National Medicare
Provider Newsletter

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Centene's New Provider Claims Menu Redesign in the IVR Underscores a Relentless Commitment to Superior Digital Solutions

PROVIDERS HAVE A NEW CLAIMS MENU TO HELP THEM QUICKLY ACCESS IMPORTANT CLAIMS INFORMATION IN CENTENE'S IVR (INTERACTIVE VOICE RECORDING).

The new provider menu requires less input from providers to get basic information on a claims status.

The 1st phase of the new Provider Claims Redesign includes the following key enhancements:

- ✓ New Claims Upfront Message informing callers of changes
- ✓ Ability to search by Claim ID
- ✓ Ability to search and list all of a Member's Claims within the last 90 days
- ✓ Ability to search by Claim DOS without having to enter Billed Amount or Members DOB
- ✓ Added playback control and skip functions to easily access claim information

For more information on training opportunities for you and your internal team, please contact your Provider Representative.

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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.

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Engaging your Patients in Medication Adherence Discussions

According to the American Medical Association, patients only take their medications half of the time. Adherence is defined as a patient who takes their medications at least 80% of the time, and with the current rate of 50% adherence in the general public, this area is worth addressing. To combat this lack of adherence, engaging with your patients is essential.

Below are some tips on how to assess for medication adherence in your patient.

1. **Create a routine by asking *every* patient about their adherence to medications.**

2. **Ask open-ended questions.**
   - Can you tell me how you are taking this medication?
   - What do you think about this medication?
   - How do you remember to take your medicine?

3. **Ask the patient about barriers that hinder them from taking their medication.**
   - What bothers you about this medication?
   - What stands in the way of you taking your medicine?

4. **Offer a supportive, non-judgmental atmosphere by using motivational interviewing:**
   - Listen to the patient's concerns
   - Ask the patient about their health goals
   - Avoid arguments and adjust to resistance
   - Support optimism and give encouragement
   - Understand and respect patient values and beliefs

5. **If the patient says they are non-adherent, thank them for sharing before continuing to assess.**

6. **Develop a plan to address barriers the patient is experiencing and involve the patient in your decisions. One way to do this is to offer clinically appropriate options for them to choose from.**
   - Use the word "we".
   - We can try option 1 or option 2. What do you think about these options? Which of these do you think best suits you?

We value everything you do to deliver quality care to our members – your patients. Thank you for playing a role in assessing and improving medication adherence in your patients.

Reference:

1.AMA Ed Hub and Society of General Internal Medicine, "Medication Adherence Improve Patient Outcomes and Reduce Costs," retrieved from: https://edhub.ama-assn.org/steps-forward/module/2702595

2. AMA. "Nudge theory explored to boost medication adherence," retrieved from: https://www.ama-assn.org/delivering-care/patient-support-advocacy/nudge-theory-explored-boost-medication-adherence

3. Treatment Improvement Protocols Series, "Chapter 3-Motivational Interviewing as a Counseling Style," retrieved from: https://www.ncbi.nlm.nih.gov/books/NBK64964/

4. American Association of Diabetes Educators, "Fostering Medication Adherence Tips and Tricks," retrieved from: https://www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering_med_adherence.pdf?sfvrsn=4

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.

Source: Centers for Medicare & Medicaid Services. Consumer Assessment of Healthcare Providers & Systems (CAHPS).
https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS

Community Connections Help Line

1-866-775-2192

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

90-Day Prescriptions and Mail Service Pharmacy

MEDICATION ADHERENCE IS CRITICAL IN MANAGING CHRONIC CONDITIONS.

Reducing frequency of refills and increasing convenience can help remove some barriers that patients may experience trying to remain compliant with their medication regimens. When clinically appropriate, we encourage providers to order 90-day prescriptions for treating conditions like diabetes, hypertension, and high cholesterol. As an added benefit, WellCare members qualify for prescription home delivery through our partner, CVS Caremark.

More information and registration details can be found at **https://www.wellcare.com/Michigan/Providers/Medicare/Pharmacy/CVS-Caremark**.

Did you know that you can easily identify which of your patients can be converted from 30-day to 90-day prescriptions easily with our RxEffect Provider Tool?

Check out the RxEffect Video here: **https://www.youtube.com/watch?v=loEKiM7veZQ**

To learn more about RxEffect, visit **www.rxante.com** and speak with your Provider Relations and/or Quality representative.

Osteoporosis Screening in Women

Osteoporosis is the most common metabolic bone disease and is characterized by low bone mineral density and structural deterioration of bone tissue, causing bone fragility and increasing the risk of fractures. It's estimated that approximately 12.3 million people age 50 and older have osteoporosis. Osteoporosis affects about 25% of women 65 years and older.

