



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

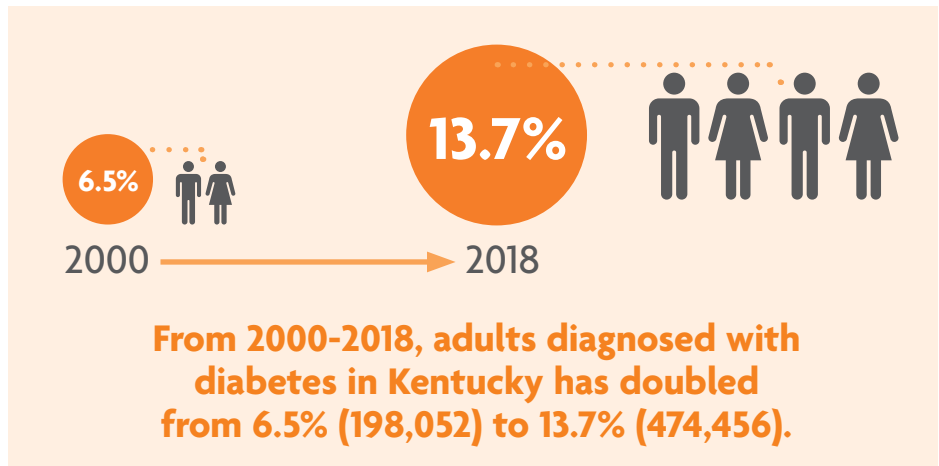
Our collaborative efforts can help reduce the SDOH barriers in the Commonwealth.



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



Timely Follow-Up Care After Being Hospitalized for Mental Illness

The National Committee for Quality Assurance (NCQA) developed several HEDIS® measures of mental health quality that are used by health care consumers and regulatory agencies to monitor the performance of managed care organizations.

Outpatient follow-up care post-discharge is an important component of the continuum of care to assist an individual with their transition from hospital back into their family, work, and community environment. Follow-up care may also reduce re-hospitalizations or help facilitate a necessary readmission before an individual reaches the crisis stage. Follow-up care may be even more important, and perhaps more problematic, for patients who have been hospitalized for a serious mental illness.



Primary care physicians (PCPs) should always recommend early post-discharge follow-up visits for their hospitalized patients. Directing your staff to facilitate outpatient visits with you and the behavioral health providers within **seven days** of a hospital discharge will help reduce readmissions and improve the continuity of care for your patients.

If your patient misses their early follow-up appointment, it is imperative that the outpatient visit is rescheduled and completed **no later than 30 days** after the recent hospital discharge. Medication reconciliation to confirm the patient understands their medicines, management of co-morbidities, step-action treatment plans, and co-management of mixed illness diseases to discuss how the patient can get help, especially after normal office hours, are all important topics that need to be discussed at the time of the post-discharge follow-up visit.

Together, you can help your patient to continue to live at home and/or work while being in treatment.

Sources include: **[List researched resources here, i.e. ncqa.org]**



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



Communicating Effectively for Continuity of Care

WellCare Health Plans Inc. encourages all providers — medical and behavioral — to initiate communication that facilitates and enhances continuity of care, relapse prevention, member safety and member satisfaction. Few would challenge the hypothesis that effective integration and collaboration between primary care physicians (PCPs) and mental health specialists, including psychiatrists, social workers, and Advanced Registered Nurse Practitioners (ARNPs), is essential for consumer well-being. Yet it's not uncommon to hear medical providers and behavioral health providers complaining they do not receive information from the opposite discipline. Barriers often cited for the dearth of provider communication are time and resource limitations. However, when one considers the potential impact on optimal member care, communication is clearly a critical necessity.

What you can do as the individual practitioner

- ✓ **Get to know** your fellow physicians, PCPs and psychiatrists. Go to meetings whenever possible where you can get to know one another.
- ✓ **Pick up the phone.** Colleagues will appreciate the time and effort taken for communication.
- ✓ **Request copies of records** from physicians who have cared for the patient before your involvement.
- ✓ **Set up systems** in your office and hospital units that enhance and automate patient communication and permit transition of care in a safe and effective way.
- ✓ **Include the PCP** on admission and discharge reports, letting your colleague know about discharge appointments, medications and any specialty consultations required post-hospitalization.
- ✓ **Utilize health plan Care Manager resources** to assist you in making appointments and arranging follow-up care. Our staff can also work with the member to make sure that they make their appointments.



