

A collage of medical professionals in white coats, some with stethoscopes, in various clinical settings. The background is a grid of blue and green squares.

PROVIDER

Newsletter

PAYSPAN OFFERS ELECTRONIC MAILBOXES

Electronic mailboxes are now available on PaySpan Health, WellCare's partner for electronic funds transfer and electronic remittance advice (EFT/ERA).

Electronic mailboxes are used to automatically create an 835 and/or PDF files and send them to a secure file transfer protocol (SFTP) site. You or your third-party billing agency can then establish automated data retrieval and storage.

Q: Is it mandatory that I use electronic mailboxes?

A: No, using the electronic mailboxes is strictly voluntary.

Q: If I use an electronic mailbox, can I still download or print directly from PaySpan Health?

A: Yes, using an electronic mailbox only offers another solution to receive payment information. The current processes remain in place.

Q: How long are the payment files available in the electronic mailbox?

A: Payment files are available in the electronic mailbox for 15 days. After that, the files will be deleted from the electronic mailbox but will still be available on PaySpan Health.

Q: Can I receive my capitation payments through the electronic mailbox?

A: No, currently only claims payments are supported by an 835 file.

For more information, select the option to learn about electronic mailboxes from your PaySpan Health home page.

PROVIDER MATERIALS UPDATE

The following correspondence was placed on Banner Messages or faxed to providers since our last newsletter and can be found at our Web site, georgia.wellcare.com. Click on the Provider tab, and *Messages from WellCare* is located in the right column. Remember to check the messages regularly to receive new and updated information like:

- Clinical practice guidelines for preconceptions and perinatal care
- Urgent request-Medicaid ID numbers required
- Management of obesity in children and adolescents
- Authorization no longer required in POS 24
- 2009 Patient Safety Tip Sheet
- Elective hospital-to-hospital transfer policy
- Update to change of PCP request process
- Drug recall: important warning about prescription medications

CDC GUIDELINES

The 2009 Recommended Immunization Schedule for persons aged 0 through 18 years and Recommended Adult Immunization Schedule can be viewed by accessing the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/vaccines/recs/schedules, on the georgia.wellcare.com portal or by contacting your Provider Relations representative.

CHILD PREVENTIVE HEALTH GUIDELINES

The 2008 Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) can be viewed by accessing the American Association of Pediatrics Web site at <http://practice.aap.org/content.aspx?aid=1599>, on the georgia.wellcare.com portal or by contacting your Provider Relations representative.

WELLCARE CLAIMS INFORMATION

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

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 site at georgia.wellcare.com for Medicaid or www.wellcare.com for Medicare, 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.



MEDICAID

LEAD RISK ASSESSMENT QUESTIONNAIRE

Does the child:

1. Live in or often visit a house or apartment that may have been built before 1978?
2. Live in or often visit a house or apartment that is being remodeled or is having paint removed?
3. Live with or often visit another child that has or had an elevated blood lead level?
4. Live with anyone that works at a job where lead may be found or has a hobby that uses lead?
5. Chew on or eat non-food items like paint chips or dirt?
6. Live near an active lead smelter, battery recycling plant or other industry likely to release lead?
7. Receive such medicines as Greta, Azarcon, Kohl or Pay-loo-ah?
8. Or anyone in the family use ethnic or folk remedies, cosmetics or eat candies from Mexico?
9. Is the child a recent immigrant, refugee or a member of a minority group?

Any 'yes' answer indicates the child is **high-risk** and should have a blood lead test. NOTE: All children ages 12 months and 24 months **must** have a blood lead test.



HELPFUL TIPS FOR HISPANIC PREGNANCIES

What are the cultural norms that may affect pregnancy for a Hispanic patient? This summary of common beliefs within the Hispanic culture may aid you in understanding how the Hispanic population may make decisions about their health when pregnant.

Providers can help promote better outcomes by adopting a line of questioning that will help determine some of the patient's cultural beliefs about health, illness and illness prevention.

