



New Jersey

# Provider Newsletter



2019 • Issue III

## Quality



### JUST LAUNCHED – Our New Program Combatting Opioid Misuse

WellCare’s **new** program for opioid misuse is designed to partner with you to offer your patients stigma-free education, benefits, services and support. The goal is to help them choose a confident, “better you,” from prevention all the way through recovery.

The cornerstone of this new program is our comprehensive, specialized care management. We’ll help our members, their families and caregivers navigate information, options, support and services on the path to achieving and maintaining sobriety. And we’ll support you and your practice by keeping you up to date on evidence-based treatment options and make it easy for you to ensure your patients get the comprehensive treatments they need.

We are excited to partner with you in providing quality care to your patients — our members. Look for detailed information coming soon!

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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.





## The Effectiveness of Smoking Quitlines

Research shows that telephonic quitlines are an effective method for smoking cessation. After numerous clinical trials and meta-analyses, the 2008 update to the Public Health Service's Clinical Practice Guideline Treating Tobacco Use and Dependence concluded that quitlines increase smoking cessation quit rates as compared to no intervention, and can be more effective if combined with another method such as medication.<sup>1</sup>

According to the Centers for Disease Control and Prevention (CDC), the advantages of quitlines include their accessibility and ability to offer multilingual services. Barriers are eliminated for those with limited mobility, with a primary language other than English, or who live in remote geographical areas. Smokers are more likely to use telephonic quitlines than face-to-face counseling, thus removing any psychological barrier.<sup>2</sup>

The State of New Jersey offers smoking cessation services and has established a **NJ Quitline** (free to the public) as follows:<sup>3</sup>

- **NJ Quit Line** at **1-866-657-8677**; or
- If the patient is pregnant, the Mom's Quit Connection is **1-888-545-5191**.

In addition, WellCare offers a Disease Management Program that encompasses smoking cessation for its members at **1-877-393-3090 (TTY 711)** during business hours Monday through Friday from 8 a.m. to 5 p.m. Eastern Time.

### Sources:

<sup>1</sup> "Quitline FAQs for Health Care Provider," retrieved from <https://www.cdc.gov/tobacco/campaign/tips/partners/health/hcp-quitline-faq.html>, **Fiore MC, Jaén CR, Baker TB, et al.** Treating Tobacco Use and Dependence: 2008 Update. Quick Reference Guide for Clinicians. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. April 2009.

<sup>2</sup> U.S. Department of Health and Human Services Centers for Disease Control and Prevention "Telephone Quitlines, A Resource for Development, Implementation, and Evaluation," retrieved from [https://www.cdc.gov/tobacco/quit\\_smoking/cessation/quitlines/pdfs/quitlines.pdf](https://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/pdfs/quitlines.pdf)

<sup>3</sup> NJ Quit Line, "Telephone Counseling Works," retrieved from: "Treatment Resources," retrieved from: <http://njquitline.org/treatment.html>

## Services beyond Healthcare

Through WellCare Community Connections, your patients and their caregivers can connect to a wide range of services that help them live a better, healthier life.

### WellCare Community Connections is here for Your Patients and Their Caregivers.

Everyone deserves to live the best life possible. However, many things can affect your ability to do that. A phone call to our **Community Connections Help Line** can match patients and caregivers with services. In addition, it is here for both **WellCare members** and **non-members**. Our Peer Coaches will listen to your challenges and can refer you to more than 1.2 million resources – all over the country or right in your local area.

### Call to get the help!

The **Community Connections Help Line** toll free number is **1-866-775-2192**.






