

# National Medicare Provider Newsletter

wellcare

2022 • Issue 1



## Meet the Brand That's Taking a No-Nonsense Approach to Medicare



**Welcome to the new Wellcare. You are a valued Wellcare provider, and we want to share some exciting changes to our Medicare plans.**





We've combined multiple brands under the Wellcare name to offer a better range of plans that provide members with affordable access to doctors, nurses and specialists.

In addition to our new look, we're working hard to get rid of the nonsense in health insurance. That's why we're offering simplified plans, streamlined benefits, and new ways to save. You probably have questions, so we want to answer them for you.









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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.





## Meet the Brand That's Taking a No-Nonsense Approach to Medicare *(Continued)*

### Which Medicare brands will become Wellcare and will the logos be changing?

WellCare, Allwell, Health Net, 'Ohana, Fidelis Care, and Trillium Advantage. The new bridging logos are shown below.



### Does this involve all lines of business for these brands?

No, only Medicare. In a few states, some of these brands will continue to exist with Medicaid and Marketplace plans.

### When does the transition begin?

This fall, you will begin to receive materials with the new Wellcare branding. **We will officially transition to Wellcare on January 1, 2022.**

### As a current WellCare provider, what changes can I expect to payor business operations, such as claims processing, payments, provider portal, etc.?

There will be no operational or business integration changes for 2022. However, if there are any administrative changes in the future, we will notify you immediately.



## 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.**

#### Reference:

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](https://www.diabeteseducator.org/docs/default-source/living-with-diabetes/tip-sheets/medication-taking/fostering_med_adherence.pdf?sfvrsn=4)



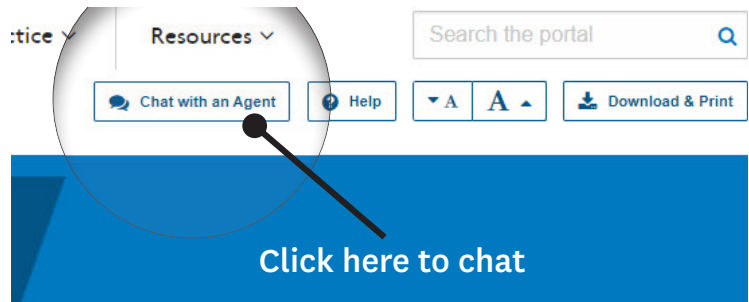
## Providers Love Our Live Chat!

**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](mailto: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.



## 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.



## Centene's New Provider Claims Menu Redesign in the IVR Underscores a Relentless Commitment to Superior Digital Solutions

**PROVIDERS HAVE A NEW CLAIMS MENU TO HELP THEM QUICKLY ACCESS IMPORTANT CLAIMS INFORMATION IN CENTENE'S IVR (INTERACTIVE VOICE RECORDING).**

The new provider menu requires less input from providers to get basic information on a claims status.

**The 1<sup>st</sup> phase of the new Provider Claims Redesign includes the following key enhancements:**

- ✓ New Claims Upfront Message informing callers of changes
- ✓ Ability to search by Claim ID
- ✓ Ability to search and list all of a Member's Claims within the last 90 days
- ✓ Ability to search by Claim DOS without having to enter Billed Amount or Members DOB
- ✓ Added playback control and skip functions to easily access claim information



**For more information on training opportunities for you and your internal team, please contact your Provider Representative.**



## Georgia Medicare 2022 SAE Expansion

**THE TEAM HAS BEEN EXCEPTIONALLY BUSY WITH 2022 SAE EXPANSION AND ENSURING A MARKETABLE COMPETITIVE NETWORK IS MAINTAINED IN THE EXISTING 80 COUNTIES.**

Perpetual motion to align us for a 69 county expansion for 2022 has been the focus of the team. While Georgia has experienced large expansions over the past two years; this by far is our largest. Our expectations for 2023 is to add the remaining 10 counties thus bringing the saleable network to all 159 Georgia counties.

