CARE1ST BEHAVIORAL HEALTH PROVIDER FORUM

AGENDA

- ➡ Care1st Overview
- ➡ Network Management updates
- ➡ Care1st Resources
- ➡ Behavioral Health
- ➡ Claims
- ➡ Member Advocacy
- ➡ Pharmacy Updates
- ➡ Quality Improvement

Care1st Overview

Care1st Provider Satisfaction

� Provider Satisfaction:

  ➤ Care1st's goal is to ensure all your interactions with the health plan are helpful and productive

  How to accomplish this goal:

  ➤ Actively seeking your feedback

  ➤ Claims processing accuracy

  ➤ Quality and meaningful customer service

  ➤ Robust provider services and network

  ➤ Accurate and timely responses to prior authorization requests

  ➤ Meeting *your* specific needs

Care1st Overview

- In January 2017 WellCare became Care1st's parent organization
  - WellCare focuses exclusively on providing government sponsored managed care services
  - The priority is to ensure that we provide timely and quality service
- October 2018 Care1st awarded Central and North GSA
- January 2019 Care1st rebranded the ONECare (D-SNP) program to WellCare Liberty
- January 2019 WellCare introduced WellCare Value in Maricopa and Pima County
- March 2019 Centene's proposed acquisition of WellCare*

*Centene's proposed acquisition of WellCare

Here is what we know:

- Migration is delayed: Care1st/WellCare will maintain as is currently until we can ensure a smooth transition for our provider community

- WellCare Liberty: status quo, Liberty is maintaining its programs and tools available via the WellCare Provider Portal

- Care1st: status quo, Care1st is maintaining its programs and tools via the Care1st Provider Portal

- As of right now it's business as usual. This is still a _proposed acquisition_ and currently in the regulatory review process. Your provider representative will keep you up to date with any developments
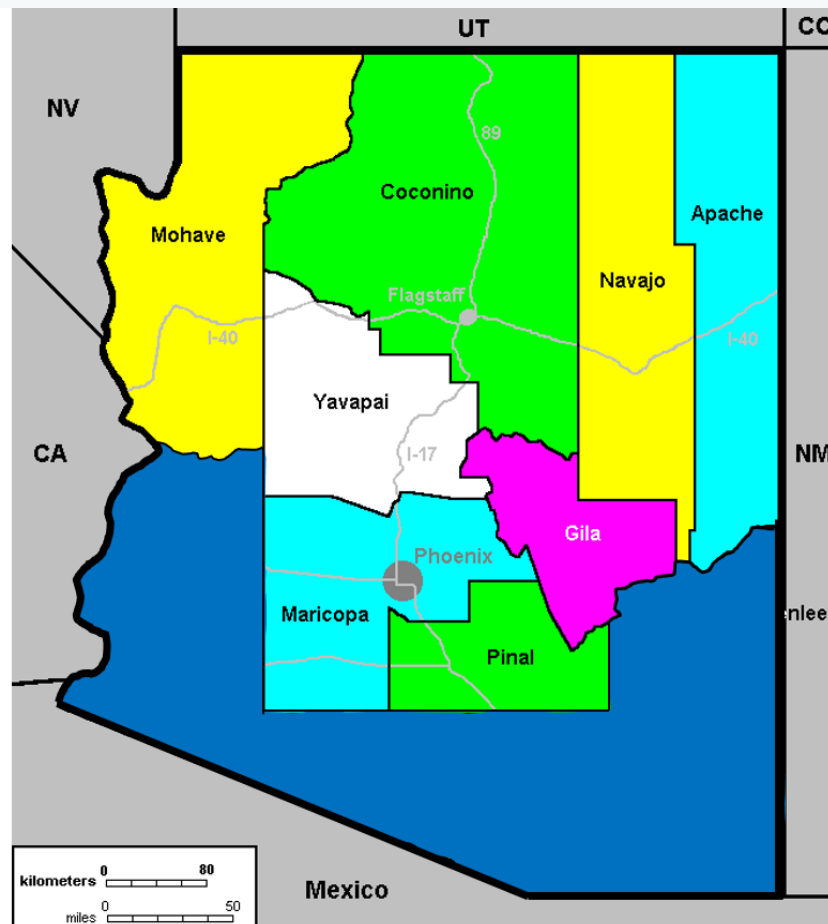
- Previous Geographical Service Areas
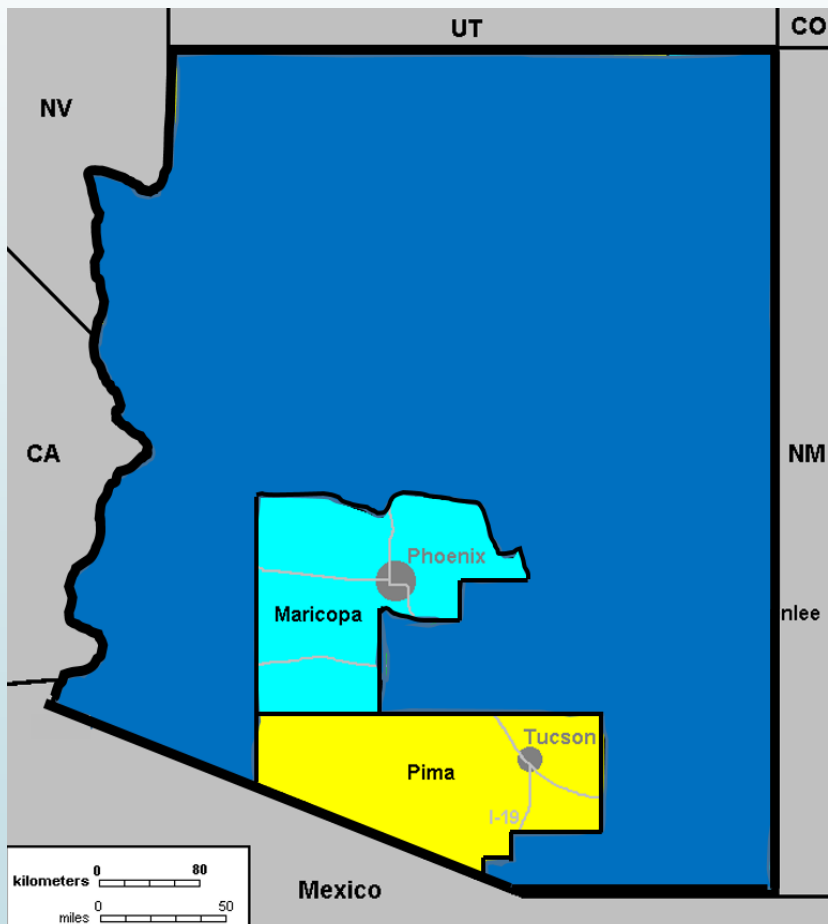
- Geographical Service Areas effective 10/1/18

