



Revised Authorization Requirements

WellCare Health Plans, Inc.
The WellCare Group of Companies

September 27, 2007

Dear Participating Physicians & Providers:

First of all, thank you for your participation as you are a vital part of our provider network. We recognize how difficult the transition has been to managed care for some of our members and providers.

Secondly, we appreciate your patience in working through the details and issues concerning claims payment, prior authorization and operations. As with any new endeavor, there will be growing pains. We had to adapt all our standard operations to the Ohio market in a very short time frame. We are continuously working to get all provider issues resolved and feel we have made significant progress.

One primary provider area of concern was the authorization requirements. **As result of your feedback, we have revised and adapted the authorization requirements and streamlined a number of processes.**

Examples of key changes include:

- No authorization requirements for common procedures (ex. circumcision, outpatient EEGs, EMGs, wart removals, etc.)
- Decreased outpatient hospital authorization requirements to be similar to that of the physician office to meet market needs
- Enabled the ability to submit same-day urgent authorization requests up to one business day after the visit for approval
- MD hotline instituted for denials of authorization, allowing timely peer-to-peer review
- Enhanced fax capability for pre-certifications (no need for phone calls)
- Allowance of up to 3 OB ultrasounds without authorization
- Roll-out of an enhance provider website to allow authorizations, CPT code lookups, clinical note submissions, etc.

We are continuing to review Medicaid guidelines, utilization issues, and physician concerns to respond to the needs of our network in Ohio.

WELLCARE OF FLORIDA, INC.

HEALTH-EASE OF FLORIDA, INC.

WELLCARE OF NEW YORK, INC.

WELLCARE OF CONNECTICUT, INC.

WELLCARE OF LOUISIANA, INC.

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HARMONY HEALTH PLAN OF ILLINOIS, INC.

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WELLCARE HEALTH INSURANCE OF ARIZONA, INC.

WELLCARE HEALTH INSURANCE OF ILLINOIS, INC.

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I appreciate your feedback and welcome your suggestions. We rely on our physicians, providers and members to help guide us as we seek to provide the best care with the best outcomes under the Ohio Medicaid managed care program.

Attached is our revised Quick Reference Guide, a copy of which can always be found on our Web site at <http://ohio.wellcare.com>.

I am looking forward to our continued relationship and your active participation with our plan.

Thank you again for your participation.

Sincerely,

A handwritten signature in black ink, appearing to read "Calvin E. Warren, Jr.", with a large, stylized flourish at the end.

Calvin E. Warren, Jr. MD MSMM CPE
Regional Medical Director
WellCare of Ohio, Inc.

Cc:
William Epling
COO, WellCare of Ohio, Inc.

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Ohio Medicaid Quick Reference Guide

June 2007

Important Telephone Numbers

Provider Hotline Provider inquires, claims questions & authorizations	800-951-7719	Dental – Doral	800-341-8478
Medicaid TTY/TDD	877-247-6272	Vision – Advantica	866-425-2323
24-Hour Nurse Advisor Line Members may call this number to speak with a health advisor 24 hours a day, seven days a week.	800-951-7719	Transportation Services	800-951-7719
		<ul style="list-style-type: none"> • ABD – unlimited • CFC – 15 round trips or 30 one-way 	

Behavioral Health

Behavioral Health Services	800-951-7719
Behavioral Health Authorization Requests – submit online	http://ohio.wellcare.com
Behavioral Health Fax	877-277-6890

Pharmacy Services

Pharmacy Services	800-678-3184	Authorization Required
Prior Authorization Fax	877-277-6892	
Pharmacy After Hours/Weekends (WHI) Group Number 716257	800-678-3184	
Web-Based Information	http://ohio.wellcare.com/Providers/PharmacyServices.aspx?unsecuredProvider	<ul style="list-style-type: none"> • brand name requests when a generic exists • drug that has a step edit and the first line therapy is inappropriate • drugs not listed on the Preferred Drug List (PDL); Some PDL drugs require prior authorization • duplication of drug therapy • most self-injectable and all infusion medications • prescriptions that exceed the FDA daily or monthly quantity maximum
<ul style="list-style-type: none"> • Pharmacy Services Overview • Preferred Drug List (PDL) • Prior Authorization List • Prior Authorization Forms • Participating Pharmacies 		

