



MISSOURI | WINTER 2008

PROVIDER

Newsletter

STRATEGIC NATIONAL IMPLEMENTATION PROCESS (SNIP)

All claims and encounter transactions submitted via paper, direct data entry (DDE) or electronically will be validated for transaction integrity/syntax based on Strategic National Implementation Process (SNIP) guidelines.

All electronic claims and encounters require validation of transaction integrity/syntax at levels 1 through 3 of the SNIP national guidelines.

SNIP levels:

SNIP Type 1—EDI Syntax Integrity: Validates the file and record structure for each type of transaction.

SNIP Type 2—HIPAA Syntax-Specific Requirements: Validates that the transaction sets adhere to the HIPAA implementation guides.

SNIP Type 3—Balancing: Validates if claim summary totals balance to the line item detail.

WellCare's Claims and Encounter Companion Guides are available on www.wellcare.com.

Please correct and resubmit any claims rejected for lack of compliance to the Plan's claim and encounter submission requirements. For additional information, please contact your Provider Relations representative or Provider Services at 1-866-687-8994 (Medicare) or 1-866-822-1340 (Medicaid).

BREAKING DOWN WALLS

USING EFFECTIVE COMMUNICATION WITH PATIENTS

Patients often face a frightening time when they seek treatment, especially when they don't understand what a physician is telling them about their condition. Good communication can help alleviate any fear or anxiety they might experience.

As a partner in rendering health care services to patients, providers have an obligation to inform them of their medical conditions. Providers are responsible for effectively communicating medical terms in a manner that can be understood by the patient.

Here are some things you can do to help break down communication barriers:

- Assess what the patient already knows; encourage patients to keep you informed
- Assess what the patient wants to know
- Be empathetic
- Take the time to explain all treatment options
- Keep it simple and explain medical information in easily understandable language
- Be sure to answer all the patient's questions

ENCOURAGE PATIENTS TO QUIT SMOKING

Quitting smoking is the single most important thing your patients can do for their health.

REASONS TO QUIT

1. Live a healthier life
2. Live a longer life
3. Be free of addiction
4. Improve the health of people around them
5. Save money
6. Feel better
7. Improve quality of life
8. Have a healthy baby
9. Have better sexual and reproductive health



Modified from source: New York City Department of Health and Mental Hygiene. Health E-News. January 22, 2007.

FORMULARY UPDATE 2008

NEWS ON GENERICS

Generic equivalents for the following drug products have recently become available. Remember to inform your patients that the U.S. Food and Drug Administration (FDA) requires that generic drugs have the same quality, strength, purity and stability as their brand-name counterparts. Health professionals and consumers can be assured that FDA-approved generic drugs have met the same rigid standards as the innovator drug. To gain FDA approval, a generic drug must:

- Contain the same active ingredients as the innovator drug (inactive ingredients may vary);
- Be identical in strength, dosage form and route of administration;
- Have the same use indications;
- Be bioequivalent;
- Meet the same batch requirements for identity, strength, purity and quality;
- Be manufactured under the same strict standards of the FDA's good manufacturing practice regulations required for innovator products.

Generic drugs have exactly the same active ingredients and effects as brand-name drugs, but they can cost **30 to 80 percent less**.

The generic drugs listed below are available to WellCare's Medicaid and Medicare members at the lowest co-payment (if applicable).

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Fosamax® tablet*	Alendronate	Second-generation Bisphosphonate
Risperdal®*	Risperidone	Atypical Antipsychotic
Wellbutrin XL®*	Budeprion XL	Antidepressant
Depakote®*	Divalproex Sodium	Anticonvulsant
Vibramycin® Oral Suspension*	Doxycycline Monohydrate Oral Suspension	Antibiotic
Ceftin® Oral Suspension*	Cefuroxime Axetil Oral Suspension	Second-generation Cephalosporin
Yasmin®*	Ocella	Oral Contraceptive
Lamictal®*	Lamotrigine	Anticonvulsant

**These brand-name drugs have been removed from WellCare's Medicaid formulary.*

The following changes have been made by WellCare.

