

Provider NEWS



New President Brings Population Health Experience Q & A with Les McPhearson



Quite a time to start a new job!

On April 27, Les McPhearson took the reins as the new president of WellFirst Health. He is the former market President for the Wisconsin region of Navvis, an SSM Health strategic partner.

McPhearson succeeds David Fields, who has been named the permanent president of another SSM holding, Navitus. (Fields had been serving as interim president there since 2019.)

Having led a company that promotes population health by helping clients transition to value-based care, McPhearson well understands the opportunities and challenges ahead. He joins the health plan as employees are currently working from hundreds of home-based locations because of the COVID-19 pandemic.

What's it like to take to over as president of an insurance company when your staff are dispersed over hundreds of remote locations?

Not having the in-person connection has proven to be interesting. Now in every opportunity I can, I use video. Being able to see people, even if it's in a large group, being able to interact, makes it much more personable and interactive than just a phone call. This is our new normal. I am not going to go out on a limb and forecasting what the end state of what the remote workforce will be and how that will look globally, much less within WellFirst Health. But we've proven our ability to pivot very quickly and continue to perform at a high level, even when we're maintaining safe distances and even when we're not in the same physical room.

I'm extremely excited, honored and blessed for having this opportunity. WellFirst Health Plan has a remarkable reputation in all the markets we serve. We're happy and proud to be part of SSM Health. *continued on pg 2*

Summer 2020

A newsletter for WellFirst Health providers

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New President Brings... (continued)

The COVID-19 pandemic has created some challenges, including having to quickly deploy a remote workforce. That has been done just beautifully with nothing but professionalism and serving our members, our physicians, our brokers and employers with the highest degree of service that they've come to expect.

You were a Computer Science major in college. What do you think of virtual care during this COVID-19 crisis?

That was a long time ago! The world has changed, particularly the technology world. It has changed dramatically over those years. It's not just about technology but delivering care in an empathetic, higher-touch way. When it comes to telehealth, there's always been some reticence on the patient side. But the COVID pandemic has accelerated telehealth as an opportunity. It's an interesting, more creative and more convenient way to stay connected with their physician.

So how do we overcome that patient reticence?

It starts with trust in the individuals who are part of the equation, primarily the clinicians and the patient. There has to be iron-clad comfort around security and that my information as a patient is going to be taken care of and protected. The new normal will be far more adoption and use of telehealth and telemedicine than before the pandemic.

How does your experience at Navvis inform your new role as president of WellFirst Health?

Navvis has partnered with SSM Health across the organization, inclusive of WellFirst Health and the Wisconsin ministries, to produce a more value-driven

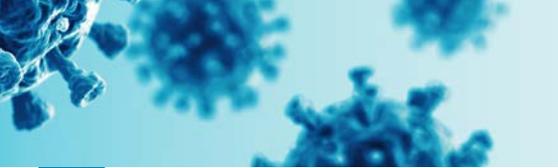
organization, realizing that the landscape of health care is shifting from volume to value. My emphasis is to advance the goals across the regional ministries. We provide the best products, solutions and outcomes for all of our members, whether they are seeking care at an SSM facility or another facility.

Where would you like to take WellFirst Health?

The first thing is to continue the high level of service and performance that we've demonstrated in each of our markets with all of our members. Secondly, working with our corporate leadership, to look at the longer-term future of how we best position and deploy WellFirst Health as a strategic asset for SSM Health. There's a lot of opportunity there. We see a number of great ideas and opportunities that we could really capitalize on with WellFirst Health, serving a broader population of membership with additional services.

Is there anything else you'd like to share with this provider audience?

We value and respect every provider relationship that we have. The delivery of health care has never been more vital than we've seen in recent months. We thank our front-line clinicians who are doing incredible work each and every day in serving the public, not only in this pandemic but from throughout their careers. As president of WellFirst Health, I am looking forward to meeting with providers in our communities to help them deliver the best care, the best services that we can to our members and patients. ⊕



Veteran Psychiatrist Urges Stressed Colleagues to Maintain Perspective



More than 30 years of psychiatric practice experience offers Scott Bohon, MD, a somewhat different view of the COVID-19 pandemic crisis. This WellFirst Health medical director is quick to point out that the world has faced terrible scourges in the past and has overcome each of them.

