

# PROVIDER

## Newsletter

### THE iCARE PROGRAM IS HERE FOR YOU

A culture of compliance and integrity is essential to WellCare.

WellCare has implemented the iCare Program, our corporate ethics and compliance program, to promote the prevention, detection and resolution of conduct that violates federal laws, state laws or our high standards of business ethics. This program applies to WellCare's associates, providers and members. As a partnering provider, you agree to comply with and adhere to the principles of our ethics and compliance program, including compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all state and federal laws, rules and regulations.

With this program, WellCare endeavors to prevent fraud, waste and abuse. As a partnering provider, you must agree to not participate in any scheme or plan constituting fraud or abuse. You have the obligation to report all suspected fraud or abuse, including deception or misrepresentation for financial gain or conduct inconsistent with accepted business or medical standards that could result in unnecessary cost.

To learn more about the iCare Program, or to report a possible violation, please contact WellCare's iCare Hotline at 1-866-678-8355.

#### MEDICAID

### CHILD PREVENTIVE HEALTH GUIDELINES

The 2008 Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) can be found on the American Academy of Pediatrics' (AAP) Web site at <http://practice.aap.org/content.aspx?aid=1599>, on the [georgia.wellcare.com](http://georgia.wellcare.com) Web site or by contacting your Provider Relations representative.

It is very important to use the 2008 Bright Futures/AAP guideline for the appropriate health checks and risk assessments during well-child checkups.

### PROVIDER MATERIALS UPDATE

Since our last newsletter was published, the following correspondence was placed on Banner Messages or was faxed to providers:

- Text4baby Program
- Fall 2009 Provider Newsletter
- Influenza A (H1N1) Flu Vaccine Update
- Mammography Guidelines
- Check Claim Status Now in Real Time
- Changes to Preferred Brands of Insulin
- Changes to Medication Benefit Process—Medicare
- Billing Vaccine Codes

You can find copies of these materials when you visit [georgia.wellcare.com](http://georgia.wellcare.com). Click on the *Provider* tab and look for the *Messages from WellCare* section. Check the messages regularly to receive new information.

### WEB RESOURCES

WellCare's Preventive and Clinical Practice 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](http://georgia.wellcare.com).

A summary of the Cultural Competency Plan is available under Section 14 of the Provider Handbook. For a copy of the complete Cultural Competency Plan, contact your Provider Relations representative.

## CHANGES TO MEDICARE REDETERMINATION PROCESS FOR MEDICATION BENEFITS

EFFECTIVE JAN. 1, 2010

WellCare has changed how Medicare redeterminations (appeals) are being processed effective Jan. 1, 2010.

In order to facilitate redetermination requests and to offer better service to our providers and members, WellCare made the decision to have medical benefit claim redeterminations and medication benefit redeterminations processed separately.

Beginning Jan. 1, 2010, if you would like to request an appeal for a medication benefit, please utilize the following contact information:

To request a **medication appeal** for a Medicare member, mail or fax a completed Medication Appeal Request form to:

WellCare Health Plans, Inc.  
Attn: Pharmacy Appeals  
P.O. Box 31383  
Tampa, FL 33631-3383  
Fax: 1-866-388-1766

The Medicare Medication Appeal Request form is available on [www.wellcare.com](http://www.wellcare.com) under your state's *Provider Manual Forms*. You may also contact us regarding any questions or concerns you have regarding medication appeals by using the Customer Service telephone number on the *Quick Reference Guide* found on [www.wellcare.com](http://www.wellcare.com).

Redetermination (appeal) requests for **medical benefits** and **claims** will be handled in the same manner as in the past. This information can be found on the *Quick Reference Guide* available on the provider Web site at [www.wellcare.com](http://www.wellcare.com).

## EFT HELPS YOU RECEIVE FASTER PAYMENTS

You can receive your WellCare payments faster by signing up to receive electronic funds transfer (EFT) through our payment partner, Payformance.

