



New York | 2017 | Issue I

# PROVIDER NEWSLETTER



## ANNUAL PROVIDER SATISFACTION SURVEY

Thank you to all who participated in the annual survey process in 2016. WellCare continues to focus efforts on the experiences of our members and providers. The 2016 annual Provider Satisfaction Survey concentrated on a variety of subjects including call center staff, finance issues, utilization and quality management, network/coordination of care, pharmacy, provider relations and overall satisfaction and loyalty.

Extensive reviews of our 2016 survey results are underway to ensure that our focus is aligned with the needs of our providers. Current areas of focus include enhancing provider services at the local level, claim processing and issue resolution, enriching administrative tools/capabilities, and continued emphasis on quality. The organization is continuously engaged with several cross-functional teams working on these initiatives and others that are aimed at better serving our providers. We anticipate incremental gains on several initiatives in 2017 and continued improvement beyond.

In July/August of 2017, WellCare will conduct the annual Provider Satisfaction Survey to continue measuring progress, as well as better evaluate how we can become more effective and productive business partners.

Your participation is encouraged – and appreciated – as together we strive to positively impact our members’ lives.

**WE'RE IN THIS TOGETHER: QUALITY HEALTH CARE**

## 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.



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## FORMULARY SEARCH APP

### PRESCRIBE WITH CONFIDENCE – EVERY DRUG, EVERY PLAN, EVERY TIME

Are you and your team spending valuable time processing prior authorizations?

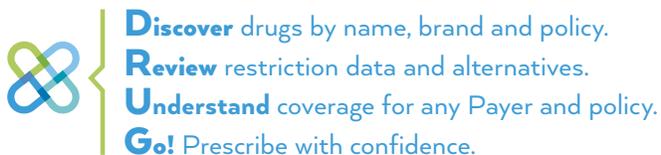
**Formulary Search** quickly provides the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team.

#### NEW FORMULARY SEARCH APP EXTENDS THE TOOLS YOU USE TO PRESCRIBE WITH CONFIDENCE

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to WellCare's extensive support resources, **Formulary Search** is designed to be intuitive, simple and always available.

- Identify coverage and restriction criteria and alternative therapies by brand, region and plan.
- "Favorite" often-prescribed drugs for rapid access.
- No registration, no username, no passwords.

Search from your desktop at [www.FormularyLookup.com](http://www.FormularyLookup.com) or download the free app today.



**Discover** drugs by name, brand and policy.  
**Review** restriction data and alternatives.  
**Understand** coverage for any Payer and policy.  
**Go!** Prescribe with confidence.

## Q1 2017 PROVIDER FORMULARY UPDATE

#### MEDICAID:

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

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

## 2017 EDIT EXPANSION

WellCare Health Plans is expanding its claims edit library with additional policies. Periodic updates of our edits ensure claims are processed accurately and efficiently based on our medical coverage policies, reimbursement policies, benefit plans, and industry-standard coding practices, mainly Centers for Medicare & Medicaid Services (CMS). These are three examples of the upcoming policies.

### ICD-10 LATERALITY AND EXCLUDES 1 NOTE POLICIES:

ICD-10 CM laterality codes indicate conditions that occur on the left, right, or bilaterally and an Excludes 1 Note indicates mutually exclusive diagnoses.

For example, ICD code M17.10 (Unilateral primary osteoarthritis, unspecified knee) should not be billed with M17.12 (Unilateral primary osteoarthritis, left knee). An Excludes 1 Note is used when two conditions cannot occur together (mutually exclusive), such as a congenital form versus an acquired form of the same condition.

### CHANGE RECOMMENDATION POLICY:

Through our advanced processing edit logic, each claim will be assessed and a coding recommendation applied rather than a denial, when applicable based on WellCare's Edit Policy. The change recommendation policy will assist to reduce provider disputes for incorrect coding claims scenarios.

For example, according to CMS policy, Ambulatory Surgical Center (ASC) facilities are no longer required to submit modifier SG (ASC facility service) to indicate that a service was rendered in an ASC. Therefore, modifier SG is unnecessary and may be removed from a claim and processed without a denial.

Please refer to the provider portal for the listing of the upcoming edits and implementation dates.

