



FLORIDA | 2010 | ISSUE III

PROVIDER

Newsletter

CELEBRATING 25 YEARS OF SERVICE AND PARTNERSHIP



This year, we at WellCare Health Plans celebrate our silver anniversary. Over our first 25 years, we have touched many lives in many different and meaningful ways. Our success would not be possible without your steadfast commitment to the highest standards of service.

Our relationship with providers runs deep; WellCare was founded by a group of physicians. Since the beginning, we have provided quality, cost-effective managed health care solutions in partnership with you and the members, governments and communities we serve. Today, more than 2 million people count on us for their health care and prescription drug needs.

As we continue to focus our energies on enhancing our members' wellness and quality of life, we remain dedicated to strengthening our partnership with you. We value and thank you for the quality care and services you provide, and look forward to a long and healthy future together.

DON'T FORGET TO COMPLETE YOUR RE-CREDENTIALING PACKET!

Re-credentialing is a state, federal and accreditation requirement for all providers. Be on the lookout for your re-credentialing packet in the mail approximately four months in advance of your re-credentialing due date.

PROVIDER UPDATE

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

- SNIP Edits Effective July 1, 2010
- Changes to Behavioral Health Network
- 2010 Outcomes RAPS Letter
- HBH Transition Provider Contract Amendment

You can find copies of some of these correspondences when you log in to the secure area of www.wellcare.com (via the sign-in on the right that says "Member/Provider Secure Sign-In"). Then click on the Provider tab and you will see *Messages from WellCare* located in the right-hand side. Remember to check the messages regularly to receive new and updated information.

CHILD OBESITY RATES GOING UP

JUNK FOOD INTAKE HAS INCREASED; MANY KIDS HAVE FEW PLACES TO BURN CALORIES

New research finds that the prevalence of obesity has grown in recent years among children ages 10 to 17, and certain kids are being especially hard hit. The findings appear in the March issue of *Health Affairs*. Another study in the same journal points to a possible reason why: kids are snacking on potato chips, candy and other fattening foods an average of almost three times per day.

The findings on obesity are based on the U.S. National Survey of Children's Health. The survey found that the obesity rate grew from 14.8 percent in 2003 to 16.4 percent in 2007. However, the percentage of children who are simply overweight actually dropped a small amount from 15.7 percent to 15.3 percent.

"While combined overweight and obesity rates appear to be leveling off, our findings suggest a possible increase in the severity of the national childhood obesity epidemic, especially for certain subgroups of children and in certain states," principal investigator Christina Bethell, director of the Child and Adolescent Health Measurement Initiative at Oregon Health & Science University, said in a news release from the journal.

"Nationally, one in three children is overweight or obese, but even in the states where the epidemic appears least threatening, nearly one in four children is affected, and that rises as high as one in every two for some groups of children in some states."

The study authors found that the highest rate of obesity and overweight combined was in Mississippi (44 percent) and lowest in Utah (23 percent). The rates for both conditions among poor children rose from 39.8 percent in 2003 to 44.8 percent in 2007; it was stable—at about 22 percent—among wealthier children and non-Hispanic children.

Obesity and overweight kids were more common in neighborhoods that lacked a park or recreation center, and in neighborhoods that parents didn't perceive as safe.

Snacking patterns may also be playing a big role in the pediatric obesity epidemic, according to the second study. Researchers Barry Popkin and Carmen Piernas of the University of North Carolina at Chapel Hill looked at data on more than 31,000 American children from 1977 to 2006.

They found that in 1977–1978, 74 percent of children ages 2 to 18 said they snacked on foods outside of regular mealtime, but by 2003–2006 that number had jumped to 98 percent. The biggest jump occurred with salty treats such as crackers or potato chips, but candy was a favorite snack as well.

Overall, kids consumed 168 more calories from snack foods in 2003–2006 compared to 1977–1978, and the increase was greatest among the very young—those ages 2 to 6.

"Kids still eat three meals a day, but they're also loading up on high-calorie junk food that contains little or no nutritional value during these snacks," Popkin said in the news release.

He advised parents to limit snack-time to just once per day and turn to healthy alternatives such as apple slices, carrots and other fruits and vegetables.



INFLUENZA: WHAT'S NEW FOR 2010

Now that influenza season has arrived, we're encouraging providers to ensure that each of their members receives a flu vaccine. Here are some important things to remember as you encourage your patients to fight off the flu bug this upcoming season:

- Vaccination recommendations for adults have been expanded to include **all adults** beginning in the 2010–11 influenza season. Therefore, it is important that all people age 6 months and older receive the annual influenza vaccination.
- This year's vaccines, which will also provide protection against H1N1, include the same strain that was in the pandemic influenza A (H1N1) 2009 monovalent vaccines.
- Finally, a higher dose formulation of an inactivated seasonal influenza vaccine, Fluzone® High-Dose*, will be available in the 2010–11 influenza season for use in people age 65 years and older. Fluzone High-Dose, which contains four times the amount of influenza antigen compared with other inactivated seasonal influenza vaccines, produced higher antibody levels. Studies are underway to assess the relative effectiveness of Fluzone High-Dose compared with the standard dose inactivated influenza vaccine, but results from those studies will not be available before the 2010–11 influenza season. The Advisory Committee on Immunization Practices (ACIP) has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in people age 65 and older.

WellCare offers FREE flu vaccinations for its members. Please encourage our members to receive the flu vaccine either in your office or have them call the Customer Service number located on the back of their member ID card. They can also visit www.wellcare.com to locate a network provider near them to receive a FREE flu vaccination!

* WellCare will not pay for the Fluzone High-Dose vaccine.

