



# PROVIDER

## Newsletter

### REAP THE BENEFITS OF WELLCARE SPECIALTY PHARMACY

Helping your patients manage their long-term and/or rare conditions is never an easy task, especially considering the unique challenges each patient presents and the vast array of medications available to address those challenges. That's why it's important for you to partner with a pharmacy that will work with you and your patients to manage their health condition and therapy.

When you refer your Medicare patients to WellCare Specialty Pharmacy (WSP) for their maintenance medications, they will enjoy the ease and convenience of two-step ordering and reduced cost on their prescriptions for, among other things, anemia, ankylosing spondylitis, cancer, Crohn's disease, hemophilia, hepatitis, HIV, multiple sclerosis, organ transplant, and psoriasis. However, patients aren't the only ones to reap countless benefits. With just one simple call, both you and your office staff can also benefit from a team that will:

- Help manage medication side effects and symptoms
- Order medication refills and supplies
- Work closely with your office to provide the right information to WellCare in order to obtain the medication promptly
- Provide educational materials
- Research alternative funding when needed
- Assist in teaching how to administer the medication
- Answer any questions regarding medication or condition
- In rare cases, quickly triage the order to another pharmacy while informing the patient and your office staff

For your patients to begin receiving the benefits of WellCare Specialty Pharmacy, just call in their specialty medication order to **1-866-458-9246**, Monday–Friday, 8 a.m. to 6:30 p.m. or fax the order to **1-866-458-9245**.

### PROVIDER UPDATE

Since our last newsletter was published, the following correspondence was sent to providers via fax or was posted on the secure section of the WellCare website:

- Advanced Authorization for Certain Imaging Services
- CareCore National Radiology Program Webinars
- 2011 Model of Care Self-Study Program
- CAHPS Member Materials Fax
- OH 2011 Issue I Provider Newsletter Now Available

You can find copies of all of these correspondences when you log in to the secure area of [www.wellcare.com](http://www.wellcare.com) (Medicare) or [ohio.wellcare.com](http://ohio.wellcare.com) (Medicaid). Use the white box on the right labeled "Member/Provider Secure Sign-In," then click on the Provider tab. You will see *Messages From WellCare* located in the right-hand column. Remember to check the messages regularly to receive new and updated information.



## SERVICE AUTHORIZATION REQUESTS

For some treatments and services, WellCare Health Plans Inc. requires a service authorization request, as listed in the *Quick Reference Guide* (QRG). The QRG, which is updated on an annual basis and can be found on the provider website, lists all of the services that require prior authorization, as well as the appropriate steps to follow when requesting a service authorization.

WellCare has a review team of nurses and physicians that ensures members receive appropriate health care services, with a focus on meeting the clinical coverage guidelines and standards of practice.

Currently, reviews are conducted within the state-mandated time frames for Medicaid members and federally mandated time frames for Medicare members. However, with WellCare seeking NCQA accreditation, going forward we will conduct reviews using the more stringent review time frame, whether that is the state/federal requirement or the NCQA requirement. Any decision to deny a service authorization request, or to approve it for an amount that is less than asked for, is called an adverse organization determination. This determination will be made by a qualified health care professional. If we decide that the requested service is not medically necessary, the decision will be made by a physician reviewer.

After we receive your request, we will review it under a standard or an expedited review process. Physicians who determine that a review under the standard time frame would jeopardize the member's life or health, or the member's ability to regain maximum function, can request an expedited review. Any physician request for an expedited review will be honored by WellCare. If a request for an expedited review is made by a member, we will look at the request and determine if it meets the standard above. If it does not, we will notify the member and handle the request within the standard time frame.

WellCare will provide you our decision through a fax or phone notification. If we deny your request, the attending or treating physician has the right to discuss the denial with the physician who made the decision. When we notify you of the decision, we will provide instructions on how you would request a peer-to-peer review, so that you may present your reasons as to why you think we should overturn the denial decision. Physicians may contact WellCare during working hours and after hours by calling 1-866-687-8815 (Medicare) or 1-800-951-7719 (Medicaid) regarding UM issues or decisions.

