Provider NEWS

WellFirst Health®

Spring 2022
A newsletter for WellFirst Health providers

Two Years Into the Pandemic, What Is Going Right?

In March of 2020, many of us saw the onset of COVID-19 as temporary, but now, two years later, the effects of this pandemic have proven to be genuinely life-altering. We're all familiar with the daily impacts, the strain on our healthcare systems and most valuable resources—the people providing care. Is there any bright side to be found?

With the help of Dr. Shephali Wulff, Medical Director for SSM Health in St. Louis, MO, we take a look at a few high points we can take with us for the future.

- The development of stronger global ties between health communities. "We saw a tremendous amount of global collaboration," said Dr. Wulff. "Shortly after discovery in China, the COVID-19 genome was sequenced and available online for international review." Dr. Wulff points out that making sure this information was available allowed scientists all over the world to rapidly develop vaccines and other drugs, as well as track viral variants and their impacts.
- More effective vaccines. "mRNA technology allows for more effective vaccine delivery than traditional methods for infectious disease," said Dr. Wulff. "Pharmaceutical companies are working on a dual flu and COVID-19 vaccine, which would be a huge win for all of us." Dr. Wulff also notes the positive impacts that mRNA technology could have as a cancer treatment, which is currently being researched and developed.
- Building effective partnerships between care providers, public health and communities. "Every major health system in our area came together early on and collaborated with each other and public health, building relationships across different areas of health care," said Dr. Wulff. "Take food insecurity for example—we know this drives health issues down the road, malnutrition, diabetes, chronic illness. We need PCPs to recognize that patients are food insecure. We need to collaborate

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with food pantries funded through public health to address it at a local level, while promoting engagement through community leaders." Dr. Wulff emphasizes that though there was some of this happening already, the pandemic forced open channels of communication and broke down barriers that may have otherwise existed to work as a truly collaborative team.

- The importance of community trust and reliable information from the medical community. "Respiratory viral infections, such as COVID-19, thrive in areas where people live in crowded housing, have lower health literacy and higher degrees of chronic conditions, said Dr. Wulff. "We saw this play out in the pandemic all over the globe. This tells us that we need to do a better job at engaging with those patients and building trust, understanding where they come from, and having those 1x1 conversations where we can really listen to their concerns and loosen the hold of misinformation." Dr. Wulff adds that there's a lot of room for growth and creativity for the future, but she highlights the methods most effective throughout the pandemic included those that met patients where they were at—vaccine clinics and outreach in schools, at churches, and even mobile units dispatched at Cardinals games.

Though the pandemic continues to shape our everyday life, WellFirst Health is dedicated to making new normal a better normal. Those who provide and enable care, whether individuals maintaining care environments, doctors, scheduling teams or nursing staff, deserve the very best these lessons have to offer. Thank you for your continued dedication and exceptional service!

What Every Provider Should Know about the Master Service List

WellFirst Health offers a variety of resources to help providers navigate prior authorizations. Throughout the year we will highlight some of these resources, starting with the WellFirst Health Master Service List. Refer to this helpful resource before you submit an authorization request and supporting documentation.

Need to know what services require prior authorization and where to submit the request? The WellFirst Health Master Service List is intended as a first go-to resource. The Master Service List, also referred to as the MSL, lists medical policies and services that require authorization, and has recently been updated to also include information regarding a number of services that do not require prior authorization.

1. Where to Find It - The MSL is publicly accessible from the "Medical prior authorization service list" link on the WellFirst Health Medical Management web page.

2. When to Use It - WellFirst Health issues written notice to providers prior to implementing new authorization requirements and the MSL is updated regularly to reflect these changes. Providers and their administrative staff are encouraged to consult it before submitting a prior authorization request. The few minutes it will take to verify information in the MSL can prevent erroneous authorization submissions and save valuable time.

3. How to Use It - Medical policies and services are listed alphabetically in the Table of Contents for easy searching. Alternate service names and the corresponding medical policy number are also listed, as applicable.

