

North Carolina Medicare Provider Newsletter

wellcare

2022 • Issue 2



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. ^{1,2}

You can change this – RxEFFECT can help.

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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.





Target At-Risk Patients and Drive Adherence continued

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, Lastimosa 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*



Target At-Risk Patients and Drive Adherence continued

To discuss further, reach out to your Quality Practice Advisor.

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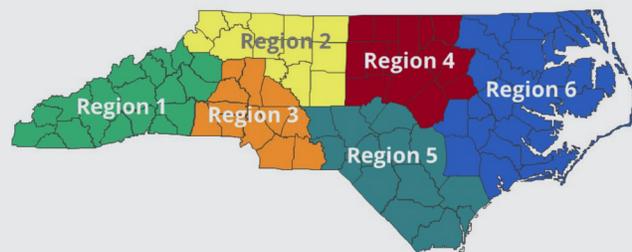
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CDC Opioid Guidelines

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>



Working Together to Reduce HgbA1c < 9%

AS WE EMBARK TOGETHER IN MEDICARE/MEDICAID MANAGED CARE, WELLCARE HAS IMPLEMENTED MANY SERVICES TO ASSIST MEMBERS IN GETTING THEIR HGBA1C 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 Medicare/Medicaid members. Social determinants of health play a huge part in preventing members from complying with taking medications, eating right and exercising. When you have a member who has social determinants of health refer them to our care management team. A care manager will assess the situation and determine which of the benefits would work best to achieve 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.



2022 Medicare Provider Partnership for Quality Program Continued

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[®] Survey – What Matters Most to Your Patients

The Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) 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.



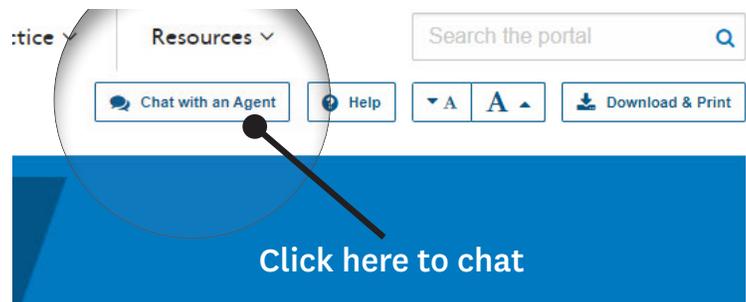
Providers Love Our Live Chat!

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. 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.

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:

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

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



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>