Provider NEWS

Fall 2022
A newsletter for WellFirst Health providers

The Facts Behind WellFirst Health Provider Surveys

In the age of electronic information, a pop-up survey request is a familiar sight. But… why does the Health Plan send provider surveys? Who receives these surveys? How are responses from surveys used? What's next? Find out in this provider survey tell-all.

Why does the Health Plan send provider surveys?

Surveys are an important means for WellFirst Health to obtain direct and actionable provider feedback. As we constantly seek to improve processes, hearing from providers and support teams plays a significant role in how we approach and achieve improvements.

Additionally, many of the surveys support the Health Plan's accreditation with the National Committee for Quality Assurance (NCQA). NCQA accreditation validates the Health Plan's operational performance and marketplace competitiveness, ensuring that our model brings value to our members and communities served. It also assures members that the Health Plan and our provider network are committed to meeting quality standards.

Who receives surveys?

The short answer is that it depends. Some surveys are created for a specific audience while others are intended for a broader audience. Designated recipients for surveys range from front office staff who directly interact with patients enrolled in WellFirst Health benefit plans, administrative staff responsible for specific business processes in their organization, or to specific practitioners or provider specialties. We recognize that everyone's time is valuable and strive to be judicious when determining recipients for a survey.

How is survey feedback used?

Survey feedback offers valuable perspective that the Health Plan can use to enhance the overall provider experience. For example, based on provider feedback, last year WellFirst Health's Utilization Management

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The Facts Behind WellFirst Health Provider Surveys ... (continued)

(UM) Team enhanced the Master Services List (MSL). The MSL now lists Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes for a majority of medical policies as well as a number of services not having a prior authorization requirement for easier reference.

Additionally, amid the ever-changing health care landscape, we can use survey responses to anticipate changes, navigate challenges, or explore innovative ways to enhance the overall provider experience.

What's Next?

Where possible, survey recipients can expect to see shorter provider surveys with less questions and the inclusion of text fields for typed comments.

We are excited to be developing a Provider Experience Survey 2022 for later this year. This survey will include questions pertaining to provider interactions with a number of departments across the Health Plan. We are looking forward to hearing from you and will share what we learn from this survey in a future edition of WellFirst Health Provider News.

Thank you!

Thank you to providers and support teams for participating in our past and future surveys! We appreciate your time in providing us valuable feedback so that we can better support you. ⊕

Good Health Care Claims Habits, Featuring "Service Facility Location"

Claims are much more than a bill for a patient's services. Good standard claims practices entail submitting claims that accurately represent a patient's service(s) and interaction with their providers. This article features the "Service Facility Location" field on electronic 837 Professional (837P) claim transactions or paper 1500 Health Insurance Claim Forms (02/12) for those providers without access to an electronic claim format.

The field for "Service Facility Location" on the 837P transaction is Loop 2310C. On the 1500 claim form, the fields are Items 32, 32A, and 32B. In both claim formats, when providers see patients outside of their normal office location (i.e., at a physical location that is different from their billing address), these fields are intended for the name, address, and ZIP code of the facility where services were rendered in a hospital, clinic, laboratory, or facility other than the patient's home or physician's office.

While "Service Facility Location" is not a required field on claims at this time, WellFirst Health encourages providers to use it to accurately document locations of care for a patient, when different. ⊕

WellFirst Health Member Resources Reference Guide for Providers

WellFirst Health offers a wide range of member programs and services, and we want to be sure our providers know about them too!

WellFirst Health is committed to improving the overall health of our communities. While our member services and programs are intended for patients who are enrolled in WellFirst Health benefit plans (and some are even available to patients not enrolled in one of our plans), we encourage providers to be familiar with these resources and promote them to their patients, when appropriate.

WellFirst Health has designated websites for members based on their benefit plan or residency. To assist providers in finding member information online, we have created the WellFirst Health Member Resources Reference Guide for Providers, published on the WellFirst Health Provider Communications page. The reference guide is organized alphabetically by the name of the Program/Service with a brief description. Direct links to online information are provided in the reference guide.

What are some examples of featured resources? While providers are likely to be familiar with our behavioral health web pages for providers, they may not realize that there is a Behavioral health web page for members with direct links to Health Plan supports, services, and treatment options within our network and nationally.

Similarly, our Care Management web page for members not only details and links to available health care and community resources, members can voluntarily enroll in some of the programs online. An example of such a program is featured in this edition's "Extra Support for Pregnant and Postpartum Patients" article highlighting the Mother and Babies Program which offers direct member enrollment.

