



New Jersey

# Provider Newsletter



2018 • Issue II

## Quality

### Access to CM

#### 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 healthcare 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 8 p.m.

## In This Issue

### Quality

Access to CM.....	1
Medication Adherence and RxEffect™ .....	2
Immunizations and Well-Child Checkups .....	2
Dental Recommendations for Pediatric Members.....	2
Disease Management – Improving Members Health!.....	3
Encourage Chlamydia Screenings .....	4

### Operational

Updated Clinical Practice Guidelines .....	4
Electronic Funds Transfer (EFT) through PaySpan® .....	4
Dual-Eligible Special Needs Plan.....	5
Appointment Access and Availability .....	6
Updating Provider Demographic Information.....	7
Provider Formulary Updates.....	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.





## 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

## Medicaid

### 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 the prevention and spread of disease. Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations. 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.



### Dental Recommendations for Pediatric Members

- ✓ Complete a “Caries Risk Assessment” tool up to 4 times per year (located on WellCare website)
- ✓ Fluoride Varnish can be applied to children ages 0-6 years of age and billed using CPT99188 ICD-10 code Z41.8.
- ✓ Refer children to a dentist by 1 year of age or soon after the eruption of the first primary tooth.
- ✓ During well-child visits, educate parents/guardians of the importance of a dental visit twice a year.
- ✓ Discuss good oral health habits (avoiding: thumb sucking, overutilization of bottles and pacifiers)
- ✓ Evaluate necessity of fluoride supplementation



## 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 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
- 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 healthcare team

### Disease Management can assist your members with the following conditions:

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

For more information, or to refer a member to Disease Management, please call us at 1-877-393-3090, (TTY 711) Monday–Friday, 8 a.m. to 5 p.m.

## 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, Harmony encourages and recommends PCPs to screen annually for chlamydia in all female members 16-24 years old who indicate they are sexually active.



## Operational



### 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.

**Clinical Policy Guiding Documents (CPGDs) are also available; these are companions to the CPGs on a variety of topics. Currently there are three CPGDs:**

- CPG Hierarchy
- Health equity, literacy, and cultural competency
- Quality Improvement

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit <https://www.wellcare.com/New-Jersey/Providers/>

### 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](http://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.



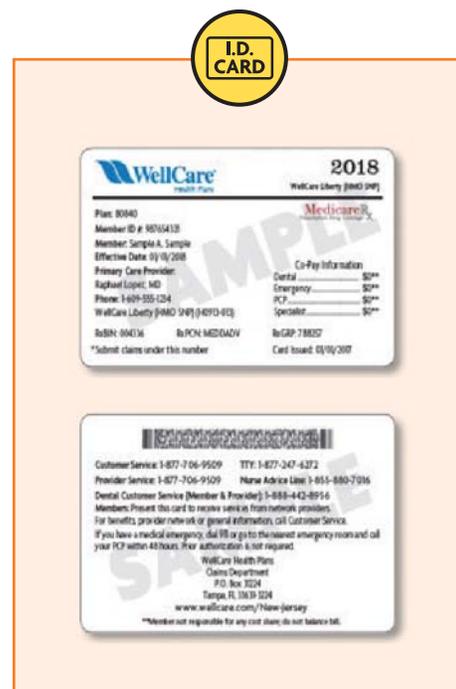
## Dual-Eligible Special Needs Plan

As a participating provider in WellCare Value Medicare Advantage Plan in New Jersey, you participate in WellCare Liberty (HMO SNP) a Dual-Eligible Special Needs Plan, which means only beneficiaries eligible for both Medicare and Medicaid may enroll in the plan. In addition, WellCare Liberty (HMO SNP) further qualifies as a Fully Integrated Dual Eligible (FIDE) SNP, which means that members receive their Medicare benefits from the plan and their full Medicaid benefits – including, when eligible, Long Term Services and Supports.

As a FIDE SNP, WellCare Liberty (HMO SNP) is a zero cost-share plan. This means **members, so long as they are active with the plan, owe nothing for covered services – no coinsurance, no co-pay – and may not be balance-billed for covered services.** Claims for WellCare Liberty members will be adjudicated first through their Medicare benefits and then through their Medicaid benefits. Services not covered by Medicare may in turn be covered by the members' Medicaid benefits. This includes cost shares (i.e., deductibles, co-payments and coinsurance) for Medicare-covered services.

Therefore, although member deductibles, co-payments or coinsurance may appear on your Explanations of Payment (EOPs) or Remittance Advices (RAs), those amounts may not be billed to plan members. **WellCare Liberty (HMO SNP) members are cost share protected by the State, which means they must not be billed.** Instead, the Medicare cost shares will be adjudicated through the members' Medicaid benefits to determine what, if anything, is still owed by the plan. WellCare payment for covered services for which the members' Medicare benefit is primary must be considered payment in full and will be the lesser of the Medicare or Medicaid Allowable Amounts.

You can identify our member by their membership card or through our WellCare Provider Portal to check member eligibility at <https://provider.wellcare.com/>.



## Appointment Access and Availability

WellCare is required by the Centers for Medicare & Medicaid Services and state regulations to administer appointment access and availability audits. Appointment Access standards are documented below.

