



SOUTH CAROLINA | 2014 | ISSUE I

# PROVIDER

## Newsletter



## PROVIDER SATISFACTION SURVEY

WellCare Health Plans continues to focus efforts on the experiences of both our members and providers. In order to better understand and remain well informed about our valued provider network, we conducted the Provider Satisfaction Survey again in 2013. The survey concentrated on a variety of subjects including call center/member services, provider relations, continuity/coordination of care, provider network, utilization and quality management, finance issues, pharmacy and drug benefits, and overall satisfaction and loyalty.

As in 2012, extensive reviews of our 2013 survey results are under way to ensure that our focus is aligned with the needs of our providers. Current areas of focus include enhancing provider services at the local level, claim processing and issue resolution, enriching administrative tools/capabilities, and continued emphasis on quality. The organization is continuously engaged with several cross-functional teams working on these initiatives, and others that are aimed at better serving our providers. We anticipate incremental gains on several initiatives in 2014 and continued improvement beyond. Stay tuned as these efforts will be further communicated as the year progresses.

Shortly, WellCare will again conduct a Provider Satisfaction Survey. This follow-up survey will be used to measure progress from last year's effort to better evaluate how we can become more effective and productive business partners.

Your participation is encouraged and appreciated, as together we strive to positively impact our members' overall quality of care.

## 2014 Q1 PROVIDER FORMULARY UPDATE

Updates have been made to the WellCare of South Carolina Preferred Drug List. Please visit [southcarolina.wellcare.com/provider/pharmacy](http://southcarolina.wellcare.com/provider/pharmacy) to view the current preferred drug list and pharmacy updates.

You can also refer to the Provider Manual available at [southcarolina.wellcare.com/provider/resources](http://southcarolina.wellcare.com/provider/resources) to view more information regarding WellCare of South Carolina's pharmacy utilization management policy and procedures.

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## PROVIDER RESOURCES

### WEB RESOURCES

Visit [southcarolina.wellcare.com](http://southcarolina.wellcare.com) to access our Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, Pharmacy Guidelines, key forms 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 reference your *Quick Reference Guide* at [southcarolina.wellcare.com/provider/resources](http://southcarolina.wellcare.com/provider/resources).

### PROVIDER NEWS

Remember to check messages regularly to receive new and updated information. Visit the secure area of [southcarolina.wellcare.com](http://southcarolina.wellcare.com) 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](http://www.wellcare.com/provider/ccgs).

## CLINICAL PRACTICE GUIDELINES

Clinical Practice Guidelines are best practice recommendations based on available clinical outcomes and scientific evidence. WellCare Clinical Practice Guidelines reference evidence-based standards to ensure that the guidelines contain the highest level of research and scientific content. Clinical Practice Guidelines are also used to guide efforts to improve the quality of care in our membership. The Clinical Practice Guidelines listed below are available on the WellCare Provider Resources website [www.wellcare.com/provider/cpgs](http://www.wellcare.com/provider/cpgs).

### GENERAL CLINICAL PRACTICE GUIDELINES

- Asthma
- Cholesterol Management
- Chronic Heart Failure
- Chronic Kidney Disease
- COPD
- Coronary Artery Disease
- Diabetes in Adults
- Diabetes in Children
- HIV Antiretroviral Treatment in Adults
- HIV Screening
- Hypertension
- Imaging for Low Back Pain
- Lead Exposure
- Obesity in Adults
- Obesity in Children
- Osteoporosis
- Pharyngitis
- Rheumatoid Arthritis

### PREVENTIVE HEALTH GUIDELINES

- Adult Preventive Health
- Post-Partum Guidelines
- Preconception and Interpregnancy
- Pregnancy
- Preventive Health Pediatric

### BEHAVIORAL HEALTH CPG'S

- ADHD
- Depressive Disorders in Adults
- Depressive Disorders in Children
- Schizophrenia
- Substance Use Disorders
- Suicidal Behaviors



## NEW PAPER PROFESSIONAL 1500 CLAIM SUBMISSION REQUIREMENTS

On June 16, 2013, the National Uniform Claim Committee (NUCC) published an updated version of the 1500 manual (v. 1.1) providing new billing guidelines. (Form OMB- 0938-1197)

NUCC announced the approval of the updated 1500 Claim Form that accommodates reporting needs for ICD-10 and aligns with requirements in the Accredited Standards Committee X12 (ASC X12) Health Care Claim Professional 837P Electronic Data Interchange(EDI) Version 5010 Technical reporting requirements.

