National Medicare
Provider Newsletter

2023 • Issue 1

Centene Medicare CPT II and HCPCS $0.01 Billing Program

As of **1/1/2022**, Centene Medicare providers can use the CPT II $0.01 Billing Program. The $0.01 Billing Program seeks to reimburse providers one penny on select HEDIS-related CPT II and HCPCS codes that were previously non-reimbursed and often denied by claims clearinghouses.

This program launched for Wellcare plans in January 2019. This latest expansion means that Centene Medicare providers can now bill $0.01 on claims for 32 CPT II and 3 HCPCS codes that will close HEDIS care gaps, in addition to the many other benefits this program already offers.

CPT II / HCPCS $0.01 Billing Program Benefits:

- ✓ Fewer dropped codes by billing companies due to non-payable codes.
- ✓ Better reporting of open and closed care needs for your assigned members.
- ✓ Increase in Payment for Quality (P4Q) due to submission of additional codes.
- ✓ Collection of HEDIS® measure data year round, resulting in fewer chart requests during chart collection season.

(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.

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Centene Medicare CPT II and HCPCS $0.01 Billing Program *(continued)*

Medicare HEDIS Measures the CPT II Code $0.01 Billing Program Applies to:

- ✓ Controlling blood pressure (blood pressure results, including diabetics).
- ✓ Diabetic care (HbA1c levels, diabetic retinal exams, blood pressure results).
- ✓ Care of older adults (advanced care planning, pain assessment, medication list, medication review, functional status assessment).
- ✓ Medication reconciliation post discharge (medication list and review after hospital discharge).

Example:

Member had a diabetic retinal exam from 2022 when insured with another company; Provider submits CPT II code for diabetic retinal exam with $0.01 attached. Gap closure is reflected in a timelier manner with code versus medical records.

CPT II/HCPCS $0.01 Billing Program Applicable Measure Codes:

Below are the measure codes associated with the program that you can start utilizing **today**:

Category of Codes	CPT II Codes	HCPCS Codes
Diabetic Care		
HbA1c Results	• 3044F Most recent hemoglobin A1c (HbA1c) <7% • 3046F Most recent hemoglobin A1c (HbA1c) >9% • 3051F Most recent hemoglobin A1c (HbA1c) result >7%-8% • 3052F Most recent hemoglobin A1c (HbA1c) result >8%-<9%	
Diabetic Eye Exams	• 2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed • 2023F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence or retinopathy • 2024F Seven (7) standard filed stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed • 2025F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and reviewed; without evidence of retinopathy • 2026F Eye Imaging validated to match diagnosis from 7 standard field stereoscopic photos results documented and reviewed • 2033F Eye Imaging validated to match diagnosis from seven standard field stereoscopic photos, results documented and reviewed; without evidence of retinopathy • 3072F Low risk for retinopathy (no evidence of retinopathy in the prior year)	**Diabetic Retinal Screening** S0620 S0621 S3000

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Centene Medicare CPT II and HCPCS $0.01 Billing Program *(continued)*

Category of Codes	CPT II Codes	HCPCS Codes
Diabetic Nephropathy	• 3060F Positive microalbuminuria test result documented and reviewed • 3061F Negative microalbuminuria test result documented and reviewed • 3062F Positive macroalbuminuria test result documented and reviewed • 3066F Documentation of treatment for nephropathy (e.g., patient receiving dialysis, patient being treated for ESRD, CRF, ARF or renal insufficiency, any visit to a nephrologist) • 4010F Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) therapy prescribed or currently being taken	
Blood Pressure Control (including Diabetics)		
Blood Pressure Control	• 3074F Most recent Systolic <130mm Hg • 3075F Most recent Systolic 130–139mm Hg • 3077F Most recent Systolic ≥140mm Hg • 3078F Most recent Diastolic <80mm Hg • 3079F Most recent Diastolic 80–89mm Hg • 3080F Most recent Diastolic ≥90mm Hg	
Medication Reconciliation Post-Discharge		
Medication Review (2 codes: Review and List)	• Medication List • 1159F Bill with 1160F Medication list in the medical record • Medication Review • 1160F Bill with 1159F Review of all medications by a prescribing practitioner or clinical pharmacist documented in the medical record	**Medication List** G8427
Care For Older Adults		
Advanced Care Planning	• 1123F Advance Care Planning discussed and documented in advance care plan or surrogate decision maker documented in the medical record • 1124F Advance Care Planning discussed and patient did not wish or was not able to provide advance care plan or name a surrogate decision maker • 1157F Advanced Care Plan or similar legal document present in medical record • 1158F Advanced Care Planning discussion documented in medical record	
Functional Status Assessment	• 1170F Functional status assessed	
Medication Reconciliation Post-Discharge	• 1111F Discharge medications reconciled with the current medication list in the outpatient record.	
Pain Assessment	• 1125F Pain severity quantified, pain present • 1126F Pain severity quantified, no pain present	

