

PROVIDER

Newsletter

REAP THE BENEFITS OF WELLCARE SPECIALTY PHARMACY

Helping your patients manage their long-term and/or rare conditions is never an easy task, especially considering the unique challenges each patient presents and the vast array of medications available to address those challenges. That's why it's important for you to partner with a pharmacy that will work with you and your patients to manage their health conditions and therapy.

When you refer your patients to WellCare Specialty Pharmacy, you enlist the expertise of a team skilled in the handling of medications for conditions that include anemia, ankylosing spondylitis, cancer, Crohn's disease, hemophilia, hepatitis, HIV, multiple sclerosis, organ transplant, psoriasis and others. However, patients aren't the only ones to reap countless benefits. With just one simple call, both you and your office staff can also benefit from a team that will:

- Help manage medication side effects and symptoms
- Order medication refills and supplies
- Work closely with your office to provide the right information to WellCare in order to obtain the medication promptly
- Provide educational materials
- Research alternative funding when needed
- Assist in teaching how to administer the medication
- Answer any questions regarding medications or conditions
- In rare cases, quickly triage the order to another pharmacy while informing the patient and your office staff

For your patients to begin receiving the benefits of WellCare Specialty Pharmacy, just call in their specialty medication order to **1-866-458-9246**, Monday–Friday, 8 a.m. to 6:30 p.m. or fax the order to **1-866-458-9245**.

PROVIDER UPDATE

Since our last newsletter published, the following correspondence was sent to providers via fax, mail, e-mail or was posted on the secure section of the WellCare website:

- Colorectal Cancer Screening HEDIS® “Measure of the Month”
- Connecticut's 2011 Issue I Provider Newsletter
- 2011 Model of Care Provider Self-Study Program

You can find copies of some of these correspondences when you log in to the secure area of www.wellcare.com (via the sign-in on the right that says “Member/Provider Secure Sign-In”). Then click on the *Provider* tab and you will see *Messages from WellCare* located in the right-hand side. Remember to check the messages regularly to receive new and updated information.

TAKE POSITIVE ACTION IN MANAGING MEDICATIONS

SIMPLE INTERVENTIONS PROMOTE PROPER DRUG USE, PATIENT SAFETY

WellCare encourages providers to make sure your patients are using the medications they need in the way they should be used. Some proactive steps you can take in this area can drive beneficial outcomes for patients.

Providers can almost instantaneously improve their patients' health care status by systematically re-assessing the indications for and dosages of all of the medications, (including herbal, over-the-counter, and topical preparations) used by their patients. It's also the perfect time to uncover the use of illicit drugs and improper consumption of alcoholic beverages.

For patients on a daily medication regimen, the use of a pill carrier, or even two if a patient is on an AM-PM dosing schedule, will help with compliance. Encouraging the use of this user-friendly tool can keep your patients on track with what medications they need to take and when.

Do you ask your patients if they keep an up-to-date list of all their medications in their wallet or purse? Does the list also include their known allergies? If not, you may want to encourage them to do so. When a patient goes to an emergency room or sees a specialist, a list of his/her current medications can keep his/her care on track, highlighting the need to treat the complete patient and potentially avoiding harmful drug-drug interactions.

For Medicare patients discharged from an acute or non-acute facility, remember that the prescribing practitioner or clinical pharmacist should reconcile the discharged medications with the most recent medication list in the patient's medical record. This should be completed within 30 days of discharge. An outpatient visit isn't required, just documentation in the patient's medical record that the reconciliation was conducted. Medical record documentation should include:

- Notation that medications prescribed upon discharge were reconciled with current medications by the appropriate practitioner, or
- Medications listed in the discharge summary present on the outpatient medical record and evidenced by reconciliation with current medications by the appropriate practitioner, or
- Notation that no medications were prescribed upon discharge.



