



Starting the New Year with a Health Assessment for Enrollees

As a result of the COVID-19 pandemic, many enrollees did not have their annual health assessment in 2020. Please reach out to patients who did not get their exam in 2020. According to the CDC, Americans use preventive services at about half the recommended rate, and even with the expanded use of telehealth, a complete health assessment requires an in-person visit. Chronic diseases such as heart disease, cancer and diabetes account for 7 of every 10 deaths and about 75% of healthcare spending. Chronic disease can be managed, prevented or detected through appropriate

screenings. Despite these benefits, too many Kentuckians go without needed screenings and care.

WellCare wants to collaborate with you to help increase the number of enrollees who get preventive care. WellCare's Case and Disease Management teams can help enrollees overcome barriers to care and manage their chronic conditions. Our Quality Practice Advisors are available to answer your questions and provide you with educational materials.



We are available to help.

Together, we can strive to help our members manage their health. Case and Disease Management: **1-877-389-9457 (TTY 711).**

Source: Centers for Disease Control and Prevention (2017). Preventive healthcare. Retrieved from <https://www.cdc.gov/chronicdisease/pdf/2009-power-of-prevention.pdf>

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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.





Medicaid Only

New Enhanced Value-Added Benefits

AS OF JANUARY 1, 2021, WELLCARE OF KENTUCKY IS OFFERING NEW AND ENHANCED VALUE ADDED BENEFITS:



College Scholarship – Fifty enrollees have a chance to receive a \$1,000 scholarship. Scholarships are awarded to enrollees (ages 18 and older) who have been accepted to attend a **college** or **university** of their choice.



Weight Watchers – WellCare offers a six-month membership for Medicaid enrollees. The goal is to support healthy lifestyles and improve health outcomes. Requirements:

- Enrollee must be 13 years or older. Must be accompanied by an adult if younger than 18.
- BMI must be greater or equal to 25 for adults 18 years or older. Children ages 13-19 must be ranked in the 85th percentile.
- Kurbo by WW for members 13-17
 - Kurbo is a mobile health and weight management program specifically for teens to help build healthy habits for life
 - Users have access to the mobile app which includes food and a activity tracker, educational videos, and fun games
 - Users have access to a one-on-one Kurbo health coach who provides personalized tips and encouragement. Participants meet with their coach via video every week, and can contact their coach anytime via in-app messaging
 - Enrollees learn basic nutrition skills to help make healthier choices around food and exercise. Topics include portion control, understanding food labels, the benefits of exercise and so much more



Fitbit/Amazon Prime Membership – Enrollees will be eligible to receive one of these items as part of the Healthy Rewards program. Enrollees need to complete Healthy Rewards activities. To be eligible for a Fitbit, enrollees must complete two Healthy Reward activities.



OTC – Each head-of-household is eligible to receive OTC items each month mailed directly to their home. No prescription is required. The amount of the OTC allowance is based on the enrollee's household size. Only WellCare of Kentucky Medicaid plan enrollees living in the same home will be counted as part of the household.

- 1 person household - \$10 per month
- 2 person household - \$20 per month
- 3+ person household - \$25 per month



Vision – Enrollees age 21 and older are eligible to receive an annual allowance of \$150 to buy eyeglasses or contacts every 12 months.



Coordination of Care

HERE ARE A FEW TIPS TO HELP COORDINATE CARE FOR YOUR PATIENTS:

- ✓ Review all medications and the medication list with your patients and document this in their medical record
- ✓ Schedule specialist and lab appointments while your patients are in the office
- ✓ Remind your patients about annual flu shots and other immunizations
- ✓ Make sure your patients know you are working with specialist on their care. Ensure you receive notes from specialists and behavioral health clinicians and reach out to them if you have not received consultation notes. Tell your patients the results of all tests and procedures. Share decision-making with patients to help them manage their care, and please follow-up on all authorizations requested for your patients.
- ✓ Call or contact your patients to remind them when it is time for preventive care services, such as annual wellness exams, recommended cancer screenings and follow-up care for ongoing conditions such as hypertension and diabetes. This is especially important this year because many enrollees did not go in for their screenings due to the COVID-10 pandemic.

Remember to view the online Provider Bulletins regularly for important updates and notices.

**Provider bulletins are at
<https://www.wellcare.com/en/Kentucky/Providers/Bulletins>**



WellCare Provider Portal - iCarePath Claim Appeal & Dispute Project

- Applies to **claim** appeals and disputes only
- KY Medicaid and Medicare providers have the ability to view the status of claim appeals and disputes
- Enhancements include:
 - A combined appeal and dispute form (before this there was a separate form for appeals and disputes)
 - Updated helpful content throughout the form to make the submission process easier for providers
 - Prepopulated enrollee and servicing provider information
 - Confirmation message with ticket number for applicable iCarePath lines of business
 - New “Appeal” and “Dispute” tabs on the claims landing page that will allow providers to search for the status of their appeal or dispute by provider ID or ticket number



CAHPS® Surveys Evaluate Healthcare and Provider Experience

Access to medical care, including primary care, specialist appointments, and access to behavioral health care, are key elements of quality care. This was a challenge in 2020 because of the COVID-19 pandemic.

