

# PROVIDER

## Newsletter

## 2010 MEDICARE BENEFIT YEAR

### CO-PAYMENT CHANGES

The 2010 benefit year is fast approaching. Many of WellCare's Medicare Advantage plans' co-payment amounts have increased for the 2010 year. This increase is the direct result of reductions in reimbursement from the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage plans in 2010.

Along with higher co-payment amounts in 2010, WellCare members may be responsible for more than one co-payment at a single provider on a single date of service. Multiple co-payments may be charged when certain diagnostic services are performed in a professional or outpatient hospital setting. There are five possible categories of services for which a co-payment may be charged in addition to the office or facility visit co-payment:

CATEGORY OF SERVICES	2010 AMOUNT
Lab services (i.e., urinalysis)	\$0 co-payment
Basic diagnostic radiological services (flat film X-ray only)	\$0 co-payment
Basic diagnostic tests (i.e., allergy test, EKG)	\$20 co-payment
Advanced diagnostic tests (cardiac stress test only)	\$50 co-payment
Advanced diagnostic radiological services (i.e., MRI, ultrasound)	\$50 co-payment

Members are only responsible for one co-payment per category of services listed above per provider and per date of service. Therefore, a patient who has multiple basic diagnostic tests during your office visit should be responsible for the appropriate office visit co-payment plus one \$20 co-payment for all basic tests.

Remember, an office or facility visit co-payment only applies when a consultation or procedure is performed.

Renewing Medicare Advantage members were advised of co-payment changes via their Annual Notification of Changes (ANOC) for the 2010 benefit year, which was mailed to members in October 2009.

For any questions about co-payment changes, please call Provider Services at 1-866-687-8570 or contact your Provider Relations representative.

## PROVIDER MATERIALS UPDATE

The following correspondence was sent to providers via fax or was posted on WellCare's provider portal *Messages* area after our last newsletter published:

- New Jersey's Fall Provider Newsletter
- H1N1 Vaccination Update

After you log in to the provider portal on [www.wellcare.com](http://www.wellcare.com), click on the *Provider tab* and you will see *Messages* from WellCare located in the right-hand column. Remember to check the messages regularly for new and updated information.

### USE THE IVR SYSTEM TO YOUR ADVANTAGE

As a reminder, when you require information relating to WellCare please dial Provider Services at 1-866-687-8570. Prompt #3 will take you to the provider menu.

When you use the correct phone number and select the correct prompts, you eliminate the need to be transferred to a different department. This will save valuable time for you and your staff.

### WEB RESOURCES

WellCare's Preventive and Clinical Practice Guidelines, Quick Reference Guide, Pharmacy Guidelines, Cultural Competency Plan and other helpful resources are available at [www.wellcare.com/provider/resources](http://www.wellcare.com/provider/resources).



## DIABETES AND THE A1C TEST

The A1c test (also known as HbA1c, glycated hemoglobin or glycosylated hemoglobin) is an essential measure for diabetes care. While conventional home glucose monitoring measures a patient's blood sugar at a given moment, the A1c test indicates a patient's average blood glucose level over the past few months.

### UNDERSTANDING A1C NUMBERS

For a patient without diabetes, a typical A1c level is about 5 percent. For someone with diabetes, the American Diabetes Association (ADA) recommends an A1c target of less than or equal to 7 percent. The American Association of Clinical Endocrinologists recommends a level of 6.5 percent or below.

The ADA also emphasizes that A1c goals should be individualized. The National Institutes of Health (NIH) says that, in general, every percentage point drop in an A1c blood test result (e.g., from 8 to 7 percent) reduces the risk of eye, kidney and nerve disease by 40 percent.

An average blood glucose of 150 mg/dL (milligrams per deciliter) translates into an A1c of about 7 percent. This is above normal, given that a diagnosis of diabetes is usually given when blood sugar levels reach about 126 mg/dL.