If you have questions or feedback about physician communication or quality-related topics, please contact your local Quality Practice Advisor or Provider Relations representative.



Tips for a Successful Pay for Quality (P4Q) Program

WellCare understands that the provider-member relationship is a key component in ensuring superior healthcare and the satisfaction of our members. Because WellCare recognizes these important partnerships, below are some ways to make the most out of the P4Q Program.

Best practices for provider groups	Engage with WellCare
<ul style="list-style-type: none"> ✓ Outbound call campaigns to schedule visits: <ul style="list-style-type: none"> • Calls new patients and patients without recent visits • Sends reminders to patients for upcoming appointments 	<ul style="list-style-type: none"> ✓ Practice works with WellCare associates on Quality and Utilization Management/Case Management (UM/CM): <ul style="list-style-type: none"> • Meets with QPA/PR Reps monthly to review Quality related issues • Works Quality and Census reports • Participates in medical charts retrieval as required
<ul style="list-style-type: none"> ✓ Schedules follow up visits with patient after discharge – medication reconciliation 	<ul style="list-style-type: none"> ✓ Works to close open Hierarchical Condition Categories (HCCs) and care gaps
<ul style="list-style-type: none"> ✓ Educates and coaches patients on preventive screenings, healthy living, and medication adherence 	<ul style="list-style-type: none"> ✓ Actively uses RxEffect tool and/or information
<ul style="list-style-type: none"> ✓ Supports Consumer Assessment of Healthcare Providers and Systems (CAHPS) activities and discusses CAHPS with patients <ul style="list-style-type: none"> • Sees patients in 15 mins or less • Shares tests and treatments • Coordinates care 	<ul style="list-style-type: none"> ✓ Writes 90-day prescriptions
<ul style="list-style-type: none"> ✓ Rewards their physicians and nurses for closing care gaps 	<ul style="list-style-type: none"> ✓ Utilizes and bills CPT-2 and Z codes
<ul style="list-style-type: none"> ✓ Easy to use after-hours access and supports ER diversion programs <ul style="list-style-type: none"> • Has Fecal Occult Blood Test (FOBT) kits ready to use in the office 	<ul style="list-style-type: none"> ✓ Partners with WellCare to obtain Electronic Medical Record (EMR) remote access, or on-site access to EMR
<ul style="list-style-type: none"> ✓ On-site Digital Rectal Exam (DRE) screening machine 	<ul style="list-style-type: none"> ✓ Refers patients to case management who can benefit from additional assistance



Case and Disease Management Programs

WellCare's Case Managers support you and your hectic schedules, freeing you to spend more time with your patients by:

- ✓ Collaborating with providers and physicians to create a targeted assessment and treatment plan for the patient's condition
- ✓ Maintaining communication between the patients and their families, and the team of physicians
- ✓ Identifying opportunities for interventions such as ineffective treatment plans or lack of financial resources to meet the needs
- ✓ Assisting with patient transition when discharged from the program

The types of cases targeted by our Case Management program include, but are not limited to, the following types of patients:

- ✓ Complex case needs requiring coordination of multiple outpatient services
- ✓ Transplants
- ✓ Frequent inpatient admissions and readmissions
- ✓ Prolonged or debilitating illness or injuries

WellCare's Disease Managers support you and your hectic schedules too, freeing you to spend more time with your patients by:

- ✓ Educating them on how to deal with challenges of their disease
- ✓ Documenting progress in clinical notes and alerting their patients of significant changes or findings

Our Disease Management program targets the following conditions:

- ✓ Asthma
- ✓ Coronary Artery Disease (CAD)
- ✓ Congestive Heart Failure (CHF)
- ✓ Chronic Obstructive Pulmonary Disease (COPD)
- ✓ Diabetes
- ✓ Human Immunodeficiency Virus (HIV)
- ✓ Hypertension

Our Case and Disease Management programs identify potential candidates based on available data and referrals from multiple sources:

- ✓ Claims or encounter data
- ✓ Pharmacy
- ✓ Laboratory data
- ✓ Utilization Management, Case Management, Disease Management, and Discharge Planner referrals
- ✓ Practitioner and member referrals
- ✓ Behavioral health vendors



If you would like to refer your WellCare patients to either or both of these programs, please call the Case and Disease Management Referral Line at **1-866-635-7045** Monday through Friday, from 8 a.m. to 5 p.m. Eastern.



