



HEALTHEASE TRANSITION OF CARE

Update on HealthEase Contract Termination

The termination date for the Health First Network, Inc. (HFNI) contract with HealthEase to provide Medicaid Services is August 31, 2009. Current HealthEase members assigned to Health First Network Physicians will transition enrollment to Medicaid or Medipass on September 1, 2009. Health First Network is holding Transition of Care meetings with the State and the Health Plan at regular intervals to ensure as smooth a transition as possible.

To keep you updated on transition of care issues and responsibilities, Health First Network is posting all real-time information on the transition on the hfni website as soon as it is available. This memo and the attached Q & A Spreadsheet provide additional information to you and your office staff on the transition of care.

Continuity of Care: Health First Network inquired what our/your responsibilities are for continuity of care after August 31, 2009 for the HealthEase patients you are currently seeing. The HealthPlan and AHCA have advised us that Health First Network has no responsibility for continuity of care after August 31, 2009.

Claims: HFNI Provider claims for service rendered on or before August 31, 2009, need to be submitted within 180 days of the contract termination. Send claims to MED3000 Health Solutions, P.O. Box 11127, Pensacola, FL 32524.

Referrals and Authorizations prior to August 31, 2009: MED3000 will continue to authorize medically necessary covered services through August 31, 2009.

Referrals after August 31, 2009: After August 31, 2009, all referrals to specialists on former HealthEase members will require authorization by the new Medipass Primary Care Physician. We have been advised that Primary Care Physicians or Specialists who do not have a current Medicaid Provider ID Number will not be paid for services provided to Medicaid beneficiaries after August 31, 2009. The Medicaid claims system has no capability to pay Providers without a current Medicaid number.

Verifying Member Eligibility: After August 31, 2009, to verify the eligibility of a Medicaid beneficiary, Providers will need to go through the Medicaid EDS web portal.

Case Management Services under Medipass: Currently, no Case Management Services are available for Medipass beneficiaries. Primary Care Physicians are expected to provide Case Management and Disease Management services to their Medipass patients. There is limited OB Case Management available through the Healthy Start Coalition, managed by Nurses at the Escambia County Health Department, however, funds are limited for this service and currently there is a shortage of nurses providing this service.

Contact Number For Questions or Assistance with a Medicaid Beneficiary after August 31, 2009: The telephone number of the local Area 1 Medicaid Program office is 850-595-5700.

Questions & Responses from WellCare/HealthEase	Questions and Responses from AHCA
<p>Q:When will the HealthPlan send out notification letters to the members explaining the changes? A. Letters to both members and providers were postmarked Wednesday, July 1st, and have already been sent. Copies of the member and Provider letters are on the hfni website.</p>	<p>Q. When will the State send out a letter to members explaining the change? HFNI has been informed that a letter will go out from the state informing them of the transition and advising them to contact the Medicaid Options line or the local AHCA office. HFNI is concerned because of reports of limited staffing to answer calls on the Medicaid Options Line. A. Letters to members from AHCA went out the week of July 20th. Copies of those letters can be viewed on the hfni website. If a member cannot get through on the Medicaid Option Line, the letter from the State advises them to contact the local Area 1 Medicaid Office, 850-595-5700.</p>
<p>Q. The local AHCA office requested a meeting and a report identifying clinically fragile members requiring ongoing care and listing meds, trmts, therapies, etc., so that HFNI & AHCA can collaboratively review it and begin early transition of care. Is HealthEase in agreement that HFNI provide this report and meet with the local AHCA office? A. Yes, HealthEase is in agreement with the request. Initial first draft reports, dated 7/14/09, which include all clinical information available as of EOM 6/09, have already been distributed to the State and to the local AHCA office Senior Management Staff. A regularly scheduled Quarterly Meeting with AHCA took place on July 16, 2009, and a final transition of care Meeting with all entities involved in the transition is scheduled for August 17, 2009.</p>	<p>Q. What date will HFNI/MED3000 begin transitioning referrals over to Medicaid/Medipass? For all procedure and surgery dates 9/1/09 and later? Will Medicaid/Medipass or the next Medicaid HMO begin accepting referrals for Dates of Service Sept 1st and later, prior to August 31st when it is known the member's procedure/surgery cannot be scheduled prior to Sept 1st? A. HFNI/MED3000 will continue to accept referrals through August 31, 2009. Beginning September 1, 2009, the member's Medicaid/Medipass Provider and the the Area 1 Medicaid Office Care is responsible for these newly assigned Medipass and Medicaid members. During the final to weeks of August, it is anticipated that there will be appointments and procedures that can not be scheduled prior to the end of the month. Members' care and health care services will be coordinated with the local AHCA office and HFNI/MED3000 Medical Management Staff.</p>
<p>Q. At what point does HFNI stop entering referrals for Dates of Service after 8/31? For referrals received in late August, how should these referrals be prioritized. A. Referrals currently being received at MED3000 are being entered with an end-date of August 31, 2009. MED3000 will continue to accept and enter referrals through August 31, 2009. Experienced UR Nurses are reviewing referrals to ensure the urgently-needed services are received.</p>	<p>Q. What procedures in Medipass require pre-authorization? Who will provide this authorization? Who will the contact be for this at the local AHCA office? A. The Medipass member's Primary Care Physician authorizes and arranges for services for Medipass members. The local AHCA office can be contacted at 850-595-5700 for questions.</p>
<p>Q. What if a Specialist is not a Medicaid Provider and it appears the member will need on-going visits or care after August 31st? A. Beginning September 1, 2009, the member's PCP will need to provide authorization for services. If the Specialist does not have a Medicaid Provider ID Number and provides care or services to the member, he/she will not be paid.</p>	