Some common cultural beliefs and responses to them:

- A strong family support system is emphasized. If the family can be involved in the decision-making process and the treatment plan, there is a greater likelihood of gaining the patient's compliance with the course of treatment.
- Being an attentive mother is culturally valued. Providers are encouraged to consider this when administering advice and treatment.
- Some believe new mothers should be sheltered from worry. Providers should ensure that the expectant mother is fully informed about the status of the pregnancy, especially in cases where an interpreter or family member is a conduit to communication.
- Some cultural dietary restrictions believed to protect a newborn infant may pose risks of dehydration and nutritional deficiency. Providers should impress upon new parents the importance of the newborn's nutritional needs.
- A heightened sense of privacy in discussions about labor assistants should be demonstrated.
- Believing in folk healers or taking an alternative medicine concurrently with treatment is not uncommon. Whenever possible, incorporate into the treatment plan the patient's folk medication and folk beliefs that are not specifically contraindicated. This will encourage the patient to develop trust in the treatment and will help assure that the treatment plan is followed.
- Culturally, some women prefer spontaneous vaginal deliveries over alternatives. The health of the mother and baby should be put first and emphasized by the provider when offering options.
- Seeking prenatal care at a much later stage of pregnancy can be common. Barriers to early prenatal care could include fear of health care systems, financial constraints and lack of transportation.
- There is a greater likelihood of requesting a female health care provider.
- Going to the hospital only when labor is well advanced is common. Fear of unnecessary or dangerous medical interventions, separation from family members and loss of physical environment leads many women to remain at home for much of their labor.

“HELPFUL TIPS FOR HISPANIC PREGNANCIES”

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- Some women may remain silent rather than voicing lack of agreement with the plan of care. WellCare asks providers to encourage patients to be fully engaged in the decision-making process.
- Some patients may prefer discussions that are more formal, with a greater distance between caregiver and patient. Except when treating children or very young adults, it is best to use patients' last names when addressing them.

WellCare's inpatient diagnoses in 2008 were 52 percent births or pregnancy-related, and 27 percent of the outpatient diagnoses were related to conditions of pregnant women. To better serve the six percent of WellCare's population that is Hispanic, these views of pregnancy and prenatal care should be considered when developing treatment plans.

To better accommodate these members' needs, WellCare continues to focus recruiting efforts toward additional Spanish-speaking practitioners. In addition to WellCare's efforts, the Hispanic Physician Outreach Initiative (HPOI) is one way that the American Medical Association (AMA) is strengthening advocacy efforts on Hispanic health care issues and addressing the needs of our Hispanic members and physicians.

WellCare will continue to support education and outreach to ensure healthy lifestyle behaviors among pregnant women of Hispanic origin.

*Sources: American Medical Association (<http://www.ama-assn.org>); American Medical Student Association (<http://www.amsa.org>); Lipson, Julianne G. *Culture & Nursing Care: A Pocket Guide*. San Francisco: The Regents, University of California, 2003. 203-221; *The National Campaign to Prevent Teen and Unplanned Pregnancy* (<http://www.thenationalcampaign.org>); WellCare of Georgia's 2009 Member Demographic Report.*

EXPEDITED REQUESTS FOR MEDICARE PROVIDERS

WellCare Health Plans has a process that allows Medicare providers to request an expedited decision on a service authorization request.

- **Expedited Definition:** The physician believes that waiting for a decision under the standard time frame could place the patient's life, health or ability to regain maximum function in serious jeopardy.

Once it has been determined that the request meets the expedited definition criteria, your office personnel can assist in the timely processing of your expedited request by ensuring the following:

- **Call** in your expedited request to the state's Medicare-designated telephone line: **1-866-334-7730** or **1-866-530-9489** for PPO.
- Have the correct **MEDICARE fax number:** **1-877-892-8213 (outpatient)** or **1-877-431-8859 (DME/therapy)**
- Have updated Authorization Request forms. The forms with the correct Medicare fax numbers can be found in the Provider area of www.wellcare.com or may be obtained from your WellCare Provider Relations representative. Please discard all old forms so the request goes directly to the designated Medicare area.



