



# PROVIDER

## Newsletter

## WEB REGISTRATION IS FAST AND EASY

To take advantage of WellCare's Web site, go to [www.wellcare.com](http://www.wellcare.com) and follow these simple steps:

1. Create a new account using the *Sign Up Here* link that appears on the home page. The *Register Here* link on the top right side of the following page will direct you to the Provider Registration form.
2. Complete the registration form. Your WellCare-issued Provider ID appears in your welcome packet and on your Explanation of Payment copies.
3. Create a user name. A confirmation page will be displayed. You should print this page for your records.
4. Within 24 hours of registration, you will receive an e-mail with a temporary password that will expire in 30 days. Use this password to log onto the WellCare site and create a password of your preference.

Be sure to keep your user name and password information for future reference.

## SEE THE VALUE OF ANNUAL EYE EXAMS

Please encourage your patients to get an annual eye examination. It is WellCare's goal for every member to receive a routine eye exam annually. If you have patients that have not yet had an annual eye exam, please remind them to schedule an appointment.

Consult the **Quick Reference Guide** to refer members to the appropriate contracted vision vendor.

## QUICK REFERENCE GUIDE UPDATE

The **Quick Reference Guide** was updated with changes that became effective Jan. 1, 2009. You can access the **Quick Reference Guide** by visiting our Web site at [www.wellcare.com](http://www.wellcare.com). Please check this site regularly to ensure you are referring to the most up-to-date version.

The **Quick Reference Guide** reflects that the **Plan no longer requires prior authorization for in-network providers** for the following:

- Durable medical equipment (DME) purchases (including orthotics & prosthetics) billed for an amount less than \$500 (any place of service)
- Cardiac and pulmonary rehab services (any POS)
- Pain management treatment (POS 11 or 22)
- Observations (POS 22 or 24)
- Ultrasounds (any POS)
- Most services rendered in POS 22 (outpatient hospital) and POS 24 (ambulatory surgical center)

The **Quick Reference Guide** is an important document that places the following information at your fingertips:

- Our Provider Services hotline and other important telephone numbers
- Specific authorization rules
- Where to get help regarding EDI and Pharmacy Services
- Where to fax forms and documentation
- Contracted networks contact information

If you have any questions, please call our Provider Services line toll-free at 1-866-579-8006.



## A LITTLE MOTIVATION CAN MAKE A BIG DIFFERENCE

Motivational interviewing is a skill that clinicians can employ on a day-to-day basis to influence patient recovery. The practice helps a patient deal with his or her conscious and unconscious resistances to change through exploration, clarification and encouragement by the clinician during the medical visit.

As defined by Miller and Rollnick, motivational interviewing is a direct, patient-centered counseling style for eliciting behavior change by helping patients explore and resolve ambivalence.

Principles of motivational interviewing are as follows:

- Motivation to change is elicited from the patient, not imposed by others.
- It is the patient's task, not the clinician's, to articulate and resolve his or her ambivalence.
- Direct persuasion is not an effective method for resolving ambivalence.
- The counseling style is usually quiet and eliciting.
- The counselor is direct in helping the patient examine and resolve ambivalence.
- Readiness to change is not a patient trait but a fluctuating product of interpersonal interaction.
- The therapeutic relationship is more like a partnership or companionship than expert and recipient roles.

In order to ensure that motivational interviewing is most effective, the clinician:

- Listens to what the patient has to say
- Respects and appreciates the patient's individuality, independence and right to make the final decisions about his or her life and health care
- Seeks to understand the patient's frame of reference, particularly via reflective listening
- Acknowledges the patient's ambivalence
- Acts as a resource enabling the patient to identify the barriers to change and how to change
- Focuses on strengths but explores weaknesses shared by patient
- Expresses encouragement, empathy, understanding, acceptance and affirmation
- Elicits and selectively reinforces the patient's expressions of problem recognition, concern, desire and intention to change, and ability to change
- Monitors the patient's degree of readiness to change and ensures that resistance is not generated by jumping ahead of the patient
- Affirms the patient's freedom of choice and self-direction

The goal is to support self-efficacy and optimism, giving the patient hope that, in time, things can be better. All patients need hope. Even the most treatment-resistant patients need hope that things can improve.

## UPDATED INFORMATION? LET US KNOW!

Please provide WellCare Health Plans 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 Connecticut.

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

- Licensure status
- Tax identification numbers
- Telephone and fax 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 of Connecticut, Inc.**  
**Attention: Provider Relations**  
**127 Washington Ave.**  
**4th Floor**  
**North Haven, CT 06473**

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



## BREAK THE CODE FOR BETTER CARE AND SERVICE

Concise medical record documentation is critical to providing patients with quality care as well as for receiving accurate and timely reimbursement for rendered services.

Medical records chronologically document the care of the patient and are required to record pertinent facts, findings and observations about the patient's health history. Documentation should include past and present illnesses, examinations, tests, treatments and outcomes. Medical record documentation also assists physicians and other health care professionals in evaluating and planning the patient's immediate treatment and monitoring health care over time.

The Evaluation and Management Services Guide is a tool that includes Centers for Medicare & Medicaid Services (CMS) reference tools, publications and Web site links with documentation guidelines.

The 2008 version of the CMS guide for E&M Medical Record Documentation is available at [www.cms.hhs.gov/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf).