## CLAIMS CORNER

### WHAT'S THE DIFFERENCE BETWEEN AN APPEAL AND A CLAIM DISPUTE?

You should file an appeal if you disagree with an adverse organization determination. In most cases, these are related to authorization denials, claim denials or denials for reimbursement (typically related to the member paying out-of-pocket for services and requesting reimbursement from the health care plan).

A contracted provider has the right to appeal authorization denials or claim denials related to a lack of, or in excess of, authorization.

#### Appeals should be sent to:

WellCare of Ohio, Inc.  
P.O. Box 31368  
Tampa, FL 33631-3368

If you believe there has been an error in payment, or you believe a claim payment did not follow guidelines, you have the right to dispute the payment amount by submitting a claim dispute.

Claim disputes can include:

- A claim denial for timely filing
- Coding- or billing-related issues
- A dispute in the amount paid on a claim

*Please be advised that the P.O. Box for claims disputes has changed since this article was last published in Issue II 2010. The updated P.O. Box is included below.*

#### Claims disputes should be sent to:

WellCare of Ohio, Inc.  
P.O. Box 31370  
Tampa, FL 33631-3370

Payment policy disputes (i.e., denials starting with IHXXX, MKXXX, or PDXXX) should be sent to:

WellCare of Ohio, Inc.  
P.O. Box 31426  
Tampa, FL 33631-3426

For more information about appeals or claim disputes, please refer to the telephone numbers on the *Quick Reference Guide*, available on the provider website at [www.wellcare.com](http://www.wellcare.com) (Medicare) or [ohio.wellcare.com](http://ohio.wellcare.com) (Medicaid).

## APPEALING AN ADVERSE DETERMINATION

When an adverse determination has been rendered, a provider may request an appeal of the decision within the time frame specified on the provider evidence of payment (EOP)/provider remittance advice.

The request must be submitted to the following address:

WellCare of Ohio, Inc.  
P.O. Box 31368  
Tampa, FL 33631-3368

The request should include information as to why the denial should be reversed. Pertinent documentation that supports the service provided should be included with the appeal request.

Once the case is received, the file will be reviewed by someone who was not previously involved in the initial determination. The Plan will conduct a review of the request that does not give deference to the denial decision. The Plan will also fully investigate the content of the appeal, including all aspects of clinical care involved.

A decision will be rendered to the provider within 30 business days. Information regarding additional appeal rights, if applicable, will also be included in the appeal outcome letter.

Upon request, a copy of the clinical rationale used in making the appeal decision will be provided.



## EMPOWER PATIENTS TO MANAGE THEIR ASTHMA

As a provider, you can help your patients manage their asthma by continuously educating them in these areas, as outlined in the *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma — Full Report, 2007*:

1. **Self-assessment and monitoring:** Encourage patients to keep a daily log of their peak flow volume upon waking and going to bed to detect subtle changes in their lung function. Spirometry testing is advised at least yearly.
2. **Patient education:** You play a crucial role in teaching a patient the skills he or she needs to self-monitor asthma and when to seek medical care. According to a recent report, only “34 percent reported receiving an asthma management plan with specific instructions on how to change the amount or type of medicine taken, when to call a doctor for advice, and when to go to the emergency department.”<sup>1</sup> Reinforce how to handle exacerbations using a written asthma action plan. The templates for asthma action plans may be accessed at [www.nhlbi.nih.gov/health/public/lung/asthma/asthma\\_actplan.pdf](http://www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.pdf).
  - Refer WellCare members to our Disease Management program by calling 1-866-635-7045 (Medicare) or 1-800-951-7719 (Medicaid). This program provides telephonic education from an RN, at no cost to the member, to reinforce their understanding of asthma and adherence to their asthma action plan.
3. **Medications:** Help patients understand the importance of compliance with maintenance medications and the rationale for following the National Heart, Lung, and Blood Institute’s Stepwise treatment guidelines. Consider referral to an asthma specialist for Step 3 and above or if difficulties persist in controlling asthma.<sup>2</sup>

National Heart, Lung, and Blood Institute’s Stepwise treatment guidelines:

