



PROVIDER

Newsletter

CHECK MEMBER ELIGIBILITY NOW IN REAL TIME!

WellCare Health Plans, Inc./WellCare of Ohio, Inc., (the Plan) has partnered with Availity, LLC, a premier health information network, to offer real-time HIPAA 270 Eligibility Request and 271 Payer Response transactions to providers. This service improves data interchange, provides an innovative solution to provider requests and will be leveraged to implement other HIPAA-compliant transactions in the future.

Benefits and Advantages:

- **Free** for providers to use
- Participation is **optional**
- **“One-stop shopping”**—view eligibility information for all participating health insurance companies from one Availity Web site with a single log-in
- Reduces the need to call Customer Service to check eligibility

You now have the option to access the Eligibility and Benefit Inquiry transactions via the Availity secure transaction interchange. You are able to check member eligibility information for all Plan lines of business.

To gain access to the Availity real-time eligibility transactions, you need to register on the Availity Web site at www.availity.com and follow these simple steps:

1. Click *Eligibility and Benefits | Eligibility and Benefits Inquiry* in the Availity menu.
2. Select the applicable WellCare plan name in the Payer field.

Availity offers free online training Webinars for several topics, including eligibility and benefits transactions. To register for one of these Webinars, visit the Availity Web site and navigate to the *Demo* tab.

If you have any questions, please call the Provider Hotline at 1-800-951-7719 (Medicaid) or Provider Services at 1-866-687-8815 (Medicare) or 1-866-530-9490 (Medicare PPO) with any questions. You may also call Availity at 1-800-AVAILITY (1-800-282-4548).

PROVIDER MATERIALS UPDATE

The following correspondence was faxed to providers or was posted on the WellCare Web site's Messages since our last newsletter published:

- Ohio's Summer Provider Newsletter
- Check Member Eligibility in Real Time!
- Helping Members Schedule Important Preventive Care

When you log in to www.wellcare.com or ohio.wellcare.com, click on the Provider tab and you will see Messages from WellCare located in the right-hand column. Remember to check the messages regularly to receive new and updated information.

WEB RESOURCES

WellCare's Preventive and Clinical Practice Guidelines, Quick Reference Guide, Pharmacy Guidelines, Cultural Competency Plan and other helpful resources are available at www.wellcare.com or ohio.wellcare.com.

PHARMACY UPDATE

GENERIC NEWS

The generic drugs listed below are now available to WellCare of Ohio's Medicaid and Medicare members at the lowest co-payment (if applicable):

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Cellcept® Capsules	Mycophenolate Mofetil Capsules (only Medicare requires a Prior Authorization)	Immunosuppressant Agent
Cytomel® Tablets	Liothyronine Tablets	Thyroid Agent
Topamax® Sprinkle Capsules	Topiramate Sprinkle Capsules	Anticonvulsant Agent
Topamax® Tablets	Topiramate Tablets	Anticonvulsant Agent
Zerit® 1mg/mL Oral Solution	Stavudine 1mg/mL Oral Solution	Antiviral Agent

The following changes have been made to WellCare of Ohio's **Medicaid Preferred Drug List**:

ADDITIONS	REMOVALS
Ammonium Lactate 12% Cream & Lotion (OTC and RX)	Desferal® 500mg & 2gm Vials
Deferoxamine Mesylate 500mg & 2gm Vials	Lescol® XL 80mg Tablets
Diclofenac Sodium 100mg Tablet SA	Fosamax Plus D™ 70mg/5,600IU, 70mg/2,800IU Tablets
Norpace® CR 150mg Capsules	
Oralyte Solution (all flavors)	
RE Pramoxine-HC Otic Drops	
RE-Nata 29 Prenatal Tablets	

The following additions have been made to WellCare's **Medicare Formulary**:

ADDITIONS
Afinitor® Tablets (with a Prior Authorization)
Degarelix 80mg (with a Prior Authorization and Quantity Limit of 1/28 days)
Degarelix 2 x 120mg (with a Prior Authorization and Quantity Limit of 2/180 days)
Eliphos™ Tablets
Ipratropium-Albuterol 0.5-3mg/3mL Nebulizer Solution (with a Prior Authorization)
Ketoprofen ER Capsules (with a Quantity Limit of 31/31 days)
Levemir® 100 units/mL vial (with a Quantity Limit of 60mL/31 days)
Levemir Flexpen® 100 units/mL (with a Quantity Limit of 60mL/31 days)
Norpace® CR 150mg Capsules
Tekturna® Tablets (with a Step Edit)
Tekturna HCT® Tablets (with a Step Edit)
Vimpat® Tablets (with a Prior Authorization)