### HOW THE A1C TEST WORKS

Hemoglobin A, a protein found inside red blood cells, carries oxygen throughout the body. When there is glucose in the bloodstream, it can actually stick (glycate) to the hemoglobin A protein. More glucose in the blood means that more glucose sticks to hemoglobin, and a higher percent of hemoglobin proteins become glycated.

Once glucose sticks to a hemoglobin protein, it typically remains as long as 120 days or the lifespan of the hemoglobin A protein. Therefore, at any moment, the glucose attached to the hemoglobin A protein reflects the level of the blood sugar over the last two to three months.

The A1c test measures how much glucose is actually stuck to hemoglobin A, or more specifically, what percent of hemoglobin proteins are glycated. Thus, having a 7 percent A1c means that 7 percent of the hemoglobin proteins are glycated.

A patient's A1c level will not change significantly over the course of a few days, but it will shift in response to a change in overall glucose control. It is estimated that the past month will account for about 50 percent of an A1c value, so that value can change within just a few weeks.

## HOW OFTEN IS AN A1C TEST NECESSARY?

Patients with diabetes should initially have their A1c tested every three months. If blood glucose levels are fairly stable and at near-normal levels, testing twice a year may be sufficient. Providers should tell patients what is right for them and enable them to monitor their diabetes management more easily. More frequent A1c tests may be recommended if a patient has recently changed his/her treatment plan.

## WHAT ARE THE LIMITATIONS OF THE A1C TEST?

While the A1c is a good measure of overall glucose control, it cannot replace self-testing of blood glucose. Like other tests, results may vary from lab to lab. The A1c test is not calibrated the same everywhere, though an international effort is under way to standardize the A1c test to a new International Federation of Clinical Chemistry and Laboratory Medicine standard.

A1c results can be misleading when red blood cell survival is prolonged or reduced. Some health conditions can result in falsely high A1c results, as in cases of anemia, or falsely low, as in cases of hemolysis.

When a patient has his/her A1c checked, he/she does not need to worry about fasting; food eaten on the same day won't affect the score.

### References:

"A1C Test." *Diabetes.org*. American Diabetes Association. 10 Sep 2007. <<http://www.diabetes.org/type-1-diabetes/a1c-test.jsp>>.

"A1c: The Test." *Lab Tests Online*. 29 Aug. 2005. American Association for Clinical Chemistry. 10 Sep 2007.

<<http://www.labtestsonline.org/understanding/analytes/a1c/test.html>>

"If You Have Diabetes, Know Your Blood Sugar Numbers!" *National Diabetes Education Program*. July 2005. *National Institute of Diabetes and Digestive and Kidney Diseases*. 10 Sep 2007.

<[http://www.ndep.nih.gov/diabetes/pubs/KnowNumbers\\_Eng.pdf](http://www.ndep.nih.gov/diabetes/pubs/KnowNumbers_Eng.pdf)>.

"IFCC Standardization of HbA1c." *National Glycohemoglobin Standardization Program*. Aug. 2007. *National Glycohemoglobin Standardization Program*. 10 Sep 2007.

<http://www.ngsp.org/prog/IFCCstd.pdf>

<http://diabetes.about.com/od/symptomsdiagnosis/a/HbA1c.htm>

## FOLLOW THROUGH AND FOLLOW UP!

In the United States, mental health problems are the leading cause of people not being able to work, play or do well in school. Mental health problems also may lead to suicide. In many instances, this can be prevented.

Treatment of mental illness can reduce the length of time patients are ill. It can also lower the chance of reoccurring problems.

If a patient is hospitalized for a mental health issue, it is important that he/she follows up with a qualified mental health specialist. Please urge your patients to do this within seven days of getting out of the hospital. Timely, follow-up care can reduce the chance of re-hospitalization for a mental health problem.

If your patient misses the appointment within the first week, make sure you help him/her re-schedule his/her outpatient follow-up visit. It should be within 30 days of his/her recent hospital discharge.