Registration is quick and simple.

1. Obtain your registration letter or contact your Provider Relations representative for your registration code.
2. Once you have your registration code, go to the PaySpan Health Web site at [www.payspanhealth.com](http://www.payspanhealth.com). The Web site will walk you through the 5- to 10-minute registration process. The article to the right outlines these steps. You will receive a deposit from Payformance that you'll need to confirm. EFT payments are typically received 2 to 5 days sooner than paper checks.

If you have questions, please contact your Provider Relations representative, or call the Provider Hotline at the number listed on your *Quick Reference Guides*. You can also contact Payformance at 1-877-331-7154 Monday through Friday, from 7am to 9pm Eastern.

## SUNCAP

WellCare offers an electronic version of capitation payments called SUNCAP. The reports are usually available the 20<sup>th</sup> of each month and include member-level detail, which allows larger provider groups and ancillary providers an electronic means to reconcile payments to their assigned membership.

The files are sent in a standard text format to a secured site that allows you to import the data into any software system that you choose.

For more information on signing up to receive SUNCAP reports, please contact your Provider Relations representative.

# HOW TO REGISTER AS A PROVIDER ON PAYSPAN HEALTH'S WEB SITE

If you'd like to receive your WellCare payments faster, simply sign up for EFT payments at PaySpan Health's Web site. The registration process is outlined below.

## TO BEGIN REGISTRATION:

1. Navigate to [www.payspanhealth.com](http://www.payspanhealth.com).
2. Click on the orange *Secure Registration* button.
3. A screen will appear for you to enter your registration code.
4. Type in the registration code from the registration letter, or use the code given to you from your Provider Relations representative.
5. Click the *OK* button.
6. The *Welcome Page* screen will appear.
7. Type in your Payee Identification Number (PIN) and Tax Identification Number (TIN). The PIN/ Vendor is the payee ID assigned by the payer.
8. Click on the *Begin* button to start the registration process.

## STEP 1: THE REGISTRATION INFORMATION SCREEN WILL APPEAR.

1. Complete the required registration information questions.
2. The e-mail address will become your user name when logging into the PaySpan Health Web site.
3. Click on the *Next* button to continue to Step 2.

## STEP 2: THE ACCOUNTING INFORMATION SCREEN WILL APPEAR.

1. Type in an account name to identify the receiving account.

**Note:** Providers typically use the account name to specify the payee designation (i.e., General Hospital may be paid by Community Health Plan to separate payee accounts such as General Hospital ER and General Hospital Labs). Each payee will have a separate registration code and can therefore have a separate receiving account established. The same routing and account number can be used for multiple receiving accounts.

2. Enter the routing number and account number in the specified fields.
3. Click on the *Next* button to continue to Step 3.



## STEP 3: THE TERMS AND CONDITIONS SCREEN WILL APPEAR.

1. Review the registration information.
2. Click the *Edit* button to make any corrections.
3. Read the service agreement then check the terms and conditions box if in agreement.
4. Click the *Submit* button.

This will complete the registration process.

You will receive an e-mail confirmation of your completed registration. In a few days, you will need to verify with your bank that a minimal deposit has been made by Payformance. This deposit amount will be used to confirm that your electronic payments are set up appropriately through PaySpan Health and your bank. You will see this confirmation page the next time you log in to [www.payspanhealth.com](http://www.payspanhealth.com) using your user name (your e-mail address) and your password.

If you have any questions about the registration process or the PaySpan Health Web site, please contact Payformance's Provider Support Team at 1-877-331-7154 Monday through Friday, 7am to 9pm Eastern.



**MEDICARE**

**UNDERSTANDING MEMBER COST-SHARING**

**WELLCARE COORDINATED CARE PLANS**

**WHAT IS COST-SHARING?**

Cost-sharing is the amount a member pays for health care and/or prescriptions. This amount can include co-payments, coinsurance and/or deductibles.

