



MISSOURI | FALL 2008

# PROVIDER

## Newsletter

## HELP SWAT THE FLU BUG

### DIRECT MEMBERS TO GET INFLUENZA VACCINATIONS

Influenza season is on the way, and the Plan encourages providers to help make sure that all members take the necessary precautions by getting the influenza vaccination.

Vaccination, historically an underutilized benefit, is the most effective method to safeguard members against the flu. The Centers for Disease Control and Prevention (CDC) suggests that the following groups get vaccinated every year:

- All children ages 6 months up to their 19th birthday
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care workers
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out-of-home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Providers who administer the vaccine in their offices will be reimbursed for administering the flu vaccine based on their contractual agreement with the Plan, medical group and/or IPA.

Beginning in October, providers and members can call **1-866-WHI-FLU1 (1-866-944-3581)** to find a Walgreens pharmacy or clinic location in their area that will provide the flu vaccination at no charge to Plan members.

Please contact your local Provider Relations representative with any questions.

## SUBMIT AUTHORIZATIONS ONLINE!

### ENHANCED FUNCTIONALITY SAVES YOU TIME

The Plan is striving to relieve administrative burden through enhanced Web site functionality.

All participating providers have the ability to:

- Use the Lookup Provider/Member Tool to find provider and member IDs;
- Select from an automatic list of diagnosis and procedure codes;
- Attach clinical documentation;
- Receive instant communication sent directly to their Inbox, complete with the authorization number and status of the request that can be included in the member's record;
- Print and/or save the authorization form from the Web site.

Inside this newsletter, you will find step-by-step instructions. We encourage you to post this job aid in your office for quick access.

If you have any questions, please contact your Provider Relations representative, or call our Customer Service department.

# ELECTRONIC FUNDS TRANSFER (EFT) IS AVAILABLE TO MISSOURI PROVIDERS

We are pleased to offer EFT/ERA services to our Missouri providers. This free service is available through PaySpan Health and is managed by our partners, Payformance and Chase.

By signing up for EFT, you will enjoy many benefits, including:

- Absolutely no cost to you for participating.
- A secure, self-service Web site.
- Convenient access to view remittance records online, at any time.
- Improved cash flow—electronic payments can mean faster payments, leading to improvements in cash flow.
- Management of multiple payers—reuse enrollment information to connect with multiple payers. Assign different payers to different bank accounts, as desired.
- No more waiting for paper checks or paper vouchers.
- Reduction in accounting expenses—ERAs can be imported directly into Practice Management or Patient Accounting Systems, eliminating the need for manual re-keying.
- Reporting mechanisms to access adjudicated claims information.

Enrolling is quick and simple. Using the registration code sent to you in your WellCare enrollment letter, go to the PaySpan Health Web site dedicated to WellCare providers:  
<https://www.payspanhealth.com>.

Please call your Provider Relations representative with any questions at **1-866-822-1340** for Medicaid or **1-866-687-8994** for Medicare.

Should you elect not to receive your payments or vouchers electronically, you will continue to receive paper copies generated from the Payformance payment processing center.

# NOVEMBER IS AMERICAN DIABETES MONTH

For the past several years, WellCare/Harmony have been working with providers to improve the services members receive related to diabetic care. During American Diabetes Month in November, the Plan again encourages providers to continue educating members on diabetes and urge diabetic patients to come in for updated lab work.

According to the American Diabetes Association (ADA), studies have shown that as many as 60 percent of adults with diabetes have high blood pressure, and nearly all have one or more lipid abnormalities, such as increased triglycerides, low HDL cholesterol or elevated LDL cholesterol.

While the management of blood sugar has always been and remains crucial to diabetes care, the ADA encourages health care providers to treat diabetes through a comprehensive program that includes management of blood glucose, blood pressure and cholesterol.

The “ABCs of Diabetes”:

- “A” stands for A1C
- “B” stands for blood pressure
- “C” stands for cholesterol

The Plan asks providers to help their patients by talking with them about managing the ABCs of Diabetes and encouraging them to get their blood work and other exams done.

To assist our providers in the management of patient diabetes, the Management of Diabetes Clinical Practice Guidelines and a Diabetic Flow Sheet have been made available on the Provider Web site. These can be placed in a patient’s medical record to easily track the diabetic services members have received.

In addition, the Plan offers a diabetic disease management program. Referrals may be arranged by calling the Disease Management Program at **1-866-593-2538**.

