



The 4th Trimester: Improving Timeliness and Access to Postpartum Care

Studies have shown that **up to 60% of all pregnancy-related deaths could be prevented** if individuals had better access to healthcare, received better quality of care, and made changes to their health and lifestyle habits.










Receiving timely and adequate postpartum care is critical and can greatly impact the recovery of individuals who have recently delivered babies.

Postpartum care can also provide many long-term benefits to both parents and children. That's why providers should view postpartum care as an ongoing process, rather than a single encounter.





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Join the Conversation on Social Media

Join our digital and social communities for up-to-date information on how we're working with you and others to help our members live better, healthier lives.



The 4th Trimester: Improving Timeliness and Access to Postpartum Care *(continued)*

Coding Tips	
Online Assessments	CPT: 98969-98972, 99421-99423, 99444, 99457
	HCPCS: G0071, G2010, G2012, G2061, G2062, G2063
Prenatal Visits	CPT: 99201-99205, 99211-99215, 99241-99245, 99483
	HCPCS: G0463, T1015
Stand-Alone Visits	CPT: 99500
	CPT-CAT-II: 0500F, 0501F, 0502F
	HCPCS: H1000, H1001, H1002, H1003, H1004
Cervical Cytology Lab Test	CPT: 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175
	HCPCS: G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091
Postpartum Visits	CPT: 57170, 58300, 59430, 99501
	CPT-CAT-II: 0503F
	HCPCS: G0101
	ICD-10: Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2
Telephone	CPT: 98966-98968, 99441-99443

It is recommended that **all individuals have contact with their OB/GYN or obstetric provider within three weeks after birth**, with ongoing care as needed. A full comprehensive postpartum visit should include the assessment of physical, social, and psychological needs, and should occur no later than 12 weeks after birth.

Tips for Providers:

- ✓ Provide anticipatory guidance to patients during their pregnancy and develop a postpartum care plan to include discussions around reproductive life plans, contraception options, and overall care.
- ✓ Schedule the postpartum visit late in the third trimester or before discharge from the hospital or birthing center.
- ✓ Telehealth visits may be used when deemed appropriate by the provider. Acceptable visit types include telephone visits, e-visits, and virtual check-ins.
- ✓ Perform outreach within one week of discharge to encourage postpartum visit and emphasize the importance of seeing a provider.
- ✓ Identify any issues with breastfeeding, anxiety, or depression, and connect patient to supports if needed.
- ✓ Utilize appropriate CPT, CPTII, and HCPCS codes when submitting claims.

References:

1. <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care/>
2. <https://www.ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc/>
3. <https://www.cdc.gov/vitalsigns/maternal-deaths/index.html>



A Reminder on Our Access Standards

All providers must adhere to standards of timeliness for appointments and in-office waiting times.

These standards take into consideration the immediacy of the member's needs.

WellCare will comply with the Agency's requirement to have participating providers (as required by the state contract in section V.D.1d), by region, offer after-hours appointments to Medicaid members.

WellCare shall monitor providers against the standards listed to ensure members can obtain needed health services within the acceptable appointment timeframes and after-hours standards. Hours of operation offered for Medicaid beneficiaries must be no less than those offered to commercial members or comparable NC Medicaid Fee-for-Service recipients if the provider serves only Medicaid recipients. Providers not in compliance with these standards will be required to implement corrective actions set forth by WellCare.

Appointment Wait Time Standards		
Provider Type	Visit Type	Standard
Primary Care	Preventative Care Service – adult, 21 years of age and older	<ul style="list-style-type: none"> • Within 30 calendar days
	Preventative Care Service – child, birth through 20 years of age	<ul style="list-style-type: none"> • Within 14 calendar days for Members less than 6 months of age • Within 30 calendar days for Members 6 months of age and older
	Urgent Care Services	<ul style="list-style-type: none"> • Within 24 hours
	Routine/Check-up without Symptoms	<ul style="list-style-type: none"> • Within 30 calendar days
	After-hours Access – Emergent and Urgent	<ul style="list-style-type: none"> • Immediately (available 24 hours a day, seven days a week, 365 days a year)
Prenatal Care	Initial Appointment – 1st or 2nd trimester	<ul style="list-style-type: none"> • Within 14 calendar days
	Initial Appointment – 3rd trimester	<ul style="list-style-type: none"> • Within 5 calendar days
Specialty Care	Urgent Care Services	<ul style="list-style-type: none"> • Within 24 hours
	Routine/Check-up without symptoms	<ul style="list-style-type: none"> • Within 30 calendar days
	After-hours Access – Emergent and Urgent	<ul style="list-style-type: none"> • Immediately (available 24 hours a day, seven days a week, 365 days a year)

