

PROVIDER

Newsletter

CELEBRATING 25 YEARS OF SERVICE AND PARTNERSHIP



This year, we at WellCare Health Plans celebrate our silver anniversary. Over our first 25 years, we have touched many lives in many different and meaningful ways. Our success would not be possible without your steadfast commitment to the highest standards of service.

Our relationship with providers runs deep; WellCare was founded by a group of physicians. Since the beginning, we have provided quality, cost-effective managed health care solutions in partnership with you and the members, governments and communities we serve. Today, more than 2 million people count on us for their health care and prescription drug needs.

As we continue to focus our energies on enhancing our members' wellness and quality of life, we remain dedicated to strengthening our partnership with you. We value and thank you for the quality care and services you provide, and look forward to a long and healthy future together.

DON'T FORGET TO COMPLETE YOUR RE-CREDENTIALING PACKET!

Re-credentialing is a state, federal and accreditation requirement for all providers. Be on the lookout for your re-credentialing packet in the mail approximately four months in advance of your re-credentialing due date.

MATERIALS UPDATE

The following items published since our last newsletter can be found at georgia.wellcare.com.

- HPV Vaccine Updates
- Advanced Notification for Certain Imaging Services
- Policy Reminder: Nebulizers for WellCare of Georgia Medicaid Members
- Updated form: Provider Attestation for Outpatient Therapy Services
- Increasing Well-Child Visit Rates
- Text4baby program

WEB RESOURCES

Visit georgia.wellcare.com for our Preventive Health, Clinical Practice, and Pharmacy Guidelines, EPSDT documents, Cultural Competency Plan, and other helpful resources. For hard copies, contact your Provider Relations Representative or call the Provider Hotline at 1-866-231-1821.

CHILD PREVENTIVE HEALTH GUIDELINES

View the AAP 2008 Periodicity Schedule at <http://practice.aap.org/content.aspx?aid=1599>, or at georgia.wellcare.com. You must use the 2008 Bright Futures/AAP guideline for the appropriate health check and risk assessment during well-child checkups.

CDC GUIDELINES

The CDC has released the 2010 Advisory Committee on Immunization Practices schedule for immunization. Access it online at www.cdc.gov/vaccines/recs/schedules, or georgia.wellcare.com.

GEORGIA MEDICARE – CHANGES TO BEHAVIORAL HEALTH NETWORK

WellCare of Georgia, Inc. (“WellCare”) has entered into an agreement with Magellan Behavioral Health, Inc. (“Magellan”) whereby Magellan will administer all behavioral health benefits for all WellCare Medicare members in the state of Georgia beginning **August 16, 2010**. There will be no change for Georgia Medicaid members, as this group has always been—and will continue to be—covered by Magellan.

Please note that this does not change the behavioral health services covered by WellCare.

To obtain behavioral health authorizations and referrals for WellCare members for dates of service on and after **August 16, 2010**, you must call Magellan at **1-877-712-5340**. Claims for authorized behavioral

health services provided to WellCare members for dates of service on **August 16, 2010** and later must be submitted directly to Magellan.

You should visit the Magellan Provider Welcome Web site at **www.magellanhealth.com/provider** for additional information, such as services requiring prior authorization and how to submit claims to Magellan.

We thank you for your continued participation and cooperation in our ongoing efforts to arrange quality health care services to our members. If you should have any questions, please contact your Provider Relations representative or call our Customer Service team at: **1-866-334-7730**.



WELLCARE ACCESS (HMO SNP) 20-PERCENT COST-SHARE

Providers are responsible for billing Medicaid for the 20-percent coinsurance for applicable services for Access Plan members.

- Refer to the front of the member's ID card to determine the co-payment amount and to the back of the ID card for the reminder that "Member not responsible for cost-share. Do not balance bill."
- Access members have a \$0 cost-share responsibility.
- You should not bill a member for the 20-percent cost-share or deny the member access to care.
- If you have questions, please call Customer Service at **1-866-334-7730** (Medicare) or **1-866-231-1821** (Medicaid) to speak with a representative on the Special Needs Plan team.

Note: The state is responsible for the member cost-sharing in the Access Plan. However, the state is not required to provide payment for services under Medicare that would exceed the payment that the state Medicaid plan would have otherwise made.



WELLCARE OF GEORGIA, CARECORE NATIONAL PARTNER FOR CLINICAL REVIEW OF OUTPATIENT IMAGING SERVICES

WellCare of Georgia would like to remind you of a new partnership with CareCore National, a utilization management organization dedicated to ensuring the appropriate use of outpatient diagnostic imaging services. As a result, CareCore National is conducting medical necessity determination reviews for all non-emergent, advanced outpatient imaging procedures provided to plan members.