Q2 2011 PROVIDER FORMULARY UPDATE

GENERIC NEWS

The generic drugs listed below are now available to WellCare's **Medicare** members at the lowest cost-sharing benefit:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Accolate® 10mg, 20mg Tablets	Zafirlukast 10mg, 20mg Tablets	Antileukotrienes
Aricept® 5mg, 10mg Tablets	Donepezil HCl 5mg, 10mg Tablets	Cholinesterase Inhibitors
Aricept® ODT 5mg, 10mg Tablets	Donepezil HCl 5mg, 10mg Orally Disintegrating Tablets	Cholinesterase Inhibitors
Dovonex® 0.005% Topical Ointment [†]	Calcipotriene 0.005% Topical Ointment	Dermatological Agents
Mirapex® 0.75mg Tablet [†]	Pramipexole Dihydrochloride 0.75mg Tablet	Antiparkinson Agents

[†]Not covered on the 2011 Medicare formulary.

The following additions have been made to the WellCare **Medicare Formulary**:

ADDITIONS	
Bromday™ 0.09% Ophthalmic Solution (QL: 2.5mL/31 days)	Lumigan® 0.01% Ophthalmic Solution (QL: 5mL/31 days)
Calcitriol 1mcg/mL Solution (PA)	Jalyn™ 0.5mg/0.4mg Capsule
Carisoprodol 250mg Tablet (QL: 124 tablets/31 days)	Latuda® 40mg, 80mg Tablets (PA)
Cimetidine HCl 300mg/5mL Solution	Pantoprazole Sodium 20mg, 40mg Delayed-Release Tablets
Doxepin HCl 150mg Capsule	Renvela® 800mg Tablet, 0.8g and 2.4g Packets
Dulera® 100mcg/5mcg, 200mcg/5mcg Inhalation Solution	

PA = Prior Authorization QL = Quantity Limit

The Utilization Management criteria have changed for the following medications as noted below for the WellCare **Medicare Formulary**:

DRUG NAME	CHANGE
Byetta® 5mcg, 10mcg Injection	PA removed
Eliphos™ 667mg Tablet	PA removed

PA = Prior Authorization

Please visit www.wellcare.com/medicare/medication_guide to view the complete formulary as well as formulary updates.

WHAT IS HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

WHY HEDIS® IS IMPORTANT

HEDIS® ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

VALUE OF HEDIS® TO YOU, OUR PROVIDERS

HEDIS® can help you save time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care. HEDIS® can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other WellCare providers as well as with the national average

VALUE OF HEDIS® TO YOUR PATIENTS, OUR MEMBERS

HEDIS® ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices. In the upcoming months, as part of our planned HEDIS® initiatives, we will be making outreach phone calls and/or mailing periodicity letters to members and/or parents or guardians of targeted members. These calls and letters will inform and educate them about the importance of preventive health screenings. We will encourage the scheduling of appointments for breast cancer and cervical cancer screening, child and adolescent well visits, childhood immunizations, lead screening, glaucoma screening, postpartum visits and other preventive screenings.

WHAT YOU CAN DO

- Encourage your patients to schedule their preventive screening exams.
- Remind your patients to follow up with ordered tests.
- Complete outreach calls to noncompliant members.

If you have questions about HEDIS® or need more information, please contact your local Provider Relations representative.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

APPEALING AN ADVERSE DETERMINATION

When an adverse determination has been rendered, a provider may request an appeal of the decision within the timeframe specified on the provider evidence of payment (EOP)/ provider remittance advice.

