EFT/ERA GO GREEN INITIATIVE

WellCare, in partnership with PaySpan Health, is pleased to announce an enhanced online provider registration process, which simplifies the user experience when registering for electronic funds transfer (EFT) and electronic remittance advice (ERA) services.

The benefits of enrolling in EFT/ERA are many:

- Improves cash flow with faster deposits to provider bank accounts
- Reduces paper handling and administrative costs
- Eliminates errors due to rekeying
- Supports multiple practices and accounts
- Allows transfer of enrollment information to multiple payers, who can be assigned to different bank accounts

Providers can use this no-cost service to settle claims electronically, without investing in expensive EDI software. After completing a simple online enrollment, providers have a number of options for viewing and receiving remittance details.

Providers can receive ERAs and import the information directly into their practice management or patient accounting system, eliminating the need to rekey remittance data. EOPs can be viewed and/or downloaded and printed from PaySpan’s website once registration is completed.

Multiple practices and accounts are supported. Providers can reuse enrollment information to connect with multiple payers. Different payers can be assigned to different bank accounts.

To register using PaySpan’s enhanced provider registration process, visit payspan.com.

Providers can also view PaySpan’s Webinar anytime at: payspan.webex.com.

PAYSPAN SUPPORT

PaySpan Health Support can be reached via email at provider@payspanhealth.com, by phone at 1-877-331-7154 or on the Web at payspanhealth.com.
NEW WELLCARE CLINICAL COVERAGE GUIDELINES (CCGS) FOR VISCOSUPPLEMENTATION

Viscosupplementation therapy is part of the therapy used in the treatment of osteoarthritis of the knee. Synthetic hyaluronic preparations used as a viscosupplement are indicated for the treatment of pain in osteoarthritis of the knee in patients who have failed to respond adequately to conservative nonpharmacologic therapy and simple analgesics such as acetaminophen or nonsteroidal antiinflammatory drugs (NSAIDS). Hyaluronic acid, a naturally occurring substance found in the synovial (joint) fluid, is injected into the knee joint and acts as a lubricant to enable bones to move smoothly over each other and as a shock absorber for joint loads.

Viscosupplementation may be administered immediately or shortly after surgery but does not in itself require hospitalization. It may be performed on an outpatient basis, involves the administration of a local anesthetic or fluoroscopic guidance, and is prescribed and administered by a licensed physician such as an orthopedic surgeon, an interventional pain physician or a rheumatologist. Viscosupplementation also may be administered by any physician or health care professional qualified to perform intra-articular injections.

Ultrasound guidance for viscosupplement injections is considered experimental and investigational when billed with hyaluronan or a derivative due to a lack of efficacy supporting improved health outcomes.

In addition, viscosupplementation (CPT code 76942) will not be covered for any of the following:

- When the diagnosis is anything other than osteoarthritis (e.g., TMJ)
- For intra-articular injection in joints other than the knee
- As the initial treatment of osteoarthritis of the knee
- When failure of/or contraindication to conservative therapy and/or corticosteroid injections are not documented in the medical record
- When the dose and treatment regimen exceeds those approved under the FDA label
- When a repeat series of injections is initiated prior to six months after completion of the previous course of treatment
- When a repeat series of injections is administered when there was no symptomatic/functional improvement evidenced from the previous series of injections
- For topical application of hyaluronate preparation
- After the second course of therapy


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/New-York/Providers/Medicaid](http://www.wellcare.com/New-York/Providers/Medicaid) (Medicaid) or [www.wellcare.com/New-York/Providers/Medicare](http://www.wellcare.com/New-York/Providers/Medicare) (Medicare).

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/en/New-York/Providers/Clinical-Guidelines/CCGs](http://www.wellcare.com/en/New-York/Providers/Clinical-Guidelines/CCGs).
MEMBER RIGHTS AND RESPONSIBILITIES

As a WellCare provider, it’s important for you to know what our members’ rights and responsibilities are.

OUR MEMBERS HAVE THE RIGHT TO:

• Be treated with respect and dignity
• Participate with practitioners in making decisions about their health care
• Have a candid discussion of appropriate or medically necessary treatment options for their conditions, regardless of cost and benefit coverage
• Have their privacy protected
• Receive information about our organization, services, practitioners and providers, and member rights and responsibilities
• Voice complaints or appeals about WellCare or the care we provide*
• Make recommendations regarding WellCare’s member rights and responsibilities policy

*Under WellCare’s grievance process and administrative review process, members may file a grievance/complaint and may appeal medical or administrative decisions.

