



Beyond Healthcare. A Better You.



Benchmarks WellCare Presentation

WellCare of NC



Topics we will cover today:

- Contracting
- Provider Relations
- Quality Improvement/ Quality Measurement
- Partnering with Providers
- Partnering with Providers on Value Based Care
- Integration of physical and behavioral health
- WellCare vision for the Medicaid Children's and Families Specialty Plan
- Q & A

- Those using evidence-based practice especially with underserved populations/regions
- Providers who continue to deepen knowledge in the behavioral health field
- Individuals and agencies who integrate measurement-based care into your work
- Providers willing and active in working with and coordinating with primary care/ physical health



Provider Contracting

Latonya Fletcher



- Providers have convenient options to request a contract.
 - Via Website
 - <https://www.wellcare.com/en/North-Carolina/Become-a-Provider>
 - Via Email
 - ProspectiveProviderNC@wellcare.com

WellCare of NC:

- Team of qualified contractors within the contracting department.
- Seeks to contract and create partnerships with qualified healthcare providers in NC and surrounding states.
- Utilizes NC Tracks for verification of Medicaid-approved providers, for the loading of contracts.
- Contracts require electronic signatures. Contracts are sent directly to the provider from the WellCare contract management system.
- Dedicated team of provider relations professionals to manage provider relationships once a provider has been contracted.

Contracting Step Process

Provider
Submits
Request To
The Plan To
Contract

Contracting
Team Makes
Outreach To
Provider With
Contract

Executed
Contract Is Sent
To Provider Data
Management
Team For
Processing

Provider
Relations Team
Manages The
Provider
Relationship
Once Contract Is
Loaded

BH Medicaid Providers	
MD or DO	Psychiatrist
RN or ARNP	Nurse Practitioner
PhD or PsyD	Psychologist
LCSW	Licensed Clinical Social Worker
LMFT	Licensed Marriage & Family Therapist
LMHC	Licensed Mental Health Counselor
CNS	Certified Clinical Nurse Specialist
PA	Physician Assistant

- Tracy Montanez, Senior Director Contracting
Tracy.Montanez@wellcare.com

- LaTonya Fletcher, Manager Contracting
 - Regions 1, 3 and 5LaTonya.Fletcher@wellcare.com

- Rebecca Staggs, Manager Contracting
 - Regions 2, 4 and 6Rebecca.Staggs@wellcare.com



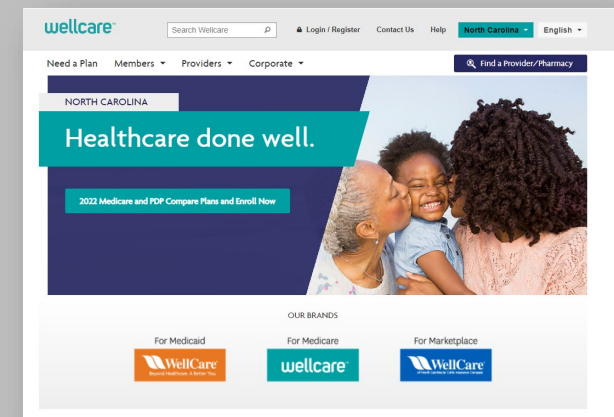
Provider Relations

Shamekia Pena

 **WellCare**[®]
Beyond Healthcare. A Better You.

Providers have access to a variety of easy-to-use reference materials on our website without the use of a user ID or password. The information on our website is the most up-to-date and should be referenced often, including:

- Covered Benefits, Provider Bulletins and Resource Guides related to claims, authorizations, electronic funds transfer and how to contact us
- Provider Manual: This is an extension of the Provider Contract. The Member/Provider Rights and Responsibilities as well as other useful information can be found
- Clinical Practice Guidelines and Clinical Coverage Guidelines
- Provider and Pharmacy look-up
- Quick Reference Guide that provides contact information for specific departments and authorization information, provider dispute/appeals/grievance information as well as Provider Support Services contact information
- Provider Education/Training
- Provider Directory



By registering for our secure, online Provider Portal, providers have access to:

- Member eligibility and co-pay information
- Authorization requests
- Claims status and inquiry
- Provider training
- A WellCare specific message inbox

Provider Relations Representatives are also available to assist with many requests.

wellcare™ Provider Portal

[Chat with an Agent](#) [Download & Print](#)

Sign Up for the Provider Portal

Sign up to access our secure provider portal. You no longer need multiple accounts for different locations. Create one account and we will affiliate you to your multiple locations!

