

Provider Newsletter

Kentucky | 2017 | Issue IV



Register Now! WellCare's New Provider Portal

You wanted a simpler, more efficient way to interact with us. We delivered. The new portal is now live and packed with features to help you care for your patients – our members – to ensure they have a positive health care experience.

Login or register now at <https://provider.wellcare.com>

The portal features improved claims and authorizations tools, a more holistic view of member information and some new tools that offer more convenient ways for you to connect with us. Features such as the My Practice area allow provider administrators to manage their users, permissions and access requests. The Visit Checklist feature will enable you to quickly create, print and submit an appointment agenda.

For information on how to use the new Provider Portal and more, watch this video: www.wellcare.com/providers/video

Or access video training here: <https://www.wellcare.com/Providers/New-Provider-Portal-Overview-Training>

If you have questions, please contact your local Provider Relations representative, or call Provider Services.

Medicare

Annual Wellness Visits and Physicals

Good news! WellCare has improved the way it pays Annual Wellness Exams and Additional Annual Physicals. Medicare members no longer have to wait 365 days for these exams and can now get them every calendar year! Don't wait another day to see your patients!

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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.



We're in this together: *Quality Health Care*





Independent External Review

In accordance with 907 KAR 17:035, if you receive an adverse final decision of a denial, in whole or in part, of a health service or claim for reimbursement related to this service, you may request an external independent third-party review. You may only do so after first completing an internal appeal/dispute process with WellCare of Kentucky. Provider requests for external review will only be considered for dates of service on or after December 1, 2016.

You must submit your request for external independent third-party review within 60 days from the date of receipt of the notice. You may submit your request to WellCare of Kentucky via one of the following methods:

- Email: kyexternalreview@wellcare.com
- Fax: 1-800-509-8203
- Mail: WellCare Health Plans
Attention: External Independent Third-Party Review
13551 Triton Park Blvd. Suite 1800
Louisville, KY 40223

WellCare will confirm receipt of your request for external third-party review within five business days of receiving your request.

As required by 907 KAR 17:035, if you request an external third-party review, WellCare will forward to the Department for Medicaid Services all documentation submitted by you during the appeal/dispute process within 15 business days of receiving your request. No additional documentation will be allowed for consideration by the external independent third-party review.

Additionally, if WellCare's decision is upheld by the external independent third-party review, you have the right to request an administrative hearing in accordance with 907 KAR 17:040 within 30 calendar days of the Department's written notice. You must submit your request for administrative hearing to:

Cabinet for Health and Family Services
Department for Medicaid Services
Division of Program Quality and Outcomes
275 East Main Street, 6C-C
Frankfort, KY 40621

Updated Clinical Practice Guidelines

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. They also reference evidence-based standards to ensure that the guidelines contain the highest level of research and scientific content. CPGs are also used to guide efforts to improve the quality of care in our membership. CPGs on the following topics have been updated and published to the Provider website:

- Acute and Chronic Kidney Disease: HS-1006
- ADHD: HS-1020
- Autism Spectrum Disorder: HS-1016
- Behavioral Health Conditions and Substance Use in High Risk Pregnancy: HS-1040
- Behavioral Health Screening in Primary Care Settings: HS-1036
- Cancer: HS-1034
- Cholesterol Management: HS-1005
- Depressive Disorders in Children, Adolescents and Adults: HS-1022
- Diabetes in Adults: HS-1009
- Gender Reassignment: HS-1059
- Hepatitis: HS-1050*
- HIV Screening & Antiretroviral Treatment: HS-1024
- Opioid Use Disorder and Treatment: HS-1053
- Pain Management: HS-1064
- Palliative Care: HS-1043
- Post-Traumatic Stress Disorder: HS-1048*
- Preconception and Inter-Pregnancy: HS-1028
- Pregnancy and Post-Partum Care: HS-1029
- Suicidal Behavior: HS-1027

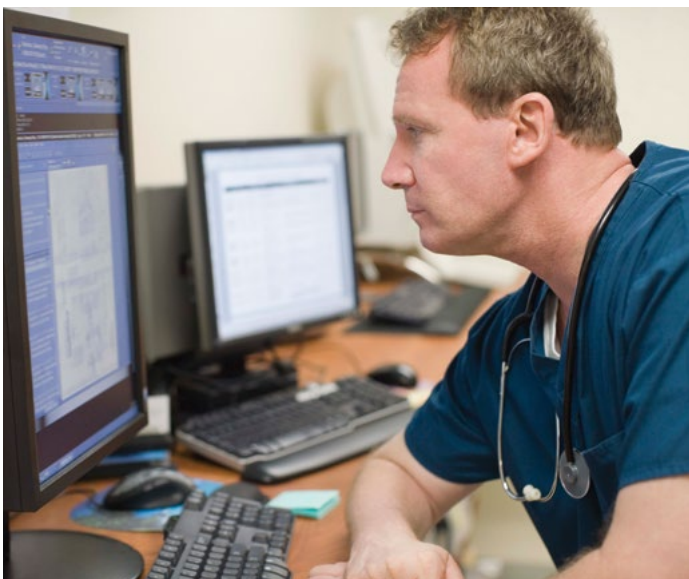
* New

The following CPGs have been retired and removed from the Provider website:

