

Kentucky - Anti-Fraud Plan Submission
WellCare Health Insurance Company of Kentucky, Inc.

Pursuant to the applicable sections of the Kentucky Statutes and Regulations (KRS 304.47-080, KAR 47:010-030, 806 KAR 47:030), which require each insurer to maintain a unit to investigate insurance fraud and furnish an anti-fraud plan, WellCare Health Insurance Company of Kentucky, Inc. ("WHICKY" or the "Plan"), a subsidiary of WellCare Health Plans, Inc., the ultimate parent company of the WellCare group of companies ("WellCare" or the "Company") submits its FY 2019 Anti-Fraud Plan (the "Anti-Fraud Plan"). The Anti-Fraud Plan addresses WellCare's efforts to detect, deter and prevent overpayments, abuse, and fraud regarding the provision of and payment for Medicare and Medicaid services.

1. Overview of Investigations Function

The Company's Chief Compliance Officer (CCO) oversees and directs the Corporate Compliance Program (Program) throughout the WellCare organization (the "Organization"), and is responsible for ensuring that the Program's goals are achieved. The CCO reports to the Company's Chief Executive Officer (CEO), and to the Board of Directors (BOD). The CCO has unrestricted access to the BOD. The CCO also chairs the Corporate Compliance Committee, which serves as a resource to the CCO, and to the Regulatory Compliance Committee of the Board of Directors. Finally, the CCO also serves as a point of contact for Company associates regarding compliance concerns.

WellCare has established a special investigations unit ("SIU") as part of a comprehensive anti-fraud program designed to prevent, detect, investigate, resolve, correct and report incidents of suspected fraud, waste and abuse ("FWA"). WellCare utilizes a multi-faceted collaborative approach to detect, deter, prevent and remedy FWA. The WellCare business units that collaborate in this process include but are not limited to:

- Claims Department
- Legal Department
- Pharmacy Department
- Quality of Care Department
- Recovery Department
- Enrollment Department
- Grievance Department
- Regulatory Affairs Department

However, the SIU is the business unit primarily responsible for identifying, investigating and reporting possible FWA. The SIU is a component of the Compliance Department, headed by a Senior Director, who reports to the Vice President, Corporate Compliance Investigations, who in turn reports up to the CCO.

The SIU employs a team of over 50 knowledgeable professionals dedicated to detecting, investigating, preventing and remedying FWA of which 2 SIU investigators are located in KY. In addition to the SIU Senior Director, day-to-day guidance and supervision of the SIU staff is provided by investigation managers. The SIU team includes investigators who collaborate with medical coding auditors and clinical nurses in order to resolve allegations of FWA on the part of medical providers, pharmacy providers, and members. The SIU's Data and Reporting Manager and team of Business Analysts proactively identifies possible cases of FWA utilizing data analysis software, responds to requests for information from

government partners, and supports the SIU's regulatory reporting responsibilities. The SIU also employs Compliance Case Admins who receive complaints from the anti-fraud hotline and other sources, enter the matters into the case tracking system then triage the allegations and assign potential FWA matters to the investigators.

In addition to the SIU staff, medical directors and other subject matter experts throughout the Company are available for consultation on investigations. Moreover, WellCare's Regulatory Affairs team works with the SIU to fulfill anti-fraud regulatory and contractual requirements, including reporting and referrals to state government partners.

2. Procedures for detecting and investigating possible acts of FWA

A. SIU's Mission

The SIU's mission is to identify, investigate and correct FWA committed by *anyone*, against the Plan and its stakeholders, including, providers, facilities, employees, and members. As described in more detail below, among other things, the SIU:

- Identifies, and remedies fraudulent claims;
- Identifies and remedies provider overutilization;
- Collaborates with Provider Relations and Legal to terminate providers who have defrauded or abused the system;
- Refers for regulatory inquiry and criminal prosecution those who defraud the system;
- Works with our pharmacy benefits manager to identify and remedy pharmacy fraud; and
- Supports efforts to provide fraud awareness training to WellCare employees, vendors and providers.

This list is expanded and updated as new fraud schemes and trends are identified.