Medical Policy/Service Name	Alternate Service Name(s)	Medical Policy No.
Hyperhidrosis Treatment	N/A	MP9224
Intermittent Pneumatic Compression Devices	N/A	MP9119
Interspinous Spacer System ISS	VertiFlex	MP9544
Intrathecal Pump Implantation	N/A	MP9278

The titles in the "Medical Policy/Service Name" column directly link to the specific section in the MSL for more information. Using Hyperhidrosis Treatment as an example, this section includes links to the primary medical policy and additional related policies that require prior authorization and/or have coverage limitations.

Hyperhidrosis Treatment (MP9224)

Medical Policy	Hyperhidrosis Treatment (MP9224)
Alternate Service Name(s)	N/A
Additional Information	• Hyperhidrosis Treatment is a covered service when (1) the patient meets criteria for MP9224 **and** when (2) Hyperhidrosis Treatment is a covered benefit of the patient's specific plan type. • Botulinum Toxin (BOTOX) A or B for uses other than hyperhidrosis treatment is prior authorized through Navitus. See drug policy MB9020 Botulinum Toxin.

Each section is further differentiated by product and submission information. Providers are reminded that 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.

In the WellFirst Health Commercial Insurance section of the Hyperhidrosis Treatment, medical codes that require prior authorization are listed. The codes listed in the MSL are offered as guidance, and not meant to be an all-inclusive list of codes for the services.

Patients with WellFirst Health Commercial Insurance	
Codes that Require Authorization	32664, 97033
Submission Responsibilities	• Providers are responsible for submitting prior authorizations for WellFirst Health Commercial members with **HMO** or **POS (In-Network Provider)** plans; and • WellFirst Health Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
Submission Method	WellFirst Health Provider Portal

Looking for Medicare Advantage product information in the MSL?

4. When Prior Authorization is Required - When authorization is required, this section also includes submission method information about where and how to submit authorizations. Knowing the submission method for authorization requests will help to avoid unnecessary delays. For most services, authorization requests should be submitted to WellFirst Health through the WellFirst Health Provider Portal. However, we contract with other entities for authorization of certain services, such as Navitus/Navi-Gate for pharmacy benefit drug authorizations and NIA Magellan Healthcare for physical medicine, high-end radiology, and musculoskeletal authorizations. This means that authorization requests for these services should be submitted to the designated vendor, not WellFirst Health.

Authorization requirements and submission method for a medical policy/service may vary by product.

Hemodialysis and Peritoneal Dialysis

	N/A
Alternate Service Name(s)	HD, PD, dialysis
Additional Information	A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted. A prior authorization will be required when services are provided by a non-plan provider. If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.

5. When Prior Authorization is Not Required - Sections in purple denote services that do not require prior authorization. The Hemodialysis and Peritoneal Dialysis section in the MSL is an example of a service that does not require prior authorization when provided by an *in-network provider*. Providers are encouraged to note additional information in purple sections regarding non-plan (also referred to as out-of-network or non-contracted) providers and authorization requirements.

6. Where to Find Information Not included in the MSL

Authorization criteria for Medicare Advantage plans are in the WellFirst Health Medicare Advantage Plans Prior Authorization List linked from the Medicare Advantage Medical Management link on the WellFirst Health Medical Management web page.

Refer to the WellFirst Health Non-covered Medical Procedures and Services list, on on the WellFirst Health Medical Management web page, to verify a service is not on that list.

Refer to the Medical Injectables List, on the Wellfirst Health Medical Management web page, to see a list of drugs covered under the medical benefit.

In Case You Missed It...

WellFirst Health publishes a variety of articles in our newsletters, ranging from health plan policies and member programs to features and general interest topics. Here are a few from past editions, we think are worth calling out... *in case you missed it.*

- Tips for Submitting Prior Authorization Requests — As the title suggests, this article highlights a handful of quick tips for authorization submission. It pairs nicely with this edition's Master Service List article. (Spring 2021, page 8)
- Get to Know your WellFirst Health Provider Portal! — Get the most from the portal with these grab-and-go tips. (Spring 2021, page 18)

Requesting UM Criteria

WellFirst Health's prior authorization requirements, medical policies, and the current medication formulary are all available online at wellfirstbenefits.com and will also be provided in writing upon request. Written copies can be obtained by contacting WellFirst Health at **866-514-4194** and requesting that a copy be mailed or faxed to you.

