



Kentucky

Provider Newsletter



2019 • Issue IV

Quality

Your Role in Flu Prevention

It is important for you to talk to your patients about the flu vaccine. The recent flu seasons were among the most active in recent history. Prevention and keeping your patients healthy is part of our quality focus at WellCare. As we enter the 2020 flu season, here are some reminders from the Centers for Disease and Control Prevention (CDC) on how you can help to keep your patients safe from the flu.

1. All patients age 6 months and older should be immunized against the flu every year.
2. Encourage your patients to get the flu vaccine at your practice or at their local pharmacy as soon as it becomes available.
3. Discuss with your patients any concerns and barriers that may prevent them from getting the vaccine.
4. Remind patients the flu vaccine can protect them from getting the flu and spreading it to their family and friends.

We encourage you to visit the CDC website for the most up-to-date information and patient education materials about the upcoming flu season.

Reference: Centers for Disease and Control and Prevention. Influenza ACIP Vaccine Recommendations. Available at: <https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html>. Accessed April 27, 2018.

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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.





You Can Improve Patient Satisfaction

Understanding Generational Differences Is Key



Improving Patient Satisfaction and Compliance in Healthcare

Being knowledgeable about age-based differences regarding healthcare expectations can enhance patient satisfaction and outcomes. Your practice may see four generations of patients with varying expectations (Greatest Generation, Baby Boomers, Generation X and Millennials).

Phone: 1-877-389-9457 (TTY 711) • Website: www.wellcare.com/Kentucky

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 <https://www.wellcare.com/KYCare2020ID>.



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 that 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>

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 choosing the most appropriate statin-intensity for your patient.

ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce ASCVD Risk in Adults	
Patient Risk Category	ACC/AHA Recommendation
Patients Ages 40–75 with diabetes and low density lipoprotein (LDL) from 70–189 mcg/dL	A statin medication (intensity dependent on patient's risk factors)
Patients with a 10-year ASCVD risk < 7.5%	A moderate-intensity statin
Patients with a 10-year ASCVD risk > 7.5%	A high-intensity statin
Patients ≤ 75 years of age with established clinical ASCVD	A high-intensity statin

Commonly Prescribed Statins	
High-Intensity	Moderate-Intensity
atorvastatin 40, 80 mg	lovastatin 40mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg
	simvastatin 20, 40 mg
	atorvastatin 10, 20 mg
	rosuvastatin 5, 10 mg

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.

Reference

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. <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>

WellCare Online tools for WellCare Providers

Self-Service Quick Reference Guide

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



Tools For A Better Provider Experience

This Self-Service Resource Guide helps providers doing business with WellCare. We want your interactions with us to be as easy, convenient and efficient as possible. Giving providers and their staff self-service tools and access is a way for us to accomplish this goal. We hope this guide will help you get the best out of the online resources at your fingertips. To access the Portal Self Service Quick Reference Guide, click here:

<https://www.wellcare.com/Kentucky/Providers/Medicare>



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, health care 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.

For more information concerning our secure portal and to view our portal training materials, please go to the appropriate link below:

<https://provider.wellcare.com>



How to Register

1 Step One: Visit the account registration page to get a username and password:



<https://provider.wellcare.com/Provider/Accounts/Registration>

This page is also accessible from the login page.

2 Step Two: Complete the registration form. Select three different security questions and answers, and agree to the Terms and Conditions.

3 Step Three: After completing Steps 1 and 2, you will receive a verification email. Click the link in this email to activate the account and set a password.

4 Step Four: After setting and submitting your password, you will be routed to the Request Affiliation screen. There is the option to request affiliation to an account at the Contract[†] or Sub-Group[†] level. Providers can locate the desired Contract or Sub-Group and submit the request. Then it is sent to the Administrator (Admin) of that account to approve or deny. Please note there is no access to tools in the portal until the Admin has approved the request.



Provider Online Resources

We want to ensure providers have ample resources to pull from when running their business. Our resource guides, educational newsletters, and provider manuals can offer valuable information that will benefit your patients and your practice.


Provider Manuals

Essential information about our policies and procedures for claims, quality improvement, appeals, behavioral health, and more.