B. Duty to Report Potential FWA

By establishing clear lines of communication with employees, business associates and downstream entities, the Compliance Department promotes the immediate reporting of compliance concerns and suspected incidents of FWA. WellCare's Code of Conduct and Business Ethics ("Code of Conduct") requires employees to *immediately report* any potential FWA concerns to the Compliance Department. All associates receive initial and periodic training for detecting and reporting any suspected FWA. Through various policy statements and other communications, employees are informed of their rights and protections as whistleblowers, as specified in the Deficit Reduction Act ("DRA") of 2005. In addition, as part of the state False Claims Acts that resulted from the DRA of 2005, the Company's internet site also contains detailed information to inform members and anyone who visits the site how to report potential FWA. FWA can be reported anonymously and confidentially by *anyone* through multiple channels, including:

- Referral mailbox: SIU@wellcare.com
- SIU Fraud Hotline: 866-678-8355 (Hotline staffed 24 hours per day/7 days per week.)
- iCare Hotline: 866-364-1350 (Hotline staffed 24 hours per day/7 days per week.)
- Direct contact to Chief Compliance Officer

As explained in more detail below, all associates receive initial and periodic training for detecting and reporting any suspected FWA.

All referrals are logged into the SIU secure data base, Compliance 360 and the referral is reviewed, triaged and, as necessary, assigned to an SIU investigator.

The Plan's intranet site provides detailed information regarding where to externally report potential Medicaid fraud, including a live link to the Kentucky Office of Inspector General's ("KOIG") internet site which contains information regarding Medicaid fraud reporting and prevention. Thus, anyone can also report fraud directly to the state via other avenues:

- Kentucky Cabinet for Health and Family Services (CHFS) link: <https://chfs.ky.gov/agencies/os/oig/Pages/default.aspx>
- Mail any fraud and abuse issues for CHFS to the following address:
Cabinet for Health and Family Services
Office of the Inspector General
Division of Audits and Investigations
275 East Main Street, 5 E-D
Frankfort, Kentucky 40621
- Division of Program Integrity Fraud and Abuse link: <https://chfs.ky.gov/agencies/dms/dpi/Pages/fraud-abuse.aspx>
- Kentucky Attorney General's office: (800) 372-2970
- KY Office of Medicaid Fraud and Abuse Control, Elder Abuse Hotline: 877-ABUSE-TIP (877-228-7384) and the link is: <https://ag.ky.gov/about/branches/OMFA>
- Kentucky Department of Insurance link: <http://insurance.ky.gov/ppc/default.aspx>
 - DOI Hotline: (800) 595-6053
 - Online Complaint Form: http://insurance.ky.gov/ppc/Forms/Online_Complaint.aspx
 - Mail to: P.O. Box 517, Frankfort, KY 40602-0517

The Plan's internet site also contains detailed information to inform members and anyone who visits the site how to report potential FWA. <https://kentucky.wellcare.com/> with a fraud and abuse page: <https://www.wellcare.com/en/Kentucky/Report-Fraud-and-Abuse>.

C. Procedures for Investigating Possible FWA¹

i. Receipt of Allegation and Opening of New Matter

The SIU uses a multi-faceted approach to identify and pursue potential FWA. These efforts include, but, are not, limited to:

- An education and awareness training program to maximize employee, business partner, and downstream entity referrals to develop tips regarding possible FWA;
- Investigating referrals from anyone, including employees, business partners, law enforcement agencies and providers;

¹ The procedures described in this section may vary depending upon the nature and source of the allegation.

- Utilizing a combination of analytical tools, clinical expertise, and investigative knowledge to identify potential FWA; and
- Establishing baseline data to enhance efforts to recognize unusual trends or changes in utilization patterns.

The SIU will commence an inquiry within 14 days of the referral of the matter to the SIU. Once a referral is received, the matter is entered into the secure Compliance 360 data base by the SIU Case and Information Coordinator. The referral will be preliminarily assessed by the intake team, to confirm that the matter concerns potential FWA. If potential FWA is alleged, the matter is assigned to an investigator for further development. The matter is reported to the applicable regulatory agency if suspected and/or confirmed FWA is identified.

ii. Reactive Investigations

The SIU will commence an inquiry within 14 days of the referral of the matter to the SIU. Where an inquiry is triggered by a referral (i.e., a reactive inquiry), the initial investigative actions include obtaining a sample of the relevant records for the target party. For example, depending on the issue at hand, the investigator may pull any of the following records:

- Provider top CPT/diagnosis codes;
- Charts, Trending analysis or graphs, drug profiles, medical records and prescriptions;
- Payment records;
- Provider ID, Vendor ID, credentialing, Member ID along with address and contact information, eligibility span, PBM prescription data;
- Copy of provider's license of state of issue, registered disciplinary actions, NPI (National Provider ID);
- NHCAA/SIRIS search and reporting;
- Division of Corporation listing; and
- Provider and Vendor contracts.