# 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
Augmentin® 250mg-62.5mg/5mL Suspension	Amoxicillin Trihydrate/Potassium Clavulanate 250mg-62.5mg/5mL Suspension	Anti-infective Agent
Casodex® 50mg Tablets	Bicalutamide 50mg Tablets	Antiandrogen Agent
Colazal 750mg Capsules	Balsalazide Disodium 750mg Capsules	Gastrointestinal Agent
Plan B® 0.75mg Tablets	Next Choice 0.75mg Tablets (Quantity Limit: 4 Tablets = 2 boxes/31 days)	Emergency Oral Contraceptive
Prograf® 0.5mg, 1mg, 5mg Capsules	Tacrolimus Anhydrous 0.5mg, 1mg, 5mg Capsules (Prior Authorization)	Immunosuppressive Agent

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

ADDITIONS	
• Colcrys™ 0.6mg Tablets	• Ketorolac 300mcg/10mL Vial (QL: 20mL/31 days)
• Cytra-2 Oral Solution (QL: 3600mL/31 days)	• Nitro-Bid® 2% Ointment
• Cytra-3 Solution (QL: 3600mL/31 days)	• Norpace® CR 100mg Capsules SA
• GaviLyte-G Solution	• Ofloxacin 0.3% Otic Drops
• Hectorol® 1mcg Capsules	• Prezista® 150mg Tablets
• Invega® Sustenna™ 39mg, 78mg, 117mg, 156mg, 234mg Prefilled Syringes (PA)	• Pristiq® 50mg, 100mg Tablets (PA: new starts only)
• Ixiaro® 6mcg/0.5mL Syringe	

PA = Prior Authorization    QL = Quantity Limit

## 2010 PLAN YEAR UPDATES

Listed below are some important changes that are going to be made to the WellCare Medicare Formulary for the 2010 plan year, effective January 1, 2010:

REMOVALS	
• Actonel® 5mg, 30mg, 35mg, 75mg, 150mg Tablets	• Benicar® 5mg, 20mg, 40mg Tablets
• Actonel® with Calcium 35mg/125mg Tablets	• Benicar HCT® 20/12.5mg, 40/12.5mg, 40/25mg Tablets
• Alendronate Sodium 5mg, 10mg Tablets	• Betimol® 0.25%, 0.5% Ophthalmic Solution
• Alphagan® P 0.1%, 0.15% Ophthalmic Solution	• Caduet® 2.5/10mg, 2.5/20mg, 2.5/40mg, 5/10mg, 5/20mg, 5/40mg, 5/80mg, 10/10mg, 10/20mg, 10/40mg, 10/80mg Tablets
• Androgel® 25mg/2.5gm, 50mg/5gm	• Celebrex® 50mg, 100mg, 200mg, 400mg Capsules
• Androgel® Pump 1%	• Clarinex® 5mg Tablets, 0.5mg/mL Syrup
• Android® 10mg Capsules	• Clarinex® Reditabs® 2.5mg, 5mg
• Avelox® 400mg Tablets	• Clarinex-D® 24 Hour 5/240mg Tablets

