



Kentucky

Provider Newsletter



2020 • Issue IV

Quality

WellCare E&M Program

The Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that evaluation and management (E&M) services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG also has recommended that payers continue to help to educate practitioners on coding and documentation for E&M services, and develop programs to review E&M services billed for by high-coding practitioners.

Providers should report E&M services in accordance with the American Medical Association’s CPT Manual and CMS guidelines including “Documentation Guidelines for Evaluation and Management Services” for billing E&M codes.

Overview of WellCare E&M Program:

- Evaluates and reviews high-level E&M services for high-coding practitioners that appear to have been incorrectly coded based upon diagnostic information on the claim and peer comparison.
- Applies the relevant E&M policy and recoding of the claim line to the proper E&M level of service.
- Allows reimbursement at the highest E&M service code level for which the criteria is satisfied based on our risk adjustment process.

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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 E&M Program *(continued from the previous page)*

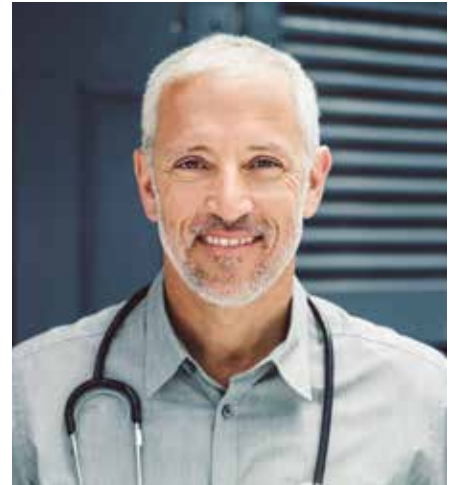
ICD-10 Laterality

According to the ICD-10-CM Manual guidelines, some diagnosis codes by definition indicate laterality, specifying whether the condition occurs on the left or right, or is bilateral.

ICD 10 Coding conventions outline guidance in reporting diagnosis code that indicate laterality. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

WellCare will perform two categories of diagnosis editing related to laterality:

- Consistency of Diagnosis-to-Modifier comparison assesses the lateral diagnosis associated to the claim line to determine if the procedure modifier matches the lateral diagnosis.
- Consistency of Diagnosis-to-Diagnosis comparison assesses lateral diagnoses associated to the same claim line to determine if the combination is inappropriate.



Excludes 1 Notes

ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use, but they are all similar in that they indicate that codes excluded from each other are independent of each other.

New edits focus on Excludes 1 Notes validation, an Excludes 1 Note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 Note. An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Anatomical Modifiers

Anatomical modifiers are important in facilitating correct coding for claims processing and data collection. Modifiers may be appended to HCPCS/CPT codes when the clinical circumstances justify the use of the modifier. According to the AMA CPT Manual, the HCPCS Level II Manual and WellCare policy, the anatomic-specific modifiers, such as FA, TA, and LC, designate the area or part of the body on which the procedure is performed.

Certain procedures require an anatomical modifier, i.e., CPT code 13151 repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm) done on the right upper eyelid requires modifier E3 (upper right eyelid) to be appended.

Multiple Procedure Reductions

Under the Medicare Physician Fee Schedule (MPFS), Multiple Procedure Payment Reduction (MPPR) was introduced with the basis that there are savings associated with multiple procedures performed during the same patient encounter. More information is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

CMS has added different types of multiple procedure reductions over the years. The Physician Fee has an indicator identifying which type of MPPR applies to each CPT®/HCPCS Level II code.

The multiple procedure indicators are:

- **Multi Proc 0** = no reduction applies
- **Multi Proc 1** = does not apply to any current codes (was used pre-1995)
- **Multi Proc 2** = standard payment adjustments
- **Multi Proc 3** = endoscopic reductions

Application of MPPR:

- **Multi Proc 4** = diagnostic imaging reduction
- **Multi Proc 5** = therapy reductions
- **Multi Proc 6** = diagnostic cardiovascular services
- **Multi Proc 7** = diagnostic ophthalmology services

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WellCare E&M Program *(continued from the previous page)*

