Florida Provider Newsletter

2019 • Issue I

Quality

Starting the New Year with a Health Assessment

The beginning of a new year is a great time to reach out to patients who did not come in for their annual physical during 2018. According to the Centers for Disease Control and Prevention, Americans use preventive services at about half the recommended rate. Chronic diseases (such as heart disease, cancer and diabetes) account for 7 of every 10 deaths and about 75% of healthcare spending. Chronic diseases can be managed, prevented or detected through appropriate screenings.

Despite the benefits of preventive care, too many Americans go without needed screenings and care. WellCare would like to partner with you to improve the number of our members getting preventive care. WellCare's Case and Disease Management Teams can help members overcome barriers to care and manage their chronic conditions. Our Quality Practice Advisors are also available to answer your questions and provide you with educational materials.

Together, we can strive to help our members manage their health. Case and Disease Management: **1-877-389-9457** (TTY **1-877-247-6272**)

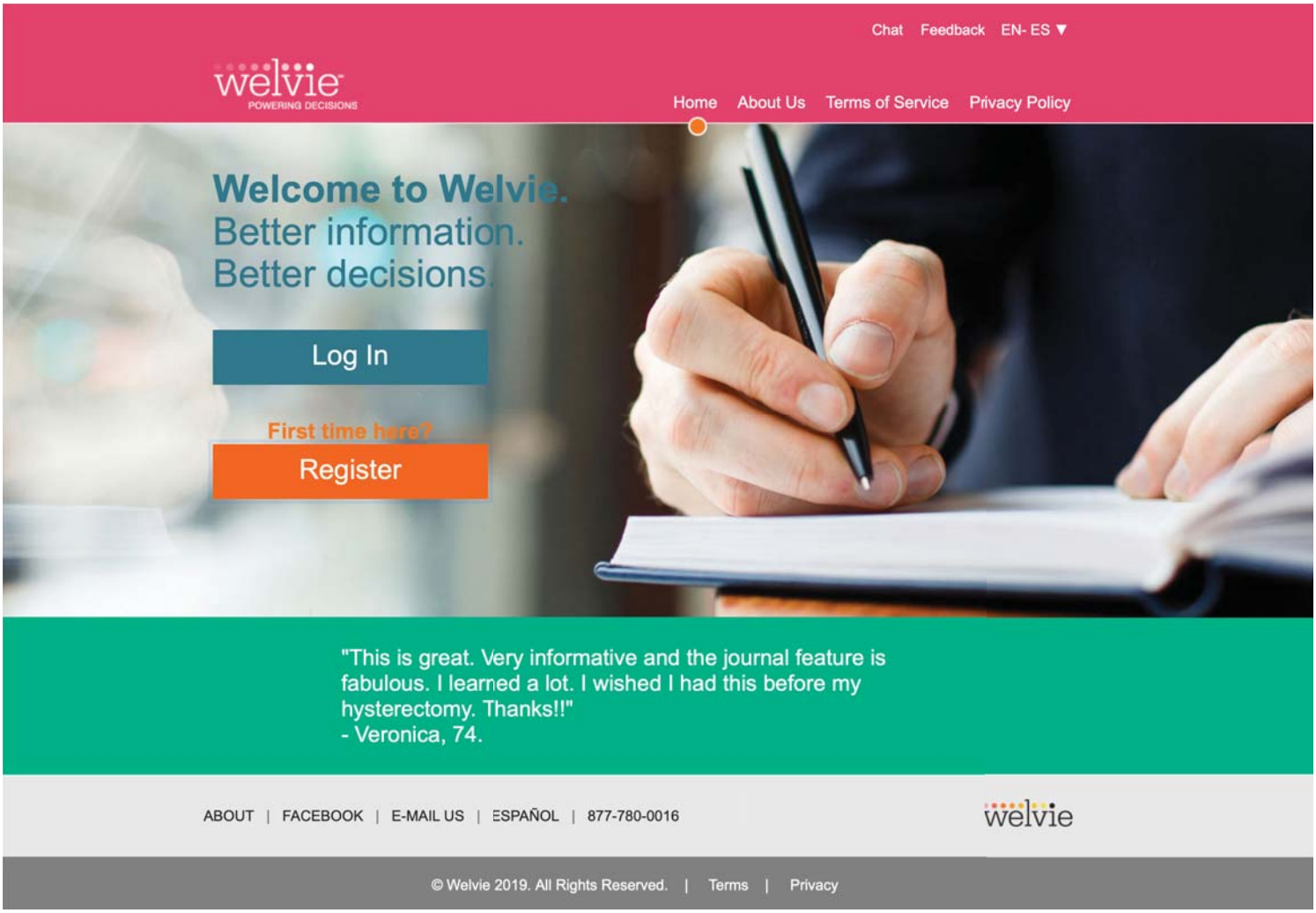
Source: Centers for Disease Control and Prevention. (2017). Preventive health care. Retrieved from https://www.cdc.gov/healthcommunication/toolstemplates/entertainmented/tips/preventivehealth.html