Providers should collect the applicable cost-share from the member at the time of the service when possible. Some members qualify for state programs to help them pay their out-of-pocket costs for Medicare. Members enrolled in these programs may still have to pay a Medicaid co-payment, depending on the rules in their state.

**WOULD THERE EVER BE MORE THAN ONE CO-PAYMENT DUE FROM A MEMBER IN A SINGLE DAY?**

Yes, there are certain situations when a member would be responsible for more than one co-payment in a single day.

1. If a member sees more than one provider on a given day, he or she would be responsible for the appropriate co-payment for each provider. For example, if a member has office visits with a PCP and a specialist on the same day, even if they are in the same office, he or she would be responsible for both the PCP and the specialist co-payments.
2. If a member has more than one diagnostic test or procedure in an outpatient or office setting on a single day, he or she would be responsible for the appropriate outpatient or office co-payment, plus the co-payment for each category of diagnostic services.

As an example, please refer to the chart on the right:

Let's say a member has an allergy test and a cardiac stress test performed by a single provider on the same day. By referring to the chart, we can see that the member would be responsible for a \$20 co-payment for the allergy test, plus a \$50 co-payment for the cardiac stress test. If a member has these services performed in an outpatient facility, then he or she would be responsible for the appropriate outpatient facility co-payment amount, plus the allergy test and cardiac stress test co-payments.

For additional information, visit [www.wellcare.com](http://www.wellcare.com) or call Customer Service at 1-866-334-7730.

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

## CMS FURNISHES SCREENING FOR HIV IN HIGH-RISK MEDICARE POPULATIONS

The Centers for Medicare and Medicaid Services (CMS) clarified its obligation to furnish human immunodeficiency virus (HIV) screening to members with high-risk profiles, given the recent national coverage decision (NCD) on this particular screening.

Effective Jan. 1, 2010, WellCare covers both standard and U.S. Food and Drug Administration (FDA)-approved HIV rapid screen tests for people at risk. These tests are covered under basic lab services.

The CMS guidelines state these tests must be covered for:

- Annual voluntary HIV screening of Medicare members at increased risk for HIV infection per U.S. Preventive Services Task Force (USPSTF) guidelines, including:
  - Men who have had sex with men after 1975;
  - Men and women having unprotected sex with multiple partners;
  - Past or present injection drug users;
  - Men and women who exchange sex for money or drugs, or have sex with partners who do;
- Individuals whose past or present sex partners were HIV-infected, bisexual or injection drug users;
- Persons being treated for sexually transmitted diseases;
- Persons with a history of blood transfusion between 1978 and 1985;
- Persons who request an HIV test despite reporting no individual risk factors, since this group is likely to include individuals not willing to disclose high-risk behaviors.
- Voluntary HIV screening of pregnant Medicare members when the diagnosis of pregnancy is known, during the third trimester and at labor.

If you have any questions about these covered tests or this benefit, please call Customer Service at **1-866-334-7730**.

*Source: Centers for Medicare and Medicaid Services. Decision Memo for Screening the Human Immunodeficiency Virus (HIV) Infection (CAG-00409N). Available at <http://www.cms.hhs.gov/mcd/viewdecisionmemo.asp?from2=viewdecisionmemo.asp&id=229&>*

## SEE THE VALUE OF ANNUAL EYE EXAMS

It is WellCare's goal for every member to receive a routine eye exam annually. If you have patients that have not had an annual eye exam, please remind them to schedule an appointment. This is especially important for diabetics.

Diabetics should be encouraged to see an eye-care professional for a diabetic retinopathy exam on an annual basis. Per the American Diabetes Association, diabetics should undergo an annual retinal examination by an ophthalmologist or optometrist who is knowledgeable and experienced in the management of diabetic retinopathy. Patients with any level of macular edema, severe non-proliferative retinopathy or any proliferative retinopathy require the prompt care of an ophthalmologist who is knowledgeable and experienced in the management of diabetic retinopathy.

