



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—providing educational materials, to being available to answer questions. Confused parents may delay or refuse immunizations for their child due to misperception 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 communications principles can help you connect with patients and their caretakers by encouraging open, honest, and productive dialogue.





Well-Child Checkups also apply to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program, Medicaid's federally mandated comprehensive and preventive health program for individuals younger than 21 years of age. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program. Requirements include periodic screening, immunizations, and vision, dental and hearing services.

 Refer to the **EPSDT Toolkit** for more details.

The intent of the EPSDT program is to focus on early prevention and treatment.

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Assess, Educate and Treat Patients with Depression

MANAGE DEPRESSION IN YOUR PATIENTS WITH A SYSTEMATIC APPROACH FOR ACCURATE ASSESSMENT AND DIAGNOSIS.

Begin with a nationally recognized tool such as the Patient Health Questionnaire (PHQ-9).

► PHQ-9 Score and Interpretation (Billing Code-CPT 96127)

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
5-9	<p>Mild Symptoms Few, if any, symptoms (minimal) in excess of those required for the diagnosis with only minor impairment in occupational functioning or social/relationship functioning.</p>	<ul style="list-style-type: none"> • Support and educate your patient, and watch for change in symptoms.
10-14	<p>Moderate Symptoms Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.</p>	<ul style="list-style-type: none"> • Support and educate your patient. • Consider antidepressant and/or cognitive behavioral therapy. • Watch for changes in symptoms. • Follow-up visit within four weeks. • Keep the patient on medication for six months to a year.
15-19	<p>Moderately Severe Depression Displays most symptoms for Major Depressive Disorder (MDD) impacting several areas of functioning. Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions. ICD-10 Dx Codes: F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9 CPT Codes: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> • Perform a safety risk assessment and triage appropriately. • Support and educate patient. • Prescribe antidepressant and refer to psychotherapy. • Requires care coordination and monitoring for medication adherence. • Follow-up visit within four weeks of initial prescription with continued follow-up thereafter. • Keep the patient on medication for at least one year.

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Assess, Educate and Treat Patients with Depression *(continued)*

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
>20	<p>Severe Depression Nearly all symptoms present for Major Depressive Disorder (MDD), which markedly interfere with daily functioning.</p> <p>Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions.</p> <p>ICD-10 Dx Codes: F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9</p> <p>CPT Codes: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> • Perform safety risk assessment and triage appropriately. • Support and educate patient. • Prescribe antidepressant and refer to psychotherapy. • Consider potential need for psychiatric referral. • Requires care coordination and close monitoring for medication adherence. • Follow-up visit within four weeks of initial prescription with continued follow-up thereafter. • Keep the patient on medication for at least one year.

Remember BEFORE Diagnosing

- ✓ Rule out medical or mental disorders that can produce symptoms similar to depression:
 - Substance abuse or dependency.
 - Mood disorders due to medical conditions.
 - Anxiety disorders.
 - Adjustment disorders.
 - PTSD.
 - Eating disorders.
 - Hypothyroidism.
 - Diabetes.
 - Chronic fatigue syndrome.
- ✓ Complete a comprehensive medical exam, when clinically appropriate, which may identify metabolic causes of depression.
- ✓ Accurate diagnosis drives appropriate treatment and interventions.

Promote Antidepressant Medication Adherence

Educating your patients is the key to medication adherence.

- Discuss how to take antidepressants, how they work, the benefits and how long to take them.
- Tell your patients how long they can expect to be on the antidepressant before they start to feel better.
- Stress the importance of taking the medication even if they begin feeling better.
- Talk about common side effects, how long they may last and how to manage them.
- Let your patient know what to do if they have questions or concerns.
- Monitor with scheduled follow-up appointments.



We're here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please contact your Provider Relations Representative if you have questions or need assistance.



Monitoring Within the Severely Mentally Ill (SMI)

POPULATION 1-7 ASSESSMENT FRAMEWORK FOR PATIENTS ON ANTIPSYCHOTIC MEDICATIONS

	Smoking	Lifestyle/ Life Skills	Body Mass Index (BMI) Weight	Blood Pressure	Glucose Regulation (Assess by fasting plasma glucose; random plasma glucose HbA1C)	Blood Lipids	
RED ZONE	Current Smoker	Poor Diet <i>and/or</i> sedentary lifestyle	BMI 25 kg/m ² <i>and/or</i> weight gain >5% over initial weight	>140 mm HG systolic <i>and/or</i> >90 mm HG diastolic	HbA1C or glucose threshold: HbA1C (>7%) <i>and/or</i> FPG ≥126 mg/dl	<ul style="list-style-type: none"> LDL-chol levels ≥190 mg/dl DM with LDL-chol levels 70-189 mg/dl ASCD with LDL-chol levels 70-189-mg/dl 	
INTERVENTIONS	<ul style="list-style-type: none"> Introduce smoking cessation intervention Consider referral to smoking cessation program – call WellCare Customer Service for assistance (1-877-389-9457) Consider nicotine replacement therapy 	Lifestyle advice to include diet and physical activity	Medication review				
		Refer for assessment, diagnosis and treatment by appropriate clinician, if necessary					
		Follow weight and obesity guidelines in Hert, et al	Follow ADA, ACC, AHA or NHLBI guidelines summarized in Hert, et al	At risk of Diabetes <ul style="list-style-type: none"> HbA1C 5.7-6.4% FPG 100-125 mg/dL 	Diabetes <ul style="list-style-type: none"> HbA1C ≥6.5% FPG ≥126 mg/dL 	Follow ADA, ACC, AHA or NHLBI2 guidelines in summarized in Hert, et al	
TARGET	Smoking cessation	<ul style="list-style-type: none"> Improve quality of diet Daily exercise of 30 min/day 	BMI 18.5-24.9kg/m ²	<140/80 If ≥130/85 mm HG, consider anti-hypertensive therapy diet: limit salt intake	<ul style="list-style-type: none"> Prevention of diabetes Offer lifestyle change education 	Endocrine review HbA1C <7.0%	Consider lipid modification for patients with CVD or DM LDL-C <100 mg/dL

