



ANNUAL PROVIDER SATISFACTION SURVEY

Thank you all who participated in the annual survey process in 2016. Missouri Care continues to focus efforts on the experiences of our members and providers. The 2016 annual Provider Satisfaction Survey concentrated on a variety of subjects including call center staff, finance issues, utilization and quality management, network/coordination of care, pharmacy, provider relations and overall satisfaction and loyalty.

Extensive reviews of our 2016 survey results are underway to ensure that our focus is aligned with the needs of our providers. Current areas of focus include enhancing provider services at the local level, claim processing and issue resolution, enriching administrative tools/capabilities, and continued emphasis on quality. The organization is continuously engaged with several cross-functional teams working on these initiatives and others that are aimed at better serving our providers. We anticipate incremental gains on several initiatives in 2017 and continued improvement beyond.

In July/August of 2017, Missouri Care will conduct the annual Provider Satisfaction Survey to continue measuring progress, as well as better evaluate how we can become more effective and productive business partners.

Your participation is encouraged – and appreciated – as together we strive to positively impact our members’ lives.

WE’RE IN THIS TOGETHER: QUALITY HEALTH CARE

JOIN THE CONVERSATION ON SOCIAL MEDIA

Join our WellCare 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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FORMULARY SEARCH APP

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

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

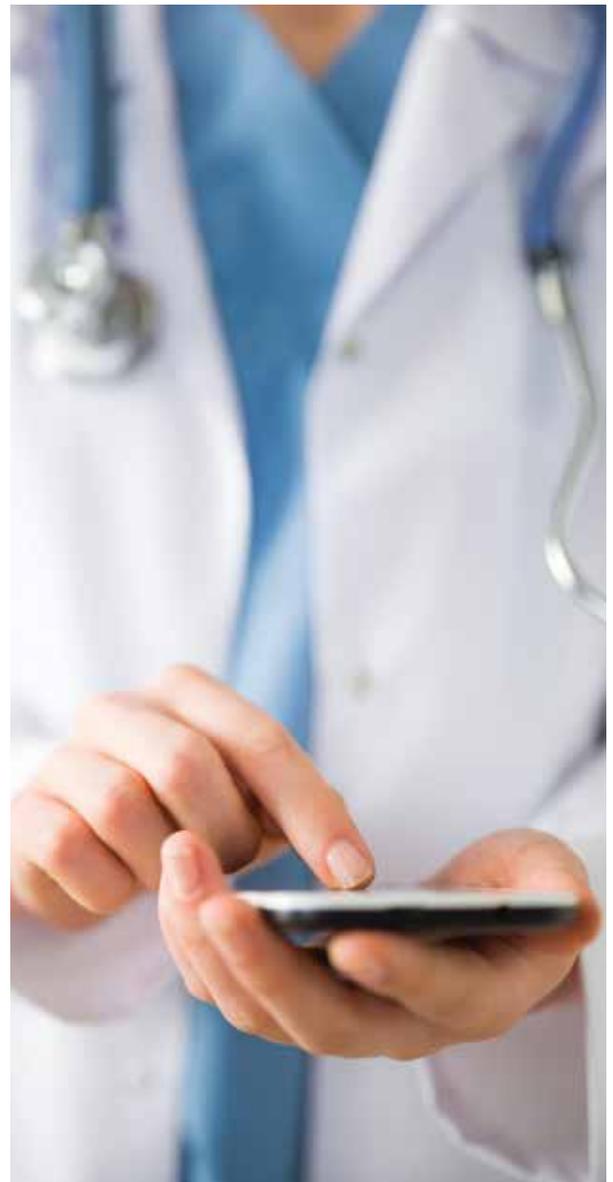
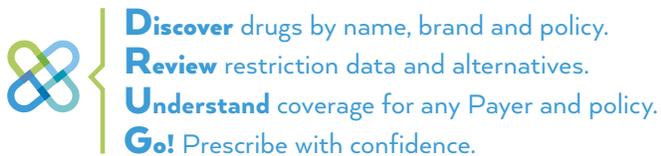
Formulary Search quickly provides the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team.

NEW FORMULARY SEARCH APP EXTENDS THE TOOLS YOU USE TO PRESCRIBE WITH CONFIDENCE

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to Missouri Care's extensive support resources, **Formulary Search** is designed to be intuitive, simple and always available.

