



PROVIDER

Newsletter

PROVIDER UPDATE

The following correspondence was distributed to providers since our last newsletter and can be found at georgia.wellcare.com (Medicaid) or www.wellcare.com (Medicare). Click on the *Provider* tab, and *Messages From WellCare* is located in the right column. Remember to check the messages regularly to receive new and updated information such as:

- WellCare Reimbursement Policies
- 2011 Issue I Provider Newsletter
- Coordination of Benefits Reference Guide
- Medicaid Implements National Correct Coding Initiative (NCCI)
- Clinical Practice Guidelines (CPG) for
 - Care of Children and Adolescents with Type I Diabetes Mellitus
 - Management of Asthma in Children and Adults
 - Management of Diabetes Mellitus in Adults 18–75 years of age
- Changes to EPSDT Medical Record Review Tool
- Revised EDI and Filing Claims Job Aids
- Medicaid HEDIS® Quick Reference Guide
- Essential Health and Wellness Measures
- WellCare Reimbursement Policies
- Planning for Healthy Babies (P4HB)

WEB RESOURCES

WellCare Preventive and Clinical Practice Guidelines, Clinical Coverage Guidelines, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) documents, Pharmacy Guidelines, Cultural Competency Plan and other helpful resources are available at georgia.wellcare.com (Medicaid) and www.wellcare.com (Medicare). A summary of the Cultural Competency Plan is available under Section 14 of the Provider Handbook. Providers can request hard copies of the above documents by contacting their Provider Relations representative. For additional information, please contact Customer Service at 1-866-231-1821 (Medicaid) or 1-866-334-7730 (Medicare).

CLINICAL PRACTICE GUIDELINES

WellCare of Georgia's clinical practice guidelines (CPGs) provide physicians with preventive care practices to improve the health of our members. Key elements include clinical signs, risk factors, lifestyle modifications, pharmacologic treatment, lab values, monitoring issues, patient education and treatment goals with references. The CPGs are available at <http://georgia.wellcare.com/provider/pem> (Medicaid) or www.wellcare.com/Provider/CPGs (Medicare). Hard copies are available by contacting your Provider Relations representative.

Member educational materials are also available for provider use to assist members with issues regarding definition of their disease, causes, symptoms, diagnosis, treatment and expectations. These are developed collaterally specific to provider guidelines.

WellCare's CPGs and member educational materials are researched, developed, reviewed and updated as needed at least every two years and more often if appropriate. Sources for review include reliable clinical evidence, studies from nationally recognized agencies, and recommendations from medical specialty societies.

These guidelines are presented to our corporate Medical Policy Committee, which includes the WellCare Medical Directors. They are then presented to our Utilization Management Medical Advisory Committee (UMAC), which includes external physicians for feedback and approval of the CPGs.



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 patients to WellCare Specialty Pharmacy, you enlist the expertise of a team skilled in the handling of medications for conditions that include anemia, ankylosing spondylitis, cancer, Crohn's disease, hemophilia, hepatitis, HIV, multiple sclerosis, organ transplant, psoriasis and others. 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**.

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 Georgia, Inc.
PO 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. WellCare will conduct a review of the request that does not give deference to the denial decision. WellCare 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.” 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
 - Refer WellCare members to our Disease Management program by calling **1-866-635-7045**. 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.²

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

- **Step 1: Mild intermittent:** No daily medications needed. Rescue inhalers known as Short-acting Beta₂ 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 Beta₂ Adrenergic Agonist Bronchodilators (LABA), i.e., salmeterol or formoterol, to be added for asthmatics inadequately controlled on steroids. Per the FDA, LABA’s are never to be used alone in the treatment of asthma³.
- **Step 4: Severe persistent:** High-dose inhaled corticosteroids and LABA’s, 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.

RESOURCES

¹) 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.

²) 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.

³) 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.

WELLCARE'S MAIL-ORDER PHARMACY SERVICE

AN EASY WAY FOR YOUR MEDICARE PATIENTS TO SAVE

With WellCare's new mail-order pharmacy service, your patients can now have the medications they take every month mailed directly to their home. 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.

TAKE POSITIVE ACTION IN MANAGING MEDICATIONS

SIMPLE INTERVENTIONS PROMOTE PROPER DRUG USE, PATIENT SAFETY

WellCare 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 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 by the appropriate practitioner, or
- Notation that no medications were prescribed upon discharge.