The request must be submitted to the following address:

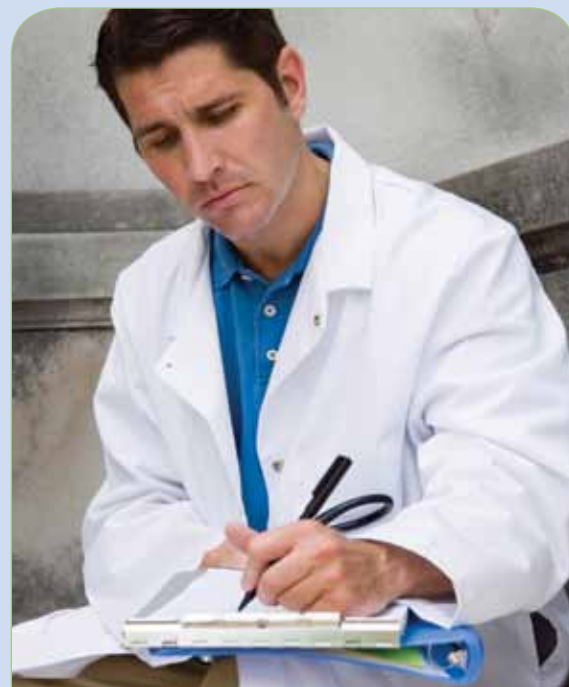
**WellCare Health Plans, Inc.
P.O. Box 31368
Tampa, FL 33631-3368**

The request should include information as to why the denial should be reversed. Pertinent documentation that supports the service provided should be included with the appeal request.

Once the case is received, the file will be reviewed by someone who was not previously involved in the initial determination. The Plan will conduct a review of the request that does not give deference to the denial decision. The Plan will also fully investigate the content of the appeal, including all aspects of clinical care involved.

Information regarding additional appeal rights, if applicable, will also be included in the appeal outcome letter.

Upon request, a copy of the clinical rationale used in making the appeal decision will be provided.





CLAIMS CORNER

WHAT'S THE DIFFERENCE BETWEEN AN APPEAL AND A CLAIM DISPUTE?

You should file an appeal if you disagree with an adverse organization determination. In most cases, these are related to authorization denials, claim denials or denials for reimbursement (typically related to the member paying out-of-pocket for services and requesting reimbursement from the health care plan).

A contracted provider has the right to appeal authorization denials or claim denials related to lack of, or in excess of, authorization.

Appeals should be sent to:

WellCare Health Plans, Inc.
P.O. Box 31368
Tampa, FL 33631

If you believe there has been an error in payment, or you believe a claim payment did not follow guidelines, you have the right to dispute the payment amount by submitting a claim dispute.

Claim disputes can include:

- A claim denial for timely filing
- Coding- or billing-related issues
- A dispute in the amount paid on a claim

Please be advised that the P.O. Box for claim disputes has changed since this article was last published in Issue II 2010. The updated P.O. Box is included below.

Claim disputes should be sent to:

WellCare Health Plans, Inc.
P.O. Box 31370
Tampa, FL 33631-3370

Payment policy disputes (i.e., denials starting with IHXXX, MKXXX, or PDXXX) should be sent to:

WellCare Health Plans, Inc.
P.O. Box 31426
Tampa, FL 33631-3426

For more information about appeals or claim disputes, please refer to the telephone numbers on the *Quick Reference Guide*, available on the provider website at www.wellcare.com.

WELLCARE'S MAIL-ORDER PHARMACY SERVICE

AN EASY WAY FOR YOUR PATIENTS TO SAVE

With WellCare's new mail-order pharmacy service, your patients can now have the medications they take every month mailed directly to their homes. It's easy, convenient (no more waiting in lines at the retail pharmacy) and accurate. They will also save money! By using WellCare's mail-order service, they will receive a three-month supply of medication for only two-and-a-half monthly co-pays.

Simply call **1-866-892-9006**, Monday–Friday, from 8 a.m. to 6:30 p.m. Eastern, to get your patients started. Or fax their maintenance medication prescriptions to **1-866-892-8194**. Remember to prescribe the maximum days' supply (93 days) plus refills for up to one year.

Because the pharmacy team at WellCare's mail-order service has a deep understanding of the insurance process, they will work with your office to obtain all necessary information, allowing your patients to receive their medications promptly.