FPG = Fasting Plasma Glucose | BMI – Body Mass Index | Total Chol = Total Cholesterol
 LDL = Low Density Lipoprotein | HDL = High Density Lipoprotein

POPULATION HEALTH



TurningPoint MSK Program Updates

Utilization management of musculoskeletal surgical (MSK) procedures will be transitioning from TurningPoint to NIA, effective dates are the following (please see grids below for applicable markets):

▶ 1/1/2024

▶ 2/1/2024

▶ 3/1/2024

▶ 4/1/2024

TurningPoint will support management of MSK services through the transition date.

Under terms of the agreement between Centene and NIA, Health Plans will oversee the MSK program and continue to be responsible for claims adjudication and medical policies. NIA will manage inpatient and outpatient MSK surgeries through the existing contractual relationships with Health Plans.

Program Term Date: Jan. 1, 2024

Market	LOB	Platform	Terming Program
Florida	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare WLR and WMR	WCG	MSK
Georgia	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
	Medicare GAP, GLR, GMR	WCG	MSK
Indiana	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
New York	Medicaid	FID	MSK
	Marketplace	FID	MSK
	Medicare	FID	MSK
	Medicare	WCG	MSK
Ohio	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare	CNC	MSK
	*Medicare MIR	WCG	MSK
Texas	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare	CNC	MSK

We are terming the MSK program on **Jan. 1, 2024** with TurningPoint for FL Medicare WLR/WMR, GA GAP/GLR/GMR. We need to stop sending eligibility files for these LOB's to TurningPoint two weeks post-term on **Jan. 15, 2024**.

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TurningPoint MSK Program Updates *(continued)*

Program Term Date: Feb. 1, 2024

Market	LOB	Platform	Terming Program
Illinois	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare ILL	WCG	MSK
	Medicare QIR	WCG	MSK
	*Medicare IMR	WCG	MSK
Kentucky	Medicaid KAB, KHK, KMD	WCG	MSK
	Medicare KMR, KYL	WCG	MSK
New Hampshire	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare NHL, NHR	WCG	MSK
Oregon	Medicaid	CNC	MSK
	Commercial	CNC	MSK
	Medicare	CNC	MSK
South Carolina	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
	Medicare SLR	WCG	MSK
	Medicare SOR	WCG	MSK
	*Medicare IMR	WCG	MSK
Tennessee	Medicare TER	WCG	MSK
	*Medicare IMR	WCG	MSK
Washington	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare QLR, QMR	WCG	MSK

We are terming the MSK program on **Feb. 1, 2024** with TurningPoint for IL Medicare ILL/QIR, KY Medicaid KAB/KHK/KMD, KY Medicare KMR/KYL, NH NHL/ NHR, SC SLR/SOR, TN TER, and WA QLR/QMR. We need to stop sending provider files for these LOB's to TurningPoint two weeks post-term on **Feb. 15, 2024**.

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TurningPoint MSK Program Updates *(continued)*

Program Term Date: Mar. 1, 2024

	Market	LOB	Platform	Termining Program	Remaining Programs
S C O P E	Alabama	Medicare ABL, ABR	WCG	MSK	–
	Connecticut	Medicare CMR, CTR	WCG	MSK	–
	Louisiana	Medicare (Louisiana HC Connections)	CNC	MSK	–
		Medicare LLR, LMR	WCG	MSK	–
	Missouri	Medicaid	CNC	MSK	Cardiac, ENT, Sleep
		Marketplace	CNC	MSK	Cardiac
		Medicare (Home State Health)	CNC	MSK	Cardiac
		Medicare MLR, MOH	WCG	MSK	–
	Mississippi	Marketplace	CNC	MSK	–
		Medicare Magnolia Health Plan	CNC	MSK	–
		Medicare MSL, IMR	WCG	MSK	–
	Pennsylvania	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
Medicare (Celtic, PA H&W)		CNC	MSK	–	

Program Term Date: Apr. 1, 2024

	Market	LOB	Platform	Termining Program	Remaining Programs
S C O P E	Hawaii	Medicare HIL, ZMR	WCG	MSK	–
	Kansas	Medicaid	CNC	MSK	–
		Medicare	CNC	MSK	–
	Massachusetts	Medicare (MAL, MAR)	WCG	MSK	–
	Michigan	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
		MMP	CNC	MSK	–
		Medicare (MIL, MIR)	WCG	MSK	–
	Mississippi <i>(Pending Provider Notification Approval)</i>	Medicaid	CNC	MSK	–
	North Carolina	Medicaid (NCD)	WCG	MSK	–
		Medicare (CMR, NAR, NSR)	WCG	MSK	–
	Rhode Island	Medicare (RIL, RIR)	WCG	MSK	–
	Maine	Medicare (MER, UPR, UFR)	WCG	MSK	Cardiac
Vermont	Medicare	WCG	MSK	–	



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 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)
- ✓ Blood and blood plasma products
- ✓ Cosmetic treatments
- ✓ Mifeprex
- ✓ Palladone
- ✓ 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 **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**

Lexington

2331 Fortune Dr.
Suite 280
Lexington, KY 40509

Hazard

450 Village Lane
Hazard, KY 41701



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 Us (WellCare-Medical)



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



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



WellCare Medical PA Site: wellcareky.com/providers/medicaid/authorizations.html