The U.S. Preventive Services Task Force (USPSTF) recommends screening for osteoporosis with bone measurement testing to prevent osteoporotic fractures in women 65 years and older. Be sure to educate your patients on their risk for osteoporosis and the importance of completing a bone mineral density test (BMD) or adding an osteoporosis medication to their treatment plan, especially women 65 and older and those who have suffered a fracture within the last six months.

Sources:
National Counsel for Quality Assurance (NCQA)
National Osteoporosis Foundation (NOF)

For more information, check out the National Osteoporosis Foundation's Healthcare Professionals Toolkit at: **https://static1.squarespace.com/static/5d7aabc5368b54332c55df72/t/5dd2e2a92e1e1821e328308e/1574101724294/HCP+Toolkit-with+graphics.pdf**

Temporary Medicare Plan Waivers Expiring for Applicable Covid-19 Treatment and Telehealth Services on June 1, 2021

As we continue to address the COVID-19 pandemic, we want to update you on important changes for our Medicare plans. Last year, we instituted temporary member cost share liability and prior authorization waivers for select services. This was to ensure critical care could be quickly delivered to our members during a time of heightened need.

On June 1, 2021, these temporary waivers will expire and our members' Medicare plan benefits will be reinstated for the following services:

COVID-19 Treatment Related Services

- COVID-19 treatment related services (those billed with a confirmed ICD-10 diagnosis code) will continue to be eligible for coverage at this time, in accordance with the member's plan benefits.
- Beginning June 1, 2021, prior authorization will be required for COVID-19 treatment related services in accordance with CMS guidance and plan benefits.
- Providers should also resume collecting Medicare member liability at the point of service for applicable treatment related services on June 1, 2021 onward.

Telehealth Services

- Any service that can be delivered virtually will continue to be eligible for telehealth coverage at this time.
- Beginning June 1, 2021, prior authorization requirements will be reinstated for applicable services delivered via telehealth.
- Providers should also resume collecting Medicare member liability at the point of service for all telehealth services on June 1, 2021 onward, in accordance with the member's plan benefits.
- Providers should reflect telehealth care on their claim form by following standard telehealth billing protocols in their state.
- For further coding guidance for telehealth services, we recommend following what is being published by:
  - Department of Health and Human Services (HHS)
  - American Medical Association (AMA)
  - Centers for Commercial/Marketplace and Medicaid (CMS)

Prior authorization requirements and member cost share liability (copayments, coinsurance and/or deductible cost share amounts) will continue to be waived for COVID-19 testing, screening services and vaccinations.

We are working in close partnership with state, local and federal authorities to serve and protect our members and communities during the COVID-19 pandemic, including ensuring that our providers have relevant and up-to-date information. We value your partnership during these unprecedented times.

This guidance is in response to the current COVID-19 pandemic and may be retired at a future date.

2021 Medicare Continuity of Care Bonus Program

(FORMERLY PARTNERSHIP FOR QUALITY)

Quality Addendum

Program Starts Jan. 2021 For Dates of Service Jan. 1, 2021 - Dec. 31, 2021

WellCare Health Plans understands that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because WellCare recognizes these important partnerships, we are pleased to offer the 2021 Continuity of Care (CoC) Quality Bonus Program, which rewards PCPs for improving quality and closing gaps in care.

New in 2021, the CoC program includes an incentive enhancement to better align payment with quality.

Providers can now earn incentives at multiple levels based upon Star score achievement for each measure. We believe that our new incentive structure will better support you and your healthcare team in caring for our members.

Each measure will be calculated and rewarded individually. Star Rating is determined by comparing a CoC provider's compliance percentage for a given program measure to established benchmarks.

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	$10	$20	$30	$40
Care of Older Adult - Medication List and Review*	$5	$10	$20	$30
Care of Older Adult - Pain Screening*	$5	$10	$20	$30
Colorectal Cancer Screen	$10	$20	$30	$40
Diabetes - Dilated Eye Exam	$10	$20	$30	$40
Diabetes HbA1c ≤ 9	$10	$25	$40	$55
Diabetes Monitor Nephropathy	$5	$10	$20	$30
Hypertension	$5	$10	$20	$30
Mammogram	$10	$20	$30	$40
Medication Adherence – Blood Pressure Medications	$10	$25	$40	$55
Medication Adherence – Diabetes Medications	$10	$25	$40	$55
Medication Adherence – Statins	$10	$25	$40	$55
Medication Reconciliation Post-discharge	$10	$20	$30	$40
Statin Therapy for Patients with Cardiovascular Disease	$10	$20	$30	$40
Statin Use in Persons With Diabetes	$10	$20	$30	$40

