

PROVIDER

Newsletter

CELEBRATING 25 YEARS OF SERVICE AND PARTNERSHIP



This year, we at WellCare Health Plans celebrate our silver anniversary. Over our first 25 years, we have touched many lives in many different and meaningful ways. Our success would not be possible without your steadfast commitment to the highest standards of service.

Our relationship with providers runs deep; WellCare was founded by a group of physicians. Since the beginning, we have provided quality, cost-effective managed health care solutions in partnership with you and the members, governments and communities we serve. Today, more than 2 million people count on us for their health care and prescription drug needs.

As we continue to focus our energies on enhancing our members' wellness and quality of life, we remain dedicated to strengthening our partnership with you. We value and thank you for the quality care and services you provide, and look forward to a long and healthy future together.

PROVIDER UPDATE

Since our last newsletter was published, the following correspondence was sent to providers via fax, mail or was posted on the secure section of the WellCare Web site:

- Last Menstrual Period Date Requirement Notice
- State EPSDT Notice
- 2010 Outcomes RAPS Letter
- Behavioral Health Network Change
- Behavioral Health Provider Dormant Contract Amendment Notice

You can find copies of some of these correspondences when you log in to the secure area of www.wellcare.com (Medicare) or ohio.wellcare.com (Medicaid). Find the white box on the right labeled "Member/Provider Secure Sign-In," then click on the Provider tab. You will see *Messages from WellCare* located in the right-hand column. Remember to check the messages regularly to receive new and updated information.

DON'T FORGET TO COMPLETE YOUR RE-CREDENTIALING PACKET!

Re-credentialing is a state, federal and accreditation requirement for all providers. Be on the lookout for your re-credentialing packet in the mail approximately four months in advance of your re-credentialing due date.

CHILD OBESITY RATES GOING UP

JUNK FOOD INTAKE HAS INCREASED; MANY KIDS HAVE FEW PLACES TO BURN CALORIES



New research finds that the prevalence of obesity has grown in recent years among children aged 10 to 17, and certain kids are being especially hard hit. The findings appear in the March issue of *Health Affairs*. Another study in the same journal points to a possible reason why: kids are snacking on potato chips, candy and other fattening foods an average of almost three times per day.

The findings on obesity are based on the U.S. National Survey of Children's Health. The survey found that the obesity rate grew from 14.8 percent in 2003 to 16.4 percent in 2007. However, the percentage of children who are simply overweight actually dropped a small amount from 15.7 percent to 15.3 percent.

"While combined overweight and obesity rates appear to be leveling off, our findings suggest a possible increase in the severity of the national childhood obesity epidemic, especially for certain subgroups of children and in certain states," principal investigator Christina Bethell, director of the Child and Adolescent Health Measurement Initiative at Oregon Health & Science University, said in a news release from the journal.

"Nationally, one in three children is overweight or obese, but even in the states where the epidemic appears least threatening, nearly one in four children is affected, and that rises as high as one in every two for some groups of children in some states."

The study authors found that the highest rate of obesity and overweight combined was in Mississippi (44 percent) and lowest in Utah (23 percent). The rates for both conditions among poor children rose from 39.8 percent in 2003 to 44.8 percent in 2007; it was stable—at about 22 percent—among wealthier children and non-Hispanic children.

Obesity and overweight kids were more common in neighborhoods that lacked a park or recreation center, and in neighborhoods that parents didn't perceive as safe.

Snacking patterns may also be playing a big role in the pediatric obesity epidemic, according to the second study. Researchers Barry Popkin and Carmen Piernas of the University of North Carolina at Chapel Hill looked at data on more than 31,000 American children from 1977 to 2006.

They found that in 1977–1978, 74 percent of children aged 2 to 18 said they snacked on foods outside of regular mealtime, but by 2003–2006 that number had jumped to 98 percent. The biggest jump occurred with salty treats such as crackers or potato chips, but candy was a favorite snack as well.

Overall, kids consumed 168 more calories from snack foods in 2003–2006 compared to 1977–1978, and the increase was greatest among the very young—those aged 2 to 6.

"Kids still eat three meals a day, but they're also loading up on high-calorie junk food that contains little or no nutritional value during these snacks," Popkin said in the news release.

He advised parents to limit snack-time to just once per day and turn to healthy alternatives such as apple slices, carrots and other fruits and vegetables.

