



New Jersey

Provider Newsletter



2019 • Issue IV

Quality

Prostate Cancer Screening Awareness

According to the Centers of Disease Control and Prevention (CDC), prostate cancer screening is the second most common cancer among men in the United States, and the leading cancer by new cases in New Jersey in 2016.

WellCare covers all regular preventive tests and screenings for men without requiring a referral or prior authorization. Help us ensure our members stay healthy by recommending appropriate preventive tests and screening.

Please continue to encourage men to obtain a prostate screening in accordance to current CDC recommendations.



For more information, please refer to Clinical Practice Guidelines (CPGs) located on WellCare's website at www.wellcare.com/New-Jersey/Providers/Clinical-Guidelines/CPGs.

<https://www.state.nj.us/health/childhoodlead/documents/reports/childhoodlead2017.pdf>
<https://gis.cdc.gov/Cancer/USCS/DataViz.html>

New Medicare ID cards for 2020

WellCare is changing our Medicare Member ID cards for the 2020 plan year. The new layout utilizes a larger font, making it easier for our members to read. Learn what else is changing.

<http://www.wellcare.com/NJCare2020ID>

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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.





Statins Therapy for Patients with Diabetes and Cardiovascular Disease

Statin therapy should be considered for most patients with diabetes and/or cardiovascular disease for primary or secondary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the American College of Cardiology (ACC)/American Heart Association’s (AHA) evidence based recommendations to assist you in choosing the most appropriate statin-intensity for your patient.

ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce ASCVD Risk in Adults

Patient Risk Category	ACC/AHA Recommendation
Patients Ages 40–75 with diabetes and low density lipoprotein (LDL) from 70–189 mcg/dL	A statin medication (intensity dependent on patient’s risk factors)
Patients with a 10-year ASCVD risk < 7.5%	A moderate-intensity statin
Patients with a 10-year ASCVD risk > 7.5%	A high-intensity statin
Patients ≤ 75 years of age with established clinical ASCVD	A high-intensity statin

Commonly Prescribed Statins

High-Intensity	Moderate-Intensity	
atorvastatin 40, 80 mg	lovastatin 40mg	atorvastatin 10, 20 mg
rosuvastatin 20, 40 mg	pravastatin 40, 80 mg	rosuvastatin 5, 10 mg
	simvastatin 20, 40 mg	

We value everything you do to deliver quality care to our members – your patients. We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.

Reference

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. *Circulation*. 2013;00:000–000. Accessed 1/28/2018. <http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a.full.pdf>



Breast Cancer Screening

Breast Cancer Screening is a CMS Star quality measure. Here are some quick reminders for closing breast cancer screening care gaps:

Always Enter: Test performed and date. If the member self-reports, also include the result.

Description: The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer anytime on or between Oct. 1 two years before the measurement year and Dec. 31 of the measurement year.

Product Lines: Medicare/Medicaid

Exclusions: Bilateral Mastectomy

WellCare prefers to capture data for BCS based on claims. Please make sure to document the mammogram properly with the following information:

Billing Codes: 77055-77057, 77061-77063, 77065-77067 **HCPCS:** G0202, G0204, G0206

DO THIS!	NOT THAT!
Detailed information recorded on medical record	Not enough information recorded
Preventive Medicine Health Maintenance: MAMMOGRAM Date: 06/08/2017 BIRADS 1 Result: Normal	CHART 1 PATIENT SCREENING/HISTORY Female Screenings Last Mammogram – Considering Screening – Rx given (Insufficient Documentation: No date of service and No results/test not completed).

Quality care is a team effort. Thank you for playing a starring role!



Importance of Dental Referrals

Oral health is important to your patient's overall health. A pleasant smile and fresh breath are not the only benefits to routine oral care. As part of your medical examination, it is important to refer your patients to a dentist.

Below is a list of conditions patients may have that a dentist can help you control:

- **Diabetes**
 - Inflammation that starts in the mouth weakens the body's ability to control blood sugar and negatively influences A1C.
- **Heart Disease**
 - Controlling periodontitis (gum disease) can help lower the risk of heart disease.
- **Rheumatoid Arthritis**
 - In some cases, treating periodontal disease can reduce pain from rheumatoid arthritis.
- **Lung Conditions**
 - An increased amount of bacteria in the lungs caused by periodontal disease can worsen chronic obstructive pulmonary disease and pneumonia.



