



FLORIDA | FALL 2009

PROVIDER

Newsletter

MEDICARE

CHECK MEMBER ELIGIBILITY NOW IN REAL TIME!

WellCare Health Plans, Inc. (the Plan), has partnered with Availity, LLC, a premier health information network, to offer real-time HIPAA 270 Eligibility Request and 271 Payer Response transactions to Medicare providers. This service improves data interchange, provides an innovative solution to provider requests and will be leveraged to implement other HIPAA-compliant transactions in the future.

Benefits and Advantages:

- Free for providers to use
- Participation is **optional**
- **“One-stop shopping”**—view eligibility information for all participating health insurance companies from one Availity Web site with a single login
- Reduces the need to call Customer Service to check eligibility

You now have the option to access the Eligibility and Benefit Inquiry transactions via the Availity secure transaction interchange. You are able to check member eligibility information for all Plan lines of business.

To gain access to the Availity real-time eligibility transactions, you need to register on the Availity Web site at www.availity.com and follow these simple steps:

1. Click *Eligibility and Benefits* | *Eligibility and Benefits Inquiry* in the Availity menu.
2. Select the applicable plan name in the Payer field.

Availity offers free online training webinars for several topics, including eligibility and benefits transactions. To register for one of these webinars, visit the Availity Web site and navigate to the *Demo* tab.

If you have any questions, please call Provider Services at:

WellCare Medicare: 1-888-888-9355

Staywell: 1-866-334-7927

HealthEase: 1-800-278-0656

Staywell Kids: 1-866-698-5437

HealthEase Kids: 1-800-278-8178

TTY/TDD: 1-877-247-6272

You may also call Availity at 1-800-AVAILITY (1-800-282-4548).

PROVIDER UPDATE

CLAIMS POLICIES INFORMATION

From time to time, WellCare Health Plans, Inc. (the Plan) 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 and Medicaid Services (CMS) and nationally recognized health and medical societies.

Please note that the Plan 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.

Thank you for your participation with WellCare. We appreciate the high quality of care you provide to our members.

AFFIRMATIVE STATEMENT

WellCare of Florida and HealthEase of Florida's utilization management program includes components of prior authorization, prospective, concurrent and retrospective review activities. Each is designed to provide for evaluation of health care and services based on members' coverage, the appropriateness of such care and services, and to determine the extent of coverage and payment to providers of care.

WellCare and HealthEase do not reward our associates or any practitioners, physicians or other individuals or entities performing utilization management activities, for issuing denials of coverage, services or care. Financial incentives, if any, do not encourage or promote under-utilization.



QUALITY IMPROVEMENT HIGHLIGHTS FOR 2008

The WellCare of Florida, HealthEase of Florida and Harmony Behavioral Health Quality Improvement (QI) program is an ongoing, comprehensive and integrated system that exists to actively initiate, monitor and evaluate standards of health care practice and infrastructures essential to the delivery of quality clinical care and service to members.

Some highlights from the 2008 QI program include:

- Completed a Centers for Medicare and Medicaid Services (CMS) dental audit
- Created Provider Tool Kits to assist physicians in treating patients with the following disease states or preventive health services:
 - Asthma
 - Depression
 - Diabetes
 - Well-Child/Child Health Check Up (CHCUP) exams
- Ongoing participation with the Plan's External Quality Review Organization (EQRO):
 - Performance Improvement Project (*Collaborative Well-Child visits in the first 15 months of life, six or more visits*) "100 percent validated"
 - Performance Improvement Measures for *Well Child 3 years to 6 years*—WellCare was identified as achieving the highest rates among all the Florida State Medicaid HMO/PSN health plans for HEDIS 2008
 - WellCare was asked to present at the EQRO meeting as having a Best Practice for well-child 3 years to 6 years
- Created QI Encounter & Claim Data Completeness task force:
 - Compiling and reporting accurate encounter data is a priority for WellCare's Florida market. This year, the Florida market created a team whose primary focus is encounter data and the associated activities to encourage encounter data submission.
 - Conducted analysis of current encounter submission practices
 - Improved provider performance communication between the corporate office and all markets
 - Implemented internal QI metrics to ensure effectiveness on established submission goals
 - Bi-weekly meetings occur to monitor encounter submissions and notify providers if their numbers were not adequate
 - Continued collaborative work across departments—QI, Finance, Provider Relations and Contracting—which addressed the Provider and Member Satisfaction Survey results, the Disease Management program educational packets, appointment timeliness audits and PQOC
- CHCUP and Well-Child Exams:
 - Met the 60 percent screening ratio for continuously enrolled members in all four Medicaid lines of business

