

# PROVIDER

## Newsletter

## RISK ADJUSTMENT PAYMENT SYSTEM

The Centers for Medicare & Medicaid Services (CMS) has completed the implementation of a more accurate payment method to fund managed care plans that enroll Medicare beneficiaries. Required by the Balanced Budget Act of 1997, the new payment method is known as “risk adjustment”. The health status of a Medicare beneficiary as reflected in the person’s ICD-9-CM diagnosis coding in one year is used to predict costs and adjust payments for the next year.

In order for the Plan to provide benefits and services to our members, we must receive accurate/appropriate reimbursement from CMS.

CMS Coding and Reporting Guidelines contain the following provider responsibilities:

1. Use the ICD-9-CM codes that describe the patient's diagnosis, symptom, complaint, condition, or problem.
2. Use the ICD-9-CM code that is chiefly responsible for the item or service provided.
3. Assign codes to the highest level of specificity. Use the fourth and fifth digits when indicated as necessary in your ICD-9-CM volumes.
4. Do not code suspected diagnoses in the outpatient setting. Code only the diagnosis symptom, complaint, condition, or problem reported. Medical records, not claim forms, should reflect that the services were provided for "rule out" purposes.
5. Code a chronic condition as often as applicable to the patient's treatment.
6. Code all documented conditions which coexist at the time of the visit that require or affect patient care or treatment. (Do not code conditions which no longer exist.)
7. Maintain medical documentation to support the reported diagnoses.
8. Sign (with credentials) and date all dates of service (DOS).



WellCare will be conducting medical record reviews in order to ensure that diagnosis codes are being accurately reported. Your office may be contacted for access to medical records to support this initiative.

For more information on the risk adjustment payment system (RAPS), visit [www.cms.gov](http://www.cms.gov) or contact your Provider Relations representative.



## RISK ADJUSTMENT PAYMENT SYSTEM FAQs

- 1. What benefit do I get as a physician for increasing a patient's risk score? What's in it for me if I give your coders access to my patients' records? Why should I put in extra effort just to make the insurance companies richer?**

There are several reasons to work with us to optimize risk scores:

  - a) We can help you ensure accurate reporting to CMS that is required in order to service Medicare patients.
  - b) If you have any risk contracts with any other carriers, it is beneficial for both parties if the reporting is accurate, due to the fact that the patient's risk score stays with them regardless of the carrier. A WellCare member today may be with another carrier next year and vice versa.
  - c) If WellCare can realize appropriate revenue by ensuring optimal risk scores, we will be able to continue to offer beneficiaries enhanced benefits through reduced member cost shares. This benefits the physician by having less to collect from the member and potentially having less unrecoverable debt.
- 2. What reports are available for the doctors?**

Your Provider Relations representative or WellCare's Network Development team can provide you with a variety of reports including:

  - **Unresolved C and D Reports**, which indicate diagnoses that were reported in a previous data collection period, but have not yet been reported;
  - **No Hierarchical Condition Category (HCC) Report**, which indicates members who do not have any HCCs submitted to CMS; and
  - **Risk Score Reports**, which indicate the risk score associated with your membership.
- 3. Who do I get the reports from?**

WellCare's Network Development team or your Provider Relations representative.
- 4. What is my risk score?**

Risk scores can be found on the Risk Score Reports.
- 5. Why is my risk score so low?**

There are several reasons why your risk score could be low. You may have healthy members, encounters/claims may have not been submitted, or there may be a timing issue between the submitting of the encounters/claims and the RAPS accepted diagnosis return file.
- 6. There are certain reports that I really like and am familiar with. Can WellCare provide me with these same reports?**

If you require additional reporting, please let us know and we will try to accommodate your needs.
- 7. Do I have to let the coders scan the records?**

Allowing our coders to scan your records has many benefits. This process will decrease the time your staff will spend copying the records for CMS audits, quality audits, etc. The laptops that the coders use have security measures to ensure that PHI and HIPAA-sensitive material is safe, even if the laptop were lost or stolen. These scanned documents are then transferred to WellCare's secure network as soon as possible and removed from the laptop. The scanning of the documents allows us to more efficiently review medical charts as well as audit our coders and their documentation.
- 8. Who do I contact at WellCare if I have EDI claim submission issues?**

EDI Team, 1-800-960-2530, ext. 4096
- 9. Who do I contact at WellCare if I have EDI encounter issues?**

Your local Provider Relations representative.
- 10. Who do I contact at WellCare if I have RAPS questions?**

Greg Winkler, 1-800-960-2530, ext. 1313  
Donna Kober, 1-800-960-2530, ext. 6299

# PREVENTING COLORECTAL CANCER

## COLONOSCOPY EVERY 10 YEARS COULD PREVENT MANY DEATHS

Colorectal cancer is the third most common cancer among both men and women in the U.S. In 2007, it was estimated that 112,000 new cases would be diagnosed, resulting in 52,000 deaths. Colorectal cancer accounts for about 1 in 10 new cancer cases and cancer deaths in the U.S. Treatment for early-stage colorectal cancer is extremely effective, with a five-year survival rate over 90 percent. Fewer than 1 in 6 cases are associated with a family history of the disease.

