



EPSDT Dental Services by Licensed Medical Staff

Dental screening by the licensed medical staff in this context means, at a minimum, observation of tooth eruption, occlusion pattern, presence of caries, or oral infection.






Dental screening by licensed medical staff includes:

- ✓ Completion of the American Academy of Pediatrics (AAP) Oral Health Risk Assessment Tool. The tool helps in the implementation of oral health risk assessment during health supervision visits. (Please retain a copy of the assessment in the medical record)
- ✓ Mandatory referral to a dentist, by age 1 year or soon after the eruption of the first primary tooth.
- ✓ Follow-up at well child visits through age 20 years to determine at a minimum, dental visits twice a year for oral evaluation and preventive services occurred and that needed treatment services are being or were provided. (Document the dental referral in the medical record).
- ✓ NJ Smiles Program allows trained licensed medical staff to provide oral health services to children through the age of 3 years old







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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.





EPSDT Dental Services by Licensed Medical Staff Continued



Find referral forms at:

<https://www.wellcare.com/New-Jersey/Providers/Medicaid/Forms>




Tool-kits on Fluoride Varnish and Bidirectional referrals at:

<https://www.wellcare.com/New-Jersey/Providers/Medicaid/Training>



Fax or Email Referrals to:


 1-813-865-6759

 NJDentalServices@wellcare.com



Find a Medical Provider:

WellCare


 1-888-453-2534

 <https://www.wellcare.com/en/New-Jersey/Find-a-Provider#/Search>



Find a Dental Provider:

LIBERTY Dental Plan (*WellCare's Dental Vendor*)

 1-888-352-7924

 <https://client.libertydentalplan.com/wellcare/wellcarenj>



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



Appointment Access and Availability

WellCare is required by the Centers for Medicare & Medicaid Services and state regulations to administer appointment access and availability audits. Appointment Access standards are documented below.

-  **Emergency services:** Immediately upon presentation
-  **Urgent Care:** Less than 24 hours
-  **Symptomatic acute care:** Less than 72 hours
-  **Routine non-symptomatic visits, including annual gynecological examinations or pediatric and adult immunization visits:** Less than 28 days
-  **Specialist referrals:** Less than 4 weeks
-  **Urgent Specialty Care:** Within 24 hours of referral
-  **Baseline physicals for new adult enrollees:** Within 180 calendar days of initial enrollment
-  **Baseline physicals for new children enrollees and adult clients of DDD:** Within 90 days of initial enrollment, or in accordance with EPSDT guidelines.
-  **Prenatal care:**
 - Within 3 weeks of a positive pregnancy test
 - Within 3 days of identification of high-risk
 - Within 7 days of request in first and second trimester
 - Within 3 days of first request in third trimester
-  **Routine physicals:** Within 4 weeks
-  **Lab and radiology services:**
 - Within 3 weeks for routine
 - Within 48 hours for urgent care
-  **Initial pediatric appointments:** Within 3 months of enrollment
-  **Dental appointments:**
 - **Emergency:** No later than 48 hours, or earlier as the condition warrants, of injury to sound natural teeth and surrounding tissue and follow-up treatment by a dental provider
 - **Urgent:** Within 3 days of referral
 - **Routine:** Within 30 days of referral
-  **MH/SA appointments:**
 - **Emergency services:** Immediately upon presentation at a service delivery site
 - **Urgent:** Within 24 hours of the request
 - **Routine:** Within 10 days of the request
-  **Maximum number of intermediate/limited patient encounters for PCPs and Pediatricians:** 4 per hour for adults and children.
-  **Waiting time in office:** Less than 45 minutes

For additional information, please refer to the Provider Manual posted on the WellCare Provider Portal located at: www.wellcare.com/New-Jersey/Providers/Medicaid.



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 pharmacy team can affect the member experience, whether we interact with members directly or not, by ensuring that we address the following items that 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

These factors are important for our members (your patients) to take their medications on time but also to ensure adherence of their medication regimen(s).



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



Advance Directives: Having the Talk with Your Patient

A PATIENT'S COMFORT IN EVEN DISCUSSING AN ADVANCE DIRECTIVE CAN GREATLY DEPEND ON WHAT YOU, AS THE HEALTHCARE PROVIDER, HAVE TO SAY AND OFFER.



Your WellCare contract requires documentation in the patient's medical record of whether the individual has executed an advance directive.

It is often an awkward situation, in large part because many patients only see the advance directive process in terms of suffering and death. You, as the healthcare provider, need to approach advance care planning from the perspective of living well and quality of life. If you approach the subject in this way, the patients will more likely engage with you in discussing what matters most to them so their wishes will be honored. You may start the conversation by asking about the kinds of treatments wanted if the patient becomes very ill, is unable to recognize family, is unable to perform self-care or is unlikely to get better.

