



FLORIDA | 2011 | ISSUE II

# PROVIDER

## Newsletter

### REAP THE BENEFITS OF WELLCARE SPECIALTY PHARMACY

Helping your patients manage their long-term and 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 condition 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 was published, the following correspondence was sent to providers via fax or was posted on the secure section of the WellCare website.

- CAHPS Member Materials Fax
- 2011 MOC Self-Study Program
- FL 2011 Issue I Provider Newsletter Now Available

You can find copies of all of these correspondences when you log in to the secure area of [www.wellcare.com](http://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 on the right-hand side. Remember to check the messages regularly to receive new and updated information.



## SERVICE AUTHORIZATION REQUESTS

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

The Plan 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 The Plan 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 The Plan. 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.

The Plan 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 The Plan during working hours and after hours by calling 1-888-888-9355 (Medicare), 1-866-334-7927 (Staywell), 1-866-698-5437 (Staywell Kids), 1-800-278-0656 (HealthEase) and 1-800-278-8178 (HealthEase Kids) regarding UM issues or decisions.

## 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 a lack of, or in excess of, authorization.

#### Appeals should be sent to:

WellCare Health Plans/HealthEase of Florida  
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/HealthEase of Florida  
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/HealthEase of Florida  
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](http://www.wellcare.com).

## APPEALING AN ADVERSE DETERMINATION

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

**The request must be submitted to the following address:**

WellCare Health Plans/HealthEase of Florida  
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.

A decision will be rendered to the provider within 30 calendar days. 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.



# TAKE POSITIVE ACTION IN MANAGING MEDICATIONS

## SIMPLE INTERVENTIONS PROMOTE PROPER DRUG USE, PATIENT SAFETY

WellCare/HealthEase 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 calendar 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.

## 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 communicating a new 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](http://www.smokefree.gov).

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

## ATTENTION-DEFICIT HYPERACTIVITY DISORDER MEDICATION MANAGEMENT

Have you diagnosed a HealthEase or Staywell member with Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD)? WellCare would like to remind you of the importance of follow-up visits regarding ADHD. The current guidelines recommend patients 6–12 years of age have at least three follow-up care visits within a 10-month period, one of which is within 30 days of when the first ADHD medication was dispensed. This is especially important as these medications may require titration to achieve the most appropriate dosing regimen.

It is important to bill the claim appropriately to ensure we are tracking this information. When conducting a follow-up visit for ADHD, make sure to submit the appropriate coding. If the member remains on ADHD medicine, then they are recommended to have two additional visits within the 10-month period; one of these visits can be a telephone visit. If you conduct a telephone visit, make sure you bill the appropriate procedure codes for it to count toward the measure. The initial 30-day visit cannot be a telephone visit; it should be an office visit.

### Covered ADHD/ADD Medications

DESCRIPTION	GENERIC NAME
CNS stimulants	<ul style="list-style-type: none"><li>• amphetamine-dextroamphetamine</li><li>• dexamethylphenidate</li><li>• dextroamphetamine</li><li>• methylphenidate</li></ul>

## PROMOTE CANCER AWARENESS

WellCare/HealthEase (The Plan) asks providers to encourage women to get all their preventive health exams completed by December 31 if they have not already done so this year. According to the Centers for Disease Control and Prevention (CDC), many deaths from breast and cervical cancer could be avoided by increasing cancer screening rates among women. Deaths from these diseases occur disproportionately among women who rely on public health programs like Medicaid or are uninsured, the CDC reports. WellCare covers all regular preventive tests and screenings for women without requiring referral or prior approval. Help us ensure that our members stay healthy by recommending appropriate preventive tests and screening. Please continue to encourage women to obtain an annual mammography for breast cancer screening and a Pap smear for cervical cancer screening. Women should also have an annual chlamydia screening test if they are sexually active and between the ages of 16 and 25.

## 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 who 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](http://www.wellcare.com) or by calling Customer Service.

WellCare also has specialized Disease Management nurses who 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 (CDC)*, <http://www.cdc.gov/arthritis/media/quickstats.htm>

# CONTROLLING HYPERTENSION IN YOUR PATIENTS - MEDICATION ADHERENCE CRITICAL FACTOR

In continuing our mission to facilitate the highest quality of care for our members, WellCare of Florida is undertaking an initiative to partner with you in managing your patients with hypertension. Non-adherence and poor or no persistence in taking antihypertensive medications results in uncontrolled high blood pressure, poor clinical outcomes, and preventable health care costs. Factors associated with non-adherence are multilevel and relate not only to the patient, but also to the provider, health care system, health care organization, and community.<sup>1</sup>

Therefore, it is important to assure your patients are adhering to their medications. Please consider prescribing at least one medication of a preferred therapy, if appropriate, to your patients that have hypertension. We ask that you do not use samples as these cannot be tracked in the patient’s prescription history.