ACCESS AND AVAILABILITY PROVIDER AUDITS

To ensure that WellCare members have timely access to their physicians, WellCare conducts random, annual telephone audits of its provider network. These audits are required by our regulatory partners in Medicare and Medicaid. WellCare must be able to report the annual results of these audits to these regulatory partners upon request.

The access audit consists of several questions to determine the next available appointment times for our members and the average wait time in the provider's office once the member arrives for his/her appointment. The availability audit verifies whether members have access to their provider, an on-call physician or an advice nurse after office hours.

Audit calls take only a few minutes to complete, and participation in these audits is a condition of your contract with WellCare. (Additional information regarding your responsibilities as a WellCare provider can be found in the WellCare Provider Manual.)



We appreciate your and your staff's participation in this effort. If you have any questions regarding these audits, please contact your Provider Relations representative.

QUARTER 4 2009 MEDICAL RECORD REVIEW RESULTS

ANNUAL MEDICAL RECORD REVIEW RESULTS FOR OHIO MEDICAID PROVIDERS

Top Questions Missed—Overall	Totals	% Missed
Unclothed Physical Exam (Documented)	103	51.76%
Advanced Directives	59	29.65%
Domestic Violence Screening	48	24.12%
Referrals to WIC Program (Women, Infants & Children)	47	23.62%
Immunization Record Updated	42	21.11%
Total Number of Reviews Completed	199	

RESULTS FOR OHIO MEDICARE PROVIDERS

Top Questions Missed—Overall	Totals	% Missed
Advanced Directives	96	62.75%
Domestic Violence Screening	64	41.83%
Pneumococcal Vaccine (Pneumonia)	46	30.07%
Adult Hearing Screening	42	24.45%
Physical Exam (including BMI)	41	26.80%
Total Number of Reviews Completed	153	

INFLUENZA: WHAT'S NEW FOR 2010

Now that influenza season has arrived, we're encouraging providers to ensure that each of their members receives a flu vaccine. Here are some important things to remember as you encourage your patients to fight off the flu bug this upcoming season:

- Vaccination recommendations for adults have been expanded to include all adults beginning in the 2010–11 influenza season. Therefore, it is important that all people age 6 months and older receive the annual influenza vaccination.
- This year's vaccines, which will also provide protection against H1N1, include the same strain that was in the pandemic influenza A (H1N1) 2009 monovalent vaccines.
- Finally, a higher dose formulation of an inactivated seasonal influenza vaccine, Fluzone® High-Dose*, will be available in the 2010–11 influenza season for use in people age 65 years and older. Fluzone High-Dose, which contains four times the amount of influenza antigen compared to other inactivated seasonal influenza vaccines, produced higher antibody levels. Studies are under way to assess the relative effectiveness of Fluzone High-Dose compared to the standard dose inactivated influenza vaccine, but results from those studies will not be available before the 2010–11 influenza season. The Advisory Committee on Immunization Practices (ACIP) has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in people age 65 and older.

WellCare offers free flu vaccinations for its members. Please encourage our members to receive the flu vaccine either in your office or have them call the Customer Service number located on the back of their member ID card. They can also visit www.wellcare.com to locate a network provider near them to receive a free flu vaccination!

*WellCare will not pay for the Fluzone High-Dose vaccine.

Source: Centers for Disease Control and Prevention

UPDATED CLINICAL PRACTICE GUIDELINES

WellCare strives to supply our providers with the most up-to-date clinical practice recommendations. The following Clinical Practice Guidelines were updated in early 2010:

- Adult preventive health (including updated immunization schedules)
- Pediatric preventive health (including updated immunization schedules)
- Asthma
- Chronic kidney disease
- Diabetes

Also, please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources link at www.wellcare.com/Provider/CCGs.

CLAIMS AND MEDICAL RECORD REVIEWS REQUIREMENTS

In order to provide clarity on our existing policies and procedures, please note that we will be adding the following to our hospital provider manual later in the year:

All claims with estimated payment totaling more than \$250,000 are subject to a medical records review prior to payment. Therefore, the provider's explanation of payment will indicate when medical records are required for payment.

WELLCARE ACCESS (HMO SNP) 20 PERCENT COST-SHARE

Providers are responsible for billing Medicaid for the 20 percent coinsurance for applicable services for Access Plan members.