As of May 3, 2010, WellCare of Georgia now requires advanced authorization for all non-emergent, advanced outpatient imaging services provided to plan members. These medical necessity determination reviews are required on certain procedures, including MR, CT, PET and SPECT for *Medicare* and *Medicaid*, as well as some ultrasounds and certain Nuclear Medicine and Nuclear Cardiology procedures for *Medicaid*.

To obtain an authorization of services, you can contact CareCore National directly at www.carecorenational.com or **1-888-333-8641**. You can also access information regarding the Imaging Program on the Web sites listed below:

WellCare of Georgia Medicare Plans: **1-866-334-7730**
<http://www.wellcare.com/Provider/ProviderTraining>

WellCare of Georgia Medicaid Plans: **1-866-231-1821**
<http://gaprovider.wellcare.com/Provider/Training>

If you have any questions, please contact Provider Services at the numbers listed above or CareCore National Customer Service at **1-888-333-8641**, Option 4.

CASE MANAGEMENT PROGRAM

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the member's health needs. Our Case Management program is used to facilitate care of individual members in order to achieve optimal outcomes and quality of care. Case managers are registered nurses who assist members with multiple complex health problems. They serve as an important link between the member, the health care team, the payer and the community. By providing case management services, WellCare case managers work with the PCP or specialist to facilitate timely access to—and utilization of—appropriate services, thus reducing unnecessary services such as emergency room usage and hospital admissions.

Case management occurs across a continuum of care, is individually focused and member centric. Thus, a case manager's workload can include, but is not limited to, the following:

- High-cost or complex medical needs
- Solid organ and tissue transplants
- Chronic illness
- Catastrophic illness or injuries
- High-risk pregnancy
- Children with special needs
- Lead poisoning

DISEASE MANAGEMENT PROGRAM

Disease management is a system of coordinated health care interventions and communications that seek to proactively identify populations with, or at risk for, established medical conditions. WellCare offers a telephonic Disease Management program that focuses on the following: supporting the physician/patient relationship and plan of care; emphasizing prevention of exacerbations and complications using cost-effective, evidence-based practice guidelines; and patient empowerment strategies such as self-education.

Disease managers manage the following disease states:

- Asthma
- Childhood obesity
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes
- Hypertension
- HIV/AIDS

If you would like to refer your WellCare patients to the Case or Disease Management program, please call **1-866-635-7045** between the hours of 8am and 5pm Eastern.

UPDATED CLINICAL PRACTICE GUIDELINES

WellCare strives to supply our providers with the most up-to-date clinical practice recommendations. The following Clinical Practice Guidelines were updated in early 2010:

- Adult preventive health (including updated immunization schedules)
- Pediatric preventive health (including updated immunization schedules)
- Asthma
- Chronic kidney disease
- Diabetes

Also, please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources link at: www.wellcare.com/Provider/CCGs.

PROVIDE UPDATED INFORMATION TO WELLCARE

As a reminder, please provide WellCare with any updated information or changes that could affect your status with the plan.

For example, be sure to inform the plan in writing within 24 hours of:

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

In addition, please inform the plan in writing immediately of changes to:

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

By keeping your information up to date, you are helping to improve member accessibility. You will also help to ensure all correspondence, claim payments and notifications the plan sends will get to your correct location.

EAT WELL AND EXERCISE FOR GOOD HEALTH

The number of obese and overweight adults and children continues to increase. Being overweight can be harmful to a person's health, potentially leading to serious problems like the following:

- Heart disease or stroke
- High blood pressure
- High cholesterol
- Cancer
- Diabetes
- Asthma

Eating well is especially important for kids. It helps kids grow and develop the way they should. Extra weight puts a lot of stress on growing bones and joints. Eating well can also help prevent things like dental problems and anemia (lack of iron). Some adult diseases, like Type 2 diabetes and heart disease, are now showing signs of beginning in childhood. Overweight kids are more likely to become overweight adults. Exercising helps overall health and fitness; it can also help control weight. Research shows that health and fitness can reduce the risk of some diseases. Exercise for at least 30 minutes a day, five times a week. Children and teenagers should exercise 60 minutes every day. Talk to your patients about diet and exercise plans to fit their needs.

