WHAT IS HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

WHY HEDIS IS IMPORTANT

HEDIS ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

VALUE OF HEDIS TO YOU, OUR PROVIDERS

HEDIS can help save you time while also potentially reducing health care costs. By proactively managing patients’ care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

HEDIS can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other WellCare providers as well as with the national average

VALUE OF HEDIS TO YOUR PATIENTS, OUR MEMBERS

HEDIS ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans’ scores, helping them to make informed health care choices.

1HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Source: www.ncqa.org
EMPOWER PATIENTS TO MANAGE THEIR ASTHMA

As a provider, you can help your patients manage their asthma by continuously educating them in these areas, as outlined in the Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma – Full Report, 2007:

1. Self-assessment and monitoring: Encourage patients to keep a daily log of their peak flow volume upon waking and going to bed to detect subtle changes in their lung function. Spirometry testing is advised at least yearly.

2. Patient education: You play a crucial role in teaching a patient the skills he or she needs to self-monitor asthma and when to seek medical care. According to a report, only 34 percent reported receiving an asthma management plan with specific instructions on how to change the amount or type of medicine taken, when to call a doctor for advice and when to go to the emergency department.
   - Reinforce how to handle exacerbations using a written asthma action plan. The templates for asthma action plans may be accessed at www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.pdf.
   - Refer WellCare members to our Disease Management Program. This program provides telephonic education from a registered nurse, at no cost to the member, to reinforce their understanding of asthma and adherence to their asthma action plan.

3. Medications: Help patients understand the importance of compliance with maintenance medications and the rationale for following the National Heart, Lung, and Blood Institute’s Stepwise treatment guidelines. Consider referral to an asthma specialist for Step 3 and above or if difficulties persist in controlling asthma.
   - **Step 1:** Mild intermittent: No daily medications needed. Rescue inhalers known as Short-Acting Beta2 Adrenergic Agonist Bronchodilators (SABA), i.e., albuterol.
   - **Step 2:** Mild persistent: Low-dose inhaled corticosteroids. To be added for all persistent diseases, i.e., beclomethasone, mometasone. Alternative tx: leukotriene modifier, i.e., montelukast.
   - **Step 3:** Moderate persistent: Daily symptoms. Low- to medium-dose inhaled corticosteroids and Long-Acting Beta2 Adrenergic Agonist Bronchodilators (LABA), i.e., salmeterol or formoterol, to be added for asthmatics inadequately controlled on steroids. Per the FDA, LABAs are never to be used alone in the treatment of asthma.
   - **Step 4:** Severe persistent: High-dose inhaled corticosteroids and LABAs, and as needed, oral corticosteroids.

And finally, be sure to follow up with your asthma patients seasonally or no less than every six months, if stable. Discuss their concerns and adjust step-up or step-down treatment, as necessary.

Sources:
Centers for Disease Control and Prevention; National Center for Health Statistics, National Health Statistics Reports, Number 32, January 12, 2011 pg 5; www.cdc.gov/nchs.


IMPORTANCE OF REFERRING DIABETICS FOR EYE EXAMS

Diabetes causes more new cases of legal blindness among working-age Americans than any other disease. More than half of all Americans with diabetes are not getting their recommended eye exams. Diabetic eye disease can be prevented with regular examinations, treatment and controlling blood sugar. Ensure your diabetic patients get an annual dilated eye exam by referring them to an eye care professional.


THE QUICK REFERENCE GUIDE – YOUR TOOL FOR KEY INFORMATION

The Quick Reference Guide (QRG) helps our providers find the answers you need. The QRG contains important contact information such as:

- Mailing addresses
- Phone numbers
- Fax numbers

You will also find information related to:

- Claims
- Appeals
- Pharmacy
- Behavioral Health
- Contracted Networks

Your state-specific QRG can be found at: www.wellcare.com/provider/quickreferenceguides.

TEEN PREGNANCY PREVENTION AND ABSTINENCE PROGRAM

WellCare wants to help educate and prepare teenagers for adulthood. One of the ways we assist is through our Teen Pregnancy Prevention and Abstinence program which is available at no cost to your patient, as our plan member.

You may contact WellCare to inquire about locations for service within the member’s community. We will conduct a health screen which enables us to best serve the member’s needs and determine if case management is appropriate. If you feel there is a need, then you may also send us a direct referral as our nurses and social workers are equipped to assist you with addressing any issues.