MEDICAID PREFERRED DRUG LIST	MEDICARE FORMULARY
ADDITIONS <ul style="list-style-type: none"> • Methitest® • Humatrope® • Pantoprazole • Cetirizine • Fenofibrate 	ADDITIONS <ul style="list-style-type: none"> • Intelence® • Vigamox® 0.5% Eye Drops • Accolate® REMOVALS <ul style="list-style-type: none"> • Colchicine® Injection • Zylfo IR®

BENEFITS OF SPECIAL NEEDS PLANS FOR DUAL-ELIGIBLES

WellCare and Harmony encourage our provider partners to put special needs plans to work in providing the highest level of care to our members. Dual-eligible special needs plans (D-SNPs) are set up to help coordinate health services for members with special needs who are eligible for both Medicare and Medicaid benefits.

PHYSICIAN OUTREACH

D-SNPs have been shown to be effective at improving care for dual-eligible populations. By their nature, dual-eligible members require specific outreach interventions. Given their significant co-morbidities, dual populations are faced with particular challenges:

- The dual-eligible population is more likely to be older than 85, suffer from multiple diagnoses and have low income, according to the Medicare Payment Advisory Commission.
- Seven out of 10 elderly dual enrollees are female and have annual incomes of less than \$10,000, a report in Medical Care Research and Review says.
- According to the Medical Care Research and Review report, 46 percent of elderly community resident dual enrollees reported their health as fair or poor, compared with 20 percent of other Medicare beneficiaries.

A research article in the *Journal of Ambulatory Care Management* recommends that physician groups' office staff assist in scheduling laboratory tests, radiological studies and subspecialty consultations to improve the quality and efficiency of in-person care by ensuring that required testing or referrals are completed before office appointments.

Sources:

Medicare Payment Advisory Commission. *MedPAC Data Book Section 3: Dual Eligible Beneficiaries*.
http://www.medpac.gov/publications/congressional_reports/Jun06DataBookSec3.pdf.

Niefel MR and Kasper JD. June, 2005. "Access to Ambulatory and Long Term Care Services Among Elderly Medicare and Medicaid Beneficiaries: Organizational, Financial, and Geographic Barriers." *Medical Care Research and Review*. 62: 300-319.

Denberg, T.D., Lin, CT, Myers, B.A. Cashman, J.M., Kutner, J.S. Steiner, J.F. (2008) "Improving Patient Care Through Health-Promotion Outreach." *Journal of Ambulatory Care Management*. Vol. 31, No. 1, pp. 76-87.

WELLCARE STUDY EXAMINED D-SNPs

WellCare examined claims data to understand the relationship between enrollment in a D-SNP and efficient provision of health care services. WellCare found that dual-eligibles face many non-financial barriers to access to quality health care and outcomes. In looking at the first 24 months of operating D-SNPs, PCP utilization by duals in D-SNPs more than doubled, and outpatient and ambulatory surgical centers increased dramatically. However, hospital admissions did not increase at all, despite major utilization trend increases in this area.

Also, when comparing results to non-dual Medicare Advantage members in other product offerings, major disparities between duals and non-duals begin to diminish. Primary care physician visits per 1,000 for duals grew at a rate double that of the non-dual Medicare Advantage members, and the disparity between duals and non-duals in the use of specialists was eliminated.

To help enable provider identification and outreach interventions, WellCare dual-eligible members assigned to provider panels can be identified through the Medicare Advantage plan names "Access" and "Select."



TREATMENT OF PRESCHOOL CHILDREN WITH PSYCHOTROPIC MEDICATION

Primary care providers have increasingly written larger numbers and proportions of antidepressant, antipsychotic and mood-stabilizing prescriptions, including those for preschool children with various behavioral problems. The prescription of high doses and combinations of these medications, which have not been scientifically proven to be safe or effective, represents a challenge to medical ethics review boards, risk management organizations and clinical decision groups such as utilization review and managed care organizations.