- **Step 1: Mild intermittent:** No daily medications needed. Rescue inhalers known as Short-acting Beta<sub>2</sub> Adrenergic Agonist Bronchodilators (SABA), i.e., albuterol.
- **Step 2: Mild persistent:** Low-dose inhaled corticosteroids. To be added for all persistent diseases, i.e., beclomethasone, mometasone. Alternative tx: leukotriene modifier, i.e., montelukast.
- **Step 3: Moderate persistent:** Daily symptoms. Low- to medium-dose inhaled corticosteroids *and* Long-acting Beta<sub>2</sub> Adrenergic Agonist Bronchodilators (LABA), i.e., salmeterol or formoterol, to be added for asthmatics inadequately controlled on steroids. Per the FDA, LABAs are never to be used alone in the treatment of asthma.<sup>3</sup>
- **Step 4: Severe persistent:** High-dose inhaled corticosteroids *and* LABAs, *and* as needed, oral corticosteroids.

And finally, be sure to follow up with your asthma patients seasonally or no less than every six months if stable. Discuss their concerns and adjust step-up or step-down treatment as necessary.

### Sources:

<sup>1</sup>Centers for Disease Control & Prevention; National Center for Health Statistics, *National Health Statistics Reports, Number 32, January 12, 2011 pg.5*; [www.cdc.gov/nchs](http://www.cdc.gov/nchs).

<sup>2</sup>National Heart, Lung, and Blood Institute; *Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma — Full Report, 2007*; [www.nhlbi.nih.gov/guidelines/asthma/index.htm](http://www.nhlbi.nih.gov/guidelines/asthma/index.htm).

<sup>3</sup>U.S. Food and Drug Administration press release, “FDA Announces New Safety Controls for Long-Lasting Beta Agonists, Medications Used to Treat Asthma,” Feb. 18, 2010; [www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm200931.htm](http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm200931.htm).

# TAKE POSITIVE ACTION IN MANAGING MEDICATIONS

## SIMPLE INTERVENTIONS PROMOTE PROPER DRUG USE, PATIENT SAFETY

WellCare of Ohio encourages providers to make sure your patients are using the medications they need in the way they should be used. Some proactive steps you can take in this area can drive beneficial outcomes for patients.

Providers can almost instantaneously improve their patients' health care status by systematically re-assessing the indications for and dosages of all of the medications, including herbal, over-the-counter and topical preparations used by their patients. It's also the perfect time to uncover the use of illicit drugs and improper consumption of alcoholic beverages.

For patients on a daily medication regimen, the use of a pill carrier, or even two if a patient is on an AM-PM dosing schedule, will help with compliance. Encouraging the use of this user-friendly tool can keep your patients on track with what medications they need to take and when.

Do you ask your patients if they keep an up-to-date list of all their medications in their wallet or purse? Does the list also include their known allergies? If not, you may want to encourage them to do so. When a patient goes to an emergency room or sees a specialist, a list of his/her current medications can keep his/her care on track, highlighting the need to treat the complete patient and potentially avoiding harmful drug-drug interactions.

For Medicare patients discharged from an acute or non-acute facility, remember that the prescribing practitioner or clinical pharmacist should reconcile the discharged medications with the most recent medication list in the patient's medical record. This should be completed within 30 days of discharge. An outpatient visit isn't required, just documentation in the patient's medical record that the reconciliation was conducted. Medical record documentation should include:

- Notation in the medical record that medications prescribed upon discharge were reconciled with current medications by the appropriate practitioner, or
- Medications listed in the discharge summary present on the outpatient medical record and evidenced by reconciliation with current medications was conducted by the appropriate practitioner, or
- Notation that no medications were prescribed upon discharge.

## LMP DOCUMENTATION UPDATE

WellCare of Ohio would like to thank all of our obstetric/gynecological providers for their cooperation with our efforts to collect required Last Menstrual Period (LMP) information on all delivery claims.

If your practice is receiving rejections for delivery claims, please ensure that the WellCare member's LMP date is included on the claim.

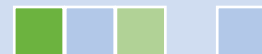
If you have any questions, please contact your Provider Relations representative.