IN ADDITION, OUR MEMBERS HAVE THE RESPONSIBILITY TO:

• Supply information that WellCare, our practitioners and providers need to provide care
• Follow plans and instructions for care that they have agreed on with their practitioners
• Understand their health problems
• Help set treatment goals that they agree to with their practitioners

For more information on members rights and responsibilities, refer to the Provider Manual and Member Handbook.

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/NewYork/Providers/Medicaid or www.wellcare.com/New-York/Providers/Medicare.

ICD-10 IS COMING. ARE YOU READY?

Just a reminder that WellCare and the rest of the industry will be transitioning to the new ICD-10 coding effective October 1, 2015. This is a good time to double check your processes and data requirements to make sure you are prepared. Please contact your Provider Relations representative if you have any questions about WellCare’s transition to ICD-10.
BALANCE BILLING GUIDELINES

Participating providers are required to accept payment directly from WellCare. This includes payment in full, with the exception of applicable co-payments, deductibles, coinsurance and any other amounts listed as member responsibility on your Explanation of Payment (EOP). Any bill generated to a member to collect for cost sharing other than those outlined above is prohibited. Balance billing of “zero cost-share” dual eligibles is prohibited, including co-payments, etc., as listed above.

Please consider the following scenarios that may unintentionally create a balance billing problem:

• You have a billing/practice management system that automatically generates a bill to a member if you have not received an EOP from the plan within a certain time frame or if the expected amount received (in some cases zero, for denials) is less than the remitted amount.
• You have sent a lab test or other services out of network without proper authorization, creating a situation where our member may be inappropriately billed.
• You have not confirmed eligibility with WellCare, resulting in the incorrect classification of a member as self-pay, which in turn generates a bill to the WellCare member for services rendered. You can avoid this scenario by requiring all patients to present their ID cards at the time of their visit.

The generation of a balance bill to a Medicaid or Medicare managed care enrollee is not only against WellCare policy, but is also strictly prohibited according to CMS guidelines.

If you have any questions or concerns regarding claims, please call one of the Provider Services phone numbers at the end of this newsletter or your Provider Relations representative.

Note: A provider may charge a member for services not covered by WellCare only when both parties have agreed prior to the service being rendered that the member is being seen as private pay. The provider must obtain the member’s written consent that he or she will be financially responsible for the non-covered service, and that consent must be signed and dated on or before the date of service.

UPDATED CPGS

The following Clinical Practice Guidelines (CPGs) have been reviewed and posted to www.wellcare.com/New-York/Providers/Clinical-Guidelines/CPGs: ADHD and Bipolar Disorder. Updates have been made to the following chronic and preventive CPGs: Asthma, Cholesterol Management, Congestive Heart Failure, COPD, Coronary Artery Disease, Diabetes in Adults and Children, Hypertension, Sickle Cell Disease, and Smoking Cessation.

In addition, new CPGs are available: Behavioral Health Conditions in High Risk Pregnancy, Motivational Interviewing and Health Behavior Change, Palliative Care, Persons with Serious Mental Illness and Medical Comorbidities, and Substance Use Disorders in Pregnancy.
WELLCARE WEBSITE RELAUNCH TO ENHANCE PROVIDER EXPERIENCE

In an effort to significantly improve online user experience, WellCare is launching a new website!

All of WellCare’s websites will be consolidated into a new wellcare.com site that will go live this fall. The overhaul brings enhanced navigation and a modern, intuitive design, allowing providers and members to move more quickly and efficiently through the website.

A key component of WellCare’s mission is to enhance its members’ health and quality of life, and to make it easier for providers to do business with the company. The Web redesign will do just that by getting users to information with fewer clicks. Online tools such as “Authorization Lookup” and “Find a Provider” have been revamped, while other health plan information and online forms will be more easily accessible and modernized.

WellCare’s new website will also support mobile devices for users on the go. Other key components of the redesign:

- Easy-to-find resources and information for providers
- Onboarding information for providers new to WellCare
- Visually appealing, smart design
- Enhanced multimedia, such as video, infographics, images and audio
- Reorganization of content so providers can better locate what they need

That’s not all. In or around early 2016, WellCare will also unveil enhanced provider tools in the secure online portal.

Check www.wellcare.com this fall to see the upgraded website!

