



## Medicaid Redetermination is Resuming This Year

TALK TO YOUR PATIENTS ABOUT CHECKING THEIR ELIGIBILITY.





**This year, for the first time since 2020, about 80 million people across the country that are enrolled in Medicaid will have their eligibility redetermined, which may trigger a high risk of coverage losses.** Patients may no longer be eligible due to changes in age, household income, and other state-specific criteria.

**As a healthcare professional, your patients look to you for expert advice.** So be sure to remind them that they are required to verify their eligibility every year or they risk losing their Medicaid coverage. Patients that are enrolled in a Dual Eligible Special Needs Plan (D-SNP), where they receive both Medicaid and Medicare benefits, must also verify their Medicaid eligibility to continue dual coverage.

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*WellCare of North Carolina, Wellcare, and WellCare By Celtic Insurance Company are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members in the state of North Carolina, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Engagement and Relations.*



# Medicaid Redetermination is Resuming This Year *(continued)*

## Let your patients know:

- 1 They should receive a letter a few months before their Medicaid anniversary date with instructions for verifying their eligibility. They can also check renewal information online.
- 2 It's very important that they follow through on these instructions or they risk having their coverage canceled.
- 3 If their eligibility is confirmed, they can continue their existing coverage. If they are no longer eligible for Medicaid, they can explore Marketplace and Medicare options.

For more information about Medicaid redeterminations, please visit [medicaid.gov](https://www.medicaid.gov).

## MEDICARE



# The COVID-19 Public Health Emergency is Ending. What Does That Mean?

On May 11, 2023, the COVID-19 national emergency and public health emergency (PHE) will end.



During the PHE, emergency declarations, legislative actions by Congress, and regulatory actions across government agencies – including those by the Centers for Medicare & Medicaid Services (CMS) – allowed for changes to many aspects of health care delivery. Healthcare providers received maximum flexibility to streamline delivery and allow access to care during the PHE. While some of these changes will be permanent or extended due to Congressional action, some waivers and flexibilities will expire, as they were intended to respond to the rapidly evolving pandemic, not to permanently replace standing rules.

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# The COVID-19 Public Health Emergency is Ending *(continued)*

## What's Affected

- ✓ Certain Medicare and Medicaid waivers and broad flexibilities for health care providers are no longer necessary and will end
- ✓ Coverage for COVID-19 testing, screening and vaccination services will change to reflect members' health plan benefits
- ✓ Providers may need to begin collecting cost shares for certain COVID-19 related services
- ✓ Prior authorization requirements may be reinstated for certain COVID-19 related services
- ✓ Reporting of COVID-19 laboratory results and immunization data to CDC will change
- ✓ Certain Food and Drug Administration (FDA) COVID-19-related guidance documents for the industry that affect clinical practice and supply chains will end or be temporarily extended
- ✓ FDA's ability to detect early shortages of critical devices related to COVID-19 will be more limited
- ✓ The ability of health care providers to safely dispense controlled substances via telemedicine without an in-person interaction will change; however, there will be rulemaking that will propose to extend these flexibilities

## What is Not Affected

- ✓ FDA's emergency use authorizations (EUAs) for COVID-19 products (including tests, vaccines, and treatments)
- ✓ Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio
- ✓ Major Medicare telehealth flexibilities
- ✓ Medicaid telehealth flexibilities
- ✓ The process for states to begin eligibility redeterminations for Medicaid
- ✓ Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs)
- ✓ Access to expanded methadone take-home doses for opioid use disorder treatment

WellCare of North Carolina is committed to providing a smooth transition for both our members and providers as we resume business as usual. While we will continue to communicate any updates to our business practices directly to our provider partners, we always highly recommend that providers verify member eligibility, benefits, and prior authorization requirements before rendering services.

### References:

1. "Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap," retrieved from: <https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>
2. "CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency," retrieved from: <https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency#:~:text=Based%20on%20current%20COVID%2D19,day%20on%20May%2011%2C%202023>



## Annual NCQA Accreditation Coming Soon!

The corporate Accreditation Network Management team will be providing important annual information for practitioners to review regarding National Committee for Quality Assurance (NCQA) accreditation. This information will help keep practitioners informed about NCQA accreditation requirements to ensure the best care for our members. Topics include updating the provider directory, utilization management decisions, pharmacy, language services, access to case management, appointment access standards, and member rights and responsibilities, among others.