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

## RXEFFECT – COMING SOON!

### ACCESS YOUR APPOINTMENT AGENDA THROUGH RXEFFECT!

We are pleased to announce that you will be able to access WellCare appointment agendas through RxEffect. The Appointment Agenda is a one-page guide to assist providers in reviewing gaps in a patient's care during an office visit. The document contains current open care gaps and dropped diagnoses. Following the office visit, the provider should include all diagnosis codes (Dx) and procedure codes (CPT/CPT II) on the claim your provider submits to WellCare.

RxEffect is a web portal available to our Medicare PCPs that provides near real-time member medication adherence status. As before, you can print out and return your appointment agenda replies via facsimile, but will also have the opportunity to electronically submit your responses directly through the RxEffect portal. RxEffect can be accessed directly at [portal.rxante.com](http://portal.rxante.com) or via a link within the Provider Portal. If you don't have access, speak with your WellCare representative to get started.

## CLINICAL PRACTICE GUIDELINES – SEE UPDATES

Clinical Practice Guidelines (CPGs) are best practice recommendations based on available clinical outcomes and scientific evidence. WellCare CPGs 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. The CPGs are available on the Provider Portal at [www.wellcare.com/New-York/Providers/Clinical-Guidelines](http://www.wellcare.com/New-York/Providers/Clinical-Guidelines). CPGs on the Provider Portal include, but are not limited to:

### GENERAL CLINICAL PRACTICE GUIDELINES

- Alzheimer's disease and other dementias
- Asthma
- Cancer
- Cholesterol management
- Chronic heart failure
- Chronic kidney disease\*
- Congestive heart failure
- COPD
- Coronary artery disease
- Diabetes in adults\*
- Diabetes in children
- Fall risk assessment in older adults
- HIV antiretroviral treatment
- HIV screening\*
- Hypertension
- Imaging for low back pain
- Lead exposure
- Motivational interviewing and health behavior change
- Obesity in adults
- Obesity in children
- Osteoporosis
- Palliative care
- Pharyngitis
- Rheumatoid arthritis
- Sickle cell disease
- Smoking cessation
- Transitions of care

### PREVENTIVE HEALTH GUIDELINES

- Adult preventive health\*
- Postpartum\*
- Preconception and inter-pregnancy\*
- Pregnancy\*
- Preventive health pediatric\*

### BEHAVIORAL HEALTH CPGS

- ADHD
- Antipsychotic drug use in children and adolescents
- Behavioral health and sexual offenders in adults
- Behavioral health conditions in high risk pregnancy
- Behavioral health screening in primary care settings\*
- Bipolar disorder
- Depressive disorders in children and adolescents
- Eating disorders
- Major depressive disorders in adults
- Persons with serious mental illness and medical comorbidities\*
- Psychotropic drug use in children\*
- Schizophrenia\*
- Screening, Brief Intervention and Referral to Treatment (SBIRT) \*
- Substance use disorders
- Substance use disorders in high-risk pregnancy
- Suicidal behaviors

\*CPGs noted have been updated and published to the Provider Portal.

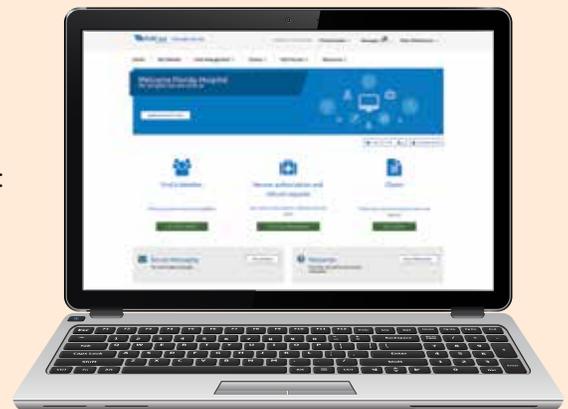
## COMING SOON: NEW PROVIDER PORTAL

### WELLCARE'S NEW PROVIDER PORTAL ARRIVES IN SPRING 2017!

The portal will have a whole new look and streamlined tools, including:

- Comprehensive Member Profile with Eligibility, Benefits and Co-Pays, Care Gaps, Pharmacy Utilization, and more
- Improved Authorization and Claim Submission
- More ways to communicate with us electronically (Secure Messages and Online Chat)
- Practice Management – Update Demographic Information, Select Communication Preferences, Manage Users, etc.
- More Robust Data and Reports

Stay tuned for more information.