*Source: (n.d.) American Diabetes Month. Retrieved Aug. 10, 2007 from <http://www.diabetes.org/community/programs-andlocalevents/american diabetes month.jsp> and <http://www.diabetes.org/type-1-diabetes/well-being/link-healthprof.jsp>*

## MEMBERS MAY QUALIFY FOR RELIEF ON PRESCRIPTION DRUG COSTS

Medicare is paying 75 percent or more of prescription drug costs for people with limited incomes and resources all over the country. Many people qualify but don't know it. We encourage you to reach out to your patients on this important topic.

If members qualify, they can receive help with drug costs such as monthly premiums, annual deductibles and prescription co-payments. Members can apply online at [www.socialsecurity.gov](http://www.socialsecurity.gov), call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**), or go to the nearest Social Security office for assistance. All information provided in the application is confidential.

Individuals who make less than \$15,600 and married couples who make less than \$21,000 may qualify to have lower Medicare prescription drug premiums, co-pays and deductibles. If they support other family members or live in Alaska or Hawaii, this income limit may be higher. To qualify, these individuals also should have resources less than \$11,990, and married couples should have resources less than \$23,970. Resources include bank accounts, stocks and bonds, but not houses or cars.

To learn more about the Medicare prescription drug plans, call **1-800-MEDICARE** (1-800-633-4227; TTY 1-877-486-2048) or visit [www.medicare.gov](http://www.medicare.gov).

*Source: U.S. Department of Health and Human Services.*

## GO GREEN WITH EDI

### SAVE THE PLANET...AND SAVE SOME MONEY TOO!

Providers who submit their claims electronically instead of submitting paper claim save time and money. Take advantage of electronic filing to reduce expenses, lower the chances of rejected claims and conserve our planet's resources! Call our EDI team at **1-800-960-2530**, ext. **4096**, to learn how.

#### DID YOU KNOW?

One ream of paper uses 6 percent of a tree—and that can add up quickly!

Manual cost of a claim transaction	\$6.63
Electronic cost of a claim transaction	\$2.90
Savings from an electronic transaction	\$3.73

(Estimated savings for typical physician office practice)

*Sources:*

*Conservatree, [paper@conservatree.org](mailto:paper@conservatree.org)*

*Milliman Technology and Operations Solutions*



## PROMOTE BREAST CANCER AWARENESS

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

According to the Centers for Disease Control (CDC), many deaths from 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 or are uninsured, CDC reports.

The Plan 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 screening.

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.

# WELLCARE SPECIALTY PHARMACY

To meet the needs of our WellCare/Harmony patients and the growing number of high-tech medications, the Plan established the WellCare Specialty Pharmacy in 2007.

## HOW THE SPECIALTY PHARMACY BENEFITS YOU AND YOUR PATIENTS:

- Focuses on patients who need clinical assistance with medications that require special handling and care.
- Promotes convenience and compassion for the patients you serve.
- Provides up-to-date information on the latest specialty medications available.

## WHAT THE SPECIALTY PHARMACY DOES:

- Provides medications, i.e., biopharmaceuticals, for patients with chronic illnesses. Traditional retail pharmacies typically do not stock these medications because of their high cost and need for sensitive handling and storage.
- Usually ships medications of this type directly to the patient's home or physician's office.
- Covers the following diseases: AIDS/HIV, hemophilia, oncology (oral and injectable), growth hormone disorders, arthritis, cystic fibrosis, COPD, hepatitis and immune deficiency.

## OUR SERVICE TO OUR PROVIDERS:

We can help your office with the following:

- Handling prior authorization issues and obtaining all necessary authorizations.
- Helping to ensure co-pays are billed accurately to patients.
- Providing prompt, efficient service: once an approval is granted and the request is received by 3pm, the injectable is shipped the next day via FedEx overnight or by a courier if it is local.
- Answering questions regarding a patient's medication therapy, thus reducing medication-related phone calls to physicians.

The WellCare Specialty Pharmacy Team is ready to help you. You can contact us by a toll-free phone number, fax or e-mail.

Hours of operation: 8am to 6pm Eastern, Monday–Friday

Phone: 1-866-458-9246

TTY: 1-888-505-1195

Fax: 1-866-458-9245

E-mail: WSP@wellcare.com

6015 Benjamin Rd., Ste. 302; Tampa, FL 33634

24-hour emergency service available for patients



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## GUIDE TO CUSTOMER SERVICE

WellCare's J.D. Power and Associates–recognized Customer Service\* department is here to assist you.

Following these four steps will provide you with the quickest path to the answers you need from our team.

