WELLCARE OF KENTUCKY, AVESIS THIRD PARTY ADMINISTRATORS PARTNER TO OFFER DENTAL BENEFITS

WellCare of Kentucky is pleased to announce our new dental partnership with Avesis Third Party Administrators, Inc. Effective September 1, 2012, the dental benefits for members enrolled in WellCare of Kentucky for Family and Global Choices will be administered by Avesis.

Avesis is a national company with over 30 years of experience administering ancillary benefit programs, including dental, vision and hearing. Avesis currently serves as the dental plan administrator for numerous large managed care organizations providing services for Medicaid, CHIP and Medicare Advantage members in a variety of states, including Kentucky, and enjoys an excellent reputation throughout these dental communities and with the various local and state dental organizations.

Dr. Terrence Poole will serve as Avesis’ State Dental Director for Kentucky. In addition, Avesis’ Chief Dental Officer, Dr. Fred Sharpe, will be intimately involved with the Avesis/WellCare of Kentucky dental program. Dr. Sharpe has over 30 years of dental practice and managed care experience.

WellCare of Kentucky and Avesis are excited about this new relationship and look forward to your continued participation in the network to provide services to WellCare of Kentucky members.

CONTRACT AND CREDENTIALING

Thank you for your patience and cooperation as we work through load issues. We are continuing to complete and finalize provider contracts and credentialing. You may be contacted by a WellCare associate requesting additional information to complete your credentialing process. We appreciate your cooperation during this time. It is important to complete the credentialing process and ensure that you don’t encounter any last-minute barriers or future claims payment interruption due to lack of credentialing information.
MEMBER RIGHTS AND RESPONSIBILITIES

As a WellCare provider, it’s important for you to know what our members’ rights and responsibilities are. Our members have the right to the following:

• To receive information about our organization, its services, its practitioners and providers and member rights and responsibilities
• To be treated with respect and dignity
• To have their privacy protected
• To participate with practitioners in making decisions about their health care
• To a candid discussion of appropriate or medically-necessary treatment options for their conditions, regardless of cost and benefit coverage
• To voice complaints or appeals about the Plan or the care it provides
• To make recommendations regarding the Plan’s member rights and responsibilities policy

In addition, our members have the following responsibilities:

• To supply information that the plan and its doctors and providers need to provide care
• To follow plans and instructions for care that they have agreed on with their doctors
• To understand their health problems
• To help set treatment goals to which they and their doctors agree

COORDINATION BETWEEN MEDICAL AND BEHAVIORAL HEALTH SERVICES

A member’s physical health and mental health are connected and can affect their quality of life overall. Chronic diseases including diabetes, heart disease and cancer can be impacted by the presence of an accompanying behavioral health concern. Primary Care Providers and Behavioral Health Providers will be providing care to individuals who have physical illnesses and behavioral health issues. As licensed professionals, Behavioral Health Providers will not provide physical health care services unless they are licensed to do so. When they suspect an untreated physical health problem is present, Behavioral Health Professionals refer members to the Primary Care Provider for examination and treatment of the physical issue. Primary Care Providers may provide any clinically appropriate behavioral health service within their scope of practice and will also refer to a Behavioral Health Provider when the member requires a more intense behavioral health intervention. As both the Primary Care Provider and the Behavioral Health Provider work together in the coordination of a member’s total care, the member benefits with improved behavioral and physical health.
POSTPARTUM APPOINTMENT

A postpartum appointment is applicable for both vaginal and cesarean deliveries and is a great way to ensure your patients are staying healthy. In order to fully assess the physical or emotional issues a new mother may be experiencing, the appointment must be scheduled 21 to 56 days after the delivery of the child.

During the appointment, the mother should be assessed for postpartum bleeding, endometritis, urinary incontinence and thyroid disorders. Additionally, the mother should be counseled on breastfeeding and screened for depression.

Contraception options should also be discussed and only a progestin-only contraceptive should be prescribed for women who are breastfeeding.

Take the time to educate your staff on the importance of speaking with your patients during prenatal visits about scheduling a postpartum appointment approximately six weeks after the birth of the child.