- Acute Kidney Injury: HS-1069^
- Behavioral Health and Sexual Offenders in Adults: HS-1039
- Imaging for Low Back Pain: HS-1012
- Lead Exposure: HS-1011
- Major Depressive Disorder in Adults: HS-1008^
- Motivational Interviewing & Health Behavior Change: HS-1042
- Pharyngitis: HS-1021
- Postpartum: HS-1030
- Screening, Brief Intervention, & Referral to Treatment (SBIRT): HS-1056
- Substance Use Disorders in High Risk Pregnancy: HS-1041^
- Transitions of Care: HS-1054

^ Merged with another CPG.

To access other CPGs related to Behavioral, Chronic, and Preventive Health, visit <https://www.wellcare.com/Kentucky/Providers>.



Availability of Criteria

The review criteria and guidelines are available to the providers upon request. Providers may request a copy of the criteria used for specific determination of medical necessity by calling Customer Services department at the number listed at the end of this newsletter.

Also, please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources link at: www.wellcare.com/Provider/CCGs.

Healthy Rewards Program

The Healthy Rewards Program rewards members for taking small steps that will help them live healthy lives. For simple tasks like completing prenatal visits, preventive dental visits and certain health checkups, members can earn rewards that are placed on prepaid debit cards. Members can use these cards at a variety of locations to purchase healthy items they use every day. The more services members complete, the more they can earn.

Now is a good time to remind your patients to take advantage of this program and their dental benefits by scheduling a dental visit. Providers can also encourage their patients to participate in the Healthy Rewards Program by signing and including their provider ID on applicable activity reports.

For more information on WellCare's Healthy Rewards Program, please contact your Provider Relations representative or call one of the Provider Services phone numbers at the end of this newsletter.

Provider Formulary Updates

Medicaid:

The WellCare Medicaid Preferred Drug List (PDL) has been updated. Visit www.wellcare.com/Kentucky/Providers/Medicaid/Pharmacy to view the current PDL and any pharmacy updates.

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.



90-Day Prescriptions

90-day prescriptions are a simple way to manage medication adherence, and they also provide added convenience for your patients. Standard 30-day fills of maintenance medications require patients to make a trip to the pharmacy every single month, year after year. However, utilizing a 90-day prescription, pharmacy trips are cut down from 12 annual trips to only four.

Members are able to fill their 90-day prescriptions at any willing network pharmacy, but there may be a financial benefit for the member if they utilize WellCare's preferred mail-order (CVS Caremark Mail Service Pharmacy). This includes \$0 co-pays for tier 1 medications, and copay reduction for medications in tiers 2 and 3.

CVS Caremark is our current only preferred mail order pharmacy, and prescribers can fax or e-prescribe member prescriptions. A prescription form and contact information is listed below

https://www.caremark.com/portal/asset/NewRX_Fax_Form_v91.pdf

Fax: 1-800-378-0323

E-prescribe to CVS Caremark Mail Order Electronic, NCPDP ID 322038

Members will need to create an account with CVS Caremark either online at www.caremark.com or by calling 1-866-808-7471.

Reducing Warfarin Adverse Drug Events

Members put on anticoagulant medication are known to be at high risk for adverse events, specifically, bleeding. A study of emergency department (ED) visits for adverse events estimated that anticoagulants were associated with 17.6 percent of the visits, with 48.8 percent of cases resulting in hospitalization.¹

Prescriber Tips:

- Before prescribing anticoagulants, providers should weigh the risk of thrombosis against the risk of bleeding.
- Record indication for warfarin therapy; target International Normalized Ratio (INR) range and duration of treatment for every patient.
- With each visit: Assess for significant drug and dietary interactions, evaluate patient's warfarin therapy understanding, and incorporate patient education as necessary. Communicate INR results and dosing decisions.
 - Monitoring is influenced by INR results, patient compliance, changes in health status, addition/discontinuation of medications, changes in diet, and/or dose adjustment decisions. Don't forget to consider a patient's OTC medication.
- With each visit: Patients should be given a written dosing schedule for their anticoagulation therapy that takes into account:
 - Drug name, dose, tablet strength and color, INR results, next appointment date, as well as a telephone number to call with questions or problems.

