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.

We’ve added additional incentives to the Enhanced Payment program. You will receive a flyer with the new details soon!

In This Issue

- New Provider Portal ...............................................1
- Depression Prevention Program ..............................2
- Benefits of Providing Services in an ASC Setting ..............2
- Disease Management – Improving Members Health!.............3
- How Case Management Can Help You.................3
- How to Improve Patient Satisfaction and CAHPS Scores, Part 1 of 3..............4
- Referring Your Patient to a Specialist ...............5
- Updating Provider Directory Information .............5
- Provider Formulary Updates ...............................5
- Cancer Screening Awareness ...............................6
- Counseling on Dental Emergencies .....................6
- Updated Clinical Practice Guidelines .................6
- Important Patient Questions for the Health Outcomes Survey .................7
- EFT through PaySpan.............................................7

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
Depression Prevention Program

Depression affects more than 6.5 million of the 35 million Americans ages 65 or older. Depression in older persons is closely associated with dependency and disability and causes great distress for the individual and their family. Depression is also closely associated with chronic illness such as diabetes, COPD, CHF, CAD, and stroke.

In an effort to foster improved collaboration, continuity and coordination between medical and behavioral health providers, WellCare has established a Depression Prevention Program. WellCare encourages providers to screen for depression and discuss with members the importance of appropriate follow-up with the right practitioner when issues and/or problems are identified. Proactive prevention, outreach and education programs are critical mechanisms through which members can obtain the appropriate behavioral health services regardless of age, ethnicity, gender or family background.

WellCare has created a variety of resources and tools to help providers screen for depression in members with chronic health conditions; these resources can be found on the WellCare website at www.wellcare.com/provider.

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.
How Case Management Can Help You

Case Management helps members with special needs. It pairs a member with a case manager. The case 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 Case 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.

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)
- 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.
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. WellCare conducts an annual CAHPS survey, which asks members to rate experiences with their health care providers and plans. As a WellCare 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.

<table>
<thead>
<tr>
<th>Know What You Are Being Rated On</th>
<th>What This Means:</th>
<th>Tips to Increase Patient Satisfaction:</th>
</tr>
</thead>
</table>
| Getting Needed Care              | • Ease of getting care, tests, or treatment needed  
                                 | • Obtained appointment with specialist as soon as needed | • 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. |
| Getting Care Quickly             | • Obtained needed care right away  
                                 | • Obtained appointment for care as soon as needed  
                                 | • How often were you seen by the provider within 15 minutes of your appointment time? | • Educate your patients on how and where to get care after office hours.  
                                 | • Do you have on-call staff? Let your patients know who they are. |
| How Well Doctors Communicate     | • Doctor explained things in an understandable way  
                                 | • Doctor listened carefully  
                                 | • Doctor showed respect  
                                 | • Child’s doctor spent enough time with your child | • The simple act of sitting down while talking to patients can have a profound effect.  
                                 | • Ask your patients what is important to them; this helps to increase their satisfaction with your care. |
| Shared Decision Making           | • Doctor/health care provider talked about reasons you might want your child to take a medicine  
                                 | • Doctor/health care provider talked about reasons you might not want your child to take a medicine  
                                 | • Doctor/health care provider asked you what you thought was best for your child when starting or stopping a prescription medicine. | • 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  
                                 | • Decision making tools and quick reference guide are available at: [www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html]  
                                 | • Ask your patients, “What should I know about you that may not be on your medical chart?” |
| Coordination of Care             | • In the last 6 months, did your personal doctor seem informed and up-to-date about the care you got from other health providers? | • Your office staff should offer to help your patients schedule and coordinate care between providers. |
| Rating of Personal Doctor        | • 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 personal doctor? | • Studies have shown that patients feel better about their doctor when they ask their patients, “What’s important to you?” |
| Rating of Specialist             | • 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? | • Help your members value their visit to the specialists, be informed of their visit and their advice. |

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.ihi.org/Topics/WhatMatters/Pages/default.aspx](http://www.ihi.org/Topics/WhatMatters/Pages/default.aspx)  
Christina Gunther-Murphy-What Matters Office Practice Setting IHI  
[www.ihi.org/resources/Pages/AudioandVideo/WHIWhatMatters.aspx](http://www.ihi.org/resources/Pages/AudioandVideo/WHIWhatMatters.aspx)  
2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey
Referring Your Patient to a Specialist

Patients with complicated conditions may see several specialists. When you refer your patient to a specialist, these are some best practices to improve patient safety and satisfaction:

- Let the specialist know why you are referring the patient and send any relevant lab work, tests or history that may be of value to the specialist. This can reduce delay or repeating tests.
- Request that the specialist send you a report of their findings and any treatment recommendations or medication changes. Some specialist will only send a report if it is specifically requested by the referring provider.
- Set a reminder to check if information is received on the referral. If the specialist does not send information, contact the specialist to get the report. A direct phone call to the doctor, not the office assistant, will get the best results.
- When you receive the information from the specialist, update your patient’s record and reconcile any changes to catch conflicting recommendations between specialists. Your patient may not recognize a generic vs brand name or similar acting medications ordered by various specialists.