WELLCARE’S COMPASSIONATE CARE PROGRAM

WellCare has partnered with Allied Health to offer the new Compassionate Care Program, a palliative care management service available to Medicare Advantage members. The program promotes collaboration between primary care and specialty providers in their treatment and decision making for members with serious to terminal illness.

WellCare encourages providers to refer patients who would benefit from a palliative care program. To refer a patient, or to learn more about the Compassionate Care Program, call 1-855-294-6578.
UTILIZATION MANAGEMENT ENSURES THE RIGHT CARE

WellCare’s Utilization Management Program includes components of prior authorization, prospective, concurrent and retrospective review activities. Each component is designed to provide for the evaluation of health care and services based on WellCare members’ coverage, and the appropriateness of such care and services, and to determine the extent of coverage and payment to providers of care.

WellCare does not reward practitioners, providers or associates who perform utilization reviews, including those of the delegated entities, for denials. No one is compensated or otherwise given incentives to encourage denials that result in underutilization. Utilization reviews are based on appropriateness of care and existence of coverage. Utilization denials (adverse determinations) are based on lack of medical necessity or lack of covered benefits.

If you have questions about this program, please refer to your Quick Reference Guide at www.wellcare.com/New-York/Providers/Medicaid for contact information.

Q3 2015 PROVIDER FORMULARY UPDATE

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

You can also refer to the Provider Manual available at www.wellcare.com/New-York/Providers/Medicaid to view more information regarding WellCare’s pharmacy Utilization Management (UM) policies and procedures.

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

You can also refer to the Provider Manual available at www.wellcare.com/New-York/Providers/Medicare to view more information regarding WellCare’s pharmacy UM policies and procedures.
APPOINTMENT ACCESS AND AVAILABILITY AUDITS

WellCare is required by the Centers for Medicare & Medicaid Services (CMS) and state regulations to administer appointment access and availability audits. The audits are conducted by a third-party vendor, SPH Analytics, and keep us compliant with NCQA and other accreditation entities. Auditors identify themselves when calling providers’ offices, and provide appointment examples for existing members.

If an audit of your office reveals areas for improvement, you will receive a notification letter and an outline of the appointment types and standards. You will be provided an opportunity to respond, and will be re-audited in 90 days.

For more information on appointment access and availability audits, please contact your Provider Relations representative or call one of the Provider Services phone numbers at the end of this newsletter.

CODING CORNER

PAYMENT POLICY NOTICE

This notice is to clarify a segment of WellCare’s payment policy language applicable to all WellCare Medicare markets. WellCare’s payment policies are based on publicly distributed guidelines from established industry sources such as the Centers for Medicare & Medicaid Services (CMS), the American Medical Association (AMA), state health care agencies and medical specialty professional societies.

If you have questions about this information, please contact your Provider Relations representative.

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<thead>
<tr>
<th>Policy</th>
<th>Description</th>
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<td>Local Coverage Determinations (LCDs)</td>
<td>WellCare relies on guidance published in Local Coverage Determinations, respective to the state in which the service is rendered, to determine coverage requirements.</td>
<td>Facility and Professional</td>
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<th>Description</th>
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<tr>
<td>FE LCD – Patient age requirements not met</td>
<td>CE188</td>
<td>FE LCD – Deny per LCD</td>
<td>CE174</td>
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<tr>
<td>FE LCD – Procedure-to-procedure requirements not met</td>
<td>CE173</td>
<td>FE LCD – Procedure frequency exceeded</td>
<td>CE175</td>
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PROVIDER RESOURCES

WEB RESOURCES
Visit www.wellcare.com (Medicare) or www.wellcare.com/New-York/Providers (Medicaid) 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 https://www.wellcare.com/New-York/Providers/Medicaid or www.wellcare.com/New-York/Providers/Medicare.

QUALITY PROGRAM
For guidance and tools to support Quality Improvement in your daily practice, visit www.wellcare.com/New-York/Providers/Medicaid/Quality or www.wellcare.com/New-York/Providers/Medicare/Quality. Here you'll find valuable information on topics like the CAHPS® survey, HEDIS® guidelines and Case Management programs. Additionally, you may access one of our Clinical HEDIS Practice Advisors on staff for individual support by emailing NY-QI@wellcare.com.

PROVIDER NEWS
Remember to check messages regularly to receive new and updated information. Visit the secure area of www.wellcare.com (Medicare) or www.wellcare.com/New-York/Providers (Medicaid) to find copies of the latest correspondence. Access the secure portal using the “Member/Provider Secure Sign-In” area on the right. You will see Messages from WellCare located in the right hand column.