Source: Centers for Disease Control and Prevention





21ST-CENTURY PEDIATRICIAN

A FIRST-HAND ACCOUNT OF ONE DOCTOR'S TRANSITION TO MODERN TECHNOLOGY

Technology makes my life easier, from the very moment a patient walks through the door of my office. My Phreesia software is there to streamline the check-in process. And for the rest of that patient's visit, my electronic tools help me with communications, e-prescribing and scheduling follow-up visits.

In fact, I use a program called Amazing Charts for most office management functions. I've found that Amazing Charts delivers great bang for the buck. It has an online community that allows me to share ideas with other users. It has functions for appointment-scheduling, co-pay collections, inter-office communications and data entry for vital signs and immunizations.

I use the intranet feature of Amazing Charts to communicate all laboratory orders, referrals and follow-up requests. I am able to track virtually any parameter, e.g., low hemoglobin, glucose, etc. I use the automated growth charts to discuss nutrition issues at all visits. I use the cdc.gov Web site to customize a vaccination schedule and reminders for every patient.

Meanwhile, parents are amazed and grateful for the efficiency of Amazing Charts' e-prescribing feature. It almost eliminates waiting for a sick child's medications (provided that a local pharmacy is using its e-prescribe in-box). Another cool feature of this EMR is the drug-drug interaction facility check up.

And if a new patient walks in without the past medical history of vaccination, no problem. I access FLORIDA shots vaccination registry for the records. All my backed-up data are stored offsite.

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If a new patient has no insurance, they can apply for, update and verify eligibility information through FLORIDA ACCESS terminal at the office.

These days, my hardware of choice is an HP® laptop. It has a touch screen, but also an intuitive and accurate (for the most part) writing facility that will suit even a novice writer. At my point of service, I generally review 5MCC or Textbook of Pediatrics online for decision support. I am able to annotate or print supporting sections of an article or pictures for any patient. In addition, I can generate several patient handouts while I consult. At day's end, I can batch-post my invoices.

Our multimedia approach has made our patients live simpler too. On our Web site, they can pre-register, schedule appointments and send us secure e-mails. We use Televox to re-call patients by voice, but we can also e-mail or text them to remind them of appointments. After hours, patients call the office phone, which transfers to Perfectserve, an electronic answering service. This service has a follow-me plan that's easy to configure, and my voice messages are accessible online whenever or wherever I am.

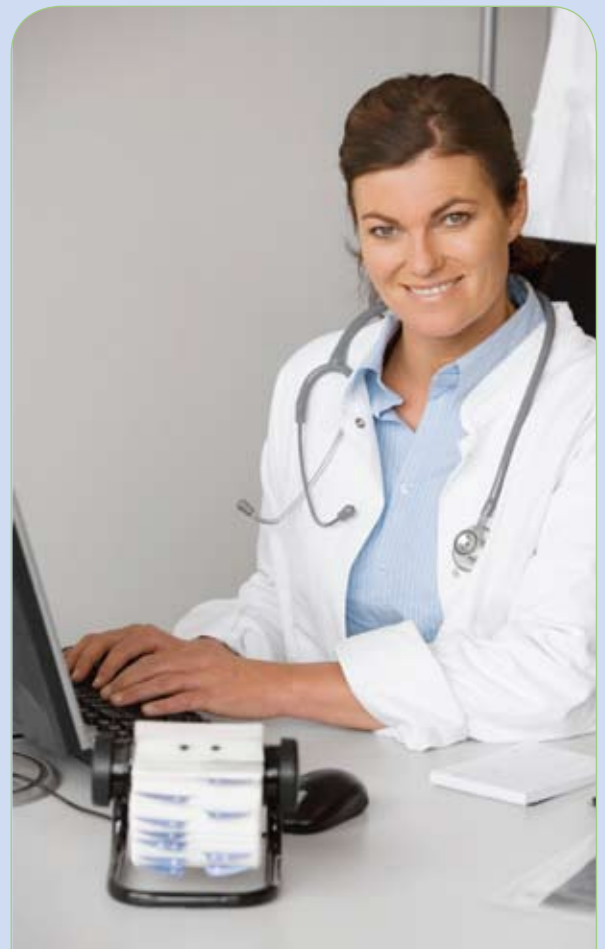
I'm happy to say that I'm now a loyal advocate for using electronic medical records. I'd even add that I'm having fun practicing medicine in the digital age.

Olabisi Oyadiran, MD FAAP
Medical Director
B C PEDIATRICS

WELLCARE CLAIMS INFORMATION

From time to time, WellCare Health Plans, Inc. (the Plan) reviews its reimbursement policies to maintain close alignment with industry standards and coding updates released by health care industry sources like the Centers for Medicare and Medicaid Services (CMS), as well as nationally recognized health and medical societies.

Please note that the Plan publishes periodic reimbursement policy updates. To obtain a copy of our current policies, please visit the Provider Resources area of our Web site at www.wellcare.com, and select the *Claims Updates* link.



MULTIPLE SURGERY BILLING GUIDELINES

THE APPROPRIATE APPLICATION OF MODIFIER 51

The Plan would like to stress the importance of applying multiple surgery modifiers when submitting claims. In particular, Modifier 51 should be used when billing multiple procedures on the same day, during the same surgical session, or on diagnostic imaging services subject to the multiple procedure payment reduction that are provided on the same day, during the same session, by the same provider. Please see below for additional information:

Appropriate Modifier 51 Application:

• Multiple Procedures

- When the same physician performs more than one surgical service at the same session.
- When both surgical procedure codes have an indicator of “2” in the MPFSDB *Mult Surg* column.
- Append Modifier 51 to the surgical procedure code with the lower physician fee schedule Work RVU value.

• Diagnostic Imaging Services

- When both diagnostic procedures have an indicator of “4” in the MPFSDB *Mult Surg* column **and** both diagnostic procedures have the same *Diagnostic Imaging Family Indicator* column in the MPFSDB
- When the MPFSDB indicates a “01–11” in the *Diagnostic Imaging Family Indicator* column.

