

National Medicare Provider Newsletter

wellcare

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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>

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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.





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



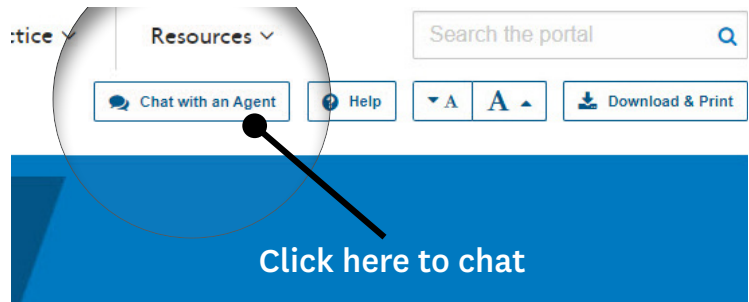
Providers Love Our Live Chat!

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*.



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



CAHPS Survey – Getting Needed Care and Getting Care Quickly

AT WELLCARE, WE ARE COMMITTED TO PARTNERING WITH OUR PROVIDERS TO DELIVER AN OUTSTANDING PATIENT EXPERIENCE.

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys allow patients to evaluate the aspects of care delivery that matter most to them.

As a provider, you are the most critical component of that experience. We want to ensure that you know exactly how your patients are evaluating your care.



Measure: Getting Needed Care

Getting Needed Care assesses the ease with which patients received the care, tests, or treatment they needed, and how often they were able to get a specialist appointment scheduled when needed.

Incorporate the following into your daily practice:

- ✓ Office staff should help coordinate specialty appointments
- ✓ Encourage patients and caregivers to view results on the patient portal when available
- ✓ Inform patients of what to do if care is needed after hours



Measure: Getting Care Quickly

Getting Care Quickly measure assesses how often patients got the care they needed as soon as they needed it, and how often appointment wait times exceeded 15 minutes.

Incorporate the following into your daily practice:

- ✓ Ensure a few appointments each day are available to accommodate urgent visits
- ✓ Offer appointments with a NP or PA for short notice appointments
- ✓ Maintain an effective triage system to ensure that frail and/or very sick patients are seen right away, or, provided alternate care via phone and urgent care
- ✓ Keep patients informed if there is a longer wait time than expected, and give them an option to reschedule



Quality Measure - Controlling Blood Pressure

Member-reported BP is acceptable if the member is using an electronic device. The documentation in the medical record will need to state the BP was member reported from an electronic device.

Members can obtain an electronic blood pressure monitor at no cost by calling the Customer Service number on their ID card for a case management referral.

Controlling High Blood Pressure is one of the measures in our Partnership for Quality program. The best way to provide the BP value is through CPT II codes which can be added to the claim.



Controlling High Blood Pressure is a quality measure. This measures members 18-85 years old whose last BP of the year was less than 140/90.

Description	Codes
Systolic greater than/equal to 140	CPT-CAT-II: 3077F
Systolic less than 140	CPT-CAT-II: 3074F, 3075F
Diastolic greater than/equal to 90	CPT-CAT-II: 3080F
Diastolic 80-89	CPT-CAT-II: 3079F
Diastolic less than 80	CPT-CAT-II: 3078F



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 Opth 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/>)

-  **Online:** Request Prescription Drug Coverage using our online form
 (<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



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



Diabetes Care

According to the American Diabetes Association, Diabetes causes more deaths per year than breast cancer and AIDS combined.

According to the Centers for Disease Control and Prevention, 9.4 percent of the U.S. population has diabetes. Another 84.1 million have prediabetes, a condition that can often lead to type 2 diabetes, within five years if not treated.

Comprehensive diabetes care includes:

- ✓ Annual diabetic/retinal eye exam
- ✓ Annual kidney disease monitoring
- ✓ Controlled blood sugar
- ✓ Medication adherence
- ✓ Statin use (if appropriate for your patient)
- ✓ Controlled blood pressure

Ask patients with diabetes how they are managing their condition. Make sure their blood sugar is under control (HbA1c<9), and they are following a care regimen that includes an appropriate diet, physical activity, medicines and observation of blood sugar as recommended.

Consider writing 90-day prescriptions to promote compliance with diabetes medications.

Diabetes Care Checklist



Every Appointment:

- ✓ Blood pressure
- ✓ Feet



Every 3 Months:

- ✓ A1c



Once a Year:

- ✓ Microalbumin
- ✓ Dilated eye exam
- ✓ Patient cholesterol

How can you help?

- Make sure regular, preventative appointments and screenings are up-to-date.
- Encourage patient education regarding services offered outside the Primary Care Provider office, such as diabetic eye exam services.
- Review your patient's medication lists, sign the reviews and make sure they understand how they need to take their medications.
- Reach out to noncompliant patients.
- Consider adding a moderate- or high-intensity statin.



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>