



Caring for Older Adults

Caring for the older adult patient can be challenging. As the overall population ages, there can be a decline in physical and cognitive functions. Medication regimens can become more complex and confusing. The experiencing of pain may become more acute. In addition to the physical and mental changes, which occur as an individual grows older, there are other important considerations, such as an individual's choice in regards to their preference for end-of-life care (advance care planning).

Therefore, with all of the changes an individual may face in their later years, it is important to screen older adults to identify functional decline. The NCQA HEDIS® measure Care for Older Adults (COA) helps insure older individuals receive the care needed to help them maintain a quality of life.






The Care for Older Adult (COA) HEDIS® measure assesses percentage of adults, 66 years of age and older, who had each of the following performed during the measurement year:

- ✓ Advance care planning
- ✓ Medication review
- ✓ Functional status assessment
- ✓ Pain assessment







(continued on next page)

In This Issue

Quality

-  Caring for Older Adults
-  Coordination of Care
-  Annual CAHPS® Survey
-  Immunizations and Well-Child Care
-  Community Connections Line

Operational

-  New Live-Chat Offerings
-  Updating Provider Directory
-  Electronic Funds Transfer
-  Provider Formulary Updates
-  Pharmacy Authorization Updates
-  WellCare Office Locations



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.





Caring for Older Adults Continued

What can you do to help?

- 1** Talk to your patients about advance care planning and document the discussion in the patient's medical record. Even if the patient declines to discuss, or does not wish to learn more about advance care planning, document this in the medical record. Also, document if the patient has an advance directive.
- 2** Complete a medication review each visit. This is especially important if the patient has been in the hospital or ED within the past 30 days and/or if the patient is being cared for by multiple providers.
- 3** Complete a functional assessment. Is there something hindering the patient's ability to perform tasks that are necessary for daily living? What can be done to assist?
- 4** Assess for pain each visit.

The performance of the above assessments should be documented in the patient's medical record.

Assessing older individuals during their visits helps ensure they can maintain their quality of life.

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)



**We're here to help, and we continue
to support our providers.**

**Please contact your Quality Practice Advisor
or Provider Relations Representative if you
have questions or need assistance.**



Coordination of Care

HERE ARE A FEW TIPS TO HELP COORDINATE CARE FOR YOUR PATIENTS:



Review all medications and the medication list with your patients and document this in their medical record



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 are working with specialists on their care. Ensure you receive notes from specialists and behavioral health clinicians and reach out to them if you have not received consultation notes. Tell your patients the results of all tests and procedures. Share decision-making with patients to help them manage their care, and please follow-up on all authorizations requested for your patients.



Call or contact your patients to remind them when it is 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. This is especially important this year because many enrollees did not go in for their screenings due to the COVID-10 pandemic.



Remember to view the online Provider Bulletins regularly for important updates and notices.

Provider bulletins are at
<https://www.wellcare.com/en/Kentucky/Providers/Bulletins>



Annual CAHPS® Survey – What Matters Most to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey mailed to an anonymous select sample of our health plan members. The purpose is to assess member experience with their providers and health plan to improve the quality of care provided. This survey focuses on asking your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs.

We hope you will encourage your patients to participate if selected.

The pharmacy team can affect the member experience, whether we interact with members directly or not, by ensuring that we address the following items that are addressed in the annual CAHPS survey:

- ✓ Assist members in understanding and accessing their pharmacy benefits (i.e. what medications are/are not covered),
- ✓ Identify (and mitigate) barriers to members obtaining and taking their medications.
- ✓ Ensuring appropriate communications with providers and health plans occur to complete the processing of timely authorizations

These factors are important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s).



We value and appreciate the excellent care you provide to our members and look forward to partnering with you.



Immunizations and Well-Child Checkups

Providers play a key role in establishing and maintaining a practice wide commitment to communicating effectively about vaccines and maintaining high vaccination rates – from providing educational materials, to being available to answer questions.

Confused parents may delay or refuse immunizations for their child due to misperceptions of disease risk and vaccine safety. A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with patients and their caretakers by encouraging open, honest and productive dialogue.



Help educate parents on the prevention and spread of disease.

Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations. Remember, you may complete a comprehensive well-child checkup during a sick child visit or sports physical if the member is due for a checkup. When those patients between the ages of six months and two years come in and receive their first flu vaccination, schedule an appointment for the second vaccination.



Community Connections Help Line

1-866-775-2192

We offer non-benefit resources such as help with food, rent and utilities.



WellCare's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.

New Live-Chat Offers on the Provider Portal:



Provider Home Page



Claim Main Page



**Care Management
Home Page
(Authorizations)**



**Claims Appeals &
Disputes Page**



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



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 an email 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. For drugs covered on the preferred drug list including OTCs visit MedImpact website at: <https://kyportal.medimpact.com/> 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.



Pharmacy Authorization Updates

ALL PRIOR AUTHORIZATIONS WILL BE MANAGED BY MEDIMPACT.

Please call **1-844-336-2676** or fax all pharmacy PA requests to **1-858-357-2612** beginning July 1, 2021. You may also submit your request online through Cover My Meds, Surescripts, or CenterX ePA portals. For all medically billed drug (Jcode) PA requests, please continue to send those directly to WellCare for review.

MedImpact has created an automated PA process at the pharmacy point of sale for many commonly prescribed drugs, including:

✓ Anxiolytics

✓ Antipsychotics

✓ Stimulants

Manual PA requests may be avoided if prescribers write the member's diagnosis code (ICD-10-CM format) on the face of the prescription.

(continued on next page)



Pharmacy Authorization Updates Continued



Effective July 11, 2021 to September 29, 2021, DMS is allowing short acting opioids to be grandfathered for 90 days for members who have a history of opioid use. New starts to therapy may require a prior authorization. Prescribers are encouraged to plan ahead and submit prior authorization requests before September 29. Prescribers can avoid longer prior authorization call wait times by obtaining prior authorizations well in advance of September 29, 2021.

Please note prescriptions for drugs excluded from Kentucky Medicaid's Pharmacy Benefit will reject at the point of sale and prior authorization requests will be denied.

These drugs include, but are not limited to:

- ✓ Anorexiant (including phentermine)
- ✓ Blood and blood plasma products
- ✓ Cosmetic treatments
- ✓ Mifeprex
- ✓ Palladone
- ✓ Treatments for sexual or erectile dysfunction



To identify covered drugs, please see the Over-The-Counter (OTC) Drug List, the Preferred Drug List, and the Formulary Search tool online at <https://kyportal.medimpact.com>



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.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.