**Largest Expansion – 69 counties, making us marketable in 149 of 159 counties**

- 69 new counties, bringing our state footprint to 149 counties
- Increased county count from 50% to 94% (10 counties for 2023 SAE)
- 67,843 Active Medicare members
- Increased footprint access by 428,616 eligible Medicare Beneficiaries, which is a 24.5% increase in 2022 over 2021



## 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.



## Point of Care Formulary Information for Providers

**PRESCRIBE WITH CONFIDENCE – EVERY DRUG. EVERY PLAN. EVERY TIME.**

**Are you and your team spending valuable time processing prior authorizations?**

We have expanded our relationship with MMIT to deliver comprehensive drug coverage information directly to your desktop and mobile devices. In addition to Wellcare's extensive support resources, providers can identify plan-specific drug coverage and restriction criteria as well as alternative therapies with these medical applications.

Epocrates®, an athenahealth service, is the #1 point of care medical app among U.S. physicians. It is trusted by over 1 million healthcare professionals. Just download the free app or search from your desktop with epocrates® web at **www.epocrates.com**.

MMIT's Coverage Search is a top-rated drug coverage search application. Download the free app or search from your desktop at **www.FormularyLookup.com**.

**Quickly obtain the details you need to select the best therapeutic option, eliminate denials and reduce administrative drain on you and your team with epocrates® and Coverage Search.**



## 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 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, LA,  
MA, MI, MO, MS, NH, NY,  
OH, SC, TN, TX, WA





## Diabetes Care

According to the American Diabetes Association, Diabetes causes more deaths per year than breast cancer and AIDS combined.

According to the Centers for Disease Control and Prevention, 9.4 percent of the U.S. population has diabetes. Another 84.1 million have prediabetes, a condition that can often lead to type 2 diabetes, within five years if not treated.

### Comprehensive diabetes care includes:

- ✓ Annual diabetic/retinal eye exam
- ✓ Annual kidney disease monitoring
- ✓ Controlled blood sugar
- ✓ Medication adherence
- ✓ Statin use (if appropriate for your patient)
- ✓ Controlled blood pressure

Ask patients with diabetes how they are managing their condition. Make sure their blood sugar is under control (HbA1c<9), and they are following a care regimen that includes an appropriate diet, physical activity, medicines and observation of blood sugar as recommended.

Consider writing 90-day prescriptions to promote compliance with diabetes medications.

## Diabetes Care Checklist



### Every Appointment:

- ✓ Blood pressure
- ✓ Feet



### Every 3 Months:

- ✓ A1c



### Once a Year:

- ✓ Microalbumin
- ✓ Dilated eye exam
- ✓ Patient cholesterol

### How can you help?

- Make sure regular, preventative appointments and screenings are up-to-date.
- Encourage patient education regarding services offered outside the Primary Care Provider office, such as diabetic eye exam services.
- Review your patient's medication lists, sign the reviews and make sure they understand how they need to take their medications.
- Reach out to noncompliant patients.
- Consider adding a moderate- or high-intensity statin.



## How to Improve Patient Satisfaction and CAHPS Scores

### WHAT IS CAHPS?

The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey asks patients to evaluate their health care experiences. Florida conducts an annual CAHPS survey, which asks members to rate experiences with their health care providers and plans. As one of our providers, you can provide a positive experience on key aspects of their care; we have provided some examples of best practice tips to help with each section

Your interactions with your patients play a key role in their experience and overall health. You provide guidance and solutions to help them navigate the complexities of health care and help make it easier for them to get timely care, tests and treatment. The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey provides feedback on your patient's experience with you, the provider and us.



### Congratulations and Thank you!

**In 2021, we scored well in: Rating of Specialist and Rating of Drug Plan**

#### Areas where we can work together to improve:

*Getting Needed Care, Getting Appointments and Care Quickly, Rating of Health Care, Care Coordination and Annual Flu Vaccine.*

We wanted to share our survey scores, provide some information on what this means and a few tips so we can partner with our providers to improve our scores together.

