

Provider Newsletter



2019 • Issue II

Quality

Welcome to WellCare!

WellCare now welcomes previous Care1st Arizona Medicare members and providers! We are glad to have you join us. **Effective on June 1, 2019, CARE1st will integrate into WellCare Health Plans, Inc.** systems and platforms. We value the quality and service our members, your patients, receive and we are here to partner with you to make certain they have a positive health care experience.

If you have any questions about the transition, please visit our website at www.wellcare.com/en/Arizona/Care1st-Migration. You can review all communications and required changes related to the integration here. Other useful resources, tools and information specific to the transition are also available online.

For additional information about WellCare and tools and resources to help you manage your day to day activities, including clinical care guidelines, forms, authorization request and more, visit our Provider website at www.wellcare.com/Arizona, select *Providers*.



Quality care is a team effort. We look forward to our partnership in providing quality care to your patients.

In This Issue

Quality

Welcome to WellCare!.....	1
How Care Management Can Help You.....	2
REMINDER of Current Policy.....	3
Contract with CareCentrix.....	3
Disease Management – Improving Members Health!.....	4
2019 Medicare Advantage Provider Manual Update.....	5
Benefits Of Providing Services In An ASC Setting.....	5
Medication Adherence and RxEffect™.....	5
Are you CLIA (Clinical Laboratory Improvement Amendment) compliant?.....	6
Assessing for Suicide Risk Prior to Initiating Antidepressants.....	7

Operational

CPTII Codes and HCPCS Billing for Medicare.....	8
Attention Billers:.....	9
Electronic Funds Transfer (EFT) through PaySpan®.....	10
Updating Provider Directory Information....	10
Provider Formulary Updates.....	11
Updated Clinical Practice Guidelines.....	11
Provider Resources.....	12

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.





How Care Management Can Help You

Care Management helps members with special needs. It pairs a member with a care manager. The care manager is a Registered Nurse (RN) or Licensed Clinical Social Worker (LCSW) who can help the member with issues such as:

- Complex medical needs
- Solid organ and tissue transplants
- Children with special health care needs
- Lead poisoning



We're here to help you!

Contact us for more information on our program. A WellCare staff member will tell you about the program. This no-cost program gives access to a registered nurse (RN) or Licensed Clinical Social Worker (LCSW) Monday through Friday from 8 a.m. to 5 p.m.

REMINDER of Current Policy

We value your partnership and work to ensure that every WellCare member receives quality healthcare.

Admission Notifications and Prior Authorizations



Notification when a WellCare member is admitted to a facility:

As a reminder, WellCare requires notification by the next business day when a member is admitted to a facility. This includes all admissions. Notifications necessary for WellCare to obtain clinical information to perform case management and ensure coordination of services. Failure to notify WellCare of admissions may result in denial of the claim.



Prior authorization for outpatient services:

WellCare has enhanced and standardized the provider portal authorization look-up tool with respect to place of service and clinical appropriateness. To reflect industry best practices and reduce the administration burden on providers, the number of procedures requiring prior authorization has been reduced. Please remember to consult the authorization look-up tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

Contract with CareCentrix



WellCare has contracted with **CareCentrix** to manage post-acute care for our **Medicare Advantage and DSNP members**. This is effective March 11, 2019.

Following are the **key details**:

- CareCentrix will manage authorization of services for WellCare members discharged from acute care hospitals to skilled nursing facilities, inpatient rehabilitation facilities and long-term care hospitals.
- CareCentrix will provide nurse coaching for eligible patients after an acute care hospital discharge for a period of up to 90 days to help ensure their path to healing, reduce readmission risk and achieve self-management.
- WellCare will continue to manage authorization of home health, durable medical equipment and home infusion services.

If providers do not obtain authorization, as described above, from CareCentrix for acute-care discharges to skilled nursing facilities, inpatient rehabilitation facilities and long-term care hospitals on or after March 11, 2019, claims may be denied.

Claims and appeals processes are not changing. Please continue to submit claims, claims questions and appeals to WellCare.

CareCentrix will contact you shortly to provide additional information including training about the authorization process you will begin using on March 11, 2019, with WellCare members.