**Stay tuned for more to come!**



## Population Health and Clinical Operations (PHCO): Quality Strategy and HEDIS Operations

### EDUCATION AND RESOURCES BY THE BEHAVIORAL HEALTH HEDIS TEAM:

The Healthcare Effectiveness Data and Information Set (HEDIS®) provides a standardized set of measures from the National Committee of Quality Assurance (NCQA) to measure clinical quality performance. HEDIS® helps Health Plans and network providers to understand the quality of care being delivered to members, identify network performance gaps, and drive the design of programs and interventions to improve quality care and outcomes.

### The Importance of Substance Use Disorder Treatment



**According to the Substance Abuse and Mental Health Service Administration (SAMHSA), substance use disorder (SUD) treatment can help individuals' stop or reduce harmful substance misuse, improve patients' overall health, social functioning, and ways to manage risk for potential relapse.** Timely intervention and treatment can increase productivity, health, and overall quality of an individual's life and have a positive economic impact, as every dollar spent on treatment saves four dollars in healthcare and seven dollars in criminal justice costs. ((US), *Substance Abuse and Mental Health Services Administration; (US), Office of the Surgeon General, 2016*)

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# Population Health and Clinical Operations (PHCO): Quality Strategy and HEDIS Operations *(continued)*

Individuals may receive this primary SUD diagnosis in several types of settings by primary care physicians (PCP), medical specialists, and behavioral health professionals. This includes inpatient acute medical and psychiatric facilities, inpatient or outpatient withdraw management programs, emergency rooms, medical assessments conducted by a PCP or medical specialist, and outpatient mental health treatment.

One barrier to treatment is an individual's denial of their illness, particularly newly diagnosed persons with primary SUD that have long-term chronic use or dependence, as this could prevent individuals from achieving successful treatment and recovery. Whether it is a singular SUD primary diagnosis, or comorbid medical and/or mental health diagnoses, there are best practices to address barriers and improve the quality of care for at-risk member populations.

Various HEDIS® measures integrate best practice treatment recommendations for successful outcomes of individuals diagnosed with primary SUD. *(National Committee for Quality Assurance, 2022)*



## **Initiation and Engagement of Substance Use Disorder Treatment (IET) Measure**

Members diagnosed with a new primary SUD diagnosis occurring as part of an inpatient medical or psychiatric hospitalization, PCP visit, a medical specialist consultation, or a behavioral health evaluation are included in this measure.

SAMHSA endorses Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an effective evidence-based screening tool. The SBIRT can be administered by primary care centers, hospital emergency rooms, trauma centers, and other community settings.

To improve health outcomes related to SUD treatment, once an individual 13 years and older is diagnosed, it is important to start treatment within 14 days of the primary SUD diagnosis as a best practice. Upon completion of initiating treatment, ongoing treatment can improve better outcomes by ensuring the individual has two follow-up SUD appointments within 34 days of the initial visit. Visits can occur with any practitioner with a documented diagnosis of alcohol use, opioid use, or other related substance use disorder.



## **Follow-Up After Emergency Department Visit for Substance Use (FUA) Measure**

Individuals 13 and older admitted to an emergency department (ED) may be assessed by the ED physician, receive a medical consultation, or a behavioral health evaluation. All healthcare providers may deliver an SUD diagnosis.

Patients discharged from the ED following high-risk substance use events are particularly vulnerable to losing contact with the healthcare system. Care coordination is an important way to improve how the healthcare system works for patients, especially in terms of improved efficiency and safety. *(Agency for Healthcare Research and Quality, 2018)*

Timely follow-up within seven, but no more than 30 days, of the ED discharge are proven to improve patient outcomes. Visits can occur in various settings or via telehealth and with any practitioner for a diagnosis of SUD or drug overdose, a pharmacotherapy dispensing event, or with an approved mental health provider.

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# Population Health and Clinical Operations (PHCO): Quality Strategy and HEDIS Operations *(continued)*



## Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) Measure

Best practices for individuals 13 years and older diagnosed with SUD who are preparing for discharge from an acute inpatient medical, mental health, or substance use facility, residential treatment, or withdrawal management (detoxification) event includes a follow-up appointment within seven days after the individuals' discharge date.

Aftercare can occur with any practitioner for a principal diagnosis of SUD during an outpatient visit, telehealth visit, intensive outpatient visit, partial hospitalization, or medication assisted treatment appointments. If follow-up does not occur within seven days, it should occur no more than 30 days after discharge.

