



Optum CPI Annual Wellness Visit (AWV) Medical Record Review Guidelines

BELOW ARE THE REQUIREMENTS FOR A MEDICARE ANNUAL WELLNESS VISIT :

- 1 Review and update Health Risk Assessment (HRA)
- 2 Update patient's medical and family history
- 3 Update list of current providers and suppliers
- 4 Perform routine measurements as deemed appropriate based on medical and family history, such as height, weight, bp, etc.
- 5 Detect any cognitive impairment patients may have
- 6 Update patient's written screening schedule
- 7 Update patient's list of risk factors and conditions where primary, secondary, or tertiary interventions are recommended or underway
- 8 As necessary, provide and update patient's PPPS, which includes personalized patient health advice and referral(s) to health education or preventative counseling services or programs when needed
- 9 Provider Advance Care Planning (ACP) services at patient's discretion

There is more detailed information of what is required for each number in this link. We need to see something from each of these numbers to support an AWV.

 For more information, please visit: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/preventive-services/medicare-wellness-visits.html>

In This Issue

Quality

-  Medical Record
-  Added Benefits
-  Patients with Diabetes
-  CDC Opioid Guidelines
-  Reducing HgbA1c < 9%
-  Provider Quality Program
-  Annual CAHPS® Survey
-  Providers Love Our Live Chat
-  Community Connections Line

Operational

-  Electronic Funds Transfer
-  Updating Provider Directory
-  Provider Formulary Updates
-  Provider Bulletins
-  NC Provider Manual
-  Provider Resources



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 Benefits: Good Measures

Diabetes is SERIOUS in North Carolina

North Carolina ranks 17th in the U.S. for the prevalence of diabetes.

An estimated 1.2 million adults have pre-diabetes or diabetes but remain undiagnosed. Diabetes is the seventh leading cause of death by disease in North Carolina and the U.S. It is the fourth leading cause of death by disease for the African American population. Those with diabetes are more likely to have other chronic conditions and are at greater risk for conditions such as obesity, smoking, hypertension, high cholesterol, coronary heart disease, depression, and

arthritis. Diabetes is manageable and, in many cases, can be prevented, delayed, or reduced.

Wellcare has collaborated with Good Measures to offer programs such as the Diabetes Prevention Program and Diabetes Self-Management Education Program at no cost to the member. Good Measures has proven results in both programs.



Diabetes Prevention Program:

Average weight loss is 6.8% of body weight. 74% of participants achieved or exceeded physical activity goal of 150 minutes per week.



Diabetes Self-Management Education Program:

Clinically-appropriate A1C reductions occurred, depending on the patient's starting point (e.g., average reductions of 5.5 after one year for patients with an A1C of 13, and 2.1 reductions for patients starting with an A1C of 9).



Contact your Care Connection Specialist for more details on how you can enroll your patient in the Good Measures program.



Therapy for Patients with Diabetes

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 with 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.

Reference: American Diabetes Association; Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers. *Clin Diabetes* 1 January 2022; 40 (1): 10–38. <https://doi.org/10.2337/cd22-as01>



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

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.

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



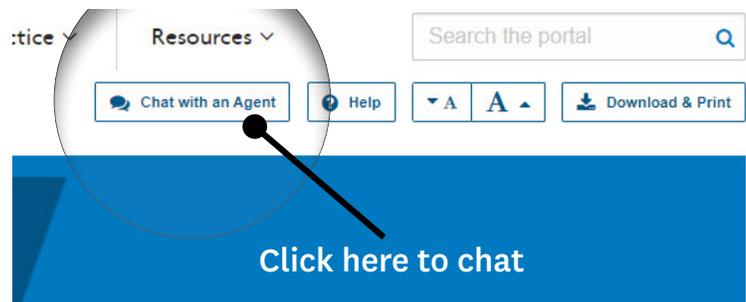
Providers Love Our Live Chat!

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. 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 **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**. 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>