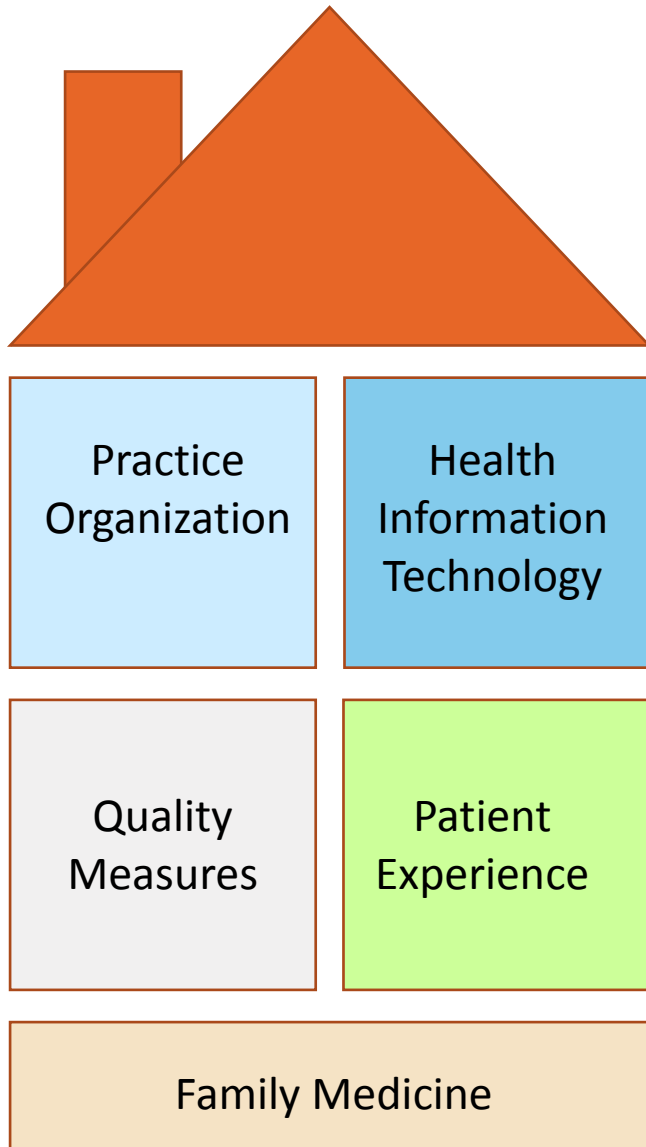




Provider Network Quarterly Update

April 2018



■ Patient-Centered Medical Home:

A way of organizing primary care using teamwork and technology to improve quality and patient experience, and to reduce costs.

Program Services:

- ✓ PCMH assessment and recommendations on:
- ✓ quality improvement, process improvement, population health
- ✓ Coaching and educational resources
- ✓ Consultation for NCQA standards and assistance with application for recognition
- ✓ Email [.NE_PCMH@wellcare.com](mailto:NE_PCMH@wellcare.com)

- Number of in network PCMH clinics in Nebraska
 - 62 recognized as PCMH
 - 1 recognized and a PSCP (Patient-centered Specialty Practice)
 - 20 of the 63 gained recognition in 2017