- Refer to the front of the member's ID card to determine the co-payment amount and to the back of the ID card for the reminder that "Member not responsible for cost-share. Do not balance bill."
- Access members have a \$0 cost-share responsibility.
- You should not bill a member for the 20 percent cost-share or deny the member access to care.
- If you have questions, please call Customer Service at 1-866-530-9487 to speak with a representative on the Special Needs Plan team.

Note: The state is responsible for the member cost-sharing in the Access Plan. However, the state is not required to provide payment for services under Medicare that would exceed the payment that the state Medicaid plan would have otherwise made.

MEDICARE

CASE MANAGEMENT PROGRAM

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the member's health needs. Our Case Management program is used to facilitate care of individual members in order to achieve optimal outcomes and quality of care. Case managers are registered nurses who assist members with multiple complex health problems. They serve as an important link between the member, the health care team, the payer and the community. By providing case management services, WellCare case managers work with the PCP and specialist to facilitate timely access to—and utilization of—appropriate services, thus reducing unnecessary services such as emergency room usage and hospital admissions.

Case management occurs across a continuum of care, is individually focused and member centric. Thus, a case manager's workload can include, but is not limited to, the following:

- High-cost or complex medical needs
- Solid organ and tissue transplants
- Chronic illness
- Catastrophic illness or injuries

DISEASE MANAGEMENT PROGRAM

Disease management is a system of coordinated health care interventions and communications that seek to proactively identify populations with, or at risk for, established medical conditions. WellCare offers a telephonic Disease Management program that focuses on the following: supporting the physician/patient relationship and plan of care; emphasizing prevention of exacerbations and complications using cost-effective, evidence-based practice guidelines; and patient empowerment strategies such as self-education.

Disease managers manage the following disease states:

- Asthma
- Congestive heart failure (CHF)
- Diabetes
- HIV/AIDS
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Hypertension

If you would like to refer your WellCare of Ohio Medicare patients to the Case or Disease Management program, please call 1-866-635-7045 between the hours of 8am and 5pm Eastern.



SUMMER 2010 PROVIDER FORMULARY UPDATE

GENERIC NEWS

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

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Aldara® 5% Topical Cream	Imiquimod 5% Topical Cream (PA)	Topical Immunomodulator
Cozaar® 25mg, 50mg, 100mg Tablets	Losartan Potassium 25mg, 50mg, 100mg Tablets	Angiotensin II Receptor Antagonists
Flomax® 0.4mg Capsules	Tamsulosin 0.4mg Capsules	Benign Prostatic Hyperplasia (BPH) Agents
Hyzaar® 50/12.5mg, 100/12.5mg, 100/25mg Tablets	Losartan Potassium & Hydrochlorothiazide 50/12.5mg, 100/12.5mg, 100/25mg Tablets	Angiotensin II Receptor Antagonist/Diuretic Combinations
Mirapex® 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets	Pramipexole Dihydrochloride 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets	Antiparkinsonian Agents
Trileptal® 300mg/5mL Oral Suspension	Oxcarbazepine 300mg/5mL Oral Suspension	Anticonvulsants

PA = Prior authorization required



The following additions have been made to the WellCare Medicare Formulary:

ADDITIONS	
AK-Con™ Ophthalmic Solution	Norvir® 100mg Tablets
Brimonidine Tartrate 0.15% Ophthalmic Solution	Oxaliplatin 50mg and 100mg vials (Part B)
BioThrax® (Anthrax Vaccine Adsorbed) Suspension for Intramuscular Injection	Promacta® 75mg Tablets (PA)
Carac® 0.5% Topical Cream (PA)	Renagel® 400mg, 800mg Tablets (PA)
Carimune® NF 6gm, 12gm Vials (PA)	Renvela® 800mg Tablet
Cyclosporine 50mg Soft Gelatin Capsules (PA)	Sodium Bicarbonate 8.4mg Syringe
Fanapt™ 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg Tablets (PA)	Soriatane® 10mg, 17.5mg, 22.5mg, 25mg Capsules (QL: 10mg capsules ONLY 31 capsules /31 days)
Fanapt™ Titration Pack (PA)	Valcyte® 50mg/mL Powder for Solution (PA)
Fluconazole-NS 100mg/50ml Vial	Zenpep® 5,000 USP units of lipase, 10,000 USP units of lipase, 15,000 USP units of lipase, 20,000 USP units of lipase Delayed-Release Capsules
Humira® 20mg/0.4mL Pediatric Pre-Filled Syringe (PA)	Zyprexa® Relprevv™ 210mg, 300mg, 405mg Vials (PA)
Menveo® Solution for Intramuscular Injection	