Health and wellness programs such as Healthy Extras Foodsmart, and upcoming wellness events are also featured. Please note wellness rewards and programs may vary by plan.

Additionally, providers may be interested in the extensive preventive care information on the members' preventive care web page, including a Q&A section.

Due to the breadth of available resources, the reference guide is not intended to be an exhaustive list and providers should refer to wellfirsthealth.com and wellfirstbenefits.com for the most up-to-date information. As a reminder, specific member coverage is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and subject to state and/or federal laws. ⊕

Health Equity and WellFirst Health

Health equity means that every person has the opportunity to be as healthy as possible. WellFirst Health recognizes that addressing health inequities and promoting cultural awareness are key for delivering a diverse and inclusive experience for members. In support of this, we invite providers and their support teams to visit our Cultural Awareness & Health Equity web page featuring the Cultural Awareness Training Series. We have thoughtfully selected each module to reflect timely topics and patient populations.

- **Module 1:** Introduction to Cultural Competency and Humility
- **Module 2:** Introduction to Refugee Communities
- **Module 3:** Introduction to LGBT Populations
- **Module 4:** Organizational Cultural Competence

Each module lists clear learning objectives. Viewers can watch modules at their convenience and refer back as often as they wish. ⊕

Preventing Falls in Older Adults

Falls are the leading cause of loss of independence for people over the age of 65. According to the Centers for Disease Control (CDC) National Center for Injury Prevention and Control, 1 in 4 people 65 and older falls each year. While falls can lead to a loss of independence, most are preventable. It's important to talk with your patients about fall risks and prevention along with discussing the following with them:

(1) Review the patient's medication. Medication management can reduce interactions and side effects that may lead to falls.

(2) Discuss an exercise program appropriate for them to improve or maintain leg strength and balance.

(3) Encourage your patient to get an annual eye exam, and to replace eyeglasses as needed.

(4) Talk with them about how they can make their home safer by removing clutter and tripping hazards, such as rugs and electrical cords.

The following link can provide you additional materials from the CDC for reference: Clinical Resources | STEADI - Older Adult Fall Prevention | CDC Injury Center.

Extra Support for Pregnant and Postpartum Patients

The Health Plan offers a Mothers and Babies program that provides telephonic support for mothers who are pregnant or postpartum. The Mothers and Babies Program is a free, interactive program that shares useful tools and skills to help pregnant women and new moms manage stress and/or reduce symptoms of depression. Once learned, moms always have these skills and can use them in many aspects of their lives. Mothers and Babies Groups are facilitated over the phone in a one-on-one format over nine weeks. Weekly sessions are 20-25 minutes long.

The Mothers and Babies Program offers:

- Support for healthy communication, stress management, and healthy bonding with baby.
- Helpful information about pregnancy and baby development.
- Strategies for paying attention to changes in mood.

Patients can sign up for the program directly from our Mothers and Babies web page or by calling the Customer Care Center number on the back of their member ID card.

Home Infusion Administration Prior Authorization Requirement Removed

Effective for dates of service on and after September 1, 2022, prior authorization will no longer be required for the *administration* of home infusion (codes 99601, 99602, G0068, G0069, G0070, S9500, and S9810). This will not change prior authorization for infusion *drugs* with a prior authorization requirement. Infusion drugs requiring prior authorization will continue to require prior authorization. As a reminder, *supplies* for home infusion do not require prior authorization.

Medicare Advantage Corner

Welcome to the Medicare Advantage Corner! This section of the newsletter highlights information and timely topics regarding our Medicare Advantage plans.

Preview- New 2023 Benefits for WellFirst Health Medicare Advantage Plans with Drug Coverage

100-Day Refill Cycle

For 2023, we are focused on helping WellFirst Health Advantage members with drug (Part D) coverage (MAPD) stay on track with refilling their maintenance medications and help promote their medication adherence. We have developed a program that will enable MAPD members to obtain a larger quantity of their medications at each refill. For example, in 2023, WellFirst Health MAPD members will be able to receive a 100-day supply instead of a 90-day supply when they fill their maintenance medications at a pharmacy or through mail order for tiers 1, 2, 3, and 4 drugs. This means they will be able to get more medication at the same cost as a 90-day prescription. The program excludes narcotics and Specialty medications. *Members who receive this benefit will be able to save one copay per year with the new program.*

To start a patient toward realizing these savings, providers will need to send a prescription to the pharmacy that specifies a 100-day instead of a 90-day quantity per month. For example: Lisinopril 5 mg 1 qd #100 days with 3 refills.