Resource Guides

These guides assist with routine tasks related to:

- Secure Provider Portal
- Quick Reference Guide
- Verifying Member Eligibility
- Prior Authorizations
- Claims
- Appeals

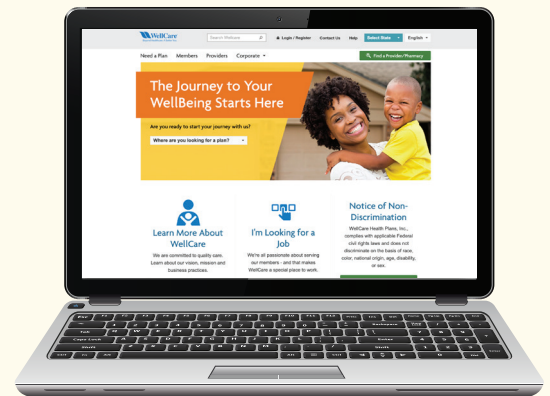


Access these resources by visiting www.wellcare.com, selecting your state, then clicking *Provider and Resources* – or on the secure Provider portal under *Other Resources*.

Newsletters & Bulletins

Our newsletters and bulletins give providers important information regarding updating provider information, rights and responsibilities, our Healthy Rewards Program, formulary changes, PaySpan[®] and more. You can also find updates on changes that affect you – such as updated clinical guidelines, new and updated policies, authorization changes and company news and initiatives.

Access our newsletters by visiting www.wellcare.com, selecting their state, hovering over the *Provider* tab, and then clicking *Newsletters* under *News and Education*.





Introducing PaySpan®

Electronic Funds Transfer (EFT) and Electronic Remittance Advice (ERA)

We are pleased to offer electronic funds transfer (EFT) and electronic remittance advice (ERA) services through PaySpan® at no charge. These tools give you a secure, quick way to electronically settle claims. Using this no-cost service, providers can settle claims without investing in expensive EDI software. After completing a simple online enrollment, you can receive ERAs and import the information directly into their practice management or patient accounting system.

Using PaySpan®, EFTs are routed to the bank account(s) you choose. Providers can manage multiple payers, choose from among common and proprietary formats for ERAs, easily reconcile payments with claims, and take advantage of claim and remittance retrieval and reporting. PaySpan® can be reached via email at providersupport@payspanhealth.com, by phone at **1-877-331-7154**, option 1, Monday through Friday, 8 a.m. to 8 p.m., Eastern, or on the web at www.payspanhealth.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 now have the ability to use our Chat application instead of calling and speaking with agents. Here are some ways our Chat support can help you and your staff:

- Multi-session functionality
- Web support assistance
- Real-time claim adjustments

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 – No one wants to spend their lunch break on hold. With live Chat support, you can carry on with their daily errands while waiting for an agent to reply.

Documentation of Interaction – Chat logs provide transparency and proof of contact. When customers engage with customer support via phone, they don't typically receive a recording of the verbal conversation. 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 the appropriate link below.
- 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.



Link to Secure Provider Portal:

<https://provider.wellcare.com/>



Using WellCare IVR

The Benefits of Interactive Voice Response (IVR) Our Interactive Voice Response (IVR) assists providers with self-service functionality. You can bypass speaking with an associate to check eligibility, claim status or authorization status. You can use the IVR by calling the toll-free Provider Services telephone number provided in your Quick Reference Guide. The Quick Reference Guide is located on our website at www.wellcare.com.

Provider-friendly functionality:

- Expedites provider verification and authentication
- Provider/Member account information is sent directly to the agent desktop so providers don't have to re-enter information if they choose to use Chat or speak to a customer service agent
- Providers can speak information or use their touch-tone key-pad

- Multiples lines of claims details for denials
- Rejected claims information is also available through self-service system
- Claim numbers are available
- Ticket number is provided as record of interaction

Convenience for providers available any time of day!

- Member co-pay and benefit information
- Member eligibility information
- Authorization status & request for authorization forms
- Pharmacy status information and requesting forms
- Unlimited claims status information on full or partial payments

Tips for Providers using our IVR:

Have the following information available with each call:

- 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



WellCare Self-Service Offering:

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		

Note: For contract related questions, providers should continue to contact their Provider Relations representative.



