

# Provider NEWS



Winter 2022

A newsletter for WellFirst Health providers

## Point your Patients to Health and Wellness in 2023

Promote healthy habits in the new year! WellFirst Health offers a wide range of health and wellness programs with information accessible from our one-stop web page.

WellFirst Health offers a variety of wellness programs and services focusing on the improved health of our communities and members. We encourage providers to promote them to their patients, when appropriate. WellFirst Health has designated websites for members based on their benefit plan or residency:

- For Illinois residents enrolled in a WellFirst Health ACA plan - visit [wellfirsthealth.com](https://wellfirsthealth.com).
- For Missouri residents enrolled in a WellFirst Health ACA plan, visit [wellfirstbenefits.com](https://wellfirstbenefits.com).
- For all members enrolled in a WellFirst Health Medicare Advantage plan - visit [wellfirsthealth.com/Medicare](https://wellfirsthealth.com/Medicare)

The Health and Wellness web pages on these sites feature a variety of member programs, including, but not limited to those highlighted in this article.

### Video- “The 8 Dimensions of Wellness: An Overview of Personal Well-Being”

In this 8-minute video Dr. Heather Schmidt explores “whole person” wellness themes going beyond the expected diet and exercise themes that patients may find eye opening.

### Wellness Events

Highlights a variety of member wellness programs and events that are scheduled throughout the year. Most of these are available to all, regardless of insurance. Examples of events include book clubs, wellness webinars, Learning Loft with topics such as crafts for kids and cooking

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## Point your Patients to Health and Wellness in 2023 (continued)

demonstrations, “Move with a Doc” series, and Living Healthy assistance.

### Nicotine Cessation

WellFirst Health offer two nicotine cessation programs- Freedom From Smoking (all are welcome) and Quit for Life (Health Plan members only). Interested individuals can voluntarily enroll from the WellFirst Health Quit for Good web page. Plus, the page offers direct links to national resources such as the National Cancer Society and American Heart Society.

### Partner Perks

WellFirst Health partners with certain businesses to offer membership, service, and product discounts related to overall well-being such as gym, massage therapy, fitness

equipment, and more.

### Podcast Library

The library links to on-demand topics from experts at SSM Health ranging from general wellness to managing chronic conditions.

And much more... please encourage your patients to visit the WellFirst Health’s Health and Wellness web pages for full details.

*In case you missed it...* See the “WellFirst Health Member Resources Reference Guide for Providers” article highlighting the provider’s at-a-glance guide to Health Plan resources available to WellFirst Health patients. ([Fall 2022](#), page 3.) ⊕

## Did you receive a 2023 Plan and Benefit Changes notification?



To keep WellFirst Health in-network providers informed of changes that may affect their patients, we annually compile an informational packet summarizing some key plan and benefit changes for the upcoming

year. This year’s [2023 Plan and Benefit Changes](#) notice for providers was released in November and features information regarding WellFirst Health Medicare

Advantage plans and member resources and programs to support providers and their patients in the coming year.

If you have questions about a patient’s coverage information, refer to their member policy or certificate. See the side bar to this article for more information on how to access this information. If after reviewing a member’s coverage information, you still have questions, please contact the Customer Care Center by calling the number listed for the patient’s benefit plan.

Not receiving our emails? Select “Opt-In for Electronic Communications” in your WellFirst Health portal account settings. ⊕

### Finding Member Benefit Information

Providers can securely access documentation related to a member’s WellFirst Health benefit, including certificate of coverage, member policy or certificate, and the member handbook, at [memberbenefits.wellfirstbenefits.com](#). From this web page, providers can enter the Group Number or Member ID to retrieve information for a particular member.

Providers can also access the Member Summary Plan Description (SPD) for SSM Health’s Employee Health Plan Administrative Services Only (ASO) plan members at [memberbenefits.wellfirstbenefits.com](#).

**Note:** You must use Google Chrome to access the Member Benefit information web pages.



## Stay on Top of Claims through the 277 Claims Acknowledgement

Sign up for the 277 Claims Acknowledgement (277CA) transaction to help prevent billing gaps and payment delays.

