



Spring 2006



PROVIDER

Newsletter

IMPLEMENTING

NATIONAL PROVIDER IDENTIFIERS

In accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), WellCare is encouraging all health care providers in our network to begin obtaining their National Provider Identifier (NPI) as soon as possible. The NPI is a unique, government-issued standard identifier mandated by HIPAA.

As you plan to obtain your NPI, please keep in mind that HIPAA requires WellCare and other health plans to begin using NPIs by May 23, 2007. When implemented, your NPI will replace all other provider numbers. At that time, the NPI will be required for all “covered entities” for the submission of electronic claims, referrals, authorizations and inquiries.

Your NPI will replace the use of legacy identifiers such as the Diamond provider ID number and Unique Physician Identification Number (UPIN). With few exceptions, the NPI is assigned for life. At this time, all providers of health care services who perform electronic transactions – including individual practitioners and organizations – will be required to obtain an NPI by 2007. Small providers have until May 2008 to comply.

We recognize this may be a major change for some of you, and we are here to help you through the transition. At right are some frequently asked questions and answers regarding NPIs.

NATIONAL PROVIDER IDENTIFIER (NPI) FAQs

1. What is a National Provider Identifier (NPI)?

The NPI is a unique 10-digit numeric identifier assigned to health care providers and organizations defined as covered entities under HIPAA.

2. What are the significant dates associated with applying for and using an NPI?

- May 23, 2005: HIPAA began responding to requests from health care providers for an NPI. Providers must apply to receive an NPI.
- May 23, 2007: By this date, all health care providers who utilize HIPAA standard electronic transactions **must** have an NPI. Providers who do not utilize HIPAA standard electronic transactions **may** have an NPI.
- May 23, 2007: By this date, all health plans and payers must have the capability to use the NPI to identify providers in standard electronic transactions.

3. Who should obtain an NPI?

Any health care provider or organization defined as a covered entity under HIPAA is required to obtain an NPI. Providers who transmit health care information via HIPAA standard electronic transactions are covered entities under HIPAA, whether they transmit the transactions themselves or use a vendor to transmit them.

4. Where can I find additional information about HIPAA NPI regulations?

- See the CMS Web site: <http://new.cms.hhs.gov/NationalProvidentStand/>.
- CMS has also consulted with the Workgroup for Electronic Data Interchange (WEDI) in the development of standards and for comments on data dissemination and other issues. WEDI has formed several workgroups consisting of representatives from all areas of the health care industry. See published “white papers” on various topics and other information on the WEDI Web site: <http://www.wedi.org>.

2006

QUALITY IMPROVEMENT PROGRAM OVERVIEW AVAILABLE

Each year, Harmony Behavioral Health, Inc., (HBH) is required by its accrediting body and state and federal regulatory agencies to write a comprehensive quality improvement program description for the upcoming year. In addition, HBH is required to complete an annual evaluation of the program activities for the previous year.

If you would like to receive a concise copy of either the HBH 2006 Quality Improvement Program or the HBH 2005 Quality Improvement Program Evaluation, please call the Quality Improvement department at 1-813-290-6357, Exts. 3696, 3487 or 1827. By e-mail, send your request to jody.dixon@wellcare.com.



HELP

WELLCARE PREVENT FRAUD

Fraud can be defined as an intentional misrepresentation in order to gain benefit or value. Billions of dollars are lost to fraudulent activity each year in the form of false claims, improper coding, services not rendered, overutilization and misuse of modifiers.

You can make a difference by reporting any suspicious activity. Medicare Part D will be

no exception, and we need everybody's help to prevent our tax dollars from being lost.

WellCare is committed to the prevention, identification and resolution of any fraudulent health care activity and is an active member of, as well as supports, the National Health Care Anti-Fraud Association (NHCAA).

To report Fraud Waste and Abuse (FWA) please contact our TRUST Hotline number, toll free 1-866-678-8355.



PHARMACY UPDATE

FDA EXPANDS LIVER WARNING FOR CYMBALTA (DULOXETINE)

The FDA and Eli Lilly, the makers of Cymbalta, recommend that *Cymbalta should ordinarily not be prescribed to patients with substantial alcohol or evidence of chronic liver disease.* Cymbalta is FDA-approved to treat depression and pain associated with diabetic peripheral neuropathy.

Patients and providers should be aware of the signs and symptoms of liver damage:

- Pruritus
- Dark urine
- Jaundice
- Right upper quadrant tenderness
- Unexplained flu-like symptoms

Cymbalta is not a preferred drug on the Staywell/HealthEase Preferred Drug List (PDL). PDL alternatives to Cymbalta include Fluoxetine (Prozac), Paroxetine (Paxil) and Citalopram (Celexa).

