Medical Record Review for HEDIS Measurement Year 2023

In the coming weeks, WellCare of North Carolina will collect our members' medical records for the annual Healthcare Effectiveness Data and Information Set (HEDIS®[1]) reporting requirements. HEDIS is required by the Centers for Medicare & Medicaid Services (CMS) for all Medicare Advantage organizations. It is used for the National Committee for Quality Assurance (NCQA) accreditation, and 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, under the HIPAA Privacy Rule, the release of information for the purpose of HEDIS data collection is permitted and does not require patient consent or authorization. Disclosure is permitted as part of quality assessment and improvement activities. Member PHI (Protected Health Information) that we collect is maintained in accordance with all federal and state laws.

(continued)

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Medical Record Review for HEDIS MY 2023 *(continued)*

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Actions for Providers

Early in February, a WellCare of North Carolina representative will contact your office to verify contact information and fax your 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 an Electronic Medical Record (EMR) portal access. If this is not available, we have fax, email, and on-site retrieval available as well.

During the HEDIS® measles, mumps, and rubella (MRR) season we will have time dedicated for provider questions during our weekly Wednesdays with WellCare webinars. If you would like to get signed up for these webinars, please contact Stephanie Atkinson at **stephanie.atkinson2@wellcare.com**.

Please send all records within five business days of receiving the medical record request. We want to minimize any negative impact on your office workflow. The faster we obtain the necessary records, the fewer follow-up contacts will be necessary. Thank you in advance for your prompt response to our requests and for helping us successfully complete our HEDIS reporting.

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

Member Language Demographics and Interpreter Resources

MEMBER DEMOGRAPHICS AND OUR MEMBERS

Treating the *whole* patient, not only their conditions, is a major component of delivering quality healthcare. WellCare of North Carolina offers you information and tools to help make that possible and supports your efforts in providing culturally-responsive and linguistically-appropriate care and services to our members.

WellCare of North Carolina members speak up to **29 languages**. As of July, 2023, 88.90% of our members reported English as their preferred language, and 8.81% preferred Spanish.

Did you know you have access to your WellCare of North Carolina patient's language needs?

You can access this information via the provider portal under *Member Information*.

WellCare of North Carolina is committed to providing culturally and linguistically appropriate healthcare services in a competent manner. This means all reasonable accommodations are provided to ensure equal access to communication resources for members.

(continued)

Your Patient Demographics

WellCare of North Carolina Member Spoken Language Preference		
English	363,354	88.90%
Spanish	36,234	8.81%
Other/Unknown	7,360	1.80%
Arabic	537	0.13%
Russian	467	0.12%
Vietnamese	226	0.06%
French	157	0.04%
French Creole	138	0.04%
Chinese	113	0.03%
Hmong	59	0.01%
Urdu	51	0.01%
Korean	48	0.01%
Portuguese	32	0.01%
Gujarati	21	0.01%
Serbo-Croatian	17	<0.01%
Hindi	17	<0.01%
Persian – Farsi	15	<0.01%
Cambodian	12	<0.01%
Tagalog	5	<0.01%
Laotian	5	<0.01%
Greek	4	<0.01%
Mon-Khmer	4	<0.01%
Thai	3	<0.01%
Hungarian	2	<0.01%
Polish	2	<0.01%
Miao	2	<0.01%
Portuguese Creole	1	<0.01%
Nepali	1	<0.01%
Japanese	1	<0.01%

Member Language Demographics and Interpreter Resources *(continued)*

Hearing, Interpreter and Sign Language Services

WellCare of North Carolina's Language Access Services are available free of cost to all WellCare members. We provide language access services to the following members with*:

- Limited English proficiency (LEP).
- Deaf or hard of hearing.
- Speech or visual impairments.
- Culturally and ethnically diverse backgrounds.

*Language access services are not limited to the members identified above.

Working with Interpreters in Your Practice

Hearing, interpreter, and sign language services are available to WellCare Members through WellCare's Member Services department. Providers may coordinate these services for WellCare members and contact Member Services if assistance is needed.

Member Service Line: **1-866-799-5318** (TTY: **711**)

For more information, visit **Overview and Resources** at **www.wellcarenc.com**.

Additional Language Services:

I speak cards: These cards help identify what language an individual speaks and what language an interpreter will need to speak to communicate effectively with that individual. "I speak" cards are also called language identification cards and contain the text "I speak" in various languages. They are intended to help an individual point to a language they understand. "I Speak Cards" are available at the following link:

Overview and Resources at **www.wellcarenc.com**.

