

PROVIDER

Newsletter

ACCESS AND AVAILABILITY REQUIREMENTS

FOR PREFERRED ONE PRIMARY CARE PROVIDERS

It is WellCare's policy to follow access and availability standards set by federal and state requirements. **Participating Preferred One Primary Care Providers (PCPs) are to adhere to the following scheduling practices:**

- Emergency cases shall be seen immediately or referred to an emergency facility
- Urgent cases shall be seen within 48 hours of PCP notification
- Routine cases shall be seen within 10 days of PCP notification
- Well-care visits shall be scheduled within 6 weeks of PCP notification
- Specialist visits should be scheduled within professionally accepted standards
- Members should be seen within 30 minutes from the time of their scheduled appointment

After normal business hours, PCPs should provide patients with one of the following:

- An answering service to page the provider
- An advice nurse with access to the PCP
- An on-call provider

Remember that it is a requirement for providers to be available to patients 24 hours a day, 7 days per week. WellCare will monitor appointment and after-hours availability of network providers on a routine basis to ensure that access and availability standards are met.



DENTAL

SCREENINGS REMINDER FOR PREFERRED ONE MEMBERS

Dental screenings are a vital part of our EPSDT requirements. Your patients should be advised to go for a preventive dental screen as part of their annual well-care visit. Members may visit school-based clinics in New Haven, New Britain, Hartford and Bridgeport to receive a free dental screening. Additionally, many federally funded health care sites have dental clinics available to your patients—even if you are not a provider for their clinics. To find participating providers, members can contact our dental health vendor, BeneCare, toll-free at 1-800-843-4727. BeneCare will also assist WellCare members in making an appointment.

NUTRITIONAL COUNSELING

CHILDHOOD OBESITY

The American Academy of Pediatrics has recommended that pediatricians proactively discuss and promote healthy eating behaviors for children. Recommendations specify a need to provide education on proper eating behaviors at an early age and empower parents to promote a child's ability to self-regulate energy intake while providing appropriate structure and boundaries around eating.

PreferredOne will reimburse practitioners for nutritional counseling for overweight or obese children and their parents. If you have questions on how to bill for this service, please contact your PreferredOne Provider Relations representative at 1-203-239-7444.

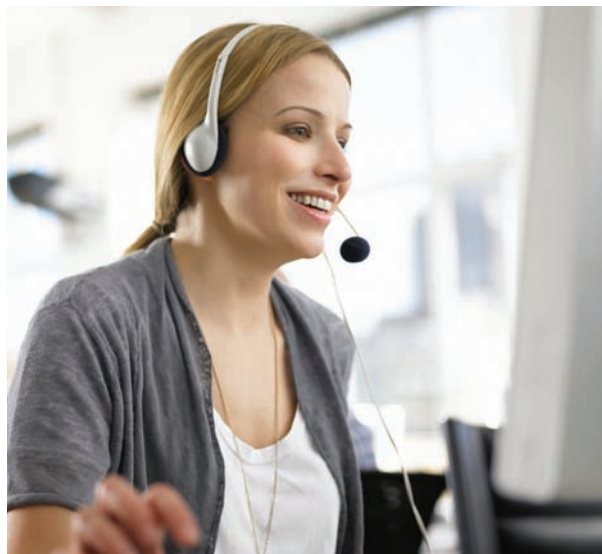


HEDIS®

COMING SOON FOR MEDICARE PERFORMANCE REPORTING

HEDIS® (Health Plan Employer Data and Information Set) is the most widely used set of standardized performance measures in the managed care industry. HEDIS® is developed and maintained by the National Committee for Quality Assurance (NCQA). The Centers for Medicare and Medicaid Services (CMS) requires that Managed Care Organizations (MCOs) report on performance measures from the HEDIS® reporting set relevant to the Medicare managed care population.

If you care for WellCare Medicare members, you may be asked for data on those patients. Data collection began in February and is expected to end in early June. Because these requests are related to quality assessment and improvement activities, they are exempt from HIPAA restrictions.



LANGUAGE TRANSLATION AND SERVICES FOR THE

HEARING IMPAIRED

WellCare provides language translation and services for the hearing impaired to all members. Our Customer Service department is staffed with representatives who speak English and Spanish and are able to coordinate services for translation of additional languages, as well as specific services for the hearing impaired. To make arrangements for these services, members and providers should contact Customer Service at 1-800-925-3606 (TTY/TDD 1-877-247-6272).

MEDICARE VALUE-ADDED BENEFITS



This year, we are providing some value-added benefits to your WellCare Medicare members. **Some of those benefits are:** (* indicates a value-added benefit that varies by plan)

- Lower co-payments
- Generic medication coverage through the "donut hole"* (Premium plan only)
- Maximum out-of-pocket spending* (Advance and Premium plans only)
- Dental benefits*
- Over-the-counter medications and products* (Select and Access plans only)
- Health club membership
- Livery transportation* (Select and Access plans only)

If you have a patient interested in speaking with a Benefit Consultant regarding these benefits, please refer them to our Sales department at 1-866-231-1671.