WHAT IS HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

WHY HEDIS® IS IMPORTANT

HEDIS® ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

VALUE OF HEDIS® TO YOU, OUR PROVIDERS

HEDIS® can help you save time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care. HEDIS® can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other WellCare providers as well as with the national average

VALUE OF HEDIS® TO YOUR PATIENTS, OUR MEMBERS

HEDIS® ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices. In the upcoming months, as part of our planned HEDIS® initiatives, we will be making outreach phone calls and/or mailing periodicity letters to members and/or parents or guardians of targeted members. These calls and letters will inform and educate them about the importance of preventive health screenings. We will encourage the scheduling of appointments for breast cancer and cervical cancer screening, child and adolescent well visits, childhood immunizations, lead screening, glaucoma screening, postpartum visits and other preventive screenings.

WHAT YOU CAN DO

- Encourage your patients to schedule their preventive screening exams.
- Remind your patients to follow up with ordered tests.
- Complete outreach calls to noncompliant members.

If you have questions about HEDIS® or need more information, please contact your local Provider Relations representative.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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 explaining the acronym **START**, which stands for 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.

Source:

<http://www.smokefree.gov/qg-preparing-steps.aspx>, January 2011.

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 **1-866-334-7730** (Medicare) or **1-866-231-1821** (Medicaid) regarding UM issues or decisions.





HELPING PATIENTS WITH RHEUMATOID ARTHRITIS

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 that suffer from arthritis and, according to the Centers for Disease Control and Prevention, people with rheumatoid arthritis (RA) 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 or by calling Customer Service.

WellCare also has specialized Disease Management nurses that 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. 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>*

HOME HEALTH VISITS AFTER THE HOSPITAL

WellCare believes that your patient's transition from hospital to home should be a smooth one. If you order home health services, make sure the first visit is done as soon as possible. Delays in the initiation of home health services may have a negative impact on patient outcomes. Please consider practical ways to minimize the length of time between hospital discharge and initiation of home care services. As patients move from

steady medical attention in the hospital to their home, when needed, WellCare encourages that they be seen by a home health caregiver shortly after they leave the hospital. WellCare supports you to make sure home health visits are done in a timely manner. Please ensure your patients are receiving home health services with the intent of maximizing the potential for excellent patient outcomes.

UPDATED GUIDELINES AVAILABLE

CHILD PREVENTIVE HEALTH GUIDELINES

The 2008 Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) can be viewed by accessing the AAP website at <http://practice.aap.org/content.aspx?aid=1599>, on the georgia.wellcare.com portal, or by contacting your Provider Relations representative. It's important to use the 2008 Bright Futures/American Academy of Pediatrics guideline for the appropriate health check and risk assessment during the member's well-child checkup.

CDC GUIDELINES

The Centers for Disease Control and Prevention (CDC) has released the 2011 Advisory Committee on Immunization Practices (ACIP) schedule for immunization, which can be viewed on the CDC website at www.cdc.gov/vaccines/recs/schedules, on the georgia.wellcare.com portal, or by contacting your Provider Relations representative.

ENSURING ACCESS TO PREVENTIVE SERVICES

Do you offer preventive services when patients come to you for other services? Identifying and treating health issues early reduces the potential for negative outcomes. WellCare stresses the importance that adult members have at least one preventive care visit each year. Your efforts in making sure that members receive preventive health care reduces the risk of disease. Please engage your patients in getting them their needed preventive services.



HOW DOES QUALITY IMPROVEMENT (QI) “RATE” OUR SERVICE?

The WellCare of Georgia Inc. Quality Improvement (QI) Program is an ongoing, comprehensive and integrated system that exists to actively initiate, monitor and evaluate standards of health care practice and infrastructures essential to the delivery of quality clinical care and service to enrolled members.

QI Program Scope

The QI Program scope applies to all member demographic groups, care settings, and types of services that are included or afforded to Medicaid and PeachCare for Kids membership. The QI Program addresses the quality of clinical care and non-clinical aspects of service. Key areas of focus include, but are not limited to:

- Quantitative member and organizational outcomes
- Confidentiality
- Network adequacy
- Preventive health
- Service utilization
- Disease and case management
- Coordination/continuity of care
- Cultural competency
- Credentialing
- Quality of care/service
- Appeals and grievances
- Member and provider satisfaction
- Components of operational service
- Reporting requirements

The scope noted above is demonstrated in the structure of the QI Program’s committees and sub-committees, the QI Program Description, Work Plan and Annual Evaluation. The scope incorporates the continuous tracking and trending of quality indicators to ensure outcomes are being measured and goals are attained.

