



Mandatory Medicaid Critical Incident Reporting

THE MEDICAID GO-LIVE DATE OF JULY 1 IS FAST APPROACHING!

The Quality Department would like to provide an overview of Critical Incidents and state-mandated reporting requirements.

The Purpose of Reporting Critical Incidents

“The purpose of the Department of Health and Human Services (DHHS) and Division of Mental Health/Developmental Disabilities/Substance Abuse Service (DMH/DD/SAS) Incident Reporting System (IRIS) is to ensure that serious adverse events involving persons receiving publicly-funded mental health, developmental disabilities, and/or substance abuse (mh/dd/sa) services are addressed quickly and analyze trends to prevent future occurrences and improve the service system.”¹

These adverse events or critical incidents should be reported for members who fall into one of the categories above, and are under a provider’s care. The state defines such a member to be one who is actively under the provider’s care or has received any service in the 90 days prior to the incident.

What constitutes a Critical Incident?

Any event that is not consistent with the routine operation of a facility or service or the routine care of a member and that is likely to lead to adverse effects upon the member.



There are three levels of responses to incidents. They are based on the potential or actual severity of the event.

- 1 Level I:** These incidents are to be documented on the provider’s internal form and should not be submitted to IRIS. Level I incidents are events that, in isolated numbers, do not significantly threaten the health or safety of an individual, but could indicate systemic problems if they occur frequently.
 - A copy of the internal forms need to be forwarded to the Quality Department





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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.





Mandatory Medicaid Critical Incident Reporting Continued

2 Level II: These are any incidents that involves a member's death due to natural causes or terminal illness. It also includes incidents that result in a threat to a member's health or safety, or a threat to the health or safety of others due to the member's behavior.

– **Incident must be entered in IRIS within 72 hours**

3 Level III: These include any incident that results in:

1. Death, sexual assault or permanent physical or psychological impairment to a member
2. A substantial risk of death, or permanent physical or psychological impairment to a member
3. A death, sexual assault or permanent physical or psychological impairment caused by a member
4. A threat caused by a member to person's safety

– **All Level III Incidents must be entered in IRIS within 72 hours**

In addition, any **Level III** incidents that occur while the member was receiving service or on the provider's premises also require a formal internal review to be initiated by the provider within 24 hours of the incident. This is according to the guidelines provided by DHHS.

If for any reason, the provider does not have all of the facts about an incident, any known facts must be reported in IRIS within 72 hours. If the provider obtains additional information related to the incident, the provider must update the original report and submit it within one business day of becoming aware of the new information.

Where to Enter a Critical Incident

The IRIS website is <https://iris.dhhs.state.nc.us/>
Please enter any **Level II** or **III** critical incidents here as they occur.



Questions or Concerns?

This is a high level overview of critical incidents. Level I incidents also require you to notify the Quality Improvement Department.

If you would like assistance in entering an incident or have questions, please contact a Quality Improvement Specialist at:

SM_Quality_Department@wellcare.com, or call **984-867-8723**.



Important Patient Questions for the Health Outcomes Survey

QUALITY CARE STARTS WITH A CONVERSATION! YOU CAN HELP IMPROVE OUR PATIENT'S HEALTH AND SURVEY OUTCOMES. TAKE SOME TIME TO DISCUSS THE FOLLOWING:

Quality care starts with a conversation! You can help improve our patient's health and survey outcomes. You may not be aware that the CAHPS survey includes questions for members to self-report whether specific health and wellness topics were discussed during their provider visits.

Specifically, those questions include the following topics:



Physical Activity and Exercise



Bladder Control – many women (and men) do not proactively mention bladder control issue with their providers, so we recommend asking about this specifically during wellness checkups



Overall feeling of health and wellbeing – including both physical and mental health, stress and anxiety, both during and after the current pandemic



Balance and Falls – patients are often embarrassed to mention falls to their providers, so asking about these may help lead to understanding of your patient's risk for falls and fractures



Our Case Management team can assist you in managing your patient with these issues. The CM Referral Line can be reached at 1-866-635-7045.