WellFirst Health also licenses Milliman Care Guidelines (MCG) which are nationally recognized evidenced based guidelines for medical necessity determinations. The specific MCG Guideline utilized in making a denial determination is available upon request by contacting WellFirst Health at **866-514-4194** and requesting that a copy be mailed or faxed to you. In our Illinois region, Cite for Guideline Transparency (MCG) will be available on our website at wellfirsthealth.com beginning July 1, 2022.

The Importance of Mental Health Screenings

According to the National Alliance on Mental Illnesses (NAMI), early mental health screenings can lead to early diagnosis and treatment of mental health concerns – leading to better health outcomes. NAMI also found that early treatment may lessen long-term disability and prevent years of patient suffering.

If a screen is positive, it is essential to have the capability to ensure further evaluation (since a positive screening test is not the same as a diagnosis), effective treatment and appropriate follow-up. It is equally essential to coordinate care with any behavioral health providers who are part of your patient's care team. To help patients take the first step towards effective mental health care, a mental health patient self-screen can be found at screening.mhanational.org/screening-tools/.

A well-rounded patient-centered mental and physical health care approach not only improves quality of care, but can also enhance the quality of life for many patients.

Referring to Telepsychiatry

Telepsychiatry appointments may be available to your patients. In some areas, a primary care provider referral is needed. Search the Provider Directory to find an in-network psychiatry or behavioral health provider in your area.

When extra support is needed, we can help!

Care Management is a supportive intervention to help improve the health of our members. Care Management offers programs that focus on Complex Medical (adult and pediatric), Pregnancy, Behavioral Health, Transplant, and Advance Care Planning. Our team of registered nurses, social workers, and Program Outreach Specialists assist members in navigating their care and provide support to help them manage their acute or chronic conditions.

Visit our website for more information about our care management services and programs. Providers can also call the Provider Referral Line at **1-800-635-9233 ext 4132**.

Follow-Up Care for Children Prescribed ADHD Medication

Managing attention-deficit/hyperactivity disorder (ADHD) doesn't end with a medication and treatment plan. Although an adult or child with ADHD may be thriving at home, in school, and with friends, these individuals need ongoing care to live well consistently with the condition. ADHD is one of the most commonly diagnosed and extensively studied childhood behavioral health disorders.

ADHD follow-up care is monitored by the National Committee for Quality Assurance (NCQA) using the Healthcare Effectiveness Data and Information Set (HEDIS*). The goal is to ensure children, ages 6-12, have at least three follow up visits within 10 months when they are newly prescribed ADHD medication or returning to a prescription after a break of 4 or more months. Visit timelines are:

- 1 Visit within 30 days of new prescription, with a prescriber
  - Can be a telehealth, telephone or face to face visit
- 2 additional visits in the following 9 months, with any practitioner
  - One of which can be a telehealth or telephone visit

A few recommendations to improve follow-up visit compliance:

- If you prescribe ADHD medication, consider limiting the first prescription to a 30-day supply.
- Consider not refilling unless follow-up appointments are kept.
- Schedule follow-up appointment(s) before they leave the office.
- Discuss the importance of follow-up appointments with the parent/guardian.
- Educate the parent or guardian that the child must be seen within 30 days of starting the medication to evaluate if the medication is working as expected and assess any adverse effects.
- Verify the parent or guardian understands the requirement above and keeps the appointment for refill prescriptions.

Tips for Talking with Patients about Safe ADHD Medication Use:

- Educate families on the expected response to the medication, known side effects and potential adverse effects.
- Advise parents to lock all medications in a safe place, and to have a responsible adult directly monitor administration whenever possible.
- Advise that medications should never be shared with others.
- Provide education on taking medication as prescribed, including what to do if a dose is missed, and when to call the provider.

See this edition's "Medication Adherence" article for tips on encouraging patients to adhere to the instructions for their medications.

