



Kentucky | 2017 | Issue I
PROVIDER NEWSLETTER



ANNUAL PROVIDER SATISFACTION SURVEY

Thank you all who participated in the annual survey process in 2016. WellCare continues to focus efforts on the experiences of our members and providers. The 2016 annual Provider Satisfaction Survey concentrated on a variety of subjects including call center staff, finance issues, utilization and quality management, network/coordination of care, pharmacy, provider relations and overall satisfaction and loyalty.

Extensive reviews of our 2016 survey results are underway to ensure that our focus is aligned with the needs of our providers. Current areas of focus include enhancing provider services at the local level, claim processing and issue resolution, enriching administrative tools/capabilities, and continued emphasis on quality. The organization is continuously engaged with several cross-functional teams working on these initiatives and others that are aimed at better serving our providers. We anticipate incremental gains on several initiatives in 2017 and continued improvement beyond.

In July/August of 2017, WellCare will conduct the annual Provider Satisfaction Survey to continue measuring progress, as well as better evaluate how we can become more effective and productive business partners.

Your participation is encouraged – and appreciated – as together we strive to positively impact our members’ lives.

WE’RE IN THIS TOGETHER: QUALITY HEALTH CARE

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.



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FORMULARY SEARCH APP

PRESCRIBE WITH CONFIDENCE – EVERY DRUG, EVERY PLAN, EVERY TIME

Are you and your team spending valuable time processing prior authorizations?

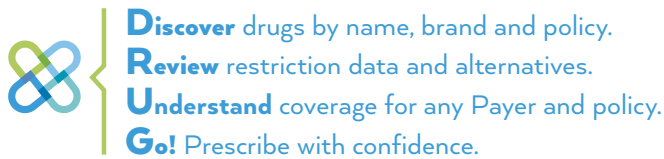
Formulary Search quickly provides the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team.

NEW FORMULARY SEARCH APP EXTENDS THE TOOLS YOU USE TO PRESCRIBE WITH CONFIDENCE

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to WellCare's extensive support resources, Formulary Search is designed to be intuitive, simple and always available.

- Identify coverage and restriction criteria and alternative therapies by brand, region and plan.
- "Favorite" often-prescribed drugs for rapid access.
- No registration, no username, no passwords.

Search from your desktop at www.FormularyLookup.com or download the free app today.



Q1 2017 PROVIDER FORMULARY UPDATE

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.

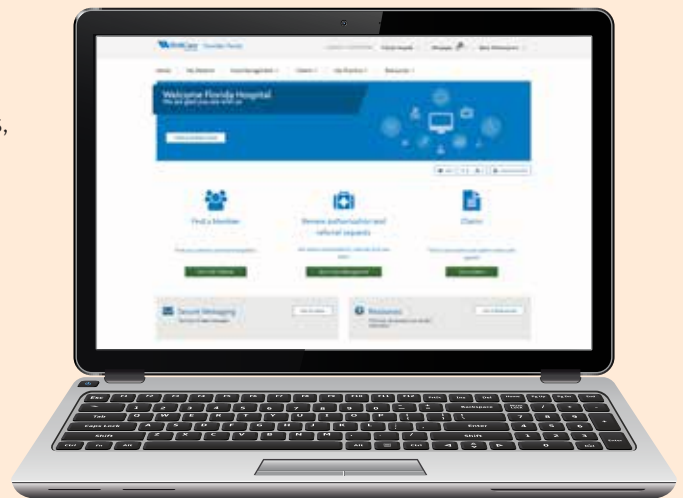
COMING SOON: NEW PROVIDER PORTAL

WELLCARE'S NEW PROVIDER PORTAL ARRIVES IN SPRING 2017!

The portal will have a whole new look and streamlined tools, including:

- Comprehensive Member Profile with Eligibility, Benefits and Co-Pays, Care Gaps, Pharmacy Utilization, and more
- Improved Authorization and Claim Submission
- More ways to communicate with us electronically (Secure Messages and Online Chat)
- Practice Management – Update Demographic Information, Select Communication Preferences, Manage Users, etc.
- More Robust Data and Reports

Stay tuned for more information.