Do Not Use Modifier 51:

- Do not use Modifier 51 on designated add-on codes.
- Do not report Modifier 51 on all lines of service.

Codes not billed according to the above criteria are considered inaccurate and will result in a claim denial.

Furthermore, CMS instructs within the Medicare Claims Processing Manual, Chapter 12 Sec. 40.6 C., the following:

C. Carrier Claims Processing System Requirements

Carriers must be able to:

1. Identify multiple surgeries by both of the following methods:

The presence on the claim form OR electronic submission of the “-51” modifier and the billing of more than one separately payable surgical procedure by the same physician performed on the same patient on the same day, whether on different lines or with a number greater than 1 in the units column on the claim form or inappropriately billed with modifier “-78” (i.e., after the global period has expired);

WellCare currently applies the “or” direction requiring the electronic submission of Modifier-51 due to current system limitations.

Note: *Some fiscal intermediaries are not requiring the application of this modifier as their systems are able to apply this modifier and payment methodology systematically when the claim is submitted without. Currently, WellCare is not able to apply the modifier systematically and **does** require your claims to be submitted with the -51 modifier when appropriate.*

For questions, please contact your Provider Relations representative or Customer Service at:

Medicare–1-888-888-9355

HealthEase–1-800-278-0656; HealthEase Kids–1-800-278-8178

Staywell–1-866-334-7927; Staywell Kids–1-866-698-5437

IMPORTANT CLAIMS INFORMATION – SNIP EDITS

WellCare of Florida, Inc./HealthEase of Florida, Inc., updated its Medicaid and Medicare Provider Manual addendum to reflect further details on regulatory requirements and industry standards for submissions of health care claims and encounters. The purpose of this additional information is to promote compliance with standards for claims and encounters submission.

Standards for Claims and Encounters

- Paper Claims—Submit “clean claims” pursuant to your Provider Agreement using the UB-04 and CMS-1500 claim forms. WellCare must receive the original red and white versions of paper claim forms; copies and/or faxes (black and white) will be rejected.
- Electronic Claims and Encounters—Submit with updated HIPAA Electronic Transaction and Code Sets, included in the Provider Manual addendum. Additional guidance can be found at: www.cms.hhs.gov/TransactionCodeSetsStands/.
- Strategic National Implementation Process (SNIP) – All claims and encounters will require validation of transaction integrity/syntax at levels 4 and 5.
- On July 1, 2010, WellCare began enforcing additional SNIP 5 edits to comply with federal and state mandates for clean claim submissions.

This applies to all submission types:

- Paper
- Electronic Claims (EDI)
- Direct Data Entry (DDE)

Below are general descriptions of each level:

SNIP Type 4—Situational Requirements. Refer to the following examples:

1. Physical address of service location is required for all places of service billed.
2. Additional Present on Admission (POA) indicator qualifier edits on the 2300 K3 segment.
3. Total purchased service amount in the 2300 loop.
4. Purchased service provider name when a purchased service is rendered in the 2300 loop (see #3 above).

SNIP Type 5—External Code Set Validation (e.g., Procedure codes, ICD-9 codes, state and ZIP codes, Taxonomy codes)

WHAT DOES THIS MEAN TO YOU?

It is important that you/your organization comply with these submission requirements in order for your claims/encounters to be processed in a timely manner and to avoid rejections.

Full compliance with the SNIP edits described above is required as of July 1, 2010. Please note that all other WellCare claim submission requirements, such as timely filing, are not affected by these additional standards.

Updated copies of the Provider Manual Addendum are available via the Plan’s Web site at www.wellcare.com.

For questions, please contact your Provider Relations representative or call Provider Services at 1-800-278-0656 (HealthEase), 1-866-334-7927 (Staywell), 1-866-698-5437 (Staywell Kids), 1-800-278-8178 (HealthEase Kids) or 1-888-888-9355 (WellCare Medicare).

WELLCARE CONGRATULATES DR. TROY FRAZER

The Healthy People 2010 national goal for 2-year-old children successfully completing their primary series of immunizations was set at 90 percent. In order to achieve this rate in Florida, the Florida Department of Health embarked on a campaign involving stakeholders throughout the Florida medical community. One of WellCare’s primary care providers surpassed this goal in Miami-Dade County. Troy Frazer, DO. M.B.A. achieved an outstanding 100 percent, earning the recognition of Superior Achievement from Florida’s Bureau of Immunization. Congratulations to Dr. Frazer!

CHANGES TO BEHAVIORAL HEALTH NETWORK

WellCare of Florida, Inc., and HealthEase of Florida, Inc., (collectively “WellCare”), have entered into agreements with Magellan Behavioral Health, Inc. (“Magellan”) whereby Magellan will administer all behavioral health benefits for all WellCare members in the state of Florida beginning **August 16, 2010**.

Please note that this does not change the behavioral health services covered by WellCare. To obtain behavioral health authorizations and referrals for WellCare members for dates of service on and after **August 16, 2010**, you must call Magellan at **1-877-712-5340**. Claims for behavioral health services provided to WellCare members for dates of service on **August 16, 2010** and later must be submitted directly to Magellan.

You should visit the Magellan Provider Welcome Web site at www.magellanhealth.com/provider for additional information, such as services requiring prior authorization and how to submit claims to Magellan.

We thank you for your continued participation and cooperation in our ongoing efforts to arrange quality health care services for our members.

For questions, please contact your Provider Relations representative or call our Customer Service team at one of the following numbers:

Medicare–1-888-888-9355

HealthEase–1-800-278-0656; HealthEase Kids–1-800-278-8178

Staywell–1-866-334-7927; Staywell Kids–1-866-698-5437



WELLCARE ACCESS (HMO SNP) 20-PERCENT COST-SHARE

Providers are responsible for billing Medicaid for the 20-percent coinsurance for applicable services for Access Plan members.

