



Kentucky

Provider Newsletter



2018 • Issue II

Quality

Access to CM

How Care Management Can Help You

Care Management helps members with special needs. It pairs a member with a Care manager.

The Care 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 healthcare 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.

In This Issue

Quality

Access to CM.....1

Disease Management – Improving Members Health!.....2

Immunizations and Well-Child Checkups3

Medication adherence and RxEffect™3

Healthy Rewards Program.....3

Operational

Independent External Review 4

Billing a Taxonomy Code To Avoid a Submission Rejection..... 5

Admission Notifications and Prior Authorizations..... 6

Electronic Funds Transfer (EFT) through PaySpan® 6

Updated Clinical Practice Guidelines 6

Updating Provider Directory Information.....7

Provider Formulary Updates.....7

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.





Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that helps members with specific chronic conditions.



Members are assigned a Disease Nurse Manager who can help the member with:

- Education and understanding of their specific condition
- Identification of adherence barriers and ways to overcome them
- Individualized life modifications suggestions to improve daily life
- Self-management of their condition to improve their health outcomes
- Motivational coaching for encouragement with the struggles along the way
- Improved communication with their Primary Care Provider and healthcare team

Disease Management can assist your members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension
- Heart disease
- Obesity
- Smoking

For more information, or to refer a member to Disease Management, please call us at 1-877-393-3090, (TTY 711) Monday–Friday, 8 a.m. to 5 p.m.

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.



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.



Healthy Rewards Program

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



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



Independent External Review

In accordance with 907 KAR 17:035, if you receive an adverse final decision of a denial, in whole or in part, of a health service or claim for reimbursement related to this service, you may request an external independent third-party review. You may only do so after first completing an internal appeal/dispute process with WellCare of Kentucky. **Provider requests for external review will be considered only for dates of service on or after Dec. 1, 2016.**

You must submit your request for external independent third-party review within 60 days from the date of receipt of the notice. You may submit your request to WellCare of Kentucky via one of the following methods:

- 1 Email: kyexternalreview@wellcare.com
- 2 Fax: 1-800-509-8203
- 3 Mail: WellCare Health Plans
Attention: External Independent Third-Party Review
13551 Triton Park Blvd., Suite 1800
Louisville, KY 40223

WellCare will confirm receipt of your request for external third-party review within five business days of receiving your request.

As required by 907 KAR 17:035, if you request an external third-party review, WellCare will forward to the Department for Medicaid Services all documentation submitted by you during the appeal/dispute process within 15 business days of receiving your request. **No additional documentation will be allowed for consideration by the external independent third-party review.**



Additionally, if WellCare's decision is upheld by the external independent third-party review, you have the right to request an administrative hearing in accordance with 907 KAR 17:040 within 30 calendar days of the Department's written notice. You must submit your request for administrative hearing to:

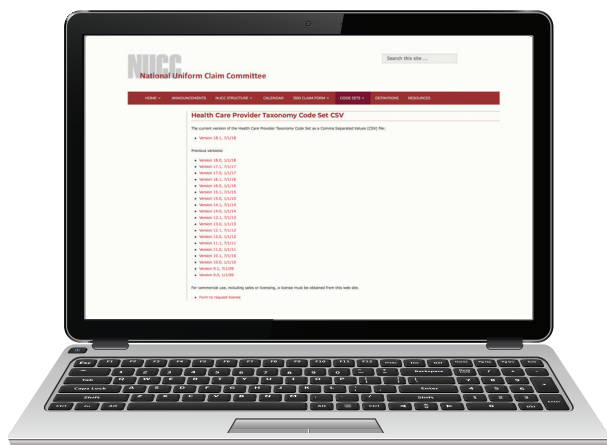
**Cabinet for Health and Family Services
Department for Medicaid Services
Division of Program Quality and Outcomes
275 East Main Street, 6C-C
Frankfort, KY 40621**

Billing a Taxonomy Code To Avoid a Submission Rejection

The WellCare EDI team would like to remind all non-atypical KY Medicaid providers to please bill with a valid taxonomy code to avoid a submission rejection. A valid taxonomy code is submitted in Rendering Provider and/or in the Billing Provider specialty information in a CMS1500/837P submission and the Billing Provider specialty information in a UB04/837I submission.

Where to find your valid taxonomy code:

http://www.nucc.org/index.php?option=com_content&view=article&id=107&Itemid=132



Professional Taxonomy guidance:

When the Rendering Provider is the individual submitting the claim, then submit the Rendering Physician's Taxonomy in the 2310B loop within the PRV segment. When the Rendering Provider is the same entity as the Billing Provider, then omit the Rendering Provider Loop and submit the Billing Provider Taxonomy in 2000A loop with the PRV segment.

Institutional Taxonomy guidance:

Submit the Billing Provider Taxonomy in 2000A loop with the PRV segment.

For inquiries related to Taxonomy, please contact our EDI team at EDI-Master@wellcare.com.