We have changed the quantity limits per month for the following medications on WellCare of Ohio's **Medicaid Preferred Drug List** and **Medicare Formulary**:

MEDICAID
Micardis® HCT 40/12.5, 80/12.5, 80/25 Tablets QL has been decreased from 62/31 days to 31/31 days
Ondansetron 24mg Tablet QL has been increased from 1/31 days to 2/31 days
Zolpidem 5mg and 10mg Tablets QL has been increased from 14/31 days to 31/31 days

MEDICARE
Zyvox® Tablets QL has been increased to 56 tablets/28 days

PROMOTE CANCER AWARENESS

October is Breast Cancer Awareness Month. WellCare asks 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 and Prevention (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, the CDC reports.

WellCare covers all regular preventive tests and screenings for women without requiring a 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.



HELP PREVENT THE SPREAD OF THE FLU

Influenza season is here! We encourage providers to help make sure that all members get a flu vaccination.

Vaccination is the first and most important step in protecting against influenza. It is recommended that the following groups get vaccinated each year:

- 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 younger than 6 months of age (these children are too young to be vaccinated)

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

Your WellCare of Ohio patients can receive a **free** flu vaccination at any Walgreens Pharmacy or Maxim clinic location. All they have to do is present their WellCare ID card. Direct your WellCare of Ohio patients to call **1-866-WHI-FLU1** to find a Walgreens Pharmacy or **1-877-962-9358** to find a Maxim clinic location near them.

Source: Centers for Disease Control and Prevention

TESTMINDER HELPS PATIENTS COMPLY WITH STANDING ORDERS

E-MAILS PATIENTS WHEN THEIR NEXT TEST IS DUE

The TestMinder e-mail reminder program, offered exclusively by Quest Diagnostics, is designed to work with the standing orders that providers prescribe for testing. TestMinder prompts patients to schedule their lab appointments by sending them timely e-mails each time they are due for a lab test.

TestMinder can help manage patients with chronic illnesses or on a particular drug regimen and can save office staff time and effort.

AUTOMATIC ENROLLMENT

When your patient brings a standing order to the Quest Diagnostics Patient Service Center (PSC), the phlebotomist will record the standing order along with the patient's e-mail address. This will automatically enroll the patient in the program.

If you prefer to enroll your patient, you can do so by entering the patient's e-mail address in the Care360™ Physician Portal.

TestMinder does not disclose any personal information such as the test being performed or the name of the physician. There is no charge to you or your patient for this service.

CONVENIENT APPOINTMENT SCHEDULING

Your patient will receive an e-mail reminder from Quest Diagnostics seven days before their next standing order. The e-mail will have a link to the online Quest Diagnostics PSC appointment scheduler so an appointment can be easily scheduled. Each e-mail reminder will include a "Find a Patient Service Center" link so the patient can find the center closest to where he/she works or lives.



BRINGING VALUE TO YOUR PRACTICE

TestMinder can be a valuable tool for your practice. It can help you:

- **Improve patient management:** Patients will be more inclined to follow through on standing-order lab testing, helping to improve patient outcomes.
- **Increase patient convenience:** E-mail reminders with helpful links to online appointment scheduling are an easy way for patients to make appointments.
- **Reduce administrative time:** Your staff can spend less time calling patients to remind them to schedule lab tests.
- **Increase Healthcare Effectiveness Data and Information Set (HEDIS®) scores:** Improved patient care can also help increase HEDIS scores and grow your practice.

Talk to your Quest Diagnostics account executive for more information about TestMinder.

WELLCARE CLAIMS INFORMATION

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

WellCare uses McKesson claims editing software, Claims Xten 2.0, for review of claims. 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 sites at www.wellcare.com or ohio.wellcare.com, and select the *Claims Updates* link.

Thank you for your participation with WellCare. We appreciate the high quality of care you provide to our members.

CHECK THE STATUS OF A CLAIM ONLINE

WellCare encourages you to check the status of your claims online via our secure Web sites, www.wellcare.com or ohio.wellcare.com. As a registered user, you have immediate access to all pertinent information regarding your submitted claims. This valuable online feature provides useful information on demand while saving you time.

Simply follow the steps below. If you have any questions, please contact your Provider Relations representative.