- Met the 80 percent screening ratio for all members enrolled in three of the four lines of business
- A database was developed with all non-compliant members who have not had a CHCUP since October 1, 2007
- The database was rolled out to each market with instructions to take the non-compliant lists to the providers and encourage them to call members in for services
- Enhanced Provider Relations (PR) training in response to PR staff feedback and provider community feedback in Provider Satisfaction Survey results that revealed barriers with providers' relationships with their PR representatives.
- Conducted high-volume behavioral health provider audits:
 - 88 Medicaid and 47 Medicare audits were conducted (some providers were counted more than once if they treat both Medicaid and Medicare)
 - 85 percent Medicaid and 87 percent Medicare providers scored 90 percent or higher on administrative elements
 - 868 Medicaid and 161 Medicare treatment records were reviewed
 - “PCP communication” and “giving Medicare members their inpatient rights” were identified as low-scoring elements with opportunities for improvement
- 97 percent of all behavioral health Medicare and 98 percent of all behavioral health Florida Medicaid appeals were processed within the 30-day turn-around time.
- Assessed network capacity:
 - Reported on operation's progress regarding revision to rural/urban county designations and data-integrity improvements
 - Exceeded Customer Service standards and benchmarks
- Refined focus on patient safety:
 - Created a Quality of Care/Quality of Service task force that revised the process for tracking and monitoring incidents, leading to greater process efficiency
 - Reviewed 91 potential quality-of-care cases during 2008. Of those reviewed, 31 were found to have no identified issues, while 22 were noted to have a quality-of-care concern and were documented for tracking and trending. An additional nine cases were referred to the Credentialing and Peer Review Committee.
- Harmony Behavioral Health maintained URAC accreditation

2009 QUALITY IMPROVEMENT FOCUS

WellCare's Florida health plans are focusing on these quality improvement (QI) initiatives during 2009:

- Performing HEDIS data collection and rate analysis, initiating improvement activities, as warranted
- Conducting aggressive outreach to members in need of clinical care services, such as those related to the diagnosis of asthma, diabetes or pregnancy, and coordinating services as needed to promote a seamless continuum of care
- Conducting aggressive outreach to members in need of preventive health services
- Continuing emphasis on member/provider education regarding Child Health Check Up (CHCUP), lead testing, immunizations and other preventive health services
- Tracking and monitoring for effective processing of quality-of-care and service incidents
- Ensuring members can access behavioral health appointments when they need them
- Expanding the scope of patient safety
- Continuing efforts to decrease medication errors
- Continuing the following performance improvement plans:
 - Member first-call resolution
 - Diabetic retinal eye exam rates for Spanish-speaking members
 - Antidepressant medication management
 - Seven- and 30-day follow-up after hospitalization for a mental illness
 - Communication between medical and behavioral health providers
 - Well-child exams in the first 15 months of life
 - Colorectal cancer screening in the Medicare and special-needs populations
 - Diabetic retinal eye exam rates in the Medicare population

TESTMINDER HELPS PATIENTS COMPLY WITH STANDING ORDERS

E-MAILS PATIENTS WHEN THEIR NEXT TEST IS DUE

The TestMinder e-mail reminder program, offered exclusively by Quest Diagnostics, is designed to work with the standing orders that providers prescribe for testing. TestMinder prompts patients to schedule their lab appointments by sending them timely e-mails each time they are due for a lab test.

TestMinder can help manage patients with chronic illnesses or on a particular drug regimen and can save office staff time and effort.

AUTOMATIC ENROLLMENT

When your patient brings a standing order to the Quest Diagnostics Patient Service Center (PSC), the phlebotomist will record the standing order along with the patient's e-mail address. This will automatically enroll the patient in the program.

If you prefer to enroll your patient, you can do so by entering the patient's e-mail address in the Care360™ Physician Portal.

TestMinder does not disclose any personal information such as the test being performed or the name of the physician. There is no charge to you or your patient for this service.

CONVENIENT APPOINTMENT SCHEDULING

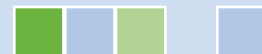
Your patient will receive an e-mail reminder from Quest Diagnostics seven days before their next standing order. The e-mail will have a link to the online Quest Diagnostics PSC appointment scheduler so an appointment can be easily scheduled. Each e-mail reminder will include a "Find a Patient Service Center" link so the patient can find the center closest to where he or she works or lives.