“I’m old enough to remember when the first HIV cases were around. We didn’t know what that illness was, and people were dying from it,” said Dr. Bohon.

He in no way is dismissing the seriousness of this crisis nor does he fail to grasp the stress and sacrifice the pandemic has caused for providers and other health professionals. Instead, Dr. Bohon wants his health care colleagues to keep a few things in mind while they find themselves on the front lines of this COVID-19 crisis:

- COVID-19 does not appear to have the mortality rate of plague and other pandemic diseases and may be lower than initially expected.
- Our practice locations are not as population-dense as in New York so are less vulnerable to disease spread.
- Constant media coverage is hard to endure and can skew our perspective.
- We’re gaining some control over this disease through social distancing efforts.

Once we realize the above, Dr. Bohon says it’s important to take steps to protect our mental health. That means being grateful for what is going well, for family and friends and the fact that our hospital systems have thus far been able to weather the storm with dedicated care by health care professionals, despite a critical national lack of supplies such as PPE.

He also has suggestions for controlling the associated stress of quarantine, concerns about potentially infecting one’s family members and the reality of income loss due to furloughs or layoffs.

- Be mindful of your own health. Maintain your regular rhythm as best you can and keep to a regular regimen.

- Explore something new. Do something with your significant other, family or children that you haven’t done before.
- Don’t dwell on things we can’t control.
- Don’t ignore things that are atypical for you, such as anger or irritability. Use exercise, or some other good way to deal with the stress.

Yes, it’s a difficult time. But Dr. Bohon says we will figure a way out, just as we have in the past.

“In America, we tend to magnify almost everything and over focus on things that are admittedly important, but this should not be your whole life.”

Taking his own advice, he points to a silver lining in this crisis for his medical specialty. Most psychiatric conferences are being done using Zoom and teleconferences. “The crisis has demonstrated that many of the things we do in psychiatry can be done without face-to-face contact,” he said. The lesson for Bohon is that there is greater potential to use these technologies to reach the underserved—those who live far away and lack access to psychiatric consultation.

“Let’s learn from this experience,” he said. ⊕





Total Knee Arthroplasty (TKA) Ambulatory Level of Care

Advances in treatment protocol supported by evidence-based medical guidelines led to total knee arthroplasty being removed from the Medicare Inpatient-Only List effective December 1, 2018. Effective November 1, 2020, WellFirst Health's Total Knee Arthroplasty (TKA) Level of Care MP9550 medical policy criteria will be used to determine if an inpatient level of care is clinically appropriate. More information will be communicated to affected providers later this year.

To facilitate this change, a pre-payment medical necessity level of care review will be done by our Utilization Management prior to claim processing. Claims will deny if the inpatient level of care criteria are not met. Prior authorization for medical necessity of the total knee replacement through Magellan Healthcare will still be required. Magellan's authorization approval does not include approval for the level of care.

In order to achieve such benefits as improved patient satisfaction, decreased medical cost, and greater chance of improved outcomes, an ambulatory level of care may be medically appropriate if the following criteria are met:

- The member is under age 65
- Body mass index is less than 35.
- Regional (epidural) operative anesthesia is used.
- The total knee arthroplasty is a unilateral procedure.
- The member meets the American Society of Anesthesiologists (ASA) Physical Status Classification I or II.
- The member has a competent adult at home who is willing to assist during the postoperative period.
- The member has no serious comorbid illness (e.g., coronary artery disease; chronic obstructive pulmonary disease; obstructive sleep apnea; renal insufficiency; chronic opioid use; poorly controlled diabetes; heart failure; venous thromboembolism; cardiac arrhythmia; bleeding disorder; cerebrovascular accident; or dementia).