PA = Prior authorization required

QL = Quantity limit

The prior authorization associated with the following medication has been removed for the WellCare Medicare Formulary:

DRUG NAME
Ciclopirox 8% Topical Solution

PLANNED MARKET DRUG WITHDRAWAL

COMPANY NAME	DRUG NAME	DATE REMOVED	COMMENTS
Endo Pharmaceuticals Inc.	Moban® (molindone HCl) 5mg, 10mg, 25mg, 50mg Tablets	June 30, 2010	Endo has been unable to obtain an alternate supplier after the current supplier notified Endo of their intent to discontinue manufacturing molindone hydrochloride. Prescriptions will continue to adjudicate until supplies are exhausted.

Please visit www.wellcare.com to view the formulary and pharmacy updates.

D-SNP MODEL OF CARE PROCESSES

To improve access to medical, social and mental health services, WellCare completes the following for Dual Special Needs Plans (D-SNP) members:

1. Health risk assessment (HRA) to identify the members' acuity related to utilization, functional ability, depression scale and overall health status
2. Comprehensive assessment with the member's/ caregiver's participation to assist the interdisciplinary care team (ICT) in developing an individualized care plan (ICP) that identifies measurable goals and changes as the member's needs change
3. Facilitate the member in obtaining a primary care physician (PCP)
4. Utilize the Case Management social worker (CMSW) and Behavioral Health Case Management for community referrals

To improve coordination of care, D-SNP case managers:

1. Identify all members of the interdisciplinary care team (ICT) and coordinate care through a central point of contact, i.e., the PCP.
2. Maintain professional collaboration and communication with members of the ICT.

To improve transitions of care, D-SNP case managers:

1. Communicate with members across each point of the health care setting, i.e., hospital, SNF-rehab and home.
2. Assist in the facilitation of medical equipment needs and services.

To improve access to affordable, quality care and preventive health services, D-SNP case managers and/or Health Services associates:

1. Credential all providers.
2. Encourage the use of in-network providers in an effort to reduce financial burden to the member.
3. Utilize quality reports to address concerns on any reportable information from members regarding experiences with providers and/or facilities.

To ensure appropriate utilization of services

and cost-effective service delivery, D-SNP case managers and/or Health Services associates:

1. Identify and contact members meeting the Case Management criteria.
2. Facilitate medically necessary and appropriate accesses to care such as referrals to specialists, home health care, etc.

To improve member health measurable data, D-SNP case managers:

1. Provide members with preventive health information and educational material as appropriate.
2. Foster compliance by providing contact times with the member/family based on their needs (weekly, monthly, etc.).
3. Discuss identified health needs and/or concerns with the medical director, and request referrals to internal area specialists that the pharmacy, the case manager and medical director deem appropriate.

In short, with partnership and the full participation of all ICT members (primary care physician, specialists, case manager, social worker, behavioral health, pharmacy, member, family members and caregivers/ POA), WellCare D-SNP Model of Care assists members in reaching and maintaining the highest level of health and functioning possible for the individual member.

We're here to help your patients! If you would like to refer a patient to our program, they should contact the number below. A WellCare staff member will inform them about the program, including how to opt-in and how to opt-out if they no longer want to participate, and will explain the benefits of the free program. Your patient will have access to an RN case manager during the hours listed below.

If you would like to refer your WellCare D-SNP patients to Case Management services to benefit from the above Model of Care, please contact the Referral Line at **1-866-635-7045** between the hours of 8am and 5pm Eastern.

PEOPLE STILL TRUST THEIR DOCTORS RATHER THAN THE INTERNET

The Internet has made vast amounts of health information available to the general public, but all that virtual “noise” has made people more likely than ever to trust their doctor with medical decisions, a new survey finds.

As the environment gets noisier, physicians will be needed more to help patients decipher the noise, explained Bradford W. Hesse, one of three researchers from the U.S. National Cancer Institute who produced the survey.