BRINGING VALUE TO YOUR PRACTICE

TestMinder can be a valuable tool for your practice. It can help you:

- **Improve patient management:** Patients will be more inclined to follow through on standing-order lab testing, helping to improve patient outcomes.
- **Increase patient convenience:** E-mail reminders with helpful links to online appointment scheduling are an easy way for patients to make appointments.
- **Reduce administrative time:** Your staff can spend less time calling patients to remind them to schedule lab tests.
- **Increase HEDIS scores:** Improved patient care can also help increase HEDIS scores and grow your practice.

Talk to your Quest Diagnostics account executive for more information about TestMinder.



CLINICAL PRACTICE GUIDELINES

WellCare, Staywell and HealthEase of Florida clinical practice guidelines (CPGs) are designed to assist physicians as they seek to improve the health status of members by providing preventive care to screen for a host of acute and potentially chronic illnesses.

These guidelines serve several purposes:

- Detailing interventions for prevention and early detection of disease;
- Recommending conditions in which interventions are required and suggesting intervention frequency; and
- Documenting the scientific basis or recognized source on which the guidelines were based.

The Plan's CPGs are developed, reviewed and updated as needed and are approved at least annually and periodically as appropriate. The process for guideline development or

review is initiated through research performed by corporate quality medical staff resources.

Our physicians work to ensure that the CPGs are relevant to the needs of our members. Sources for review include reliable clinical evidence, studies from nationally recognized agencies and recommendations from medical specialty societies. Findings from this activity are presented to and approved by the WellCare Corporate Medical Director/QI Director Committee, the WellCare of Florida/HealthEase of Florida Medical Advisory Committee (which includes Florida network physicians of various specialties) and the WellCare/HealthEase of Florida Quality Improvement Committee (QIC).

The CPGs can be accessed on the Provider section of www.wellcare.com or by contacting your local Provider Relations representative for a hard copy.

PROVIDER SATISFACTION RESULTS: SUCCESS TO GROW ON

Recently, WellCare, Staywell and HealthEase of Florida asked our providers to participate in a Provider Satisfaction Survey that focused on topics including:

- Provider communication
- Provider relations
- Service Center (Customer Service)
- Quality improvement (section I & II)
- Medical management and utilization review (health services)
- Case and disease management
- Pharmacy
- Claims payment and processing
- Marketing
- Overall satisfaction and loyalty

Providers were asked to score questions under each of the above categories with the following: Strongly Agree, Agree, Neutral, Strongly Disagree, Disagree and Non-applicable.

A total of 455 surveys were returned, for a response rate of 15 percent. Overall scores showed that providers view WellCare and HealthEase favorably:

1. The majority of providers (67 percent) noted they were either satisfied or extremely satisfied with the overall experience with WellCare.

2. More than 60 percent indicated they would recommend WellCare to other providers, and more than 50 percent indicated they would recommend the plan to patients.
3. Providers rated the Customer Service area extremely high in all areas measured.

The providers who responded to the survey also gave us some areas for improvement:

1. The majority of providers were unaware that WellCare has a Disease Management program, and even fewer providers were aware that WellCare has a Case Management program.
2. Further, providers were unaware how to refer members to the Disease Management or Case Management programs.
3. The majority of the providers did not know that WellCare has a Specialty Pharmacy program, nor have they utilized it.

We have heard your concerns and have built them into our Quality Improvement program for 2009. Our staff is working diligently to resolve these issues. In the near future, we will be having Provider Relations staff educate provider offices on the Disease Management, Case Management and Specialty Pharmacy programs.

MEMBER SURVEY REVEALS SUCCESSES AND OPPORTUNITIES

WellCare, Staywell and HealthEase of Florida continuously strive to deliver high member satisfaction with behavioral health services. The 2008 Consumer Satisfaction Survey shows the results of our efforts and highlights opportunities for growth.

In the Healthy Kids lines of business, our members indicated that Staywell and HealthEase were above average in *getting care quickly* and *how well doctors communicate*.

In the Medicaid adult line of business, *overall satisfaction*, *getting care quickly* and *Customer Service* were all rated as average.

Staywell and HealthEase were rated average in all the Child Satisfaction measures except *the number of doctors to choose from*.