## 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 Case Management 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](mailto:ProviderOpsNY-Upstate@wellcare.com)
- Fax:
  - 1-813-283-9279

### MEDICARE

Call 1-855-538-0454

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



## PROVIDER MANUAL UPDATED

Annual updates have been made to the Provider Manual for the New York Essential Plan. The updated manual can be viewed online (and/or printed) at our website at [www.wellcare.com/en/New-York/Providers/Health-Insurance-Marketplace](http://www.wellcare.com/en/New-York/Providers/Health-Insurance-Marketplace).

If you have any questions or would like a printed copy of the Provider Manual, please contact your Provider Relations representative.



## 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.

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

# MEDICAID – HEALTHY CHOICE AND CHILD HEALTH PLUS PLANS

## HEALTHY REWARDS PROGRAM

The Healthy Rewards Program rewards members for taking small steps toward healthier lives. When they complete primary care provider (PCP) visits, prenatal visits and certain health checkups, members earn rewards that are placed on gift cards or reloadable Visa® cards. Members can use these cards at a variety of locations. The more services members complete, the more they earn.

You can help! Please submit accurate claims so we can verify member activities. Missing or incorrect claims lead to member abrasion. This may result in lower Consumer Assessment of Healthcare Providers and Systems (CAHPS®) scores. We appreciate your partnership in helping members get rewards for healthy behaviors.

Healthy Rewards Program	Focus Area	Activity Criteria	Incentive Type	Incentive Value
New Enrollees	New Member Questionnaire	Complete new member questionnaire within 90 days of enrollment	Visa Debit Card, or Gift Card	\$25
Children's Health	0–15 Months	Recommended schedule for well-child visits, ages 0–15 months	Visa Debit Card, or Gift Card	\$15 per visit for a total of \$90
	3–6 years	Annual child health checkup visit	Visa Debit Card, or Gift Card	\$30
	7–21 years	Annual adolescent checkup visit	Visa Debit Card, or Gift Card	\$30
Healthy Pregnancy	Prenatal Care Visits	Attend 6 or more prenatal visits before the birth of the baby	Visa Debit Card, or Gift Card	(complete 6 visits, get \$75)
		1 prenatal care visit in the first trimester		\$15
		2 prenatal care visits in the second trimester		\$30
		3 prenatal care visits in the third trimester		\$30
	Postpartum Care Visit	Attend 1 postpartum visit 21–56 days after the birth of the baby	Visa Debit Card, or Gift Card	\$25
Chronic Care Management	Diabetes	Complete an annual eye exam (members with diabetes ages 18–75)	Visa Debit Card, or Gift Card	\$50
		Complete an annual HbA1C lab test (members with diabetes ages 18–75)	Visa Debit Card, or Gift Card	\$20
		Nephrology: Kidney function testing age 18–75	Visa Debit Card, or Gift Card	\$20
Well-Woman	Cervical Cancer Screening	Complete office visit for an annual cervical cancer screening (Pap smear) (ages 21–64)	Visa Debit Card, or Gift Card	\$25
	Screening Mammogram	Completion of annual screening mammogram (ages 50–65)	Visa Debit Card, or Gift Card	\$25

Healthy Rewards Program	Focus Area	Activity Criteria	Incentive Type	Incentive Value
Adult Health	Annual Adult Health Screening	Complete annual adult screening (Wellness Visit – members age 22 and older)	Visa Debit Card, or Gift Card	\$30
Behavioral Health	Behavioral Health	Go to a behavioral health provider within 7 days after a behavioral health hospital stay. (Members older than 6 years of age)	Visa Debit Card, or Gift Card	\$25
Dental	Preventive Dental Visit	Any preventive dental visit for all WellCare members age 2–21	Visa Debit Card, or Gift Card	\$25

Providers can encourage their patients to take part in this program by signing and including their provider ID on applicable activity reports.

For more information on the Healthy Rewards Program, contact your Provider Relations Representative or call one of the Provider Services phone numbers at the end of this newsletter.

## ANNUAL CAHPS® SURVEY – FEEDBACK ON WHAT MATTERS TO YOUR PATIENTS

The 2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey will be mailed to select members of our health plan. The goal of this survey is to gather feedback from our members about their satisfaction levels with providers, the health plan and the quality of the care they receive. We hope you will encourage your patients to participate if selected.

