



# PROVIDER

## Newsletter

## HELP SWAT THE FLU BUG

### DIRECT MEMBERS TO GET INFLUENZA VACCINATIONS

Influenza season is on the way, and the Plan encourages providers to help make sure that all members take the necessary precautions by getting the influenza vaccination.

Vaccination, historically an underutilized benefit, is the most effective method to safeguard members against the flu. The Centers for Disease Control and Prevention (CDC) suggests that the following groups get vaccinated every year:

- All children ages 6 months up to their 19th birthday
- Pregnant women
- People 50 years of age and older
- People of any age with certain chronic medical conditions
- People who live in nursing homes and other long-term care facilities
- People who live with or care for those at high risk for complications from flu, including:
  - Health care workers
  - Household contacts of persons at high risk for complications from the flu
  - Household contacts and out-of-home caregivers of children less than 6 months of age (these children are too young to be vaccinated)

Providers who administer the vaccine in their offices will be reimbursed for administering the flu vaccine based on their contractual agreement with the Plan, medical group and/or IPA.

Beginning in October, providers and members can call 1-866-WHI-FLU1 (1-866-944-3581) to find a Walgreens pharmacy or clinic location in their area that will provide the flu vaccination at no charge to Plan members.

Please contact your local Provider Relations representative with any questions.

Source: Centers for Disease Control and Prevention (<http://www.cdc.gov/flu>)

## SUBMIT AUTHORIZATIONS ONLINE!

### ENHANCED FUNCTIONALITY SAVES YOU TIME

WellCare is striving to relieve administrative burden through enhanced Web functionality.

All participating providers have the ability to:

- Use the Lookup Provider/Member tool to find provider and member IDs
- Select from an automatic list of diagnosis and procedure codes
- Attach clinical documentation
- Receive instant communication sent directly to their Inbox, complete with the authorization number and status of the request, which can be included in the member's record
- Print and/or save the authorization form from the Web site

Inside this newsletter, you will find step-by-step instructions on how to submit authorizations online. We encourage you to post this job aid in your office for quick access.

If you have any questions, please contact your Provider Relations representative or call Customer Service.



# GEORGIA PHARMACY UPDATE: FALL 2008

## PHARMACY UTILIZATION MANAGEMENT: STEP THERAPY

WellCare of Georgia's step therapies are designed to encourage use of therapeutically equivalent, lower-cost medication alternatives (first-line therapy) before stepping up to less cost-effective alternatives (second-line therapy).

First-line drugs are recommended for initial therapy as they are recognized as safe, effective and economically sound treatment options. The first-line drugs on our Preferred Drug List have been evaluated extensively through the use of primary literature, clinical trials and manufacturer information and are accepted based on consultation with medical professionals. Step therapies are a proven safe and effective method to reduce the cost of treatment by ensuring that an adequate trial of a proven and cost-effective therapy is attempted before progressing to more costly options.

### HOW DOES THE PROGRAM WORK?

The program requires that the member have a documented history of a first-line therapy use before the plan will approve the formulary drug requiring step therapy.

#### First step:

When medically possible, health care providers should prescribe one of the first-line treatment therapies appropriate for the patient's medical condition.

#### Second step:

If the health care provider determines the prescribed first-line medication is ineffective in treating the patient's condition and the proper step therapy criteria have been met, then a formulary drug requiring step edit may be covered.

If the provider decides initially that the first-line treatment therapies are inappropriate or if the proper step therapy criteria have not been met, the provider can request coverage of the step therapy medication through a medical exception. This is known as the Prior Authorization process.

#### Obtaining a Prior Authorization

- Complete a Coverage Determination Request form, located at [georgia.wellcare.com](http://georgia.wellcare.com) under pharmacy services.
- Submit the form to WellCare's Pharmacy department via fax at 1-866-455-6558.
- The Pharmacy department will respond to the prior authorization request within 24 hours.

Note: A prior authorization is not required if the member has a pharmacy claim in history for the first-line agent. The step therapy drug will pay at point-of-sale.

The following table contains a list of drugs on the WellCare Medicaid formulary requiring step therapy:

Therapeutic Class	Step Therapy Drugs	First Line
Analgesics	Celebrex®.	Meloxicam and a generic NSAID
Dermatological agents	Isotretinoin®	Topical or oral antibiotic acne medications
Dermatological agents	Elidel®	Topical steroid for four weeks
Inflammatory bowel disease agents	Asacol®	Sulfasalazine®
Hypnotics	Ambien®	Estazolam® or Temazepam®

#### References:

Gleason PP. Assessing Step Therapy Programs: A step in the right direction. *J Manag Care Pharm.* 2007 Apr; 13(3):273-275

