



Kentucky

Provider Newsletter



2018 • Issue IV

Quality

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>

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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.



Provider Independent External Review Resource

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 process with WellCare of Kentucky. **Provider requests for external review will only be considered for dates of service on or after December 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
ATTN: 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 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



Reminder of Policy: PCP Request of Transfer of Member

WellCare would like to remind our network of Providers the procedures for transferring Members. We would like to ensure our Providers are aware of the appropriate process for requesting Members to be removed from their panel. We partner with our providers to provide quality care for our Members, your patients, and our ultimate goal is for providers to work on quality with their patients by engaging them instead of reassignment.

When is it acceptable to request Transfer of Members:

- Member is non-compliant with treatment plan/plan of care.
- Evidence of abusive or inappropriate behavior
- PCP is unable to adequately address members needs
- Full list is available in the Provider Manual

When is it **NOT** acceptable to request Transfer of Members:

- PCP is unable to contact Member
- Members inhibiting quality scores and P4Q payments

How you can help improve quality care for your patients:

- Ensure Members understand their treatment plan, have them repeat it back.
- Make time to answer questions for your patients
- Be mindful of wait times and appointment availability
- Be sensitive to member's needs and circumstances
- Provide proper care and follow-up
- Promote preventative care and the importance of it
- Speak to patients about Prescription Adherence and its importance

How to submit a request:

- PCPs can now request to transfer a member via the New Provider Portal portal.wellcare.com/login/provider.

(This new online submission option replaces the previous fax form process)

- 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.
- Requesting providers will receive confirmation from Customer Service once the transfer is completed.

Thank you for partnering with us to provide quality care for all of our WellCare Members.



What you need to know:

- WellCare has established a uniform policy to ensure the proper evaluation and processing of requests to transfer/reassign members. This policy complies with specific State and/or Federal contractual requirements.
- Provider shall continue to provide medical care for the WellCare Member until written notification is received from WellCare confirming the Member has been transferred.
- The full detailed outline of this process can be located in the Provider Manual under the 'Termination of a Member' section.

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.

CPGs on the following topics have been updated and published to the Provider website:

- Acute and Chronic Kidney Disease: HS-1006
- ADHD: HS-1020
- Adolescent Preventive Health: HS-1051 **NEW**
- Adult Preventive Health: HS-1018
- Anxiety Disorders: HS-1057 **NEW**
- Asthma: HS-1001
- Behavioral Health Conditions and Substance Use in High Risk Pregnancy: HS-1040
- Behavioral Health Screening in Primary Care Settings: HS-1036
- Bipolar Disorder: HS-1017
- Cancer: HS-1034
- Cardiovascular Disease: HS-1002
- Child and Adolescent Behavioral Health: HS-1049 **NEW**
- Cholesterol Management: HS-1005
- Congestive Heart Failure: HS-1003
- COPD: HS-1007
- Dental and Oral Health: HS-1065
- Depressive Disorders in Children, Adolescents and Adults: HS-1022
- Diabetes: HS-1009
- Eating Disorders: HS-1046
- Fall Risk Assessment: HS-1033
- Frailty and Special Populations: HS-1052 **NEW**
- Hepatitis: HS-1050 **NEW**
- HIV Screening & Antiretroviral Treatment: HS-1024
- Hypertension: HS-1010
- Managing Infections: HS-1037
- Neonatal and Infant Health: HS-1072 **NEW**
- Neurodegenerative Disease: HS-1032 (previously Alzheimer's Disease)
- Obesity in Children and Adults: HS-1014
- Older Adult Preventive Health: HS-1063
- Osteoporosis: HS-1015
- Palliative Care: HS-1043
- Pediatric Preventive Health: HS-1019
- Persons with Serious Mental Illness and Medical Comorbidities: HS-1044
- Pneumonia: HS-1062
- Post-Traumatic Stress Disorder: HS-1048 **NEW**
- Rheumatoid Arthritis: HS-1025
- Sickle Cell Anemia: HS-1038
- Schizophrenia: HS-1026
- Substance Use Disorders: HS-1031
- Suicidal Behavior: HS-1027
- Traumatic Brain Injury (TBI): HS-1065 **NEW**

Clinical Policy Guiding Documents

- CPG Hierarchy
- Health Equity, Literacy, and Cultural Competency **NEW**

The following CPGs have been retired and removed from the Provider website:

- Acute Kidney Injury: HS-1069
- Antipsychotic Drug Use in Children: HS-1045
- Behavioral Health and Sexual Offenders in Adults: HS-1039
- Imaging for Low Back Pain: HS-1012
- Lead Exposure: HS-1011
- Motivational Interviewing & Health Behavior Change: HS-1042
- Pharyngitis: HS-1021
- Psychotropic Use in Children: HS-1047
- Screening, Brief Intervention, & Referral to Treatment (SBIRT): HS-1056
- Transitions of Care: HS-1054
- Major Depressive Disorder in Adults: HS-1008
- Substance Use Disorders in High Risk Pregnancy: HS-1041*

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



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 helping you choose 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

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 7/31/2018. <https://www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a>



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:

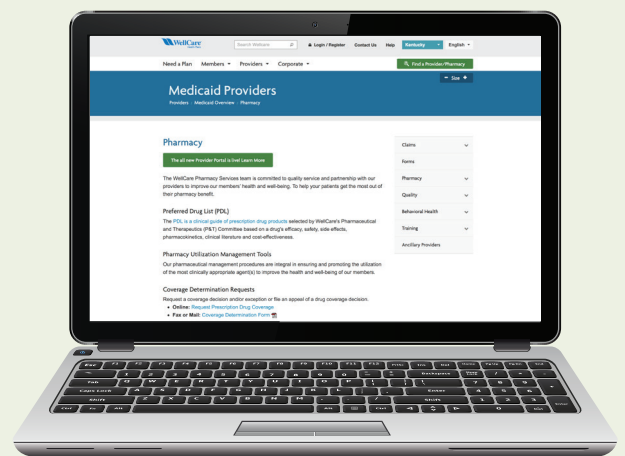
The WellCare Medicaid Preferred Drug List (PDL) has been updated. Visit www.wellcare.com/Kentucky/Providers/Medicaid/Pharmacy to view the current PDL and any pharmacy updates.

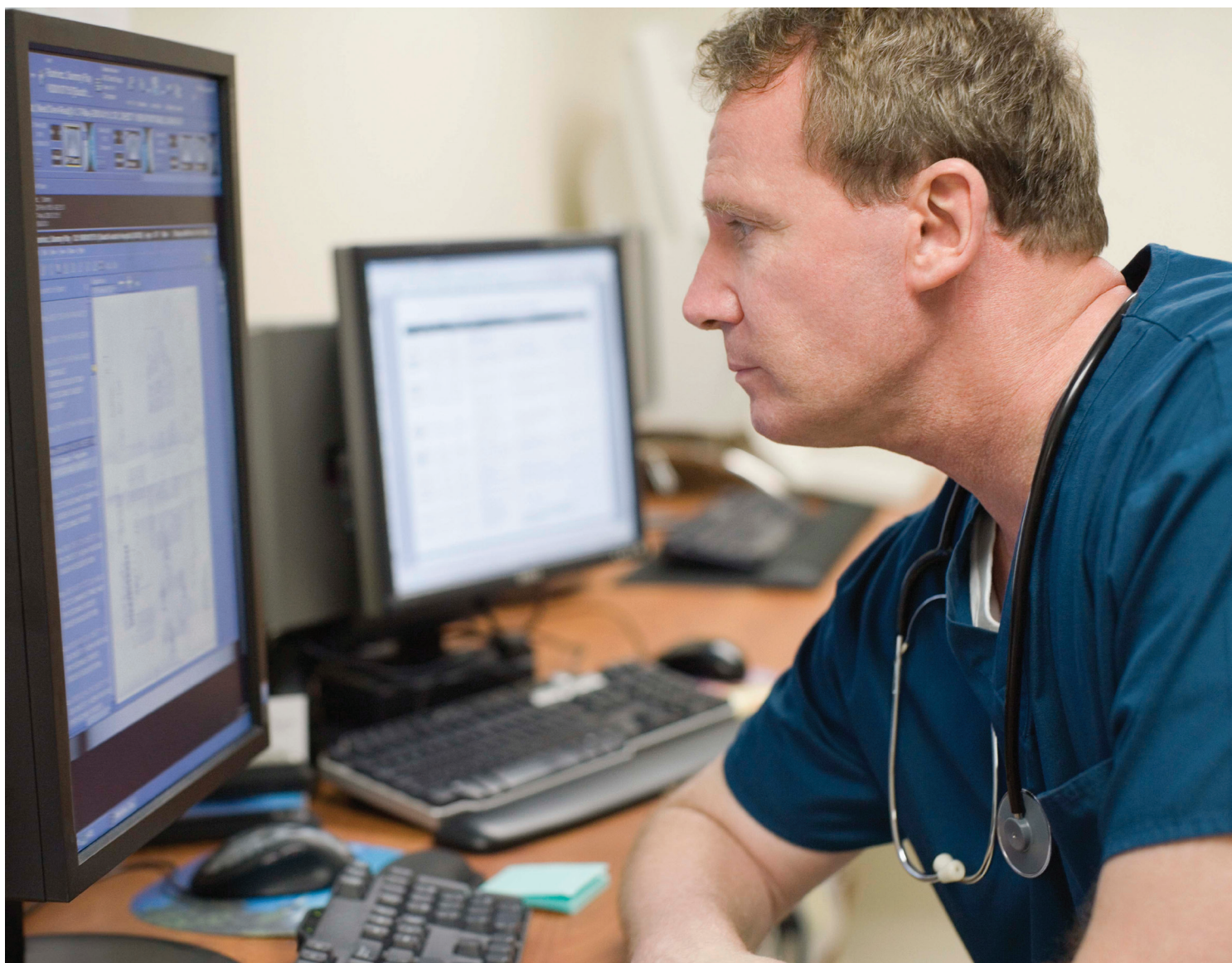
You can also refer to the Provider Manual available at www.wellcare.com/Kentucky/Providers/Medicaid to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures.

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.





Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

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

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.



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, 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.