Once you submit your registration, you will receive a system email with a link asking you to verify your account and create your password. If you do not receive the password validation email, please check your Spam inbox.

First Name*

Last Name*

Address 1*

Address 2

City*

State* Zip*

Phone Number*

Email Address*

Confirm Email Address*

Choose a Username*

Choose Security Question 1*

Answer

Choose Security Question 2*

Answer

Choose Security Question 3*

Why Create an Account

The provider portal offers secure access to variety of tools that will make it easier to do business with us

- Submit Authorizations and Claims
- View Authorization and Claim Status
- View Member Profiles, including:
 - Eligibility and Benefits
 - Recent Authorizations
 - Recent Claims
 - Care Gaps
 - Visit History
 - Pharmacy Utilization
- Secure Messaging with WellCare
- Chat online with Customer Service agents, and more.
- You no longer need multiple accounts for different locations. Create one account and we will affiliate you to your multiple locations!

Username Requirements:

- Must be between 6 and 12 in length.
- Will only contain letters (a-z or A-Z), numbers (0-9), and/or underscore (_).
- Must contain at least one letter and one number.
- Must start with a letter.
- Cannot be a duplicate.

Liaison between provider and WellCare

- To train participating providers on WellCare processes such as, but not limited to, authorizations, access and availability standards, and the use of www.wellcare.com
 - To collaborate with physicians and provider office staff on meeting quality goals related to HEDIS, Childhood Check-ups, ER admissions, and MLR
 - To ensure that Medicaid Direct SLAs are met, such as meeting with PCPs monthly and specialists quarterly, provider open panels, provider after hours availability, and EMR meaningful use
 - To maintain provider data integrity including processing provider credentialing, location additions, changes, and terminations
 - To assist in meeting company MEI savings such as getting providers signed up for EFT, etc.
 - To resolve grievances from participating providers and member grievances against participating providers
 - To build an overall, encompassing relationship with the provider network
 - Onboarding in-services are completed within 30 days of the provider's contract effective date
 - If providers experience issues with claims, authorizations, etc., their PR Rep is available to assist
 - PR works to notify providers of important information regarding their participation with WellCare
 - Additional provider issues are addressed as they arise
- PR provides training and onboarding to providers for www.wellcare.com navigation. This site offers providers:
 - Resources for claims, authorizations, member benefits, etc.
 - Authorization look-up tool
 - Provider directory
 - Claims submission
 - Authorization submission
 - Membership reports
 - Member eligibility
 - Provider manual
 - Pharmacy information
 - Provider newsletter
 - Request for the transfer of a member (disruptive behavior, etc.)
 - Access and Availability Standards
 - Ancillary Networks: Therapy Services, DME/Home Health, Transportation, Dental, Ophthalmology/Optometry, Quest Laboratory
 - Claim submissions, payment disputes, and appeals
 - NC Medicaid Direct Requirements
 - Member and Provider Rights and Responsibilities
 - Case Management and Disease Management processes
 - Compliance
 - Contract review and compensation

Liaison between provider and WellCare

Department	Contact Information
Provider Relations	<p data-bbox="1052 464 2339 539">NCPProviderRelations@wellcare.com</p> <p data-bbox="1052 654 1956 816">Telephone: 984-867-8637 Fax: 813-283-3045</p> <p data-bbox="1052 939 2433 1110">Fax and voicemail requests roll to the mailbox above and are monitored daily.</p> <p data-bbox="1052 1225 2331 1302">Also, you may contact your PR Rep.</p>

A photograph of a smiling man carrying a young girl on his shoulders outdoors. The man is wearing a white t-shirt and a blue and white checkered shirt. The girl is wearing a light blue shirt. They are both smiling and looking towards the camera. The background is a blurred green landscape.

