

# Provider Newsletter

## Wellcare Medicare

2024 • Issue 1



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

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



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

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

- ✓ It lets their doctor evaluate and adjust any medications.
- ✓ It helps them continue to improve.
- ✓ It provides them with extra support.
- ✓ It lowers the chance of a return visit back to the emergency department.

(continued)

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# Emergency Department Visit for Mental Health

(continued)



## What should they do before leaving the emergency department?



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



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



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



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

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



# Monitoring Within the Severely Mentally Ill (SMI)

## POPULATION 1-7 ASSESSMENT FRAMEWORK FOR PATIENTS ON ANTIPSYCHOTIC MEDICATIONS

	Smoking	Lifestyle/ Life Skills	Body Mass Index (BMI) Weight	Blood Pressure	Glucose Regulation (Assess by fasting plasma glucose; random plasma glucose HbA1C)	Blood Lipids	
<b>RED ZONE</b>	Current Smoker	Poor Diet <i>and/or</i> sedentary lifestyle	BMI 25 kg/m <sup>2</sup> <i>and/or</i> weight gain >5% over initial weight	>140 mm HG systolic <i>and/or</i> >90 mm HG diastolic	HbA1C or glucose threshold: HbA1C (>7%) <i>and/or</i> FPG ≥126 mg/dl	<ul style="list-style-type: none"> <li>LDL-chol levels ≥190 mg/dl</li> <li>DM with LDL-chol levels 70-189 mg/dl</li> <li>ASCD with LDL-chol levels 70-189-mg/dl</li> </ul>	
<b>INTERVENTIONS</b>	<ul style="list-style-type: none"> <li>Introduce smoking cessation intervention</li> <li>Consider referral to smoking cessation program – call WellCare Customer Service for assistance <b>(1-877-389-9457)</b></li> <li>Consider nicotine replacement therapy</li> </ul>	<b>Lifestyle advice to include diet and physical activity</b>	<b>Medication review</b>				
		↓					
		<b>Refer for assessment, diagnosis and treatment by appropriate clinician, if necessary</b>					
		↓	↓	↓	↓	↓	↓
		Follow weight and obesity guidelines in Hert, et al	Follow ADA, ACC, AHA or NHLBI guidelines summarized in Hert, et al	At risk of Diabetes <ul style="list-style-type: none"> <li>HbA1C 5.7-6.4%</li> <li>FPG 100-125 mg/dL</li> </ul>	Diabetes <ul style="list-style-type: none"> <li>HbA1C ≥6.5%</li> <li>FPG ≥126 mg/dL</li> </ul>	Follow ADA, ACC, AHA or NHLBI2 guidelines in summarized in Hert, et al	
<b>TARGET</b>	Smoking cessation	<ul style="list-style-type: none"> <li>Improve quality of diet</li> <li>Daily exercise of 30 min/day</li> </ul>	BMI 18.5-24.9kg/m <sup>2</sup>	<140/80 If ≥130/85 mm HG, consider anti-hypertensive therapy diet: limit salt intake	<ul style="list-style-type: none"> <li>Prevention of diabetes</li> <li>Offer lifestyle change education</li> </ul>	Endocrine review HbA1C <7.0%	Consider lipid modification for patients with CVD or DM LDL-C <100 mg/dL

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



## 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></p> <p>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></p> <p>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 4 weeks.</li> <li>• Keep the patient on medication for 6 months to a year.</li> </ul>
15-19	<p><b>Moderately Severe Depression</b></p> <p>Displays most symptoms for Major Depressive Disorder (MDD) impacting several areas of functioning.</p> <p>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</p> <p><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 a 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 4 weeks of initial prescription with continued follow-up thereafter.</li> <li>• Keep the patient on medication for at least one year.</li> </ul>

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# 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.</p> <p>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</p> <p><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 4 weeks of initial prescription with continued follow-up thereafter.</li> <li>• Keep the 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 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.**



POPULATION HEALTH

# TurningPoint MSK Program Updates

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

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

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

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

**Program Term Date: 1/1/2024**

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

We are terming the MSK program on 1/1/24 with TurningPoint for FL Medicare WLR/WMR, GA GAP/GLR/GMR. We need to stop sending eligibility files for these LOB's to TurningPoint two weeks post-term on 1/15/24.

