



Summer 2006

# PROVIDER

## Newsletter

## PREFERRED ONE

### MANDATORY DRUG FORMULARY

PreferredOne is pleased to announce the successful implementation of its formulary on March 1, 2006. 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).

In an effort to assist our providers, we have outlined some important information regarding our pharmacy benefit and formulary.

Important Telephone Numbers	Telephone Inquiries: 1-877-647-7473 Fax: 1-866-388-1517
<b>Prior Authorization (PA) Request</b>	<p>The goal of the Prior Authorization (PA) program is to ensure that medication regimens at 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:</p> <ul style="list-style-type: none"> <li>• Duplication of therapy</li> <li>• Prescriptions that exceed the FDA daily or monthly quantity maximums</li> <li>• Drugs not on the Formulary that are medically necessary</li> </ul> <p>Additionally, certain drugs noted as PA on the Formulary, require prior approval. Forms are available at <a href="http://www.wellcare.com">http://www.wellcare.com</a> or by calling the Provider Service Center at 1-800-504-2766. Forms should be faxed to 1-866-388-1517.</p>
<b>Mandatory Generic Policy</b>	<p>Brand name medications are not covered if a generic equivalent is available. If adverse reactions prevent use of generic or preferred medications, a required FDA Med Watch report must be concurrently filed with the PA form.</p>
<b>Temporary Supply</b>	<p>A 30-day temporary supply of a prescribed Non-Preferred medication shall be authorized without delay for those prescriptions that the pharmacist determined to be necessary to address an urgent or emergent condition, or if the pharmacy staff has been unable to contact the provider to discuss an effective formulary drug.</p>
<b>Injectable Medications</b>	<p>Injectable medications will require prior approval. Requests should be faxed on an injectable request form to 1-866-825-2884. Forms can be found on our Web site at <a href="http://www.wellcare.com">http://www.wellcare.com</a> or by contacting your Provider Relations Representative.</p>
<b>Formulary Resources</b>	<p>A copy of the Formulary can be viewed online at <a href="http://www.wellcare.com/Resources/Documents/CT_PDLs_2006.pdf">http://www.wellcare.com/Resources/Documents/CT_PDLs_2006.pdf</a>. Please consider bookmarking this site for future reference. Paper copies can be requested from your Provider Relations Representative.</p>
<b>OTC Benefit</b>	<p>Over-the-counter pharmacy benefits are available through a physician prescription.</p>

We thank you for your assistance and cooperation in implementing the new Formulary. Should you have any questions regarding this notice, please contact the Pharmacy Services department toll-free at 1-877-647-7473.

## BEHAVIORAL

### HEALTH SERVICES UPDATE

Effective January 1, 2006, the Department of Social Services (DSS) and the Department of Children and Families (DCF) implemented an initiative called the Behavioral Health Partnership (CT BHP). DSS and DCF contracted with an Administrative Services Organization (ASO) to authorize and manage behavioral health services for all HUSKY A and HUSKY B Members.

The CT BHP provides member services, provider services, utilization management, quality management and intensive care management services for behavioral health conditions.

To obtain eligibility verification and authorization, providers should call the CT BHP at 1-877-552-8247. For additional information regarding the CT BHP, providers may visit the CT BHP Web site at <http://www.CTBHP.com>.

Please note: Any behavioral health claim questions or issues related to dates of service prior to 1/1/06 will continue to be handled by CompCare. Providers should contact CompCare by calling 1-800-435-5348.

PreferredOne retains responsibility for all primary care services, ancillary services (laboratory, radiology and medical equipment devices and supplies), hospital emergency department services and pharmacy services regardless of diagnosis. For HUSKY A clients, PreferredOne retains responsibility for transportation services regardless of diagnosis.

PreferredOne will also continue to be responsible for primary care and other medical services provided by freestanding clinics regardless of diagnosis, except for behavioral health evaluation and treatment services provided for a primary behavioral health diagnosis and when provided by a licensed behavioral health professional.



# WELLCARE

## ASSOCIATE OF THE QUARTER

The Corporate Recognition Program is an opportunity each quarter to acknowledge high-performing associates who demonstrate our Core Values and whose contribution has resulted in a positive impact on business objectives. Out of 2300 employees, Lita Ehalt (Medicare Benefit Consultant in the CT office) has been selected as a WellCare Associate of the Quarter. Lita has proven herself as a sales leader and is a shining example of a true team player. Lita has earned this award by mentoring new consultants, sharing her proven sales strategies and going the extra mile.