You can find a dentist close to the member's home by using our "Find a Provider/Pharmacy" tool on the WellCare website:

www.wellcare.com/newjersey.

We would like to encourage referrals between medical and dental providers. If you have a referral, please fill out the Medical Provider Referral form to a dentist. Click on the link to find the referral form:

<https://www.wellcare.com/New-Jersey/Providers/Medicaid/Forms>.



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!

Testing for Lead Poisoning

Because young children are at the greatest risk of being diagnosed with lead poisoning, all children in New Jersey are required to be screened by law (N.J.A.C. §8:51A). Every primary care provider (PCP) and health care facility that provides care to children under age six is required to comply with the law.

Screening rates for children test for lead exposure six (6) to 26 months of age (State Fiscal Year 2017 data)

- NJ lead screening rate: 43.0%
- Gloucester County lead screening rate: 24.6%
- Middlesex County lead screening rate: 37.5%
- Newark lead screening rate: 56.6%

Age Criteria:

- WellCare recommends that a **verbal risk assessment** for lead toxicity be performed at every well child visit.
- Lead screening using **blood lead level determinations** must be done for every Medicaid-eligible and NJ FamilyCare child between the ages of 9 months and 72 months, twice during the following time frames:
 - The first test is expected between 9 and 18 months of age, preferably at 12 months,
 - The second test is expected between 18 months and 26 months, preferably at 24 months.
 - Any child between 27-72 months not previously tested, should be tested.

Coding Information (CPT):

There are two CDC approved lead screening methods. One involves taking blood from a finger (capillary) and the other from a vein (venous). If a capillary sample has a blood lead level of 5 ug/dL or above, retesting with a venous blood test is required to diagnose a child with lead poisoning.

- **83655 52-** Lead Test (52 Modifier- reduced services)
- **36405 59-** Venipuncture for lead screening for children under 3 years of age, scalp vein (59 Modifier- distinct procedural service)
- **36406 59-** Venipuncture for lead screening for children under 3 years of age, other vein (59 Modifier- distinct procedural service)
- **36410 59-** Venipuncture for lead screening for children 3 years and older, non-routine (59 Modifier- distinct procedural service)
- **36415 59-** Venipuncture for lead screening for children 3 years and older, routine (59 Modifier- distinct procedural service)
- **36416 59-** Collection of capillary blood specimen for lead screening (finger, heel, and ear stick) (59 Modifier- distinct procedural service)
- **83655-** Lead test

MedTox Testing:

WellCare has contracted with MedTox Laboratories to provide you with a fast, noninvasive means of measuring blood lead levels using a capillary (finger stick) blood sample and filter paper in the office. Lead supplies can be ordered from MedTox at no cost to you. Pre-assembled collection kits are available by request and include all collection supplies and shipment materials. There are no initiation fees or contract requirements. For additional information or to set up your MedTox Account, please call **1-877-474-5767**, or contact your Provider Representative. For additional information regarding MedTox, go to: <https://www.medtox.com/program-services/filter-paper-lead-testing>



Diabetes Care

According to the American Diabetes Association, diabetes causes more deaths per year than breast cancer and AIDS combined.

According to the Centers for Disease Control and Prevention, 9.4 percent of the U.S. population has diabetes. Another 84.1 million have prediabetes, a condition that can often lead to type 2 diabetes, within five years if not treated.

Comprehensive diabetes care includes:

- Annual diabetic/retinal eye exam
- Annual kidney disease monitoring
- Controlled blood sugar
- Medication adherence
- Statin use (if appropriate for your patient)
- Controlled blood pressure

Ask patients with diabetes how they are managing their condition. Make sure their blood sugar is under control (HbA1c<9), and confirm they are following a care regimen that includes an appropriate diet, physical activity, medicines and observation of blood sugar as recommended.

Consider writing 90-day prescriptions to promote compliance with diabetes medications.