The majority of the consumers in the Medicaid lines of business indicated the one area in which they would like to see improvement is *how doctors communicate*. The Medicare line of business noted several opportunities for improvement. WellCare is addressing these through education of staff, providers and members.

Staywell and HealthEase members rated their *provider's ability to meet their cultural and language needs* the highest of any element on the Behavioral Health Member Satisfaction Survey in 2008. *Satisfaction with treatment service* was rated favorably by 89.6 percent of the Staywell members and 86.3 percent of HealthEase members. One of the lowest scoring elements by Staywell and HealthEase members was regarding the *ability to reach their therapist if they had a crisis or problem*.

HELP PREVENT THE SPREAD OF THE FLU

Influenza season is here, and we encourage providers to help make sure that all members get a flu vaccination.

Vaccination is the first and most important step in protecting against influenza. It is recommended that the following groups get vaccinated each year:

- Children ages 6 months up to their 19th birthday
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
 - Health care workers

- Household contacts of persons at high risk for complications from the flu
- Household contacts and out-of-home caregivers of children younger than 6 months of age (these children are too young to be vaccinated)

Providers who administer the flu vaccine in their offices will be reimbursed for administration based on their contractual agreement with the Plan, medical group and/or IPA.

Note that your WellCare, HealthEase and Staywell patients can receive a **free** flu vaccination at any Walgreens Pharmacy or Maxim clinic location. All they have to do is present their WellCare, HealthEase or Staywell ID card. Direct your patients to call **1-866-WHI-FLUI** to find a Walgreens Pharmacy or **1-877-962-9358** to find a Maxim clinic location near them.

Source: Centers for Disease Control and Prevention

CULTURAL COMPETENCY MATTERS

Cultural competency is a key component of WellCare of Florida's continuous quality improvement efforts. WellCare partners with community organizations to promote cultural understanding and to meet the needs of our diverse population. Wherever possible, WellCare will pursue partnerships with national, state and local organizations dedicated to advancing both the broad interests and the health interests of groups that need culturally based supports. WellCare expects to realize tangible gains in member satisfaction and health outcomes resulting from the measures set forth in this plan.

The Plan seeks to ensure that our practitioners and providers fully recognize and care for the culturally diverse needs of the members they serve. WellCare continuously monitors its practitioner panel to track ethnicity and languages spoken in order to match identified member needs whenever possible.



SUBMIT AUTHORIZATION REQUESTS ONLINE

WellCare, HealthEase and Staywell encourage you to submit inpatient and outpatient authorization requests via our secure Web site, www.wellcare.com. Registered Web users have immediate access to pertinent information regarding authorizations, claims and more.

Once you have logged in, you may access the Authorizations tool in one of two ways:

1. On the *Providers* main page, you can select the *Submit Authorization* link under the *Authorizations* heading, or
2. You may select the *Authorizations* tab along the top of the page. From there, select the *Authorization Request* link.

Simply enter the necessary information requested to complete the transaction. The tool also allows you to attach clinicals, or you can type in any relevant clinical information supporting the request.

Please note that Authorization/Certification determinations are made based on medical necessity and appropriateness and reflect the application of the Plan's approved review criteria guidelines. Once you complete each authorization request, you may download or print a summary report for your records.

Conducting transactions online provides useful information on demand while saving you time. Please contact your local Provider Relations representative or Provider Services at **1-800-278-0656** (HealthEase); **1-800-278-8178** (HealthEase Kids); **1-866-334-7927** (Staywell); **1-866-698-5437** (Staywell Kids); or **1-888-888-9355** (WellCare Medicare) if you have any questions.

FALL PROVIDER FORMULARY UPDATE

GENERIC NEWS:

The generic drugs listed below are now available to HealthEase/Staywell Medicaid and WellCare's Medicare members at the lowest co-payment (if applicable):

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Cellcept® Capsules*	Mycophenolate Mofetil Capsules (Medicare only; requires Prior Authorization)	Immunosuppressant Agent
Cytomel® Tablets*	Liothyronine Tablets	Thyroid Agent
Topamax® Sprinkle Capsules*	Topiramate Sprinkle Capsules	Anticonvulsant Agent
Topamax® Tablets*	Topiramate Tablets	Anticonvulsant Agent
Uta® Capsules*	Phosenammine Capsules (Medicaid only)	Genitourinary Agent
Zerit® 1mg/mL Oral Solution*	Stavudine 1mg/mL Oral Solution	Antiviral Agent

*These brand-name drugs have been removed from HealthEase/Staywell's Medicaid Preferred Drug List