Along with our 100-day supply refills, we will be offering a more robust benefit to help our MAPD members save on their medication's copays. In 2023, we will offer $0 copays for Tier 1 and Tier 2 drugs obtained through our Costco Mail Order Pharmacy program. Members do not have to be a Costco member to sign up for the mail order program. Refer to the mail order information on our website for information about enrolling in the Costco Mail Order Pharmacy program, including a link to the online or paper enrollment form. Members can call Costco's customer care help line at **877-232-7566** (TTY:711) for assistance.

Additionally, members can still save at a preferred retail pharmacy. See the cost sharing information in the tables below.

Tiers	Costco Mail Order 3 Months	Preferred Retail Pharmacy* 3 Months	Non-Preferred Retail Pharmacy 3 Months
Tier 1	$0	$2	$7
Tier 2	$0	$10	$20
Tier 3	$117.50	$117.50	$130
Tier 4	$285	$285	$300
Tiers	**Costco Mail Order 1 Months**	**Preferred Retail Pharmacy* 1 Months**	**Non-Preferred Retail Pharmacy 1 Months**
Tier 5	29%	33%	33%
Tier 6	$0	$0	$0

* Preferred retail pharmacies are Costco, CPESN, Walgreens, Walmart, and SSM pharmacies.

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Preview- New 2023 Benefits for WellFirst Health Medicare ... (continued)

New Gap Coverage for WellFirst Health MAPD

As a MAPD member moves through the phases of their Medicare Part D benefit, some may have difficulty paying the 25% coinsurance for medications if they are in the "coverage gap phase" of their Part D coverage, also referred to as the "donut hole." Starting in 2023, our benefit plan design for WellFirst Health MAPD members will allow the pre-coverage gap copay amounts for all Tier 1 medications while members are in the coverage gap phase.

For example, before the coverage gap phase, a member obtains their Lisinopril (tier 1 drug) prescription from a preferred pharmacy at their $2 per month copay. If the member enters the "coverage gap phase" of their Part D coverage, the $2 copay amount still applies until the member enters the catastrophic phase.

New $0 Diabetic Supplies

As members move to more injectable diabetic medications, WellFirst Health recognizes the need to help our members control cost by allowing them $0 cost share for all of the diabetic supplies they would receive at the pharmacy. Whether the supply is covered under Part D or Part B, WellFirst Health MAPD members will have $0 cost share through the gap coverage phase. Members will be able to utilize this benefit at a preferred retail or through the Costco Mail Order Pharmacy program. Some of the supplies include:

- Insulin syringes
- Needles
- Alcohol swabs
- Lancets
- Lancet devices

Member-Focused Real time Benefit tool

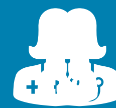
We heard from WellFirst Health MAPD members that they wanted a way to look at costs and alternatives to some of their medications. In response to this feedback, in 2023, we are pleased to offer a real-time benefit tool that members can utilize to search their medications, built into their secure WellFirst Health Member Portal access.

If your WellFirst Health MAPD patient has ever tried to figure out the cost of a medication, alternative medications, or if their prescribed medication has any restriction, this real time tool in the member portal can help answer those questions. Members can access the member portal account directly using this link: wellfirstbenefits.com/Account-Login or by hovering over the Members link at the top of WellFirst Health web pages and clicking the Account Login link under Tools. If your patient does not have a member portal account, they will need to register. To register, they will need an email address, phone number (for two factor authentication), their member ID number, first and last name as it appears on their member ID card, social security number, and date of birth.

Providers are reminded to not discuss 2023 benefits with their patients prior to October 1st in compliance with Medicare requirements.

New Opportunity to Deliver Part D Vaccinations

In 2021, we introduced $0 Vaccine Programs to help members stay healthy. To enhance the program, starting in October 2022, when your WellFirst Health MAPD patient is in for an appointment and is overdue for a Part D vaccine, your office will be allowed to bill the Health Plan for those Part D vaccines, rather than a pharmacy. We will apply the cost to the member's Part D plan and reimburse your office the Part D vaccine cost and administration. Part D vaccines include, but are not limited to the following: Hepatitis B for low-risk members, Shingles (Shingrix), Tetanus and diphtheria booster, Meningococcal and all others listed on our Formulary document. Please remember members are required to get all Part B vaccines (Flu, Hepatitis B for high risk, pneumococcal pneumonia, tetanus shot) while in your office.