For the purposes of this document and the Network Adequacy Standards, “urban” is defined as non-rural counties or counties with average population densities of 250 or more people per square mile. This includes 20 counties that are categorized by the North Carolina Rural Economic Development Center as “regional cities or suburban counties” or “urban counties.” “Rural” is defined as a county with average population density of less than 250 people per square mile.

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A Reminder on Our Access Standards *(continued)*

More information is available at impact.ncruralcenter.org. WellCare will ensure that members have access to care through an adequate provider network by monitoring travel times and distances between providers and members. In the event a geographic area does not have enough providers to meet the standards listed, WellCare will conduct outreach activities in order to add additional providers to the network.

To ensure that all members have timely access to all covered healthcare services, the network must meet, at a minimum, the following time and distance standards as measured from the member's residence for adult and pediatric providers separately through geo-access mapping. Service types not subject to separate adult and pediatric provider standards are hospitals, pharmacies, occupational/physical/speech therapists, LTSS, and nursing facilities.

Network Adequacy Time and Distance Standards

Service Type	Urban Standard	Rural Standard
Primary Care Provider (Adult or Pediatric)	>= Two Providers within 30 minutes or 10 miles for at least 95% of Members	>= Two Providers within 30 minutes or 30 miles for at least 95% of Members
Specialty Care (Adult or Pediatric)	>= Two Providers (per specialty type) within 30 minutes or 15 miles for at least 95% of Members	>= Two Providers (per specialty type) within 60 minutes or 60 miles for at least 95% of Members
Hospitals	>= One hospital within 30 minutes or 15 miles for at least 95% of Members	>= One hospital within 30 minutes or 30 miles for at least 95% of Members
Pharmacies	>= Two Providers within 30 minutes or 10 miles for at least 95% of Members	>= Two Providers within 30 minutes or 30 miles for at least 95% of Members
OB/GYN	>= Two Providers within 30 minutes or 10 miles for at least 95% of Members	>= Two Providers within 30 minutes or 30 miles for at least 95% of Members
Occupational, Physical, or Speech Therapists	>= Two Providers (of each provider type) within 30 minutes or 10 miles for at least 95% of Members	>= Two Providers (of each provider type) within 30 minutes or 30 miles for at least 95% of Members
All State Plan LTSS (except nursing facilities)	WellCare must have at least two LTSS provider types (Home Care providers and Home Health providers, including home health services, private duty nursing services, personal care services, and hospice services), identified by distinct NPI, accepting new patients available to deliver each State Plan LYSS in every county.	WellCare must have at least two Providers accepting new patients available to deliver each State Plan LTSS in each county. Providers are not required to live in the same county in which they provider services.
Nursing Facilities	WellCare must have at least one nursing facility accepting new patients in every county.	WellCare must have at least one nursing facility accepting new patients in every county.



Medical Record Review for HEDIS[®] Measurement Year 2022

In the coming weeks, WellCare of NC will collect member medical records for our annual Healthcare Effectiveness Data and Information Set (HEDIS[®]) reporting requirements. HEDIS is required by The Centers for Medicare & Medicaid Services (CMS) for all Medicare Advantage organizations. It is used for National Committee for Quality Assurance (NCQA) accreditation and for quality initiatives.

HEDIS Medical Record Reviews

HEDIS medical record reviews reflect the care patients receive that is not captured via the claims process. We appreciate your commitment to providing high-quality care to our members and look forward to working with you to complete this process.

As a reminder, the release of information for the purpose of HEDIS data collection is permitted under the HIPAA privacy rule and does not require patient consent or authorization. Disclosure is permitted as part of quality assessment and improvement activities.

Member protected health information (PHI) that we collect is maintained in accordance with all federal and state laws.

Actions for Providers

Early in February, a WellCare of NC representative will contact your office to verify contact information and to fax you a member list with the specific medical records we need. We will include the member's name and date of birth, as well as guidance for the medical record information being requested.



