

# Provider Newsletter

## California

wellcare

2022 • Issue 1 • Medicare



## Welcome to Wellcare! We want to remind you, a valued Wellcare provider, of some exciting changes to our Medicare plans.

- ✓ Wellcare plans offer a better range of plans that provide members with affordable access to doctors, nurses and specialists.
- ✓ We hope you like our new look. We want it to reflect our no-nonsense approach to health insurance: We're offering simplified plans, streamlined benefits and new ways to save.
- ✓ 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.

If you or your staff have any questions, we want to answer them. Read on to learn how to reach us via live chat. It's the fastest way to access basic updates on member eligibility, claims and authorizations. Our live chat agents can also help with complex inquiries, so please reach out with any questions.

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- Reminder: Wellcare's Provider Portal Has New Live Chat
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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.





## Improve Patient Experience and Quality of Care

Patients who have a positive experience are more likely to stay engaged with their health care.<sup>1</sup> Use these tips to help guide your patient engagement approach and improve CAHPS scores.

Patient experience matters	
<b>Strengthen patient loyalty</b>	A high-quality relationship between patient and provider can greatly affect patient loyalty to your practice.
<b>Improve patient engagement and clinical outcomes</b>	Positive patient experience led to higher adherence to medical advice and treatment plans. <sup>1</sup> Engaged patients are more likely to take charge of their care plan and stay up-to-date with their care.
<b>Uphold reputation</b>	Satisfied and content patients are likely to share their experience with others. Positive reviews can also lead to new patient referrals to your practice.

### What is the CAHPS survey?

- ✓ The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey is an annual health care experience survey that:
  - Asks patients to evaluate their experience with their providers and health plan (i.e., access to care, provider communication, customer service, ease of getting Rx).
  - Includes select Healthcare Effectiveness Data Information Set (HEDIS<sup>®</sup>) quality measures.<sup>2</sup>
  - Impacts various Rating Systems (Medicare STARS, Quality Rating Systems, Office of the Patient Advocate).
- ✓ Administered annually each spring via mail and phone.
- ✓ Results help identify opportunities for patient experience improvement.

CAHPS measure	Survey questions	Tips and best practices
<b>Provider communication<sup>3</sup></b>	How often did your personal doctor: <ul style="list-style-type: none"> <li>• Explain things in a way that was easy to understand?</li> <li>• Listen carefully to you?</li> <li>• Show respect for what you had to say?</li> <li>• Spend enough time with you?</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure all staff are trained to handle sensitive situations.</li> <li>• Treat patients with empathy and respect. Make eye contact, listen carefully and express understanding.</li> <li>• Visit <a href="http://www.cdc.gov/healthliteracy/culture.html">www.cdc.gov/healthliteracy/culture.html</a> for cultural competency and health literacy tools and resources that promote effective communication.</li> <li>• No-cost interpreter services can be requested for your patients. Contact Member Services at the phone number on the member's identification (ID) card or by calling the Provider Services Center.</li> </ul>
<b>Getting needed care</b>	<ul style="list-style-type: none"> <li>• How often did you get an appointment to see a specialist as soon as you needed?</li> <li>• How often was it easy to get the care, test or treatment you needed?</li> </ul>	<ul style="list-style-type: none"> <li>• Set expectations with patients by informing them of any timeframes and/or turnaround times for scheduling routine appointments, prior authorization and/or referral approvals.</li> <li>• Review authorization and referral processes to remove patient barriers to access care.</li> <li>• Continue offering telehealth appointments as a convenient option for patients.</li> </ul>

<sup>1</sup>Why Improve Patient Experience? Agency for Healthcare Research and Quality (AHRQ). [www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html](http://www.ahrq.gov/cahps/quality-improvement/improvement-guide/2-why-improve/index.html).

<sup>2</sup>HEDIS measures performance in health care where improvements can make a meaningful difference in people's lives. [www.ncqa.org/hedis/using-hedis-measures](http://www.ncqa.org/hedis/using-hedis-measures).

