



# PROVIDER

## Newsletter

## CHANGES TO MEDICARE REDETERMINATION PROCESS FOR MEDICATION BENEFITS

EFFECTIVE JAN. 1, 2010

WellCare has changed how Medicare redeterminations (appeals) are being processed effective Jan. 1, 2010.

In order to facilitate redetermination requests and to offer better service to our providers and members, WellCare made the decision to have medical benefit claim redeterminations and medication benefit redeterminations processed separately.

Beginning Jan. 1, 2010, if you would like to request an appeal for a medication benefit, please utilize the following contact information:

To request a **medication appeal** for a Medicare member, mail or fax a completed Medication Appeal Request form to:

WellCare Health Plans, Inc.  
Attn: Pharmacy Appeals  
P.O. Box 31383  
Tampa, FL 33631-3383  
Fax: 1-866-388-1766

The Medicare Medication Appeal Request form is available on [www.wellcare.com](http://www.wellcare.com) under your state's *Provider Manual Forms*. You may also contact us regarding any questions or concerns you have regarding medication appeals by using the Customer Service telephone number on the *Quick Reference Guide* found on [www.wellcare.com](http://www.wellcare.com).

Redetermination (appeal) requests for medical benefits and claims will be handled in the same manner as in the past. This information can be found on the *Quick Reference Guide* available on the provider Web site at [www.wellcare.com](http://www.wellcare.com).

## PROVIDER UPDATE

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

- Connecticut's Winter 2009 Provider Newsletter
- Changes to Preferred Brands of Insulin
- Changes to Medication Benefit Process
- LabCorp Laboratory Services Available

You can find copies of these materials when you log in to the secure area of [www.wellcare.com](http://www.wellcare.com). Use 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.

### WEB RESOURCES

WellCare's Preventive and Clinical Practice Guidelines, Quick Reference Guide, Pharmacy Guidelines, Cultural Competency Plan and other helpful resources are available at [www.wellcare.com](http://www.wellcare.com).

## SUNCAP ELECTRONIC PAYMENTS

WellCare offers an electronic version of capitation payments called SUNCAP. The reports are usually available the 20<sup>th</sup> of each month and include member-level detail, which allows larger provider groups and ancillary providers an electronic means to reconcile payments to their assigned membership.

The files are sent in a standard text format to a secured site that allows you to import the data into any software system that you choose.

For more information on signing up to receive SUNCAP reports, please contact your Provider Relations representative.

## EFT HELPS YOU RECEIVE FASTER PAYMENTS

You can receive your WellCare payments faster by signing up to receive electronic funds transfer (EFT) through our payment partner, Payformance.

Registration is quick and simple.

1. Obtain your registration letter or contact your Provider Relations representative for your registration code.
2. Once you have your registration code, go to the PaySpan Health Web site at [www.payspanhealth.com](http://www.payspanhealth.com). The Web site will walk you through the 5- to 10-minute registration process.

The article to the right outlines these steps.

You will receive a deposit from Payformance that you'll need to confirm. EFT payments are typically received 2 to 5 days sooner than paper checks.

If you have questions, please contact your Provider Relations representative, or call Provider Services at **1-866-579-8006**. You can also contact Payformance at **1-877-331-7154** Monday through Friday, from 7am to 9pm Eastern.

## MAMMOGRAMS AND BREAST CANCER PREVENTION

The NYC Department of Health and Mental Hygiene recommends that women ages 40 and older get a mammogram every one to two years. Women with a family history of breast cancer should seek medical advice about whether to begin screening before 40 years of age and how often to get screened. Screening mammography is an important way to identify potential cancers at an earlier stage and has been shown to reduce deaths from breast cancer.

*Source: <http://www.nyc.gov/html/doh/html/cancer/cancerbreast.shtml>*

## HOW TO REGISTER AS A PROVIDER ON PAYSPAN HEALTH'S WEB SITE

If you'd like to receive your WellCare payments faster, simply sign up for EFT payments at PaySpan Health's Web site. The registration process is outlined below.