# FREE OVER-THE-COUNTER MEDICATIONS FOR WELLCARE MEMBERS

Did you know that WellCare members have a monthly benefit of \$10 worth of over-the-counter medicines and basic first-aid supplies? We offer name-brand medications and personal care items to our Medicaid and PeachCare for Kids members in the following categories:

- Analgesics
- Antacids
- Anti-diarrheals
- Anti-fungals
- Anti-hemorrhoidals
- Cough/cold
- Eye care
- Herbals
- Laxatives
- Pediculicides

Also available are:

- Children's products (Orajel®, Mylicon®, Children's Tylenol®, etc.)
- First-aid creams, ointments and antiseptics (Neosporin®, Cortaid®, calamine lotion)
- First-aid supplies (Band-Aids®, Ace® bandages, thermometers, etc.)
- Vitamins and minerals (prenatal vitamins, Flintstones™ chewables, Centrum®, etc.)
- Condoms

Simply advise your WellCare patient to call **1-866-231-1821** to place an order. It's a free call and their order will be mailed directly to their home. The complete list of items available can be viewed at [georgia.wellcare.com](http://georgia.wellcare.com), members, member handbook, personal care items section.

If you'd like more information or you'd like to have a supply of member education brochures about this benefit, please contact your Provider Relations representative.

# CLINICAL PRACTICE GUIDELINES

WellCare of Georgia clinical practice guidelines (CPGs) are designed to assist physicians as they seek to improve the health status of WellCare members by providing preventive care to screen for a host of acute and potentially chronic illnesses. These guidelines:

- detail interventions for prevention and early detection of disease;
- recommend conditions in which interventions are required and suggest intervention frequency; and
- document the scientific basis or recognized source on which the guidelines were based.

WellCare CPGs are developed, reviewed and updated as needed and are approved at least annually and periodically as appropriate. The process for guideline development or review initiates with research performed by corporate quality medical staff resources.

Our physicians work to ensure that the CPGs are relevant to the needs of WellCare members. Sources for review include reliable clinical evidence, studies from nationally recognized agencies and recommendations from medical specialty societies. Findings from this activity are presented to and approved by the WellCare Corporate Medical Director/QI Director Committee, the WellCare of Georgia Medical Advisory Committee (which includes Georgia network physicians of various specialties) and the WellCare of Georgia Quality Improvement Committee (QIC).

WellCare of Georgia CPGs can be accessed at [georgia.wellcare.com/provider/pem](http://georgia.wellcare.com/provider/pem) or by contacting your local Provider Relations representative for a hard copy.



# ADVISE MEMBERS ON ADVANCE DIRECTIVES

Have you talked to your patients about advance directives? Did you know this activity is in accordance with guidelines from DCH, and federal laws and regulations located in 42 CFR 438.6 (i) (1)-(2) and 42 CFR 422.128?

Considering this requirement, the WellCare medical record review tool states, “All members aged 20 years or older will have an advance directive in the medical record, or there will be evidence that the member was educated on advance directives and given the opportunity to accept or decline.”

The state of Georgia provides two different methods for patients to document medical decision wishes made on their behalf:

1. A living will
2. Durable power of attorney for health care

Only one of the documents is required to communicate the member's medical treatment preferences in situations where they are unable to communicate this information on their own. There are several Web sites where the documents are explained and can be downloaded for use, including:

<http://aging.dhr.georgia.gov/portal/site/DHR-DAS/>

<http://careprod.belmonsterexpress.com/index.cfm?page=472>

Please talk to your patients about this important decision and explain the benefits of determining how they prefer their medical care be provided should they become incapacitated.

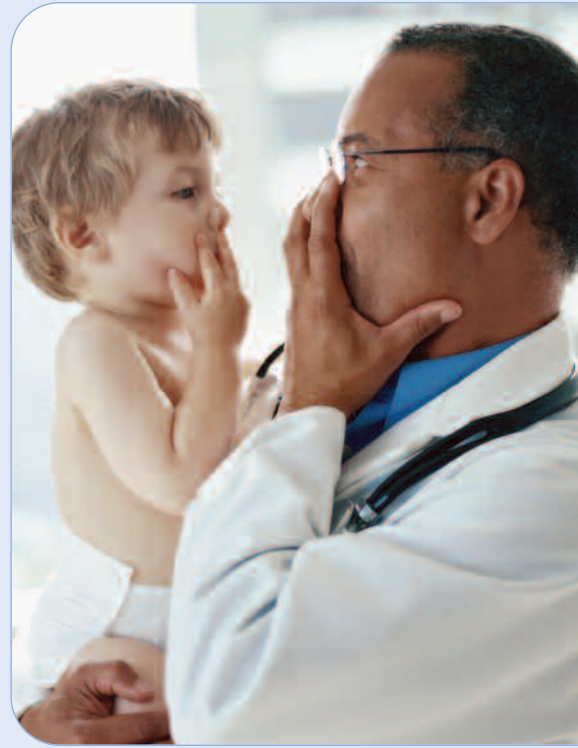


# HEALTH CHECK UPDATE

WellCare has modified the Health Check coding grid as noted below. The changes are due to additions to the Recommended Childhood Immunization Schedule for 2008 by the Advisory Committee on Immunization Practices, as well as the need to substitute ActHib for the recalled PedvaxHib vaccine.