The Preferred Antihypertensive Therapy Medications:

CLASS	MEDICATIONS
Alpha-Adrenergic Blocking Agents	Doxazosin, Prazosin, Terazosin
Beta-adrenergic Blocking Agents	Atenolol, Atenolol/chlorthalidone, Bisoprolol, Bisoprolol/hctz, Carvedilol, Labetalol, Metoprolol succinate er, Metoprolol tartrate, Nadolol, Pindolol, Propranolol/hctz, Propranolol (er), Sorine®, Sotalol (af), Timolol maleate
Dihydropyridines	Amlodipine, Amlodipine/benazepril, Nifediac cc, Nifedical xl, Nifedipine (er)
Central Alpha-Agonists	Clonidine, Guanfacine, Methyldopa, Methyldopa/hctz
Direct Vasodilators	Hydralazine, Minoxidil
Angiotensin II Receptor Antagonists	Losartan potassium, Losartan potassium/hctz
Angiotensin-Converting Enzyme Inhibitors	Benazepril, Benezepril/hctz, Captopril, Captopril/hctz, Enalapril, Enalapril/hctz, Lisinopril, Lisinopril/hctz
Mineralcorticoid Aldost	Spironolactone, Spironolactone/hctz

Thank you again for your service and dedication to our members. If you have any questions regarding covered medications, please do not hesitate to contact Pharmacy Services.

As a reminder to make every visit count, make sure your office staff is following the key points below when measuring and documenting your patients’ systolic and diastolic on each visit.

- The patient should be seated and relaxed, preferably after several minutes of sitting in a quiet room prior to measurement.
- The selected area should be free of constricting clothing.
- Select the appropriate cuff size.
- Ensure that the cuff is at heart level by supporting the arm.
- Wait 30 seconds before repeating the measure.
- Document all readings taken for that date.
- Average the readings.

If the first two readings differ more than 10 mmHg systolic or 6 diastolic mmHg, or if the initial readings are high, have the patient rest quietly for 5 minutes and then take several readings until consecutive readings do not vary by greater than these amounts.

<sup>1</sup>Hill, M. N., Miller, N. H., DeGeest, S. and on Behalf of the American Society of Hypertension Writing Group (2010), ASH Position Paper: Adherence and Persistence With Taking Medication to Control High Blood Pressure. *The Journal of Clinical Hypertension*, 12: 757–764. doi: 10.1111/j.1751-7176.2010.00356.x

Author Information

1. From the Johns Hopkins University School of Nursing, Baltimore, MD; <sup>2</sup>the Stanford Cardiac Rehabilitation Program, Stanford University School of Medicine, Palo Alto, CA; <sup>3</sup>and the Institute of Nursing Science, University of Basel, Basel, Switzerland<sup>3</sup>

\*Correspondence: Martha N. Hill, RN, PhD, Dean of Nursing, Johns Hopkins University School of Nursing, 525 North Wolfe Street, Room 501, Baltimore, MD 21205 E-mail: mnhill@son.jhmi.edu

# PHYSICIAN RESPONSIBILITIES IN THE EVENT OF AN ADVERSE INCIDENT

The Florida Medicaid and Medicare Provider Manuals, dated January 2010, state in Section 2 Pages 21 & 22:

“In the event of an adverse incident defined as a Code 15 case by the Agency for Health Care Administration (AHCA), whether occurring in a facility of one of the Plan’s providers or arising from care prior to admission to a facility that occurs to a Plan member which may result in:

- The death of a member
- Fetal death
- Severe brain or spinal damage to a member
- A surgical procedure being performed on the wrong member/wrong site
- A surgical procedure unrelated to the member’s diagnosis or medical needs being performed on a member
- Surgical procedure to remove foreign objects remaining from a surgical procedure
- Surgical repair of injuries from a planned surgical procedure

“This incident must be reported to the Plan’s Quality Improvement department on the Incident Report form located in the forms section of the manual.”

When adhering to this physician responsibility, it’s important to appreciate what the term adverse incident means to AHCA and how the Florida Statute for reporting is carried out at WellCare.

