



Coronavirus Disease 2019 (COVID-19) Medicaid Healthcare Provider Update – Version 3

STATEMENT:

WellCare of Kentucky would like to thank all of you who are working on the front lines during these unprecedented times.

We are working hard to support you by providing up-to-date information, resources and guidance. This document covers some of the most important changes to benefits and processes related to the pandemic. It also includes information about new and ongoing provider resources that WellCare offers.

Thanks for your patience and flexibility. We will get through this together.

POLICY CHANGES

Prior Authorizations, Pre-certs and Concurrent Review

WellCare of Kentucky's prior authorization requirements are suspended

During this public emergency, prior authorization (PA) requirements are not required and are suspended. Providers may contact WellCare for assistance with case management and/or transitions of care; however, it is not required. Claims will not be denied for no PA with a Date of Service (DOS) of 2/4/2020 forward. Providers must continue to operate within their scope of practice and follow appropriate licensure and applicable guidance related to the care and treatment of patients. Claims identified as fraudulent during this timeframe may be recouped.

We are committed to reducing administrative burdens on providers who are on the front lines. Eliminating prior authorization requirements is in line with DMS policy and guidance, and will:

- Support increased provider capacity
- Improve efficiency
- Eliminate barriers that may impact access to services

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However, it would be helpful to receive notification of admissions and services that previously required prior authorization. This allows us to provide appropriate care coordination and care management for our members during the crisis. While prior authorization and concurrent review is not necessary, we are still here to assist you if needed with discharge and transition planning of our members to the next level of care.

At this difficult time, many of your patients may require case management services that our clinicians are uniquely capable of coordinating. By providing us notice it will allow us to engage our care management team.

Existing Prior Authorizations

Any prior authorization that has a limited timeframe and would expire prior to May 31, 2020, will be extended until September 30, 2020, unless notified otherwise and as outlined below:

Guidance will be implemented as follows:

1. Extend existing pre-service authorizations for non-recurring services to an end date of 9/30. No increase in the amount of services will be approved.
2. Providers must continue to verify member eligibility at the time of service, since the extended dates are not a guarantee of coverage.
3. No new notifications will be sent to providers or members from the WellCare Prior Authorization team for existing authorizations that are extended.

DRG Payment Adjustments

WellCare will follow guidance from DMS and will be updating our DRG payment methodology to include the new diagnosis codes U07.1 (COVID19) and B97.29 (Other coronavirus as the cause of diseases classified elsewhere). WellCare will implement a 20% add-on to the weight for the operating portion of the DRG assigned to a claim if the claim has a diagnosis code of B97.29, in any of the diagnosis code fields on discharges effective 01/27/2020 to 03/31/2020. For dates of discharge from 4/1/2020 until the foreseeable future, WellCare will implement a 20% add-on to the weight for the operating portion of the DRG assigned to a claim if the claim has a diagnosis code of U07.1 in any of the diagnosis code fields.

This change will be implemented as soon as WellCare's claim processing system has been updated to appropriately adjust DRG weights.

EXPANDED TELEHEALTH OPTIONS FOR MEDICAID

Telehealth expansion will help reduce the spread of COVID-19

WellCare of Kentucky understands that technology can help people receive routine care or be evaluated with mild symptoms while remaining "Healthy at Home" – limiting exposure with other patients, staff and the community.

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The information below is intended to be used as a reference guide to the various executive orders, regulations and FAQ's the Department for Medicaid Services (DMS) has made available as of April 8th. This information should not be considered comprehensive and is subject to change. A comprehensive FAQ can be found on the DMS website below:

<https://chfs.ky.gov/agencies/dms/Pages/cv.aspx>.

DMS has indicated that services rendered via telehealth should be billed with Place of Service (POS) "02" (Zero Two). Place of service is anywhere the patient is located at the time a telehealth service is provided, and includes telehealth provided to a patient at home or office, or a clinic, school or workplace.

Please note that in accordance with DMS regulation, 907 KAR 3:170:

A service is not reimbursed if:

- It is not medically necessary;
- The equivalent service is not covered by the department if provided in a face-to-face setting; or
- The provider does not meet requirements for a telehealth care provider.

To receive reimbursement, services must be:

- Medically necessary;
- Compliant with administrative regulation;
- Applicable to this administrative regulation; or
- Compliant with state or federal law.