### TO BEGIN REGISTRATION:

1. Navigate to [www.payspanhealth.com](http://www.payspanhealth.com).
2. Click on the orange *Secure Registration* button.
3. A screen will appear for you to enter your registration code.
4. Type in the registration code from the registration letter, or use the code given to you from your Provider Relations representative.
5. Click the *OK* button.
6. The *Welcome Page* screen will appear:
7. Type in your Payee Identification Number (PIN) and Tax Identification Number (TIN). The PIN/Vendor is the payee ID assigned by the payer.
8. Click on the *Begin* button to start the registration process.

### STEP 1: THE REGISTRATION INFORMATION SCREEN WILL APPEAR.

1. Complete the required registration information questions.
2. The e-mail address will become your user name when logging in to the PaySpan Health Web site.
3. Click on the *Next* button to continue to Step 2.

### STEP 2: THE ACCOUNTING INFORMATION SCREEN WILL APPEAR.

1. Type in an account name to identify the receiving account.  
**Note:** Providers typically use the account name to specify the payee designation (i.e., General Hospital may be paid by Community Health Plan to separate payee accounts such as General Hospital ER and General Hospital Labs). Each payee will have a separate registration code and can therefore have a separate receiving account established. The same routing and account number can be used for multiple receiving accounts.
2. Enter the routing number and account number in the specified fields.
3. Click on the *Next* button to continue to Step 3.



### STEP 3: THE TERMS AND CONDITIONS SCREEN WILL APPEAR.

1. Review the registration information.
2. Click the *Edit* button to make any corrections.
3. Read the service agreement then check the terms and conditions box if in agreement.
4. Click the *Submit* button.

This will complete the registration process.

You will receive an e-mail confirmation of your completed registration. In a few days, you will need to verify with your bank that a minimal deposit has been made by Payformance. This deposit amount will be used to confirm that your electronic payments are set up appropriately through PaySpan Health and your bank. You will see this confirmation page the next time you log in to [www.payspanhealth.com](http://www.payspanhealth.com) using your user name (your e-mail address) and your password.

If you have any questions about the registration process or the PaySpan Health Web site, please contact Payformance's Provider Support Team at 1-877-331-7154 Monday through Friday, 7am to 9pm Eastern.

# 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
Acular® 0.5% ophthalmic drops	Ketorolac Tromethamine 0.5% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Acular LS® 0.4% ophthalmic drops	Ketorolac Tromethamine 0.4% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Alphagan® P 0.15% ophthalmic drops	Brimonidine Tartrate 0.15% ophthalmic drops	Antiglaucoma Agents
Phenytek® 200mg, 300mg extended-release capsules	Phenytoin Sodium 200mg, 300mg extended-release capsules	Anticonvulsants—Hydantoins
Razadyne® 4mg/mL solution	Galantamine Hydrobromide 4mg/mL solution	Alzheimers Agent—Cholinesterase Inhibitors
Starlix® 60mg, 120mg tablets	Nateglinide 60mg, 120mg tablets	Antidiabetic Agents—Meglitinides
Valtrex® 500mg, 1gm caplets	Valacyclovir Hydrochloride 500mg, 1gm caplets (QL: 62 caplets/31 days)	Anti-infective Agents—Antivirals

QL = Quantity Limit

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

ADDITIONS	
Adcirca® 20mg tablets (PA)	Morphine Sulfate 1mg/mL syringe
Buprenorphine 2mg, 8mg SL tablets	Piperacillin-Tazobactam 2.25gm, 3.375gm, 4.5gm, 40.5gm vial
Capastat® Sulfate 1gm vial	Sabril® 500mg tablets (PA)
Cervarix® vaccine (PA)	Saphris® 5mg, 10mg SL tablets (PA)
Codeine Sulfate 15mg, 30mg, 60mg tablets (QL: 248 tablets/31 days)	Seromycin® 250mg capsules
Hiberix® vaccine	Trecator® 250mg tablets
Lamotrigine Starter Kit tablets	Venlafaxine ER 37.5mg, 75mg, 150mg, 225mg tablets (QL: 31 tablets/31 days)
Metadate® ER 20mg tablets	Votrient™ 200mg tablets (PA)