## CPT CODES FOR HEALTH CHECK/EPSDT SERVICES

Service	CPT Description	CPT-4	Diagnosis Code
<b>IMMUNIZATIONS</b>			
Hemophilus Influenza B vaccine (HIB)	Hemophilus Influenza B vaccine (HIB), PRT-T conjugate (4 dose schedule) for IM use	90648	V03.81
Influenza virus vaccine (LAIV)	Influenza virus vaccine, live, for intranasal use	90660	V04.81
Meningococcal Polysaccharide vaccine (MPSV4)	Meningococcal polysaccharide vaccine (any group(s)), for subcutaneous use	90733	V03.89



The full grid, detailing codes for immunizations, lab tests and screenings, can be accessed via our Web site at [georgia.wellcare.com](http://georgia.wellcare.com) or by contacting your local Provider Relations representative.

# DIABETES MONITORING BENEFITS FOR WELLCARE MEMBERS

It is of vital importance that persons with diabetes understand how to monitor their blood glucose level on a regular basis, but many WellCare members are not aware that their benefits include a free glucometer (AccuChek or Ascensia brands only) with a written order from their physician.

Physician order forms for glucometers are on the WellCare of Georgia Web site at [georgia.wellcare.com/formsanddocuments/default](http://georgia.wellcare.com/formsanddocuments/default). Complete the requested information and fax to the number indicated on the form. The meter may be mailed either to the patient's home or to the provider's office. Lancets and test strips are also available to the member as part of their pharmacy benefit.

For more information, call 1-866-231-1821 or contact your local Provider Relations representative.

# PERFORMANCE IMPROVEMENT PROJECTS

Performance Improvement Projects (PIPs) assess and improve processes and by extension, outcomes of care. It is WellCare's constant goal to improve our members' health, improve members' and providers' satisfaction and find new and improved ways to promote better health care outcomes.

As part of our Quality Improvement workplan, we are monitoring the following activities:

- Well-child checkups
- Lead screening
- Immunizations
- Chronic kidney disease
- ER utilization
- Obesity
- Dental health
- Asthma medication management
- Antibiotic treatment for children with URI
- Atypical antipsychotic medication management
- Member satisfaction based on grievances
- Member satisfaction surveys
- Provider satisfaction surveys

## PROVIDER MATERIALS UPDATE

Visit our Web site to get the most recent versions of WellCare materials. Under Section 16: Provider Education Materials at [georgia.wellcare.com/Provider/ProviderManual](http://georgia.wellcare.com/Provider/ProviderManual), you may find the following updated materials:

- Clinical Practice Guidelines
- Preventive Health Guidelines
- 2008 Childhood Immunization Schedule
- 2008 Adult Immunization Schedule
- 2008 Recommendations for Preventive Pediatric Health Care (Periodicity Schedule)

Remember to check the Web site's Banner Messages on a regular basis to receive new and updated information.

### WEB RESOURCES

WellCare Preventive and Clinical Practice Guidelines, Early Periodic Screening, Diagnostic and Treatment (EPSDT) documents, Pharmacy Guidelines and other helpful resources are available at [georgia.wellcare.com](http://georgia.wellcare.com). Providers may also request hard copies of these items by contacting their Provider Relations representative. For additional information, please call the Provider Hotline at **1-866-231-1821**.

## GO GREEN WITH EDI

### SAVE THE PLANET ... AND SAVE SOME MONEY TOO!

Providers who submit their claims electronically save time and money over those who submit paper claims. Take advantage of electronic filing to reduce expenses, lower the chances of rejected claims and conserve our planet's resources! Call WellCare's EDI team at **1-800-960-2530 ext. 4096** to learn how.

### DID YOU KNOW?

One ream of paper uses six percent of a tree (that can add up quickly!)

Manual cost of a claim transaction	\$6.63
Electronic cost of a claim transaction	\$2.90
Savings from an electronic transaction	\$3.73

(Estimated savings for typical physician office practice)

Source: Conservatree, [paper@conservatree.org](mailto:paper@conservatree.org), Milliman Technology and Operations Solutions

# CHILD AND ADOLESCENT BMI

The incidence of overweight and obese children has more than tripled among children ages 6 to 10 in the past 25 years in the United States, placing children at greater risk for such previously adult-centered diseases as diabetes, high blood pressure, insulin resistance, liver disease and elevated cholesterol.