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# TurningPoint MSK Program Updates *(continued)*

**Program Term Date: 2/1/2024**

Market	LOB	Platform	Termining Program
<b>Illinois</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare ILL	WCG	MSK
	Medicare QIR	WCG	MSK
	*Medicare IMR	WCG	MSK
<b>Kentucky</b>	Medicaid KAB, KHK, KMD	WCG	MSK
	Medicare KMR, KYL	WCG	MSK
<b>New Hampshire</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare NHL, NHR	WCG	MSK
<b>Oregon</b>	Medicaid	CNC	MSK
	Commercial	CNC	MSK
	Medicare	CNC	MSK
<b>South Carolina</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
	Medicare SLR	WCG	MSK
	Medicare SOR	WCG	MSK
	*Medicare IMR	WCG	MSK
<b>Tennessee</b>	Medicare TER	WCG	MSK
	*Medicare IMR	WCG	MSK
<b>Washington</b>	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare QLR, QMR	WCG	MSK

We are termining the MSK program on 2/1/24 with TurningPoint for IL Medicare ILL/QIR, KY Medicaid KAB/KHK/KMD, KY Medicare KMR/KYL, NH NHL/ NHR, SC SLR/SOR, TN TER, and WA QLR/QMR. We need to stop sending provider files for these LOB's to TurningPoint two weeks post-term on 2/15/24.



Please refer to the Quick Reference Guides and Authorization Look Up Tools available on the Plan website for more information on prior authorization requirements and submission details.

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# TurningPoint MSK Program Updates *(continued)*

Transition Date: 3/1/2024

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

Transition Date: 4/1/2024

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





## Electronic Funds Transfer (EFT) Through PaySpan®

### FIVE REASONS TO SIGN UP TODAY FOR EFT:

- 1** **You** control your banking information.
- 2** **No** waiting in line at the bank.
- 3** **No** lost, stolen, or stale-dated checks.
- 4** Immediate availability of funds – **no** bank holds!
- 5** **No** interrupting your busy schedule to deposit a check.



### **Setup is easy and takes about five minutes to complete.**

Please visit [www.payspanhealth.com/nps](http://www.payspanhealth.com/nps) or call your Provider Relations representative or PaySpan at **1-877-331-7154** with any questions. We will only deposit into your account, **not** take payments out.



## Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF DEMOGRAPHIC CHANGES SO WE CAN KEEP OUR INFORMATION CURRENT.

To ensure our members and Provider Relations staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.



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

**Wellcare**



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

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



## Provider Formulary Updates

### Medicare:

Updates have been made to the Medicare Formulary. Find the most up-to-date complete formulary at **www.wellcare.com**. Select your state from the drop-down menu and click on *Pharmacy* under Medicare in the Providers drop-down menu.

You can also refer to the Provider Manual to view more information on our pharmacy UM policies and procedures. To find your state's Provider Manual visit **www.wellcare.com**. Select your state from the drop-down menu and click on *Overview* under Medicare in the Providers drop-down menu.



## Access to Staff

If you have questions about the utilization management program, please call Customer Service at **1-855-538-0454**. TTY users call **711**. Language services are offered.

You may also review the Utilization Management Program section of your Provider Manual. You may call to ask for materials in a different format. This includes other languages, large print and audio. There is no charge for this.



## 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.

**Remember, you can check the status of authorizations and/or submit them online. You can also chat with us online instead of calling.**

### Resources and Tools

You can find guidelines, key forms and other helpful resources from the homepage as well. You may request hard copies of documents by contacting your Provider Relations representative.

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

QRGs and Provider Manuals are located at **[www.wellcare.com/providers](http://www.wellcare.com/providers)**, click on *Overview* under your state.

### Additional Criteria Available

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available at **[www.wellcare.com/providers](http://www.wellcare.com/providers)**, click on *Clinical Guidelines* under your state.

### MO PROVIDERS ONLY:

To add new practitioners to existing groups or to request updates or provider terminations, please email mail to:

▶ **[CHHS\\_Provider\\_Roster@Centene.com](mailto:CHHS_Provider_Roster@Centene.com)**

Please visit **[www.homestatehealth.com/providers/tools-resources.html](http://www.homestatehealth.com/providers/tools-resources.html)** for roster templates.

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

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Medicare: **1-855-538-0454**



**[www.wellcare.com/providers](http://www.wellcare.com/providers)**