#### Program services vary depending on your patients' needs, but may include:

- ✓ Financial assistance
- ✓ Medication assistance
- ✓ Housing services
- ✓ Transportation
- ✓ Food assistance
- ✓ Affordable childcare
- ✓ Job/education assistance
- ✓ Family supplies – diapers, formula, cribs, and more

## Balance Billing Guidelines

Participating providers are required to accept payment directly from WellCare. This includes payment in full, with the exception of applicable co-payments, deductibles, coinsurance and any other amounts listed as member responsibility on your Explanation of Payment (EOP). Any bill generated to a member to collect for cost sharing other than those outlined above is prohibited. Balance billing of “zero cost-share” dual eligibles is prohibited, including co-payments, etc., as listed above.

### Please consider the following scenarios that may unintentionally create a balance billing problem:

-  You have a billing/practice management system that automatically generates a bill to a member if you have not received an EOP from the plan within a certain time frame or if the expected amount received (in some cases zero, for denials) is less than the remitted amount.
-  You have sent a lab test or other services out of network without proper authorization, creating a situation where our member may be inappropriately billed.
-  You have not confirmed eligibility with WellCare, resulting in the incorrect classification of a member as self-pay, which in turn generates a bill to the WellCare member for services rendered.

The generation of a balance bill to a **Medicaid or Medicare** managed care enrollee is not only against WellCare policy, but is also strictly prohibited by Centers for Medicare & Medicaid Services (CMS) guidelines.

If you have any questions or concerns regarding claims, please call one of the Provider Services phone numbers at the end of this newsletter or your Provider Relations representative.

**Note:** A provider may charge a member for services not covered by WellCare only when both parties have agreed prior to the service being rendered that the member is being seen as private pay. The provider must obtain the member's written consent that he or she will be financially responsible for the non-covered service, and that consent must be signed and dated on or before the date of service.



## Health Outcomes Survey (HOS) for Medicare Members

Thank you for your continued commitment to your patients. Your daily dedication is a key to keeping patients healthier, happier and more engaged in improving their health outcomes. In planning for your patients' annual wellness visits, here are some topics to consider that impact HOS measures and scores:

### **Balance problems, falls, difficulty walking and other risk factors for falls.**

- Suggest the use of a cane or a walker
- Check blood pressure with patient standing, sitting and reclining
- Suggest an exercise or physical therapy program
- Suggest a vision or hearing test
- Perform a bone density screening, especially for high-risk members
- Screen for UTIs and review medications for interactions that increase fall risk

### **The need for physical activity and ways to increase physical activity.**

- Talk to the patient about the importance of exercise and physical activity
- Discuss with the patient how to start, increase or maintain activity

### **Bladder control and treatments for issues that may arise as the patient ages.**

- Ask the patient if bladder control is a problem
- If so, ask if it interferes with sleep or daily activities
- Talk to the patient about treatment options

### **Physical and mental health.**

- Ask the patient about physical and mental health compared to two years ago
- Discuss ways to improve status of both mental and physical health
- Suggest patient begins exercise programs or physical therapy, if warranted

These topics also can be discussed by your office or nursing staff while patients are waiting to be seen.

## Are you CLIA (Clinical Laboratory Improvement Amendment) compliant?

WellCare will continue to uphold the Federal guidelines (Section 353; Public Health Services Act, 42 U.S. Code §263a – Certification of laboratories and Centers for Medicare & Medicaid Services Title 42 CFR Part 493) where it outlines that any facility or individual Provider that performs laboratory services and wants to receive payments under Medicare and Medicaid programs must have a valid and active CLIA certificate for the type of tests performed for each location.

**To further help with your claims processing, please submit your CLIA number on the claim as follows:**

- Electronic Claim: Loop 2300, REF01 = X4, REF02
- Paper Claim (CMS 1500): Field 23
- If there are multiple items in Box 23, the provider should include a hyphen (-) or semicolon (;) between the items

If you're unsure whether you meet the requirements, please see our flyers for more information and links to other resources:

Medicare:

[https://www.wellcare.com/~media/PDFs/NA/Provider/Medicare/2019/NA\\_CARE\\_PROV\\_CLIA\\_Claims\\_Flyer\\_ENG\\_1\\_2019\\_R.ashx?la=en](https://www.wellcare.com/~media/PDFs/NA/Provider/Medicare/2019/NA_CARE_PROV_CLIA_Claims_Flyer_ENG_1_2019_R.ashx?la=en)

