

National Medicare Provider Newsletter

wellcare

2022 • Issue 3



Optum CPI Annual Wellness Visit 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>

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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.





September is National Cholesterol Education Month

Cardiovascular disease (CVD) is a leading cause of preventable illness, disability, and death in adults. There are social, environmental and genetic components that all contribute to the onset of CVD. Some of these factors can be modified, treated, and controlled, while others cannot.

Non-modifiable Risk Factors:



- 1 Age (men > age 55 & women > age 65)
- 2 Familial history and genetics
- 3 Gender

Modifiable Risk Factors



- 1 Smoking
- 2 Uncontrolled hypertension
- 3 Uncontrolled dyslipidemia
- 4 Physical inactivity
- 5 Obesity and excessive weight
- 6 Poor diet
- 7 Uncontrolled diabetes mellitus
- 8 Stress
- 9 Excessive alcohol consumption

As a health care provider, it is essential to properly screen and identify those patients who are at an increased risk of having CVD. This includes comprehensive health risk assessments, positive health-related behavior changes, management of lipid levels, evidence-based treatment interventions and patient education. To help patients control their cholesterol and decrease their risk of having a CV-related event, the Centers for Disease Control and Prevention (CDC) – Division of Heart Disease and Stroke Prevention (DHDS) encourages all health care providers to participate in the overall management of cardiovascular disease.

A comprehensive approach includes a cardiovascular risk assessment, patient monitoring and treatment protocols.

(continued on next page)



September is National Cholesterol Education Month continued



Patient-specific treatment plans should include the following components:

- ✓ Patient education on lifestyle modifications — the cornerstone of CVD prevention;
- ✓ Implementation of evidence-based treatment interventions for patients with a clinical diagnosis of coronary artery disease, other atherosclerotic diseases and diabetes;
- ✓ Pharmacological treatment options for patients with elevated risk factors, including the prescription of statin drugs to lower LDLs.



For individuals with a clinical diagnosis of diabetes, the CDC recommends the following cholesterol levels:

- ✓ Total cholesterol under 200
- ✓ LDL (“bad” cholesterol) under 100
- ✓ Triglycerides under 150
- ✓ HDL (“good” cholesterol) above 40 in men and above 50 in women

As a health plan, we appreciate your actions to help patients maintain a healthy lifestyle and reduce the incidence of cardiovascular-related diseases to improve their overall quality of life.

References: Centers for Disease Control & Prevention (CDC)-Division for Heart Disease and Stroke Prevention-cholesterol. Page last reviewed March 24, 2011, page last updated: March 24, 2011.



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.



Engaging your Patients in Medication Adherence Discussions

According to the American Medical Association, patients only take their medications half of the time. Adherence is defined as a patient who takes their medications at least 80% of the time, and with the current rate of 50% adherence in the general public, this area is worth addressing. To combat this lack of adherence, engaging with your patients is essential.

Below are some tips on how to assess for medication adherence in your patient.

- 1 Create a routine by asking every patient about their adherence to medications.**
- 2 Ask open-ended questions.**
 - Can you tell me how you are taking this medication?
 - What do you think about this medication?
 - How do you remember to take your medicine?
- 3 Ask the patient about barriers that hinder them from taking their medication.**
 - What bothers you about this medication?
 - What stands in the way of you taking your medicine?
- 4 Offer a supportive, non-judgmental atmosphere by using motivational interviewing:**
 - Listen to the patient's concerns
 - Ask the patient about their health goals
 - Avoid arguments and adjust to resistance
 - Support optimism and give encouragement
 - Understand and respect patient values and beliefs
- 5 If the patient says they are non-adherent, thank them for sharing before continuing to assess.**
- 6 Develop a plan to address barriers the patient is experiencing and involve the patient in your decisions. One way to do this is to offer clinically appropriate options for them to choose from.**
 - Use the word “we”.
 - We can try option 1 or option 2. What do you think about these options? Which of these do you think best suits you?



We value everything you do to deliver quality care to our members – your patients. Thank you for playing a role in assessing and improving medication adherence in your patients.

Reference:

1. AMA Ed Hub and Society of General Internal Medicine, “Medication Adherence Improve Patient Outcomes and Reduce Costs,” retrieved from: <https://edhub.ama-assn.org/steps-forward/module/2702595>
2. AMA. “Nudge theory explored to boost medication adherence,” retrieved from: <https://www.ama-assn.org/delivering-care/patient-support-advocacy/nudge-theory-explored-boost-medication-adherence>
3. Treatment Improvement Protocols Series, “Chapter 3-Motivational Interviewing as a Counseling Style,” retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK64964/>
4. American Association of Diabetes Educators, “Fostering Medication Adherence Tips and Tricks,” retrieved from: https://www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering_med_adherence.pdf?sfvrsn=4



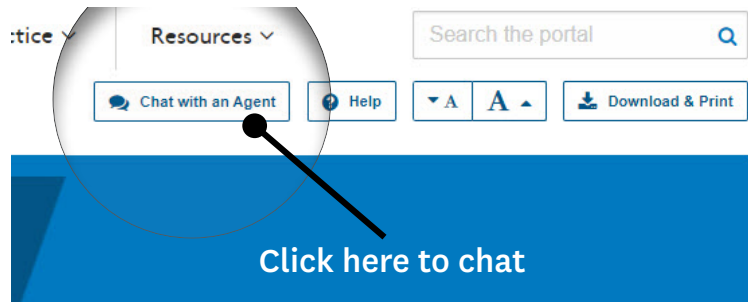
Providers Love Our Live Chat!