Care1st Overview

AHCCCS Complete Care Membership Overview effective April 2019

- Maricopa – 110,310

- Gila - 80

- Pinal - 356

- Yavapai – 29,890

- Mohave – 17,814

- Coconino – 8,572

- Navajo – 7,119

- Apache – 2,190

Care1st Overview

Network Management Updates

➡Network Management Representatives

   ➡Maricopa

      ➡Northwest Valley – Alethea Ortega alethea.ortega@wellcare.com

      ➡Northeast Valley – Deborah Discont deborah.discont@wellcare.com

      ➡South Valley – John Schneider john.schneider@wellcare.com

      ➡Central Valley – Gail Garrison gail.garrison@wellcare.com

      ➡Southeast Valley – Steve Bigman steve.bigman@wellcare.com

      ➡Southwest Valley – Ivette Gastelum ivette.gastelum@wellcare.com

➡Additional Support Staff across the organization to accommodate the expansion

Care1st Overview

Network Management Updates

➡Network Management Representatives

➡The following counties have a Network Management Rep assigned

➡Mohave/Apache – Diana Dunlap diana.Dunlap@wellcare.com

➡Coconino/Navajo – Sherri Smith sherri.smith@wellcare.com

➡Yavapai – Dale Wilson dale.Wilson@wellcare.com

➡Gila/Pinal – Daniel de la Vara daniel.delavara@wellcare.com

➡Pima – Lorita Smith lorita.smith@wellcare.com

➡We are also adding additional staff to assist with increased phone calls, provider adds, changes and terms

Find the territory assignment grid here:
https://www.care1staz.com/az/pdf/provider/ProviderTerritoryGrid_0219.pdf?ver=02.19

Care1st Resources

Changes to your practice

- Please communicate any changes to your practice to ensure accurate processing of claims, payment and directory information
- Includes providers joining or exiting, address changes, fax or phone numbers, etc
- Please send notification by fax 602-778-1875 or by email sm_az_pno@care1staz.com
- You may also contact your Network Management Rep directly
- Any provider additions need to be accompanied by a completed AzAHP form

Care1st Resources

Provider Loading Process

- A request (AzAHP Practitioner Data Form) is received by the Network Management Team to add a provider to your group
  - Reminder – all elements must be completed
  - Newest form is available on our website
- That request is added to the Network Management database and forwarded to credentialing
- Credentialing cannot begin unless the CAQH application is updated and complete
- When credentialing is completed, the provider is loaded into our claims payment system and
- A welcome letter is sent notifying the practice of the effective date

Community Resources

CARE 1ST
HEALTH PLAN ARIZONA

Care1st Health Plan Arizona, Inc. is working with the community in which we service to provide you with high quality health care. We are working with a wide array of agencies, community based organizations, and local associations to collaborate on events to inform the public about the health care, health care choices available, and health education.