Behavioral Health telehealth options expanded

Historically DMS regulations have restricted certain services to face-to-face encounters. However, for the duration of the Commonwealth's declared emergency, DMS is allowing the following services to be provided as synchronous telehealth or a telecommunication mediated health service:

- Peer support services
- Intensive outpatient program services
- Group outpatient therapy
- Service planning
- Partial hospitalization
- Targeted case management
- Mobile crisis services
- Applied behavioral analysis
- Comprehensive community support services
- Therapeutic rehabilitation program
- Day Treatment

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Licensed behavioral health providers can deliver these services via telehealth. Certain individuals including a CADC and a CSW may conduct customary services (not otherwise limited by a licensing board), as appropriate, via telehealth if under clinical supervision. During this emergency, a licensed provider may utilize e-signatures to demonstrate supervision. Residential substance use disorder treatment services and residential crisis services **can** be provided through telehealth. DMS will allow for certain services provided within residential SUD or residential crisis stabilization units, clinical services provided within the residential service that are typically performed in person, to be done via telehealth.

Programs must remain compliant with licensure standards in terms of overall direct staffing. They are asked to engage in social distancing to the degree possible including limiting eliminating/reducing group activities, ending outside activities that are not therapeutically essential and restricting outside visitation. We also encourage screening of employees.

DMS would like to stress that services that are performed as part of the residential per diem are not eligible for additional reimbursement.

Medical Services

DMS has added the following codes for the temporary coverage of brief communications with established patients:

- G2012 to be utilized for telephone calls and other telecommunication devices between physician or licensed behavioral health provider and patient
- G2010 to be utilized for remote evaluation (email for example) of recorded video or images submitted by the patient

We continue to encourage providers to use the existing telehealth codes that are currently in place for telephone based evaluation and management services for existing patients when appropriate:

- 99441 - Telephone evaluation and management service; 5 to 10 minutes
- 99442 - Telephone evaluation and management service; 11 to 20 minutes
- 99443 - Telephone evaluation and management service; 21 to 30 minutes

These codes are limited to MDs, APRNs, PAs and DOs. Reimbursement for these codes is based on individual provider agreements with WellCare.

Similar codes are also available for use by Non-MD/APRN/PAs and DOs.

- 98966 - Telephone assessment and management service; 5-10 minutes
- 98967 - Telephone assessment and management service; 11-20 minutes
- 98968 - Telephone assessment and management service; 21-30 minutes

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The following telehealth codes are available for use by non-physician healthcare professional and should be billed in accordance with CMS guidance.

- G2061 - Qualified non-physician provider on-line digital A&M service est. pt; 5-10 minutes
- G2062 - Qualified non-physician provider on-line digital A&M service est. pt; 11-20 minutes
- G2063 - Qualified non-physician provider on-line digital A&M service est. pt; 21+ minutes

DMS has indicated that services rendered via telehealth should be billed with Place of Service (POS) "02". Place of service is anywhere the patient is located at the time a telehealth service is provided and includes telehealth services provided to a patient at home or office, or a clinic, school or workplace.

In keeping with DMS guidance during this PHE, WellCare will accept chronic diagnoses submitted through a telehealth visit to complete appointment agenda closure. Please be advised in order to qualify for appointment agenda closure, the telehealth services must employ synchronous audio and video technology that permits communication between the patient and provider in real time.

Home health agencies can provide telehealth services. When billing, use revenue code 780.

PHARMACY CHANGES FOR MEDICAID

Key changes have been made in pharmacy benefits

WellCare of Kentucky has implemented the following changes to the Medicaid outpatient pharmacy program. These changes are in line with guidance from DMS.

- All prescription drug copays have been waived for all Medicaid members.
- Quantity limits have been removed for the short acting beta agonist (SABA) class of medications
 - Includes albuterol inhalers/nebulizers and similar agents.
- Refill too soon rejections will no longer apply for all medications. Pharmacies will need to enter the code SCC 13 to override refill too soon edit at the point of sale.
- Prescriptions can be written for up to a 92-day supply of all medications except opioids. E-prescribing is highly encouraged.
- Short-term (30 days) prior authorization renewals for any medication (including opioids) will be allowed; if PA was previously on file, it will be approved.
- Please encourage the member to check to see if their pharmacy offers home delivery and consider use to avoid exposure outside of their home.
- If member's local pharmacy does not offer home deliver, mail order is an option. Prescriber Order form can be found at: https://www.caremark.com/portal/asset/NewRX_Fax_Form_v91.pdf

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Restrictions on chloroquine, hydroxychloroquine, mefloquine, and azithromycin

Per the Kentucky Board of Pharmacy, prescriptions for chloroquine, hydroxychloroquine, mefloquine, and azithromycin may only be dispensed if:

1. The prescription or medication order bears a **written diagnosis from the prescriber** consistent with its use.
2. The prescription or medication order is limited to **no more than a ten (10) day supply**, unless the patient was previously established on this medication prior to March 25, 2020.
3. **No refills may be permitted** unless a new prescription or medication order is furnished with established written diagnosis and indication for continuation of therapy.
4. The Board of Pharmacy shall have authority to set limitations on any medications for use in the treatment of the COVID-19 coronavirus.