We prefer to receive member medical records via EMR portal access. If this is not available, we have fax, email, and on-site retrieval services available as well. Please send all records within five business days of receiving the medical record request.

We want to minimize any negative impacts on your office workflow. **The faster we obtain the necessary records, the fewer follow-up contacts will be necessary.** During HEDIS MRR season, we will also dedicate time to answering provider questions during our weekly "Wednesdays with WellCare" webinars.

Thank you in advance for your prompt response to our requests and for helping us successfully complete our HEDIS reporting.



‘Wednesdays with WellCare’

Since Sept. 7, 2022, we have been hosting “Wednesdays with WellCare” as an addition to the provider education and training that WellCare already offers. “Wednesdays with WellCare” is an opportunity to showcase available services by linking providers to their specific quality practice advisors. It’s also a chance for providers to ask questions on a variety of topics.

“Wednesdays with WellCare” occurs weekly at 2 p.m., with new exciting, informative topics each session. We invite experts to present information specific to our providers’ needs.

Would you like to suggest an upcoming topic? To do so, or for more information, please email WellCareNC_Provider_Quality@wellcare.com.

Please join us!



Mental Health Medication Adherence

The importance of promoting mental health medication adherence can help improve and maintain other disease states. Here are some strategies for improving medication adherence for mental health patients:

- **Psychoeducation:** May involve an individual or group counseling session with or without the use of written or audiovisual materials on diagnoses, medications, and potential side effects.
- **Cognitive Behavioral Therapy (CBT):** Helps the patient link medication adherence to symptom reduction and improving personal health.
- **Symptom and side effect monitoring:** Side effects can discourage patients from taking their medication. Ongoing monitoring of both symptom relief and side effects may help address concerns early on, before a patient stops taking their medication(s).
- **Utilizing long-acting medications:** May be more effective for extended periods of time and may reduce the risk of relapse.
- **General medication adherence:** Promoting general medical adherence techniques helps patients remember to take their medications on time every day.



An estimated **18.1% (43.6 million)** of U.S. adults ages 18 years or older suffer from mental illness in any given year. Mental health disorders can be debilitating for patients and can also be linked with physical health and other chronic conditions such as asthma, arthritis, cardiovascular disease, cancer, diabetes, and obesity.

Sources: Substance Abuse and Mental Health Services Administration, “Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health”, retrieved from: <https://www.samhsa.gov/data/sites/default/files/NSDUH-FRRI-2014/NSDUH-FRRI-2014.htm>

Mental Health Clinician, “How to increase medication adherence: What works?”, retrieved from: <https://meridian.allenpress.com/mhc/article/2/8/230/36971/How-to-increase-medication-adherence-What-works>



WellCare of North Carolina – New & Revised Value-Added Services

Beginning July 1, 2022 – WellCare of North Carolina will be offering the new value-added Services listed below:



Fitness Program: WellCare of North Carolina will cover the annual membership for members 18 and older. Members must complete a Healthy Reward activity to qualify for the benefit. The gym benefit is through ASH Fitness. ASH allows members to visit any gym in their network.



Expungement: WellCare of North Carolina will pay the expungement certification fee. This benefit allows members to file an expungement to determine if their minor felony or misdemeanor is eligible for expungement.



YMCA Membership: WellCare of North Carolina will cover the cost of the YMCA Family membership, or single membership. Members who select the YMCA benefit are not eligible for the Boys & Girls Club benefit.



Boys & Girls Club: Provides membership for children age 5-18 (does not include summer and program fees) to participate in local Boys and Girls Club. Members who select the Boys & Girls Club benefit are not eligible for the YMCA benefit.



Doula: *(Existing: This benefit previously only covered members age 13-20.)* Provides Doula services for members who have a high-risk pregnancy, to help improve birth outcomes, reduce pre-term births, and improved prenatal care.



Housing Allowance: Qualified members can receive an allowance of up to \$250.00 annually to assist with housing. The Housing Allowance benefit can be used for rental deposits and utility payment/deposits. Members must meet benefit qualifications.



School Supplies: Provides a catalog of school supplies/items for members age 5-18.



Pest Control/Extermination: Qualified WellCare of North Carolina members can receive pest control services. Requires Care Manager approval.