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.

▶ *PaySpan does not apply to Wellcare by Fidelis Care providers.*



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.



Visit **www.wellcare.com**; select your state, click on *Providers*, scroll down and click on *READ BULLETINS*.



NA Medicare Provider Manuals



The NA Medicare Provider Manuals are located at **<https://www.wellcare.com/>**. Select your state from the drop-down menu and click on Providers>Overview



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 www.wellcare.com/Providers 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 www.wellcare.com/Providers, click on *Resources* under your state.

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/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 Please visit <https://www.homestatehealth.com/providers/tools-resources.html> for roster templates.

We're Just a Phone Call or Click Away



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



www.wellcare.com/providers



Representing the following states:

AR, AZ, CT, FL, GA, IN, IL, KY, LA, MA, MI, MO, MS, NH, NY, OH, SC, TN, TX, WA



90-day Prescriptions

90-DAY PRESCRIPTIONS HELP IMPROVE PATIENTS’ ADHERENCE TO THEIR MEDICATIONS IN A CONVENIENT, MANAGEABLE WAY.

Standard 30-day fills of maintenance medications require the patient to make monthly trips to the pharmacy, year after year. On the other hand, when you write a 90-day prescription, patients’ pharmacy trips drop from 12 yearly trips to only four.

- ✓ Members can fill their 90-day prescriptions at any willing network pharmacy, or even benefit financially by using Medication Home Delivery through CVS Caremark.
- ✓ Members must create an account with CVS Caremark online or by telephone at:
 - www.caremark.com
 - **1-866-808-7471**
- ✓ CVS Caremark is currently our only preferred mail order delivery pharmacy. Prescribers can fax or e-prescribe member prescriptions to CVS Caremark. A prescription form and contact information are listed below:
 - https://www.caremark.com/portal/asset/NewRX_Fax_Form_v91.pdf
 - Fax: **1-800-378-0323**
 - E-prescribe to CVS Caremark Mail Order Electronic, NCPDP ID 322038



Generic Adherence Medications

Wellcare’s Medicare Advantage plans most common maintenance medications are listed below. These medications have a \$0 co-pay and no deductible. The list below is not the full formulary. To view the full listing, please visit our website at <https://www.wellcare.com>

2022 Medicare Advantage Generic Adherence Medications		
Blood Pressure	Cholesterol	Oral Diabetes
Benazapril TABS+	Atorvastatin TABS+	Acarbrose TABS
Candesartan TABS+	Ezetimibe/Simvastatin TABS	Glinepiride TABS
Captopril TABS+	Fluvastatin CAPS	Glipizide TABS
Enalapril TABS+	Fluvastatin ER TB24	Glipizide ER TB24
Fosinopril TABS+	Lovastatin TABS	Metformin TABS
Irbesartan TABS+	Pravastatin TABS	Metformin ER TB24
Olmesartan TABS+	Rosuvastatin TABS	Nateglinide TABS
Trandolapril TABS+	Simvastatin TABS	Pioglitazone TABS
Lisinopril TABS+		Pioglitazone/Glimepiride TABS
Losartan TABS+		Pioglitazone/Metformin TABS
Moexipril HCl TABS		Repaglinide TABS
Perindopril TABS		
Quinapril TABS+		
Ramipril CAPS		
Telmisartan TABS+		
Valsartan TABS+		



Kentucky Pharmacy Updates

Formulary Updates


The Medicare Formulary has been updated. Please see the chart below for effective dates.


Label Name	Action Required	Preferred Alternatives	Effective Date
Bydureon Pen (Product discontinued)	Switch to preferred agent	Bydureon Bcise Auto Injector	1/1/2022
Auryxia	Switch to preferred agent	Calcium Acetate (Phos Binder) Cap/ Tab Sevelamer Carbonate	1/1/2022
Trulance	Switch to preferred agent	Linzess Cap Lubiprostone Cap	1/1/2022
Brinzolamide Ophth Susp 1%	Switch to preferred agent	Azopt Dorzolamide	1/1/2022


Find the most up-to-date complete formulary at www.wellcare.com/Kentucky/Providers/Medicare/Pharmacy. You can also refer to the Provider Manual available at www.wellcare.com/Kentucky/Providers/Medicare to view more information regarding Wellcare's pharmacy UM policies and procedures.


