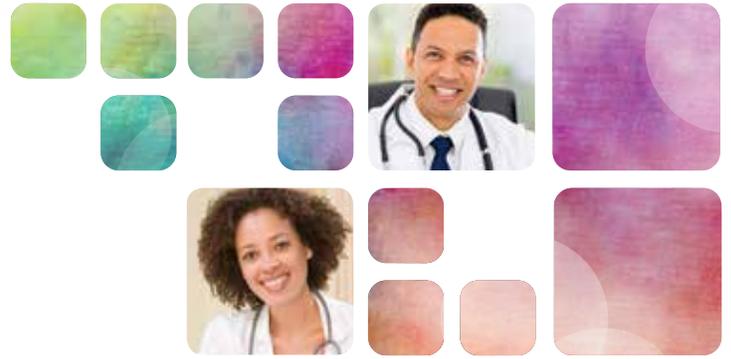


# Provider Newsletter

Missouri | 2017 | Issue II

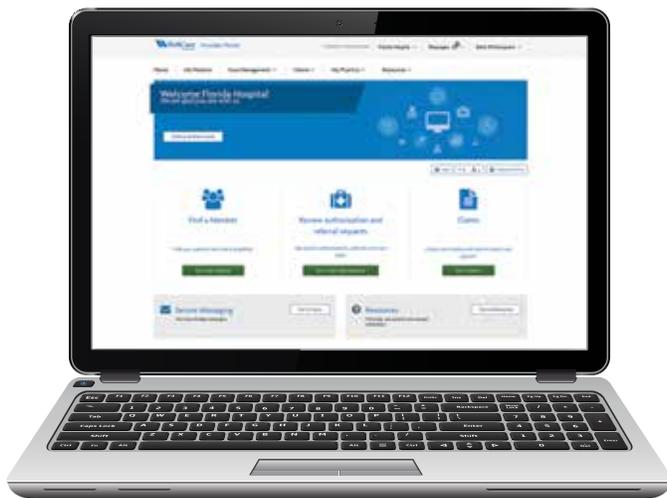


## New Provider Portal

Our portal is getting 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
- Visit Checklist for printing prior to patient appointments
- 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.



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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*

**missouricare** <sup>SM</sup>  
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## Adolescent Well-Care Visits

All adolescents should get at least one comprehensive well-care checkup with a PCP or an OB/GYN every year. Healthy Children and Youth/Early and Periodic Screening, Diagnosis and Treatment (HCY/EPSDT) screening forms and guidelines offer education to providers about the health care services that are available to prevent and treat illnesses for Medicaid members. In addition to improving members' health, an annual checkup provides adolescents an opportunity to develop attitudes and lifestyles that can enhance health and well-being.

According to HEDIS®, the following must occur and be documented in the medical record for a member to be compliant for an adolescent well-care exam:

- A health history
- A physical developmental history
- A mental developmental history
- A physical exam
- Health education/anticipatory guidance

Keep in mind, a sick-child visit or sports physical can be an opportunity to complete a comprehensive well-care exam.

Providers should document all well-child visits using the State's HCY screening forms at: [manuals.momed.com/manuals/presentation/forms.jsp](http://manuals.momed.com/manuals/presentation/forms.jsp)

## Healthy Rewards

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 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.

For more information on the Healthy Rewards Program, contact your Provider Relations representative or call the Provider Services phone number at the end of 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.



## 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.

## Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that assists 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
- Individualized 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 health care team

Disease Management can assist your members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Depression
- 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 5 p.m.

## 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 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  
4205 Philips Farm Road, Suite 100  
Columbia, MO 65201
- Send all **disputes** to:  
Missouri Care  
Attn: Claim Payment Disputes  
PO Box 31370  
Tampa, FL 33631-3370



## 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! For more information about Care Management, or to refer a member to the program, please call us at **1-866-635-7045**. This no-cost program gives access to an RN or LCSW Monday–Friday from 8 a.m. to 5 p.m.

# How to Improve Patient Satisfaction and CAHPS Scores, Part 1 of 3

## What is the CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks patients to evaluate their health care experiences. Missouri Care conducts an annual child CAHPS survey, which asks parents or guardians to rate experiences with their child's health care providers and plans. As a Missouri Care provider, you can provide a positive experience on key aspects of their care; we've provided some examples of best practice tips to help with each section.