## MEMBER RIGHTS AND RESPONSIBILITIES

Ohio law requires that health care providers or health care facilities recognize members' rights while they are receiving medical care and that members respect the health care provider's or facility's right to expect certain behavior on the part of patients. Members may request a copy of the full text of this law from their health care provider or health care facility. A summary of their rights and responsibilities is as follows:

### THEIR RIGHTS

- To receive all services that WellCare must provide.
- To get information about the plan, its services and its providers.
- To be treated with respect.
- To be treated with dignity.
- To be sure that their medical record information is kept private.
- To be given information about their health. This information may also be available to someone who is legally "okayed" to have the information or who the member says should be reached in an emergency when it is not in the best interest of their health.
- To be able to take part in decisions about their health care unless it is not in their best interest.
- To get information on any medical care treatment, given in a way that they can follow.
- To talk about the care they need for particular health conditions. This includes the choices and risks involved, regardless of the cost or benefit coverage. They must get this information in a way they understand.
- To be sure that others cannot hear or see them when getting medical care.
- To be free from any form of restraint or seclusion used as a means of force, discipline, convenience or revenge as specified in federal regulations.
- To ask and get a copy of their medical records and to be able to ask that the record be changed/corrected if needed.
- To be able to say "yes" or "no" to having any information about them given out unless WellCare has to by law.
- To be able to say "no" to treatment or therapy. If they say "no," the doctor or MCP must talk to them about what could happen and they must put a note in your medical record about it.
- To be able to file an appeal, a grievance (complaint) or state hearing.
- To be able to get all MCP written member information from the MCP:
  - At no cost
  - In the prevalent non-English languages of members in the MCP's service area
  - In other ways, to help with the special needs of members who may have trouble reading the information for any reason.
- To be able to get help free of charge from WellCare and its providers if they do not speak English or need help in understanding information.
- To be able to get help with sign language if hearing-impaired.
- To have input in the plan's member rights and responsibilities.
- To be told if the health care provider is a student and to be able to refuse his/her care.
- To be told of any experimental care and to be able to refuse to be part of the care.
- To make advance directives (a Living Will).
- To file any complaint about not following their advance directive with the Ohio Department of Health.
- To change their primary care provider (PCP) to another PCP on WellCare's panel at least monthly. WellCare must send something in writing that says who the new PCP is and the date the change began.
- To be free to carry out their rights and know that the MCP, the MCP's providers or ODJFS will not hold this against them.
- To know that the MCP must follow all federal and state laws and other laws about privacy that apply.
- To choose the provider that gives them care whenever possible and appropriate.
- If female, to be able to go to a woman's health provider on WellCare's panel for covered women's health services.



- To be able to get a second opinion from a qualified provider on WellCare's panel. If a qualified provider is not able to see them, WellCare must set up a visit with a provider not on our panel.
- To get information about WellCare from us.
- To contact the United States Department of Health and Human Services Office of Civil Rights and/or the Ohio Department of Job and Family Services Bureau of Civil Rights at the addresses below with any complaint of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services.

#### Office of Civil Rights

United States Department of Health and Human Services  
233 N. Michigan Ave.–Suite 240  
Chicago, IL 60601

1-312-886-2359 (TTY 1-312-353-5693)

#### Bureau of Civil Rights

Ohio Department of Job and Family Services  
30 E. Broad St., 37th Floor  
Columbus, OH 43215

1-614-644-2703 or 1-866-227-6353 (TTY 1-866-221-6700)

Fax: 1-614-752-6381

- To request and get a copy of their medical records. (Requests must be received in writing from them or the person they choose to represent them. The records will be provided at no cost. They will be sent within 14 days of receipt of the request.)

#### THEIR RESPONSIBILITIES

- To give information that the plan and its doctors and providers need to provide care.
- To follow plans and instructions for care that they have agreed on with their doctor.
- To understand their health problems.
- To help set treatment goals that they and their provider agree to.
- To read the member handbook to understand how WellCare works.
- To always carry their member card.
- To show their ID cards to each provider.
- To get a referral from their doctor when needed.

- To cooperate with the people providing their health care.
- To be on time for appointments.
- To notify the doctor's office if they need to cancel or change an appointment.
- To respect the rights of all providers.
- To respect the property of all providers.
- To respect the rights of other patients.
- To not be disruptive in the doctor's office.
- To know the medicines they take, what they are for and how to take them the right way.
- To assist their doctor in getting previous medical records.
- To let their plan know within 48 hours, or as soon as possible, if they are admitted to the hospital or receive emergency room care.