### Key recommendations for successful outcomes:

- ✓ Substance use screenings and early intervention can positively affect successful outcomes.
- ✓ Engagement in treatment. Encourage your patients and their identified support to take part in treatment planning and future treatment.
- ✓ Supply available community resources and support, such as 12-step programs, peer support groups, available housing, transportation, food resources, and legal services.
- ✓ Encourage your patients' self-management of their recovery.
- ✓ Take a holistic team approach to your patients' recovery by involving family and friends along with their treating PCP, medical specialist, and behavioral health specialist to address social, medical, and/or mental health challenges individuals in recovery may face.
- ✓ Provide integrated/coordinated care between the physical and behavioral health providers to address any comorbidity.
- ✓ Provide prompt submission of claims and code substance-related diagnoses and visits correctly.
- ✓ Offer telehealth and same-day appointments.

A treatment plan that includes a prompt referral for evaluation at the time of the primary SUD diagnosis with prescribed ongoing treatment can improve the long-term health and wellness for this at-risk member population.

#### Works cited:

1. (US), Substance Abuse and Mental Health Services Administration; (US), Office of the Surgeon General. (2016, Nov). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Retrieved from [ncbi.nlm.nih.gov: https://www.ncbi.nlm.nih.gov/books/NBK424859/](https://www.ncbi.nlm.nih.gov/books/NBK424859/)
2. Agency for Healthcare Research and Quality. (2018, Aug). *Care Coordination*. Retrieved from Agency for Healthcare Research and Quality: <https://www.ahrq.gov/ncepcr/care/coordination.html>
3. National Committee for Quality Assurance. (2022). *HEDIS® and performance measurement*. Retrieved from NCQA.org: <https://www.ncqa.org/HEDIS/>



## Engaging Your Patients in Medication Adherence Discussions



**According to the American Medical Association (AMA), patients only take their medications half of the time.** Adherence is defined as a patient who takes their medications at least 80% of the time, and with the current rate of 50% adherence in the general public, this is an area worth addressing. To combat this lack of adherence, engaging with your patients is essential.

**Below are some tips on how to assess for medication adherence in your patient.**

- 1** Create a routine by asking **every** patient about their adherence to medications.
- 2** Ask open ended questions:
  - Can you tell me how you are taking this medication?
  - What do you think about this medication?
  - How do you remember to take your medicine?
- 3** Ask the patient about barriers that hinder them from taking their medication:
  - What bothers you about this medication?
  - What stands in the way of you taking your medicine?
- 4** Offer a supportive, non-judgmental atmosphere by utilizing motivational interviewing:
  - Listen to the patients concerns.
  - Ask the patient about their health goals.
  - Avoid arguments and adjust to resistance.
  - Support optimism and give encouragement.
  - Understand and respect patient values and beliefs.

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# Engaging Your Patients in Medication Adherence Discussions *(continued)*

- 5 If the patient states they are non-adherent, thank them for sharing before continuing to assess.
- 6 Develop a plan to address barriers the patient is experiencing and involve the patient in your decisions. One way to do this is to offer clinically-appropriate options for them to choose from.
  - Utilize the word “we.”
  - We can try option one or option two. What do you think about these options? Which of these do you think best suits you?



**We value everything you do to deliver quality care to our members – your patients.** Thank you for playing a role in assessing and improving medication adherence in your patients.

#### References:

1. AMA Ed Hub and Society of General Internal Medicine, “Medication Adherence Improve Patient Outcomes and Reduce Costs,” retrieved from: <https://edhub.ama-assn.org/steps-forward/module/2702595>
2. AMA. “Nudge theory explored to boost medication adherence,” retrieved from: <https://www.ama-assn.org/delivering-care/patient-support-advocacy/nudge-theory-explored-boost-medication-adherence>
3. Treatment Improvement Protocols Series, “Chapter 3-Motivational Interviewing as a Counseling Style,” retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK64964/>
4. American Association of Diabetes Educators, “Fostering Medication Adherence Tips and Tricks,” retrieved from: [https://www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering\\_med\\_adherence.pdf?sfvrsn=4](https://www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering_med_adherence.pdf?sfvrsn=4)





