



Quality

21st Century Cures Act

All participating providers must enroll with NJFC Medicaid fee-for-service (FFS) program in accordance with the 21st Century Cures Act requirements. The State of New Jersey Department of Human Services Division of Medical Assistance & Health Services sent the Medicaid Newsletter Volume 28 No. 06, which notified network providers of the requirement that they enroll in the NJFC Medicaid FFS program. The 21st Century Cures Act, 42 U.S.C. 1396u-2(d), requires that network providers complete the 21st Century Cures Act provider application. Compliance is mandatory and failure to comply may result in a provider’s contract with an MCO being terminated per the Medicaid Newsletter.

Network providers must submit a completed 21st Century Cures Act application to DXC Technology. Providers under contract with multiple MCOs are only required to submit a single 21st Century Cures Act application to DXC Technology. To download a 21st Century Cures Act application, go to www.njmmis.com, select “Provider Enrollment Applications,” and then select 21st Century Cures Act Application as the “Provider Type.”

See page 11 for Frequently Asked Questions...

In This Issue

Quality

21st Century Cures Act.....1
 WellCare E&M Program2
 Electronic Prior Authorization Is Here!.....3
 Medication Adherence and RxEffect™4
 How Care Management Can Help You.....5
 Providers Role with Immunizations.....6
 Statins Therapy for Patients with
 Diabetes and Cardiovascular Disease..... 7

Operational

Referring Wellcare Members
 to a Dentist Just Got Easier! 8
 Electronic Funds Transfer (EFT)
 through PaySpan®9
 Provider Formulary Updates.....9
 It Benefits Your Practice To Keep Your
 Provider Demographic Information Current..... 10
 Provider Resources 11

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.





WellCare E&M Program

The Centers for Medicare & Medicaid Services (CMS) and the Office of Inspector General (OIG) have documented that evaluation and management (E&M) services are among the most likely services to be incorrectly coded, resulting in improper payments to practitioners. The OIG also has recommended that payers continue to help to educate practitioners on coding and documentation for E&M services, and develop programs to review E&M services billed for by high-coding practitioners.

Providers should report E&M services in accordance with the American Medical Association's CPT Manual and CMS guidelines including "Documentation Guidelines for Evaluation and Management Services" for billing E&M codes.

ICD-10 Laterality

According to the ICD-10-CM Manual guidelines, there are diagnosis codes that by definition indicate laterality, specifying whether the condition occurs on the left or right, or is bilateral.

ICD 10 Coding conventions outlines guidance in reporting diagnosis code that indicate laterality. If no bilateral code is provided and the condition is bilateral, assign separate codes for both the left and right side. If the side is not identified in the medical record, assign the code for the unspecified side.

WellCare will perform two categories of diagnosis editing related to laterality:

- Consistency of Diagnosis-to-Modifier comparison assesses the lateral diagnosis associated to the claim line to determine if the procedure modifier matches the lateral diagnosis.
- Consistency of Diagnosis-to-Diagnosis comparison assesses lateral diagnoses associated to the same claim line to determine if the combination is inappropriate.

Excludes 1 Notes

ICD-10-CM has two types of excludes notes. Each type of note has a different definition for use, but they are all similar in that they indicate that codes excluded from each other are independent of each other.

New edits focus on Excludes notes 1 validation, an Excludes 1 Note indicates that the code excluded should never be used at the same time as the code above the Excludes 1 Note. An Excludes 1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Anatomical Modifiers

Anatomical modifiers are important in facilitating correct coding for claims processing and data collection. Modifiers may be appended to HCPCS/CPT codes when the clinical circumstances justify the use of the modifier. According to the AMA CPT Manual, the HCPCS Level II Manual and WellCare policy, anatomic-specific modifiers such as FA, TA, and LC designate the area or part of the body on which the procedure is performed.

Certain procedures require an anatomical modifier i.e. CPT code 13151 repair, complex, eyelids, nose, ears and/or lips; (1.1 cm to 2.5 cm) on the right upper eyelid requires modifier E3 (upper right eyelid) to be appended.



Overview of WellCare E&M Program:

- ✓ Evaluates and reviews high-level E&M services for high-coding practitioners that appear to have been incorrectly coded based upon diagnostic information on the claim and peer comparison.
- ✓ Applies the relevant E&M policy and recoding of the claim line to the proper E&M level of service.
- ✓ Allows reimbursement at the highest E&M service code level for which the criteria is satisfied based on our risk adjustment process.

Multiple Procedure Reductions

Under the Medicare Physician Fee Schedule (MPFS), Multiple Procedure Payment Reduction (MPPR) was introduced with the basis that there are savings associated with multiple procedures performed during the same patient encounter. More information is at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c12.pdf>

CMS has added different types of multiple procedure reductions over the years. The Physician Fee has an indicator identifying which type of MPPR applies to each CPT®/HCPCS Level II code.

The multiple procedure indicators are:

Multi Proc 0 = no reduction applies

Multi Proc 1 = does not apply to any current codes (was used pre-1995)

Multi Proc 2 = standard payment adjustments

Multi Proc 3 = endoscopic reductions

Application of MPPR:

Multi Proc 4 = diagnostic imaging reduction

Multi Proc 5 = therapy reductions

Multi Proc 6 = diagnostic cardiovascular services

Multi Proc 7 = diagnostic ophthalmology services

Multiple Procedure Reduction Surgery

(Multiple Procedure Indicator 2-MPFS)

Multiple procedures are ranked in descending order by the Medicare fee schedule amount. Payment is based on 100 percent of the fee schedule amount (Field 34 or 35) for the highest valued procedure; and

- 50 percent of the fee schedule amount for the second-through the fifth-highest valued procedures; or
- If more than five procedures with an indicator of “2” are billed, pay for the first five according to the rules above and suspend the sixth and subsequent procedures for manual review and payment, if appropriate, “by report.” Payment determined on a “by report” basis for these codes should never be lower than 50 percent of the full payment amount.

