



February 20, 2013

SUMANNA KETHA
2925 SKYWAY CIRCLE N
IRVING, TX 75038

RE: Request for updated documentation of chronic conditions

Dear Provider,

Through careful review of our health analytics, WellCare Health Plans, Inc. has identified a subset of WellCare Medicare plan members who may be less engaged in their health care than other similar clinically-situated members. To address this disparity, we have secured the services of Inovalon, Inc. to conduct in-home, face-to-face assessments with selected plan members. The goal of the In-Home Patient Assessment Program is to provide both the Plan and you with up-to-date information about your patient's clinical status based upon the results of the completed assessment.

What does this mean to you?

One (or more) of your patients has (have) been identified for an in-home assessment. Within the next few weeks, your patient will be contacted by Inovalon to explain the program and schedule a face-to-face assessment. The assessment will be administered by either a physician, physician assistant or nurse practitioner. This evaluation is in addition to any regular visits that the patient has with you and does not substitute for the patient's annual physical examination, or their need to follow up.

We will, in turn, update you by providing the information gathered during this visit to assist you in your role of providing and coordinating medical care and services for your patient(s).

We appreciate your assistance in facilitating any necessary follow-up care for your patient(s). Enclosed is a sample copy of the letter being sent to each identified Plan member. If you have any questions, please do not hesitate to contact WellCare's Provider Services. Please refer to your Quick Reference Guide for your state-specific telephone number and hours of operation.

Sincerely,

WellCare Health Plans, Inc.

Enclosures: List of Patients Receiving In-Home Assessments

The information in this letter is private and may contain Protected Healthcare Information. If you are not the intended recipient, be advised that any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If you have received this letter in error, please immediately notify the sender via telephone or return mail.

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SUMANNA KETHA

Member List

Last Name	First Name	DOB	Client Member ID
ADAMS	BETTY	1939-10-30	12233319