For further discussion, see the American Diabetes Association's position statement (American Diabetes Association: Diabetic retinopathy [Position Statement]. *Diabetes Care* 23 [Suppl 1]:S73-76, 2000). Consult the *Quick Reference Guides* in the Provider area of [georgia.wellcare.com](http://georgia.wellcare.com) or [www.wellcare.com](http://www.wellcare.com) to refer members to the appropriate contracted vision vendor.

# AMERICAN ACADEMY OF PEDIATRICS (AAP) PERIODICITY SCHEDULE



## Recommendations for Preventive Care Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic conditions in children and adolescents may require frequent counseling and preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the importance of **continuity of care** in comprehensive health care and the avoidance of **fragmentation of care**.

AGE <sup>1</sup>	INFANCY								EARLY CHILDHOOD		
	PRENATAL <sup>2</sup>	NEWBORN <sup>3</sup>	3-5 d <sup>4</sup>	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 m	15 mo	18 mo
<b>HISTORY</b>											
Initial/Interval	●	●	●	●	●	●	●	●	●	●	●
<b>MEASUREMENTS</b>											
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●
Weight for Length		●	●	●	●	●	●	●	●	●	●
Body Mass Index											
Blood Pressure <sup>5</sup>		★	★	★	★	★	★	★	★	★	★
<b>SENSORY SCREENING</b>											
Vision		★	★	★	★	★	★	★	★	★	★
Hearing		● <sup>7</sup>	★	★	★	★	★	★	★	★	★
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b>											
Developmental Screening <sup>8</sup>								●			●
Autism Screening <sup>9</sup>											●
Developmental Surveillance <sup>8</sup>		●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment		●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment											
<b>PHYSICAL EXAMINATION</b> <sup>10</sup>		●	●	●	●	●	●	●	●	●	●
<b>PROCEDURES</b> <sup>11</sup>											
Newborn Metabolic/Hemoglobin Screening <sup>12</sup>		←●→	●	●	●	●	●	●	●	●	●
Immunization <sup>13</sup>		●	●	●	●	●	●	●	●	●	●
Hematocrit or Hemoglobin <sup>14</sup>						★			●		★
Lead Screening <sup>15</sup>							★	★	● or ★ <sup>16</sup>		★
Tuberculin Test <sup>17</sup>					★		★		★		★
Dyslipidemia Screening <sup>18</sup>											
STI Screening <sup>19</sup>											
Cervical Dysplasia Screening <sup>20</sup>											
<b>ORAL HEALTH</b> <sup>21</sup>							★	★	● or ★ <sup>21</sup>		● or ★ <sup>21</sup>
<b>ANTICIPATORY GUIDANCE</b> <sup>23</sup>	●	●	●	●	●	●	●	●	●	●	●

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding per AAP statement "The Prenatal Visit" (2001) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;107/6/1456>].
- Every infant should have a newborn evaluation after birth, breastfeeding encouraged, and instruction and support offered.
- Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital, to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encouragement, and instruction as recommended in AAP statement "Breastfeeding and the Use of Human Milk" (2005) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;115/2/496>]. For newborns discharged in less than 48 hours after delivery, the infant must be examined within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term Newborns" (2004) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;113/5/1434>].
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 3 years.
- If the patient is uncooperative, rescreen within 6 months per the AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (2007) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;111/4/902>].
- All newborns should be screened per AAP statement "Year 2000 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (2000) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;106/4/798>]. Joint Committee on Infant Hearing. Year 2000 hearing detection and intervention programs. *Pediatrics*. 2007; 119:1152-1162.
- AAP Council on Children With Disabilities, AAP Section on Developmental Disabilities, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. AAP Council on Children With Disabilities, AAP Section on Developmental Disabilities, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee. Identifying children with developmental disabilities in the medical home. *Pediatrics*. 2006;118:405-420 [URL: <http://aappolicy.aappublications.org/cgi/content/full/119/1/152>].
- At each visit, age-appropriate physical examination is essentially fully draped.
- These may be modified, depending on entry point into schedule.
- Newborn metabolic and hemoglobinopathy screening should be performed at birth and appropriate retesting or referral done as needed.
- Schedules per the Committee on Infectious Diseases, published in *Pediatrics*, should be an opportunity to update and complete a child's immunization record.
- See AAP *Pediatric Nutrition Handbook*, 5th Edition (2003) for a complete list of immunizations and other preventive services.
- For children at risk of lead exposure, consult the AAP statement "Lead Exposure in Children: A Position Statement" (2005) [URL: <http://aappolicy.aappublications.org/cgi/content/full/pediatrics;116/4/1000>].