Available Training

Providers are also encouraged to take the online cultural competency trainings available through WellCare's Provider Portal. Additional courses are also offered by the Office of Minority Health on its website: **Think Cultural Health**. These free training modules encourage providers to focus on local population cultural needs and include:

✔ Communication and language assistance, including how to work effectively with Limited English Proficiency (LEP) patients and interpreters.

✔ Information on the cultural expectations for healthcare.

✔ Information on traditional or alternative healthcare.

✔ Tips and suggestions on how to address cultural issues.

✔ Patient-centered care and effective communication techniques.

✔ Additional training for nurses, psychiatrics, maternal health providers, more.

For more information, visit **Overview and Resources** at **www.wellcarenc.com**.

PROVIDER RELATIONS MEDICAID

Timeliness of Prenatal and Postpartum Care FAQ

Q: As a Primary Care Provider (PCP), my clinic does not provide prenatal care. Does this measure affect us?

A: Yes, you should still always encourage your patients to seek timely prenatal care from a prenatal provider. Additionally, some of the services that qualify as prenatal care are appropriate for primary care providers (PCPs) to provide. These services may even improve the quality of the referral to the OB/GYN or maternal care provider.

Q: What is the *simplest* way to capture a prenatal visit through coding that will ensure the prenatal care gap is closed?

A: Utilize a code found within the Stand-Alone Prenatal Visit Codes set below.

Stand-Alone Prenatal Visit Codes	
Code Class	**Codes**
CPT/CPTII	99500, 0500F, 0501F, 0502F
HCPCS	H1000-H1004

Q: Will a Pap test alone count for the *postpartum* care visit?

A: Yes. A Pap test alone will count for the Postpartum Care measure rate. Unfortunately, it will not count as a prenatal care visit for the Timeliness of Prenatal Care rate.

Q: What type of practitioner can perform a patient's initial *prenatal* care visit?

A: Prenatal care visits can be performed by an OB/GYN, another prenatal care practitioner, or a primary care provider (PCP). PCPs must include a pregnancy-related diagnosis code within their claim.

Q: How can I improve my HEDIS® scores in the Prenatal and Postpartum Care (PPC) Measure?

✔ Submit claims/encounter data for each service rendered.

✔ Include CPT II codes for each claim. This provides additional details and reduces medical record request.

✔ Make sure chart documentation reflects all services billed and ensure timely submission of all claims/ encounter data.

Timeliness of Prenatal and Postpartum Care FAQ
(continued)

CODING FOR QUALITY: Importance of Using CPT-II Codes for Care Gap Closure

Did you know?

✓ CPT-II codes describe the clinical components of a visit. These include evaluation, results, management, or clinical services.

✓ Using accurate CPT-II codes provides an easy and efficient way to close patient care gaps and reduces the request for chart review and data retrieval during HEDIS® medical record review season.

✓ Utilizing CPT-II codes on Prenatal and Postpartum care visit claims is a great way for providers to confirm that they are giving their patients the best quality of care.

Prenatal and Postpartum Care (PPC) CPT-II Codes		
Prenatal	**Codes**	**Description**
Stand-Alone Prenatal Visits	0500F	**Initial prenatal care visit:** Report at the first prenatal encounter with a healthcare professional providing obstetrical care. Report also date of visit and, in a separate field, the date of the last menstrual period (LMP) (prenatal).
		OR
	0501F	**Prenatal flow sheet:** Documented in medical record by first prenatal visit. At a minimum, the documentation includes: • Blood pressure, weight, urine protein, uterine size, fetal heart tones, and estimated date of delivery. • Report the date of visit and, in a separate field, the date of the last menstrual period (LMP). ***NOTE:*** *If reporting 0501F prenatal flow sheet, it is not necessary to report 0500F initial prenatal care visit (prenatal).*
	0502F	**Subsequent prenatal care visit** Excludes: patients who are seen for a condition unrelated to pregnancy or prenatal care (for example, an upper respiratory infection; patients seen for consultation only, not for continuing care).
Postpartum	**Codes**	**Description**
Postpartum Care Visit	0503F	**Postpartum care visits** should occur ***on or between seven and 84 days*** of delivery. Report this code via claims following postpartum care visit.

*For more detailed information on HEDIS® measures, please visit NCQA at **www.ncqa.org**.

Sources: ncqa.org/hedis/measures/prenatal-and-postpartum-care-ppc.