Comprehensive, multidisciplinary preoperative, perioperative and postoperative clinical care pathways Explanation of Payment [EOP] should be in place. This includes preoperative education, preoperative physical therapy evaluation and orientation; preoperative consultation with a discharge planner to ensure postop services are arranged and feasible; standardized pain control postop; physical therapy initiated when medically appropriate.

Please refer to the medical policy or contact Utilization Management for any additional information. ⊕

Modified Front-End Matching for Electronic Claims

WellFirst Health has modified front-end matching for member IDs on 837 Health Care Claim transaction submissions for more accurate claims processing.

The modification now requires an exact match on a member's contract ID, which is the first 9-digits of their full 11-digit member ID, along with additional verification on name and date of birth. This modification relies on having the full current member contract ID on the claim.

Member enrollment can change, so be sure to use the current member ID by verifying eligibility through the 270/271 Eligibility & Benefit Inquiry and Response (270/271), Provider Portal, or Customer Care Center. Because the matching process has been implemented at the claims submission level, check the 277 Claims Acknowledgment (277CA) transaction or the Confirmation Reports Portal to monitor claim submissions. ⊕



Metabolic Monitoring for Children and Adolescents on Antipsychotics



Proper metabolic monitoring lowers the risk for serious, lifelong medical complications for children prescribed antipsychotic medications. That's why appropriate management of young children and

adolescents on antipsychotic medications is critical.

It is also important to recognize the physical and psychological consequences of adverse effects associated with treatment nonadherence. An understanding of the differences between the metabolic risks with each antipsychotic medication can help guide medication selection so risks and benefits can be appropriately evaluated, and treatment non-adherence can be minimized.

Patients ages 1-7 who are on two or more concurrent antipsychotic medications should receive these two tests annually: a Blood Glucose Test (HbA1c) and a Cholesterol Test (LDL-C).

Tips for provider and staff to improve metabolic monitoring:

- Create an alert within the electronic medical record to flag when scheduled labs should be ordered based on diagnosis or antipsychotic medications prescribed.

- Establish standardized processes for ordering and completing a blood glucose or HbA1c and LDL-C or cholesterol test annually for patients on antipsychotic medications.
 - Offer lab tests to be completed during or directly after the patient's scheduled office visit.
 - Order at every visit until patient completes the test.
- Stress importance to parent/caregiver of the need to have these tests performed.
 - Follow-up with parents/guardians to discuss lab results and educate them on the long-term implications.
 - Send results to all medical and behavioral health providers to ensure coordination of care.
- Continuously monitor metabolic indices to ensure appropriate management of side-effects of antipsychotic medication therapy.

WellFirst Health Can Help

WellFirst Health's Behavioral Health Case Management program provides free phone education and resource coordination for members with complex, unstable behavioral health needs. To refer a patient, call **608-827-4132**. ☎

Processing Newborn Claims

WellFirst Health follows two different processes for newborn claim adjudication, depending on whether the claim falls under an ACA individual plan or the SSM Health Employee Health Plan because of differing regulations.

Newborn claims submitted under the SSM Employee Health Plan are accepted with the mother's member ID along with the baby's name and date of birth. Due to the lag time in availability of a newborn's member eligibility information, the claims are held for up to 30 days from receipt allowing time for the baby's eligibility information to catch up to the submitted claim. Once the baby's eligibility information is reported to us and in our system,

the member ID on the claim is changed to the baby's member ID and the claim is processed. If the baby's eligibility information is not in our system within 30 days of receipt, the claim will deny for no member on file. In these instances, a corrected claim may be submitted, within the timely filing limits, if the baby's eligibility information becomes available and is in our system at a later date.

Newborn claims submitted under an ACA individual plan are subject to state regulations and do not necessarily require the baby's eligibility information for processing. Newborn claims are accepted and processed using the mother's member ID. ☎

Summer 2020 Medical Policy Updates

Highlights of recent medical policy revisions, as well as any new medical policies approved by WellFirst Health's Medical Policy Committee, are shown below. The Medical Policy Committee meetings take place monthly. We appreciate contributions by specialists during the technology assessment of medical procedures and treatments.