General Resource and Referral   +

Children's Health and Wellness   +

Individuals with Developmental Disabilities   +

Individuals with Autism Spectrum Disorder (ASD)   +

Autism Spectrum Disorder Providers   +

Peer and Family Support   +

Low Cost Dental Services   +

Veterans and Military Families   +

Tribal Members   +

Mailings & Reference Materials

Care1st and ONECare produces network mailings and reference materials for our provider network. The network mailings are designed to provide updates, helpful reminders and tools. Updated forms, copies of recent blast fax communications and our Quick Reference Guide (specifically designed to be a useful reference tool for you and your staff) are included.

Below is the most recent Network Mailing and Reference Materials.

Mailings

- Provider Network Mailing **PDF**

- Quick Reference Guide - Effective 01/01/2019 **PDF**
- Quick Reference Guide - Effective 09/01/2018 **PDF**

Reference Materials

News you can use!

- Billers' Corner - Reduce Denials on Paid Claim Submissions **PDF** (September 2018)

- Billers' Corner - Modifier Clarification **PDF** (April 2018)

- Billers' Corner - Outpatient Occupational, Physical, & Speech Therapy **PDF** (February 2018)

Forms

Prior Authorization

- ▸ Pharmacy Prior Authorization Request [PDF]
- ▸ Medical/Behavioral Health Prior Authorization Form [PDF]
- ▸ Sterilization Consent [PDF]
- ▸ Authorization/ Pregnancy Risk Assessment [PDF]
- ▸ RSV Prophylaxis Eligibility Assessment [PDF]

Case Management / Behavioral Health

- ▸ Care1st Case Management Referral Form [PDF]
- ▸ MMIC Referral for Behavioral Health Services Form [PDF]
- ▸ CIC Referral for Behavioral Health Services Form - Pima County [PDF]

Credentialing & Contracting

- ▸ AzAHP Practitioner Data Form [PDF]
- ▸ AzAHP Organizational Data Form [PDF]
- ▸ AzAHP Facility Application [PDF]

Other

- ▸ Claim Dispute [PDF]
- ▸ Electronic Funds Transfer Authorization Form (ETF) [PDF]

- Login
- Mailings & Reference Materials
- Manual
- Our Network
- Practice & Preventive Health Guidelines
- Prior Authorization Guidelines & Criteria
- Provider Rep Contact Info
- Quality Measure Results

Provider Manual

Click on the appropriate section title below to view and/or print the contents of a particular section or view the entire manual 📕

Provider Manual Sections

I. Introduction

II. Quick Reference Contact List

III. Provider Roles and Responsibilities

IV. Member Rights and Responsibilities

V. Eligibility and Enrollment

VI. Covered Services

VII. Behavioral Health Services

VIII. Claim Disputes and Appeals

IX. Medical Operations

X. Quality Management

XI. Billing, Claims and Encounters

XII. Fraud, Waste and Abuse

Provider Blast Faxes

2019

▸ **04/04/2019** - UPDATES TO PRIOR AUTHORIZATION GUIDELINES EFFECTIVE MAY 1, 2019

▸ **04/01/2019** - SPECIALTY PHARMACY NETWORK FOR CARE1ST AHCCCS EFFECTIVE 4/1/2019

▸ **03/29/2019** - CLAIM SUBMISSION, SNIP EDITS, CORRESPONDENCE, REAL-TIME AND EFT UPDATES NEW EFFECTIVE DATE 6/1/2019

▸ **03/29/2019** - CHANGES TO EFT/835/ELECTRONIC REMITTANCE ADVICES

▸ **03/20/2019** - DENTAL CLINICAL AND BILLING GUIDELINES UPDATE

▸ **03/15/2019** - CARE1ST MEDICAID PLAN CHANGES NEW EFFECTIVE DATE 6/1/2019

▸ **03/14/2019** - PUBLIC HEALTH AGENCIES ANNOUNCE CONFIRMED MEASLES CASE IN PIMA COUNTY

▸ **03/12/2019** - ADDRESSING THE INCREASE OF SYPHILIS IN ARIZONA

Care1st Home

For Providers

- Blast Faxes
- Compliance Resources
- Community Resources
- Dental
- Disease Management
- E-Prescribing
- Filing a Claim
- Forms
- Formulary
- Forums
- ICD-10
- Login
- Mailings & Reference Materials
- Manual
- Our Network
- Practice & Preventive Health Guidelines
- Prior Authorization Guidelines & Criteria
- Provider Rep Contact Info
- Quality Measure Results