Medicaid: <https://www.wellcare.com/Georgia/Providers/Medicaid/Claims>

## REMINDER of Current Policy

*We value your partnership and work to ensure that every WellCare member receives quality healthcare.*

### Admission Notifications and Prior Authorizations



#### Notification when a WellCare member is admitted to a facility:

As a reminder, WellCare requires notification by the next business day when a member is admitted to a facility. This includes all admissions. Notifications necessary for WellCare to obtain clinical information to perform case management and ensure coordination of services. Failure to notify WellCare of admissions may result in denial of the claim.



#### Prior authorization for outpatient services:

WellCare has enhanced and standardized the provider portal authorization look-up tool with respect to place of service and clinical appropriateness. To reflect industry best practices and reduce the administration burden on providers, the number of procedures requiring prior authorization has been reduced. Please remember to consult the authorization look-up tool on the provider portal and obtain appropriate prior authorization. Failure to obtain prior authorization where required may result in denial of the claim.

## Emphasizing Good Oral Health to Members

Primary Care Providers – Help your patients achieve better oral health by them the following:

- ✓ Brush teeth and floss twice daily
- ✓ Use fluoride toothpaste
- ✓ Rinse mouth after meals
- ✓ The importance of routine dental care
- ✓ Balanced diet (avoiding sugary foods/snacks)
- ✓ Use of mouth guards for contact activities

Fluoride Varnish Application available at Physician's office, CPT99188 ICD-10 code Z41.8



### Children:

- Avoid thumb sucking
- Avoid pacifiers
- Don't overuse the bottle
- Importance of dental visit by 12 months of age or first tooth eruption, whichever comes first

## Hysterectomy and Sterilization Claims

Federally prescribed documentation regulations for sterilization procedures are extremely rigid. A Consent for Sterilization form (7473 M ED) must be attached to every sterilization claim. This includes tubal ligation, vasectomy or similar procedures that are intended to permanently prevent pregnancy. The individual who has given voluntary consent for a sterilization procedure must sign the form at least 30 days before the procedure, be at least 21 years old at the time the consent is obtained and must be mentally competent.

Hysterectomy claims are required to have a Hysterectomy Receipt of Information form (FD-189) attached. Hysterectomy procedures must have a primary indication other than sterilization. The claim can be paid without a FD-189 signed by the patient before the procedure only if the physician certifies that the member was already sterile at the time of the hysterectomy, or with documentation that the procedure was due to a life-threatening emergency and prior acknowledgement was not possible.



These forms are available at [www.wellcare.com/New-Jersey](http://www.wellcare.com/New-Jersey). Click on the *Providers* tab at the top of the page and then *Forms*.



## Disease Management – Improving Members Health!

Disease Management is a free, voluntary program that helps members with specific chronic conditions.



### Members are assigned a Disease Nurse Manager who can help the member with:

- ✓ Education and understanding of their specific condition
- ✓ Identification of adherence barriers and ways to overcome them
- ✓ Individualized life modification suggestions to improve daily life
- ✓ Self-management of their condition to improve their health outcomes
- ✓ Motivational coaching for encouragement with the struggles along the way
- ✓ Improved communication with their Primary Care Provider and healthcare team

### Disease Management can assist your members with the following conditions:

- Asthma
- Congestive Heart Failure (CHF)
- COPD
- Diabetes
- Hypertension
- Heart Disease
- Obesity
- Smoking

For more information, or to refer a member to Disease Management, please call us at **1-877-393-3090**, (TTY **1-877-247-6272**) Monday–Friday, 8 a.m. to 6 p.m.

