



INDIANA | SPRING 2008

# PROVIDER

## Newsletter

## INDIANA MEDICARE PHARMACY UPDATE

### Pharmacy Drug Evaluation Review

The WellCare formulary is a standardized prescribing reference and clinical guide of prescription drug products. The selection of medications is based on efficacy, safety, side effects, pharmacokinetics, clinical literature and cost-effectiveness profile. The formulary may be viewed at [www.wellcare.com](http://www.wellcare.com).

All non-formulary medications and some medications listed on the formulary require a Drug Evaluation Review (DER), or prior authorization. WellCare's Drug Evaluation Review (DER) process is designed to minimize adverse drug events, ensure appropriate utilization and clinical monitoring, and maintain the highest level of pharmaceutical care for our members.

To obtain a Drug Evaluation Review, submit your requests following these three simple steps:

1. Complete a Coverage Determination Request Form found in the Forms section of the WellCare Medicare Provider Manual and online at [www.wellcare.com](http://www.wellcare.com) under member and provider forms.
2. Include all pertinent medical history when requesting a medical exception.
3. Fax the form to WellCare's Pharmacy Department at 1-866-388-1767.

Any questions regarding the Drug Evaluation Review Process or the formulary, please contact the WellCare Pharmacy Department at 1-866-653-0976.



## THE TRUST PROGRAM IS HERE FOR YOU!

A culture of compliance and integrity is essential to WellCare. The *Trust* Program, our corporate ethics and compliance program, promotes the prevention, detection and resolution of conduct that violates federal or state laws or our high standards of business ethics. The *Trust* Program applies to WellCare's associates, providers and members.

As a provider partner, you agree to comply with and adhere to the principles of our *Trust* Program, including compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all state and federal laws, rules and regulations. Specifically, we endeavor to prevent fraud, waste and abuse. As a provider, you may not participate in any scheme or plan constituting fraud or abuse, and must report all suspected fraud or abuse, including deception or misrepresentation for financial gain, or conduct inconsistent with accepted business or medical standards that results in unnecessary cost.

To learn more about the *Trust* Program, or to report a possible violation, please contact WellCare's *Trust* Hotline at 1-866-678-8355.

# TACKLING DIABETES

PARTNERSHIP, EDUCATION, AND PREVENTIVE CARE CAN PAY OFF



## WellCare's Role

WellCare recognizes the importance of preventive care and the effect it can have on chronic conditions like diabetes. WellCare is committed to working with its partners to increase diabetes awareness and is confident that educational efforts and a focus on early screening and treatment will benefit the communities we serve.

The American Diabetes Association estimates that more than 20 million Americans have diabetes, but that 6.2 million of them have not been diagnosed.<sup>1</sup> In addition, 10.3 million or 20.9 percent of all people 60 or older have diabetes. Also, ADA data show that one in six overweight adolescents ages 12 through 19 has diabetes, and one in every 400 to 600 of them has Type 1 diabetes.

## Challenges: Disparities and Access

WellCare concentrates on health care disparity and access challenges associated with diabetes. Diabetes is a major clinical condition that affects many people in our communities. Significant resources in diabetes are increasing to address the chronic condition. According to Mathematica Policy Research analysis, federal spending for diabetes prevention and health promotion in 2005 topped \$3.9 billion, and treatment costs soared past \$79 billion.<sup>2</sup>

## Health Care Disparities

Disparities in health care are found in the populations WellCare serves—minorities, children, women, low-income individuals, seniors, and people with special health care needs. Health disparities for these populations are observed in almost all aspects of health care, including quality of care, access to care, types of care, and clinical conditions such as diabetes.

In addition to the millions of people among the general population with diabetes, according to a 2006 Institute of

Medicine publication, diabetes affects minority populations disproportionately. Research has shown that:

- Diabetes rates are more than 30 percent higher among Hispanics than whites.<sup>3</sup>
- 2.5 million, or 9.5 percent, of Hispanics 20 or older were diagnosed with diabetes in 2002.<sup>4</sup>
- In 1999, 11,927 African Americans died from diabetes—more than twice the number of whites.<sup>5</sup>

## Access to Health Care

Many vulnerable populations are left out of the efforts to provide preventive care because they do not have access to the health care system.

