Provider Newsletter
New Jersey

WellCare of New Jersey

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www.wellcarenewjersey.com

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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In This Issue

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

WellCare of New Jersey wellcare ambetter.

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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**.

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

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

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 will expire, 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 is Ending *(continued)*

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 of New Jersey 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!

WellCare of New Jersey 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*

The Importance of Quality Care

QUALITY IS OUR PRIORITY.

We want our members to get the best care and the information they need to optimize their health. Each year, WellCare of New Jersey sets goals to improve the quality of our members' healthcare. It's part of our Quality Improvement (QI) Program. We have a Quality Improvement and Utilization Management Committee chaired by Vincent Nelson, Senior Vice President and Deputy Chief Medical Officer- Medical Affairs, that meets at least eight times per year to review Quality programs and initiate actions where needed.

In 2022, we took these steps:

- ✓ Monitored our members' satisfaction with you, their doctors.
- ✓ Assisted with the coordination of care to help members understand their medications, follow up with their doctor's appointments, and communicate with their care givers. This led to significant improvements in medication adherence for our diabetic members in our Dual Special Needs (D-SNP) plans.
- ✓ Continued regular review of quality outcome data to ensure our members are getting high quality care and made significant advancements in performance with our diabetic D-SNP members.
- ✓ Increased self-service tools for our members to use to order member materials, see medication lists and, in some cases, order prescriptions, see a list of wellness services, find doctors and urgent care centers, complete health assessments, and participate in incentive programs.
- ✓ Supported safe options for face-to-face contact with members primary care providers at least annually so they can maintain better health.

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The Importance of Quality Care *(continued)*

In 2023, WellCare of New Jersey will:

- ✓ Offer more, and easier, ways for our members, to complete health assessments so they can get needed care when it can do the most good.
- ✓ Continue regular review of quality outcome data to improve services and care.
- ✓ Conduct member engagement activities to gain feedback from our members on ways to better serve them.
- ✓ Continue to expand provision of high-quality customer service in different languages and easy access to TTY services for our hearing-impaired members.
- ✓ Communicate any changes to coverage of members' prescribed medications that might impact them annually so our members and their doctors can stay informed.
- ✓ Offer more ways to support the health and wellbeing of our members by increased support of our care managers and community resource workers, as well as provide support throughout an episode of care should they need an acute or emergent facility.
- ✓ Continue to improve our education and services for our members to stay in control of their chronic conditions, such as diabetes and hypertension.

To learn more about our Quality Improvement Program, please email **AccreditationMedicareOperations@Centene.com** for a copy of our Medicare Quality Improvement and Utilization Management Annual Program Evaluation, including our Special Needs Model of Care Program Evaluation, or request to become a part of the Quality Improvement and Utilization Management Committee.

**All Medicare markets except Health Net California & Fidelis NY*

Advance Directives: How to Talk With Patients About Them

A patient's comfort in contemplating, completing, or even discussing an advance directive can greatly depend on what the physician has to say and offer. It is often an awkward situation, in large part because many patients only see the advance-directives process in terms of suffering and death. That does not have to be the case.

The CME credit-eligible module from the AMA is based on the Stanford University Department of Medicine's Letter Project **End-of-Life Care | AMA STEPS Forward | AMA Ed Hub (ama-assn.org)**. The module's central, downloadable element is a three-page letter template that in plain language guides the patient through expressing life values and goals, as well as care instructions such as palliative sedation.

The letter provides check boxes for standard end-of-life care questions and spaces for naming the individuals who can make medical decisions if the patient is unable. But it starts and devotes most of its space for patients to write about what's most important in life:

- ☑ **What matters most to me** (examples: being at home, going to church, playing with my grandchildren, etc.).
- ☑ **My important future life milestones** (examples: my 30th wedding anniversary, my grandson's graduation, the birth of my granddaughter, etc.).
- ☑ **This is how we prefer to handle bad news in my family** (examples: we talk openly, we shield the children, we do not like to talk about it, etc.).
- ☑ **This is how we make medical decisions in our family** (examples: I make the decision myself, my entire family has to agree on major decisions, my daughter who is a nurse makes the decisions, etc.).
- ☑ **Other information about my values or end-of-life wishes** I want you to know about.