INFLUENZA: WHAT'S NEW FOR 2010

Now that influenza season has arrived, we're encouraging providers to ensure that each of their members receives a flu vaccination. Here are some important things to remember as you encourage your patients to fight off the flu bug this upcoming season:

- Vaccination recommendations for adults have been expanded to include **all adults** beginning in the 2010–11 influenza season. Therefore, it is important that all people age 6 months and older receive the annual influenza vaccination.
- This year's vaccines, which will also provide protection against H1N1, include the same strain that was in the pandemic influenza A (H1N1) 2009 monovalent vaccines.
- Finally, a higher dose formulation of an inactivated seasonal influenza vaccine, Fluzone® High-Dose*, will be available in the 2010–11 influenza season for use in people age 65 years and older. Fluzone High-Dose, which contains four times the amount of influenza antigen compared to other inactivated seasonal influenza vaccines, produced higher antibody levels. Studies are under way to assess the relative effectiveness of Fluzone High-Dose compared to the standard dose inactivated influenza vaccine, but results from those studies will not be available before the 2010–11 influenza season. The ACIP has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in people age 65 and older.

WellCare offers free flu vaccinations for its members. Please encourage our members to receive the flu vaccine either in your office or have them call the Customer Service number located on the back of their Member ID card. They can also visit www.wellcare.com to locate a network provider near them to receive a free flu vaccination!

*WellCare will not pay for the Fluzone High-Dose vaccine.

Source: Centers for Disease Control and Prevention

HELPFUL TIPS FOR HISPANIC PREGNANCIES

What are the cultural norms that may affect pregnancy for a Hispanic patient? This summary of common beliefs within the Hispanic culture may aid you in understanding how the Hispanic population may make decisions about their health when pregnant.

Providers can help promote better outcomes by adopting a line of questioning that will help determine some of the patient's cultural beliefs about health, illness and illness prevention.

Some common cultural beliefs and responses to them:

- A strong family support system is emphasized. If the family can be involved in the decision-making process and the treatment plan, there is a greater likelihood of gaining the patient's compliance with the course of treatment.
- Being an attentive mother is culturally valued. Providers are encouraged to consider this when administering advice and treatment.
- Some believe new mothers should be sheltered from worry. Providers should ensure that the expectant mother is fully informed about the status of the pregnancy, especially in cases where an interpreter or family member is a conduit to communication.
- Some cultural dietary restrictions believed to protect a newborn infant may pose risks of dehydration and nutritional deficiency. Providers should impress upon new parents the importance of the newborn's nutritional needs.
- A heightened sense of privacy in discussions about labor assistants should be demonstrated.
- Believing in folk healers or taking an alternative medicine concurrently with treatment is not uncommon. Whenever possible, incorporate into the treatment plan the patient's folk medication and folk beliefs that are not specifically contraindicated. This will encourage the patient to develop trust in the treatment and will help assure that the treatment plan is followed.
- Culturally, some women prefer spontaneous vaginal deliveries over alternatives. The health of the mother and baby should be put first and emphasized by the provider when offering options.
- Seeking prenatal care at a much later stage of pregnancy can be common. Barriers to early prenatal care could include fear of health care systems, financial constraints and lack of transportation.
- There is a greater likelihood of requesting a female health care provider.
- Going to the hospital only when labor is well advanced is common. Fear of unnecessary or dangerous medical interventions, separation from family members and loss of physical environment leads many women to remain at home for much of their labor.



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HELPFUL TIPS FOR HISPANIC PREGNANCIES

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- Some women may remain silent rather than voicing lack of agreement with the plan of care. WellCare asks providers to encourage patients to be fully engaged in the decision-making process.
- Some patients may prefer discussions that are more formal, with a greater distance between caregiver and patient. Except when treating children or very young adults, it is best to use patients' last names when addressing them.

WellCare's inpatient diagnoses in 2008 were 52 percent births or pregnancy-related, and 27 percent of the outpatient diagnoses were related to conditions of pregnant women. To better serve the six percent of WellCare's population that is Hispanic, these views of pregnancy and prenatal care should be considered when developing treatment plans.

To better accommodate these members' needs, WellCare continues to focus recruiting efforts toward additional Spanish-speaking practitioners. In addition to WellCare's efforts, the Hispanic Physician Outreach Initiative (HPOI) is one way that the American Medical Association (AMA) is strengthening advocacy efforts on Hispanic health care issues and addressing the needs of our Hispanic members and physicians.

WellCare will continue to support education and outreach to ensure healthy lifestyle behaviors among pregnant women of Hispanic origin.

*Sources: American Medical Association (<http://www.ama-assn.org>); American Medical Student Association (<http://www.amsa.org>); Lipson, Julienne G. *Culture & Nursing Care: A Pocket Guide*. San Francisco: The Regents, University of California, 2003. 203-221; The National Campaign to Prevent Teen and Unplanned Pregnancy (<http://www.thenationalcampaign.org>); WellCare of Georgia's 2009 Member Demographic Report.*

WELLCARE CLAIMS INFORMATION

From time to time, WellCare Health Plans, Inc. reviews its reimbursement policies to maintain close alignment with industry standards and coding updates released by health care industry sources like the Centers for Medicare & Medicaid Services (CMS), as well as nationally recognized health and medical societies.