chart continued on next page

## REMOVALS—continued

<ul style="list-style-type: none"> <li>Enbrel® 25mg Powder for Injection, 25mg/0.5mL &amp; 50mg/mL Solution for Injection, SureClick™ 50mg/mL Autoinjector</li> </ul>	
<ul style="list-style-type: none"> <li>Humalog® Insulin</li> </ul>	<ul style="list-style-type: none"> <li>Nexium® I.V. 20mg, 40mg</li> </ul>
<ul style="list-style-type: none"> <li>Humalog® Mix 50/50 Insulin</li> </ul>	<ul style="list-style-type: none"> <li>Nizatidine 150mg, 300mg Capsules</li> </ul>
<ul style="list-style-type: none"> <li>Humalog® Mix 75/25 Insulin</li> </ul>	<ul style="list-style-type: none"> <li>Prevacid® 15mg, 30mg Capsules</li> </ul>
<ul style="list-style-type: none"> <li>Humulin® 70/30 Insulin</li> </ul>	<ul style="list-style-type: none"> <li>Prevacid Solutab™ 15mg, 30mg</li> </ul>
<ul style="list-style-type: none"> <li>Humulin® N Insulin</li> </ul>	<ul style="list-style-type: none"> <li>Proair® HFA Metered Dose Inhaler</li> </ul>
<ul style="list-style-type: none"> <li>Humulin® R Insulin</li> </ul>	<ul style="list-style-type: none"> <li>Rozerem® 8mg Tablets</li> </ul>
<ul style="list-style-type: none"> <li>Humulin® R U-500 (Concentrated) Insulin</li> </ul>	<ul style="list-style-type: none"> <li>Solaraze® 3% Gel</li> </ul>
<ul style="list-style-type: none"> <li>Lipitor® 10mg, 20mg, 40mg, 80mg Tablets</li> </ul>	<ul style="list-style-type: none"> <li>Stalevo® 50mg, 75mg, 100mg, 125mg, 150mg, 200mg Tablets</li> </ul>
<ul style="list-style-type: none"> <li>Lofibra® 54mg Tablets, 67mg Capsules, 134mg Capsules, 160mg Tablets, 200mg Capsules</li> </ul>	<ul style="list-style-type: none"> <li>Travatan® 0.004% Ophthalmic Solution</li> </ul>
<ul style="list-style-type: none"> <li>Loratadine 10mg Tablets</li> </ul>	<ul style="list-style-type: none"> <li>Travatan Z® 0.004% Ophthalmic Solution</li> </ul>
<ul style="list-style-type: none"> <li>Nexium 20mg, 40mg Capsules; 20mg, 40mg Packets</li> </ul>	<ul style="list-style-type: none"> <li>Vesicare® 5mg, 10mg Tablets</li> </ul>

## ADDITIONS PA = Prior Authorization QL = Quantity Limit

<ul style="list-style-type: none"> <li>Cimzia® Kit (PA)</li> </ul>	<ul style="list-style-type: none"> <li>Novolog® Insulin (QL: 60mL/31 days)</li> </ul>
<ul style="list-style-type: none"> <li>Demeclocycline HCL 150mg, 300mg Tablets</li> </ul>	<ul style="list-style-type: none"> <li>Novolog® Mix 70/30 Insulin (QL: 60mL/31 days)</li> </ul>
<ul style="list-style-type: none"> <li>Enjuvia™ 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg Tablets</li> </ul>	<ul style="list-style-type: none"> <li>Promacta® 25mg, 50mg Tablets (PA: new starts only)</li> </ul>
<ul style="list-style-type: none"> <li>Granisetron HCL 1mg Tablets (QL: 31/31 days)</li> </ul>	<ul style="list-style-type: none"> <li>Tazorac® 0.05%, 0.1% Topical Cream and Gel</li> </ul>
<ul style="list-style-type: none"> <li>Granisetron HCL 0.1mg/mL, 1mg/mL Solution for Injection (QL: 10mL/31 days)</li> </ul>	<ul style="list-style-type: none"> <li>Testim® 1% Topical Gel (PA)</li> </ul>
<ul style="list-style-type: none"> <li>Mesalamine 4g/60mL Rectal Enema Suspension</li> </ul>	<ul style="list-style-type: none"> <li>Vfend® 50mg, 200mg Tablets; 200mg Powder for Injection; 400mg/mL Powder for Suspension (PA)</li> </ul>
<ul style="list-style-type: none"> <li>Lansoprazole 15mg, 30mg Delayed-Release Capsules</li> </ul>	<ul style="list-style-type: none"> <li>Xalatan® 0.005% Ophthalmic Solution (QL: 2.5mL/31 days)</li> </ul>
<ul style="list-style-type: none"> <li>Novolin® 70/30 Insulin (QL: 60mL/31 days)</li> </ul>	<ul style="list-style-type: none"> <li>Xenazine® 12.5mg, 25mg Tablets (PA)</li> </ul>
<ul style="list-style-type: none"> <li>Novolin® N Insulin (QL: 60mL/31 days)</li> </ul>	<ul style="list-style-type: none"> <li>Xolair® 150mg Powder for Injection (PA)</li> </ul>
<ul style="list-style-type: none"> <li>Novolin® R Insulin (QL: 60mL/31 days)</li> </ul>	