The SIU will pursue reactive and proactive investigations to either corroborate the allegations or determine them unfounded. The actions may include but are not limited to:

- Data analysis
- Public record reviews
- Provider onsite audits
- Interviews
- Clinical reviews

To further illustrate, if the potential FWA concerns a member, the inquiry may initially focus on pulling claims data for the target party and reviewing it to identify potential FWA, such as overutilization. Following this preliminary analysis, additional investigative steps will be taken to include obtaining provider records which will be reviewed to identify additional indicia of FWA, consulting with experts, including regarding medical necessity, and interviewing the subjects of the investigation. As detailed below, the SIU timely reports suspected FWA. Once a determination has been made that the target party has engaged in FWA, appropriate remedial action will be pursued, which necessarily depends upon the misconduct at issue. For example, if the FWA concerns a member's drug abuse or doctor

shopping/pharmacy shopping, among other things, the member may be placed in a state reviewed “lock program,” pursuant to which the member’s access to narcotics will be more closely regulated by the Plan to help the member in addressing their narcotics dependency. The state of Kentucky would implement the member “lock in” after WellCare SIU refers a member to the state for review.

By way of additional example, if the potential FWA involves a medical provider, the inquiry may initially focus on pulling claims data for the target party and reviewing it to identify potential FWA. Thereafter, the provider’s records will be requested and obtained for analysis. Depending upon the issue at hand, this review may include engaging medical experts and clinicians to assess medical necessity and a review of claims to identify up-coding. These investigative efforts are supplemented by interviews, public records reviews and similar investigative efforts to get as full of an understanding of the issue as possible. Once a determination has been made that a provider has engaged in FWA, remedial actions will be identified, which depending on the matter, may include recovery of an overpayment, termination of the provider and referral to law enforcement for prosecution.

iii. Proactive SIU Inquiries

In addition to investigating referrals, the SIU uses data mining technologies to proactively identify potential FWA:

- The SIU employs a team of data analysts, coding auditors and nurses to conduct targeted claims queries, leveraging the Statistical Analysis System® data network to identify Enrollees and providers with suspicious activity or unusual patterns of behavior that might indicate FWA. Our SIU also uses COGNOS reporting to detect FWA. An example of our COGNOS reporting is our Physician Trend Report by specialty, which enables us to identify spikes or other aberrant trends. Results of such queries include the identification of up-coding, unbundling, misuse of modifiers, unusual CPT codes, double billing, and unreasonable service time billed in a day based on excessive service counts. If this analysis identifies a provider with suspicious activity, a more detailed set of reports is generated, allowing investigators to view the entire billing and claims history for that provider. These efforts allow our SIU to identify suspicious activity, which may lead to an expanded investigation with multiple lines of inquiry.
- The SIU employs a statistician to generate Statistically Valid Random Samples (SVRS) and Audits on a routine basis. These audits identify and detect inappropriate claims and potential FWA billing.
- We use a FWA analytics library to produce ad hoc reports for the identification and investigation of FWA. These reports include but are not limited to visit trend analysis, provider up-code checker, and hospital stay with no professional services, bell curve analysis and abnormal provider utilization.
- The SIU uses the Cotiviti STARSSolutions as a FWA Analytical Tool that provides predictive models and algorithms that identify aberrant patterns and outliers. The Cotiviti STARSSolutions FWA tool provides robust capabilities to identify outlier providers, Enrollees and pharmacies. It provides predictive analytics algorithms applied to pharmacy and medical claims data each month. The scoring, which prioritizes providers and Enrollees for investigation, is based on the most current six months of paid claims, with up to three years of claims data being available for reference. The results of the scoring once prioritized, are forwarded to a workgroup of investigators, coding auditors and nurse reviewers with the outcome of increased identification of FWA and recoveries for our SIU. To illustrate the importance of STARSSolutions and other FWA analytics techniques, over 20% of all our cases of suspected FWA are identified via STARSSolutions or other data mining tools.