- Identify coverage and restriction criteria and alternative therapies by brand, region and plan.
- "Favorite" often-prescribed drugs for rapid access.
- No registration, no username, no passwords.

Search from your desktop at www.FormularyLookup.com or download the free app today.



COMING SOON: NEW PROVIDER PORTAL

MISSOURI CARE'S NEW PROVIDER PORTAL ARRIVES IN SPRING 2017!

The portal will have a whole new look and streamlined tools, including:

- Comprehensive Member Profile with Eligibility, Benefits & Co-Pays, Care Gaps, Pharmacy Utilization, and more
- Improved Authorization & Claim Submission
- More ways to communicate with us electronically (Secure Messages & Online Chat)
- Practice Management – Update Demographic Information, Select Communication Preferences, Manage Users, etc.
- More Robust Data & Reports

Stay tuned for more information.



2017 EDIT EXPANSION

Missouri Care is expanding its claims edit library with additional policies. Periodic updates of our edits ensure claims are processed accurately and efficiently based on our medical coverage policies, reimbursement policies, benefit plans, and industry-standard coding practices, mainly Centers for Medicare & Medicaid Services (CMS). These are three examples of the upcoming policies.

ICD-10 LATERALITY AND EXCLUDES 1 NOTE POLICIES:

ICD-10 CM laterality codes indicate conditions that occur on the left, right, or bilaterally and an Excludes 1 Note indicates mutually exclusive diagnoses.

For example, ICD code M17.10 (Unilateral primary osteoarthritis, unspecified knee) should not be billed with M17.12 (Unilateral primary osteoarthritis, left knee). An Excludes 1 Note is used when two conditions cannot occur together (mutually exclusive), such as a congenital form versus an acquired form of the same condition.

CHANGE RECOMMENDATION POLICY:

Through our advanced processing edit logic, each claim will be assessed and a coding recommendation applied rather than a denial, when applicable based on WellCare's Edit Policy. The change recommendation policy will assist to reduce provider disputes for incorrect coding claims scenarios.

For example, according to CMS policy, Ambulatory Surgical Center (ASC) facilities are no longer required to submit modifier SG (ASC facility service) to indicate that a service was rendered in an ASC. Therefore, modifier SG is unnecessary and may be removed from a claim and processed without a denial.

Please refer to the provider portal for the listing of the upcoming edits and implementation dates.

HEALTHY REWARDS PROGRAM

The Healthy Rewards Program rewards members for taking small steps toward healthier lives. Members can earn rewards for completing services such as well child checkups, adult health screenings, prenatal and postpartum visits, and visiting a behavioral health provider within 7 days after hospitalization. The more services members complete, the more they can earn.

Providers can encourage Missouri Care members to participate in the Healthy Rewards Program by completing services in the program.

We have some exciting changes this year for members participating in the Healthy Rewards Program. We will be collaborating with Novu Health to provide members with additional ways to redeem healthy rewards and online resources to help members adopt a healthier lifestyle. More information will be forthcoming in the Q2 Provider Newsletter.





ANNUAL CAHPS® SURVEY – FEEDBACK ON WHAT MATTERS TO YOUR PATIENTS

The 2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey will be mailed to select members of our health plan. The goal of this survey is to gather feedback from our members about their satisfaction levels with providers, the health plan and the quality of the care they receive. We hope you will encourage your patients to participate if selected.

The CAHPS questions directly tied to the care members receive from their personal doctor include:

- Did your doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen to you carefully?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?
- Rate your personal doctor from 0–10 using 10 as the best possible doctor.

Your colleagues have offered the following best practices to improve your ratings:

- Slow down and actively listen. Encourage questions and notice if your patient has a puzzled look. It may be helpful to ask your patient to repeat back what they understand.
- Let patients and their caregiver(s) know your office hours and how to get after-hours care.
- Offer to schedule specialist appointments while your patients are in the office.
- If you are running late, instruct your staff to let your patients and their caregiver(s) know and apologize.
- Invite questions and encourage your patients or their caregiver(s) to take notes. Research shows most patients forget two out of three things you tell them when they walk out of the exam room.
- Remember, your patients and/or their caregiver(s) are “sitting on pins and needles” waiting for your call with their test results. It’s better to apologize for calling late in the day than to anger a patient or their caregiver(s) by keeping them up all night waiting for your call.

