



Value Added Benefit: Good Measures Program

THIS DIABETES SUPPORT PROGRAM IS AN ACCREDITED DIABETES SELF-MANAGEMENT EDUCATION PROGRAM AND IS FREE TO MEMBERS.








- ✓ **Lowers** A1c, reduces hospital admissions, readmission, and lifetime healthcare costs related to lower risk of complications
- ✓ **Supports** patients in building and sustaining coping skills need to self-manage diabetes
- ✓ **Addresses** patients' health believe, cultural needs, current knowledge, physical limitation, emotional concerns, family support, financial status, medical history, health literacy, numeracy – all that affect ability to self-manage
- ✓ **Encourages** A1c testing, eye exams, and kidney function tests
- ✓ **Educates** patients on how food, activity, medication, and stress affect blood sugar

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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.



Value Added Benefit: Good Measures Program *(continued)*

What does the program provide?

Clinical behavior changes coaching through:

- ✓ Telehealth support using cognitive behavioral therapy and other high-impact approaches
- ✓ Mobile App that supports behavior change that uses AI Technology
- ✓ Remote monitoring by using:
 - Activity trackers, including: Fitbit, Google Fit, Apple Health Kit, etc.
 - Weight trackers, including: wireless scale that electronically transmits weight
 - Connected diabetes devices, including: insulin dosage pen, blood glucose meter
 - Other connected clinical devices including: blood pressure monitor, remote inhaler, sleep sensor, etc.



How Good Measures provides support:

- ✓ Personalized nutrition support with RD or CDE available via telephone, email, secure message
- ✓ Good Measures Index plus meal and snack recommendations
- ✓ Convenient web and mobile application for 24/7 support
- ✓ Lifestyle behaviors change support for physical activity, sleep, and stress
- ✓ Integration with activity trackers (e.g., Apple HealthKit, Fitbit)
- ✓ Plans tailored to individual risk factors, conditions, and preferences
- ✓ Personalized curriculum and meal suggestions via the mobile app
- ✓ Behavior change coaching (1:1 and group) with registered dietitians
- ✓ Member matched with the right mix of technology, human touch, and education



How can your member take advantage of this program?

- ✓ Provider/Care management referral
- ✓ Members can self-refer
- ✓ WellCare sends Good Measures a monthly outreach list





Members' COVID-19 Vaccine Gift Card Incentive Program Extended to Dec. 31, 2022

Our COVID Vaccine Incentive Program has been extended, rewarding eligible Medicaid members, ages 5 years old and over who become fully immunized between **September 1, 2021**, and **December 31, 2022** with a **\$50 Walmart Gift Card**.

Each member in a household age 6 months 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 **www.wellcare.com** to request a gift card or call Member Services at **1-866-799-5218** 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 six to eight weeks.



How to Improve Patient Satisfaction and CAHPS Scores

WHAT IS THE CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks patients to evaluate their health care experiences. WellCare conducts an annual CAHPS survey, which asks members to rate experiences with their healthcare providers and plans. As one of our providers, you can provide a positive experience on key aspects of their care. We have provided some examples of best practice tips to help with each section.

Know Your Rating Criteria for Evaluation	What This Means:	Tips to Increase Patient Satisfaction:
Getting Needed Care	<ul style="list-style-type: none"> • Ease of getting care, tests, or treatment needed • Obtained appointment with specialist as soon as needed 	<ul style="list-style-type: none"> • Help patients by coordinating care for tests or treatments • Schedule specialist appointments and advise when additional care is needed to allow time to obtain and keep appointments.
Getting Care Quickly	<ul style="list-style-type: none"> • Obtained needed care right away • Obtained appointment for care as soon as needed • How often were you seen by the provider within 15 minutes of your appointment time? 	<ul style="list-style-type: none"> • Educate your patients on how and where to get care after office hours. • Do you have on-call staff? • Let your patients know who they are and how to reach them. • See your patients within 15 minutes of their appointment time. If you are running late, let your patients know and apologize.
How Well Doctors Communicate	<ul style="list-style-type: none"> • The doctor: <ul style="list-style-type: none"> – Explained things in an understandable way – Listened carefully – Showed respect and patience – Spent enough time with you 	<ul style="list-style-type: none"> • 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.