There is one critical difference for Health Plans vs. hospital reporting. Hospitals have 15 days to report (hence, the term Code 15). Reporting for health plans is required by Florida Statute, Chapter 59A-12 of the Florida Administrative Code. The initial Code 15 report has to be filed within 3 days of the occurrence of the event.

According to the Adverse Incident Reporting Guide distributed by AHCA, the term “adverse incident” for Code 15 reporting means an event over which health care personnel could exercise control and which is associated in whole or in part with medical intervention, rather than the condition for which such intervention occurred, and results in one of the following injuries:

- Death
- Brain or spinal damage
- The performance of a surgical procedure on the wrong patient
- The performance of a wrong surgical procedure
- The performance of a wrong-site surgical procedure
- The performance of a surgical procedure that is medically unnecessary or otherwise unrelated to the patient’s diagnosis or medical condition
- The surgical repair of damage resulting to a patient from a planned surgical procedure, where the damage was not a recognized specific risk, as disclosed to the patient and documented through the informed-consent process
- The performance of procedures to remove unplanned foreign objects remaining from a surgical procedure

The WellCare Board of Directors has final authority for the Risk Management Program and assigns responsibility for operation of the program to the Licensed Healthcare Risk Manager (LHRM). It needs to be stressed that the success of the Risk Management Program relies on the internal incident reporting system to identify adverse incidents, so you are an integral part of the program.

Completed Incident Reports can be faxed to 1-813-283-5475, Attn: QI Department–Risk Management.

For additional assistance contact the LHRM at 1-813-206-2130.

## 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).*



## 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 recent 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.”<sup>1</sup> 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](http://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.<sup>2</sup>

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

- **Step 1: Mild intermittent:** No daily medications needed. Rescue inhalers known as Short-acting Beta<sub>2</sub> 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 Beta<sub>2</sub> Adrenergic Agonist Bronchodilators (LABA), i.e., salmeterol or formoterol, to be added for asthmatics inadequately controlled on steroids. Per the FDA, LABAs are never to be used alone in the treatment of asthma.<sup>3</sup>
- **Step 4: Severe persistent:** High-dose inhaled corticosteroids *and* LABAs, *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

<sup>1</sup>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](http://www.cdc.gov/nchs).

<sup>2</sup>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](http://www.nhlbi.nih.gov/guidelines/asthma/index.htm).

<sup>3</sup>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](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm200931.htm).



## HELP CONTROL YOUR PATIENTS' ASTHMA

For many people, asthma can be a somewhat debilitating disorder caused by swelling in the airways of the lungs, leading to many serious problems if the patient does not work to keep it under control.

Signs of asthma may include coughing, chest tightness, and shortness of breath or wheezing. Patients can be freed of these symptoms with the help of their doctor and the appropriate medicines. There are two main kinds of medicines for asthma. The first kind is long-term control medicine, which stops symptoms and controls the asthma. It may take a few weeks before your patients see the full effects of this kind of medicine. However, when your patients' asthma signs go away, it does not mean their asthma has been cured. Therefore, if you are prescribing long-term control medicine, emphasize to your patients the need to take it every day — even if they feel well. This is the only way for your patients to keep their asthma in check.

The second kind of asthma medicine is quick-relief medicine, which helps relax and open your patients' airways. These medicines make their asthma signs go away for about four hours at a time. While they do seem like a miracle cure, be sure your patients know to take these types of medicine only when really needed, as excessive use can, in reality, minimize their impact. Patients should know that they do not keep symptoms from coming back. In fact, only long-term control medicines do that. Please talk to your patients about ways they can control their asthma better if:

- They exhibit signs of asthma more than twice a week.
- They wake up at night with asthma problems more than twice a month.
- Asthma is impacting their day-to-day life.
- They had to go to the emergency room or urgent care because of asthma.
- They use a rescue inhaler more than twice a week.

A list of the preferred asthma drug therapies is provided in the below table for your reference.