To view all of WellFirst Health's medical policies, visit [wellfirstbenefits.com](https://www.wellfirstbenefits.com), ► **For Providers**, and then ► **Medical Management** ► **Search WellFirst Health's Medical Policies**. [Wellfirstbenefits.com](https://www.wellfirstbenefits.com) 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 **877-274-4693**.

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.

For radiology, physical medicine 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 by searching those terms on [wellfirstbenefits.com](https://www.wellfirstbenefits.com).

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 by searching on [wellfirstbenefits.com](https://www.wellfirstbenefits.com).

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 on [wellfirstbenefits.com](https://www.wellfirstbenefits.com).

General Information

Prior Authorization Updates

Prior authorization has been removed from the following medical policies. Self-funded plans (ASO) may require prior authorization. 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.

Effective March 1, 2020

- Back or Spinal Orthosis: Lumbosacral or Thoracolumbosacral MP9261
- Prostate Treatment MP9361
- Vesicoureteral Reflux Treatment in Children MP9475

Effective April 1, 2020

- Speech Therapy MP9171
- Prothrombin Time (INR) Home Monitoring Device MP9263
- Magnetoencephalography (MEG) MP9327 (policy retired)

New Medical Policies

Effective March 1, 2020

Plastic and Reconstructive Surgery MP9022

The procedures referenced in this policy are generally performed to enhance body appearance and not reconstructive in nature and therefore are considered not medically necessary.

Breast Surgeries MP9026

Breast reduction surgery is considered medically necessary: when symptoms are of six (6) months duration and involve two (2) areas, and more than one (1) kilogram of breast tissue is to be removed per breast.



Speech Therapy (Rehabilitative/Habilitative MP9171

Voice therapy or lessons are not covered unless the criteria for acute rehabilitation or habilitative speech therapy is met.

Vein Disease Treatment MP9241

Transdermal laser treatment of large varicose veins and intense pulsed-light source (e.g., PhotoDerm Vasculight, VeinLase) procedures are considered experimental and investigational and are therefore not covered.

Echocardiogram and Stress Echocardiography MP9513

WellFirst Health continues to evolve our medical policies in direct response to provider comments. Our Echocardiogram and Stress Echocardiography (MP9513) is a good example of this as the transthoracic, transesophageal and stress echocardiography criteria have been further revised. The 2019 American Academy of Cardiology multimodality imaging in nonvalvular heart disease appropriate use criteria was used. Clinical examples were added to assist providers with determining billable diagnosis codes. Prior authorization is not required; however, an appropriate diagnosis code must appear on the claim or the claim will be denied. Providers are encouraged to read this revised policy, accessible from the Medical Management web page, in its entirety and to always refer to the website for current medical policies.

Effective April 1, 2020

Genetic Testing MP9012

Hereditary pancreatic cancer gene panel testing is considered medically necessary and prior authorization is required.

Genetic Testing for Pharmacogenetics MP9479

AlloMap gene expression profile is considered medically necessary for monitoring rejection in members 15 years of age and older who are six (6) or more months post heart transplant. The myTAIHEART test for evaluating graft rejection following a heart transplant is considered experimental and investigational and is therefore not covered.

Genetic Testing for Neurologic Disorders MP9497

Hereditary spastic paraplegia multi-gene panels for decision making for surgery to reduce spasticity are considered medically necessary. Prior authorization is required.

Lab Testing MP9539

Drug assays to measure serum levels of, and/or antibodies to, adalimumab (HUMIRA) or vedolizumab (ENTYVIO) are considered experimental and investigational for members being treated with those drugs.

Effective May 1, 2020

Genetic Testing for Hereditary Cancer Susceptibility MP9521

MyRisk, a hereditary cancer syndrome genetic panel is considered experimental and investigational and is therefore not covered.