In This Issue

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.

Staywell A WellCare Company · Staywell KIDS A WellCare Company · Children's Medical Services Health Plan Operated by WellCare · WellCare Beyond Healthcare. A Better You.



Welvie®: Improving Members' Health Care Experience

In 2015, WellCare began offering the Welvie online surgery shared-decision making program to its **Medicare Advantage members**.

Welvie's six-step program curriculum helps participants decide on, prepare for and recover from surgery. Through information, Q&As and videos, patients learn how to work with their doctors to explore treatment options – both surgical and non-surgical – when considering "preference-sensitive" surgeries like spine fusion, knee arthroscopy, prostatectomy and other elective procedures. Preference-sensitive surgeries are defined as those that have two or more viable alternatives for a presenting condition. If the patient, along with their doctor, decides surgery is right for them, Welvie then helps patients prepare for surgery and recovery with robust tools including checklists, calendars and other information and helpful tips to help them have error- and complication-free results.

Welvie participants receive a $25 amazon.com gift card for completing the first three steps of the program (reward is available once per member per 365 days).

The program's goal is to support member-physician interaction and preparation for surgery, as well as to promote improved health literacy.

After three years, the program has received high satisfaction marks from members. 95% of WellCare members have reported they felt the Welvie program helped them speak with their doctor about their treatment options and 97% said the Welvie program better prepared them for surgery.

To refer your **WellCare Medicare Advantage** patients to Welvie, just send them to **www.welvie.com** to register and engage in the program.

Quality Quick Tip

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

Updated Coding Guidelines for 2019

WellCare Health Plans, Inc. is committed to continually improving its claims review and payment processes with a goal of collecting the best health data for our members and assuring appropriate reimbursement to our providers. WellCare Health Plans is expanding our claims edit library with additional policies. Periodic updates of our edits ensure claims are processed accurately and efficiently based on our medical coverage policies, reimbursement policies, benefit plans and industry-standard coding practices, mainly Centers for Medicare & Medicaid Services (CMS).

We would like to share a few of the upcoming coding edits guidelines for 2019.

WellCare E&M Program

The Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that E&M services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG also has recommended that payers continue to help to educate practitioners on coding and documentation for E&M services, and develop programs to review E&M services billed for by high-coding practitioners.

Providers should report E&M services in accordance with the American Medical Association's CPT Manual and CMS guidelines including "Documentation Guidelines for Evaluation and Management Services" for billing E&M codes.

Overview of WellCare E&M Program:

- Evaluates and reviews high-level E&M services for high-coding practitioners, which appear to have been incorrectly coded based upon diagnostic information that appears on the claim, and peer comparison.
- Applies the relevant E&M policy and recoding of the claim line to the proper E&M level of service.
- Allows reimbursement at the highest E&M service code level for which the criteria is satisfied based on our risk adjustment process.

ICD-10 Laterality

According to the ICD-10-CM Manual guidelines, there are diagnosis codes that by definition indicate laterality, specifying whether the condition occurs on the left or right, or is bilateral.

ICD 10 Coding conventions outlines guidance in reporting diagnosis code that indicate laterality. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

WellCare will perform two categories of diagnosis editing related to laterality:

- Consistency of Diagnosis-to-Modifier comparison assesses the lateral diagnosis associated to the claim line to determine if the procedure modifier matches the lateral diagnosis.
- Consistency of Diagnosis-to-Diagnosis comparison assesses lateral diagnoses associated to the same claim line to determine if the combination is inappropriate.

Excludes 1 Notes

ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use but they are all similar in that they indicate that codes excluded from each other are independent of each other.