Please note that WellCare publishes periodic reimbursement policy updates. To obtain a copy of our current policies, please visit the Provider Resources area of our Web site at www.wellcare.com, and select the "Claims Updates" link.



D-SNP MODEL OF CARE PROCESSES

To improve access to medical, social and mental health services, WellCare completes the following for Dual Special Needs Plans (D-SNP) members:

1. Health risk assessment (HRA) to identify the members' acuity related to utilization, functional ability, depression scale and overall health status
2. Comprehensive assessment with the member's/caregiver's participation to assist the interdisciplinary care team (ICT) in developing an individualized care plan (ICP) that identifies measurable goals and changes as the member's needs change
3. Facilitate the member in obtaining a primary care physician (PCP)
4. Utilize the Case Management social worker (CMSW) and Behavioral Health Case Management for community referrals

To improve coordination of care, D-SNP case managers:

1. Identify all members of the interdisciplinary care team (ICT) and coordinate care through a central point of contact, i.e., the PCP.
2. Maintain professional collaboration and communication with members of the ICT.

To improve transitions of care, D-SNP case managers:

1. Communicate with members across each point of the health care setting, i.e., hospital, SNF-rehab and home.
2. Assist in the facilitation of medical equipment needs and services.

To improve access to affordable, quality care and preventive health services, D-SNP case managers and/or Health Services associates:

1. Credential all providers.
2. Encourage the use of in-network providers in an effort to reduce financial burden to the member.
3. Utilize quality reports to address concerns on any reportable information from members regarding experiences with providers and/or facilities.

To ensure appropriate utilization of services and cost-effective service delivery, D-SNP case managers and/or Health Services associates:

1. Identify and contact members meeting the Case Management criteria.
2. Facilitate medically necessary and appropriate accesses to care such as referrals to specialists, home health care, etc.

To improve member health measurable data, D-SNP case managers:

1. Provide members with preventive health information and educational material as appropriate.
2. Foster compliance by providing contact times with the member/family based on their needs (weekly, monthly, etc.).
3. Discuss identified health needs and/or concerns with the medical director, and request referrals to internal area specialists that the pharmacy, the case manager and medical director deem appropriate.

In short, with partnership and the full participation of all ICT members (primary care physician, specialists, case manager, social worker, behavioral health, pharmacy, member, family members and caregivers/POA), WellCare D-SNP Model of Care assists members in reaching and maintaining the highest level of health and functioning possible for the individual member.

We're here to help your patients! If you would like to refer a patient to our program, they should contact the number below. A WellCare staff member will inform them about the program, including how to opt-in and how to opt-out if they no longer want to participate, and will explain the benefits of the free program. Your patient will have access to an RN case manager during the hours listed below.

If you would like to refer your WellCare D-SNP patients to Case Management services to benefit from the above Model of Care, please contact the Referral Line at **1-866-635-7045** between the hours of 8am and 5pm Eastern.

SILVERSNEAKERS® FITNESS PROGRAM HELPS PATIENTS IMPROVE OVERALL FITNESS

Help your patients unlock the door to greater independence and a healthier life with the SilverSneakers® Fitness program. Offered to group retirees and all patients who are eligible for Medicare, SilverSneakers is a fun and energizing program that helps older adults take control of their health by encouraging physical activity.

In addition to offering a plethora of health education seminars and fun social events with others who share interest in a healthy lifestyle, all SilverSneakers participants are provided with a free gym membership to any participating location across the country. Participants will also enjoy the following:

- Access to conditioning classes, exercise equipment, pool, sauna and other available amenities
- Customized SilverSneakers classes designed exclusively for older adults who want to improve their strength, flexibility, balance and endurance
- A specially trained Senior AdvisorSM at the fitness center to introduce your patients to the program and help them get started
- Member-only access to online support that can help your patients lose weight, quit smoking or even reduce stress
- SilverSneakers Steps, a self-directed, pedometer-based physical activity and walking program for members residing 15 miles or more from a participating location

We encourage you to have your patients sign up for this terrific program. Joining is as easy as 1-2-3! Here are the steps your patients should follow:

1. **Choose their location.** Have your patients find the participating location that's most convenient for them. Once they've enrolled, they can visit any participating location in the country. That way, traveling can never be an excuse for missing a workout! Your patients can view locations by ZIP code on www.silversneakers.com or call toll-free at 1-888-423-4632.
2. **Enroll in person.** Once the program has captured your patients' attention, they should present their health plan membership ID card at the front desk to register. And remember: the sooner they start, the sooner they can take part in the fitness fun!
3. **Take a tour.** Words can only scratch the surface of the value of this program. Therefore, encourage your patients to visit a local gym to check out the fitness equipment and all the amenities they'll enjoy as a SilverSneakers member. They should take this opportunity to learn as much as they can about the location.

