

A collage of medical professionals in white coats, some with stethoscopes, in various clinical settings. The background is a grid of blue and green squares.

PROVIDER

Newsletter

MEDICAL INJECTABLES

WellCare continuously strives to reduce barriers to care and therapies. In reviewing our medical injectable (J-code) prior authorization requirements, WellCare identified an opportunity to consolidate and align the list of required codes. To that end, WellCare combined the medical and pharmacy injectable prior authorization code lists into one consistent list, and aligned that list with current industry practice. The modified list of medical injectables that require prior authorization was effective **December 7, 2010**.

Please note that some drugs continue to require prior authorization. Traditionally, J-code medications that were administered in the office setting required prior authorization. Under this new program, the list of drugs is reduced, but for those drugs still requiring prior authorization, the authorization is needed in all outpatient treatment settings, with the exception of emergent and urgent care. This allows WellCare greater review for medical necessity and fraud and abuse prevention.

WHAT DOES THIS MEAN TO YOU?

By removing the prior authorization requirement on a number of medical injectables, this enables you to treat your patients who are WellCare members without obtaining a prior authorization or completing a drug evaluation review (DER) for certain drug products. All other drug products, and home infusion therapy, still require a DER.

You are responsible for adhering to utilization management principles such as prior authorization. The Plan's Utilization Management (UM) program is designed to meet contractual requirements and comply with federal and/or state regulations while providing members access to high quality, cost-effective medically necessary care and ensuring prompt and accurate payment to our providers.

RESOURCES

To determine if a prior authorization is required, a **No Authorization Required Medical Injectable List** may be accessed at www.wellcare.com/provider/pharmacyservices.

If you have any questions, please contact Provider Services at 1-866-424-4963.

PROVIDER 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:

- Advanced Authorization for Certain Imaging Services
- Medical Injectables Notice
- 2010 Issue IV Provider Newsletter Now Available Online

You can find copies of some of these correspondences when you log in to the secure area of www.wellcare.com (via the sign-in on the right that says "Member/Provider Secure Sign-In"). 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.

MIGRATING TO 5010 FOR ELECTRONIC TRANSACTIONS

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) legislation mandates that the health care industry use standard formats for electronic claims and related transactions. The current format, 4010A1, is in the process of being replaced by 5010, a new standard format.

All covered entities (health plans, health care clearinghouses and certain health care providers) will be required to use the 5010 standard when conducting electronic transactions. These include:

- Claims (professional, institutional and dental)
- Claims status requests and responses
- Payments to providers
- Eligibility requests and responses
- Referral requests and responses
- Enrollment and disenrollment in a health plan
- Coordination of benefits
- Premium payments

For the majority of the year 2010, the 5010 project focus was achieving Level I compliance. The Centers for Medicare & Medicaid Services (CMS) defines Level I compliance as follows: *a covered entity can demonstrably create and receive compliant transactions, resulting from the compliance of all design/build activities and internal testing.*

For the year 2011, focus is shifting to testing and becoming Level II compliant. CMS defines Level II compliance as follows: *a covered entity has completed end-to-end testing with each of its trading partners, and is able to operate in production mode with the new versions of the standards.*

TESTING SCHEDULE: WHO AND WHEN

A testing schedule was developed for providers who submit electronic transactions directly to or receive electronic transactions directly from WellCare/Harmony. Testing began in January 2011 and will proceed through quarter two of 2011, depending on the provider and their transaction utilization.

For providers who submit electronic transactions through a third-party vendor, please note that WellCare/Harmony is also testing with vendors during the same time frame. The specific types of vendor testing are listed below.

- 837I, 837P, 837D (Claims)—WellCare/Harmony will test with clearinghouses
- 276/277 (Claim Status)—WellCare/Harmony will test with clearinghouses and providers
- TA1, 999, 277CA (Response Files)—WellCare/Harmony will test with clearinghouses
- Outbound 834 (Eligibility)—WellCare/Harmony will test with providers
- 835 (Payments)—WellCare/Harmony will test with payment vendor and providers
- NCPDP D.0 (Pharmacy)—WellCare/Harmony will test with pharmacy claims vendors
- Encounters—WellCare/Harmony will test with vendors and providers

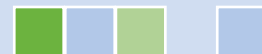
KEEP COMMUNICATION LINES OPEN

- Notify WellCare/Harmony regarding any software and/or vendors that are not 5010 test-ready for external partners through our EDI department: **EDI-Master@WellCare.com**.
- Designate a primary contact (i.e., office manager, billing manager) who is familiar with 5010 and its implications for your office. A single point of contact will ensure communications to and from WellCare/Harmony are received timely.

RESOURCES

- CMS checklist for a smooth 5010 transition: www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage
- CMS presentations from the National Provider calls: www.cms.gov/Versions5010andD0/V50/list.asp#TopOfPage

For inquiries related to your electronic claim submissions to WellCare/Harmony and related transactions, please contact our EDI team via e-mail at **EDI-Master@WellCare.com**.