For questions or additional information about the program, please contact Provider Services or our Member Engagement Unit at 1-866-635-7045.
WHAT IS THE MEDICARE STAR RATING?
The Medicare star rating system was created by CMS and evaluates the relative quality of private health plans offered to Medicare beneficiaries. CMS scores Medicare health plans on a 1-to-5 scale, five stars representing the highest quality. Members can use these ratings as a way to gauge the quality of care, ease of access to care, provider responsiveness and beneficiary satisfaction of the health plan.

QUICK REMINDERS TO HELP YOU BOOST YOUR RATINGS...

Don’t keep your patients waiting too long
• Has the member been in the waiting room for more than 30 minutes?

Schedule appointments appropriately
• Urgent – less than 24 hours
• Non-urgent – within one week
• Routine/preventive – within one month

Keep in touch with patients
• Make sure each patient has an annual wellness visit and preventive screenings
• Allow extra time during appointments for questions and answers
• Reach out to patients who have not been seen

Schedule these important screenings as needed:
• Colorectal cancer screening
• Glaucoma testing
• Diabetes care
• Breast cancer screening
• Cardiovascular care (cholesterol screening)

Getting to know your patients’ special needs
• Accommodate those who are frail/elderly or non-English speaking

Why is the Medicare star rating system important?
• Star ratings are available to:
  – Help members make health plan decisions
  – Increase premium dollars, rewarding strong performance for physicians affiliated with Independent Physician Associations (IPAs)
  – Allow WellCare to expand
CASE MANAGEMENT PROGRAM

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the member’s health needs. Case management promotes assistance in facilitation of care for individual members in order to achieve optimal outcomes and quality of care. Case managers include Registered Nurses, Licensed Clinical Social Workers, and other professionals that assist members with multiple complex health problems. By providing case management services, our case managers will work with the primary care physician (PCP)/specialist to facilitate timely access to, and utilization of, appropriate services. This reduces unnecessary services such as emergency room usage and hospital admissions. The case manager serves as an important link between the member, the healthcare team, the payer and the community. Case management occurs across a continuum of care, is individually focused and member-centric.

Case managers handle many issues, including:
- High-cost or complex medical needs
- Solid organ and tissue transplants
- Complex Chronic illness
- Catastrophic illness or injuries
- High-risk pregnancy
- Children with special health care needs
- Lead poisoning

If you would like to refer our members to the Case Management Program, please call 1-866-635-7045, 8 a.m. to 5 p.m. or refer to your state-specific Quick Reference Guide at www.wellcare.com/provider/quickreferenceguides.

MEDICARE

SPECIAL NEEDS PROVIDER TRAINING AVAILABLE

If you are a provider that is caring for a WellCare Special Needs member, you are required to complete a training that outlines the requirements around Special Needs. We have free online provider training available at www.wellcare.com/provider/providertraining. We can also mail you a copy of the training with request for written attestation. If you would like more information, you may contact your WellCare Provider Relations representative or speak with Provider Services at the number listed on your state-specific Quick Reference Guide at www.wellcare.com/provider/quickreferenceguides.
DISEASE MANAGEMENT PROGRAM

Disease management is a system of coordinated health care interventions and communications that seek to proactively identify populations with, or at risk for, established medical conditions. WellCare offers a telephonic Disease Management Program that focuses on the following:

- Supporting the physician/patient relationship and plan of care
- Emphasizing prevention of exacerbations and complications using cost-effective, evidence-based medicine practice guidelines
- Emphasizing patient empowerment strategies such as self-management of condition.

Disease Managers manage the following disease states:

- Asthma
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Hypertension
- Depression
- Obesity
- Smoking Cessation

If you would like to refer our members to the Disease Management Program, please call 1-866-635-7045, 8 a.m. to 5 p.m. or refer to your state-specific Quick Reference Guide at www.wellcare.com/provider/quickreferenceguides.

COMMUNICATING EFFECTIVELY FOR CONTINUITY OF CARE

WellCare encourages all providers – medical and behavioral – to initiate communication that facilitates and enhances continuity of care, relapse prevention, member safety and member satisfaction. Few would challenge the notion that effective integration and collaboration between primary care physicians (PCPs) and mental health specialists (to include psychiatrists, social workers and ARNP’s) are essential for consumer well-being. However, it is not uncommon for medical and behavioral health providers to express concern that they do not receive information from fellow physicians. Barriers often cited for the lack of communication are time and resource shortages. However, when one considers the potential impact on optimal member care, communication is clearly a critical necessity.

What can you do as the individual practitioner?