If you have questions about WellCare services, please call provider services at **1-855-538-0454** or contact your provider relations representative.



Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that helps members with specific chronic conditions.



Members are assigned a Disease Nurse Manager who can help the member with:

- Education and understanding of their specific condition
- Identification of adherence barriers and ways to overcome them
- Identification life modifications suggestions to improve daily life
- Self-management of their condition to improve their health outcomes
- Motivational coaching for encouragement with the struggles along the way
- Improved communication with their Primary Care Provider and healthcare team

Disease Management can assist your members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension
- Heart Disease
- Obesity
- Smoking

For more information, or to refer a member to Disease Management, please call us at **1-877-393-3090**, (TTY **1-877-247-6272**) Monday–Friday, 8 a.m. to 6 p.m.

2019 Medicare Advantage Provider Manual Update

WellCare's 2019 Medicare Advantage Provider Manual has been updated, effective **January 1, 2019**. The manual can be viewed online at www.wellcare.com. If you have any questions, please contact your Provider Relations representative or call the Provider Services phone number in this newsletter.

Benefits Of Providing Services In An ASC Setting

Operating in an Ambulatory Surgery Center (ASC) setting (Place of Service 24), rather than an outpatient hospital setting (Place of Service 22), may be beneficial to patients, providers and payers. Benefits of providing services in an ASC setting may include:

- ✓ A more relaxed, less stressful and lower cost environment
- ✓ Provider autonomy over work environment and quality of care
- ✓ Increased provider control over surgical practices
- ✓ Provider specialties tailored to the specific needs of patients
- ✓ Raised standards in patient satisfaction, safety, quality and cost management
- ✓ Additional hospital operating room time reserved for more complex procedures
- ✓ Comparable patient satisfaction
- ✓ Quality of care as the hallmark of the ASC model

Providers are encouraged to provide services in an ASC setting (Place of Service 24) when deemed appropriate. Please contact your local Provider Relations representative for more information on ASCs in your area.

Medication Adherence and RxEffect™

To help with medication adherence, WellCare engages our members with refill reminder phone calls, off-therapy (missed dose) phone calls and letters as well as utilizing our network pharmacies to help counsel our members. However, there is nothing as powerful as a reminder from the member's primary care provider about the importance of medication adherence.

RxEffect™ is an online platform available to WellCare Medicare provider groups to help improve members' medication use.

Talk to your WellCare associate today to get users from your office access to the RxEffect™ portal.



This web portal:

- ✓ Is sponsored by WellCare – so there is no cost to our provider partners
- ✓ Uses predictive modeling to target the patients who need it most
- ✓ Uses real-time monitoring of pharmacy claims and is updated daily
- ✓ Includes opportunity flags for 30-day conversions, diabetic patients not on statins, Appointment Agendas and high-risk medications



Are you CLIA (Clinical Laboratory Improvement Amendment) compliant?

We would like to remind our Medicare providers that WellCare will continue to uphold the Federal guidelines (Section 353; Public Health Services Act, 42 United States Code §263a – Certification of laboratories and Centers for Medicare & Medicaid Services Title 42 CFR Part 493) where it outlines that any facility or individual Provider that performs laboratory services and wants to receive payments under Medicare and Medicaid programs must have a valid and active CLIA certificate for the type of tests being performed for each location.



To further assist with your claims processing, please submit your CLIA number on the claim as follows:

- Electronic Claim: Loop 2300, REF01 = X4, REF02
- Paper Claim (CMS 1500): Field 23
- If there are multiple items in Box 23, the provider should include a hyphen (-) or semicolon (;) between the items

If you're uncertain whether you are meeting the requirements, please see our flyer for more information and links to other resources:
Clinical Laboratory Improvements Amendments



Assessing for Suicide Risk Prior to Initiating Antidepressants

According to the Centers for Disease Control and Prevention, mental illnesses are the third-leading cause of hospitalizations in the United States among patients between 18-44 years old. Suicide can be associated with untreated mental illnesses, such as depression, and is the second leading cause of death among patients 15-34 years of age. The American Psychiatric Association recommends assessing your patients' risk of suicide before initiating pharmacotherapy. For your convenience, below are some factors to consider when assessing suicide risk prior to initiating an antidepressant medication.