New edits focus on Excludes notes 1 validation, an Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Anatomical Modifiers

Anatomical modifiers are important in facilitating correct coding for claims processing and data collection. Modifiers may be appended to HCPCS/CPT codes when the clinical circumstances justify the use of the modifier. According to the AMA CPT Manual, the HCPCS Level II Manual and Wellcare policy, the anatomic-specific modifiers, such as FA, TA, and LC, designate the area or part of the body on which the procedure is performed.

Certain procedures require an anatomical modifier i.e. CPT code 13151 Repair, complex, eyelids, nose, ears and/or lips; 1.1 cm to 2.5 cm) done on the right upper eyelid requires modifier E3 (upper right eyelid) to be appended.

Multiple Procedure Reductions

Under the Medicare Physician Fee Schedule (MPFS), Multiple Procedure Payment Reduction (MPPR) was introduced with the basis that there are savings associated with multiple procedures performed during the same patient encounter. More information is at **https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf**

CMS has added different types of multiple procedure reductions over the years. The Physician Fee has an indicator identifying which type of MPPR applies to each CPT®/HCPCS Level II code.

The multiple procedure indicators are:

- **Multi Proc 0** = no reduction applies
- **Multi Proc 1** = does not apply to any current codes (was used pre-1995)
- **Multi Proc 2** = standard payment adjustments
- **Multi Proc 3** = endoscopic reductions
- **Multi Proc 4** = diagnostic imaging reduction
- **Multi Proc 5** = therapy reductions
- **Multi Proc 6** = diagnostic cardiovascular services
- **Multi Proc 7** = diagnostic ophthalmology services
- **Multi Proc 9** = concept does not apply

Application of MPPR:

Multiple Procedure Reduction Surgery

(Multiple Procedure Indicator 2-MPFS)

Multiple procedures are ranked in descending order by the Medicare fee schedule amount.

Payment is based on 100 percent of the fee schedule amount (Field 34 or 35) for the highest valued procedure; and

- 50 percent of the fee schedule amount for the second-through the fifth-highest valued procedures; or
- If more than five procedures with an indicator of "2" are billed, pay for the first five according to the rules above and suspend the sixth and subsequent procedures for manual review and payment, if appropriate, "by report". Payment determined on a "by report" basis for these codes should never be lower than 50 percent of the full payment amount.

	MFS Amount	Total Payment	MPR Payment
Surgery 1	$520.00	$260.00	**Paid 50%**
Surgery 2 Highest Value	$750.00	$750.00	**Paid 100%**
Surgery 3	$325.00	$162.50	**Paid 50%**
Total		$1172.50	

Children's Medical Services Health Plan

Effective February 1, 2019, the Florida Department of Health (DOH) will partner with WellCare to offer the Children's Medical Services Health Plan (CMS Health Plan) .

What does this change mean for you?

- **Providers should not cancel appointments with current CMS Plan patients.** We will honor ongoing treatment authorized prior to February 1 for up to 180 days.
- **Providers will be paid.** Providers should continue providing services that were previously authorized, regardless of whether the provider is participating in our CMS Health Plan network. We will use information provided by DOH to identify whether a member had services authorized. We will pay for these previously authorized services for up to 180 days.
- **Providers will be paid promptly.** We will follow all timely claims payment contractual requirements.
- **Prescriptions will be honored.** We will allow CMS Health Plan members to receive their prescriptions through their current provider for up to 180 days until their prescriptions can be transferred to a provider in our network.

What does this change mean for you and your CMS Health Plan Patients?

This partnership will bring about positive changes that will greatly benefit children and youth with special healthcare needs and providers.

- **Families of children enrolled in the CMS Health Plan are being notified of this change.** We will send each child a new CMS Health Plan member ID card. These ID cards will include new pharmacy and claims processing information.
- **Children enrolled in the CMS Health Plan will be offered highly specialized pediatric Care Management.** Our CMS Health Plan Care Managers/Care Coordinators will work with you and your CMS Health Plan patients to ensure they receive the care they need, when it is needed.
- **Providers serving CMS members will be eligible to earn quality-based financial incentives.** We will be introducing P4Q and MPIP for the CMS Health Plan.
- **Children enrolled in the CMS Health Plan will have access to an array of expanded benefits, and special programs and services.** Together with the DOH, we designed benefits and services that will allow children and families to adhere to their providers' treatment plans and achieve their individual health and quality of life goals.