Diabetes Care Checklist		
Every appointment: <input checked="" type="checkbox"/> Blood pressure <input checked="" type="checkbox"/> Feet	Every 3 months: <input checked="" type="checkbox"/> A1c	Once a year: <input checked="" type="checkbox"/> Microalbumin <input checked="" type="checkbox"/> Dilated eye exam <input checked="" type="checkbox"/> Patient cholesterol

How can you help?

- Make sure regular, preventive appointments and screenings are up-to-date.
- Encourage patient education regarding services offered outside the Primary Care Provider office, such as diabetic eye exam services.
- Review your patients' medication lists, sign the reviews and make sure they understand how they need to take their medications.
- Reach out to noncompliant patients.
- Consider adding a moderate- or high-intensity statin.

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.

WellCare Self-Service Tools for Providers

WellCare offers robust technology options to save Providers time using the secure web portal, Chat and our IVR (Interactive Voice Response System).



Self-Service Tools

These self-service tools help providers do business with WellCare. We want your interactions with us to be as easy, convenient and efficient as possible.

Giving providers and their staff access to self-service tools is a way for us to accomplish this goal.

Click here to access these tools:

<https://www.wellcare.com/New-Jersey/Providers/Medicare/PortalSelfServiceQuickReferenceGuide>.



Secure Web Portal

Registering for the secure Web Portal gives providers and their staff access to improved search tools, claims and authorization status, member information, and convenient ways to connect with us.

Below are some of the helpful functions available through the Provider Portal:

- **Eligibility and Benefits** – Providers can submit and view authorization requests, claims and eligibility.
- **View Member Information** – Patient profiles give providers access to medical records, demographic information, care gaps, healthcare conditions, pharmacy utilization and benefits.
- **Contact Us** – Resolve issues quickly by communicating with customer service agents through secure messages and online chat.
- **Access Useful Guides** – View guides, FAQs, educational newsletters and provider manuals.
- **Download Key Forms** – Forms for authorizations, behavioral health, pharmacy, grievance, and more.
- **Claims Status and Submissions** – Providers can submit claims online and review the status of previously submitted claims.
- **Chat** – Providers can get real-time claim adjustments and more without having to wait on hold.
- **Claims Appeals, Claims Disputes and Corrected Claims** – Can also be processed and performed online as well. Claims tips and resources can help providers accurately submit their requests for quicker processing.
- **Portal Training Materials** – For more information concerning our secure portal and to view our portal training materials, go to the appropriate link below and select *Available Training*, under *Highlights of the New Portal*.

Click here to register for the secure portal: <https://provider.wellcare.com>



Using Chat: Get to Know the Benefits of Chat

Faster than email and easier than phone calls, Chat is a convenient way to ask simple questions and receive real-time support.

Providers have the ability to use our Chat application instead of calling and speaking with agents.

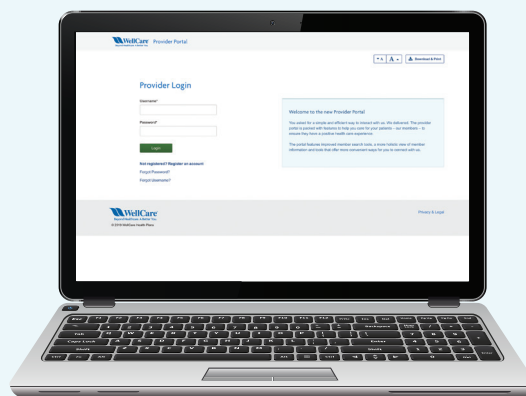
Explore the benefits you will experience by using live Chat!

- **Convenience** – Live Chat offers the convenience of getting help and answers without having to have a phone call.
- **No Waiting On Hold**
- **Documentation of Interaction** – Chat logs provide transparency and proof of contact. Live Chat software gives you the option of receiving a transcription of the conversation afterward.

You can access Chat through the portal.