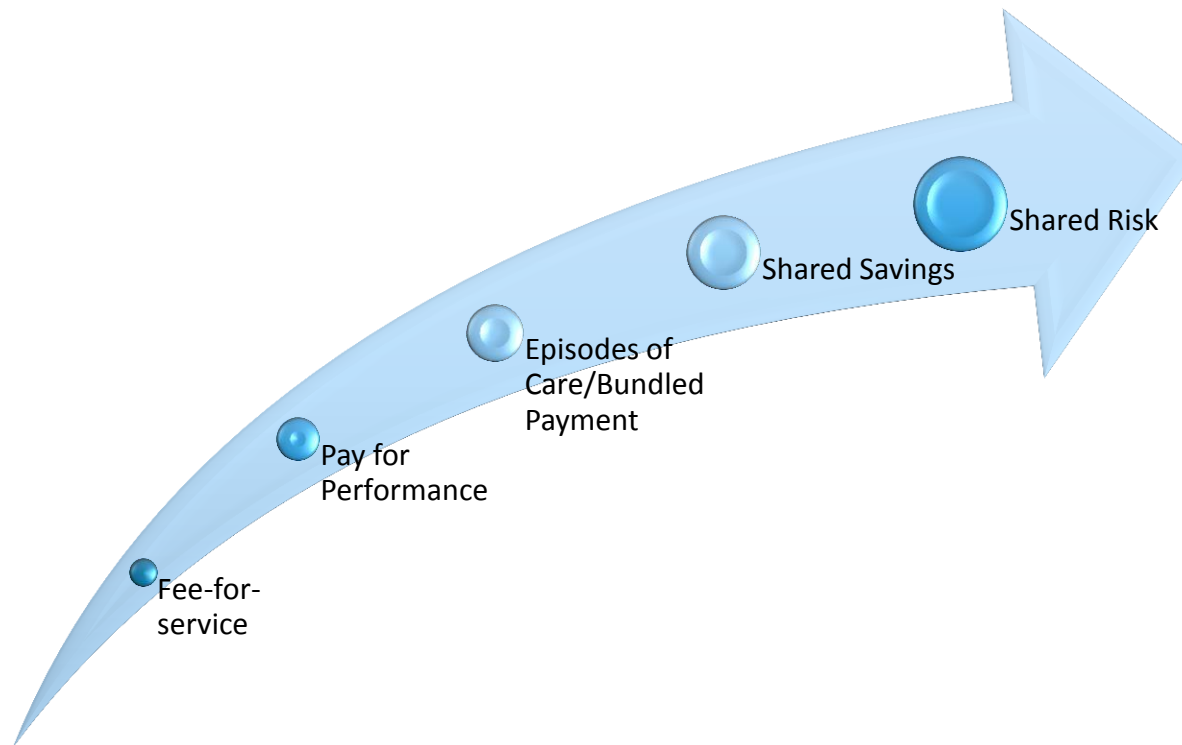


Contact: **Margaret Buck, CCE**, Sr. Project Analyst-PCMH

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- Value Based Contracting –
 - It is the policy of MLTC that Heritage Health should promote added value for members and providers. Value is captured through programs that improve outcomes and lower costs.
- “Community Level Change” vs. Individual Providers