Technology Assessments

The following treatments, procedures, or services are considered experimental and investigational, and therefore are not medically necessary:

- MRI guided focused ultrasound (MRgFUS) for non-Medicare members
- Computerized lower leg exoskeleton (C-Brace)
- EyeBOX System

The following treatments, procedures, or services were determined to be medically necessary:

- Bone-anchored hearing aid (Osia® system)
- Guardant360 liquid biopsy assay
- Endobronchial valves (Spiration® Valve System) ⊕



2020 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 shown below. **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 that have written WellFirst Health policies must be prior authorized by sending requests to Navitus, unless otherwise noted in the policy. Please note that most drugs listed below and with policies **require specialists** to prescribe and request authorization.

Policies regarding medical benefit medications may be found on [wellfirstbenefits.com](https://www.wellfirstbenefits.com). From the home page, drop down from the I am... screen to Provider and then Pharmacy Services. Under Up to Date Drug policies, click See Library and search.

Criteria for pharmacy benefit medications may be found on the prior authorization form located in the provider portal. Pharmacy benefit changes may be found on [wellfirstbenefits.com](https://www.wellfirstbenefits.com). From the home page, drop down from the I am... screen to Provider and then Pharmacy Services. Under Covered Drugs/Formulary there is a change notices link below each formulary.

Please note that the name of the drug (either brand or generic name) must be spelled completely and correctly when using the search bar. Medical injectable drugs may also be searched using the appropriate J-code (e.g., J9301 for Gazyva).

Reminder: For providers calling Navitus for a medical benefit prior authorization, please be sure to state "medical benefit" in your request. This is not applicable to Immune Globulin products as those products are authorized through the Utilization Management Department at the health plan.

New Drug Policies

BAVENCIO (avelumab) MB1936

Effective January 1, 2020, BAVENCIO, which is used to treat metastatic merkel cell carcinoma, urothelial carcinoma and renal cell carcinoma, will require a prior authorization. It is restricted to oncology prescribers.

GIVLAARI (givosiran) MB2001

Effective April 1, 2020, GIVLAARI, which is used to treat acute hepatic porphyria, will require a prior authorization. It is restricted to hematology prescribers or specialist with expertise in diagnosis and management of acute hepatic porphyria.

SCENESSE (afamelanotide) MB2002

Effective April 1, 2020, SCENESSE, which is used to Erythropoietic Protoporphyrin, will require a prior authorization. It is restricted to a porphyria specialist who has completed training for Scenesse administration.

Changes to Drug Policy

Antihemophilia Factors and Clotting Factors MB1802

Effective April 1, 2020, removed Monoclote, Helixate and Bebulin from policy as they are no longer being produced. Prior authorization is required and is restricted to hematology prescribers.

Rituximab Products MB9847

Effective April 1, 2020, updated policy to include biosimilar Ruxience along with specific criteria for Ruxience. Prior authorization is required and is restricted to oncology or rheumatology prescribers.

Effective May 1, 2020, added NCCN category 1, 2a, or 2b recommendation for off-label uses to criteria for Ruxience and Truxima. Prior authorization is required and is restricted to oncology or Rheumatology prescribers.

Trastuzumab Products MB1805

Effective April 1, 2020, updated policy to include biosimilar Trazimera. Prior authorization is required and is restricted to oncology prescribers.

Immune Globulin MB9423

Effective April 1, 2020, added new indication for refractory myasthenia gravis. Prior authorization is required.

SOLIRIS (eculizumab) MB9938

Effective August 1, 2020, added criteria to the following indications: Paroxysmal nocturnal hemoglobinuria, Atypical hemolytic uremic syndrome, Generalized myasthenia gravis, and Neuromyelitis Optica Spectrum Disorder. Updated renewal criteria for all indications to include that for all members requesting continuation of therapy provided they meet all initial selection criteria and demonstrate a positive response to therapy. Prior authorization is required and is restricted to nephrology, hematology, or transplant specialist prescribers.