WellCare excels in improving access to the populations we serve. The Agency for Healthcare Research and Quality defines access to health care as having “the timely use of personal health services to achieve the best health outcomes.” Racial and ethnic minorities and individuals of lower socioeconomic status are “less likely to enter the health care system, establish a regular source of care, or receive care of similar quality to their more advantaged and non-minority peers.”<sup>6</sup>

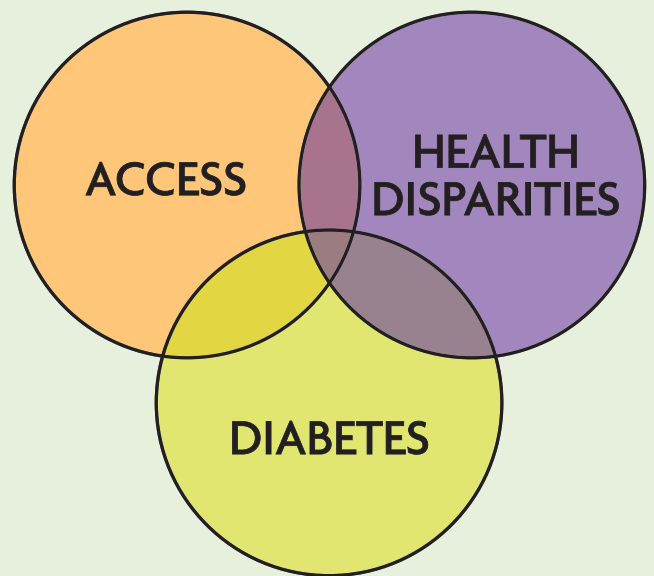
In addition to general access challenges for the Medicaid populations, health disparities are a specific problem for diabetics. For example, in 2003 only about 42 percent of diabetes patients got the three recommended tests: hemoglobin A1c, dilated eye exam, and foot exam, and people who got all three tests were more likely to be white, to have medical insurance, and to be 65 or older.<sup>7</sup> Also, a 2005 Commonwealth Fund study of public hospital-based diabetes care showed that uninsured patients had the worst diabetes control, with 33 percent showing they did not have their condition under control, almost double the rate for Medicare patients.<sup>8</sup>

*continued on next page*

## WellCare's Response

WellCare is uniquely positioned to address disparities in access to health care for vulnerable populations because of our core operational competencies, such as experience with offering:

- Outreach and education to populations most affected by health disparities
- Assignment of PCPs to encourage preventive care
- Coordination of care for members with chronic conditions
- Increased access to specialists through case management and customer service
- Disease-management programs to members with chronic conditions
- Measurement of geographic accessibility through analysis and reporting
- Measurement of timely availability through provider audits
- Measurement of perception of access through Consumer Assessment of Healthcare Providers and Systems® (CAHPS) satisfaction surveys



WellCare is currently enhancing grassroots efforts to better share information with and among providers, to educate members about healthy living, and to share stories with other community leaders. If you would like to share your story about outreach and education concerning diabetes or other health initiatives, or if you are interested in WellCare's grassroots programs, please e-mail [Ambassador@wellcare.com](mailto:Ambassador@wellcare.com).

### References:

1. American Diabetes Association Fact Sheet, 2005. <http://www.diabetes.org/uedocuments/NationalDiabetesFactSheetRev.pdf>. Accessed October 2007.
2. Gold, M., Briefel, R. (2007) Study of Federal Spending on Diabetes: An Opportunity for Change, Mathematical Policy Research.
3. Institute of Medicine of the National Academies (2006). Addressing Racial and Ethnic Health Care Disparities brochure. [http://www.iom.edu/Object.File/Master/33/249/BROCHURE\\_disparities.pdf](http://www.iom.edu/Object.File/Master/33/249/BROCHURE_disparities.pdf).
4. Health and Human Services Office of Minority Health Diabetes Data/Statistics. <http://www.omhrc.gov>. Accessed October 2007.
5. HHS Office of Minority Health Fact Sheet, "Closing the Health Gap": Reducing Health Disparities Affecting African-Americans, November 19, 2001.
6. Lurie and Dubowitz. (2007) JAMA. Health Disparities and Access to Health. 297: 1118-1121.
7. National Healthcare Disparities Report, 2005. Agency for Healthcare Research and Quality.
8. Regenstein, M.; Huang, J.; Cummings, L.; Lessler, D.; Reilly, B.; and Schillinger, D. (2005) Caring For Patients with Diabetes in Safety Net Hospitals And Health Systems. Commonwealth Fund, No. 826.

## WEB SITE AVAILABLE

If you haven't visited our Web site recently, you're in for a pleasant surprise. It has been redesigned to give you immediate access to what you need most. Our goal is to help you perform daily administrative tasks quickly and easily. With the Web site's new features and enhanced layout, you will have the ability to:

- Instantly access daily tasks such as eligibility verification
- Check the status of your claims and tailor the view, downloading options, and e-mail details
- Use your Web inbox to receive authorization status, key reports, and more!

Visit our Web site at [www.wellcare.com](http://www.wellcare.com) and give your fax machine a much-needed vacation.



# ENCOURAGE MAMMOGRAMS

The American Cancer Society recommends that women have a baseline screening mammogram between the ages of 35 and 40 and receive a mammogram once a year after age 40. Women at high risk should have mammograms even more often.

The risk of breast cancer increases as a woman ages, if she has never had children, or if she had her first child after age 30. Studies also suggest that the risk may be higher for women who eat high-fat diets and those who smoke cigarettes.

It is important to remember that 80 percent of breast cancers occur in women with no risk factors. One in eight American women will develop breast cancer in her lifetime, and another woman is newly diagnosed with the disease every three minutes.