Step 1

For the *Find by* menu, filter your search criteria by *Provider ID, Member ID or Claim Number*.

Step 2

In the *Member | Provider ID | Claim Number* box (depending on the option chosen in Step 1), enter the appropriate number.

Please note that you can click *Lookup Provider* or *Lookup Member* if you do not know the ID number.

Step 3

For *Service Date*:

Select one of the following date ranges from the *Within* drop-down box:

- Last day
- Last 2 days
- Last week
- Last 2 weeks, or
- Last month *OR*

Enter any 30-day date range with the *From* option.

Step 4

Click the *Check Claim Status* button. The claim results are displayed at the bottom of the screen.

Please note that, in addition to checking claims status, you can submit a new claim or resubmit a corrected claim via the Web. Simply select the appropriate link under Claims.

The screenshot shows a web interface titled "Claims" with a help icon. Under "Check Claims Status", there are several fields: "*Required" (checkbox), "*Find by:" (dropdown menu set to "Provider ID"), "Provider ID:" (text input field), "Lookup Provider" (button), "*Service Date:" (checkbox), "Within:" (radio button selected, dropdown menu set to "Last day"), and "From:" (radio button unselected, dropdown menu). A green "Check Claim Status" button is prominent. Below the form, there are links for "Submit New Claim" and "Resubmit Corrected Claim".

Submit New Claim
Resubmit Corrected Claim

SUBMIT AUTHORIZATION REQUESTS ONLINE

WellCare encourages you to submit inpatient and outpatient authorization requests via our secure Web sites, www.wellcare.com or ohio.wellcare.com. Registered Web users have immediate access to pertinent information regarding authorizations, claims and more.

Once you have logged in, you may access the Authorizations tool a couple of ways:

1. On the *Providers* main page, you can select the *Submit Authorization* link under the *Authorizations* heading, or
2. You may select the *Authorizations* tab along the top of the page. From there, select the *Authorization Request* link.

Simply enter the necessary information requested to complete the transaction. The tool also allows you to attach clinicals, or you can type in any relevant clinical information supporting the request.

Please note that Authorization/Certification determinations are made based on medical necessity and appropriateness and reflect the application of the Plan's approved review criteria guidelines. Once you complete each authorization request, you will get an instant acknowledgement of receipt of your request in your Web inbox. You can also download or print a summary report for your records.

Conducting transactions online provides useful information on demand while saving you time. Please contact your local Provider Relations representative if you have any questions.

Note: All Medicare expedited requests should be submitted via fax or telephone in order to be addressed appropriately.

HELP MEMBERS SCHEDULE IMPORTANT PREVENTIVE CARE

On July 20, 2009, WellCare began partnering with Care Management International (CMI) to help members schedule and receive important preventive care.

Providers should expect to receive either a phone call or a fax from CMI asking for your assistance in scheduling appointments for certain members.

WHAT YOU NEED TO DO

When you are contacted by CMI, please help your patient set up an appointment to receive the appropriate screening studies. If you receive a fax form, please reach out to the member(s) according to the contact information provided.

CMI follows up four weeks after their initial contact to determine if the member has been seen or if they have a scheduled appointment.

Please contact your local Provider Relations representative with any questions.



TAKE POSITIVE ACTION IN MANAGING MEDICATIONS

SIMPLE INTERVENTIONS PROMOTE PROPER DRUG USE, PATIENT SAFETY

WellCare encourages providers to make sure your patients are using the medications they need in the proper manner. Some proactive steps in this area can drive beneficial outcomes for all patients.

Providers can almost instantaneously improve their patients' health care status by systematically re-assessing the indications for and dosages of **all** their medications, (including herbal, over-the-counter and topical preparations) used by their patients. It's also the perfect time to uncover the use of illicit drugs and the consumption of inappropriate amounts of alcoholic beverages.

For patients on a daily medication regimen, the use of a **pill box** or two if a person is on an AM-PM dosing schedule will really help with compliance. Encouraging the use of this user-friendly tool keeps your patients on track.

Do your patients keep an up-to-date list of **all** their medications in their wallet or purse? Does the list also include their known allergies? Please encourage them to do so. When a patient goes to an emergency room or sees a specialist, a list of his/her current medications can keep his/her care on point, highlighting the need to treat the complete patient and potentially avoiding harmful drug-drug interactions.



