improve patients' experiences. For full details, please see Part 2 in the Issue III 2017 Newsletter.

#### 3) Improve the CULTURE

Communicating openly with your team and addressing concerns will help improve your culture which, in turn, can help improve your CAHPS scores. For full details, see Part 2 in the Issue III 2017 Newsletter.

#### 4) Advocate for Your Patients

Members of your medical team should advocate for your patients to help ensure quality outcomes.

Examples of how your team can improve relationships and create better experiences for patients:

- Help patients schedule appointments
- Help patients understand health services, procedures, and policies
- Provide information to help patients make informed decisions about their care
- Address any concerns, questions, or complaints that patients may have
- Refer patients to appropriate health care services or resources

Positive relationships between your medical team and your patients can have a major impact on patients' experiences.

#### Sources and References:

*2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey*

*6 Ways to Improve Your Company's Culture: [www.business.org/hr/culture/ways-to-improve-your-companys-culture](http://www.business.org/hr/culture/ways-to-improve-your-companys-culture)*

## Healthy Rewards Program

The Healthy Rewards Program rewards members for taking small steps toward healthier lives. When they complete primary care provider (PCP) 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.



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Columbia, MO 65201

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## Provider Resources

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 such as Claims, Appeals, Pharmacy, etc. These are located at [www.wellcare.com/Missouri/Providers/Medicaid](http://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 on our website at [www.wellcare.com/Missouri/Providers/Clinical-Guidelines](http://www.wellcare.com/Missouri/Providers/Clinical-Guidelines).

## Contact Us

Provider Services: 1-800-322-6027  
Visit [www.wellcare.com/Missouri/provider](http://www.wellcare.com/Missouri/provider)

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