Source: AMA
Retrieved from Advance directives: How to talk with patients about them | American Medical Association (ama-assn.org)

Pharyngitis Testing

Viruses are the most common cause of pharyngitis in all age groups. Group A strep, the most common bacterial cause of pharyngitis, is seen in only 20-30% of children and 5-15% of adults.

Viral symptoms include:

- ✓ Cough
- ✓ Rhinorrhea
- ✓ Hoarseness
- ✓ Oral ulcers
- ✓ Conjunctivitis

Patients with clear viral symptoms do not need testing for group A strep. In the absence of viral symptoms, examination and history alone cannot be used to differentiate viral and group A strep. RADT or throat culture are used to confirm strep A pharyngitis; however, throat culture is the gold standard.

In children over the age of 3, strep A pharyngitis should be confirmed prior to initiating treatment with antibiotics.

Source: CDC. "Group A Streptococcal (GAS) Disease," https://www.cdc.gov/groupastrep/diseases-hcp/strep-throat.html

MEDICARE

2023 Partnership for Quality Provider Incentive Program Unveiled

To incentivize providers to drive care-gap closure among our Medicare Advantage members and continue the quality care they deliver, Centene has launched the 2023 Medicare Partnership for Quality (P4Q) Primary Care Provider Incentive Program.

Most notably, this year's program increases incentives compared to the 2022 program to better align with quality performance.

Providers can now potentially earn a 50% bonus increase by achieving an aggregate Healthcare Effectiveness Data and Information Set (HEDIS) and pharmacy star rating of 4.0 or higher across HEDIS and medication adherence measures for calendar year 2023.

Incentive payments earned through the P4Q program will be in addition to the compensation arrangement set forth in a provider's participation agreement, as well as any other incentive program in which they may participate.

To learn more or to inquire about eligibility, please reach out to your provider relations representative.

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 withdraw 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/*
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/*

Antibiotic Prescribing for Upper Respiratory Infection (URI) in Children

Most upper respiratory tract infections are caused by viruses and do not require antibiotic therapy.

As many as 10 million antibiotic prescriptions are directed toward respiratory conditions annually, with little likelihood of benefit. Such overuse of antibiotics causes avoidable drug-related adverse events, contributes to antibiotic resistance, and adds unnecessary medical costs. Antibiotic-associated adverse events can range from mild (diarrhea and rash) to more severe (Stevens-Johnson syndrome) to life-threatening (anaphylaxis or sudden cardiac death).

Because it is difficult to distinguish between viral and bacterial upper respiratory infections, judicious prescribing of antibiotic therapy is challenging. It is important to use stringent and validated clinical criteria and established clinical guidelines when diagnosing acute otitis media (AOM), acute bacterial sinusitis, and pharyngitis caused by group A Streptococcus (GAS). At least half of patients with AOM will recover without antibiotic therapy. The AAP recommends antibiotic therapy for children with clinical features of acute bacterial sinusitis, especially those with symptoms that are worsening or severe and for children with pharyngitis confirmed to be caused by GAS. Management of the common cold, nonspecific URI, acute cough illness, and acute bronchitis should focus on symptomatic relief and should not include routine prescription of antibiotics.

The strong emphasis is on appropriate diagnosis as the foundation for making judicious decisions about prescribing antibiotics for URIs.

Source: American Academy of Pediatrics. "Principles of Judicious Antibiotic Prescribing for Upper Respiratory Tract Infections in Pediatrics," https://publications.aap.org/pediatrics/article/132/6/1146/30514/Principles-of-Judicious-Antibiotic-Prescribing-for

Reporting Work Related Asthma

State regulations require physicians, physician assistants, and advanced practice nurses to report to the **New Jersey Department of Health** (NJDOH) any confirmed or suspected case of work-related asthma, including:

- ✓ **New-onset asthma** – resulting from exposure in the workplace to sensitizers or irritants.
- ✓ **Work-aggravated asthma** – with a prior history of symptomatic or treated asthma who experience an increase in symptoms and/or an increase in the use of asthma medications within two years of entering a new workplace setting, or from exposure to new chemicals or agents in an existing workplace.
- ✓ **Reactive Airways Dysfunction Syndrome (RADS)** – new-onset asthma that develops within 24 hours following a single, high-level exposure to inhaled irritants where the patient continues to be symptomatic for at least three months. Common causes include smoke inhalation and accidental releases of chemical irritants.

