



Quality Measure - Controlling Blood Pressure

Controlling High Blood Pressure is a quality measure.

Member reported BP are 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.














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

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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.





Improving Patient Outcomes by Identifying and Addressing Social Needs

We want to partner with you to address the social determinants of health (SDOH) needs in the Commonwealth. Together we can identify and address social barriers and improve the health of our enrollees.

SDOH can be included on the claim via ICD-10 Z codes. Once receiving the SDOH via claims, WellCare is then able to connect your patients to community resources that help meet their needs. Our toll-free Community Connections Help Line is **1-866-775-2192**.



A Peer Coach can help enrollees with:

- ✓ Housing or living conditions
- ✓ Food assistance
- ✓ Transportation issues
- ✓ Unsafe situations or domestic violence
- ✓ Financial assistance (utilities, rent)
- ✓ Affordable childcare
- ✓ Job/education assistance
- ✓ Family supplies – diapers, formula, cribs and more



Community Help Line

WellCare can assist your patients through WellCare's Community Help Line and including the SDOH ICD-10 Z codes on the claim.

Z55.0 – Z55.9	Problems related to education and literacy
Z56.0 – Z56.9	Problems related to employment and unemployment
Z57.0 – Z57.9	Occupational exposure to risk factors
Z59.0 – Z59.9	Problems related to housing and economic circumstances
Z60.0 – Z60.9	Problems related to social environment
Z62.0 – Z62.9	Problems related to upbringing
Z63.0 – Z63.9	Other problems related to primary support group, including family circumstances
Z64.0 – Z64.4	Problems related to certain psychosocial circumstances
Z65.0 – Z65.9	Problems related to other psychosocial circumstances

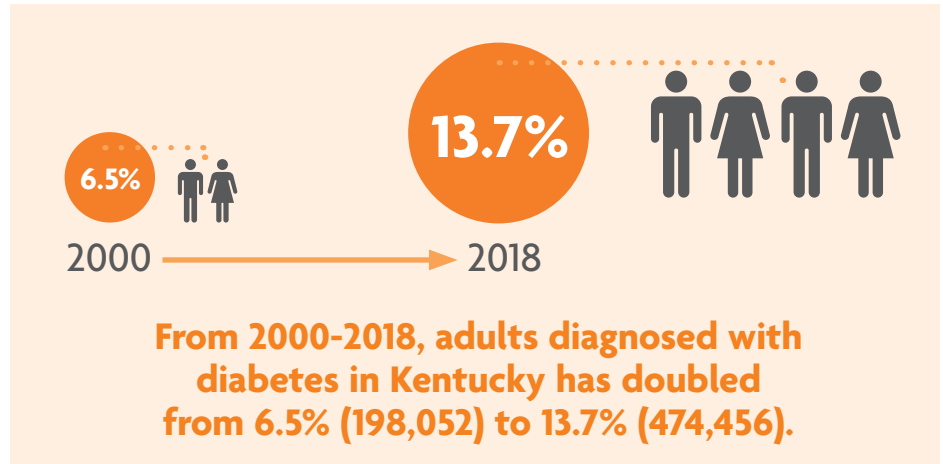
Our collaborative efforts can help reduce the SDOH barriers in the Commonwealth.



Diabetes is SERIOUS in Kentucky

Kentucky ranks eighth in the U.S. for the prevalence of diabetes.

An estimated 158,200 adults have diabetes but remain undiagnosed. Diabetes is the sixth leading cause of death by disease in Kentucky and the U.S. It is the third leading cause of death by disease for the African American population. Diabetes does not only affect adults. In 2019, almost 3,100 youth covered by Medicaid were diagnosed with diabetes.



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 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 Quality Practice Advisor for more details on how you can enroll your patient in the Good Measures program.