The new guidelines detail various Strategic National Implementation Process (SNIP) edits which WellCare had not previously enforced for paper claims. As of November 1, 2013, WellCare began adhering to the newly published billing guidelines.

### RESOURCE DOCUMENTS

The following links provide information about the revisions made to the CMS-1500 Claim Form:

1. Change log showing all changes between 8/05 version and 2/12 version of the CMS-1500
  - [www.nucc.org/images/stories/PDF/1500\\_claim\\_form\\_change\\_log\\_2012\\_02.pdf](http://www.nucc.org/images/stories/PDF/1500_claim_form_change_log_2012_02.pdf)
2. User manual for the CMS-1500 Claim Form:
  - [www.nucc.org/images/stories/PDF/1500\\_claim\\_form\\_instruction\\_manual\\_2012\\_02.pdf](http://www.nucc.org/images/stories/PDF/1500_claim_form_instruction_manual_2012_02.pdf)
3. Mapping between CMS-1500 Claim Form to 837P transaction:
  - [www.nucc.org/images/stories/PDF/1500\\_claim\\_form\\_map\\_to\\_837P\\_2012\\_02.pdf](http://www.nucc.org/images/stories/PDF/1500_claim_form_map_to_837P_2012_02.pdf)

The new CMS-1500 Claim Forms can be ordered via File RX at the following link: [www.filerx.com/catalog/category.aspx?c=24](http://www.filerx.com/catalog/category.aspx?c=24).

### CLAIMS/ENCOUNTERS TO BE REJECTED TO PROVIDERS

Paper claims submitters must adhere to the National Uniform Claim Committee (NUCC) and National Uniform Billing Committee (NUBC) standards. Additional guidance can also be found in the June 2013 Ingenix – Uniform Billing Editor.

WellCare will only accept typed original red and white forms (no black & white copies, faxes, hand-written claims). For more specific details on WellCare claims submission policies, please visit your state-specific WellCare website at [southcarolina.wellcare.com/provider/resources](http://southcarolina.wellcare.com/provider/resources).

It is important that you comply with these submission requirements in order for your claims/encounters to be processed in a timely manner and to avoid rejections.

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## MAJOR CHANGE SUMMARY

- New form provider information for box 17, 17a and 17b
  - Box 17 – Referring, Ordering or Supervising provider’s name (First Name, Middle Initial, Last Name) and credentials of the provider. Place the two-digit qualifier to the left of the name.
    - ◊ DN – Referring Provider
    - ◊ DK – Ordering Provider
    - ◊ DQ – Supervising Provider
  - Box 17a – Other ID (not the NPI) of the Referring, Ordering or Supervising provider with the corresponding NUCC defined qualifier
    - ◊ 0B – State License Number
    - ◊ 1G – Provider UPIN Number
    - ◊ G2 – Provider Commercial Number
  - Box 17b – Referring, Ordering or Supervising provider’s National Provider Identifier (NPI)
- Additional Diagnosis Codes
  - It is imperative that billers complete Box 21 with the value “9” or “0” to indicate whether you are sending ICD-9 or ICD-10 diagnosis codes. The revised form also allows for additional diagnosis codes, expanding from 4 possible codes to 12

## WELLCARE TIME LINES

**Beginning January 6, 2014 through March 31, 2014**, WellCare will allow the use of both the 08/05 version and 02/12 version of the CMS-1500 Claim Form when submitted on typed original (red and white) forms.

**Beginning April 1, 2014**, WellCare will only accept typed original (red and white) CMS-1500 Claim Forms on the 02/12 version.

For questions regarding this requirement, please email [.EDI-Master@wellcare.com](mailto:EDI-Master@wellcare.com).

## ICD-10 UPDATE

On January 16, 2009, the Department of Health & Human Services (HHS) published a rule adopting ICD-10 CM and ICD-10 PCS to replace ICD-9 CM for everyone covered by the Health Insurance Portability and Accountability Act (HIPAA) with an effective implementation date of October 1, 2013. On September 5, 2012, HHS published a final rule adopting a revised effective implementation date of **October 1, 2014**.

