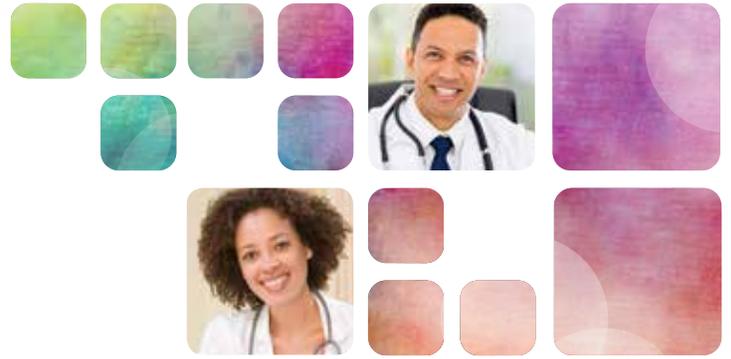


Provider Newsletter

Kentucky | 2017 | Issue II

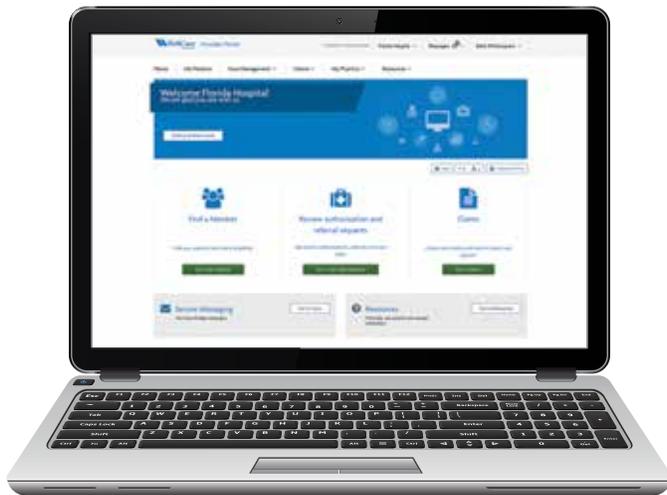


New Provider Portal

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.



In This Issue

New Provider Portal	1
Improving Quality Is Our Goal	2
EFT through PaySpan.....	2
Important Patient Questions for the Health Outcomes Survey.....	2
Disease Management – Improving Members Health!.....	3
Provider Formulary Updates.....	3
How Care Management Can Help You.....	3
How to Improve Patient Satisfaction and CAHPS Scores, Part 1 of 3.....	4
Benefits of Providing Services in an ASC Setting.....	5
Healthy Rewards Program.....	6
Updating Provider Directory Information.....	6
Updated Clinical Practice Guidelines	7

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



Improving Quality Is Our Goal

Our Quality Improvement (QI) Program is dedicated to finding ways to help deliver better care and services to our members, in collaboration with our providers.

Some 2016 Program Goals We Accomplished Include:

- Ensured members' health care needs were met through an expanded, coordinated effort with you, our providers.
- Responded to feedback from you and our members, and implemented improvements to our services.
- Continued to review and update our guidelines providing a safe and healthy environment for member care.

Our Goals For 2017 Include:

- Continuing to increase collaborative partnerships to ensure your voices/perspectives are heard and you have a meaningful role in shaping WellCare's delivery model.
- Continuing to enhance the quality of services provided in the areas of claims processing and prior authorization.
- Continuing to improve the health and quality of life of our members through collaborative improvement in the provision of quality of services.

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 five 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.

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

www.cbsnews.com/news/the-biggest-cause-of-stress-in-america-today/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.

Provider Formulary Updates

Medicaid:

The WellCare Medicaid Preferred Drug List (PDL) has been updated. Visit www.wellcare.com/Kentucky/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/Kentucky/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/Kentucky/Providers/Medicare/Pharmacy.

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



How Care Management Can Help You

Care Management helps members with special needs. It pairs a member with a care manager. The care 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 Care 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 5 p.m.



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.

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?"

Know What You Are Being Rated On	What This Means:	Tips to Increase Patient Satisfaction:
<p>Coordination of Care</p>	<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.
<p>Rating of Personal Doctor</p>	<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?”
<p>Rating of Specialist</p>	<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

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.

Healthy Rewards Program

The Healthy Rewards Program rewards members for taking small steps that will help them live healthy lives. For simple tasks like completing prenatal visits, preventive dental visits and certain health checkups, members can earn rewards that are placed on a reloadable debit card or a gift card. Members can use these cards at a variety of locations to purchase healthy items they use every day. The more services members complete, the more they can earn.

Now is a good time to remind your patients to take advantage of this program and their dental benefits by scheduling a dental visit. Providers can also encourage their patients to participate in the Healthy Rewards Program by signing and including their provider ID on applicable activity reports.

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



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 to KY_ProviderCorrection@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.





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/Kentucky/Providers.



WellCare of Kentucky, Inc.
13551 Triton Park Blvd.
Suite 1800
Louisville, KY 40223

WellCare Office Locations

www.wellcare.com/Kentucky/Providers

WellCare has various offices throughout Kentucky where you will find your local Provider Relations and Health Services team members.

Ashland

1539 Greenup Avenue
5th Floor
Ashland, KY 41101-7613
Main Office Number: 1-606-327-6200

Bowling Green

360 East 8th Ave.
Suite 311
Bowling Green, KY 42101-2135
Main Office Number: 1-270-793-7301

Hazard

479 High Street
2nd Floor
Hazard, KY 41701-1701
Main Office Number: 1-606-436-1500

Lexington

2480 Fortune Drive
Suite 200
Lexington, KY 40509-4168
Main Office Number: 1-859-264-5100

Louisville

13551 Triton Park Boulevard
Suite 1800
Louisville, KY 40223-4198
Main Office Number: 1-502-253-5100

Owensboro

The Springs, Building C
2200 E. Parrish Ave., Suite 204
Owensboro, KY 42303-1451
Main Office Number: 1-270-688-7000

Important reminder

You can use the member's Kentucky Medicaid ID number when the WellCare member ID number is not available when billing a claim.

Please remember to use the Kentucky MMIS, www.kymmisis.com, as your primary source of Managed Care Organization (MCO) assignment and eligibility for WellCare members. We encourage all providers to use KYMMIS as their primary source as it contains the most updated eligibility and MCO assignment information on each individual member.