Spot and correct claim rejections early! The 277CA transaction provides a claim level acknowledgement of 837 Health Care Claim submissions. The 277CA reports if claims were accepted or rejected for adjudication. Sign up to receive the 277CA from the [WellFirst Health HIPAA Transactions web page](#).

Another way to obtain claim submission status is through the Confirmation Reports Portal. The Confirmation Reports Portal, an application separate from the WellFirst

Health Provider Portal, generates reports showing whether claims, submitted electronically or on paper, were accepted or rejected for processing. Reports from the Confirmation Report Portal are available within 48 hours of when the Health Plan receives a claim. Plus, once signed up, no more paper reports!

We strive to make the process easy. Providers should contact the Provider Network Consultant Team to request access to the Confirmation Reports Portal. ⊕

## Medicare Advantage Extra Benefits for 2023

The list below is an opportunity to familiarize yourself with all the exciting additional benefits available to WellFirst Health Advantage members in 2023. These extra benefits include:

- **24 one-way rides** to help members get to their medical appointments or the pharmacy. Members can call our Customer Care Center at [877-301-3326](tel:877-301-3326) to request a ride to an upcoming appointment.
- **120 hours per year of In-home and virtual support through Papa.** Screened and trained Papa Pals assist members with light house chores, technology, and transportation. Members can call Papa at [888-840-1609](tel:888-840-1609).
- **14 meals post-discharge through Mom's Meals** for members who are discharged from the hospital or skilled nursing facility. Mom's Meals works with members for dietary needs, preferences, and delivery details. Members can call the Health Plan's Customer Care Center at [877-301-3326](tel:877-301-3326) to access the Mom's Meals benefit.
- **Comprehensive and preventive dental benefits through Delta Dental.** Our plans have no deductible or coinsurance.
- **\$50 quarterly allowance for over-the-counter supplies** like bandages and pain relievers purchased

online, over the phone, or at participating stores including Walgreens, CVS, Kroger, and Walmart.

- **Fitness benefit at no cost to the member through the One Pass program** which includes, fitness center memberships, home fitness kit, and on-demand fitness videos.
- **up to \$150 in rewards through the Living Healthy Rewards Program** for completing healthy activities. *See this edition's "Point your Patients to Health and Wellness" article for an overview of health and wellness programs.*
- **Hearing benefit.** All of our plans include a \$0 hearing exam and a \$750 yearly hearing aid allowance.
- **Vision benefit.** All of our plans include a \$0 vision exam and a \$150 eyewear allowance.
- **24-hour Nurse Line.** Members can call if they aren't sure if they need to see a doctor or have a question.
- **Worldwide emergency and urgent services** coverage outside of the U.S. and its territories. *See this edition's "Travel Immunizations" article regarding recommendations for your patients preparing to travel.*

Benefits can vary by plan. Go to the [Medicare Advantage 2023 additional benefits web page](#) for a full list of 2023 extra benefits and more details. ⊕

## Travel Immunizations



Is your patient heading to an exotic beach? Hiking across Europe? Exploring South Africa on safari? Whether vacationing, working, volunteering or living abroad, they should be prepared for possible illnesses and diseases that occur in other regions or countries.

WellFirst Health offers travel immunizations based on the patient's benefit plan coverage as detailed in their certificate of coverage, or Summary of Benefits and Coverage (SBC), and formulary for their plan. Patients can also call the Customer Care Center for further information.

When your patients are preparing to travel, remind them that some immunizations require several weeks for full effectiveness, and they should try to make an appointment six to eight weeks before they leave on their trip. Even if they have missed that timeline, it is still a good idea to recommend they make an appointment before their trip, tailored to their specific area of travel.

Together we can help patients learn how to avoid risks, best manage pre-existing conditions, and take appropriate precautions before they begin their journey. ⊕

## Language Line Helps Bridge Important Communications Between Provider and Patient



To address diverse language needs and enable important communications between providers and patients, WellFirst Health offers a free telephonic Language Line for language assistance/interpreter services. The Language Line is available to in-network providers who

do not have access to language assistance services and need to interact with WellFirst Health members who have limited English language proficiency.

