

A collage of healthcare professionals in white coats, some with stethoscopes, set against a background of purple and green squares.

# 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

WellCare is striving to relieve administrative burden through enhanced Web 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, which 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 on how to submit authorizations online. 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.

# NOVEMBER IS AMERICAN DIABETES MONTH

For the past several years, WellCare has been working with providers to improve the services members receive related to diabetic care. During American Diabetes Month in November, WellCare again encourages providers to continue educating members on diabetes and suggests that providers reach out to diabetic patients and encourage them to come in during November 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



WellCare Health Plans of New Jersey 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, WellCare has made available on the WellCare Provider Web site, the Management of Diabetes Clinical Practice Guidelines and a Diabetic Flow Sheet, which can be placed in a patient’s medical record to easily track the diabetic services members have received.

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

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Source: (n.d.) American Diabetes Month. Retrieved Aug. 10, 2007, from [www.diabetes.org/community\\_programs-ndlocalevents/americandiabetesmonth.jsp](http://www.diabetes.org/community_programs-ndlocalevents/americandiabetesmonth.jsp) and [www.diabetes.org/type-1-diabetes/well-being/link-healthprof.jsp](http://www.diabetes.org/type-1-diabetes/well-being/link-healthprof.jsp)

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## ENCOURAGE DIABETIC RETINAL EXAMS

After living with diabetes for 20 years, almost all patients with type-1 diabetes and 50–80 percent of those with type-2 diabetes will manifest signs of retinopathy. Retinopathy is a major cause of blindness in patients with diabetes. Evidence suggests that screening and early treatment for diabetic retinopathy is associated with a decreased rate of visual loss. It is important that diabetic patients have a retinal exam performed by an eye care professional annually.

Source: American Diabetes Association Standards of Medical Care in Diabetes—2007, *Diabetes Care*, Volume 30, Supplement 1, January 2007, pp. S21–S22.

# PROMOTE BREAST CANCER AWARENESS

October is Breast Cancer Awareness Month. WellCare encourages 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 like Medicaid or are uninsured, 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 screening.

Please continue to encourage women to obtain an annual mammography for breast cancer screening and a Pap smear for cervical cancer screening.



## GO GREEN WITH EDI

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

Providers who submit their claims electronically instead of submitting paper claims 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 WellCare's EDI team at 1-800-960-2530, ext. 4096, to learn how.

#### DID YOU KNOW?

One ream of paper uses six percent of a tree (and that can add up quickly!)

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

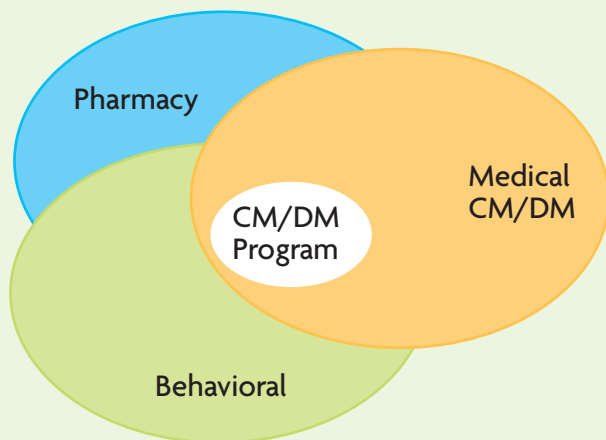
(Estimated savings for typical physician office practice)

Source: Conservatree, [paper@conservatree.org](mailto:paper@conservatree.org), Milliman Technology and Operations Solutions

# IDENTIFYING CASE MANAGEMENT CANDIDATES

WellCare has developed an integrated Case and Disease Management program that includes medical case management, pharmacy and behavioral health.

Integrated rounds and a newly developed communication system allow for case-managing members with multiple diagnoses and developing a comprehensive plan of care.



The case manager plays many roles and usually deals with cases that are complex and require a multifaceted approach. Case managers achieve results in the following areas:

- Medical activities, including transition to home and coordination of the medical team
- Financial activities related to insurance benefits, government programs and cost-effective management strategy
- Behavioral and motivational activities, including family involvement in the case and providing support and counseling.

Samples of acceptable cases to refer to Case Management are:

- Frequent hospital re-admissions or ER visits
- Multiple therapies or services post-discharge
- Catastrophic injuries
- Acute exacerbations
- Complex cases for congestive heart failure (CHF), diabetes and chronic obstructive pulmonary disease (COPD)

## DISEASE MANAGEMENT

The Disease Management program allows for the intentional management of specific diseases, with an emphasis on prevention and maintenance.