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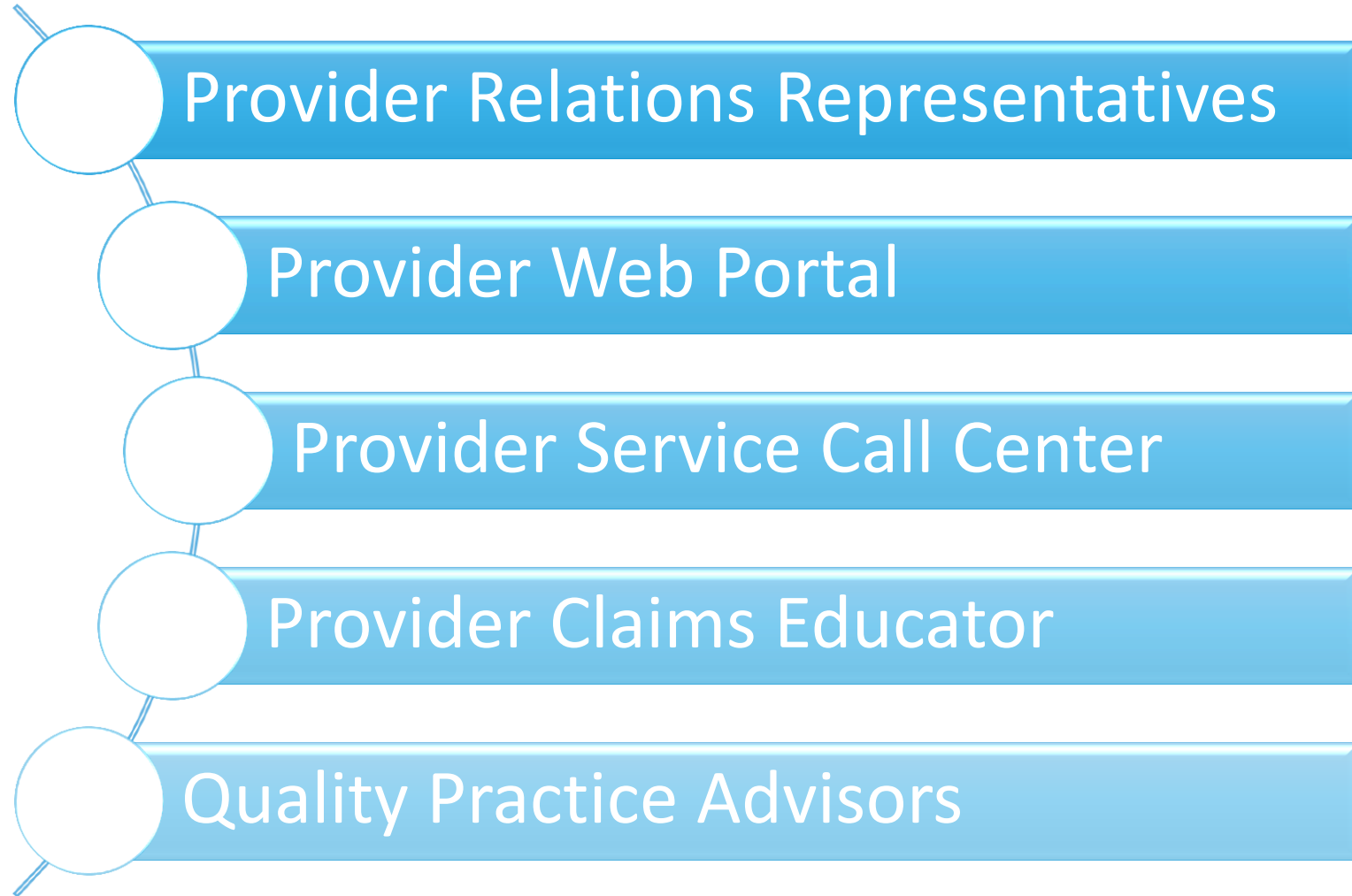
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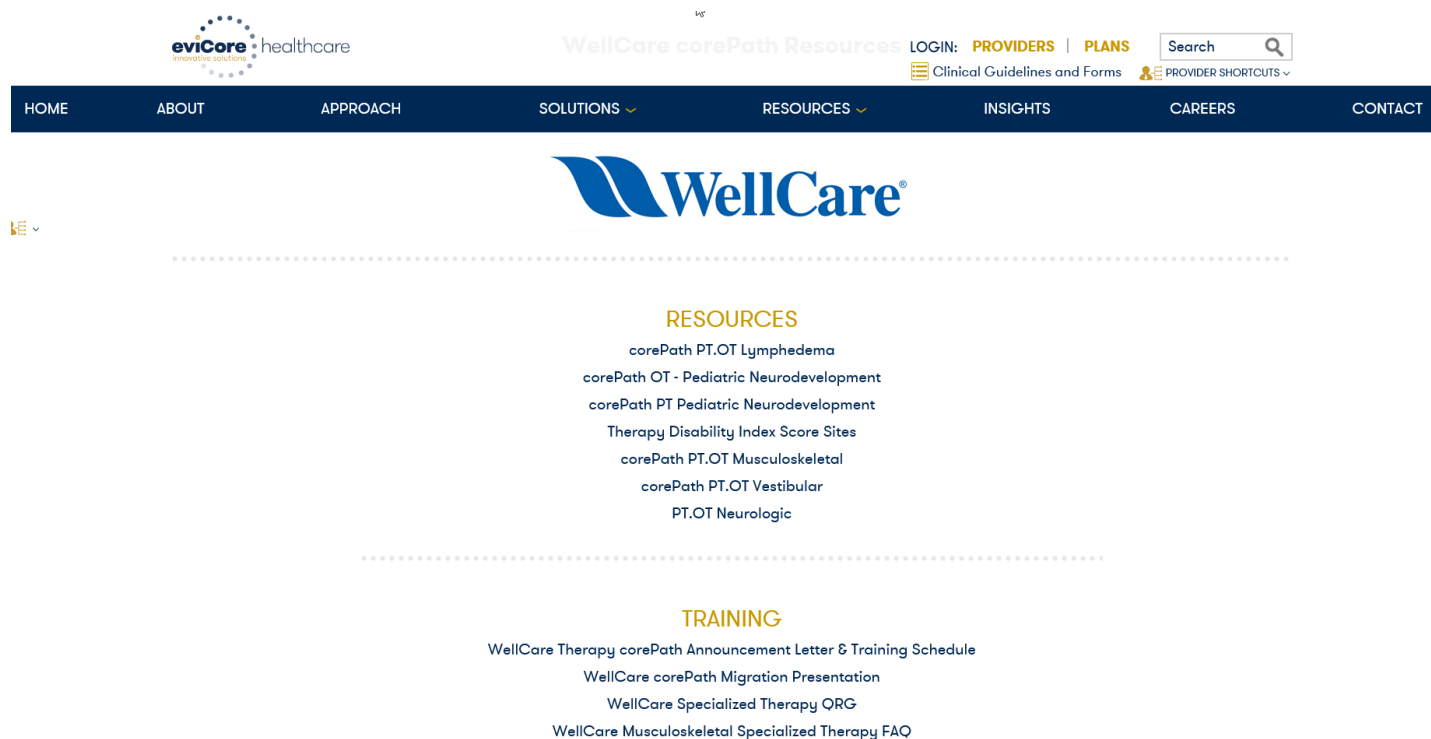
- <https://provider.wellcare.com/Provider/Accounts/Registration>