<sup>3</sup>This CAHPS composite measure is not a Star measure but is a top driver of members' perception of overall ease of getting care.

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## Improve Patient Experience and Quality of Care (continued)

CAHPS measure	Survey questions	Tips and best practices
<b>Getting appointments and care quickly</b>	<ul style="list-style-type: none"> <li>When you needed care right away, how often did you get care as soon as you needed?</li> <li>How often did you get an appointment for a checkup or routine care as soon as you needed?</li> <li>How often did you see the person you came to see within 15 minutes of your appointment time?</li> </ul>	<ul style="list-style-type: none"> <li>Set aside time slots each day to accommodate urgent visits.</li> <li>Offer early morning and/or evening appointment slots one day each week.</li> <li>Offer appointments with a nurse or physician assistant for urgent issues.</li> <li>If applicable, offer a telehealth appointment.</li> <li>Provide patients with the addresses and phone numbers of local urgent care centers.</li> </ul>
<b>Care coordination</b>	<ul style="list-style-type: none"> <li>When you visited your personal doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care?</li> <li>When your personal doctor ordered a blood test, X-ray or other test for you, how often did someone from your personal doctor's office follow up to give you those results?</li> <li>When your personal doctor ordered a blood test, X-ray or other test for you, how often did you get those results as soon as you needed them?</li> <li>How often did you and your personal doctor talk about all the prescription medicines you were taking?</li> <li>Did you get the help you needed from your personal doctor's office to manage your care among these different providers and services?</li> <li>How often did your personal doctor seem informed and up-to-date about the care you got from specialists?</li> </ul>	<ul style="list-style-type: none"> <li>Have medication list and medical history, including appointments with specialists, at hand to review during patient office visits.</li> <li>Ask patients if they have seen any other medical providers since their last visit with you. Discuss any visits and/or treatment plans with them.</li> <li>Set expectations by informing patients of when they can expect to get their test results back.</li> <li>Implement processes for patients to easily and securely access test results.</li> <li>Ask patients how they prefer to receive test results: phone call, email, etc.</li> <li>Share test results/medical history with all of the patient's applicable providers.</li> </ul>
<b>Annual flu vaccine</b>	<ul style="list-style-type: none"> <li>Have you had a flu shot since July 1 of the prior year?</li> </ul>	<ul style="list-style-type: none"> <li>Leverage existing appointments by offering a flu shot to all patients who come into the office.</li> <li>Have flu clinics where patients can get the vaccine without an office visit.</li> <li>Visit <a href="http://www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm">www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm</a> for techniques on how to talk to your patients about the flu vaccine and make a strong recommendation; address misconceptions for those who refuse.</li> </ul>



### Questions?

Email the Quality Improvement CAHPS Team for more tools at [Program\\_Accreditation@healthnet.com](mailto:Program_Accreditation@healthnet.com).



# Engaging your Patients in Medication Adherence Discussions

According to the American Medical Association, patients only take their medications half of the time. Adherence is defined as a patient who takes their medications at least 80% of the time. With the current rate of 50% adherence among the general public, this is an area worth addressing. To combat this lack of adherence, engaging with your patients is essential. Below are some tips on how to assess for medication adherence in your patient.

- 1 Create a routine by asking *every* patient about their adherence to medications.**
- 2 Ask open-ended questions.**
  - a. Can you tell me how you are taking this medication?
  - b. What do you think about this medication?
  - c. How do you remember to take your medicine?
- 3 Ask the patient about barriers that hinder them from taking their medication.**
  - a. What bothers you about this medication?
  - b. What stands in the way of you taking your medicine?
- 4 Offer a supportive, non-judgmental atmosphere by utilizing motivational interviewing:**
  - a. Listen to the patient's concerns.
  - b. Ask the patient about their health goals.
  - c. Avoid arguments and adjust to resistance.
  - d. Support optimism and give encouragement.
  - e. Understand and respect patient values and beliefs.
- 5 If the patient states he/she is non-adherent, thank him/her for sharing before continuing to assess.**
- 6 Develop a plan to address barriers the patient is experiencing and involve the patient in your decisions. One way to do this is to offer clinically appropriate options for them to choose from.**
  - a. Use the word "we."
  - b. We can try option 1 or option 2. What do you think about these options? Which of these do you think best suits you?