Place of birth, ethnicity, education, health coverage, smoking and gender have all been shown to affect prevalence of colorectal cancer screening rates.

Screening methods for detecting early stages of colorectal cancer include colonoscopy every 10 years,

sigmoidoscopy every 10 years, annual fecal occult blood testing (3 slides) (FOBT) and double contrast barium enema every 10 years. 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. Physicians can prevent most of the deaths from colorectal cancer by recommending regular screening.

*Sources:*

*New York City Department of Health and Mental Hygiene*

*National Committee for Quality Assurance*

*State of Health Care Quality 2007*

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## THE TRUST PROGRAM IS HERE FOR YOU

A culture of compliance and integrity is essential to WellCare. The *Trust* Program, our corporate ethics and compliance program, promotes the prevention, detection and resolution of conduct that violates federal or state laws or our high standards of business ethics. The *Trust* Program applies to WellCare's associates, providers and members.

As a provider partner, you agree to comply with and adhere to the principles of our *Trust* Program, including compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all state and federal laws, rules and regulations. Specifically, we endeavor to prevent fraud, waste and abuse. As a provider, you may not participate in any scheme or plan constituting fraud or abuse, and must report all suspected fraud or abuse, including deception or misrepresentation for financial gain, or conduct inconsistent with accepted business or medical standards which results in unnecessary cost.

To learn more about the *Trust* Program, or to report a possible violation, please contact WellCare's *Trust* Hotline at 1-866-678-8355.

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## UPDATED QUICK REFERENCE GUIDES ON THE WEB

Be sure to refer to the Quick Reference Guides (QRG) posted under the Provider area of our Web site, [www.wellcare.com](http://www.wellcare.com). As these documents are updated, they are automatically posted to the Web site. Using the online version of the QRG ensures you are using the most up-to-date version.

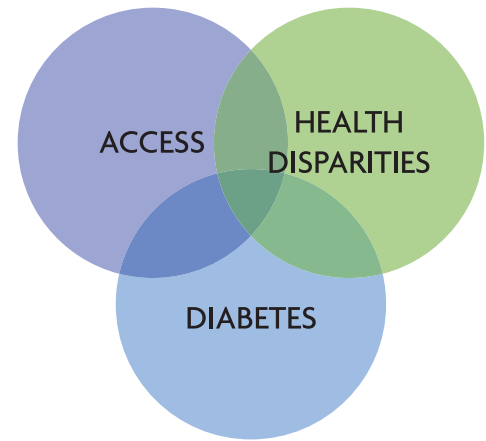
# TACKLING DIABETES

## PARTNERSHIP, EDUCATION AND PREVENTIVE CARE CAN PAY OFF

### WELLCARE'S ROLE

WellCare recognizes the importance of preventive care and the effect it can have on chronic conditions like diabetes. WellCare is committed to working with its partners to increase diabetes awareness and is confident that educational efforts and a focus on early screening and treatment will benefit the communities we serve.

The American Diabetes Association estimates that more than 20 million Americans have diabetes, but that 6.2 million of them have not been diagnosed.<sup>1</sup> In addition, 10.3 million or 20.9 percent of all people 60 or older have diabetes. Also, ADA data shows that one in six overweight adolescents ages 12 through 19 has diabetes and one in every 400 to 600 of them has Type 1 diabetes.



### CHALLENGES: DISPARITIES AND ACCESS

WellCare concentrates on health care disparity and access challenges associated with diabetes. Diabetes is a major clinical condition that affects many people in our communities. Significant resources in diabetes are increasing to address the chronic condition. According to Mathematica Policy Research analysis, federal spending for diabetes prevention and health promotion in 2005 topped \$3.9 billion, and treatment costs soared past \$79 billion.<sup>2</sup>

### HEALTH CARE DISPARITIES

Disparities in health care are found in the populations WellCare serves—minorities, children, women, low-income individuals, seniors and people with special health care needs. Health disparities for these populations are observed in almost all aspects of health care, including quality of care, access to care, types of care and clinical conditions such as diabetes.