Sources:

- www.cdc.gov/nchs/fastats/obesity-overweight.htm
- www.dailymail.co.uk/femail/article-3440437/Doing-household-chores-burns-2-000-calories-week.html
- www.consumer.healthday.com/senior-citizen-information-31/misc-aging-news-10/over-half-of-seniors-plagued-by-incontinence-cdc-689153.html
- www.shellpoint.org/blog/2012/08/13/10-shocking-statistics-about-elderly-falls/
- www.cdc.gov/homeandrecreationsafety/falls/adultfalls.html



XTRA Benefits

EFFECTIVE JULY 1, 2021, WELLCARE OF NORTH CAROLINA IS OFFERING THE BELOW VALUE ADDED BENEFITS

4-H Club – Covers program costs for 4H club activities for members age 5-18; up to \$10 per member, annually.

Acupuncture – Provides members 21 and over unlimited Acupuncture services, as medically necessary, with prior authorization.

Caregiver Influenza Vaccine – Covers the cost of the influenza (flu) vaccine for caregivers of plan members who live in the same house, and are not eligible for reimbursement from another insurer

Art Therapy – Provides 10 Art Therapy sessions, per calendar year, to Aged, Blind, and Disabled (ABD) members for cancer treatment, emotional abuse, and post-traumatic stress disorders (PTSD), based on medical necessity.

Baby Showers – Provides pregnant members and/or new moms, ages 12 and older the chance to attend local community baby showers where they can receive gifts and tips for staying healthy, plus a chance to win a prize.

Boys Scout – Covers the cost of one (1) annual membership for members ages 5-18, and a free annual subscription to Boys' Life Magazine.

Individual Therapy Sessions for Caregivers – Provides individual counseling and therapy services for caregivers of active LTSS members to address caregiver burnout, emotional distress, and depression. PCP/ Treating physician prior approval required.

Breast Pump – Provides one (1) electric breast pump for every delivery, for members 12 and older, who were denied a breast pump through the WIC program.

Carpet Cleaning – Covers the cost of 2 carpet cleanings per calendar year, for qualified members with a diagnosis of asthma.

Cell Phone Program – Provides one (1) free smartphone per household. Includes 350 minutes of talk time, unlimited text messaging, and 3GB of data per month.

Chiropractic Services – Provides unlimited routine chiropractic services for manipulation of the spine; offering unlimited visits for members 21 and over, with physician referral and prior authorization.

Circumcision – Covers the cost of a routine circumcision procedure for members up to 6 months old

Community Paramedics – Paramedics and emergency medical technicians (EMTs) provide qualified members with weekly one-hour visits to perform basic medical tasks including tracking member vital signs, tracking medication adherence, monitoring and services beyond the roles of traditional emergency care and transport. Qualified members are limited to one hour per week (2 visit per week maximum).



XTRA Benefits Continued

Curves Complete – Covers the cost of a 3-month membership to Curves, for qualified members ages 12 and older, including one-to-one counseling with a health coach

Diabetes Camp – Covers the cost of an approved diabetes camp for qualified members ages 8- 17. Members will receive education and other health related resources to help with vision and diabetic needs.

Diabetic Foot Care – Provides routine Diabetic foot care for qualified members. Includes routine trimming of nails, corns and calluses at no cost.

CVS Discount Card – Members will receive a 20% percent discount on health related CVS pharmacy branded items. One (1) discount card will be mailed per household.

Discount Card – Swipe and Save provides members with a discount card upon attesting to an activity included in the Healthy Rewards Program (Current vendors including, but not limited to: CVS, Dollar General, Family Dollar, and Walgreens).

Doula Program for Pregnant Teens – Provides doula services for pregnant members ages 13-20, who lives in a group home or a home where there is minimal parental support with improving birth outcomes, reduced pre-term births and improved prenatal care. Prior referral provided by Case Manager or a provider.

Enhanced Hearing Benefit – Covers the cost of a hearing aid, for members 21 and older, if medically necessary.

Equine Therapy – Provides 10 equine sessions per calendar year, for eligible members, age 6 and older with cerebral palsy and autism. Provider referral required.

Girl Scouts – Covers the cost of one (1) membership, per calendar year, for members ages 5-18, and covers the cost of an annual adult membership, which would allow the parent to be a troop leader and/or participate in other activities.

Health and Wellness Coach – Provides qualified members with access to online tools, email and chat with health professionals, coaching with diet and nutrition, weight-loss guidance at no cost.

Healthy Kids Club – Provides health tips and tools to kids (age 4-11) and their parents/caregivers/guardians to encourage immunizations and checkups

Healthy Rewards Program – Provides rewards, such as gift cards and e-gift cards, to members who complete specific preventive health, wellness and engagement milestones. Also, a \$75 maximum reward per member per fiscal year (July 1- June 30)

HEPA Filter Vacuum Cleaner – Provides a HEPA vacuum cleaner at no cost to qualified members with a diagnosis of asthma.