Resources:
WELLCARE, HDI PARTNER FOR RETROSPECTIVE CLAIMS REVIEW

WellCare is pleased to announce our partnership with HealthDataInsights, Inc. (HDI) to perform retrospective audits of WellCare claims for improper payments and recovery. WellCare selected HDI because they are an established industry veteran that brings extensive experience and technical expertise to the health care claims integrity arena. HDI provides unparalleled results in detection of fraud, waste and abuse, overpayment identification, and recoupment for commercial and government health plans.

WellCare has determined that the identification of improper payments will occur for claims within 24 months of payment or within provider contractual requirements. Claims submitted to WellCare by providers on a UB04 or HCFA 1500 form are subject to audit. HDI has been contracted to perform the following audits:

- **Complex Reviews:** This is a thorough review of a medical record for coding validation and utilization review performed by highly-trained RNs and certified coders under physician oversight.

- **Hospital Bill Audit:** This is a provider onsite medical record review.

**FREQUENTLY ASKED PROVIDER QUESTIONS**

1. Who should providers contact with questions?
   WellCare – 1-877-389-9457
   HDI – HDI Provider Services
   Phone: 1-866-875-1749
   Fax: 1-702-240-5581

2. What types of medical claims are included in these audits?
   All claims submitted to WellCare on a UB04 and HCFA 1500 form.

3. When can we expect the first audit record requests?
   Letter requests for medical records will begin in November 2012 for providers.

4. What form(s) of communication will WellCare/HDI accept as provider medical records?
   Regular and commercial mail service (hard copy or CD) and transmittals sent by fax.

5. Will providers receive notification of HDI’s audit findings?
   Yes, providers will receive a determination letter from HDI explaining the audit review, the improper payment reason and the amount of the recovery.

6. Can you describe the process if the provider does not agree with the audit findings?
   After the audit is complete, HDI will notify providers of the audit findings. Providers will be given 45 calendar days from the receipt of the determination letter to submit additional information and request a review of the initial findings. HDI will then have 30 calendar days to conduct an elevated review and send a final determination letter to the provider.
EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT ANNUAL REMINDER

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a program designed to make preventive health care available and accessible to Medicaid members from birth through age twenty (20).

WellCare of Kentucky, Inc., frequently educates our members about accessing the comprehensive package of preventive health care benefits. WellCare stresses the importance to our members of these exams and the need for our members to follow up with the doctor to obtain the visit.

The Primary Care Providers (PCPs) in the WellCare network are required to provide EPSDT exams, per 907 KAR (Kentucky Administrative Rule) 1:034; these exams include, but are not limited to the following:

- Complete Physical Exams, which include:
  - Documenting Health History, Development Assessment, and Laboratory Results
- Lead Screening
- Dental Screening/ Referral
- Vision Screening/ Referral
- Hearing Screening/ Referral
- Immunization check

WellCare distributes a membership listing to all network Primary Care Providers to identify members on their panel who need EPSDT visits. This list can be found on our website at www.kentucky.wellcare.com. WellCare also provides this information via the Healthcare Effectiveness and Data and Information Set (HEDIS®) reports that are distributed to Primary Care Provider offices on a quarterly basis.

WellCare is asking that you please utilize the tools above to call members assigned to your panel and encourage them to schedule an appointment with you today.

Keep in mind, a sick-child visit is an opportunity to complete a full EPSDT exam.

You can find the EPSDT guidelines and forms on the WellCare website at: www.kentucky.wellcare.com/provider/quality.

STATEMENT ON UM REVIEWS AND DENIALS

WellCare has a utilization management program. The program has different parts. These are:

- Prior authorization
- Prospective reviews
- Concurrent reviews
- Retrospective reviews

We do these reviews in order to assess the health care and services our members receive. We measure based on members’ coverage. We check to see if the care and services are appropriate. Then we determine how much coverage we can provide. We also decide how to pay those who provide the care.

Sometimes we must deny coverage for services or care. These decisions may be made by our employees. They also may be made by a doctor or another reviewer. When this happens, we don’t give a reward to those who make these decisions. Also, if there are any financial rewards, they do not promote or impose use of fewer services.