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How to Improve Patient Satisfaction and CAHPS Scores *(continued)*

Know Your Rating Criteria for Evaluation	What This Means:	Tips to Increase Patient Satisfaction:
Coordination of Care	<ul style="list-style-type: none"> • In the last 6 months, did your personal doctor seem informed and up to date about the care you got from other health providers? • Did your doctor have your medical records? • Did your doctor follow up to provide test results? • Did your doctor talk to you about all the medications you were taking? 	<ul style="list-style-type: none"> • 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 (test results, consult treatment notes, referrals). • Ask your patients to tell you about the medications they take at each visit.
Rating of Personal Doctor	<ul style="list-style-type: none"> • Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor? 	<ul style="list-style-type: none"> • Studies have shown that patients feel better about their doctor when they ask their patients, “What’s important to you?”
Annual Flu Vaccine	<ul style="list-style-type: none"> • Have you had a flu shot since July 1st of last year? 	<ul style="list-style-type: none"> • Help your patients understand the value of the flu vaccine. • Recommend and give the flu vaccine to your patients.



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



HEDIS® Measurement Year 2022 At-a-Glance Behavioral Health Measures

WE VALUE EVERYTHING YOU DO TO DELIVER QUALITY CARE TO OUR MEMBERS – YOUR PATIENTS – TO ENSURE THEY HAVE A POSITIVE HEALTHCARE EXPERIENCE.

There are several HEDIS® behavioral health measures that providers can directly impact related to follow-up care for mental illness or substance use disorders, medication adherence, and metabolic monitoring. That's why we've created this easy-to-use **At-A-Glance Toolkit**. It will give you the tools you need to meet, document, and code HEDIS® measures. Together, we can provide the care and services our members need to stay healthy while also improving our quality scores and Star Ratings.



Please contact your Provider Relations Representative if you need more information or have any questions.



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>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.</p>	<ul style="list-style-type: none"> Support and educate your patient, and watch for change in symptoms.
10-14	<p>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.</p>	<ul style="list-style-type: none"> Support and educate your patient. Consider antidepressant and/or cognitive behavioral therapy. Watch for changes in symptoms. Follow-up visit within four (4) weeks. Keep the patient on medication for six (6) months to a year.
15-19	<p>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.</p> <p>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</p>	<ul style="list-style-type: none"> Perform 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 (4) weeks of initial prescription with continued follow-up thereafter Keep patient on medication for at least one year

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

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
>20	<p>Severe Depression Nearly all symptoms present for Major Depressive Disorder (MDD), which markedly interfere with daily functioning.</p> <p>Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions.</p> <p>ICD-10 Dx Codes: F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9</p> <p>CPT Codes: 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"> • 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 (4) weeks of initial prescription with continued follow-up thereafter. • Keep 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, 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.



Psychiatric Collaborative Care Model

IMPACT ON FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

We are committed to the care and well-being of our members. We are also committed to working with you as a partner to develop the best possible treatment plans for all patients.



Why is Collaborative Care Important?