Per the Centers for Medicare & Medicaid Services (CMS), the transition is necessary due to the fact that current ICD-9 codes contain outdated terminology, lack clinical detail, and due to current structure and formatting, many categories have reached their code limitations. These deficiencies greatly affect the industry’s ability to analyze data and trend information such as health care utilization, performance measurements and population disease patterns. ICD-10 allows for greater specificity and detail in describing

a patient’s diagnosis and in classifying inpatient procedures, so reimbursement can better reflect the intensity of the patient’s conditions and diagnostic.

WellCare will be compliant with the CMS rule for ICD-10 readiness beginning October 1, 2014. The WellCare strategy for ICD-10 compliance is to configure systems and business processes to accept ICD-10 codes. General Equivalency Maps (GEMs) will be used along with WellCare custom clinical and coding mappings to address gaps in GEMs when transitioning to ICD-10. WellCare recommends health care providers to look for specific ICD-10 training offered by societies and professional organizations, and to utilize the CMS website as a resource for ICD-10-related materials and guidance during this transition period.

Please refer to the [www.wellcare.com](http://www.wellcare.com) website for more information or contact your market representative with questions regarding the transition to ICD-10.



## 2014 COVERAGE CHANGES

Circumcision – As of January 1, 2014, WellCare of South Carolina is covering newborn circumcisions up to 6 months of age. The impacted codes are listed below. This benefit has been configured so that payments for this procedure are not denied. Pregnant members received a postcard notifying them of this benefit change in December 2013. Notification of the change has also been posted on the member website and will be included in the upcoming member newsletter.

- Codes: 54160 and 54161
- Coverage: up to 6 months of age
- Payment amount: \$150.00

Vision Service – Also effective January 1, 2014, South Carolina Department of Health and Human Services (SCDHHS) no longer has an exclusive contract with Robertson Optical for FFS participants. As of January 1, 2014, any enrolled and qualified provider producing eye wear may bill for this service. FFS participants may receive their benefits through the various providers contracted by the state.

Please contact our Provider Services team at **1-888-588-9842** with any questions regarding these changes.

## WELLCARE EXPANDS MEDICAID IN SOUTH CAROLINA

WellCare has received approval from the South Carolina Department of Health and Human Services (SCDHHS) to offer Medicaid in six additional counties, effective January 1, 2014. With this approval, WellCare now provides Medicaid services in 45 out of 46 counties in South Carolina.

Additionally, membership from Carolina Medical Homes (CMH) was expected to transition to WellCare on January 1, 2014. This was a result of changes SCDHHS is making to its Healthy Connections Choices Medicaid managed care program, as well as WellCare's pending purchase of certain assets from CMH.

“This six-county expansion will allow WellCare to provide Medicaid services to beneficiaries in nearly every county in South Carolina,” said Dave Shafer, President, WellCare of South Carolina. “It will also help us to ensure that almost all of the members transitioning from Carolina Medical Homes will be able to continue their care with their current primary care providers. We look forward to continuing to work with the state, providers and communities to deliver quality, cost-effective health care solutions to our South Carolina Medicaid members.”

## ACCESS TO UTILIZATION MANAGEMENT STAFF

The Utilization Management section of your Provider Manual contains detailed information related to the utilization management program. Your patient, our member, can request materials in a different format including other languages, large print and audio tapes. There is no charge for this service.

If you have questions about the utilization management program, please call Provider Services at the number listed on your state-specific *Quick Reference Guide* located at [southcarolina.wellcare.com/provider/resources](http://southcarolina.wellcare.com/provider/resources).

## AVAILABILITY OF REVIEW CRITERIA

The determination of medical necessity review criteria and guidelines are available to the providers upon request. Providers may request a copy of the criteria used for specific determination of medical necessity by calling Provider Services at the number listed on your state-specific *Quick Reference Guide* at [southcarolina.wellcare.com/provider/resources](http://southcarolina.wellcare.com/provider/resources).

Also, please remember that all *Clinical Coverage Guidelines*, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources link at [www.wellcare.com/provider/ccgs](http://www.wellcare.com/provider/ccgs).



WE'RE JUST A PHONE CALL OR CLICK AWAY!

WellCare of South Carolina: 1-888-588-9842 | [southcarolina.wellcare.com](http://southcarolina.wellcare.com)