## DENTAL

### SCREENINGS REMINDER FOR PREFERREDONE MEMBERS

Dental screening is included in our EPSDT requirements. Your patients should be advised to go for a preventive dental screen as part of their annual well-care visit. There are school-based clinics in New Haven, New Britain, Hartford and Bridgeport. Additionally, there are dental clinics at many of the Federally Funded Health Care sites, and your patients can use their services even if you are not a provider for their clinics. Members can contact our Dental Health Vendor, BeneCare, toll-free at 1-800-843-4727 to find participating providers in their area or for general assistance.

## ACCESS

### AND AVAILABILITY REQUIREMENTS

It is WellCare's policy to follow access and availability standards set by federal and state requirements. Participating PreferredOne 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 4 weeks of PCP notification;
- Members should be seen within 30 minutes from the time of their scheduled appointment.

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

- Provider will be available to patients 24 hours a day, 7 days per week by making arrangements for an answering service with options to page the provider, an advice nurse with access to the PCP, or an on-call provider.

## CLAIMS REMINDERS

Please be advised that there are to be **NO handwritten alterations or modifications** made to any claims submissions.

Claims must be submitted within **120 days** from the date of service, unless delayed due to another payer's involvement, pending DSS eligibility determination or fair hearing proceedings.

No co-payment or co-insurance may be imposed upon a HUSKY A PreferredOne member for covered services. HUSKY B members do have some co-pays.

A record of prior authorization, when required for covered services, **must** be on file with PreferredOne to allow payment for such services.

### APPEALS PROCESS:

An appeal can be requested if you disagree with any listed denial determination on the Explanation of Payment/Remittance Advice. The request must be received by WellCare within sixty (60) days of the date of the Remittance Advice. The appeal should describe the reason(s) why the denial should be reversed and include specific, pertinent documentation that supports the need and appropriateness of the services rendered. Also include all medical records that apply to the service on the claim. Be sure to include the member name, member identification number, and the date of service(s). Your request and any additional supporting documentation should be mailed to:

WellCare of Connecticut, Inc./PreferredOne  
127 Washington Avenue  
East Building, 4th Floor  
North Haven, CT 06473  
Attn: Appeals Department  
1-800-925-3606

- A PreferredOne member **may not be billed for covered services** even if the provider's claim payment is denied and regardless of the reason for denial. HUSKY B members may only be billed for some co-pays.
- A provider may only bill a PreferredOne member for goods and services not covered by Medicaid, when the member elects to receive the goods or services and enters into an agreement in writing to pay for such goods or services prior to receiving them.



# WELLCARE'S

## MISSION AND CORE VALUES

Our mission consists of three complementary elements:

- To work in partnership with healthcare professionals to deliver quality, affordable healthcare that enriches our Members' health and quality of life.
- To create a rewarding and enriching environment for our associates.
- To provide a competitive return for our investors.

This mission is met by WellCare's Core Values:

### Partnership

Members are the reason we are in business; providers are our partners in serving our Members; and regulators are the stewards of the public's resources and trust. We will deliver excellent service to our partners.

### Integrity

Our actions must consistently demonstrate a high level of integrity that earns the trust of those we serve.

### Accountability

All associates must be responsible for the commitments we make and the results we deliver.

### Teamwork

With our fellow associates, we can expect—and are expected to demonstrate—a collaborative approach in the way we work.



## MEDICAID SALES REVAMPS INSIDE SALES UNIT

In an effort to better serve HUSKY eligible consumers, PreferredOne's Medicaid Sales Department has reengineered its Inside Sales Unit by adding a dedicated toll-free number and additional inside sales benefit consultant staff.

Consumers can dial Inside Sales directly at 1-888-833-4318 and speak with a Benefit Consultant who is fluent in both English and Spanish, and is capable of assisting potential clients in obtaining HUSKY coverage.

Medicaid Sales Manager Damion Fray is confident that this newly formed team will increase PreferredOne's HUSKY enrollments.

## PROVIDER

### INFORMATION AT [WWW.WELLCARE.COM](http://WWW.WELLCARE.COM)

Participating Providers have access to the following services (and more) on our Web site.

#### Claim Status & Inquiry

View the status of submitted claims in seconds. Gain access to pertinent information regarding a specific claim.

#### Referral Generation & Reporting

Create a referral online for a member.

#### Referral Report

Get a summary and detail on all the referrals you have generated for a member. Check the status of any referral, even for those not created online.

#### Member Tracking

Get a list of all active members you serve.

#### Member Eligibility & Co-pay Information

Review the eligibility, benefit, coverage and co-pay information for a member.

#### Inpatient Inquiry

Get a list of all the members you have admitted.

#### Online Directories

Locate provider addresses and information, with available links to maps and directions. This includes PCPs, specialists, hospitals and ancillary services.

#### Pharmacy Utilization

Review all medications prescribed for a member, how much, for how long and the number of refills.