ATYPICAL ANTIPSYCHOTIC MONITORING

Atypical, or second-generation antipsychotics (SGAs) are most often utilized in the treatment of schizophrenia and bipolar disorder. Side effects of these agents can include metabolic complications such as weight gain, hyperglycemia and hyperlipidemia.

The American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists and the North American Association for the Study of Obesity have recommended guidelines for safe prescribing of atypical antipsychotics, which includes assessing health status, recording screening measurements and monitoring certain diagnostic test levels at regular frequencies.¹

Based on documented health concerns related to these medications, WellCare reviewed claims history to understand network prescribing habits and the extent of medical follow-up. Medical care providers are prescribing 63 percent of the SGAs, while behavioral health providers prescribed 37 percent. It is important to note that nearly half of the prescriptions were written by pediatricians, and approximately 70 percent of the prescriptions were for members younger than 21. Forty-seven percent were prescribed to children younger than 14.

A review of laboratory data in 2007 showed that 6,589 members were on SGAs. Of those, 13 percent were found to have a lipid screening and 6.9 percent had a glucose test. WellCare initiated an education of providers in July 2008 on the appropriate use of these medications and recommended lab tests. Letters were sent to all providers who prescribed these medications. Letters were also sent to members to advise them of the need to speak with their physicians about possible lab tests they might need, based on the consensus guideline recommendations. Reassessment of the data at the end of 2008 showed a slight increase in lipid testing to 14.6 percent, while glucose testing decreased to 1.5 percent.

WellCare will continue to monitor and to encourage providers to follow nationally recognized guidelines for the appropriate use and monitoring of atypical antipsychotics. If you have members on second-generation antipsychotics, please bolster your assessment of side effects by ordering fasting serum glucose and a fasting lipid profile upon initiation of therapy, again 12 weeks later, and at least annually thereafter.

WellCare is committed to ensuring the appropriate utilization of atypical antipsychotics for our members. Please join us in our efforts to ensure appropriate follow-up and monitoring of these agents.

Sources:

1. American Diabetes Association; American Psychiatric Association; American Association of Clinical Endocrinologists; North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care* 2004; 27(2):596-601

SECOND-GENERATION ANTIPSYCHOTIC TIP SHEET

Second-Generation Antipsychotic Medications

- *Risperidone/Risperdal*®
- *Risperidone/Risperdal Consta*®
- *Olanzapine/Zyprexa*®
- *Paliperidone/Invega*®
- *Ziprasidone/Geodon*®
- *Clozapine/Clozaril*®
- *Aripiprazole/Abilify*®
- *Quetiapine/Seroquel*®

WellCare Preferred Second-Generation Antipsychotic Medications

Medicaid:

- *Clozapine*
- *Risperidone*

Medicare:

- *Clozapine*
- *Risperidone*
- *Seroquel*®

Medical Issues Related to Second-Generation Antipsychotic Usage in Adults^{1,2}

Second-generation antipsychotics may cause abnormal blood work in adults like:

- Elevated serum glucose
- Elevated serum lipid levels
- Increased prolactin levels

Conditions experienced may include:

- Weight gain
- Cardiovascular side effects
- Increased abdominal girth
- Increased risk of type 2 diabetes
- Diabetic ketoacidosis
- Sudden death in elderly

Monitoring Patients on Second-Generation Antipsychotic Medications

The American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists and the North American

Association for the Study of Obesity recommend the following screening measures for monitoring patients using second-generation antipsychotics.³

Measure	Baseline	4-weeks	8-weeks	12-weeks	Annually
Personal/family history	X				X
Body Mass Index (BMI)	X	X	X	X	X
Waist circumference	X				X
Blood pressure	X			X	X
Fasting blood glucose	X			X	X
Fasting lipid profile	X			X	X

Both the psychiatric and medical communities have determined that the monitoring for metabolic side effects of second-generation antipsychotics is an important part of patient treatment. Continuing Medical Education courses are available for free on such Web sites as Medscape (www.cme.medscape.com).

