



## RxEffect Provider Tool

### MEDICARE ONLY

RxAnte offers an innovative quality platform called RxEffect. The platform is free to Provider groups and offers targeted patient lists, daily claim updates, and a strong workflow support for your practice to support medication adherence. Active use of the RxEffect tool has been shown to improve adherence, quality measure outcomes, and enrollee outreaches.

#### Be on the lookout for exciting new RxEffect Enhancements including:

- ✓ New PCP Attribution – Helps Providers engage more effectively in RxEffect
- ✓ Appointment Agendas – Available after March to capture HCCs and proper risk-adjustment

- ✓ Improved dashboard reporting and the ability to save filters for improved efficiency
- ✓ Polypharmacy Measures – Improves the ability to manage and outreach medically complex enrollees
- ✓ Bonus Incentive Program – Offers additional incentives for Providers active within the RxEffect tool during the program period








Check out the RxEffect Video here:

<https://www.youtube.com/watch?v=loEKiM7veZQ>










To learn more about RxEffect, visit [www.rxante.com](http://www.rxante.com) and speak with your Provider Relations and/or Quality representative.

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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.





## SIU Corner

### THE SPECIAL INVESTIGATIONS UNIT IS REQUIRED TO CONDUCT ROUTINE AUDITS OF PROVIDERS TO ENSURE COMPLIANCE WITH FLORIDA STATUTES, MEDICAID GUIDELINES AND PROVIDER CONTRACTS.

During these audits, claims may, at times, be denied for preventable errors. One area of opportunity for providers to ensure compliance is regarding Telemedicine.

With COVID-19, many providers are allowing member's to be seen virtually. For these types of visits, there are specific guidelines that must be followed.

According to the Agency for Health Care Administration, "Telemedicine is the practice of health care delivery by a practitioner who is in a site other than the site where a recipient is located, using interactive telecommunications equipment that minimally includes real time, two-way interactive communication between a recipient and a practitioner using audio and video equipment."



#### Telehealth Provider Requirements, based on the Florida Medicaid Health Care Alert dated March 18, 2020:

Providers using any modality of telehealth must:

- ✓ Ensure treatment services are medically necessary and performed in accordance with the corresponding and promulgated service-specific coverage policy and fee schedule. For new procedure codes temporarily covered during the state of emergency, services must be performed in accordance with the American Medical Association's Current Procedural Terminology procedure code definitions and guidance
- ✓ Comply with HIPAA regulations related to telehealth communications

- ✓ Supervision requirements within a provider's scope of practice continue to apply for services provided through telehealth
- ✓ Documentation regarding the use of telehealth must be included in the medical record or progress notes for each encounter with a recipient
- ✓ The patient and parent or guardian, as applicable, must be present for the duration of the service provided using telehealth except when using store and forward modalities
- ✓ Out-of-state practitioners who are not licensed in Florida may provide telemedicine services to Florida Medicaid recipients, when appropriate, during the state of emergency in accordance with the Department of Health emergency order (DOH 20 – 002)

**Please note that due to the fluidity of the current pandemic, changes to policies and procedures are ongoing. Please refer to the latest AHCA alerts and guidelines for the most up-to-date rules and regulations.**



For additional information, please visit:

[https://ahca.myflorida.com/Medicaid/pdffiles/provider\\_alerts/2020\\_03/Medicaid\\_Telemedicine\\_Guidance\\_20200318.pdf](https://ahca.myflorida.com/Medicaid/pdffiles/provider_alerts/2020_03/Medicaid_Telemedicine_Guidance_20200318.pdf)



## 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 - not B, recombinant - 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) - 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>



## Doula Services Benefit and Billing Codes Update

A doula is a person who provides emotional and physical support to a member's pregnancy and childbirth. For Staywell members, this benefit is now available to all pregnant members, ages 13 and older, effective October 1, 2020.