Tutoring: *(Existing: This benefit was previously for members age 16-21 who are applying to take their GED)* Provides tutoring for children age 8-18. Members can receive six tutoring sessions for a maximum of one-hour per session.

Discontinued Value-Added Services: The benefits listed below will no longer be offered effective July 1, 2022:

- Community Paramedics
- New Moms Caregiver
- UNC Tobacco Cessation Program
- Tobacco Cessation Program (Stop Smoking)



The Healthy Rewards Program

THIS PROGRAM REWARDS MEMBERS FOR TAKING SMALL STEPS THAT WILL HELP THEM LIVE HEALTHY LIVES.

For simple tasks like completing prenatal visits, preventive dental visits, and certain health checkups, members can earn rewards and will receive a gift or e-gift card. Members can use these cards at a variety of locations to purchase healthy items they use every day. The more services members complete, the more they can earn – click **here** to access a chart indicating rewards and amounts earned. Now is a good time to remind your patients to take advantage of this program and their dental benefits by scheduling a dental visit. Providers can also encourage their patients to participate in the Healthy Rewards Program by signing and including their provider ID on applicable activity reports.



For more information on WellCare's Healthy Rewards Program, please contact your Provider Relations representative or call Provider Services at **1-984-867-8637**.

Healthy Behavior Program	Focus Area	Activity Criteria	Incentive Value
Children's Health	0-30 Months	\$2 Complete well-child visits per well-child checkup schedule. Members can complete up to 5 visits between 0-15 months and 2 visits between 15-30 months	\$15 per visit (Members cannot exceed \$75 per year)
	7-21 Years	Complete annual adolescent well-care visit	\$25
Healthy Pregnancy	Prenatal Care Visits (Age 12 and up)	Attend a prenatal visit during 1st trimester (or within 42 days of enrollment)	\$25
	Completion of Prenatal visit Bonus Reward	Members who complete a prenatal visit will have the choice to receive one of the reward options listed:	Choice of a stroller, portable playpen, car seat or six (6) packs of diapers.
	Postpartum Care Visit (Age 12 and up)	Attend 1 postpartum visit 21 days or less after the birth of the baby	\$25
	Postpartum Care Visit 2 (Age 12 and up)	Attend a second postpartum visit 22-84 days after the birth of the baby	\$25

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The Healthy Rewards Program *(continued)*

Healthy Behavior Program	Focus Area	Activity Criteria	Incentive Value
Chronic Care Management	Diabetes (Age 18- 75 years)	Diabetics complete a retinal or dilated eye exam this year or had a negative retinal or dilated eye exam (negative for retinopathy) last year.	\$25
		Diabetics complete annual HbA1c lab test	\$25
		Diabetics complete annual blood pressure less than 140/90 at PCP's office	\$25
Well Women	Cervical Cancer Screening (Age 21-64)	Completion of office visit for an annual cervical cancer screening (pap smear)	\$25
Adult Health	Annual Adult Health Screening (Age 20 and up)	Annual Adult Health Screening (Age 20 and up)	\$25
Behavioral Health	Behavioral Health (Age 6 and up)	Go to a behavioral health provider within 30 days after a behavioral health hospital stay	\$35
	Alcohol and Substance abuse	Complete initiation of treatment through an inpatient alcohol and drug admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth or medication assisted treatment (MAT) within 14 days of diagnosis.	\$15
	Alcohol and Substance abuse	Complete two or more additional alcohol and drug abuse services or medication assisted treatment (MAT) within 34 days of the initiation visit	\$25
Tobacco Cessation	Tobacco Cessation Counseling (Age 18 and up)	Review tobacco cessation education tools and resources online. (Log on to Member Portal. Click on Healthy Rewards within the Healthy Rewards site, click on Continue to Programs, then Quit Smoking, then Get Started on Wellness and choose Smoking Cessation)	\$25



WellCare NC Prenatal Care

PRENATAL CARE IS CRITICAL TO REDUCING THE RISK OF PREGNANCY-RELATED COMPLICATIONS FOR MOTHER AND INFANT.

Clinical guidelines published by the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) recommend a prenatal visit in the first trimester for all women. WellCare of NC takes The Timeliness of Prenatal Care measure seriously. This measure looks closely at the early prenatal care given to our members. It identifies the percentage of WellCare NC members that received a prenatal care visit in the first trimester or within 42 days of enrollment in WellCare NC. The Quality Practice Advisor (QPA) in your region can assist in use of the provider portal, accessing care gap reporting, and alternative means to closing quality care gaps addressing health disparities that may prevent member's from being adherent.



