



## Prior Authorization Announcement



**WellCare of North Carolina (Wellcare) is pleased to announce a reduction in the number of service categories requiring prior authorization (PA) as a condition of payment effective July 1, 2022. The reduction in PA requirements is applicable to all Medicare products offered by Wellcare.**

The reduction in services requiring authorization improves provider experience while maintaining our responsibility to ensure members receive appropriate, medically necessary care. Attached to this notice, we have included the service categories impacted by this reduction as well as the requirement for step therapy on select Medicare Part D Medical Injectables.

*(continued)*

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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.



## Prior Authorization Announcement (continued)

We ask that providers continue to verify eligibility and benefits prior to rendering services for all Wellcare members. Payment, regardless of authorization, is contingent on the member's eligibility at the time service is rendered. Non-par providers and facilities will continue to be required to submit authorization for all HMO covered services unless otherwise noted.

It is the ordering/prescribing provider's responsibility to determine which specific codes require prior authorization. For complete CPT/HCPCS code listing, please see our Online Prior Authorization Tool which is accessible here:

**Wellcare Online Prior Authorization Tool** 



Should you have any questions or concerns regarding the changes to our prior authorization requirements, we ask that you or your office contact your dedicated provider relations representative. If you are unaware of your provider relations representative, please submit inquiries by email at **NCPProviderRelations@Wellcare.com** or via phone at **1-984-867-8637**.

**We appreciate your continued partnership in supporting our commitment to delivering high quality care to our members.**



## Centene Institute for Advanced Health Education

The Centene Institute for Advanced Health Education allows physicians and other healthcare professionals to **access free accredited continuing education virtually**. The mission of the Centene Institute is to educate healthcare professionals through empowering, research-informed content. It aims to improve the skills, strategy, and performance of the healthcare team to improve patient quality of care and health outcomes of the community. The Centene Institute is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC).



Providers and teams can access courses in a variety of formats, including virtual live, asynchronous online, and regularly scheduled series. These courses are available at no cost to our providers. Learn more at **www.centeneinstitute.com**.



## Value Added Benefits: Good Measures

**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 belief, 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

### 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.

## Value Added Benefits: Good Measures (continued)

### 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
- ✓ WellCare sends Good Measures a monthly outreach list
- ✓ Members can self-refer



## Target At-Risk Patients and Drive Adherence

**RXEFFECT® OFFERS A BETTER WAY TO IDENTIFY AND ENGAGE YOUR PATIENTS ABOUT THEIR MEDICATION USE.**

For every **10** of your Medicare patients,  **3** are not taking their medications as prescribed

And one of those may require hospitalization as a result. <sup>1,2</sup>

You can change this – RxEFFECT can help.

### RxEFFECT: The industry-leading solution to improve medication use

In use by more than 1,000 physician practices today, RxEFFECT is an intuitive workflow solution for engaging patients.

- ✓ Prioritizes your patients outreach each day based on their risk of medication non-adherence
- ✓ Presents you with medication-related context to enable behavior-changing conversations
- ✓ Proven to improve medication use among Medicare patients and enables you to earn outcomes-based bonus payments



## 3.5x

the rate of medication adherence improvement in 2019 for practices using RxEffect vs. those not

*RxAnte comparison of physician practices highly active on RxEffect. vs. those not using RxEffect, 2019.*



**“RxEffect is accurate, easy to use, and lets us know if our patients are on top of their medications.”**

– Wellcare provider group utilizing RxEffect

Sources:

1. Carr-Lopez SM, Shek A, Lastimoso J, et al, 2014, Medication Adherence Behaviors of Medicare Beneficiaries. Patient Prefer Adherence
2. Iuga AO, McGuire MJ, 2014, Adherence and Healthcare Costs. Risk Management Healthcare Policy



