



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 — providing educational materials, to being available to answer questions. Confused parents may delay or refuse immunizations for their child due to misperception 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 communications principles can help you connect with patients and their caretakers by encouraging open, honest, and productive dialogue.

Well-Child Checkups also apply to the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program, Medicaid’s federally mandated comprehensive and preventive health program for individuals younger than 21 years of age. EPSDT was defined by law as part of the Omnibus Budget Reconciliation Act of 1989 and requires states to cover all services within the scope of the federal Medicaid program. Requirements include periodic screening, immunizations, and vision, dental and hearing services.



Refer to the **EPSDT Toolkit** for more details.

The intent of the EPSDT program is to focus on early prevention and treatment.

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Fidelis Care and Wellcare are affiliated products serving Medicaid and Medicare 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.



FIDELIS CARE®

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Assess, Educate and Treat Patients with Depression

MANAGE DEPRESSION IN YOUR PATIENTS WITH A SYSTEMATIC APPROACH FOR ACCURATE ASSESSMENT AND DIAGNOSIS.

Begin with a nationally recognized tool such as the Patient Health Questionnaire (PHQ-9).

► PHQ-9 Score and Interpretation (Billing Code-CPT 96127)

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
5-9	<p>Mild Symptoms</p> <p>Few, if any, symptoms (minimal) in excess of those required for the diagnosis with only minor impairment in occupational functioning or social/relationship functioning.</p>	<ul style="list-style-type: none"> • Support and educate your patient, and watch for change in symptoms.
10-14	<p>Moderate Symptoms</p> <p>Symptoms in excess of the minimal number required for the diagnosis that often keep the person from doing things they need to do.</p>	<ul style="list-style-type: none"> • Support and educate your patient. • Consider antidepressant and/or cognitive behavioral therapy. • Watch for changes in symptoms. • Follow-up visit within four weeks. • Keep the patient on medication for six months to a year.
15-19	<p>Moderately Severe Depression</p> <p>Displays most symptoms for Major Depressive Disorder (MDD) impacting several areas of functioning.</p> <p>Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions.</p> <p>ICD-10 Dx Codes: F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9</p> <p>CPT Codes: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> • Perform a safety risk assessment and triage appropriately. • Support and educate patient. • Prescribe antidepressant and refer to psychotherapy. • Requires care coordination and monitoring for medication adherence. • Follow-up visit within four weeks of initial prescription with continued follow-up thereafter. • Keep the patient on medication for at least one year.

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Assess, Educate and Treat Patients with Depression *(continued)*

PHQ-9 Score	Provisional Diagnosis – Depression Severity	Treatment Recommendations
>20	<p>Severe Depression Nearly all symptoms present for Major Depressive Disorder (MDD), which markedly interfere with daily functioning.</p> <p>Further clinical assessment needed for bipolar disorder and to rule out other causes/conditions.</p> <p>ICD-10 Dx Codes: F32.0-F32.4; F32.9; F33.0-F33.3; F33.41; F33.9</p> <p>CPT Codes: 90791, 90792, 90832-90834, 90836-90840, 90845, 90847, 90849, 90853, 90867-90870, 90875, 90876, 99221-99223, 99231-99233, 99238, 99239, 99251-99255</p>	<ul style="list-style-type: none"> • Perform safety risk assessment and triage appropriately. • Support and educate patient. • Prescribe antidepressant and refer to psychotherapy. • Consider potential need for psychiatric referral. • Requires care coordination and close monitoring for medication adherence. • Follow-up visit within four weeks of initial prescription with continued follow-up thereafter. • Keep the patient on medication for at least one year.

Remember BEFORE Diagnosing

- ✓ Rule out medical or mental disorders that can produce symptoms similar to depression:
 - Substance abuse or dependency.
 - Mood disorders due to medical conditions.
 - Anxiety disorders.
 - Adjustment disorders.
 - PTSD.
 - Eating disorders.
 - Hypothyroidism.
 - Diabetes.
 - Chronic fatigue syndrome.
- ✓ Complete a comprehensive medical exam, when clinically appropriate, which may identify metabolic causes of depression.
- ✓ Accurate diagnosis drives appropriate treatment and interventions.

Promote Antidepressant Medication Adherence

Educating your patients is the key to medication adherence.