## THE WHO, WHAT, WHEN, WHY AND HOW OF NPI: INFORMATION FOR HEALTH CARE

# PROVIDERS



### Who?

All Individuals and Organizations who meet the definition of health care provider as described at 45 CFR 160.103, are eligible to obtain a National Provider Identifier, or NPI.

### What?

The NPI is a 10-digit number that will be used to identify you to your health care partners, including all payers, in all HIPAA standard transactions. The NPI will replace the identifiers you currently use in your HIPAA standard transactions with Medicare and other health plans.

There are two types of health care providers in terms of NPIs:

- Type 1 – Health care providers who are individuals, including physicians, dentists, and all sole proprietors. An individual is only eligible for one NPI.
- Type 2 – Health care providers who are organizations, including physician groups, hospitals, nursing homes, and the corporation formed when an individual incorporates him/herself.
- Organizations must determine if they have “subparts” that need to be uniquely identified in HIPAA standard transactions with their own NPIs. A subpart is a component of an organization that furnishes health care and is not itself a separate legal entity.
- If you are an individual who is a health care provider and who is incorporated, you may need to obtain an NPI for yourself (Type 1) and an NPI for your corporation or LLC (Type 2).

### When?

The NPI compliance date is **May 23, 2007**. However, CMS recommends that you obtain your NPI at least six months prior to this date to provide you with ample time to test your NPI and share it with all of your health care partners, including payers, clearinghouses, vendors, and other providers.

### Why?

The NPI is an Administrative Simplification mandate of HIPAA.

### How?

There are three ways to obtain your NPI. You can:

1. Complete the online application at the NPPES Web site:  
<https://NPPES.cms.hhs.gov/NPPES/Welcome.do>
2. Download the paper application form at [www.cms.hhs.gov/NationalProidentStand/](http://www.cms.hhs.gov/NationalProidentStand/) and mail it to the address on the form; or,
3. With your permission, authorize an employer or a trusted organization to obtain an NPI for you through bulk enumeration, or Electronic File Interchange (EFI).

Regardless of how you obtain your NPI, it is important that you retain the notification document that NPPES sends to you that contains your NPI number. You may need to share this notification with other health care partners.

### More:

Go to <http://www.cms.hhs.gov/NationalProidentStand/> for additional NPI information.

## REVISED

### FORMS & RECOMMENDATIONS FOR HUSKY A & HUSKY B MEMBERS

The Connecticut Department of Social Services (DSS) has revised the WellCare Exam (EPSDT—Early Periodic, Screening, Detection and Treatment) forms formerly called the Well Child Care (EPSDT) Forms, and the Recommendations for Anticipatory Guidance tables that are in Chapter 8 of the DSS Provider Manual. The forms can be downloaded from the DSS Provider Manual found online at <http://www.ctmedicalprogram.com>. These forms incorporate elements of screens, recommended immunizations and anticipatory guidance suggested by the American Academy of Pediatrics, the Centers for Disease Control, the American Medical Association and other professional organizations. These forms and tables should be used for patients from birth to age 20. Additional information about the elements of the screens and the anticipatory guidance questions can be found at <http://brightfutures.aap.org/web>.



## EARLY & PERIODIC SCREENING DIAGNOSIS & TREATMENT

### HEALTHTRACK (ESPDT) SERVICES

Comprehensive child health care services to recipients under 21 years of age, including all medically necessary screening, diagnosis, and treatment services listed in Section 1905 (r) or the Social Security Act. This includes, but is not limited to the following:

#### 1. Initial & Periodic Comprehensive Health Screenings

- a comprehensive health and development history
- a comprehensive unclothed physical examination
- appropriate immunizations based on age and history
- appropriate laboratory tests
- health education
- vision and hearing screenings

#### 2. Dental Care

Those dental services provided by or under the direction of a dentist, to include relief of pain and infections, restoration of teeth and maintenance of dental health such as exams, bitewings and fluoride treatments.

#### 3. Administration & Interpretation of Developmental Tests

Objective standardized tests, recognized by the Connecticut Birth-to-Three Council, for further diagnosis and treatment of problems found during a comprehensive health screen or interperiodic encounter.

#### 4. Case Management Services

Initial and ongoing case management assessment and periodic reassessment, including development of a plan of services and revision as necessary.

#### 5. Interperiodic Encounters

An encounter, visit, follow-up visit or screening that is necessary to determine and/or treat a problem that was not evident at a previously scheduled periodic screening, but must be addressed prior to the next screening.

#### 6. Personal Care Services

Services for a child who has a diagnosed disability and is judged to benefit from personal care service activities as the result of a periodic health screen or interperiodic encounter with a PCP.

#### 7. HealthTrack Special Services

Other medically necessary health care, diagnostic services, treatment or other measures that meet the definition of medical necessity and are medically appropriate.