Know What You Are Being Rated On	What This Means:	Tips to Increase Patient Satisfaction:
<b>Getting Needed Care</b>	<ul style="list-style-type: none"> <li>• Ease of getting care, tests, or treatment the child needed</li> <li>• Obtained appointment with specialist as soon as needed</li> </ul>	<ul style="list-style-type: none"> <li>• Help patients by coordinating care for tests or treatments, and schedule specialists appointments, or advise when additional care is needed to allow time to obtain appointments.</li> </ul>
<b>Getting Care Quickly</b>	<ul style="list-style-type: none"> <li>• Child obtained needed care right away</li> <li>• Child obtained appointment for care as soon as needed</li> <li>• How often were you seen by the provider within 15 minutes of your appointment time?</li> </ul>	<ul style="list-style-type: none"> <li>• Educate your patients on how and where to get care after office hours.</li> <li>• Do you have on-call staff? Let your patients know who they are.</li> </ul>
<b>How Well Doctors Communicate</b>	<ul style="list-style-type: none"> <li>• Child's doctor explained things in an understandable way</li> <li>• Child's doctor listened carefully</li> <li>• Child's doctor showed respect</li> <li>• Child's doctor spent enough time with your child</li> </ul>	<ul style="list-style-type: none"> <li>• The simple act of sitting down while talking to patients can have a profound effect.</li> <li>• Ask your patients what is important to them; this helps to increase their satisfaction with your care.</li> </ul>
<b>Shared Decision Making</b>	<ul style="list-style-type: none"> <li>• Doctor/health care provider talked about reasons you might want your child to take a medicine</li> <li>• Doctor/health care provider talked about reasons you might not want your child to take a medicine</li> <li>• Doctor/health care provider asked you what you thought was best for your child when starting or stopping a prescription medicine.</li> </ul>	<ul style="list-style-type: none"> <li>• Use of office staff other than physicians to distribute decision aids could help more patients learn about the medical decisions they are facing or simply to address medications</li> <li>• Decision making tools and quick reference guide are available at: <a href="http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html">www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html</a></li> <li>• Ask your patients, "What should I know about you that may not be on your medical chart?"</li> </ul>
<b>Coordination of Care</b>	<ul style="list-style-type: none"> <li>• In the last 6 months, did your child's personal doctor seem informed and up-to-date about the care your child got from other health providers?</li> </ul>	<ul style="list-style-type: none"> <li>• Your office staff should offer to help your patients schedule and coordinate care between providers.</li> </ul>
<b>Rating of Personal Doctor</b>	<ul style="list-style-type: none"> <li>• Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?</li> </ul>	<ul style="list-style-type: none"> <li>• Studies have shown that patients feel better about their doctor when they ask their patients, "What's important to you?"</li> </ul>
<b>Rating of Specialist</b>	<ul style="list-style-type: none"> <li>• Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?</li> </ul>	<ul style="list-style-type: none"> <li>• Help your members value their visit to the specialists, be informed of their visit and their advice.</li> </ul>

Make sure both you and your medical team know the questions your practice is being rated on. Knowledge is power. For more information and research on ways to improve patient satisfaction, see "Flipping Health Care: From 'What's the Matter' to 'What Matters to You?'" You can access the article and video at the websites below.

Sources and References:

[www.ihl.org/Topics/WhatMatters/Pages/default.aspx](http://www.ihl.org/Topics/WhatMatters/Pages/default.aspx) Christina Gunther-Murphy-What Matters Office Practice Setting IHI  
[www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx](http://www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx)  
 2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

## Immunizations and Well-Child Checkups

Providers play a key role in establishing and maintaining a practice-wide commitment to communicating effectively about vaccines and maintaining high vaccination rates – from providing educational materials, to being available to answer questions.

Confused parents may delay or refuse immunizations for their child due to misperceptions of disease risk and vaccine safety. A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with patients and their caretakers by encouraging open, honest and productive dialogue.

Help educate parents on preventing the spread of disease. Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations, which can be found in Missouri Care's Provider Manual.