- Refer to the front of the member's ID card to determine the co-payment amount and to the back of the ID card for the reminder that "Member not responsible for cost-share. Do not balance bill."
- Access members have a \$0 cost-share responsibility.
- You should not bill a member for the 20-percent cost-share or deny the member access to care.
- If you have questions, please call Customer Service at **1-888-888-9355** to speak with a representative on the Special Needs Plan team.

Note: The state is responsible for the member cost-sharing in the Access Plan. However, the state is not required to provide payment for services under Medicare that would exceed the payment that the state Medicaid plan would have otherwise made.



WELLCARE OF FLORIDA, CARECORE NATIONAL PARTNER FOR CLINICAL REVIEW OF OUTPATIENT IMAGING SERVICES

WellCare Health Plans/HealthEase of Florida/Staywell Health Plan of Florida would like to remind you of a new partnership with CareCore National, a utilization management organization dedicated to ensuring the appropriate use of outpatient diagnostic imaging services. As a result, CareCore National is conducting medical necessity determination reviews for all non-emergent, advanced outpatient imaging procedures provided to Plan members.

As of May 3, 2010, WellCare of Florida now requires advanced authorization for all non-emergent, advanced outpatient imaging services provided to Plan members. These medical necessity determination reviews are required on certain procedures, including MR, CT, PET and SPECT for *Medicare* and *Medicaid*, as well as some ultrasounds and certain nuclear medicine and nuclear cardiology procedures for *Medicaid*.

To obtain an authorization of services, you can contact CareCore National directly at www.carecorenational.com or **1-888-333-8641**. You can also access information regarding the Imaging Program on the Web site at www.wellcare.com/Provider/job_aids.

If you have any questions, please contact Provider Services at the numbers listed below or CareCore National Customer Service at **1-888-333-8641**, Option 4.

Florida Medicare Plans: **1-888-888-9355**

Florida Medicaid Plans:

HealthEase: **1-800-278-0656**

HealthEase Kids: **1-800-278-8178**

Staywell: **1-866-334-7927**

Staywell Kids: **1-866-698-5437**

UPDATED CLINICAL PRACTICE GUIDELINES

WellCare strives to supply our providers with the most up-to-date clinical practice recommendations. The following Clinical Practice Guidelines were updated in early 2010:

- Adult preventive health (including updated immunization schedules)
- Pediatric preventive health (including updated immunization schedules)
- Asthma
- Chronic kidney disease
- Diabetes

Also, please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources link at: www.wellcare.com/Provider/CCGs.

CASE MANAGEMENT PROGRAM

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet a member's health needs. Our Case Management program is used to facilitate care of individual members in order to achieve optimal outcomes and quality of care. Case managers are registered nurses that assist members with multiple complex health problems. They serve as an important link between the member, the health care team, the payer and the community. By providing case management services, WellCare case managers work with the PCP or specialist to facilitate timely access to—and utilization of—appropriate services, thus reducing unnecessary services such as emergency room usage and hospital admissions.

Case management occurs across a continuum of care, is individually focused and member-centric. Thus, a case manager's workload can include, but is not limited to, the following:

- High-cost or complex medical needs
- Solid organ and tissue transplants
- Chronic illness
- Catastrophic illness or injuries
- High-risk pregnancy
- Children with special needs
- Lead poisoning

DISEASE MANAGEMENT PROGRAM

Disease management is a system of coordinated health care interventions and communications that seek to proactively identify populations with, or at risk for, established medical conditions. WellCare offers a telephonic Disease Management program that focuses on the following: supporting the physician/patient relationship and plan of care; emphasizing prevention of exacerbations and complications using cost-effective, evidence-based practice guidelines; and patient empowerment strategies such as self-education.

Disease managers manage the following disease states:

- Asthma
- Childhood obesity
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes
- Hypertension
- HIV/AIDS

If you would like to refer your WellCare patients to the Case or Disease Management program, please call **1-866-635-7045** between the hours of 8am and 5pm Eastern.

SILVERSNEAKERS® FITNESS PROGRAM HELPS PATIENTS IMPROVE OVERALL FITNESS

Help your patients unlock the door to greater independence and a healthier life with the SilverSneakers® Fitness program. Offered to group retirees and all patients who are eligible for Medicare, SilverSneakers is a fun and energizing program that helps older adults take control of their health by encouraging physical activity.

In addition to offering a plethora of health education seminars and fun social events with others who share interest in a healthy lifestyle, all SilverSneakers participants are provided with a free gym membership to any participating location across the country. Participants will also enjoy the following:

- Access to conditioning classes, exercise equipment, pool, sauna and other available amenities
- Customized SilverSneakers classes designed exclusively for older adults who want to improve their strength, flexibility, balance and endurance
- A specially trained Senior AdvisorSM at the fitness center to introduce your patients to the program and help them get started
- Member-only access to online support that can help your patients lose weight, quit smoking or even reduce stress
- SilverSneakers Steps, a self-directed, pedometer-based physical activity and walking program for members residing 15 miles or more from a participating location.

We encourage you to have your patients sign up for this terrific program. Joining is as easy as 1-2-3! Here are the steps your patients should follow:

1. **Choose their location.** Have your patients find the participating location that's most convenient for them. Once they've enrolled, they can visit any participating location in the country. That way, traveling can never be an excuse for missing a workout! Your patients can view locations by ZIP code on www.silversneakers.com or call toll-free at 1-888-423-4632.
2. **Enroll in person.** Once the program has captured your patients' attention, they should present their health plan membership ID card at the front desk to register. And remember: The sooner they start, the sooner they can take part in the fitness fun!
3. **Take a tour.** Words can only scratch the surface of the value of this program. Therefore, encourage your patients to visit a local gym to check out the fitness equipment and all the amenities they'll enjoy as a SilverSneakers member. They should take this opportunity to learn as much as they can about the location.