Medicaid Member Benefits

 <p>Sports Physicals</p> <p>Free yearly physical provided by a PCP for members ages 6-18</p>	 <p>Text4Baby®</p> <p>Get free mobile health tips on pregnancy and baby's first year</p>	 <p>YMCA Family Membership</p> <p>Stay active with a free membership for the whole family</p>
 <p>Extras for Moms and Moms-To-Be</p> <p>Choice of a free stroller, portable playpen, car seat or six packs of diapers</p>	 <p>24-hour Nurse Advice Line</p> <p>Call toll-free at 1-800-919-8807 any time day or night to talk to a nurse when you or a family member is sick, hurt or needs medical advice</p>	 <p>Cell Phones</p> <p>Free cell phone (\$250 value) with data, talk, and unlimited text so qualified pregnant members can stay in touch with their care teams</p>
 <p>Tutoring</p> <p>12 free one-hour tutoring sessions for enrollees ages 8-18</p> <p>Sessions available in-person or virtual</p>	 <p>GED® Program</p> <p>Free GED testing for members 16 and older</p> <p>Members can request one voucher to take all four tests, or request one at a time</p>	 <p>Scholarships</p> <p>\$1,000 scholarships awarded to 50 members</p> <p>Ages 18+ and attending a trade school, college, or university</p>
 <p>Weight Watchers® memberships</p> <p>Free six-month Weight Watchers® membership</p> <p>Children ages 13-17 with BMI ranked in 85 percentile or higher</p> <p>Adults ages 18+ with a BMI equal to or greater than 25</p>	 <p>Girl Scouts® and Boy Scouts of America®</p> <p>Free annual membership fee for members in grades K-12</p> <p>Free membership for parents and guardians too</p> <p>\$25 towards the cost of the uniform</p>	 <p>Enjoy premium rewards by completing qualifying healthy activities</p> <p>\$75 Nike gift cards (members 6-18 must complete and annual check-up and dental exam)</p> <p>Amazon Prime Memberships</p> <p>\$25 Walmart gift cards</p> <p>FitBit devices</p>

Here is the summary of the benefits:

Better Vision

Health and Wellness Items

New Healthy Rewards

Weight Watchers®
and Good Measures®

Healthy Mom and Baby Program

Activities for Children and Families

Life and Career Goals



Coordination of Care

HERE ARE A FEW TIPS TO HELP COORDINATE CARE FOR YOUR PATIENTS:



Review all medications and the medication list with your patients and document this in their medical record



Schedule specialist and lab appointments while your patients are in the office



Remind your patients about annual flu shots and other immunizations



Make sure your patients know you are working with specialists on their care. Ensure you receive notes from specialists and behavioral health clinicians and reach out to them if you have not received consultation notes. Tell your patients the results of all tests and procedures. Share decision-making with patients to help them manage their care, and please follow-up on all authorizations requested for your patients.



Call or contact your patients to remind them when it is time for preventive care services, such as annual wellness exams, recommended cancer screenings and follow-up care for ongoing conditions such as hypertension and diabetes. This is especially important this year because many enrollees did not go in for their screenings due to the COVID-10 pandemic.



Remember to view the online Provider Bulletins regularly for important updates and notices.

Provider bulletins are at
<https://www.wellcare.com/en/Kentucky/Providers/Bulletins>



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 factors below are important, whether we interact directly with members or not. It is important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s). Please ensure that items 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



We value and appreciate the excellent care you provide to our members and look forward to partnering with you.



Immunizations and Well-Child Checkups

Providers play a key role in establishing and maintaining a practice wide commitment to communicating effectively about vaccines and maintaining high vaccination rates – from providing educational materials, to being available to answer questions.

Confused parents may delay or refuse immunizations for their child due to misperceptions of disease risk and vaccine safety. A successful discussion about vaccines involves a two-way conversation, with both parties sharing information and asking questions. These communication principles can help you connect with patients and their caretakers by encouraging open, honest and productive dialogue.



Help educate parents on the prevention and spread of disease.

Remind parents of the value of comprehensive well-child checkups and staying on schedule with immunizations. Remember, you may complete a comprehensive well-child checkup during a sick child visit or sports physical if the member is due for a checkup. When those patients between the ages of six months and two years come in and receive their first flu vaccination, schedule an appointment for the second vaccination.



Community Connections Help Line

1-866-775-2192

We offer non-benefit resources such as help with food, rent and utilities.



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



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>



Community Connections for WellCare Members, Non-Members, and Caregivers!



Homeless
Shelters



Child Care
Assistance



Volunteer
Opportunities



Meal and Nutrition
Assistance



Legal
Services



Educational
Services



Financial
Aid



Support
Groups



Disability
Services



And
More!



Call the Community Connections Help Line at (866) 775-2192.



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:

Send an email on your letterhead with the updated information to **KY_ProviderCorrection@wellcare.com**. Please include contact information if we need to follow up with you.

Thank you for helping us maintain up-to-date directory information for your practice.



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.



Provider Formulary Updates

The WellCare Medicaid Preferred Drug List (PDL) has been updated. Please see the chart below for effective dates.