# 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:
<b>Getting Needed Care</b>	<ul style="list-style-type: none"> <li>Ease of getting care, tests, or treatment needed</li> <li>Obtained appointment with specialist as soon as needed</li> </ul>	<ul style="list-style-type: none"> <li>Help patients by coordinating care for tests or treatments</li> <li>Schedule specialist appointments and advise when additional care is needed to allow time to obtain and keep appointments</li> </ul>
<b>Getting Care Quickly</b>	<ul style="list-style-type: none"> <li>Obtained needed care right away</li> <li>Obtained appointment for care as soon as needed</li> <li>How often were you seen by the provider within 15 minutes of your appointment time?</li> </ul>	<ul style="list-style-type: none"> <li>Educate your patients on how and where to get care after office hours.</li> <li>Do you have on-call staff?</li> <li>Let your patients know who they are and how to reach them.</li> <li>See your patients within 15 minutes of their appointment time. If you are running late, let your patients know and apologize.</li> </ul>
<b>How Well Doctors Communicate</b>	<ul style="list-style-type: none"> <li>The doctor:             <ul style="list-style-type: none"> <li>Explained things in an understandable way</li> <li>Listened carefully</li> <li>Showed respect and patience</li> <li>Spent enough time with you</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>The simple act of sitting down while talking to patients can have a profound effect.</li> <li>Ask your patients what is important to them; this helps to increase their satisfaction with your care.</li> <li>Invite questions and encourage patients to take notes or offer visit summary notes.</li> </ul>

(continued)

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

Know Your Rating Criteria for Evaluation	What This Means:	Tips to Increase Patient Satisfaction:
<b>Coordination of Care</b>	<ul style="list-style-type: none"> <li>In the last 6 months, did your personal doctor seem informed and up to date about the care you got from other health providers?</li> <li>Did your doctor have your medical records?</li> <li>Did your doctor follow up to provide test results?</li> <li>Did your doctor talk to you about all the medications you were taking?</li> </ul>	<ul style="list-style-type: none"> <li>Help your patients schedule appointments with specialists while they are still at your office.</li> <li>Review charts for the next day to ensure appropriate documents are present (test results, consult treatment notes, referrals).</li> <li>Ask your patients to tell you about the medications they take at each visit.</li> </ul>
<b>Rating of Personal Doctor</b>	<ul style="list-style-type: none"> <li>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?</li> </ul>	<ul style="list-style-type: none"> <li>Studies have shown that patients feel better about their doctor when they ask their patients, "What's important to you?"</li> </ul>
<b>Annual Flu Vaccine</b>	<ul style="list-style-type: none"> <li>Have you had a flu shot since July 1st of last year?</li> </ul>	<ul style="list-style-type: none"> <li>Help your patients understand the value of the flu vaccine.</li> <li>Recommend and give the flu vaccine to your patients.</li> </ul>



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



# 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.



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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  
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**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><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. <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.</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 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.**



# 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?

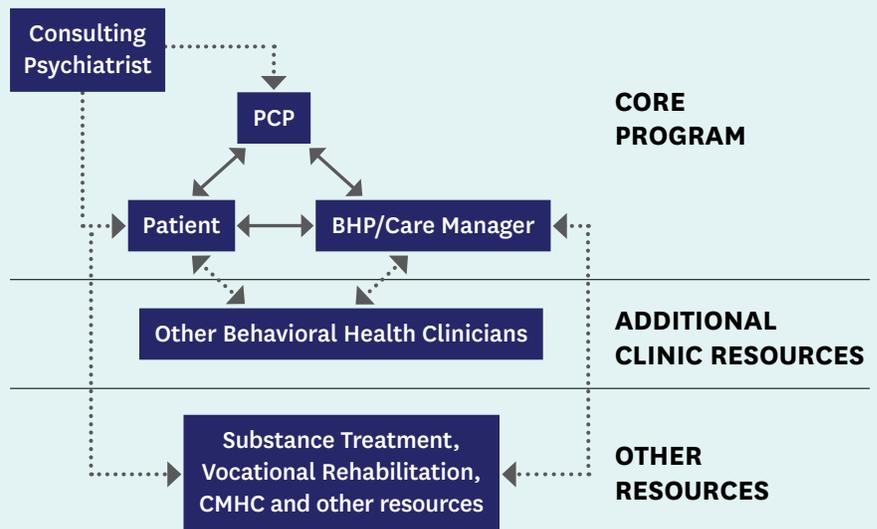
The integration of behavioral health (BH) and general medical services improves patient outcomes, saves money, and reduces stigma related to mental health. The Collaborative Care Model (CoCM) is a proven effective and efficient way to deliver integrated care.<sup>1</sup>