<u>Questions & Responses from WellCare/HealthEase</u>	<u>Questions and Responses from AHCA</u>
<p>Q. Should all new referral entries on HealthEase members have an end date of 8/31/09. A. Yes.</p>	<p>Q. Has Keypro been informed of the transition so pre-auths can be entered on those members who will have inpatient admissions Sept 1st and later. A. Yes. Kepro will need to be notified to handle the adult non-emergent behavioral health admissions. Members transitioning to Medipass will have the services that require prior auth be handled by the PCP ad KePro for adult non-emergent inpatient admissions.</p>
<p>Q. How do we inform members in Case Management that Case Management Services will end on 8/31/09. A. WellCare has stated that the letter to the member that was postmarked July 1, 2009 and the letter from AHCA being mailed out the end of July are meant to be sufficient notification.</p>	<p>Q. Is there a script being prepared with a standard response for members who call in with questions? Does AHCA have any access or capability for on-going Case Management? A. The letters that the members are receiving from the HealthPlan and the State contain correct phone numbers for members to call with any questions. Under Medipass, the Primary Care Physician is expected to provide Case Management and Disease Management Services to the member. There are no additional, structured Case Management programs available under Medipass and Medicaid. For pregnant members, the Escambia County Healthy Start Coalition provides limited Case Management through the Escambia County Health Dept.</p>
<p>Q. How will HFNI handle those referrals to Specialists or for Ancillary Services that come in during August that Specialists cannot make appointments for until after August 31st? A. Services will not be authorized for current HealthEase members after August 31, 2009. The member's new Medipass PCP will be responsible for authorizing and arranging for services after August 31, 2009.</p>	<p>Q. Will the State require any type of Continuity of Care after 8/31/09? A. No.</p>
<p>Q. Some Specialists are not Medicaid/Medipass Providers. What do they do when they are treating a member who needs on-going care after August 31st? Is the Specialist responsible for referring the member to a Specialist who accepts Medicaid/Medipass or is this a PCP responsibility. What if the PCP is new and not familiar with the member? A. If the Specialist does not have a Medicaid ID number and provides services to a Medicaid or Medipass member after August 31, 2009, he will not be paid. If the Specialist has a Medicaid ID number and wishes to continue treating the member, he/she must have authorization from the Member's PCP. The Member's PCP is responsible for authorizing and arranging for healthcare services for their members. If the Specialist has a Medicaid ID number and continues to provide care to the member after August 31st with the PCP's approval, he/she will be paid at Medicaid rates after August 31, 2009. AHCA is contacting current HealthEase PCP's to inquire if they will keep their current HealthEase members under Medipass after August 31, 2009.</p>	<p>Q. Some Specialists are not Medicaid/Medipass Providers. What do they do when they are treating a member who needs on-going care after Aug 31st? Is the Specialist responsible for referring the member to a Specialist who accepts Medicaid/Medipass? A. The Medipass PCP will need to refer the member to a Medipass Specialist.</p>

