



Patient Follow-Up

After Hospitalization for Mental Illness (FUH)



A major problem found in patients who have been hospitalized for mental disorders is their failure to report for follow-up within 30 days following discharge.



Excluding day of discharge, a follow-up is recommended within seven to 30 days. This visit, whether virtual or on-site, has been shown to decrease the likelihood of psychiatric re-admission and improve overall patient outcomes.






Source: NCQA

Retrieved from <https://www.ncqa.org/hedis/measures/follow-up-after-hospitalization-for-mental-illness/>










(continued)

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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.





Patient Follow-Up *(continued)*

After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)



Rather than seeking other care options, patients with alcohol or other drug (AOD) abuse issues are likely to have a high propensity for Emergency Department (ED) use.



Timely follow-up care after an ED visit for these individuals has been shown to reduce further substance abuse and future ED visits and/or hospitalization related to AOD abuse.

Source: NCQA

Retrieved from <https://www.ncqa.org/hedis/measures/follow-up-after-emergency-department-visit-for-alcohol-and-other-drug-abuse-or-dependence/>

Care for Children Prescribed ADHD Medication (ADD)



Greater than six percent of children diagnosed with Attention Deficit/Hyperactivity Disorder (ADHD) are prescribed medication to help manage symptoms of hyperactivity, impulsiveness, and attention/concentration issues.



Monitoring by a pediatrician or other prescribing health professional is key in ensuring medications are prescribed and managed appropriately.

Source: NCQA

Retrieved from <https://www.ncqa.org/hedis/measures/follow-up-care-for-children-prescribed-adhd-medication/>



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 include 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>



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.



NJ Medicaid Provider Manual

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



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.



21st Century Cures Act

ALL PARTICIPATING PROVIDERS MUST ENROLL WITH NJFC MEDICAID FEE-FOR-SERVICE (FFS) PROGRAM IN ACCORDANCE WITH THE 21ST CENTURY CURES ACT REQUIREMENTS.

The State of New Jersey Department of Human Services Division of Medical Assistance & Health Services sent the Medicaid Newsletter Volume 28 No. 06, which notified network providers of the requirement that they enroll in the NJFC Medicaid FFS program. The 21st Century Cures Act, 42 U.S.C. 1396u-2(d), requires that network providers complete the 21st Century Cures Act provider application. Compliance is mandatory and failure to comply may result in a provider's contract with an MCO being terminated per the Medicaid Newsletter.

Network providers must submit a completed 21st Century Cures Act application to DXC Technology. Providers under contract with multiple MCOs are only required to submit a single 21st Century Cures Act application to DXC Technology. To download a 21st Century Cures Act application, go to www.njmmis.com, select "Provider Enrollment Applications," and then select 21st Century Cures Act Application as the "Provider Type."

Frequently Asked Questions

1

Whom can I contact if I have questions about the application?



Contact the DXC Technology Provider Enrollment Unit at **1-609-588-6036**.

2

Where can I submit the 21st Century Cures application?



The mailing address for submitting the application and credentials is:

**DXC Technology Provider Enrollment Unit
P.O. Box 4804
Trenton, NJ 08650**



The completed application with credentials may also be faxed to **1-609-584-1192**.



Doula Services Program

TAKING CARE OF YOU

Best wishes on your pregnancy!

We know you will have questions about your pregnancy and your baby. That is why WellCare Health Plans of New Jersey has doula services for pregnant members. A doula is a trained professional who gives you emotional and physical support during your pregnancy and childbirth. In addition, Doula Services help access community resources, lactation/breastfeeding education, and much more.



During pregnancy, doulas offer support by:

- Answering questions about the childbirth process
- Developing a birth plan



At delivery:

- Stays with you constantly to provide comfort and support
- Helps you communicate your preferences to the medical staff



After delivery:

- Assists in breastfeeding support
- Provides support and encouragement after you bring your baby home



Would you like to learn more?

We will be happy to help you! Please call our Care Management team at: **844-901-3781 (TTY 711)**



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