**KEY**  
 ● = to be performed    ★ = risk assessment to be performed, with appropriate action to follow, if positive    ←●→ = range during which a service may be provided, with appropriate action to follow, if positive



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

The WellCare of Georgia, Inc., Quality Improvement (QI) program allows us to rate the service we provide to our members and providers as well as track the care provided to our members by our providers. The following are some highlights from our 2009 QI program as well as our Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program:

- Implemented telephonic outreach protocols to educate and assist non-compliant members who had not received preventive services. This outreach included proactive appointment scheduling and transportation referrals. Added member reminder calls to reinforce the need to keep scheduled appointments.
- Mailed approximately 934,975 periodicity letters to members to remind them of their Primary Care Physician's (PCP) role and the importance of seeking preventive health care.
- Developed and released a Healthcare Effectiveness Data and Information Set® (HEDIS) Provider Toolkit that was used by provider relations (PR) representatives to assist physicians in outreaching non-compliant members and placed on the PR SharePoint site for easy access.
- Provided community-based and in-home education sessions for diabetic members who were non-compliant with appropriate lab testing. Glucometers and sphygmomanometers were provided as appropriate. Member knowledge was assessed using pre- and post-education tests.
- Created and deployed a Clinical Practice Guideline for the Management of Obesity in Children and Adolescents. DCH identified the approach as a best practice and at their request, the guideline was shared with the other two Georgia CMOs.
- Refined focus on patient safety
  - Launched the second annual Hospital Patient Safety Survey.
  - Enhanced 2009 Patient Safety Tip Sheets were made available to all WellCare contracted hospitals.
  - Implemented a new Web-based intervention which allows providers to view more materials on WellCare Web sites without requiring a login or password.
- Medical Record Reviews- EPSDT Findings:
  - Overall, improvements have been seen during 2009 regarding the three lowest measures from the EPSDT (Health Check) Medical Record Reviews:
    - ◊ BMI Documentation had an increase from 37% in Q1 2009 to 76% by Q4 2009.
    - ◊ TB Risk Assessments have increased from 51% in Q1 2009 to 74% in Q4 2009.
    - ◊ Lead Blood Screenings increased from 64% in Q1 2009 to 81% by Q4 2009.
- Appointment Timeliness:
  - Overall, average appointment timeliness for all areas is above goal at 92%.
  - Increased PCP-Adult Sick Visit within 72 Hours by 9 percentage points from YE 2008 (87%) to YE 2009 (96%).
  - Year End Pediatric Routine Visits met the 90% goal with Q1 at 90%, Q2 at 88%, Q3 at 87% and Q4 at 94%.
  - Decreased Urgent Care Facility within < or = 24 Hours (metric 91) by 22 percentage points.
- Maintained Customer Service metrics that exceeded standards and benchmarks in 2009.
  - In 2009 there were an additional 37,327 member calls offered than in 2008. The number of calls answered increased by 37,165 in 2009 compared to the number answered in 2008.
    - ◊ The Georgia Medicaid Member Call Statistics showed that the service levels for each month of 2009 were above the 80% goal.
    - ◊ Out of 543,413 answered member calls, the average speed to answer (ASA) was 14 seconds.
    - ◊ Out of 552,695 total member calls, the abandonment rate (ABR) was 1.6 percent (goal is less than 5 percent).
    - ◊ Out of 227,702 total provider calls, the ABR was 1 percent (goal is less than 5 percent).
- The number of Georgia Medicaid Claims increased 21.1% during 2009 from 473,996 claims in January to 573,890 claims in December.