PROVIDER RELATIONS MEDICARE

EDI-275: Additional Provider Portal Functionality

As of Aug. 17, 2023, providers may now send additional documentation in support of a member claim. This functionality was previously only available via mail and fax. Now, providers may provide this documentation through the provider portal during the claims submission process.

The provider may still choose to submit claims using the fax or mail process. The ability to submit claims via the provider portal is required by the health plan but optional for the provider to use.

As part of the regular process to submit a claim through the provider portal, the provider now has the option to add up to nine attachments of up to 2 MB each, close to the end of the claims entry process.

Options for file format include:

- PDF
- TIF
- TIFF
- JPG
- JPEG
- DOCX
- PNG
- TXT
- RTF
- XLSX

For any questions, please contact Provider Services using the contact information below. Thank you for your partnership in improving the health of our community, one member at a time.

Phone: **1-866-799-5318**

Email: **NCProviderRelations@wellcare.com**

Web issues: **AWSEscalations@wellcare.com**

Emergency Department Visit for Mental Health: Importance of Follow-up Care Post Discharge

Taking care of your patients' mental health is important. If they are struggling or worried about themselves, they should see their doctor. Sometimes a visit to the emergency department is necessary. When this occurs, it is important for them to see their doctor after being discharged.

Why is seeing a doctor after emergency department discharge important for patients?

If they've been in the emergency department for their mental health, it's important to schedule an appointment with their doctor **within seven days after discharge** because:

✔ It lets their doctor evaluate and adjust any medications.

✔ It helps them continue to improve.

✔ It provides them with extra support.

✔ It lowers the chance of a return visit back to the emergency department.

What should they do before leaving the emergency department?

Review prescribed medications with their doctor for understanding need and dosage.

Ask hospital staff to help them **set up a doctor's appointment for seven days post-discharge**.

Make sure they've **reviewed appointment information** and understand it before they leave.

Ask the hospital staff to **send their hospital records to you** (or another doctor, if applicable).

Making and keeping the appointment with their doctor **within seven days** after being in the emergency department can help patients continue to improve both their mental and physical health.

Assess, Educate and Treat Patients with Depression

MANAGE DEPRESSION IN YOUR PATIENTS WITH A SYSTEMATIC APPROACH FOR ACCURATE ASSESSMENT AND DIAGNOSIS.

Begin with a nationally recognized tool such as the Patient Health Questionnaire (PHQ-9).

▶ **PHQ-9 Score and Interpretation (Billing Code-CPT 96127)**

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
5-9	**Mild Symptoms** Few, if any, symptoms (minimal) in excess of those required for the diagnosis with only minor impairment in occupational functioning or social/relationship functioning.	• Support and educate your patient, and watch for change in symptoms.
10-14	**Moderate Symptoms** Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.	• Support and educate your patient. • Consider antidepressant and/or cognitive behavioral therapy. • Watch for changes in symptoms. • Follow-up visit within four weeks. • Keep the patient on medication for six months to a year.
15-19	**Moderately Severe Depression** Displays most symptoms for Major Depressive Disorder (MDD) impacting several areas of functioning. Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions. **ICD-10 Dx Codes:** F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9 **CPT Codes:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	• Perform a safety risk assessment and triage appropriately. • Support and educate patient. • Prescribe antidepressant and refer to psychotherapy. • Requires care coordination and monitoring for medication adherence. • Follow-up visit within four weeks of initial prescription with continued follow-up thereafter. • Keep the patient on medication for at least one year.

(continued)

Assess, Educate and Treat Patients with Depression *(continued)*

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
>20	**Severe Depression** Nearly all symptoms present for Major Depressive Disorder (MDD), which markedly interfere with daily functioning. Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions. **ICD-10 Dx Codes:** F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9 **CPT Codes:** 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255	• Perform safety risk assessment and triage appropriately. • Support and educate patient. • Prescribe antidepressant and refer to psychotherapy. • Consider potential need for psychiatric referral. • Requires care coordination and close monitoring for medication adherence. • Follow-up visit within four weeks of initial prescription with continued follow-up thereafter. • Keep the patient on medication for at least one year.

Remember BEFORE Diagnosing

✓ Rule out medical or mental disorders that can produce symptoms similar to depression:

- Substance abuse or dependency.
- Mood disorders due to medical conditions.
- Anxiety disorders.
- Adjustment disorders.
- PTSD.
- Eating disorders.
- Hypothyroidism.
- Diabetes.
- Chronic fatigue syndrome.

✓ Complete a comprehensive medical exam, when clinically appropriate, which may identify metabolic causes of depression.