For this purpose, physicians, physician assistants, and advanced practice nurses should use the following case definitions to report cases to the NJDOH:

Possible work-related asthma	Probable work-related asthma	Confirmed work-related asthma
Symptoms of asthma and association between symptoms of asthma and work.	Diagnosis of asthma and association between symptoms of asthma and work.	Diagnosis of asthma and objective evidence of work-relatedness.

Resources https://www.nj.gov/health/workplacehealthandsafety/occupational-health-surveillance/work-related-asthma/healthcare-providers/index.sht

- Exposure History Form
- Industries and Asthmagens Associated with Work-Related Asthma
- OCC-31 Reporting Form: Occupational Disease, Injury, or Poisoning Report by Health Care Provider
- List of Physicians in New Jersey Specializing in Occupational and Environmental Illness

Source: State of NJ Department of Health. "Work-Related Asthma."

New Jersey Lead Screening Requirements for Children

The NJ State Medicaid contract requires providers to perform a two-part screening program for the presence of lead toxicity in children: verbal risk assessment and blood lead testing.

The verbal risk assessment shall be performed at every periodic visit to children who are at least six months and less than 72 months of age. Example of minimum types of questions:

- ✓ Does your child live in or regularly visit a house built before 1978? Does the house have chipping or peeling paint?
- ✓ Was your child's daycare center/preschool/ babysitter's home built before 1978? Does the house have chipping or peeling paint?
- ✓ Does your child live in or regularly visit a house built before 1978 with recent, ongoing, or planned renovation or remodeling?
- ✓ Have any of your children or their playmates had lead poisoning?
- ✓ Does your child frequently come into contact with an adult who works with lead? (For example: construction, welding, pottery, or other trades.)
- ✓ Do you give you child home or folk remedies that may contain lead?

If initial blood test results are 5 µg/dL, verbal risk assessment is required at every subsequent visit through 72 months of age.

Screening blood lead testing may be performed either by capillary (fingerstick) or venous sample. All blood lead levels ≥ 5 µg/dL obtained vial capillary sample must be confirmed by a venous sample. Frequency of blood testing depends upon risk assessment:

Low risk	✓ Once between the ages of 9 and 18 months, preferably at 12 months. ✓ Once between 18-26 months, preferably at 24 months. ✓ Immediately, if never tested between 24 and 72 months.
High risk	✓ Beginning at 6 months of age – screening blood test. • <5 µg/dL – verbal risk assessment at every periodic visit through 72 months of age. • ≥5 µg/dL – use professional judgment, in accordance with CDC guidelines regarding management, treatment, and follow-p blood testing. • Between 5-9 µg/dL – collaborate with health department to facilitate preliminary environmental evaluation. • ≥10 µg/dL or 2 confirmed consecutive tests one to four months apart with results between 5-9 µg/dL – collaborate with health department to facilitate environmental intervention to determine and remediate the source of lead.

Source: Contract Between State of New Jersey Department of Human Services, Division of Medical Assistance and Health Services and WellCare Health Plans of New Jersey, Inc.; 4.2.6.B.10

WellCare's Provider Portal Has New Live-Chat Offerings

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

Providers will now 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.

New Live-Chat Offers on the Provider Portal:

- ✓ Provider Home Page
- ✓ Care Management Home Page (Authorizations)
- ✓ Claim Main Page
- ✓ Claims Appeals & Disputes Page

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

Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF UPDATED DEMOGRAPHIC CHANGES.

Ensuring that our members and Provider Relations staff have the most current provider information is a top priority, so **please give us a 30-day advance notice of changes** that you make to your office phone number, office address, or panel status (open/closed).

New Phone Number, Office Address or Change in Panel Status:

Please call us at: **1-855-538-0454**

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

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 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 areas including Claims, Appeals and Pharmacy.

These are located at: **www.wellcarenewjersey.com/providers/medicaid.html**

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**

NJ Medicaid Provider Manual

The NJ Medicaid Provider Manual is located at **www.wellcarenewjersey.com/providers/medicaid.html** under the Overview and Resources section. Click on the *Resources* drop-down menu to view the document.

We're Just a Phone Call or Click Away

Medicaid:
1-888-453-2534

www.wellcare.com/New-Jersey/Providers