If you have questions about these programs, please call Customer Service at 1-877-389-9457. TTY/TDD users call 1-877-247-6272.
### 2012 Q3 PROVIDER FORMULARY UPDATE

**GENERIC NEWS:**

The generic drugs listed below are now available to WellCare of Kentucky members at a lower co-payment (if applicable) and the brand name drugs have been removed from the WellCare of Kentucky Preferred Drug List:

<table>
<thead>
<tr>
<th>BRAND NAME</th>
<th>GENERIC NAME</th>
<th>THERAPEUTIC CLASS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lovenox® 300mg/mL vial</td>
<td>Enoxaparin 300mg/mL vial (QL = 24mL/31 days)</td>
<td>Low Molecular Weight Heparin</td>
</tr>
<tr>
<td>Seroquel® 25mg, 50mg, 100mg, 200mg, 300mg, 400mg tablets</td>
<td>Quetiapine Fumarate 25mg, 50mg, 100mg, 200mg, 300mg, 400mg tablets</td>
<td>2nd Generation Atypical Antipsychotic</td>
</tr>
<tr>
<td>Vancocin® 125mg, 250mg capsules</td>
<td>Vancomycin 125mg, 250mg capsules (PA)</td>
<td>Glycopeptide Antibacterial</td>
</tr>
<tr>
<td>Zerit® 1mg/mL solution</td>
<td>Stavudine 1mg/mL solution</td>
<td>Nucleoside and Nucleotide Reverse Transcriptase Inhibitor</td>
</tr>
<tr>
<td>Zyprexa® 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg tablets</td>
<td>Olanzapine 2.5mg, 5mg, 7.5mg, 10mg, 15mg, 20mg tablets (QL = 31 tablets/31 days)</td>
<td>2nd Generation Atypical Antipsychotic</td>
</tr>
</tbody>
</table>

PA = Prior Authorization       QL = Quantity Limit

The following changes have been made to the WellCare of Kentucky Preferred Drug List:

#### ADDITIONS

- Acetaminophen 325mg tablets (QL = 279 tablets/31 days, OTC covered with Rx)
- Acetaminophen 500mg tablets (QL = 186 tablets/31 days, OTC covered with Rx)
- Acetaminophen 160mg/5mL solution (OTC covered with Rx)
- Adderall XR® 5mg, 10mg, 15mg, 20mg, 25mg, 30mg capsules (AL > 5 years old or < 21 years old, QL = 62 capsules/31 days, ST = trial and failure of Vyvanse® capsules)
- Artificial tears solution (QL = 15mL/31 days, OTC covered with Rx)
- Calcitriol 1mcg/mL solution
- Calcium acetate 667mg tablets (QL = 372 tablets/31 days)
- Diphenhydramine HCl 12.5mg/5mL solution (OTC covered with Rx)
- Fexofenadine HCl 30mg, 60mg, 180 mg tablets (OTC covered with Rx)
- Fexofenadine HCl/pseudoephedrine HCl 60mg-120mg, 180mg-240mg tablets (OTC covered with Rx)
- Fluor-a-day® 0.5mg chewable tablets
- Fuzeon® 90mg vial
- Hecoria™ 0.5mg, 1mg, 5mg capsules
- In-Check™ Dial Training Device (QL 2 devices/365 days)

AL = Age Limit       PA = Prior Authorization       QL = Quantity Limit       ST = Step Therapy
### ADDITIONS