The following changes have been made to HealthEase/Staywell's **Medicaid Preferred Drug List**:

ADDITIONS	REMOVALS
<ul style="list-style-type: none"> Ammonium Lactate 12% Cream & Lotion (OTC and RX) 	<ul style="list-style-type: none"> Desferal® 500mg & 2gm vials
<ul style="list-style-type: none"> Cenestin® Tablets 	<ul style="list-style-type: none"> Fosamax Plus D™ 70mg/5,600IU, 70mg/2,800IU Tablets
<ul style="list-style-type: none"> Deferoxamine Mesylate 500mg & 2gm Vials 	<ul style="list-style-type: none"> Lescol® XL 80mg Tablets
<ul style="list-style-type: none"> Diclofenac Sodium 100mg Tablet SA 	<ul style="list-style-type: none"> Viracept® 50mg/gm Powder
<ul style="list-style-type: none"> Enjuvia® Tablets 	
<ul style="list-style-type: none"> Norpace® CR 150mg Capsules 	
<ul style="list-style-type: none"> Oralyte Solution (all flavors) 	
<ul style="list-style-type: none"> RE Pramoxine-HC Otic Drops 	
<ul style="list-style-type: none"> RE-Nata 29 Prenatal Tablets 	

The following additions have been made to WellCare's Medicare Formulary:

ADDITIONS
• Afinitor® Tablets (with Prior Authorization)
• Degarelix 80mg (with Prior Authorization and Quantity Limit of 1/28 days)
• Degarelix 2 x 120mg (with Prior Authorization and Quantity Limit of 2/180 days)
• Eliphos™ Tablets
• Ipratropium-Albuterol 0.5-3mg/3mL Nebulizer Solution (with Prior Authorization)
• Ketoprofen ER Capsules (with Quantity Limit of 31/31 days)
• Levemir® 100 units/mL Vial (with Quantity Limit of 60mL/31 days)
• Levemir Flexpen® 100 units/mL (with Quantity Limit of 60mL/31 days)
• Norpace® CR 150mg Capsules
• Tekturna® Tablets (with Step Edit)
• Tekturna HCT® Tablets (with Step Edit)
• Vimpat® Tablets (with Prior Authorization)

Also note we have changed the quantity limits per month for the following medications on HealthEase/Staywell's Medicaid Preferred Drug List and WellCare's Medicare Formulary:

MEDICAID	MEDICARE
• Micardis® HCT 40/12.5, 80/12.5, 80/25 Tablets QL has been decreased from 62/31 days to 31/31 days	• Zyvox® Tablets QL has been increased to 56/28 days
• Ondansetron 24mg Tablet QL has been increased from 1/31 days to 2/31 days	
• Zolpidem 5mg and 10mg Tablets QL has been increased from 14/31 days to 31/31 days	

CHECK THE STATUS OF A CLAIM ONLINE

WellCare encourages you to check the status of your claims online via our secure Web site, www.wellcare.com. As a registered user, you have immediate access to all pertinent information regarding your submitted claims. This valuable online feature provides useful information on demand while saving you time.

Simply follow the steps below. If you have any questions, please contact your Provider Relations representative.

Step 1

For the **Find by** menu, filter your search criteria by **Provider ID, Member ID or Claim Number**.

Step 2

In the **Member | Provider ID | Claim Number** box (depending on the option chosen in Step 1), enter the appropriate number.

Please note that you can click **Lookup Provider** or **Lookup Member** if you do not know the ID number.

Step 3

For **Service Date**:

Select one of the following date ranges from the **Within** drop-down box:

- Last day,
- Last 2 days,
- Last week,
- Last 2 weeks, or
- Last month

OR

Enter any 30-day date range with the **From** option.

Step 4

Click the **Check Claim Status** button. The claim results are displayed at the bottom of the screen.

Please note that, in addition to checking claims status, you can submit a new claim or resubmit a corrected claim via the Web. Simply select the appropriate link under **Claims**.



MEMBERS' RIGHTS AND RESPONSIBILITIES

WellCare, Staywell and HealthEase members have certain rights and responsibilities that all WellCare associates and providers must uphold. We require all providers to post the Members' Rights and Responsibilities form in their offices, where all Plan members are able to clearly see it.