CATEGORY	MEDICATION(S)
Antibody Inhibitor	Omalizumab (Xolair®)
Inhaled Steroid Combinations	Budesonide-formoterol (Symbicort®) Fluticasone-salmeterol (Advair Diskus, Advair HFA®)
Inhaled Steroid Corticosteroids	Beclomethasone (Qvar®) Budesonide (Pulmicor Flexhaler®) Fluticasone CFC free (Flovent Diskus®, Flovent HFA®) Mometasone (Asmanex®)
Leukotriene Modifiers	Montelukast (Singulair®)
Mast Cell Stabilizers	Cromolyn
Methylxanthines	Aminophylline Theophylline

Asthma symptoms are often caused by specific things. You can arm your patients with the knowledge needed to control asthma by encouraging them to limit their exposure to the following triggers:

- Allergies
- Air pollution
- Emotions (fear, stress, crying, laughing)
- Dust, cleaners and perfumes
- Illnesses such as a cold
- Some medications
- Weather, such as wind and cold air

There are other easy ways to help control your patients' asthma. Avoiding tobacco smoke, dust mites, animal dander and mold, among other things, will be a step in the right direction.



## MEMBER RIGHTS AND RESPONSIBILITIES

Florida law requires that health care providers or health care facilities recognize members rights while they are receiving medical care and that the member respect the health care provider's or facility's right to expect certain behavior on behalf of their patients. Members may request a copy of the full text of this law from their health care provider or health care facility. A summary of their rights and responsibilities is as follows:

### MEMBERS HAVE THE FOLLOWING RIGHTS:

- To be treated with respect and with due consideration for their dignity and privacy
- To get information about the plan, its services, its Primary Care Providers (PCPs) and health care providers, and member rights and responsibilities
- To receive information on available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand
- To participate in decisions regarding their health care, including the right to refuse treatment
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation
- To request and receive a copy of their medical records, and request that they be amended or corrected (Requests must be received in writing from the member or the person the member chooses to represent them. The records will be provided at no cost. They will be sent within 14 days of receipt of the request.)
- To be furnished health care services in accordance with federal and state regulations
- To be free to exercise his or her rights and that the exercise of those rights does not adversely affect the way the health plan and its providers or the State agency treat the enrollee
- To get details about what the plan covers and how to use its services and plan providers
- To have their privacy protected
- To know the names and titles of doctors and others who treat them
- To talk openly about care needed for their health, no matter the cost or benefit coverage
- To freely talk about care options and risks involved, and to have this information shared in a way they understand
- To know what to do for their health after they leave the hospital or office

- To refuse to take part in research
- To get a proper reply to their complaints
- To complain about the plan or the care it provides and, to know that if they do, it will not affect how they are treated
- To create an advance directive
- To suggest ways the plan can improve
- To appeal health care decisions using the proper steps
- To have a say in the plan's member rights and responsibilities policy
- To have all these rights apply to the person who can legally make health care decisions for the member
- To have all health plan staff members observe their rights
- To use these rights no matter what their sex, age, race, ethnic, economic, educational or religious background

#### HEALTHEASE MEMBERS ALSO HAVE THE FOLLOWING RESPONSIBILITIES

- To know how HealthEase works by reading the Member Handbook
- To carry their HealthEase ID card and Medicaid Gold Card with them at all times and to present them when getting health care services
- To get non-emergency care from a primary doctor, to get referrals for specialty care, and to work with those providing care
- To be on time for appointments
- To cancel or set a new time for appointments ahead of time
- To report unexpected changes to their provider
- To respect doctors, staff and other patients
- To help set treatment goals that they agree to with their doctor
- To follow the treatment plan they agree to with their provider
- To understand medical advice and ask questions if they do not
- To know about the medicine they take, what it is for and how to take it
- To provide information needed to treat them
- To make sure their doctor has their previous medical records
- To tell HealthEase within 48 hours, or as soon as they can, if they are in a hospital or go to an emergency room

## 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 home. 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.



## Q2 2011 PROVIDER FORMULARY UPDATE

### GENERIC NEWS

The generic drugs listed below are now available to **HealthEase/Staywell Medicaid, Healthy Kids and Medicare** members (unless otherwise noted) at the lowest co-payment (if applicable). The **brand-name drugs** have been removed from the **HealthEase/Staywell Medicaid** and **Healthy Kids Preferred Drug List**:

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
Armour® Thyroid 30mg, 60mg, 90mg tablets	NP Thyroid 30mg, 60mg, 90mg tablets	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
Dovonex® 0.005% topical ointment†	Calcipotriene 0.005% topical ointment	Dermatological Agents
Lotrel® 5mg-40mg, 10mg-40mg capsules†	Amlodipine Besylate/Benazapril HCl 5mg-40mg, 10mg-40mg capsules	Renin-Angiotensin-Aldosterone System Inhibitors
Mirapex® 0.75mg tablet†	Pramipexole Dihydrochloride 0.75mg tablet	Antiparkinson Agents