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invega® Sustenna™</td>
<td>39mg, 78mg, 117mg, 156mg, 234mg injectable suspension (PA, QL=1/31 days, AL &gt;18 years old)</td>
</tr>
<tr>
<td>Janumet® XR</td>
<td>50-500mg, 50-1,000mg, 100-1,000mg tablets (trial and failure of metformin tablets, metformin ER tablets, or Riomet™ solution)</td>
</tr>
<tr>
<td>Letrozole</td>
<td>2.5mg tablet (PA)</td>
</tr>
<tr>
<td>Leucovorin calcium</td>
<td>10mg, 15mg tablets</td>
</tr>
<tr>
<td>Metamucil® Fiber capsules</td>
<td>(OTC covered with Rx)</td>
</tr>
<tr>
<td>Metamucil® Fiber powder</td>
<td>(OTC covered with Rx)</td>
</tr>
<tr>
<td>Metamucil® Fiber wafers</td>
<td>(OTC covered with Rx)</td>
</tr>
<tr>
<td>Nature-Throid™</td>
<td>81.25mg, 113.75mg, 146.25mg tablets</td>
</tr>
<tr>
<td>Nitro-Bid® ointment</td>
<td></td>
</tr>
<tr>
<td>Ofloxacin</td>
<td>0.3% ophthalmic drops</td>
</tr>
<tr>
<td>Revlimid®</td>
<td>2.5mg capsules (PA)</td>
</tr>
<tr>
<td>Robafen 100mg/5mL syrup</td>
<td>(OTC covered with Rx)</td>
</tr>
<tr>
<td>Sodium chloride 0.9% solution</td>
<td></td>
</tr>
<tr>
<td>Torsemide</td>
<td>5mg, 10mg, 20mg, 100mg tablets</td>
</tr>
<tr>
<td>Vandetanib 100mg, 300mg tablets</td>
<td>(PA)</td>
</tr>
<tr>
<td>Viread®</td>
<td>150mg, 200mg, 250mg tablets</td>
</tr>
<tr>
<td>Westhroid*</td>
<td>81.25mg, 113.75mg, 146.25mg tablets</td>
</tr>
<tr>
<td>Xalkori®</td>
<td>200mg, 250mg capsules (PA)</td>
</tr>
<tr>
<td>Zelboraf®</td>
<td>240mg tablet (PA)</td>
</tr>
<tr>
<td>Zolinza®</td>
<td>100mg capsule (PA)</td>
</tr>
</tbody>
</table>

AL = Age Limit     PA = Prior Authorization     QL = Quantity Limit     ST = Step Therapy

### REMOVALS

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amphetamine/dextroamphetamine</td>
<td>5mg, 10mg, 15mg, 20mg, 25mg, 30mg capsules</td>
</tr>
<tr>
<td>Budeprion XL</td>
<td>150mg tablet</td>
</tr>
<tr>
<td>Cetirizine HCl</td>
<td>5mg, 10mg chewable tablets</td>
</tr>
<tr>
<td>Fenesin IR</td>
<td>400mg tablets</td>
</tr>
<tr>
<td>Methyldopa/HCTZ</td>
<td>15mg/250mg, 25mg/250mg tablets</td>
</tr>
<tr>
<td>Risperdal® Consta®</td>
<td>12.5mg, 25mg, 37.5mg, 50mg long-acting injection</td>
</tr>
<tr>
<td>Trazodone</td>
<td>300mg tablet</td>
</tr>
</tbody>
</table>
**Please note:** The following injectable products are being moved from the Preferred Drug List to the J-code list for injectable medications, as the products are mostly given in infusion centers/offices. There are no preferred injectable chemotherapy products, as all are covered with the appropriate J-code and billable units.

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adriamycin® powder for injection, solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Bleomycin sulfate 15 units, 30 units powder for injection**</td>
<td></td>
</tr>
<tr>
<td>Busulfex® 6mg/mL solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Carboplatin 150mg, 50mg/5mL powder for injection, solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Cerubidine® 20mg powder for injection**</td>
<td></td>
</tr>
<tr>
<td>Cisplatin 1mg/mL solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Cyclophosphamide 1gm, 2gm, 500mg solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Dactinomycin 0.5mg powder for injection**</td>
<td></td>
</tr>
<tr>
<td>Daunorubicin 20mg, 5mg/mL powder for solution, solution for injection**</td>
<td></td>
</tr>
<tr>
<td>DaunoXome® 10mg, 20mg, 2mg/mL powder for injection, solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Doxil® 2mg/mL solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Doxorubicin 2mg/mL powder for injection, solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Etoposide 20mg/mL solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Ixempra® 15mg, 45mg powder for injection**</td>
<td></td>
</tr>
<tr>
<td>Melphalan 50mg powder for injection**</td>
<td></td>
</tr>
<tr>
<td>Mitomycin 5mg, 20mg, 40mg powder for injection**</td>
<td></td>
</tr>
<tr>
<td>Oxaliplatin powder for injection, solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Vinblastine 1mg/mL, 10mg powder for injection, solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Vincristine sulfate 1mg/mL solution for injection**</td>
<td></td>
</tr>
<tr>
<td>Vinorelbine tartrate 50mg/5mL, 10mg/mL solution for injection**</td>
<td></td>
</tr>
</tbody>
</table>
The Utilization Management criteria have changed for the following medications as noted below for the **WellCare of Kentucky Preferred Drug List**: 