Label Name	Action Required	Preferred Alternatives	Effective Date
Trulicity	Switch to preferred agent	Ozempic (requires PA) Byetta (requires PA) Bydureon Pen (requires PA) Victoza (requires PA)	2/4/2022
Adapalene Gel	Switch to preferred agent	Differin 0.3% gel pump	2/4/2022
Calcipotriene Cream	Switch to preferred agent	Dovenex cream	2/4/2022
Hydrocortisone valerate Cream	Switch to preferred agent	Betamethasone dipropionate lotion Betamethasone valerate cream Desonide ointment Triamcinolone acetonide lotion Triamcinolone acetonide ointment	2/4/2022
Phospholine iodide	Switch to preferred agent	Rhopressa (requires PA) Rocklatan.(requires PA)	2/4/2022
Botox (onabotulinumtoxinA) Dysport (abobotulinumtoxinA) Myobloc (rimabotulinumtoxinB) Xeomin (incobotulinumtoxinA)	Bill Medical	Kentucky Medicaid will reimburse botulinum toxins ONLY through MEDICAL benefit	4/1/2022

The WellCare Medicaid Preferred Drug List (PDL) has been updated. For drugs covered on the preferred drug list including OTCs visit MedImpact website at: <https://kyportal.medimpact.com/> You can also refer to the Provider Manual available at www.wellcare.com/Kentucky/Providers/Medicaid to view more information regarding WellCare's pharmacy Utilization Management (UM) policies and procedures.



Pharmacy Authorization Updates

ALL PRIOR AUTHORIZATIONS WILL BE MANAGED BY MEDIMPACT.

Please call **1-844-336-2676** or fax all pharmacy PA requests to **1-858-357-2612**. You may also submit your request online through Cover My Meds, Surescripts, or CenterX ePA portals. For all medically billed drug (Jcode) PA requests, please continue to send those directly to WellCare for review.

MedImpact has created an automated PA process at the pharmacy point of sale for many commonly prescribed drugs, including:

- ✓ Anxiolytics
- ✓ Antipsychotics
- ✓ Stimulants

Manual PA requests may be avoided if prescribers write the member's diagnosis code (ICD-10-CM format) on the face of the prescription.

Please note prescriptions for drugs excluded from Kentucky Medicaid's Pharmacy Benefit will reject at the point of sale and prior authorization requests will be denied.

These drugs include, but are not limited to:

- ✓ Anorexiant (including phentermine)
- ✓ Mifeprex
- ✓ Blood and blood plasma products
- ✓ Palladone
- ✓ Cosmetic treatments
- ✓ Treatments for sexual or erectile dysfunction



To identify covered drugs, please see the Over-The-Counter (OTC) Drug List, the Preferred Drug List, and the Formulary Search tool online at <https://kyportal.medimpact.com>



Injectable drugs not covered under pharmacy benefit may be submitted to medical benefit for review for medical necessity.



WellCare Office Locations



www.wellcare.com/Kentucky/Providers

WellCare has various offices throughout Kentucky where you will find your local Provider Relations and Health Services team members.

Ashland

1539 Greenup Avenue

5th Floor, Suite 501

Ashland, KY 41101-7613

Main Office Number: **1-606-327-6200**

Hazard

450 Village Lane

2nd Floor

Hazard, KY 41701-1701

Main Office Number: **1-606-436-1500**

Louisville

13551 Triton Park Boulevard

Suite 1800

Louisville, KY 40223-4198

Main Office Number: **1-502-253-5100**

Bowling Green

360 East 8th Ave.

Suite 311

Bowling Green, KY 42101-2135

Main Office Number: **1-270-793-7300**

Lexington

2480 Fortune Drive

Suite 200

Lexington, KY 40509-4168

Main Office Number: **1-859-264-5100**



Important reminder

You can use the member's Kentucky Medicaid ID number when the WellCare member ID number is not available when billing a claim.

Please remember to use the Kentucky MMIS, www.kymm.com, as your primary source of Managed Care Organization (MCO) assignment and eligibility for WellCare members. We encourage all providers to use KYMMIS as their primary source as it contains the most updated eligibility and MCO assignment information on each individual member.



Contact Information (WellCare-Medical)



WellCare Medical PA Fax: **1-877-831-2045**



WellCare Medical PA Phone: **1-877-389-9457**



WellCare Medical PA Site: <https://www.wellcareky.com/providers/medicaid/authorizations.html>