Type of Appointment:
• <b>Emergency services:</b> Immediately upon presentation
• <b>Urgent Care:</b> Less than 24 hours
• <b>Symptomatic acute care:</b> Less than 72 hours
• <b>Routine non-symptomatic visits, including annual gynecological examinations or pediatric and adult immunization visits:</b> Less than 28 days
• <b>Specialist referrals:</b> Less than 4 weeks
• <b>Urgent Specialty Care:</b> Within 24 hours of referral
• <b>Baseline physicals for new adult enrollees:</b> Within 180 calendar days of initial enrollment
• <b>Baseline physicals for new children enrollees and adult clients of DDD:</b> Within 90 days of initial enrollment, or in accordance with EPSDT guidelines.
<ul style="list-style-type: none"> <li>• <b>Prenatal care:</b> <ul style="list-style-type: none"> <li>– Within 3 weeks of a positive pregnancy test</li> <li>– Within 3 days of identification of high-risk</li> <li>– Within 7 days of request in first and second trimester</li> <li>– Within 3 days of first request in third trimester</li> </ul> </li> </ul>
• <b>Routine physicals:</b> Within 4 weeks
<ul style="list-style-type: none"> <li>• <b>Lab and radiology services:</b> <ul style="list-style-type: none"> <li>– Within 3 weeks for routine</li> <li>– Within 48 hours for urgent care</li> </ul> </li> </ul>
• <b>Initial pediatric appointments:</b> Within 3 months of enrollment
<ul style="list-style-type: none"> <li>• <b>Dental appointments:</b> <ul style="list-style-type: none"> <li>– Emergency: No later than 48 hours, or earlier as the condition warrants, of injury to sound natural teeth and surrounding tissue and follow-up treatment by a dental provider</li> <li>– Urgent: Within 3 days of referral</li> <li>– Routine: Within 30 days of referral</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• <b>MH/SA appointments:</b> <ul style="list-style-type: none"> <li>– Emergency services: Immediately upon presentation at a service delivery site</li> <li>– Urgent: Within 24 hours of the request</li> <li>– Routine: Within 10 days of the request</li> </ul> </li> </ul>
• <b>Maximum number of intermediate/limited patient encounters:</b> 4 per hour for adults and children.
• <b>Waiting time in office:</b> Less than 45 minutes

For additional information, please refer to the Provider Manual posted on the WellCare Provider Portal located at: [www.wellcare.com/New-Jersey/Providers/Medicaid](http://www.wellcare.com/New-Jersey/Providers/Medicaid).

## It Benefits Your Practice To Keep Your Provider Demographic Information Current

As a WellCare participating provider, it is very important for you to keep your demographic information current. When you update your information with WellCare to keep it current, it helps:

- Ensure you and your practice/facility receive proper notifications from WellCare
- Avoid claim payment issues caused by outdated demographic information
- Ensure you receive proper referrals based on your specialty and/or subspecialty
- Ensure members who need to contact you for services have your correct address/phone number

To ensure the above occurs, if any of the following changes, please tell us in advance or as soon as possible:

- Office phone number
- Fax Number
- Office address
- Correspondence Address
- Office Hours
- Hospital Affiliation
- Panel status  
(Are you accepting new Medicare/Medicaid patients?)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Group Name

### To Submit Your Updated Information

Per your contract, at least 30 days' advance notice is required and you should include contact information in case we need to follow up with you.

You can submit updates by:



Mailing a letter on your letterhead with the updated information to:  
**WellCare Health Plans of NJ**  
 550 Broad St. 12th floor  
 Newark, NJ 07102  
 Attention: Provider Relations Department



Emailing: [NJPR@wellcare.com](mailto:NJPR@wellcare.com)



Call: 1-855-538-0454

Thank you for keeping your information up to date with us. WellCare appreciates everything you do to improve the health and well-being of our members.



## Provider Formulary Updates

### Medicaid:

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

### Medicare:

There have been updates to the Medicare formulary. Find the most up-to-date, complete formulary at [www.wellcare.com/New-Jersey/Providers/Medicare/Pharmacy](http://www.wellcare.com/New-Jersey/Providers/Medicare/Pharmacy).

You can also refer to the Provider Manual to view more information regarding our pharmacy Utilization Management (UM) policies and procedures. Provider Manuals are available at [www.wellcare.com/New-Jersey/Providers/Medicaid](http://www.wellcare.com/New-Jersey/Providers/Medicaid) and [www.wellcare.com/New-Jersey/Providers/Medicare](http://www.wellcare.com/New-Jersey/Providers/Medicare).





Beyond Healthcare. A Better You.

WellCare of New Jersey  
550 Broad Street  
Newark, NJ 07102

## We're Just a Phone Call or Click Away



Medicare: 1-855-538-0454



Medicaid: 1-888-453-2534



[www.wellcare.com/New-Jersey/Providers](http://www.wellcare.com/New-Jersey/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 home page. You will see *Messages from WellCare* on the right.

### Resources and Tools

Visit [www.wellcare.com/New-Jersey/Providers](http://www.wellcare.com/New-Jersey/Providers) to find guidelines, key forms and other helpful resources for both Medicare and Medicaid. You may also 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/New-Jersey/Providers/Medicaid](http://www.wellcare.com/New-Jersey/Providers/Medicaid) or [www.wellcare.com/New-Jersey/Providers/Medicare](http://www.wellcare.com/New-Jersey/Providers/Medicare).

### 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](http://www.wellcare.com/New-Jersey/Providers/Clinical-Guidelines).