PreferredOne PDL CHANGES

AUGUST 2006 DEPARTMENT OF SOCIAL SERVICES (DSS) BOARD SUBMITTAL

MEDICATION ADDITIONS WITH NO CLINICAL EDITS

PRODUCT	RATIONALE
LORATADINE-D OTC	Added to the formulary to give providers additional treatment options.
DESENEK	Added to the formulary to give providers additional treatment options.
LOTRIMIN	Added to the formulary to give providers additional treatment options.
MONISTAT DERM	Added to the formulary to give providers additional treatment options.
LAMISIL AT	Added to the formulary to give providers additional treatment options.
TINACTIN	Added to the formulary to give providers additional treatment options.
GLADASE	Added to the formulary to give providers additional treatment options.
GLADASE-C	Added to the formulary to give providers additional treatment options.

CHANGE TO NON-PREFERRED MEDICATIONS

PRODUCT	RATIONALE
BROMFED	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
BROMFED PD	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
BIOHIST LA	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
PSE CPM	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
KRONOFED-A JR ER	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
DALLERGY DROPS	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
DE-CHLORPHEN SYRUP	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
V-TANN TABLETS	Removed from the formulary due to FDA requirements that manufacturers cease making products with carbinoxamine.
LEXAPRO	Removed from the formulary because there are currently three other SSRIs on the formulary.

MEDICATION ADDITIONS WITH NO CLINICAL EDITS

PRODUCT	RATIONALE
FOSAMAX PLUS D	Bisphosphonates are first line agents for treating postmenopausal women with osteoporosis. The addition of Fosamax plus D offers more options for providers in this class.
PSYLLIUM	Added to the formulary to give providers more prescribing options.
VENLAFAXINE	Due to the unique mechanism of action compared to SSRIs, the addition of this agent will give providers another prescribing option.

MEDICATION ADDITIONS WITH CLINICAL EDITS

PRODUCT	RATIONALE
ACTONEL PLUS CALCIUM	Bisphosphonates are first line agents for treating postmenopausal women with osteoporosis. Added to the formulary with a step edit. The addition of this agent will give providers an additional prescribing option.
CAMPRAL	Added to the formulary with a therapy limit of 90 days. The addition of this agent will give providers an additional prescribing option.

CHANGE TO NON-PREFERRED MEDICATIONS

PRODUCT	RATIONALE
EXELDERM	With the addition of other agents in this category in August, it is no longer necessary to include this on the PDL.

PREFERRED DRUGS

The following is an abbreviated list of Medicare preferred drugs issued on January 1, 2007. A comprehensive listing can be viewed at <http://www.wellcare.com/Resources/Documents/Formularies/ConnecticutFormulary2007.pdf>.

PREFERRED DRUGS	
ANTIBIOTICS	Azithromycin (Generic Zithromax) Amoxicillin/Clavulanate (Generic Augmentin)
ALLERGIC RHINITIS	Loratadine (Generic Claritin) Fluticasone Nasal Spray (Generic Flonase)
ASTHMA	Flovent Qvar
ACE INHIBITORS	Benazepril (Generic Lotensin) Enalapril (Generic Vasotec) Fosinopril (Generic Monopril) Lisinopril (Generic Prinivil)
ANGIOTENSIN RECEPTOR BLOCKERS	Benicar Cozaar Diovan
BPH	Doxazosin (Generic Cardura) Finasteride (Generic Proscar) Terazosin (Generic Hytrin)
DIABETES	Glyburide (Generic Diabeta) Glyburide-Metformin (Generic Glucovance) Lantus Metformin (Generic Glucophage) Metformin ER (Generic Glucophage ER) Novolin Insulin
CHOLESTEROL	Lovastatin (Generic Mevacor) Pravastatin (Generic Pravachol) Simvastatin (Generic Zocor)
GERD	Omeprazole (Generic Prilosec) Ranitidine (Generic Zantac)
OSTEOPOROSIS	Fosamax
SELECTIVE SEROTONIN REUPTAKE INHIBITORS	Citalopram (Generic Celexa) Fluoxetine 10 mg and 20 mg capsules (Generic Prozac) Paroxetine 20 mg tablets (Generic Paxil)

MEDICARE

PHARMACY BENEFIT AND FORMULARY REMINDER

The Formulary is a prescribing reference and clinical guide of prescription drug products developed by physicians and pharmacists on our Pharmacy and Therapeutics Committee (P&T Committee).

Important Pharmacy Telephone Numbers

Telephone Inquiries: 1-866-800-6111

Fax: 1-866-388-1767

Specialty & Injectable Fax: 1-866-825-2884

Prior Authorization (PA) Request

The goal of the Prior Authorization (PA) program is to ensure that medication regimens that are high-risk, have high potential for misuse, or have narrow therapeutic indices, are used appropriately and according to FDA-approved indications.