Providers should conduct well-child visits using MO HealthNet's HCY/ EPSDT Screening Forms. Forms from newborn to 20 years of age can be found under "*Healthy Children and Youth Screening (HCY Screening)*" at this site: [manuals.momed.com/manuals/presentation/forms.jsp](http://manuals.momed.com/manuals/presentation/forms.jsp). Remember, you may complete a comprehensive well-child checkup during a sick-child visit or sports physical if the member is due for a checkup.



## 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:

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](mailto:MissouriProviderRelations@wellcare.com)
- Fax: 1-866-946-1105
- Mail: Missouri Care  
Attention: Provider Operations  
4205 Philips Farm Road, Suite 100  
Columbia, MO 65201

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

## Encourage Chlamydia Screenings

Chlamydia trachomatis (chlamydia) is one of the most common sexually transmitted bacterial infections in the U.S. and causes numerous health problems in both women and men.

Most women infected with chlamydia have no symptoms of the disease, thereby minimizing the chances they will seek care. Because of the negative impact chlamydia can have on members' health it is imperative that the member obtains a chlamydia test as recommended.

To help protect and improve members' health, Missouri Care will encourage and recommend PCPs to screen annually for chlamydia in all female members ages 16-24 who indicate they are sexually active.

## Follow-Up Care Is a Key to Reducing Readmissions

Missouri Care is committed to improving the coordination of care across medical settings. Coordination of care is evaluated at Missouri Care through various means such as the Annual Medical Record Review and analyzing Readmission Rates. Through this data, Missouri Care is able to identify areas to improve and actions to take, as indicated. By ensuring adequate follow-up care, it may help to decrease the number of members who require a hospital readmission.

Readmissions are often linked to the quality of care received during an initial hospital stay, but readmissions can also occur when members don't receive appropriate follow-up care. One in three adult patients, ages 21 and older, does not see a provider within 30 days of discharge from the hospital, and about one in 12 of those patients are readmitted within 30 days of discharge. Moreover, 32.9 percent or one in three adults were re-hospitalized within one year of discharge.

Follow-up care from a physician or other medical provider after a hospital discharge is important to monitor the condition that led to the hospitalization and attempt to prevent readmissions.

The post-hospital follow-up visit presents an ideal opportunity for PCPs to address the conditions that lead to the hospitalization and to prepare the member and their caregivers on self-care activities and how to avoid situations that could lead to readmission. Listed below are activities that could ensure an effective post-hospital follow up visit:

- Review the Discharge Summary prior to the visit
- Perform a comprehensive medication reconciliation with attention to the pre-hospital regimen
- Explain warning signs specific to the member's condition, how to respond, and have the member repeat back
- Provide instructions for seeking emergency and non-emergency after-hours care
- Provide members, caregivers, and home health nurses with newly reconciled medication lists
- Ensure the next appointment is made, as appropriate

Hospitals are also encouraged to become directly involved in discharge planning and ensuring follow-up after hospitalization. Collaboration and communication between health care providers is important to ensure members are following up after hospitalization, which may help to decrease the likelihood of readmission.

## 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 Kidney Injury: HS-1069\*
- Adult Preventive Health: HS-1018
- Asthma: HS-1001
- Behavioral Health Screening in Primary Care Settings: HS-1036\*
- Bipolar Disorder: HS-1017
- Cardiovascular Disease: HS-1002
- Chronic Kidney Disease: HS-1006
- Congestive Heart Failure: HS-1003
- COPD: HS-1007
- Diabetes in Adults: HS-1009
- Diabetes in Children: HS-1004
- Epilepsy: HS-1070\*
- HIV Screening: HS-1024
- Hypertension: HS-1010
- Managing Infections: HS-1037\*
- Pediatric Preventive Health: HS-1019
- Persons with Serious Mental Illness and Medical Comorbidities: HS-1044
- Pneumonia: HS-1062\*
- Post-Partum: HS-1030
- Preconception and Inter-pregnancy: HS-1028
- Pregnancy: HS-1029
- Psychotropic Drug Use in Children: HS-1047\*
- Schizophrenia: HS-1026
- Sickle Cell Anemia: HS-1038
- Substance Use Disorders: HS-1031
- Substance Use Disorders in High Risk Pregnancy: HS-1041
- Tobacco Cessation: HS-1035

\* New

To access other CPGs related to Behavioral, Chronic, and Preventive Health, visit [www.wellcare.com/Missouri/Providers](http://www.wellcare.com/Missouri/Providers).