To address this issue, the American Academy of Child and Adolescent Psychiatry convened at the Preschool Psychopharmacology Workgroup (PPWG) in 2006 to examine the scientific evidence for treatment of psychiatric disorders in the preschool population. The workgroup issued its report in the December 2007 issue of the *Journal of the American Academy of Child and Adolescent Psychiatry*.

This report made the following recommendations:

- All aberrant preschool behaviors must be considered within the biopsychosocial developmental, clinical, regulatory and ethical contexts.
- A thorough diagnostic evaluation of the child, family and environment is essential to the development of a clinically justified treatment plan.
- Because of ever-increasing shortages of child-adolescent mental health specialists (child psychiatrists and behavioral pediatricians), PCPs are and will remain the main prescribers of psychotropic medication in young children—a situation that requires attention.
- The effect of psychotropic medications on the developing brain during the preschool period has not been adequately studied to establish long-term safety.
- Use of screening tools, structured assessments, multiple office visits and information from multiple and reliable sources is critical to determine an accurate diagnosis.
- Treatment should always be both multi-modal and should offer psychotherapeutic interventions as the preferred course of treatment.

- Severity of illness (target symptoms, functional impairment) should be thoroughly established by history and testing, and should be correlated to the intensity of services. A treating physician should always ask the question, “Does the severity of illness justify the known and unknown risks of medication, as an adjunct to other therapeutic interventions?”

RECOMMENDATIONS FOR PRACTICING PROVIDERS:

- Take a comprehensive history. Make sure you have multiple sources of reliable information for obtaining the child’s history, identification of target symptoms and observation of clinical treatment progress.
- Use screening tools when possible.
- Consider individual therapy, family therapy and parent training first as part of a conservative biopsychosocial approach to treatment of preschool children.
- Always use caution when prescribing psychotropic medications to young children. Documentation of a clinically justified reason for medication will support risk and utilization management reviews.
- Use the lowest possible dose and avoid poly-pharmacy. When initiating treatment, be certain to evaluate the child regularly during the first several weeks.
- If in doubt about diagnosis or treatment, consult a colleague, especially a child psychiatrist or behavioral pediatrician.

STIMULANT MEDICATIONS

BRAND NAME	GENERIC NAME	APPROVED AGE
ADDERALL®	AMPHETAMINES	3 AND OLDER
CONCERTA®	METHYLPHENIDATE	6 AND OLDER
CYLERT®*	PEMOLINE	6 AND OLDER
DEXEDRINE®	DEXTROAMPHETAMINE	3 AND OLDER
DEXTROSTAT®	DEXTROAMPHETAMINE	3 AND OLDER
RITALIN®	METHYLPHENIDATE	6 AND OLDER

*Because of its potential for serious side effects affecting the liver, Cylert should not ordinarily be considered as first-line drug therapy for ADHD.

ANTIDEPRESSANT AND ANTI-ANXIETY MEDICATIONS

BRAND NAME	GENERIC NAME	APPROVED AGE
ANAFRANIL®	CLOMIPRAMINE (FOR OCD)	10 AND OLDER
BUSPAR®	BUSPIRONE	18 AND OLDER
EFFEXOR®	VENLAFAXINE	18 AND OLDER
LUVOX® (SSRI)	FLUVOXAMINE (FOR OCD)	8 AND OLDER
PAXIL® (SSRI)	PAROXETINE	18 AND OLDER
PROZAC® (SSRI)	FLUOXETINE	18 AND OLDER
SERZONE® (SSRI)	NEFAZODONE	18 AND OLDER
SINEQUAN®	DOXEPIN	12 AND OLDER
TOFRANIL®	IMIPRAMINE (FOR BED-WETTING)	6 AND OLDER
WELLBUTRIN®	BUPROPION	18 AND OLDER
ZOLOFT® (SSRI)	SERTRALINE (FOR OCD)	6 AND OLDER

