



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

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>

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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.





We Are Entering HEDIS Chart Chase Season ...

AT WELLCARE HEALTH PLAN, WE VALUE EVERYTHING YOU DO TO DELIVER QUALITY CARE TO OUR MEMBERS – YOUR PATIENTS – AND TO ENSURE THEY HAVE A POSITIVE HEALTHCARE EXPERIENCE.

That is why each year we are required to report on clinical quality measures to the Centers for Medicare & Medicaid Services (CMS). The quality measures are based on the Healthcare Effectiveness Data and Information Set (HEDIS®) specifications developed by the National Committee for Quality Assurance (NCQA) and other state-defined measures. In compliance with the HEDIS standards, we request medical records for certain measures to collect information that typically cannot be found in a claim or an encounter.

WellCare has contracted with Change Healthcare to collect and abstract the medical records required for completion of HEDIS review. CMS and the state agency require us to comply with NCQA auditing procedures. This includes reviewing the information that Change Healthcare has abstracted from the record and verifying that the record has the information they documented.

What does this mean to you?

Change Healthcare Medical Record Collection Process

Change Healthcare will contact your office to schedule medical record collection between Jan. 1 and April 30 for Medicare member charts.

You will be contacted by Change Healthcare because we have identified that you are either the assigned or previous Primary Care Provider (PCP) of the member, or have submitted a claim or encounter that relates to a HEDIS clinical measure we are required to report to the state agency and CMS.

Due to the limited time frame to collect and abstract the medical records, we ask that your office accommodate this request for chart collection via fax, mail or on-site session at the earliest mutually agreeable date. Once Change Healthcare has scheduled the session, they will fax you a copy of the member pull list that will include instructions for preparing the records. If you require assistance from Change Healthcare in pulling charts, you can ask for their help directly or have files ready for them when they arrive.



Please be aware

that Change Healthcare contracts with other health plans to collect charts for HEDIS and Medicare RAPS reviews. This limits the number of health plans that will need to schedule time in your office. If you have questions about scheduling, please call Change Healthcare Provider Relations at 1-855-767-2650



Changes in CMS Star Rating Chapters

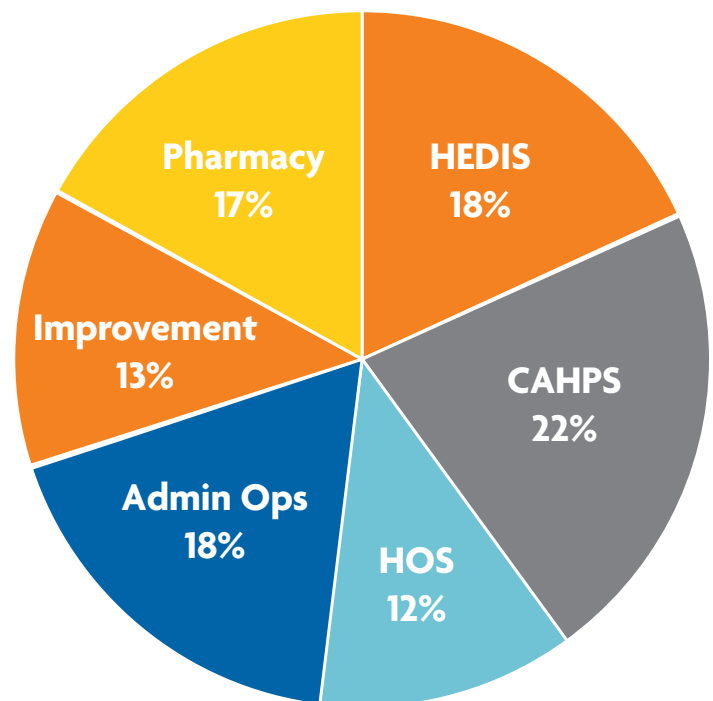
AS WE MOVE INTO 2021, THERE WILL BE AN INCREASED FOCUS ON MEMBER SATISFACTION AS THIS WILL BE THE ULTIMATE DRIVER OF THE CMS STAR RATING.

Chapter	CY 2020	CY2021
HEDIS	18%	15%
Pharmacy	17%	10%
CAHPS	22%	31%
HOS	12%	9%
Admin/Ops	18%	25%
Improvement	13%	10%

The member's perception of care received across every point of service will be evaluated. The key to success is ensuring that our members/your patients are receiving exceptional care not only in your office or with the Health Plan's Customer service team but expanding CAHPS Initiatives/Education to Ancillary Vendors/Providers. Members will provide feedback in the surveys not only on the PCP and Health Plan but also on the Pharmacies with some of the following questions:

- How was the process when filling their medications?
- Was there a long wait?
- Was the medication available?
- Was the copay too high?
- Urgent Care/Emergency Services: Does the member feel they received the care that was expected?