If you have questions about the program, please contact your Provider Relations or Quality Representative.



Mental Health Medication Adherence



An estimated **18.1% (43.6 million) of U.S. adults ages 18 years or older suffer from mental illness** in any given year. Mental health disorders can be debilitating for patients and can also be linked with physical health and other chronic conditions such as asthma, arthritis, cardiovascular disease, cancer, diabetes, and obesity.

The importance of promoting mental health medication adherence can help improve and maintain other disease states. Here are some strategies for improving medication adherence for mental health patients:

- ✓ **Psychoeducation:** May involve an individual or group counseling session with or without the use of written or audiovisual materials on diagnoses, medications, and potential side effects.
- ✓ **Cognitive Behavioral Therapy (CBT):** Helps the patient link medication adherence to symptom reduction and improving personal health.
- ✓ **Symptom and side effect monitoring:** Side effects can discourage patients from taking their medication. Ongoing monitoring of both symptom relief and side effects may help address concerns early on, before a patient stops taking their medication(s).
- ✓ **Utilizing long-acting medications:** May be more effective for extended periods of time and may reduce the risk of relapse.
- ✓ **General medication adherence:** Promoting general medical adherence techniques helps patients remember to take their medications on time every day.

Sources:
Substance Abuse and Mental Health Services Administration, "Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health", retrieved from: https://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR1-2014.htm

Mental Health Clinician, "How to increase medication adherence: What works?", retrieved from: https://meridian.allenpress.com/mhc/article/2/8/230/36971/How-to-increase-medication-adherence-What-works

Wellcare Expanded Network – Coming in 2023!

WELLCARE MEDICARE ADVANTAGE MEMBERS CAN RECEIVE CARE AWAY FROM HOME IN-NETWORK.

This allows members to get the same care that they depend on, trust, and need – whether they're traveling across state lines, across the country, or as part of their daily activities. Coverage, cost-share, and benefits are all determined based on the member's benefit plan. Providers will receive their contracted payment rates.

How to Tell if You Are in the Wellcare Expanded Network:

Your contract with Wellcare allows for participation in the Expanded Network (some contractual exceptions may apply). You can check your status via the provider portal or by contacting your provider representative.

What Providers Need to Know:

- ✓ Providers can verify member eligibility by calling the number on the back of the member's ID card or by visiting the portal.
- ✓ The expanded network applies to members of Wellcare Medicare Advantage Plans only, and does not include members of other Centene plans.
- ✓ Cost shares will vary based on the member's benefit plan. In-network amounts will be listed when verifying eligibility.
- ✓ Referrals are not required.
- ✓ Prior authorizations and notification requirements still apply. For complete CPT/HCPCS code listings by plan state, please see the Online Prior Authorization Tool on our website at **www.wellcare.com/auth_lookup**.
- ✓ Members do not have to contact Wellcare prior to accessing care outside of their home location.

*Limited to Wellcare and Wellcare By 'Ohana and not available across all legacy Centene plans. (Note: "legacy Centene plans" specifically refers to Wellcare By Allwell, Wellcare By Health Net, Wellcare By Trillium Advantage, and Wellcare By Fidelis.)

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.