Patients who would benefit from Disease Management can be identified in a number of ways. Routinely, health risk assessments are performed to determine pre-existing conditions or existing health concerns. Retrospective identification can be as informal as a physician or hospital case manager facing a complicated patient or sophisticated IT systems conducting analysis of patient data.

Samples of acceptable cases to refer to Chronic Care Improvement Program/Disease Management are:

- CHF
- COPD
- Diabetes

## GUIDED CARE/CCP

The Guided Care program allows for patients to receive the additional guidance provided by a WellCare health coach.

Patients who would benefit from the Guided Care program can be identified by the use of a screening. The health coach guides the patient and identifies areas where the patient may need additional support such as speaking about specific health-related topics with the PCP. The health coach completes a care guide following the patient screening and assessment and follows up with the patient as often as necessary.

To refer a case to Case and/or Disease Management or Guided Care, please call **1-866-635-7045** (TTY/TDD: 1-888-505-1194).



# WELLCARE SPECIALTY PHARMACY

WellCare's Specialty Pharmacy was established in 2007 in response to the growing number of high-tech medications to help patients with advanced needs.

## 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.
- Ships medications of this type directly to the patient's home or physician's office.
- Covers AIDS/HIV, hemophilia, oncology (oral and injectable), growth hormone disorders, arthritis, cystic fibrosis, COPD, hepatitis and immune deficiency.

## SERVICE TO OUR PROVIDERS:

WellCare helps your office by:

- Guiding you to obtain any necessary authorizations and handling any prior-authorization issues.
- Helping to verify that co-payments are billed accurately to patients.
- Providing prompt, efficient service. Requests approved by 3pm are shipped via FedEx overnight next-day or by a local courier.
- Answering questions regarding patients' medication therapy, which reduces medication-related telephone calls to your office.

The WellCare Specialty Pharmacy team is available to help you. Please contact this team if you have any questions or need additional information.

### WellCare Specialty Pharmacy Team

Telephone: 1-866-458-9246

TTY/TDD: 1-888-505-1195

Fax: 1-866-458-9245

E-mail: [WSP@wellcare.com](mailto:WSP@wellcare.com)

Address: 6015 Benjamin Road, Suite 302

Tampa, FL 33634

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

Emergency service is available for patients on a 24-hour basis.





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

1. Visit our Web site at [www.wellcare.com](http://www.wellcare.com).
2. Call the automated interactive voice response (IVR) telephone system:  
Speak with a Customer Service representative by calling Provider Services at 1-866-687-8570.
3. If you still need assistance, contact your local Provider Relations representative.

We are continually enhancing these services, and we 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.





# 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 SUBMITTING AUTHORIZATION REQUESTS ON THE PROVIDER WEB

**Step 1:** Log in to the secured provider portal, [www.wellcare.com](http://www.wellcare.com), if you are a registered provider. 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*.