## 2010 GOALS

- Promote efforts to achieve coordination of care across delivery settings, paying careful attention to appropriate patient safety practices.
- Increase focus on sound data analysis, including examination of barriers and development of meaningful interventions that address identified opportunities to improve the level of health care and service delivery.
- Initiate identification of and action regarding process improvement opportunities that have both centralized and decentralized components.
- Promote activities and processes to prepare for a successful National Committee for Quality Assurance (NCQA) Health Plan Accreditation in 2011.
- Maintain a state of readiness for annual External Quality Review (EQR).
- Implement HEDIS data collection for the Medicaid product and initiate targeted interventions for specific measures.

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

## SATISFIED MEMBERS AND PROVIDERS

WellCare of Georgia, Inc. (the Plan) continually strives to deliver and improve member and provider satisfaction. The 2009 Medicaid Child, Medicaid Adult and Provider Satisfaction surveys, conducted by The Myers Group on behalf of WellCare, showed many improvements in the levels of satisfaction among members and providers in a variety of categories.

Some highlights from the 2009 Medicaid Satisfaction surveys include:

- 90.8 percent of parents or guardians of child members reported being able to obtain care for their children right away.
- 94.6 percent of parents or guardians of child members agreed that their doctors showed respect for what they had to say.
- 91.2 percent of parents or guardians of child members reported being treated with courtesy and respect by Customer Service staff.
- 86.1 percent of parents or guardians of child members highly rated their child's personal doctor.
- 92.4 percent of adult members reported that their doctors showed respect for what they had to say.
- 90.8 percent of adult members agreed that their doctors listened carefully to them.

Improvements in satisfaction were reported in the 2009 Provider Satisfaction survey results. Areas that showed improved satisfaction include:

- Quality of the Plan's primary care providers (PCPs)
- Quality of the Plan's specialists
- Specialist network has an adequate number of high quality specialists for referrals
- Process of obtaining pre-certifications, referrals and authorizations
- Responsiveness and courtesy of the Plan's Provider Relations staff

Identified areas for improvements include:

- Implementation of an online tool for providers to view claim inquiry solutions
- Continuation of recruitment efforts for specialists
- Implementation of provider education regarding claims initiatives
- Development of a new provider orientation presentation

- Adding authorization reports on the provider Web portal for PCPs to view authorization requests
- Addressing escalated issues by the Provider Relations manager in each regional market

WellCare thanks all of the providers who participated in the surveys for their feedback and for their partnership in serving members.

*Member and Provider satisfaction surveys are conducted by The Myers Group.*



# GEORGIA PROVIDER FORMULARY UPDATE

## GENERIC NEWS

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

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Acular® 0.5% ophthalmic drops	Ketorolac Tromethamine 0.5% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Acular LS® 0.4% ophthalmic drops	Ketorolac Tromethamine 0.4% ophthalmic drops	Ophthalmic Nonsteroidal Anti-inflammatory Drugs (NSAIDs)
Phenytek® 200mg, 300mg extended-release capsules	Phenytoin Sodium 200mg, 300mg extended-release capsules	Anticonvulsants—Hydantoins
Valtrex® 500mg, 1gm caplets	Valacyclovir Hydrochloride 500mg, 1gm caplets (QL: 62 caplets/31 days)	Anti-infective Agents—Antivirals