✓ Accurate diagnosis drives appropriate treatment and interventions.

Promote Antidepressant Medication Adherence

Educating your patients is the key to medication adherence.

- Discuss how to take antidepressants, how they work, the benefits and how long to take them.
- Tell your patients how long they can expect to be on the antidepressant before they start to feel better.
- Stress the importance of taking the medication even if they begin feeling better.
- Talk about common side effects, how long they may last and how to manage them.
- Let your patient know what to do if they have questions or concerns.
- Monitor with scheduled follow-up appointments.

We're here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please contact your Provider Relations Representative if you have questions or need assistance.

Monitoring Within the Severely Mentally Ill (SMI)

POPULATION 1-7 ASSESSMENT FRAMEWORK FOR PATIENTS ON ANTIPSYCHOTIC MEDICATIONS

	Smoking	Lifestyle/ Life Skills	Body Mass Index (BMI) Weight	Blood Pressure	Glucose Regulation (Assess by fasting plasma glucose; random plasma glucose HbA1C)		Blood Lipids
RED ZONE	Current Smoker	Poor Diet *and/or* sedentary lifestyle	BMI 25 kg/m^2 *and/or* weight gain >5% over initial weight	>140 mm HG systolic *and/or* >90 mm HG diastolic	HbA1C or glucose threshold: HbA1C (>7%) *and/or* FPG ≥126 mg/dl		• LDL-chol levels ≥190 mg/dl • DM with LDL-chol levels 70-189 mg/dl • ASCD with LDL-chol levels 70-189-mg/dl
INTERVENTIONS	• Introduce smoking cessation intervention • Consider referral to smoking cessation program – call WellCare Customer Service for assistance **(1-877-389-9457)** • Consider nicotine replacement therapy	Lifestyle advice to include diet and physical activity	Medication review				
				Refer for assessment, diagnosis and treatment by appropriate clinician, if necessary			
			↓	↓			↓
			Follow weight and obesity guidelines in Hert, et al	Follow ADA, ACC. AHA or NHLBI guidelines summarized in Hert, et al	At risk of Diabetes • HbA1C 5.7-6.4% • FPG 100-125 mg/dL	Diabetes • HbA1C ≥6.5% • FPG ≥126 mg/dL	Follow ADA, ACC, AHA or NHLBI2 guidelines in summarized in Hert, et al
TARGET	Smoking cessation	• Improve quality of diet • Daily exercise of 30 min/day	BMI 18.5-24.9kg/m^2	<140/80 If ≥130/85 mm HG, consider anti-hypertensive therapy diet: limit salt intake	• Prevention of diabetes • Offer lifestyle change education	Endocrine review HbA1C <7.0%	Consider lipid modification for patients with CVD or DM LDL-C <100 mg/dL

FPG = Fasting Plasma Glucose | BMI – Body Mass Index | Total Chol = Total Cholesterol
LDL = Low Density Lipoprotein | HDL = High Density Lipoprotein

Immunizations and Well-Child Checkups

Providers play a key role in establishing and maintaining a practice wide commitment to communicating effectively about vaccines and maintaining high vaccination rates—providing educational materials, to being available to answer questions. Confused parents may delay or refuse immunizations for their child due to misperception of disease risk and vaccine safety. A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communications principles can help you connect with patients and their caretakers by encouraging open, honest, and productive dialogue.

Well-Child Checkups also apply to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program, Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21 years of age. EPSDT was defines by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program. Requirements include periodic screening, immunizations, and vision, dental and hearing services.

Refer to the **EPSDT Toolkit** for more details.

The intent of the EPSDT program is to focus on early prevention and treatment.

POPULATION HEALTH

TurningPoint MSK Program Updates

Utilization management of musculoskeletal surgical (MSK) procedures will be transitioning from TurningPoint to NIA, effective dates are the following (please see grids below for applicable markets):

▶ 1/1/2024   ▶ 2/1/2024   ▶ 3/1/2024   ▶ 4/1/2024

TurningPoint will support management of MSK services through the transition date.

Under terms of the agreement between Centene and NIA, Health Plans will oversee the MSK program and continue to be responsible for claims adjudication and medical policies. NIA will manage inpatient and outpatient MSK surgeries through the existing contractual relationships with Health Plans.