- Submit Authorizations and Claims
- View Authorization and Claim Status
- View Member Profiles, including:
 - Eligibility and Benefits
 - Recent Authorizations
 - Recent Claims
 - Care Gaps
 - Visit History
 - Pharmacy Utilization

- Secure Messaging with WellCare
- Chat online with Customer Service agents, and more.
- You no longer need multiple accounts for different locations. Create one account and we will affiliate you to your multiple locations!

- Utilization Management program for:
 - Pain Management
 - Physical and Occupational Therapy
 - Advanced Radiology
 - Cardiology
 - Sleep Diagnostics
 - Lab Management

- ✓ Clinical guidelines and criteria are available on the EviCore website
 - www.eviCore.com
- ✓ Authorization requests through the EviCore provider portal are more expedient



The screenshot shows the WellCare corePath Resources website. At the top, there is a navigation bar with the EviCore healthcare logo on the left and the WellCare corePath Resources logo on the right. The navigation bar includes links for HOME, ABOUT, APPROACH, SOLUTIONS, RESOURCES, INSIGHTS, CAREERS, and CONTACT. There is also a search bar and a login section for PROVIDERS and PLANS. Below the navigation bar, the WellCare logo is prominently displayed. The main content area is titled "RESOURCES" and lists several links: corePath PT.OT Lymphedema, corePath OT - Pediatric Neurodevelopment, corePath PT Pediatric Neurodevelopment, Therapy Disability Index Score Sites, corePath PT.OT Musculoskeletal, corePath PT.OT Vestibular, and PT.OT Neurologic. Below the resources section, there is a "TRAINING" section with links to WellCare Therapy corePath Announcement Letter & Training Schedule, WellCare corePath Migration Presentation, WellCare Specialized Therapy ORG, and WellCare Musculoskeletal Specialized Therapy FAQ.