| Survey Measures                       | 2021 Score |
|---------------------------------------|------------|
| Getting Needed Care                   | 82         |
| Getting Appointments and Care Quickly | 78         |
| Rating of Health Care Quality         | 86         |
| Rating of Health Plan                 | 88         |
| Customer Service                      | 89         |
| Care Coordination                     | 84         |
| Annual Flu Vaccine                    | 64         |
| Getting Needed Prescription Drugs     | 89         |
| Rating of Drug Plan                   | 87         |

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## How to Improve Patient Satisfaction and CAHPS Scores Continued

| Know What You Are Being Rated On    | What This Means:  | Tips to Increase Patient Satisfaction:   |
|-------------------------------------|---|--|
| <b>Getting Needed Care</b>          | <ul style="list-style-type: none"> <li>• Ease of getting care, tests, or treatment needed</li> <li>• Obtained appointment with specialist as soon as needed</li> </ul>  | <ul style="list-style-type: none"> <li>• Help patients by coordinating care for tests or treatments, and schedule specialists appointments, or advise when additional care is needed to allow time to obtain appointments.</li> </ul>                      |
| <b>Getting Care Quickly</b>         | <ul style="list-style-type: none"> <li>• Obtained needed care right away</li> <li>• Obtained appointment for care as soon as needed</li> <li>• How often were you seen by the provider within 15 minutes of your appointment time?</li> </ul> | <ul style="list-style-type: none"> <li>• Educate your patients on how and where to get care after office hours.</li> <li>• Do you have on-call staff? Let your patients know who they are.</li> </ul>  |
| <b>How Well Doctors Communicate</b> | <ul style="list-style-type: none"> <li>• Doctor explained things in an understandable way</li> <li>• Doctor listened carefully</li> <li>• Doctor showed respect</li> <li>• Child’s doctor spent enough time with your child</li> </ul>        | <ul style="list-style-type: none"> <li>• The simple act of sitting down while talking to patients can have a profound effect.</li> <li>• Ask your patients what is important to them; this helps to increase their satisfaction with your care.</li> </ul> |

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## How to Improve Patient Satisfaction and CAHPS Scores Continued

| Know What You Are Being Rated On        | What This Means:  | Tips to Increase Patient Satisfaction:  |
|---|---|---|
| <p><b>Shared Decision Making</b></p>    | <ul style="list-style-type: none"> <li>• Doctor/health care provider talked about reasons you might want your child to take a medicine</li> <li>• Doctor/health care provider talked about reasons you might not want your child to take a medicine</li> <li>• Doctor/health care provider asked you what you thought was best for your child when starting or stopping a prescription medicine.</li> </ul> | <ul style="list-style-type: none"> <li>• Use of office staff other than physicians to distribute decision aids could help more patients learn about the medical decisions they are facing or simply to address medications</li> <li>• Decision making tools and quick reference guide are available at: <a href="http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html">www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/tools/index.html</a></li> <li>• Ask your patients, “What should I know about you that may not be on your medical chart?”</li> </ul> |
| <p><b>Coordination of Care</b></p>      | <ul style="list-style-type: none"> <li>• In the last 6 months, did your personal doctor seem informed and up-to-date about the care you got from other health providers?</li> </ul>   | <ul style="list-style-type: none"> <li>• Your office staff should offer to help your patients schedule and coordinate care between providers.</li> </ul>  |
| <p><b>Rating of Personal Doctor</b></p> | <ul style="list-style-type: none"> <li>• Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?</li> </ul>   | <ul style="list-style-type: none"> <li>• Studies have shown that patients feel better about their doctor when they ask their patients, “What’s important to you?”</li> </ul>  |
| <p><b>Rating of Specialist</b></p>      | <ul style="list-style-type: none"> <li>• Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?</li> </ul>  | <ul style="list-style-type: none"> <li>• Help your members value their visit to the specialists, be informed of their visit and their advice.</li> </ul>  |



## InterQual Connect Feature

**WELLCARE BY ALLWELL VALUES OUR RELATIONSHIP WITH OUR PROVIDER PARTNERS AND BELIEVES A KEY COMPONENT OF MEETING PROVIDER NEEDS IS OUR SECURE PROVIDER PORTAL.**

The portal enables providers to conduct business with Sunshine Health from the convenience of their desktops seamlessly and in real time. Wellcare would like to remind you of an exciting tool, InterQual Connect™, which is a feature embedded within our web authorization request process of our Secure Provider Portal. InterQual Connect™ (IQC), is an integrated medical review solution. It enables payers and providers to streamline the medical review process and eliminate redundant reviews. The addition of these features will simplify the provider experience.

