

Provider Newsletter

New York | 2017 | Issue IV



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
 - 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 at www.caremark.com or by calling 1-866-808-7471.



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.

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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*



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

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

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 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

Provider Formulary Updates

Medicaid

The Preferred Drug Lists (PDL) has been updated. Visit www.wellcare.com/New-York/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-York/Providers/Medicare/Pharmacy

You can also refer to the Medicaid and Medicare Provider Manuals available at www.wellcare.com/New-York/Providers to view more information regarding WellCare's pharmacy UM policies and procedures.



New WellCare PPO Plan Options for Medicare Members in Your Area!

At WellCare Health Plans, Inc., we value everything you do to deliver quality care to our members – your patients – and to make sure they have a positive health care experience. That’s why, for 2018, WellCare is offering Preferred Provider Organization (PPO) plans in select counties in Florida, Georgia, New York and South Carolina. These plans will offer Part A, B and Part D coverage with additional benefits such as dental, vision and hearing.

Why are we implementing these services?

Medicare PPO plans operate like HMOs, except PPOs don’t limit members to seeing doctors, hospitals and specialists that are only a part of the plan’s network. PPO plans give members the flexibility to seek services from providers not in our network and have a portion of the claim covered by the plan for medically necessary services.

What are the benefits of these new services?

Members of our PPO plans can choose to see providers both in and out of network, resulting in access to a larger pool of providers. Unlike HMOs, PPOs do not require referrals and pre-authorizations for out-of-network providers, although it is highly encouraged before receiving services. This feature gives members more control over the medical facility serving their health care needs.

How do these services impact the member and/or providers?

The member’s Evidence of Coverage is the best resource to explain what benefits and/or services are available.

AT A GLANCE	
IN-NETWORK (Participating)	OUT-OF-NETWORK (Nonparticipating)
<ul style="list-style-type: none"> • The member ID card will display the in-network co-pay/coinsurance. • As with HMOs, members must select a PCP at the time of enrollment, which will be presented on the members’ identification card. • Members are encouraged to use an in-network PCP, but are not required to do so. • Members are able to maintain and leverage long standing patient/provider relationships through WellCare’s large network of providers. • Referrals are not required to see a specialist. • Like WellCare’s HMO, in-network providers are required to get a prior authorization for specific services to ensure medical necessity is met prior to performing the service. • Members are not financially responsible when in-network providers perform services without getting prior authorization for certain covered services. 	<ul style="list-style-type: none"> • The member ID card will display the out-of-network co-pay/coinsurance. • Members are encouraged to use an in-network PCP, but are not required to do so even though an in-network PCP name is provided on the members’ identification card. • Referrals and prior authorizations for out-of-network providers are not required. • Services on the Medical Necessity list provided by out-of-network providers must be covered services within the benefit plan and considered medically necessary for the plan to pay a portion of the out-of-network claim. • Members are encouraged to ask out-of-network providers to have a pre-service evaluation performed to ensure the services are medically necessary. <ul style="list-style-type: none"> – Services on the Medical Necessity list will be reviewed after the service is provided when a pre-service evaluation approval is not on file. – Members are financially responsible for non-covered services as well as covered services provided by out-of-network providers that do not meet medical necessity. • Out-of-network providers must submit claims directly to the plan (see the back of the members’ ID card). • With the exception of emergency care, out-of-network providers rendering services must be eligible to participate in the Medicare program. • As with all PPO plans, out-of-network providers are not obligated to see our members.



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

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:**
 - ProviderOpsNY-Upstate@wellcare.com
 - ProviderOpsNY-Downstate@wellcare.com
- **Fax:**
 - Upstate NY Provider Ops: 1-813-283-9274
 - Downstate NY Provider Ops: 1-813-283-9279

Medicare

Call 1-855-538-0454

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

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.

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 www.wellcare.com/New-York/Providers.