Participating in the SilverSneakers program can help your patients get the amount of physical activity they need to stay healthy, maintain their independence and live their life to the fullest.



SilverSneakers® is a registered mark of Healthways, Inc.



D-SNP MODEL OF CARE PROCESSES

To improve access to medical, social and mental health services, WellCare completes the following for Dual Special Needs Plans (D-SNP) members:

1. Health risk assessment (HRA) to identify the member's acuity related to utilization, functional ability, depression scale and overall health status
2. Comprehensive assessment with the member's/ caregiver's participation to assist the interdisciplinary care team (ICT) in developing an individualized care plan (ICP) that identifies measurable goals and changes as the member's needs change
3. Facilitation of the member obtaining a primary care physician (PCP)
4. Utilization of the Case Management Social Worker (CMSW) and Behavioral Health Case Management for community referrals

To improve coordination of care, D-SNP case managers:

1. Identify all members of the interdisciplinary care team (ICT) and coordinate care through a central point of contact, i.e., the PCP.
2. Maintain professional collaboration and communication with members of the ICT.

To improve transitions of care, D-SNP case managers:

1. Communicate with members across each point of the health care setting, i.e., hospital, SNF-rehab and home.
2. Assist in the facilitation of medical equipment needs and services.

To improve access to affordable, quality care and preventive health services, D-SNP case managers and/or Health Services associates:

1. Credential all providers.
2. Encourage the use of in-network providers in an effort to reduce financial burden to the member.
3. Utilize quality reports to address concerns on any reportable information from members regarding experiences with providers and/or facilities.

To assure appropriate utilization of services and cost-effective service delivery, D-SNP case managers and/or Health Services associates:

1. Identify and contact members meeting the Case Management criteria.
2. Facilitate medically necessary and appropriate accesses to care such as referrals to specialists, home health care, etc.

To improve member health measurable data, D-SNP case managers:

1. Provide members with preventive health information and educational material as appropriate.
2. Foster compliance by providing contact times with the member/family based on their needs (weekly, monthly, etc.).
3. Discuss identified health needs and/or concerns with the medical director, and request referrals to internal area specialists that the pharmacy, the case manager and medical director deem appropriate.

In short, with partnership and the full participation of all ICT members (primary care physician, specialists, case manager, social worker, behavioral health, pharmacy, member, family members and caregivers/POA), WellCare D-SNP Model of Care assists members in reaching and maintaining the highest level of health and functioning possible for the individual member.

We're here to help your patients! If you would like to refer a patient to our program, they should contact the number below. A WellCare staff member will inform them about the program, including how to opt-in and how to opt-out if they no longer want to participate, and will explain the benefits of the free program. Your patient will have access to an RN case manager during the hours listed below.

If you would like to refer your WellCare D-SNP patients to Case Management services to benefit from the above Model of Care, please contact the Referral Line at **1-866-635-7045** between the hours of 8am and 5pm Eastern.

PEOPLE STILL TRUST THEIR DOCTORS RATHER THAN THE INTERNET

The Internet has made vast amounts of health information available to the general public, but all that virtual “noise” has made people more likely than ever to trust their doctor with medical decisions, a new survey finds.

Published in the March 4 issue of the *New England Journal of Medicine*, the survey of nearly 16,000 people over seven years found the following:

- People’s trust in physicians has increased with the ascent of the Internet, while their trust in Internet information has declined slightly over time. Simultaneously, their trust in other sources of health information such as television has plummeted.
- By a large margin, people take their health questions to the Internet first, performing their own research. They then take that information to their doctor for discussion.
- Increasing numbers of people are using e-mail to communicate directly with their physicians.

The study dovetails with previous research, showing that the Internet is not replacing the role of doctors in people’s health, believes Susannah Fox, an associate director of the Pew Research Center’s Internet & American Life Project.

Some people had been concerned that the Internet would supplant people’s need to visit the doctor, much as Web sites have replaced local travel agents and print newspapers for many, Hesse and Fox concurred.

This latest research reveals the opposite, in fact, is occurring.

“The doctor’s appointment is an institution that will not budge,” Fox said. “People still want someone to help guide them when they’re making decisions about an acute disease or managing a chronic illness.”

However, the study also shows that people are getting some use from Internet-provided medical information. They are using the Internet as a first source for health questions, for one thing.

“They use both channels,” Hesse said. “They go to the Internet first because it’s the easy thing to get to, but then they go to the doctor and follow up.”

People also are using Web sites to get answers for questions they feel are too minor to bring to their doctor, Fox added.

“When these health questions pop up in people’s lives, often they do want to talk to a doctor,” she said. “But if it’s after office hours or a question that doesn’t necessarily need expert advice, there are decisions that can be made using information found on the Internet. On the big decisions, for example diagnosis and treatment decisions, people are still relying on health professionals to help them make those very high-stakes decisions.”

The increase in e-mail correspondence with physicians, along with a large decrease in people’s trust in other sources of information, point to an increasing role for the Internet in health care, even if that role will remain supplemental to a doctor’s authority, Fox said.

“The key is making sure we understand that as mobile devices and broadband proliferate, the conversation is increasingly happening online,” she added.

Hesse said that the findings also point to an emerging model of preventive medical care where a person’s family physician takes on the role of a “coach,” guiding self-motivated patients to better health through their advice and judgment.

“People don’t go away when there’s technology involved,” he said. “In this case, they might actually be more needed.”

CHILD HEALTH CHECKUP TIPS

HealthEase, HealthEase Kids, Staywell and Staywell Kids members are entitled to receive a comprehensive package of preventive health care. Here are some questions and answers to help you conduct, document and bill for the Child Health Checkup (CHCUP) exams.