In addition to the millions of people among the general population with diabetes, according to a 2006 Institute of Medicine publication, diabetes affects minority populations disproportionately. Research has shown that:

- Diabetes rates are more than 30 percent higher among Hispanics than whites<sup>3</sup>
- 2.5 million, or 9.5 percent, of Hispanics 20 or older were diagnosed with diabetes in 2002<sup>4</sup>
- In 1999, 11,927 African-Americans died from diabetes—more than twice the number of whites<sup>5</sup>

### ACCESS TO HEALTH CARE

Many vulnerable populations are left out of the efforts to provide preventive care because they do not have access to the health care system.

WellCare excels in improving access to the populations we serve. The Agency for Healthcare Research and Quality defines access to health care as having “the timely use of personal health services to achieve the best health outcomes.” Racial and ethnic minorities and individuals of lower socioeconomic status are “less likely to enter the health care system, establish a regular source of care, or receive care of similar quality to their more advantaged and non-minority peers.”<sup>6</sup>

In addition to general access challenges for the Medicaid populations, health disparities are a specific problem for diabetics. For example, in 2003, only about 42 percent of diabetes patients got the three recommended tests: hemoglobin A1c, dilated eye exam and foot exam; and people who got all three tests were more likely to be white, to



have medical insurance, and to be 65 or older.<sup>7</sup> Also, a 2005 Commonwealth Fund study of public hospital-based diabetes care showed that uninsured patients had the worst diabetes control, with 33 percent showing they did not have their condition under control, almost double the rate for Medicare patients.<sup>8</sup>

## WELLCARE'S RESPONSE

WellCare is uniquely positioned to address disparities in access to health care for vulnerable populations because of our core operational competencies, such as experience with offering:

- Outreach and education to populations most affected by health disparities
- Assignment of PCPs to encourage preventive care
- Coordination of care for members with chronic conditions
- Increased access to specialists through case management and customer service
- Disease-management programs to members with chronic conditions
- Measurement of geographic accessibility through analysis and reporting
- Measurement of timely availability through provider audits
- Measurement of perception of access through Consumer Assessment of Healthcare Providers and Systems® (CAHPS) satisfaction surveys

### References:

1. American Diabetes Association Fact Sheet, 2005. <http://www.diabetes.org/uedocuments/NationalDiabetesFactSheetRev.pdf>. Accessed October 2007
2. Gold, M., Briefel, R. (2007) *Study of Federal Spending on Diabetes: An Opportunity for Change*, Mathematica Policy Research
3. Institute of Medicine of the National Academies (2006). *Addressing Racial and Ethnic Health Care Disparities brochure* [http://www.iom.edu/Object.File/Master/33/249/BROCHURE\\_disparities.pdf](http://www.iom.edu/Object.File/Master/33/249/BROCHURE_disparities.pdf).
4. Health and Human Services Office of Minority Health Diabetes Data/Statistics. <http://www.omhrc.gov>. Accessed October 2007
5. HHS Office of Minority Health Fact Sheet, "Closing the Health Gap": Reducing Health Disparities Affecting African-Americans, November 19, 2001
6. Lurie and Dubowitz. (2007) *JAMA. Health Disparities and Access to Health*. 297: 1118-1121
7. *National Healthcare Disparities Report, 2005*. Agency for Healthcare Research and Quality
8. Regenstein, M., Huang, J., Cummings, L., Lessler, D., Reilly, B. and Schillinger, D. (2005) *Caring For Patients with Diabetes in Safety Net Hospitals And Health Systems*. Commonwealth Fund, No. 826

WellCare is currently enhancing grassroots efforts to better share information with and among providers, to educate members about healthy living, and to share stories with other community leaders. If you would like to share your story about outreach and education concerning diabetes or other health initiatives, or if you are interested in WellCare's grassroots programs, please e-mail [Ambassador@wellcare.com](mailto:Ambassador@wellcare.com).

## ENCOURAGE DIABETIC RETINAL EXAMS

After living with diabetes for 20 years, almost all patients with Type 1 diabetes and 50 to 80 percent of those with Type 2 diabetes will manifest signs of retinopathy. Retinopathy is a major cause of blindness in patients with diabetes. Evidence suggests that screening and early treatment for diabetic retinopathy is associated with a decreased rate of visual loss. It is important that your diabetic patients age 18 and older have a retinal exam performed by an eye care professional annually.

# NEW MEDICARE PHARMACY SERVICES TELEPHONE NUMBER

Effective January 1, 2008, there is a new Medicare Pharmacy Services toll-free telephone number for providers to use when contacting WellCare. Please call **1-866-653-0976** for any pharmacy-related questions or issues, including after-hours and weekend needs.

## ENCOURAGE MAMMOGRAMS

The American Cancer Society recommends that women have a baseline screening mammogram between the ages of 35 and 40 and receive a mammogram once a year after age 40. Women at high risk should have mammograms even more often.

The risk of breast cancer increases as a woman ages, if she has never had children, or if she had her first child after age 30. Studies also suggest that the risk may be higher for women who eat high-fat diets and those who smoke cigarettes.