<p>Questions & Responses from WellCare/HealthEase</p>	<p>Questions and Responses from AHCA</p>
<p>Q. What recommendations do you have for HealthEase Providers in an on-going care situation, who are unwilling to accept Medicaid rates? A. There is no requirement for Continuity of Care with the termination of this contract. The State has informed the HealthPlan and HFNI that the current Medicaid rate is the only rate that the State will pay.</p>	<p>Q. What if the Specialist or Ancillary Provider is unwilling to accept Medicaid rates? A. The member should be referred back to the Primary Care Provider to have services arranged with a Medipass participating Provider. The current Medicaid rate is the only rate that the State will pay.</p>
<p>Q. The local AHCA office has requested a list of HFNI Specialists who see and treat HealthEase members. Can this list be provided to them, and who will provide it? A. Yes. HFNI received approval to provide this to the State. The list was provided by HFNI to the State in mid-July.</p>	<p>Q. AHCA has requested a list of HFNI Specialists who see and treat HealthEase members. They would like this list within the next few days. A. This list has been provided to AHCA by HFNI.</p>
<p>Q. Did the State require a list of High Risk OB Cases in the Duval and Broward County transition? A. No. There is no High-Risk OB Case Management under Medipass. A report containing information on all members receiving services, including ongoing OB services was provided to the State in the required format.</p>	<p>Q. Will AHCA need a list of the high risk OB cases currently in active Case Management? A. There is no high-risk OB Case Management available in Medicaid and Medipass. A list of all patients receiving any type of services, including OB services has been provided to the State. To ensure that local HealthEase members who are currently in High-Risk Case Management are clearly identified for the State to make them aware of the potential high risk of these members, HFNI provided a report of all current high-risk OB Case Management cases to the State in Tallahassee and to the local AHCA office.</p>
<p>Q. For HealthEase members receiving on-going care with Ancillary Providers - such as Physical Therapy, Radiation Oncology, Chemo, Wound Care, etc - How do these Ancillary Providers get Medicaid Auth numbers for ongoing care? A. Beginning September 1, 2009, the member's Medipass PCP provides authorization for care and services.</p>	<p>Q. When will members receive ID cards and information about who their PCP will be? Will Ancillary Providers be required to go back to the PCP for treatment auths? A. Letters to members containing information about who their PCP will be are being sent out the week of July 20, 2009. Ancillary Providers will be required to go to the Medipass PCP for any treatment auths for services beginning September 1, 2009.</p>
<p>Q. Should HFNI notify Ancillary Providers to drop interim bills on HealthEase members involved in an ongoing episode of care that extends beyond 8/31/09? A. There is no requirement for Continuity of Care under this contract. Claims should be filed to HealthEase for services approved and delivered on or before August 31, 2009. For services that extend beyond 8/31/09, the Ancillary Provider should obtain authorization for services from the member's Medipass PCP.</p>	<p>Q. For Specialists and/or Ancillary Providers who are treating someone and are not Medipass Providers, how do they get paid after 8/31/09? A. If they have a Medicaid ID Number, wish to continue treating the member and obtain authorization from the member's Medipass PCP, they can be paid through Medipass for the services they provide. If they do not have a Medicaid ID number, there is no way for the State to pay them.</p>

Questions & Responses from WellCare/HealthEase	Questions and Responses from AHCA
<p>Q. What about Pharmacy Authorizations?</p> <p>A. HealthEase will provide the State with a file containing Pharmacy Authorizations for all HealthEase members during July, and follow-up with a file late in August. The HealthPlan will share this information with First Health for Pharmacy Authorizations.</p>	