Participating in the SilverSneakers program can help your patients get the amount of physical activity they need to stay healthy, maintain their independence and live their life to the fullest.

SilverSneakers® is a registered mark of Healthways, Inc.



SUMMER 2010 PROVIDER FORMULARY UPDATE

GENERIC NEWS:

The generic drugs listed below are now available to WellCare of Georgia Medicaid and Medicare members at the lowest co-payment (if applicable):

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Cozaar® 25mg, 50mg, 100mg Tablets*	Losartan Potassium 25mg, 50mg, 100mg Tablets (ST; QL – 31 tablets/31 days – MEDICAID ONLY)	Angiotensin II Receptor Antagonists
Hyzaar® 50/12.5mg, 100/12.5mg, 100/25mg Tablets*	Losartan Potassium & Hydrochlorothiazide 50/12.5mg, 100/12.5mg, 100/25mg Tablets (ST; QL – 31 tablets/31 days – MEDICAID ONLY)	Angiotensin II Receptor Antagonist/Diuretic Combinations
Mirapex® 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets*	Pramipexole Dihydrochloride 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets	Antiparkinsonian Agents
Trileptal® 300mg/5mL Oral Suspension*	Oxcarbazepine 300mg/5mL Oral Suspension (MEDICAID ONLY – QL: 1500mL/31 days)	Anticonvulsants

*These brand name drugs have been removed from the WellCare of Georgia Medicaid Preferred Drug List.

QL = Quantity Limit ST = Step Therapy

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

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Aldara® 5% Topical Cream	Imiquimod 5% Topical Cream (PA)	Topical Immunomodulator
Flomax® 0.4mg Capsules	Tamsulosin 0.4mg Capsules	Benign Prostatic Hyperplasia (BPH) Agents

The following changes have been made to the WellCare of Georgia **Medicaid Preferred Drug List**:

ADDITIONS	REMOVALS
Anaplex DM Syrup (AL: ≤20 years old)	A-200® Lice Control Spray
Baraclude 0.5mg, 1mg Tablets (PA)	Acular® 0.5% Ophthalmic Solution
Benzonatate 200mg Capsules (AL: ≤20 years old)	Acular LS® 0.4% Ophthalmic Solution
Bromfed DM Syrup (AL: ≤20 years old)	Alphagan® P 0.15% Ophthalmic Solution
Budesonide 0.25mg/2mL, 0.5mg/2mL Suspension (AL: ≤8 years old, QL: 120mL/31 days)	Exelon® 2mg/mL Oral Solution
Buprenorphine 2mg, 8 mg SL Tablets (PA)	Forteo™ 600mcg/2.4mL Injection
Ceron DM Drops and Syrup (AL: ≤20 years old)	Hepsera® 10mg Tablets
Claravis 10mg, 20mg, 30mg, 40mg Capsules (ST, AL: 12–20 years old ONLY, QL: 62 capsules/31 days)	Loestrin® 24 Fe Tablets
C-Phen DM Drops and Syrup (AL: ≤20 years old)	Migranal® 4mg/mL Nasal Spray

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SUMMER 2010 PROVIDER FORMULARY UPDATE CONTINUED

ADDITIONS	REMOVALS
Exelon® Patch 4.6mg/24 hours, 9.5mg/24 hours	Nasal Crom® Nasal Spray
Extavia® Kit	Oxsoresalen® 1% Lotion
Histadec DM Syrup (AL: ≤20 years old)	Oxsoresalen-Ultra® 10mg Capsules
J-Tan D Suspension (AL: ≤20 years old)	Oxycodone/APAP 2.5mg/325mg Tablets
Naphcon 0.012% Ophthalmic Solution (OTC Covered with Rx)	Paroxetine ER 12.5mg, 25mg, 37.5mg Tablets
Norvir® 100mg Tablets	Pulmicort Respules® 0.25mg/2mL, 0.5mg/2mL
Oxaliplatin 50mg, 100mg vials (PA)	<p>Note that as of March 3 2010, DESI (Drug Efficacy Study Implementation) drugs and drugs that are identical, related or similar to such drugs are no longer a covered benefit for WellCare of Georgia members.</p>
PD-Cof Drops and Syrup (AL: ≤20 years old)	
Pegasys® 180mcg/0.5mL Syringes, 180mcg/mL Vials (PA)	
Rondex-DM Drops and Syrup (AL: ≤20 years old)	
Ryna-12X Oral Suspension	
Santyl® Ointment (PA)	
Seroquel® 25mg, 50mg, 100mg, 200mg, 300mg, 400mg Tablets (PA)	
Sildec-DM Drops and Syrup (AL: ≤20 years old)	
Supartz® 10mg/ml Syringe (PA)	
Treximet® Tablets (PA)	
Viracept® powder	
Vitamin D 50,000 units Softgels	
Vortex® Holding Chamber/Masks; toddler, child & adult sizes (QL: 2 units/365 days)	
Vortex® Valved Holding Chamber (QL: 2 units/365 days)	