New Comprehensive Oncology Program

WellFirst Health is launching the Comprehensive Oncology Program with Magellan Rx (MRx), a division of Magellan Health, Inc., for dates of service on and after January 1, 2023. This program offers comprehensive oncology and oncology-related medical benefit drug policies with advanced clinical criteria, dose optimization, and drug wastage components. It also allows the Health Plan access to and support from oncology specialists in areas such as breast, lung, melanoma, myeloma, lymphoma, genitourinary, lung, and gastrointestinal cancer, as well as board-certified oncology pharmacists to assist Health Plan staff with prior authorization clinical recommendations.

Oncology and Oncology-Related Medical Benefit Drug Policies

New and updated medical benefit drug policies will be co-branded with MRx and WellFirst Health logos and available in the WellFirst Health Document Library later this year. All policies are informed by NCCN guidelines.

Prior Authorization Submission and Form

For dates of service on and after January 1, 2023, providers **will continue** to submit prior authorization requests to the Health Plan, but using one, simplified prior authorization form for oncology and oncology-related medication authorization requests.

Not Changing for Dates of Service On and After January 1, 2023

For dates of service on and after January 1, 2023, the following **will continue** under the same requirements and/or processes as today:

- Medical benefit drug policies and prior authorization form will be accessible via the WellFirst Health Medical Injectable List.
- Policies will be available from the Health Plan's Document Library.
- Prior authorization requests will be accepted via fax to 608-252-0814 and determination letters will be returned from the Health Plan.
- Clinical notes and supporting documentation for prior authorization requests will be required.
- The current peer-to-peer process will be available for consultation and clinical review of potential denials and appeals.
- Prior authorizations approved before January 1, 2023, will be grandfathered under the previous policy and exempt through the prior authorization expiration date.

Changing for Dates of Service On and After January 1, 2023

For dates of service on and after January 1, 2023, the following **will change:**

- One prior authorization form will replace the current separate forms for specific drugs.
- Providers may receive a phone call from MRx supporting the Health Plan during the authorization review process if additional information is necessary to render a determination on the request.
- Affected medical benefit drug policies will be co-branded. Affected oncology and oncology-related medications, listed in the tables at the end of this article, will have new policy, retired policy, or policy with changed clinical criteria:
  - New policies will require prior authorization. Some of the listed drugs may already have prior authorization requirements, but not an associated policy currently.
  - Changed policies are current policies that will be updated for changed criteria and/or prior authorization requirements.
  - Retired policies will no longer require prior authorization, but will continue to be covered with an appropriate diagnosis.

Providers are encouraged to review new and changed medical benefit drug policies, when available. Questions regarding the Comprehensive Oncology Program can be directed to Pharmacy Services at DHP.Pharmacyservices@deancare.com.

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New Comprehensive Oncology Program ... (continued)

New Oncology & Oncology-Related Medical Benefit Drug Policies

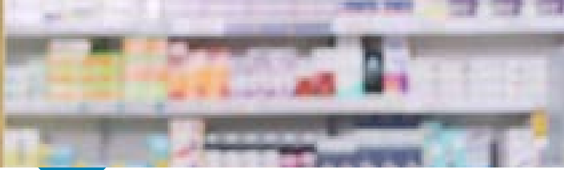
Brand Name	Generic Name	Brand Name	Generic Name
Akynzeo	fosnetupitant/palonosetron	**Nivestym**	filgrastim-aafi
Aliqopa	copanlisib	**Nplate**	romiplostim
Aloxi	palonosetron	**Onivyde**	irinotecan liposome injection
Azedra	iobenguane I-131	**Opdualag**	nivolumab/relatlimab-rmbw
Carvykti	ciltacabtagene autoleucel	**Pluvicto**	lutetium Lu 177 vipivotide tetraxetan
Fyarro	sirolimus albumin-bound	**Poteligeo**	mogamulizumab-kpkc
Granix	tbo-filgrastim	**Provenge**	sipuleucel-T
Herceptin Hylecta (SQ)	trastuzumab and hyaluronidase-oysk	**Releuko**	filgrastim-ayow
Imlygic	talimogene laherparepvec	**Sustol**	granisetron
Jelmyto	mitomycin	**Sylvant**	siltuximab
Marqibo	vincristine sulfate liposomal	**Vyxeos**	daunorubicin-cytarabine
Mylotarg	gemtuzumab ozogamicin	**Yondelis**	trabectedin
Neupogen	filgrastim		