- Get to know your fellow physicians, PCPs and psychiatrists. Go to meetings, whenever possible, where you can get acquainted with one another.
- Pick up the phone. Colleagues will appreciate the time and effort taken for communication.
- Request copies of records from physicians who have cared for the patient before your involvement.
- Set up systems in your office and hospital units that enhance and automate patient communication and permit transition of care in a safe and effective way.
- Include the PCP on admission and discharge reports, letting your colleague know about discharge appointments, medications and any specialty consultations required post-hospitalization.
- Use your behavioral health care manager and discharge planner to assist you in making appointments and arranging follow-up care. Discharge planners can also work with the member to make sure they make their appointments. If you have questions or feedback about physician communication or quality-related topics, please contact your local Provider Relations representative.

If you have questions or feedback about physician communication or quality-related topics, please contact the health plan or your local Provider Relations representative.
Our Special Needs Plans (SNP) focus on taking care of members who are dually eligible (Medicare and Medicaid). These members are typically impoverished, elderly, disabled and have debilitating, chronic or complex medical and/or psychosocial illness. WellCare understands this population and has built programs to respond to these special needs. We are committed to our mission to enhance our member’s health and quality of life. We want to share with you some of the activities accomplished in 2012 to improve the quality of care, and service for, our special needs members:

• Every member was contacted to complete a health risk assessment. This provided proactive information about the member’s special health care needs. If the member agreed to case management, the member was enrolled in our Case Management program. Care Plans were shared with the member, the primary care physician (PCP) and other members of the interdisciplinary care team.

• We collaborated with the PCP and specialists to ensure that the member received the services necessary for their special situation.

• Our outreach to members included education on their condition, identification of barriers or gaps that may negatively influence the member’s health status and identification of, and education about, preventive care needs such as diabetic care, mammograms, asthma and cholesterol management.

• We supported the special needs member’s transition from one setting to another (e.g., home, hospital, skilled nursing facility, etc.) and notified the member’s PCP of the transition.

Highlights of our quality goals for 2013:

• Continue to work on expanding the provider network to offer even more choices of primary care and specialist providers in the community where members live.

• Increase the number of providers available to see new special needs patients.

• Help members receive timely doctor appointments and provide appointment reminders.

• In some cases, a doctor or nurse will visit a special needs member to provide in-home preventive screenings or a health risk assessment.

To speak with a Case Manager regarding the special needs of your patient, please contact our Case Management Department at the phone number located on your state-specific Quick Reference Guide at www.wellcare.com/provider/quickreferenceguides.
Visit www.wellcare.com (Medicare) or florida.wellcare.com (Medicaid) to access our Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, key forms, Pharmacy Guidelines and other helpful resources. Providers may also request hard copies of any of the above documents by contacting their Provider Relations representative. For additional information, please consult your Quick Reference Guide at: www.wellcare.com/provider/quickreferenceguides.

PROVIDER NEWS
Remember to check messages regularly to receive new and updated information. Visit the secure area of www.wellcare.com (Medicare) or florida.wellcare.com (Medicaid) to find copies of the latest correspondence. Access the secure portal using the “Member/Provider Secure Sign-In” area on the right. You will see Messages from WellCare located in the right-hand column.

ADDITIONAL CRITERIA AVAILABLE
Please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available on our website at: www.wellcare.com/provider/ccgs.

2013 Q4 PROVIDER FORMULARY UPDATE

MEDICAID:
Updates have been made to the Staywell/HealthEase Medicaid and Healthy Kids Preferred Drug List. Please visit florida.wellcare.com/provider/pharmacy to view the current preferred drug list and pharmacy updates.
You can also refer to the Provider Manual available at florida.wellcare.com/provider/resources to view more information regarding WellCare’s pharmacy utilization management policy and procedures.

MEDICARE:
Updates have been made to the Medicare Formulary. The most up-to-date complete formulary can be found at www.wellcare.com/medicare/medication_guide.
You can also refer to the Provider Manual available at www.wellcare.com/provider/providermanuals to view more information regarding WellCare’s pharmacy utilization management policy and procedures.

WE’RE JUST A PHONE CALL OR CLICK AWAY!
WellCare of Florida, Inc.

Medicare: 1-888-888-9355 | www.wellcare.com

Medicaid:
HealthEase | 1-800-278-0656 | florida.wellcare.com
HealthEase Kids | 1-800-278-8178 | florida.wellcare.com
Staywell | 1-866-334-7927 | florida.wellcare.com
Staywell Kids | 1-866-698-5437 | florida.wellcare.com