PA = Prior Authorization Required QL = Quantity Limit AL = Age Limit ST = Step Therapy

The Utilization Management criteria have changed for the following medications as noted below:

DRUG NAME	CHANGE	PLAN
Ciclopirox 8% Topical Solution	Prior Authorization requirement removed	WellCare of Georgia WellCare Medicare
Namenda® 5mg, 10mg Tablets, Titration Pak, 10mg/5mL Solution	Step Therapy requirement removed	WellCare of Georgia
Zolpidem 5mg, 10mg Tablets	Step Therapy requirement removed	WellCare of Georgia

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SUMMER 2010 PROVIDER FORMULARY UPDATE CONTINUED

The quantity limits associated with the following medications have been changed as noted below for the WellCare of Georgia Preferred Drug List:

DRUG NAME	OLD QL	NEW QL
Ondansetron 4mg/5ml Solution	No QL	300ml/31 days
Ondansetron 24mg Tablet	62 tablets/31 days	31 tablets/31 days
Ondansetron ODT 4mg, 8mg Tablets	12 tablets/31 days	62 tablets/31 days

QL = Quantity Limit

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

ADDITIONS
AK-Con™ Ophthalmic Solution
Brimonidine Tartrate 0.15% Ophthalmic Solution
BioThrax® (Anthrax Vaccine Adsorbed) Suspension for Intramuscular Injection
Carac® 0.5% Topical Cream (PA)
Carimune® NF 6gm, 12gm vials (PA)
Cyclosporine 50mg Soft Gelatin Capsules (PA)
Fanapt™ 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg Tablets (PA)
Fanapt™ Titration Pack (PA)
Fluconazole-NS 100mg/50ml vial
Humira® 20mg/0.4mL Pediatric Pre-Filled Syringe (PA)
Menveo® Solution for Intramuscular Injection
Norvir® 100mg Tablets
Oxaliplatin 50mg and 100mg vials (Part B)
Promacta® 75mg Tablets (PA)
Renagel® 400mg, 800mg Tablets (PA)
Renvela® 800mg Tablet
Sodium Bicarbonate 8.4mg syringe
Soriatane® 10mg, 17.5mg, 22.5mg, 25mg Capsules (QL: 10mg capsules ONLY 31 capsules /31 days)
Valcyte® 50mg/mL Powder for Solution (PA)
Zenpep® 5,000 USP units of lipase, 10,000 USP units of lipase, 15,000 USP units of lipase, 20,000 USP units of lipase Delayed-Release Capsules
Zyprexa® Relprevv™ 210mg, 300mg, 405mg vials (PA)

PA = Prior Authorization Required QL = Quantity Limit

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SUMMER 2010 PROVIDER FORMULARY UPDATE CONTINUED

Planned Market Drug Withdrawal:

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Endo Pharmaceuticals Inc.	Moban® (molindone HCl) Tablets	June 30, 2010	<p>Endo has been unable to obtain an alternate supplier of molindone hydrochloride after the current supplier notified Endo of their intent to discontinue manufacturing molindone hydrochloride.</p> <ul style="list-style-type: none">• WellCare MEDICARE members' prescriptions will continue to adjudicate until supplies are exhausted.• Prescriptions for WellCare of Georgia Medicaid members will not adjudicate. Moban® Tablets are not a covered benefit for these members and require a Prior Authorization.

Please visit www.wellcare.com or georgia.wellcare.com to view the current Preferred Drug List and Formulary and pharmacy updates.