## Medication Adherence and RxEffect™

To help with medication adherence, WellCare engages our members with refill reminder phone calls, off-therapy (missed dose) phone calls and letters as well as utilizing our network pharmacies to help counsel our members. However, there is nothing as powerful as a reminder from the member's primary care provider about the importance of medication adherence.

RxEffect™ is an online platform available to WellCare Medicare provider groups to help improve members' medication use.

Talk to your WellCare associate today to get users from your office access to the RxEffect™ portal.



### This web portal:

- ✓ Is sponsored by WellCare – so there is no cost to our provider partners
- ✓ Uses predictive modeling to target the patients who need it most
- ✓ Uses real-time monitoring of pharmacy claims and is updated daily
- ✓ Includes opportunity flags for 30-day conversions, diabetic patients not on statins, Appointment Agendas and high-risk medications



## How Care Management Can Help You

Care Management helps members with special needs. It pairs a member with a case manager. The case manager is a Registered Nurse (RN) or Licensed Clinical Social Worker (LCSW) who can help the member with issues such as:

- Complex medical needs
- Solid organ and tissue transplants
- Children with special health care needs
- Lead poisoning



We're here to help you! For more information about Care Management, or to refer a member to the program, please call us at **1-866-635-7045**. This no-cost program gives access to an RN or LCSW Monday–Friday from 8 a.m. to 8 p.m. Eastern Time.



## Appointment Access and Availability

WellCare is required by the Centers for Medicare & Medicaid Services and state regulations to administer appointment access and availability audits. Appointment Access standards are documented below.

Type of Appointment:
• Emergency services: Immediately upon presentation
• Urgent Care: Less than 24 hours
• Symptomatic acute care: Less than 72 hours
• Routine non-symptomatic visits, including annual gynecological examinations or pediatric and adult immunization visits: Less than 28 days
• Specialist referrals: Less than 4 weeks
• Urgent Specialty Care: Within 24 hours of referral
• Baseline physicals for new adult enrollees: Within 180 calendar days of initial enrollment
• Baseline physicals for new children enrollees and adult clients of DDD: Within 90 days of initial enrollment, or in accordance with EPSDT guidelines.
• Prenatal care: <ul style="list-style-type: none"> <li>– Within 3 weeks of a positive pregnancy test</li> <li>– Within 7 days of request in first and second trimester</li> <li>– Within 3 days of identification of high-risk</li> <li>– Within 3 days of first request in third trimester</li> </ul>
• Routine physicals: Within 4 weeks
• Lab and radiology services: <ul style="list-style-type: none"> <li>– Within 3 weeks for routine</li> <li>– Within 48 hours for urgent care</li> </ul>
• Initial pediatric appointments: Within 3 months of enrollment
• Dental appointments: <ul style="list-style-type: none"> <li>– Emergency: No later than 48 hours, or earlier as the condition warrants, of injury to sound natural teeth and surrounding tissue and follow-up treatment by a dental provider</li> <li>– Urgent: Within 3 days of referral</li> <li>– Routine: Within 30 days of referral</li> </ul>
• MH/SA appointments: <ul style="list-style-type: none"> <li>– Emergency services: Immediately upon presentation at a service delivery site</li> <li>– Urgent: Within 24 hours of the request</li> <li>– Routine: Within 10 days of the request</li> </ul>
• Maximum number of intermediate/limited patient encounters for PCPs and Pediatricians: 4 per hour for adults and children.
• Waiting time in office: Less than 45 minutes

For additional information, please refer to the Provider Manual posted on the WellCare Provider Portal located at: [www.wellcare.com/New-Jersey/Providers/Medicaid](http://www.wellcare.com/New-Jersey/Providers/Medicaid).



## 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](http://www.wellcare.com). If you have any questions, please contact your Provider Relations representative or call the Provider Services phone number in this newsletter.