## References

- AMA Ed Hub and Society of General Internal Medicine, "Medication Adherence Improve Patient Outcomes and Reduce Costs," retrieved from: <https://edhub.ama-assn.org/steps-forward/module/2702595>.
- AMA. "Nudge theory explored to boost medication adherence," retrieved from: [www.ama-assn.org/delivering-care/patient-support-advocacy/nudge-theory-explored-boost-medication-adherence](http://www.ama-assn.org/delivering-care/patient-support-advocacy/nudge-theory-explored-boost-medication-adherence).
- Treatment Improvement Protocols Series, "Chapter 3-Motivational Interviewing as a Counseling Style," retrieved from: [www.ncbi.nlm.nih.gov/books/NBK64964](http://www.ncbi.nlm.nih.gov/books/NBK64964).
- American Association of Diabetes Educators, "Fostering Medication Adherence Tips and Tricks," retrieved from: [www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering\\_med\\_adherence.pdf?sfvrsn=4](http://www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering_med_adherence.pdf?sfvrsn=4).



## Cardiac + Diabetes: Our Stroke and Heart Attack Prevention Initiative

Our innovative population health approach, Cardiac + Diabetes, utilizes a polychronic focus to disease management for members with multiple coexisting comorbidities. Across the nation, diabetes affects more than 30 million people and is the seventh leading cause of death.<sup>4</sup> If not properly managed, it can lead to renal, vision and hearing impairment, and cardiovascular disease. If complicated with other chronic comorbid conditions like high blood pressure and coronary artery disease, care utilization is very high. This, in turn, affects the patient's quality of life and presents a challenge when navigating the health care system. Utilization is primarily around pharmacy, inpatient and emergency room costs.

### The program goals include:

- ✓ Timely intervention.
- ✓ A focus on prevention and developing wellness into the lifestyle.
- ✓ Using evidence-based strategies to incorporate best practices.

### How:

We have begun outreach that can include activities like the following. Please note, implementation may include only some forms of outreach listed below.

- ✓ Outreach to high-risk members with diabetes, coronary artery disease and high blood pressure.
- ✓ Outreach consists of live calls, interactive voice response (IVR) calls, email, mail and cell phone text messaging.
- ✓ IVR calls typically have an interactive script for the member if the member answers the phone. Otherwise, the member receives a short, prerecorded and Health Insurance Portability and Accountability Act- (HIPAA-) compliant voicemail message with a number that the member can use to call back.

<sup>4</sup>[www.diabetes.org](http://www.diabetes.org). American Diabetes Association.



## Wellcare Medicare Advantage Plan in California Earns 5 out of 5 Stars in Annual CMS Star Quality Ratings

**Wellcare received a 5-Star Rating (out of a possible five stars) from the Centers for Medicare & Medicaid Services (CMS) annual Star Quality Ratings for Rating Year 2022.**

**Wellcare was one of five Medicare Advantage plans in California to earn a 5-Star Rating for 2022; it is also the third year in a row Wellcare received four or more stars in the state.**



**“Our recent Star Ratings reflect our commitment to improving the health and wellbeing of our Medicare members across California,”** said Brian Ternan, Plan president & CEO of Health Net and Wellcare’s Medicare plan in California. “This recognition proves again that the experience, empathy and expertise we offer our members is part of what they need to live healthier lives. At every phase of the healthcare journey – whether inbound or outbound – we meet our members where they are, with their unique challenges and then work to remove their barriers to care.”