CY20 Percentage by Weight



Setting expectations and being an advocate/resource to our members is going to be a key component in driving these results to a favorable space.



Thank You for our Growth Together: WellCare of California Increases Membership by More than 20K Members Year-Over-Year

After a very busy and obviously unique Annual Enrollment Period (AEP), WellCare of California is happy to share that we have grown to nearly 60,000 members across six counties: Los Angeles, Orange, San Bernardino, Riverside, San Joaquin and Ventura. Thank you for the partnership role you play in making WellCare the choice of so many Medicare Advantage patients. Notably, WellCare exceeded 3,000 new members in our newest county, San Joaquin, which began providing services to prospective members on

January 1, 2021. **Overall, WellCare of California grew by 56.3% year-over-year and has more than doubled its membership since 2018.** Thank you to our entire network of provider partners for your continued growth. If you have any recommendations for how we can support you better, or would like to offer suggestions on how we can make our future products more innovative, please email our Director of Provider Network Management, Daniel.Dugger@wellcare.com.

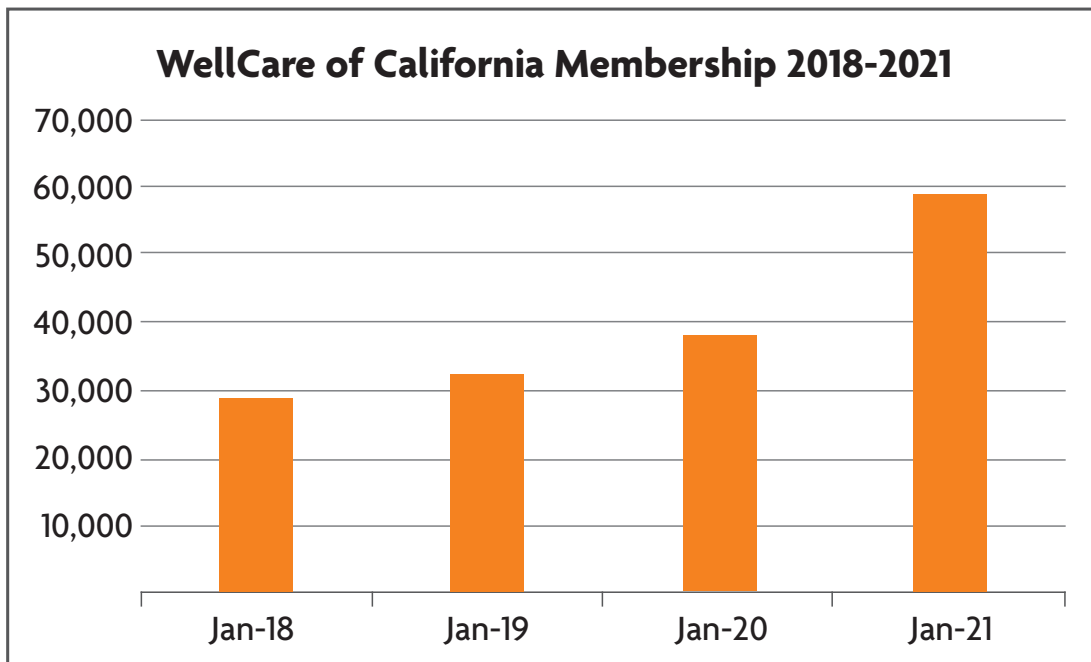
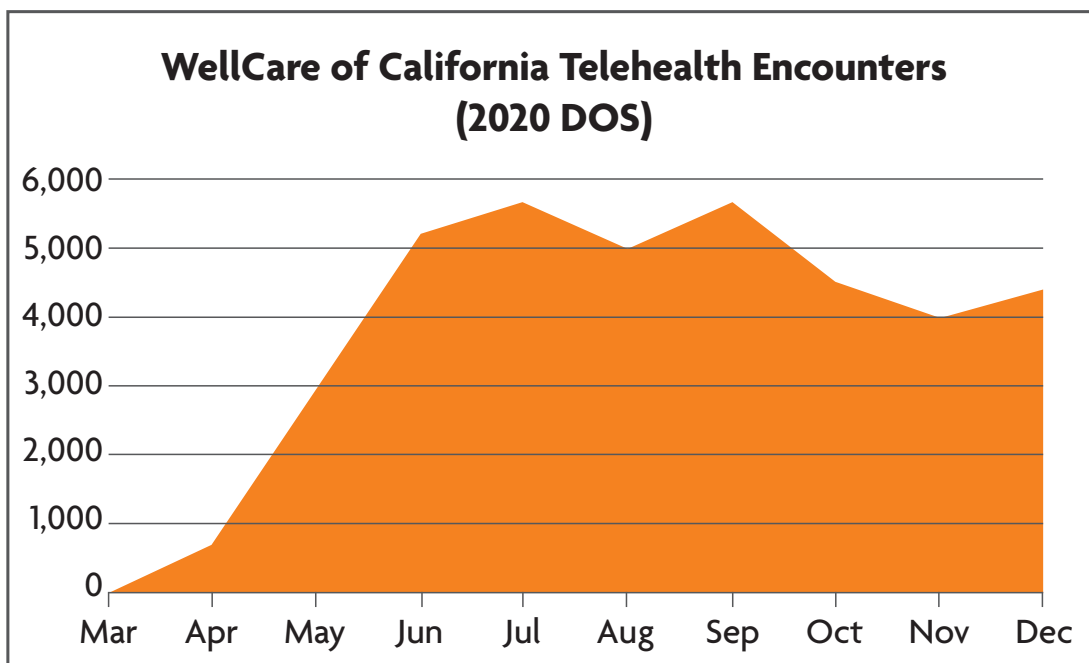