<table>
<thead>
<tr>
<th>DRUG NAME</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dextroamphetamine sulfate ER 5mg, 10mg, 15mg capsules</td>
<td>Added:</td>
</tr>
<tr>
<td></td>
<td>• AL &gt; 5 years old or &lt; 21 years old</td>
</tr>
<tr>
<td></td>
<td>• QL (62 capsules/31 days)</td>
</tr>
<tr>
<td></td>
<td>• ST (trial and failure of Vyvanse® capsules)</td>
</tr>
<tr>
<td>Methylphenidate hydrochloride ER 10mg, 18mg, 20mg, 27mg, 36mg, 54mg tablets</td>
<td>Added AL &gt; 5 years old or &lt; 21 years old</td>
</tr>
<tr>
<td></td>
<td>QL remains (varies per strength)</td>
</tr>
<tr>
<td>Pramipexole dihydrochloride 0.125mg, 0.25mg, 0.5mg, 0.75mg, 1mg, 1.5mg tablets</td>
<td>Added ST (trial and failure of ropinirole tablets)</td>
</tr>
<tr>
<td>Quetiapine fumarate 25mg, 50mg, 100mg, 200mg, 300mg, 400mg tablets</td>
<td>PA removed</td>
</tr>
<tr>
<td>Risperidone 1mg/mL solution</td>
<td>• Decreased AL &gt; 5 years old</td>
</tr>
<tr>
<td>Risperidone 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg tablets</td>
<td>• PA remains</td>
</tr>
<tr>
<td>Risperidone m-tab 0.5mg, 1mg, 2mg, 3mg, 4mg tablets</td>
<td>• QL (62/31 days) remains</td>
</tr>
<tr>
<td>Risperidone ODT 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg tablets</td>
<td>Added AL &gt; 5 years old or &lt; 21 years old</td>
</tr>
<tr>
<td></td>
<td>QL (31 capsules/31 days) remains</td>
</tr>
</tbody>
</table>

AL = Age Limit  PA = Prior Authorization  QL = Quantity Limit  ST = Step Therapy

Please refer to your provider manual available at [www.kentucky.wellcare.com/provider/resources](http://www.kentucky.wellcare.com/provider/resources) to view more information regarding WellCare’s pharmacy utilization management policy/procedures and medication co-payments and coinsurance requirements that may apply. The most up-to-date complete preferred drug list can be found at [www.kentucky.wellcare.com/provider/pharmacy](http://www.kentucky.wellcare.com/provider/pharmacy).
DRUG SHORTAGES:
Over the past few years, drug shortages have become a national problem. Drug shortages are very costly to the health care system because the effort spent researching and resolving the shortage takes time and resources. There are many different causes for drug shortages and it is sometimes difficult to pinpoint the exact cause.

Here is a list of reasons for drug shortages:
- Unexpected demand
- Restricted distribution
- Industry consolidations
- Prime vendors and just-in-time inventories
- Voluntary recalls
- “Grey” market vendors
- Manufacturer rationing
- Manufacturer discontinuation
- Natural disasters
- Shortage of raw materials
- Market shifts
- Non-compliance with regulatory standards

It is important to be proactive about identifying drug shortages because most of the time, they are reported with little or no warning. Having a protocol to handle a drug shortage can help patients have a smooth transition and understand what is happening. Also, it makes the doctor’s life easier because the doctor can take a proactive role with their patients.