CMS publishes its annual Star Ratings to help Medicare beneficiaries make informed decisions when selecting health plans. Medicare plans are ranked on a scale of one to five stars, with five stars representing the highest level of quality. The annual ratings are determined by a number of factors, including clinical care, member service experience and member feedback gathered annually on how well plans performed in several categories, including quality of care and customer service.



**As a 5-Star plan, Wellcare is able to enroll members year-round. To learn more, read the [full news release](#).**



## Medicare Billing Changes for 2022

### Find out about vaccine reimbursements, place of service codes for telehealth, notice of admission change and skilled nursing facility (SNF) interim billing

CMS released several billing changes and updates that were **effective on January 1, 2022**. Below are highlights of the changes.

#### COVID-19 vaccination claims

Starting with January 1, 2022 dates of service, CMS will no longer directly reimburse providers for Medicare Advantage member COVID-19 vaccines including their administration. Vaccine-related claims for Medicare Advantage members should be billed like other Medicare covered vaccines, which would typically be the delegated provider group. Providers should submit claims to the correct entity based on the dates of service:

- ✓ Prior to January 1, 2022 – Medicare fee-for-service.
- ✓ On or after January 1, 2022 – Delegated at-risk provider groups.

#### Place of service codes for telehealth services

CMS revised the description for place of service (POS) code 02 and added a new POS code 10 for telehealth services. This applies to receiving health services, or health-related services, through telecommunication technology.

- ✓ POS 02: Telehealth provided other than in patient's home.
  - Patient is not located in their home when receiving telehealth services.
- ✓ POS 10: Telehealth provided in patient's home.
  - Patient is located in their home when receiving telehealth services. This would be a location other than a hospital or other facility where the patient receives care in a private residence.
  - The availability to use POS 10 will begin on April 4, 2022. Claims submitted before this date with POS 10 will not be reimbursed. Providers will need to resubmit the claims on or after April 4. However, during the Public Health Emergency, providers need to follow CMS telehealth billing guidelines to receive reimbursement parity. Otherwise, POS 10 will reimburse the facility rate the same as POS 02. Information on this can be found on Wellcare's online COVID-19 Resource Center.



#### For more information

Visit CMS' MLN Matters release for New/Modifications to the Place of Service (POS) Codes for Telehealth at [www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf](https://www.cms.gov/files/document/mm12427-newmodifications-place-service-pos-codes-telehealth.pdf).

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## Medicare Billing Changes for 2022 (continued)

### Home health Notice of Admission change

CMS will require home health providers to submit one Notice of Admission (NOA) with type of bill (TOB) 32A form as an initial bill for home health services. This NOA will cover contiguous 30-day periods of care, beginning with admission and ending with patient discharge.

- ✓ Per CMS regulation, providers must submit an NOA with TOB 32A within the first five calendar days of a period of care. A penalty is applied using CMS methodology if the NOA is not submitted within five days.
- ✓ The NOA is not separately reimbursable. It is required to process and calculate the reimbursement payment for the final claim submission with TOB 329.
- ✓ Following the submission of the NOA, providers must submit claims with TOB 329 for the periods of care.



### For more information

Please see CMS' MLN Matters release for Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) at [www.cms.gov/files/document/mm12256.pdf](http://www.cms.gov/files/document/mm12256.pdf).

### Skilled nursing facility interim billing update

- ✓ Wellcare will accept and adjudicate interim bills from SNFs.
- ✓ No final bill is required.





# Reminder: News from Wellcare has a Fresh, New Layout

## GO ONLINE TO ACCESS AN ARCHIVE OF INFORMATION

Starting in November 2021, Wellcare providers in California may have noticed news from Wellcare in a new layout called a provider update.<sup>5</sup>

And if you've missed a provider update we've sent out, don't worry. You can find past communications on the Provider Bulletins page at [www.wellcare.com/en/California/Providers/Bulletins](http://www.wellcare.com/en/California/Providers/Bulletins).