2017 EDIT EXPANSION

WellCare Health Plans is expanding its claims edit library with additional policies. Periodic updates of our edits ensure claims are processed accurately and efficiently based on our medical coverage policies, reimbursement policies, benefit plans, and industry-standard coding practices, mainly Centers for Medicare and Medicaid Services (CMS). These are three examples of the upcoming policies.

ICD-10 LATERALITY AND EXCLUDES 1 NOTE POLICIES:

ICD-10 CM laterality codes indicate conditions that occur on the left, right, or bilaterally and an Excludes 1 Note indicates mutually exclusive diagnoses.

For example, ICD code M17.10 (Unilateral primary osteoarthritis, unspecified knee) should not be billed with M17.12 (Unilateral primary osteoarthritis, left knee). An Excludes 1 Note is used when two conditions cannot occur together (mutually exclusive), such as a congenital form versus an acquired form of the same condition.

CHANGE RECOMMENDATION POLICY:

Through our advanced processing edit logic, each claim will be assessed and a coding recommendation applied rather than a denial, when applicable based on WellCare's Edit Policy. The change recommendation policy will assist to reduce provider disputes for incorrect coding claims scenarios.

For example, according to CMS policy, Ambulatory Surgical Center (ASC) facilities are no longer required to submit modifier SG (ASC facility service) to indicate that a service was rendered in an ASC. Therefore, modifier SG is unnecessary and may be removed from a claim and processed without a denial.

Please refer to the provider portal for the listing of the upcoming edits and implementation dates.

AVAILABILITY OF REVIEW CRITERIA

The determination of medical necessity review criteria and guidelines are available to providers upon request. You may request a copy of the criteria used for specific determination of medical necessity by calling Provider Services at the number listed on your *Quick Reference Guide* at www.wellcare.com/Kentucky/Providers under the Medicaid or Medicare sections.

Also, please remember that all Clinical Coverage Guidelines detailing medical necessity criteria for certain medical procedures, devices and tests are available via the Provider Resources link at www.wellcare.com/Kentucky/Providers/Clinical-Guidelines/CCGs.

RXEFFECT

ACCESS YOUR APPOINTMENT AGENDA THROUGH RXEFFECT!

We are pleased to announce that you are now able to access WellCare appointment agendas through RxEffect. The Appointment Agenda is a one-page guide to assist providers in reviewing gaps in a patient's care during an office visit. The document contains current open care gaps and dropped diagnoses. Following the office visit, the provider should include all diagnosis codes (Dx) and procedure codes (CPT/CPT II) on the claim they submit to WellCare.

RxEffect is a web portal available to our Medicare PCPs that provides near real-time member medication adherence status. As before, you can print out and return your appointment agenda replies via facsimile, but will also have the opportunity to electronically submit your responses directly through the RxEffect portal. RxEffect can be accessed directly at portal.rxante.com or via a link within the Provider Portal. If you don't have access, speak with your WellCare representative to get started.

CLINICAL PRACTICE GUIDELINES – SEE UPDATES

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. WellCare CPGs 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. The CPGs are available on the Provider Portal at www.wellcare.com/Kentucky/Providers/Clinical-Guidelines/CPGs. CPGs on the Provider Portal include, but are not limited to:

GENERAL CLINICAL PRACTICE GUIDELINES

- Alzheimer's disease and other dementias
- Asthma
- Cancer
- Cholesterol management
- Chronic heart failure
- Chronic kidney disease*
- Congestive heart failure
- COPD
- Coronary artery disease
- Diabetes in adults*
- Diabetes in children
- Fall risk assessment in older adults
- HIV antiretroviral treatment
- HIV screening*
- Hypertension
- Imaging for low back pain
- Lead exposure
- Motivational interviewing and health behavior change
- Obesity in adults
- Obesity in children
- Osteoporosis
- Palliative care
- Pharyngitis
- Rheumatoid arthritis
- Sickle cell disease
- Smoking cessation
- Transitions of care

PREVENTIVE HEALTH GUIDELINES

- Adult preventive health*
- Preventive health pediatric*
- Pregnancy*
- Preconception and inter-pregnancy*
- Postpartum*