**Dual Eligible Special Needs Plan (DSNP) members only*

2021 Medicare Continuity of Care Bonus Program Continued

Quality Bonus Instructions

1. The measurement period is Jan. 1 to Dec. 31, 2021. WellCare must receive all claims/encounters by Jan. 31, 2022.
2. Schedule and conduct an exam with the eligible member using HEDIS® reports as guides to close care gaps and update diagnoses. Note: Additional Star measures may become applicable to eligible members as claims and data are received throughout 2021.
3. Provide appropriate medications to your members and encourage them to fill their prescriptions; consider 90-day supplies for members stable on therapy.
4. Upon completion of the examination, document care and diagnosis in the patient's medical record and submit the claim/encounter containing all relevant ICD-10, CPT and/or CPT II codes by Jan. 31, 2022.

Payment Timeline

Payments will begin after processing claims/encounters for the first quarter of 2021. Payments will continue through 2022.

! Additional Conditions

Only one Quality Bonus Payment will be made for a specific HEDIS and Medication Adherence member-measure combination.

Definitions

Eligible Member is a member who meets the age, sex, and/or disease-specific criteria, and the enrollment and other technical criteria, set forth in the HEDIS Technical Specifications or the most recent CMS Medicare Part C&D Star Rating Technical Notes document for the Program Measures.

CoC Provider means a primary care physician (PCP), vendor or independent practice association (IPA) who has a contract with WellCare and receives this Program Information Guide.

HEDIS means Healthcare Effectiveness Data and Information Set. HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

HEDIS Technical Specifications means the HEDIS 2021, Technical Specifications as published by the National Committee for Quality Assurance (NCQA) or any applicable successor specifications.

Medication Adherence Measures are the three Medication Adherence Measures published in the most recent CMS Medicare Part C&D Star Rating Technical Notes document:

- Medication Adherence – Diabetes Medications
- Medication Adherence – Blood Pressure Medications
- Medication Adherence – Statins

Program Measures are the HEDIS and Medication Adherence Measures that are included in the bonus amounts table. Program Measures are defined according to the HEDIS Technical Specifications or the most recent CMS Medicare Part C&D Star Rating Technical Notes document.

Important Contact Information

If you have questions about our CoC Program, please contact your WellCare representative, or call Provider Services at **1-855-538-0454** (TTY **711**). You can reach us Monday–Friday from 8 a.m. to 6:30 p.m.

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.

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.

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:

Please call us at: 1-855-538-0454

Thank you for helping us maintain up-to-date directory information for your practice.

Provider Formulary Updates

There have been updates to the Medicare formulary. Find the most up-to-date, complete Formulary at **www.wellcare.com**. Select your state from the drop-down menu and click on Pharmacy under Medicare in the Providers dropdown menu.

You can also refer to the Provider Manual to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures. To find your state's Provider Manual visit **www.wellcare.com**. Select your state from the drop-down menu and click on Overview under Medicare in the Providers drop-down menu.

Point of Care Formulary Information for Providers

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

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

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, providers can identify plan-specific drug coverage and restriction criteria as well as alternative therapies with these medical applications.

Epocrates®, an athenahealth service, is the #1 point of care medical app among U.S. physicians. It is trusted by over 1 million healthcare professionals. Just download the free app or search from your desktop with epocrates® web at **www.epocrates.com**.

MMIT's Coverage Search is a top-rated drug coverage search application. Download the free app or search from your desktop at **www.FormularyLookup.com**.

Quickly obtain the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team with epocrates® and Coverage Search.

Provider Bulletins

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

Visit **www.wellcare.com**; select your state, click on *Providers*, scroll down and click on *READ BULLETINS*.

Provider Resources

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.

Resources and Tools

Visit **www.wellcare.com/Providers** to find guidelines, key forms and other helpful resources. You may also request hard copies of documents by contacting your Provider Relations representative.

Refer to our *Quick Reference Guide*, for detailed information on areas including Claims, Appeals and Pharmacy. These are at **www.wellcare.com/Providers**, click on *Resources* under your state.

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/Providers**, click on *Clinical Guidelines* under your state.

MO PROVIDERS ONLY:

To add new practitioners to existing groups or to request updates or provider terminations, please email mail to: **CHHS_Provider_Roster@Centene.com** Please visit **https://www.homestatehealth.com/providers/tools-resources.html** for roster templates.