

A collage of medical professionals in white coats, some examining patients and others in discussion. The background is a mix of purple, green, and white squares.

PROVIDER

Newsletter

AUTHORIZATION REQUIREMENTS EASED

WellCare is upgrading its clinical and informatics systems that enable us to improve our real-time monitoring of utilization and quality data. With this new functionality, the Plan has been able to reduce the prior authorization list, **effective, January 1, 2009**. To complete a full upgrade of our authorization process, we have made improvements to the Web authorization tool to allow providers a smoother, more complete interaction online.

Advantages to Participating Providers

- Relaxed authorizations to relieve administrative burden
- Prior authorization changes, such as the removal of authorization requirements for hospital observation services
- Basic services and radiology rendered in outpatient hospitals and ambulatory surgery centers do not require prior approval
- DME purchases (including orthotics and prosthetics) billed less than \$500 will no longer require prior authorization
- Our Web authorization tool is now improved to expedite the authorization process (some provider types exempt from this functionality)

Providers should continue referring to the Quick Reference Guide for details on authorization information. The updated Quick Reference Guide to reflect the new authorization rules is on the WellCare Web site at www.wellcare.com or can be obtained by contacting Provider Services at 1-866-579-8006.

The changes to authorization rules are consistent with our philosophy that members should receive the right care at the right time. To take advantage of these and expedite them further, we encourage you to log on to our Web site today and submit your authorizations online!

BREAKING DOWN WALLS

USING EFFECTIVE COMMUNICATION WITH PATIENTS

Patients often face a frightening time when they seek treatment, especially when they don't understand what a physician is telling them about their condition. Good communication can help alleviate any fear or anxiety they might experience.

As a partner in rendering health care services to patients, providers have an obligation to inform them of their medical conditions. Providers are responsible for effectively communicating medical terms in a manner that can be understood by the patient.

Here are some things providers can do to help break down communication barriers:

- Assess what the patient already knows—encourage patients to keep you informed
- Assess what the patient wants to know
- Be empathetic
- Take the time to explain all treatment options
- Keep it simple: Explain medical information in easily understandable language
- Be sure to answer all the patient's questions

STRATEGIC NATIONAL IMPLEMENTATION PROCESS (SNIP)

All claims and encounter transactions submitted via paper, direct data entry (DDE) or electronically will be validated for transaction integrity/syntax based on Strategic National Implementation Process (SNIP) guidelines.

All electronic claims and encounters require validation of transaction integrity/syntax at levels 1 through 3 of the SNIP national guidelines.

SNIP LEVELS:

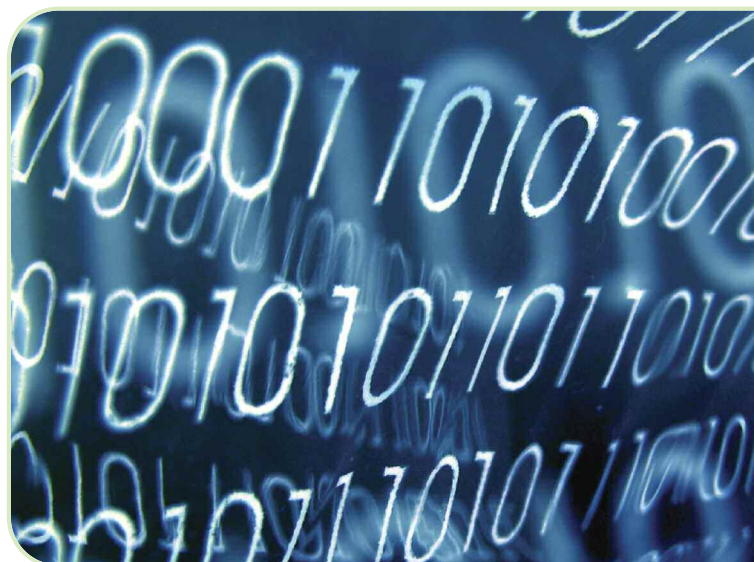
SNIP Type 1—EDI Syntax Integrity: Validates the file and record structure for each type of transaction.

SNIP Type 2—HIPAA Syntax-Specific Requirements: Validates that the transaction sets adhere to the HIPAA implementation guides.

SNIP Type 3—Balancing: Validates if claim summary totals balance to the line item detail.

WellCare's Claims and Encounter Companion Guides are available on www.wellcare.com.

Please correct and resubmit any claims that are rejected for lack of compliance to the Plan's claim and encounter submission requirements. For additional information, please contact your Provider Relations representative or Provider Services at 1-866-579-8006.



