

Provider Newsletter

New Jersey | 2017 | Issue IV



Keep Growing With Us!

WellCare of New Jersey is proud to announce that the New Jersey Department of Human Services has approved WellCare Health Plans of New Jersey, Inc.'s expansion of its NJ FamilyCare/Medicaid Managed Care program. The approval adds seven new counties to the company's service area: Atlantic, Camden, Cumberland, Gloucester, Monmouth, Salem and Warren, and is effective immediately.

The expansion complements WellCare's existing 10-county coverage area in Bergen, Passaic, Sussex, Morris, Hudson, Essex, Union, Somerset, Middlesex and Mercer.

Do you have any questions about our expansion or any other issues? We can help! Please call your Provider Relations representative or call Provider Services at **1-888-453-2534**.

If you haven't already, register on our new online provider portal to view member data in a comprehensive view, request and track authorizations and referrals, and much more at <https://newjersey.wellcare.com/login/provider>.

Thank you for joining WellCare's mission to help our members live better, healthier lives.

Medicare

Annual Wellness Visits and Physicals

WellCare has improved the way it pays Annual Wellness Exams and Additional Annual Physicals. 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



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:

- **Emergency services:** Immediately upon presentation
- **Urgent Care:** Less than 24 hours
- **Symptomatic acute care:** Less than 72 hours
- **Routine nonsymptomatic visits, including annual gynecological examinations or pediatric and adult immunization visits:** Less than 28 days
- **Specialist referrals:** Less than 4 weeks
- **Urgent Specialty Care:** Within 24 hours of referral
- **Baseline physicals for new adult enrollees:** Within 180 calendar days of initial enrollment
- **Baseline physicals for new children enrollees and adult clients of DDD:** Within 90 days of initial enrollment, or in accordance with EPSDT guidelines.
- **Prenatal care:**
 - Within 3 weeks of a positive pregnancy test
 - Within 3 days of identification of high-risk
 - Within 7 days of request in first and second trimester
 - Within 3 days of first request in third trimester
- **Routine physicals:** Within 4 weeks
- **Lab and radiology services:**
 - Within 3 weeks for routine
 - Within 48 hours for urgent care
- **Initial pediatric appointments:** Within 3 months of enrollment
- **Dental appointments:**
 - **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
 - **Urgent:** Within 3 days of referral
 - **Routine:** Within 30 days of referral
- **MH/SA appointments:**
 - **Emergency services:** Immediately upon presentation at a service delivery site
 - **Urgent:** Within 24 hours of the request
 - **Routine:** Within 10 days of the request
- **Maximum number of intermediate/limited patient encounters:** 4 per hour for adults and children.
- **Waiting time in office:** 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.

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.



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.

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 health care 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
- Annual flu vaccine
- Diabetes care (Eye exam; kidney disease monitoring; blood sugar; medication adherence; controlling blood pressure)

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

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 or telephonically
 - www.caremark.com
 - 1-866-808-7471

Provider Formulary Updates

Medicaid

The Preferred Drug Lists (PDL) has been updated. Visit 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.

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/Medicare.

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 and Medicare

Please send a letter on your letterhead with the updated information 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.

Affirmative Statement

WellCare's Utilization Management Program decision making is based only on appropriateness of care, service and existence of coverage. WellCare does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.

If you have questions about this program, please call Provider Services at the number located at the end of this newsletter.

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 health care 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:

¹Shehab N, Lovegrove MC, Geller AI, et al. US Emergency Department Visits for Outpatient Adverse Drug Events, 2013-2014. *JAMA*. 2016;316(20):2115-2125.

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.

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/New-Jersey/Providers>.

EFT

Reminder: Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

1. No interrupting your busy schedule to deposit a check.
2. No waiting in line at the bank.
3. No lost, stolen, or stale-dated checks.
4. **You** control your banking information.
5. 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



2017-2018 OB Enhanced Payment Program

We are making changes to our OB Enhanced Payment Program (OBEPP) to OB providers that help us drive improved quality and improved birth outcomes by meeting the quality metrics outlined below. These exciting revisions are based on the feedback we received from a number of OB providers who collaborate with us to provide superior care to our expectant members.

You can expect to receive the following compensation in addition to your standard contracted rates with this new plan

Recognition of individual pre/post-natal visits:

- ✓ \$500 for the first trimester prenatal visit;
 - ✓ \$50 per other prenatal visits (capped at 10 total);
 - ✓ \$500 for the postpartum visit; and
 - ✓ \$500 bonus for vaginal deliveries.
- Enrolled pregnant members who are currently in the program we rolled out in 2016 (prior to July 1, 2017) would remain in that program.
 - Enrolled pregnant members who have their first visit on or after July 1, 2017, will be in the new program.