Changed Oncology & Oncology-Related Medical Benefit Drug Policies

Brand Name	Generic Name	Brand Name	Generic Name
Abecma	Idecabtagene vicleucel	**Cyramza**	ramucirumab
Abraxane	paclitaxel protein bound	**Danyelza**	naxitamab-gqgk
Adcetris	brentuximab vedotin	**Darzalex (IV)**	daratumumab
Aranesp	darbepoetin alpha	**Darzalex Faspro (SC)**	daratumumab and hyaluronidase-fihj
Alimta	pemetrexed	**Elzonris**	tagraxofusp-erzs
Alymsys	bevacizumab	**Empliciti**	elotuzumab
Avastin	bevacizumab	**Enhertu**	fam-trastuzumab deruxtecan-nxki
Bavencio	avelumab	**Epogen**	epoetin alfa
Beleodaq	belinostat	**Erbitux**	cetuximab
Belrapzo	bendamustine	**Fulphila**	pegfilgrastim-jmdb
Bendeka	bendamustine	**Fusilev**	levoleucovorin
Besponsa	inotuzumab ozogamicin	**Gazyva**	obinutuzumab
Blenrep	belantamab mafodotin-blmf	**Herceptin**	Trastuzumab
Blincyto	blinatumomab	**Herzuma**	trastuzumab-pkrb
Bortezomib	bortezomib	**Imfinzi**	durvalumab
Breyanzi	lisocabtagene maraleucel	**Infugem**	gemcitabine
Cosela	trilaciclib	**Jemperli**	dostarlimab-gxly

Changed Oncology & Oncology-Related Medical Benefit Drug Policies ... (continued)

Jevtana	cabazitaxel	**Portrazza**	necitumumab
Kanjinti	trastuzumab-anns	**Procrit**	epoetin alfa
Keytruda	pembrolizumab	**Proleukin**	aldesleukin, IL-2
Khapzory	levoleucovorin	**Retacrit**	epoetin alfa-epbx
Kymriah	tisagenlecleucel	**Riabni (IV)**	rituximab-arrx
Libtayo	cemiplimab-rwlc	**Rituxan (IV)**	rituximab
Lumoxiti	moxetumomab pasudotox-tdfk	**Rituximab Hycela (SC)**	rituximab and hyaluronidase human
Lutathera	lutetium Lu 177 dotatate	**Ruxience (IV)**	rituximab-pvvr
Margenza	margetuximab-cmkb	**Rybrevant**	amivantamab-vmjw
Mvasi	bevacizumab	**Sarclisa**	isatuximab-irfc
Monjuvi	tafasitamab-cxix	**SANDOSTATIN LAR**	octreotide acetate
Ogivri	trastuzumab-dkst	**Tecartus**	brexucabtagene autoleucel
Ontruzant	trastuzumab-dttb	**Tecentriq**	atezolizumab
Opdivo	nivolumab	**Tivdak**	tisotumab vedotin-tftv
Padcev	enfortumab vedotin-ejfv	**Trazimera**	trastuzumab-qyyp
Pegfilgrastim	Pegfilgrastim products	**Treanda**	bendamustine
Pemfexy	pemetrexed	**Trodelvy**	sacituzumab govitecan-hziy
Pepaxto	melphalan flufenamide	**Truxima**	rituximab-abbs
Perjeta	pertuzumab	**Vectibix**	panitumumab
Phesgo	pertuzumab, trastuzumab and hyaluronidase-zzxf	**Velcade**	bortezomib
Polivy	polatuzumab vedotin-piiq	**Yervoy**	ipilimumab



Changed Oncology & Oncology-Related Medical Benefit Drug Policies ... (continued)

Yescarta	axicabtagene ciloleucel	**Zynlonta**	tafasitamab-cxix
Zepzelca	lurbinectedin	**Kadcyla**	ado-trastuzumab emtansine
Zirabev	bevacizumab		

Retired Oncology & Oncology-Related Medical Benefit Drug Policies

Brand Name	Generic Name	Brand Name	Generic Name
Arzerra	ofatumumab	**Istodax**	romidepsin
Asparlas	calaspargase pegol	**Kyprolis**	carfilzomib
Camcevi	leuprolide	**Lupron Depot**	leuprolide
Cosmegen	dactinomycin	**Oncaspar**	pegaspargase
Eligard	leuprolide	**Orgovyx**	relugolix
Erwinaze	asparaginase erwinia chrysanthemi	**Synribo**	omacetaxine
Fensolvi	leuprolide acetate for depot suspension	**Unituxin**	dinutuximab
Folotyn	pralatrexate	**Zaltrap**	ziv-aflibercept
Halaven	eribulin mesylate		