CULTURAL COMPETENCY PROGRAM:

PROVIDER NETWORK AND EDUCATION ARE KEY COMPONENTS

The objectives of the Cultural Competency program are to:

- Identify members who have potential cultural or linguistic barriers for which alternative communication methods are needed;
- Utilize culturally sensitive and appropriate educational materials based on the member's race, ethnicity and primary language spoken;
- Ensure resources are available to meet the unique language barriers and communication barriers that exist in the population;
- Ensure providers care for and recognize the culturally diverse needs of the population; and
- Ensure associates are educated and value the diverse cultural and linguistic differences in the organization and the populations served.

The components of the Plan's Cultural Competency program include:

DATA ANALYSIS

- Analysis of claims and encounter data to identify the health care needs of the population
- Collection of data on race, ethnicity and language spoken for members

COMMUNITY-BASED SUPPORT

- Outreaches to community-based organizations that support minorities and the disabled to be sure that the existing resources for members are being utilized to their full potential

DIVERSITY OF HEALTH PLAN ASSOCIATES

- The Plan does not discriminate with regard to race, religion or ethnic background when hiring associates.
- The Plan recruits diverse, talented associates in all levels of management.
- The Plan ensures that bilingual associates are hired for areas that have direct contact with members to meet the needs identified.

DIVERSITY OF PROVIDER NETWORK

- Providers are inventoried for their language abilities and this information is housed in the system and

printed in the Provider Directory, so that members can choose a provider that speaks their primary language.

- Providers are recruited to ensure a diverse selection of providers to care for the population served.

LINGUISTIC SERVICES

- Providers will identify members who have potential linguistic barriers for which alternative communication methods are needed and contact the Plan to arrange appropriate assistance.
- Members may receive interpreter services at no cost when necessary to access covered services through a vendor, as arranged by the Customer Service department.
- Interpreter services available include verbal translation, verbal interpretation for those with limited English proficiency and sign language for the hearing-impaired. These services will be provided by vendors with such expertise and are coordinated by the Plan's Customer Service department.
- Written materials are available for members in large print format, and certain non-English languages, prevalent in the Plan's service area.

ELECTRONIC MEDIA

- Telephone system adaptations – members have access to the TTY/TDD line for hearing-impaired services. The Customer Service representatives have responsibility for any necessary follow-up phone calls to the member.

PROVIDER EDUCATION

- Educated regarding the Cultural Competency Program through the Provider Manual
- Receive a Cultural Competency Checklist to assess their office's Cultural Competency

DETERMINATION OF PERFORMANCE IMPROVEMENT PROJECTS

- Focused assessments to identify opportunities for improvement
- Setting priorities and assignments



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ADVANTAGES OF ELECTRONIC FUNDS TRANSFER

WellCare encourages participating providers to take advantage of electronic funds transfer (EFT) in receiving payment for claims.

Five reasons to sign up today for EFT:

1. No interrupting your busy schedule to deposit a check
2. No waiting in line at the bank
3. No lost, stolen or stale-dated checks
4. **You** control your banking information
5. Immediate availability of funds—**no bank holds!**

Setup is easy and takes about five minutes to complete. Please call your Provider Relations representative or the Provider Hotline/Provider Services with any questions.

EFT is set up only to transfer funds into your account, never out.