“Part of noise is there’s good information and there’s bad information,” Hesse said. “We have a hard time understanding which is which. But doctors are credible. They’ve gone through a lot of training, and they can help [people] sort the good information from the bad.”

Published in the March 4 issue of the *New England Journal of Medicine*, the survey of nearly 16,000 people over seven years found the following:

- People’s trust in physicians has increased with the ascent of the Internet, while their trust in Internet information has declined slightly over time. Simultaneously, their trust in other sources of health information such as television has plummeted.
- By a large margin, people take their health questions to the Internet first, performing their own research. They then take that information to their doctor for discussion.
- Increasing numbers of people are using e-mail to communicate directly with their physicians.

The study dovetails with previous research, showing that the Internet is not replacing the role of doctors in people’s health, believes Susannah Fox, an associate director of the Pew Research Center’s Internet & American Life Project.

Some people had been concerned that the Internet would supplant people’s need to visit the doctor, much as Web sites have replaced local travel agents and print newspapers for many, Hesse and Fox concurred.

This latest research reveals the opposite, in fact, is occurring.

“The doctor’s appointment is an institution that will not budge,” Fox said. “People still want someone

to help guide them when they’re making decisions about an acute disease or managing a chronic illness.”

However, the study also shows that people are getting some use from Internet-provided medical information. They are using the Internet as a first source for health questions, for one thing.

“They use both channels,” Hesse said. “They go to the Internet first because it’s the easy thing to get to, but then they go to the doctor and follow up.”

“People also are using Web sites to get answers for questions they feel are too minor to bring to their doctor,” Fox added.

“When these health questions pop up in people’s lives, often they do want to talk to a doctor,” she said. “But if it’s after office hours or a question that doesn’t necessarily need expert advice, there are decisions that can be made using information found on the Internet. On the big decisions, for example diagnosis and treatment decisions, people are still relying on health professionals to help them make those very high-stakes decisions.”

The increase in e-mail correspondence with physicians, along with a large decrease in people’s trust in other sources of information, point to an increasing role for the Internet in health care, even if that role will remain supplemental to a doctor’s authority, Fox said.

“They key is making sure we understand that as mobile devices and broadband proliferate, the conversation is increasingly happening online,” she added.

Hesse said that the findings also point to an emerging model of preventive medical care where a person’s family physician takes on the role of a “coach,” guiding self-motivated patients to better health through their advice and judgment.

“People don’t go away when there’s technology involved,” he said. “In this case, they might actually be more needed.”



CHANGES TO BEHAVIORAL HEALTH NETWORK

WellCare of Ohio, Inc. (“WellCare”) has entered into an agreement with Magellan Behavioral Health, Inc. (“Magellan”) whereby Magellan will administer all behavioral health benefits for all WellCare members in the State of Ohio beginning **October 1, 2010**.

Please note that this does not change the behavioral health services covered by WellCare. To obtain behavioral health authorizations and referrals for WellCare members for dates of service on and after **October 1, 2010**, you must call Magellan at **1-800-951-7719**. Claims for authorized behavioral health services provided to WellCare members for dates of service on **October 1, 2010**, and later must be submitted directly to Magellan.

You should visit the Magellan Provider Welcome Web site at www.magellanhealth.com/provider for additional information such as services requiring prior authorization and how to submit claims to Magellan.

We thank you for your continued participation and cooperation in our ongoing efforts to arrange quality health care services to our members.

For questions, please contact your Provider Relations representative or call our Customer Service team at one of the following numbers:

Medicare – **1-866-687-8815**
Medicaid – **1-800-951-7719**

WELLCARE CLAIMS INFORMATION

From time to time, WellCare Health Plans, Inc. reviews its reimbursement policies to maintain close alignment with industry standards and coding updates released by health care industry sources like the Centers for Medicare & Medicaid Services (CMS), as well as nationally recognized health and medical societies.

Please note that WellCare publishes periodic reimbursement policy updates. To obtain a copy of our current policies, please visit the Provider Resources area of our Web site at www.wellcare.com, and select the *Claims Updates* link.

ADVANTAGES OF ELECTRONIC FUNDS TRANSFER

WellCare encourages participating providers to take advantage of electronic funds transfer (EFT) in receiving payment for claims.

Five reasons to sign up today for EFT:

- No interrupting your busy schedule to deposit a check
- No waiting in line at the bank
- No lost, stolen or stale-dated checks
- You control your banking information
- Immediate availability of funds—no bank holds!