ENCOURAGE PATIENTS TO QUIT SMOKING

Quitting smoking is the single most important thing your patients can do for their health.

REASONS TO QUIT

1. Live a healthier life
2. Live a longer life
3. Be free of addiction
4. Improve the health of people around them
5. Save money
6. Feel better
7. Improve quality of life
8. Have a healthy baby
9. Have better sexual and reproductive health

Modified from source: New York City Department of Health and Mental Hygiene. Health E-News. January 22, 2007.

PROVIDER MATERIALS ON THE WEB

Be sure to refer to the Provider Manual and materials posted under the Provider area of our Web site, www.wellcare.com. As these documents are updated, they are automatically posted to the Web site. Using the online versions of these materials ensures you are using the most up-to-date versions.

NEW PREMIUM PRODUCT FOR 2009

WellCare is pleased to announce a new premium product available in Connecticut beginning in 2009. This product will offer \$0 co-pays for PCP and specialist visits, as well as inpatient services. It also offers other significant benefits, all for a small monthly premium.

We encourage you to discuss this new premium product with your patients. It is another way WellCare of Connecticut, Inc., is improving the health benefit options for Medicare beneficiaries.

FORMULARY UPDATE 2008

NEWS ON GENERICS

Generic equivalents for the following drug products have recently become available. Remember to inform your patients that the U.S. Food and Drug Administration (FDA) requires that generic drugs have the same quality, strength, purity and stability as their brand-name counterparts. Health professionals and consumers can be assured that FDA-approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- Contain the same active ingredients as the innovator drug (inactive ingredients may vary);
- Be identical in strength, dosage form and route of administration;
- Have the same use indications;

- Be bioequivalent;
- Meet the same batch requirements for identity, strength, purity and quality;
- Be manufactured under the same strict standards of the FDA's good manufacturing practice regulations required for innovator products.

Generic drugs have exactly the same active ingredients and effects as brand-name drugs, but they can cost **30 to 80 percent less**.

The generic drugs listed below are available to WellCare's Medicare members at the lowest cost-sharing benefit.

NEW GENERICS

Brand name	Generic	Therapeutic class
Fosamax® tablet	Alendronate	Second-generation Bisphosphonate
Risperdal®	Risperidone	Atypical Antipsychotic
Wellbutrin XL®	Budeprion XL	Antidepressant
Depakote®	Divalproex Sodium	Anticonvulsant
Vibramycin® Oral Suspension	Doxycycline Monohydrate Oral Suspension	Antibiotic
Ceftin® Oral Suspension	Cefuroxime Axetil Oral Suspension	Second-generation Cephalosporin
Yasmin®	Ocella	Oral Contraceptive
Lamictal®	Lamotrigine	Anticonvulsant

WellCare has made the following changes to its Medicare Formulary:

Additions	Removals
<ul style="list-style-type: none"> • Intelence® • Vigamox® 0.5% Eye Drops • Accolate® 	<ul style="list-style-type: none"> • Colchicine® Injection • Zylflo IR®

BENEFITS OF SPECIAL NEEDS PLANS FOR DUAL-ELIGIBLES

WellCare encourages our provider partners to put special needs plans to work in providing the highest level of care to our members. Dual-eligible special needs plans (D-SNPs) are set up to help coordinate health services for members with special needs who are eligible for both Medicare and Medicaid benefits.

PHYSICIAN OUTREACH

D-SNPs have been shown to be effective at improving care for dual-eligible populations. By their nature, dual-eligible members require specific outreach interventions. Given their significant co-morbidities, dual populations are faced with particular challenges:

- The dual-eligible population is more likely to be older than 85, suffer from multiple diagnoses, and have low income, according to the Medicare Payment Advisory Commission.
- Seven out of 10 elderly dual enrollees are female and have annual incomes of less than \$10,000, a report in Medical Care Research and Review says.
- According to the Medical Care Research and Review report, 46 percent of elderly community-resident dual enrollees reported their health as fair or poor, compared with 20 percent of other Medicare beneficiaries.