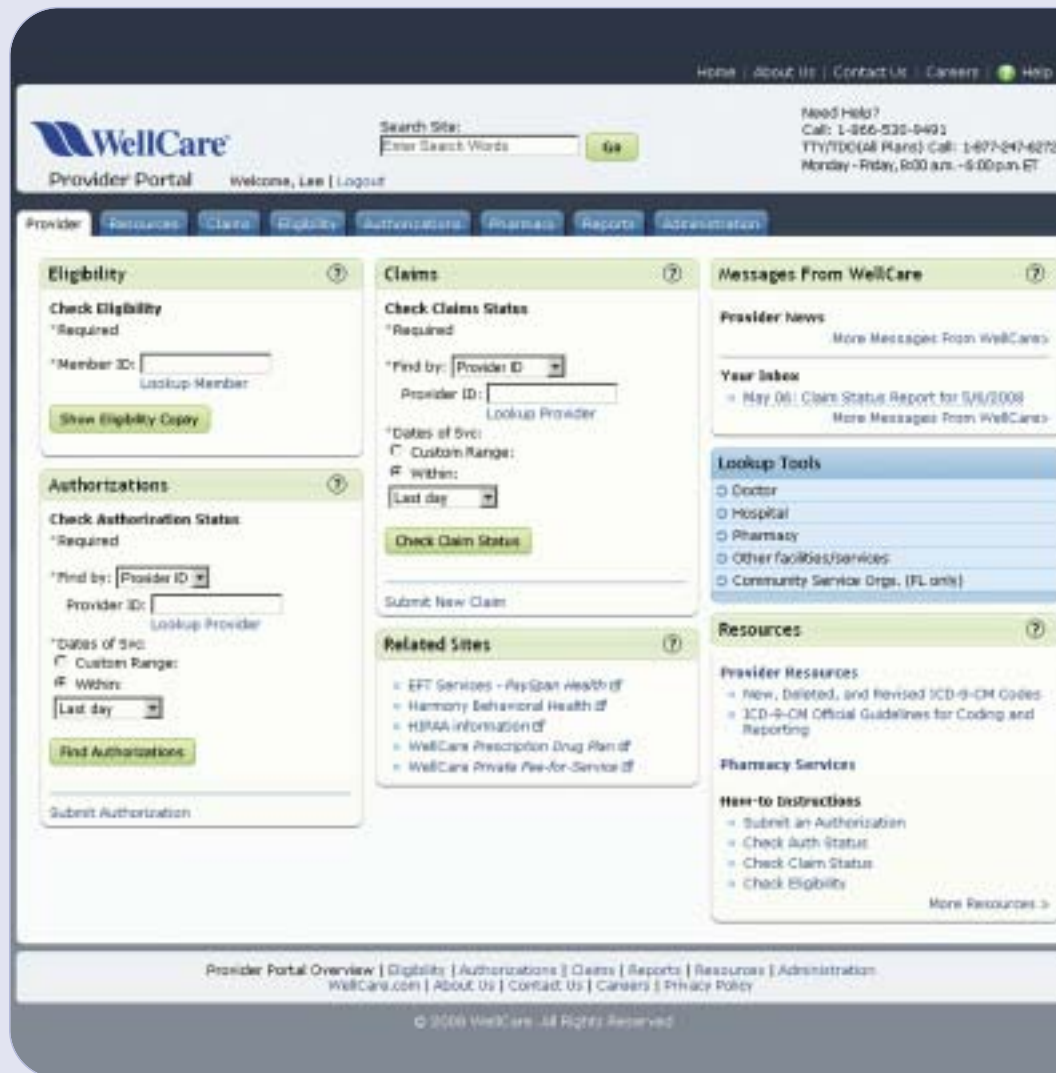
**Step 2:** You may submit an authorization request by clicking on the *Authorizations* tab at the top of the home page. Clicking this tab directs you to the *Authorizations/Certification* page.

**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*.

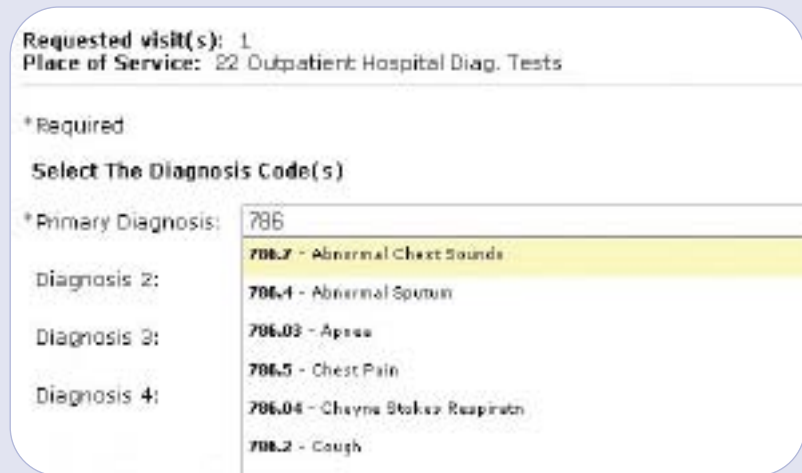
**Step 6:** Select the *Place of Service* from the drop-down menu and enter the *number of visits*. Click *Next*.



*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).*

**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.*



The screenshot shows a web form for medical authorization. At the top, it displays 'Requested visit(s): 1' and 'Place of Service: 22 Outpatient Hospital Diag. Tests'. Below this is a section titled '\* Required' with the instruction 'Select The Diagnosis Code(s)'. There are four rows for diagnosis selection: 'Primary Diagnosis:', 'Diagnosis 2:', 'Diagnosis 3:', and 'Diagnosis 4:'. The 'Primary Diagnosis' field contains the code '786'. A dropdown menu is open below it, listing several ICD-9 codes and their descriptions: '786.2 - Abnormal Chest Sounds', '786.4 - Abnormal Sputum', '786.03 - Atelectasis', '786.5 - Chest Pain', '786.04 - Cheyne Stokes Respiration', and '786.2 - Cough'. The first option, '786.2 - Abnormal Chest Sounds', is highlighted in yellow.

**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 personal computer's Desktop or My Documents.

**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!