

# PROVIDER

## Newsletter

### MEDICARE

## 2010 MEDICARE BENEFIT YEAR

### CO-PAYMENT CHANGES

The 2010 benefit year is here. 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 responsible for only 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 applies only 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 contact Provider Services at 1-866-687-8815 or call your Provider Relations representative.

## PROVIDER UPDATE

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

- Claims Policies Notice
- Ohio Fall Provider Newsletter
- Flu Vaccination Season Notice
- Implementation of iHealth Technologies Claims Processing Notice
- H1N1 Vaccination Update

After you log in to the provider portals on [www.wellcare.com](http://www.wellcare.com) or <http://ohio.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.

### METROHEALTH SYSTEM

WellCare of Ohio is pleased to announce that the MetroHealth System network and physicians have joined our panel of participating facilities and providers for WellCare Medicaid and Medicare members.



## 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>

## E-PRESCRIBE 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 telephone 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>.

## ACCESS AND AVAILABILITY PROVIDER AUDITS

To ensure that WellCare members have timely access to their physicians, WellCare conducts random, annual telephone audits of its provider network. This audit is required by our regulatory partners in Medicare and Medicaid. WellCare must be able to report the annual results of these audits to these regulatory partners upon request.

The access audit consists of several questions to determine the next available appointment times for our members and the average wait time in the provider's office once the member arrives for his/her appointment. The availability audit questions verify whether members have access to a provider, an on-call physician or an advice nurse. They also audit member access to the provider after office hours.

Audit calls take only a few minutes to complete and participation in these audits is a condition of your contract with WellCare. (Additional information regarding your responsibilities as a WellCare provider can be found in the WellCare Provider Manual.) We appreciate your and your staff's participation in this effort. If you have any questions regarding these audits, please contact your Provider Relations representative.



## 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 Advantica EyeCare for vision care services. Members may contact Advantica EyeCare at **1-866-425-2323**.

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



## MEDICARE

### 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 **1-866-687-8815**.

# DIABETES AND EYE DISEASE: EIGHT FACTS YOU SHOULD KNOW

Eye disease associated with diabetes can cause blindness. Educating your diabetic patients on the following facts about diabetic eye disease may 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 chance of developing cataracts is 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 Jun 2006.*

*Troy Bedinghaus, O.D., About.com; Updated April 01, 2009. About.com Health's Disease and Condition content is reviewed by the Medical Review Board.*



# PROVIDER FORMULARY UPDATE

## GENERIC NEWS:

The generic drugs listed below are now available to WellCare of Ohio Medicaid and Medicare members at the lowest co-payment (if applicable):

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Augmentin® 250mg-62.5mg/5mL Suspension*	Amoxicillin Trihydrate/Potassium Clavulanate 250mg-62.5mg/5mL Suspension ( <b>Medicaid</b> only—Quantity Limit: 300mL/31 days)	Anti-infective Agent
Casodex® 50mg Tablets	Bicalutamide 50mg Tablets (covered on <b>Medicare</b> only)	Anti-androgen Agent
Colazal 750mg Capsule*	Balsalazide Disodium 750mg Capsule	Gastrointestinal Agent
Plan B® 0.75mg Tablet*	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— <b>Medicare</b> only)	Immunosuppressive Agent

\*These brand name drugs have been removed from the WellCare of Ohio Medicaid Preferred Drug List.

The following changes have been made to the WellCare of Ohio Medicaid Preferred Drug List:

ADDITIONS	REMOVALS
<ul style="list-style-type: none"> <li>Adriamycin® 20mg Powder for Injection</li> </ul>	<ul style="list-style-type: none"> <li>Alprazolam Intensol™ 1mg/mL Oral Solution (Concentrate)</li> </ul>
<ul style="list-style-type: none"> <li>Avastin® 100mg/4mL, 400mg/16mL Solution for Injection (PA)</li> </ul>	<ul style="list-style-type: none"> <li>AndroGel® 1% Gel Packet, 1% Pump</li> </ul>
<ul style="list-style-type: none"> <li>Butalbital-Caff-APAP-Cod Capsules</li> </ul>	<ul style="list-style-type: none"> <li>Balagan™ 54mg-14mg/mL Otic Solution</li> </ul>
<ul style="list-style-type: none"> <li>Cholestyramine Light Packet, Powder (QL; 756gm/31 days *Powder only*)</li> </ul>	<ul style="list-style-type: none"> <li>Cortane-B® Otic Solution</li> </ul>
<ul style="list-style-type: none"> <li>Ciclopirox 8% Nail Lacquer (PA)</li> </ul>	<ul style="list-style-type: none"> <li>Diazepam Intensol™ 5mg/mL Oral Solution (Concentrate)</li> </ul>
<ul style="list-style-type: none"> <li>Cimzia® 200mg/mL Prefilled Syringe for Injection</li> </ul>	<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>Copaxone® 20mg/mL Solution for Injection Kit</li> </ul>	<ul style="list-style-type: none"> <li>Kuric™ Cream</li> </ul>
<ul style="list-style-type: none"> <li>Cozaar® 25mg, 50mg, 100mg Tablets (QL; 31/31 days and a Step Edit)</li> </ul>	<ul style="list-style-type: none"> <li>Lamisil AT®                             <ul style="list-style-type: none"> <li>- Cream (Athletes Foot, Jock Itch)</li> <li>- Powder</li> <li>- Solution</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>Cytra-3 Solution (QL; 3600mL/31 days)</li> </ul>	<ul style="list-style-type: none"> <li>Lantus® 100 units/mL Cartridge, Vial, SoloSTAR® Pen</li> </ul>
<ul style="list-style-type: none"> <li>Doxorubicin 2mg/mL Solution for Injection &amp; 10mg, 20mg Powder for Injection (PA)</li> </ul>	<ul style="list-style-type: none"> <li>Lescol® 20mg, 40mg Capsules</li> </ul>
<ul style="list-style-type: none"> <li>Eligard® 7.5mg, 22.5mg, 30mg, 45mg Suspension for Injection (PA)</li> </ul>	<ul style="list-style-type: none"> <li>Lescol® XL 80mg Tablets</li> </ul>
<ul style="list-style-type: none"> <li>Fluphenazine HCl 2.5mg/5mL Elixir, 5mg/mL Solution</li> </ul>	<ul style="list-style-type: none"> <li>Lorazepam Intensol™ 2mg/mL Oral Concentrate</li> </ul>

chart continued on next page

ADDITIONS	REMOVALS
• Fosrenol® 500mg, 750mg, 1000mg Chewable Tablets	• Moban® 5mg, 10mg, 25mg, 50mg Tablets
• Gemzar® 200mg, 1gm Powder for Injection (PA)	• Oxycodone HCl/Ibuprofen 5mg-400mg Tablets
• Gleeevec® 100mg, 400mg Tablets (PA)	• Pantoprazole 20mg, 40mg Delayed-Release Tablets
• Hyzaar® 50/12.5mg, 100/12.5mg, 100/25mg Tablets (QL: 31/31 days and a Step Edit)	• Renagel® 400mg, 800mg Tablets
• Ipratropium Bromide 0.02% Nebulizer Solution	• Renvela® 800mg Tablets
• Ipratropium-Albuterol 0.5-3mg/3mL Nebulizer Solution (QL: 720mL/31 days)	• Seroquel® 25mg, 50mg, 100mg, 200mg, 300mg, 400mg Tablets
• Lansoprazole 15mg, 30mg Delayed-Release Capsules (with a Step Edit)	• Seroquel XR® 50mg, 150mg, 200mg, 300mg, 400mg Tablets
• Levemir® 100 units/mL Vial, Flexpen® (QL: 60mL/31 days)	• Tinactin® - Aerosol      - Cream      - Jock Itch Cream - Powder      - Liquid Spray      - Pump Spray - Solution
• Melphalon HCl 50mg Vial (PA)	• Tramadol HCl/Acetaminophen 37.5mg-325mg Tablets
• OtiRx™ 0.1%-1%-1% Otic Solution	
• Phenydryl Syrup	
• Poly-Vitamin Drops	
• Poly-Vitamin with Fluoride 0.25mg/mL, 0.5mg/mL Drops	
• Poly-Vitamin with Iron & Fluoride 0.25mg/mL, 0.5mg/mL Drops	
• Prezista® 150mg Tablets	
• PR Otic Solution	
• Sutent® 12.5mg, 25mg, 50mg Capsules (PA)	
• Tarceva® 25mg, 100mg, 150mg Tablets (PA)	
• TRELSTAR® Depot 3.75mg Powder for Injection (PA)	
• TRELSTAR® LA 11.25mg Powder for Injection (PA)	
• Tri-Vi-Sol™ with Iron Drops	
• Tri-Vitamin Drops	
• Tykerb® 250mg Tablets	
• Urea 40%, 50% Cream	
• Venlafaxine ER 37.5mg, 75mg, 150mg, 225mg Tablets (QL: 31/31 days and a Step Edit)	

PA = Prior authorization required      QL = Quantity limit

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

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

PA = Prior authorization required      QL = Quantity limit

We have changed the quantity limits per month for the following medication on the WellCare of Ohio **Medicaid Preferred Drug List**:

#### QUANTITY LIMIT INCREASE

- Mebendazole 100mg Chewable Tablets quantity limit has been increased from 2/31 days to 6/31 days.

