Provider Newsletter California



2021 · Issue 4 · Medicare



Meet the Brand That's Taking a No-Nonsense **Approach to Medicare**



Welcome to the new Wellcare. You are a valued Wellcare provider, and we want to share some exciting changes to our Medicare plans.

We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses and specialists.

In addition to our new look, we're working hard to get rid of the nonsense in health insurance. That's why we're offering simplified plans, streamlined benefits, and new ways to save. You probably have questions, so we want to answer them for you.

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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.















Meet the Brand That's Taking a No-Nonsense Approach to Medicare (Continued)

Which Medicare brands will become Wellcare and will the logos be changing?

WellCare, Allwell, Health Net, 'Ohana, Fidelis Care, and Trillium Advantage. The new bridging logos are shown below.



Does this involve all lines of business for these brands?

No, only Medicare. In a few states, some of these brands will continue to exist with Medicaid and Marketplace plans.

When does the transition begin?

This fall, you will begin to receive materials with the new Wellcare branding. We will officially transition to Wellcare on January 1, 2022.

As a current WellCare provider, what changes can I expect to payor business operations, such as claims processing, payments, provider portal, etc.?

There will be no operational or business integration changes for 2022. However, if there are any administrative changes in the future, we will notify you immediately.



End of the Year Push

HELLO TO ALL PRIMARY CARE PROVIDERS AND CLINICAL OFFICE NURSES!
THANK YOU FOR ALL THAT YOU DO TO PROVIDE CARE AND SUPPORT TO OUR MEMBERS.

It's that time again! As the calendar year comes to a close, we want to ensure that we have completed all preventive care and screening requirements for 2021. Please take a moment and review this list with your office staff and any Wellcare Members that may still need any of the following:



Breast Cancer Screening -

mammography per USPSTF or ACOG screening guidelines



Colorectal Cancer Screening -

colonoscopy, FIT testing, CT colonography and FOBT are all acceptable as per recommended guidelines



Rx Effect Tool – for medication adherence; ensure 90-day supply on designated medications



Wellness Visit - Ensure that all
Wellcare Members have had an annual
Wellness visit this year.



Member Outreach – continue to check on Members during the extended COVID pandemic community restrictions. Our MA Seniors represent a vulnerable population, and we should ensure they remain engaged and connected to their Primary Care Doctors during the pandemic.



COVID-19 Vaccinations -

vaccinations are safe and effective, even against the lower acuity variants. Please make sure that all Members who are medically eligible to receive the vaccine do so as soon as possible.

These End of Year strategies promote Member wellbeing, health and improved quality of life. They also improve the Member experience and enhance engagement. As offices continue to practice COVID precautions, we respectfully request that Providers resume preventive care appointments and follow-up.

Consider offering:

- 1 Extended office hours and or weekend appointments (based on current COVID protocol)
- 2 Health Plan partnership in contacting Members who may need appointments
- 3 Encourage non-compliant Members to make telehealth appointments with Providers to go over medications and treatment plans along with strategies for success



If you have additional questions, please reach out to your Wellcare Practice Transformation Coach or Provider Engagement Representative today. Thank you for your partnership in caring for the lives we serve at Wellcare!



COVID-19 Updates

As the pandemic lingers on amid increasing reports of the newly recognized variants, Wellcare continues to encourage and support the vaccination of all Members as quickly as possible. Since the recognition of the pandemic in 2020, Wellcare has been committed to ensuring that our Providers and Members are educated about the safety and efficacy of the COVID-19 vaccine, and that Providers are knowledgeable about vaccination sites and how to address vaccine hesitancy.

Wellcare, along with our parent company, Centene Corporation, have been active in:

- ✓ Member outreach beginning in 2020 with wellness telephone check-ins
- Establishing additional access for chronic meals, over-the-counter products, and telehealth services
- ✓ Member outreach in 2021 regarding vaccine education and information
- ✓ Provider webinars for clinical updates and enrollment in CAIR2 for vaccine administration
- No cost transportation to vaccination sites and medical appointments
- ✓ Home vaccinations for qualified homebound Members



As the news of the variants reminds us that the pandemic is not over, let's also protect those who are too young to be vaccinated. While the vaccine is available for children above the age of 12 and to all adults, the younger children count on us. We can protect their future. For additional information, please visit the Wellcare Provider portal.



Last but not least, we would be remiss if we did not acknowledge our first responders and healthcare workers for their hard work during this ongoing pandemic. Any time you come in contact or speak with a first responder and/or healthcare worker, please extend your (and our) thanks. We are all in this together, and together, we shall continue to persevere.



Please check the Provider Portal for additional COVID-19 vaccine information.