NEW! ZITHROMAX (AZITHROMYCIN) AVAILABLE AS A GENERIC

Zithromax is now available as a generic under the name azithromycin. Dosage forms include a 250-mg tablet, a 500-mg tablet and a 600-mg tablet. This once-daily dosing has minimal gastrointestinal side effects.

Indications include:

- Bronchitis
- Otitis media
- Pneumonia
- Sinusitis
- *Streptococcus pneumoniae*

WELLCARE LAUNCHES NATIONAL PART D PRESCRIPTION (PDP) DRUG PLAN

On January 1, 2006, WellCare launched a new PDP drug plan that is active in all 50 states. There are three plans to choose from: Signature, Complete and Premier. The plans offer \$0 co-pay on generics, no deductibles and low monthly premiums.

Visit <http://www.wellcarepdp.com> for more information.

	WellCare Signature	WellCare Complete	WellCare Premier
Deductible	\$0.00	\$0.00	\$0.00
Generic drug co-pay	\$0.00	\$0.00	\$0.00
Preferred Brand drug co-pay	\$66.00	\$15.00	\$30.00
Non-Preferred Brand drug co-pay	\$66.00	\$50.00	\$60.00
Initial coverage limit	\$2,250.00	\$1,850.00	\$2,250.00
Monthly premium	\$18.70	\$38.44	\$41.41

COST-EFFECTIVE PRESCRIBING: FOCUS ON PROTON PUMP INHIBITORS (PPIs)

- **Prilosec OTC** is the only PPI on the Staywell/HealthEase Prescription Drug List (PDL).
- **Prilosec OTC** offers a safe, cost-effective treatment.
- **Prilosec OTC** is dose dependent; increasing the dose may alleviate the patient's symptoms.
- **Prilosec OTC** costs approximately \$24 for a month of therapy.

Drug	Cost/30 days
Prilosec OTC®	\$24
Prilosec® RX	\$138
Protonix®	\$118
Nexium®	\$146
Prevacid®	\$145
Aciphex®	\$146

SUICIDE

AND SUICIDAL BEHAVIORS

By: Rahul N. Mehra, M.D. Board Certified Child, Adolescent, Adult Psychiatry

Suicide and suicidal behaviors (para suicide) is a medically, psycho socially and spiritually complex event. Given the complexity of it, the viable solutions are equally complex but deserve our attention. Suicide has been documented in children as young as age six. This is unimaginable to most. The natural tendency of encountering youth para suicidal behavior is to seek a qualified child mental health professional to assist in the evaluation and treatment of such behaviors. Mental health professionals (including psychiatrists) are no better than the layperson at predicting who will ultimately complete suicide. Mental health professionals are significantly better than the layperson at predicting those people who are at risk for suicide. Risk factors include but are not limited to age, race, gender, sexual identity issues, recent stressful life events, substance abuse, history of past attempt and a history of psychiatric diagnosis.

Suicide is the third leading cause of death in the 15-24 age group. Overall, in the United States, about two thousand adolescents (age 13 to 19) commit suicide each year (National Center for Health Statistics, 2000). Female youth attempt suicide at a greater rate than males, but males complete suicide at a 4.5=1 ratio over females between the ages of 15 and 19. The presence of suicidal thoughts are common in children and adolescents of both genders and do not imply a psychiatric diagnosis exists. Suicide rates among white youth are higher than that for black youth, but black adolescents have had an overall substantial increase in the last 20 years. The presence of a disordered mental state such as depression, social isolation, manic, substance abuse, sleep changes, agitation, irritability, and appetite fluctuations can signal pre-suicide behavior. Adolescent males who have made prior suicide attempts are 30 times more likely to complete suicide.

Firearms are the most common method used by adolescents in the United States

to commit suicide. Medication overdose is the most common method by which suicide is attempted. Eliminating the accessibility to these methods provides one successful intervention. Any and all para suicidal behaviors deserve professional assessment and treatment.

Treatment of youth para suicide should be as unique as the child who presents with this high risk behavior. The active involvement of family, school, pediatrician, clergy, and extra curricular contacts is critical. Extended family and friends can also be helpful. A comprehensive pediatric evaluation should take place to rule out any underlying medical cause for the change in behaviors. Certain asthma medications, as an example, can make children appear hyperactive and restless. Next, an evaluation by a licensed mental health professional who has training and expertise in youth para suicide should be sought. Ironically youth who are dealing with thoughts of suicide are, for the majority of cases, willing to discuss their feelings when asked. Open, warm, and supportive communication is critical to success in this area. Barriers that frequently exist to seeking treatment are shame, guilt and denial.

