

Provider Newsletter

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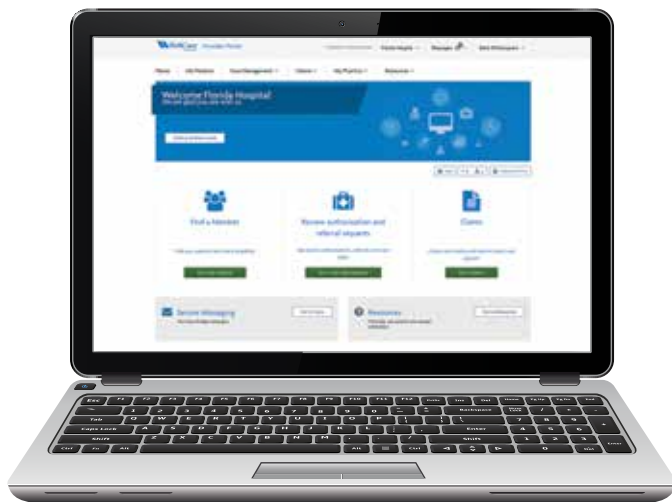


New Provider Portal

Our portal is getting a whole new look and streamlined tools, including:

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

Stay tuned for more information.



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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*



EFT through PaySpan

Five reasons to sign up today for EFT:

- No interrupting your busy schedule to deposit a check.
- No waiting in line at the bank.
- No lost, stolen, or stale-dated checks.
- **You** control your banking information.
- Immediate availability of funds – **No** bank holds!

Setup is easy and takes about 5 minutes to complete. Please visit www.payspanhealth.com/nps or call your Provider Relations representative or PaySpan (1-877-331-7154) with any questions. We will only deposit into your account, **not** take payments out.



How Case Management Can Help You

Case management helps members with special needs. It pairs a member with a case manager. The case 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 health care needs
- Lead poisoning

We're here to help you! For more information about Case 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.

Important Patient Questions for the Health Outcomes Survey

Quality care starts with a conversation!

How Active Are You?

- 7 out of 10 adults age 20 and over are overweight.
- If you want your patients healthy and happy – physical activity is key! Even doing daily household chores can help them burn more than 2,000 calories a week.
- Take a minute to tell your patients about ways they can get moving, shed pounds and feel better!

Is Your Bladder Controlling Your Life?

- Let them know they're not alone. More than half of all American seniors suffer from bladder conditions.
- Ask if your patient's bladder is affecting daily routine or sleep.
- Your patients may be shy – remind them that this is common!

How Are You Feeling Compared to a Year Ago?

- More than 70% of Americans are under constant stress and anxiety!
- 7 out of 10 adults in the United States are diagnosed with a chronic disease.
- If your patients do not feel better than they did a year ago, it could indicate that they need your help. Ask how they're feeling – it could be the key to better health outcomes.

Losing Balance? Have You Fallen Recently?

- Falls are the leading cause of death from injury among people 65 and older.
- 1 in 4 seniors fall each year, but less than half tell their doctor! Ask if your patient has fallen and let him/her know how to prevent it.
- Let your patients know they can reduce their risk by taking supplements, doing strength and balance exercises, having their eyes checked and making their homes safer. Perform the 30-second chair stand test on patients who are at risk of falling.

Sources:

www.cdc.gov/nchs/fastats/obesity-overweight.htm

www.dailymail.co.uk/femail/article-3440437/Doing-household-chores-burns-2-000-calories-week.html

consumer.healthday.com/senior-citizen-information-31/misc-aging-news-10/over-half-of-seniors-plagued-by-incontinence-cdc-689153.html

shellpoint.org/blog/2012/08/13/10-shocking-statistics-about-elderly-falls/

www.cdc.gov/homeandrecreationalafety/falls/adultfalls.html

Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that assists 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 health care team

Disease Management can assist your members with the following conditions:

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

For more information, or to refer a member to Disease Management, please call us at 1-877-393-3090, (TTY 1-877-247-6272) Monday–Friday, 8 a.m. to 5 p.m.