WellCare members can see a wide variety of specialists which can be easily located on-line at the WellCare Find a Provider link at www.wellcare.com/New-Jersey. For further assistance contact your WellCare Provider representative at 1-888-453-2534.

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:
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.

Medicaid
Send a letter on your letterhead with the information being updated to NJPR@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.

Provider Formulary Updates

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

Medicare
The Medicare Formulary has been updated. Find the most up-to-date complete formulary at www.wellcare.com/New-Jersey/Providers/Medicare/Pharmacy.

You can also refer to the Medicaid or Medicare Provider Handbook available at www.wellcare.com/WellCare/New-Jersey/Providers to learn more about our pharmacy Utilization Management (UM) policies and procedures.
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/New-Jersey/Providers.

Cancer Screening Awareness

According to the Centers for Disease Control and Prevention (CDC), many deaths from breast and cervical cancer could be avoided by increasing cancer screening rates among women. The CDC reports that deaths from these diseases occur disproportionately among women who rely on public health programs like Medicaid or are uninsured. Encourage your female patients to get all their preventive health exams completed.

WellCare covers all regular preventive tests and screenings for women without requiring a referral or prior approval. Help us ensure that our members stay healthy by recommending appropriate preventive tests and screening.

Please continue to encourage women to obtain an annual mammography for breast cancer screening and a Pap smear for cervical cancer screening.

Counseling on Dental Emergencies

With increasing visits to the Emergency Department (ED) for non-traumatic dental it is important that physicians provide preventive care information to members and counsel on the importance of routine dental visits and establishing a dental home.

Helpful tips to help members prevent dental emergencies:

DOs

- Brush and floss twice daily to keep a healthy mouth
- Establish a dental home, by the time a first tooth erupts or the age of 12 months, and schedule routine dental appointments.
- If the member is involved in sports remind them to use a mouth guard to protect teeth

DON’Ts

- Remind members that chewing food such as hard candy, ice or popcorn kernels can crack a tooth
- Advise members that they should avoid using objects that are not floss to remove food from between teeth (i.e.: knife/scissors)
Important Patient Questions for the Health Outcomes Survey

Quality care starts with a conversation!

How Active Are You?
• 7 out of 10 adults age 20 and over are overweight.
• If you want your patients healthy and happy – physical activity is key! Even doing daily household chores can help them burn more than 2,000 calories a week.
• Take a minute to tell your patients about ways they can get moving, shed pounds and feel better!

Is Your Bladder Controlling Your Life?
• Let them know they’re not alone. More than half of all American seniors suffer from bladder conditions.
• Ask if your patient’s bladder is affecting daily routine or sleep.
• Your patients may be shy – remind them that this is common!

How Are You Feeling Compared to a Year Ago?
• More than 70% of Americans are under constant stress and anxiety!
• 7 out of 10 adults in the U.S. are diagnosed with a chronic disease.
• If your patients do not feel better than they did a year ago, it could indicate that they need your help. Ask how they’re feeling – it could be the key to better health outcomes.

Losing Balance? Have You Fallen Recently?
• Falls are the leading cause of death from injury among people 65 and older.
• 1 in 4 seniors fall each year, but less than half tell their doctor! Ask if your patient has fallen and let him/her know how to prevent it.
• Let your patients know they can reduce their risk by taking supplements, doing strength and balance exercises, having their eyes checked and making their homes safer. Perform the 30-second chair stand test on patients who are at risk of falling.

Sources:
www.cdc.gov/nchs/fastats/obesity-overweight.htm
www.dailymail.co.uk/femail/article-3440437/Doing-household-chores-burns-2-000-calories-week.html
familydoctor.org/mindbody-connection-how-your-emotions-affect-your-health/
shellpoint.org/blog/2012/08/13/10-shocking-statistics-about-elderly-falls/
www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.htm

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 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.
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. Provider Homepage - www.wellcare.com/New-Jersey/Providers

Resources and Tools
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, along with the Authorization Lookup tool, are located at www.wellcare.com/New-Jersey/Providers/Authorization-Lookup.

Additional Criteria Available
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/New-Jersey/Providers/Clinical-Guidelines.