How can you learn more?

If you have questions about becoming a network provider, including credentialing, claims and navigating our systems, please contact your Provider Relations representative. If you do not know your Provider Relations representative, contact **FloridaProviderRelations@wellcare.com** or call **1-407-551-3200**, **option 2**. If you are not currently in our network and would like to join, contact Barbara Mason at **Barbara.Mason@wellcare.com** or **1-407-551-3238**. You can also access provider training materials and additional information on our website at **www.wellcare.com/Florida/Providers/Medicaid**

If you have questions about this notice, please call CMS Health Plan Provider Service toll-free at **1-866-799-5321** (TTY **711**). Call us Monday–Friday, 8 a.m. to 7 p.m.

Again, we look forward to serving you.

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 and Chronic Kidney Disease: HS-1006
- ADHD: HS-1020
- Adolescent Preventive Health: HS-1051 NEW
- Adult Preventive Health: HS-1018
- Anxiety Disorders: HS-1057 NEW
- Asthma: HS-1001
- Behavioral Health Conditions and Substance Use in High Risk Pregnancy: HS-1040
- Behavioral Health Screening in Primary Care Settings: HS-1036
- Bipolar Disorder: HS-1017
- Cancer: HS-1034
- Cardiovascular Disease: HS-1002
- Child and Adolescent Behavioral Health: HS-1049 NEW
- Cholesterol Management: HS-1005
- Congestive Heart Failure: HS-1003
- COPD: HS-1007
- Dental and Oral Health: HS-1065
- Depressive Disorders in Children, Adolescents and Adults: HS-1022
- Diabetes: HS-1009
- Eating Disorders: HS-1046
- Fall Risk Assessment: HS-1033
- Frailty and Special Populations: HS-1052 NEW
- Hepatitis: HS-1050 NEW
- HIV Screening & Antiretroviral Treatment: HS-1024
- Hypertension: HS-1010
- Managing Infections: HS-1037
- Neonatal and Infant Health: HS-1072 NEW
- Neurodegenerative Disease: HS-1032 (previously Alzheimer's Disease)
- Obesity in Children and Adults: HS-1014
- Older Adult Preventive Health: HS-1063
- Osteoporosis: HS-1015
- Palliative Care: HS-1043
- Pediatric Preventive Health: HS-1019
- Persons with Serious Mental Illness and Medical Comorbidities: HS-1044
- Pneumonia: HS-1062
- Post-Traumatic Stress Disorder: HS-1048 NEW
- Rheumatoid Arthritis: HS-1025
- Sickle Cell Anemia: HS-1038
- Schizophrenia: HS-1026
- Substance Use Disorders: HS-1031
- Suicidal Behavior: HS-1027
- Traumatic Brain Injury (TBI): HS-1065 NEW

Clinical Policy Guiding Documents

- CPG Hierarchy
- Health Equity, Literacy, and Cultural Competency NEW

The following CPGs have been retired and removed from the Provider website:

- Acute Kidney Injury: HS-1069
- Antipsychotic Drug Use in Children: HS-1045
- Behavioral Health and Sexual Offenders in Adults: HS-1039
- Imaging for Low Back Pain: HS-1012
- Lead Exposure: HS-1011
- Motivational Interviewing & Health Behavior Change: HS-1042
- Pharyngitis: HS-1021
- Psychotropic Use in Children: HS 1047
- Screening, Brief Intervention, & Referral to Treatment (SBIRT): HS-1056
- Transitions of Care: HS-1054
- Major Depressive Disorder in Adults: HS-1008
- Substance Use Disorders in High Risk Pregnancy: HS-1041

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit **https://www.wellcare.com/Florida/Providers/**

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:

Send a letter on your letterhead with the updated information. Please include contact information if we need to follow up with you.