ADVANTAGES OF ELECTRONIC FUNDS TRANSFER

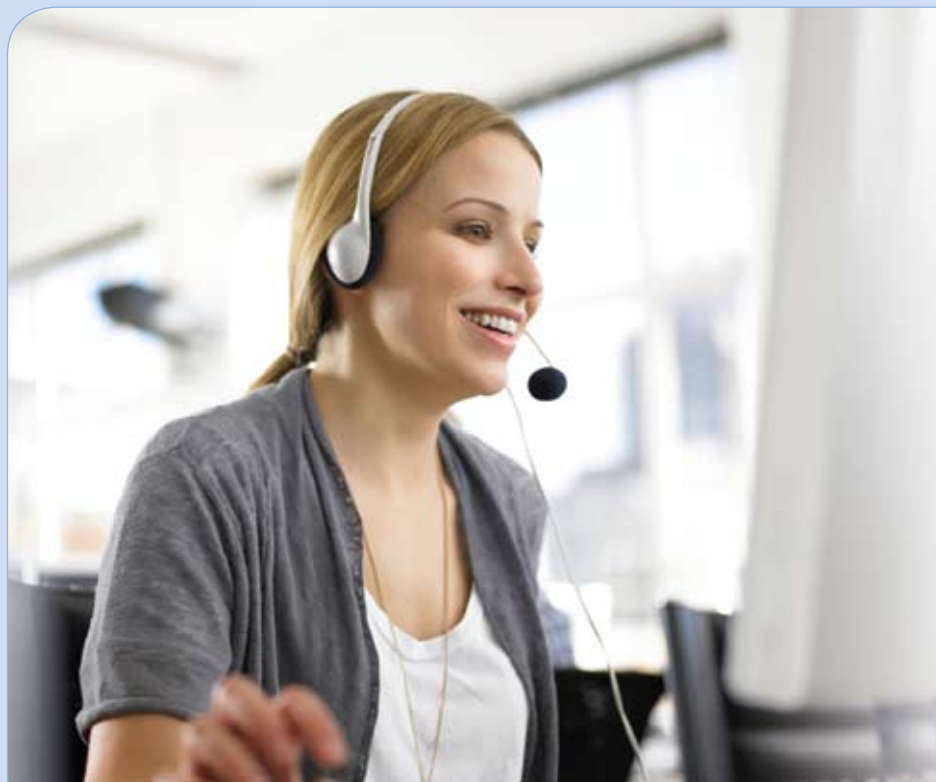
WellCare encourages participating providers to take advantage of electronic funds transfer (EFT) in receiving payment for claims.

Five reasons to sign up today for EFT:

- No interrupting your busy schedule to deposit a check
- No waiting in line at the bank
- No lost, stolen or stale-dated checks
- You control your banking information
- Immediate availability of funds—no bank holds!

Set-up is easy and takes about five minutes to complete. Please call your Provider Relations representative or the Provider Hotline at 1-866-231-1821 for Medicaid or 1-866-334-7730 for Medicare with any questions.

EFT is set up only to transfer funds into your account, never out.



HELP CONTROL YOUR PATIENTS' ASTHMA

DON'T LET IT CONTROL THEM!

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 only take these types of medicine 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.



LIMIT EXPOSURE TO ASTHMA TRIGGERS

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.

*Source: American Lung Association
Source: Department of Health and Human Services/Food and Drug Administration (FDA)*

QUICK AND EASY WAYS TO IMPROVE CONTINUITY AND COORDINATION OF CARE

As part of ongoing efforts to strengthen continuity of medical and behavioral health care, WellCare of Georgia has established processes designed to improve the continuity and coordination of care provided by behavioral health care specialists, Primary Care Practitioners (PCPs) and other medical providers. WellCare also monitors various measures as indicators of effective coordination for care across both settings of and transitions in care.

Here are a few easy and quick steps to improve the way providers can work together:

- Ensure discharge summaries and lab results are sent to the PCP, even when the PCP is not the attending physician.
- Document evidence of your request of a patient's permission to share a patient's information and communicate with other providers.
- Ensure the members who are taking Atypical Antipsychotics receive glucose and lipid testing.
- Make sure you know all other physicians your patients are seeing, no matter what kind of care they are receiving.
- Remember that members have the right to ask if you plan to talk with their other providers.
- Ensure the scheduling of follow-up appointments when coordinating care to other levels of care as part of the discharge planning process.
- Document inpatient discharge authorizations that received initial home health services within five calendar days.

WellCare appreciates the assistance that you have provided in supporting our members' receipt of coordinated medical and behavioral health care. Coordinated treatment is better treatment, so become part of a treatment team and make sure your team is communicating.

EPSDT HIPAA REFERRAL CODES

The Centers for Medicare & Medicaid Services (CMS) defines an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) referral as members scheduled for another appointment with the current provider or a referral to another provider for further needed diagnostic and treatment services *as a result of at least one health problem identified during the EPSDT screen.*

Effective with HIPAA implementation, CMS requires documentation of EPSDT Referral Codes when submitting claims for EPSDT services. There are four HIPAA compliant EPSDT Referral Codes: AV, NU, S2 or ST. If the screening exam is normal, Referral Code NU must be documented. Codes AV, S2 and ST are to be reported when a follow-up visit is necessary to further evaluate an abnormal finding identified during an EPSDT screening.

