



Cognitive Impairments Program

WellCare has a comprehensive cognitive impairments program to assist members identified with conditions, including utilizing age appropriate interventions and services. Members identified with cognitive impairments will be referred to programs that best serve members and their needs including MLTSS, Disease Management, and DDD. Through this program member's receive care management coordination of appropriate cognitive testing and referral to appropriate specialists for evaluation and treatment.

Care management provides referrals to caregivers for education which emphasizes community based care and support systems. WellCare further provides educational materials to clinical providers in the best practice of managing cognitive impairments.

For more information on Policy and Procedures, click here:

For Procedure NJ23-CM-MD-034-PR-001, click here:
<https://www.wellcare.com/New-Jersey/Providers/Cognitive-Impairment-1-22>










For Policy NJ23-CM-MD-034, click here: <https://www.wellcare.com/New-Jersey/Providers/Cognitive-Impairment-4-8>









To make a referral, please call
Care Management at
1-866-635-7045.

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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.





Cancer Screening Saves Lives

Screening for colorectal cancer can help find cancer early, when it might be easier to treat. Physicians and other clinicians are well aware of the benefits of screening, but many patients are not up to date with screening.

Colorectal cancer is the second-leading cause of cancer deaths in the United States among men and women combined, but screening can help prevent colorectal cancer. About 135,000 new cases and more than 50,000 deaths were estimated in 2017.

Talking with a physician or other clinician is one of the most important factors that influences whether a patient is screened for colorectal cancer. You can help more patients get screened by discussing screening options, and the risks and benefits of those options with your patients. Patients are often aware of colonoscopy as an option for screening, but they might not know as much about stool testing.

Thank you for working with WellCare to make sure our members — your patients — get the care they need.

Did you know?

- ✓ Studies have shown that annual high-quality stool tests, such as high sensitivity GUIAC and fecal immunochemical tests, can lower the risk of developing and dying from CRC
- ✓ Use stool tests only for average-risk patients (no personal or family history of CRC, adenomas or genetic syndromes)
- ✓ Make sure patients perform annual stool testing if they are selecting gFOBT or FIT tests and that they understand the instructions in the kit they are using
- ✓ Stool samples should never be used for CRC screening if they are obtained by digital rectal exam because they have a low sensitivity for cancer
- ✓ All patients who have a positive stool test must have a follow-up colonoscopy
- ✓ WellCare covers one screening test a year
- ✓ WellCare has provided over 70,000 FIT kits to patients for easy screening
- ✓ Review ACS CRC Screening guidelines to determine your patient's risk category and screening recommendations
- ✓ Review the risks and benefits of all CRC screening tests with your patients. If they are at average risk, discuss high-quality stool-based testing and offer them the choice that is right for them.
- ✓ Make sure they understand the risks and benefits of high-quality stool-based testing.



Cancer Screening Awareness



245,000 cases of breast cancer in women



2,200 cases of breast cancer in men

According to the CDC, each year in the United States, about 245,000 cases of breast cancer are diagnosed in women and about 2,200 in men.

Although deaths related to breast are decreasing over time, breast cancer is the second leading cause of cancer death. Deaths due to cervical cancer are decreasing in part due to an increase in screening.

Many deaths from breast and cervical cancer could be avoided by increasing cancer screening rates among women. The National Institute of Health (NIH) reports that deaths from cancer occur disproportionately among women due to socioeconomic factors. Encourage your female patients to get all their preventive health exams completed.

WellCare covers all regular preventive tests and screenings for women without requiring a referral or prior approval. Help us ensure that our members stay healthy by recommending appropriate preventive tests and screening.



Please continue to encourage women to obtain an annual mammography for breast cancer screening and a Pap smear for cervical cancer screening.

Sources:

1. https://www.cdc.gov/cancer/breast/basic_info/index.htm
2. <https://gis.cdc.gov/Cancer/USCS/DataViz.html>
3. <https://www.cancer.net/cancer-types/cervical-cancer/statistics>
4. <https://www.ncbi.nlm.nih.gov/pubmed/30044829>



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



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>



EPSDT Dental Services by Licensed Medical Staff Continued



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>



WellCare NJ Medicaid and Medicare Good Measures Program

A Recipe for Effective Diabetes Prevention: Good Measures



More than 1 in 3 Americans have prediabetes and most of them don't even know it.