We also plan to implement a member incentive program using administrative dollars:

- \$50 gift card incentive for the mother for going to postpartum visit; and
- Pack and play incentive for the baby for going to one-week well baby visit.

Payment for individual targets met will be made upon receipt of a valid claim for the above services. The billed code will trigger payment of the enhanced fee in addition to reimbursement for each individual service you bill. Please note: all claims filed with these codes will be subject to medical record review and standard quality measures to ensure appropriate documentation for the requirements of the program are met.

Our OBEPP is discretionary and subject to modification at any time. We are not making any changes to any other compensation provisions in your agreement. In the meantime, we encourage you to contact expectant members and schedule these appointments as appropriate.

If you have questions about this program, please contact your Provider Relations representative at 1-888-453-2534. You can reach us Monday through Friday from 8 a.m. to 6 p.m.

Prevention of Institutionalization

As part of our overall care management initiative, WellCare Health Plans Inc. has a comprehensive program to help prevent long-term institutionalization by focusing on three particular strategies: identifying members at risk; providing needed support to members and families with interventions aimed at preventing institutionalization; and evaluating program effectiveness.

Becoming more adept at identifying at-risk members involves learning what challenges a member faces. Factors that put members at risk of long-term institutionalization can range from social to physical conditions. They include:

- Cognitive disorders
- Developmental disabilities
- Progressive neuromuscular disorders
- Multiple co-morbid conditions
- Noncompliance with health care recommendations
- Lack of social/caregiver support
- Frequent emergency department visits
- Frequent inpatient admissions
- Transfers to rehab facility
- Frequent falls
- Recent decline in health status
- Caregiver stress and potential for burnout

WellCare delved into the matter of identifying these individuals in time to help them. The Plan found that for MLTSS enrollees, critical components include identifying triggers using the NJ Choice assessments and subsequently monitoring them through monthly reports is crucial.

For non-MLTSS enrollees (MCD, MCR, D-SNP) WellCare determined it is best to perform a risk screen during the assessment for services and every 6 months after that. Members found to be at risk are referred to MLTSS.

The Plan has also found that a member asking for an increase in services is an immediate red flag.

WellCare identified multiple ways of taking control of situations through interventions.

Some of these ways include:

- Increased PCA services
- Use of Medical day care
- Initiating an Emergency Response System (PERS)
- Providing Caregiver Education and Training
- Caregiver Support Groups
- Respite
- PT/OT/ST
- Additional DME (wheelchair, walker, bedside commode etc.)
- Informal Supports

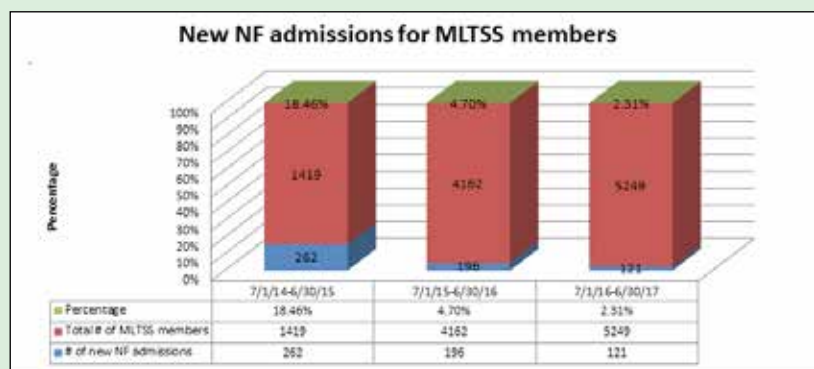
Providers can aid in member identification for members within their panel by completing the Institutional Risk Screen (See below) available on the Provider Portal and making a referral to our MLTSS program. Completed screens can be faxed to 1-855-573-2346. Staff will initiate an MLTSS referral and will keep the referring physician apprised of the member progress.

Members that WellCare identifies will be included in the quarterly provider profile. In addition, care plans for identified members will be sent to the PCP and will indicate all of the measures being employed to keep the member safely at home.

WellCare measures program effectiveness annually by monitoring the number of new NF admissions. The results for the first three years of the program are depicted below and show the steady decline of members needing to transition from the community.

Please contact Marjorie Forgang, Vice President of Field Health Services, at Marjorie.forgang@wellcare.com for further information about preventing

long term institutionalization or any of the services available through the MLTSS Program.





WellCare of New Jersey
550 Broad St.
Newark, NJ 07102

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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.

Resources and Tools

Visit 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 or 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.



We're Just a Phone Call
Or Click Away!

WellCare of New Jersey, Inc.

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