†Not covered on the 2011 Medicare Formulary    QL = Quantity Limit

The following changes have been made to the **HealthEase/Staywell Medicaid and Healthy Kids Preferred Drug List**:

ADDITIONS	
Cefpodoxime 100mg, 200mg tablets	Pfizerpen® 5,000,000 and 20,000,000 units for injection
Colcrys® 0.6mg tablet	Ribasphere® 200mg tablets
Condylox® 0.5% gel (PA)	Santyl® ointment (PA)
Dapsone 25mg, 100mg tablets	Sumatriptan 4mg/0.5mL, 6mg/0.5mL syringe (QL: 9 syringes = 4.5mL/31 days)
Dulera® 100mcg/5mcg, 200mcg/5mcg inhalation solutions (QL: 13 grams/31 days)	Supartz® 10mg/mL syringe (PA)
Hydrocortone Bitartrate/Homatropine Methylbromide 5mg-1.5mg/5mL syrup (AL < 21 years of age)	Trelstar® 22.5mg syringe (PA)
Metolazone 2.5mg, 5mg, 10mg tablets	Viracept® powder
Nitrostat® 0.3mg, 0.4mg, 0.6mg SL tablets	
Oxaliplatin 50mg, 100mg vials (PA)	

PA = Prior Authorization    QL = Quantity Limit    AL = Age Limit

REMOVALS	
Albuterol Sulfate 4mg, 8mg extended-release tablets	Hyalgan® 10mg/mL syringe
Cimzia® kit	Indomethacin ER 75mg capsule
Forteo™ injection	Nitroglycerin 0.3mg, 0.4mg, 0.6mg SL tablets
Hemocyt Plus® capsules	Veetids® 250mg tablet

The Utilization Management criteria have changed for the following medications as noted below for the **HealthEase/Staywell and Healthy Kids Preferred Drug List**:

DRUG NAME	CHANGE
Actos® 15mg, 30mg, 45mg tablets	ST added
Actoplus Met® 15mg/500mg, 15mg/850mg tablets	ST added
Advair Diskus®	QL added (60 grams/30 days)
Advair® HFA	QL added (12 grams/30 days)
Avandamet® 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg tablets	ST added
Avandaryl® 4mg/1mg, 4mg/2mg, 4mg/4mg, 8mg/2mg, 8mg/4mg tablets	ST added
Avandia® 2mg, 4mg, 8mg tablets	ST added
Foradil® Aerolizer®	QL added (60 grams/31 days)
Janumet® 50mg/500mg, 50mg/1000mg tablets	Remove PA, add ST
Januvia® 25mg, 50mg, 100mg tablets	Remove PA, add ST
Losartan Potassium 25mg, 50mg, 100mg tablets	ST removed, QL remains (31 tablets/31 days)
Losartan Potassium/Hydrochlorothiazide 50/12.5mg, 100/12.5mg, 100/25mg tablets	ST removed, QL remains (31 tablets/31 days)
Prandin® 0.5mg, 1mg, 2mg tablets	ST added
PrandiMet® 1mg/500mg, 2mg/500mg tablets	ST added
Serevent® Diskus®	QL added (60 grams/31 days)

PA = Prior Authorization    ST = Step Edit    QL = Quantity Limit

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)
Doxepin HCl 150mg capsule	Pantoprazole Sodium 20mg, 40mg delayed-release tablets
Dulera® 100mcg/5mcg, 200mcg/5mcg inhalation solutions	Renvela® 800mg tablet, 0.8g and 2.4g packets

