



PROVIDER

Newsletter

10 WAYS TO REDUCE THE RISK OF COMPLICATIONS FROM DIABETES MELLITUS

With Diabetes becoming ever more prevalent among our members, please work with your patients to get fully engaged in their management of this disease. For example, **encourage every patient with Diabetes mellitus to:**

1. Personally commit to having his/her **Hemoglobin A1c** level checked and understood on a regular basis while striving to improve his/her test results
2. Be **nicotine** free
3. Keep his/her **Blood Pressure** and **Lipid levels** in the normal range
4. Have periodic **medical checkups**, an annual **retinal examination by an eye care professional** and an **annual dental examination**
5. Stay up to date with age-appropriate **vaccinations**
6. Stay on a diet that helps achieve a BMI in the normal range
7. Be mindful of **foot care**, and seek podiatric evaluations whenever necessary
8. Consider the risk-to-benefit ratio of **low-dose aspirin** prophylaxis
9. Abstain or consume **alcohol** to only a limited degree
10. Use stress management techniques and behavioral methods that **reinforce positive health care behaviors**

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 UPDATE

Since our last newsletter was published, the following updates have been sent to providers via fax-blasts, mail or were posted on the secure section of the WellCare Web site:

- Changes to Behavioral Health Network
- Changes to Search Feature on Block Vision Web site
- New Jersey 2010 Issue II Provider Newsletter

You can find copies of some of these updates 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 on the right-hand side. Please check the messages on a regular basis.



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 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 lives to the fullest.

SilverSneakers® is a registered mark of Healthways, Inc.

ADVISE YOUR MALE PATIENTS ABOUT THE DANGERS OF CARDIOVASCULAR DISEASE

With the Centers for Disease Control and Prevention's admonition that heart disease remains a leading threat to men's health, please educate every male patient about his own personal risk of developing cardiovascular disease within the next five to 10 years. It is also the perfect time to review the steps he can take to reduce his chance of morbidity—and even mortality—from this illness.

Every Primary Care Physician should encourage their male patients to:

- Avoid nicotine or, at-a-minimum, reduce their dependence on nicotine products
- Increase their daily intake of vegetables, fruits, whole grains, fiber and sources of lean protein
- Minimize their intake of salt and trans-fats
- Periodically check their blood pressure and serum lipid levels
- Engage in enjoyable physical activities
- Know their BMI and adjust their caloric intake to keep their BMI within the normal range
- Consume alcohol in a responsible manner and appreciate its adverse effect on the therapeutic benefits of any medications they might be taking
- Only use ED products if they are healthy enough to engage in sexual relations
- Obtain serial Hemoglobin A1c levels if they have Diabetes mellitus—and, most important, take steps to keep it in the therapeutic range

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.



INFLUENZA: WHAT'S NEW FOR 2010?

Now that influenza season has arrived, we are encouraging providers to ensure that each of their members receive 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 to other inactivated seasonal influenza vaccines, produces higher antibody levels. Studies are under way to assess the relative effectiveness of Fluzone High-Dose compared to 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 ages 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 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

WELLCARE CLAIMS INFORMATION

From time to time, WellCare 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.

PEOPLE STILL TRUST THEIR DOCTORS RATHER THAN THE INTERNET

The Internet has made vast amounts of health information available to the general public, but all that virtual “noise” has made people more likely than ever to trust their doctor with medical decisions, a new survey finds.

Published in the March 4 issue of the *New England Journal of Medicine*, the survey of nearly 16,000 people over seven years found the following:

- People’s trust in physicians has increased with the ascent of the Internet, while their trust in Internet information has declined slightly over time. Simultaneously, their trust in other sources of health information such as television has plummeted.
- By a large margin, people take their health questions to the Internet first, performing their own research. They then take that information to their doctor for discussion.
- Increasing numbers of people are using e-mail to communicate directly with their physicians.

The study dovetails with previous research, showing that the Internet is not replacing the role of doctors in people’s health, believes Susannah Fox, an associate director of the Pew Research Center’s Internet & American Life Project.

Some people had been concerned that the Internet would supplant people’s need to visit the doctor, much as Web sites have replaced local travel agents and print newspapers for many, Hesse and Fox concurred.

This latest research reveals the opposite, in fact, is occurring.

“The doctor’s appointment is an institution that will not budge,” Fox said. “People still want someone to help guide them when they’re making decisions about an acute disease or managing a chronic illness.”

However, the study also shows that people are getting some use from Internet-provided medical information. They are using the Internet as a first source for health questions, for one thing.

“They use both channels,” Hesse said. “They go to the Internet first because it’s the easy thing to get to, but then they go to the doctor and follow up.”

“People also are using Web sites to get answers for questions they feel are too minor to bring to their doctor,” Fox added.