Care1st Health Plan Arizona

G Select Language ▼

🏠 Home / Providers / Provider Login

Provider Login

Username

| Username |

Password

| Password |

Passwords are case sensitive

TERMS OF USE ; DISCLAIMER

☐ I have read and understood the Terms of Use

| Login | Reset |

Not registered? Click here to Request Access.

We're transitioning to WellCare Health Plans! in

October 2016, the company behind Care1st and ONECare was acquired by WellCare Health Plans Inc. As a result, we will be transitioning to a new Provider Portal beginning with 2019 ONECare plans.

HEALTH PLAN ARIZONA

Providers Area

Welcome Providers!

Welcome to the Provider Area, where you can access Member Eligibility, Status Claims, search for Providers, view and print Remittance Advices and more.

Please select an area from your choices below:

MEMBERS　　**CLAIMS**　　**PROVIDERS**　　**REMITTANCE**

Q Claims Search

| Instructions | By Member Number | By Claim Number | By Authorization Number | List Claims |

ℹ Instructions

There are four search methods to locate a claim:

1. **Search Claims by Member Number**
   Member Number Formats:
   - AHCCCS and DDD Members = Axxxxxxxx
   - Health Care Group Members = H000xxxxxx
   - ONECare Members = xxxxxx*01

2. **Search by Claim Number**
   - Enter Claim Number and Search

3. **Search by Authorization Number**
   - Enter Authorization Number and Search

4. **List Claims for the Past**
   - Enter the number of days for which you wish to display claims

Behavioral Health

Transportation

- Point of Contact for Concerns/Questions: Provider Rep
- MTBA Behavioral Health Line:
  - This phone line is for BH providers **only** and should not be distributed to members.
  - MTBA BH Transportation Scheduling Phone Number: 602-386-3446
  - BH Transportation Request Form: *Please send via secure email* bh@mtbofarizona.com or fax 480-960-0050.

Specialty BH Focused Programs

- Reach In

  Justice Liaisons facilitate the transition of members transitioning out of jails and prisons into communities

- Points of Contact:

  Mario Morales

  Direct Line: 602-778-1826

  Email: mmorales@care1staz.com

  Endyia Hadnot

  Direct Line: 602-778-4145

  Email: ehadnot@care1staz.com

Court Coordination

- Court Coordination
  - The court coordinator offers a single point of contact for information specific to the court's disposition for eligible members (e.g. Drug Court, Mental Health Court, Criminal Proceedings), coordination of court ordered evaluation and treatment, for who communication of court related follow-up/requirements with contracted behavioral health provider staff.
- Point of Contact:

  Linda Poller

  Court Coordinator

  Direct: 602-778-3236

  Cellular: 480-521-3581

  FAX: 602-778-1838
  Linda.Poller@wellcare.com

Care Management Program

- Care Management is a Care1st Health Plan function and identifies, supports and engages our most vulnerable members at any point in the health care continuum and to help them achieve improved health status.
- The goal of the program is to decrease fragmentation of healthcare service delivery, to facilitate appropriate utilization of available resources, and to optimize member outcomes through education, care coordination and advocacy services for the medically compromised populations served.
- This is an integrated program and covers the full range of physical health, behavioral health, social and community based support of a member in a coordinated and member-centered manner.
- The program assists members to understand their overall health status, offers multiple channels for member engagement, and embraces the empowerment of self-directed care while reflecting a shared responsibility between the member, the provider and the Plan.
- We put our members' needs and preferences at the center and provide appropriate clinical programs to ensure care is individually tailored and delivered to each member across the continuum of care.
- The Care Management program includes care coordination, behavioral health and medical case management.