Discuss the signs and symptoms of stimulant misuse, including under and overuse:

- Lack of expected therapeutic response, especially after achieving a target dose and clinical stability.
- Unexpected increased arousal, irritability, decreased appetite, sleep changes, hyperactivity or behavioral changes.
- School reports of new or unexpected behavioral and/or academic performance concerns.
- Running out of medications early; unexplained new possessions or access to spending money.
- Monitor patterns of "lost" medications and early refill requests by parents of children on stimulant medications as diversion does occur within the patient home as well.

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

Asthma: Are Your Patients Overdue for Action Plan Review?

Many studies indicate that regular follow-up visits, with patients of all ages, reduce the risk for asthma exacerbation requiring hospital admission. This is consistent with guidance from national expert groups including the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health, and the American Academy of Pediatrics (AAP).

AAP practice guidelines specifically recommend regular follow-up for children diagnosed with asthma. These visits should occur at least every 3-6 months depending on symptom severity. These groups also recommend that every asthma patient have an asthma action plan. A key purpose of these follow-up visits is that patient asthma action plans be reviewed and updated at least once each year. (See the link at the end of this newsletter for a downloadble template for an action plan.) In patients for whom a controller medication is indicated, it is also important to educate them on the importance of managing their asthma with the combination of controller and rescue medications versus solely relying on their rescue inhaler.

Talk with patients about setting asthma goals, such as

- Going most days of the week without symptoms: asthma is considered under control if there are symptoms on two days a week or less that require use of a rescue inhaler
- Preventing asthma attacks, which could result in needing emergency care, by limiting exposure to known asthma triggers

Discuss importance of the combination of long-term and rescue asthma medicines in controlling asthma.

Example Asthma Action Plan

When you're in the "**Green Zone**," you're doing well. You should:

- Have no coughing, wheezing, chest tightness, or difficulty breathing
- Be able to work, play, exercise, or do your everyday activities with no symptoms
- Have a peak-flow reading 80 to 100 percent of your personal best

When you're in the "**Yellow Zone**," you should take caution. This means you are:

- Coughing, wheezing, feeling tightness in your chest, or having difficulty breathing
- Able to do some, but not all, usual activities
- Waking up at night due to asthma
- Getting 50 to 79 percent of your personal best when you use your peak flow meter

When you're in the "**Red Zone**," contact your health care provider immediately. If you cannot reach him or her, go to the nearest emergency department or call 911. This means you are:

- Very short of breath
- Having problems walking or talking due to asthma symptoms
- Not responding to quick-relief medicines
- Experiencing symptoms that are the same or getting worse after 24 hours in the "Yellow Zone"
- Getting a peak-flow reading less than 50 percent of your personal best

Action plans can be downloaded from the Regional Asthma Management & Prevention (RAMP) website. RAMP is a project of the Public Health Institute.

Visit nhlbi.nih.gov/health-topics/asthma-for-health-professionals, or pediatrics.aappublications.org/content/139/1/e20163438 to learn more.

Formulary Management Procedures

The WellFirst Health Plan 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 Plan 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, the member is responsible for 100 percent of the cost of the drug.

Mandatory Generic Substitution. If a drug is available in a generic version, WellFirst Health Plan 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 are often used within a therapeutic class to require generic or preferred drug use prior to a non-preferred drug. When a step edit 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 completed point-of-service 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 Plan pharmacy resources, including the drug formulary, can be found at wellfirstbenefits.com/Providers/Pharmacy-services.

Medication Adherence

Are your patients actually taking the medications that you prescribe for them? Data show that up to half of patients may not be taking their prescribed medications or are taking the medication differently than prescribed. Improving medication adherence is a gradual, but important process that leads to better clinical outcomes and lower overall healthcare costs. It also affects quality measures like Medicare Star Ratings.

Here are some tips to ensure your patients remain adherent to their medication:

- Prescribe 90-day supplies
- Have patients bring all their medications to follow up appointments, so you can see what they actually take. Ask them to describe to you how they take a particular medication.
- Consider mail order delivery through Costco or a network pharmacy
- Prescribe sufficient refills
- Send a new prescription when dose changes
- Simplify medication regimen
- Discuss with your patients why taking medications as intended—not too little or too much—is critical to both safety and effectiveness
- Follow up after a new medication is started

Member Rights and Responsibilities

To promote effective health care, WellFirst Health clearly states its expectations for the rights and responsibilities of its members to foster cooperation among members, practitioners, and WellFirst Health.