That's unfortunate because this large population is at increased risk of developing type 2 diabetes, heart disease, and stroke.

Diabetes Prevention Programs can help people lower their risk of developing type 2 diabetes by as much as 58%— and 71% if they are over age 60—according to the Centers for Disease Control and Prevention.

Fortunately, WellCare of New Jersey Medicaid and Medicare members have access to the Good Measures Diabetes Prevention Program. It's easy, and comes at no cost for eligible members to participate from home. Members can participate in the program by computer at times best for them, or they can join scheduled sessions by Zoom or phone.

Good Measures Program Details

The goal of the Good Measures Diabetes Prevention is to support participants in building healthy lifestyle habits that stick. This will help them lose 5% to 7% of their body weight and do at least 150 minutes a week of brisk walking or similar physical activity. Participants receive support from their CDC-trained lifestyle coach and from their peers in the program.

The sessions, which start weekly and then decrease in frequency over 12 months, cover topics such as:

- Increasing physical activity;
- Eating well to prevent type 2 diabetes;
- Making better-for-you food swaps;
- Managing stress;

- Getting support for healthy changes;
- Weight loss strategies;
- Self-care; and
- Maintaining a healthy lifestyle for the long term.

Program Eligibility Criteria

WellCare of New Jersey Medicare and Medicaid adult members are eligible based on the following criteria:

- ✓ Must be at least 18 years old;
- ✓ Must be overweight (Body Mass Index (BMI) >25; >23 if Asian);
- ✓ Have no previous diagnosis of type 1 or type 2 diabetes;
- ✓ Have a blood test result in the prediabetes range within the past year;
- ✓ Hemoglobin A1C: 5.7%–6.4%;
- ✓ Fasting plasma glucose: 100–125 mg/dL;
- ✓ Two-hour plasma glucose (after a 75 gm glucose load): 140–199 mg/dL; and
- ✓ Have been previously diagnosed with gestational diabetes

The program is NOT for members with a confirmed diagnosis of type 1 or type 2 diabetes.

Referring Members is Easy

- Complete the secure referral form on www.goodmeasures.com/physicians; **OR**
- Download the form and it fax to Good Measures at **617-507-8576**

Sources:


<https://www.cdc.gov/diabetes/basics/prediabetes.html>

<https://www.cdc.gov/diabetes/library/features/truth-about-prediabetes.html>



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.

Source: Centers for Medicare & Medicaid Services. Consumer Assessment of Healthcare Providers & Systems (CAHPS).
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>



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>



Providers Love Our Live Chat!

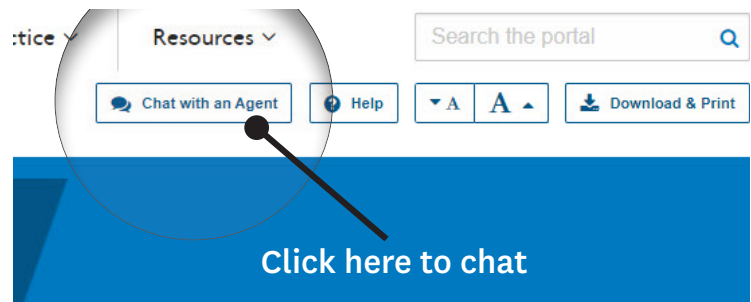
INCREASINGLY, PROVIDERS ARE CHOOSING TO CHAT WITH A LIVE AGENT ON THE PROVIDER PORTAL.

Providers are talking — about the live-chat feature on our Provider Portal, that is!

So far in 2021, live chats with our agents have increased at an unprecedented rate. As of the third quarter, more than 10 percent of our inbound interactions happened via live chat, as opposed to traditional phone calls.

That's because live chat is **the easiest and fastest way** to get access to basic status updates on a member's eligibility, claims, or authorizations. In addition, our live-chat agents are able to help with complex, on-the-spot inquiries. This means less time waiting on hold to speak to an agent on the phone. Best of all, live chat has the highest score for first contact resolution among all of our communication channels.

The next time you or someone in your office has a question, remember that live chat is just a click away:



Need Access?

If you'd like to learn more about the Provider Portal and its features, or would like to request access for you and your office, email AWSEscalations@WellCare.com. We're here to answer any questions you have about live chat and more!



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



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

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. The Provider Manual is available at www.wellcare.com/New-Jersey/Providers/Medicaid.



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