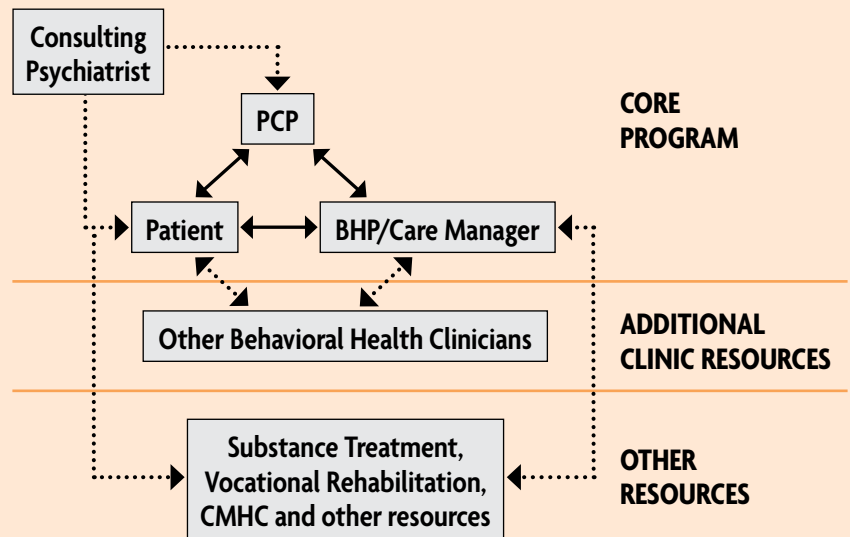
The integration of behavioral health (BH) and general medical services improves patient outcomes, saves money, and reduces stigma related to mental health. The Collaborative Care Model (CoCM) is a proven effective and efficient way to deliver integrated care.¹

In 2022, the National Committee for Quality Assurance (NCQA) added psychiatric case management service codes 99492, 99493, 99494, and the North Carolina Department of Health and Human Services (DHHS) is allowing code G2214 to be billed to help close the gap for the Follow-Up After Hospitalization for Mental Illness (FUH) HEDIS Measure.

What is CoCM?

Psychiatric services are provided under the direction of a treating primary care provider (PCP) for work performed by a BH care manager, in consultation with a psychiatric consultant with prescribing authority.

The treating PCP submits the claims for these services. The consulting psychiatrist and the care manager are then paid by the PCP through a contract, employment, or other arrangement.



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Psychiatric Collaborative Care Model *(continued)*



Core Principles of CoCM:

- **Patient-Centered Care:** Primary and behavioral health providers collaborate effectively using shared care plans.
- **Population-Based Care:** Patient care and progress is tracked in a registry to help identify needed psychiatric case reviews so no one “falls through the cracks.”
- **Treatment to Target:** Progress is tracked with a measurement-based tool (i.e., Patient Health Questionnaire (PHQ-9)) to assess and actively change treatments until clinical goals are achieved.
- **Evidence-Based Care:** Providers use evidence-based treatment modalities and tools for proven effective care.
- **Accountable Care:** Providers are accountable and reimbursed for quality of care and clinical outcomes, not just volume of care provided.

Service Codes

CPT & HCPCS Coding for CoCM*

- 99492 – first 70 mins. in the first initial month
- 99493 – first 60 mins. in any subsequent months
- 99494 – each additional 30 mins. in any month
- G2214 – Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities, in consultation with a psychiatric consultant, and directed by the treating physician or other qualified healthcare professional

*Some service codes may not be included as a covered benefit for certain lines of business or products. Leverage provider resources and the pre-authorization checker tool on the health plan website to help determine covered benefits.

Additional Support:

- American Psychiatric Association (APA)
 - www.psychiatry.org
 - Collaborative Care Model
- AMA
 - Compendium of behavioral health integration resources for physician practices
 - Experts on practical billing strategies for the collaborative care model



Please view the Provider section of our website [Medicaid \(wellcarenc.com\)](http://wellcarenc.com) for additional tools and local resources, or contact a Provider Relations or Quality Improvement Specialist for assistance.

¹References: AMA: <https://www.ama-assn.org/>; APA: <https://www.psychiatry.org/psychiatrists/practice/professional-interests/integrated-care/learn>; NCQA: <https://www.ncqa.org/hedis/measures/initiation-and-engagement-of-alcohol-and-other-drug-abuse-or-dependence-treatment>; DHHS: <https://medicaid.ncdhhs.gov/blog/2022/03/18/coverage-psychiatric-collaborative-care-management-updated>

This document is an informational resource designed to assist licensed healthcare practitioners in caring for their patients. Healthcare practitioners should use their professional judgment in using the information provided. HEDIS® measures are not a substitute for the care provided by licensed healthcare practitioners and patients are urged to consult with their healthcare practitioner for appropriate treatment. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA). *2022 ICD-10 Diagnosis Codes **CPT copyright 2022 American Medical Association (AMA). All rights reserved. CPT is a registered trademark of the AMA.