QL = Quantity limit

The generic drugs listed below are now available to WellCare of Georgia **Medicare** members at the lowest cost-sharing benefit:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Alphagan® P 0.15% ophthalmic drops	Brimonidine Tartrate 0.15% ophthalmic drops (covered on Medicare only)	Antiglaucoma Agents
Razadyne® 4mg/mL solution	Galantamine Hydrobromide 4mg/mL solution (covered on Medicare only)	Alzheimers Agent—Cholinesterase Inhibitors
Starlix® 60mg, 120mg tablets	Nateglinide 60mg, 120mg tablets (covered on Medicare only)	Antidiabetic Agents—Meglitinides

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

ADDITIONS	
Adcirca® 20mg tablets (PA)	Kuric™ 2% cream
Cefpodoxime 100mg, 200mg tablets	Lamotrigine tablet starter kit
Cefazolin 500mg, 1gm vials	Metolazone 2.5mg, 5mg, 10mg tablets
Condylox® 0.5% gel (PA)	Metronidazole 1% topical cream
Ethambutol 100mg, 400mg tablets	Morphine Sulfate 1mg/mL syringe

PA = Prior authorization required

REMOVALS	
Humatrope®	Prednisone Intensol™ 5mg/5mL solution
Indomethacin ER 75mg capsules	Revatio® 20mg tablets
PCE® Dispertabs	

The following changes have been made to the WellCare of Georgia Medicare Formulary:

ADDITIONS	
Adcirca® 20mg tablets (PA)	Morphine Sulfate 1mg/mL syringe
Buprenorphine 2mg, 8mg SL tablets	Piperacillin-Tazobactam 2.25gm, 3.375gm, 4.5gm, 40.5gm vial
Capastat® Sulfate 1gm vial	Sabril® 500mg tablets (PA)
Cervarix® vaccine (PA)	Saphris® 5mg, 10mg SL tablets (PA)
Codeine Sulfate 15mg, 30mg, 60mg tablets (QL: 248 tablets/31 days)	Seromycin® 250mg capsules
Hiberix® vaccine	Trecator® 250mg tablets
Lamotrigine tablet starter kit	Venlafaxine ER 37.5mg, 75mg, 150mg, 225mg tablets (QL: 31 tablets/31 days)
Metadate® ER 20mg tablets	Votrient™ 200mg tablets (PA)

PA = Prior authorization required

QL = Quantity limit

## PLANNED MARKET DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Roche	Vesanoid® capsules	Dec. 14, 2009	Vesanoid® capsules are a non-formulary medication that was removed from the market on Dec. 14, 2009.
Eli Lilly	Humulin® 50/50 Insulin	Dec. 31, 2009	Humulin® 50/50 Insulin is no longer available from Eli Lilly. Beginning Jan. 1, 2010, Humulin® 50/50 was no longer a covered benefit through WellCare of Georgia Medicare and Medicaid plans.

## AFFIRMATIVE STATEMENT

WellCare of Georgia's Utilization Management program includes components of prior authorization and prospective, concurrent and retrospective review activities. Each of these components is designed to provide for evaluation of health care and services based on the WellCare member's coverage and the appropriateness of such care and services. This will help determine the extent of coverage and payment to providers for care.

WellCare does not reward its associates or any practitioners, physicians or other individuals or entities performing utilization management activities for issuing denials of coverage, services or care and financial incentives, if any. WellCare does not encourage or promote under-utilization.



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## WEB REGISTRATION IS FAST AND EASY

To take advantage of WellCare's Web site, go to [www.wellcare.com](http://www.wellcare.com) or [georgia.wellcare.com](http://georgia.wellcare.com) and follow these simple steps:

1. Create a new account using the *Sign Up Here* link that appears on the home page. The *Register Here* link on the top right side of the following page will direct you to the Provider Registration form.
2. Complete the registration form. Your WellCare-issued Provider ID appears in your welcome packet and on your Explanation of Payment copies.
3. Create a user name. A confirmation page will be displayed. You should print this page for your records.
4. Within 24 hours of registration, you will receive an e-mail with a temporary password that will expire in 30 days. Use this password to log on to the WellCare site and create a password of your preference.

Be sure to keep your user name and password information for future reference.