# First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

## What does the APP measure assess?

- ✓ The APP measure assesses the percentage of children and adolescents 1 to 17 years of age who had a new prescription for an antipsychotic medication, without a clinical indication and had documentation of psychosocial care as first-line treatment (90 days prior to new prescription through 30 days after).<sup>1</sup>

## Why is the APP measure important?

- ✓ Prescribing antipsychotic medications to children and adolescents for which psychosocial interventions are considered first-line treatment has increased. Antipsychotic medications can elevate the risk for developing serious metabolic health conditions like heart disease, diabetes, stroke, and other health problems into adulthood.<sup>2</sup>
- ✓ Psychosocial care, which includes behavioral interventions, psychological therapies, and skills training among other forms of non-pharmacological care is the recommended first-line treatment option for children and adolescents diagnosed with nonpsychotic conditions such as attention-deficit disorder and disruptive behaviors.

## What can you do to help?

- ✓ Before prescribing children and adolescents any antipsychotic medication, you should complete or refer your patients for a trial of first-line, evidenced-based psychosocial care.
- ✓ When prescribed, antipsychotic medications should be part of a comprehensive, multi-modal plan for coordinated treatment that includes psychosocial care.
- ✓ Periodically, the ongoing need for continued therapy with antipsychotic medications should be reviewed.



**Thank you for your partnership.** Please contact your Provider Relations Representative if you have questions or need assistance.

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# First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP) *(continued)*

## Antipsychotic Medications

Description	Prescription
<b>Miscellaneous antipsychotic agents</b>	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Asenapine</li> <li>• Brexpiprazole</li> <li>• Cariprazine</li> <li>• Clozapine</li> <li>• Haloperidol</li> <li>• Iloperidone</li> <li>• Loxapine</li> <li>• Lurasidone</li> <li>• Molindone</li> <li>• Olanzapine</li> <li>• Paliperidone</li> <li>• Pimozide</li> <li>• Quetiapine</li> <li>• Risperidone</li> <li>• Ziprasidone</li> </ul>
<b>Phenothiazine antipsychotics</b>	<ul style="list-style-type: none"> <li>• Chlorpromazine</li> <li>• Fluphenazine</li> <li>• Perphenazine</li> <li>• Thioridazine</li> <li>• Trifluoperazin</li> </ul>
<b>Thioxanthenes</b>	<ul style="list-style-type: none"> <li>• Thiothixene</li> </ul>
<b>Long-acting injections</b>	<ul style="list-style-type: none"> <li>• Aripiprazole</li> <li>• Fluphenazine decanoate</li> <li>• Haloperidol decanoate</li> <li>• Olanzapine</li> <li>• Paliperidone palmitate</li> <li>• Aripiprazole lauroxil</li> <li>• Risperidone</li> </ul>

## Antipsychotic Combination Medications

Description	Prescription
<b>Psychotherapeutic combinations</b>	<ul style="list-style-type: none"> <li>• Fluoxetine-olanzapine</li> <li>• Perphenazine-amitriptyline</li> </ul>

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

### CPT® Codes for Psychological Care:

90832-90834, 90836-90840, 90845-90847, 90849, 90853, 90875, 90876, 90880

### HCPCS Codes for Psychological Care:

G0176, G0177, G0409-G0411, H0004, H0035-H0040, H2000, H2001, H2011-H2014, H2017-H2020, S0201, S9480, S9484, S9485 With or without a telehealth modifier: 95, GT

1. <https://www.ncqa.org/hedis/measures/use-of-first-line-psychosocial-care-for-children-and-adolescents-on-anti-psychotics/>  
 2. <https://www.ncqa.org/hedis/measures/metabolic-monitoring-for-children-and-adolescents-on-antipsychotics/>



## CDC Opioid Guidelines

**In 2016, 11.5 million Americans reported misusing opioid drugs.** In response to the ongoing opioid overdose epidemic, The Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain recommends avoiding a threshold of > 90 MME/day.