All states have their own advance directive forms, which can be found on line and do not require an attorney to complete them. Every state has a witnessing requirement for advance directive – often two witnesses or a notary.

You should know that the AMA has developed training materials and ethical guidelines that provide understanding as to what patients want and physicians are able to provide. You can find those guidelines at <https://www.ama-assn.org>.

Additionally, effective January 1, 2016, Medicare offers payment for a voluntary advance-care planning (ACP) consultation in the office or hospital (CPT billing code 99497) to a physician or other qualified healthcare professional.



Advance directives are legal documents that take effect when someone is no longer able to speak for himself or herself. They include living will and durable power of attorney for healthcare (DPA). The living will is a legal document that guides healthcare professional, family members and trusted friends in understanding the types of life-sustaining members wanted or not wanted. The DPA allows a person to legally designate a trusted person to make medical decisions on his or her behalf if he or she is unable to do so.

Sources:

AMA. "Advance directives: How to talk with patients about them."

Retrieved from <https://www.ama-assn.org/delivering-care/patient-support-advocacy/advance-directives-how-talk-patients-about-them>

WebMD. "Advance Directives: Having the Talk."

Retrieved from <https://www.webmd.com/palliative-care/features/advance-directives-having-the-talk>

The Hospitalist. "New Medicare Rule Will Reimburse Physicians for Advance Care Planning."

Retrieved from <https://www.the-hospitalist.org/hospitalist/article/122030/health-policy/new-medicare-rule-will-reimburse-physicians-advance-care>



WellCare's Provider Portal Has Live-Chat Offerings

CHECK OUT ALL THE NEW WAYS PROVIDERS CAN EASILY ACCESS IMMEDIATE ASSISTANCE

Providers have more options to easily access help thanks to the new Chat offers that are now available on the Provider Portal!

Live-Chat agents are trained to quickly – and accurately – answer your questions.

Live-Chat Offers on the Provider Portal:



Provider Home Page



Claim Main Page



**Care Management
Home Page
(Authorizations)**



**Claims Appeals &
Disputes Page**



If you would like more information on Live-Chat on the Provider Portal, please contact your provider representative.



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

Medicaid:

The Preferred Drug Lists (PDL) has been updated. Visit www.wellcare.com/WellCare/New-Jersey/Providers/Medicaid/Pharmacy to view the current PDL and pharmacy updates.

You can also refer to the Provider Manual to view more information regarding our pharmacy Utilization Management (UM) policies and procedures. Provider Manuals are available at www.wellcare.com/New-Jersey/Providers/Medicaid and www.wellcare.com/New-Jersey/Providers/Medicare.



It Benefits Your Practice To Keep Your Provider Demographic Information Current

As a WellCare participating provider, it is very important for you to keep your demographic information current.

When you update your information with WellCare to keep it current, it helps:

- ✓ Ensure you and your practice/facility receive proper notifications from WellCare
- ✓ Avoid claim payment issues caused by outdated demographic information
- ✓ Ensure you receive proper referrals based on your specialty and/or subspecialty
- ✓ Ensure members who need to contact you for services have your correct address/phone number

To ensure this occurs, if any of the following changes, please tell us in advance or as soon as possible:

- Office phone number
- Fax Number
- Office address
- Correspondence Address
- Office Hours
- Hospital Affiliation
- Panel status (Are you accepting new Medicare/Medicaid patients?)
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Group Name

To submit your updated information:

Per your contract, at least 30 days' advance notice is required and you should include contact information in case we need to follow up with you.



Emailing:

NJPR@wellcare.com



Call:

1-855-538-0454



Mail a letter on your letterhead with the updated information to:

WellCare Health Plans of NJ

550 Broad St. 12th floor

Newark, NJ 07102

Attention: Provider Relations Department

Thank you for keeping your information up to date with us. WellCare appreciates everything you do to improve the health and well-being of our members.



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 home page. You will see *Messages from WellCare* on the right.

Resources and Tools

Visit www.wellcare.com/New-Jersey/Providers to find guidelines, key forms and other helpful resources for both Medicare and Medicaid. You may also request hard copies of documents by contacting your Provider Relations representative. Refer to our Quick Reference Guide for detailed information

on many areas such as Claims, Appeals, Pharmacy, etc. These are located at www.wellcare.com/New-Jersey/Providers/Medicaid.

Additional Criteria Available

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/New-Jersey/Providers/Clinical-Guidelines.

We're Just a Phone Call or Click Away



Medicaid:
1-888-453-2534



www.wellcare.com/New-Jersey/Providers