



Georgia | 2017 | Issue I

PROVIDER NEWSLETTER



SPECIAL OPEN ENROLLMENT FOR ALL MEDICAID MEMBERS

The new Managed Care Medicaid contract for Georgia is set to go live July 1, 2017. From March 1 through March 31, all Medicaid recipients must actively choose their CMO plan in order to ensure they remain with their current CMO. Those who do not actively choose will be assigned to one of the CMOs based upon an algorithm under development by DCH. There are four CMO plans—WellCare, Amerigroup, PeachState and CareSource.

The choices the Medicaid members make will determine the makeup of your Medicaid panel. Patients must actively choose WellCare in order to ensure they remain within your WellCare panel.

WELLCARE IS HERE FOR YOU AND YOUR MEDICAID PATIENTS

In the 2016 Provider Satisfaction Survey by SPH Analytics, you told us why you enjoy working with WellCare. We provide hands-on support to you in a variety of ways:

Provider Relations Representatives: WellCare has representatives assigned to every county in Georgia, guaranteeing personalized attention, fast answers, and efficient resolution of problems. To contact your representative, download the most recent contact list at www.wellcare.com/Georgia. Go to the bottom of the page under *Providers*, click *Medicaid Resources*, then look for the *Provider Relations Contacts* document.

- **Quality Practice Advisors:** Our team can help you keep up with which patients are due for checkups and other preventive visits. The care model team is dedicated to field case management and works with your practice to help the most at-risk patients.

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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.



WellCare proudly serves the Georgia Medicaid and PeachCare for Kids® members enrolled in the Georgia Families® program and women enrolled in the Planning for Healthy Babies® program.

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- **Timely Claims Processing:** WellCare knows the importance of getting reimbursed quickly for services rendered. We offer a 15-day turnaround for clean electronic claims submissions. In addition, we have a dedicated team in your state to quickly triage claims issues.

We have appreciated your partnership, and we want to continue to serve you. Encourage your patients to make an active selection for their CMO of choice in March.

WHY SHOULD MEMBERS STAY WITH WELLCARE?

WellCare puts members first. We cover all regular Medicaid benefits and offer many benefits to help our members and their families stay healthy. Plus, we offer lots of **EXTRA** benefits.

DENTAL AND VISION BENEFIT

- **\$100 for Glasses:** Free eye exam (no co-pay). Members 21 and older have the choice to receive one of the following options per year:
 - Scratch coating
 - Tint
 - Polycarbonate lenses including UV or antireflective coating during the year
- **Preventive dental care:** Exams and dental cleanings twice a year for members 21 and older. Benefits include simple tooth removals and annual bitewings.

GOOD HEALTH, HEALTHY REWARDS

- **Free iPad, Apple Watch, or Fitbit:** Members are entered in quarterly raffle.
- **Over-the-Counter (OTC) Items:** Members get up to \$144 worth of products each year mailed right to their homes! No prescription required.
- **Healthy Rewards Debit Card:** Members earn over \$100 a year just for doing things that are good for their health.
- **Discount Card:** Saves members on everyday items like food, diapers, milk, wipes and other items.*

SPECIAL BENEFITS JUST FOR KIDS

- **Boys & Girls Clubs:** Annual membership to give members ages 6-18 a safe place to grow, learn and have fun (does not include summer and program fees)
- **Girl Scouts:** WellCare covers the annual fee for members ages 5-18, \$15 membership fee and \$15 supply fee (badges, patches); adult membership, fee \$15
- **Boy Scouts:** Annual membership to give members ages 6-18 a time to grow, learn and have fun
- **Healthy Kids Club:** Tips & tools for kids ages 4-11



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EXTRAS FOR NEW MOMS & MOMS-TO-BE

- **Free Cellphone:** \$250 value with unlimited data, talk and text so qualified pregnant members can stay in touch with their care teams
- **\$50 Debit Card and a Baby Stroller, Play Yard, Electric Breast Pump or 6 packs of Diapers, for mothers**
- **Baby Showers:** Get gifts and tips for staying healthy, plus a chance to win a prize
- **Text4Baby®:** Free service offering health tips on pregnancy and baby's first year
- **BabyLine®:** 24/7 access to support for pregnancy-related questions and issues



VALUES TO HELP MEMBERS LIVE BETTER & STAY FIT

- **Weight Watchers® Membership:** \$300 value*, 26 meetings a year and access to Weight Watchers® online for members 13 and older
- **Free Fitness Club Membership:** At clubs, like YMCA, LA Fitness, etc.*
- **Special Bedding:** Special bedding to help members avoid asthma triggers*
- **GED Exams:** \$200 value - all tests no cost*
- **Free Mobile App:** Provides members with easy access to ID cards, provider locators and checkup reminders
- **Transportation Assistance:** Schedules transportation to doctor and pharmacy visits, including Uber rides
- **CommUnity Assistance Line:** Helps members identify and access services including transportation, food and utility assistance
- **Community Events:** Family fun, block parties, skate parties, farmers markets, back to school and more!
- **24/7 Nurse Helpline:** Phone access to clinical support