*Source: Evaluation & Management Services Guide, July 2008 [http://www.cms.hhs.gov/MLNProducts/downloads/eval\\_mgmt\\_serv\\_guide.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf)*

## NEW GLUCOMETER AND TESTING SUPPLY VENDORS

As of Jan. 1, 2009, our preferred glucometers and testing supplies have changed. We are no longer covering Bayer-brand glucometers and the corresponding testing supplies, including Ascensia Breeze®, Breeze® 2, Contour®, Elite® and Elite® XL. Our preferred glucometers and testing strips are the following:

ROCHE	ABBOTT
<b>Preferred Glucometers</b>	
Accu-Chek® Active Care Kit	FreeStyle Lite® Meter
Accu-Chek® Advantage Care Kit	FreeStyle Freedom® Lite Meter
Accu-Chek® Aviva Care Kit	Precision Xtra® Meter
Accu-Chek® Compact Plus Care Kit	
<b>Preferred Test Strips</b>	
Accu-Chek® Active Test Strips	FreeStyle Lite® Test Strips
Accu-Chek® Advantage Test Strips	Precision Xtra® Test Strips
Accu-Chek® Aviva Test Strips	
Accu-Chek® Comfort Curve Test Strips	
Accu-Chek® Compact Test Drums	

# GENERIC DRUG NEWS AND FORMULARY UPDATES

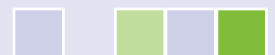
The generic drugs listed below are now available to WellCare's **Medicare** members at the lowest cost-sharing benefit:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Cosopt® 2%-0.5% Ophthalmic Solution	Dorzolamide HCl/Timolol Maleate 2%-0.5% Ophthalmic Solution	Antiglaucoma Agent
Imitrex® STATdose System	Sumatriptan Succinate 4mg/0.5mL, 6mg/0.5mL Solution for Injection	Anti-Migraine Agent
Keppra® Tablet	Levetiracetam Tablet	Anticonvulsant Agent
PhosLo® Gelcaps 667mg Capsule	Calcium Acetate 667mg Capsule	Phosphate Binding Agent
Razadyne® Tablet	Galantamine Hydrobromide Tablet	Cholinesterase Inhibitor
Razadyne® ER Extended-Release Capsule	Galantamine Hydrobromide Extended-Release Capsule	Cholinesterase Inhibitor
Retrovir® 50mg/5mL Syrup	Zidovudine 50mg/5mL Oral Syrup	Antiviral Agent
Tobradex® 0.3%-0.1% Ophthalmic Suspension	Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	Ophthalmic Anti-infective/ Anti-inflammatory Combination
Trusopt Ocumeter® 2% Ophthalmic Solution	Dorzolamide HCl 2% Ophthalmic Solution	Antiglaucoma Agent
Videx® EC Delayed-Release Capsule	Didanosine Delayed-Release Capsule	Antiviral Agent

The following changes have been made to WellCare's **Medicare Formulary**:

ADDITIONS	REMOVALS
Alocril® 2% Ophthalmic Solution	Ketotifen Fumarate 0.025% Ophthalmic Solution
Azasite® 1% Ophthalmic Solution	✘ We have also removed the Step Edit associated with Januvia® Tablets and Janumet® Tablets
Bicillin® C-R and L-A Syringes	
Boniva® Tablet, 3mg/3mL Solution for Injection (PA*-Injection only)	
Crestor® Tablet	
GoLYTELY®	
HalfLyteLy®-Bisacodyl Bowel Prep Kit	
Pristiq® Extended-Release Tablet (with PA*)	
Stavzor™ Delayed-Release Capsule	
Voltaren® 1% Topical Gel	

\* PA = Prior Authorization



## COORDINATION OF CARE MAXIMIZES OUTCOMES

A recent Google™ search identified more than 11 million documents related to coordination of care. With so much information available, one might think that it is a commonly used phrase or practice, but it is not routinely utilized by all health care professionals. WellCare reminds providers that coordination of care is appropriate for all disciplines at all levels of care, including inpatient-outpatient, medical-behavioral, PCP-specialty and intra-disciplinary.

Communication and coordination/integration of care among medical and behavioral health providers is a best practice principle essential to optimizing consumer safety and clinical outcomes.

Members with co-morbid medical and behavioral health conditions can be particularly vulnerable to complications that may result from inadequate coordination of care between treating providers. All providers, medical and behavioral, are expected to initiate communication that facilitates and enhances continuity of care, relapse prevention, member safety and member satisfaction.

It must be noted, though, that providers can only coordinate care to the extent permitted by confidentiality requirements. There may be occasions when the member refuses to sign consent for release of information.

Keeping in mind the ultimate goal of enhanced member well-being, it behooves all parties to take the necessary steps for coordination of care.

*Source: National Archives and Records Administration*

## REGULAR CERVICAL CANCER TESTING MAY SAVE LIVES

WellCare invites our physicians to help us reinforce the importance of cervical cancer screening to our female members. Our Pap test recommendations are as follows:

- Females should receive an initial Pap test within three years of first sexual activity or at age 21—whichever comes first.
- Cervical cancer screenings should occur once every three years until age 65.
- Women older than 65 should discontinue Pap testing only after they have had several negative tests and are not otherwise at risk for cervical cancer.
- Women living with HIV/AIDS should have a Pap test twice in the first year, and if the rest are normal, Pap tests should continue at least every year.
- A woman who has had a total hysterectomy (in which the cervix was removed) no longer needs Pap tests, unless the surgery was done as a treatment for cervical abnormalities or cancer.

Health care providers should encourage patients who may be less likely to get Pap tests to be screened regularly.

- All primary care providers, not just gynecologists, should check if women need to have a Pap test and, if so, either perform the test or refer appropriately.
- Targeted outreach toward older, foreign-born, low-income and uninsured women is recommended.
- All women 21 and older should be screened at least every three years, regardless of sexual activity.

*Sources: National Cancer Institute; U.S. Department of Health and Human Services; American Cancer Society*



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## 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 save you 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.

### WHAT YOU CAN DO

- Encourage your patients to schedule preventive 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).*

Source: [www.ncqa.org](http://www.ncqa.org)