Set-up is easy and takes about five minutes to complete. Please call your Provider Relations representative or the Provider Hotline at **1-800-951-7719** for Medicaid or **1-866-687-8815** for Medicare with any questions.

EFT is set up only to transfer funds into your account, never out.

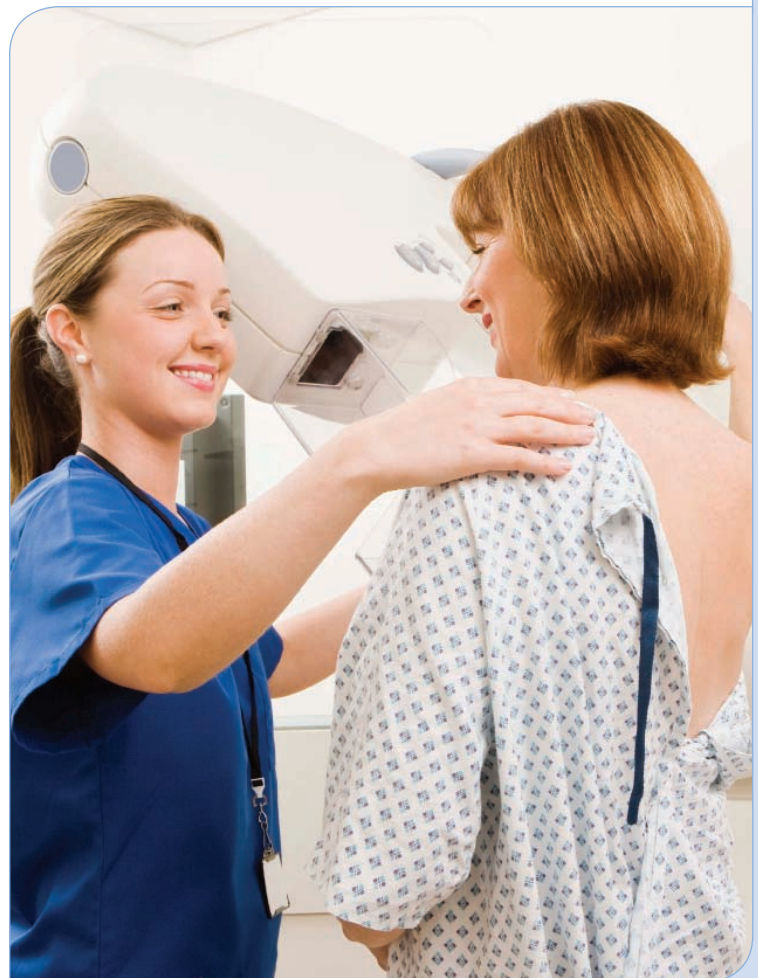
PROMOTE BREAST AND CERVICAL CANCER AWARENESS

October is Breast Cancer Awareness Month, so WellCare is asking all providers to encourage women to get their preventive health exams completed during October if they have not already done so this year.

According to the Centers for Disease Control and Prevention (CDC), many deaths caused by breast and cervical cancer could be avoided by increasing cancer screening rates among women. Deaths from these diseases occur disproportionately among women who rely on public health programs, like Medicaid, or are uninsured, the CDC reports.

WellCare covers all regular preventive tests and screenings for women without requiring referral or prior approval. Help us ensure that our members stay healthy by recommending appropriate preventive tests and screening.

Please continue to encourage women to obtain an annual mammography for breast cancer screening and a Pap smear for cervical cancer screening. Women should also have an annual Chlamydia screening test if they are sexually active and between the ages of 16 and 25.





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PROVIDE UPDATED INFORMATION TO WELLCARE

As a reminder, please provide WellCare with any updated information or changes that could affect your status with the plan.

For example, be sure to inform the plan in writing within 24 hours of:

- Any revocation or suspension of your DEA number
- Suspension, limitation, or revocation of your license, certification or other legal credential authorizing you to practice in the state of Ohio

In addition, please inform the plan in writing immediately of changes to:

- Licensure status
- Tax identification numbers
- Telephone numbers
- Addresses
- Status at participating hospitals
- Loss of liability insurance



By keeping your information up to date, you are helping to improve member accessibility. You will also help to ensure all correspondence, claim payments and notifications the plan sends will get to your correct location.