- AV: When a referral is needed, but it was refused by the patient/parent
- NU: When a referral is not needed
- S2: When the patient is already under care
- ST: When the patient has been referred

When submitting paper EPSDT claims to WellCare, enter the appropriate Referral Code in Field 19 of the CMS-1500 claim form. If submitting electronically, WellCare advises that you confirm the ability to transmit within loop 2300 with your EDI vendor.





KNOW THE SYMPTOMS OF DIABETES

Millions of people have diabetes, but many don't know they have it. It is a serious disease that should not be ignored. If one of your patients has diabetes, their body can't make or use insulin, which helps change sugar into energy to keep them alive. Although there are different kinds of diabetes, Types 1 and 2 are the most common, so you should familiarize your patients with the dangers of each type:

TYPE 1 DIABETES

This type of diabetes is mostly found in children and young adults. The bodies of patients suffering from Type 1 diabetes do not make insulin. Instead, they must take insulin shots every day. Patients with Type 1 diabetes may experience the following:

- Frequent urination
- Tremendous thirst
- Tremendous hunger
- Rapid weight loss
- Lack of energy
- Irritability
- Blurred vision
- Trouble seeing

TYPE 2 DIABETES

Type 2 Diabetes is the most common form of the disease. Type 2 is usually found in people who:

- Are over 45
- Have diabetes in their family
- Are overweight
- Don't exercise
- Have cholesterol problems

It is also common in certain racial and ethnic groups, particularly African Americans, American Indians, and Hispanics, and in women who had gestational diabetes when they were pregnant. With Type 2 diabetes, patients' bodies cannot make enough insulin or use it correctly. Treatment is diabetes pills and sometimes insulin injections, as well as diet and exercise.

Patients who suffer from Type 2 diabetes may experience the following:

- Any of the symptoms of Type 1 diabetes
- A lot of infections
- Cuts or bruises that heal slowly
- Tingling or numbness in their hands or feet
- Skin, gum or bladder infections that keep coming back

If not treated, diabetes can cause infections that will not heal. It can also hurt patients' eyes, kidneys, nerves and heart.

TAKING CARE OF DIABETES

Correct treatment of diabetes can help your patients live a longer and healthier life. If you have diagnosed one of your patients with any of the above types of diabetes and you would like to learn more, please contact our Case/Disease Management department at 1-866-635-7045.



GEORGIA ADVANCE DIRECTIVE FOR HEALTH CARE

On July 1, 2007, Governor Sonny Perdue signed into law the Georgia Advance Directive for Health Care Act, which simplified the process of making patient health care issues known. Prior to July 1, 2007, a resident of Georgia could either complete a living will or a durable power of attorney for health care. The Act provides that patients of sound mind, age 18 years or older or emancipated minors, and/or their legal representatives should receive information concerning advance directives and have the opportunity to execute an advance directive.

There are three parts to this legal document:

1. Health care agent – this allows the patient to designate a person to make health care decisions on their behalf when the patient cannot (or does not want to).
2. Treatment preferences – this allows the patient to list treatment preferences should they become unable to communicate or if a terminal condition exists that places the member in a state of permanent unconsciousness.
3. Guardianship – this allows the patient to nominate a person to be their guardian in case one is ever needed.

The Georgia Advance Directive for Health Care forms must be made available in provider's offices and/or facilities. Discussion with the member, as well as the completed forms (when applicable), should be documented and filed in the member's medical record. A provider shall not, as a condition of treatment, require a member to execute or waive an advance directive. However, the provider should include documentation in the member's medical record regarding the discussion and whether or not the member chose to fill out an advance directive for himself/herself. This information will be reviewed as part of the ongoing medical record review that is performed quarterly on a random number of providers.

Members who have complaints regarding non-compliance with advance directive requirements may file the complaint with the Department of Community Health.

A copy of the Georgia Advance Directive for Health Care can be found at the following Web address, www.aging.dhr.georgia.gov, and a full recitation of the Act can be found at www.legis.state.ga.us/legis/2007_08/versions/hb24_HB_24_AP_11.htm.

WELLCARE, TEXT4BABY PARTNER TOGETHER TO HELP EDUCATE PREGNANT WOMEN AND NEW MOMS

WellCare 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). 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. 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.

The George Washington University is coordinating the evaluation of Text4baby in collaboration with a number of evaluation partners. The evaluation will encompass review of health claims-based outcomes data, as well as survey responses from participants to determine the efficacy of this mobile health intervention.

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

- Register by:
 - Texting BABY to 511411 (or BEBE for Spanish)
 - Visiting the Text4baby Web site at 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 Web site at www.text4baby.org or, if you are interested in becoming a partner, please e-mail Partners@text4baby.org.