Some highlights from the 2010 QI Program include:

- Increased key Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening rates in childhood immunization and lead screening.
 - Improved the Lead Screening rate to 67.40% in 2010, which is a 2% increase over the 2009 rate of 65.94% and is also 2% above the Department of Community Health (DCH) 2010 target goal. (Source: HEDIS methodology, as presented in the 2010 External Quality Review Organization Performance Improvement Project (EQRO PIP) validation)
 - Improved the Childhood Immunization rate to 81.02%, which is a 6% increase over the 2009 rate of 75.91%. (Source: HEDIS methodology,

as presented in the 2010 EQRO PIP validation)

- Assessed 480 EPSDT medical records from 118 providers for compliance with EPSDT guidelines and achieved the following rates:
 - Body Mass Index (BMI) documentation increased from 57% for year-end 2009 to 70% for year-end 2010.
 - TB Risk Assessments have increased from 64% for year-end 2009 to 71% for year-end 2010.
 - Lead Blood Screenings decreased from 83% for year-end 2009 to 75% for year-end 2010.
 - Overall percent of providers scoring \geq 80% was 90%.
 - EPSDT measure on Referral/Treatment notes between the PCP and Specialist remained above goal at 98% for CY 2010.
 - TB testing increased from 82% for CY 2009 to 100% for CY 2010.
- Member Incentive program was launched for HEDIS-eligible members for childhood immunization, well-child–15 months, and diabetic retinal eye exam measures.
- Reached out to members reminding them to get preventive services and management of their chronic disease condition.
- Enhanced focus on patient safety.
- Exceeded Customer Service standards and benchmarks. For 2010,
 - Out of 520,319 answered member calls, the average speed to answer (ASA) was 15 seconds.
 - Out of 175,543 answered provider calls, the ASA was 16.4 seconds.
 - Out of 529,400 total member calls, the abandonment rate (ABR) was 1.7% (goal is < 5%).
 - Out of 177,391 total provider calls, the ABR was 1.1% (goal is < 5%).
- Out of 5,934,597 claims for 2010, 97.95% were processed within 15 days and 98.99% within 30 days.
- Enhanced ER outreach program through phone and written correspondence to targeted members.
- Enhance the prenatal program thru community-based

education sessions using a “Baby Shower” theme that included information on prenatal, postpartum and infant care.

- Sent letters to providers reminding them of the importance of doing lipid and glucose testing on those members who take Atypical Antipsychotics.
- Enhanced our prenatal case management process for those members who are diagnosed with depression.
- Implemented an Appointment Timeliness initiative that involved reminding providers to ensure that members are seen in a timely manner.
- Focused provider recruitment efforts to meet the needs of our members.
- Communicated tips to providers on how to improve communication with Spanish-speaking patients.
- Accomplished 100% compliance on our recent EQR.
- Added custom questions to the 2010 Medicaid Child Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey which focused on how well providers considered the culture or values of the member.
- Included custom questions in the 2010 Medicaid Child and Medicaid Adult CAHPS® surveys to address phone accessibility when a member calls their provider after normal office hours.
- Collaborated with the DCH on the new reporting format for the quarterly Early Periodic Screening, Diagnostic, and Treatment (EPSDT) medical record reviews.
- Maintained Disease Management and Case Management programs to meet the special health care needs of our members.
- Maintained above-goal compliance on primary care network availability.
- Created a new methodology for data sampling of EPSDT medical records to incorporate age stratification using the age brackets listed in the 2008 *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, Third Edition in order to accurately represent the distribution of age in our membership. In this guideline, the following age brackets are listed:
 - Infancy (0–11 Months)
 - Early Childhood (1–4 Years)
 - Middle Childhood (5–10 Years)
 - Adolescence (11–21 Years)