BEHAVIORAL HEALTH CPGS

- ADHD
- Antipsychotic drug use in children and adolescents
- Behavioral health and sexual offenders in adults
- Behavioral health conditions in high-risk pregnancy
- Bipolar disorder
- Depressive disorders in children and adolescents
- Eating disorders
- Major depressive disorders in adults
- Persons with serious mental illness and medical comorbidities*
- Schizophrenia*
- Substance use disorders
- Substance use disorders in high-risk pregnancy
- Suicidal behaviors
- Behavioral health screening in primary care settings*
- Psychotropic drug use in children*
- Screening, Brief Intervention and Referral to Treatment (SBIRT) *

*CPGs noted have been updated and published to the Provider Portal

ANNUAL CAHPS® SURVEY – FEEDBACK ON WHAT MATTERS TO YOUR PATIENTS

The 2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey will be mailed to select members of our health plan. The goal of this survey is to gather feedback from our members about their satisfaction levels with providers, the health plan and the quality of the care they receive. We hope you will encourage your patients to participate if selected.

Your colleagues have offered the following best practices to improve your ratings:

- Slow down and actively listen. Encourage questions and notice if your patient has a puzzled look. It may be helpful to ask your patient to repeat back what they understand.
- Let patients and their caregiver(s) know your office hours and how to get after-hours care.
- Offer to schedule specialist appointments while your patients are in the office.
- If you are running late, instruct your staff to let your patients and their caregiver(s) know and apologize.
- Invite questions and encourage your patients or their caregiver(s) to take notes. Research shows most patients forget two out of three things you tell them when they walk out of the exam room.

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 on the update with you.

MEDICARE

Call 1-855-538-0454

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



DID YOU KNOW? AUTHORIZATION REQUESTS FOR MEDICAL NECESSITY

Did you know that WellCare can perform medical necessity reviews after a provider performs a service? With this process, WellCare can recoup payments to providers that may have been inappropriately paid.

Authorization only confirms whether a service meets WellCare's determination criteria at the time a provider makes an authorization request and does not guarantee payment. In addition, we retain the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

For more information, please contact your Provider Relations representative or call the Provider Services phone number on the back of this newsletter.



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.

ACCESS TO UTILIZATION STAFF

The Utilization Management (UM) section of your Provider Manual contains detailed information related to the UM program. Your patient, our member, can request materials in a different format including other languages, large print and audiotapes. There is no charge for this service.

If you have questions about the UM Program, please call Provider Services at the number listed on your *Quick Reference Guide* located at www.wellcare.com/Kentucky/Providers/Medicaid or www.wellcare.com/Kentucky/Providers/Medicare.

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 gift cards or reloadable 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 earn.

Population Segment	Focus Area	Activity Criteria	Incentive Type	Incentive Value	
New Enrollees	Health Risk Assessment	Complete a Health Risk Assessment form with the health plan within the first 90 days of enrollment	Visa Debit Card, or Gift Card	\$20	
Children's Health	0-15 Months	Well child visit per periodicity schedule (6 visits)	Visa Debit Card, or Gift Card	\$10 per visit for a total of \$60	
	3-6 years	Child health checkup visit	Visa Debit Card, or Gift Card	\$20	
	7-21 years	Adolescent checkup visit	Visa Debit Card, or Gift Card	\$20	
Healthy Pregnancy	Prenatal Care Visits	Attend > or equal to 6 prenatal visits before the birth of the baby	Visa Debit Card, or Gift Card	\$50	
	Postpartum Care Visit	Attend 1 postpartum visit 21-56 days after the birth of the baby	6 packs of Diapers	Description	Item size
				Small Diapers	64
				Medium Diapers	56
				Large Diapers	50
				Extra Large	44
		Plus a \$20 Gift Card			
Diabetes	Diabetes	Complete eye exam (members with diabetes ages 18-75)	Visa Debit Card, or Gift Card	\$20	
		Complete HgbA1C lab test (members with diabetes ages 18-75)	Visa Debit Card, or Gift Card	\$20	
Asthma	Asthma	Members 5-64 years old with asthma who complete 3 coaching calls with Disease Management automatically receive reward (no return card needed for this healthy behavior).	Visa Debit Card, or Gift Card	\$20	
Well Women	Cervical Cancer Screening	Complete of office visit for cervical cancer screening (Pap smear) (ages 21-64)	Visa Debit Card, or Gift Card	\$20	
	Screening mammogram	Completion of Screening mammogram - (ages 40-65)	Visa Debit Card, or Gift Card	\$20	
Adult Health (NEW)	Annual Adult Health Screening	Complete annual adult screening (Wellness Visit - members > 21 yrs old)	Visa Debit Card, or Gift Card	\$20	
Dental	Preventive Dental Visit	Any preventive dental visit for all WellCare members age 5 and up	Visa Debit Card, or Gift Card	\$20	
Smoking Cessation	Stop Smoking	Medically approved stop-smoking program	Visa Debit Card, or Gift Card	\$20	
Behavioral Health	Behavioral Health Follow-up	Go to a behavioral health provider within 7 days after a behavioral health hospital stay. (Members older than 6 years of age)	Visa Debit Card, or Gift Card	\$20	