Contact Information for Local Legislative Delegates

Name	Capitol Office & Phone	District Office	Admin Support Staff
House Members			
Rep Greg Evers - District 1 - Republican City of Residence - Baker, FL	218 House Office Building 402 South Monroe Street Tallahassee, FL 32399 - 1300 Phone: 850-488-8188	5224 Willing Street Milton, FL 32570-4971 Phone: 850-983-5550	Legislative Assistant: Timothy Parson District Secretary: Shannon Hardy
Rep Clay Ford - District 3 - Republican City of Residence: Gulf Breeze, FL	322 The Capitol 402 South Monroe Street Tallahassee, FL 32399-1300 Phone: 850-488-0895	1804 W. Garden Street Pensacola, FL 32502-4418 Phone: 850-595-5550	Legislative Assistant: Ray Walker District Secretary: Mary Kathryn Peebles
Rep Dave Murzin - District 2 - Republican City of Residence: Pensacola	204 House Office Building 402 South Monroe Street Tallahassee, FL 32399-1300 Phone: 850-488-8278	11 East Olive Rd, Suite 1 Pensacola, FL 32514-4400 Phone: 850-494-7330	Legislative Assistant: Brandon Patty District Secretary: Jerrie Lewis E-Mail Address: dave.murzin@myfloridahouse.gov
Rep Ray Sansom - District 4 - Republican City of Residence: Destin	317 The Capitol 402 South Monroe Street Tallahassee, FL 32399-1300 Phone: 850-488-1170	99 Eglin Pkwy NE, Suite 18 Ft Walton Bch, FL 32548-4973 Phone: 850-833-9328	Legislative Assistant: Samantha Sullivan
Senate Members			
Sen. Don Gaetz	210 House Office Bldg 402 South Monroe St. Tallahassee, FL 32399-1300 Phone: 850-410-4905		
Sen. Durrell Peadar	210 House Office Bldg. 402 South Monroe St. Tallahassee, FL 32399-1300 Phone: 850-410-4905		
FL House of Representatives			
Rep. Jeff Miller	1535 Longworth House Office Washington, D.C. 20515 Phone 866-367-1614	4300 Bayou Blvd, Suite 12 Pensacola, FL 32503 Phone: 850-479-1183	E-Mail Form Available at: www.house.gov/jeffmiller
Medicaid/AHCA Members			
Tom Arnold, Medicaid Chief of Staff	850-922-7245		
Holly Benson, Secretary, AHCA	Agency for HealthCare Administration 2727 Mahan Drive Tallahassee, FL 32308	888-419-3456	Link to e-mail: http://ahca.myflorida.com

HEALTH FIRST NETWORK ANNUAL SHAREHOLDERS MEETING

The Annual HFNI Shareholder's meeting was held on Thursday, June 4, 2009, at 6:00 P.M. at Health First Network. The HFNI Board of Directors has ratified the Shareholder Election and the results are listed below.

The Shareholders have elected to:

1) Retain O'Sullivan, Creel as HFN's external auditors.

Elected to the Board were:

PCP's

Wayne Willis, M.D.

D. Bruce Young, M.D.

Robert Flurry, M.D.

RCP's

F. Brooks Hodnette, M.D.

Thomas Tan, M.D.

VISTA GLOBAL AUTHORIZATIONS

As a reminder to our HFNI OB Providers, for Vista members including those members in the Open Access Product; global OB Services requires an authorization from Med3000.

PART B VS. PART D VACCINES

Coverage for the Medicare Prescription Drug Benefit, referred to as Medicare Part D, began on January 1, 2006. CMS revised payment policies for the provision and administration of Part D-covered vaccines furnished to Medicare-eligible enrollees in January of 2007 and 2008, with a minor revision in May 2009, creating greater complexity to vaccine billing. There are currently over 20 preventive vaccines covered under Medicare Part D, with several vaccines remaining under Part B. This has created confusion in Physicians offices related to who to bill and how to bill for these vaccines. This article presents some updated information and general guidelines on Part B vs. Part D vaccine coverage issues in 2009 for Medicare-eligible beneficiaries.

For WellCare/Medicare members:

Medicare Part B currently covers the following immunizations:

Pneumococcal/pneumonia vaccine;

Influenza virus vaccine;

Hepatitis B vaccine when used to treat individuals at high or immediate risk; and

Other vaccines, such as tetanus toxoid, when directly related to the treatment of an acute injury or direct exposure to a disease or condition.

If the required vaccine is not among those listed above, it is a Part D vaccine. The Part D program generally covers those vaccines not available under Part B; however, unlike Part B, the immunizer may or may not be able to directly bill the Part D sponsor for the vaccine and its administration, but instead may need to work with the beneficiary and his/her Part D plan to facilitate reimbursement.

Several options exist for obtaining vaccines for WellCare members under Part D. These include sending the patient to a Pharmacy, such as Thrif-T Drugs, with a prescription for the medication, then administering the medication in the office; requesting overnight delivery of the vaccine from the WellCare Pharmacy (an example is the Zostavax vaccine which can be sent overnight in a "cold pack"); having the member pay for the vaccine, then file a "WellCare Direct Member Reimbursement Form" to the WellCare Reimbursement Department; or using another option - the on-line eDispense Vaccine Manager. WellCare is a participating health plan with the eDispense Vaccine Manager program.