Claims

EDI Questions and Assistance	(800) 960-2530 x4096	Paper Claims Address
EDI Partners	EDI Payer ID	Contact
ACS EDI Gateway, Inc.	77004	(800) 987-6720
Availity	14163	(800) 282-4548
Emdeon (former WebMD®)	14163	(800) 845-6592
SSI Group	14163	(800) 880-3032
<i>Encounter Data Submissions</i>	59354	
		Mail medical and pharmacy paper claim submissions to:
		WellCare Health Plans, Inc. Ohio Region P.O. Box 31224 Tampa, FL 33631-3224

Claims Appeals

The Claim Appeals process is designed to address claim denials for issues related to untimely filing, incidental procedures, bundling, unbundling, unlisted procedure codes, non-covered codes, etc. Claim appeals must be submitted to WellCare, in writing, within 90 days of the date of denial on the EOB.

To initiate this process, please mail written Claims Appeals and documentation to:	Claims Appeals Fax	(813) 262-2802
WellCare Health Plans, Inc. Attn: OH Claims Appeals P.O. Box 31224 Tampa, FL, 33631-3224	Providers may also fax written Claims Appeals and documentation to the number listed above, attention of OH Claim Appeals. There is a separate and distinct appeals process available for medical necessity/authorization related claim denials. Please reference the Member Appeals section on this guide for instructions.	

Member Appeals

A provider may file an appeal or grievance on behalf of the member with the member's written consent. A provider may also seek an appeal through the Appeals department when a claim is denied for lack of prior authorization, the service exceeds authorization, insufficient supporting documentation or late notification.

Mail or fax an appeal with supporting clinical documentation to:	Grievances may be initiated by a call to the Customer Service department. Please note that a verbal grievance requires a written and signed follow-up submission.
WellCare Health Plans, Inc. Attn: Appeals Department P.O. Box 31368 Tampa, FL 33631-3368 Fax: (866) 201-0657	WellCare Health Plans, Inc. Attn: Grievance Department P.O. Box 31384 Tampa, FL 33631-3384 Fax: (866) 388-1769

Provider Complaints & Grievances

Related to any administrative issue such as WellCare's policies and procedures or authorization/referral process must be submitted within 45 calendar days of the event giving rise to the complaint. You may submit your complaint in writing by mail or fax to:

WellCare Health Plans, Inc. Attn: Customer Service P.O. Box 31384 Tampa, FL 33631-3384	Fax: (866) 388-1769
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Risk Management

Trust Program / Fraud & Abuse Hotline	866-678-8355
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Authorizations

Utilization Management Department, including Case Management

To expedite your request, the following list of fax numbers and phone numbers are dedicated to notification and authorization of services.

- ♦ **For standard authorization requests**, please submit using the fax numbers below.
- ♦ **Urgent Requests and Admission Notification: Please call (800) 951-7719.** Use this number for inpatient hospital admissions as notification is required by the next business day. Clinical information can be faxed to the inpatient number listed below. Urgent and time-sensitive outpatient authorizations can also be called in when warranted by the patient's condition or circumstances.

Prior Authorization or Notification Required

PCPs/specialists must fax a notification or a request for authorization for the services listed below. Forms may be found on the WellCare of Ohio Web site at <http://ohio.wellcare.com/Forms/Home.aspx?unsecuredProvider>. Please include CPT and ICD-9 codes with your authorization request. A complete list of approved CPT Codes not requiring an authorization is available on the Web site in the Provider Resources area, Forms and Documents page.