## Better Quality Is Our Goal

Missouri Care's Quality Improvement (QI) program is an ongoing, comprehensive and integrated system that exists to actively initiate, monitor and evaluate standards of health care practice and infrastructures essential to the delivery of quality clinical care and service to members. In 2016, our QI program was effective.

### Some 2016 QI Program Goals We Accomplished Included:

- Educated and encouraged members and providers to close care gaps
- Rewarded members for completing healthy behaviors
- Promoted safe health care for our members through reviewing records, distributing practice guidelines, and reviewing quality of care issues
- Ensured adequate provider network access and availability
- Helped members receive timely care in the right setting
- Worked with community agencies to improve care for our members
- Coordinated members' health care, including coordination between providers and specialists
- Received feedback from members and providers to help us improve
- Reviewed and updated our clinical practice guidelines
- Improved members' health care through Care Management and Disease Management
- Met members' language, cultural, and ethnic needs
- Answered calls quickly and improved customer service satisfaction
- Paid provider claims timely and accurately

### Our Goals for 2017 Include:

- Expand our services from regional to statewide, including ensuring an adequate provider network and coordination of members' health care.
- Add internal and external resources to meet the needs of the expansion areas
- Expand our Healthy Rewards program to promote healthy behaviors
- Promote safe and timely care for members, including reminders for needed services, monitoring care through medical record review, and meeting cultural and linguistic needs.
- Educate and encourage providers to close care gaps through provider visits and mailings
- Receive feedback from members and providers to improve our services
- Review and update our practice guidelines
- Improve members' health care through Care Management and Disease Management
- Answer calls timely and ensure customer satisfaction
- Pay claims timely and accurately

We look forward to continuing to partner with you to ensure our members get the best care. For more information about our QI Program, please contact your Provider Relations representative or call 1-800-322-6027 and ask for our QI Department.

## 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 5 minutes to complete. Please visit [www.payspanhealth.com/nps](http://www.payspanhealth.com/nps) or call your Provider Relations representative or PaySpan (1-877-331-7154) with any questions.

We will only deposit into your account, **not** take payments out.



4205 Philips Farm Road, Suite 100  
Columbia, MO 65201

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## Provider Resources

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative. Refer to our *Quick Reference Guide*, for detailed information on many areas such as Claims, Appeals, Pharmacy, etc. These are located at [www.wellcare.com/Missouri/Providers/Medicaid](http://www.wellcare.com/Missouri/Providers/Medicaid).

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/Missouri/Providers/Clinical-Guidelines](http://www.wellcare.com/Missouri/Providers/Clinical-Guidelines).

## Contact Us

Provider Services: 1-800-322-6027  
Visit [www.wellcare.com/Missouri/provider](http://www.wellcare.com/Missouri/provider)

Name	Area Covered	Phone	Email
Karen Brobeck	Provider Relations Manager	573-441-2193	Karen.Brobeck@wellcare.com
Ronnie Caradine	Eastern Missouri – Medical	314-444-7510	Ronald.Caradine@wellcare.com
Scheronda Gregory	Eastern Missouri – Medical	314-444-7539	Scheronda.Gregory@wellcare.com
Kristin Boyd	Eastern Missouri - Behavioral Health	314-444-7532	Kristin.Boyd@wellcare.com
Christa Hudson	Southeastern Missouri - Medical	573-270-4601	Christa.Hudson@wellcare.com
Wanda Panick	Missouri Statewide and Out-of-State	573-441-2163	Wanda.Panick@wellcare.com
Chelle Haynes	Central Missouri – Medical	573-441-2119	Chelle.Haynes@wellcare.com
Stephanie Thompson	Central Missouri - Medical	573-441-2131	Stephanie.Thompson@wellcare.com
Abigail Shivers	Southwestern Missouri - Medical	417-572-7803	Abigail.Shivers@wellcare.com
Mika Fue	Western Missouri – Medical	573-876-1505	Mika.Fue@wellcare.com
Barbara Wheeler	Western Missouri – Behavioral Health	573-355-4033	Barbara.Wheeler@wellcare.com