### Benefits of a doula include:



#### During pregnancy, doulas offer support by:

- Answering questions about the childbirth process
- Developing a birth plan



#### At delivery:

- Stays with the member constantly to provide comfort and support
- Helps communicate the member's preferences to the medical staff



#### After delivery:

- Teaches the member how to care for the new baby
- Provides support and encouragement after the member brings the baby home

Below of is a list of codes, description, and benefit limitations. Some services may require prior authorization. The billing codes are applicable for Staywell and CMS Health Plan members.

Procedure codes performed by the doula			
Code	Modifier	Service Description	Benefit Limitation
S9442		Birthing classes, non-physician provider, per session	Unlimited
S9443		Lactation classes, non-physician provider, per session	Unlimited
S9444		Parenting classes, non-physician provider, per session	Unlimited
S9445		Prenatal education (patient education non classified, non-physician)	Unlimited
S9445	TS	Postpartum education (patient education non classified, non-physician)	Unlimited
S9446		Prenatal patient education, not otherwise classified, non-physician provider, group, per session	Unlimited
S9446	TS	Postpartum patient education, not otherwise classified, non-physician provider, group, per session	Unlimited

(continued on next page)

Below of is a list of codes, description, and benefit limitations. Some services may require prior authorization.

<b>Procedure codes not performed by the doula, but the doula may indicate their presence during the procedure through the use of the XU modifier</b>			
<b>Code</b>	<b>Modifier</b>	<b>Service Description</b>	<b>Benefit Limitation</b>
59400	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	1 per delivery
59409	XU	Doula support for vaginal delivery only	1 per delivery
59510	XU	Standard doula benefit with support at cesarean delivery; Global code: routine obstetric care including antepartum care, C-section delivery, and postpartum	1 per delivery
59514	XU	Doula support for Cesarean delivery only	1 per delivery
59610	XU	Standard doula benefit with support at VBAC delivery; Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	1 per delivery
59612	XU	Doula support for VBAC delivery only, with or without episiotomy and/or forceps	1 per delivery
59618	XU	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care, after previous cesarean delivery	1 per delivery
59620	XU	Doula support for Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	1 per delivery



**For more information, please contact your provider relations representative or contact**

**1-866-334-7927 – Staywell Health Plan**

**1-866-799-5321 – Children’s Medical Services Health Plan**



## WellCare Provider Portal – iCarePath Appeal & Dispute Project

### MEDICARE ONLY

**Applies to claim appeals and disputes only.**

**FL Medicare providers have the ability to view the status of claim appeals and disputes.**





#### Enhancements Include:

- ✓ A combined appeal and dispute form (before this there was a separate form for appeals and disputes)
- ✓ Updated helpful content throughout the form to make the submission process easier for providers
- ✓ Prepopulated enrollee and servicing provider information
- ✓ Confirmation message with ticket number for applicable iCarePath lines of business
- ✓ New “Appeal” and “Dispute” tabs on the claims landing page that will allow providers to search for the status of their appeal or dispute by provider ID or ticket number



## How Care Management Can Help Your Members

Care Management helps members with healthcare or social needs. It pairs members with a Care Manager. The care manager is a registered nurse, a licensed clinical social worker or other licensed health professional who can help member with issues such as:

-  Complex medical needs
-  Solid organ and tissue transplants
-  Children with special healthcare needs
-  Lead poisoning

#### We're here to help you!

Please contact us for more information on our program. A WellCare staff member will tell you about the program. This no-cost program gives access to a registered nurse (RN) or Licensed Clinical Social Worker (LCSW) Monday through Friday from 8am to 5pm.