Formulary Management Procedures

The WellFirst Health drug formulary is reviewed every month. With the approval of newer generic entities, changes and updates are made on a regular basis. In addition to updating the formulary status of covered drugs, formulary restrictions are also modified as necessary. Here is an update of restrictions and limitations associated with the drug formulary:

Closed formulary. WellFirst Health employs a closed formulary. If a drug is not listed on the drug formulary, the product is not covered by the member's pharmacy benefit. If the member chooses a product not on the formulary an Exception to Coverage request must be submitted, or the member is responsible for 100% of the cost of the drug.

Mandatory Generic Substitution. If a drug is available in a generic version, WellFirst Health may require the use of the generic version. If the generic version of the drug is mandated and the patient chooses to receive the brand, the patient is responsible for the highest tier branded copay plus the ingredient cost difference between the brand and generic versions. If the patient's physician requests the branded version, the patient is only responsible for the highest tier branded copay.

Prior Authorization. When a drug is prior authorized, the physician must receive approval prior to prescribing the drug. The list of prior authorized drugs and the request forms are available on wellfirstbenefits.com website.

Step Therapy. "Step edits" (when the Health Plan requires certain steps happen before approving a drug) are often used within a therapeutic class to require generic or preferred drug use prior to a non-preferred drug. When a step edit requirement is in place, the patient must have trialed therapy with a preferred drug(s) prior to receiving approval for the non-preferred drugs. Step edits are verified as part of the real-time point-of-sale system at the pharmacy, and there are no prior authorization requirements.

Specialist Restrictions. Specialist restrictions limit the prescribing of a drug to a unique specialty. These decisions are based on the indications and uses for the specific drug.

Quantity Level Limits. Quantity level limits restrict the supply of drug product that may be dispensed either per prescription or per a specific amount of time.

Specialty Pharmacy. If a drug is available or mandated to be dispensed by a specialty pharmacy, the specialty pharmacy designation will be applied.

A complete listing of WellFirst Health pharmacy resources, including the drug formulary, can be found at wellfirstbenefits.com/Providers/Pharmacy-services. ⊕

WellFirst Health *Provider News*

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Annual Compliance and Fraud, Waste and Abuse Training, and FDR & Subcontractor Attestations

WellFirst Health's annual compliance and Fraud, Waste and Abuse (FWA) training, and First Tier, Downstream and Related Entity (FDR) & Subcontractor Attestations are now underway. In compliance with Centers for Medicare and Medicaid Services (CMS) requirements, the Health Plan requests that organizations with Medicare Advantage contracts complete an annual compliance and FWA training along with a completed and signed FDR & Subcontractor Attestation.

This year's attestations are being sent in September via email from WellFirst Health, dl-wfb.webmaster+ssmhealth.com@ccsend.com.

This email address is not set up to receive responses. Instructions on how to complete and submit FDR & Subcontractor Attestations back to the Health Plan are included in the email from us.

This CMS requirement applies to FDRs and/or Subcontractor currently contracted for Medicare Advantage products. Due to WellFirst Health's Medicare Advantage contract, CMS requires us to include FDRs. We request that FDRs complete the training within 90 days of hire/contracting and annually thereafter. ⊕

Notification Necessary for Provider Demographic Changes

And don't forget to update NPPES information too!

WellFirst Health is committed to ensuring that our provider directories are accurate and current for the members who rely on this information to find in-network providers for their care. Additionally, Centers for Medicare & Medicaid Services (CMS) and other regulatory and accreditation entities require us to have and maintain current information in our provider directories.

To help accomplish this, providers must notify the WellFirst Health Provider Network Consultant Team of any updates to their information on-file with us as soon as they are aware of the change.

On a quarterly basis, outreach is provided by our vendor BetterDoctor requesting providers to validate that their information on-file with us is current and accurate. Information regarding a provider's ability to provide services via telehealth are part of these attestations. Providers should not wait for these reminders to update their information with the Health Plan.