Please update your information or send the letter by any of these methods:

Email: **FloridaProviderRelations@wellcare.com**

Call: **1-407-551-3200, Option 2**

Fax: **1-813-865-6764**

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

Electronic Funds Transfer (EFT) through PaySpan®

Five reasons to sign up today for EFT:

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

Setup is easy and takes about five minutes to complete. Please visit **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:

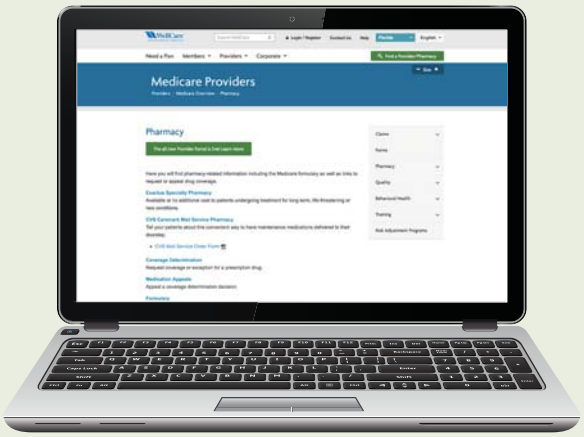
The Preferred Drug Lists (PDL) has been updated.

- Visit **ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml** to view the current Staywell PDL and pharmacy updates.
- Visit **www.wellcare.com/Florida/Providers/Medicaid/Pharmacy** for the Staywell Kids PDL and pharmacy updates.

Medicare:

There have been updates to the Medicare formulary. Find the most up-to-date, complete formulary at **www.wellcare.com/Florida/Providers/Medicare/Pharmacy**.

You can also refer to the Provider Manual to view more information regarding our pharmacy Utilization Management (UM) policies and procedures. Provider Manuals are available at **www.wellcare.com/Florida/Providers/Medicaid** and **www.wellcare.com/Florida/Providers/Medicare**.



Community

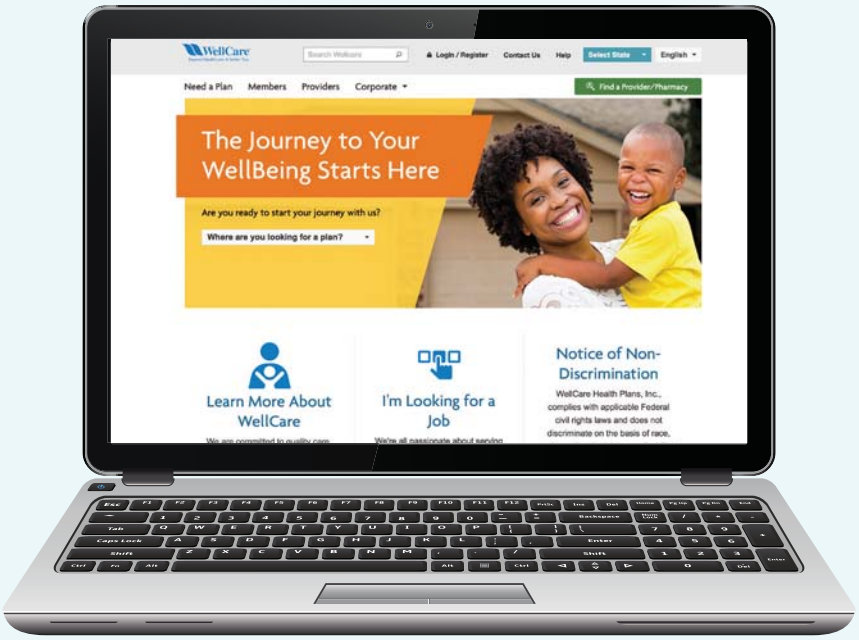
Connections HELP Line

1-866-775-2192

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

2019 Medicare Advantage Provider Manual Update

WellCare's 2019 Medicare Advantage Provider Manual has been updated, effective **January 1, 2019**. The manual can be viewed online at **www.wellcare.com**. If you have any questions, please contact your Provider Relations representative or call the Provider Services phone number in this newsletter.



We're Just a Phone Call or Click Away

Medicare: **1-855-538-0454**

Staywell: **1-866-334-7927**

Staywell Kids **1-866-698-5437**

www.wellcare.com/Florida/Providers

Provider Resources

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 home page. You will see *Messages from WellCare* on the right.

Resources and Tools

Visit **www.wellcare.com/Florida** to find guidelines, key forms and other helpful resources for both Medicare and Medicaid. You may also request hard copies of documents by contacting your Provider Relations representative. Refer to our *Quick Reference Guide* for detailed information on areas including Claims, Appeals and Pharmacy. These are at **www.wellcare.com/Florida/Providers/Medicaid** or **www.wellcare.com/Florida/Providers/Medicare**.

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/Florida/Providers/Clinical-Guidelines.**.