Multiple Procedure Reduction Surgery (Multiple Procedure Indicator 2-MPFS)	Multiple procedures are ranked in descending order by the Medicare fee schedule amount. Payment is based on 100% of the fee schedule amount (Field 34 or 35) for the highest-valued procedure; and			
	<ul style="list-style-type: none"> • 50% of the fee schedule amount for the second- through the fifth-highest valued procedures; or • If more than five procedures with an indicator of “2” are billed, pay for the first five according to the rules above and suspend the sixth and subsequent procedures for manual review and payment, if appropriate, “by report.” Payment determined on a “by report” basis for these codes should never be less than 50% of the full payment amount. 			
		MFS Amount	Total Payment	MPR Payment
	Surgery 1	\$520.00	\$260.00	Paid 50%
	Surgery 2 Highest Value	\$750.00	\$750.00	Paid 100%
Surgery 3	\$325.00	\$162.50	Paid 50%	
Total		\$1172.50		

New and Enhanced Value Added Benefits

BEGINNING JANUARY 1, 2021, WellCare of Kentucky will offer the new and enhanced value added benefits listed below:



College Scholarship –Members have a chance to receive one of 50 \$1,000 scholarships. Scholarships will be awarded for members (ages 18 and older) that have been accepted to attend a **College** or a **University** of their choice.



Fitbit/Amazon Prime Membership – Members will be eligible to receive one of these items as part of the Healthy Rewards Program, members need to complete Healthy Rewards activities. To be eligible for a Fitbit, member must complete two Healthy Reward activities.



Weight Watchers – WellCare offers a 6-month membership for Medicaid members. The goal of the program is to support healthy lifestyles and improve health outcomes. Requirements:

- Members must be 13 years or older (must be accompanied by an adult if under the age of 18)
- BMI must be greater or equal to 25 for adults 18 years or older (Children 13-19 ranked in 85th percentile).



OTC – Each head-of-household is eligible to receive OTC items mailed directly to their home each month. No prescription is required. The OTC allowance amount is based on the household size of the Kentucky members. Only WellCare of Kentucky Medicaid plan members residing in the same home will be counted as part of the household.

- 1 person household - \$10 per month
- 2 person household - \$20 per month
- 3+ person household - \$25 per month



Vision – Members age 21 and over are eligible to receive an annual allowance of \$150 for eyeglasses or contacts every 12 months.

Earn Extra Bonus Incentives this year in RxEffect!

RxEffect, an innovative quality platform from RxAnte, is offering an additional financial incentive for providers. The RxEffect Bonus Program began in mid-August and runs through the remainder of 2020.

Providers who log into the RxEffect Quality tool and take action with eligible Star Ratings medication opportunities (diabetes, blood pressure, and cholesterol) within the bonus program window are eligible for the incentive.

The RxEffect tool is free for WellCare providers and easy to use. Providers can track their progress through RxEffect and help their patients become adherent to their medications. Active use of the tool has been shown to improve quality measure outcomes.

Looking to improve your office efficiency? Utilizing RxEffect for Appointment Agenda submissions, prioritized target list of patients, and capturing bonus program eligible opportunities in one tool makes it a great workflow solution.

Check out the RxEffect Video at <https://www.youtube.com/watch?v=loEKiM7veZQ>

For more information on RxEffect, please visit www.rxante.com and speak with your WellCare Provider Relations and/or Quality representative.

WellCare Provider Portal – iCarePath Claim Appeal & Dispute Project

- Applies to **claim** appeals and disputes only
- Providers will soon have the ability to view the status of claim appeals and disputes for Kentucky Medicaid with additional Line of Businesses to follow
- Some of the exciting features include:
 - A combined appeal and dispute form (before this there was a separate form for appeals and disputes)
 - Updated “additional” content/context throughout the form to help make the submission process easier for users
 - Pre-populated member and servicing provider information
 - Confirmation message with ticket number for applicable iCarePath Line of Business upon successful submission
 - New “Appeal” and “Dispute” tabs on the claims landing page that will allow providers to search for the status of their appeal or dispute by provider ID or ticket number



Electronic Prior Authorization Is Here!

If you haven't already noticed, the Cover My Meds Electronic Prior Authorization solution for all of our members is live. You can easily sign up for a free account on the Cover My Meds Prior Authorization Portal. The portal makes it easy to submit fully electronic prior authorization requests for all WellCare Medicare members.