BALANCE BILLING OF “ZERO COST-SHARE” DUAL-ELIGIBLES IS PROHIBITED

There are two classes of zero cost-share beneficiaries: Qualified Medicare Beneficiaries without Medicaid benefits (QMB) and QMB with full Medicaid benefits (QMB+). Individuals who are categorized as QMB or QMB+ have a zero-cost liability and should never receive a bill. In fact, CMS can impose sanctions for the practice.

If you are a provider who serves the QMB and/or QMB+ population, it is highly recommended that you participate in your state’s Medicaid program and gain access to any billing system the state uses. This will allow you to easily balance bill the state for your fees.¹

WellCare’s Access plan is composed entirely of QMB and/or QMB+ individuals who are not responsible for co-payments, coinsurance and/or deductibles and should never be directly billed. While the EOP you receive from WellCare may indicate that the member has a payment responsibility, this is only intended as a means for you to submit documentation to the state’s Medicaid agency and should not be taken as an instruction to bill the member.

For more information, please contact your local Provider Relations representative.

¹In states that have capitation agreements with WellCare, the plan will process the Medicaid payment responsibility on behalf of the state.

CLAIMS CORNER

CODING FOR WELL AND SICK VISITS

The American Medical Association (AMA) CPT coding manual defines preventive medicine services as *age- and gender-appropriate history and exam with anticipatory guidance and counseling*. Included in preventive care services are:

- History and exam appropriate for age and gender
- Anticipatory guidance and risk factor reduction
- Ordering of appropriate immunizations, lab/diagnostic procedures
- Treatment and management of insignificant problems

The AMA CPT coding guidelines allow a provider to bill for both a preventive medicine code and a medically necessary evaluation and management (E/M) code when there is “significant” extra work required in the diagnosis or treatment of a problem during a routine (annual) examination. **Correct coding guidelines require the addition of modifier -25 to the medically necessary E/M service (99201–99215).**

A provider should bill ONLY the PREVENTIVE MEDICINE code when:

- The patient’s status/history shows the patient in good health
- The patient has a minor “stable” problem
- The history of present illness (HPI) is “Doing well, no complaints”
- When the assessment and plan (A/P) addresses only preventive medicine issues

A provider should bill BOTH the PREVENTIVE MEDICINE code and the MEDICALLY NECESSARY E/M service when:

- Patient has chronic medical problems, one or two in poor control
- Patient with three serious chronic problems, all in good control, if they are addressed
- HPI documents poor control of chronic disease or status of stable diseases
- Exam shows unexpected, abnormal findings
- Acute problem treated
- A/P shows treatment of diseases



MEASURE BONE LOSS

In agreement with the U.S. Preventive Services Task Force (USPSTF) recommendations for postmenopausal women, The National Osteoporosis Foundation (NOF) recommends bone density imaging on:

- All women age 65 and older
- All men age 70 and older
- Younger postmenopausal women and men ages 50 to 69 about whom you may have concern based on their clinical risk factor profile
- Women in the menopausal transition if there is a specific risk factor associated with increased fracture risk, such as low body weight, prior low-trauma fracture or high-risk medication
- Adults who have had a fracture after age 50
- Adults with a condition (e.g., rheumatoid arthritis) or taking a medication (e.g., glucocorticoids in a daily dose more than or equal to 5mg prednisone or equivalent for more than or equal to three months) associated with low bone mass or bone loss
- Anyone being considered for pharmacologic therapy for osteoporosis
- Anyone being treated for osteoporosis, to monitor treatment effect
- Anyone not receiving therapy in whom evidence of bone loss would lead to treatment

People with osteoporosis are frequently asymptomatic—sometimes for a prolonged period of time—until they suffer a fracture, which can lead to even more complications. Not uncommonly, the fracture occurs following minimal trauma. Although a fracture may be followed by a full recovery, chronic morbidity, disability and even death are all too common. Osteoporotic fractures may lead to psychological symptoms, most notably depression and loss of self-esteem, as patients grapple with pain, physical limitations and the need for lifestyle changes.

Osteoporosis-related fractures create both a personal and communal economic burden, necessitating more than 432,000 hospital admissions, almost 2.5 million medical office visits, and about 180,000 nursing home admissions annually in the United States. Interventions that focus on early detection (radiologist-supervised bone density imaging) and treatment of osteoporosis, and prevention of falls, should be a routine focus of primary care office visits for at-risk patients.

Source:

National Osteoporosis Foundation Clinician's Guide to Prevention and Treatment of Osteoporosis. Washington, DC: National Osteoporosis Foundation; 2010. www.nof.org/sites/default/files/pdfs/NOF_ClinicianGuide2009_v7.pdf.

ASSESS POTENTIAL HEALTH CONCERNS FOR YOUR OLDER PATIENTS

WellCare encourages you to dedicate a few minutes during a patient visit to discuss the following health concerns with your older patients:

FALL RISK MANAGEMENT

- **Ask your patients if they have fallen or almost fell, but were caught by someone or managed to grab hold of something just in time.**

Fall prevention is one of the biggest safety concerns for older patients, especially those who live alone. Slip and fall accidents are one of the leading causes for seniors having to go to the hospital. An important aspect of patient education and injury prevention is to alert your patients of ways to prevent falling, including wearing sensible shoes and using an assistive device—which is especially important for seniors—because their balance may be impaired, leading to increased falls.