It is important to remember that 80% of breast cancers occur in women with no risk factors. One in eight American women will develop breast cancer in her lifetime, and another woman is newly diagnosed with the disease every three minutes.

*Source: <https://www.asrt.org/content/ThePublic/AboutRadiologicProcedures/Mammography.aspx> (American Society of Radiologic Technologists)*

## POINT-OF-SERVICE OPTION AVAILABLE TO MEMBERS

Beginning January 1, 2008, many of our core Medicare Advantage + Prescription Drug (MAPD) plans include a new Point-of-Service (POS) option allowing members out-of-network access for select covered services. Every member of an eligible MAPD plan can choose to exercise the POS option, with a primary care physician's (PCP) approval.

There is no rider to choose or extra premium for the member to pay. **However, the member's out-of-pocket costs will be higher when they use the POS option for out-of-network services.**

What the POS option means to WellCare's PCPs:

- You are the "medical home" for our members. You coordinate care by requesting authorization from the Plan for out-of-network services when requested by the patient.
- Authorization is required for any service obtained out of the Plan's network. The authorization process informs us of your consent for the member to access out-of-network services and to know who will reach out to us for claims payment. We review all authorizations for medical necessity and would only deny a request if the service is not a covered benefit.
- In-network services are managed using existing guidelines as per the Quick Reference Guide and Provider Manual.

For more information regarding the POS option, please contact your Provider Relations representative.

# PARTICIPATION IN HUSKY ENDS MARCH 31, 2008

As you may know, the Connecticut Department of Social Services (DSS) announced that the HUSKY Program would convert to an administrative services only (ASO) arrangement. WellCare of Connecticut was unable to reach mutually agreeable terms regarding the ASO transition and regretfully submitted its notice of termination, which took effect on March 31, 2008.

## PHARMACY CARVE-OUT

Effective **February 1, 2008**, WellCare no longer covers prescription drug benefits for HUSKY A and HUSKY B members. Instead, the DSS Medicaid Pharmacy Program processes and pays for prescriptions, over-the-counter items, and durable medical equipment currently processed through Walgreens Health Initiative (WHI).

## CONTINUED COMMITMENT TO MEDICARE

These changes only apply to PreferredOne members. **WellCare is still strongly committed to our Medicare enrollees and products in Connecticut.** WellCare will continue offering Medicare Advantage coordinated care HMO products and will continue enrolling and serving new and existing Medicare members in Fairfield, Hartford, New Haven, and Tolland counties.

If you have any questions, please call **1-866-579-8006**.



# MEDICARE SKILLED NURSING FACILITIES

Below please find a listing of our participating Medicare skilled nursing facilities by county. WellCare is adding more facilities to our network; you may contact the Plan for an updated listing at any time.

For more information, please contact your local Provider Relations representative.

## FAIRFIELD COUNTY

Ashlar of Newtown  
Cambridge Manor of Fairfield  
Chamberlain Health Care  
Hancock Hall  
Laurel Ridge Health Care Center  
Lord Chamberlain Nursing and Rehabilitation Center  
Ludlowe Center for Health and Rehabilitation  
Maefair Health Care Center  
Northbridge Health Care Center

## HARTFORD COUNTY

Avon Health Center  
Bel-Air Manor  
Bloomfield Health Care Center  
Cherry Brook Health Care Center  
Countryside Manor of Bristol  
Glastonbury Health Care Center  
Manchester Manor Health Care  
Maple View Manor  
Marborough Health Care Center  
Meadowbrook of Granby  
Riverside Health and Rehabilitation Center  
Sheriden Woods Health Care Center  
Sterling Manor  
The Summit at Plantsville

## NEW HAVEN COUNTY

Abbott Terrace Health Center  
Beacon Brook Health Center  
Cheshire House Nursing and Rehabilitation Center  
Masonic Health Care Center  
Milford Health Care Center  
Regency House of Wallingford  
Shady Knoll Health Center

## TOLLAND COUNTY

Fox Hill Center  
Woodlake at Tolland Health Care Center

# SUBMIT ADDITIONS, TERMINATIONS AND DEMOGRAPHIC CHANGES TO THE PLAN

To ensure the quality and accuracy of your doctor's office information, please send all additions, terminations, and demographic changes to the Plan at the address listed below. WellCare will then update our systems appropriately. This will help to ensure your office is listed correctly in our paper and online directories. It will also allow members to access the most up to date information, and will allow for all billing and remittance materials such as provider rosters sent via mail, to be sent to your current locations.

Send your information to:

WellCare of Connecticut

127 Washington Ave.

East Building, 4th Floor

North Haven, CT 06473

Phone: 1-203-239-7444 or 1-800-925-3606



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