To view these rights and responsibilities, visit wellfirstbenefits.com/member-rights.

Provider Network Consultant Embraces New Role

Anne Marie Campbell brings her previous health care provider relations experience to her new role as a WellFirst Health Senior Provider Network Consultant (PNC). Since joining WellFirst Health last fall, she has been actively involved with assisting providers joining the WellFirst Health network. That, and updating the provider directory to ensure that members can find these providers. “I really enjoy working with providers in this process,” said Anne Marie.

In addition to applying her professional background to her new role, Anne Marie brings an eagerness to learn. “Being relatively new to my role, I am taking full advantage of the opportunities to learn new things,” she said.

As part of the close-knit PNC team, a team that has been heavily involved in provider outreach and training with the launch of WellFirst Health two years ago, Anne Marie feels very supported. “The WellFirst Health PNCs are an incredible team,” she said. “They are always available for guidance so that I can effectively assist providers with their questions, claims, and contracts.”

Contact the WellFirst Provider Network Consultant Team at **314-994-6262** or **ProviderRelations@wellfirstbenefits.com**.

How to Find Formularies

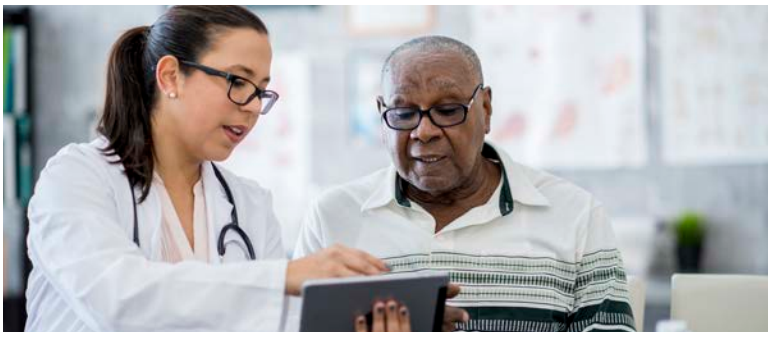
Formularies for WellFirst Health products may be easily accessed from the Providers link located at the top of WellFirst Health web pages.

1. From the top of the web page, click the **Providers link**, and then click **Pharmacy Services**.
2. This links to the “Pharmacy services for health care providers” web page. On that page, under the “Covered Drugs and Formulary” section, click the **See drug formularies link**.
3. This links to the drug formulary web page. On that page, click on the link to access a specific formulary.

Formularies are available as Adobe PDFs. Users can scroll through the list or type in “Ctrl + F” to bring up the search bar to type in the name of the drug. All formularies contain the Drug Name, Special Code, Tier level, and Category the drug is listed under.

Medicare Advantage Corner

Welcome to the Medicare Advantage Corner! This section of the newsletter highlights information about our Medicare Advantage plans. Look for the Medicare Advantage Corner in future newsletter issues.



Medicare Advantage Part B Update

New for 2022, a subset of Part B drugs (including but not limited to: oral anti-cancer, oral anti-emetics, immunosuppressants for transplants, erythropoietin, end stage renal disease drugs, nebulized inhalation drugs, insulin-*requiring a pump for infusion* for some treatment indications that are covered under Part D will have a copay between $0 – $47 when received through a retail pharmacy. Member copay will match the member's Part D benefit for those members enrolled in a Medicare Advantage plan with Part D coverage. Intravenous, subcutaneous, and biological covered Part B drugs will continue to be available in 2022 at 20% coinsurance when administered at home or in a physician's office.

Medicare Advantage Home Infusion

WellFirst Health Medicare Advantage will expand coverage for home infusion services. Medicare Advantage plans will increase coverage for home infusion therapies including, but not limited to, biologics for Crohn's disease, ulcerative colitis, rheumatoid arthritis, psoriasis and multiple sclerosis, blood products, immune globulins and enzyme replacements.

New Medical Step B Therapy Requirements

Under the Medicare Part B Step program, providers are required to first try preferred drugs before a non-preferred drug can be prescribed for treatment, if appropriate. If a member has been on a non-preferred therapy for the past 365 days, they will be able to continue on the same therapy.