Factors to Consider When Assessing Suicide Risk
Presence of suicidal or homicidal ideation, intent, or plans
History and seriousness of previous attempts
Access to means for suicide and the lethality of those means
Recent psychiatric hospitalization
Presence of severe anxiety, panic attacks, agitation, and/or impulsivity
Presence of psychotic symptoms, such as command hallucinations or poor reality testing
Presence of alcohol or other substance use
Family history of or recent exposure to suicide
Absence of protective factors

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:

- Centers for Disease Control and Prevention, "Learn About Mental Health," Available from: <https://www.cdc.gov/mentalhealth/learn/index.htm>
- Gelenberg AJ, Freeman MP, Markowitz JC, Rosenbaum JF, Thase ME, Trivedi MH, Van Rhoads RS. Practice Guideline for Treatment of Patients with Major Depressive Disorder. November 2010. Available from: http://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/mdd.pdf

CPTII Codes and HCPCS Billing for Medicare

Important Information on CPT II and HCPCS Codes

We're asking our providers to make sure to use accurate CPT Category II codes and HCPCS codes to improve efficiencies in closing patient care gaps and in data collection for performance measurement. When you verify that you performed quality procedures and closed care gaps, you're confirming that you're giving the best of quality care to our members.

WellCare has made a change to CPTII code payment to assist in the pursuit of Quality.

Starting January 1, 2019, WellCare will add CPTII and HCPCS codes to the fee schedule at a price of \$0.01. This will allow billing of these important codes without a denial of "non-payable code".



How does this help you, our Providers?



- Fewer dropped codes by Billing Companies due to non-payable codes
- Better reporting of open and closed care needs for your assigned members
- Increase in Payment for Quality (P4Q) due to submission of additional codes
- Collection of HEDIS measure data year round, resulting in fewer chart requests during chart collection season

What measures do these codes apply to?



- Controlling Blood Pressure
 - Blood pressure results
- Comprehensive Diabetes Care
 - Hba1C levels
 - Nephropathy – urine protein tests or treatment
 - Diabetic Retinal Eye Exams, DRE
- Care of Older Adults
 - Pain Assessment
 - Medication List and Review
 - Functional Status Assessment
- Medication Reconciliation Post Discharge
 - Medication List and Review after hospital discharge

Please use the following documents to alert your Billers and Billing Companies.

Attention Billers:

Starting January 1, 2019 WellCare Health Plans will be paying \$0.01 for **CPTII** and **HCPCS** codes associated with Quality Measures. The following codes **must** be billed on all claims and encounters when applicable:

Category of Codes	CPTII Codes	HCPCS Codes
HbA1C Results	<ul style="list-style-type: none"> • 3044F Most recent hemoglobin A1c (HbA1C) <7% • 3045F Most recent hemoglobin A1c (HbA1C) 7% – 9% • 3046F Most recent hemoglobin A1c (HbA1C) >9% 	
Eye Exams	<ul style="list-style-type: none"> • 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed • 2024F Seven (7) standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed • 2026F Eye Imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed • 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year) 	<ul style="list-style-type: none"> • S0621 Diabetic Retinal Screening • S0620 Diabetic Retinal Screening • S3000 Diabetic Retinal Screening
Nephropathy	<ul style="list-style-type: none"> • 3061F Negative microalbuminuria test result documented and reviewed • 3062F Positive macroalbuminuria test result documented and reviewed • 3066F Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist) • 4010F Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken • 3060F Positive microalbuminuria test result documented and reviewed 	
Blood Pressure Control	<ul style="list-style-type: none"> • 3074F Most recent Systolic <130mm Hg • 3075F Most recent Systolic 130–139mm Hg • 3077F Most recent Systolic ≥140mm Hg • 3078F Most recent Diastolic <80mm Hg • 3079F Most recent Diastolic 80–89mm Hg • 3080F Most recent Diastolic ≥90mm Hg 	
Medication Review (2 codes: Review and List)	<p>Medication Review</p> <ul style="list-style-type: none"> • 1160F Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record <p>Medication List</p> <ul style="list-style-type: none"> • 1159F Bill with 1160F Medication list in the medical record 	<ul style="list-style-type: none"> • G8427 Medication List
Medication Reconciliation	<ul style="list-style-type: none"> • 1111F Discharge medications reconciled with the current medication list in the outpatient record. 	
Functional Status Assessment	<ul style="list-style-type: none"> • 1170F Functional status assessed 	
Pain Assessment	<ul style="list-style-type: none"> • 1125F pain present • 1126F no pain present 	

Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

- ✓ You control your banking information.
- ✓ No waiting in line at the bank.
- ✓ No lost, stolen, or stale-dated checks.
- ✓ Immediate availability of funds – no bank holds!
- ✓ 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** 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 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 **1-855-538-0454**.

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



Community Connections HELP Line

1-866-775-2192

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





Provider Formulary Updates

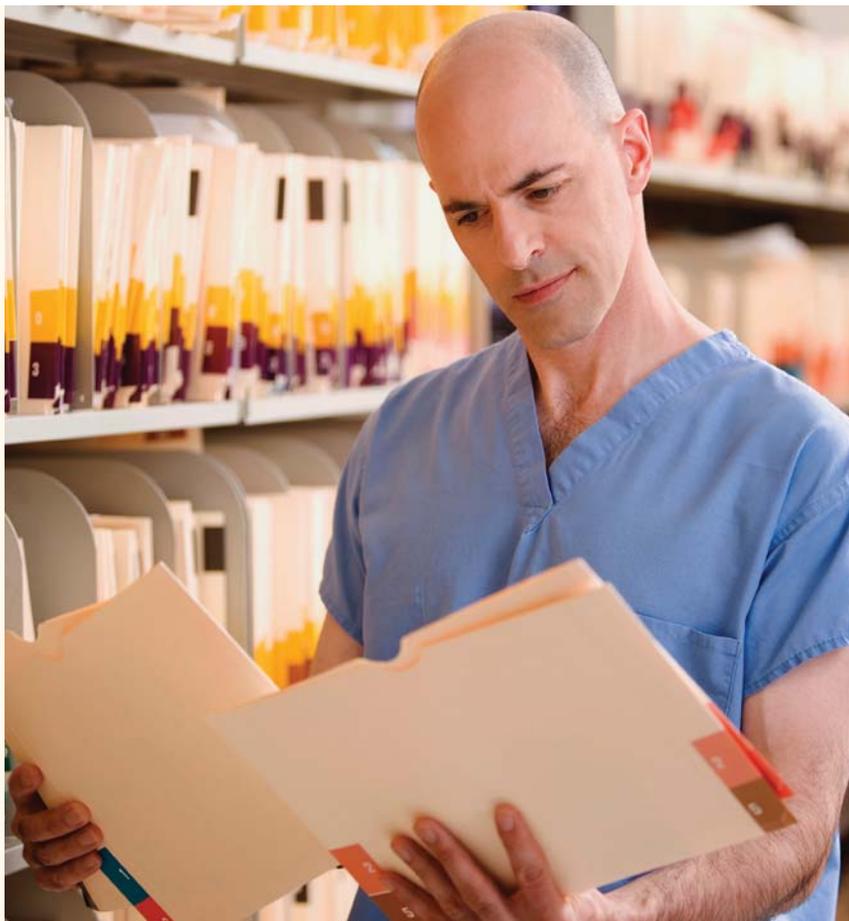
There have been updates to the Medicare formulary. Find the most up-to-date, complete Formulary at www.wellcare.com. Select your state from the drop-down menu and click on Pharmacy under Medicare in the Providers dropdown menu.