Ultimately, psychotropic medication may be a recommendation. Medication should be used only in conjunction with other treatments - rarely alone. Given the controversy and scientific debate over the use of antidepressant medication in youth, an active dialogue should exist between the child's legal guardian and prescribing physician. No doubt any medication can have adverse effects associated with it. The F.D.A. warning about the use of antidepressants in children should be clearly understood. However, an absolute position such as non use of psychotropic medications vs. the over prescription of these medications can have life threatening consequences.

Adolescence can arguably be described as the most turbulent phase of human development. Hormonal changes coupled with social and cultural pressures can adversely impact the emotional health of the most well adjusted youth. Encourage parents to be aware, interactive and alert with their children. Optimism, hope and trust are essential for success.



PRESCRIPTION COVERAGE ENHANCED FOR 2006

In addition to healthcare coverage, many of WellCare's Medicare Advantage plans will offer members improved prescription drug coverage in 2006 with premiums ranging from \$0 to rebates of \$87.70 per month.

WellCare will also offer three stand-alone prescription drug plans (PDPs) for Medicare beneficiaries who choose not to enroll in a Medicare Advantage plan. In Florida these plans have \$0 generic drug co-pays, no deductible and monthly plan premiums ranging from \$18.70 to \$41.41, the lowest of which will be a 43.3 percent savings compared to the state average premium of \$33.01.

All WellCare Medicare members should have received information describing their new benefits for 2006 and inviting them to a seminar to learn more. During this time, WellCare will also offer easy ways for Medicare beneficiaries not yet enrolled in a WellCare Medicare Advantage plan or PDP to do so.

Medicare beneficiaries can call WellCare Customer Service at 1-888-888-9355, weekdays 8 a.m. to 6 p.m., for more information on its prescription drug coverage in 2006.

UPDATE

ON UNBORN ACTIVATION PROCESS

WellCare recently received notice from the State of Florida regarding a policy change to the Unborn/Newborn Process. Effective February 3, 2006, a newborn will only become a plan member if the newborn has an Unborn Eligibility Record in the system that is awaiting activation when born.

In cases when a member does not notify WellCare of her pregnancy prior to delivery, the newborn **will not** become a WellCare member upon birth. **As a result, all claims for services provided to the newborn in these instances must be filed through Medicaid fee-for-service, not WellCare.**

Upon notification that a member has presented to a hospital for delivery, WellCare will notify the hospital, the member's attending

physician and the newborn's attending and consulting physicians that the newborn is a member of the plan only if the plan has verified that the newborn has an Unborn Eligibility Record that is awaiting activation.

If a member presents for delivery and the newborn does not have an Unborn Eligibility Record on file, WellCare or the hospital **must** submit a Form 2039 immediately upon birth. As a part of our Participating Hospital Agreement, we have determined that WellCare will submit the Form 2039 in these instances.

To ensure proper coverage for the newborns of our members, it is vital that we work together to communicate the status of our pregnant members and complete the State's Unborn Activation Process effectively. If you have any questions regarding this process, please contact Customer Service at **1-866-334-7927** for Staywell and **1-800-278-0656** for HealthEase.

HARMONY BEHAVIORAL HEALTH LAUNCHES NEW PROVIDER WEB SITE

Harmony Behavioral Health, Inc., is proud to announce the launch of a new Web site dedicated exclusively to Harmony Behavioral Health providers. To access the site, log on to www.wellcare.com and select the PROVIDERS tab to enter the Healthcare Providers Area. There you will see a NEW icon and the message "Are you a Harmony Behavioral Health Provider? Click here." When you select that link, you will automatically be redirected to the Harmony Behavioral Health Web site home page. Alternatively, you may go directly to our new Web site at <http://www.harmonybehavioralhealth.com>.

Our improved Web-based provider services offer you timesaving tools and helpful information for your organization. If you have previously registered on our WellCare site, your username and password have not changed, and you are not required to register again. Once you log on, you will be able to perform a variety of tasks, such as:

- Member Eligibility and Co-pay Information: Review the eligibility, benefit, coverage and co-pay information for a member.
- Request Authorization: Submit requests for service authorization online.
- Authorization Report: The Authorization Report enables you to review all the authorizations that have been submitted and provides specific details to ensure accuracy.
- Claim Status Inquiry: View the status of submitted claims in seconds. Gain access to pertinent information regarding a specific claim.