- Discuss how to take antidepressants, how they work, the benefits and how long to take them.
- Tell your patients how long they can expect to be on the antidepressant before they start to feel better.
- Stress the importance of taking the medication even if they begin feeling better.
- Talk about common side effects, how long they may last and how to manage them.
- Let your patient know what to do if they have questions or concerns.
- Monitor with scheduled follow-up appointments.



We're here to help, and we continue to support our provider partners with quality incentive programs, quicker claims payments and dedicated local market support. Please contact your Provider Relations Representative if you have questions or need assistance.



Monitoring Within the Severely Mentally Ill (SMI)

POPULATION 1-7 ASSESSMENT FRAMEWORK FOR PATIENTS ON ANTIPSYCHOTIC MEDICATIONS

	Smoking	Lifestyle/ Life Skills	Body Mass Index (BMI) Weight	Blood Pressure	Glucose Regulation (Assess by fasting plasma glucose; random plasma glucose HbA1C)	Blood Lipids	
RED ZONE	Current Smoker	Poor Diet <i>and/or</i> sedentary lifestyle	BMI 25 kg/m ² <i>and/or</i> weight gain >5% over initial weight	>140 mm HG systolic <i>and/or</i> >90 mm HG diastolic	HbA1C or glucose threshold: HbA1C (>7%) <i>and/or</i> FPG ≥126 mg/dl	<ul style="list-style-type: none"> LDL-cholesterol levels ≥190 mg/dl DM with LDL-cholesterol levels 70-189 mg/dl ASCD with LDL-cholesterol levels 70-189 mg/dl 	
INTERVENTIONS	<ul style="list-style-type: none"> Introduce smoking cessation intervention Consider referral to smoking cessation program – call WellCare Customer Service for assistance (1-877-389-9457) Consider nicotine replacement therapy 	Lifestyle advice to include diet and physical activity	Medication review				
			Refer for assessment, diagnosis and treatment by appropriate clinician, if necessary				
			Follow weight and obesity guidelines in Hert, et al	Follow ADA, ACC, AHA or NHLBI guidelines summarized in Hert, et al	At risk of Diabetes <ul style="list-style-type: none"> HbA1C 5.7-6.4% FPG 100-125 mg/dL 	Diabetes <ul style="list-style-type: none"> HbA1C ≥6.5% FPG ≥126 mg/dL 	Follow ADA, ACC, AHA or NHLBI2 guidelines in summarized in Hert, et al
TARGET	Smoking cessation	<ul style="list-style-type: none"> Improve quality of diet Daily exercise of 30 min/day 	BMI 18.5-24.9kg/m ²	<140/80 If ≥130/85 mm HG, consider anti-hypertensive therapy diet: limit salt intake	<ul style="list-style-type: none"> Prevention of diabetes Offer lifestyle change education 	Endocrine review HbA1C <7.0%	Consider lipid modification for patients with CVD or DM LDL-C <100 mg/dL

FPG = Fasting Plasma Glucose | BMI – Body Mass Index | Total Chol = Total Cholesterol
 LDL = Low Density Lipoprotein | HDL = High Density Lipoprotein



POPULATION HEALTH

TurningPoint MSK Program Updates

Utilization management of musculoskeletal surgical (MSK) procedures will be transitioning from TurningPoint to NIA, effective dates are the following (please see grids below for applicable markets):

▶ 1/1/2024 ▶ 2/1/2024 ▶ 3/1/2024 ▶ 4/1/2024

TurningPoint will support management of MSK services through the transition date.

Under terms of the agreement between Centene and NIA, Health Plans will oversee the MSK program and continue to be responsible for claims adjudication and medical policies. NIA will manage inpatient and outpatient MSK surgeries through the existing contractual relationships with Health Plans.

Program Term Date: Jan. 1, 2024

Market	LOB	Platform	Terming Program
Florida	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare WLR and WMR	WCG	MSK
Georgia	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
	Medicare GAP, GLR, GMR	WCG	MSK
Indiana	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
New York	Medicaid	FID	MSK
	Marketplace	FID	MSK
	Medicare	FID	MSK
	Medicare	WCG	MSK
Ohio	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare	CNC	MSK
	*Medicare MIR	WCG	MSK
Texas	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare	CNC	MSK

We are terming the MSK program on **Jan. 1, 2024** with TurningPoint for FL Medicare WLR/WMR, GA GAP/GLR/GMR. We need to stop sending eligibility files for these LOB's to TurningPoint two weeks post-term on **Jan. 15, 2024**.