### COMPREHENSIVE HEALTH SCREENINGS

Periodic comprehensive health screening for established members, performed in accordance with the recommended intervals in the Periodicity Schedule, shall be limited to:

- Six screenings per child under one year of age, per provider (for newborns discharged less than 48 hours after delivery, an additional visit is added).
- Four screenings annually per child beginning at three years of age to six years of age, per provider.
- One screening annually per child beginning at three years of age to six years of age, per provider. Screenings should be spaced as close to an annual interval as possible.

**Please note:** Although the AAP Periodicity Schedule recommended guidelines state one screening every two years per child at seven to eight years of age and nine to ten years of age, per provider, WellCare approves one screening annually per child at seven to ten years of age. Screenings should be spaced as close to an annual interval as possible.

- One screening every year per child beginning at eleven years of age through age twenty, up to, but not including, the twenty-first birthday, per provider. Screenings should be spaced as close to an annual interval as possible.

An initial periodic comprehensive health screening for a new member, performed in accordance with the Periodicity Schedule, shall be limited to one initial screening per child, per provider, except when the provider's relationship with the child has been discontinued for at least three years and is then reinstated. Discontinuance of the relationship means that the provider has not seen the child for three years from the date of the last encounter with the child.

### PROCEDURE CODES EXPLANATIONS

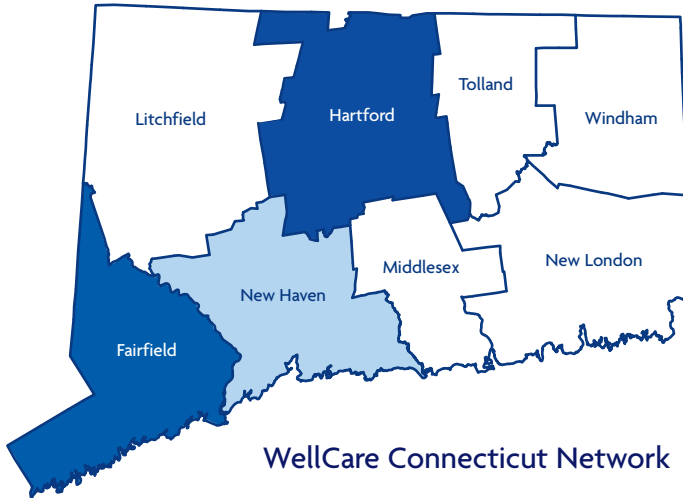
99431	History and examination of the normal newborn infant, initiation of diagnostic and treatment programs, and preparation of hospital records (this code should also be used for birthing room deliveries).
99381	Initial evaluation and management of a health individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures. New Patient: Infant (under 1 year of age).
99382	Same as 99381. New Patient: Early Childhood (1 through 4 years of age).
99383	Same as 99381. New Patient: Late Childhood (5 through 11 years of age).
99384	Same as 99381. New Patient: Adolescent (12 through 17 years of age).
99385	Same as 99381. New Patient: 18 through 20 years of age.
99391	Periodic re-evaluation and management of a healthy individual requiring a comprehensive history, a comprehensive examination, the identification of risk factors, and the ordering of appropriate laboratory/diagnostic procedures. Established Patient: Infant (under 1 year of age).
99392	Same as 99391. Established Patient: Early Childhood (1 through 4 years of age).
99393	Same as 99391. Established Patient: Late Childhood (5 through 11 years of age).
99394	Same as 99391. Established Patient: Adolescent (12 through 17 years of age).
99395	Same as 99391. Established Patient: 18 through 20 years of age.

**Please Note:** Evaluation & Management Codes (99201-205 & 99211-215) can be used for EPSDT, but must be accompanied with the following diagnosis codes: V20-V20.2, V70.3-V70.9. For dental and vision coding, consult appropriate subcontractor.

# MEDICARE

## MARKETING

2006 has seen tremendous growth of our Medicare Advantage plans and the new Part D prescription plan, now the fifth largest in the country. Moving into the second half of the year, we have some significant milestones that will affect enrollment and planning. We want to be a true partner and resource with the provider community and plan ahead for our growth initiatives. Utilizing our innovative grass-roots marketing initiatives, we will set the standard for service for our members in the community. Thanks to you, the providers, for making our first half of 2006 so successful! To contact the Medicare Sales Department, please call 1-866-231-1671.



- WellCare received CMS approval for Fairfield and New Haven counties for 5/1/05 effective date.
- CMS approved Hartford County for 1/1/06 effective date.

	Hartford	Fairfield	New Haven
PCPs	171	98	171
Specialists	567	447	854
Hospitals	5	3	4

© WellCare 2006 CT1283\_06\_06

WellCare of Connecticut, Inc.  
127 Washington Avenue, 4th Floor  
North Haven, CT 06473

