

NETWORK NEWS

July/August/September 2010

www.welbornhealthplans.com

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WHP ID Cards

Due to the recent increase in membership, new product lines are currently being administered by Welborn Health Plans (WHP). **Please be sure to check ID cards for all members.** If you are the Primary Care Provider (PCP), please verify that your name is listed as the PCP on the member's card. If not, please direct the member to call member services at 812-426-6600 (option 4, then 4) to have this information updated and to request a new card.

Please note that WHP Medicare Advantage ID numbers have changed. A Medicare Advantage ID number begins with a "2". Please check ID cards and bill appropriately.

Timely Filing Limits for Claims

Primary Claims must be submitted within sixty (60) days from the date of service unless otherwise specified in your WHP Provider Agreement.

Secondary claims must be submitted within sixty (60) days of the primary payers check or EOB. Claims submitted after the sixty (60) day limit will be denied as "TIME LIMIT TO FILE EXPIRED" and may not be billed to the patient.

Corrected claims must be submitted in writing within sixty (60) days of payment.

Appeals must be received in writing within sixty (60) days after the receipt of the payment/denial date in order to be considered.

Provider Change Notifications

WHP strives to provide high quality, accessible, cost effective care to our members. WHP meets these standards by ensuring the network is updated with any provider changes. To ensure this process is met, WHP **must be notified in writing**, of any changes to an existing practice. This includes provider additions, terminations or changes as well as location and/or phone number additions, terminations or changes. This will enable WHP to make the appropriate updates to the claims payment system and provider directory.

Once notified in writing of a new provider joining an existing practice, WHP will evaluate the request through our Network Strategy process. After WHP approves the network addition, the provider must be fully credentialed and approved by the WHP Credentialing Committee before having access to the WHP network.

Claims received with inaccurate information are subject to denial.

Provider update forms can be found at www.welbornhealthplans.com

Benign Lesion Benefit

Please bear in mind for most benefit plans certain selected benign lesions are covered at a 50% copayment. These include:

- a. Lipomas;
- b. Sebaceous cysts;
- c. Viral warts;
- d. Molluscum;
- e. Inflamed seborrheic keratosis.

Malignant or pre-malignant skin lesions such as certain nevi, actinic keratoses, cutaneous horns, squamous cell or basal cell carcinomas, and malignant melanoma are covered fully according to the member's benefit.

The following conditions are not covered at all:

- a. Moles;
- b. Seborrheic Keratosis;
- c. Skin tags;
- d. Keloid Scars;
- e. Scar revision;
- f. Tattoo Removal;
- g. Vitiligo (including PUVA treatment and medications);
- h. Hemangiomas, Angiomas, Telangiectasias;
- i. Xanthelasma;
- j. Lichenform lesions;
- k. Spider veins;
- l. Other lesions of the skin.

A pathology report must be submitted with the claim in order to obtain payment.



Pharmacy Updates

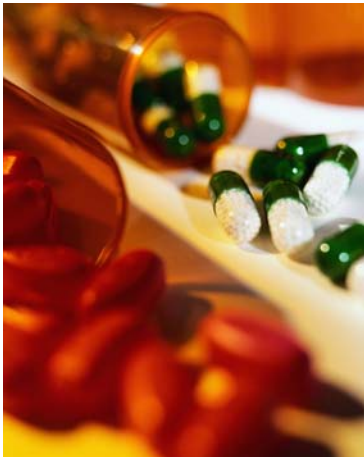
The following drugs now have a generic equivalent:

| | |
|-----------|----------------------------|
| Tarka | trandolpril/verapamil |
| Differin | adapalin |
| Yaz | gianvi |
| Sular | nisoldipine |
| Desoxyn | methamphetamine HCL |
| Augmentin | amoxicillin clavulanate ER |

Changes to the WHP RX drug lists:

Aromasin – Added to Specialty List (\$0 Co-pay)
 Ampyra – Added to Specialty List (Neurologists Only)
 Prolia – Added to Specialty List
 Effient – Move to Tier 2
 Pancreaze – Added to Formulary Tier 2
 Creon – Add to Formulary Tier 2





Medicare Advantage: Medication Therapy Management Program

Drug-Drug Interactions

Members enrolled in the WHP Medicare Advantage Plans with prescription drug benefits may be eligible for the Medication Therapy Management Program (MTMP). The MTMP is in accordance with Medicare requirements. The purpose of the program is to provide services to ensure that covered Part D drugs are appropriately used to optimize therapeutic outcomes by improving medication use and reducing the risk of adverse drug events.