Quality Improvement

Lena Klumper, MA, PhD



BH Medicaid Standard Plan Measures :

- First Line Psychosocial Care for Children and Adolescents on Antipsychotics
- Screening for Depression and Follow-Up Plan
- Follow Up after Hospitalization for Mental Illness:
 - 7-Day Follow-up
 - 30-Day Follow-up



HEDIS Opioid Measures

BH Medicaid Standard Plan Measures:

- Concurrent use of Prescription Opioids and Benzodiazepines
- Use of Opioids at High Dosage in Persons Without Cancer
- Use of Opioids from Multiple Providers in Persons Without Cancer



Common Initiatives for all Behavioral Health Measures:

- Member Education via Member Newsletters
- Provider Education via Provider Newsletters, Provider Bulletins and QI Meetings
- Support from Quality Practice Advisors working with Providers, using Gaps in Measures, Members without Visits and other Reports
- Provider Network Staff Sharing Information with Providers
- 2022 Behavioral Health Measures at a Glance Shared with Providers and on the Provider Portal

Opportunities to Connect on Quality

- Provider training supports online on various HEDIS measures
- Connections between care management and outpatient providers to ensure connections to care, especially for followup after hospitalization
- Options for lunch and learns to work on specific gaps
- Care engagement specialists connecting to members around experiences with hospitalizations, EDs, and connections to outpatient services.
- Supports around collaborative care training





Partnering with BH providers

Eric Harbour, MPH, LCSW



Statewide enhanced reimbursements to properly credentialed providers delivering evidence-based practices to our child members.

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) is a trauma-focused intervention for youth (ages 3-18) and their non-offending caregiver.

- Appropriate for youth who are experiencing symptoms directly related to a traumatic event(s)
- Average length of treatment: 8-25 sessions weekly, 60-90 minute sessions
- Targeting posttraumatic stress, depressive, and behavioral symptoms

Outcomes

- Decreased post-traumatic stress and depressive symptoms
- Decreased externalizing behaviors
- Decreased trauma-related parental distress and improved parenting skills

Parent-Child Interaction Therapy (PCIT) is a specialized behavior management program for children ages 2 to 6 and their families.

- Appropriate for children who demonstrate excessive or developmentally inappropriate behavioral and/or emotional difficulties, including behaviors that are often associated with trauma
- Average length of treatment: 12-20 weekly psychotherapy sessions
- Through live coaching, parents/caregivers work together to implement skills designed to help children reach their full potential.

Outcomes

- Improved parent-child relationships
- Decreased problematic behaviors, such as defiance and aggression
- Increased social skills and cooperation
- Decreased parental stress
- Reduced recidivism of child maltreatment

For more details of requirements to participate: <https://www.wellcarenc.com/content/dam/centene/wellcare-of-north-carolina/pdf/Trauma-treatment-project.pdf>



Partnering with Providers on Value Based Care

Therese Garrett, MD



Why Value Based Care ?

- Value-based contracting → value-based care and collaboration
- Alignment of quality outcomes with cost control
 - Individuals with behavioral health conditions, drive more than 1/2 of total healthcare costs
 - Majority of cost for those individuals is not within behavioral health treatment
 - Total cost of care for those with behavioral health and substance use disorders driven by lack of treatment and undertreatment of BH/SUD
 - Opportunities to increase/enhance behavioral health services to improve care and reduce total healthcare costs