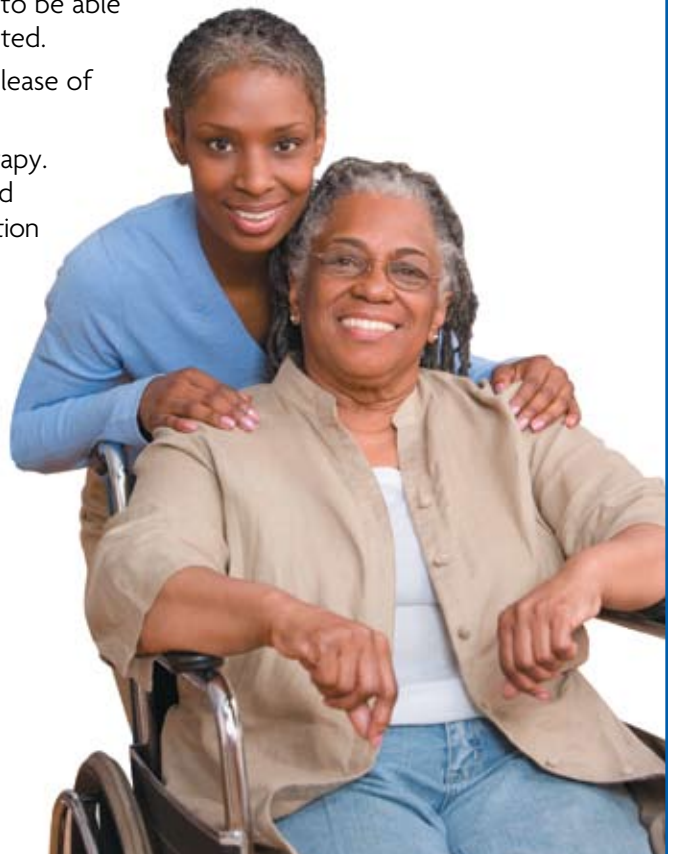


OHIO MEDICAID MEMBER RIGHTS AND RESPONSIBILITIES

Plan members, adults and children have specific Rights and Responsibilities. These are included in the Member Handbook.

WellCare members have the right:

- To receive all services that the Managed Care Plan (MCP) is required to provide pursuant to the terms of their Provider Agreement with the Ohio Department of Job & Family Services (ODJFS).
- To be treated with respect and with due consideration for their dignity and privacy.
- To be ensured of confidential handling of information concerning their diagnoses, treatments, prognoses and medical and social history.
- To be provided information about their health. Such information should also be made available to the individual legally authorized by the member to have such information or the person to be notified in the event of an emergency when concern for a member's health makes it inadvisable to give him/her such information.
- To be given the opportunity to participate in decisions involving their health care unless contraindicated.
- To receive information on available treatment options and alternatives. These should be presented in a manner appropriate to the member's condition and ability to understand.
- To be assured of auditory and visual privacy during all health care examinations or treatment visits.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- To request and receive a copy of their medical records and to be able to request that their medical records be amended or corrected.
- To be afforded the opportunity to approve or refuse the release of information except when release is required by law.
- To be afforded the opportunity to refuse treatment or therapy. Members who refuse treatment or therapy will be counseled relative to the consequences of their decision and documentation will be entered into the medical record accordingly.
- To be afforded the opportunity to file grievances, appeals, or state hearings pursuant to the provisions of rules 5101:3-26-08.4 and 5101:3-26-08.5 of the Administrative Code.



- To be assured that all written member information provided by the MCP is available:
 - At no cost to the member;
 - In the prevalent non-English languages of members in the MCP service area; and
 - In alternative formats and in an appropriate manner that takes into consideration the special needs of members including but not limited to visually limited and LRP members.
- To be assured that verbal interpretation and verbal translation services are available at no cost to members.
- To be assured that the services of sign language assistance are available to hearing impaired members.
- To be informed of specific student practitioner roles and the right to refuse student care.
- To refuse to participate in experimental research.
- To formulate advance directives and to file any complaints concerning noncompliance with advance directives with the Ohio Department of Health.
- To change PCPs no less often than monthly. MCPs must mail written confirmation to the member of their new PCP selection prior to or on the effective date of the change.
- To appeal to or file directly with the United States Department of Health & Human Services – Office of Civil Rights – any complaints of discrimination on the basis of race, color, national origin, age or disability in the receipt of health services.
- To appeal to or file directly with the ODJFS Bureau of Civil Rights (BCR) any complaints of discrimination on the basis of race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services in the receipt of health services.
- To be free to exercise their rights and to be assured that exercising their rights does not adversely affect the way the MCP, the MCP's providers or ODJFS treats the member.
- To be assured that the MCP complies with all applicable federal and state laws and other laws regarding privacy and confidentiality.
- To choose their health professional to the extent possible and appropriate.
- To be assured that female members have direct access to a woman's health specialist within the network for covered care necessary to provide women's routine and preventive health care services. This is in addition to the member's designated PCP if the PCP is not a woman's health specialist.
- To be provided a second opinion from a qualified health care professional within the MCPs panel. If such a qualified health care professional is not available within the MCPs panel, the MCP must arrange for a second opinion outside the network, at no cost to the member.
- To receive information on their MCP.

Members also have certain responsibilities. These include the responsibility:

- To treat their health care providers and their office staff with courtesy and respect;
- To fully inform their doctor about their medical problems;
- To decide about having a medical treatment or procedure before it begins;
- To help their PCP obtain their medical records;
- To not seek care from a specialist without a referral from their PCP when a referral is required by WellCare;
- To not seek care in an emergency room for non-life-threatening conditions without contacting their PCP;
- To keep all scheduled appointments and be on time; and
- To follow the rules and regulations of WellCare.