PROVIDER SERVICES

Claims Processing and Calls to Provider Claims Support

WellCare anticipates little to no impact on claims payment activities. Many of our claims processing staff work remotely and others have been recently deployed to also work remotely in response to COVID-19 social distancing requirements.

WellCare has placed a temporary hold on offering real time review of claims and live adjustments through Provider Claims Support. This is only applicable when a provider calls requesting information on the status of a claims and then has another issue. We will continue supporting all claims status calls. If a provider escalates an issue, the Provider Claims Support will pend the issue for review at a later date and will set timeframe expectations for when our provider can expect to receive a response.

As always, we encourage our providers to contact their assigned Provider Relations Representative or Hospital Services Specialist if you have a claims issue that cannot be resolved through Provider Claims Support. Please be advised the WellCare Provider Relations staff members work remotely and while they have suspended most in-person visits in response to COVID-19 Social Distancing requirements, they remain readily available to assist with issue resolution.

Provider Relations Representatives

If for any reason a provider is unfamiliar with their assigned Provider Relations Representative, please visit our WellCare of Kentucky Website (<https://www.wellcare.com/Kentucky/>). Follow the defined steps to locate your individual Provider Relations Representative:

- Click on **Providers**;
- Click on **Overview** for either Medicaid or Medicare; and

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- Search for the document under **Resources** entitled “**Who is My Provider Relations Representative?**”
- Please contact your Provider Relations Representative with any questions or assistance you may need.

Weekly Webinars

WellCare continues to conduct our provider educational webinars. They will be held every Friday from 1:00-2:00 EST. Our focus will be on updating our providers with new information and answering your questions. Please contact your Provider Relations Representative or see our WellCare of Kentucky website to participate.

COVID-19 Email Mailbox

WellCare of Kentucky has established an email mailbox for providers' questions about COVID-19. As always, we would encourage you to first contact your Provider Relations Representative, Hospital Services Specialist or Quality Practice Advisor. The mailbox is simply another resource we are making available during these challenging times.

COVID19KY@WELLCARE.com

Provider Financial Support & Resource

The COVID-19 Provider Support and Resource page is now available on the Centene website via the COVID-19 Resource page. This web

<https://www.centene.com/covid-19-resource-center/provider-assistance.html>

Overpayment Recoveries

WellCare is committed to business continuity and ensuring that you have the resources to serve our members. As such, WellCare, including its recovery vendors, is suspending any future overpayment recovery requests and extending the appeal deadline on existing overpayment recovery requests, for sixty (60) days. We will reevaluate the situation at that time and apply further extensions as warranted. Please note that any recovery initiatives related to fraud, waste and abuse or subrogation are excluded from the suspension.

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Care Management

WellCare's Care Management team will also serve in a supportive capacity to PCPs and behavioral health providers for members needing additional assistance. Care management services required during the pandemic could include additional education, medical and/or behavioral services due to the virus, or the associated isolation and depression. We are also able to provide support to our members when additional residential, social and other support services are needed. A provider may request Care Management services by contacting care management at 1-866-635-7045.

COMMUNITY CONNECTIONS HELP LINE

WellCare's help line available for members, non-members and caregivers

Many families are facing new and unexpected financial or social hardships during this time of social distancing. Our Community Connections Help Line can help connect people to a comprehensive and constantly updated database of community social supports, including:

- Housing
- Healthy food
- Utility assistance
- Employment and training
- Legal help
- Peer support services
- Non-benefitted transportation options

This help line is part of our Community Connections model. Calls are answered by empathetic Peer Coaches who have first-hand experience in navigating social services. They assess the needs of an individual, collect information to better understand their situation and eligibility, and connect them to local resources. Follow-up calls are completed to ensure needs are met.

How to Access the CCHL

Phone Number: 866-775-2192

Hours of Operation: Monday – Friday between 9:00am and 9:00pm EST.

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