#### 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.

#### 2010 PLAN YEAR UPDATES

Please review this information for some important changes that are going to be made to the WellCare of Ohio **Medicaid Preferred Drug List** and the WellCare **Medicare Formulary** for the 2010 plan year, effective **January 1, 2010**.

#### WellCare of Ohio Medicaid Preferred Drug List:

ADDITIONS	REMOVALS
• Novolin® 70/30 Insulin (QL: 60mL/31 days)	• Humalog® Insulin
• Novolin® N Insulin (QL: 60mL/31 days)	• Humalog® Mix 50/50 Insulin
• Novolin® R Insulin (QL: 60mL/31 days)	• Humalog® Mix 75/25 Insulin
• Novolog® Insulin (QL: 60mL/31 days)	• Humulin® 70/30 Insulin
• Novolog® Mix 70/30 Insulin (QL: 60mL/31 days)	• Humulin® N Insulin
	• Humulin® R Insulin
	• Humulin® R U-500 (Concentrated) Insulin

QL = Quantity limit

WellCare Medicare Formulary Changes:

REMOVALS

- Actonel® 5mg, 30mg, 35mg, 75mg, 150mg Tablets
- Actonel® with Calcium 35mg/125mg Tablet
- Alendronate Sodium 5mg, 10mg Tablets
- Alphagan® P 0.1%, 0.15% Ophthalmic Solution
- Androgel® 25mg/2.5gm, 50mg/5gm
- Androgel® Pump 1%
- Android® 10mg Capsule
- Avelox® 400mg Tablet
- Benicar® 5mg, 20mg, 40mg Tablets
- Benicar HCT® 20/12.5mg, 40/12.5mg, 40/25mg Tablets
- Betimol® 0.25%, 0.5% 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
- Celebrex® 50mg, 100mg, 200mg, 400mg Capsules
- Clarinex® 5mg Tablet, 0.5mg/mL Syrup
- Clarinex® Reditabs® 2.5mg, 5mg
- Clarinex-D® 24 Hour 5/240mg Tablet
- Enbrel® 25mg Powder for Injection, 25mg/0.5mL & 50mg/mL Solution for Injection, SureClick™ 50mg/mL Autoinjector
- Humalog® Insulin
- Humalog® Mix 50/50 Insulin
- Humalog® Mix 75/25 Insulin
- Humulin® 70/30 Insulin
- Humulin® N Insulin
- Humulin® R Insulin
- Humulin® R U-500 (Concentrated) Insulin
- Lipitor® 10mg, 20mg, 40mg, 80mg Tablets
- Lofibra® 54mg Tablet, 67mg Capsule, 134mg Capsule, 160mg Tablet, 200mg Capsules
- Loratadine 10mg Tablet
- Nexium 20mg, 40mg Capsules; 20mg, 40mg Packets
- Nexium® I.V. 20mg, 40mg
- Nizatidine 150mg, 300mg Capsules
- Prevacid® 15mg, 30mg Capsules
- Prevacid Solutab™ 15mg, 30mg
- Proair® HFA Metered Dose Inhaler
- Rozerem® 8mg Tablet
- Solaraze® 3% Gel
- Stalevo® 50mg, 75mg, 100mg, 125mg, 150mg, 200mg Tablets
- Travatan® 0.004% Ophthalmic Solution
- Travatan Z® 0.004% Ophthalmic Solution
- Vesicare® 5mg, 10mg Tablets

