

PROVIDER FOCUS

NEWSLETTER

CONNECTICUT • FALL / WINTER • 2005

WELLCARE OFFERS \$0 PREMIUM MEDICARE PLANS THAT INCLUDE THE NEW "PART D" MEDICARE DRUG BENEFIT

In 2006, all of our Medicare Advantage plans with prescription coverage will provide the new "Part D" Medicare drug benefit at a \$0 premium. Descriptions of the plans with drug coverage are:

CORE PROGRAMS

WellCare Choice – (MA + PD): WellCare's most popular health plan, the Choice plan provides preventive healthcare, low co-pays for many services, and Part D prescription drug coverage. All for no monthly plan premium.

WellCare Advance – (MA only): The Advance benefit plan offers low co-payments for provider services. This plan was designed for individuals who receive prescription drug coverage from other sources.

SPECIAL NEEDS PROGRAMS

WellCare Access – (Full dual eligible): WellCare Access gives members all of the Medicaid and Medicare benefits plus Part D prescription drug coverage in one easy package. To qualify, members must receive full Medicaid and Medicare benefits.

WellCare Select – (Partial dual eligible): This is an especially attractive benefit offering available to those who receive help from Medicaid paying for Medicare premiums. In general, if the annual income is between 100 percent (or below) to 150 percent of FPL members may be able to qualify.

See the table below and the table on page 2 for a description of WellCare's Medicare Advantage plan benefits and our Prescription Drug plan benefits

Medicare Advantage Plans with Prescription Coverage and \$0 Premium

Service	Choice Co-pays	Advance Co-pays	Select Co-pays	Access Co-pays
Premium	\$0	\$0	\$0	\$0
PCP Co-pay	\$10	\$5	\$0	\$0
Specialist Co-pay	\$30	\$15	\$10	\$0
Hospital Inpatient	\$150 (Days 1-7) \$0 (Days 8 – Discharge)	\$100 (Days 1-7) \$0 (Days 8 – Discharge)	\$75 (Days 1-7) \$0 (Days 8 – Discharge)	\$0 (Medicaid covers co-pays)
Generic RX	\$0	NA	\$2	\$1
Pref. Brand	\$45	NA	\$5	\$3
Other Benefits:				
• Vision	YES	YES	YES	YES
• Hearing	YES	YES	YES	YES
• Health Club Memberships	YES	YES	YES	YES
• Preventive Care	YES	YES	YES	YES
• Worldwide Emergency Coverage	YES	YES	YES	YES
OTC Benefit	\$10	\$10	\$15	\$25

Continued on page 2

CMS APPROVES WELLCARE PRODUCTS FOR HARTFORD COUNTY

Effective January 1, 2006, WellCare of Connecticut, Inc., will provide managed Medicare products in Hartford County. WellCare has provided managed Medicare products in New Haven and Fairfield Counties since May 1, 2005.

ST. VINCENT'S AND ST. RAPHAEL JOIN NETWORK

St. Vincent's Medical Center is now a participating provider in the WellCare PreferredOne and Choice plan networks. Plus, longstanding Medicaid network participant, The Hospital of St. Raphael, joins the WellCare Choice (Medicare) plan network. The addition of these facilities affords both members and providers greater flexibility in accessing services. Please visit www.wellcare.com for a complete listing of participating providers and facilities.



"PART D" MEDICARE DRUG BENEFIT CONTINUED

For those members who want to purchase a stand-alone prescription benefit:

WellCare Signature Plan Premium \$20.59	WellCare Complete Plan Premium \$38.61	WellCare Premier Plan Premium \$41.25
<ul style="list-style-type: none"> ➤ Deductible: \$0 ➤ Generic Drugs: \$0 ➤ Preferred Brand: \$70* ➤ Non Preferred: \$70* ➤ Specialty: 32% ➤ You pay co-pays & co-insurance until your total drug costs reach \$2,250. Total drug costs are the amount paid by you and WellCare not including your premium. <p><small>*Amounts vary by subsidy.</small></p>	<ul style="list-style-type: none"> ➤ Deductible: \$0 ➤ Generic Drugs: \$0 ➤ Preferred Brand: \$15 ➤ Non Preferred: \$50 ➤ Specialty: 30% ➤ You pay co-pays & co-insurance until your total drug costs reach \$1,850. Total drug costs are the amount paid by you and WellCare not including your premium. 	<ul style="list-style-type: none"> ➤ Deductible: \$0 ➤ Generic Drugs: \$0 ➤ Preferred Brand: \$30 ➤ Non Preferred: \$60 ➤ Specialty: 30% ➤ You pay co-pays & co-insurance until your total drug costs reach \$2,250. Total drug costs are the amount paid by you and WellCare not including your premium.

