# **Provider Newsletter** California



Medicare 2021 • Issue 3



## California Market COVID-19 Vaccine Task Force



In response to the emergency use authorizations for the COVID-19 vaccine. Dr. Ken Yamaguchi, Centene's Executive Chief Medical Officer recommended the

organization of a local market Vaccine Task Force to address issues and concerns regarding the vaccine. The California market worked closely with the Centene Corporate COVID-19 Vaccine Task Force to create education and awareness around the safety and efficacy of the COVID-19 vaccine.

Clinical guidelines and recommendations from Dr. Anthony Fauci, the Centers for Disease Control and the California Department of Public Health were pillars for the start of the Task Force. Work groups were created for providers, members and the community to communicate the benefits of the vaccine, to highlight vaccine research and to address vaccine hesitancy and eligibility criteria. Live member outreach calls in different languages were made to answer questions and to connect members to vaccination sites.

We continue to work diligently to ensure that every eligible member receives the COVID-19 vaccine as soon as possible, and that everyone is aware of options for receiving the vaccine. We have partnered with our local communities through health fairs, health expos and radio programs. WellCare staff has volunteered at a few mass vaccination sites in Southern California to provide additional health plan support.

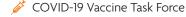
Vaccine efforts are still underway. We are currently organizing transportation to vaccine sites through plan benefits and through myturn.ca.gov. For homebound status, appointments are being made to have the vaccine administered at home for qualified members.



Please check the Provider Portal for additional COVID-19 vaccine information.

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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.













Quality 2



# 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



# 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.



# WellCare's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.

## **New Live-Chat Offers on the Provider Portal:**



**Provider Home Page** 



Claim Main Page



Care Management Home Page (Authorizations)



Claims Appeals & Disputes Page



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



# Electronic Funds Transfer (EFT) Through PaySpan®

FIVE REASONS TO SIGN UP TODAY FOR EFT:

- 1 You control your banking information.
- 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.

You can also refer to the Provider Manual to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures.

To find the Provider Manual, visit https://www.wellcare.com/California/ Providers/Medicare.



## 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 https://www.wellcare.com/california/providers/medicare.

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





www.wellcare.com/medicare