As we enhance our provider directories to accommodate additional information for our in-network providers and additional requirements in the future, please review your directory information regularly at wellfirstbenefits.com/Find-A-Doctor to verify it reflects current and accurate information for you and your organization. Report any updates for the following to the WellFirst Health Provider Network Consultant Team:

- Ability to accept new patients
- Practice location address
- Location phone number
- Provider specialty
- Languages spoken by provider
- Provider terminations
- Other changes that affect publicly posted provider accessibility and demographics information. This includes, but is not limited to:
  - Practice location's handicap accessibility status
  - Hospital affiliation
  - Provider specialty
  - Languages spoken by office staff
  - Provider website URL

Providers are also encouraged to review and update their National Plan and Provider Enumeration System (NPPES) information when they have changes. NPPES provides information such as name, specialty, address, and telephone number for virtually every provider in the country in a machine-readable format. NPPES data serves as an important resource to improve provider directory reliability and accuracy. ⊕

Online Educational Tool Available for Providers to Share with Patients

WellFirst Health offers Emmi®, free online educational programs, that all in-network providers can use to further educate their patients. Emmi® is a series of evidence-based online programs that walk patients through important information about a health topic, condition, or procedure. All educational material is available in both English and Spanish, and in other languages for select content. In-network providers can sign up for an account by contacting Emmi customer support at **866-294-3664** or support@my-emmi.com.

Once a provider has established an account, they can send interactive educational content directly to their patients via email.

Members enrolled in any WellFirst Health product are eligible to access Emmi. By clicking the link in the email sent by their provider, members will be prompted to create a login to access the content. Each program runs from 15 to 30 minutes. Members can watch at their convenience and refer back as often as they wish.

Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights

Highlights of recent drug policy revisions, as well as any new drug policies approved by WellFirst Health's Medical Policy Committee, are published alongside our quarterly newsletter. *Drug policies are applicable to all WellFirst Health products, unless directly specified within the policy.* Note: All changes to the policies may not be reflected in the written highlights below. **We encourage all prescribers to review the current policies.**

All drugs with documented WellFirst Health policies must be prior authorized, unless otherwise noted in the policy. Please note that most drugs with documented policies require specialists to prescribe and request authorization.

To view WellFirst Health pharmacy medical benefit policies, visit wellfirstbenefits.com ➤ select the Providers link at the top of the web page ➤ Pharmacy Services.

From the Pharmacy services for health care providers page, click the See library link located under the Current policies section.

Criteria for pharmacy benefit medications may be found on the associated prior authorization form located in the Prescriber Portal.

Please note that the name of the drug (either brand or generic name) must be spelled completely and correctly when using the search bar.

Fall 2022 Pharmacy and Therapeutics Updates

The Fall 2022 Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights are published alongside this newsletter on our WellFirst Health Provider news web page at WellFirst Health Provider News. Please call the Customer Care Center at **866-514-4194** if you have questions about accessing the updates.

Medical Policy Updates

Highlights of recent medical policy revisions, as well as any new medical policies approved by WellFirst Heath's Medical Policy Committee, are published alongside our quarterly newsletter. The Medical Policy Committee meetings take place monthly. As always, we appreciate the expertise by medical and surgical specialists during the technology assessment of medical procedures and treatments.

To view WellFirst Health medical policies, visit wellfirstbenefits.com ➤ select the Providers link at the top of the web page ➤ Medical Management. From the Medical Management page, click the Medical policies link located under the WellFirst Health policies section. The document library is updated as the medical policies become effective. For questions regarding any medical policy or if you would like copies of a complete medical policy, please contact our Customer Care Center at **866-514-4194**.

All other WellFirst Health clinical guidelines used by the Health Services Division, such as MCG (formerly known as Milliman) and the American Society of Addiction Medicine, are accessible to the provider upon request. To request the clinical guidelines, contact the Health Services Division at **800-356-7344, ext. 4012**.

General Information

Coverage of any medical intervention discussed in a WellFirst Health medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate and applicable state and/or federal laws. A verbal request for a prior authorization does not guarantee approval of the prior authorization or the services. After a prior authorization request has been reviewed in the Health Services Division, the requesting provider and member are notified. Note that prior authorization through the WellFirst Health Health Services Division is required for some treatments or procedures.

Prior authorization requirements for self-funded plans (also called ASO plans) may vary. Please refer to the member's Summary Plan Document or call the Customer Care Center number found on the member's card for specific prior authorization requirements.

For radiology, physical medicine (PT/OT) and musculoskeletal surgery prior authorizations, please contact National Imaging Associates (NIA) Magellan.