OUR GOALS FOR 2011

- Increase the number of members who get well-child visits
- Continue to educate members and providers about EPSDT/Health Check, lead screening and immunizations
- Continue to focus our attention, through case and disease management, to those members who have been diagnosed with diabetes and asthma
- Continue to monitor compliance with preventive health and clinical practice guidelines through medical record review
- Continue to work with community agencies to improve the care of our members
- Coordinate care and promote patient safety
- Continue to contract with providers that meet the needs of our members
- Stress the importance of ensuring that members are seen in a timely manner
- Ask members to provide their consent so that physicians can share important information
- Increase focus on sound data analysis, including identification of barriers and development of meaningful interventions
- Prepare for a successful NCQA Health Plan Accreditation in 2011
- Maintain a state of readiness for annual EQR
- Collect health care quality data for our Medicaid members and use it to improve our services
- Promote efforts to achieve coordination of care with regard to patient safety practices
- Provide culturally and linguistically appropriate services
- Identify opportunities to improve medication safety
- Pursue methods to increase practitioner compliance to accepted clinical practice guidelines and documentation standards
- Collaborate with Magellan Behavioral Health (WellCare’s behavioral health vendor) to monitor and improve communication between primary care and behavioral health practitioners regarding patient care

To receive a copy of our Quality Improvement Program, please fax a request to the Quality Improvement department at 1-877-277-1810.

Q2 2011 PROVIDER FORMULARY UPDATE

GENERIC NEWS

The **generic drugs** listed below are now available to WellCare of Georgia Medicaid and Medicare members (unless otherwise noted) at the lowest co-payment (if applicable). The **brand-name drugs** have been removed from the WellCare of Georgia Medicaid Preferred Drug List:

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
Armour® Thyroid 30mg, 60mg, 90mg tablets	NP Thyroid 30mg, 60mg, 90mg tablets	Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)
Dovonex® 0.005% topical ointment†	Calcipotriene 0.005% topical ointment	Dermatological Agents
Lotrel® 5mg-40mg, 10mg-40mg capsules†	Amlodipine Besylate/Benazapril HCl 5mg-40mg, 10mg-40mg capsules	Renin-Angiotensin-Aldosterone System Inhibitors
Mirapex® 0.75mg tablet†	Pramipexole Dihydrochloride 0.75mg tablet	Antiparkinson Agents

† Not covered on the 2011 Medicare Formulary

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

ADDITIONS

Colcrys® 0.6mg tablet
Dulera® 100mcg/5mcg, 200mcg/5mcg inhalation solutions (QL: 13 grams/31 days)
Ed-A-Hist tablets (AL < 21 years of age)
GaviLyte-G (QL: 4000mL/31 days)
GaviLyte-N (QL: 4000mL/31 days)
Hydrocortone Bitartrate/Homatropine Methylbromide 5mg-1.5mg/5mL syrup (AL < 21 years of age)
Metolazone 2.5mg, 5mg, 10mg tablets
Nature-Throid 97.5mg, 250mg tablets
Nitrostat® 0.3mg, 0.4mg, 0.6mg SL tablets
Ribasphere® 200mg tablets
Sumatriptan 4mg/0.5mL, 6mg/0.5mL syringes (QL: 9 syringes = 4.5mL/31 days)
TriLyte (QL: 4000mL/31 days)

REMOVALS

Albuterol Sulfate 4mg, 8mg extended-release tablets
Cimzia® kit
Hyalgan® 10mg/mL syringe
Indomethacin ER 75mg capsule
Veetids® 250mg tablet



AL = Age Limit QL = Quantity Limit

The Utilization Management criteria have **changed** for the following medications as noted below for the WellCare of Georgia Medicaid Preferred Drug List:

DRUG NAME	CHANGE
Actos® 15mg, 30mg, 45mg tablets	ST added
Actoplus Met® 15mg/500mg, 15mg/850mg tablets	ST added
Advair Diskus®	QL added (60 grams/30 days)
Advair® HFA	QL added (12 grams/30 days)
Avandamet® 2mg/500mg, 4mg/500mg, 2mg/1000mg, 4mg/1000mg tablets	ST added
Avandaryl® 4mg/1mg, 4mg/2mg, 4mg/4mg, 8mg/2mg, 8mg/4mg tablets	ST added
Avandia® 2mg, 4mg, 8mg tablets	ST added
Foradil® Aerolizer®	QL added (60 grams/31 days)
Janumet® 50mg/500mg, 50mg/1000mg tablets	Remove PA, add ST
Januvia® 25mg, 50mg, 100mg tablets	Remove PA, add ST
Losartan Potassium 25mg, 50mg, 100mg tablets	ST removed, QL remains (31 tablets/31 days)
Losartan Potassium/Hydrochlorothiazide 50/12.5mg, 100/12.5mg, 100/25mg tablets	ST removed, QL remains (31 tablets/31 days)
Prandin® 0.5mg, 1mg, 2mg tablets	ST added
PrandiMet® 1mg/500mg, 2mg/500mg tablets	ST added
Serevent® Diskus®	QL added (60 grams/31 days)