Learn more about Electronic Prior Authorization at <https://www.covermymeds.com/main/solutions/electronic-prior-authorization/>

Get started now at <https://www.covermymeds.com/main/prior-authorization-forms/wellcare/>

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

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>

Beneficiaries Save Money on Insulin with the Part D Senior Savings Model

Starting in 2021, WellCare will participate in a new program that significantly lowers the cost of insulin medications. Out-of-pocket insulin costs are capped at \$35 per month for eligible seniors enrolled in select plans. Members who take insulin and enroll in a participating plan save an average of \$446 in annual out-of-pocket costs.

The program will make covered insulins available at an affordable and predictable cost throughout the entire year including the deductible, initial coverage, and coverage gap phases of the Part D benefit.

WellCare will offer this new benefit on select Part D and Medicare Advantage plans. To find out if your patient is in a participating plan, use the *Find My Plan* tool to get to the Evidence of Coverage for the patient's plan, where SSM information is detailed.

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:

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

Setup is easy and takes about five minutes to complete. Please visit <https://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:

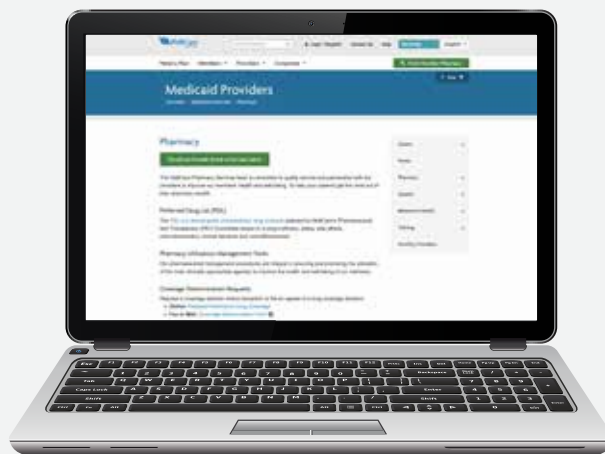
The WellCare Medicaid Preferred Drug List (PDL) has been updated. Visit www.wellcare.com/Kentucky/Providers/Medicaid/Pharmacy to view the current PDL and any pharmacy updates.

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.

Introducing GoMo NewSteps and GrowingSteps Programs

WellCare Health Plans is pleased to introduce **GoMo NewSteps** and **GoMo GrowingSteps**, two new programs for our members!

GoMo NewSteps is a **postpartum/children 0-3 years old program** where new mothers and caregivers receive education and postpartum support in the following areas:

- Well-visit and vaccination reminders
- Infant care education
- Home and transportation safety
- Breastfeeding
- Birth recovery
- Emotional health
- Nutrition and safe exercise
- Growth and development
- Brain shaping/development techniques
- Literacy, learning and development
- Collaborative reading/learning activities
- Local support and resources

GoMo GrowingSteps is a learning and literacy program for children 3 to 8 years old. The child's caregiver will receive text messages and have access to online content to provide support in the following areas:

- Collaborative reading/learning activities
- Learning environments and structure
- Literacy and growth milestone checks
- Physical health and wellness
- Wellness appointment reminders
- Mental health support
- Calming and coping techniques
- Peer engagement and communications
- Transportation and safety
- Local support and resources

To learn more about GoMo NewSteps or GoMo GrowingSteps programs, please contact your provider representative

Thank you for your partnership and work to ensure that every WellCare member receives quality healthcare!

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

Lexington

2480 Fortune Drive
Suite 200
Lexington, KY 40509-4168
Main Office Number: 1-859-264-5100

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.

Bowling Green

360 East 8th Ave.
Suite 311
Bowling Green, KY 42101-2135
Main Office Number: 1-270-793-7300

Louisville

13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223-4198
Main Office Number: 1-502-253-5100

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.

Hazard

450 Village Lane, 2nd Floor
Hazard, KY 41701-1701
Main Office Number: 1-606-436-1500

Owensboro

The Springs, Building C
2200 E. Parrish Ave., Suite 204
Owensboro, KY 42303-1451
Main Office Number: 1-270-688-7000