Patient Education

- Explain the reason for starting warfarin, how warfarin works and duration of therapy.
- Explain the need for routine INR testing and discuss INR target range.
- Discuss side effects of warfarin, drug and food interactions, signs/symptoms of bleeding or clotting, and any necessary lifestyle changes.
- Explain when to take warfarin and what to do if a dose is missed.
- Discuss when to contact provider or when to go to the emergency department.
- Stress the importance of notifying all healthcare providers of warfarin treatment.
- If the patient has extended travel plans, ensure a sufficient supply of warfarin is available and arrangements have been made for ongoing INR monitoring.

Reference:

Shehab N, Lovegrove MC, Geller AI, et al. US Emergency Department Visits for Outpatient Adverse Drug Events, 2013-2014. *JAMA*. 2016;316(20):2115-2125.

Reminder: Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

- No interrupting your busy schedule to deposit a check.
- No waiting in line at the bank.
- No lost, stolen, or stale-dated checks.
- **You** control your banking information.
- Immediate availability of funds – **no** bank holds!

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

Quality Star Measures Corner

At WellCare, we value everything you do to deliver quality care to our members – your patients – to make sure they have a positive healthcare experience.

That's why we're asking you to join us in giving your patients optimal care to help improve quality scores! The Stars Score is an overall summary of many of these measures, and Pay-for-Performance (P4P) provider incentives may be affected.

You can help us improve scores for the measures below by taking action.

- Improving or maintaining Mental Health
- Breast cancer screening
- Diabetes care (Eye exam; kidney disease monitoring; blood sugar; medication adherence; controlling blood pressure)
- Annual flu vaccine

How can you help?

- Provide appropriate and timely care within the designated time frames of the measure
- Clearly document all care in the patient's medical record
- Make sure preventive appointments and screenings are up-to-date
- Encourage and educate patients regarding services offered outside of the PCP office, such as diabetic eye exam services
- Reach out to noncompliant patients
- Remind patients about their annual flu shots and make sure they know when they have receive the shot

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 a letter on your letterhead with the updated information to KY_ProviderCorrection@wellcare.com.

Please include contact information if we need to follow up on the update with you.

Medicare

Call 1-855-538-0454

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



Access to Staff

If you have questions about the utilization management program, please call Customer Service at 1-866-231-1821. TTY/TDD users call 1-877-247-6272. Language services are offered.

You may also review the Utilization Management Program section of your Provider Manual. You may call to ask for materials in a different format. This includes other languages, large print and audio tapes. There is no charge for this.



CommUnity Assistance Line

CAL NUMBER 1-866-775-2192 VIDEO RELAY 1-855-628-7552

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

Quality Member Programs

Our goal is to provide members with direct access to health education and preventive/wellness screenings in their homes and communities at no cost. You can help by telling your members about our programs. We are focusing on giving members the opportunity to receive assistance through the following programs:

- **Telephonic Outreach Campaigns:** Calls are conducted with members to educate them on the importance of visiting their doctor. In addition, assistance is provided with scheduling their physician appointments/health screenings.
- **HealPros® Retinal Exams:** Digital diabetic retinal exams are conducted through third-party vendor, HealPros, with members in the comfort of their homes. Screening results are provided by WellCare directly to the member's PCP.
- **MedXM® Bone Density Tests:** In-home bone density screenings are completed with targeted members through vendor, MedXM.
- **Quest Diagnostics™ Colorectal Screenings:** InSure® FIT™ collection kits are provided to eligible members for completion of an in-home colorectal cancer screening.
- **CVS HEALTHTAG™ Initiative:** Pharmacy technicians are encouraged to inform and educate members through important reminders when they pick up their prescriptions. Reminders are provided for diabetic management, nephropathy and rectal screenings as well as breast and colon cancer exams.
- **Novu Health & Wellness Program:** Members receive up to \$25 in gift card rewards for completing health care activities. These include breast cancer and colon cancer screenings, diabetes screenings, bone density screenings and annual physical exams.

Note: Member selection to participate in our programs is based on a member's care needs, and there is no cost share for the services offered.

Member Rights & Responsibilities

Our members, your patients, have the following rights and responsibilities:

Rights

- To receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- To be treated with respect and dignity
- To have your privacy protected
- To participate with practitioners in making decisions about your health care
- To a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost and benefit coverage
- To voice complaints or appeals about the plan or the care it provides
- To make recommendations regarding the plan's member rights and responsibilities policy

Responsibilities

- To supply information that the plan and its doctors and providers need to provide care
- To follow plans and instructions for care that you have agreed on with your doctor
- To understand your health problems
- To help set treatment goals that you and your doctor agree to

Additional rights & responsibilities are located in the Provider Manual and Member Handbook.



WellCare of Kentucky, Inc.
13551 Triton Park Blvd.
Suite 1800
Louisville, KY 40223

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
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: 1-270-793-7301

Hazard

479 High Street
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.