Thank you for the excellent care you provide to our members.

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 Case 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:

Send a letter on your letterhead with the updated information. Please include contact information if we need to follow up on the update with you.

Please send the letter by any of these methods:

- Email: MissouriProviderRelations@wellcare.com
- Fax: 1-866-946-1105
- Mail: Missouri Care
Attention: Provider Operations
2404 Forum Blvd.
Columbia, MO 65203

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



DID YOU KNOW? AUTHORIZATION REQUESTS FOR MEDICAL NECESSITY

Did you know that Missouri Care can perform medical necessity reviews after a provider performs a service? With this process, Missouri Care can recoup payments to providers that may have been inappropriately paid.

Authorization only confirms whether a service meets Missouri Care's determination criteria at the time a provider makes an authorization request and does not guarantee payment. In addition, we retain the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

For more information, please contact your Provider Relations representative or call the Provider Services phone number on the back of this newsletter.



CommUnity Assistance Line

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

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

ACCESS TO UTILIZATION STAFF

The Utilization Management (UM) section of your Provider Manual contains detailed information related to the UM program. Your patient, our member, can request materials in a different format including other languages, large print and audiotapes. There is no charge for this service.

If you have questions about the UM Program, please call Provider Services at the number listed on your *Quick Reference Guide* located at www.wellcare.com/Missouri/Providers/Medicaid.

APPEALS TIPS

Missouri Care offers the following tips to assist providers in submitting appeals:

Tip 1: Missouri Care cannot process an appeal without a cover letter clearly stating the reason for the appeal, the date of service, member ID, and/or correct claim number.

Tip 2: Make sure your appeal cover letter addresses the actual reason your claim was denied. For example, if your claim was denied for failure to get prior authorization, explain extenuating circumstances as to why you failed to get prior authorization. If you simply say that the treatment was medically necessary and the claim was not denied due to medical necessity, the denial will be upheld.

Tip 3: To avoid delays in processing, be sure your appeals and disputes are sent to the correct addresses (see the Provider Manual for the definition of a dispute versus an appeal).

- **Send all appeals to:**

Missouri Care
Attn: Appeals
2404 Forum Blvd.
Columbia, MO 65203

- **Send all disputes to:**

Missouri Care
Attn: Claim Payment Disputes
PO Box 31370
Tampa, FL 33631-3370



AVAILABILITY OF REVIEW CRITERIA

The determination of medical necessity review criteria and guidelines are available to providers upon request. You may request a copy of the criteria used for specific determination of medical necessity by calling Provider Services at the number listed on your *Quick Reference Guide* at www.wellcare.com/Missouri/Providers/Medicaid.

Also, please remember that all Clinical Coverage Guidelines detailing medical necessity criteria for certain medical procedures, devices and tests are available via the Provider Resources link at www.wellcare.com/Missouri/Providers/Clinical-Guidelines/CCGs.

MISSOURI CARE PROVIDER RELATIONS CONTACT LIST

Name	Area Covered	Phone	Email
Karen Brobeck	Provider Relations Manager	573-441-2193	Karen.Brobeck@wellcare.com
Ronnie Caradine	Eastern Region – medical	314-444-7510	Ronald.Caradine@wellcare.com
Mika Fue	Western Region - medical	573-876-1505	Mika.Fue@wellcare.com
Chelle Haynes	Central Region - medical	573-441-2119	Chelle.Haynes@wellcare.com
Wanda Panick	Eastern Region - medical	573-441-2163	Wanda.Panick@wellcare.com
Barbara Wheeler	Statewide – behavioral health	573-355-4033	Barbara.Wheeler@wellcare.com



CLINICAL PRACTICE GUIDELINES – SEE UPDATES

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. WellCare CPGs 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. The CPGs are available on the Provider Portal at www.wellcare.com/Missouri/Providers/Clinical-Guidelines/CPGs. CPGs on the Provider Portal include, but are not limited to:

GENERAL CLINICAL PRACTICE GUIDELINES

- Alzheimer's disease
- Asthma
- Cancer
- Cholesterol management
- Chronic heart failure
- Chronic kidney disease*
- COPD
- Coronary artery disease
- Diabetes in adults*
- Diabetes in children
- Fall risk assessment
- HIV antiretroviral treatment in adults
- HIV screening*
- Hypertension
- Imaging for low back pain
- Lead exposure
- Motivational interviewing and behavioral health change
- Obesity in adults
- Obesity in children
- Osteoporosis
- Palliative care
- Pharyngitis
- Rheumatoid arthritis
- Sickle cell disease
- Smoking cessation

PREVENTIVE HEALTH GUIDELINES

- Adult preventive health*
- Preventive health pediatric*
- Pregnancy*
- Preconception and inter-pregnancy*
- Postpartum guidelines*

BEHAVIORAL HEALTH CPGS

- ADHD
- Behavioral health and sexual offenders
- Bipolar disorder
- Depressive disorders in children and adolescents
- Major depressive disorders in adults
- Persons with serious mental illness and medical comorbidities*
- Schizophrenia*
- Substance use disorders
- Substance use disorders in high-risk pregnancy
- Suicidal behaviors
- Behavioral Health Screening in Primary Care Settings*
- Psychotropic Use in Children*
- Screening, Brief Intervention and Referral to Treatment (SBIRT) *

*CPGs noted have been updated and published to the Provider Portal.

COMMUNICATING EFFECTIVELY FOR CONTINUITY OF CARE

Missouri Care encourages all providers—medical and behavioral—to initiate communication that facilitates and enhances continuity and coordination of care, relapse prevention, member safety, and member satisfaction. Effective integration and collaboration among all health care professionals (PCPs, specialists or behavioral health specialists including psychiatrists, social workers, and ARNPs) are essential for patients' well-being. Lack of information received from fellow providers is a common concern of medical and behavioral health providers. PCPs should hold the most complete medical record, including information related to continuity of care from medical and behavioral health specialists.

To assess Coordination of Care, Missouri Care's 2016 Provider Satisfaction Survey measured if PCPs, specialists, and behavioral health providers were satisfied with the timeliness of feedback and reports. Results of the survey included:

- 21.3% of PCPs responded the timeliness of feedback/reports from specialists in Missouri Care's provider network were well-above average/somewhat above average
- 19% of specialists responded the timeliness of feedback/reports from specialists in Missouri Care's provider network were well-above average/somewhat above average
- 40.3% of behavioral health providers responded the timeliness of feedback/reports from specialists in Missouri Care's provider network were well-above average/somewhat above average

The results of the survey suggest there is an opportunity to improve communication and coordination of care between behavioral health and medical providers.

The HIPAA Privacy Rule permits use and disclosures for "treatment, payment and health care operations" as well as certain other disclosures without the individual's prior written authorization. Disclosures not otherwise specifically permitted or required by the HIPAA Privacy Rule must have an authorization that meets certain requirements. With certain exceptions, the HIPAA Privacy Rule generally requires that uses and disclosures of PHI be the minimum necessary for the intended purpose of the use or disclosure.

To enhance communication between physical and behavioral health providers, Missouri Care developed the Coordination of Care Form, which can be accessed at



www.wellcare.com/Missouri/Providers/Medicaid/Forms. Behavioral health providers are asked to complete this form and send it to the member's PCP for inclusion in the medical record.

Missouri Care's Care Management team emphasizes continuity of care for our members through the coordination of care among physicians, community mental health centers and other providers.

Providers may refer a patient for Care Management by:

- Calling **1-800-322-6027** and following the prompts for Care Management
- Fax a referral to **1-866-946-1104**

Missouri Care also has a designated Provider Relations (PR) Representative to work exclusively with the Behavioral Health Provider Network. The primary functions of the Behavioral Health PR rep are to provide service and education, including information on coordination of care, and provide oversight on inquiries and claims issues to the behavioral health provider network. If you are a behavioral health provider with questions/feedback about provider communication or quality-related topics, please contact your behavioral health or local PR Representative.

ANNUAL MEDICAL RECORD REVIEW RESULTS

Complete documentation in medical records is an essential component of delivering quality patient care. Missouri Care assesses medical records to ensure compliance with documentation standards, preventive health guidelines, and EPSDT visit components. A Medical Record Review was conducted, including a random sampling of providers' documentation of care rendered from Jan. 1, 2015–Dec. 31, 2015.