For information on becoming a participating provider in the WellCare Medicare Network, please call 1-800-925-3606.

MEMBERS NEED GUIDANCE ON CONTROLLING HYPERTENSION

WellCare's quality improvement department identified that nearly a third of our members are not controlling their hypertension. Adequate control of hypertension is a reading of <140/90 as defined by the Joint National Committee on Prevention, Detection, Evaluation and Treatment of High Blood Pressure.

The American College of Cardiology, American Heart Association and the Physician Consortium for Performance Improvement/Clinical Performance Measures for Hypertension state:

- After initiation of drug therapy for hypertension, a follow-up visit is recommended within one to two months to assess hypertension control, patient compliance to treatment and adverse effects.
- After the blood pressure is stabilized, follow-up visits should be every three to six months depending on the patient's status.
- Frequency of visits may increase depending on the patient's medical condition—this is only a minimum standard. Please schedule appropriate follow-up visits with your patients for adequate hypertension control.



NEW DISEASE MANAGEMENT PROGRAMS UNDERWAY

Over the next few months, providers will receive letters from WellCare's Quality Improvement department summarizing the disease management programs for asthma, congestive heart failure and diabetes.

WellCare recently added a disease management team comprised of registered nurses with clinical experience in each of the diseases. The goal is to educate members on how to best care for their disease(s), thereby decreasing disease-related complications and improving quality of life. The program is voluntary and free of charge to members.

Providers will receive the following information on all members in a particular program:

- Introductory letter
- Monthly membership lists that include those members with asthma, diabetes and/or congestive heart failure
- Fax alerts
- Educational CME (continuing medical education) In-services on asthma, diabetes and congestive heart failure
- Clinical practice and preventive health guidelines

WellCare will also have member interventions that include:

- Program introductory letter
- Telephonic assessment by a nurse on the disease management team
- Home visits
- Educational mailings
- Monitoring equipment and supplies
- Flu/pneumonia vaccination reminders
- Complex case management referral as necessary (for those members with co-morbidities or high acuity)

Referrals may be made by calling the disease management team toll free at 1-866-593-2538, Monday to Friday from 8am to 6pm, EST. WellCare welcomes the opportunity to partner with providers and members in this program in order to provide the best available care for members.

FOLLOW UP IMPORTANT FOR MENTAL ILLNESS

Mental illnesses, such as depression, bipolar disorder and schizophrenia, are leading causes of disability in the United States. Mental disorders are tragic contributors to mortality, as suicide is perennially one of the leading preventable causes of death in the U.S. Appropriate treatment of psychological diseases can reduce the duration of disability from mental illness and reduce the likelihood of recurrence.

If one of your patients has been in the hospital for depression, schizophrenia, attention deficit disorder, or personality disorders, they should follow up with you within 7 days of discharge and again within 30 days of discharge. This is important as appropriate follow-up care helps reduce the risk of repeat hospitalization for some people, and identifies those in need of further hospitalization before they reach a crisis point.

Effective treatment, including appropriate follow up, can help avert costs, crises and death associated with mental illness. We encourage providers to schedule a follow-up appointment for your patients prior to hospital discharge.

Sources: *National Committee for Quality Assurance (NCQA); HEDIS® Measure Follow up after Hospitalization for Mental Illnesses* <http://www.ncqa.org/>.

WE ENCOURAGE PROVIDERS TO
SCHEDULE A FOLLOW-UP APPOINTMENT
FOR YOUR PATIENTS
PRIOR TO HOSPITAL DISCHARGE.

OBESITY A RISK FACTOR FOR TYPE II DIABETES IN CHILDREN

Obesity has been identified as a national epidemic due to the steady increase in prevalence rates for adults, children and adolescents. Since the 1960s rates for obesity for 6 to 11 year olds have increased 50 percent and 39 percent for 12 to 17 year olds.

Obesity is a risk factor for many serious conditions, including type II diabetes. An estimated 85 percent of children with a diabetes diagnosis are also obese.

Despite the fact that the rate of childhood obesity is rapidly increasing, this condition often remains undiagnosed and under treated. Likewise, type II diabetes in children may be under-diagnosed, as symptoms may be difficult to identify as the child may be asymptomatic, symptoms may be mild, or the typical patterns of symptoms may vary.

The measure to identify appropriate weight for an individual is BMI – weight/height² (kg/m²).

Some insurance companies use BMI as one of several indicators for authorizing weight management medications.