ALTERNATIVE THERAPY

- **COBALT:** Provides free and confidential online cognitive behavioral health therapy to help members regain a sense of emotional well-being
- **Equine/Horse Therapy*:** Uses horses to provide emotional growth experiences for members with cognitive, behavioral or developmental disabilities

*Qualified Members

HEALTHY REWARDS PROGRAM

The Healthy Rewards Program rewards members for taking small steps toward healthier lives. When they complete primary care provider (PCP) visits, prenatal visits, and certain health checkups, members earn rewards that are placed on reloadable Visa® cards. Members can use these cards at a variety of locations to purchase items including milk, bread, diapers and over-the-counter (OTC) items. The more services members complete, the more they earn.

POPULATION SEGMENT	FOCUS AREA	ACTIVITY CRITERIA	INCENTIVE TYPE	INCENTIVE VALUE
New Enrollees	Initial PCP Visit	Initial PCP Visit within 90 days of enrollment	Reloadable Debit Card	\$30
	Diabetes and Adolescent Well-Child	Each quarter WellCare will draw the names of 4 people and provide each winner with an iPad	Raffle	iPad
Children's Health	0-15 Months	Well-child visit per periodicity schedule (6 visits)	Reloadable Debit Card	\$10 per visit for a total of \$60
	3-6 years	Annual Child health checkup visit	Reloadable Debit Card	\$25
	7- 21 years	Annual Adolescent checkup visit	Reloadable Debit Card	\$30
Healthy Pregnancy	Prenatal Care Visits	Attend 6 or more prenatal visits before the birth of the baby	Reloadable Debit Card	\$20
	Postpartum Care Visit	Attend 1 postpartum visit 21-56 days after the birth of the baby	Reloadable Debit Card	\$30
	Completion of Both	Completion of prenatal + Postpartum visits = total incentive	Reloadable Debit Card	Members who complete both receive \$50 incentive plus their choice of a stroller, portable playpen, 6 packs of diapers, or breast pump.
Diabetes	Diabetes	Complete eye exam (members with diabetes ages 18-75)	Reloadable Debit Card	\$20
		Complete HgbA1C lab test (members with diabetes ages 18-75)	Reloadable Debit Card	\$20
Well-Women	Cervical Cancer Screening	Complete office visit for cervical cancer screening (Pap smear) (ages 21-64)	Reloadable Debit Card	\$25
	Screening Mammogram	Completion of screening mammogram (ages 40-65)	Reloadable Debit Card	\$25
Adult Health (NEW)	Annual Adult Health Screening	Complete annual adult screening (Wellness Visit - members older than 21 years old)	Reloadable Debit Card	\$20

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

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 & 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/Georgia/Providers/Medicaid or www.wellcare.com/Georgia/Providers/Medicare.

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/Georgia/Providers/Clinical-Guidelines/CCGs.

GEORGIA HEALTH INFORMATION NETWORK

WellCare is a proud member of the Georgia Health Information Network (GaHIN), and we encourage all providers to become a member or member affiliate of GaHIN. The GaHIN is a nonprofit organization dedicated to the use and exchange of electronic health information all through the Network providing for safer, more timely and efficient patient-centered care. GaHIN's mission is to close the patient information gap across all care settings by working with stakeholders and vendors to electronically connect disparate systems and data sources. The goals of GaHIN are to:

- Improve patient-centered health care
- Increase provider efficiency
- Promote the health status of the state's population

GaHIN offers two products designed to give secure access to critical patient protected health information (PHI) at the point of care and to foster greater provider-to-provider or health plan collaboration: Georgia ConnectedCare and GeorgiaDirect. If you would like more information on the advantages of GaHIN or would like to become a valued Member/Member Affiliate, please visit GaHIN's website at www.gahin.org or contact the GaHIN office at info@gahin.org.



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.

The CAHPS questions directly tied to the care members receive from their personal doctor include:

- Did your doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen to you carefully?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?
- Rate your personal doctor from 0–10 using 10 as the best possible doctor.
- How often did you get help from your personal doctor's office to manage your care among your different providers?

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.
- Remember, your patients and/or their caregiver(s) are “sitting on pins and needles” waiting for your call with their test results. It's better to apologize for calling late in the day than to anger a patient or their caregiver(s) by keeping them up all night waiting for your call.

Thank you for the excellent care you provide to our members.

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 Care Management 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).

NEW PHONE NUMBER, OFFICE ADDRESS OR CHANGE IN PANEL STATUS:

Send a letter on your letterhead with the information being updated. Please include contact information should we need to follow up with you. Sixty-day advance notice is recommended.

Please send the letter by any of these methods:

- Email: GaProviderData@wellcare.com
- Fax: 1-813-675-2643
- Mail: WellCare of Georgia
Attn: Network Development
211 Perimeter Center Parkway
Suite 800
Atlanta, GA 30346

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/Georgia/Providers/Medicaid or www.wellcare.com/Georgia/Providers/Medicare.