Resources relating to drug shortages:
- Drug manufacturer

PEER-TO-PEER RECONSIDERATION AVAILABLE

The Attending Physician or the Ordering Provider has the option to request a peer-to-peer reconsideration of an adverse determination based on the medical necessity review. The option of peer-to-peer reconsideration and how to request one are included in the courtesy notification delivered by fax or verbally, to the provider at the time of the decision. The provider may contact the Medical Director who made the adverse determination at 1-866-425-3508 to provide additional clinical information.

Reconsiderations are available to providers within three business days of the denial decision date. Please use the number on the fax for physician/provider communications only. WellCare believes these changes will give providers the opportunity to present additional information supporting the request for services and facilitate timely authorization.
2012–2013 FLU SEASON VACCINATION

The influenza season has arrived, and WellCare is encouraging providers to take measures to ensure that each of their patients receives a flu vaccine especially for high-risk patients. Here are some important updates:

- Vaccination recommendations for adults have expanded to include all adults unless contraindicated. It is important that all people, ages 6 months and older, receive the annual influenza vaccine no matter how healthy they may be. Among older adults living outside chronic-care facilities, such as nursing homes, and for those individuals with long-term (chronic) medical conditions, such as asthma, diabetes or heart disease, the flu shot has been shown to be 30–70 percent effective in preventing hospitalization stays for pneumonia and influenza. Among healthy people under age 65, the vaccine has been shown to prevent influenza outbreaks by about 70–90 percent.

- The 2012 vaccines will also provide protection against:
  - A/California/7/2009 (H1N1) pdm09-like virus,
  - A/Victoria/361/2011 (H3N2)-like virus and
  - B/Wisconsin/1/2010-like virus (from the B/Yamagata line of viruses).

- WellCare offers most flu vaccinations at no cost to its members. Please encourage our members to receive the flu vaccine either in your office, at a participating retail pharmacy, or have them call the Customer Service number located on the back of their member ID card. They can also visit www.kentucky.wellcare.com to locate a network provider near them.

- Antiviral drugs are especially beneficial for people who are sick with the flu. Those who may have a greater chance of serious flu complications include:
  - Children younger than 2 years old
  - Adults 65 years of age and older
  - Pregnant women and women who have given birth within the last two weeks
  - People with chronic medical conditions (such as asthma, heart failure, chronic lung disease and diabetes) and people with a weak immune system (due to illnesses such as HIV)
  - People younger than 19 years of age who are receiving long-term aspirin therapy

Source: Centers for Disease Control and Prevention; http://www.cdc.gov/flu/about/season/flu-season-2012-2013.html#recommendations
WELLCARE OFFICE LOCATIONS

WellCare has various offices throughout Kentucky where you will find your local Provider Relations representatives and Health Services team members. We encourage you to call your local office for all questions, including claims and prior authorizations.

**Louisville**
13551 Triton Park Blvd
Suite 1800
Louisville, KY 40223-4198
Office Main Number: (502) 253-5100

**Lexington**
2480 Fortune Drive
Suite 200
Lexington, KY 40509-4168
Office Main Number: (859) 264-5100

**Bowling Green**
922 State Street
Suite 300
Bowling Green, KY 42101-2216
Office Main Number: (270) 793-7302

**Hazard**
479 High St
2nd FL
Hazard, KY 41701-1701
Office Main Number: (606) 436-1500

**Ashland**
1539 Greenup Ave
5th FL
Ashland, KY 41101-7613
Main Office Number: (606) 327-6200

**Owensboro**
The Springs, Building C
2200 E. Parrish Ave., Suite 204
Owensboro, KY 42303-1451
Main Office Number: (270) 688-7000

**Important reminder**
You can use the member’s Kentucky Medicaid ID number when the WellCare member ID number is not available when billing a claim.

Please remember to use the Kentucky MMIS, [www.kymmis.com](http://www.kymmis.com), as your primary source of MCO assignment and eligibility for WellCare members. We encourage all providers to use KYMMIS as their primary source as it contains the most updated eligibility and MCO assignment information on each individual member.