Issues Related to Use in Children

In 2004, Cooper et al. reported a doubling of the use of this class of medication in children enrolled in TennCare, the state of Tennessee’s Medicaid program, for diagnoses other than schizophrenia or Tourette’s syndrome. In this study, conducted from 1996-2001, the use of second-generation antipsychotics for ADHD, conduct disorder and affective disorders accounted for the doubled rate of use.⁴ Careful consideration of the need for a second-generation antipsychotic, in addition to monitoring weight, serum glucose, lipid profile and abdominal girth in this population, is imperative in children and adolescents.

Summary

- Second-generation antipsychotics should be used for approved indications
- Second-generation antipsychotics have significant metabolic side effects
- Monitoring can reduce the risk of metabolic side effects
- Use careful consideration before prescribing second-generation antipsychotics to children

These guidelines are not intended to replace a practitioner’s clinical judgment. They are designed to provide information and to assist practitioners with decisions regarding care. The guidelines are not intended to define a standard of care or exclusive course of treatment. Health care practitioners using these guidelines are responsible for considering their patients’ particular situations in evaluating the appropriateness of these guidelines.

Sources:

1. Straker, D. et al. Cost-effective Screening for the Metabolic Syndrome in Patients Treated with Second-Generation Antipsychotic Medications. *American Journal of Psychiatry* 2005; 162:1217-1221.
2. Hales R, Yudofsky S. *Textbook of Clinical Psychiatry* 4th edition. Arlington, Virginia, American Psychiatric Publishing, Inc., 2006.
3. American Diabetes Association; American Psychiatric Association; American Association of Clinical Endocrinologists; North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. *Diabetes Care* 2004; 27(2):596-601
4. Cooper WO, Hickson GB, Fuchs C. *Archives of Pediatric and Adolescent Medicine* 2004; 158: 753-759.

Tip sheet furnished by Magellan Health Services.

PROVIDER FORMULARY UPDATE

GENERIC NEWS:

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

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Depakote® Sprinkle Capsule*	Divalproex Sodium Sprinkle Delayed-Release Capsule	Anticonvulsant Agent
Depakote® ER Tablet*	Divalproex Sodium Extended-Release Tablet	Anticonvulsant Agent
Imitrex® Nasal Spray*	Sumatriptan Nasal Spray	Antimigraine Agent
Imitrex® Tablet*	Sumatriptan Succinate Tablet	Antimigraine Agent
Risperdal M-TAB™*	Risperidone Orally Disintegrating Tablet	Antipsychotic Agent
Zerit® Capsule*	Stavudine Capsule	Antiviral Agent

*These brand-name drugs have been removed from WellCare's Medicaid preferred drug lists.

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

ADDITIONS	REMOVALS
Kionex® Powder	Androgel® 1%
Ribavirin Tablets	Androgel® 1% Pump
Namenda® Tablet (with Step Therapy)	Maxalt® Tablet
Neupogen® (with a Prior Authorization)	Maxalt-MLT® Orally Disintegrating Tablet
Suboxone® Tablet (with a Prior Authorization)	Relpax® Tablet
Testim® 1% Topical Gel (with a Prior Authorization)	Ribavirin Capsules
	Seroquel® Tablet

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

ADDITIONS
Hyoscyamine Sulfate 0.125–0.25mg IR/SR Biphasic Tablet
Kionex® Powder
Klor-Con® 20mEq Powder
Methitest™ Tablet
Nimodipine 30mg Capsule
Pancrease® MT Capsule
PrandiMet™ Tablet
Prezista® 75mg Tablet
Ramipril Capsule
Tindazole 500mg Tablet
Xibrom™ 0.09% Ophthalmic Solution

Also note we have increased the quantity limit per month for the following medication on WellCare's **Medicaid Preferred Drug List** and WellCare's **Medicare Formulary**:

QUANTITY LIMIT INCREASE
Ondansetron HCl Tablets QL has been increased to 62 tablets per 31 days

MEDICAL CARE AND RECORD KEEPING FOR DIABETES

WellCare encourages all of our partner providers to conduct routine assessments for members with diabetes. All laboratory values, physical assessment and evaluation details, and vaccination history associated with the assessments should be noted in the medical record.