Resources Available On Wellcare Web Website:

www.wellcare.com

■ **Clinical Coverage Guidelines (CCGs)**

- We offer a helpful search tool that allows providers to search evidence-based guidelines detailing the medical necessity of procedures or technologies.

■ **Clinical Practice Guidelines (CPGs)**

- Best-practice recommendations based on available clinical outcome trend and scientific evidence.

■ **Authorization Look-up Tool**

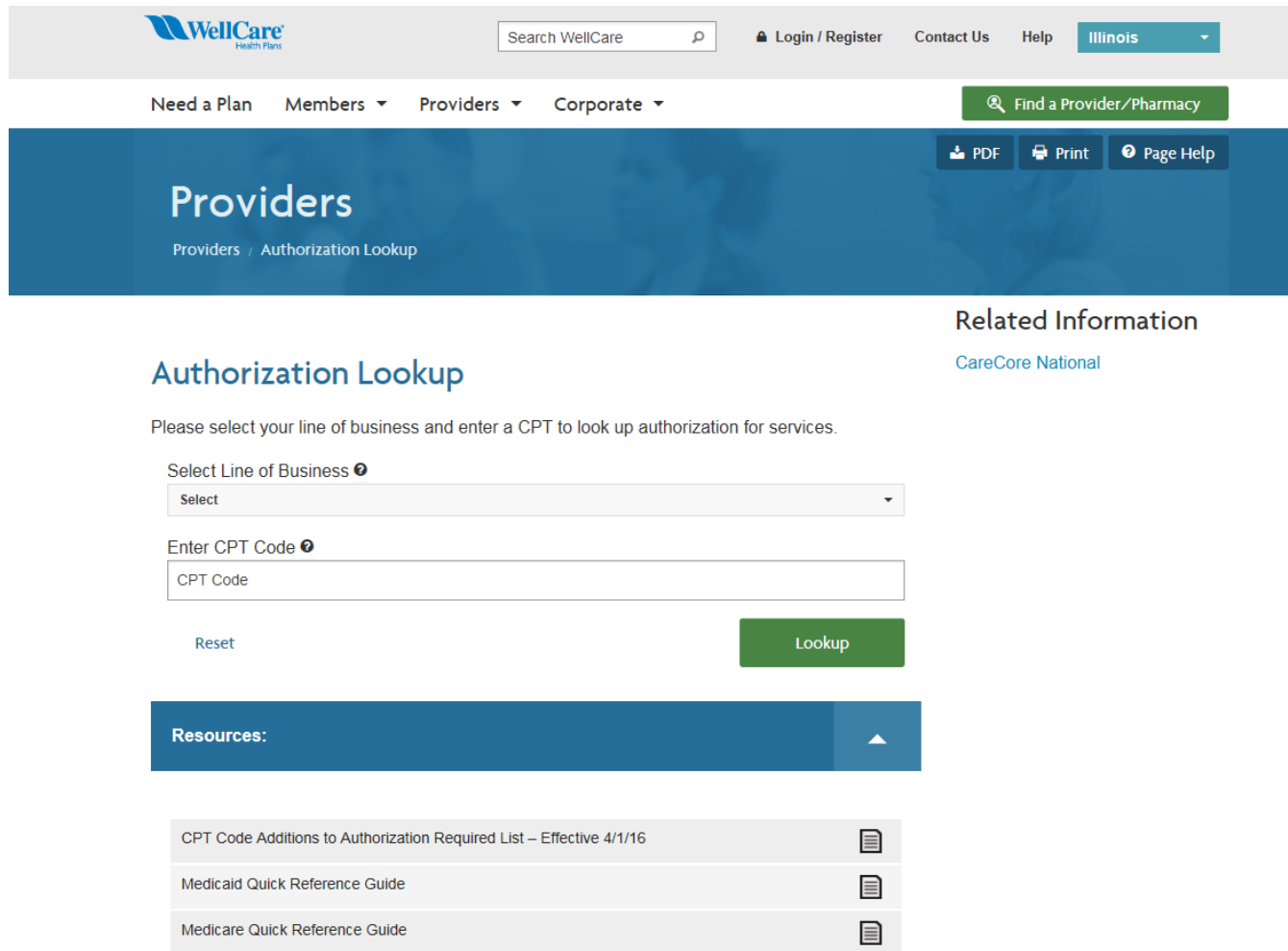
- An easy way to verify authorization requirements by CPT code and place of service