PA = Prior Authorization ST = Step Edit QL = Quantity Limit

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)
Doxepin HCl 150mg capsule	Pantoprazole Sodium 20mg, 40mg delayed-release tablets
Dulera® 100mcg/5mcg, 200mcg/5mcg inhalation solutions	Renvela® 800mg tablet, 0.8g and 2.4g packets

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

Planned Market Drug Withdrawals

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	ADDITIONAL INFORMATION
Abbott Laboratories	Meridia® (sibutramine hydrochloride monohydrate) capsules	October 12, 2010	Abbott has voluntarily withdrawn Meridia® capsules from the U.S. market at the request of the U.S. Food and Drug Administration (FDA). The FDA's decision is based primarily on the results of the SCOUT (Sibutramine Cardiovascular Outcomes Trial) study, an approximately 10,000-patient, 6-year study requested by European regulatory authorities as a post-marketing commitment to evaluate cardiovascular safety in high-risk patients. The majority of these patients had underlying cardiovascular disease and were not eligible to receive sibutramine under the current labeling. While Abbott believes sibutramine has a positive risk/benefit profile in the approved patient population, the company will comply with the FDA's request.
Xanodyne Pharmaceuticals	Darvon® (propoxyphene HCl) Darvon-N® (propoxyphene napsylate) and Darvocet-N® (propoxyphene napsylate/acetaminophen)	November 19, 2010	<p>Xanodyne Pharmaceuticals Inc., which makes Darvon® and Darvocet®, the brand version of the prescription pain medication propoxyphene, has agreed to withdraw the medication from the U.S. market at the request of the U.S. Food and Drug Administration (FDA). The FDA has also informed the generic manufacturers of propoxyphene-containing products of Xanodyne's decision and requested that they voluntarily remove their products as well. The FDA sought market withdrawal of propoxyphene after receiving new clinical data showing that the drug puts patients at risk of potentially serious or even fatal heart rhythm abnormalities.</p> <p>As a result of these data, combined with other information including new epidemiological data, the agency concluded that the risks of the medication outweigh the benefits.</p> <p>The FDA is advising health care professionals to stop prescribing propoxyphene to their patients, and patients who are currently taking the drug should contact their health care professional as soon as possible to discuss switching to another pain management therapy.</p>

Please visit georgia.wellcare.com to view the complete Preferred Drug List and www.wellcare.com to view the Formulary.





MEMBER RIGHTS AND RESPONSIBILITIES

Plan members, adults and children, have specific rights. This is a friendly reminder that WellCare members have the right:

- To obtain information about WellCare, its services, its contracted doctors and providers, and members' rights and responsibilities
- To supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- To know the names and titles of doctors and other health care personnel involved in their care
- To be treated with respect and dignity and to have the right to privacy
- To take part with providers in making decisions about their health care
- To talk openly about care they need for their health, regardless of cost or benefit coverage, as well as choices and risks involved. The information must be given to them in a manner that is easy to understand
- To be responsible for cost-sharing only as specified in the DCH contract
- To have the risks, benefits and side effects of medications and other treatments explained to them clearly
- To know about their health care needs after being released from a hospital or office
- To refuse medical or surgical care, as long as the member agrees to be responsible for this decision
- To refuse to take part in any medical research projects
- To complain about WellCare or the care it provides and to know that doing so will not affect how they are treated
- To not be responsible for WellCare's debts in the event of insolvency or failure to pay
- To be free from any form of restraint or seclusion as a means of coercion, discipline, convenience or retaliation
- To have access to their medical records and to have those records kept private and confidential
- To make their health care wishes known through advance directives
- To have input into WellCare's member rights and responsibilities policies
- To appeal adverse medical or administrative decisions using the grievance process provided by WellCare and the state
- To exercise their rights no matter what their sex, age, race, ethnic, economic, educational or religious background
- To have all WellCare staff observe their rights
- To have all the above rights apply to the person legally able to make decisions about their health care
- To have services furnished in accordance with federal requirements