



## 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.**

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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.





## Working Together to Reduce HgbA1c < 9%

AS WE EMBARK TOGETHER IN MEDICAID MANAGED CARE, WELLCARE HAS IMPLEMENTED MANY SERVICES TO ASSIST MEMBERS IN GETTING THEIR DIABETES UNDER BETTER CONTROL.

We understand that there are many factors that go into improving glycemic control such as: taking medications prescribed, visiting the practitioner regularly, exercising and eating right. All are ways that a member can manage their diabetes which will reduce their HgbA1c.

To that end, WellCare has added additional benefits for our Medicaid members. Social drivers of health play a huge part in preventing members from adhering to medications, healthy eating and exercising. When you have a member who has unmet health needs refer them to our care management team. A care manager will assess and determine which of the benefits would best support the member in achieving the desired result of a lowered HgbA1c.

These benefits are mentioned in both the practitioner and member handbook. They include but are not limited to transportation to medical care, as well as food shopping and other member needs. A 6-month membership to the Weight Watches program, a 3-month membership to Curves along with one-to-one counseling with a health coach, nutritionists, and diabetes education.



As an incentive to members, the member can receive a **reloadable debit or gift card for \$25** each for: getting a HbA1c lab test, visiting their PCP within 90 days of enrollment, and a health risk assessment within 90 days of enrollment.

To assist you further, the CPT codes below are specifically for diabetes.

- ✓ HbA1c: 83036 Hemoglobin; glycosylated (A1c) 83037 and Hemoglobin (A1c) by device cleared by the FDA for home use
- ✓ Remote BP monitoring: 93784, 93788, 93790, 99091
- ✓ <7 3044F; 7%-9% 3045F; >9% 3046F
- ✓ Online Assessments: 98969, 99444
- ✓ New: <7%-<8% 3051F, >8%-<8% 3051F
- ✓ Telehealth POS: 02
- ✓ Diabetic retinal screening Negative CPT II 3072F
- ✓ Telephone visits: 98966-98968, 99441-99443



WellCare looks forward to working with you and our members to change the health of our member's one member at a time.



## DEADLINE APPROACHING

# Members Can Get a \$50 Walmart Gift Card for Getting Their COVID-19 Vaccine

ELIGIBLE MEDICAID MEMBERS, AGES 5 AND OVER WHO BECOME FULLY IMMUNIZED BETWEEN SEPTEMBER 1, 2021, AND **JUNE 30, 2022** CAN RECEIVE A \$50 WALMART GIFT CARD.

Each member in a household age 5 years or older who received the vaccination is eligible for the gift card. Members can attest to their own vaccine status and the status of a minor under their care.

Members need to visit <https://www.wellcarenc.com/covid-19/count-on-me.html> to request a gift card or call Member Services toll-free at **1-866-799-5318** if they do not have access to technology to complete the process themselves.

### Members will need to provide 3 identifiers to login:

- 1 State
- 2 Medicaid ID number
- 3 Last Name as it appears on their insurance ID card.

### Once logged in, the member will be taken to a page where they will answer 4 questions:

- 1 When did you get your final COVID-19 vaccination?
- 2 Which COVID-19 vaccine did you get?
- 3 Where did you get your COVID-19 vaccination?
- 4 Please provide your mailing address.



The gift card will be mailed to the mailing address provided and the member should expect to receive it within 6-8 weeks.



## 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	<b>\$15 per visit</b> (Members cannot exceed \$75 per year)
	7-21 Years	Complete annual adolescent well-care visit	<b>\$25</b>
Healthy Pregnancy	Prenatal Care Visits (Age 12 and up)	Attend a prenatal visit during 1st trimester (or within 42 days of enrollment)	<b>\$25</b>
	Completion of Prenatal visit Bonus Reward	Members who complete a prenatal visit will have the choice to receive one of the reward options listed:	<b>Choice of a stroller, portable playpen, car seat or six (6) packs of diapers.</b>
	Postpartum Care Visit (Age 12 and up)	Attend 1 postpartum visit 21 days or less after the birth of the baby	<b>\$25</b>
	Postpartum Care Visit 2 (Age 12 and up)	Attend a second postpartum visit 22-84 days after the birth of the baby	<b>\$25</b>



## 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.	<b>\$25</b>
		Diabetics complete annual HbA1c lab test	<b>\$25</b>
		Diabetics complete annual blood pressure less than 140/90 at PCP's office	<b>\$25</b>
Well Women	Cervical Cancer Screening (Age 21-64)	Completion of office visit for an annual cervical cancer screening (pap smear)	<b>\$25</b>
Adult Health	Annual Adult Health Screening (Age 20 and up)	Annual Adult Health Screening (Age 20 and up)	<b>\$25</b>
Behavioral Health	Behavioral Health (Age 6 and up)	Go to a behavioral health provider within 30 days after a behavioral health hospital stay	<b>\$35</b>
	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.	<b>\$15</b>
	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	<b>\$25</b>
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)	<b>\$25</b>



## 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**.



## 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>



## 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.



## Critical Incidents

THANK YOU FOR YOUR VALUED PARTNERSHIP. WE WANT TO SHARE SOME IMPORTANT INFORMATION WITH YOU.