5010 Electronic Submission Examples:

837P:

The Rendering Provider Taxonomy is submitted in the 2310B loop PRV segment example: **PRV*PE*PXC*10 byte taxonomy**

OR

The Bill To Provider Taxonomy is located in the 2000A loop PRV segment example: **PRV*BI*PXC*10-byte taxonomy**

837I:

The Bill To Provider Taxonomy is located in the 2000A loop PRV segment example: **PRV*BI*PXC*10-byte taxonomy**



Paper Submission Examples:

CMS1500:

FL24j shaded = Rendering Provider taxonomy and **FL24i shaded** = the qualifier ZZ (4010) and PXC (5010) – Either qualifier will be accepted by WellCare.

OR

FL33b = Enter the two digit qualifier ZZ or PXC will be accepted by WellCare followed by the Taxonomy. Do not enter a space, hyphen, or other separator between the qualifier and taxonomy.

UB04:

FL81CCa = Enter the two digit qualifier B3 followed by the appropriate Taxonomy for the billing organization from the taxonomy list provided in the link to the left.



Admission Notifications and Prior Authorizations

This is a Reminder of Current Policy

Notification when a WellCare member is admitted to a facility:

As a reminder, WellCare requires notification by the next business day when a member is admitted to a facility. Notification is necessary for WellCare to obtain clinical information to perform case management and ensure coordination of services. Failure to notify WellCare of admissions or observation stays may result in denial of the claim.

Prior authorization for outpatient services:

WellCare has enhanced and standardized the provider portal authorization look-up tool with respect to place of service and clinical appropriateness. To reflect industry best practices and reduce the administrative burden on providers, the number of procedures requiring prior authorization has been reduced. Please remember to consult the authorization look-up tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

We value your partnership and work to ensure that every WellCare member receives quality health care.



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.



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.

Clinical Policy Guiding Documents (CPGDs) are also available; these are companions to the CPGs on a variety of topics. Currently there are three CPGDs:

- CPG Hierarchy
- Health equity, literacy, and cultural competency
- Quality Improvement

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit <https://www.wellcare.com/Kentucky/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:

Medicaid



Send a letter on your letterhead with the updated information to KY_ProviderCorrection@wellcare.com. Please include contact information if we need to follow up with you.

Medicare



Call: 1-855-538-0454

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



Provider Formulary Updates

Medicaid:

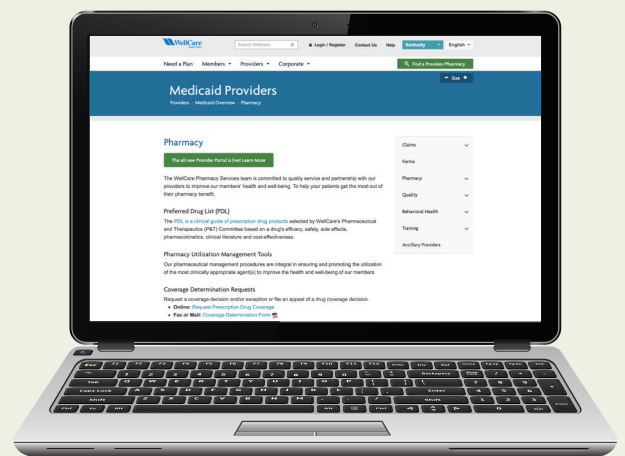
The WellCare Medicaid Preferred Drug List (PDL) has been updated. Visit www.wellcare.com/Kentucky/Providers/Medicaid/Pharmacy to view the current PDL and any pharmacy updates.

You can also refer to the Provider Manual available at www.wellcare.com/Kentucky/Providers/Medicaid to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures.

Medicare:

The Medicare Formulary has been updated. Find the most up-to-date complete formulary at www.wellcare.com/Kentucky/Providers/Medicare/Pharmacy.

You can also refer to the Provider Manual available at www.wellcare.com/Kentucky/Providers/Medicare to view more information regarding WellCare's pharmacy UM policies and procedures.





Beyond Healthcare. A Better You.

WellCare of Kentucky, Inc.
13551 Triton Park Blvd.
Suite 1800
Louisville, KY 40223

WellCare Office Locations



www.wellcare.com/Kentucky/Providers

WellCare has various offices throughout Kentucky where you will find your local Provider Relations and Health Services team members.

Ashland

1539 Greenup Avenue
5th Floor
Ashland, KY 41101-7613
Main Office Number: 1-606-327-6200

Bowling Green

360 East 8th Ave.
Suite 311
Bowling Green, KY 42101-2135
Main Office Number: 1-270-793-7301

Hazard

450 Village Lane
Hazard, KY 41701-1701
Main Office Number: 1-606-436-1500

Lexington

2480 Fortune Drive
Suite 200
Lexington, KY 40509-4168
Main Office Number: 1-859-264-5100

Louisville

13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223-4198
Main Office Number: 1-502-253-5100

Owensboro

The Springs, Building C
2200 E. Parrish Ave., Suite 204
Owensboro, KY 42303-1451
Main Office Number: 1-270-688-7000

Important reminder

You can use the member's Kentucky Medicaid ID number when the WellCare member ID number is not available when billing a claim.

Please remember to use the Kentucky MMIS, www.kymmisis.com, as your primary source of Managed Care Organization (MCO) assignment and eligibility for WellCare members. We encourage all providers to use KYMMIS as their primary source as it contains the most updated eligibility and MCO assignment information on each individual member.