HELPING PATIENTS WITH RHEUMATOID ARTHRITIS

According to a U.S. government survey on arthritis statistics, one out of every four adults in America will have arthritis by 2030. There are over 50 million people that suffer from arthritis and, according to the Centers for Disease Control and Prevention, people with rheumatoid arthritis (RA) die up to 10 years earlier than those who do not have this disease.

Together, we can help your patients become more educated about the disease process, maximize current treatment methods and avoid common mistakes associated with their RA. Consider the following strategies:

Prescriptions: Emphasize the importance of taking a disease-modifying anti-rheumatic drug (DMARD) or a biologic early on, since these classes of drugs address the root cause of the immune system malfunction, often at the cellular level. The American College of Rheumatology (ACR) recommends that all RA patients be given a DMARD, regardless of how active or severe their RA is. Studies show that starting powerful drugs earlier may be more effective in reducing or preventing joint damage.

Medication Regimen: Patients may stop taking their medications or skip doses as they feel better. Therefore, it is critical to help them understand that failing to take their medication may cause pain or the arthritis to get worse. Patient education in this area is a key to a successful treatment outcome.

Depression: Watch for depression in RA patients, since this chronic condition can negatively affect their psychosocial well-being. Some people with RA benefit from antidepressants in concert with help from a mental health professional. As you deem beneficial, advise patients to utilize their mental health benefits by calling the number on the back of their Plan member ID card. In addition, encourage them to attend local support groups such as those offered by The Arthritis Foundation or local hospitals.

Exercise: It is recommended that RA patients take short rest breaks throughout the day, especially when the disease is active or exacerbated. This can help reduce joint inflammation, pain and fatigue. However, it is prudent to advise RA patients that too much resting will increase stiffness and decrease joint mobility. Teach gentle range-of-motion exercises and encourage exercising in the water during flare-ups. When patients are feeling better, promote increased activity and resistance exercise to build muscle strength.

Referrals: Refer RA patients to follow up with a rheumatologist for ongoing monitoring, labs and medical treatment. Advise them to find a local rheumatologist through the Plan's website at www.wellcare.com or by calling Customer Service.

WellCare also has specialized Disease Management nurses that speak to members with RA via telephone to provide education in conjunction with educational mailings. To refer a member to Disease Management, please call **1-866-635-7045**. This program is at no charge to the member.

*Sources: Arthritis Foundation, The American College of Rheumatology (ACR), <http://www.arthritis.org/facts.php>
The Centers for Disease Control and Prevention (CDC), <http://www.cdc.gov/arthritis/media/quickstats.htm>*

SERVICE AUTHORIZATION REQUESTS

For some treatments and services, WellCare Health Plans Inc. requires a service authorization request, as listed in the Quick Reference Guide (QRG). The QRG is updated on an annual basis, lists all of the services that require prior authorization, as well as the appropriate steps to follow when requesting a service authorization, and can be found on the provider website.

WellCare has a review team of nurses and physicians that ensures members receive appropriate health care services, with a focus on meeting the clinical coverage guidelines and standards of practice.

Currently, reviews are conducted within the state-mandated time frames for Medicaid members and federally mandated time frames for Medicare members. However, with WellCare seeking NCQA accreditation, going forward we will conduct reviews using the more stringent review time frame, whether that is the state/federal requirement or the NCQA requirement. Any decision to deny a service authorization request, or to approve it for an amount that is less than asked for, is called an adverse organization determination. This determination will be made by a qualified health care professional. If we decide that the requested service is not medically necessary, the decision will be made by a physician reviewer.

After we receive your request, we will review it under a standard or an expedited review process. Physicians who determine that a review under the standard time frame would jeopardize the member's life or health, or the member's ability to regain maximum function, can request an expedited review. Any physician request for an expedited review will be honored by WellCare. If a request for an expedited review is made by a member, we will look at the request and determine if it meets the standard above. If it does not, we will notify the member and handle the request within the standard time frame.