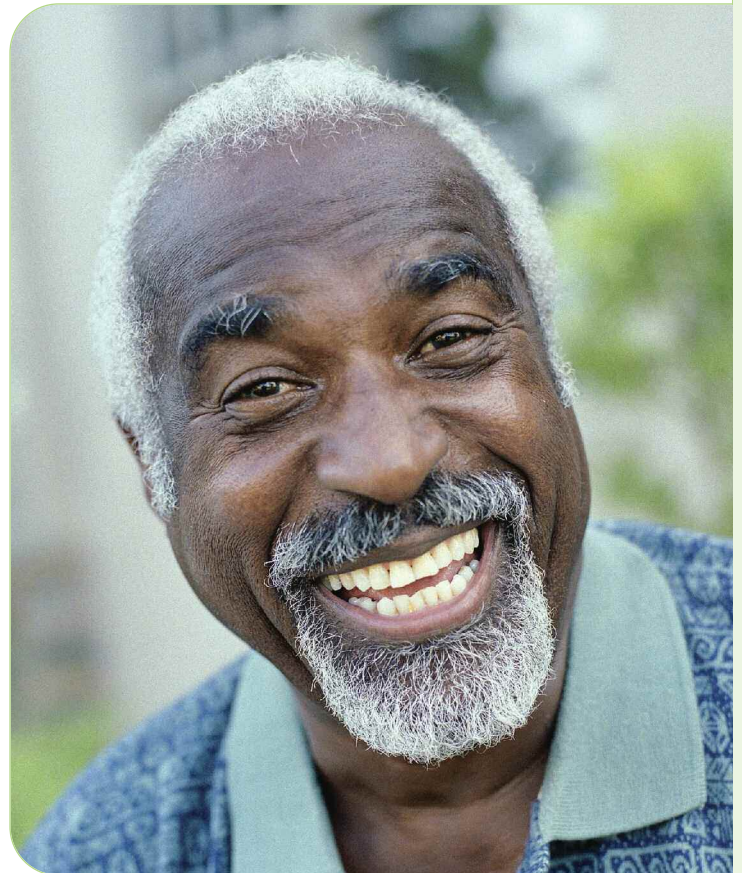
A research article in the *Journal of Ambulatory Care Management* recommends that physician groups' office staff assist in scheduling laboratory tests, radiological studies and subspecialty consultations to improve the quality and efficiency of in-person care by ensuring that required testing or referrals are completed before office appointments.

WELLCARE STUDY EXAMINED D-SNPs

WellCare examined claims data to understand the relationship between enrollment in a D-SNP and efficient provision of health care services. WellCare found that dual-eligibles face many non-financial barriers to access to quality health care and outcomes. In looking at the first 24 months of operating D-SNPs, PCP utilization by duals in D-SNPs more than doubled, and outpatient and ambulatory surgical centers increased dramatically. However, hospital admissions did not increase at all, despite major utilization trend increases in this area.

Also, when comparing results to non-dual Medicare Advantage members in other product offerings, major disparities between duals and non-duals begin to diminish. Primary care physician visits per 1,000 for duals grew at a rate double that of the non-dual Medicare Advantage members, and the disparity between duals and non-duals in the use of specialists was eliminated.

To help enable provider identification and outreach interventions, WellCare dual-eligible members assigned to provider panels can be identified through the Medicare Advantage plan names "Access" and "Select."



Sources: Medicare Payment Advisory Commission. *MedPAC Data Book Section 3: Dual Eligible Beneficiaries*.

http://www.medpac.gov/publications/congressional_reports/Jun06DataBookSec3.pdf. Niefel MR and Kasper JD. June, 2005. "Access to Ambulatory and Long Term Care Services Among Elderly Medicare and Medicaid Beneficiaries: Organizational, Financial, and Geographic Barriers." *Medical Care Research and Review*. 62: 300-319. Denberg, T.D., Lin, CT, Myers, B.A. Cashman, J.M., Kutner, J.S. Steiner, J.F. (2008) "Improving Patient Care Through Health-Promotion Outreach." *Journal of Ambulatory Care Management*. Vol. 31, No. 1, pp. 76-87.

DEPRESSION SCREENING

A VITAL PART OF TREATING THE WHOLE PATIENT

WellCare encourages early diagnosis and intervention in cases of behavioral health conditions. We believe this approach is a valuable way to improve members' overall health.

In any given year, 9.5 percent of the population, or about 20.9 million American adults, suffer from depression. While the high economic cost of this disorder is well-known, the intangible cost in human suffering cannot be estimated for those who have the disorder and those who care about them.

Behavioral health providers have long understood that emotional well-being affects our physical health. However, within the overall health care delivery system, there has historically been a separation between treatment for the mind and the body. There is little debate over whether physical illnesses have significant behavioral health components or vice versa. The debate is in regard to the degree of connection between behavioral and physical well-being.

Health plans, employer groups and epidemiologists are increasingly recommending the use of screening instruments to identify individuals with undiagnosed and untreated disorders as a preventive measure to avoid increased severity of the condition. WellCare endorses early diagnosis and intervention to promote improved clinical outcomes for patients. Our integrated approach to health care includes depression screening and using the PRIME-MD Patient Health Questionnaire (PHQ-9) as part of our Disease Management program. The link to the PHQ-9 Web site for further information is www.americangeriatrics.org/education/dep_tool_05.pdf.