Billing Requirements:

New Patient: Initial evaluation and management of a healthy individual requiring a comprehensive history, an examination, identification of risk factors and ordering of appropriate lab/diagnostic procedures

Procedure Code	Age Group
99381	Infant (age under 1 year)
99382	Age 1 through 4 years
99383	Age 5 through 11 years
99384	Age 12 through 17 years
99385	Age 18 through 20 years – use EP modifier

Established Patient: Periodic re-evaluation and management of a healthy individual requiring a comprehensive history, examination, identification of risk factors and the ordering of appropriate lab/diagnostic procedures

99391	Infant (age under 1 year)
99392	Age 1 through 4 years
99393	Age 5 through 11 years
99394	Age 12 through 17 years
99395	Age 18 through 20 years – use EP modifier

Newborn Care: Services to newborns, including physical examination, initiation of diagnostic and/or treatment and preparation of medical records for the infant. **Note: CPT code changes for newborn screens.**

99460 (old: 99431)	Newborn Care - History and Examination (replaces code 99431)
99461 (old: 99432)	Normal Newborn Care (replaces code 99432)
99463 (old: 99435)	Newborn Care (history and examination) (replaces code 99435)

Referral Codes: It is a federal requirement that referral codes are billed for CHCUP services. Your claim and/or encounter **will be rejected** if you do not include a referral code on the claim or encounter.

Referral Codes	
Code	Referral Description
AV	Patient Refused Referral (Available, Not Used)
NU	Patient Not Referred (Not Used)
S2	Under Treatment (For referred diagnostic or corrective health problem)
ST	New Services Requested (Patient referred to another provider for diagnostic or corrective treatments or scheduled for another appointment with check-up provider for diagnostic or corrective treatment for at least one health problem identified during a Child Health Checkup, not including dental referrals.)

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CHILD HEALTH CHECKUP

The Child Health Checkup (CHCUP) claim is now billed on a physician claim form. CHCUP is referred to as EPSDT (Early and Periodic Screening, Diagnosis and Treatment) in national publications. The CHCUP procedure code is entered on one line and any other services provided can be entered on subsequent lines. CHCUP claims can only be billed in the following formats: CMS-1500, NSF, X12N 837P, or WINASAP 2003, Professional.

CHCUP Indicator	CHCUP Referral Code	Special Program Indicator
<p>CMS-1500 Claim Form</p> <p>Box 24H (EPSDT/Family Planning) – Enter “E” if service is a result of a CHCUP referral (Use when service is not a CHCUP procedure code).</p>	<p>Box 24H (EPSDT/Family Planning) – Enter “V”, “U”, “2”, or “T” (see table) for the referral code most applicable (Use only when service is a CHCUP procedure code).</p>	Not applicable
<p>NSF Format</p> <p>FB0-22.0 (EPSDT Indicator) – Enter “Y” if service is a result of a CHCUP referral, “N” or space if not (Use when service is not a CHCUP procedure code). To bill a CHCUP screening claim as a physician claim, also complete these fields: BA0-03.0 Batch Type = 100 EA0-32.0 Diagnosis Code 1 = required (at least one diagnosis is required) FA0-14.0 Diagnosis Code Pointer 1 = required (at least one is required)</p>	<p>FB0-22.0 (EPSDT Indicator) – Enter “V”, “U”, “2”, or “T” (see table) for the referral code most applicable (Use only when service is a CHCUP procedure code).</p>	Not applicable
<p>X12N 837P</p> <p>Loop 2400, Segment SVI, Element 11 (EPSDT Indicator) – Enter “Y” if service is a result of a CHCUP referral (Use when service is not a CHCUP procedure code).</p>	<p>Loop 2300, Segment CRC, (EPSDT Referral), Element 03 (Condition Code) – Enter “AV”, “NU”, “S2”, or “ST” (see table) for the referral code most applicable. If CRC02 is “N,” this value must be “NU” (Use only when service is a CHCUP procedure code).</p>	<p>Loop 2300, Segment CLM, Element 12 (Special Program Code) – Enter “01” if any line item in the transaction contains a service that is a CHCUP procedure code.</p>
<p>WINASAP 2003, Professional Claim</p> <p>Claim Line Items Tab, Miscellaneous Indicators button, Other Indicators. Was the service a result of a screening referral? – Check “Yes” if service is a result of a CHCUP referral (Use when service is not a CHCUP procedure code).</p>	<p>Claim Information Tab, EPSDT Info button – Check “Yes” for Certification Condition Indicator. Select from the list of conditions that appear in the drop-down list: “Available-Not Used,” “Under Treatment” or “New Service Requested.” Do not check the Certification Condition Indicator when selecting “Not Used” from the conditions drop-down list (Use only when service is a CHCUP procedure code).</p>	<p>Claim Codes Tab, Special Program Indicator Code – Select “Early and Periodic Screening, Diagnosis and Treatment (EPSDT) or Child Health Assessment Program” from the drop-down list if any line item in the transaction contains a service that is a CHCUP procedure code.</p>

CHILD HEALTH CHECKUP REQUIREMENTS

Exam consists of the following three components that must be provided:

- A comprehensive health history—includes an assessment of physical **and** mental development
- A comprehensive unclothed physical exam
- Health education, including anticipatory guidance

Frequency of visits:

- 0–4 weeks of age
- 2 months of age
- 4 months of age
- 6 months of age
- 9 months of age
- 12 months of age
- 15–18 months of age
- 2 years of age
- 3 years of age
- 4 years of age
- 5 years of age
- 6 years of age
- Yearly up to age 20

Medical Record Documentation Requirements:

Documentation in the medical record must include a note indicating a visit with a primary care practitioner, the date the CHCUP visit occurred, and evidence of all three of the required components listed above.