ULTOMIRIS (ravulizumab) MB9938

Effective August 1, 2020, added criteria to the following indications: Paroxysmal nocturnal hemoglobinuria and Atypical hemolytic uremic syndrome. Updated renewal criteria for all indications as well as updating the quantity limits for each indication. Prior authorization is required and is restricted to hematology, oncology, or immunology prescribers.

Alpha 1-Antitrypsin Inhibitor MB9446

Effective May 1, 2020, removed Glassia and Zemaira from the policy as they are no longer available. Prior authorization is required and is restricted to pulmonology prescribers.

TYSABRI (natalizumab) MB9854

Effective May 1, 2020, updated multiple sclerosis indication to include active secondary progressive disease, relapsing-remitting disease,

and clinically isolated syndrome. Prior authorization is required and is restricted to neurology or gastroenterology prescribers.

LEMTRADA (alemtuzumab) MB9468

Effective May 1, 2020, added criteria that member does not have clinically isolated syndrome (CIS). Prior authorization is required and is restricted to neurology prescribers.

YERVOY (ipilimumab) MB9945

Effective June 1, 2020, added indication for previously treated hepatocellular carcinoma with Sorafenib, in combination with nivolumab. Prior authorization is required and is restricted to oncology or dermatology prescribers.

OPDIVO (nivolumab) MB1844

Effective June 1, 2020, updated criteria for hepatocellular carcinoma to include, Opdivo is being used as a single agent

or in combination with ipilimumab. Prior authorization is required and is restricted to oncology prescribers.

IMFINZI (durvalumab) MB1828

Effective June 1, 2020, added indication for extensive stage small cell lung cancer. Prior authorization is required and is restricted to oncology prescribers.

Retired Policies

SUBLOCADE (buprenorphine extended release injection) MB1845

—Effective April, 2020

VIVITROL (naltrexone extended release injection) MB9439

Effective April, 2020



Providers Key in End-of-Life Planning Conversations

Eight out of ten people say that if seriously ill they would want to talk to their doctor about their wishes for medical treatment toward the end of their life, yet only 18% report having had this conversation with their doctor. *

WellFirst Health would like to reinforce the importance of advance care planning as we recognize the critical role providers play in facilitating these important conversations. There are important questions to consider when speaking with patients about advance care planning.

The subject can feel uncomfortable for patients and providers, so be proactive and invite patients to participate in the conversation. For example, providers can ask, “In order to provide the best possible care, I’d like to know about what is most important to you” or “I understand advance care planning can be difficult to think about. Is it okay if I ask you some questions to learn what is important to you?”

Here are some advance care planning questions from The Coalition for Compassionate Care of California:

- How would you want to spend the last month of your life?

- What represents a good quality of life to you?
- What concerns you most about death or dying?
- Some people want everything possible done to delay death. Others don’t want dying to be prolonged. Where do you draw the line?
- Who should make these decisions for you if you can’t make these decisions yourself?
- Have you documented your wishes in an advance directive?

Advance Care Planning Social Workers from WellFirst Health are available to facilitate these sensitive conversations and assist with completion of advance directives. Referrals can be left on the Advance Care Planning Line **608-828-1915** by either providers or patients.

Thank you for helping patients make some of the most consequential decisions of their lives. ⊕

*Survey of Californians by the California Health Care Foundation 2012 and Kaiser Family Foundation Serious Illness in Late Life Survey 2017

Communications Key for Specialist Honore Manning



Honore Manning

As WellFirst Health's Provider Network Service's Communications Specialist, Honore Manning always keeps the provider experience top-of-mind. "Every organization and provider are unique and has their own specific needs. I try to keep in mind that our health plan communications are just one source of information out of many that providers are receiving and must navigate. I hope that the communication is meaningful and offers what they need to know."

Since joining WellFirst Health in 2019, Honore has used her decade of provider communication experience to develop many of the resources that providers and their

administrative teams use to inform their experience with the health plan. From partnering with Marketing on this *Provider News*, to important policy updates, the Provider Manual and producing weekly COVID-19 bulletins, Honore is kept busy and energized by the ever-changing terrain. "The variety of work is what I enjoy most!"