Ancillary / DME Services Fax: 877-431-8859

- ♦ durable medical equipment more than \$200
- ♦ extension of *any service* beyond benefit limits
- ♦ hearing aids
- ♦ home health care services
- ♦ occupational, physical and speech therapy treatment plans (after the initial evaluation)
- ♦ pharmaceuticals not covered under our pharmacy management program and injectable drugs
- ♦ respiratory therapy services

Inpatient Services Fax: 877-431-8860

- ♦ all hospital admissions
- ♦ notification of newborn deliveries by next business day (providers are encouraged to notify the Plan to facilitate newborn enrollment)
- ♦ nursing facility admissions (skilled nursing, rehab, LTACH, intermediate care)

Behavioral Health Services Fax: 877-277-6890

- ♦ covered services by in-network providers

Outpatient Services Fax: 877-277-1820

- ♦ abortions (based on coverage guidelines)
- ♦ all out-of-network services (except in FQHC, RHC, CMH)
- ♦ all outpatient procedures requiring use of anesthesia, radiology imaging or surgical/operations
- ♦ bariatric / weight loss surgery
- ♦ cardiac and pulmonary rehabilitation programs
- ♦ chemotherapy and radiation oncology
- ♦ cosmetic procedures
- ♦ diagnostic services (lab and X-ray) performed at *non-contracted* facilities
- ♦ dialysis
- ♦ extension of any service beyond benefit limits (dental care, optometry services, eye glasses and podiatry services)
- ♦ genetic testing for congenital abnormalities
- ♦ hospice care services
- ♦ nutritional counseling
- ♦ nutritional supplements
- ♦ OB ultrasounds (*exceeding two per pregnancy*)
- ♦ organ transplants (Medicaid approved)
- ♦ non-emergent hospital transfers
- ♦ non-routine dental / oral surgery – fax to WellCare
- ♦ non-routine dental / orthodontics – contact Doral
- ♦ non-routine radiology services – examples: CT Scan, MRA, MRI, PET, SPECT and nuclear cardiac testing
- ♦ non-routine vision (ophthalmology) – fax to WellCare
- ♦ pain management services

OB Notification Fax: 877-647-7475

- ♦ notification of OB first prenatal visit

(Providers are encouraged to notify WellCare of any pregnant members to facilitate member inclusion in our Prenatal Program.)

Prior Authorization Not Required

→ Members may self-refer to **participating** providers for the following services:

- ♦ adult annual physical exam
- ♦ alcohol, drug addiction and psychiatric services at Medicaid Ohio state facilities (ODADAS & CMHC)
- ♦ chiropractic care within benefit limits (CFC only, age<21)
- ♦ dental routine care (excluding oral surgery and orthodontics) – contact Doral at **800-341-8478**
- ♦ +emergency services (including ambulance)
- ♦ +family planning services (Qualified Family Planning Providers – Planned Parenthood)
- ♦ +Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC) and Qualified Family Planning Services (QFP) services
- ♦ hearing services
- ♦ labor checks
- ♦ laboratory tests that are routine and consistent with CLIA guidelines
- ♦ obstetrician and gynecologist / Certified Nurse Midwife (CNM) services
- ♦ OB ultrasounds, up to two for routine pregnancies
- ♦ podiatry care (within benefit limits)
- ♦ primary care provider office visits, including Healthchek (Early and periodic Screening Diagnostics Treatment EPSDT)
- ♦ public health clinic visits
- ♦ routine vision (including one pair of eye glasses) – contact Advantica at **866-425-2323**
- ♦ routine X-ray films by PCP and specialist
- ♦ urgent care center services

+ = Members may visit non-participating providers.

REFERRALS

WellCare supports the concept of the PCP as the "medical home" for its members. PCPs may refer members to network specialists when services will be rendered at an office, clinic or free-standing facility (POS 11, 50, 71 & 72). The specialist must document the receipt of the request for a consultation and the reason for the referral in the medical record. No communication with the Plan is necessary.

PLACE OF SERVICE (POS) CODES

11 - Office	50 - FQHC
20 - Urgent Care Facility	61 - Inpatient Rehab
21 - Inpatient Hospital	62 - Outpatient Rehab
22 - Outpatient Hospital	65 - ESRD
23 - Emergency Room	71 - Public Health Clinic
24 - Ambulatory Surgery Center	72 - Rural Health Clinic
31 - Skilled Nursing Facility	81 - Laboratory
32 - Nursing Facility	

This guide is not intended to be an all-inclusive list of covered services under WellCare Health Plans, Inc. but it substantially provides current referral and prior authorization instructions. Authorization does not guarantee claims payment. All services/procedures are subject to benefit coverage, limitations and exclusions as described in applicable plan coverage guidelines.

Failure to obtain the required prior authorization from WellCare can result in a denied claim.