Sample evidence for comprehensive health history and health education/anticipatory guidance:

Mental and Physical—Both:

0–2 years

- Separation anxiety
- Walking
- Child acting age appropriate
- Sitting up
- Child bonding well with mother
- Turning over
- Child crawling
- Imitates activities and sounds
- Growth appropriate for age
- Recognizes familiar faces and voices

3–6 Years

- Follows simple directions
- Listens to stories
- Good language skills
- Mature pencil grasp and can copy shapes
- Parent-child interaction
- Balances on one foot, hops and skips
- Names a friend
- Knows name
- Growth appropriate for age
- Converses in 2–3 sentences

Adolescents:

- Observe parent & youth interaction
- Behaviors that develop lifestyle
- Establishing relationships
- Engagement in community
- Increasingly independent decision-making
- Discussion regarding sexual activity
- Sexually active
- Discussion regarding smoking, alcohol, substance use, etc.

Health Education/Anticipatory Guidance

0–2 years

- Treating illnesses that are not current (ex. fever information) if physician is discussing a future possibility and possible outcomes.
- Anticipatory guidance done (the wording “Anticipatory Guidance” written in a note will count)
- Teaching done
- Advising parents about seat belt use for their children
- Fire/Carbon Monoxide Detector
- Child-proofing home
- Education on stages of development
- Immunization schedule
- Projecting how to care for things in the future
- Advice on how to care for sick child in future

3–6 years

- Treating illness that are not current (ex. fever information) if physician is discussing a future possibility
- Anticipatory guidance done (the wording “Anticipatory Guidance” written in a note will count)
- Advice on how to care for sick child in future possible outcomes.

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- Injury prevention: safety seats & belts, protective gear, guns
- Child-proofing home Immunization schedule
- Supervision of outside play
- Bedtime ritual
- Fire/Carbon Monoxide Detector
- Curiosity about the body
- Projecting how to care for things in the future
- Education on stages of development

Adolescents through age 21:

- Discuss tobacco, alcohol and drugs
- Encourage activity/exercise
- Overall, if physician is discussing a future possibility and possible outcomes, the wording “Anticipatory Guidance” or “AG Communicates rules/expectations/responsibilities done”
- Discuss relationships, sex, values, protected sex and STD prevention
- Involved in family decision-making
- Explores interests and new activities
- Discuss physical changes that occur during puberty
- Awareness of community issues and needs
- Injury prevention: safety belts, protective gear, guns, driving safety, riding with impaired drivers
- Encourage regular dental appointments
- Encourage healthy diet

There are several forms available that can assist you in assuring you have documented correctly. You may find these forms:

- In your Provider Manual (Forms section)
- Georgetown University’s Bright Futures program at: www.brightfutures.org/encounter/provider/index.html

For more information on CHCUP and well-child exams, please visit the Florida Well-Child Provider Toolkit at www.wellcare.com/Provider/QI_FL_WellChildProviderToolkit.

This toolkit includes helpful resources such as: immunization schedules, CHCUP tracking forms and lead poisoning screening materials. Please refer to this toolkit on a regular basis, as more resources will be added.

Source: American Academy of Pediatrics

PROMOTE BREAST AND CERVICAL CANCER AWARENESS

October is Breast Cancer Awareness Month, so WellCare is asking all providers to encourage women to get their preventive health exams completed during October if they have not already done so this year.

According to the Centers for Disease Control and Prevention (CDC), many deaths caused by breast and cervical cancer could be avoided by increasing cancer screening rates among women. Deaths from these diseases occur disproportionately among women who rely on public health programs, like Medicaid, or are uninsured, the CDC reports.

WellCare covers all regular preventive tests and screenings for women without requiring referral or prior approval. Help us ensure that our members stay healthy by recommending appropriate preventive tests and screenings.

Please continue to encourage women to obtain an annual mammography for breast cancer screening and a Pap smear for cervical cancer screening. Women should also have an annual chlamydia screening test if they are sexually active and between the ages of 16 and 25.



SUMMER 2010 PROVIDER FORMULARY UPDATE

GENERIC NEWS:

The generic drugs listed below are now available to HealthEase/Staywell Medicaid, Healthy Kids and Medicare members at the lowest co-payment (if applicable):

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Cozaar® 25mg, 50mg, 100mg Tablets*	Losartan Potassium 25mg, 50mg, 100mg Tablets (ST; QL – 31 tablets/31 days – MEDICAID ONLY)	Angiotensin II Receptor Antagonists
Hyzaar® 50/12.5mg, 100/12.5mg, 100/25mg Tablets*	Losartan Potassium & Hydrochlorothiazide 50/12.5mg, 100/12.5mg, 100/25mg Tablets (ST; QL – 31 tablets/31 days – MEDICAID ONLY)	Angiotensin II Receptor Antagonist/Diuretic Combinations
Mirapex® 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets*	Pramipexole Dihydrochloride 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets	Antiparkinsonian Agents
Trileptal® 300mg/5mL Oral Suspension*	Oxcarbazepine 300mg/5mL Oral Suspension (MEDICAID ONLY – QL 1500mL/31 days)	Anticonvulsants

*These brand-name drugs have been removed from the HealthEase/Staywell Medicaid and Healthy Kids Preferred Drug List
 QL = Quantity Limit ST = Step Therapy

The generic drugs listed below are now available to WellCare Medicare members ONLY at the lowest cost-sharing benefit:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Aldara® 5% Topical Cream	Imiquimod 5% Topical Cream (PA)	Topical Immunomodulator
Flomax® 0.4mg Capsules	Tamsulosin 0.4mg Capsules	Benign Prostatic Hyperplasia (BPH) Agents

The following changes have been made to the HealthEase/Staywell Medicaid and Healthy Kids Preferred Drug List:

ADDITIONS	REMOVALS
Benzonatate 200mg Capsules (AL: ≤20 years old)	Acular® 0.5% Ophthalmic Solution
Buprenorphine 2mg, 8 mg SL Tablets (PA)	Acular LS® 0.4% Ophthalmic Solution
Claravis 10mg, 20mg, 30mg, 40mg Capsules (ST; AL: 12-20 years old ONLY, QL: 62 capsules/31 days)	Alphagan® P 0.15% Ophthalmic Solution
Exelon® Patch 4.6mg/24 hours, 9.5mg/24 hours	Betaseron® for SC Injection
Extavia® Kit	Exelon® 2mg/mL Oral Solution

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ADDITIONS	REMOVALS
Lansoprazole DR 15mg, 30mg Capsules (ST)	Loestrin® 24 Fe Tablets
Naphcon 0.012% Ophthalmic Solution (OTC Covered w/Rx)	Migranal® 4mg/mL Nasal Spray
Norvir® 100mg Tablets	Nasalcrom® Nasal Spray
Seroquel® 25mg, 50mg, 100mg, 200mg, 300mg, 400mg Tablets (PA)	Oxsoralen® 1% Lotion
Treximet® Tablets (PA)	Oxsoralen-Ultra® 10mg Capsules
Vitamin D 50,000 units Softgels	Oxycodone/APAP 2.5mg/325mg Tablets
Vortex® Holding Chamber/Masks; toddler, child & adult sizes (QL: 2 units/365 days)	Pantoprazole Sodium DR 20mg, 40mg Tablets
Vortex® Valved Holding Chamber (QL: 2 units/365 days)	Paroxetine ER 12.5mg, 25mg, 37.5mg Tablets
	Note that as of 3/1/2010, DESI (Drug Efficacy Study Implementation) drugs and drugs that are identical, related, or similar to such drugs, are no longer a covered benefit for HealthEase/Staywell members.

PA = Prior Authorization Required QL = Quantity Limit AL = Age Limit ST = Step Therapy

The Utilization Management criteria have changed for the following medications as noted below:

DRUG NAME	CHANGE	PLAN
Ciclopirox 8% Topical Solution	Prior Authorization requirement removed	<ul style="list-style-type: none"> • HealthEase/Staywell • Healthy Kids • WellCare Medicare
Namenda® 5mg, 10mg Tablets, Titration Pak, 10mg/5mL Solution	Step Therapy requirement removed	<ul style="list-style-type: none"> • HealthEase/Staywell • Healthy Kids
Zolpidem 5mg, 10mg Tablets	Step Therapy requirement removed	<ul style="list-style-type: none"> • HealthEase/Staywell • Healthy Kids

The quantity limits associated with the following medications have been changed as noted below for the Staywell/HealthEase and Healthy Kids Preferred Drug List:

DRUG NAME	OLD QL	NEW QL
Concerta® 18mg, 27mg, 36mg Tablets	31 tablets/31 days	62 tablets/31 days
Ondansetron 4mg/5ml Solution	No QL	300ml/31 days
Ondansetron 24mg Tablet	62 tablets/31 days	31 tablets/31 days
Ondansetron ODT 4mg, 8mg Tablets	12 tablets/31 days	62 tablets/31 days

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

ADDITIONS	
AK-Con™ Ophthalmic Solution	Norvir® 100mg Tablets
Brimonidine Tartrate 0.15% Ophthalmic Solution	Oxaliplatin 50mg and 100mg Vials (Part B)
BioThrax® (Anthrax Vaccine Adsorbed) Suspension for Intramuscular Injection	Promacta® 75mg Tablets (PA)
Carac® 0.5% Topical Cream (PA)	Renage!® 400mg, 800mg Tablets (PA)
Carimune® NF 6gm, 12gm Vials (PA)	Renvela® 800mg Tablet
Cyclosporine 50mg Soft Gelatin Capsules (PA)	Sodium Bicarbonate 8.4mg Syringe
Fanapt™ 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12 mg Tablets (PA)	Soriatane® 10mg, 17.5mg, 22.5mg, 25mg Capsules (QL: 10mg capsules ONLY 31 capsules/31 days)
Fanapt™ Titration Pack (PA)	Valcyte® 50mg/mL Powder for Solution (PA)
Fluconazole-NS 100mg/50ml Vial	Zenpep® 5,000 USP units of lipase, 10,000 USP units of lipase, 15,000 USP units of lipase, 20,000 USP units of lipase Delayed-Release Capsules
Humira® 20mg/0.4mL Pediatric Pre-Filled Syringe (PA)	Zyprexa® Relprevv™ 210mg, 300mg, 405mg Vials (PA)
Menveo® Solution for Intramuscular Injection	

PA = Prior authorization required QL = Quantity limit

PLANNED MARKET DRUG WITHDRAWAL:

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Endo Pharmaceuticals Inc.	Moban® (molindone HCl) Tablets	June 30, 2010	<p>Endo has been unable to obtain an alternate supplier of molindone hydrochloride after the current supplier notified Endo of their intent to discontinue manufacturing molindone hydrochloride.</p> <ul style="list-style-type: none"> WellCare MEDICARE members' prescriptions will continue to adjudicate until supplies are exhausted. Prescriptions for Staywell/HealthEase and Healthy Kids members will not adjudicate. Moban® Tablets are not a covered benefit for these members and require a Prior Authorization.



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PROVIDE UPDATED INFORMATION TO WELLCARE

As a reminder, please provide WellCare with any updated information or changes that could affect your status with the Plan.

For example, be sure to inform the Plan in writing within 24 hours of:

- Any revocation or suspension of your DEA number
- Suspension, limitation or revocation of your license, certification or other legal credential authorizing you to practice in the state of Florida

In addition, please inform the Plan in writing immediately of changes to:

- Licensure status
- Tax identification numbers
- Telephone numbers
- Addresses
- Status at participating hospitals
- Loss of liability insurance

By keeping your information up to date, you are helping to improve member accessibility. You will also help to ensure all correspondence, claim payments and notifications the Plan sends will get to your correct location.