Though effective communication is at the heart of Honore's job, she recognizes that every effort is made more successful by a team— "I am lucky in this role, because I work with Provider Network Consultants who know their providers and can decipher how a broad message may specifically affect a group they work with and conduct additional outreach."

Looking to explore provider resources? Visit wellfirstbenefits.com/providers to access past issues of the *Provider News*, the Provider Manual, get the most up-to-date information on the COVID-19 public health emergency, and much more. ⊕

WellFirst Health *Provider News*

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Mission of *Provider News*

WellFirst Health publishes *Provider News* to facilitate good communication between Wellfirst Health and our network of contracted providers. Regular features for this publication include updates to or creation of medical policies by the Utilization Management Committee during the previous quarter.

Moreover, each issue contains information that is valuable to a WellFirst Health network provider. This is consistent with the goals of *Provider News*:

- Educate the WellFirst Health provider network regarding new or changed guidelines that affect the care of our members.
- Introduce new services that benefit our members and affect our provider network.
- Create an extension of the Provider Manual to share information that is needed by the WellFirst Health provider network.

If you have any questions or suggestions on how to improve *Provider News*, or if someone in your organization would like to subscribe, please contact your assigned Provider Network Consultant. ⊕



Notification Necessary for Provider Demographic Changes

WellFirst Health is committed to ensuring accurate provider information is displayed within its provider directories. As a health plan, we are required to keep provider information up-to-date by CMS and other regulatory and accreditation entities.

While the most common updates we receive from providers are to report new providers or new services, please remember to notify us in a timely manner when a practitioner leaves a group.

To ensure we have the most current, accurate provider information available for our members, we require providers to notify their designated Provider Network Consultant as soon as staff are aware of any of the following changes:

- Ability to accept new patients
- Practicing address
- Phone number
- 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 provider
- Provider website URL

WellFirst Health is committed to ensuring that we present accurate provider information. Communication between the health plan and providers will assist in maintaining excellent quality of care and customer service to our members and patients.

Please review the current listing of practitioners and locations included in the online provider directory at wellfirstbenefits.com to ensure we are posting the most current information. ⊕

WellFirst Health Launches New Nutrition Application, Zipongo®

Nutrition-related chronic conditions like diabetes and heart disease account for a substantial number of physician visits and prescriptions filled. That's where Zipongo® comes in. This easy-to-use digital tool helps patients put healthy food on the table and encourage healthy food choices. WellFirst Health has partnered with Zipongo®, making it free for our commercial members*. Please recommend it.

With Zipongo®, members benefit from:

- Online grocery ordering
- Immunity boosting recipes
- Meal planning for the whole family
- Personalized nutrition tips

WellFirst Health members can build a digital cookbook from over 1 million recipes, including 15-minute meals, access budget-friendly fare and prepare low-calorie

dishes. Healthy food choices can reverse chronic diseases, help patients lose weight and ultimately, help lower their health care costs.

Visit wellfirstbenefits.com/zipongo to sign up or download the app from the [Apple App Store](#) or [Google Play](#). ⊕

*This free tool is available for WellFirst Health members.





Provider Relations
12312 Olive Blvd., 4th floor
St. Louis, MO 63141



Visit
wellfirstbenefits.com

Termination of Doctor/Patient Relationship

Practitioners sometimes feel it is necessary to terminate a relationship with a patient. WellFirst Health has an established policy for this, as part of our contract with providers while assuring continuity of care for the member.

A practitioner may terminate such care only for good cause, as determined by WellFirst Health. Information regarding this process can be found in the Provider Manual. See wellfirstbenefits.com/providers. ⊕



Health care in the age of COVID-19.

Visit wellfirstbenefits.com

ACA Individual Customer Care Center
866-514-4194

Employee Health Plan Customer Care Center
877-274-4693

Monday –Thursday 7:30 am – 5 pm Friday 8 am – 4:30 pm

Contact a Provider Network Consultant

Call 314-994-6262 or
email ProviderRelations@wellfirstbenefits.com