PA = Prior Authorization QL = Quantity Limit

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## PLANNED DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Roche	Vesanoid® capsules	Dec. 14, 2009	Vesanoid® capsules are a non-formulary medication that was removed from the market on Dec. 14, 2009.
Eli Lilly	Humulin® 50/50 Insulin	Dec. 31, 2009	Humulin® 50/50 Insulin is no longer available from Eli Lilly. Beginning Jan. 1, 2010, Humulin® 50/50 was no longer a covered benefit on WellCare plans.

## WHAT'S THE DIFFERENCE BETWEEN AN APPEAL AND A CLAIM DISPUTE?

You should file an appeal if you disagree with an adverse organization determination. In most cases, these are related to authorization denials, claim denials or denials for reimbursement (typically related to the member paying out-of-pocket for services and requesting reimbursement from the health care plan).

A contracted provider has the right to appeal authorization denials, or claim denials related to lack of, or in excess of, authorization.

### Appeals should be sent to:

WellCare Health Plans, Inc.  
P.O. Box 31368  
Tampa, FL 33631

If you believe there has been an error in payment, or you believe a claim payment did not follow guidelines,

you have the right to dispute the payment amount by submitting a claim dispute. Claim disputes can include:

- A claim denial for timely filing
- Coding- or billing-related issues
- A dispute in the amount paid on a claim

### Claims disputes should be sent to:

WellCare Health Plans, Inc.  
P.O. Box 31372  
Tampa, FL 33631

For more information about appeals or claims disputes, please refer to the telephone numbers on the *Quick Reference Guide* available on the provider Web site at [www.wellcare.com](http://www.wellcare.com).

## COLONOSCOPY EVERY 10 YEARS COULD PREVENT MANY DEATHS

Colorectal cancer causes more cancer deaths among non-smokers than any other form of cancer. The New York City Department of Health and Mental Hygiene recommends colonoscopy every 10 years as the preferred colorectal cancer screening test, with annual fecal occult blood test (FOBT) of three consecutive stool samples as an acceptable, although not optimal, alternative for those patients unable or unwilling to undergo colonoscopy. Persons at high risk for colorectal cancer should begin screening with colonoscopy at age 40 or younger. Clinician recommendation remains one of the most powerful determinants of whether a patient undergoes colorectal cancer screening.

Source: New York City Department of Health and Mental Hygiene



## UNDERSTANDING MEMBER COST-SHARING

### WELLCARE COORDINATED CARE PLANS

#### What is cost-sharing?

Cost-sharing is the amount a member pays for health care and/or prescriptions. This amount can include co-payments, coinsurance and/or deductibles.

Providers should collect the applicable cost-share from the member at the time of the service when possible. Some members qualify for state programs to help them pay their out-of-pocket costs for Medicare. Members enrolled in these programs may still have to pay a Medicaid co-payment, depending on the rules in their state.

#### Would there ever be more than one co-payment due from a member in a single day?

Yes, there are certain situations when a member would be responsible for more than one co-payment in a single day.

1. If a member sees more than one provider on a given day, he or she would be responsible for the appropriate co-payment for each provider. For example, if a member has office visits with a PCP and a specialist on the same day, even if they are in the same office, he or she would be responsible for both the PCP and the specialist co-payments.
2. If a member has more than one diagnostic test or procedure in an outpatient or office setting on a single day, he or she would be responsible for the appropriate outpatient or office co-payment, plus the co-payment for each *category* of diagnostic services.