## PLANNED MARKET DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
King Pharmaceuticals	Intal® Inhaler	July 31, 2009	Intal® Inhaler will be available until current inventories are exhausted.
Targacept, Inc.	Inversine® 2.5mg Tablets	September 30, 2009	Inversine® 2.5mg Tablets will be available until current supplies are exhausted.
Novo Nordisk	<ul style="list-style-type: none"> <li>Novolin® R InnoLet®</li> <li>Novolin® N InnoLet®</li> <li>Novolin® 70/30 InnoLet®</li> <li>Novolin® R PenFill®</li> <li>Novolin® N PenFill®</li> <li>Novolin® 70/30 PenFill®</li> </ul>	December 31, 2009	Effective January 1, 2010, the listed insulin delivery devices will no longer be available. Claims will adjudicate until supplies are exhausted.

## MODEL OF CARE

### COLLABORATIVE PROGRAM IS DEDICATED TO IMPROVING MEMBERS' OVERALL HEALTH

The Model of Care for Medicare beneficiaries in Special Needs Plans (SNP) has evolved since 2003 to include health risk assessments (HRA) and individualized care plans (ICP).

WellCare reaches out to SNP members within 90 days of joining our plan and then annually to conduct an HRA. Then WellCare builds a team for each member that is dedicated to improving his/her health by coordinating care. This team, the interdisciplinary care team (ICT), works with a care manager to create an ICP by analyzing and incorporating the results of the HRA. An ICP will include short- and long-term goals and objectives as well as measurable outcomes.

The care manager may contact you to become part of the ICT.

Some Model of Care outcomes the ICT will strive to achieve are:

- Reduce hospitalizations and skilled nursing facility placements

- Improve self-management and independence
- Improve mobility and functional status
- Improve pain management
- Improve quality of life as self-reported
- Improve satisfaction with health status and health service

A member enrolling in one of WellCare's SNPs under the new Model of Care requirements for 2010 will receive:

- Health assessments to identify risks and concerns
- An individualized care plan
- Coordination of care through a care manager
- Transition of care across health care settings and providers

If you have any questions, please contact your Provider Relations representative or call Provider Services at **1-866-687-8570**.



## FOSTERING THE PHYSICIAN-PATIENT RELATIONSHIP TO IMPROVE QUALITY OF CARE

Establishing good relationships with patients, and especially new patients, can be a key factor to achieving improved quality of care. The following includes tips and considerations to keep in mind when interacting with patients:

- While physicians may tend to focus on the science and process of diagnosing an illness, it is important to remember that patients are concerned with their feelings and disruptions to their lives. Patients want to be known as human beings with psychosocial needs and not just the outer covering of an illness. It is possible for patients to have their feelings hurt if they perceive that their illness is being reduced to a mechanical process.
- Soliciting a patient's concerns through open-ended questions such as, "What's been going on since you were here last?" invites the patient to open up and volunteer information. This subtle encouragement may result in patients who are more forthcoming with information and ultimately facilitate a more accurate diagnosis.
- Working on a good patient-physician relationship builds mutual trust, which can translate to improved patient compliance. The patient-physician relationship is usually the best predictor of whether the patient will follow the physician's recommendations and advice.
- Patients should be respected as experts of their own bodies. A solid patient-physician relationship can foster mutual respect that opens the door to merge the physicians' scientific knowledge with patients' insights of what is going on with their health.
- It is not uncommon for patients to complain that their physicians do not offer explanations, answer questions or even notify them of test results. These complaints may be the result of miscommunication, but they can be reduced or even eliminated through a strong patient-physician relationship where both parties are comfortable in offering additional information and asking questions.
- A physician who is proactive in reaching out to patients who seldom or never come into the office for medical care may foster a better patient-physician relationship. Even if these are patients who do not suffer from chronic illness, it is important to communicate the importance of preventive screening. The education provided could help the physician's efforts and the patient's trust that quality care will be provided.