Summary of Results: 98% of PCPs had a composite score of 80% or greater. There was a 73% compliance rate for EPSDT documentation. The table below reflects top 2 deficiencies for each category:

Adult General Documentation (Top 2 deficiencies)	Non-Compliant Rate
Documentation that member was provided written information regarding advance directives (18 years of age or older) included in record	18%
Documentation of Screening for Domestic Violence with appropriate counseling/referrals included in record	28%
Adult Preventive Health (Top 2 deficiencies)	Non-Compliant Rate
Documentation of Influenza Vaccine included in record	16%
Pap smear and chlamydia screening – every 1-3 years or per physician's recommendations (women only) included in record	59%
Child General Documentation (Top 2 deficiencies)	Non-Compliant Rate
Documentation of screening for domestic violence with appropriate counseling/referrals if needed included in record	19%
Documentation of HIPAA Protected Health Information included in record	42%
Child Preventive Health (Top 2 deficiencies)	Non-Compliant Rate
A.) TB Risk Assessment for children at 1, 6, 12, and 18 months of life, and annually at age 2 included in record	74%
B.) Immunizations are given according to The MO HealthNet online provider manual, which references the Childhood Immunization Schedule on the Department of Health and Senior Services' website at health.mo.gov included in record	74%
BMI or Serum Cholesterol over 2 years if indicated (family history, obesity, excessive consumption of saturated fats and cholesterol) included in record	81%

Recommendations:

- Ensure information requested is submitted. A copy of the Audit Tool is included in the request. Receipt of complete medical records will increase provider scores.
- Provider education through provider visits, provider newsletter, and documentation standards in the provider manual on the web: <https://www.wellcare.com/en/Missouri/Providers/Medicaid>
- Providers should use the State required Healthy Children and Youth (HCY) Screening forms found on the web: <http://manuals.momed.com/manuals/presentation/forms.jsp>

THANK YOU FOR THE QUALITY CARE YOU PROVIDE TO OUR MEMBERS!

If you have any questions feel free to contact the Quality Improvement Department at 573-441-2120.

ANTIDEPRESSANT MEDICATION MANAGEMENT

Depression is the leading cause of disability in the world, and it affects an estimated 19 million American adults, or nearly 10% of the population over age 18.¹ Major depressive disorder has significant potential morbidity and mortality, contributing to suicide, incidence and adverse outcomes of medical illness, disruption in interpersonal relationships, substance abuse, and lost work time. With appropriate treatment, 70%-80% of individuals with major depressive disorder can achieve a significant reduction in symptoms.²

Through NCQA's HEDIS Measure Antidepressant Medication Management (AMM), Missouri Care monitors members 18 and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment for 12 weeks (Acute Phase) and for at least 6 months (Continuation Phase).

When comparing HEDIS 2016 AMM rates to HEDIS 2015 rates, Missouri Care noted a decline in both Phases. This indicates that fewer members with major depression are remaining on an antidepressant medication treatment during the recommended timeframe.

Missouri Care is aware that a large portion of antidepressant medication is prescribed through PCP offices. In order to ensure tools are available to help treat depression, resources are available on the website: www.missouricare.com, including:

- Primary Care Guide to Managing Depression – how to diagnose depression, when to refer to a specialist, how to educate the member, recommended treatments
- Clinical Practice Guidelines for Treating Patients with Major Depressive Disorder
- Coordination of Care Form – to promote a collaboration between primary care providers and behavioral health providers

1. <http://www.ncqa.org/publications-products/other-products/quality-profiles/focus-on-depression/depression-overview>

2. <https://www.wellcare.com/Missouri/Providers/Clinical-Guidelines/CPGs>. Major Depressive Disorder in Adults.

ATTENTION-DEFICIT HYPERACTIVITY DISORDER MEDICATION FOLLOW-UP

Have you diagnosed a patient with Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)? Missouri Care would like to remind you of the importance of follow-up visits regarding ADHD. It is recommended that patients 6-12 years old with a newly prescribed ADHD medication have at least three follow-up care visits within a 10-month period.

- The first appointment should be within 30 days of when the first ADHD medication was dispensed (Initial Phase)
- The second and third appointments should occur within the 10-month period of time of when the medication was started (Continuation and Maintenance Phase)

Frequent visits are especially important during the initial and continuation/maintenance phase of treatment as the medications may require titration to achieve the most appropriate dosing regimen.