**For those members  $\geq$  90 MME/day, the following are helpful tips and reminders:**

- ✓ Baseline and ongoing assessment of pain and function (e.g., Pain Intensity and Interference, PEG (Pain, Enjoyment, General Activity) Scale)
- ✓ Evaluate risk of harm or misuse
- ✓ Assess for optimization of non-opioid therapies
- ✓ Determine whether to continue, adjust, taper, or discontinue opioid therapy during each visit
- ✓ Consideration of non-pharmacological therapeutic measures as an adjunct to opioids for long-term pain management

*Reference:*

Dowell D, Haegerich TM, Chou R. CDC Guideline for Prescribing Opioids for Chronic Pain — United States, 2016. *MMWR Recomm Rep* 2016;65(No. RR-1):1–49. DOI: <http://dx.doi.org/10.15585/mmwr.rr6501e1>



## Women's Health Measures

Prevention and Screening	HEDIS Measure	Tips to Improve HEDIS Score	Codes
	<p><b>Breast Cancer Screening (BCS)</b> The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.</p> <p><b>Ages:</b> 50-74 years (Women)</p> <p><b>Lookback:</b> October 1 two years prior to the MY through December 31 of the MY.</p>	<ul style="list-style-type: none"> <li>• Discuss importance of screenings &amp; early detection.</li> <li>• Document all screenings in the medical record – include date and result.</li> <li>• Acceptable – Bilateral &amp; unilateral mammograms.</li> <li>• Not Acceptable – MRI's, biopsies, or breast ultrasounds.</li> </ul> <p><b>Optional Exclusions:</b></p> <ul style="list-style-type: none"> <li>• Bilateral mastectomy, unilateral mastectomy, or unilateral mastectomy with bilateral modifier.</li> </ul>	<p><b>Mammograms:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 77061-63, 77065-67</li> <li>• <b>HCPCS:</b> G0202, G0204, G0206</li> </ul> <p><b>Mastectomy:</b></p> <ul style="list-style-type: none"> <li>• <b>Z90.11</b> – Acquired absence of right breast and nipple</li> <li>• <b>Z90.12</b> – Acquired absence of left breast and nipple</li> <li>• <b>Z90.13</b> – Acquired absence of bilateral breasts and nipples</li> </ul>
	<p><b>Cervical Cancer Screening (CCS)</b> Women who were screened for cervical cancer using any of the following criteria:</p> <ul style="list-style-type: none"> <li>• <b>Ages:</b> 21–64 who had cervical cytology (PAP) within the last <b>3 years</b></li> <li>• <b>Ages:</b> 30–64 who had cervical high-risk human papillomavirus (hrHPV) performed within the last <b>5 years</b></li> <li>• <b>Ages:</b> 30–64 who had cervical cytology/high-risk human papillomavirus (hrHPV) co-testing within the last <b>5 years</b></li> </ul> <p><b>Lookback:</b></p> <ul style="list-style-type: none"> <li>• <b>PAP:</b> Jan. 1, MY (2 years) – Dec. 31, MY (3 years)</li> <li>• <b>hrHPV:</b> Jan. 1, MY (4 years) – Dec. 31, MY (5 years)</li> </ul>	<p>Acceptable documentation:</p> <ul style="list-style-type: none"> <li>• A note indicating the date the test was performed and the result.</li> <li>• Documentation of hysterectomy with no residual cervix – “total”, “complete”, and “radical” are all compliant.</li> </ul> <p>Not acceptable:</p> <ul style="list-style-type: none"> <li>• Labs that indicate the sample was “inadequate” or “no cervical cells present.”</li> <li>• Biopsies cannot count.</li> </ul> <p><b>Optional Exclusion:</b></p> <ul style="list-style-type: none"> <li>• Women who have had a total hysterectomy with no residual cervix, cervical agenesis, or acquired absence of cervix.</li> </ul>	<p><b>Cervical Cytology:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 88141-43, 88147-48, 88150, 88152-54, 88164-67, 88174-75</li> <li>• <b>HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091</li> </ul> <p><b>HPV testing:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 87620-87622, 87624, 87625</li> <li>• <b>HCPCS:</b> G0476</li> </ul>
	<p><b>Chlamydia Screening (CHL)</b> Women who were identified as sexually active and who had at least one chlamydia test in the measurement year.</p> <p>Report two age stratifications and a total rate:</p> <ul style="list-style-type: none"> <li>• 16-20 years (Women)</li> <li>• 21-24 years (Women)</li> <li>• Total (Women)</li> </ul>	<ul style="list-style-type: none"> <li>• Screenings for all women in this age range with or without symptoms.</li> <li>• Make chlamydia screening via urine test as a part of the annual physical exam.</li> <li>• Screening should occur at visits where oral contraceptives, STDs, or urinary symptoms are discussed.</li> <li>• Document the date the test was performed and the result or finding.</li> </ul>	<p><b>Chlamydia testing:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 87110, 87270, 87320, 87490-87492, 87810</li> </ul>