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

Planned Market Drug Withdrawals

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	ADDITIONAL INFORMATION
Abbott Laboratories	Meridia® (sibutramine hydrochloride monohydrate) Capsules	October 12, 2010	<p>Abbott has voluntarily withdrawn Meridia® Capsules from the U.S. market at the request of the U.S. Food and Drug Administration (FDA). The FDA's decision is based primarily on the results of the SCOUT (Sibutramine Cardiovascular Outcomes Trial) study, an approximately 10,000-patient, 6-year study requested by European regulatory authorities as a post-marketing commitment to evaluate cardiovascular safety in high-risk patients. The majority of these patients had underlying cardiovascular disease and were not eligible to receive sibutramine under the current labeling. While Abbott believes sibutramine has a positive risk/benefit profile in the approved patient population, the company will comply with the FDA's request.</p>
Xanodyne Pharmaceuticals	Darvon® (propoxyphene HCl) Darvon-N® (propoxyphene napsylate) and Darvocet-N® (propoxyphene napsylate/acetaminophen)	November 19, 2010	<p>Xanodyne Pharmaceuticals Inc., which makes Darvon® and Darvocet®, the brand version of the prescription pain medication propoxyphene, has agreed to withdraw the medication from the U.S. market at the request of the U.S. Food and Drug Administration (FDA). The FDA has also informed the generic manufacturers of propoxyphene-containing products of Xanodyne's decision and requested that they voluntarily remove their products as well. The FDA sought market withdrawal of propoxyphene after receiving new clinical data showing that the drug puts patients at risk of potentially serious or even fatal heart rhythm abnormalities.</p> <p>As a result of these data, combined with other information including new epidemiological data, the agency concluded that the risks of the medication outweigh the benefits. The FDA is advising health care professionals to stop prescribing propoxyphene to their patients, and patients who are currently taking the drug should contact their health care professional as soon as possible to discuss switching to another pain management therapy.</p>

Please visit [www.wellcare.com](http://www.wellcare.com) to view the complete Preferred Drug List and Formulary.

# HEALTHEASE KIDS MEMBER RIGHTS AND RESPONSIBILITIES

Florida law requires that health care providers or health care facilities recognize members rights while they are receiving medical care and that the member respect the health care provider's or facility's right to expect certain behavior on behalf of their patients. Members may request a copy of the full text of this law from their health care provider or health care facility. A summary of their rights and responsibilities is as follows:

## A PATIENT HAS THE RIGHT TO:

- Be treated with courtesy and respect, with appreciation of his individual dignity, and protection of his/her need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his/her care.
- Get information about the plan, its services, its Primary Care Providers (PCPs) and health care providers, and member rights and responsibilities.
- Know what patient support services are available, including whether an interpreter is available if he/she does not speak English.
- Know what rules and regulations apply to his/her conduct.
- Be given, by his/her health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis. The Plan cannot keep the health care provider from giving this information to the patient.
- Not be responsible for the Plan's debts in the event of bankruptcy.
- Not be held liable for covered services provided to the patient for which the Plan does not pay the provider that furnished the services. The provider cannot hold a patient responsible for any unpaid amounts due to the provider other than a co-payment.
- Be given, upon request, full information and necessary counseling on the availability of known financial resources for his care.
- Have a say in the plan's member rights and responsibilities policy.
- Know, upon request and in advance of treatment; whether the health care provider or health care facility accepts the Medicare assignment rate.
- Refuse any treatment, except as otherwise provided by law.

## THEIR CHILD HAS THE RIGHT TO:

- Timely problem resolution.
- Make complaints and appeals without discrimination and expect problems to be fairly examined and appropriately addressed.
- Responsiveness to reasonable requests made for services.

## CONFIDENTIALITY IS THEIR RIGHT

### A patient also has the right to:

- Review and comment about their child's personal health information and review medical records and/or changes to their child's personally identifiable health information.
- Protection against unauthorized disclosure of his/her personal health information.
- Approve the release of any information beyond HealthEase Kids.
- Have information used for research or performance measurement limited in that all data will be combined.
- Authorize the use of his/her individually identifiable health information for any purpose including the collection, use and sharing of data, unless the release of the information is required by law. General consent is given when you submit the enrollment application for him/her. This authorizes the use of identifiable information that is needed for treatment, coordination of care, conducting quality assessment, utilization review, fraud detection, and specific and known oversight reviews (such as state or accreditation organizations). This consent covers future, known or routine needs for the use of his/her health information. Other consents, or special consents, will be obtained if specific member-identifiable information is requested and is to be shared with another organization or agency.

## A PATIENT IS RESPONSIBLE FOR:

- Keeping appointments and, when he/she is unable to do so, for notifying the health care provider or the health care facility.
- Providing to his/her health care provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to health.
- Reporting unexpected changes in his/her condition to his/her health care provider.
- Following the treatment plan recommended by his/her health care provider.
- Reporting to his/her health provider whether he/she understands a course of treatment and what is expected of him/her.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct.