Providers may request language assistance by calling 844-526-1386, available 24 hours a day, 7 days a week. See the [Language Line Instructions on the Cultural Awareness & Health Equity web page](#) for more information on how to use the service.

WellFirst Health recognizes that addressing health inequities and promoting cultural awareness are key for delivering a diverse and inclusive experience for members. The Language Line helps to ensure that all individuals enrolled in WellFirst Health benefit plans can verbally connect with their provider, understand their health condition and plan of care, as well as be able to articulate questions to their provider and understand responses to those questions. ⊕





## Medication Therapy Management

WellFirst Health offers Medication Therapy Management to members enrolled in a WellFirst Health Advantage plan who have complex health needs.

Medication Therapy Management (MTM) is a term used to describe a broad range of healthcare services provided by pharmacists. The main focus of MTM is to optimize therapeutic outcomes for individual patients. To initiate MTM, the qualifying individual is sent a letter to inform them of the program and that a pharmacist will be calling them for a consultation. The MTM consultation includes review of the patient's drug regimen to help identify and reduce possible medication problems.

The pharmacist reviews the patient's complete list of medications including prescriptions from all providers and over-the-counter drugs (OTC), vitamins, and supplements. The review not only looks at medication interactions, but also assesses the patient's understanding of the medications, possible side effects, and adherence. MTM

helps patients to better manage disease states such as high blood pressure, high cholesterol, and diabetes.

At the end of the review the patient will receive a personal medication record listing all prescriptions, and OTC products with a medication-related action plan (i.e., next steps of use, any recommended follow up with their providers, resources that were discussed during the MTM review, etc.). Additionally, the pharmacist will follow up with the patient's provider(s) by phone or fax to share what was discussed and any recommendations they have for the provider to review.

MTM Programs are zero to low cost for patients. Providers are encouraged to recommend their Medicare Advantage patients take advantage of an opportunity for an MTM consultation. ⊕

## Accessibility of Services Standards



It is important for WellFirst Health network providers to understand the Accessibility of Services standards. WellFirst Health is committed to ensuring members using the provider network for their care have appropriate appointment accessibility.

The Accessibility of Services standards for member access to services provided by primary care, specialty care, and behavioral health care clinic locations can be found under the Quality Improvement section of the [WellFirst Health Provider Manual](#). ⊕



## 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 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 prepare 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 [deancare.com/find-a-doctor](https://deancare.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 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. ⊕



## Medicare Advantage Corner

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



### Albuterol and Ventolin 2023 Coverage for MAPD members

Effective for dates of service on and after January 1, 2023, providers can prescribe either the generic beta agonist or brand inhalers for their patients enrolled in a WellFirst Health Advantage Plan with Part D coverage. Albuterol HFA inhaler, 8.5 grams, is added to the 2023 formulary. Patients will be able to receive two inhalers (17 grams) for one copay on Tier 2. Additionally, Ventolin HFA inhaler, 17 grams, is added to the 2023 formulary for one copay on Tier 2.

### Reminders of What's New for Patients 100-Day Refill Cycle

WellFirst Health Medicare Advantage members with Part D coverage 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 tier 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 and save one copay per year. Narcotics and Specialty medications are excluded.

To start a patient toward realizing these savings, providers should write a new prescription that specifies a 100-day supply instead of a 90-day supply (e.g., Lisinopril 5 mg 1 qd #100 days with three refills) and send to the patient's pharmacy.

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 more information.

### Location Restrictions Removed for Adult Vaccine Administration

Your WellFirst Health Medicare Advantage patients can receive their Part B and D vaccinations while in your office.

WellFirst Health members are able to receive their Part B vaccines (*Influenzas, Pneumococcal*) and Part D vaccines (*Shingles, TDAP or others listed on the drug formulary*) **at either the doctor's office or at an in-network pharmacy\***.

\* **Note:** This is a correction to information in the Fall 2022 Provider News regarding location for Part B vaccine administration.

As a reminder, WellFirst Health offers adult vaccinations at \$0 copay.