## Community Connections Help Line

**1-866-775-2192**

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

## Operational



## 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:**

Send an email on your letterhead with the updated information. Please include contact information if we need to follow up with you. Please update your information or send the letter by any of these methods:



**Email:**

[FloridaProviderRelations@wellcare.com](mailto:FloridaProviderRelations@wellcare.com)



**Call:**

1-407-551-3200, Option 2



**Fax:**

1-813-865-6764

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.**





## Access to Staff

If you have questions about the utilization management program, please call Customer Service at:



**Medicare**  
1-855-538-0454



**Staywell (Medicaid)**  
1-866-334-7927  
(TTY: 711)



**CMS Health Plan**  
1-866-799-5321

*Language services are offered.*

You may also review the Utilization Management Program section of your Provider Manual. You may call to ask for materials in a different format. This includes other languages, large print and audio tapes. There is no charge for this.



## Provider Formulary Updates

### **Medicaid:**

The Preferred Drug Lists (PDL) has been updated.

Visit [https://ahca.myflorida.com/Medicaid/Prescribed\\_Drug/preferred\\_drug.shtml](https://ahca.myflorida.com/Medicaid/Prescribed_Drug/preferred_drug.shtml) to view the current Staywell PDL and pharmacy updates.

Visit <https://www.wellcare.com/Florida/Members/Medicaid-Plans/CMS/Pharmacy-Services> to view the current CMS Health Plan Title XIX and Title XXI.

### **Medicare:**

There have been updates to the Medicare formulary. Find the most up-to-date, complete formulary at [www.wellcare.com/Florida/Providers/Medicare/Pharmacy](http://www.wellcare.com/Florida/Providers/Medicare/Pharmacy).

You can also refer to the Provider Manual to view more information regarding our pharmacy Utilization Management (UM) policies and procedures. Provider Manuals are available at [www.wellcare.com/Florida/Providers/Medicaid](http://www.wellcare.com/Florida/Providers/Medicaid) and [www.wellcare.com/Florida/Providers/Medicare](http://www.wellcare.com/Florida/Providers/Medicare).



## NEW: Secure Portal Authorization Enhancements

WellCare has made several recent enhancements to our secure Provider Portal Authorization System. We've expanded your online capabilities, so you can accomplish more than ever before – without the need to call Provider Services for assistance.

### New features include

- ✓ **Authorization Edits:** Providers can now edit previously submitted authorizations online. You can also return and upload additional attachments (such as requested medical records) and review previously submitted documentation, as well.
- ✓ **Real-time Authorization Status:** Quickly and easily look up status of any authorization request, at any time. If you need any assistance, you can chat with a live agent.
- ✓ **New Status:** We've added a new "Partially Approved" authorization status to more accurately depict the determination of requests where a portion of services have been approved.

Not registered on our secure Provider Portal yet? It only takes a few moments to **sign up for an account** and start benefitting from the many useful features provided.



## 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.



## About Benefits & Services

### ***Here are some things to keep in mind:***

Participating WellCare Providers must, in accordance with generally accepted professional standards ensure that the hours of operation offered to WellCare Members are no less than those offered to commercial members.

All contracted services available to Medicaid members are available 24 hours a day, 7 days a week, when medically necessary.



## Provider Bulletins

**Remember to view the online Provider Bulletins regularly for important updates and notices.**

Provider bulletins are located at <https://www.wellcare.com/Florida/Providers/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 home page. You will see *Messages from WellCare* on the right.

### **Resources and Tools**

Visit [www.wellcare.com/Florida](http://www.wellcare.com/Florida) to find guidelines, key forms and other helpful resources for both Medicare and 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 at [www.wellcare.com/Florida/Providers/Medicaid](http://www.wellcare.com/Florida/Providers/Medicaid) or [www.wellcare.com/Florida/Providers/Medicare](http://www.wellcare.com/Florida/Providers/Medicare).

### **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.wellcare.com/Florida/Providers/Clinical-Guidelines](http://www.wellcare.com/Florida/Providers/Clinical-Guidelines).

## We're Just a Phone Call or Click Away



**Medicare**  
1-855-538-0454



**Staywell**  
1-866-334-7927



**CMS Health Plan**  
1-866-799-5321



[www.wellcare.com/Florida/Providers](http://www.wellcare.com/Florida/Providers)