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 Kidney Injury: HS-1069*
- Adult Preventive Health: HS-1018
- Asthma: HS-1001
- Behavioral Health Screening in Primary Care Settings: HS-1036*
- Bipolar Disorder: HS-1017
- Cardiovascular Disease: HS-1002
- Chronic Kidney Disease: HS-1006
- Congestive Heart Failure: HS-1003
- COPD: HS-1007
- Diabetes in Adults: HS-1009
- Diabetes in Children: HS-1004
- Epilepsy: HS-1070*
- HIV Screening: HS-1024
- Hypertension: HS-1010
- Managing Infections: HS-1037*
- Pediatric Preventive Health: HS-1019
- Persons with Serious Mental Illness and Medical Comorbidities: HS-1044
- Pneumonia: HS-1062*
- Post-Partum: HS-1030
- Preconception and Inter-pregnancy: HS-1028
- Pregnancy: HS-1029
- Psychotropic Drug Use in Children: HS-1047*
- Schizophrenia: HS-1026
- Sickle Cell Anemia: HS-1038
- Substance Use Disorders: HS-1031
- Substance Use Disorders in High Risk Pregnancy: HS-1041
- Tobacco Cessation: HS-1035

* New

To access other CPGs related to Behavioral, Chronic, and Preventive Health, visit www.wellcare.com/New-York/Providers.

Provider Formulary Update

Medicaid:

The Preferred Drug List (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.

How to Improve Patient Satisfaction and CAHPS Scores, Part 1 of 3

What is the CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks patients to evaluate their health care experiences. WellCare conducts an annual CAHPS survey, which asks members to rate experiences with their health care providers and plans. As a WellCare provider, you **can** provide a positive experience on key aspects of their care; we've provided some examples of best practice tips to help with each section.

Know What You Are Being Rated On	What This Means:	Tips to Increase Patient Satisfaction:
Getting Needed Care	<ul style="list-style-type: none"> Ease of getting care, tests, or treatment needed Obtained appointment with specialist as soon as needed 	<ul style="list-style-type: none"> Help patients by coordinating care for tests or treatments, and schedule specialists appointments, or advise when additional care is needed to allow time to obtain appointments.
Getting Care Quickly	<ul style="list-style-type: none"> Obtained needed care right away Obtained appointment for care as soon as needed How often were you seen by the provider within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> Educate your patients on how and where to get care after office hours. Do you have on-call staff? Let your patients know who they are.
How Well Doctors Communicate	<ul style="list-style-type: none"> Doctor explained things in an understandable way Doctor listened carefully Doctor showed respect Child's doctor spent enough time with your child 	<ul style="list-style-type: none"> The simple act of sitting down while talking to patients can have a profound effect. Ask your patients what is important to them; this helps to increase their satisfaction with your care.
Shared Decision Making	<ul style="list-style-type: none"> Doctor/health care provider talked about reasons you might want your child to take a medicine Doctor/health care provider talked about reasons you might not want your child to take a medicine Doctor/health care provider asked you what you thought was best for your child when starting or stopping a prescription medicine. 	<ul style="list-style-type: none"> Use of office staff other than physicians to distribute decision aids could help more patients learn about the medical decisions they are facing or simply to address medications Decision making tools and quick reference guide are available at: www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html Ask your patients, "What should I know about you that may not be on your medical chart?"
Coordination of Care	<ul style="list-style-type: none"> In the last 6 months, did your personal doctor seem informed and up-to-date about the care you got from other health providers? 	<ul style="list-style-type: none"> Your office staff should offer to help your patients schedule and coordinate care between providers.
Rating of Personal Doctor	<ul style="list-style-type: none"> Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor? 	<ul style="list-style-type: none"> Studies have shown that patients feel better about their doctor when they ask their patients, "What's important to you?"
Rating of Specialist	<ul style="list-style-type: none"> Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? 	<ul style="list-style-type: none"> Help your members value their visit to the specialists, be informed of their visit and their advice.

Make sure both you and your medical team know the questions your practice is being rated on. Knowledge is power. For more information and research on ways to improve patient satisfaction, see "Flipping Health Care: From 'What's the Matter' to 'What Matters to You?'" You can access the article and video at the websites below.