Exhibit 1: WellCare of California Growth Since 2018

WellCare's Pay-for-Quality Program Continues into 2021

As we embark upon another calendar year, we cannot reiterate our gratitude to our physician network enough. As physicians, you have adapted incredibly,

and at record speed. As of early January 2021, we have received **more than 37,000 telehealth encounters** since March 2020. This means some of you are not only seeing patients in your office(s) and clinic(s) you are also seeing members tele-digitally.



*Exhibit 2: WellCare of California Telehealth Encounters
March 2020 – December 2020 as of January 11, 2021.*

In whatever manner you see your patients in 2021, we are appreciative of your commitment to caring for them. As you do, we are pleased to continue offering our Pay-For-Quality Program in 2021. For the 2019 program year, which paid out through 2020, WellCare of California rewarded physicians with nearly **\$1 million** in total payments for completing Annual Wellness Exams and closing Hierarchical Condition Category(s) (HCCs).

By the second quarter of 2021, our network and quality teams will be deploying our 2021 Pay-for-

Quality Program which will be rebranded “Continuity of Care Program”. Please look out for updates and forthcoming deployment.

Regarding eligibility for the 2021 Continuity of Care Program or should your office need assistance with telehealth training, or support in outreaching to members, please do not hesitate to contact our Director of Provider Network Management, **Daniel.Dugger@wellcare.com** who will be happy to facility support.



Health Net Earns High Marks in CMS 2021 Star Ratings Report

Health Net recently announced its Medicare Advantage plans in California earned high marks from the CMS in the annual Star Quality Ratings for rating year 2021.

Health Net, which serves more than three million members in its commercial and government-sponsored plans, received a 4-out-of-5 Star rating for its Medicare Advantage plans in the state. This year marks the third year in a row Health Net has earned a rating of 4 Stars or higher on this prestigious report.

CMS publishes its annual Star Ratings to help Medicare beneficiaries make more informed decisions when selecting a health plan.

Medicare plans are ranked on a scale of 1 to 5 Stars, with 5 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 did in several categories, including quality of care and customer service.

In 2021, Health Net will continue to offer Medicare Advantage plans in Alameda, Fresno, Imperial, Kern, Los Angeles, Orange, Placer, Riverside, Sacramento, Santa Clara, San Bernardino, San Diego, San Francisco, Stanislaus, Tulare and Yolo counties.

These ratings reflect our uncompromised commitment to ensuring our members have access to high-quality, comprehensive health care and services. At Health Net, we are committed to meeting the needs of our members, improving our products and services, working collaboratively with our network of providers and enhancing our quality activities to encourage a culture of excellence.

Brian Ternan, President and CEO of Health Net of California and California Health and Wellness.



Community Connections Help Line

1-866-775-2192

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



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.

MEDICARE ONLY

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.



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.

NOTE: We will only deposit into your account, **not** take payments out.



Provider Formulary Updates

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

To find the Provider Manual, visit
<https://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.



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 www.wellcare.com/medicare, click on *Resources* under your state.

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