



Medicaid Redetermination is Resuming This Year

TALK TO YOUR PATIENTS ABOUT CHECKING
THEIR ELIGIBILITY.





This year, for the first time since 2020, about 80 million people across the country that are enrolled in Medicaid will have their eligibility redetermined, which may trigger a high risk of coverage losses. Patients may no longer be eligible due to changes in age, household income, and other state-specific criteria.




As a healthcare professional, your patients look to you for expert advice. So be sure to remind them that they are required to verify their eligibility every year or they risk losing their Medicaid coverage. Patients that are enrolled in a Dual Eligible Special Needs Plan (D-SNP), where they receive both Medicaid and Medicare benefits, must also verify their Medicaid eligibility to continue dual coverage.

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WellCare of Kentucky, Wellcare, and Ambetter are affiliated products serving Medicaid, Medicare, and Health Insurance Marketplace members, respectively. The information presented here is representative of our network of products. If you have any questions, please contact Provider Engagement and Relations.



Medicaid Redetermination is Resuming This Year *(continued)*

Let your patients know:

- 1 They should receive a letter a few months before their Medicaid anniversary date with instructions for verifying their eligibility. They can also check renewal information online.
- 2 It's very important that they follow through on these instructions or they risk having their coverage canceled.
- 3 If their eligibility is confirmed, they can continue their existing coverage. If they are no longer eligible for Medicaid, they can explore Marketplace and Medicare options.

For more information about Medicaid redeterminations, please visit [medicaid.gov](https://www.medicaid.gov).



The COVID-19 Public Health Emergency Ended. What Does That Mean?

On May 11, 2023, the COVID-19 national emergency and public health emergency (PHE) ended..



During the PHE, emergency declarations, legislative actions by Congress, and regulatory actions across government agencies – including those by the Centers for Medicare & Medicaid Services (CMS) – allowed for changes to many aspects of health care delivery. Healthcare providers received maximum flexibility to streamline delivery and allow access to care during the PHE. While some of these changes will be permanent or extended due to Congressional action, some waivers and flexibilities expired, as they were intended to respond to the rapidly evolving pandemic, not to permanently replace standing rules.

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The COVID-19 Public Health Emergency Ended

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What's Affected

- ✓ Certain Medicare and Medicaid waivers and broad flexibilities for health care providers are no longer necessary and will end
- ✓ Coverage for COVID-19 testing, screening and vaccination services will change to reflect members' health plan benefits
- ✓ Providers may need to begin collecting cost shares for certain COVID-19 related services
- ✓ Prior authorization requirements may be reinstated for certain COVID-19 related services
- ✓ Reporting of COVID-19 laboratory results and immunization data to CDC will change
- ✓ Certain Food and Drug Administration (FDA) COVID-19-related guidance documents for the industry that affect clinical practice and supply chains will end or be temporarily extended
- ✓ FDA's ability to detect early shortages of critical devices related to COVID-19 will be more limited
- ✓ The ability of health care providers to safely dispense controlled substances via telemedicine without an in-person interaction will change; however, there will be rulemaking that will propose to extend these flexibilities

What is Not Affected

- ✓ FDA's emergency use authorizations (EUAs) for COVID-19 products (including tests, vaccines, and treatments)
- ✓ Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio
- ✓ Major Medicare telehealth flexibilities
- ✓ Medicaid telehealth flexibilities
- ✓ The process for states to begin eligibility redeterminations for Medicaid
- ✓ Access to buprenorphine for opioid use disorder treatment in Opioid Treatment Programs (OTPs)
- ✓ Access to expanded methadone take-home doses for opioid use disorder treatment

WellCare is committed to providing a smooth transition for both our members and providers as we resume business as usual. While we will continue to communicate any updates to our business practices directly to our provider partners, we always highly recommend that providers verify member eligibility, benefits, and prior authorization requirements before rendering services.

References:

1. "Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap," retrieved from: <https://www.hhs.gov/about/news/2023/02/09/fact-sheet-covid-19-public-health-emergency-transition-roadmap.html>
2. "CMS Waivers, Flexibilities, and the Transition Forward from the COVID-19 Public Health Emergency," retrieved from: <https://www.cms.gov/newsroom/fact-sheets/cms-waivers-flexibilities-and-transition-forward-covid-19-public-health-emergency#:~:text=Based%20on%20current%20COVID%2D19,day%20on%20May%2011%2C%202023>



Annual NCQA Accreditation Coming Soon!

The corporate Accreditation Network Management team will be providing important annual information for practitioners to review regarding National Committee for Quality Assurance (NCQA) accreditation. This information will help keep practitioners informed about NCQA accreditation requirements to ensure the best care for our members. Topics include updating the provider directory, utilization management decisions, pharmacy, language services, access to case management, appointment access standards, and member rights and responsibilities, among others.



Stay tuned for more to come!



Engaging Your Patients in Medication Adherence Discussions



According to the American Medical Association (AMA), 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 is an area worth addressing. To combat this lack of adherence, engaging with your patients is essential.

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Engaging Your Patients in Medication Adherence Discussions *(continued)*

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 utilizing motivational interviewing:
 - Listen to the patients 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 states 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.
 - Utilize the word “we.”
 - We can try option one or option two. 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.

References:

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



Population Health and Clinical Operations (PHCO): Quality Strategy and HEDIS Operations

EDUCATION AND RESOURCES BY THE BEHAVIORAL HEALTH HEDIS TEAM:

The Healthcare Effectiveness Data and Information Set (HEDIS®) provides a standardized set of measures from the National Committee of Quality Assurance (NCQA) to measure clinical quality performance. HEDIS® helps Health Plans and network providers to understand the quality of care being delivered to members, identify network performance gaps, and drive the design of programs and interventions to improve quality care and outcomes.

