

WellCare of North Carolina Implementation Guide: Month 2- December 2022

WellCare of NC has engaged CPESN North Carolina to help deliver clinical services to our members with an emphasis on improving medication adherence in the following conditions: **diabetes**

Goals: Diabetes PDC target=80%

Month 1 Review

Step 1: Review training materials

Step 2: Determine the target patients and schedule a visit/time to meet with them

Step 3: Meet with the patient assess for adherence primarily, administer [Initial Assessment](#) and create your problem list to work over the next few months.

Step 4: Document in an eCare Plan use **payor code WCNC**

Month 2 -12

A. Focus on Care Gaps

Step 1: Plan to spend a few minutes with the patient in December when they come in to pick up their medications addressing 1 issue on the problem list created in month 1 e.g. Immunization assessment and delivering their flu shot/COVID booster or other vaccine

Step 2: Complete [Follow up Assessment](#)

Step 3: Services Administered

A. Required Services:

- 1) Medication Synchronization or Adherence Monitoring
- 2) The following must be documented,
 - a. **A1c value (baseline and 6 months)**
 - b. **Payor code WCNC**
- 3) **Address gaps in care**
 - a. Diabetes gaps [click here](#) for checklist slides [here](#) recording [here](#)
 - b. Assess immunization status and provide vaccinations [Download the App](#)

B. Other Related Services:

1. **Diabetes-**
 - How to use blood glucose monitoring device including CGM -[click here](#) for overview of devices
 - Collect information and educate on lifestyle interventions provide handouts [click here](#)
 - Diabetes Co-Conditions Screening Checklist [click here](#)
 - Microvascular Screening Checklist [click here](#)
2. **SDoH-** Social Determinants of Health and care coordination:-
 - SDoH screening tools either CMS [click here](#) or PREPARE [click here](#)
 - SDoH resource guide template [click here](#)
 - To find your local community resources [click here](#) and enter your zip code or access [NCCARE360](#)

STEP 4: Document the completed assessment as an eCare Plan use Payor code WCNC

Use the [Patient Encounter Documentation form](#) to assist with the eCare Plan documentation. To learn how to document an eCare Plan [click here](#). Provided below are a list of mandatory SNOMED codes. Additional interventions that can be documented: Click here [General SNOMED code guide](#)

Encounter Reason Required SNOMED codes	Intervention Required SNOMED codes
Assessment of compliance with medication regimen (410122002)	Synchronization of repeat medication (415693003)
Diabetes medication review (394725008)	Diabetic Education (6143009)
Administration of a substance to produce immunity 127785005	Administration of a substance to produce immunity 127785005