

Nebraska
Provider
Newsletter



October 2020

Quality

Provider Satisfaction Survey

WellCare of Nebraska is committed to improving provider satisfaction with the health plan. Provider surveys are conducted in the fall to assess provider satisfaction among primary care providers, specialists and behavioral health providers.

In 2019, we rated well in the following:

- Ability to answer questions and resolve problems
- Process of obtaining member information

In 2019, we identified opportunity in the following:

- Coordination of care
- Quality of provider trainings and provider onboarding process

In response to the survey results, in 2020 we have implemented:

- Interdepartmental work group to address provider satisfaction
- Monthly provider training opportunities
- Quarterly provider town hall meetings with market leadership

Surveys for 2020 will be conducted September through November. Please consider completing the survey. We value your opinion!

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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 of Nebraska Transition

Starting on **1/1/2021**, WellCare of Nebraska will be operating on Anthem systems, which will require that providers submit claims in accordance with their Nebraska Medicaid enrollment profile. Common provider data incongruence includes NPI, taxonomy, address including ZIP+4, and group affiliation. Please visit [Maximus](#) to review your Medicaid enrollment profile to ensure all data is correct.

****Failure to correct inaccurate information, or bill utilizing Medicaid enrollment profile data, will result in claim rejections as of 1/1/2021.**



CAHPS® – Your Opinion Matters

CAHPS® stands for Consumer Assessment of Healthcare Providers and Systems. CAHPS surveys ask members to share their opinions about the plan and its providers. In 2019, we improved our ratings in:

- Customer service
- Ease of filling out forms
- Rating of personal doctors
- Rating of health care
- Getting care quickly
- Rating of health plan
- Rating of specialist

We improved in 7 out of 12 categories! We always encourage our providers to get involved and place CAHPS posters and information in their offices.

The CAHPS survey is a national survey that not only measures the health plan, but also the providers and how quickly a member gets an appointment and whether coordination of care was discussed. We hope to work together more closely in 2020-2021 to provide more tools for providers to help increase our scores overall.

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ)



Care Coordination

Here are more tips to provide the needed care to your patients:

- Review medications with your patients.
- Offer to schedule specialist and lab appointments while your patients are in the office.
- Remind your patients about annual flu shots and other immunizations.
- Make sure your patients know you also are working with specialist on their care. Ensure you receive notes from specialists about the patient's care and reach out to specialist if you have not gotten consultation notes. Tell your patient the results of all test and procedures. Share decision-making with patients to help them manage care. And please follow up on all authorizations requested for your patient.
- Call or contact your patients to remind them when it's time for preventive care services, such as annual wellness exams, recommended cancer screenings and follow-up care for ongoing conditions such as hypertension and diabetes.



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). Thirty-day advance notice is recommended.

New Phone Number, Office Address or Change in Panel Status:

Please call us at **1-855-599-3811**. 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 www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan at **1-877-331-7154**, Monday–Friday 8am–8pm EST, with any questions.

We will only deposit into your account, **not** take payments out.

Provider Resources



1-855-599-3811



www.wellcare.com/Nebraska/Providers

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our homepage. You will see *Messages from WellCare* on the right. Provider Homepage - www.wellcare.com/en/Nebraska/Providers.

Resources and Tools

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative.

Refer to our *Quick Reference Guide*, for detailed information on many areas such as Claims, Appeals, Pharmacy, etc. These are located at www.wellcare.com/en/Nebraska/Providers/Medicaid.

Additional Criteria Available

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

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