**Level I** incidents are to be documented on the provider agency's internal form and should **not** be submitted into IRIS.

As most practitioners are aware, IRIS is a database run by NC State to capture critical incidents that occur for mental health/behavioral health/substance abuse services and Long-Term Services and Support. (MH/DD/SAS) and LTSS.

### As a reminder here are the level requirements:

Providers are required to report aggregate information on Level I incidents involving restrictive interventions, medication errors, and searches and seizures to the host LME quarterly. The Quarterly Provider Incident Report is available on the MH/DD/SAS website at <https://www.ncdhhs.gov/mhddsas/statpublications/manualsforms/index.html#incident>

### When to report:

Q1

**First quarter**  
(July-September)  
Due October 10th

Q2

**Second quarter**  
(October-December)  
Due January 10th

Q3

**Third quarter**  
(January-March)  
Due April 10th

Q4

**Fourth quarter**  
(April-June)  
Due July 10th

### What/Where to Report:

Submit aggregate information on Level I restrictive interventions, medication errors, and searches/seizures should be collected and reported to the host LME. **For each type of incident, report:**

- ✓ The total number of incidents
- ✓ The unduplicated count number of consumers who were involved
- ✓ The highest number of incidents for any one consumer
- ✓ A brief narrative summarizing any patterns and/or trends you have found in your internal QI process that have been identified in its analysis of incident, potentially indicating an opportunity to make improvements, and
- ✓ A brief narrative summarizing the quality assurance/improvement efforts being undertaken to address any opportunities for improvement that have been identified





## Critical Incidents Continued



**Level II** incidents are required to be entered into IRIS **within 72 hours**.



**Level III** incidents need to be called or entered into IRIS **within 24 hours**. If a call was made, the incident is then to be entered into IRIS **within 72 hours** even if the provider does not have all the facts about the incident.

Only if the IRIS system is down does the practitioner complete the IRIS form however, once IRIS is up and running, the incident must be entered.

IRIS requires that the practitioner who entered the information into IRIS, updates IRIS as to any new information as it becomes available (e.g., DSS report findings, Law Enforcement reports, coroner's findings). IRIS then ensures that all agencies involved are made aware of the updated information.

For closure of the incident, any information that would show the issue has been appropriately addressed and/or resolved would be necessary. WellCare can only close cases when this information has been entered into IRIS.



## Value Added Benefits: Good Measures

### DIABETES IS SERIOUS IN NORTH CAROLINA

North Carolina ranks **17th in the U.S.** for the prevalence of diabetes.

An estimated 1.2 million adults have pre-diabetes or diabetes but remain undiagnosed. Diabetes is the seventh leading cause of death by disease in North Carolina and the U.S. It is the fourth leading cause of death by disease for the African American population. Those with diabetes are more likely to have other chronic conditions and are at greater risk for conditions such as obesity, smoking, hypertension, high cholesterol, coronary heart disease, depression, and arthritis. Diabetes is manageable, and, in many cases, can be prevented, delayed, or reduced.

WellCare has collaborated with **Good Measures** to offer programs such as the Diabetes Prevention Program and Diabetes Self-Management Education Program at no cost to the member. Good Measures has proven results in both programs.



Diabetes Prevention Program Average weight loss is **6.8% of body weight**, 74% of participants achieved or exceeded physical activity goal of 150 minutes per week.



**Diabetes Self-Management Education Program:** Clinically appropriate A1C reductions depending on the patient's starting point (e.g., average reductions of 5.5 after one year for patients with an A1C of 13, and 2.1 reductions for patients starting with an A1C of 9).



Contact your **Care Connection Specialist** for more details on how you can enroll your patient in the Good Measures program.



## 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.



## Therapy for Patients with Diabetes and Medicaid

The American Diabetes Association's (ADA) annual *Standards of Medical Care in Diabetes* has released a 2022 updated version of guidelines. Based on scientific evidence and clinical trials, it includes new and updated guidance for managing patients with diabetes and prediabetes.

For your convenience we have provided **a summary of notable changes** from the Standards of Care document.

### ADA STANDARDS OF MEDICAL CARE IN DIABETES GUIDELINE — 2022

#### Notable 2022 Updates

- ✓ Guidance on first-line therapy determined by co-morbidities includes goals to prevent complications of diabetes (such as heart or kidney disease), cost, access to care, and individual management needs.
- ✓ Prediabetes and type 2 screening should start at age 35.
- ✓ SGLT-2 inhibitors are now recommended to treat heart failure and can be started at the time of diagnosis.
- ✓ Changes to gestational diabetes mellitus (GDM) recommendations include when to test and in whom testing should be done.

#### Medication Adherence:

Please use the updated guidelines information for recommendations on the diagnosis and treatment of youth and adults with type 1, type 2, or gestational diabetes. It also includes strategies for the prevention or delay of type 2 diabetes, and recommends therapeutic approaches that can reduce complications and improve health outcomes.

#### Reference

American Diabetes Association; *Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers*. *Clin Diabetes* 1 January 2022; 40 (1): 10–38. <https://doi.org/10.2337/cd22-as01>



## 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.**



## 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 <https://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)