The PHQ-9 is a screening instrument based on the depressive criteria from the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. The PHQ-9 was developed by researchers at Indiana University and Columbia University to identify the clinical criteria and the severity of depression.

The PHQ-9 is easy for clients to complete and quick for professionals to score. For psychiatrists, psychologists and other behavioral professionals, the questionnaire provides an ongoing assessment of the severity of depression as treatment progresses by repeated administration of the instrument.

It's important that health care professionals—doctors, pharmacists and behavioral health care providers—work together within a continuum of care to maximize the chances for success in prevention, effective treatment and recovery for members. While the definition of integration in the health care setting may vary, there are three essential components for success: collaboration, coordination and cooperation. Utilizing this approach helps primary care physicians, behavioral health providers and WellCare work together to treat the whole patient.

HOW TO CODE DEPRESSION

Start with the appropriate code below:

- 296.2X (first episode of depression)
- 296.3X (recurring depression)
- 298.0X, 300.4 (chronic mild depression)
- 311 (depression not otherwise specified)

Then code the fifth digit for claims purposes:

- .x1—mild

- .x2—moderate
- .x3—severe without psychotic features
- .x4—severe with psychotic features
- .x5—partial remission
- .x6—in full remission
- .x0—unspecified





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FREQUENTLY ASKED QUESTIONS ABOUT ELECTRONIC FUNDS TRANSFER (EFT)

WellCare recently introduced EFT/ERA services to our providers. This free service is available through PaySpan Health and is managed by our partners Payformance and Chase.

Providers have asked the following questions during the rollout of EFT/ERA service. For more information, please visit the PaySpan Health Web site at www.payspanhealth.com.

Q. How do I register for EFT?

A. Enrolling is quick and simple. Using the registration code sent to you in your WellCare enrollment letter, go to the PaySpan Health Web site, www.payspanhealth.com. It will take 5 to 10 minutes to complete the online enrollment process. You will then confirm the test deposit, usually within two business days. Once confirmed, all subsequent payments will be sent via EFT.

Q. I have forgotten my password; now what?

A. Call Payformance at 1-877-331-7154, Monday–Friday, 7am to 9pm Eastern, to reset your password.

Payformance can also assist with:

- File processing inquiries
- Administrator account additions
- 835 posting questions

Q. When should I contact the Plan?

A. WellCare Customer Service and/or Provider Relations can assist you with:

- Initial support concerning product inquiries
- Provider registration process
- Receiving account-management assistance
- User security questions
- Payment questions
- General process questions

Please call your Provider Relations representative or Customer Service with any questions at 1-866-579-8006.

Harness the Power of WellCare's Web Capabilities

OVERVIEW

On www.wellcare.com, you and your staff will have secure Web access to a variety of easy-to-use tools created to streamline your day-to-day administrative tasks with the Plan.

KEY FEATURES & BENEFITS

Our Web site gives you immediate access to what you need most. All participating providers can leverage the following features:

- **Claims Submission Status & Inquiry**
 - Submit a claim.
 - Check the status of a claim.
 - Customize and download reports.
- **Member Eligibility & Co-pay Information**—Searchable member database provides you with member effective and term dates, plan type, PCP contact and co-pay information.
- **Authorization Requests**—You may submit authorization requests online, attach clinical documentation and check authorization status. You may also print and/or save copies of authorization forms once received in your online mailbox.
- **Pharmacy Service & Utilization**—View and download a copy of our preferred drug list, see drug recalls, access pharmacy utilization reports, and obtain information about our pharmacy services.
- **Provider News**—View and download our latest announcements.

- **Your Inbox**—A provider-specific inbox where you receive notices and key reports regarding claims, eligibility inquiries and authorization requests.
- **Provider & Pharmacy Look-Up**—Search the online Provider Directory by geographic location and medical specialty to refer members to in-network services.
- **Provider Manuals**—A complete copy of WellCare's Provider Manual is available online, including all necessary forms and educational materials.

YOUR REGISTRATION ADVANTAGE

The WellCare Web site allows you to have as many administrative users as needed and can tailor views, downloading options and e-mail details. You may also create individual sub-accounts for your staff, keeping separate billing and medical accounts. Once you have registered for our Web site, please keep your login and password information for future reference.

HOW TO REGISTER

To register or for more information about our Web capabilities, please contact your Provider Relations representative or our Customer Service department.