The Importance of Substance Use Disorder Treatment



According to the Substance Abuse and Mental Health Service Administration (SAMHSA), substance use disorder (SUD) treatment can help individuals' stop or reduce harmful substance misuse, improve patients' overall health, social functioning, and ways to manage risk for potential relapse. Timely intervention and treatment can increase productivity, health, and overall quality of an individual's life and have a positive economic impact, as every dollar spent on treatment saves four dollars in healthcare and seven dollars in criminal justice costs. ((US), Substance Abuse and Mental Health Services Administration; (US), Office of the Surgeon General, 2016)

Individuals may receive this primary SUD diagnosis in several types of settings by primary care physicians (PCP), medical specialists, and behavioral health professionals. This includes inpatient acute medical and psychiatric facilities, inpatient or outpatient withdrawal management programs, emergency rooms, medical assessments conducted by a PCP or medical specialist, and outpatient mental health treatment.

One barrier to treatment is an individual's denial of their illness, particularly newly diagnosed persons with primary SUD that have long-term chronic use or dependence, as this could prevent individuals from achieving successful treatment and recovery. Whether it is a singular SUD primary diagnosis, or comorbid medical and/or mental health diagnoses, there are best practices to address barriers and improve the quality of care for at-risk member populations.

Various HEDIS® measures integrate best practice treatment recommendations for successful outcomes of individuals diagnosed with primary SUD. (National Committee for Quality Assurance, 2022)

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Population Health and Clinical Operations (PHCO): Quality Strategy and HEDIS Operations *(continued)*



Initiation and Engagement of Substance Use Disorder Treatment (IET) Measure

Members diagnosed with a new primary SUD diagnosis occurring as part of an inpatient medical or psychiatric hospitalization, PCP visit, a medical specialist consultation, or a behavioral health evaluation are included in this measure.

SAMHSA endorses Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an effective evidence-based screening tool. The SBIRT can be administered by primary care centers, hospital emergency rooms, trauma centers, and other community settings.

To improve health outcomes related to SUD treatment, once an individual 13 years and older is diagnosed, it is important to start treatment within 14 days of the primary SUD diagnosis as a best practice. Upon completion of initiating treatment, ongoing treatment can improve better outcomes by ensuring the individual has two follow-up SUD appointments within 34 days of the initial visit. Visits can occur with any practitioner with a documented diagnosis of alcohol use, opioid use, or other related substance use disorder.



Follow-Up After Emergency Department Visit for Substance Use (FUA) Measure

Individuals 13 and older admitted to an emergency department (ED) may be assessed by the ED physician, receive a medical consultation, or a behavioral health evaluation. All healthcare providers may deliver an SUD diagnosis.

Patients discharged from the ED following high-risk substance use events are particularly vulnerable to losing contact with the healthcare system. Care coordination is an important way to improve how the healthcare system works for patients, especially in terms of improved efficiency and safety. *(Agency for Healthcare Research and Quality, 2018)*

Timely follow-up within seven, but no more than 30 days, of the ED discharge are proven to improve patient outcomes. Visits can occur in various settings or via telehealth and with any practitioner for a diagnosis of SUD or drug overdose, a pharmacotherapy dispensing event, or with an approved mental health provider.



Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) Measure

Best practices for individuals 13 years and older diagnosed with SUD who are preparing for discharge from an acute inpatient medical, mental health, or substance use facility, residential treatment, or withdrawal management (detoxification) event includes a follow-up appointment within seven days after the individuals' discharge date.

Aftercare can occur with any practitioner for a principal diagnosis of SUD during an outpatient visit, telehealth visit, intensive outpatient visit, partial hospitalization, or medication assisted treatment appointments. If follow-up does not occur within seven days, it should occur no more than 30 days after discharge.

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Population Health and Clinical Operations (PHCO): Quality Strategy and HEDIS Operations *(continued)*

Key recommendations for successful outcomes:

- ✓ Substance use screenings and early intervention can positively affect successful outcomes.
- ✓ Engagement in treatment. Encourage your patients and their identified support to take part in treatment planning and future treatment.
- ✓ Supply available community resources and support, such as 12-step programs, peer support groups, available housing, transportation, food resources, and legal services.
- ✓ Encourage your patients' self-management of their recovery.
- ✓ Take a holistic team approach to your patients' recovery by involving family and friends along with their treating PCP, medical specialist, and behavioral health specialist to address social, medical, and/or mental health challenges individuals in recovery may face.
- ✓ Provide integrated/coordinated care between the physical and behavioral health providers to address any comorbidity.
- ✓ Provide prompt submission of claims and code substance-related diagnoses and visits correctly.
- ✓ Offer telehealth and same-day appointments.

A treatment plan that includes a prompt referral for evaluation at the time of the primary SUD diagnosis with prescribed ongoing treatment can improve the long-term health and wellness for this at-risk member population.

Works cited:

1. (US), Substance Abuse and Mental Health Services Administration; (US), Office of the Surgeon General. (2016, Nov). *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Retrieved from [ncbi.nlm.nih.gov: https://www.ncbi.nlm.nih.gov/books/NBK424859/](https://www.ncbi.nlm.nih.gov/books/NBK424859/)
2. Agency for Healthcare Research and Quality. (2018, Aug). *Care Coordination*. Retrieved from Agency for Healthcare Research and Quality: <https://www.ahrq.gov/ncepcr/care/coordination.html>
3. National Committee for Quality Assurance. (2022). *HEDIS® and performance measurement*. Retrieved from NCQA.org: <https://www.ncqa.org/HEDIS/>



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.



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

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

Louisville

13551 Triton Park Boulevard

Suite 1200

Louisville, KY 40223-4198

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



www.wellcareky.com/providers.html



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.kymmis.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>