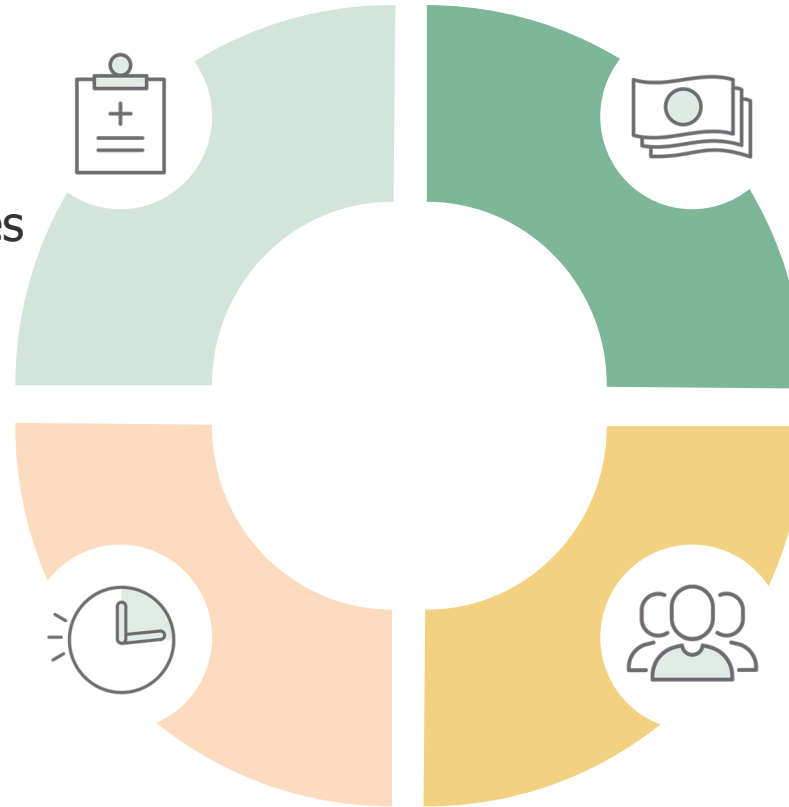
Outcomes in Value Based Care

Clinical

- ✓ Patient Reported Outcome Measures
- ✓ Therapeutic Alliance Rating Scale

Process

- ✓ Treatment Adherence
- ✓ Community Tenure & Follow-Up



Financial

- ✓ Total Incentives Paid
- ✓ Total Cost of Care

Structural

- ✓ Provider Participation
- ✓ Patient Engagement
- ✓ Evidence Based Care
- ✓ Cultural Competency & Health Equity

Value Based Care Differentiators

Focus on Moderate-High Risk

Design encourages engagement of patients in appropriate outpatient treatment and measurement-based care

Bonuses Tied to Specific Actions & Outcomes

Payment linked to actions impacting total cost of care:

- Patient-reported outcomes
- Avoidance of inpatient or emergency department
- Timely follow-up

Support Providers to Succeed

Upside-only model with quarterly payments to providers

Free technology and services support for implementation through Quartet

VBC Program Overview

Engage Plan and Start Care	Measure Monitor Outcomes	Support Safety and Wellbeing
<ul style="list-style-type: none">✓ Incentive for patients sufficiently engaged in care✓ Higher incentives for patients in higher risk groups	<ul style="list-style-type: none">✓ Incentive for serial measurement with clinical assessments✓ Incentive for patients showing improvement	<ul style="list-style-type: none">✓ Bonus for outpatient tenure (patients not requiring ED BH, hospital, inpatient detox or rehab facility)✓ Bonus for timely follow up after treatment in facilities✓ Higher incentives for patients in higher risk groups