The *Chat Support* Icon is located on our secure provider portal. From there:

- 1 Log on to the provider portal at <https://provider.wellcare.com/>
- 2 Access the “Help” section
- 3 Submit a chat inquiry. The receiving chat agent can assist with numerous complex issues
- 4 If the chat agent is unable to resolve the issue, the issue will be routed to the right team for further assistance



Interactive Voice Response (IVR) System

- Technology to expedite provider verification and authentication within the IVR
- Provider/Member account information is sent directly to the agent's desktop from the IVR validation process, so providers do not have to re-enter information
- Full speech capability, allowing providers to speak their information or use the touch-tone keypad
- Receive status for multiple lines of claim denials
- Automatic routing to the PCS claims adjustment team to dispute a denied claim
- Rejected claims information

TIPS for using our new IVR

Providers should have the following information available with each call:

Self-Service Features

- Ability to receive Member co-pay benefits
- Ability to receive Member eligibility information
- Ability to request authorization and/or status information
- Unlimited claims information on full or partial payments
- WellCare provider ID number
- NPI or Tax ID number for validation (if you do not have your WellCare provider ID)
- For claims inquiries: the member's ID number, date of birth, date of service and dollar amount
- For authorization and eligibility inquiries: the member's ID number and date of birth



Secure Web Portal

For the fastest, most effective way to manage your inquiries, please use our Secure Web Portal. Our portal represents the fastest and most effective ways to manage your inquiries and get what you need.

Which channel is best?

Service	Web Portal	Chat	IVR
Appeal Requests / Status (Rx)	✓ Fastest Results		
Appeals & Disputes	✓ Fastest Results		
Authorization Requests	✓ Fastest Results	✓	
Authorization Requirements	✓ Fastest Results	✓	✓
Authorization Status	✓ Fastest Results	✓	✓
Benefits & Eligibility	✓ Fastest Results	✓	✓
Claim Status	✓ Fastest Results	✓	✓
Claim Submission (and Corrections)	✓ Fastest Results	✓	
Co-payment Information	✓ Fastest Results	✓	✓
Coverage Determination Requests/Status (Rx)	✓ Fastest Results		✓
Form Requests	✓ Fastest Results	✓	✓
Provider Resources	✓ Fastest Results		

Click here to register for the secure portal: <https://provider.wellcare.com>.

Primary Care First—Is It Right For Your Practice?

Application Deadline is January 22!

Primary Care First is an opportunity for primary care or multi-specialty practices to adopt a new and innovative value-based care model for their Medicare Fee-For-Service beneficiaries and have the opportunity to earn up to 50% more revenue.

What's Important?

The Centers for Medicare and Medicaid Services (CMS) has designed Primary Care First as an alternative payment model for practices with advanced primary care capabilities and experience in value-based payment arrangements. There are two Model Options--Advanced Primary Care (General) and Seriously Ill Population (SIP)—starting January 2021.

Your practice can benefit from:

- Per beneficiary per month (PBPM payments), a flat primary care visit fee, and performance-based adjustments
- Enhanced payments for practices which specialize in high-need, seriously ill populations
- Less administrative burden and more flexibility in patient care
- The Request for Applications (RFA) period is brief—deadline is January 22!

What capabilities will you need to apply for Primary Care First successfully? What Option is right for your practice and patients? What if your practice is in another CMS Program—are you eligible to enter? How will it affect your practice?

WellCare can help. WellCare and Collaborative Health Systems, a WellCare company that since 2012 has assisted providers in adopting value-based care models, can help guide you objectively through the complex application process for Primary Care First.



There's only a short time to explore whether this is right for your practice.

Contact us today for a free review.

Call us at 1-866-245-7043 • Email us at CHSInquiry@wellcare.com

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.