It is also important to bill the claim appropriately to ensure we are tracking this information. When conducting a follow-up visit for ADHD, make sure to submit the appropriate coding.

ADHD is one of the most common neurodevelopmental disorders of childhood and can profoundly affect the academic achievement, well-being and social interactions of children. In most cases, ADHD is best treated with a combination of medication and behavior therapy. No single treatment is the answer for every child, and good treatment plans will include close monitoring, follow-ups and any changes needed along the way.

<http://www.cdc.gov/ncbddd/adhd/facts.html>

2016 CAHPS® SURVEY RESULTS

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys examine aspects of care for which members and patients are the best and/or only source of information, as well as aspects that have been identified as important to members and patients. SPH Analytics (SPHA) administered the child version of the 2016 CAHPS 5.0H Survey for Missouri Care. The CAHPS survey provides the member satisfaction component of the measurement set needed for NCQA accreditation for managed care organizations, like Missouri Care.

Members were asked to report on various aspects of the health plan's performance, from customer service to the quality of health care their children received. From this information, Missouri Care gets an overall performance rating in four categories and global proportion ratings in five domains of care.

As a provider, you have an opportunity to improve patient satisfaction by:

- Staying informed and up to date about the care the patient has received from other doctors and health care providers
- Spending enough time with the patient
- Explaining the patient's health status in a way that is easy to understand
- Listening and showing respect for the patient
- Having readily available appointments

Missouri Care's CAHPS survey was conducted from March through May 2016 for all three regions in Missouri (Central, Eastern and Western). A random sampling of 9,438 eligible members, 17 years and younger as of Dec. 31, 2015, currently enrolled, who had been continuously enrolled for the last six months with Medicaid insurance coverage were eligible to participate in the survey. A total of 1,984 members completed the survey for a response rate of 21.2%.

ALL REGIONS COMBINED		
COMPOSITE/RATING AREAS	MISSOURI CARE RATE	NCQA PERCENTILE FOR ACCREDITATION
Getting Needed Care	89.3%	90 th Percentile
Getting Care Quickly	93.6%	90 th Percentile
How Well Doctors Communicate	95.3%	75 th Percentile
Customer Service	89.5%	50 th Percentile
Shared Decision Making	80.4%	50 th Percentile
Coordination of Care	83.4%	50 th Percentile
Rating of Personal Doctor	88.7%	50 th Percentile
Rating of Specialist	87.9%	50 th Percentile
Rating of all Health Care	87.0%	50 th Percentile
Rating of Health Plan	85.6%	50 th Percentile

PROVIDER RESOURCES

WEB RESOURCES

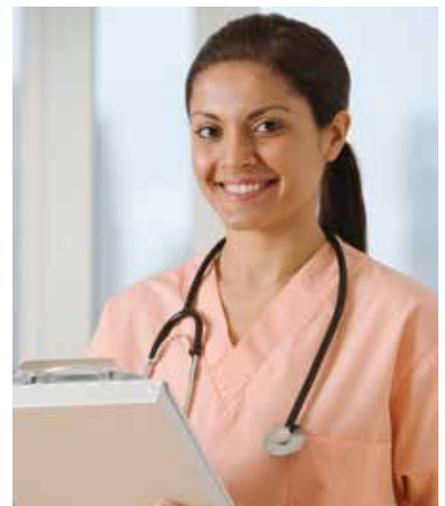
Visit www.wellcare.com/Missouri to access our Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, Pharmacy Guidelines, key forms and other helpful resources. You may also request hard copies of any of the above documents by contacting your Provider Relations Representative. For additional information, please refer to your *Quick Reference Guide* at www.wellcare.com/Missouri/Providers/Medicaid.

PROVIDER NEWS

Remember to check messages regularly to receive new and updated information. Visit the secure area of www.wellcare.com/Missouri to find copies of the latest correspondence. Access the secure portal using the Provider Secure Login area in the provider drop-down menu on the top of the page. You will see *Messages from WellCare* located in the column on the right.

ADDITIONAL CRITERIA AVAILABLE

Please remember that all Clinical Coverage Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at www.wellcare.com/Missouri/Providers/Clinical-Guidelines.



**WE'RE JUST A PHONE CALL
OR CLICK AWAY!**

Missouri Care
1-800-322-6027

www.wellcare.com/Missouri