Our partnerships with both state and federal agencies also yield information to enhance our FWA prevention and detection capability. Additionally, as a member of the National Health Care Anti-Fraud Association (NHCAA), the SIU has access to the information sharing website hosted by NHCAA, which includes input from over 100 insurance companies, and the regular posting of current activities nationwide, ranging from indictments to provider convictions. The SIU also participates in other NHCAA information-sharing activities. All of these above described activities enables the SIU to proactively target and remedy FWA.

As a member of the Healthcare Fraud Prevention Partnership (HFPP), WellCare joins a Partnership of private and government payers and anti-fraud associations dedicated to improving our ability to detect, predict, and prevent healthcare fraud. This unique public-private partnership was established in 2012 by the Centers for Medicare & Medicaid Services and the Department of Justice, assisted by private sector third-party payers and anti-fraud associations. We anticipate our participation will help broaden our view into multiple fraudulent schemes that extract unearned payments from the healthcare system. The money that we don't spend on fraud frees up more resources to help legitimate patients.

iv. Pharmacy Related FWA inquiries

WellCare conducts pharmacy related FWA inquiries focused on identifying, preventing and remedying FWA related to pharmacy services. We derive investigative leads from multiple internal and external sources. For example, our SIU and pharmacy department have monthly workgroup meetings to coordinate appropriate FWA referrals, exchange information, and discuss systemic FWA related issues. Pharmacy claims are administered primarily through our Pharmacy Benefits Manager (PBM). Our PBM's administration of the program includes conducting audits and utilizing data analytics, and EOBs to detect billing issues. WellCare's other subcontractors, such as dental, vision, hearing, and transportation, also identify FWA and make referrals to our SIU for investigation or for reporting to the Department.

v. Internal Fraud Prevention and Financial Reporting Integrity

WellCare also maintains a Compliance Investigations Unit (CIU) which investigates potential FWA by employees. As demonstrated above, the Code of Conduct requires all employees to immediately report violations of the Code, law and/or company policy. The CIU's cases are initiated based on a variety of internal and external referrals and sources, including, through reports to the iCare Hotline: 866-364-1350, or the compliance web portal. The CIU team is comprised of a Manager and nine investigators, distinct from the SIU team. Depending upon the nature of the allegation, the CIU utilizes a variety of methodologies, including forensic email review, business records analysis and interviews to investigate employee misconduct.

The Company's Internal Audit Department conducts periodic reviews of the Organization's activities. If any deficiencies are identified regarding the SIU processes, or internal controls, SIU Management is required to formulate an action plan to address these issues. Internal Audit will report, as appropriate, the same to the Audit and Finance Committee of the Company's Board of Directors. These activities, and other analysis conducted by other departments, including, Claims, Quality of Care, Recovery all serve to mitigate the risk of FWA occurring.

3. Procedures for the mandatory reporting of possible overpayment, abuse, or fraud to KY Medicaid DMS Program Integrity Division.

A. Reporting Follow-up, and Continuous Monitoring of FWA

WellCare maintains its SIU internally including all facets of regulatory reporting and does not subcontract these requirements. Our internal process and policies ensure compliance to all Kentucky contractual requirements. WellCare partners closely with our specialty vendors to assist with the more granular aspects of FWA prevention, detection and rectification.

Our SIU submits ongoing referrals to Kentucky DMS DPI and law enforcement for further investigation and prosecution. WellCare of Kentucky submits a standardized Provider or Enrollee Investigative Report directly to David McAnally within the Division of Medicaid Services, Division of Program Integrity for review. The following process is utilized to make an initial disclosure to Kentucky DMS, DPI regarding a new allegation of FWA. The requisite steps include:

- The MCO Provider or Enrollee Investigative Report is completed by our SIU investigator and submitted to their manager for review.
- Once all pertinent information is confirmed, our manager or senior investigator submits the investigative report referral via the MOVEit Transfer Plus portal. Should our SIU wish to also report the matter to the Office of Attorney General (OAG), our investigator will transfer the required case files to Direct Drop.
- Our manager or senior investigator then logs the approval and submission information into the comments section of the C360 case tracking system and notifies the investigator the information has been “submitted, referred and approved.”
- Updated investigative report referrals are sent as need to Kentucky DMS Program Integrity Division via the same process with additional case findings and information when applicable to include requesting approval prior to pursuing overpayments over \$500 and approval to close the case.