Source:

*Charting the Doctor-Patient Relationship.* Seaman, B. Available at:  
<http://www.spiralnotebook.org/chartingthedoctorpatientrelationship/index.html>

# CLINICAL COVERAGE GUIDELINES AVAILABLE ON THE WEB

WellCare has made Clinical Coverage Guidelines (CCGs) available on our Web site, [www.wellcare.com](http://www.wellcare.com).

The CCGs are evidence-based documents detailing the medical necessity of given procedures or technologies. The guidelines set consistent criteria for the coverage of a procedure or technology, leading to greater consistency and efficiency in clinical decision making. This consistency and efficiency result in better provider-company interactions and increase the quality of our members' health.

Follow this path to access the guidelines:  
[www.wellcare.com](http://www.wellcare.com) > *Provider Resources* > *Clinical Coverage Guidelines*

The guidelines are arranged alphabetically and are formatted as PDF files. If you wish to search by keyword or acronym to find a particular CCG, please type CTRL-F and in the "Find and Replace" dialog box, type the keyword or acronym you wish to search by.



## PROVIDER SELF-SERVICE OPTIONS

### GUIDE TO ACCESSING OUR SERVICES

WellCare is proud to offer our providers several self-service options. By having valuable information and features available online and via our newly enhanced interactive voice response (IVR) system, you are able to conduct transactions when it is convenient for you. The user-friendly solutions give you immediate access to pertinent information regarding member eligibility, your submitted claims, authorization requests and more.

### OPTION 1 – WELLCARE'S WEB SITE

Visit our Web site at [www.wellcare.com](http://www.wellcare.com).

Once you become a registered user of the provider portal, you can verify eligibility, check claims status and receive updates on authorization requests. If you still have questions, you can submit an e-mail form under the "Contact Us" option.

Members can also use the Web site for information such as submitting questions, requesting changes of information, printing temporary ID cards and much more.

### OPTION 2 – AVAILITY'S WEB SITE

Register for free on Availity's Web site at [www.availity.com](http://www.availity.com) to access real-time HIPAA 276/277 Claim Status Electronic transactions and HIPAA 270 Eligibility Request and 271 Payer Response transactions. You can check member eligibility and claim status information for all of the health plans partnered with Availity. Increased functionality will be coming in the future.

### OPTION 3 – IVR

Call our WellCare automated IVR telephone system. This toll-free number can be found at the top of your WellCare **Quick Reference Guide**. Use the IVR system to check the status of authorizations and claims or verify eligibility. You can also obtain a list of participating providers or pharmacies.

You may also speak with a Customer Service representative by calling the toll-free number listed at the top of your **Quick Reference Guide** if you are unable to find answers on the Web or through the IVR system.

If you still need assistance, contact your local Provider Relations representative. Your representative can help with questions regarding contracts, credentialing/configuration and persistent claims/authorization issues.

# DIABETES AND EYE DISEASE—8 FACTS YOU SHOULD KNOW

Eye disease associated with diabetes can cause blindness. Educating your diabetic patients on the following facts about diabetic eye disease can help lower their risk of vision loss.

