

National Medicare Provider Newsletter

wellcare

2021 • Issue 4



Meet the Brand That's Taking a No-Nonsense Approach to Medicare



Welcome to the new Wellcare. You are a valued Wellcare provider, and we want to share some exciting changes to our Medicare plans.








We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses and specialists.

In addition to our new look, we're working hard to get rid of the nonsense in health insurance. That's why we're offering simplified plans, streamlined benefits, and new ways to save. You probably have questions, so we want to answer them for you.










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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.





Meet the Brand That's Taking a No-Nonsense Approach to Medicare *(Continued)*

Which Medicare brands will become Wellcare and will the logos be changing?

WellCare, Allwell, Health Net, 'Ohana, Fidelis Care, and Trillium Advantage. The new bridging logos are shown below.



Does this involve all lines of business for these brands?

No, only Medicare. In a few states, some of these brands will continue to exist with Medicaid and Marketplace plans.

When does the transition begin?

This fall, you will begin to receive materials with the new Wellcare branding. **We will officially transition to Wellcare on January 1, 2022.**

As a current WellCare provider, what changes can I expect to payor business operations, such as claims processing, payments, provider portal, etc.?

There will be no operational or business integration changes for 2022. However, if there are any administrative changes in the future, we will notify you immediately.



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.



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.



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 \leq 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.



Providers Love Our Live Chat!

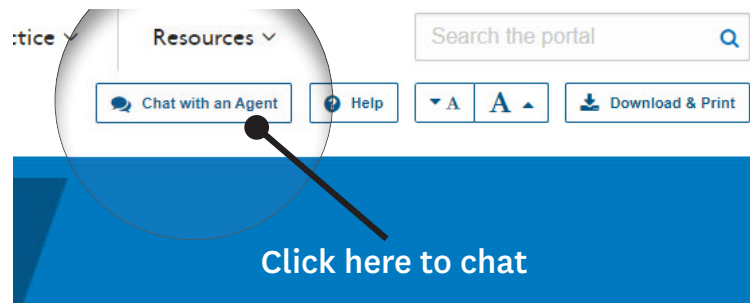
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

Providers are talking — about the live-chat feature on our Provider Portal, that is!

So far in 2021, live chats with our agents have increased at an unprecedented rate. As of the third quarter, more than 10 percent of our inbound interactions happened via live chat, as opposed to traditional phone calls.

That's because live chat is **the easiest and fastest way** to get access to basic status updates on a member's eligibility, claims, or authorizations. In addition, our live-chat agents are able to help with complex, on-the-spot inquiries. This means less time waiting on hold to speak to an agent on the phone. Best of all, live chat has the highest score for first contact resolution among all of our communication channels.

The next time you or someone in your office has a question, remember that live chat is just a click away:



Need Access?

If you'd like to learn more about the Provider Portal and its features, or would like to request access for you and your office, email AWSEscalations@WellCare.com. We're here to answer any questions you have about live chat and more!



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.



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.



Georgia Medicare 2022 SAE Expansion

THE TEAM HAS BEEN EXCEPTIONALLY BUSY WITH 2022 SAE EXPANSION AND ENSURING A MARKETABLE COMPETITIVE NETWORK IS MAINTAINED IN THE EXISTING 80 COUNTIES.

Perpetual motion to align us for a 69 county expansion for 2022 has been the focus of the team. While Georgia has experienced large expansions over the past two years; this by far is our largest. Our expectations for 2023 is to add the remaining 10 counties thus bringing the saleable network to all 159 Georgia counties.

Largest Expansion – 69 counties, making us marketable in 149 of 159 counties

- 69 new counties, bringing our state footprint to 149 counties
- Increased county count from 50% to 94% (10 counties for 2023 SAE)
- 67,843 Active Medicare members
- Increased footprint access by 428,616 eligible Medicare Beneficiaries, which is a 24.5% increase in 2022 over 2021



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.

We're Just a Phone Call or Click Away



Wellcare Health Plans, Inc.
1-855-538-0454



www.wellcare.com/providers



Representing the following states:
AR, AZ, CT, FL, GA, IN, IL, LA, MI, MO,
MS, NC, NH, NY, OH, SC, TN, TX, WA