One method WHP uses to enhance patient safety is to identify the possibility of drug-drug interactions. You may receive drug-drug interaction reports for your patients based on a listing of current medications being used, including prescriptions, over-the-counter medications, and herbal and dietary supplements. This is based on information which your patients disclosed to WHP.

This is provided as supplementary information that you may wish to review and discuss with your patients. Your patients receive the same report and are encouraged to discuss these findings with you or their pharmacist. We recognize that there are a number of significant variables which may not be available to WHP and that you are best qualified to balance the benefits and potential risks in choosing the most appropriate drugs for your patient's health.

We appreciate your time and attention and hope that you view this as an important aspect of your patient's health. As you see our Medicare Advantage members we encourage you to discuss this information with your patients. If you have any questions or concerns, please do not hesitate to contact WHP.

Cathy Elpers (812) 773-0378
Deborah Staley (812) 773-0336



Diabetic Supply Updates

WHP has made changes to the Diabetic Supply Program. Better Living Now (BLN) will be a voluntary option for mail order diabetic supplies. Members will be able to use BLN, a participating Durable Medical Equipment (DME) supplier, or a local retail pharmacy to obtain supplies. WHP will no longer require members to fill their diabetic supply prescriptions through BLN.

WHP looks forward to working with you to keep our members informed.



HEDIS Updates 2010: Measuring Effectiveness of Care

Guidelines Measured by Required Medical Record Documentation

ADULT BMI:

- Annual BMI value with date

WEIGHT ASSESSMENT & COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY:

- BMI percentage ages 3-17 or plotted on age-growth chart (ranking based on CDC chart)
- Counseling for nutrition date plus one of following:
 - discussion current nutrition behaviors
 - checklist indicating nutrition was addressed
 - counseling or referral for nutrition education
 - receipt of education materials on nutrition
 - anticipatory guidance of nutrition
- Counseling for physical activity
 - discussion of current physical activity behaviors
 - checklist indicating physical activity was addressed
 - counseling or referral for physical activity
 - receipt of education materials on physical activity
 - anticipatory guidance for physical activity

CHOLESTEROL MANAGEMENT FOR PATIENT WITH CARDIOVASCULAR CONDITIONS:

- LDL-C screening date with results and goal <100 mg/dl

CONTROLLING HIGH BLOOD PRESSURE:

- Hypertension diagnosis before 6/30/20xx with follow-up B/P after that date

COMPREHENSIVE DIABETES CARE:

- Annual HbA1c and LDL-C screening with dates and results
 - Annual dilated retinal exam
 - Annual medical attention to nephropathy
 - Annual blood pressure with goal < 130/80
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WHP WEB PORTAL

The WHP web portal offers the convenience of accessing patient information including eligibility, benefit summaries and claims status. Please visit www.welbornhealthplans.com to complete the WHP web portal access form today!



WANTED: PROVIDER SPOTLIGHT...

WHP is looking for physicians in our network who would like the opportunity to be featured in future quarterly HealthWell magazines. Healthwell is a publication that is distributed to every WHP member! WHP is proud of our great network and we want to put the spotlight on you! We encourage you to submit a preventive health or biographical article to share with members of our WHP community. If you are interested in submitting a brief article and picture, please contact Tracy Gussler, Provider Services Representative at (812) 773-0387 or gusslert@welbornhealthplans.com.

We will accept requests on a first come, first serve basis.



Tired of Paper Claims and Remittances?

RealMed has partnered with WHP to offer electronic claim submission and remittances. With RealMed, these electronic transactions ensure fast and accurate delivery by eliminating the lag time associated with printing and mailing claims. By reducing the paper handling and administrative costs, payers receive claims faster and thus the overall time for claim payment is decreased.

As the industry pioneer that launched real-time claims adjudication, RealMed is more than just a medical claims clearinghouse – they are the leader in revenue cycle management solutions. Using the power of automated workflows and the connecting of health plan and practice management systems, they simplify payments and transactions between patients, providers and payers. RealMed's unique combination of technology and personal customer support teams allow all healthcare stakeholders to maximize revenue, lower operating costs and increase productivity.

RealMed understands your time is valuable. They invite you to spend a few minutes to hear what their clients say about them, and why they consistently rate RealMed's service so high in independent surveys. Visit www.realmed.com or call RealMed at 317-814-6720 to learn more about how they can help. RealMed would love to hear from you.

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