Care Management Program

Care Management Referral Considerations:

- Behavioral health/drug/alcohol issues
- Caregiver support and other social service issues
- Catastrophic or Traumatic injuries
- Disease and chronic condition management
- High risk pregnancies
- Members with special health care needs
- Over utilization of the emergency department
- Overuse of controlled substances
- Risk for Admission or Readmission
- Treatment adherence/access to care barriers
- Transplants
- Wounds

How to refer to the Care Management Program:

- Call 602-778-8301
- Complete and fax the Case Management Referral Form to 602-224-4372. The Case Management Referral Form is available on our website at: https://care1staz.com/az/pdf/provider/Care1st_Case_Management_Referral_Form.pdf

FAQs

- Can a PCP refer or can a member self-refer for a behavioral health service?
  - Yes. Members and PCPs may obtain a list of contracted outpatient clinic providers on our website or by calling Care1st provider service line. An intake/assessment and treatment plan must be completed indicating the service(s) to be provided are medically necessary.
- Can a PCP refer or can a member refer directly to a Community Service Agency (CSA)?
  - Yes. The CSA must ensure that a member has a completed intake/assessment and treatment plan indicating the service(s) to be provided are medically necessary.
- What is Care1st's process for referring to a CSA?
  - Care1st is actively reviewing policy to determine the process for self or PCPs to refer directly to CSAs and will provide an update via blastfax, email, or provider forum when this is complete.

Key Contacts-System of Care

- Adult System of Care Administrator
  - Sandra Zebrowski, MD
  - Phone: 602-474-1317
  - Email: sandra.zebrowski@wellcare.com
- Children's System of Care Administrator
  - Vicki Cons, LCSW
  - Phone: 602-778-1834
  - Email: vcons@care1staz.com

Claims

Claims

Top 5 Claim Denials last month

1. Exact Duplicate – 9,051

2. Primary Insurance on file – 7,660

3. Patient not eligible on date of service – 3,417

4. Provider not contracted –2,205

5. Timely Filing Denials – 1089

Sonora Quest is Care1st's exclusive provider of laboratory services

Claims

- Outreach, Partnership and Resources
  - Weekly high volume denial report
  - Denial trend reports (JOC, high volume, or by request from azclaimsliaisons@care1staz.com)
  - Customer service and audit trending
  - Billing and Utilization Workgroups
- Upcoming Changes to remits and EDI rejection letters
  - Branding changes to remits adding WellCare logos and address
  - Minor wording differences to remit detail (Comparison on next slide)
  - Increase in rejections on 837 file submissions in lieu of claim denials
    - NPI errors/omissions
    - Invalid CPT/HCPC codes
    - Invalid Diagnosis codes
    - Eligibility

Claims

CARE1ST HEALTH PLAN AZ, INC.
P.O. BOX 31370
TAMPA, FL 33631

WellCare®
Beyond Healthcare. A Better You.

Page 2 of 4

PLEASE REVIEW LAST PAGE OF THIS DOCUMENT FOR FURTHER DESCRIPTION OF EXPLANATION CODES

Questions regarding your Explanation of Payment should be directed to Claims Customer Service 866-560-4042

Remittance Advice

Payee: █████	Check Date:	3/8/2019	Tax ID: █████	NPI#: █████
Check Number █████	Check Amount:	$140.60	Vendor: █████	LOB: AMD - MEDICAID

Dates of Service	Billed Procedure/Modifier	Paid Procedure/Modifier	Billed Units	Paid Units	Denied Units	Billed	Allowed	Co-Pay Amount	Co-Ins Amount	Deductible Amount	Other Carrier	Discount	Paid	Explanation Code
Provider █████		NPI#: █████		Provider ID#: █████			Patient ID#: █████				DRG Code:		Total PR: 0.00	
Member: █████		Clm#: 787010111				Interest: 0.25		Add-on: 0.00			Pt Acct: █████		Clm Lvl PR: 0.00	
12/14/2018 -	97110 GP THERAPEUTIC PROCED	97110 GP THERAPEUTIC PROCED	1	1	0	65.00	27.14	0.00	0.00	0.00	0.00	0.00	27.14	PCFSC
						65.00	27.14	0.00	0.00	0.00	0.00	0.00	27.14	

TIN: █████

Document No: █████	Member: █████	State ID #: █████	Patient ID: █████	Claim Provider: █████
DRG:	Date Approved: 03-15-18	POS: 11	Health Plan ID:	Payment To: VENDOR $130.00

Dates of Service (From - Thru)	Procedure Code	Procedure Description	Qty	Req Amt	Elig Amt	COB Amt	Disc	Co-pay	Coins	Ded Amt	Pay Amt	Adj Code
03/05/18-03/05/18	97110GP	THERAPEUTIC EX	1	65.00	65.00	0.00	0.00	0.00	0.00	0.00	65.00	CFEE
03/05/18-03/05/18	97140GP	MANUAL THERAP	1	65.00	65.00	0.00	0.00	0.00	0.00	0.00	65.00	CFEE
03/05/18-03/05/18	97530GP	THERAPEUTIC AC	1	55.00	30.80	0.00	0.00	0.00	0.00	0.00	0.00	ICR
	Claim Totals			185.00	160.80	0.00	0.00	0.00	0.00	0.00	130.00	