Coverage Determination Request


You may request a coverage decision and/or exception in any of the following ways:

-  **Electronic Prior Authorization (ePA):** Cover My Meds
[\(https://www.covermymeds.com/main/prior-authorization-forms/wellcare/\)](https://www.covermymeds.com/main/prior-authorization-forms/wellcare/)

-  **Online:** Request Prescription Drug Coverage using our online form
 [\(https://www.wellcare.com/en/Kentucky/Forms/Request-Medicare-Prescription-Drug-Coverage\)](https://www.wellcare.com/en/Kentucky/Forms/Request-Medicare-Prescription-Drug-Coverage)

-  **Fax:** Complete a coverage determination request and fax it to **1-866-388-1767**

-  **Call:** Refer to your **Medicare Quick Reference Guide** for the appropriate phone number

-  **Mail:** Complete a coverage determination request and send it to:

Normal Requests: Wellcare, Pharmacy-Coverage Determinations P.O. Box 31397 Tampa, FL 33631-3397	Overnight Requests: Wellcare, Pharmacy-Coverage Determinations 8735 Henderson Road, Ren. 4 Tampa, FL 33634
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Kentucky Pharmacy Updates continued

Basis for Requests

This process ensures that medication regimens that are high risk, have a high potential for misuse or have narrow therapeutic indices are used appropriately and according to FDA-approved indications. Providers may request an addition or exception for:

- ✓ Drugs not listed in the Formulary
- ✓ Duplication of Therapy
- ✓ Prescriptions that exceed the FDA daily or monthly quantity limit
- ✓ Most self-injectable and infusion medications
- ✓ Drugs that have an age edit
- ✓ Drugs listed on the PDL but still requiring Prior Authorization (PA)
- ✓ Brand-name drugs when a generic exists
- ✓ Drugs that have a step edit (ST) and the first-line therapy is inappropriate



Contact Information (Wellcare-Pharmacy)



Medicare Providers: 1-855-538-0454

Medicare PDP Providers: 1-888-550-5252



COVID-19 Vaccine

YOU PLAY AN IMPORTANT ROLE IN KEEPING YOUR PATIENTS AND THE COMMUNITY PROTECTED. HOW CAN YOU HELP?

When speaking to patients and caregivers:

- ✓ Ask about vaccine status and encourage the vaccine
- ✓ Advise that the vaccine is free
- ✓ Advise that even if they have had the COVID-19 virus – they should still get the vaccine
- ✓ Acknowledge the disruption COVID-19 has caused in their lives
- ✓ Provide education about vaccine safety (clinical trial testing and close monitoring)
- ✓ Explain that vaccination may reduce the severity of illness and protects not only them, but also their family and friends
- ✓ Explain that the vaccine does not give them COVID-19 (it is not a live virus)
- ✓ Discuss potential vaccine side effects (e.g. fever, headache, body aches, nausea) and when to seek medical care
- ✓ Reinforce CDC recommendations

Vaccine Manufacturer	Type	Ages	Doses
Pfizer-BioNTech	mRNA	12 years of age and older	2 doses 21 days apart
Moderna	mRNA	18 years of age and older	2 doses 28 days apart
Johnson & Johnson's Janssen	Viral Vector	18 years of age and older	1 dose



Be transparent in informing them that the vaccine is not a perfect fix. It is important to practice other precautions like wearing a mask, social distancing, handwashing, and other hygiene measures until public health officials say otherwise.



Ask if they have any questions and offer to answer questions they may have later. Keep the lines of communication open.

Reference:

Florida Department of Health COVID-19: <https://floridahealthcovid19.gov/>

[The Centers for Disease Control \(CDC\)](#)

[National Institutes of Health \(NIH\)](#)

[The Centers for Medicare and Medicaid \(CMS\)](#)

[The American Medical Association \(AMA\)](#)



Adolescent Immunizations

ADMINISTRATION OF ADOLESCENT IMMUNIZATIONS IS RECOMMENDED FROM AGES 9-13 YEARS.

The first step is to educate the parent about the importance of vaccination as a way to prevent specific diseases, including cancer (HPV series). The second step is to adhere to the Centers for Disease Control (CDC) immunization schedule. The table below provides a summary of information necessary for

compliance with Healthcare Effectiveness Data and Information Set (HEDIS) guidelines. **Vaccines must be administered before or on the 13th birthday.** The administration date must be clearly documented in the record (notations of due and up-to-date are not acceptable).

Vaccine	Acceptable	Age Range	# of Doses for HEDIS Compliance	Interval* for HEDIS Compliance
Human Papillomavirus (HPV)	Cervarix/HPV2, Gardasil/HPV4, Gardasil 9/HPV-9	9th – 13th birthday	2	At least 146 days apart (6 months*)
			3	Different dates of service (0, 2, & 6 months apart*)
Meningococcal Serogroups A, C, W, Y - not B, recombinant - not Serogroup B, MenB, Bexsero, Trumenba	Menactra or MCV, MCV4P, Menveo, MenHibrix, Menomune, MPSV4	11th – 13th birthday	1	*
Tetanus, Diphtheria toxoids and acellular Pertussis (Tdap) - not DTaP or Td alone	Adacel, Boostrix, Td and Pertussis documented separately on same date of service	10th – 13th birthday	1	*

*Follow the manufacturer and CDC guidelines.



Immunizations for Adolescents

<https://www.cms.gov/files/document/2021-qrs-measure-technical-specifications.pdf>