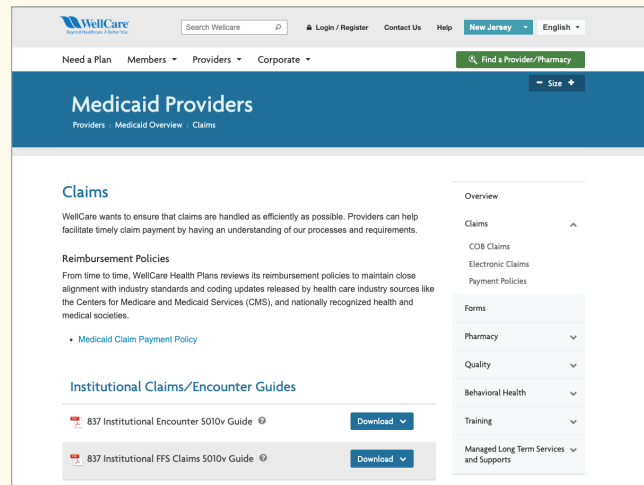
Type of Appointment:
• Emergency services: Immediately upon presentation
• Urgent Care: Less than 24 hours
• Symptomatic acute care: Less than 72 hours
• Routine non-symptomatic visits, including annual gynecological examinations or pediatric and adult immunization visits: Less than 28 days
• Specialist 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"> – Within 3 weeks of a positive pregnancy test – Within 7 days of request in first and second trimester – Within 3 days of identification of high-risk – Within 3 days of first request in third trimester
• Routine physicals: Within 4 weeks
• Lab and radiology services: <ul style="list-style-type: none"> – Within 3 weeks for routine – Within 48 hours for urgent care
• Initial pediatric appointments: Within 3 months of enrollment
• Dental appointments: <ul style="list-style-type: none"> – 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 – Urgent: Within 3 days of referral – Routine: Within 30 days of referral
• MH/SA appointments: <ul style="list-style-type: none"> – Emergency services: Immediately upon presentation at a service delivery site – Urgent: Within 24 hours of the request – Routine: Within 10 days of the request
• 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.

Dialysis Claims Payment Policy

As part of our continued efforts to ensure evidence-based guidelines are used when making medical decisions, WellCare has implemented a new Dialysis Claims Payment Policy.

To review the Policy, please visit <https://www.wellcare.com/Providers>, and select your state. Under Provider, click *Claims* then select the *Payment Policy* link in the column to the right.



WellCare reimburses providers for dialysis treatments according to the methodology below:



Criteria for CAPD/CCPD

In accordance with CMS Guidelines Chapter 8 Section 80.4 of the Medicare Claims Processing Manual updated 01/18/2019, Rev. 4202, CAPD/CCPD will be allowed to be paid on a weekly or daily basis, not on a per treatment basis. Billing instructions require providers to report the number of days in the unit's field. A facility's daily payment rate is 1/7 of three times the composite rate for a single hemodialysis treatment.



Criteria for Hemodialysis

To facilitate for a more standardized billing practice, WellCare will move to a 6 day billing cycle versus CMS 7 day billing cycle for Hemodialysis treatments.



Additional Information

Additional Dialysis: If additional dialysis is needed, beyond the usual weekly maintenance due to the Member's underlying condition, the ESRD facility's claim for these extra services must be accompanied by a medical justification for payment to be made.



Low Value Cancer Screening

WellCare has updated its Claims Edit Guideline's (CEG) for Low Value Care Screenings. These screenings include tests for Colorectal Cancer and Prostate Cancer screenings.



These updates are effective as of October 1, 2019 for the states listed:

- FL, GA, MO, NE, NJ, NY, SC



To review the updated guidelines, please visit <https://www.wellcare.com/Providers>, and select your state. Under Provider>Tools, click on *Clinical Guidelines*. Select the *Clinical Coverage Guidelines* link to search for the updated guideline.

Our clinical and coding teams will use WellCare's Low Value Care Screening policies to ensure the extent and nature of the services rendered for a patient is supported by evidence-based guidelines. Through a claims edit, WellCare will verify that submitted claims are coded correctly for screening tests performed in an outpatient setting. These edits are designed to follow nationally recognized clinical literature.

WellCare providers may experience an increase in claim denials and subsequent requests for medical record submissions when submitting claims for Low Value Care Screenings. This is likely to happen if the tests are not performed according to evidence-based medicine.

Should providers disagree with WellCare's determination, medical records can be sent to WellCare for a coding review. Once the requested medical records have been received and medical records are evaluated, WellCare will determine if the payment for the claim should be released.



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.

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

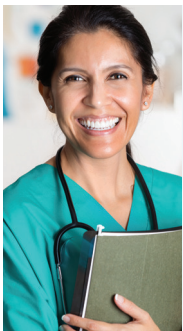
Medicaid:

The Preferred Drug Lists (PDL) has been updated. Visit 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.

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 and 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.

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



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

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 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 or 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.