Source:

<https://www.asrt.org/content/ThePublic/AboutRadiologicProcedures/Mammography.aspx> (American Society of Radiologic Technologists)



# PREVENTING COLORECTAL CANCER

## COLONOSCOPY EVERY 10 YEARS COULD PREVENT MANY DEATHS

Colorectal cancer is the third most common cancer among both men and women in the United States. In 2007, it was estimated that 112,000 new cases would be diagnosed, resulting in 52,000 deaths. Colorectal cancer accounts for about one in 10 new cancer cases and cancer deaths in the U.S. Treatment for early-stage colorectal cancer is extremely effective, with a five-year survival rate over 90 percent. Fewer than one in six cases are associated with a family history of the disease.

Place of birth, ethnicity, education, health coverage, smoking, and gender have all been shown to affect prevalence of colorectal cancer screening rates.

Screening methods for detecting early stages of colorectal cancer include colonoscopy every 10 years, sigmoidoscopy every 10 years, annual fecal occult blood testing (three slides) (FOBT), and double contrast barium enema every 10 years. Persons at high risk for colorectal cancer should begin screening with colonoscopy at age 40 or younger.

Clinician recommendation remains one of the most powerful determinants of whether a patient undergoes colorectal cancer screening. Physicians can prevent most of the deaths from colorectal cancer by recommending regular screening.

Sources: New York City Department of Health and Mental Hygiene, National Committee for Quality Assurance, State of Health Care Quality 2007

# UPDATED INFORMATION? LET US KNOW!

Please provide WellCare any updated information or changes that would affect your status with the Plan.

Inform the Plan, in writing within 24 hours, of:

- Any revocation or suspension of your DEA number, and/or
- Suspension, limitation or revocation of your license, certification or other legal credential authorizing you to practice in the state of Indiana.

Inform the Plan immediately, in writing, of changes to:

- Licensure status
- Tax identification numbers
- Telephone numbers
- Addresses
- Status at participating hospitals
- Loss of liability insurance

By keeping your information up to date, you are helping to improve member accessibility.

Any changes to your data should be sent to:

WellCare Health Plans, Inc.  
Attention: Provider Relations  
41 East Washington Street, Suite 310  
Indianapolis, IN 46204



A copy should also be sent to your IPA if you are contracted with us through an IPA relationship.

## POINT-OF-SERVICE OPTION AVAILABLE TO MEMBERS

Beginning January 1, 2008, many of our core Medicare Advantage + Prescription Drug (MAPD) plans include a new Point-of-Service (POS) option allowing members out-of-network access for select covered services. Every Choice, Select and Value Indiana member can choose to exercise the POS option, with your approval.

There is no rider to choose or extra premium for the member to pay. However, **the member's out-of-pocket costs will be higher** when they use the POS option for out-of-network services.

### What the POS option means to WellCare's Primary Care Providers (PCPs):

- You are the "medical home" for our members. You coordinate care by requesting authorization from the Plan for out-of-network services when requested by the patient.
- Authorization is required for any service obtained out of the Plan's network. The authorization process informs us of your consent for the member to access out-of-network services and to know who will reach out to us for claim payment. We review all authorizations for medical necessity and would only deny a request if the service is not a covered benefit.
- In-network services are managed using existing guidelines as per the Quick Reference Guide and Provider Manual.

For more information regarding the POS option, please contact your Provider Relations representative.

# ACCESS AND AVAILABILITY REQUIREMENTS FOR PRIMARY CARE PROVIDERS

It is the Plan's policy to follow access and availability standards set by federal and state requirements. To ensure our members have adequate access to their physicians, the following criteria have been adopted for our Medicare Primary Care Physicians:

- Provide medical coverage 24-hours a day, seven days a week
- See scheduled appointments within 30 minutes of the appointment time
- Schedule and see emergent referral appointments immediately
- Schedule and see urgent referral appointments within 24 hours
- Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier
- Schedule and see "well" care appointments within 30 days of a member's request

And for our specialty care providers:

- Schedule and see emergent referral appointments immediately

- Schedule and see urgent referral appointments within 24 hours
- Schedule and see routine "sick" care appointments within one week or five business days, whichever is earlier
- Schedule and see "well" care appointments within 30 days of a member's request

Remember that it is a requirement for providers to be available to patients 24 hours a day, seven days a week. The Plan will monitor appointment and after-hours availability of network providers on a routine basis to ensure that access and availability standards are met. The PCP must be available after regular office hours to offer advice and to assess any condition which may require immediate care. This includes referral to the nearest hospital emergency room in the event of a serious illness.

To ensure accessibility and availability, PCPs must provide one of the following:

- A 24-hour answering service
- Answering system with option to page the physician
- An advice nurse with access to the PCP or on-call physician

IN06759\_WCG\_NEW\_ENG  
©WellCare 2008 IN\_01\_08