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.



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 that includes new and updated guidance for managing patients with diabetes and prediabetes based on scientific evidence and clinical trials.

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 and includes goal 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 regarding when to test and in 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.

Reference

American Diabetes Association; *Standards of Medical Care in Diabetes—2022 Abridged for Primary Care Providers*. *Clin Diabetes* 1 January 2022; 40 (1): 10–38. <https://doi.org/10.2337/cd22-as01>



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.



Medicaid Pharmacy Updates

FORMULARY UPDATES

The WellCare Medicaid Preferred Drug List (PDL) has been updated. Please see the chart below for a summary of the PDL selections made by the Commissioner of the Department for Medicaid Services (DMS) based on the Drug Review and Options for Consideration document prepared for the Pharmacy and Therapeutics (P&T) Advisory Committee's review on March 17, 2022, and the resulting official recommendations.

The following medications will move from preferred to non-preferred. Please consider an alternative preferred agent:

DRUG CLASS NON-PREFERRED AGENT PREFERRED AGENTS

Antibiotics:	Vaginal Vandazole Cleocin Ovules Clindesse Metronidazole vaginal 0.75% gel Nuversa
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The following medications will move from non-preferred to preferred:

DRUG CLASS PREFERRED AGENT **

Antibiotics:	Inhaled tobramycin inhalation solution (generic TOBI only)
Antibiotics:	Vaginal metronidazole vaginal 0.75% gel
Antiretrovirals:	HIV/AIDS Dovato, Juluca, Symtuza
Antibiotics:	Oxazolidinones Zyvox Suspension
Antibiotics:	Tetracyclines tetracycline Intranasal Corticosteroids Dymista



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.



Medicaid Pharmacy Updates

INJECTABLE DRUGS

- ✓ **Effective May 16th**, the Department for Medicaid Services (DMS) will be implementing a Pharmacy Injectable Drug List.
- ✓ Medications on this list may be billed through the pharmacy point of sale (POS).
- ✓ Injectable medications **NOT** on the list will be payable **ONLY** through the member's medical benefit and may require a prior authorization.
- ✓ A pharmacy benefit Prior Authorization may be obtained for a Medical **ONLY** medication **IF** the following criteria are met:

- The medication is being self-administered; **AND**
- Self-administration is allowed per **DOSAGE** and **ADMINISTRATION** section of the prescribing information; **OR**
- The medication is being administered by a home infusion provider

- ✓ The Injectable Drug List can be found under "Drug Information" using the Kentucky Web portal at **kyportal.medimpact.com**.



Medicaid Pharmacy Updates

INJECTABLE DRUGS

Kentucky Medicaid Pharmacy Injectable Drug List

Effective: May 16, 2022

The following classes of injectable medications
(brand and generic if available) may be billed at the pharmacy

Absorbable Sulfonamide Antibacterial Agents	Diabetic Supplies listed on “Diabetic Supply List”
Aminoglycoside Antibiotics	Glycylcyclines
Anaerobic Antiprotozoal-Antibacterial Agents	Insulins
Antifungal Agents	IV Solutions: Dextrose and Lactated Ringers
Antifungal Antibiotics	IV Solutions: Dextrose-Saline
Antiretroviral-AntiCD4 Domain 2 Monoclonal Antibodies	IV Solutions: Dextrose-Water
Antiretroviral-Integrase Inhibitor and NNRTI Combinations	Lincosamide Antibiotics
Antivirals	Lipoglycopeptide Antibiotics
Beta-lactams	Macrolide Antibiotics
Carbapenem Antibiotics (Thienamycin’s)	Oxazolidinone Antibiotics
Cephalosporin Antibiotics – 1st Generation	Penicillin Antibiotics
Cephalosporin Antibiotics – 3rd Generation	Polymyxin Antibiotics and Derivatives
Cephalosporin Antibiotics – 4th Generation	Quinolone Antibiotics
Cephalosporin Antibiotics – 5th Generation	Tetracycline Antibiotics
COVID-19 Vaccines	Vancomycin Antibiotics and Derivatives
Cyclic Lipopeptides	

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>

Contact Information: MedImpact Pharmacy



WellCare MedImpact PA Fax: **1-858-357-2612**



WellCare MedImpact PA Phone: **1-844-336-2676**



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.kymmms.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>