Member resources are also available and found in the Member Handbook as well as the Member Service number at **1-866-799-5318**.



We Have a Member Advisory Committee

WE WANT MEMBERS TO SHARE IDEAS ON HOW TO MAKE OUR MEDICAID PLAN BETTER.

Members can share their thoughts as part of our Member Advisory Committee (MAC) and Long-Term Services and Supports (LTSS) Member Advisory Committee.

The MAC and LTSS MAC is a way for members to meet other people who are passionate about improving healthcare in North Carolina. It is free to join if a member, their guardian, or a family member is enrolled in one of our prepaid health plans. Members of consumer advocacy organizations can join too. LTSS specific providers can join as committee members of the LTSS MAC.

Need to Know

- ✓ Meetings occur quarterly in the region in which the committee is serving.
- ✓ Members may join meetings in person, by phone, or by video. All in-person meeting sites will be ADA compliant.
- ✓ Interpreter services will be available, as needed, for committee members during meetings.
- ✓ Members can give feedback on which days/times meetings should be held.
- ✓ Food will be provided, as meals or snacks, depending on what time the committee meets.



Please instruct interested members to call Member services at **1-866-799-5318**, or email **SM_NC_Quality@wellcare.com**, to request additional information or to join the MAC or LTSS MAC.

Members can also inquire about transportation to meetings and help with childcare.



Adhering to Preventive Guidelines Impacts Patient Safety

Patient safety is addressed through adherence to clinical guidelines that target preventable conditions.

Preventive services include:

- ✓ Regular checkups for adults and children
- ✓ Prenatal care for pregnant women
- ✓ Well-baby care
- ✓ Immunizations for children, adolescents and adults
- ✓ Tests for cholesterol, blood sugar, colon and rectal cancer, bone density, tests for sexually transmitted diseases, Pap smears and mammograms

Preventive guidelines address prevention and/or early detection interventions, and the recommended frequency and conditions under which interventions are required. Prevention activities are based on reasonable scientific evidence, best practices, and the Member's needs. Prevention improvement activities are reviewed and approved by the Utilization Management Medical Advisory Committee with input from participating Providers and the Quality Improvement Committee.

Improvement activities include (but are not limited to) distribution of information to Members and Providers, Member and Provider incentives, and telephonic outreach to Members with gaps in care. While WellCare can and does implement activities to identify interventions, the support and activities of families, friends, **Providers** and the community have a significant impact on prevention adherence.



WellCare's Provider Portal Has New Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers will now have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.



New Live-Chat Offers on the Provider Portal:

- ✓ Provider Home Page
- ✓ Care Management Home Page (Authorizations)
- ✓ Claim Main Page
- ✓ Claims Appeals & Disputes Page



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF UPDATED DEMOGRAPHIC CHANGES.

Ensuring that our members and Provider Relations staff have the most current provider information is a top priority, so **please give us a 30-day advance notice of changes** that you make to your office phone number, office address, or panel status (open/closed).



New Phone Number, Office Address or Change in Panel Status:

Please call us at: **1-855-538-0454**

Thank you for helping us maintain up-to-date directory information for your practice.



Provider Resources

Provider News – Provider Portal

Remember to check messages regularly to receive new and updated information. Access the secure portal using the Secure Login area on our home page. You will see messages from WellCare on the right.

Resources and Tools

Visit www.wellcare.com/North-Carolina to find guidelines, key forms and other helpful resources for Medicaid. You may also request hard copies of documents by contacting your Provider Relations representative.

Refer to our Quick Reference Guide for detailed information on areas including Claims, Appeals and Pharmacy.

These are located at:

www.wellcarenc.com/providers/medicaid.html

Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at www.wellcare.com/North-Carolina/Providers/Clinical-Guidelines



NC Medicaid Provider Manual

The NC Medicaid Provider Manual is located at <https://www.wellcarenc.com/providers/medicaid.html> under the Overview and Resources section. Click on the *Resources* drop-down menu to view the document.

We're Just a Phone Call or Click Away



Medicaid:
1-866-799-5318



www.wellcare.com/North-Carolina/Providers