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. *(Pending Approval)*



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. *(Pending Approval)*



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. *(Pending Approval)*



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. *(Pending Approval)*



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. *(Pending Approval)*



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. *(Pending Approval)*



School Supplies: Provides a catalog of school supplies/items for members age 5-18. *(Pending Approval)*



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

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

- Community Paramedics
- Curves Complete
- Discount Card – Swipe and Save
- New Moms Caregiver
- Tobacco Cessation Program (Stop Smoking)
- UNC Tobacco Cessation Program



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.

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 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 six-month membership to the Weight Watches program, a three-month membership to Curves along with one-on-one counseling with a health coach, nutritionists, and diabetes education are also offered.



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
- ✓ **Remote BP monitoring:** 93784, 93788, 93790, 99091
- ✓ **Hemoglobin (A1C) by device, cleared by the Online Assessments:** 98969, 99444
- ✓ **FDA for home use Telehealth POS:** 027 3044K 3045K 3D46F
- ✓ **New:** 3051K 3051F Telephone visits 98966-98968, 99441-99443
- ✓ **Diabetic retinal screening Negative CPT II:** 3072F



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



Statins Therapy for Patients with Diabetes and Cardiovascular Disease

Statin therapy should be considered for most patients with diabetes and or cardiovascular disease for primary or secondary prevention to reduce the risk of atherosclerotic cardiovascular disease (ASCVD). For your convenience, we have listed the American College of Cardiology (ACC)/American Heart Association's (AHA) evidence-based recommendations to assist you in helping you choose the most appropriate statin-intensity for your patient.

2018 AHA/ACC Cholesterol Guideline: Primary Prevention

Patient Risk Category	ACC/AHA Recommendation
Patients ages 20-75 years and LDL-C \geq 190 mg/dl	A high intensity statin
T2DM and age 40-75 years	Moderate-intensity statin and risk estimate to consider high-intensity statins
Age >75 years	Clinical assessment and risk discussion
Age 40-75 years and LDL-C \geq 70 mg/dl and <190 mg/dl without diabetes <ul style="list-style-type: none"> • Risk 5% to <7.5% (borderline risk) • Risk \geq7.5-20% (intermediate risk) • Risk \geq20% (high risk) 	Risk Estimator <ul style="list-style-type: none"> • Moderate-intensity statin • Moderate-intensity statins and increase to high-intensity with risk enhancers • High-intensity statin

Commonly Prescribed Statins

High-Intensity	Moderate-Intensity
<ul style="list-style-type: none"> • atorvastatin 40, 80 mg • rosuvastatin 20, 40 mg 	<ul style="list-style-type: none"> • lovastatin 40, 80 mg • atorvastatin 10, 20 mg • Pitavastatin 1, 4 mg • pravastatin 40, 80 mg • Fluvastatin 80 mg • simvastatin 20, 40 mg • rosuvastatin 5, 10 mg



We value everything you do to deliver quality care to our members – your patients. We recognize that you are best qualified to determine the potential risks versus benefits in choosing the most appropriate medications for your patients.

Reference: 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. J Am Coll Cardiol. 2019; March 17. Accessed 6/23/2022; www.acc.org

Stone NJ, Robinson J, Lichtenstein AH, Bairey Merz CN, Blum CB, Eckel RH, Goldberg AC, Gordon D, Levy D, Lloyd-Jones DM, McBride P, Schwartz JS, Shero ST, Smith SC Jr, Watson K, Wilson PWF. 2013 ACC/AHA guideline on the treatment of blood cholesterol to reduce atherosclerotic cardiovascular risk in adults: a report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines. Circulation. 2013;00:000–000. Accessed 1/28/2018. www.circ.ahajournals.org



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.



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.htmlincident>

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

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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.



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.



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 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



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.