## 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](http://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

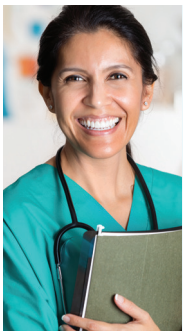
**Medicaid:**

The Preferred Drug Lists (PDL) has been updated. Visit [www.wellcare.com/WellCare/New-Jersey/Providers/Medicaid/Pharmacy](http://www.wellcare.com/WellCare/New-Jersey/Providers/Medicaid/Pharmacy) to view the current 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/New-Jersey/Providers/Medicare/Pharmacy](http://www.wellcare.com/New-Jersey/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/New-Jersey/Providers/Medicaid](http://www.wellcare.com/New-Jersey/Providers/Medicaid) and [www.wellcare.com/New-Jersey/Providers/Medicare](http://www.wellcare.com/New-Jersey/Providers/Medicare).



## Nurse Advice Line

Members, parents, caregivers or guardians have access to the Nurse Advice Line at **1-800-919-8807**. It's available 24 hours a days, 7 days a week. You can also find this number in member letters, member handbooks, the Quick Reference Guide on WellCare's website at [www.wellcare.com/New-Jersey/Providers/Medicaid](http://www.wellcare.com/New-Jersey/Providers/Medicaid).

The Nurse Advice Line is available to answer health-related phone calls, and when appropriate, make referrals to the Care Management team for follow-up and assessment of Care Management needs.

## It Benefits Your Practice To Keep Your Provider Demographic Information Current

*As a WellCare participating provider, it is very important for you to keep your demographic information current. When you update your information with WellCare to keep it current, it helps:*

- Ensure you and your practice/facility receive proper notifications from WellCare
- Avoid claim payment issues caused by outdated demographic information
- Ensure you receive proper referrals based on your specialty and/or subspecialty
- Ensure members who need to contact you for services have your correct address/phone number

To ensure the above occurs, if any of the following changes, please tell us in advance or as soon as possible:

- Office phone number
- Fax Number
- Office address
- Correspondence Address
- Office Hours
- Hospital Affiliation
- Panel status  
(Are you accepting new Medicare/Medicaid patients?)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Group Name

### To Submit Your Updated Information

Per your contract, at least 30 days' advance notice is required and you should include contact information in case we need to follow up with you.

You can submit updates by:



Mailing a letter on your letterhead with the updated information to:  
**WellCare Health Plans of NJ**  
 550 Broad St. 12th floor  
 Newark, NJ 07102  
 Attention: Provider Relations Department



Emailing: [NJPR@wellcare.com](mailto:NJPR@wellcare.com)



Call: 1-855-538-0454

Thank you for keeping your information up to date with us. WellCare appreciates everything you do to improve the health and well-being of our members.

## 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 a variety of topics are published to the Provider website.

Clinical Policy Guiding Documents (CPGDs) are also available on the CPG page. These are companion documents to the CPGs. The following CPGD was updated and will also be published:

- Inpatient Level of Care

To access CPGDs and CPGs related to Behavioral, Chronic, and Preventive Health, visit <https://www.wellcare.com/New-Jersey/Providers/>.





Beyond Healthcare. A Better You.

WellCare of New Jersey  
550 Broad Street  
Newark, NJ 07102

## We're Just a Phone Call or Click Away



Medicare: 1-855-538-0454



Medicaid: 1-888-453-2534



[www.wellcare.com/New-Jersey/Providers](http://www.wellcare.com/New-Jersey/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/New-Jersey/Providers](http://www.wellcare.com/New-Jersey/Providers) 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 many areas such as Claims, Appeals, Pharmacy, etc. These are located at [www.wellcare.com/New-Jersey/Providers/Medicaid](http://www.wellcare.com/New-Jersey/Providers/Medicaid) or [www.wellcare.com/New-Jersey/Providers/Medicare](http://www.wellcare.com/New-Jersey/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/New-Jersey/Providers/Clinical-Guidelines](http://www.wellcare.com/New-Jersey/Providers/Clinical-Guidelines).