***InterQual Connect™ is available to all Medicare (Allwell) providers.***

**The web authorization process and InterQual Connect™ offers several new capabilities:**

- Access integrated InterQual criteria through the provider portal
- Streamlined web authorization request
- Access resources that support the InterQual review process
- View and/or print the review summary
- Advises users if a service requires/does not require authorization or is not covered
- Easy access to InterQual Connect™ to complete medical review
  - Completed InterQual medical review will automatically be included with your web authorization submission
  - Possible same day approval based on outcome of a completed InterQual medical necessity review
- Identifies non-submitted service lines and provides reason for non-submittal

We believe these updates to our Secure Provider Portal will create a more user-friendly experience and enhance your ease of doing business with Wellcare by Allwell. We hope that you will take a moment to explore these new features.



**Please contact Provider Services at 1-844-477-8313 with any questions.**



# Provider Standards for Appointment Scheduling

**WE WANT TO ENSURE APPOINTMENTS FOR MEDICAL SERVICES AND BEHAVIORAL HEALTH SERVICES ARE AVAILABLE TO OUR MEMBERS ON A TIMELY BASIS.**

Below are the Appointment Availability standards assessed, which can also be found in the provider manuals. Please ensure these standards are implemented accordingly within your practice.

## After Hours — Primary Care Providers (All Products)

### After hours (Passing Standards):

- Answering service or system that will page physician
- Advice Nurse with access to physician
- Answering system with option to page physician
- Answering service that will page the provider after a message is left

## Wellcare by Allwell (Medicare)

### Primary Care

- Emergency: same day or within 24 hours of member's call
- Urgent Care: Within 2 days of request
- Routine: Within 21 days of request

### Specialty Referral

- Emergency: within 24 hours of referral
- Urgent Care: Within 3 days of referral
- Routine: Within 30 days of referral

### Behavior Health

- Immediate: within 2 hours
- Urgent Care: Within 24 hours
- Routine (initial assessment): Within 7 days of referral
- Routine (first BH service): Within 7 days of assessment

### All Providers

- Wait Times: 15 minutes



For more information, go to:

<https://www.sunshinehealth.com/providers/resources/forms-resources.html>



## Updates, Adds and Terms

As part of our recent integration with Wellcare by Allwell, we would like to remind all providers of Wellcare's processes below when submitting additions, updates, and terminations. Please feel free to share this helpful information with other members of your group or practice.

### Adding Providers to Existing Group or Practice

A contracted medical or behavioral health practice that would like to add a practitioner should email all relevant documentation to **practitioneradds@centene.com** and include the following:

- ✓ LOAP/Practitioner Roster (for additions only)
- ✓ Disclosure of Ownership Form
- ✓ By clicking **here**, providers can access our LOAP (roster) template to utilize as a guide when submitting these types of requests. The Practitioner Adds Mailbox is equipped with an Auto Response Email to alert the submitter that their request has been received.

### Demographic Updates and Changes

A contracted medical or behavioral health practice that would like to update or make any changes to their demographic information should direct their request to **SunshineProviderRelations@sunshinehealth.com**. Please include all detailed information to assist in making the appropriate changes. Providers can also initiate changes like this by visiting our secure Wellcare web Provider Portal. These changes can be made by selecting "Modify Demographic Information about a specific TIN". Providers can also submit their request via the online Contact form located **here**.

### Provider Termination Requests

Providers should refer to their Wellcare contracts for specific information about terminating their contracts with Wellcare. In general, though, providers are required to notify the health plan within 90 days of terminating a provider or providers from a group or contract. Providers who want to terminate an individual practitioner within a practice or group should:

- ✓ Provide the termination information on office letterhead and include the practitioner's name, tax identification number, NPI, termination date and membership transfer information, if applicable and;
- ✓ Email the request to **SunshineProviderRelations@sunshinehealth.com** and notify your Provider Relations Representative. To learn more, please visit our Provider Manuals.