(continued)

## Women's Health Measures *(continued)*

Access to Care	HEDIS Measure	Tips to Improve HEDIS Score	Codes
	<p><b>Prenatal and Postpartum Care (PPC)</b> The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these members, the measure assesses the following facets of prenatal and postpartum care.</p> <ul style="list-style-type: none"> <li>• <b>Timeliness of Prenatal Care:</b> The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment in the organization.</li> <li>• <b>Postpartum Care:</b> The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.</li> </ul> <p><b>Lookback:</b></p> <ul style="list-style-type: none"> <li>• <b>Prenatal:</b> 280–176 days prior to delivery, on or before the enrollment start date, OR within 42 days of enrollment</li> <li>• <b>Postpartum:</b> 7-84 days post live delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Educate patients throughout pregnancy and prior to delivery on the importance of a post-partum visit and access understanding.</li> <li>• Appointment reminders to patients via calls and/or text.</li> <li>• Review practice workflow to ensure: <ul style="list-style-type: none"> <li>– Direct referral process to OB/GYN in place.</li> <li>– Prioritize new pregnant patients to ensure a prompt appointment within first trimester.</li> <li>– Schedule the postpartum visit late in the third trimester or prior to discharge following birth.</li> </ul> </li> <li>• Complete and submit <b>WellCare's Notification of Pregnancy Form</b> as soon as pregnancy is confirmed.</li> <li>• Consider offering extended practice hours to increase access to care.</li> <li>• Services provided during telehealth phone visits, e-visits, or virtual check-in will count for prenatal and postpartum compliance.</li> </ul>	<p><b>Prenatal Visits:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 99201-99205, 99211-99215, 99241-99245, 99483</li> <li>• <b>HCPCS:</b> G0463, T1015</li> </ul> <p><b>Stand Alone Prenatal Visits:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 99500</li> <li>• <b>CPT-II:</b> 0500F, 0501F, 0502F</li> <li>• <b>HCPCS:</b> H1000, H1001, H1002, H1003, H1004</li> </ul> <p><b>Cervical Cytology:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88153, 88164-88167, 88174, 88175</li> <li>• <b>HCPCS:</b> G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091</li> </ul> <p><b>Postpartum Visits:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 57170, 58300, 59430, 99501</li> <li>• <b>CPT-II:</b> 0503F</li> <li>• <b>HCPCS:</b> G0101</li> <li>• <b>ICD-10:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</li> </ul> <p><b>Telephone Visits:</b></p> <ul style="list-style-type: none"> <li>• <b>CPT:</b> 98966-98968, 99441-99443</li> </ul>

\*For more detailed information on HEDIS measures, please visit NCQA – [www.ncqa.org](http://www.ncqa.org)

\*\*WellCare's Notification of Pregnancy (NOP) form can be accessed directly by clicking [here](#) or by visiting our website under Provider Resources <https://www.wellcarenc.com/providers/medicaid/forms.html>



## 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 – from providing educational materials, to being available to answer questions. Confused parents may delay or refuse immunizations for their child due to misperceptions 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 communication 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 defined 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.**



## Improving Member Experience One Provider at a Time

### EVERY EMPLOYEE HERE AT WELLCARE IMPACTS THE WAY A MEMBER EXPERIENCES CARE.

From our front-line and customer services teams to IT and facilities, it's up to each of us to understand how we ensure that members trust us and receive high-quality, patient-centered care that serves them best. Throughout the year, we will focus on learning more about our member-centric culture and place members at the forefront of every decision and action we make as a health plan.

Throughout the next few weeks, there will be ongoing opportunities for providers to participate in learning how we all can make it easy for our members to work with us and understand how every interaction matters. Our members' experience is captured through the CAHPS (Consumer Assessment of Healthcare Providers and Systems) survey that is completed yearly. The next survey will begin in March and impacts our overall Medicare Star Ratings. We encourage you to join us in WellCare's efforts to improve member experience and satisfaction. As one of our providers, you can provide a positive experience on key aspects of a member's care.

### We have provided some of the best practice tips below to help with each improving a patient's experience and satisfaction with care.