Radiology

Providers may contact NIA by phone at **866-307-9729**, Monday-Friday from 7 a.m. to 7 p.m. CST or via **RadMDSupport@MagellanHealth.com**. View details about the radiology prior authorization program.

Physical Medicine

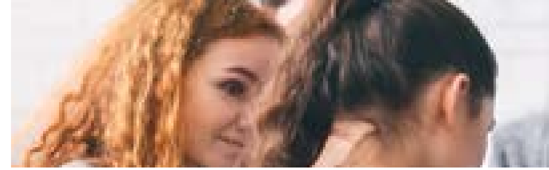
Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at **RadMDSupport@MagellanHealth.com**. View details about the physical medicine prior authorization program.

Musculoskeletal

Providers can contact NIA by phone at **866-307-9729** Monday-Friday from 7 a.m. to 7 p.m. CST or by email at **RadMDSupport@MagellanHealth.com**. View details about the musculoskeletal prior authorization program.

Fall 2022 Medical Policy Updates

Fall 2022 Medical Policy Updates are published alongside this newsletter on our WellFirst Health Provider news page at wellfirstbenefits.com/Providers/Provider-news. Please call the Customer Care Center at **866-514-4194** if you have questions about accessing the updates.



Initiation and Engagement of Substance Use Disorder Treatment (IET)

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), millions of Americans have a substance use disorder (SUD) and about half of those individuals with a substance use disorder also experience serious mental illness.

Follow-up care for SUD, involving alcohol or other drugs (AOD), is monitored by the National Committee for Quality Assurance (NCQA) using the Healthcare Effectiveness Data and Information Set (HEDIS*). The goal for this HEDIS measure is to ensure all adults and adolescents ages 13 and older have at least three follow-up visits following a new SUD episode.

Provider action is needed:

Screen for it. If you have concerns about a patient's substance use, incorporate an evidence-based screening tool. The National Institutes of Health (NIH) (drugabuse.gov) offers a comprehensive guide and links to evidence-based screening and assessment tools you can use with your patients from adolescence to adulthood.

Follow up. When giving a SUD diagnosis, arrange follow-up visits before the patient leaves the office. Follow up visits do not need to be with a behavioral health or substance abuse specialist. Evidence suggests that addressing substance use and physical health together improves both physical health and substance use conditions. Substance Abuse and Mental Health Services Administration (SAMHSA) (samhsa.gov) offers resources on supporting substance abuse in partnership with primary care.

Follow-up tips:

- Every time a patient receives a new primary or secondary diagnosis indicating abuse of alcohol or other drugs, schedule a follow-up visit within 14 days.
- During the second visit, schedule two additional visits and/or schedule the patient to see a substance abuse treatment specialist within the next 34 days.
- Involve others who are supportive of the patient to increase participation in treatment.
- Listen for and work with existing motivation in patients.
- Attempt to alleviate barriers to appointments - Consider telehealth for follow-up visits if in-person appointments are not available.

Document it. If substance abuse is identified, be sure to document and accurately code it on any claims submitted. Additionally, accurately code remission, when it is appropriate.

Educate. It's important to educate patients on the effects of substance abuse. Research also shows that treatment works in approximately 66% of patients with a SUD and is associated with reversal of neuronal damage in recovering users.

Refer. To find an in-network behavioral health provider, contact the Customer Care Center number on the patient's insurance card. Providers can also help facilitate a patient's ongoing in-network care by clicking the Find a Doctor link located at the top of WellFirst Health web pages to see a list of available behavioral health providers in our provider directory.

The Health Plan provides free telephonic patient education and resource coordination to patients with substance use disorders who could benefit from additional support. Patients can self-refer by calling the Customer Care Center number on their insurance card.

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

Screening Patients for Diabetic Retinopathy

To best care for patients, the American Diabetes Association recommends that those with diabetes be screened or monitored for diabetic retinopathy. The Health Plan recommends medical eye exam screenings for:

- Patients with type 1 diabetes, an initial comprehensive examination by an ophthalmologist or optometrist within the first five years of diagnosis.
- Patients with type 2 diabetes, an initial comprehensive examination by an ophthalmologist or optometrist shortly after the diagnosis of diabetes is made.
- The frequency of follow-up examinations should be individualized, with more frequent follow-up in patients who have abnormal findings or if retinopathy is progressing.
- Patients with pre-existing type 1 or type 2 diabetes, who plan on becoming pregnant, should have an eye exam before pregnancy or within the first trimester and be monitored every trimester and for 1 year postpartum as indicated by the degree of retinopathy. ⊕