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.



(continued)

# 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](http://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.

<sup>1</sup>References: 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>

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## 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 (Point of Service):** 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"> <li>• Risk 5% to <math>&lt;</math>7.5% (borderline risk)</li> <li>• Risk <math>\geq</math>7.5-20% (intermediate risk)</li> <li>• Risk <math>\geq</math>20% (high risk)</li> </ul>	Risk Estimator <ul style="list-style-type: none"> <li>• Moderate-intensity statin</li> <li>• Moderate-intensity statins and increase to high-intensity with risk enhancers</li> <li>• High-intensity statin</li> </ul>

### Commonly Prescribed Statins

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

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](http://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.ahajournals.org/journal/circ](http://www.ahajournals.org/journal/circ).



**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.**



## 2022 Medicare Provider Partnership for Quality Program

Program Measures	Base	3-STAR	4-STAR	5-STAR
Bone Mineral Density Testing	\$10	\$25	\$35	\$45
Care of Older Adult – Medication List and Review*	\$5	\$15	\$25	\$35
Care of Older Adult – Pain Screening*	\$5	\$15	\$25	\$35
Care of Older Adult – Functional Status Assessment*	\$5	\$15	\$25	\$35
Colorectal Cancer Screen	\$10	\$25	\$35	\$45
Diabetes – Dilated Eye Exam	\$10	\$25	\$35	\$45
Diabetes HbA1c $\leq$ 9	\$10	\$30	\$45	\$60
Diabetes Monitor Nephropathy	\$5	\$15	\$25	\$35
Follow-Up After ED Visit for People With High-Risk Multiple Chronic Conditions	\$10	\$15	\$25	\$35
Hypertension	\$10	\$30	\$45	\$60
Mammogram	\$10	\$25	\$35	\$45
Medication Adherence – Blood Pressure Medications	\$10	\$30	\$45	\$60
Medication Adherence – Diabetes Medications	\$10	\$30	\$45	\$60
Medication Adherence – Statins	\$10	\$30	\$45	\$60
Statin Therapy for Patients with Cardiovascular Disease	\$10	\$25	\$35	\$45
Statin Use in Persons With Diabetes	\$10	\$25	\$35	\$45
Transitions of Care – Medication Reconciliation Post Discharge	\$10	\$15	\$25	\$35
Transitions of Care – Patient Engagement after Inpatient Discharge	\$10	\$15	\$25	\$35

\*Dual Eligible Special Needs Plan (DSNP) members only

We are sending a flyer to all of our providers with the improved bonus amounts, so look for yours soon in your e-mail. Payments will begin after processing claims/encounters for the first quarter of 2022 and will continue through 2023.

If you have any questions, or if you would like to know more about the P4Q program, please contact your Wellcare Quality Practice Advisor.