## HELPING PATIENTS WITH RHEUMATOID ARTHRITIS (RA)

According to a U.S. government survey on arthritis statistics, one out of every four adults in America will have arthritis by 2030. There are over 50 million people who suffer from arthritis and, according to the Centers for Disease Control and Prevention, people with rheumatoid arthritis die up to 10 years earlier than those who do not have this disease.

Together, we can help your patients become more educated about the disease process, maximize current treatment methods and avoid common mistakes associated with their RA. Consider the following strategies:

**Prescriptions:** Emphasize the importance of taking a disease-modifying anti-rheumatic drug (DMARD) or a biologic early on, since these classes of drugs address the root cause of the immune system malfunction, often at the cellular level. The American College of Rheumatology (ACR) recommends that all RA patients be given a DMARD, regardless of how active or severe their RA is. Studies show that starting powerful drugs earlier may be more effective in reducing or preventing joint damage.

**Medication Regimen:** Patients may stop taking their medications or skip doses as they feel better. Therefore, it is critical to help them understand that failing to take their medication may cause pain or the arthritis to get worse. Patient education in this area is a key to a successful treatment outcome.

**Depression:** Watch for depression in RA patients, since this chronic condition can negatively affect their psychosocial well-being. Some people with RA benefit from antidepressants in concert with help from a mental health professional. As you deem beneficial, advise patients to utilize their mental health benefits by calling the number on the back of their Plan member ID card. In addition, encourage them to attend local support groups such as those offered by The Arthritis Foundation or local hospitals.

**Exercise:** It is recommended that RA patients take short rest breaks throughout the day, especially when the disease is active or exacerbated. This can help reduce joint inflammation, pain and fatigue. However, it is prudent to advise RA patients that too much resting will increase stiffness and decrease joint mobility. Teach gentle range-of-motion exercises and encourage exercising in the water during flare-ups. When patients are feeling better, promote increased activity and resistance exercise to build muscle strength.

**Referrals:** Refer RA patients to follow up with a rheumatologist for ongoing monitoring, labs and medical treatment. Advise them to find a local rheumatologist through the Plan's website at [www.wellcare.com](http://www.wellcare.com) or by calling Customer Service.

WellCare also has specialized Disease Management nurses who speak to members with RA via telephone to provide education in conjunction with educational mailings. To refer a member to Disease Management, please call **1-866-635-7045** (Medicare) or **1-800-951-7719** (Medicaid). This program is at no charge to the member.



Sources: Arthritis Foundation, *The American College of Rheumatology (ACR)*, <http://www.arthritis.org/facts.php>  
*The Centers for Disease Control (CDC)*, <http://www.cdc.gov/arthritis/media/quickstats.htm>

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

In response to significant observed variation from evidence-based standards, professional society guidance and local peer performance, WellCare of Ohio has determined the need for medical necessity determination reviews for the provision of non-emergent, outpatient advanced imaging procedures. The Outpatient Advanced Imaging Program applies to both Medicaid and Medicare products.

**As of April 4, 2011, WellCare of Ohio is requiring advance notification for all non-emergent, outpatient advanced imaging services provided to Plan members.** These medical necessity determination reviews are required on certain procedures including MRI, MRA, PET, CT and SPECT. Please note that Nuclear Studies also require an authorization as of this date.

We have partnered with CareCore National for clinical review of cases based upon their expertise in administering similar programs and their record of working effectively with the physician community. If a treating physician does not receive a Medical Necessity Determination and Authorization number from CareCore National prior to performing non-emergent, advanced imaging procedures, claims may not be reimbursed.

The Advanced Imaging Criteria utilized by CareCore medical directors have been vetted by an expert physician review board with relevant medical specialties to validate the criteria are in keeping with published research and guidelines from the appropriate specialty societies. This coverage criterion is available online at [www.carecorenational.com](http://www.carecorenational.com).

You will need to obtain an authorization of services performed after **April 4, 2011** at [www.carecorenational.com](http://www.carecorenational.com) or by calling CareCore National directly at **1-888-333-8641**. Please note that an authorization from CareCore National is not required unless the service is rendered on or after the **April 4** effective date.

You may access FAQs regarding the Imaging Program on our websites listed below.