If you have any questions, please contact Wellcare Provider Services at **1-844-477-8313**, Monday through Friday from 8 a.m. to 8 p.m. Eastern.



## COVID-19 Vaccine

**YOU PLAY AN IMPORTANT ROLE IN KEEPING YOUR PATIENTS AND THE COMMUNITY PROTECTED. HOW CAN YOU HELP?**

### When speaking to patients and caregivers:

- ✓ Ask about vaccine status and encourage the vaccine
- ✓ Advise that the vaccine is free
- ✓ Advise that even if they have had the COVID-19 virus – they should still get the vaccine
- ✓ Acknowledge the disruption COVID-19 has caused in their lives
- ✓ Provide education about vaccine safety (clinical trial testing and close monitoring)
- ✓ Explain that vaccination may reduce the severity of illness and protects not only them, but also their family and friends
- ✓ Explain that the vaccine does not give them COVID-19 (it is not a live virus)
- ✓ Discuss potential vaccine side effects (e.g. fever, headache, body aches, nausea) and when to seek medical care
- ✓ Reinforce CDC recommendations

| Vaccine Manufacturer        | Type         | Ages                      | Doses                 |
|-----------------------------|--------------|---------------------------|-----------------------|
| Pfizer-BioNTech             | mRNA         | 12 years of age and older | 2 doses 21 days apart |
| Moderna                     | mRNA         | 18 years of age and older | 2 doses 28 days apart |
| Johnson & Johnson’s Janssen | Viral Vector | 18 years of age and older | 1 dose                |



Be transparent in informing them that the vaccine is not a perfect fix. It is important to practice other precautions like wearing a mask, social distancing, handwashing, and other hygiene measures until public health officials say otherwise.



Ask if they have any questions and offer to answer questions they may have later. Keep the lines of communication open.

Reference:

- Florida Department of Health COVID-19: <https://floridahealthcovid19.gov/>
- The Centers for Disease Control (CDC)
- National Institutes of Health (NIH)
- The Centers for Medicare and Medicaid (CMS)
- The American Medical Association (AMA)





# Adolescent Immunizations

## ADMINISTRATION OF ADOLESCENT IMMUNIZATIONS IS RECOMMENDED FROM AGES 9-13 YEARS.

The first step is to educate the parent about the importance of vaccination as a way to prevent specific diseases, including cancer (HPV series). The second step is to adhere to the Centers for Disease Control (CDC) immunization schedule. The table below provides a summary of information necessary for

compliance with Healthcare Effectiveness Data and Information Set (HEDIS) guidelines. **Vaccines must be administered before or on the 13th birthday.** The administration date must be clearly documented in the record (notations of due and up-to-date are not acceptable).

| Vaccine   | Acceptable   | Age Range            | # of Doses for HEDIS Compliance | Interval* for HEDIS Compliance                       |
|---|--|----------------------|---------------------------------|--|
| Human Papillomavirus (HPV)  | Cervarix/HPV2, Gardasil/HPV4, Gardasil 9/HPV-9                                   | 9th – 13th birthday  | 2                               | At least 146 days apart (6 months*)                  |
|   |  |                      | 3                               | Different dates of service (0, 2, & 6 months apart*) |
| Meningococcal Serogroups A, C, W, Y<br>- not B, recombinant<br>- not Serogroup B, MenB, Bexsero, Trumenba | Menactra or MCV, MCV4P, Menveo, MenHibrix, Menomune, MPSV4                       | 11th – 13th birthday | 1                               | *  |
| Tetanus, Diphtheria toxoids and acellular Pertussis (Tdap)<br>- not DTaP or Td alone                      | Adacel, Boostrix, Td and Pertussis documented separately on same date of service | 10th – 13th birthday | 1                               | *  |

\*Follow the manufacturer and CDC guidelines.



### Immunizations for Adolescents

<https://www.cms.gov/files/document/2021-qrs-measure-technical-specifications.pdf>