## 1. DIABETES MAY LEAD TO EYE DISEASE

Several factors influence whether patients develop diabetic eye disease (diabetic retinopathy) including blood glucose control, blood pressure levels and genetics. Keeping blood glucose and HbA1c levels close to normal can reduce their chance of developing diabetic eye disease.

## 2. THERE MAY BE NO WARNING

While some patients receive no warning signs of diabetic eye disease, others sometimes experience the following symptoms:

- Blurry vision
- Double vision
- Rings, flashing lights or blank spots
- Dark spots or floaters
- Pain or pressure in the eyes
- Trouble seeing out of the corners of your eyes

## 3. DIABETIC PATIENTS NEED ANNUAL DILATED EYE EXAMS

Regular eye exams are important for early detection of eye disease. If identified at an early stage, diabetic eye disease can be successfully treated before severe vision loss occurs.

## 4. CONTROLLING DIABETES WON'T PREVENT DIABETIC EYE DISEASE

Even if your patient's blood glucose levels are steady, diabetic eye disease can still develop. However, carefully managing blood glucose levels may slow the onset and progression of diabetic retinopathy.

## 5. PATIENTS WITH DIABETES MAY DEVELOP GLAUCOMA

Patients with diabetes are 40 percent more likely to suffer from glaucoma than people without diabetes. The longer a patient has had diabetes, the more common it is for glaucoma to develop. Advancing age is also a risk for the development of glaucoma.

## 6. PATIENTS WITH DIABETES MAY DEVELOP CATARACTS

If your patient has diabetes, his/her chances of developing cataracts are increased. Patients with diabetes tend to get cataracts at a younger age and have them progress faster.

## 7. DIABETIC RETINOPATHY DAMAGES THE RETINA

When blood glucose levels become too high, blood vessels in the retina weaken. The blood and fluid inside the blood vessels begins to leak. New blood vessels grow (neovascularization), but they are fragile and may leak fluid. This causes the retina to swell and become deprived of nutrients and oxygen, causing vision loss and possibly blindness.

## 8. LASER SURGERY SLOWS THE PROGRESSION OF DIABETIC EYE DISEASE

Laser surgery can be used to shrink the abnormal blood vessels or seal leaking blood vessels in the retina. The risk of vision loss from diabetic retinopathy is greatly reduced in some patients after having laser surgery.

Sources:

*Understanding Diabetes Related Eye Conditions Royal National Institute of Blind People (RNIB), 10 June 2006.*

*Troy Bedinghaus, O.D., About.com; Updated April 1, 2009. About.com Health's Disease and Condition content is reviewed by the Medical Review Board*



## REFERRING MEDICARE MEMBERS FOR SUPPLEMENTARY BENEFITS

The chart on the right outlines WellCare's service vendors for routine dental, hearing and vision benefits in 2010. When you refer Medicare members for any of these services, please remind them that using in-network providers helps lower health care and member out-of-pocket costs.

Please note that availability of benefits and level of coverage varies by plan and county. For more information, please call WellCare Provider Services at 1-866-687-8570.

BENEFIT	VENDOR NAME
Routine Dental Services, such as Preventive Care	Healthplex Dental
Routine Hearing Exam & Hearing Aid	HearUSA Inc.
Routine Vision Exam & Eye Wear	Block Vision

## S\*T\*A\*R\*T THE NEW YEAR

### ENCOURAGE PATIENTS TO QUIT SMOKING

Quitting smoking works best when the person is prepared. Help your patients start by communicating a new acronym: **START** and five important steps:

**S = Set** a quit date.

**T = Tell** family, friends and coworkers that you plan to quit.

**A = Anticipate** and plan for the challenges you'll face while quitting.

**R = Remove** cigarettes and other tobacco products from your home, car and work.

**T = Talk** to your doctor about getting help to quit.

For more information visit, <http://www.smokefree.gov>.

Source: <http://www.smokefree.gov/qg-preparing-steps.aspx>, October 19, 2009.