1. Visit our Web sites at [www.harmonyhpm.com](http://www.harmonyhpm.com) (Medicaid) and [www.wellcare.com](http://www.wellcare.com) (Medicare)
2. Call the automated interactive voice response (IVR) telephone system at **1-866-822-1340** (Medicaid) and **1-866-687-8994** (Medicare)
3. Speak with a Customer Service representative by calling the Provider Hotline at **1-866-822-1340** (Medicaid) and **1-866-687-8994** (Medicare)
4. If you still need assistance, contact your local Provider Relations representative

We are constantly working to enhance these services and welcome your feedback. Please participate in the Customer Service surveys offered when you call the Provider Service Center. Your opinion and comments help us to improve our daily service delivery.

*\*For certification status, a call center must perform within the top 20 percent of customer service scores, which are based on benchmarks established in J.D. Power and Associates' cross-industry customer satisfaction research. As part of its evaluation, J.D. Power and Associates conducted a random survey of WellCare Health Plans, Inc. customers who recently contacted its call centers. For J.D. Power and Associates Certified Call Center Program<sup>SM</sup> information, visit [www.jdpower.com](http://www.jdpower.com).*





# SAVE TIME AND RESOURCES!

## HERE'S HOW TO SUBMIT AUTHORIZATION REQUESTS ONLINE

This easy and improved functionality will help relieve the burden on your staff and conserve paper by reducing repetitive faxing. If you have not already, register on our Web site today!

### STEPS TO SUBMIT AUTHORIZATION REQUESTS ON THE PROVIDER WEB SITE

**Step 1:** Log in to the secure provider portal you are registered with for Medicaid ([www.harmonyhpm.com](http://www.harmonyhpm.com)) or Medicare ([www.wellcare.com](http://www.wellcare.com)). You will be directed to the *Provider Home Page*.

You will have immediate access to *Check Eligibility*, *Check Authorization Status* or *Check Claim Status* directly from the *Provider Home Page*.

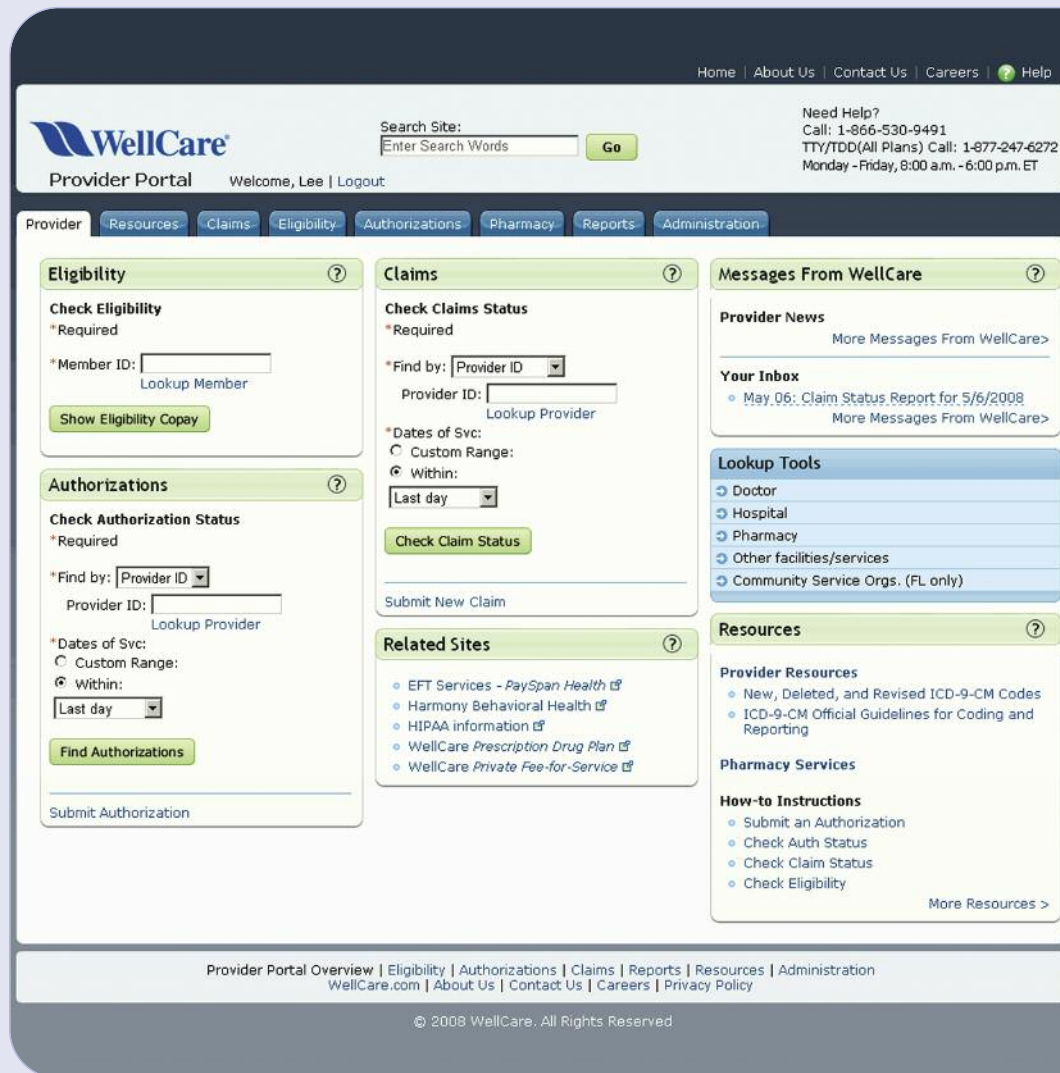
**Step 2:** You may submit an authorization request by clicking on the *Authorizations* tab at the top of the home page. Clicking this tab directs you to the *Authorizations/Certification* page.