WellCare will provide you our decision through a fax or phone notification. If we deny your request, the attending or treating physician has the right to discuss the denial with the physician who made the decision. When we notify you of the decision, we will provide instructions on how you would request a peer-to-peer review, so that you may present your reasons as to why you think we should overturn the denial decision. Physicians may contact WellCare regarding UM issues or decisions during business hours and after hours by calling Customer Service, at **1-866-579-8006**.

EMPOWER PATIENTS TO MANAGE THEIR ASTHMA

As a provider, you can help your patients manage their asthma by continuously educating them in these areas, as outlined in the *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma — Full Report, 2007*:

1. **Self-assessment and monitoring:** Encourage patients to keep a daily log of their peak flow volume upon waking and going to bed to detect subtle changes in their lung function. Spirometry testing is advised at least yearly.
2. **Patient education:** You play a crucial role in teaching a patient the skills he or she needs to self-monitor asthma and when to seek medical care. According to a report, only 34 percent reported receiving an asthma management plan with specific instructions on how to change the amount or type of medicine taken, when to call a doctor for advice and when to go to the emergency department.¹ Reinforce how to handle exacerbations using a written asthma action plan. The templates for asthma action plans may be accessed at www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.pdf.
 - Refer WellCare members to our Disease Management program by calling **1-866-635-7045**. This program provides telephonic education from an RN, at no cost to the member, to reinforce their understanding of asthma and adherence to their asthma action plan.
3. **Medications:** Help patients understand the importance of compliance with maintenance medications and the rationale for following the National Heart, Lung, and Blood Institute's Stepwise treatment guidelines. Consider referral to an asthma specialist for Step 3 and above or if difficulties persist in controlling asthma.²

National Heart, Lung, and Blood Institute's Stepwise treatment guidelines:

- **Step 1: Mild intermittent:** No daily medications needed. Rescue inhalers known as Short-acting Beta₂ Adrenergic Agonist Bronchodilators (SABA), i.e., albuterol.
- **Step 2: Mild persistent:** Low-dose inhaled corticosteroids. To be added for all persistent diseases, i.e., beclomethasone, mometasone. Alternative tx: leukotriene modifier, i.e., montelukast.
- **Step 3: Moderate persistent:** Daily symptoms. Low- to medium-dose inhaled corticosteroids *and* Long-acting Beta₂ Adrenergic Agonist Bronchodilators (LABA), i.e., salmeterol or formoterol, to be added for asthmatics inadequately controlled on steroids. Per the FDA, LABA are never to be used alone in the treatment of asthma.³
- **Step 4: Severe persistent:** High-dose inhaled corticosteroids *and* LABA, *and* as needed, oral corticosteroids.

And finally, be sure to follow up with your asthma patients seasonally or no less than every six months if stable. Discuss their concerns and adjust step-up or step-down treatment as necessary.

Sources:

- 1) Centers for Disease Control & Prevention; National Center for Health Statistics, *National Health Statistics Reports, Number 32, January 12, 2011* pg.5; www.cdc.gov/nchs.
- 2) National Heart, Lung, and Blood Institute; *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma — Full Report, 2007*; www.nhlbi.nih.gov/guidelines/asthma/index.htm.
- 3) U.S. Food and Drug Administration press release, "FDA Announces New Safety Controls for Long-Lasting Beta Agonists, Medications Used to Treat Asthma," Feb. 18, 2010; www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm200931.htm.



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S-T-A-R-T CAN STOP THE CYCLE

ENCOURAGE PATIENTS TO QUIT SMOKING

Quitting smoking works best when the person is prepared. Help your patients start by explaining the acronym **START**, which stands for these five important steps:

- S = **Set** a quit date.
- T = **Tell** family, friends and coworkers that you plan to quit.
- A = **Anticipate** and plan for the challenges you'll face while quitting.
- R = **Remove** cigarettes and other tobacco products from your home, car and work.
- T = **Talk** to your doctor about getting help to quit.

For more information, visit www.smokefree.gov.

Source: <http://www.smokefree.gov/qg-preparing-steps.aspx>, January 2011.