ADDITIONS

- Cimzia® Kit (PA)
- Demeclocycline HCL 150mg, 300mg Tablets
- Enjuvia™ 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg Tablets
- Granisetron HCL 1mg Tablet (QL: 31/31 days)
- Granisetron HCL 0.1mg/mL, 1mg/mL Solution for Injection (QL: 10mL/31 days)
- Lansoprazole 15mg, 30mg Delayed-Release Capsules
- Mesalamine 4g/60mL Rectal Enema Suspension
- Novolin® 70/30 Insulin (QL: 60mL/31 days)
- Novolin® N Insulin (QL: 60mL/31 days)
- Novolin® R Insulin (QL: 60mL/31 days)
- Novolog® Insulin (QL: 60mL/31 days)
- Novolog® Mix 70/30 Insulin (QL: 60mL/31 days)
- Promacta® 25mg, 50mg Tablets (PA: new starts only)
- Tazorac® 0.05%, 0.1% Topical Cream and Gel
- Testim® 1% Topical Gel (PA)
- Vfend® 50mg, 200mg Tablets; 200mg Powder for Injection; 400mg/mL Powder for Suspension (PA)
- Xalatan® 0.005% Ophthalmic Solution (QL: 2.5mL/31 days)
- Xenazine® 12.5mg, 25mg Tablets (PA)
- Xolair® 150mg Powder for Injection (PA)

PA = Prior authorization required

QL = Quantity limit



# CLINICAL COVERAGE GUIDELINES AVAILABLE ON THE WEB

WellCare has made Clinical Coverage Guidelines (CCGs) available via our Web sites, [www.wellcare.com](http://www.wellcare.com) or <http://ohio.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 results in better provider-company interactions and increases the quality of our members' health.

Follow this path to access the guidelines:

[www.wellcare.com](http://www.wellcare.com) or <http://ohio.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.

## Clinical Coverage Guidelines

The Clinical Coverage Guidelines (CCG) 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 results in better provider-company interactions and increases the quality of our members' health.

Click on the desired link below to open or download a copy of WellCare's CCGs, which are sorted alphabetically.

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.

**A - B - C - D - E - F - G - H - I - J - K - L - M - N - O - P - Q - R - S - T - U - V - W - X - Y - Z**

### A

- [Acupuncture HS-107](#)
- [AcuTect Scintigraphic Imaging for Deep Vein Thrombosis HS-132](#)
- [Air Fluidized Beds HS-117](#)
- [Ambulatory Blood Pressure Monitoring HS-041](#)
- [Ambulatory and Video EEG HS-005](#)
- [Antepartum Fetal Surveillance HS-111](#)
- [Anterior Cingulotomy for Treatment of Obsessive-Compulsive Disorder HS-068](#)



## REFERRING MEDICARE MEMBERS FOR SUPPLEMENTARY BENEFITS

The chart below 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 **1-866-687-8815**.

STATE	BENEFIT	VENDOR NAME
Ohio	Routine Dental Services, such as Preventive Care	First Continental Life & Accident Ins.
	Routine Hearing Exam & Hearing Aid	HearUSA Inc.
	Routine Vision Exam & Eye Wear	Advantica EyeCare

## PREVENTIVE CARE FOR ALL PATIENTS

As you are aware, providing ongoing, comprehensive preventive health care to your patients allows for the opportunity to recognize potential problems early on and to intervene at the most appropriate times to ensure optimal patient outcomes.

Primary care providers in the WellCare Medicaid network receive monthly reports of WellCare members who are patients and may not have received recommended preventive care. We encourage you to use these lists to reach out to the patients to schedule preventive care appointments. If you have any questions regarding the WellCare Physician Membership Listing, please contact your Provider Relations representative.



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

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WELLCARE

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## 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 these 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.



# PROMOTE COLORECTAL CANCER SCREENINGS

## RESEARCH FROM AMERICAN CANCER SOCIETY

Health plans like WellCare, the Centers for Medicare & Medicaid Services (CMS), and other third-party payers are using physicians' 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 patients' decisions on 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, 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).

National Colorectal Cancer Roundtable. Web site: [www.nccrt.org](http://www.nccrt.org).

Thomas Jefferson University. Web site: [www.jefferson.edu](http://www.jefferson.edu).

# 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) systems, 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 SITES

Visit our Web sites at [www.wellcare.com](http://www.wellcare.com) or <http://ohio.wellcare.com>. Once you become a registered user of the provider portals on our Web sites, 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. These toll-free numbers can be found at the top of the WellCare **Quick Reference Guides**. Use the IVR system to check the status of authorizations and claims or verify eligibility. You may also speak with a Customer Service representative 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.

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## SAVE TIME WHEN YOU CALL WELLCARE

### USE THE PROVIDER SERVICES IVR SYSTEM TO YOUR ADVANTAGE

As a reminder, when you require information relating to Ohio Children and Families, please dial **1-800-951-7719**. Prompt #3 will take you to the provider menu.

If your call relates to Medicare, please dial **1-866-687-8815** and Prompt #3 will take you to the provider menu. If your call relates to Medicare PPO, please dial **1-866-530-9490** and select Prompt #3.

When you use the correct telephone 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.