B. KY Monthly and Quarterly Reports

WellCare also reports on a monthly basis all provider internal referrals (tips) and the disposition of the prior months' internal referrals, SIU investigator staffing specific to WellCare of Kentucky, and provider on-site visits via the Kentucky Current Tips and Reconciliation Report which is submitted on the last business day of the reporting month.

This report is prepared and reviewed for quality by our SIU and submitted via the MOVEit Transfer Plus Portal to Jade Bullen, Kimberly Shannon, and David McAnally within the DMS Program Integrity Division.

Also on a monthly basis, WellCare submits three reports:

- Kentucky Report #72 – Medicaid Program Violation Letters and Collections
- Kentucky Report #73 - Explanation of Enrollee Benefits (EOMB)
- Kentucky Report #75 – SUR Algorithms, Kentucky Report.

These reports are prepared and validated by our SIU and submitted to our WellCare of Kentucky Regulatory Affairs team who submits the reports to the Department for Medicaid Services by the 15th day of the month following the reporting period.

Quarterly, WellCare submits three reports:

- Kentucky Overpayment and Prepayment Report
- Kentucky Report #76 - Provider Fraud, Waste, and Abuse
- Kentucky Report #77 - Enrollee Fraud, Waste and Abuse

These reports are prepared and quality checked by our SIU department. The Kentucky Overpayment and Prepayment Report is submitted via the MOVEit Transfer Plus Portal directly to Jade Bullen, Kimberly Shannon and David McAnally at the Kentucky Department for Medicaid Services. Reports 76 and 77 are prepared and quality checked by our SIU and submitted to our WellCare of Kentucky Regulatory Affairs team who submits to the Kentucky Department for Medicaid Services by the 30th day of the month following the reporting period.

C. Submission of Anti-Fraud Plan

WellCare submits its Anti-Fraud Plan within 30 days of a material change. The Anti-Fraud Plan complies with the Kentucky Revised Statutes and Regulations (KRS 304.47-080, KAR 47:010-030, and 806 KAR 47:030).

Specifically, the Anti-Fraud Plan and Contacts Form are submitted to:

DOI.FraudMail@ky.gov via email
 Or via mail to:
 Insurance Fraud Investigation Division
 Kentucky Department of Insurance
 P.O.Box 4050
 Frankfort, Kentucky 40604-4050

WellCare will report and disclose to the Cabinet for Health and Family Services (“CHFS”) Kentucky Office of Inspector General (“KOIG”) and to MPI the identity of any person who has ownership or control interest in our network provider, or subcontractor, or is an agent or managing employee of a network provider or subcontractor, who meets at least one of the following requirements:

1. Any person convicted of a crime as identified in section 1128 of the Social Security Act and/or conviction of a crime related to that person's involvement in any program under Medicare, Medicaid, or the Title XX services program since the inception of those programs.
2. Any person who has been denied initial entry into the Plan’s network for program integrity-related reasons.
3. Any person who is a provider against whom WellCare has taken any action to limit the ability of the provider to participate in the Plan’s provider network, regardless of what such an action is called. This includes, but is not limited to, suspension actions, settlement agreements and situations where an individual or entity voluntarily withdraws from the program or WellCare’s provider network to avoid a formal sanction.

In addition to these disclosures, WellCare submits a quarterly Affiliate and Subcontractor report in accordance with the Reporting Guide. In instances where a patient's health is subject to imminent danger or a physician's ability to practice medicine is effectively impaired by an action of the Board of Medicine

or other governmental agency, WellCare will initiate an immediate termination of the provider's contract. In these cases, WellCare notifies BMHC and MPI of these immediate terminations.

4. Program and procedures for educating and training personnel on how to detect and prevent fraud, waste, and abuse, and overpayment.

A. Employee Training

WellCare promotes a corporate culture of ethical conduct which seeks to deter FWA. This effort begins with hiring persons committed to ethical business conduct, and ensuring that new associates have successfully passed a background check, which verifies that an associate does not have a criminal history related to healthcare. This culture is reinforced by, among other things, training, and periodic communications informing staff regarding their FWA detection, prevention and reporting responsibilities. WellCare provides mandatory compliance training, including FWA training, to all associates, Officers and Directors. This training must be completed within 30 days of hire, and annually. Associates in reimbursement-related functions also receive supplemental FWA specific training, which must be completed within 30 days of hire and annually. The SIU helps develop and maintain the Company's FWA training materials. The CCO ultimately approves the content of the Company's FWA training.² The Company's FWA training is designed to create awareness of FWA, and to convey a full understanding of associates' rights and responsibilities when encountering or identifying potential FWA. Among other things, the training identifies red flags which may be indicia of FWA, including the following examples excerpted from the training:

Pharmacy Related Abuse Red Flags Training

- Does the prescription look altered or possibly forged?
- Have you filled numerous identical prescriptions for this beneficiary, possibly from different doctors?
- Is the person receiving the service/picking up the prescription the actual beneficiary(identity theft)?
- Is the prescription appropriate based on beneficiary's other prescriptions?
- Are drugs being diverted (drugs meant for nursing homes, hospice, etc. being sent elsewhere)?

