

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.

PROVIDER MATERIALS UPDATE

Since our last newsletter was published, the following correspondence was sent to providers via fax, mail or was posted in the secure section of the WellCare Web site:

- Change to Behavioral Health Network Notice
- Indiana's 2010 Issue II Newsletter
- Health Dialog Provider Notice
- CMS Furnishes Screening for HIV in High-Risk Medicare Populations

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

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 an 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 farther 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.

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 **1-866-424-4963** 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.

CHANGES TO BEHAVIORAL HEALTH NETWORK

WellCare has entered into an agreement with Magellan Behavioral Health, Inc. (“Magellan”) whereby Magellan will administer all behavioral health benefits for all WellCare members in the state of Indiana beginning **August 16, 2010**.

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. Please contact your Provider Relations representative or call our Customer Service team at **1-866-424-4963** if you have any questions.



EYE EXAMS FOR DIABETIC PATIENTS

An annual dilated eye exam by an eye care professional is an important component of a diabetic patient’s care regimen. The dilated eye exam may detect early stages of diabetic retinopathy before a patient notices any vision changes. Most diabetic patients will develop some form of diabetic retinopathy, and early diagnosis may be a factor in treatment success.

Referral to an eye care professional for a dilated eye exam should be part of a primary care provider’s (PCP) routine care for a diabetic patient. It is also important for the PCP to coordinate with the eye care professional to obtain a copy of the exam result for his/her review and chart record.

An annual dilated eye exam by an eye care professional for a diabetic patient is a covered benefit for eligible members.

Source: American Diabetes Association: www.diabetes.org



CASE MANAGEMENT PROGRAM

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet 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 and, 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
- Chronic illness
- Solid organ and tissue transplants
- Catastrophic illness or injuries

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
- 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.

TIPS FOR IMPROVING CHRONIC DISEASE CARE

Mrs. Jones, a 54-year-old established patient, goes to see you about her seasonal allergies. Mrs. Jones has not been in your office for a visit in a while. You examine Mrs. Jones, prescribe a medication for her allergies and, in the last few minutes of the visit, ask her about her diabetes. She says she's taking care of herself, so you end the visit with some brief education on the importance of diabetes care. You then leave the room, and Mrs. Jones leaves your office. What you do not know is that Mrs. Jones has not had an A1c test in over one year, and you will not see her for another six months.

The problem was not that the physician in this imaginary scenario did not know how to treat diabetes. Instead, it was largely a process problem. The practice did not know how to keep track of a patient with a chronic disease and make sure he/she was receiving the care he/she needs. One solution to this situation is to develop and put into practice flow sheets for chronic diseases.

A flow sheet is a one- or two-page form that gathers all the important data regarding a patient's condition, such as in the above case, diabetes. The flow sheet is housed in the patient's chart and serves as a reminder of care and a record of whether care expectations have been met.

The goal is that every time a patient walks in the door of the practice, the staff and doctor(s) will look at the flow sheet and address the chronic condition in addition to the reason for the patient's visit. When an appropriate piece of lab work or test

result is provided, the staff and/or doctors should enter the data in its slot in the flow sheet so this information is available at a glance.

You should also refer patients to WellCare's Disease Management Program by calling **1-866-635-7045**.

If you would like flow sheets for asthma visits, diabetes visits and adult preventive care visits, please call **1-312-777-5035**.



WELLCARE CLAIMS INFORMATION

From time to time, WellCare Health Plans, Inc. (the Plan) 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 the Plan 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.

SUMMER 2010 PROVIDER FORMULARY UPDATE

GENERIC NEWS

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

| BRAND NAME | GENERIC NAME | THERAPEUTIC CLASS |
|---|--|--|
| Aldara® 5% Topical Cream | Imiquimod 5% Topical Cream (PA) | Topical Immunomodulator |
| Cozaar® 25mg, 50mg, 100mg Tablets | Losartan Potassium 25mg, 50mg, 100mg Tablets | Angiotensin II Receptor Antagonists |
| Flomax® 0.4mg Capsules | Tamsulosin 0.4mg Capsules | Benign Prostatic Hyperplasia (BPH) Agents |
| Hyzaar® 50/12.5mg, 100/12.5mg, 100/25mg Tablets | Losartan Potassium & Hydrochlorothiazide 50/12.5mg, 100/12.5mg, 100/25mg Tablets | 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 Agent |
| Trileptal® 300mg/5mL Oral Suspension | Oxcarbazepine 300mg/5ml Oral Suspension | Anticonvulsants |

PA = Prior Authorization

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

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

PA = Prior Authorization QL = Quantity Limit

The prior authorization associated with the following medication has been removed for the WellCare Medicare Formulary:

| DRUG NAME |
|--------------------------------|
| Ciclopirox 8% Topical Solution |

Planned Market Drug Withdrawal:

| COMPANY NAME | DRUG NAME | DATE OF REMOVAL | COMMENTS |
|---------------------------|--|-----------------|---|
| Endo Pharmaceuticals Inc. | Moban® (molindone HCl) 5mg, 10mg, 25mg, 50mg Tablets | June 30, 2010 | Endo has been unable to obtain an alternate supplier after the current supplier notified Endo of their intent to discontinue manufacturing molindone hydrochloride. Prescriptions will continue to adjudicate until supplies are exhausted. |

Please visit www.wellcare.com to view the formulary and pharmacy updates.

INFLUENZA: WHAT'S NEW FOR 2010?

Now that influenza season has arrived, we are encouraging providers to ensure that each of their patients gets a flu vaccine.

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 2010–2011 influenza season. Therefore, it is important that all people ages 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 2010–2011 influenza season for use in people ages 65 and older. Fluzone High-Dose, which contains four times the amount of influenza antigen compared with other inactivated seasonal influenza vaccines, produces higher antibody levels. Studies are under way to assess the relative effectiveness of Fluzone High-Dose compared with the standard dose inactivated influenza vaccine. However, results from those studies will not be available before the 2010–2011 influenza season. The Advisory Committee on Immunization Practices (ACIP) has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in people 65 years of age and older.

WellCare offers free flu vaccinations for its members. Please encourage our members to receive the flu vaccine either in your office or by calling the Customer Service number located on the back of their Member ID cards.

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



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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 Indiana

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

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

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.

