



MEDICARE ONLY

Adults' Access to Preventive/Ambulatory Health Services (AAP)

Regular care improves health outcomes. For AAP measure compliance, patients 20 years and older need an ambulatory or preventive care visit during each calendar year.








Provider Tips for Success

- ✓ At each encounter, please ensure the patient has scheduled their annual wellness visit.
- ✓ Educate members on the importance of having at least one ambulatory or preventive care visit during each calendar year.
- ✓ Contact members that have not had a preventive or ambulatory care visit.
- ✓ Use email and online scheduling portals, or other methods to prevent long phone wait times.
- ✓ In order to be able to see patients on the day they call, keep a few open appointment slots on the schedule.
- ✓ Schedule follow-up appointments before members leave the office.
- ✓ Implement a recall notice process for members that do not schedule follow-up appointments before departure.









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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.





Adults' Access to Preventive/Ambulatory Health Services (AAP) Continued

- ✓ Provide appointment reminders via phone, text, or other means to decrease no-shows.
- ✓ Follow up with a phone call, text, and/or postcard if the member misses or needs an appointment.
- ✓ Consider offering expanded office hours (i.e. evenings and weekends) to increase access to care for members that cannot come in during normal business hours.

Codes

Code Type	Ambulatory Outpatient Visits	Telephone	Online Assessments
CPT	92002, 92004, 92012, 92014, 99201-99205, 99211-99215, 99241-99245, 99304-99310, 99315-99316, 99318, 99324-99328, 99334-99337, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411-99412, 99429, 99461, 99483	98966-98968, 99441-99443	98969-98972, 99421-99423, 99444, 99458

HCPCS	G0463, T1015, G2010, G2012, G2061-G2063
UBREV	0510-0517, 0519-0524, 0526-0529, 0982-0983
SNOWMED	185317003, 314849005, 386472008, 386473003, 401267002



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 your patients whether or how often they experienced critical aspects of health care, including communication with their doctors, understanding how to take their medications, and the coordination of their healthcare needs. **We hope 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 CAHPS 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.
- ✓ Ensuring 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>



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.

References:

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)



Child Health Check-Ups

CMS HEALTH PLAN CHILDREN NEED REGULAR CHILD HEALTH CHECK-UPS (CHCUPS).

This applies to even those that are chronically ill. Their assigned primary care provider (PCP) should perform this service. CMS Health Plan pays for CHCUPS. Please help ensure your members receive their check-ups on time.



Exams should occur at the following ages:

- After birth
- 3-5 days of age
- By 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year until from age 3 years until they are 21 years old



The visit should include:

- A comprehensive health and developmental history
 - Including assessment of medical history, developmental history, and behavioral health status
- Nutritional assessment
- Developmental assessment
- Comprehensive unclothed physical examination
- Dental screening, when required
- Vision screening including objective testing, when required/age or developmentally appropriate
- Hearing screening including objective testing, when required/age or developmentally appropriate
- Dental screening
- Tuberculosis screening
- Laboratory tests, including blood lead testing, when required
 - Children should receive a blood lead test before 12 and 24 months of age and between the ages of 36 and 72 months if not previously tested
- Appropriate immunizations
- Health education and anticipatory guidance
- Family planning, when appropriate
- Diagnosis and treatment
- Referral and follow-up, as appropriate
- Age appropriate testing
- Age appropriate guidance
- Immunizations (when needed)



Regular CHCUP exams are important! If you have questions or need assistance reaching members, please contact the child's assigned CMS Health Plan Care Manager.



MEDICARE ONLY

WellCare Provider Portal – iCarePath Appeal & Dispute Project

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 members 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



MEDICARE ONLY

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.



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



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.



Access to Staff

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



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

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.

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/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.



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 to find guidelines, key forms and other helpful resources for Medicare. 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/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.

We're Just a Phone Call or Click Away



Medicare
1-855-538-0454



CMS Health Plan
1-866-799-5321



www.wellcare.com/Florida/Providers