**Step 3:** From the *Authorizations* page, click on the *Authorization Request* link.

**Step 4:** Enter the *Requesting Provider ID* (your Provider ID), or you can use the *Lookup Provider Tool* to find your Provider ID. Click *Next*. The information you input will be displayed at the top of the page.

**Step 5:** Select the member by entering the *Member ID*, or you can use the *Lookup Member Tool* to find the member. The member's date of birth is needed to use the lookup tool. Click *Next*.

**Step 6:** Select the *Place of Service* from the drop-down menu and enter the *number of visits*. Click *Next*.



*Please Note: System limitations may apply to the number of visits based on certain Place of Service selections. Your Place of Service selection will determine what you are prompted to enter later in the process (servicing physician, facility or both for surgeries).*

*Please Note: If you click the Previous button, you will return to the previous screen and can edit your selections without losing what you have already completed. Click Next to save changes and move forward again.*

**Step 7:** Enter the ICD-9 *Diagnosis Code(s)* or *Description(s)*. If you type in the first three to four characters of the diagnosis code or description, the system will display a list of options with those characters for you to choose from quickly. Simply click the option you would like to select. The primary diagnosis is required. You may enter up to three additional diagnosis codes or descriptions.

*Please Note: If you click the Previous button, you will return to the previous screen and can edit your selections without losing what you have already completed. Click Next to save changes and move forward again.*

**Requested visit(s):** 1  
**Place of Service:** 22 Outpatient Hospital Diag, Tests

\*Required

**Select The Diagnosis Code(s)**

*Primary Diagnosis:	786
Diagnosis 2:	786.7 - Abnormal Chest Sounds
Diagnosis 3:	786.4 - Abnormal Sputum
Diagnosis 4:	786.03 - Apnea
	786.5 - Chest Pain
	786.04 - Cheyne Stokes Respiratn
	786.2 - Cough

**Step 8:** Enter the *Procedure Code(s)* or *Description(s)*. You may enter it in CPT code format. CPT 1 is required, but you may enter up to two more CPT codes. If you type in the first three to four characters for these codes, the list of options will appear again as described above. Click the code(s) you would like to select. Click *Next*.

**Step 9:** As your authorization information starts to fill up, you will need to scroll down to view next steps. Depending on your *Place of Service* selection, you may have to enter the *Servicing Provider* (treating provider) and the *Servicing Facility* (using Provider ID or Lookup Tool) and click *Next*.

**Step 10:** You can attach clinical documentation by clicking *Browse* and uploading those from your PC.

**Step 11:** You may also type in any relevant clinical information supporting your request in the text box.

**Step 12:** Enter the *Requestor Telephone* and *Requestor Fax* number in the required fields. The *Servicing Provider Fax* and *Facility Fax* are optional.

**Step 13:** Click *Submit* to process the authorization request.

**Step 14:** If approved, you will receive a thank-you message with an authorization number.

If not approved, you will receive a message explaining that a determination will be sent to the fax number provided in two to five business days.

**Step 15:** In either case, a copy of your authorization request will be sent to *Your Inbox* on the *Provider Home Page*. Click the *Provider* tab to navigate to the home page. Your Inbox is located in the *Messages from WellCare* portlet.

**Step 16:** Click on the message to view it. Scroll down to *Click to Download* link to download the Authorization Form. This crisp and clean form will have all of the fields completed with what you submitted online and will have either the authorization number, or "pending," in the top-right corner.

**Step 17:** We recommend you print this form and place it in the member's record. It will be easy to read and have all of the information needed to reference the authorization.

Log in to the Web site today to submit your authorizations online!