XTRA Benefits Continued

Home Delivered Meals – Members are able to receive ten (10) meals for nutritional support.

Prior authorization is required for members discharged from an inpatient hospital, rehabilitation or skilled nursing facility. Members may receive up to ten (10) meals per approved authorization.

Hypoallergenic Bedding – Provides eligible members who have a diagnosis of asthma with a \$100 allowance per member, per calendar year, for hypoallergenic mattress casings and pillow casings.

Online Behavioral Health and Wellness Tools – Provides online, confidential behavioral self-management tools for a variety of conditions, such as depression, anxiety, stress, sleep challenges, and substance abuse.

New Moms Caregiver Exam (Wellness Visit) – Provides new moms who lost Medicaid eligibility after they delivered to receive one (1) wellness exam, as long as their child remains enrolled with WellCare.

Over-the-Counter (OTC) – Provides \$10 worth of OTC items each month, per head of household. Sent by mail. No prescription required.

Parent Support and Training – Provides parents who have children with serious emotional disturbance (SED) and are at risk of out-of-home placement with training and support to ensure engagement and active participation of the family in the treatment planning process.

Peak Flow Meter – Provides qualified members with a peak flow meter to monitor and determine asthma symptoms. Prior authorization not required.

Caregiver Pertussis Vaccine (whooping cough) – Covers the cost of the pertussis vaccine (whooping cough) for caregivers residing in a household with a pregnant member. Caregivers must not be eligible for reimbursement from another insurer.

Respite (Relief Camps) – Provides caregivers with temporary rest and relief from caregiving for an active LTSS or ABD member. Includes additional respite days and respite locations to receive services (i.e., welcome rooms).

Sports Physical – Covers the cost of one (1) sports physical per calendar year, provided by a PCP or pediatrician, for children ages 6-18.

Steps2Success – Tutoring program covers tutoring services for members ages 16-21 who are preparing to take their GED. The benefit allows members to receive 12 tutoring sessions per year for a maximum of two hours per session. No subject limitation.

Reading Scholarships – Provides a reading scholarship to members who are in Pre-Kindergarten to 12th grade and want to improve their reading skills. Limited availability.

GED Program – Covers GED testing for members ages 16 and older to earn a high school diploma



XTRA Benefits Continued

Stroller/Playpen Program – Provides a free stroller, playpen, car seat, or 6 packs of diapers to pregnant members (12 and older) upon completion and attestation of at least 1 prenatal visit in the Healthy Rewards program

Supplemental Transportation – Provides transportation to WIC appointments, prescription pick-up, follow up doctor appointments, Methadone dosing or administration of other medications at Methadone clinics, Behavioral health inpatient or residential facility for parents not eligible for NC Medicaid to participate in family therapy.

Also covers the cost for non-medical transportation to, educational classes and value added benefit places/ services (i.e., Curves and Weight Watchers). Will provide transportation to NC Health Choice members for covered services.

Telecare Diabetic Management System – Provides qualified members diagnosed of Type 2 Diabetes with a digital device that measures blood glucose and sends data to a WellCare Nurse, their provider or caregiver.

Tobacco Cessation Program (Stop Smoking) – Provides support to quit smoking, including a health coach and nicotine replacement, lozenges, patches or gum. Utilizing the state's Quit Line Program: 1-866-QUIT-4-LIFE (1-866-784-8454)

Virtual Communities – Provides an online forum for members and providers to discuss local events, health topics, community resources, etc.

WW (formerly Weight Watchers) – Covers the cost of a six-month membership for qualified members ages 13 and older and member will have a Health Coach.



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.



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 health care 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 What You Are Being Rated On	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 appointments with specialists and advise when additional care is needed to allow time to obtain 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"> • Doctor explained things in an understandable way • Doctor listened carefully • Doctor showed respect • Doctor 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 What You Are Being Rated On	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, <i>“What’s important to you?”</i>
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.
Knowledge is power!



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 both Medicare and 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.wellcare.com/North-Carolina/Providers/Medicaid or www.wellcare.com/North-Carolina/Providers/Medicare

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

We're Just a Phone Call or Click Away



Medicare:
1-855-538-0454



Medicaid:
1-866-799-5318



www.wellcare.com/North-Carolina/Providers