## 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 and African-American.

WellCare contracts with Block Vision for vision care services. New Jersey members may contact Block Vision at 1-800-879-6901.

Source: [www.ahrq.gov/ppip/50plus/checkups.htm](http://www.ahrq.gov/ppip/50plus/checkups.htm)

# PROMOTE COLORECTAL CANCER SCREENINGS

## RESEARCH FROM AMERICAN CANCER SOCIETY

WellCare encourages providers to screen members for colorectal cancer.

Health plans like WellCare, the Centers for Medicare & Medicaid Services (CMS) and other third-party payers are using physician's colorectal cancer screening rates as a quality measure.

## HOW PHYSICIANS CAN IMPROVE SCREENING RATES

### • Your Recommendation

Regular recommendations by patients' physicians are the single most important factor in patient decisions whether to be screened for colorectal cancer.

### • An Office Policy

Research shows that creating an office policy that encourages all associates to promote screening is the foundation of a systematic approach to colorectal cancer screening. Ensure clinical practices are built on clear policies, well-designed systems, effective communication and quality reviews.

### • An Office Reminder System

Creating and implementing an office reminder system for physicians, your patients or both can help people with busy schedules and competing priorities to remember their screening appointments.

### • Effective Communication

Effective communication is a cornerstone of an excellent practice. A physician's communication skills are related to patient satisfaction, which could influence willingness to be screened.

## RESOURCES FOR CLINICIANS

The "Primary Care Clinician's Evidence-Based Toolbox and Guide," which provides suggestions for more efficient screening practices more efficient, was created by clinicians for clinicians and may help improve colorectal cancer screening rates in actual practice.

This guide includes:

- A checklist for increased screenings, office policies, reminder systems and communication aids
- Sample office screening policies
- Template telephone scripts for patient follow-up

- Sample reminder letters to patients at average and increased risk
- A sample tracking sheet for preventive care examinations
- Descriptions of electronic reminder systems for patients and physicians

The guide is available online at the Web sites of the National Colorectal Cancer Roundtable ([www.nccrt.org](http://www.nccrt.org)) and the American Cancer Society ([www.cancer.org/colonmd](http://www.cancer.org/colonmd)).

If implemented, the best practices contained in this guide may help improve colorectal cancer screenings rates among your patients.

Sources:

American Cancer Society, Inc. No. 080152, 2009. Available at [www.cancer.org](http://www.cancer.org).

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## E-PRESCRIBING ENABLES BETTER CLINICAL OUTCOMES



Are you familiar with e-Prescribing? E-Prescribing, or electronic prescribing, is an electronic way of communicating among prescribers, pharmacies, pharmacy benefit providers and health plans regarding prescription and prescription-related information. Various IT vendors provide this service.

E-Prescribing is a valuable resource that contributes to improved clinical outcomes and safety for patients. WellCare strongly encourages physicians to take advantage of this resource.

E-Prescribing gives you the ability to:

- Enhance the clarity of prescription information by eliminating the need for hand-written prescriptions;
- Obtain formulary and benefit information directly from WellCare, providing you with information such as formulary alternatives, prior authorization contact information and co-payment information instantly;
- Obtain a patient's medication-fill history with WellCare,

including the prescriptions written by specialists or other prescribers, decreasing the likelihood of drug-to-drug interactions;

- Obtain fill-status notifications alerting you when a medication has been picked up by your patient, partially filled, or returned to stock by the pharmacy because of failure of the patient to pick up the prescription;
- Communicate with retail pharmacies electronically, reducing the number of phone calls and increasing the efficiency of office personnel; and
- Improve the overall quality of care that you provide to your patients.

It is important to note that e-Prescribing **does not apply to controlled substances**. All providers must have National Provider Identifier (NPI) numbers in order to participate in e-Prescribing. To obtain an NPI, or to get more information on NPI, please visit the National Plan and Provider Enumeration System at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.