WellCare of Ohio Medicare Plans: 1-866-687-8815  
[www.wellcare.com/Provider/job\\_aids](http://www.wellcare.com/Provider/job_aids)

WellCare of Ohio Medicaid Plans: 1-800-951-7719  
[ohio.wellcare.com/provider/forms](http://ohio.wellcare.com/provider/forms)

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

Thank you for being a valued provider and for working with us to provide coordinated care services to our members.



## S\*T\*A\*R\*T CAN STOP THE CYCLE

### 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 [www.smokefree.gov](http://www.smokefree.gov).

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



## WELLCARE OF OHIO'S MAIL-ORDER PHARMACY SERVICE

### AN EASY WAY FOR YOUR PATIENTS TO SAVE

With WellCare of Ohio's new mail-order pharmacy service, your patients can now have the medications they take every month mailed directly to their homes. It's easy, convenient (no more waiting in lines at the retail pharmacy) and accurate. They will also save money! By using WellCare's mail-order service, they will receive a three-month supply of medication for only two-and-a-half monthly co-pays.

Simply call 1-866-892-9006, Monday–Friday, from 8 a.m. to 6:30 p.m. Eastern, to get your patients started. Or fax their maintenance medication prescriptions to 1-866-892-8194. Remember to prescribe the maximum days' supply (93 days) plus refills for up to one year.

Because the pharmacy team at WellCare's mail-order service has a deep understanding of the insurance process, they will work with your office to obtain all necessary information, allowing your patients to receive their medications promptly.

## Q2 2011 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
Accolate® 10mg, 20mg Tablets	Zafirlukast 10mg, 20mg Tablets	Antileukotrienes
Aricept® 5mg, 10mg Tablets	Donepezil HCl 5mg, 10mg Tablets	Cholinesterase Inhibitors
Aricept® ODT 5mg, 10mg Tablets	Donepezil HCl 5mg, 10mg Orally Disintegrating Tablets	Cholinesterase Inhibitors
Dovonex® 0.005% Topical Ointment†	Calcipotriene 0.005% Topical Ointment	Dermatological Agents
Mirapex® 0.75mg Tablet†	Pramipexole Dihydrochloride 0.75mg Tablet	Antiparkinson Agents

†Not covered on the 2011 Medicare Formulary.

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

ADDITIONS	
Bromday™ 0.09% Ophthalmic Solution (QL: 2.5mL/31 days)	Lumigan® 0.01% Ophthalmic Solution (QL: 5mL/31 days)
Calcitriol 1mcg/mL Solution (PA)	Jalyn™ 0.5mg/0.4mg Capsule
Carisoprodol 250mg Tablet (QL: 124 tablets/31 days)	Latuda® 40mg, 80mg Tablets (PA)
Cimetidine HCl 300mg/5mL Solution	Pantoprazole Sodium 20mg, 40mg Delayed-Release Tablets
Doxepin HCl 150mg Capsule	Renvela® 800mg Tablet, 0.8g and 2.4g Packets
Dulera® 100mcg/5mcg, 200mcg/5mcg Inhalation Solution	

PA = Prior Authorization    QL = Quantity Limit

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

DRUG NAME	CHANGE
Byetta® 5mcg, 10mcg Injection	PA removed
Eliphos™ 667mg Tablet	PA removed

PA = Prior Authorization

Please visit [www.wellcare.com/medicare/medication\\_guide](http://www.wellcare.com/medicare/medication_guide) to view the complete formulary as well as formulary updates.



WellCare of Ohio, Inc.  
6060 Rockside Woods Blvd., Suite 300  
Independence, OH 44131

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## MEDICAID

### EXTENDED OR AFTER-HOURS CLINICS

Does your practice offer extended hours for patients to schedule appointments? Do you routinely offer after-hours clinics for your patients? How about Saturday or Sunday appointments? If so, WellCare would like to hear from you!

WellCare would like to partner with primary care provider offices that offer alternative appointment scheduling times to their patients. We would like to educate our members on the options available to them when your office has established appointment scheduling outside of the normal daytime hours. These member communications would be made to your assigned WellCare Medicaid patients.

If you are interested in exploring this opportunity further, please contact our Sr. Manager of Network Management Karen Desotell at 1-216-901-4154 or [karen.desotell@wellcare.com](mailto:karen.desotell@wellcare.com).