Patients with diabetes should receive at least one periodic assessment annually. The assessment should check blood pressure, body mass index (BMI), psychosocial assessment for depressed mood, anxiety, substance abuse or cognitive impairment, cardiovascular risk assessment, comprehensive foot exam, observation for signs of organ disease and hypoglycemia, dilated eye examination and retinopathy screening by an optometrist or ophthalmologist and a neuropathy screening.

The patient's diabetic management plan should include blood glucose management, nutrition counseling, exercise program, foot care, cardiovascular risk reduction (i.e., smoking cessation, obesity, stress and dyslipidemia) and blood pressure management.

The measurement of hemoglobin A1c is a key test in the management of diabetes. The test should be performed two to four times a year, depending on the glycemic control of the member. A1c < 7 percent has been shown to reduce microvascular and neuropathic complications of diabetes, and thus is the recommended A1c goal for adults. Studies have suggested an incremental benefit to lowering A1c from 7 percent into the normal range. Therefore, the A1c goal for selected individual members is as close to normal (< 6 percent) as possible without significant hypoglycemia.

A fasting lipid profile should be done annually with the following targets: LDL < 100 mg/dl, HDL > 40 mg/dl for men, and HDL > 50 mg/dl for women. Saturated fat intake should be < 7 percent of total calories, and the intake of trans fats should be minimized.

Other vital laboratory tests include a urinalysis for microalbuminuria (screen for nephropathy) and a screening for thyroid-stimulating hormone (TSH).

Source: Standards of Medical Care in Diabetes. V. Diabetes Care, American Diabetes Association. Diabetes Care, 31 (Suppl 1): S16–24, January, 2008.

MEDICAID

WEB RESOURCES

WellCare's preventive and clinical practice guidelines, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) documents, pharmacy guidelines, cultural competency plan and other helpful resources are available at georgia.wellcare.com. A summary of the cultural competency plan is available in Section 14 of the Medicaid Provider Handbook. If you would like to receive a copy of the complete cultural competency plan, please contact your Provider Relations representative.

Providers may also request hard copies by contacting their Provider Relations representative. For additional information, please contact the Provider Hotline at 1-866-231-1821.

TB RISK ASSESSMENT QUESTIONS

The tuberculosis (TB) risk assessment questionnaire should be completed beginning at birth and at each screening thereafter in order to determine risk.

1. Is this child in close contact with a person with infectious TB?
2. Has this child been diagnosed with HIV or at risk for HIV infection?
3. Is this child a foreign-born refugee or a migrant?
4. Has this child been in contact with an incarcerated person or a person who was incarcerated in the past five years?
5. Has this child been exposed to anyone meeting the following descriptions: HIV-infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs, or migrant farm workers?
6. Does this child have a medical condition or is he/she receiving treatment for a medical condition that suppresses the immune system?
7. Does this child live in a community that has been established as a high-risk for TB?
8. Has this child traveled to any foreign countries since the last medical visit?

Any 'yes' answer indicates the child is high-risk and should have a TB test.



CULTURAL DIVERSITY MATTERS IN MEDICINE

WellCare knows our members and providers come from different backgrounds, which is why we recognize cultural diversity to ensure the best health care outcomes for members.

Cultural competency is a key component of WellCare's continuous quality improvement efforts. WellCare partners with community organizations to promote cultural understanding and to meet the needs of our diverse population. Wherever possible, WellCare will pursue partnerships with national, state and local organizations dedicated to advancing both the broad interests and the health interests of groups that need culturally based support.

WellCare recognizes diversity in race, culture, ethnic origin, language, age and gender when serving our members and providers. Steps are taken to confirm that:

- Providers and Customer Service staff receive cultural competency training to aid our population.
- In addition to translation services for providers and members in more than 12 languages, many of WellCare's Customer Service staff speaks Spanish.
- Members may choose from male and female doctors.
- Members can receive member communication in English or Spanish.

Like our providers, many of our members come from different backgrounds and speak a second language. For example, six percent of our members speak Spanish, so we continue to ensure Spanish-speaking doctors are available. Among the other languages our providers speak are Arabic, French and German.