If a member is new to therapy, providers will need to fill out a MAPD Medical Exception form located in the Navitus Portal to request an exception for their patient indicating why the preferred drug cannot be used.

The table lists preferred and non-preferred drugs subject to Medicare Part B Step Therapy program, effective February 1, 2022.

Preferred drug(s) Drug A	Non-Preferred drug(s) Drug B
Herzuma, Trazimera	Herceptin, Kanjinti, Ogivri
Mvasi, Zirabev	Avastin
Truxima, Ruxience	Rituxan, Rituxan hyclea
Renflexis	Inflectra, Avsola, Remicade
Ziextenzo, Fulphila, Udenyca	Neulasta
Nivestym, Zarxio	Neupogen, Granix
Oral bisphosphonate trial - Part D Medication (alendronate, ibandronate,or risedronate)	Prolia (for a dx of osteoporosis with high risk of fractures)

Synvisc-One, Hyalagan, Hymovis and Triluron	Durolane, Gelsyn-3, Supartz FX, Synvisc, Euflexxa, Gel-one, Genvisc 850, Monovisc, Sodium Hyaluronate, TriVisc, Visco-3
Zarxio, Nivestym	Leukine
fulvestrant	Faslodex
Retacrit	Procrit, Epogen
Emgality or Aimovig	Vyepti
Infiximab or Humira	Entyvio
Oral Allopurinol or Febuxostat	Krystexxa
Hydroxyurea	Adaveko
Oral Hydroxychloroquine, Methotrexate, or Azathioprine, or Mycophenolate mofetil	Benlysta
Repatha or Praluent	Eveeka
For Rheumatoid Arthritis and Poly-Juvenile Arthritis : Humira	Orencia
For Psoriatic Arthritis (Need to use 2 agents): Enbrel or Humira or Otezla or Taltz	Orencia
For Multiple Sclerosis: *Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta **(If member experiences Aggressive Disease Preferred products could be waived)*	Ocrevus
For Multiple Sclerosis: *Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta **(If member experiences Aggressive Disease Preferred products could be waived)*	Tysabri* **(members who experience intolerance or label contraindications to preferred agents would not be a candidate for Tysarbi)*
For Multiple Sclerosis: *Treatment failure on (1) one of these agents**: Dimethyl Fumarate, Glatiramer acetate, Interferon Therapy, Gilenya, Zeposia, Mayzent, Aubagio, Kesimpta *Treatment with Aggressive Disease (1) one of the following:* Ocrevus or Tysabri	Lemtrada **(members who experience intolerance or label contraindications to preferred agents would not be a candidate for Lemtrada)*

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. 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 15-30 minutes. Members can watch at their convenience and refer back as often as they wish.

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 PNC 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. 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 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 your Provider Network Consultant:

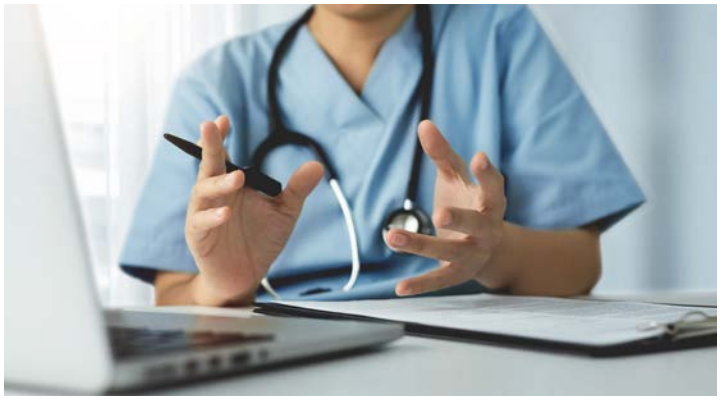
- Ability to accept new patients
- Practice location address
- Location phone number
- Provider specialty
- Languages spoken by provider
- Provider terminations
- Other changes that affect publicly posted provider accessibility and demographics information. This includes, but is not limited to:
  - Practice 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.