Help identify childhood obesity and type II diabetes by:

- Recognizing the growing prevalence of both obesity and type II diabetes in children and adolescents.
- Using HbA1c testing to identify patients with type II diabetes.
- Using tools supplied by insurance companies such as BMI calculators.
- Contacting your managed care organizations to learn about programs available for children and adolescents who are overweight.

Source: *State of Connecticut, Department of Social Services*

FLU VACCINE UPDATE MAILED TO MEMBERS

A letter recently mailed to members by WellCare gave this information regarding the importance of receiving the flu vaccine:

Millions of people will get the flu this year.

The Center for Disease Control encourages flu shots for:

- People age 50 and older
- Residents of a nursing home or other chronic care facility
- Those with a high-risk disease
- Women who will be pregnant during the flu season
- Children age 6 to 23 months
- Anyone with close contact to any on the list above

PreferredOne makes it easy for members to get flu shots. Adults simply call their doctor to schedule a time to get one. This service is no cost to members.



Members should get their flu shots between October 1st and November 26th. The earlier, the better.

Children older than age nine can also get a flu shot at a Maxim Health Services flu shot clinic. To find clinics, call Walgreens at 1-800-358-9950, or CVS at 1-800-SHOPCVS or 1-800-746-7287. Schedules are also on the Internet at www.findaflushot.com.

CLAIMS SUBMISSION REMINDERS

Providers Can Bill Zero For PreferredOne Vaccinations

As of November 11, 2004, providers may bill zero (\$0) charge for state funded vaccinations. When you are billing for state funded vaccinations, bill the vaccination code itself with a zero (\$0) charge accompanied by the appropriate administration code. Keep in mind that the administration code needs to be included on the claim. Only 90472 can be billed with multiple units.

CPT Code Included With ER Billing

When billing with revenue codes 450 or 456, the corresponding CPT code must be listed on the UB-92 for proper reimbursement.

Co-Morbidities

Please remember to place all appropriate diagnoses on submitted claims. This detailed encounter information is critical to ensure appropriate compensation.

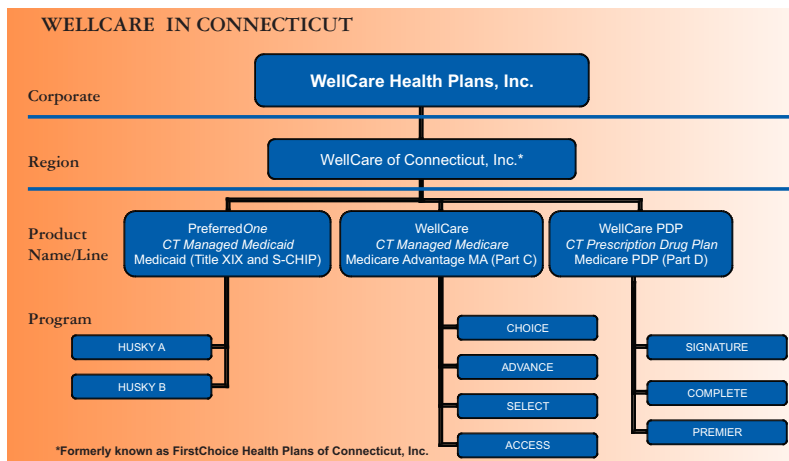
NEW NAME AND ADDRESS FOR FIRSTCHOICE HEALTHPLANS

FirstChoice Health Plans of Connecticut, Inc., is changing its name to WellCare of Connecticut, Inc., to better align itself with its corporate organization, WellCare Health Plans, Inc. This change is effective immediately. The Connecticut managed Medicaid programs (HUSKY A and B) offered by WellCare of Connecticut, Inc., will continue under the familiar product name of PreferredOne. We will continue to offer our Medicare managed care products in the areas we serve. You as a provider should see no significant or immediate impact related to this change. Please see the org chart below for a visual depiction of the Connecticut operations and the products we currently offer.

The WellCare of Connecticut, Inc., office also moved. The new address is:

WellCare of Connecticut
 127 Washington Ave.
 East Building 4th Floor
 North Haven, CT 06473

Please be sure your mailing addresses are updated accordingly. This address change does not affect other WellCare addresses, i.e., those in place for the submission of claims. Office phone, fax and email addresses have remained the same.



WELLCARE COVERS DIABETIC RETINAL EXAMS

One of the annual HEDIS® requirements for comprehensive diabetic care is for patients to have a retinal or dilated eye exam from an optometrist or ophthalmologist. Please keep your diabetic patients in compliance by referring them for this care.

To locate a WellCare provider for ophthalmology or optometry services: Go to www.wellcare.com. Select the blue “Find a Physician” button. Follow the instructions.

CT0083_10_05 © WellCare 2005