Providers should submit claims for Part B and Part D vaccine product and administration to the Health Plan. However, Part D claims are reimbursed by the Health Plan's contracted vendor Navitus, not the Health Plan. ⊕

## Provider Network Consultants

While online self-service resources and the Customer Care Center are your first sources of information, the team of WellFirst Health Provider Network Consultants (PNCs) are health plan personnel who assist with more indepth inquiries, when necessary. (And, always,

contact the PNC team to report changes or updates to your demographic information.)

Contact a WellFirst Health Provider Network Consultant at **314-994-6262** or [ProviderRelations@wellfirstbenefits.com](mailto:ProviderRelations@wellfirstbenefits.com). ☎



## 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](http://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. ☎

### Winter 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](http://WellFirst Health Provider News). Please call the Customer Care Center at **866-514-4194** if you have questions about accessing the updates.

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## 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 is in the [WellFirst Health Provider Manual](#) under the section titled “Termination of Patient/Practitioner Relationship Policy and Procedure.” ⊕



## 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](mailto: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. ⊕

## 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 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](https://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 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](mailto: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](mailto: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](mailto:RadMDSupport@MagellanHealth.com). View details about the [musculoskeletal prior authorization program](#).

### Winter 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](https://wellfirstbenefits.com/Providers/Provider-news). Please call the Customer Care Center at **866-514-4194** if you have questions about accessing the updates.

# USING Z CODES:

## The Social Determinants of Health (SDOH) Data Journey to Better Outcomes

What are **Z codes**

SDOH-related Z codes ranging from Z55-Z65 are the ICD-10-CM encounter reason codes used to document SDOH data (e.g., housing, food insecurity, transportation, etc.).

SDOH are the conditions in the environments where people are born, live, learn, work, play, worship and age.

### Z-Codes and Screening for Drivers of Health:

Dean Health Plan encourages providers to screen all patients for Drivers of Health. Additionally, the use of z-codes related to Drivers of Health (Z55-Z65) is encouraged to improve the capture, storage, and tracking of this important patient data across the continuum of care.



#### Step 1 Collect SDOH Data

Any member of a person's care team can collect SDOH data during any encounter.

- Includes providers, social workers, community health workers, case managers, patient navigators, and nurses.
- Can be collected at intake through health risk assessments, screening tools, person-provider interaction, and individual self-reporting.

#### Step 2 Document SDOH Data

Data are recorded in a person's paper or electronic health record (EHR).

- SDOH data may be documented in the problem or diagnosis list, patient or client history, or provider notes.
- Care teams may collect more detailed SDOH data than current Z codes allow. These data should be retained.
- Efforts are ongoing to close Z code gaps and standardize SDOH data.

#### Step 3 Map SDOH Data to Z Codes

Assistance is available from the ICD-10-CM Official Guidelines for Coding and Reporting.<sup>1</sup>

- Coding, billing, and EHR systems help coders assign standardized codes (e.g., Z codes).
- Coders can assign SDOH Z codes based on self-reported data and/or information documented by any member of the care team if their documentation is included in the official medical record.<sup>2</sup>

#### Step 4 Use SDOH Z Code Data

Data analysis can help improve quality, care coordination, and experience of care.

- Identify individuals' social risk factors and unmet needs.
- Inform health care and services, follow-up, and discharge planning.
- Trigger referrals to social services that meet individuals' needs.
- Track referrals between providers and social service organizations.

#### Step 5 Report SDOH Z Code Data Findings

SDOH data can be added to key reports for executive leadership and Boards of Directors to inform value-based care opportunities.

- Findings can be shared with social service organizations, providers, health plans, and consumer/patient advisory boards to identify unmet needs.
- A **Disparities Impact Statement** can be used to identify opportunities for advancing health equity.

### Z code Categories

- Z55 – Problems related to education and literacy
- Z56 – Problems related to employment and unemployment
- Z57 – Occupational exposure to risk factors
- Z58 – Problems related to physical environment
- Z59 – Problems related to housing and economic circumstances
- Z60 – Problems related to social environment

- Z62 – Problems related to upbringing
- Z63 – Other problems related to primary support group, including family circumstances
- Z64 – Problems related to certain psychosocial circumstances
- Z65 – Problems related to other psychosocial circumstances

This list is subject to revisions and additions to improve alignment with SDOH data elements.