Submitting Prior Authorization Requests and Appeals to the Right Place

Through the Health Plan's grievance and appeals process, providers may submit an appeal to a prior authorization denial on a member's behalf. Knowing where to submit a prior authorization appeal, which can be different from where the prior authorization request was submitted, is key to timely review. Or take advantage of our peer-to-peer review process to possibly resolve authorization denials without having to submit a prior authorization appeal.

Prior authorization requests for most services should be submitted to WellFirst Health. However, there are exceptions where we contract with other entities to manage authorization requests for certain services. For example, Navitus/Navi-Gate manages pharmacy benefit drug authorizations and NIA Magellan Healthcare (NIA) manages authorizations for physical medicine, high-end radiology, and certain musculoskeletal surgery authorizations. For these services, this means that prior authorization requests should be submitted to the designated vendor, not WellFirst Health. See this edition's Master Service List article for more information on where to submit authorization requests.



If a prior authorization request is denied, a written denial with the reason for the denial and appeal options is sent to the member and submitting and servicing providers, as applicable. Prior authorization appeals must be submitted to WellFirst Health, regardless of the entity that processed the prior authorization request.

- To submit an appeal for an authorization request that was submitted to WellFirst Health or Navitus, providers may submit a letter of necessity by fax to **608-252-0812** or by paper mail to WellFirst Health, PO Box 56099, Madison, WI 53705
- To submit an appeal to a denial for an authorization request that was submitted to NIA, providers may submit a letter of necessity through email to their Provider Network Consultant or by paper mail to WellFirst Health, PO Box 56099, Madison, WI 53705

Providers are encouraged to take advantage of the peer-to-peer review process before submitting a prior authorization appeal. The peer-to-peer review process is a forum for providers to discuss a prior authorization denial with a WellFirst Health Medical Director. The opportunity for a peer-to-peer review is available for up to ten calendar days after the denial determination has been made. Resolution may be reached during the peer-to-peer process without having to submit a prior authorization appeal.

A request for a peer-to-peer review can be initiated by calling the Utilization Management Department at **800-356-7344 ext. 4795**. A peer-to-peer review may also be available for prescription denials by calling our Customer Care Center at **866-514-4194**.

Refer to the WellFirst Health Provider Manual for more details regarding prior authorization requests, appeals, and peer-to-peer review.

Cultural Awareness and Diversity

As our communities continue to grow more diverse, the health care industry as a whole is reevaluating how to improve health equity and encourage cultural competency across all populations. As a Health Plan, we recognize that addressing health disparities and promoting cultural competence are key for delivering a high quality, inclusive experience for our providers and their patients.

Here's a few things you can expect to see this year:

- A dedicated web page on the WellFirst Health website offering cultural education materials for providers recommended by our Clinical Liaison. These materials will offer guidance to providers and their administrative staff who interact with diverse patient populations. We plan to add to these educational materials over time.
- New language assistance resources to address diverse communication needs that will benefit providers and members alike.
- Additional information in the Provider Directory for language and cultural considerations.

Look for more information in future newsletters as we advance, promote, and support inclusion and diversity efforts in 2022.

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.

Click here for Spring 2022 Pharmacy and Therapeutics / Drug Policy / Formulary Change Update Highlights. This information is published on our 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.

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 ➤ 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) 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 on 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 on wellfirstbenefits.com.

Musculoskeletal Surgery

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.

Click here for Spring 2022 Medical Policy Updates. This information is published on our Provider news page at at wellfirstbenefits.com/Providers/Provider-news.

Please call the Customer Care Center at **866-514-4194** if you have questions about accessing the updates.

Mission of Provider News

WellFirst Health publishes a quarterly *Provider News* to facilitate communication between WellFirst Health and our network of contracted providers. Regular features for this publication include updates to or introduction of medical policies by the Medical Policy 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 provider network on new or changed guidelines that may affect the care of our members.
- Introduce new services that benefit our members and may affect our provider network.
- Create an extension of the Provider Manual to share information that is needed by the WellFirst Health provider network.

Go to our Provider News web page to access current and past *Provider News*. If you have any questions or suggestions on how to improve the newsletter, please contact your assigned Provider Network Consultant.

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 in-depth 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.

WellFirst Health *Provider News*

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