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

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 our patients whether or how often they experienced critical aspects of health care. This includes communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. We hope that 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 CARPS 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
- ✓ Ensure that 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

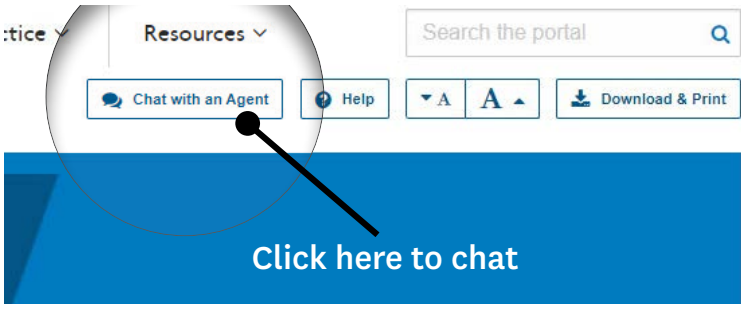
Providers Love Our Live Chat!

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!

Community Connections Help Line

1-866-775-2192

We offer non-benefit resources such as help with food, rent and utilities.



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.

PaySpan does not apply to Wellcare by Fidelis Care providers.



Updating Provider Directory Information

WE RELY ON OUR PROVIDER NETWORK TO ADVISE US OF DEMOGRAPHIC CHANGES SO WE CAN KEEP OUR INFORMATION CURRENT.

To ensure our members and Provider Relations staff have up-to-date provider information, please give us advance notice of changes you make to your office phone number, office address or panel status (open/closed). Thirty-day advance notice is recommended.

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 Formulary Updates

There have been updates to the Medicare formulary. Find the most up-to-date, complete Formulary at **www.wellcare.com**. Select your state from the drop-down menu and click on Pharmacy under Medicare in the Providers dropdown menu.

You can also refer to the Provider Manual to view more information regarding Wellcare's pharmacy Utilization Management (UM) policies and procedures. To find your state's Provider Manual visit **www.wellcare.com**. Select your state from the drop-down menu and click on Overview under Medicare in the Providers drop-down menu.

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***.**

All Medicare markets except CA and HI

2023 Wellcare Medicare Provider Manual

The 2023 Wellcare Medicare Provider Manual can be found at **www.wellcare.com**. Select your state from the drop-down menu at the top of the site, then go to the *Overview and Resources* section under *Provider Medicare*. Click on the *Resources* drop-down menu to view the document.

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 homepage. You will see Messages from Wellcare on the right.

Resources and Tools

Visit **www.wellcare.com/Providers** to find guidelines, key forms and other helpful resources. 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 at **www.wellcare.com/Providers**, click on *Resources* under your state.

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/Providers**, click on *Clinical Guidelines* under your state.

MO PROVIDERS ONLY:

To add new practitioners to existing groups or to request updates or provider terminations, please email mail to: **CHHS_Provider_Roster@Centene.com** Please visit **https://www.homestatehealth.com/providers/tools-resources.html** for roster templates.

We're Just a Phone Call or Click Away

Wellcare Health Plans, Inc. 1-855-538-0454

www.wellcare.com/providers

Representing the following states:

AR, AZ, CT, FL, GA, IN, IL, KY, LA, MA, *ME*,MI, MO, MS, NH, NY, OH, RI, SC, TN, TX, VT, WA

How to Improve Access for a Better Patient Experience

Manage Expectations
Create responses that facilitate staff-to-patient conversations when addressing delays, managing scheduling, and accommodating walk-in appointments.

Reduce Wait Times
Create open or modified open schedules that include dedicated space for pre-scheduled and walk-in appointments.

Extend Hours
Make patient access easier by adding early, late, and weekend appointments a few days each week/month.

Expand Provider Access
Offer appointments with other physicians, other offices, advanced practitioners, etc.

Triage by Phone
Streamline patient access to nurses for urgent situations.

5 Habits of Highly Successful Provider Staff

1. **Empathy:** Acknowledge concerns and demonstrate caring.
2. **Compassion:** "I hear you" and "This is what we can do."
3. **Listen:** Invite questions and actively listen.
4. **Manage Anxiety:** Recognize anxiety and mitigate to the greatest extent possible.
5. **Offer Options:** Empower patients through choice and autonomy.

Wellcare of Kentucky – Weight Watchers – KURBO

EFFECTIVE IMMEDIATELY:

Please be advised that WW (Weight Watchers reimagined) will no longer be offering KURBO by WW for children ages 13 and older.

WW will still be offered to members ages 18 and older.