- ✓ Help patients by coordinating care for tests and/or treatments.
- ✓ Schedule specialist appointments and advise when additional care is needed to allow time to obtain and keep appointments.
- ✓ The simple act of sitting down while talking to patients can have a profound effect.
- ✓ Ask your patients what is important to them; this helps to increase their satisfaction with your care.
- ✓ Invite questions and encourage patients to take notes or offer visit summary notes.
- ✓ Help your patients understand the value of the flu vaccine.
- ✓ Help your patients schedule appointments with specialists while they are still at your office.
- ✓ Review charts for the next day to ensure appropriate documents are present (example: test results, consult treatment notes, referrals, etc.).



Make sure both you and your medical team know the CAHPS questions and how your practice is being rated.  
**Knowledge is power!**



## Member Advisory Committee

**The MAC is a way for you to meet with other people who are passionate about improving healthcare in North Carolina.**



It's free to join if you, your guardian, or a family member is enrolled in one of our prepaid health plans. Members of consumer advocacy organizations can join too.

Please spread the word! If you have any questions or would like to be invited, please contact MAC Coordinator Marlena Brown at **1-984-867-8749**.

### Need to Know:

- ✓ Meetings occur quarterly in the region in which the committee is serving.
- ✓ You 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.
- ✓ You 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.
- ✓ WellCare of North Carolina offers gift cards for attending quarterly meetings for up to \$75 per year. To not conflict with income thresholds for Medicaid eligibility, members are able to decline gift cards, and are encouraged to attend all meetings.

### In Person Meeting Locations:

**Region 1 – Asheville:** 150 Tunnel Road Asheville, NC 28805

**Region 2 – Greensboro:** 3711 Farmington Drive Greensboro, NC 27407

**Region 3 – Charlotte:** (To be determined)

**Region 4 – Raleigh:** 3128 Highwoods Blvd Suite 200 Raleigh, NC 27604

**Region 5 – Lumberton:** 6661 East Elizabethtown Rd. Lumberton, NC 28358

**Region 6 – Greenville:** 3060 S. Evans Street Suite 101 Greenville, NC 27834





## 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	<p><b>Mild Symptoms</b> Few, if any, symptoms (minimal) in excess of those required for the diagnosis with only minor impairment in occupational functioning or social/relationship functioning.</p>	<ul style="list-style-type: none"> <li>Support and educate your patient, and watch for change in symptoms.</li> </ul>
10-14	<p><b>Moderate Symptoms</b> Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.</p>	<ul style="list-style-type: none"> <li>Support and educate your patient.</li> <li>Consider antidepressant and/or cognitive behavioral therapy.</li> <li>Watch for changes in symptoms.</li> <li>Follow-up visit within four (4) weeks.</li> <li>Keep the patient on medication for six (6) months to a year.</li> </ul>
15-19	<p><b>Moderately Severe Depression</b> 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.</p> <p><b>ICD-10 Dx Codes:</b> F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9 <b>CPT Codes:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> <li>Perform safety risk assessment and triage appropriately</li> <li>Support and educate patient</li> <li>Prescribe antidepressant and refer to psychotherapy</li> <li>Requires care coordination and monitoring for medication adherence</li> <li>Follow-up visit within four (4) weeks of initial prescription with continued follow-up thereafter</li> <li>Keep patient on medication for at least one year</li> </ul>

(continued)

# Assess, Educate and Treat Patients with Depression

(continued)

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
>20	<p><b>Severe Depression</b> 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.</p> <p><b>ICD-10 Dx Codes:</b> F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9 <b>CPT Codes:</b> 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> <li>• Perform safety risk assessment and triage appropriately</li> <li>• Support and educate patient</li> <li>• Prescribe antidepressant and refer to psychotherapy</li> <li>• Consider potential need for psychiatric referral</li> <li>• Requires care coordination and close monitoring for medication adherence</li> <li>• Follow-up visit within four (4) weeks of initial prescription with continued follow-up thereafter.</li> <li>• Keep patient on medication for at least one year</li> </ul>

## 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, cautions, 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.



## 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](http://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](http://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](http://www.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](http://www.wellcarenc.com/providers/medicaid.html) under the Overview and Resources section. Click on the *Resources* drop-down menu to view the document.

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### We're Just a Phone Call or Click Away

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**Medicaid:**  
**1-866-799-5318**



[www.wellcare.com/North-Carolina/Providers](http://www.wellcare.com/North-Carolina/Providers)