Annual CAHPS® Survey – What Matters Most to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) is an annual survey mailed to an anonymous select sample of our health plan members. The purpose is to assess member experience with their providers and health plan to improve the quality of care provided. This survey focuses on asking your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. **We hope you will encourage your patients to participate if selected.**

The pharmacy team can affect the member experience, whether we interact with members directly or not, by ensuring that we address the following items that are addressed in the annual CAHPS survey:

- Assist members in understanding and accessing their pharmacy benefits (i.e. what medications are/are not covered),
- ✓ Identify (and mitigate) barriers to members obtaining and taking their medications.
- Ensuring appropriate communications with providers and health plans occur to complete the processing of timely authorizations

These factors are important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s).



We value and appreciate the excellent care you provide to our members and look forward to partnering with you.

Source: Centers for Medicare & Medicaid Services. Consumer Assessment of Healthcare Providers & Systems (CAHPS). https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS



Community Connections Help Line



1-866-775-2192

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



Providers Love Our Live Chat!

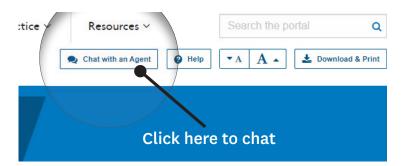
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

Providers are talking — about the live-chat feature on our Provider Portal, that is!

So far in 2021, live chats with our agents have increased at an unprecedented rate. As of the third quarter, more than 10 percent of our inbound interactions happened via live chat, as opposed to traditional phone calls.

That's because live chat is **the easiest and fastest way** to get access to basic status updates on a member's eligibility, claims, or authorizations. In addition, our live-chat agents are able to help with complex, on-the-spot inquiries. This means less time waiting on hold to speak to an agent on the phone. Best of all, live chat has the highest score for first contact resolution among all of our communication channels.

The next time you or someone in your office has a question, remember that live chat is just a click away:





Need Access?

If you'd like to learn more about the Provider Portal and its features, or would like to request access for you and your office, email **AWSEscalations@WellCare.com**. We're here to answer any questions you have about live chat and more!



Wellcare's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.

New Live-Chat Offers on the Provider Portal:



Provider Home Page



Claim Main Page



Care Management
Home Page
(Authorizations)



Claims Appeals & Disputes Page



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



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.



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.

Please send updates via the following methods:

Providers participating through an IPA/Medical Group partner shall send update notifications directly to your contracted IPA(s) and/or Medical Group in accordance with your contract. If you need additional information on where to submit your demographic changes, please contact your affiliated IPA(s) or Medical Group.

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



Providers contracted directly with Wellcare:

Mail:

Wellcare Attn: Network Management 10803 Hope Street, Suite B Cypress, CA 90630

Email:

ECProviderServices@WellCare.com



Point of Care Formulary Information for Providers

PRESCRIBE WITH CONFIDENCE - EVERY DRUG. EVERY PLAN. EVERY TIME.

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

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, providers can identify plan-specific drug coverage and restriction criteria as well as alternative therapies with these medical applications.

Epocrates®, an athenahealth service, is the #1 point of care medical app among U.S. physicians. It is trusted by over 1 million healthcare professionals. Just

- download the free app or search from your desktop with epocrates® web at **www.epocrates.com**.
- MMIT's Coverage Search is a top-rated drug coverage search application. Download the free app or search from your desktop at www.FormularyLookup.com.

Quickly obtain the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team with epocrates® and Coverage Search.



Provider Formulary Updates

Find the complete Formulary at https://www.wellcare.com/California/Providers/Medicare/Pharmacy.

You can also refer to the Provider Manual to view more information regarding Wellcare's pharmacy Utilization Management (UM) policies and procedures.

To find the Provider Manual, visit https://www.wellcare.com/California/Providers/Medicare.



Affirmative Statement

Wellcare's Utilization Management Program decision making is based only on appropriateness of care, service and existence of coverage. Wellcare does not specifically reward practitioners or other individuals for issuing denials of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization.



If you have questions about this program, please call Customer Service at 1-866-999-3945.
TTY users call 711.



Provider Bulletins



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



Provider bulletins are located at https://www.wellcare.com/en/California/Providers/Bulletins



Provider Resources

Provider News - Provider Portal

Remember to check messages regularly to receive new and updated information.

Visit **https://provider.wellcare.com** and click on the *Providers* tab.

Resources and Tools

Visit **https://provider.wellcare.com** to find guidelines, key forms and other helpful resources. You may also request hard copies of documents by contacting your Provider Relations representative.

Refer to our Quick Reference Guide, for detailed information on many areas including Claims, Appeals and Pharmacy.

These are at https://www.wellcare.com/california/providers/medicare.

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are also available on our website, click on *Clinical Guidelines* under Tools.

We're Just a Phone Call or Click Away



Wellcare: 1-866-999-3945



www.wellcare.com/medicare