In addition to these features, our Resources section offers the following:

- HBH Provider Manual
- HBH Web Site User Manual
- Authorization Guidelines
- Evidence-based Guidelines
- Identification & Treatment of Depression in Primary Care
- American Psychiatric Association Practice Guideline for the Treatment of Patients with Schizophrenia, Second Edition
- American Psychiatric Association Treating Schizophrenia, A Quick Reference Guide
- American Academy of Child & Adolescent Psychiatry – Practice Parameters for the Assessment and Treatment of Children, Adolescents, and Adults with Attention-Deficit/Hyperactivity Disorder

We also offer tutorials for the following:

- Web Site Overview
- Outpatient Tutorial
- Inpatient Tutorial

Forms included online are:

- Letter of Intent
- W-9
- CMS 1500
- UB-92 (CMS 1450)

We hope you will find our new Web site beneficial and look forward to offering additional improvements that you will find useful in the future.



IMPROVING

THE QUALITY OF DOCUMENTATION

Each physician should maintain and have available a complete medical record for each member according to professional practice standards, and protected from loss, tampering, alteration, destruction and unauthorized or inadvertent disclosure. The Quality Improvement Department may conduct annual medical record audits for content and screenings, as applicable. Below are the required documentation requirements for chart compliance. All medical records should include the quality, quantity, appropriateness and timeliness of services performed.

Entries made in the medical record should contain the following:

1. Authenticated; signature and profession of practitioner
2. Date
3. Legible
4. Standardized abbreviations and dose designations
5. Maintained in an orderly and detailed fashion to facilitate review/follow-up
6. Personal and biographical data: name, member ID, DOB, sex, legal guardianship, emergency contact information and address
7. Allergies, NKA or untoward reaction to medications in a conspicuous place
8. Past medical history; medical records of previous practitioner
9. Health screenings and immunization record
10. Medication list: current and past medications
11. Problem list: summary of significant surgical procedures, past and current diagnoses or problems
12. Documentation of patient education or instruction
13. Follow-up documentation for missed or canceled appointments, abnormal tests/consultation reports
14. Advice given over the telephone is documented with a signature or initials
15. Smoking/alcohol/substance abuse and follow-up
16. Member's rights regarding advance directives must be documented and whether or not the member has executed an advance directive. The Provider shall not, as a condition of treatment, require the member to execute or waive an advance directive.
17. Primary language assessment and translation needs addressed
18. Communication assistance needs in the delivery of health care services
19. Domestic violence screening and follow-up
20. Consultations/specialty referrals and follow-up
21. Diagnostics and results of labs, x-rays, EKG, MRI, etc.
22. Reports, progress notes, operative reports, consultations
23. Emergency care and follow-up
24. Hospitalization – Discharge Summary and Discharge Plan
25. H&P examinations: the chief complaint or purpose of the visit, objective findings and a diagnosis or medical impression
26. Plan of treatment: Diagnostic tests and studies ordered; therapies administered and prescribed regimens; disposition; recommendations and instructions to the patient; evidence of whether there was follow-up; and outcome of services
27. Documentation of member's input into treatment plan
28. Documentation of services provided to members by non-plan providers. Such services must include, but not necessarily be limited to, family planning services; preventive services; and services for the treatment of sexually transmitted diseases
29. Record events if informed consent discussions
30. That the patient was informed on adverse outcomes and consequences of not undergoing recommended tests or procedures
31. All corrections are to be made by a single line through the inaccurate material, dated and initialed
32. Late entries should include date and time of occurrence and date and time of documentation



WELLCARE REMINDERS

We receive dozens of calls from providers every day. Often the call is just a simple request for information. Here's a list of reminders we think you'll find helpful as you administer our plan.

PROVIDER ID NUMBER

Be sure to have your Provider ID number handy when calling WellCare. It can be found on your provider agreement.

HOW TO REACH US

For information on everything from filing claims electronically to using our Web-based services, call toll free:

HealthEase	1-800-278-0656
HealthEase Healthy Kids	1-800-278-8178
Staywell	1-866-334-7927
Staywell Healthy Kids	1-866-698-5437
Medicare	1-888-888-9355
Pinellas County Health Services Program	1-800-678-3170
TTY/TDD – All Plans	1-877-247-6272

CLAIMS

For help in filing your claims electronically or to enroll in our EDI program, call one of the numbers above and follow the prompts.

Mail paper claims to:
WellCare of Florida, Inc.
Attention: Claims
P.O. Box 31372
Tampa, FL 33631-3372

CONTRACTED LAB SERVICES

To reach our contracted lab provider in your area, contact your nearest Quest Diagnostics location. To find a Quest Diagnostics location, call 1-800-377-8448 or log on to <http://www.questdiagnostics.com>.

FL1060_02_06 ©WellCare 2006

WellCare of Florida, Inc.
8735 Henderson Road
Tampa, FL 33634