Providers can encourage their patients to take part in this program by signing and including their provider ID on applicable activity reports. For more information on the Healthy Rewards Program, contact your Provider Relations Representative or call one of the Provider Services phone numbers at the end of this newsletter.

ENCOURAGING YOUR PATIENTS – DENTAL CARE

According to the Centers for Disease Control and Prevention (CDC), dental caries remain the most common chronic disease of children ages 6 to 11 and of adolescents ages 12 to 19. In the U.S., the average adult has between 10 to 17 permanent teeth that are decayed, missing or filled, with half also having gingivitis. Improving oral health in Kentucky is a statewide goal. The beginning of a new year is a good time to begin encouraging patients to get their annual dental checkup and preventive care.

WellCare currently has a Performance Improvement Project aimed at improving Pediatric Dental Health. We need your help to encourage children, adolescents and adults to get their dental checkups and preventive care during their office visits. In addition to improving their oral health, by completing preventive dental visits, members can participate in WellCare's Healthy Rewards Program to earn rewards on prepaid debit cards to purchase healthy items they use every day.

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. Members who need help finding a dental provider and/or scheduling an appointment may call WellCare Customer Service at the number at the end of this newsletter. Thank you for your continued commitment to quality care for our members!



IMPROVING MEDICAID POSTPARTUM OUTCOMES

In January 2015, WellCare of Kentucky initiated a statewide Medicaid Performance Improvement Project (PIP) related to postpartum care. The PIP aims to increase the percentage of women completing a postpartum visit between 21 and 56 days post-delivery, as well as increase the percentage of women who have a depression screening during their postpartum visit.

Perinatal depression, including major and minor depressive episodes that occur during pregnancy or in the first 12 months after delivery, is one of the most common medical complications during pregnancy and the postpartum period. Therefore, it is important to identify pregnant and postpartum women with depression because untreated depression and other mood disorders can have devastating effects on women, infants and families. The American College of Obstetricians and Gynecologists recommends clinicians screen patients at least once during the perinatal period for depression and anxiety symptoms. Prenatal and postpartum health care visits provide ideal opportunities for women with depression to be identified and treated.

In Kentucky, HEDIS® 2016 results for Postpartum Care (PPC) indicated only 49.88% (n=215 of 431) of women had a postpartum care visit on or between 21 and 56 days after delivery. This rate placed WellCare of Kentucky in the HEDIS 2016 Medicaid Quality Compass 10th percentile overall. Additionally, CY 2015 results for the Healthy Kentuckians Postpartum Depression Screening measure indicated only 55.81% (n=120 of 215) of those women had a postpartum depression screening completed during the postpartum care visit. These results show substantial opportunities for improvement.

WellCare of Kentucky values quality, and coordination and continuity of care for all members. We look forward to collaborating with you on this important care initiative and will update you on our efforts as more information is available.

HEDIS is a registered trademark of the National Committee for Quality Assurance.



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WELLCARE OFFICE LOCATIONS

Visit 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

922 State Street
Suite 300
Bowling Green, KY 42101-2216
Main Office Number: 1-270-793-7300

Hazard

479 High Street
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.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.