**The CAHPS questions directly tied to the care members receive from their personal doctor include:**

- Did your doctor explain things in a way that was easy to understand?
- How often did your personal doctor listen to you carefully?
- How often did your personal doctor show respect for what you had to say?
- How often did your personal doctor spend enough time with you?
- Rate your personal doctor from 0–10 using 10 as the best possible doctor.
- How often did you get help from your personal doctor's office to manage your care among your different providers?

**Your colleagues have offered the following best practices to improve your ratings:**

- Slow down and actively listen. Encourage questions and notice if your patient has a puzzled look. It may be helpful to ask your patients to repeat back what they understand.
- Let patients and their caregiver(s) know your office hours and how to get after-hours care.
- Offer to schedule specialist appointments while your patients are in the office.
- If you are running late, instruct your staff to let your patients and their caregiver(s) know and apologize.
- Invite questions and encourage your patients or their caregiver(s) to take notes. Research shows most patients forget two out of three things you tell them when they walk out of the exam room.
- Remember, your patients and/or their caregiver(s) are “sitting on pins and needles” waiting for your call with their test results. It's better to apologize for calling late in the day than to anger a patient or their caregiver(s) by keeping them up all night waiting for your call.

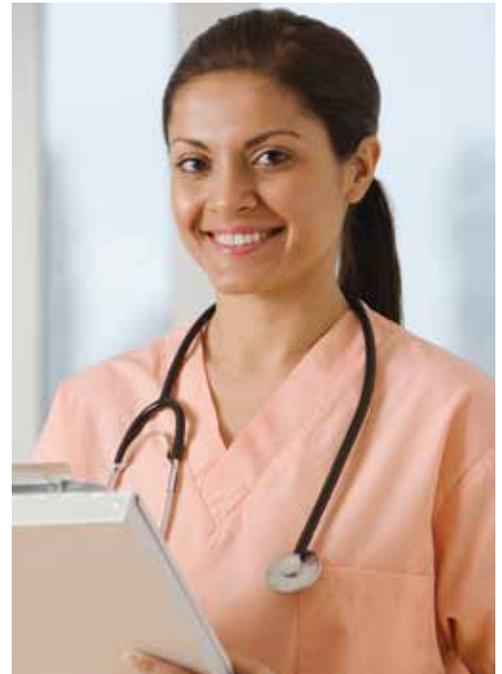
Thank you for the excellent care you provide to our members.

## DID YOU KNOW? AUTHORIZATION REQUESTS FOR MEDICAL NECESSITY

Did you know that WellCare can perform medical necessity reviews after a provider performs a service? With this process, WellCare can recoup payments to providers that may have been inappropriately paid.

Authorization only confirms whether a service meets WellCare's determination criteria at the time a provider makes an authorization request and does not guarantee payment. In addition, we retain the right to review benefit limitations and exclusions, beneficiary eligibility on the date of service, the medical necessity of services, and correct coding and billing practices.

For more information, please contact your Provider Relations representative or call the Provider Services phone number on the back of this newsletter.



## PROVIDER RESOURCES

### WEB RESOURCES

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

### PROVIDER NEWS

Remember to check messages regularly to receive new and updated information. Visit the secure area of [www.wellcare.com/New-York/Providers](http://www.wellcare.com/New-York/Providers) to find copies of the latest correspondence. Access the secure portal using the Provider Secure Login area in the provider drop-down menu on the top of the page. You will see *Messages from WellCare* located in the column on the right.

### QUALITY PROGRAM

For guidance and tools to support Quality Improvement in your daily practice, visit [www.wellcare.com/New-York/Providers](http://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](mailto:NY-QI@wellcare.com).

### ADDITIONAL CRITERIA AVAILABLE

Please remember that all Clinical Coverage 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](http://www.wellcare.com/New-York/Providers/Clinical-Guidelines).

## WE'RE JUST A PHONE CALL OR CLICK AWAY!

WellCare of New York, Inc.

Medicare:  
1-855-538-0454  
[www.wellcare.com/New-York](http://www.wellcare.com/New-York)

Medicaid:  
1-888-453-2534  
[www.wellcare.com/New-York](http://www.wellcare.com/New-York)