MOOD-STABILIZING MEDICATIONS

BRAND NAME	GENERIC NAME	APPROVED AGE
CIBALITH-S®	LITHIUM CITRATE 1	2 AND OLDER
DEPAKOTE®	DIVALPROEX SODIUM (FOR SEIZURES)	2 AND OLDER
ESKALITH®	LITHIUM CARBONATE	12 AND OLDER
LITHOBID®	LITHIUM CARBONATE	12 AND OLDER
TEGRETOL®	CARBAMAZEPINE (FOR SEIZURES)	ANY AGE

ANTIPSYCHOTIC MEDICATIONS

BRAND NAME	GENERIC NAME	APPROVED AGE
CLOZARIL® (ATYPICAL)	CLOZAPINE	18 AND OLDER
HALDOL®	HALOPERIDOL	3 AND OLDER
ORAP®	PIMOZIDE	12 AND OLDER (FOR TOURETTE'S SYNDROME). DATA FOR AGE 2 AND OLDER INDICATE SIMILAR SAFETY PROFILE.
RISPERDAL® (ATYPICAL)	RISPERIDONE	18 AND OLDER
SEROQUEL® (ATYPICAL)	QUETIAPINE (GENERIC ONLY)	18 AND OLDER
	THIORIDAZINE (FOR OCD)	2 AND OLDER
ZYPREXA® (ATYPICAL)	OLANZAPINE	18 AND OLDER

Sources: New York State Office of Mental Health Burns BJ, Costello EJ, Angold A, Tweed D, Stangl D, Farmer EM, Erkanli A. Data Watch: children's mental health service use across service sectors. *Health Affairs*, 1995; 14(3): 147-59.

Coyle JT. Psychotropic drug use in very young children [editorial]. *Journal of the American Medical Association*, 2000; 283(8): 1059-60. Physician's Desk Reference (PDR). Montvale, NJ: Medical Economics Company, 1999. Shaffer D, Fisher P, Dulcan MK, Davies M, Piacentini J, Schwab-Stone ME, Lahey BB.

Bourdon K, Jensen PS, Bird HR, Canino G, Regier DA. The NIMH Diagnostic Interview Schedule for Children Version 2.3 (DISC-2.3): description, acceptability, prevalence, rates, and performance in the MECA study. *Journal of the Academy of Child and Adolescent Psychiatry*, 1996; 35(7): 865-77.

Zito JM, Safer DJ, dosReis S, Gardner JF, Boles M, Lynch F. Trends in the prescribing of psychotropic medications to preschoolers. *Journal of the American Medical Association*, 2000; 283(8): 1025-30.



DEPRESSION SCREENING

A VITAL PART OF TREATING THE WHOLE PATIENT

WellCare/Harmony encourages early diagnosis and intervention in cases of behavioral health conditions. We believe this approach is a valuable way to improve members' overall health.

In any given year, 9.5 percent of the population, or about 20.9 million American adults, suffers from depression. While the high economic cost of this disorder is well known, the intangible cost in human suffering cannot be estimated for those who have the disorder and those who care about them.

Behavioral health providers have long understood that emotional well-being affects our physical health. However, within the overall health care delivery system, there has historically been a separation between treatment for the mind and the body. There is little debate over whether physical illnesses have significant behavioral health components or vice versa. The debate is in regard to the degree of connection between behavioral and physical well-being.

Health plans, employer groups and epidemiologists are increasingly recommending the use of screening instruments to identify individuals with undiagnosed and untreated disorders as a preventive measure to avoid increased severity of the condition. WellCare/Harmony endorses early diagnosis and intervention to promote improved clinical outcomes for members. Our integrated approach to health care includes depression screening and using the PRIME-MD Patient Health Questionnaire (PHQ-9) as part of our Disease Management program. The link to the PHQ-9 Web site for further information is www.americangeriatrics.org/education/dep_tool_05.pdf.