The PA process is required for:

- Duplication of therapy
- Prescriptions that exceed the FDA daily or monthly quantity maximum
- Medications identified as PA on the Formulary
- Drugs not on the Formulary that are medically necessary

Forms may be downloaded from our Web site, www.wellcare.com, or may be obtained by calling the Provider Hotline at 1-866-800-6111. Forms should be faxed to 1-866-388-1767.

Mandatory Generic Policy

Brand-name medications are not covered if a generic equivalent is available. If adverse reactions prevent the use of generic or preferred medications, a required FDA Med Watch report must be concurrently filed with the PA form.

Specialty & Injectable Medications

Specialty & Injectable medications require prior approval, faxed on an Injectable Request Form to 1-866-825-2884. Download the form from our Web site, www.wellcare.com, or contact the Provider Hotline at 1-800-504-2766 to obtain a copy. Specialty medications are medications that are identified as such on the Preferred Drug List (PDL).

Formulary Resources

A copy of the Medicare Formulary can be viewed online at <http://www.wellcare.com/Resources/Documents/Formularies/ConnecticutFormulary2007.pdf>. Please consider book marking this site for future reference. Paper copies can be requested through your Provider Relations representative.

Thank you for your assistance and cooperation with the use of our PDL, knowledge of our members' benefit programs, and compliance with our Pharmacy Policies and Procedures.

Call our Pharmacy Services department to ask any questions regarding this notice, toll-free at 1-866-800-6111.

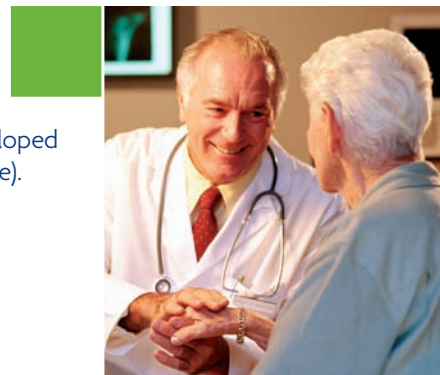


TRANSPORTATION

SERVICES FOR ACCESS PLAN MEDICARE MEMBERS

Effective January 1, 2007, WellCare welcomed LogistiCare as the new transportation partner to benefit Medicare members on the Access Plan. This benefit allows a member ten (10) one-way trips per year to a participating provider without the expense of a co-payment.

To schedule transportation services, please call 1-877-831-3148.



MEDICARE

LOCK-IN OPEN ENROLLMENT FOR 2007

The most recent Annual Enrollment Period (AEP) was from November 15, 2006, to December 31, 2006. During AEP, all Medicare eligible individuals were able to select a Medicare Part D Plan to become effective as of January 1, 2007.

Medicare recipients who did not select a Medicare Part D Plan will not receive Medicare Part D Plan benefits for the remainder of 2007 (some exclusions may apply).

Individuals who selected a Medicare Part D Plan were able to make one change to their Medicare Part D coverage between January 1, 2007, and March 31, 2007. As of April 1, 2007, all Medicare members are locked-in to their coverage (some exclusions may apply).

NPI ALERT

WellCare providers should be aware that the federal deadline for National Provider Identifier compliance is fast approaching. By May 23, 2007, all providers must have and use their 10-digit NPI numbers. With that in mind, please take note of the following:

Getting Your NPI

- Any health care provider or organization defined as a covered entity under HIPAA is required to obtain an NPI. Providers who transmit health care information via HIPAA standard electronic transactions are covered entities under HIPAA, whether they transmit the transactions themselves or use a vendor to transmit them.
- Type 2 (organizational) providers must obtain and submit NPI numbers for the organization as well as for all providers sub-parted within the organization.
- The Centers for Medicare and Medicaid Services (CMS) estimates that once a provider obtains an NPI number, it will take about 120 days to update office systems, coordinate with all of the entities that require the number, and begin using it. Taking those 120 days into account makes May 23 seem a lot closer.

Submitting Your NPI to WellCare

- There are NPI submission forms available on the provider area of our Web site, <http://www.wellcare.com/>. The forms will allow providers to enter their NPIs directly into our database. In addition, you will find a wealth of NPI information on that Web page.
- WellCare has sent communications soliciting NPI numbers by fax and mail. If you have received this correspondence but not yet submitted your NPI to WellCare, please fill out the submission form and return it as soon as possible. Alternatively, you can download a copy of the Web form from our Web site as mentioned above.
- Continue to use your WellCare ID. The NPI will only replace your WellCare ID in HIPAA transactions, such as claims processing. It will not replace your WellCare ID for daily business transactions with our plan. You should continue to identify yourself using your WellCare ID when calling WellCare Customer Service or your Provider Relations representative.

More NPI Information

- Further NPI information can be found on the CMS Web site at <http://www.cms.hhs.gov/NationalProviderStand/>. Be sure to periodically check the CMS and WellCare Web sites for updates.

Time is of the essence. Don't let the NPI deadline catch you by surprise. Get compliant now.

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