- WellCare requires notification of inpatient admission for members the next business day
- Notification is necessary for WellCare to obtain clinical information to perform case management and ensure coordination of services
- The notification should be received by fax or telephone and include Member demographics, facility name and the admitting diagnosis.
- Concurrent review is initiated as soon as WellCare is notified of the admission. Subsequent reviews are based on the severity of the individual case, needs of the Member, complexity, treatment plan and discharge planning activity.
- Late notification of an inpatient admission can lead to denied authorizations which may result in denial of claim payment for the entire stay

- For dates of service on or after **March 31, 2018**, we are standardizing authorization requirements across ALL outpatient places of service for our Medicaid services.
- Overall reduction in the number of Medicaid services/procedures requiring prior authorization across all outpatient locations.
- However, certain codes may now have prior authorization requirements that previously did not in a particular outpatient location.
- Always use our website's authorization page to determine if a procedure requires prior authorization
- Eligibility and benefits information is also available on the website

Authorization Lookup Tool

- www.wellcare.com/auth_lookup



The screenshot shows the WellCare website's Authorization Lookup Tool. At the top, there is a navigation bar with the WellCare logo, a search bar, and links for Login/Register, Contact Us, Help, and a dropdown for Illinois. Below this is a secondary navigation bar with links for Need a Plan, Members, Providers, and Corporate, along with a 'Find a Provider/Pharmacy' button. The main content area has a blue header with the title 'Providers' and a breadcrumb 'Providers / Authorization Lookup'. On the right side of this header are buttons for PDF, Print, and Page Help. The main section is titled 'Authorization Lookup' and contains instructions: 'Please select your line of business and enter a CPT to look up authorization for services.' It features a dropdown menu for 'Select Line of Business' (currently set to 'Select'), a text input field for 'Enter CPT Code' (containing 'CPT Code'), a 'Reset' button, and a green 'Lookup' button. To the right, under 'Related Information', there is a link for 'CareCore National'. At the bottom, a 'Resources' section lists three documents: 'CPT Code Additions to Authorization Required List – Effective 4/1/16', 'Medicaid Quick Reference Guide', and 'Medicare Quick Reference Guide', each with a document icon.


- Access and availability survey
 - Provider manual gives a breakdown of required access and availability standards for different scenarios
 - Phone surveys are utilized to validate
 - Data is synthesized and provided to MLTC

- July – Provider Satisfaction Survey
 - Opportunity to provide feedback and actionable data
 - Survey will be sent via mail with telephonic follow up

- Provider demographic data validation
 - Allows for audit of all information in the Provider Directory and Find-A-Provider tool

Provider Resources



 Provider Handbook 



Download 

 Provider Resource Guide 

Download 

 Quick Reference Guide 

Download 

 Navigating the WellCare Interactive Voice System Phone Access Guide 

Download 

 Provider Relations Contact List 

Download 

 Weight Watchers® Initial Form 

Download 

 Weight Watchers® Outcome Form 

Download 

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Questions?