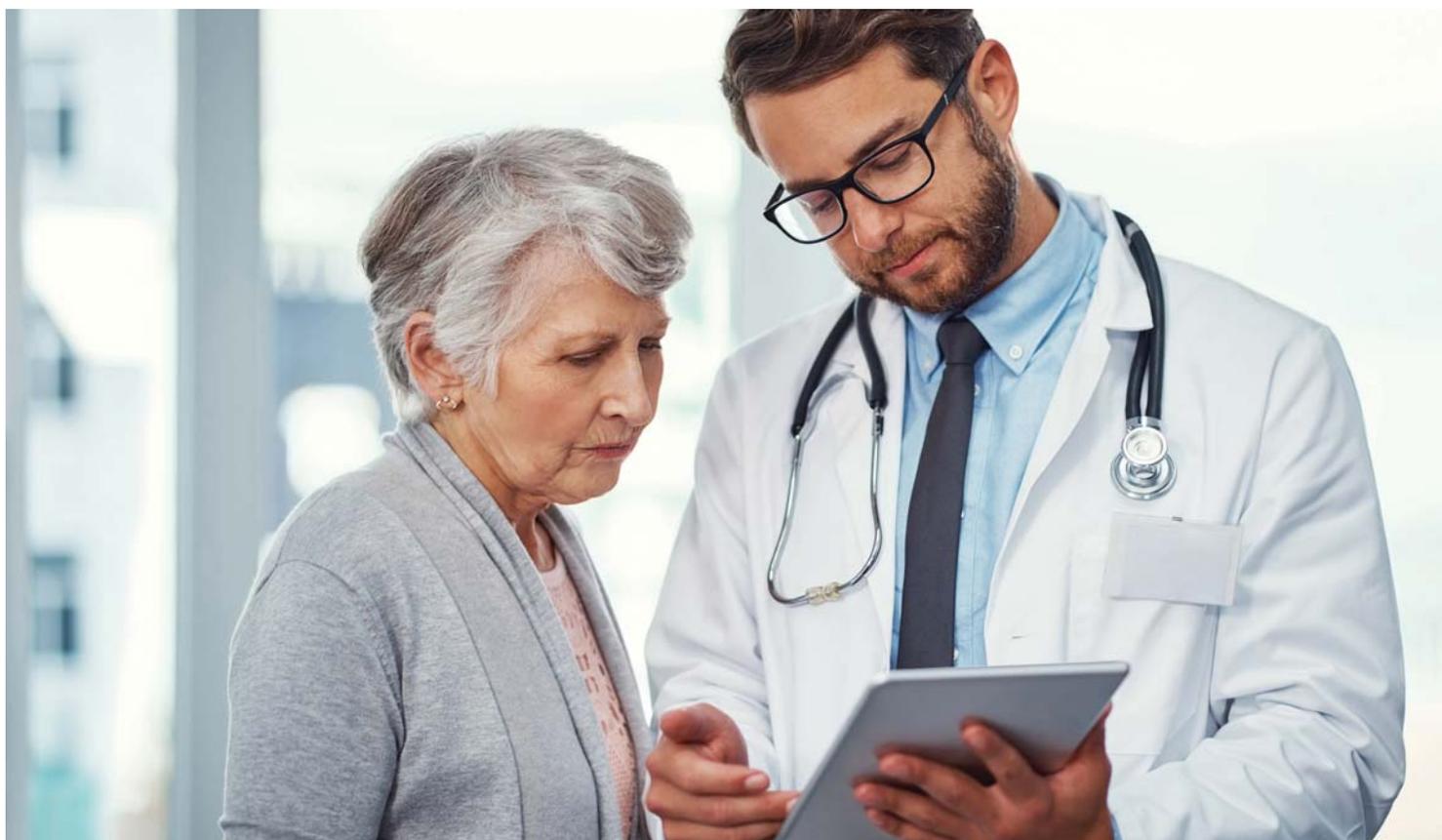
You can also refer to the Provider Manual to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures. To find your state's Provider Manual visit www.wellcare.com. Select your state from the drop-down menu and click on Overview under Medicare in the Providers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



Updated Clinical Practice Guidelines

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit <https://www.wellcare.com/Providers> and **select your state**. Clinical Guidelines can be found under Tools & News in the Provider drop-down.





We're Just a Phone Call or Click Away



WellCare Health Plans, Inc.: 1-855-538-0454



Representing the following states: AR, CT, GA, LA, MS, SC, TN, TX



www.wellcare.com/providers

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.