Medical Claims

Documenting the Prior Authorization number on claims

➡ CMS1500 – Services requiring authorization must have the authorization number populated in field 23 (EDI Loop 2300)

Resubmissions and void requirements

➡ Resubmissions on CMS1500 forms must include indicator 7 and the original claim number in field 22 (EDI Loop 2300)

➡ Voided claims on CMS1500 forms must include indicator 8 and the original claim number in field 22 (EDI Loop 2300)

Claims

Mailing address and EDI Payer ID

➥ No change to the Care1st payer ID for electronic claims 57116

➥ Mailing address for paper claims

<p style="color:red; text-align:center;">**WellCare Health Plans**

Claims Department

PO Box 31224

Tampa, FL 33631-3224</p>

➥ Reminder: Faxed or black and white claims are not accepted and will be rejected

➥ Quick Reference Guide

➥ Prior authorization tool
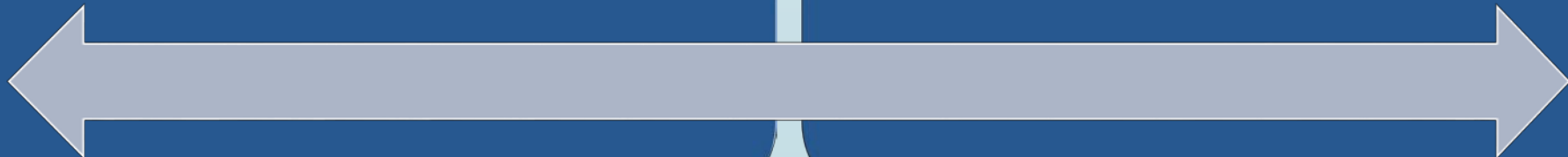
➥ Claims submissions

Member Advocacy

Son Yong Pak
Director,
Member Advocacy

G'Kyshia Hughes
Senior
Member Advocate

Member Advocacy Council (MAC)

Purpose

- To provide guidance and communicate member, family and stakeholder feedback to Care1st leadership

Objectives

- Increase member and family voice
- Advocate for programs and services supportive of members and families
- Collaborate with members, families, and stakeholders to identify concerns and remove barriers that affect service delivery, service coordination and member satisfaction

Member Advocacy Council (MAC)

- Meeting frequency:
  - Quarterly in the central and northern regions.
- Year 1 membership target – open to all interested individuals:
  - Members receiving behavioral and physical health services.
  - Family members / caregivers.
  - Parent / guardian of a child who is or has been a child member with special health care needs.
  - Social service agencies.
  - Community stakeholders.
  - Advocacy groups.
- Year 2 - restructuring