ASSESS PHYSICAL ACTIVITY – KEEP YOUR PATIENTS MOVING

- **Talk to your patients about their physical activity. For example, do they exercise regularly or take part in physical exercise?**

You may want to advise them to start, increase or maintain their level of exercise or physical activity to maintain and/or improve their health. Physical activity can improve strength, balance, coordination and flexibility, and can go a long way toward fall prevention.

URINARY INCONTINENCE (UI)

- **In addressing a topic as sensitive as this, it is important to put the patient at ease so they will feel comfortable discussing such a private issue with you.**

Loss of bladder control is common among older patients. Urinary incontinence may be underreported because patients do not believe that anything can be done about it.

Underlying health problems may contribute to incontinence, such as menopause for women and enlarged prostate for men.

If the patient is experiencing symptoms of urinary incontinence, discuss treatment options that may include bladder training, physical therapy or sometimes, just a simple change in toileting habits may bring relief.

CHECK FOR OSTEOPOROSIS

- **Assess your patients' bone health. Because osteoporosis can be asymptomatic for a prolonged period of time, do bone mineral density (BMD) testing if applicable.**

With age, bones tend to shrink in size and density, which weakens them and makes them more susceptible to fracture. The U.S. Preventive Services Task Force (USPSTF) recommends BMD testing on all women age 65 and older, all men age 70 and older, and other patients based on their clinical profile.

You may want to give them tips on what they can do to prevent bone loss or the progression of osteoporotic bones. For example, tell them to include plenty of calcium and vitamin D in their diets, and to consider strength training to increase bone density and reduce the risks of osteoporosis. Medication management is a treatment option to slow bone loss and maintain bone mass, when applicable.

Always remind your patients that it's never too late to adopt a healthy lifestyle. As their physician, you cannot stop the aging process, but your patients can minimize the impact by making healthy lifestyle choices with your guidance.



KEEP AN EYE ON GLAUCOMA

WellCare's provider partners can help to prevent or delay the problems caused by glaucoma.

Glaucoma can lead to vision problems and may even cause blindness. The condition is more common in people older than 45 than it is earlier in life.

Early treatment—with medicine, surgery or both—can prevent or delay the serious vision problems caused by glaucoma.

People are more likely to get glaucoma and your patients should be tested for glaucoma if:

- They are severely near-sighted.
- They have diabetes mellitus.
- They have a family history of glaucoma.
- They are older than 65 (or older than 40 if African-American).

WellCare contracts with Advantica EyeCare for vision care services. Members may contact Advantica EyeCare at **1-866-424-4963**.

Source: www.ahrq.gov/ppip/50plus/checkups.htm



WEB REGISTRATION IS FAST AND EASY

Take advantage of WellCare's Web site by going to www.wellcare.com and following the steps below:

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

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

FORMULARY UPDATE 2011

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
ASTELIN Nasal Spray [†]	Azelastine HCl 137mcg Spray	Antihistamine
Exelon [®] 1.5mg, 3mg, 4.5mg and 6mg Capsules	Rivastigmine 1.5mg, 3mg, 4.5mg and 6mg Capsules	Cholinesterase Inhibitor
Zegerid [®] 20mg Capsule [†]	Omeprazole/Sodium Bicarbonate 20mg Capsule	Proton Pump Inhibitor
Zegerid [®] 40mg Capsule	Omeprazole/Sodium Bicarbonate 40mg Capsule	Proton Pump Inhibitor

[†]Not covered on the 2011 Medicare formulary

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

ADDITIONS	
Afinitor [®] 2.5mg Tablet (PA)	HalfLyte [®] & Bisacodyl Tablets Bowel Prep Kit
Amikacin Sulfate 100mg/2mL, 500mg/2mL and 1,000mg/4mL Vials	Methylphenidate 5mg/5mL and 10mg/5mL Oral Solutions
Ceftazidime 500mg Vial	Suboxone [®] 2mg–0.5mg and 8mg–2mg SL Films (PA)
Epinephrine 0.15mg and 0.3mg Auto-Injectors	Tasigna [®] 150mg Capsule (PA)
Gianvi [™] 3mg–0.02mg Tablet	

PA = Prior Authorization

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





200 W. Adams Street, Suite 800
Chicago, IL 60606

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BREAKING DOWN WALLS

EFFECTIVE COMMUNICATION WITH PATIENTS

It can be very stressful when patients do not understand what their doctors are telling them about their condition. Good communication can help alleviate fear or anxiety they might experience.

Here are some things providers can do to communicate more effectively with their patients:

- Keep the patient's culture in mind; it may differ from yours. The way you communicate both verbally and nonverbally may mean something different to them.
- Assess what the patient already knows by asking questions; encourage patients to keep you informed.
- Assess what the patient wants to know.
- Be empathetic.
- Take the time to explain all treatment options and ensure the patient understands the benefits and risks of each option.
- Keep it simple; explain medical information in easily understood language.
- Be sure to answer all of the patient's questions.