### Key highlights of the provider update

**Communication type** – One of the following is listed at the top of the update to notify providers the type of information included in the update:

- **Contractual** – includes topics referenced in Wellcare contract with the provider (i.e., changes regarding claims processing or eligibility reports)
- **Legislative** – includes topics generated from assembly or senate bills, or other legislative sources (i.e., a new law that requires changes to an existing benefit for members)
- **Regulatory** – includes topics generated by a regulatory entity (i.e., a notice from CMS that has a direct impact on providers)
- **News & Announcements** – includes topics that help providers conduct business with Wellcare or provide care to members (i.e., resources available to help patients learn about a specific health condition)

**Distribution date, material tracking number (22-XXX) and page count** – these are listed at the top of the provider update and are helpful in case you need to contact Wellcare with questions about a specific communication.

**Provider types** – on the right-hand side of the provider update on page 1 are the provider types to which a communication may apply. If a provider type is filled in, then the communication applies to them.

<sup>5</sup>Communications will continue to be sent in other formats, including letters, flyers, etc. Depending on topic and distribution, some communications may not be posted to the Wellcare provider site.

**PROVIDER Update**

NEWS & ANNOUNCEMENTS | NOVEMBER 13, 2021 | UPDATE 22-008 | 2 PAGES

**Look for News from Wellcare in a Fresh, New Layout**

**Don't worry about a missed communication – go online to access an archive of information**

Wellcare providers in California will receive news from Wellcare in a new format called a provider update. This notice is in the new layout so you know what to expect in future communications.

The provider update is only one method by which we will receive information from you via fax, mail or email. We will continue to send you multiple information in other formats – such as letters or faxes – depending on the topic.

Please note, these communications will be sent to you by Wellcare and may not apply to updates by Health Net.

**Key highlights of the provider update:**

**Communication type**

The provider update notifies providers of information that falls under one of the communication types below. The communication type is listed at the top of the provider update.

Type	Description	Example
<b>Contractual</b>	Topics referenced in Wellcare's contract with the provider.	Changes regarding claims processing or eligibility reports.
<b>Legislative</b>	Topics generated from assembly or senate bills, or other legislative sources.	New law that requires a new benefit or change to an existing benefit for members.
<b>Regulatory</b>	Topics generated by a regulatory entity.	A notice from the Centers for Medicare & Medicaid Services (CMS) that has a direct impact on providers.
<b>News &amp; Announcements</b>	Topics that help providers conduct business with Wellcare or provide care to members.	Resources available to providers to help their patients learn about a health condition.

**THIS UPDATE APPLIES TO MEDICARE PROVIDERS:**

- Providers
- Participating Physician Groups
- Physicians
- Assistant Attorneys

**PROVIDER SERVICES:** (800) 899-0000

**PROVIDER PORTAL:** [www.wellcare.com/california](http://www.wellcare.com/california)



## Reminder: Wellcare's Provider Portal Has New Live Chat

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

**Providers now have more options to easily access help thanks to the new offered chat that is now available on the provider portal!**

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

### Offers for live chat 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.**

# Resources Available Online:



## Provider Formulary Updates

Find the complete Formulary at [www.wellcare.com/California/Providers/Medicare/Pharmacy](http://www.wellcare.com/California/Providers/Medicare/Pharmacy).

To find the Provider Manual, visit [www.wellcare.com/California/Providers/Medicare](http://www.wellcare.com/California/Providers/Medicare).

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



## Provider Bulletins



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



Provider bulletins are located at [www.wellcare.com/en/California/Providers/Bulletins](http://www.wellcare.com/en/California/Providers/Bulletins).



## Other Resources Online

### Provider News – Provider Portal

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

Visit **wellcare.com**. Choose “California” if a pop-up appears, then select *Providers*.

### Resources and Tools

Visit **wellcare.com/California**, then select *Providers* 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 **[www.wellcare.com/california/providers/medicare](http://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:**  
**866-999-3945**



**[www.wellcare.com/medicare](http://www.wellcare.com/medicare)**