The Members' rights are as follows:

- To be provided with information about coverage, services and use of the Plan
- To receive considerate, respectful care and be treated with human dignity
- To know the names and titles of all physicians and other health care professionals involved in their medical treatment
- To understand their medical conditions and health status, recommended course of treatment, alternatives and risks involved
- To actively participate in decisions regarding their medical care
- To be informed of continuing health care requirements following discharge from the hospital or office
- To refuse treatment, providing they choose to accept responsibility and the consequences of such a decision
- To refuse to participate in any medical research projects
- To have all complaints forwarded to Customer Service for appropriate response
- To have access to their medical records and to have the privacy and confidentiality of those records maintained
- To complete an Advance Directive form
- To make suggestions for improvements to the Plan
- To appeal unfavorable medical or administrative decisions by following the established grievance procedures of the Plan and the State
- To have all the above rights apply to the person having legal authority to make decisions regarding their health care

- To have all Plan personnel observe their rights
- To exercise these rights without regard to sex, age, race, ethnic, economic, educational or religious background

The Members' responsibilities are as follows:

- To understand how the Plan works by reading the WellCare, Staywell or HealthEase Member Handbook
- To carry his or her WellCare, Staywell or HealthEase and Medicaid cards at all times and to present them to each provider (doctor, lab, hospital, pharmacy, etc.) at the time services are being provided
- To select and seek all non-emergency care by appointment through their assigned primary care doctor, to obtain a referral from their primary care doctor for specialty care, and to cooperate with all persons providing their care and treatment
- To be on time for appointments
- To notify the doctor's office well in advance if they need to cancel or reschedule an appointment
- To be respectful of the rights, property and environment of all providers, employees, and other patients, and not to be disruptive
- To be responsible for understanding and following advice concerning their treatment, and to ask questions if they do not understand or need an explanation
- To understand the medications they take; know what they are, what they are for, and how to take them properly
- To provide accurate and complete medical information to all providers as may be required in the course of their treatment
- To make sure their current doctor has been provided with copies of all previous medical records
- To notify the Plan within 48 hours, or as soon as possible, if they are hospitalized or receive emergency room care

BREAKING DOWN WALLS

EFFECTIVE COMMUNICATION WITH PATIENTS

WellCare and HealthEase members indicated on the Member Satisfaction Survey that an area for improvement was how well providers communicate with their 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 patients of their medical conditions. It is the health care provider's responsibility to communicate 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:

- Keep the patient's culture in mind; it may differ from yours. The way you communicate both verbally and nonverbally may mean something different to them.
- 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; do not be in a rush to get out of the exam room.
- Keep it simple; explain medical information in easily understandable language.
- Be sure to answer all the patient's questions.

PROMOTE CANCER AWARENESS

October is Breast Cancer Awareness Month. WellCare asks providers to encourage women to get all 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 from 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.

ADVANTAGES OF ELECTRONIC FUNDS TRANSFER

WellCare, Staywell and HealthEase encourage 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 Provider Services at **1-800-278-0656** (HealthEase); **1-800-278-8178** (HealthEase Kids); **1-866-334-7927** (Staywell); **1-866-698-5437** (Staywell Kids); or **1-888-888-9355** (WellCare Medicare) with any questions.

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



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PATIENT SAFETY TIPS

WellCare, Staywell and HealthEase encourage providers to keep these important safety tips in mind when caring for our members, your patients.

DRUG INTERACTIONS AND DUPLICATE DRUG THERAPIES

- Ask patients to keep an accurate list of all medications, including herbal and nutritional supplements, or put them in a bag and bring them to their next office visit.
- Implement a computerized physician order-entry system, which reduces risk by checking a patient's history, lab results, current medications, allergies and weight before a prescription is ordered.
- Consult with the patient's pharmacist if you have questions about other drugs that may have been prescribed to the patient by another physician.
- Watch for these clinical identifiers that may indicate the occurrence of a medication error:
 - Rash
 - Seizure
 - Abnormal heart and/or respiratory rate

- Diarrhea
- Hearing change
- Fever
- Altered mental state

CONTINUITY AND COORDINATION OF CARE

- Remember to schedule follow-up appointments in your discharge-planning process.
- Give patients the opportunity to read their own medical records.
- Encourage patients to see a specialist within 30 days.
- Ask your patient whether he or she has seen a specialist.
- If you are a specialist, please remember that the Department of Human Resources' regulation 290-5-37-.05 states that consultant notes *"shall be entered into the health record within 14 calendar days following the completion of service."*
- Ensure that discharge summaries and lab results are sent to the primary care provider (PCP).