# STAYWELL KIDS MEMBER RIGHTS AND RESPONSIBILITIES

Florida law requires that health care providers or health care facilities recognize members rights while they are receiving medical care and that the member respect the health care provider's or facility's right to expect certain behavior on the part of patients. Members may request a copy of the full text of this law from their health care provider or health care facility. A summary of their rights and responsibilities is as follows:

## A PATIENT HAS THE RIGHT TO:

- Be treated with courtesy and respect, with appreciation of his individual dignity, and protection of his/her need for privacy.
- A prompt and reasonable response to questions and requests.
- Know who is providing medical services and who is responsible for his/her care.
- Get information about the plan, its services, its Primary Care Providers (PCPs) and health care providers, and member rights and responsibilities.
- Know what patient support services are available, including whether an interpreter is available if he/she does not speak English.
- Know what rules and regulations apply to his/her conduct.
- Be given, by his/her health care provider, information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis. The Plan cannot keep the health care provider from giving this information to the patient.
- Not be responsible for the Plan's debts in the event of bankruptcy.
- Not be held liable for covered services provided to the patient for which the Plan does not pay the provider that furnished the services. The provider cannot hold a patient responsible for any unpaid amounts due to the provider other than a co-payment.
- Be given, upon request, full information, and necessary counseling on the availability of known financial resources for his care.
- Have a say in the plan's member rights and responsibilities policy.
- Know, upon request and in advance of treatment; whether the health care provider or health care facility accepts the Medicare assignment rate.
- Refuse any treatment, except as otherwise provided by law.

## THEIR CHILD HAS THE RIGHT TO:

- Timely problem resolution.
- Make complaints and appeals without discrimination and expect problems to be fairly examined and appropriately addressed.
- Responsiveness to reasonable requests made for services.

## CONFIDENTIALITY IS THEIR RIGHT

### A patient also has the right to:

- Review and comment about their child's personal health information and review medical records and/or changes to their child's personally identifiable health information.
- Protection against unauthorized disclosure of his/her personal health information.
- Approve the release of any information beyond Staywell Kids.
- Have information used for research or performance measurement limited in that all data will be combined.
- Authorize the use of his/her individually identifiable health information for any purpose including the collection, use and sharing of data, unless the release of the information is required by law. General consent is given when you submit the enrollment application for him/her. This authorizes the use of identifiable information that is needed for treatment, coordination of care, conducting quality assessment, utilization review, fraud detection, and specific and known oversight reviews (such as state or accreditation organizations). This consent covers future, known or routine needs for the use of his/her health information. Other consents, or special consents, will be obtained if specific member-identifiable information is requested and is to be shared with another organization or agency.

#### A PATIENT IS RESPONSIBLE FOR:

- Keeping appointments and, when he/she is unable to do so, for notifying the health care provider or the health care facility.
- Providing to his/her health care provider, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to health.
- Reporting unexpected changes in his/her condition to his/her health care provider.
- Following the treatment plan recommended by his/her health care provider.
- Reporting to his/her health provider whether he/she understands a course of treatment and what is expected of him/her.
- His/her actions if he/she refuses treatment or does not follow the health care provider's instructions.
- Assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.
- Following health care facility rules and regulations affecting patient care and conduct.



## PRENATAL AND POSTPARTUM PROGRAMS OVERVIEW

Each year in the United States, more than 500,000 babies are born prematurely and an estimated 28,000 children die before their first birthday.

Early prenatal care can address potential health risks that contribute to poor birth outcomes. In addition, earlier enrollment of pregnant women in Medicaid case management programs is associated with better birth outcomes. Below is a list and brief description of HealthEase/Staywell's Health Promotion Programs designed specifically for your expecting patients.

### MATERNITY EDUCATION PROGRAM

The Program's Maternity Educational Booklet, *Mommy and Baby Matters, Taking Care of Yourself and Your Baby*, provides basic information related to the prenatal and postnatal (postpartum) process to increase pregnant members' awareness regarding the importance of taking good care of themselves and their unborn babies during their pregnancy. This material also emphasizes the importance of prenatal and postnatal appointments, and encourages these pregnant members to schedule and attend all appointments.

### PRENATAL REWARD PROGRAM

As a component of the Maternity Education Program, we are pleased to offer the Prenatal Reward Program that rewards expectant mothers who are Medicaid members for receiving adequate prenatal care according to the schedule recommended by their doctor(s). All expectant mothers who are Medicaid members are eligible for the reward, which is a new stroller. To view a copy of the Maternity Education booklet, please go to [www.wellcare.com/provider/resources](http://www.wellcare.com/provider/resources).