**Decrease
ED Visits**



**Decrease BH
Inpatient
admissions**



**Increase ability to
track patient
improvements**



**Encourage BH
outpatient
services**

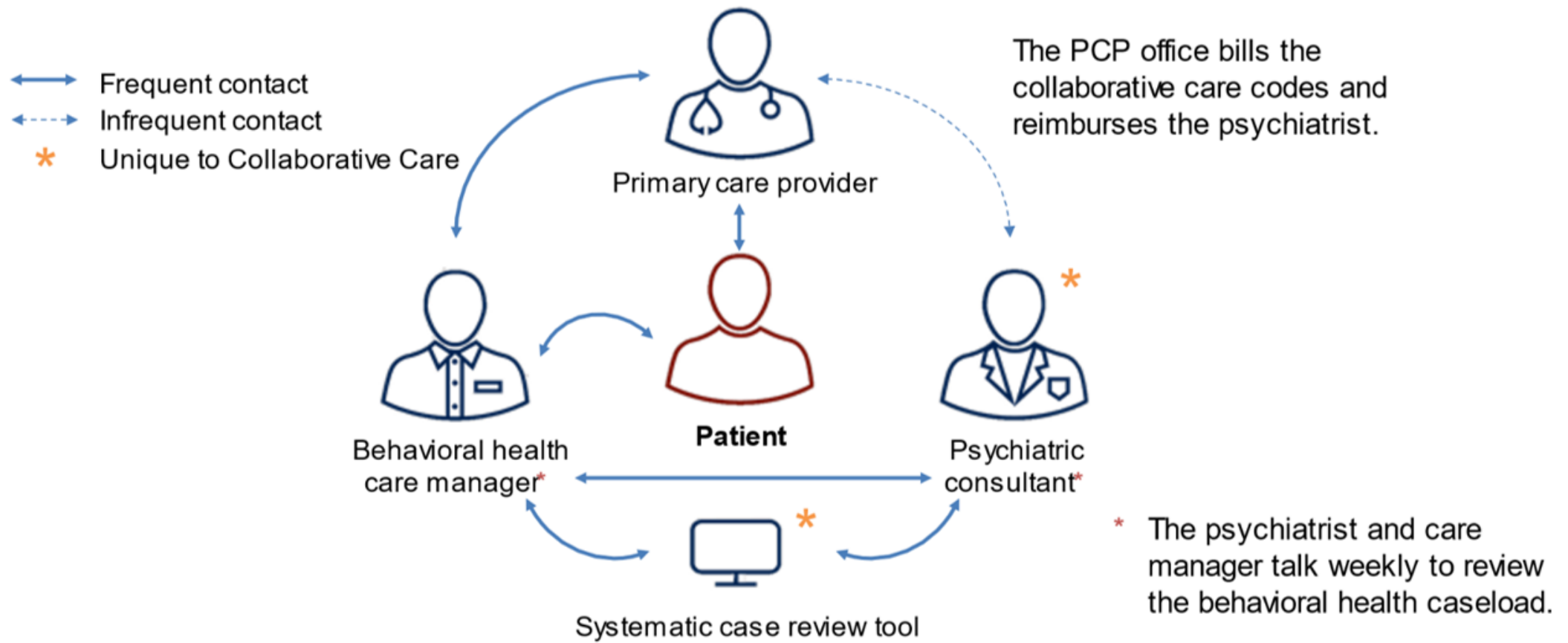


Integration of Behavioral and Physical Health

Therese Garrett, MD

 **WellCare**[®]
Beyond Healthcare. A Better You.

Collaborative Care Model





Children and Families Specialty Plan

Nicole Six, LCSW, NADD-CC



NCDHHS is developing a statewide specialty NC Medicaid managed care plan to improve the health and well-being of children, youth and families served by the child welfare system. The plan design emphasizes a family-focus and seeks to:

- Improve near- and long-term physical and behavioral health outcomes;
- Increase access to physical health, behavioral health, pharmacy, LTSS and I/DD services, as well as unmet health-related resource needs;
- Strengthen and stabilize families, prevent entry into foster care and support reunification and other permanency goals;
- Coordinate care and facilitate seamless transitions for members who experience changes in treatment settings, child welfare placements and/or loss of Medicaid eligibility upon turning 26;
- Improve coordination and collaboration with County DSS offices, EBCI Family Safety Program, and more broadly, with the System of Care—a comprehensive network of community-based services and supports—to meet the needs of families who are involved with multiple child service agencies; and
- Advance health equity to address racial and ethnic disparities experienced by children, youth and families served by the child welfare system.

Membership expected to be ~ 31,000 foster/adopted youth plus expanded eligibility for siblings and parents of youth in foster care, foster or adopted youth up to age 26, and children and families involved in pre-custody services (CPS/IHS).

- Responsible for more than 280,000 children in 20 states.
 - 5 statewide specialty contracts (Texas, Florida, Washington, Illinois, & Missouri)
 - 3 preferred MCO states (Mississippi, Louisiana, & Arkansas)
 - 12 multi-source states (Kansas, Michigan, New Hampshire, New Jersey, California, Ohio, Nebraska, Indiana, Oregon, New Mexico, Iowa, & New York)
-
- NC Community Advisory Committee – inclusive of individuals with lived experience
 - Local Community Collaboration and Engagement Strategy – live, work, play
 - Statewide Medicaid plan; Medicare, Medicaid, & Marketplace products; 3 Tailored Plan partnerships

- A single statewide MCO that manages care for children in foster care bends the cost curve for healthcare spending, increases access to care, and improves the overall well-being of the foster care population.
 - Outcomes include:
 - In Florida, our Child Welfare Specialty Plan saw a 24.9% decrease in inpatient admissions for children who participated in the program in 2020.
 - In Washington, we have seen a 54.7% decrease in preventable emergency department visits.
 - In Texas, we have seen a 30% reduction in psychotropic medications use and a 33% reduction in children being prescribed 5+ psychotropic medications.
 - Psychotropic medication follow up care increased from 12% to 38% from 2011 to 2019 in Texas.
 - Access to EPSDT visits increased from 17% to 60% in 30 days.
 - After implementing the Promoting Adoption Success program, our Washington plan saw an annual EPSDT visit increase of 46.4%.



Beyond Healthcare. A Better You.