Diabetes Care

According to the American Diabetes Association, diabetes causes more deaths per year than breast cancer and AIDS combined.

According to the Centers for Disease Control and Prevention, 9.4 percent of the U.S. population has diabetes. Another 84.1 million have prediabetes, a condition that can often lead to type 2 diabetes, within five years if not treated.

Comprehensive diabetes care includes:

- Annual diabetic/retinal eye exam
- Annual kidney disease monitoring
- Controlled blood sugar
- Medication adherence
- Statin use (if appropriate for your patient)
- Controlled blood pressure

Ask patients with diabetes how they are managing their condition. Make sure their blood sugar is under control (HbA1c<9), and they are following a care regimen that includes an appropriate diet, physical activity, medicines and observation of blood sugar as recommended.

Consider writing 90-day prescriptions to promote compliance with diabetes medications.

Diabetes Care Checklist

Every appointment:

- Blood pressure
- Feet

Every 3 months:

- A1c

Once a year:

- Microalbumin
- Dilated eye exam
- Patient cholesterol

How can you help?

- Make sure regular, preventive appointments and screenings are up-to-date.
- Encourage patient education regarding services offered outside the Primary Care Provider office, such as diabetic eye exam services.
- Review your patients' medication lists, sign the reviews and make sure they understand how they need to take their medications.
- Reach out to noncompliant patients.
- Consider adding a moderate- or high-intensity statin.



Incentives for Good Health

When members take steps for good health – like getting diabetes tests – they can earn debit cards and other prizes. To find out more about the Healthy Rewards program, visit www.wellcare.com.

¹Source: <https://www.cdc.gov/media/releases/2017/p0718-diabetes-report.html>



Breast Cancer Screening

Here are some quick reminders for closing breast cancer screening care gaps:

Always Enter: Test performed and date. If the member self-reports, also include the result.

Description: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer anytime on or between Oct. 1 two years before the measurement year and Dec. 31 of the measurement year.

Product Lines: Medicare/Medicaid

Exclusions: Bilateral Mastectomy

WellCare prefers to capture data for BCS based on claims. Please make sure to document the mammogram properly with the following information:

Billing Codes: 77055-77057, 77061-77063, 77065-77067 **HCPCS:** G0202, G0204, G0206

DO THIS!	NOT THAT!
Detailed information recorded on medical record	Not enough information recorded
Preventive Medicine Health Maintenance: MAMMOGRAM Date: 06/08/2017 BIRADS 1 Result: Normal	CHART 1 PATIENT SCREENING/HISTORY Female Screenings Last Mammogram – Considering Screening – Rx given (Insufficient Documentation: No date of service and No results/test not completed).

Quality care is a team effort. Thank you for playing a starring role!



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

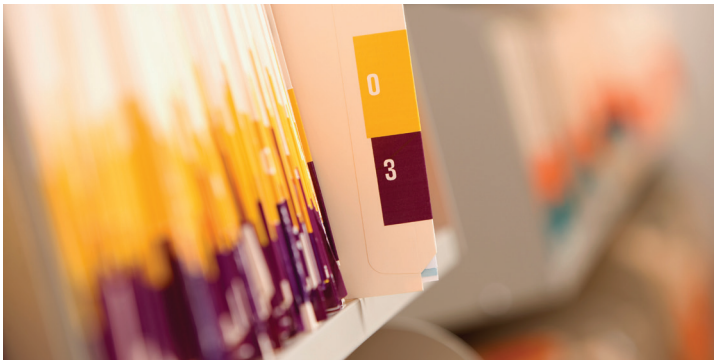
In accordance with CMS Guidelines Chapter 8 Section 80.4 of the Medicare Claims Processing Manual updated 01/18/2019, Rev. 4202, CAPD/CCPD will be allowed to be paid on a weekly or daily basis, not on a per treatment basis. Billing instructions require providers to report the number of days in the unit's 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.



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.

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 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.



Community Connections HELP Line

1-866-775-2192

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



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, Suite 501
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: 1-270-793-7300

Hazard

450 Village Lane
2nd Floor
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.kymm.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.