Sources and References:

www.ihl.org/Topics/WhatMatters/Pages/default.aspx Christina Gunther-Murphy-What Matters Office Practice Setting IHI

www.ihl.org/resources/Pages/AudioandVideo/WIHIWhatMatters.aspx

2016 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey

Coordination of Behavioral Care Maximizes Outcomes

Persons with serious mental illness (SMI) are now dying 25 years earlier than the general populationⁱ. Their increased morbidity and mortality are largely due to treatable medical conditions such as diabetes, CAD, and COPD. We know that the numbers of members with high complexity may be small when compared with the total member population; however the overall system cost (both financial and time resources) present significant opportunities.

WellCare reminds providers that continuity of care and coordination of care are appropriate for all disciplines at all levels of care, including inpatient-outpatient, medical-behavioral, primary care provider (PCP), specialty and inter-disciplinary. Communication and coordination/integration of care among health care providers are best practice principles essential to optimizing consumer safety and clinical outcomes. *Does your practice have a process in place to ensure coordination and continuity of patient care?*

Patients with co-morbid medical and behavioral health conditions can be particularly vulnerable to complications that may result from inadequate coordination of care between treating providers. Three HEDIS[®] measures that pertain to co-morbidities areⁱⁱ:

- Annual Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications through use of a Glucose Test or an HbA1c Test
- Annual Diabetes Monitoring for People with Diabetes and Schizophrenia using an HbA1c Test and an LDL-C Test
- Annual Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia using an LDL-C Test

All providers within all disciplines are expected to initiate communication that facilitates and enhances continuity of care, relapse prevention and patient safety and satisfaction. It must be noted, though, that health care providers can only coordinate care to the extent permitted by confidentiality requirements. Providers are reminded of the need to obtain consent to release patient information. Please encourage members to comply in order to benefit from this coordination of care.

ⁱNational Association of Medical Directors Council published the "Morbidity and Mortality in People with Serious Mental Illness" October, 2006.

ⁱⁱCPT codes for these measures can be found on the in the BH Resource Guide, <https://www.wellcare.com/New-York/Providers/Medicaid/Quality>



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

Medicaid

Call 1-855-538-0454

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



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.

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!

Ethnicity Disclosure

WellCare does not require that our practitioners identify their race or ethnicity when being considered for inclusion in our network. 90% of our provider network did not disclose their race/ethnicity on their credentialing applications. The 2015 Consumer Assessment of Healthcare Providers and Systems (CAHPS) NY member surveys identified subsets of our membership who express a racial/ethnic/linguistic preference to see practitioners of the same cultural group. There was also a racial disparity in how members of different races perceive their provider explaining things about their health in a way that was easy to understand.

Culture affects how people communicate, understand, and respond to health information. Poor health literacy has been linked to less frequent use of preventive service. Populations most likely to experience low health literacy are older adults, racial and ethnic minorities, those with low income levels, and those with education less than a high school degree or GED.

In an effort to make improvements with these issues, WellCare of NY will begin by asking Behavioral Health Providers to disclose their ethnicity, as well as languages, when joining the network and at the quarterly roster update requests. This will be completely voluntary. We will be working with including this information on revisions to the Provider Directory that members and Customer Service use when searching for a provider. A Cultural Competency Checklist will also be included in our provider packets given by our Provider Relations Team, to assist with communication issues.



Benefits of Providing Services in an ASC Setting

Operating in an Ambulatory Surgery Center (ASC) setting (Place of Service 24), rather than an outpatient hospital setting (Place of Service 22), may be beneficial to patients, providers and payers. Benefits of providing services in an ASC setting may include:

- A more relaxed, less stressful and lower cost environment
- Provider autonomy over work environment and quality of care
- Increased provider control over surgical practices
- Provider specialties tailored to the specific needs of patients
- Raised standards in patient satisfaction, safety, quality and cost management
- Additional hospital operating room time reserved for more complex procedures
- Comparable patient satisfaction
- Quality of care as the hallmark of the ASC model

Providers are encouraged to provide services in an ASC setting (Place of Service 24) when deemed appropriate. Please contact your local Provider Relations representative for more information on ASCs in your area.

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: 1-800-288-5441

www.wellcare.com/New-York/Providers