The PHQ-9 is a screening instrument based on the depressive criteria from The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)*. The PHQ-9 was developed by researchers at Indiana University and Columbia University to identify the clinical criteria and the severity of depression.

The PHQ-9 is easy for clients to complete and quick for professionals to score. For psychiatrists, psychologists and other behavioral professionals, the questionnaire provides an ongoing assessment of the severity of depression as treatment progresses by repeated administration of the instrument.

It's important that doctors, pharmacists and behavioral health care providers work together within a continuum of care to maximize the chances for success in prevention, effective treatment and recovery for members. While the definition of integration in the health care setting may vary, there are three essential components for success: collaboration, coordination and cooperation. Using this approach helps primary care physicians, behavioral health providers and WellCare work together to treat the whole patient.

HOW TO CODE DEPRESSION

Start with the appropriate code below:

- 296.2X (first episode of depression)
- 296.3X (recurring depression)
- 298.0X, 300.4 (chronic mild depression)
- 311 (depression not otherwise specified)

Then code the fifth digit for claims purposes:

- .x1-mild
- .x2-moderate
- .x3-severe without psychotic features
- .x4-severe with psychotic features
- .x5-partial remission
- .x6-in full remission
- .x0-unspecified

Sources: American Psychiatric Association. Treatment Works: Major Depressive Disorder. 2000. Agency for Health Care Policy and Research. Depression in Care: Diagnosis and Detection. 1993. American Psychiatric Association Clinical Practice Guidelines.

BEHAVIORAL HEALTH RESOURCES: JUST A TELEPHONE CALL AWAY

Home life, work and relationships can suffer as a result of mental illness or chemical dependency. However, treatment and support are available. Call Harmony Behavioral Health at 1-888-684-2026 to identify the most appropriate resources to help your patients. Immediate support is available in the event of a crisis.

Harness the Power of Our Web Capabilities

OVERVIEW

On our Web site, you and your staff will have secure access to a variety of easy-to-use tools created to streamline your day-to-day administrative tasks with the Plan.

KEY FEATURES & BENEFITS

Our Web site gives you immediate access to what you need most. All participating providers can leverage the following features:

- **Claims Submission Status & Inquiry**
 - Submit a claim.
 - Check the status of a claim.
 - Customize and download reports.
- **Member Eligibility & Co-pay Information**—Searchable member database provides you with member effective and term dates, plan type, PCP contact and co-pay information.
- **Authorization Requests**—You may submit authorization requests online, attach clinical documentation and check authorization status. You may also print and/or save copies of authorization forms once received in your online mailbox.
- **Pharmacy Service & Utilization**—View and download a copy of our preferred drug list, see drug recalls, access pharmacy utilization reports, and obtain information about our pharmacy services.
- **Provider News**—View and download our latest announcements.