Member Advocacy Council
Culture of Engagement

Suggest Meeting Topics

Advocate for programs and services

Invite guest speakers

Identify concerns and remove barriers that affect service delivery, service coordination and member satisfaction
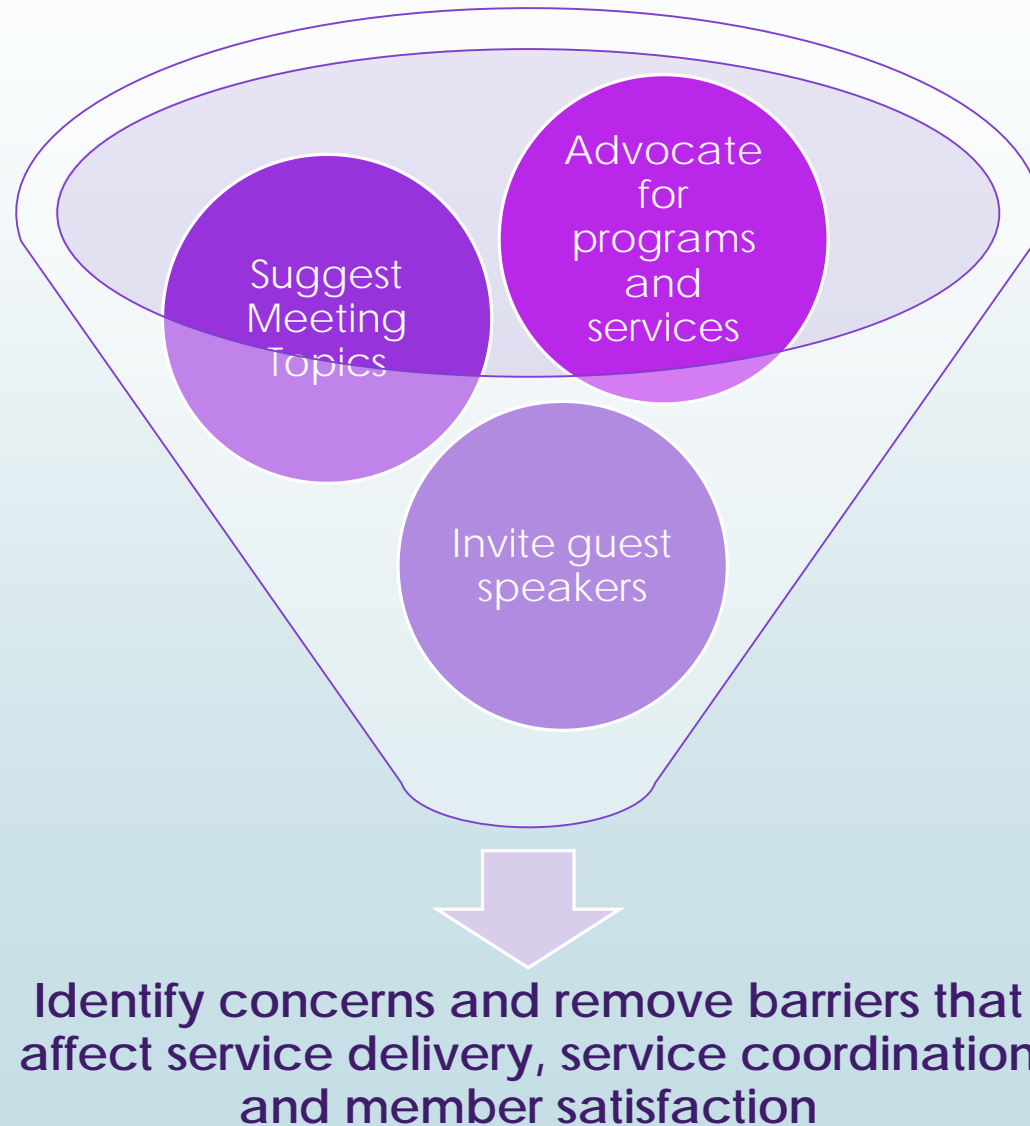
We Want to Hear From You!

- Share your ideas for presentations, discussion topics or
  ask a question

- Contact us at:
  mac_az@wellcare.com

Pharmacy Updates

Formulary Updates and PA Criteria

- AHCCCS next Pharmacy & Therapeutics Committee meeting is May 23rd & 24th with formulary changes expected October 2019

Limited Specialty Pharmacy Network

New Limited Specialty Pharmacy Network EFFECTIVE 4/1/2019

- ➥ MEDICAID members only and for select classes of medications that are primarily used for chronic conditions
- ➥ WHY?
  - ➥ Improve quality of care
  - ➥ Ensure members are getting assistance with disease management and adherence
- ➥ WHAT drugs are included in the network?
  - ➥ Drug List is available by calling Network Management and will be posted in the provider portal after 6/1/2019
- ➥ HOW were Pharmacies Selected?
  - ➥ Number of criteria including specialty certification, disease management
  - ➥ 5 Pharmacies: ALL CVS Specialty/Caremark (4 locations PA, CA, KS, IL)

Exactus Pharmacy (FL)

Adherence

Adhering (verb) is defined as:

"to stay attached or cause to adhere or make stick"

➡ How do we help our members with adherence?

➡ Target Members

➡ Assist Providers

➡ Health Plan Benefits and Formulary

Medicaid Adherence

- Target Members
  - Letters to members
  - MedSync (where available)
  - Multi- Dose Packaging (CVS only)
- Assist Providers
  - Letters on non-adherence or gaps
- Health Plan
  - Pharmacy Network Support
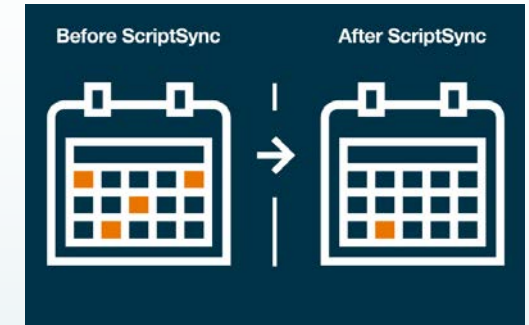
Adherence Tools

ScriptSync or MedSync:

➥ Pick up multiple prescriptions at the same time

Multidose Packaging:

➥ 30 day supply of medication individually packaged

and labeled by dose, date and time

➥ Delivered to the member's home

➥ Members enroll through phone or online

Smartphone APP's

➥ CVS refill reminders & pill schedule

➥ Others

Managing Opioids in Arizona

HB2075 – signed in to law February 14th, 2019

- Electronic Prescribing of Opioids will go into effect for ALL Arizona counties 1/1/2020 and retroactive to 12/31/2018
  - ALL Schedule II opioid prescriptions will need to be transmitted electronically 1/1/2020

90 MME Dosage Limits

- All new prescriptions for opioids should be <90 MME/day (exemptions permitted)
- If a non-exempt patient requires a higher initial dose, prescribers are required to contact a board-certified pain physician OR call an opioid assistance and referral call service for a consult.
- OARLine: Opioid Assistance + Referral Line for Arizona Providers: 888-688-4222
  - This referral line is an excellent resource for free, real-time consultations for clinicians with complex patients with pain and opioid use disorder

Managing Opioids in Arizona

Naloxone Prescribing:

➡ Consider co-prescribing naloxone to patients at higher risk for overdose:

➡ history of overdose or substance use

➡ opioid dosages ≥50 MME/day

➡ concurrent sedating medications (such as benzodiazepines, hypnotics, muscle relaxants)

➡ diseases such as COPD, Asthma, or sleep apnea

➡ Standing order for naloxone in Arizona and available without a prescription

Naloxone Prescribing:

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➥ history of overdose or substance use

➥ opioid dosages ≥50 MME/day

➥ concurrent sedating medications (such as benzodiazepines, hypnotics, muscle relaxants)

➥ diseases such as COPD, Asthma, or sleep apnea

➥ Standing order for naloxone in Arizona and available without a prescription

Quality Improvement

FUH – Follow Up After Hospitalization For Mental Illness

- This metric is a continuity of care measure that is new to Arizona. The metric considers follow up care after discharge from hospitalization for mental illness or intentional self harm

  - *Diagnosis includes most CPT-10 F codes that result in admission*

- The follow up encounter must be with a Behavioral Health Provider – PCP follow up visits do not meet the measure requirements.

  - *Important to use appropriate CPT / HCPCS codes*

- AHCCCS Minimum Performance Standard is 60%

- The metric applies to the paneled PCP – not the BHP, keeping the PCP responsible for the overall care of the member

FUH – Follow Up After Hospitalization For Mental Illness

➥ Two measures apply:

➥ Percentage of discharges for which the member received follow up care <u>within 7 days after discharge</u> (This is an AHCCCS PRI)

➥ Percentage of discharges for which the member received follow up care <u>within 30 days after discharge</u> (This is not an AHCCCS PRI)

➥ A readmission or direct transfer that would preclude the follow up from occurring within 7 or 30 days <u>excludes the member from the metric</u>

DISCHARGE -------------➔ 7 DAYS -------------------------------------➔ 30 DAYS

FUH – Follow Up After Hospitalization For Mental Illness

- ➡ Metric applies to members aged 6 years and older

- ➡ Follow up encounter <u>must be provided by a Behavioral Health Provider:</u>

  - ➡ Board certified MD/DO/PMHNP

  - ➡ Psychologist

  - ➡ Masters prepared Social Worker, LMFT, or LPC

  - ➡ Excludes substance abuse counselors (LISAC / LASAC) and non psychiatric boarded PCP's

  - ➡ This is a *cliff metric* – once the 7 day appointment is missed it cannot be recovered. However, the PCP should facilitate scheduling the follow up within 30 days

PCP Based Solutions

- Proactive Approaches – Integrated Care
  - Complete PHQ-9 and GAD 7 or comparable assessments at every encounter and evaluate.
  - Identify danger to self or others and refer as necessary.
  - Address low complexity behavioral health problems during the encounter (i.e., consider beginning titration of antidepressants while waiting for psychiatric medication assessment).
  - SBIRT
  - Establish information sharing with patients' paneled BHP's
  - These steps can reduce acute inpatient admissions.

Systemic Solutions

- There is a need for higher level coordination between inpatient facilities, BHP's, and PCP's.
- WellCare is identifying internal processes that may provide leverage points for information sharing and notification of BH admission and discharge.

FUH – Follow Up After Hospitalization For Mental Illness

Inpatient Facility Solutions

➤ Schedule follow up appointments within 5 days to allow for flexibility for rescheduling within the 7 day window

➤ Contact the PCP office at discharge

BHP Solutions

➤ Utilize appropriate, provider type specific CPT coding that aligns with the diagnosis

➤ Maintain open communication with PCP offices regarding treatment plans, progress, and missed appointments

Closing this metric requires deconstruction of legacy pillars and close coordination between all providers and their offices, while maintaining the PCP as the care team leader.

END

Questions?