There is no cost to the physician to enroll or to process claims through eDispense Vaccine Manager. The 20+ preventative vaccines now covered under Medicare Part D, including Zostavax, Menactra, Menomune, Vaqta, Zostavax, Adacel, Devac, Havrix, etc., can be billed

directly to WellCare through this program. EDispense offers on-line, real time, patient co-pay amounts, office reimbursement or product replacement. Marketing information for Vaccine Manager indicates it can look up any Medicare Member's Part D insurance plan and then verify the covered amount for administered vaccines with contracted plans, and can provide a clean and legible paper claim form for other Medicare-eligible patients whose plans are currently not under contracted with eDispense Vaccine Manager. Interested offices can enroll at: <https://enroll.edispense.com> or call 866-522-3386 for further information.

Please refer to the following web address for revised information and reimbursement regarding Medicare Part D Vaccine Administrations in 2009.
<http://www.cms.hhs.gov/MLNMMattersArticles/downloads/SE0727.pdf>

For member questions on their Part D coverage issues and co-pay amounts, the most helpful information you can give your patients is to instruct them to go to their Part D Plan for an explanation of coverage.

Administration of IV Bisphosphonates and other Injectable Osteoporosis Medications in the Office:

Health First Network has received inquiries about in-office IV infusions or injections of various osteoporosis medications. One inquiry was on quarterly Boniva IV injections as an alternative to patients who have difficulty with oral dosing restrictions, such as difficulty swallowing, cannot sit or stand for 30-60 minutes, taking many other pills, cannot fast (postpone food or drink) or simply forget to take their oral osteoporosis medicine. The one 3mg Boniva injection referred to is given intravenously over 15-30 seconds every 3 months by the physician to build and maintain bone density for these patients.

The following information is provided to you for WellCare Medicare Advantage members.

For WellCare members:

In the Provider office setting for WellCare members, Boniva IV infusion/injection given by the Physician is covered under the member's Part B benefit. Because IV Boniva in the office is considered Step Therapy, it requires approval through a Prior Authorization process with the completion of a Drug Evaluation Review Form (DER Form) faxed to the WellCare Pharmacy. Documentation will need to be provided to show that the patient either failed other oral Bisphosphonate Therapy, was not a candidate for other osteoporosis medications, or that additional clinical reasons exist for the initiation of injectable Boniva. The WellCare DER form for Prior Approval and the WellCare Pharmacy fax information can be found on the hfni website (from the www.hfni.com home page, go to Physicians and Providers, tab down to Reference Sheets, click on WellCare, tab down to DER form). Once the office has received the approved DER form back from the WellCare Pharmacy, they should contact MED3000 Referral Department prior to the administration of the medication for an authorization number in order to receive reimbursement for the visit and Boniva Infusion in the office. For Part B medications, typically the member will owe a 20% co-pay amount.

There are an increasing number of injectable osteoporosis medications available. When infused intravenously in the office setting, these drugs are considered Part B drugs under Medicare. If the drug is injectable, and can be self-injected, then Part D benefits will apply.

HEALTH FIRST NETWORK SPONSORS 2009 PENSACOLA SENIOR GAMES

Health First Network is pleased to announce their sponsorship of the 2009 Pensacola Senior Games which begin September 14, 2009 and continue through September 25, 2009.

The City of Pensacola Senior Games, organized through the Pensacola Department of Parks and Recreation ("It Starts, In Parks"), provides seniors age 50 and older the opportunity to compete in 21 events ranging from golf and bocce, tennis and swimming, horseshoes and darts, track and field events, shuffleboard and bowling. These and other active events will be held at various Pensacola city parks, community centers, bowling lanes and golf courses. Supported by the Florida Sports Foundation, the local Pensacola games along with games in 11 other Florida cities throughout the State will qualify for the State Senior Championships to be held December 5-13,

2009 in Cape Coral, Florida. From the State level, Senior Champions are challenged to continue competition at the Nationals.

In addition to sponsoring the Senior Games, several Health First Network employees will actively participate in several of the events. Charles Brewer, Dr. William Whibbs and Jenny Caillouet will be competing in the games. Watch for pictures in the next HFNI e-newsletter!

This year's closing ceremony for the Senior Games will be held at the brand new Sanders Beach Corinne Jones Community Center on Friday, September 25th from 6-9 PM to celebrate the accomplishments of all participants.

For more information on the Pensacola Senior Games, visit the website at www.pensacolaseniorgames.com.

Let the games begin!!