## Annual CAHPS<sup>®</sup> Survey – What Matters Most to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) is an annual survey mailed to an anonymous select sample of our health plan members. The purpose is to assess member experience with their providers and health plan to improve the quality of care provided. This survey focuses on asking your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. **We hope you will encourage your patients to participate if selected.**

**The pharmacy team can affect the member experience, whether we interact with members directly or not, by ensuring that we address the following items that are addressed in the annual CAHPS survey:**

- ✓ Assist members in understanding and accessing their pharmacy benefits (i.e. what medications are/are not covered),
- ✓ Identify (and mitigate) barriers to members obtaining and taking their medications.
- ✓ Ensuring appropriate communications with providers and health plans occur to complete the processing of timely authorizations

**These factors are important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s).**



**We value and appreciate the excellent care you provide to our members and look forward to partnering with you.**

Source: Centers for Medicare & Medicaid Services. Consumer Assessment of Healthcare Providers & Systems (CAHPS).  
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>



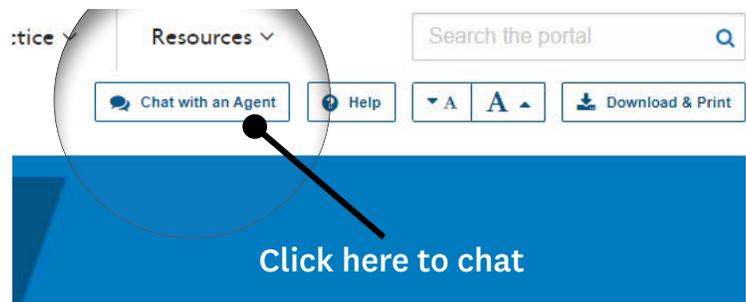
## Providers Love Our Live Chat!

**INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.**

**Providers are talking — about the live-chat feature on our Provider Portal, that is!**

So far in 2021, live chats with our agents have increased at an unprecedented rate. As of the third quarter, more than 10 percent of our inbound interactions happened via live chat, as opposed to traditional phone calls.

That's because live chat is **the easiest and fastest way** to get access to basic status updates on a member's eligibility, claims, or authorizations. In addition, our live-chat agents are able to help with complex, on-the-spot inquiries. This means less time waiting on hold to speak to an agent on the phone. Best of all, live chat has the highest score for first contact resolution among all of our communication channels.



The next time you or someone in your office has a question, remember that live chat is just a click away:



### Need Access?

If you'd like to learn more about the Provider Portal and its features, or would like to request access for you and your office, email [AWSEscalations@Wellcare.com](mailto:AWSEscalations@Wellcare.com). We're here to answer any questions you have about live chat and more!



## Community Connections Help Line



**1-866-775-2192**

We offer non-benefit resources such as help with food, rent and utilities.



## 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 <https://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.

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 Formulary Updates



There have been updates to the Medicare formulary. Find the most up-to-date, complete Formulary at **[www.wellcare.com](http://www.wellcare.com)**. Select your state from the drop-down menu and click on Pharmacy under Medicare in the Providers dropdown menu.

You can also refer to the Provider Manual to view more information regarding Wellcare's pharmacy Utilization Management (UM) policies and procedures. To find your state's Provider Manual visit **[www.wellcare.com](http://www.wellcare.com)**. Select your state from the drop-down menu and click on Overview under Medicare in the Providers drop-down menu.



## Provider Bulletins



Remember to view the online Provider Bulletins regularly for important updates and notices.

**<https://www.wellcare.com/North-Carolina/Providers/Bulletins>**



## NC Medicare Provider Manual



The NC Medicare Provider Manual is located at **<https://www.wellcare.com/North-Carolina/Providers/Medicare>** under the Overview and *Resources* section. Click on the Resources drop-down menu to view the document.



## 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 homepage. You will see Messages from Wellcare on the right.

### Resources and Tools

Visit <https://www.wellcare.com/North-Carolina/Providers/Medicare> to find guidelines, key forms and other helpful resources. 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 at <https://www.wellcare.com/North-Carolina/Providers/Medicare>.

Please remember that all Clinical Guidelines detailing medical necessity criteria for several medical procedures, devices and tests are available on our website at <https://www.wellcare.com/North-Carolina/Providers/Clinical-Guidelines>, click on *Clinical Guidelines* under your state.

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



**Wellcare Health Plans, Inc.**  
**1-855-538-0454**



<https://www.wellcare.com/en/North-Carolina/Providers>