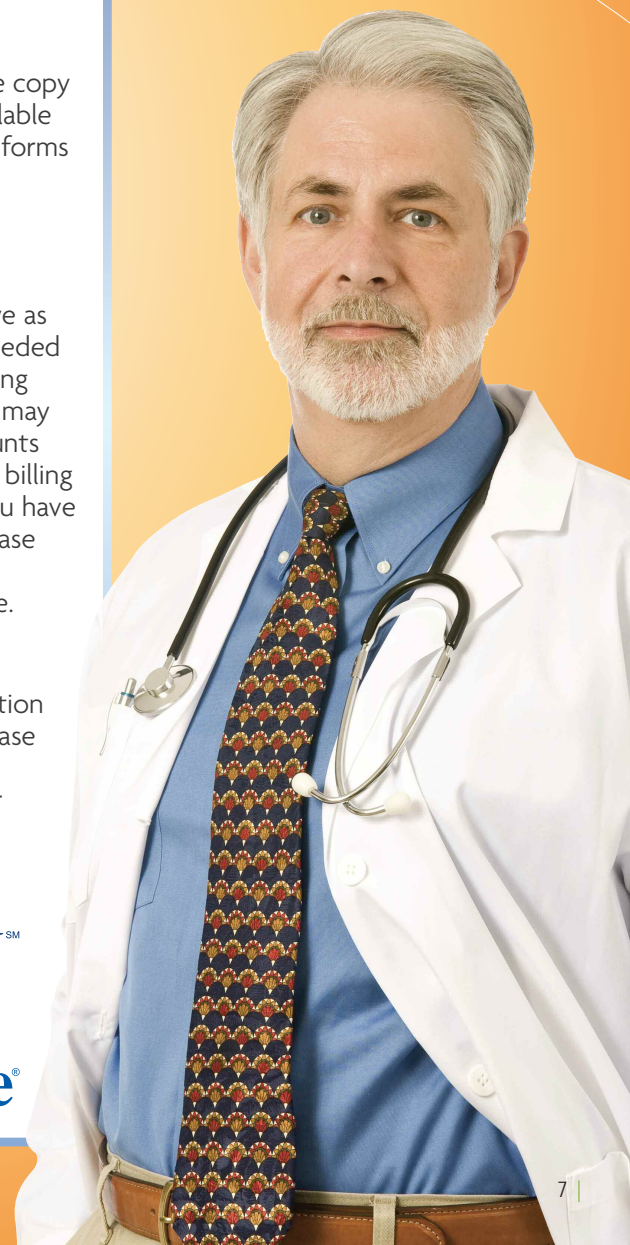
- **Your Inbox**—A provider-specific inbox where you receive notices and key reports regarding claims, eligibility inquiries and authorization requests.
- **Provider & Pharmacy Look-Up**—Search the online Provider Directory by geographic location and medical specialty to refer members to in-network services.
- **Provider Manuals**—A complete copy of our Provider Manual is available online, including all necessary forms and educational materials.

YOUR REGISTRATION ADVANTAGE

The Web site allows you to have as many administrative users as needed and can tailor views, downloading options and e-mail details. You may also create individual sub-accounts for your staff, keeping separate billing and medical accounts. Once you have registered for our Web site, please keep your login and password information for future reference.

HOW TO REGISTER

To register or for more information about our Web capabilities, please contact your Provider Relations representative or our Customer Service department.





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FREQUENTLY ASKED QUESTIONS ABOUT ELECTRONIC FUNDS TRANSFER (EFT)

WellCare/Harmony recently introduced EFT/ERA services to our providers. This free service is available through PaySpan Health and is managed by our partners Payformance and Chase.

Providers have asked the following questions during the rollout of EFT/ERA service. For more information, please visit the PaySpan Health Web site at www.payspanhealth.com.

Q. How do I register for EFT?

A. Enrolling is quick and simple. Using the registration code sent to you in your WellCare enrollment letter, go to the PaySpan Health Web site, www.payspanhealth.com. You will spend 5–10 minutes on the online enrollment process. You will then confirm the test deposit, usually within two business days. Once confirmed, all subsequent payments will be sent via EFT.

Q. I have forgotten my password; now what?

A. Call Payformance at 1-877-331-7154, Monday–Friday, 7am–9pm Eastern, to reset your password.

Payformance can also assist with:

- File processing inquiries
- Administrator account additions
- 835 posting questions

Q. When should I contact the Plan?

A. WellCare Customer Service and/or Provider Relations can assist you with:

- Initial support concerning product inquiries
- Provider registration process
- Receiving account-management assistance
- User security questions
- Payment questions
- General process questions

Please call your Provider Relations representative or Customer Service with any questions at 1-866-687-8994 (Medicare) or 1-866-822-1340 (Medicaid).