	MFS Amount	Total Payment	MPR Payment
Surgery 1	\$520.00	\$260.00	Paid 50%
Surgery 2 Highest Value	\$750.00	\$750.00	Paid 100%
Surgery 3	\$325.00	\$162.50	Paid 50%
Total		\$1,172.50	

Electronic Prior Authorization Is Here!



If you haven't already noticed, the Cover My Meds Electronic Prior Authorization solution for all of our members is live. You can easily sign up for a free account on the Cover My Meds Prior Authorization Portal. The portal makes it easy to submit fully electronic prior authorization requests for all WellCare Medicare members.

Learn more about Electronic Prior Authorization at:
<https://www.covermymeds.com/main/solutions/electronic-prior-authorization/>

Get started now at:
<https://www.covermymeds.com/main/prior-authorization-forms/wellcare/>



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

Earn Extra Bonus Incentives this year in RxEffect!

RxEffect, an innovative quality platform from RxAnte, is offering an additional financial incentive for providers. The RxEffect Bonus Program began in mid-August and runs through 2020.

Providers who log into the RxEffect Quality tool and take action with eligible Star Ratings medication opportunities (diabetes, blood pressure, and cholesterol) within the bonus program window are eligible for the incentive.

The RxEffect tool is free for WellCare providers and easy to use. Providers can track their progress through RxEffect and help their patients become adherent to their medications. Active use of the tool has been shown to improve quality measure outcomes.



Looking to improve your office efficiency?

Utilizing RxEffect for Appointment Agenda submissions, prioritized target list of patients, and capturing bonus program eligible opportunities in one tool makes it a great workflow solution.

Check out the RxEffect Video at <https://www.youtube.com/watch?v=loEKiM7veZQ>

For more information on RxEffect, please visit www.rxante.com and speak with your WellCare Provider Relations and/or Quality representative.



How Care Management Can Help Your Members

Care Management helps members with healthcare or social needs. It pairs members with a care manager.

The Care Manager is a registered nurse, a licensed clinical social worker or other licensed health professional who can help members with issues such as:

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



We're here to help you!

Contact us at **1-866-635-7045** for more information on our program. A WellCare staff member will tell you about the program. This no-cost program gives access to a registered nurse (RN) or Licensed Clinical Social Worker (LCSW) Monday through Friday from 8am to 5pm.



Providers Role with Immunizations

Providers play a key role in establishing and maintaining a practice wide commitment to communicating effectively about vaccines and maintaining high vaccination rates - from providing educational materials, to being available to answer questions.

Most parents/guardians are open to immunizations and therefore, they just need to be informed what immunizations are due for the child. Confused parents may choose to delay or refuse immunizations for their child due to misperceptions of disease risk and vaccine safety. During a two-way discussion with a parent/guardian about vaccinations, it is essential to make a strong recommendation for immunization. As a trusted professional, your advice is meaningful for final acceptance.

Source:
<https://www.cdc.gov/vaccines/hcp/conversations/talking-with-parents.html>



Help educate parents on the prevention and spread of disease. It will be important to remind them of the value of comprehensive well-child checkups. If a vaccine is declined, parents/guardians should be reminded of immunization recommendations at future visits.

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 helping you choose the most appropriate statin-intensity for your patient.



Commonly Prescribed Statins

High Intensity	Moderate Intensity
Atorvastatin 40, 80 mg	Lovastatin 40mg
Rosuvastatin 20, 40 mg	Pravastatin 40, 80 mg
	Simvastatin 20, 40 mg
	Atorvastatin 10, 20 mg
	Rosuvastatin 5, 10 mg

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

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.

Sources:

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. ACC/AHA Prevention Guideline 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults <https://www.ahajournals.org/doi/pdf/10.1161/01.cir.0000437738.63853.7a>

Referring Wellcare Members to a Dentist Just Got Easier!

Visit <https://www.wellcare.com/New-Jersey> and select *Find a Provider/Pharmacy* tap in the top right corner.

(Not all dentists treat children 0-6 years of age)

To locate a dentist that treats children 0-6 years of age select: *Pediatric Dentistry* in drop down option

A dental visit by 12 months of age or when the first tooth erupts, whichever comes first, helps with caries prevention and helps establish good oral health habits at an early age. Because parents and guardians are more likely take their children to physician than a dentist it is important to refer the members to help build the relationship and ensure the members are receiving the proper oral health care.

It is important to refer adult members to a dentist, as well! Avoiding and correcting periodontal disease can help members with diabetes control their Ales, reduce pain in members with rheumatoid arthritis and lower the risk of heart disease.



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.

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.



WellCare of New Jersey
550 Broad Street
Newark, NJ 07102

21st Century Cures Act

Frequently Asked Questions



Question: Whom can I contact if I have questions about the application?

Answer: Contact the DXC Technology Provider Enrollment Unit at **1-609-588-6036**.

Question: Where can I submit the 21st Century Cures application?

Answer: The mailing address for submitting the application and credentials is:

DXC Technology Provider Enrollment Unit
P.O. Box 4804
Trenton, NJ 08650

The completed application with credentials may also be faxed to **1-609-584-1192**.

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**.