As an example, please refer to the chart below:

CATEGORY OF SERVICES	2010 AMOUNT
Lab services (i.e., urinalysis)	\$0 co-payment
Basic diagnostic radiological services (i.e., flat film X-ray)	\$0 co-payment
Basic diagnostic tests (i.e., allergy test)	\$20 co-payment
Advanced diagnostic tests (i.e., cardiac stress test)	\$50 co-payment
Advanced diagnostic radiological services (i.e., MRI)	\$50 co-payment

Let's say a member has an allergy test and a cardiac stress test performed by a single provider on the same day. By referring to the chart above, we can see that the member would be responsible for a \$20 co-payment for the allergy test, plus a \$50 co-payment for the cardiac stress test. If a member has these services performed in an outpatient facility, then he or she would be responsible for the appropriate outpatient facility co-payment amount, plus the allergy test and cardiac stress test co-payments.

For additional information, visit [www.wellcare.com](http://www.wellcare.com) or call Customer Service at 1-866-579-8006.

## DENTAL VISITS

Good dental health, including annual dental visits, is important to overall health. Providers should inform all patients of the benefits to receiving regular dental checkups. Please encourage all patients to call their dentist today to schedule an annual dental visit.

## CHOLESTEROL MANAGEMENT

Cardiovascular disease is a leading cause of preventable illness and death. Elevated low-density lipoprotein (LDL) cholesterol is a major—but modifiable—risk factor for cardiovascular disease.

Inadequate lipid control contributes to poor overall cardiovascular health. People with diabetes are at further risk and are two to six times more likely to die from a cardiovascular event than those without diabetes.

It is crucial for health care providers to identify patients at increased risk of cardiovascular events and properly manage their lipid levels.

To help patients control cholesterol, and to prevent heart attack and stroke, the New York City Department of Health and Mental Hygiene encourages providers to:

- Counsel all patients on lifestyle modification—the cornerstone of cardiovascular disease prevention.
- Treat all patients with coronary or other atherosclerotic disease or diabetes to reach an LDL goal of less than 100 mg/dL. Consider an LDL goal of less than 70 mg/dL for extremely high-risk patients.
- Prescribe statins for most patients at increased risk to lower LDL and reduce cardiovascular events and mortality by at least 30 percent.

We appreciate your actions to help patients fight against cardiovascular diseases.

*Source: 2006. The City of New York Department of Health and Mental Hygiene. Available at: [nyc.gov/health](http://nyc.gov/health).*

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## CARE FOLLOWING A HOSPITAL STAY FOR BEHAVIORAL HEALTH

For each patient, follow-up care is important to recovery. It helps prevent stress and emergencies. It decreases the need for more hospital visits. It increases success in both the personal and professional aspects of life.

Following a patient’s behavioral health hospital stay, you should discuss the following with him/her:

- Advise the patient to visit a mental health provider within seven days of hospital discharge.
- Tell the patient to keep all future medical appointments. They are important to recovery.
- Ask your patient about his/her treatment. Discuss how he/she is feeling.
- Discuss any medications he/she is prescribed by a mental health provider. Discuss any side effects he/she may be experiencing from the medication(s).
- Discuss how the patient can get help, especially after normal office hours.
- Confirm your patient understands his/her treatment plan or medicines.

Together, you can help your patient to continue to live at home and/or work while being in treatment.

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## ENCOURAGE ANNUAL EYE EXAMS

Please urge your patients to get an annual eye examination. WellCare’s goal is that every member will receive a wellness eye exam annually. If your patients have not already received their annual exam, please remind them to schedule an appointment today. WellCare contracts with Advantica for vision care services. Members may contact Advantica at 1-866-579-8006.



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## CERVICAL CANCER SCREENING

ROUTINE PAP SMEARS  
ARE STRONGLY RECOMMENDED

### WHAT TO DO

- To prevent cervical cancer, all women 18 to 65 who are sexually active and have not had a hysterectomy should get a Pap smear every one to three years, depending on their risk factors and past test results.
- Screening is no longer recommended for women older than 65 with recent normal Pap smear results and no major risk factors for cervical cancer.

Source: <http://www.nyc.gov/html/doh/html/tcny/tcny07-cervical.shtml#info>