Provider Related Abuse Red Flags Training

- Does the provider write for diverse drugs or primarily only for controlled substances?
- Are the provider's treatment appropriate for the member's health condition (medically

²WellCare's FWA training is in compliance with applicable state and federal laws and regulations, including (1)federal and state False Claims Acts; (2)The federal Deficit Reduction Act of 2005; (3) federal Anti-Kickback Act; (4) federal Civil Monetary Penalties Law; (4) applicable provisions of the Code of Federal Regulations; (5) The Health Insurance Portability and Accountability Act of 1996; (6) Patient Protection and Affordable Care Act; (7) applicable state Medicaid contracts; and (8) applicable federal contracts. Our curriculum of compliance training programs are also periodically reviewed and revised as needed to ensure continued compliance with federal and state laws, regulations and guidance.

necessary)?

- Is the provider writing for a higher quantity than medically necessary for the condition?
- Is the provider performing unnecessary services for the member?
- Does the provider bill the sponsor for services not provided?

Additional red flags identified through various sources, including the Medicare Parts C and D FWA training developed by the Centers for Medicare & Medicaid Services are also incorporated in WellCare's FWA training.

Additional topics covered by WellCare's FWA training include:

- State and federal laws and regulations related to FWA;
- The definitions of FWA;
- The federal Anti-Kickback Act, False Claims Act and Civil Monetary Penalties Law;
- An associate's affirmative duty to report suspected FWA;
- The Deficit Reduction Act requirements, which are included in the FWA sections of the General Compliance Training, and also covered in the FWA Policy.
- Federal and state laws and the Company's policy prohibiting retaliation against an associate who in good faith reports a compliance or FWA-related concern; and
- The means of reporting suspected or actual FWA.

Associates responsible for specific functions or services regarding Medicare Advantage and Part D business areas, also receive specialized training on issues which may pose unique compliance risks.

To deliver training and track training completion, WellCare uses an electronic Learning Management System (LMS) called WellCare University. Mandatory trainings are assigned through WellCare University. Progress, due dates and activity are managed and tracked within WellCare University, with monitoring and oversight provided by the Sr. Director of Compliance Policies and Training, and other staff responsible for training oversight, who conduct ongoing reviews and validation efforts to verify assignment and completion of training. The LMS maintains an archive of training completion records.

The landing page of the Plan's intranet site includes a link to the numerous Corporate Compliance resources, including training that is readily accessible by staff. These resources include links to all Company compliance policies, the Code of Conduct and training, including FWA training.

B. First Tier, Downstream and Related Entities FWA Training

WellCare's Delegation Oversight department conducts a pre-delegation assessment of all potential delegates before the delegate is formally engaged. This assessment includes an assessment regarding the entities FWA compliance protocols. Delegation Oversight requests all pertinent FWA related policies and procedures and training documents. Where an entity's FWA training does not adequately match WellCare's FWA training, first tier, downstream and related entities must complete WellCare's FWA training module. First tier, downstream, and related entities who satisfy FWA certification requirements through Medicare Program enrollment, or accreditation as a Durable Medical Equipment, Prosthetics, Orthotics, and supplies (DMEPOS), are deemed by federal regulation to satisfy the training and educational requirements for FWA compliance. The assessment process is repeated during an annual review.

5. The name, address, telephone number, e-mail address, and fax number of the individuals responsible for carrying out the Anti-Fraud Plan:

Lori Peters
Sr. Director Special Investigations Unit
8735 Henderson Road
Tampa, Florida 33634
Phone: (813) 206-3624
Email: lori.peters@wellcare.com

OR

Chris Horan
VP, Corporate Compliance Investigations
8735 Henderson Road
Tampa, Florida 33634
Phone: (813) 206-3754
Email: christopher.horan@wellcare.com