Medicaid

Healthy Rewards Member Incentive Program

The Healthy Rewards Member Incentive Program rewards members when they complete certain healthy activities. Members can choose their reward from a selection of Gift cards or a reloadable Visa® debit card. For details on eligible activities and reward amounts ask your WellCare representative or call one of the Provider Service phone numbers at the end of this newsletter

Encourage your patients to take part in this program. A member may ask you to fill out a short activity reports. Also, it's important to submit correct claims so member activities can be verified. Missing and incorrect claims lead to member abrasion, which can lead to low CAHPS scores. We appreciate your partnership in helping members get rewarded for getting the care they need!



This is a Reminder of Current Policy

Admission Notifications and Prior Authorizations

Notification when a WellCare member is admitted to a facility:

As a reminder, WellCare requires notification by the next business day when a member is admitted to a facility. This includes all admissions and/or observation stays. Notification is necessary for WellCare to obtain clinical information to perform case management and ensure coordination of services. Failure to notify WellCare of admissions or observation stays may result in denial of the claim.

Prior authorization for outpatient services:

WellCare has enhanced and standardized the provider portal authorization look-up tool with respect to place of service and clinical appropriateness. To reflect industry best practices and reduce the administrative burden on providers, the number of procedures requiring prior authorization has been reduced. Please remember to consult the authorization look-up tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

We value your partnership and work to ensure that every WellCare member receives quality health care.

New York Medicaid Requirements

Appointment Availability	Standards
PCP - Urgent	<24 hours
PCP - Sick	<48-72 hours
PCP - Routine/Well Care	<4 weeks
PCP - Routine Physical Exams	<12 weeks
PED - Urgent	<24 hours
PED - Sick	<48-72 hours
PED - Routine/ Well Care	<4 weeks
PED - Office Visit - Newborn	<2 weeks
OBGYN 1 st Trimester	<3 weeks
OBGYN 2 nd Trimester	<2 weeks
OBGYN 3 rd Trimester	< 1 week
Specialist	<4-6 weeks
Wait Times - Scheduled	<1 hour
Behavioral Health	
Non-Life Threatening Emergency	Within 6 hours
Urgent Care	Within 48 hours
Routine Office Visit	Within 10 business days
Wait Times - Scheduled	<1 hour
After hours (24 hours/7 days a week)	Answering service or system that will page physician
	Advice Nurse with access to physician
	Answering system with option to page physician
	Answering service that will page the provider after a message is left
	Answering service or system that provides number to access physician

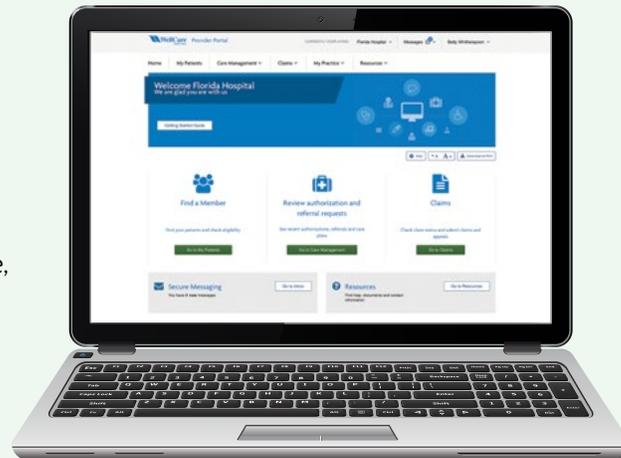
Register Now! WellCare's New Provider Portal

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: www.wellcare.com/Providers/New-Provider-Portal-Overview-Training.

If you have questions, please contact your local Provider Relations representative, or call Provider Services.



Provider Resources

Quality Program

For guidance and tools to support Quality Improvement in your daily practice, visit www.wellcare.com/New-York/Providers and select Quality from the drop-down menu. Here you'll find valuable information on topics like the CAHPS® survey, HEDIS® guidelines and Care 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 – 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-York/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-York/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-York/Providers/Clinical-Guidelines

We're just a phone call or click away!

Medicare: 1-855-538-0454

Medicaid: 1-888-288-5441

www.wellcare.com/New-York/Providers