Each year, CAHPS® and behavioral health surveys ask enrollees questions like:

- In the past 6 months, how often was it easy to get appointments with specialists?
- In the past 6 months, how often was it easy to get the care, tests or treatment you needed through your health plan?
- In the past six months, when you needed care right away, how often did you get care as soon as you thought you needed it?
- In the past 6 months, not counting the times when you needed care right away, how often did you get an appointment for your healthcare at a doctor's office or clinic as soon as you thought you needed?
- In the past 6 months, how often did you see the doctor you were scheduled to see within 15 minutes of your appointment time?

To help ensure your patients are satisfied with their ease of getting care:

- See enrollees within access and availability standards
- Schedule appointments in a reasonable window for each request
- Follow up with enrollees after referrals to specialists to ensure care is coordinated
- Provide all information for specialists, tests and procedure authorizations and follow up as necessary
- Reduce time for waiting to no more than 15 minutes from appointment time, and if running late, communicate that to the patient so they know what is going on



Quality Quick Tip

Remember to document the second blood pressure reading when you perform the recheck of an enrollee's initial high blood pressure reading.



Questions Your Patients May Ask About Their Medications

HERE ARE FIVE COMMON QUESTIONS YOUR PATIENTS MAY HAVE:

-  **1** What is the name of the medication, and what does it do?
-  **2** How and when should I take my medication?
-  **3** How long should I take my medication?
-  **4** What should I do if I feel better and I do not want to take the medications prescribed?
-  **5** What should I do if I miss a dose of my medication?



You should advise your patients that taking their medications as directed is an important part of managing their health condition(s). When medication isn't taken as directed, it can worsen their condition, especially if they have diabetes, high cholesterol, and/or high blood pressure.



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 an email on your letterhead with the updated information to KY_ProviderCorrection@wellcare.com. Please include contact information if we need to follow up with you.

Medicare

Call: 1-855-538-0454

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



Community Connections Help Line

1-866-775-2192

We offer non-benefit resources such as help with food, rent and utilities.



Electronic Funds Transfer (EFT) Through PaySpan®

FIVE REASONS TO SIGN UP TODAY FOR EFT:

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

Setup is easy and takes about five minutes to complete. Please visit <https://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 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.



Centene's New Provider Claims Menu Redesign in the IVR Underscores a Relentless Commitment to Superior Digital Solutions

PROVIDERS HAVE A NEW CLAIMS MENU TO HELP THEM QUICKLY ACCESS IMPORTANT CLAIMS INFORMATION IN CENTENE'S IVR (INTERACTIVE VOICE RECORDING).

The new provider menu requires less input from providers to get basic information on a claims status.



The 1st phase of the new Provider Claims Redesign includes the following key enhancements:

- ✓ New Claims Upfront Message informing callers of changes
- ✓ Ability to search by Claim ID
- ✓ Ability to search and list all of a Member's Claims within the last 90 days
- ✓ Ability to search by Claim DOS without having to enter Billed Amount or Members DOB
- ✓ Added playback control and skip functions to easily access claim information

For more information on training opportunities for you and your internal team, please contact your Provider Representative.



RxEffect Provider Tool

RxAnte offers an innovative quality platform called RxEffect. The platform is free to Provider groups and offers targeted patient lists, daily claim updates, and a strong workflow support for your practice to support medication adherence. Active use of the RxEffect tool has been shown to improve adherence, quality measure outcomes, and enrollee outreaches.

Be on the lookout for exciting new RxEffect Enhancements including:

- ✓ New PCP Attribution – Helps Providers engage more effectively in RxEffect
- ✓ Appointment Agendas – Available after March to capture HCCs and proper risk-adjustment

- ✓ Improved dashboard reporting and the ability to save filters for improved efficiency
- ✓ Polypharmacy Measures – Improves the ability to manage and outreach medically complex enrollees
- ✓ Bonus Incentive Program – Offers additional incentives for Providers active within the RxEffect tool during the program period

Check out the RxEffect Video here:

<https://www.youtube.com/watch?v=loEKiM7veZQ>

To learn more about RxEffect, visit www.rxante.com and speak with your Provider Relations and/or Quality representative.



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, Suite 501
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: **1-270-793-7300**

Hazard

450 Village Lane, 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.kymmis.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.