FORMULARY SEARCH APP

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

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

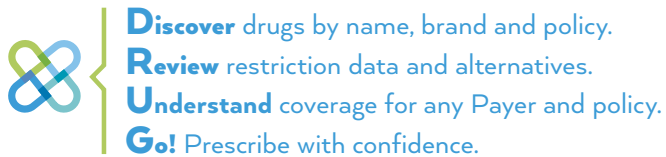
Formulary Search quickly provides the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team.

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.



CLAIMS CORNER

WellCare of Georgia's claims processing system requires appropriate billing as it relates to Ordering, Prescribing, and Referring (OPR) providers. If claims do not include the individual NPI number of the ordering, prescribing or referring provider, the claim will not be paid. There are three basic requirements for OPR providers:

- The physician or non-physician practitioner ordering or referring medical services must be enrolled in Medicaid as either a participating Medicaid provider or as an OPR provider and his/her individual NPI number must be included on the claim.
- The OPR provider's NPI number must be for an individual physician or non-physician practitioner (not an organizational NPI).
- The physician or non-physician practitioner must be of a specialty type that is eligible to order, prescribe or refer.

Q1 2017 PROVIDER FORMULARY UPDATE

Updates have been made to the WellCare of Georgia Preferred Drug List (PDL). Please visit www.wellcare.com/Wellcare/Georgia/Providers/Medicaid/Pharmacy to view the current PDL and pharmacy updates.

You can also refer to the Provider Handbook available at www.wellcare.com/Wellcare/Georgia/Providers/Medicaid to learn more about our pharmacy Utilization Management (UM) policies and procedures.

CODING CORNER

Hewlett-Packard Enterprises (HPE), Medicaid's fiscal agent, is partnering with the Credentialing Verification Organization (CVO) to handle all re-credentialing activities for providers participating in WellCare's Medicaid program. The provider's quick response to the CVO's outreach is essential to the re-credentialing process.

For providers interested in participating in the Medicaid program, you must be credentialed through the CVO. For more information, visit the Georgia Medicaid Management Information System (MMIS) website at www.mmis.georgia.gov and WellCare of Georgia's website at www.wellcare.com/Georgia/Providers.



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.



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/Georgia/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.

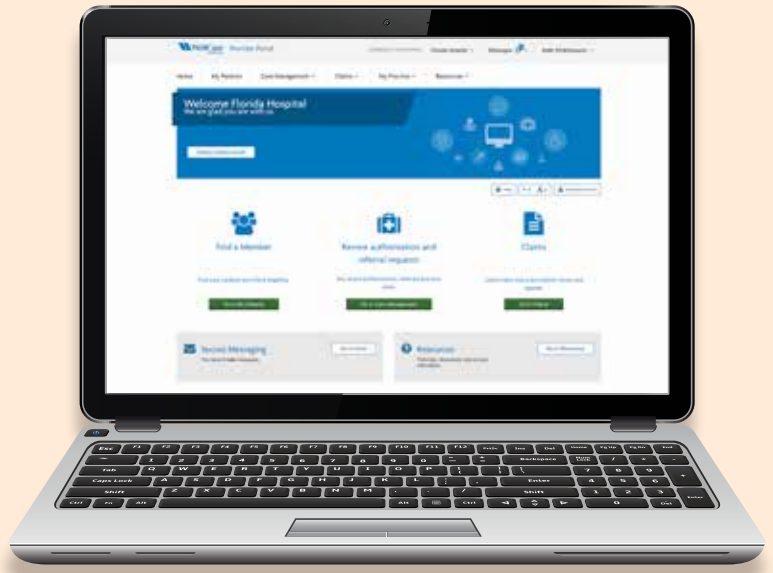
COMING SOON: NEW PROVIDER PORTAL

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

Stay tuned for more information.



PROVIDER RESOURCES

WEB RESOURCES

Visit www.wellcare.com/Wellcare/Georgia to access our Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, Pharmacy Guidelines, key forms and other helpful resources. You may also request hard copies of any of the above documents by contacting your Provider Relations representative. For additional information, please refer to your *Quick Reference Guide* at www.wellcare.com/Wellcare/Georgia/Providers/Medicaid.

PROVIDER NEWS

Remember to check messages regularly to receive new and updated information. Visit the secure area of www.wellcare.com/Wellcare/Georgia to find copies of the latest correspondence. Access the secure portal using the “Provider Secure Login” area in the Provider drop-down menu on the top of the page. You will see *Messages from WellCare* located in the column on the right.

ADDITIONAL CRITERIA AVAILABLE

Please remember that all Clinical Coverage Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at www.wellcare.com/Georgia/Providers/Clinical-Guidelines/CCGs.

WE'RE JUST A PHONE CALL OR CLICK AWAY!

Medicaid: 1-866-231-1821

www.wellcare.com/Georgia