To qualify for the reward, expectant mothers must attend at least six (6) prenatal doctor visits before the birth of their baby. The Prenatal Reward Visits Log must be dated and signed by you for each prenatal visit attended by the member. You may make additional copies of the Visits Log to use for your patients who are Medicaid members. Also, the expectant mother must be enrolled with HealthEase/Staywell when she delivers the baby and at the time of the mailing of the reward.

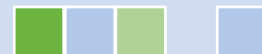
Your office must fax the completed log to **1-877-647-7475** no later than 30 days after the birth of the baby. We will then send your Medicaid patients who meet the criteria a new baby stroller at no cost to them. ***It's important that this log is faxed no later than 30 days after the birth of the baby; otherwise, the member will not receive the stroller.***

### TEXT4BABY

HealthEase/Staywell would like for you to know about an exciting, new and free mobile information service called Text4baby, an educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB). The program provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life. Women who sign up for the service by texting BABY to 511411 (or BEBE for Spanish) will receive free Short Message Service (SMS) text messages each week, timed to their due date or baby's date of birth.

Topic areas derived from evidenced-based best practices include health care access, immunization, nutrition, prenatal care, drug and alcohol, emotional wellbeing, smoking cessation, labor and delivery, breastfeeding, mental health, car seat safety, safe sleep, oral health, pregnancy symptoms and warnings, exercise and developmental milestones.

We would very much appreciate your help in spreading the word about Text4baby to your patients by providing the following information:



Register by:

- Texting BABY to 511411 (or BEBE for Spanish)
- Visiting the Text4baby website at [www.text4baby.org](http://www.text4baby.org)

The expectant or new mom will need to enter her ZIP code and due date or baby's date of birth. The program ends when the expectant or new mom texts "STOP" or upon the baby's first birthday.

If you would like more information on the Text4baby service, please visit the program website at [www.text4baby.org](http://www.text4baby.org) or, if you are interested in becoming a partner, please e-mail [Partners@text4baby.org](mailto:Partners@text4baby.org).

For more information, please call toll-free:

HealthEase 1-800-278-0656; Staywell 1-866-334-7927, (TTY: 1-877-247-6272).

### CASE MANAGEMENT PROGRAM WITH ALERE

HealthEase/Staywell currently contracts with Alere® Women's and Children's Health to administer a Maternity Case Management program. This program supports patients and families who are pregnant at all levels of care needed, including members coping with high-risk pregnancies. At a minimum, the member will receive a book educating her on her pregnancy, and two prenatal phone calls and one postpartum call. Members with high-risk conditions will receive additional support services throughout their pregnancy.

The program is designed to complement the care your patient is already receiving from you. The program stresses the importance of perinatal care and the patient/provider relationship, while providing your patient access to additional support and educational resources. These services are offered as part of your patient's health plan, and are at no additional cost to your patient.

The program gives your patients:

- Education and support throughout her pregnancy and in preparing for her baby's arrival
- Coordination of prenatal care
- Help navigating the health care system and understanding medical terminology

If you have questions about the program, please call Alere Women's and Children's Health any time at 1-877-571-2229. You can also view the Clinical Guidelines for this program on the website, [www.alerecares.com/clinicalguidelines](http://www.alerecares.com/clinicalguidelines).

To refer your members for the prenatal rewards program and the Alere OB Management Program, complete the OB Notification Form by going to the following link and following the instructions to complete the OB Global Authorization Form or the Prenatal Notification Form:

Global OB Authorization Form Instructions:

[www.wellcare.com/WCAssets/corporate/assets/PROV\\_PC\\_FL\\_OBAuth\\_JobAid\\_051110.pdf](http://www.wellcare.com/WCAssets/corporate/assets/PROV_PC_FL_OBAuth_JobAid_051110.pdf).

Prenatal Notification Form:

[www.wellcare.com/WCAssets/corporate/assets/PROV\\_CM\\_FL\\_PrenatalNotification\\_Forms\\_092809.pdf](http://www.wellcare.com/WCAssets/corporate/assets/PROV_CM_FL_PrenatalNotification_Forms_092809.pdf)

All Forms:

[www.wellcare.com/provider/Resources\\_FLProviderManualForms](http://www.wellcare.com/provider/Resources_FLProviderManualForms)

If you cannot access the Internet, please call Provider Services at 1-800-278-0656 (HealthEase) or 1-866-334-7927 (Staywell) and request a copy of the form to be mailed or faxed to you.