Program Term Date: Jan. 1, 2024

	Market	LOB	Platform	Terming Program
S C O P E	**Florida**	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		Medicare WLR and WMR	WCG	MSK
	Georgia	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		Medicare	CNC	MSK
		Medicare GAP, GLR, GMR	WCG	MSK
	Indiana	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		Medicare	CNC	MSK
	New York	Medicaid	FID	MSK
		Marketplace	FID	MSK
		Medicare	FID	MSK
		Medicare	WCG	MSK
	Ohio	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		MMP	CNC	MSK
		Medicare	CNC	MSK
		*Medicare MIR	WCG	MSK
	Texas	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		MMP	CNC	MSK
		Medicare	CNC	MSK

We are terming the MSK program on **Jan. 1, 2024** with TurningPoint for FL Medicare WLR/WMR, GA GAP/GLR/GMR. We need to stop sending eligibility files for these LOB's to TurningPoint two weeks post-term on **Jan. 15, 2024**.

TurningPoint MSK Program Updates *(continued)*

Program Term Date: Feb. 1, 2024

	Market	LOB	Platform	Terming Program
S C O P E	**Illinois**	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		MMP	CNC	MSK
		Medicare ILL	WCG	MSK
		Medicare QIR	WCG	MSK
		*Medicare IMR	WCG	MSK
	Kentucky	Medicaid KAB, KHK, KMD	WCG	MSK
		Medicare KMR, KYL	WCG	MSK
	New Hampshire	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		Medicare NHL, NHR	WCG	MSK
	Oregon	Medicaid	CNC	MSK
		Commercial	CNC	MSK
		Medicare	CNC	MSK
	South Carolina	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		Medicare	CNC	MSK
		Medicare SLR	WCG	MSK
		Medicare SOR	WCG	MSK
		*Medicare IMR	WCG	MSK
	Tennessee	Medicare TER	WCG	MSK
		*Medicare IMR	WCG	MSK
	Washington	Medicaid	CNC	MSK
		Marketplace	CNC	MSK
		Medicare QLR, QMR	WCG	MSK

We are terming the MSK program on **Feb. 1, 2024** with TurningPoint for IL Medicare ILL/QIR, KY Medicaid KAB/ KHK/KMD, KY Medicare KMR/KYL, NH NHL/ NHR, SC SLR/SOR, TN TER, and WA QLR/QMR. We need to stop sending provider files for these LOB's to TurningPoint two weeks post-term on **Feb. 15, 2024**.

TurningPoint MSK Program Updates *(continued)*

Program Term Date: Mar. 1, 2024

	Market	LOB	Platform	Terming Program	Remaining Programs
S C O P E	**Alabama**	Medicare ABL, ABR	WCG	MSK	–
	Connecticut	Medicare CMR, CTR	WCG	MSK	–
	Louisiana	Medicare (Louisiana HC Connections)	CNC	MSK	–
		Medicare LLR, LMR	WCG	MSK	–
	Missouri	Medicaid	CNC	MSK	Cardiac, ENT, Sleep
		Marketplace	CNC	MSK	Cardiac
		Medicare (Home State Health)	CNC	MSK	Cardiac
		Medicare MLR, MOH	WCG	MSK	–
	Mississippi	Marketplace	CNC	MSK	–
		Medicare Magnolia Health Plan	CNC	MSK	–
		Medicare MSL, IMR	WCG	MSK	–
	Pennsylvania	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
		Medicare (Celtic, PA H&W)	CNC	MSK	–

Program Term Date: Apr. 1, 2024

	Market	LOB	Platform	Terming Program	Remaining Programs
S C O P E	**Hawaii**	Medicare HIL, ZMR	WCG	MSK	–
	Kansas	Medicaid	CNC	MSK	
		Medicare	CNC	MSK	–
	Massachusetts	Medicare (MAL, MAR)	WCG	MSK	–
	Michigan	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
		MMP	CNC	MSK	–
		Medicare (MIL, MIR)	WCG	MSK	–
	Mississippi *(Pending Provider Notification Approval)*	Medicaid	CNC	MSK	–
	North Carolina	Medicaid (NCD)	WCG	MSK	–
		Medicare (CMR, NAR, NSR)	WCG	MSK	–
	Rhode Island	Medicare (RIL, RIR)	WCG	MSK	–
	Maine	Medicare (MER, UPR, UFR)	WCG	MSK	Cardiac
	Vermont	Medicare	WCG	MSK	–

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 **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: **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 **wellcare.com/North-Carolina/Providers/Clinical-Guidelines**

NC Medicaid Provider Manual

The NC Medicaid Provider Manual is located at **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

wellcare.com/North-Carolina/Providers