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TurningPoint MSK Program Updates *(continued)*

Program Term Date: Feb. 1, 2024

Market	LOB	Platform	Termining Program
Illinois	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	MMP	CNC	MSK
	Medicare ILL	WCG	MSK
	Medicare QIR	WCG	MSK
	*Medicare IMR	WCG	MSK
Kentucky	Medicaid KAB, KHK, KMD	WCG	MSK
	Medicare KMR, KYL	WCG	MSK
New Hampshire	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare NHL, NHR	WCG	MSK
Oregon	Medicaid	CNC	MSK
	Commercial	CNC	MSK
	Medicare	CNC	MSK
South Carolina	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare	CNC	MSK
	Medicare SLR	WCG	MSK
	Medicare SOR	WCG	MSK
	*Medicare IMR	WCG	MSK
Tennessee	Medicare TER	WCG	MSK
	*Medicare IMR	WCG	MSK
Washington	Medicaid	CNC	MSK
	Marketplace	CNC	MSK
	Medicare QLR, QMR	WCG	MSK

We are termining the MSK program on **Feb. 1, 2024** with TurningPoint for IL Medicare ILL/QIR, KY Medicaid KAB/KHK/KMD, KY Medicare KMR/KYL, NH NHL/ NHR, SC SLR/SOR, TN TER, and WA QLR/QMR. We need to stop sending provider files for these LOB's to TurningPoint two weeks post-term on **Feb. 15, 2024**.

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TurningPoint MSK Program Updates *(continued)*

Term Date: Mar. 1, 2024

	Market	LOB	Platform	Terming Program	Remaining Programs
S C O P E	Alabama	Medicare ABL, ABR	WCG	MSK	–
	Connecticut	Medicare CMR, CTR	WCG	MSK	–
	Louisiana	Medicare (Louisiana HC Connections)	CNC	MSK	–
		Medicare LLR, LMR	WCG	MSK	–
	Missouri	Medicaid	CNC	MSK	Cardiac, ENT, Sleep
		Marketplace	CNC	MSK	Cardiac
		Medicare (Home State Health)	CNC	MSK	Cardiac
		Medicare MLR, MOH	WCG	MSK	–
	Mississippi	Marketplace	CNC	MSK	–
		Medicare Magnolia Health Plan	CNC	MSK	–
		Medicare MSL, IMR	WCG	MSK	–
	Pennsylvania	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
		Medicare (Celtic, PA H&W)	CNC	MSK	–

Term Date: Apr. 1, 2024

	Market	LOB	Platform	Terming Program	Remaining Programs
S C O P E	Hawaii	Medicare HIL, ZMR	WCG	MSK	–
	Kansas	Medicaid	CNC	MSK	
		Medicare	CNC	MSK	–
	Massachusetts	Medicare (MAL, MAR)	WCG	MSK	–
	Michigan	Medicaid	CNC	MSK	–
		Marketplace	CNC	MSK	–
		MMP	CNC	MSK	–
		Medicare (MIL, MIR)	WCG	MSK	–
	Mississippi <i>(Pending Provider Notification Approval)</i>	Medicaid	CNC	MSK	–
	North Carolina	Medicaid (NCD)	WCG	MSK	–
		Medicare (CMR, NAR, NSR)	WCG	MSK	–
	Rhode Island	Medicare (RIL, RIR)	WCG	MSK	–
	Maine	Medicare (MER, UPR, UFR)	WCG	MSK	Cardiac
	Vermont	Medicare	WCG	MSK	–



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: fideliscarenj.com/providers/medicaid.html.



Our 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 Fidelis Care on the right.

Resources and Tools

Visit www.fideliscarenj.com/providers.html 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.fideliscarenj.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.fideliscarenj.com/providers/tools/clinical-guidelines.html



NJ Medicaid Provider Manual

The NJ Medicaid Provider Manual is located at www.fideliscarenj.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.fideliscarenj.com/providers.html