WellCare also has more than the state average (20 percent) of female doctors in our network in recognition of the fact that 91 percent of our adult members are women who may want to go to a female doctor.

Because 88 percent of our members are younger than 20 years old, WellCare ensures that doctors who work with children are readily available.

The Plan seeks to ensure that our practitioners fully recognize and care for the culturally diverse needs of the members they serve. WellCare continuously monitors its practitioner panel to track ethnicity and languages spoken in order to match identified member needs whenever possible. We look at claims, requests for materials, translation services and Census Bureau data to learn more about our population. The diversity of our members and practitioners is what helps WellCare cater to cultural needs.

Sources: American Medical Student Association, <http://www.amsa.org/>; 2009 WellCare of Georgia Member Demographic Report.





GENERIC UTILIZATION OF BEHAVIORAL HEALTH MEDICATIONS

Often appreciated for their cost-effectiveness, generic drugs are reviewed by the Food and Drug Administration (FDA) to ensure that they provide the same level of benefit to patients as their trade-name counterparts.¹ Utilization of generic entities whenever possible is particularly important for Medicare beneficiaries because they can bear a significant burden in cost-sharing for prescription medications.

This is particularly true when beneficiaries reach \$2,700 in total drug costs per year and fall into the coverage gap. Significant out-of-pocket expenses can occur during this time until the beneficiary reaches the next threshold of \$4,350 and qualifies for catastrophic coverage.

Numerous behavioral health medications are available generically and treat a variety of indications. The Plan requests that providers take into account the following points when prescribing behavioral health medications:

- Risperidone is a viable option when an atypical antipsychotic agent is warranted. Invega® (paliperidone) is the active metabolite of risperidone.
- Numerous generic antidepressants (citalopram, fluoxetine, paroxetine, sertraline, venlafaxine, bupropion) are available and provide cost-effective treatment options for multiple indications, including major depressive disorder, generalized anxiety disorder, obsessive-compulsive disorder and premenstrual dysphoric disorder, to name a few. Lexapro® (escitalopram) is the S-enantiomer of racemic citalopram, and Pristiq® (desvenlafaxine) is the active metabolite of venlafaxine.
- Various generic stimulant medications for ADHD are available in short- and longer-acting amphetamine and methylphenidate products. Vyvanse® (lisdexamfetamine) is a prodrug that is rapidly absorbed from the gastrointestinal tract and converted to dextroamphetamine, which is available generically in an extended-release formulation (dextroamphetamine ER).

Beneficial clinical outcomes and cost savings to Medicare beneficiaries can be achieved through the utilization of generic behavioral health medications. Please consider these medications in an effort to add value to the health care dollar and minimize out-of-pocket expenses for the members we serve.

¹Food and Drug Administration Web site. Available at www.fda.gov/Drugs/EmergencyPreparedness/BioterrorismandDrugPreparedness/ucm134212.htm. Accessed June 26, 2009.



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BALANCE BILLING OF “ZERO COST-SHARE” DUAL-ELIGIBLES IS PROHIBITED

There are two classes of zero cost-share beneficiaries: Qualified Medicare Beneficiaries without Medicaid benefits (QMB) and QMB with full Medicaid benefits (QMB+). Individuals who are categorized as QMB or QMB+ have a zero-cost liability and should never receive a bill. In fact, CMS can impose sanctions for the practice.

If you are a provider that offers services, professional or otherwise, to the QMB and/or QMB+ population, it is highly recommended that you participate in the state's Medicaid program and gain access to any billing system from the state in which you operate. This will allow you to easily balance bill the state for your fees.¹

WellCare's Access plan is composed entirely of QMB or QMB+ individuals who are not responsible for co-payments, coinsurance and/or deductibles and should never be directly billed. While the EOP you receive from WellCare may indicate that the member has a payment responsibility, this is only intended as a means for you to submit documentation to the state's Medicaid agency and should not be taken as an instruction to bill the member.

For more information, please contact your local Provider Relations representative.

1. In states that have capitation agreements with WellCare, the plan will process the Medicaid payment responsibility on behalf of the state.