“When these health questions pop up in people’s lives, often they do want to talk to a doctor,” she said. “But if it’s after office hours or a question that doesn’t necessarily need expert advice, there are decisions that can be made using information found on the Internet. On the big decisions, for example diagnosis and treatment decisions, people are still relying on health professionals to help them make those very high-stakes decisions.”

The increase in e-mail correspondence with physicians, along with a large decrease in people’s trust in other sources of information, point to an increasing role for the Internet in health care, even if that role will remain supplemental to a doctor’s authority, Fox said.

“The key is making sure we understand that as mobile devices and broadband proliferate, the conversation is increasingly happening online,” she added.

Hesse said that the findings also point to an emerging model of preventive medical care where a person’s family physician takes on the role of a “coach,” guiding self-motivated patients to better health through their advice and judgment.

“People don’t go away when there’s technology involved,” he said. “In this case, they might actually be more needed.”



DUAL SPECIAL NEED PLANS (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, 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.

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.

CHANGES TO BEHAVIORAL HEALTH NETWORK

WellCare Health Plans of New Jersey, Inc. (“WellCare”) 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 New Jersey 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.

For questions, please contact your Provider Relations representative or call our Customer Service team at **1-866-687-8570**.

HELP PREVENT YOUR PATIENTS FROM FALLING

An important aspect of patient education and injury prevention is to alert your patients of ways to prevent falling—which is especially important for seniors because their balance may be impaired, leading to increased falls.

It is simple to educate your patients on how to prevent falls. WellCare encourages you to dedicate a few minutes of your next patient’s visit to discuss these fall prevention measures.

Some Web sites have helpful information and materials that can help educate your patients on the important aspects of fall prevention. To view these materials, please direct your Web browser to the following addresses:

Centers for Disease Control and Prevention:
www.cdc.gov/ncipc/duip/spotlite/falls.htm

This Web site has tips for reducing falls among seniors that include beginning a regular exercise program, tips for making their homes safer and having their vision checked.

The Mayo Clinic:
www.mayoclinic.com/health/fall-prevention/HQ00657

This Web site lists six ways to reduce falls, including wearing sensible shoes and using assistive devices.

Sources:

Preventing Falls Among Seniors. (2002). Retrieved April 4, 2008, from www.cdc.gov/ncipc/duip/spotlite/falls.htm.

Fall prevention: Six ways to reduce your falling risk. (2008). Retrieved April 4, 2008, from www.mayoclinic.com/health/fall-prevention/HQ00657

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 from 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.



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 New Jersey

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.

30 SECONDS TO SAVE A LIFE

A WORD TO CLINICIANS ABOUT THE DANGERS OF SMOKING

With 44 million Americans still smoking, clinicians will inevitably encounter many patients with nicotine addiction.

When a health professional encounters a patient using nicotine products, four responses are possible:

1. Do nothing.
2. Use the full “Five A’s” protocol.
3. Develop a systematic approach within your workplace to which you can refer smokers.
4. Use the Five A’s in a new way, such as Ask, Advise, Refer.

Obviously, the first choice—choosing to do nothing—is unacceptable. Given that intervening with a patient who smokes can produce bigger health returns than any other intervention, every clinician must view themselves as a tobacco interventionist. More is now known about what works to help patients quit using tobacco, more tools are available to aid the process, and despite time and other constraints, no health professional is off the hook in tackling this modifiable risky behavior.

The gold standard for intervention is well-defined in our Clinical Practice Guideline: the Ask-Advise-Assess-Assist-Arrange protocol. Every clinician, if possible, should master these steps and lead patients who use nicotine products through them.

For those who cannot become full-fledged smoking cessation experts, there are two alternatives. You can develop systems within your workplace that identify smokers and offer them treatment options. Alternatively, you or your staff can identify smoking patients, advise them to quit (thus doubling the chances they will try) and refer them to a quit line. You can tell them to call **1-800 QUIT NOW**, a national routing number that will take them to the nearest free, efficacious quit line, and double their chances of successfully quitting. In essence, the quit line counselor will be completing the rest of the Five A’s: offering the benefit of a tailored plan with pharmacotherapy and counseling to help the patient successfully kick smoking to the curb.

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 **1-866-687-8570** 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.

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, 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
- Solid organ and tissue transplants
- Chronic illness
- 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.





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SEE THE VALUE OF ANNUAL EYE EXAMS

Please encourage your patients to get an annual eye examination. WellCare Health Plans of New Jersey contracts with Block Vision for vision care services. It is WellCare's goal for every member to receive a routine eye exam annually. Diabetic patients should stay up to date with annual eye exams because of their increased risk of developing glaucoma and other eye diseases.

If you have patients who have not yet had an annual eye exam, please remind them to schedule an appointment. Members may contact Block Vision at 1-800-879-6901.