Despite the lack of demonstrated effectiveness of clinical intervention, evidence suggests that controlling weight is an important health goal for most individuals. Because lifestyle habits are established early in life, WellCare encourages providers to monitor weight and encourage healthy behaviors in children.

The severity of overweight children in Georgia is more than two times higher than the current national average. Based on Body Mass Index (BMI) results, as reported by the Georgia Department of Human Resources, Division of Public Health, more than one in four children in Georgia are overweight or at risk for being overweight.

The Centers for Disease Control and Prevention (CDC) and the American Academy of Pediatrics (AAP) recommend the use of the BMI to screen for overweight beginning with children at age 2. The CDC BMI-for-age growth charts, available at <http://apps.nccd.cdc.gov/dnpabmi/Calculator.aspx>, take into account gender differences and allow the translation of a BMI number into a percentile for the child's gender and age.

The charts indicate that children in the 85th to just under the 95th percentile are at risk for overweight and that those with a BMI higher than the 95th percentile are overweight or obese. A child whose BMI is at the 50th percentile is close to the average of the population.

The AAP Prevention of Pediatric Overweight and Obesity policy points out the need to focus on the health supervision visit. The pediatrician's role in obesity prevention is education and detection, and WellCare advises providers to give members information on proper nutrition, physical activity, media time and parenting skills.

*Sources: University of Washington, Department of Pediatrics, Seattle, WA;*

*PEDIATRICS Vol. 116, No. 1, July 2005, pp. 205-209;*

*GA Pediatrician Vol. 17, Issue 2, Summer 2008*





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## GUIDE TO CUSTOMER SERVICE

WellCare's J.D. Power and Associates-recognized Customer Service department is here to assist you.

Following these four steps will provide you with the quickest path to the answers you need from our team.

1. Visit our Web site at [georgia.wellcare.com](http://georgia.wellcare.com)
2. Call the automated interactive voice response (IVR) telephone system.
3. Speak with a Customer Service representative by calling the Provider Hotline at **1-866-231-1821**.
4. If you still need assistance, contact your local Provider Relations representative.

We are constantly working to enhance these services, and we welcome your feedback. Please participate in the Customer Service surveys offered when you call the Provider Service Center. Your opinion and comments help us to improve our daily service delivery.

*For certification status, a call center must perform within the top 20 percent of customer service scores, which are based on benchmarks established in J.D. Power and Associates' cross-industry customer satisfaction research. As part of its evaluation, J.D. Power and Associates conducted a random survey of WellCare Health Plans, Inc. customers who recently contacted its call centers. For J.D. Power and Associates Certified Call Center Program<sup>SM</sup> information, visit [www.jdpower.com](http://www.jdpower.com).*





# SAVE TIME AND RESOURCES!

## HERE'S HOW TO SUBMIT AUTHORIZATION REQUESTS ONLINE

This easy and improved functionality will help relieve the burden on your staff and conserve paper by reducing repetitive faxing. If you have not already, register on our Web site today!

### STEPS TO SUBMITTING AUTHORIZATION REQUESTS ON THE PROVIDER WEB

**Step 1:** Log in to the secured provider portal, [georgia.wellcare.com](http://georgia.wellcare.com). You will be directed to the Provider home page.

You will have immediate access to *Check Eligibility*, *Check Authorization Status* or *Check Claim Status* directly from the Provider home page.

**Step 2:** You may submit an authorization request by clicking on the *Authorizations* tab at the top of the home page. Clicking this tab directs you to the *Authorizations/Certification* page.

**Step 3:** From the *Authorizations* page, click on the *Authorization Request* link.

**Step 4:** Enter the *Requesting Provider ID* (your Provider ID), or you can use the *Lookup Provider Tool* to find your Provider ID. Click *Next*. The information you input will be displayed at the top of the page.

**Step 5:** Select the member by entering the *Member ID*, or you can use the *Lookup Member Tool* to find the member. The member's date of birth is needed to use the lookup tool. Click *Next*.

**Step 6:** Select the *Place of Service* from the drop-down menu and enter the *number of visits*. Click *Next*.

*Please Note: System limitations may apply to the number of visits based on certain Place of Service selections. Your Place of Service selection will determine what you are prompted to enter later in the process (servicing physician, facility or both for surgeries).*

The screenshot displays the WellCare Provider Portal interface. At the top, there is a navigation bar with links for Home, About Us, Contact Us, Careers, and Help. A search bar is located on the right side. The main content area is divided into several sections: Eligibility, Claims, Messages From WellCare, Authorizations, and Related Sites. Each section contains various tools and links for providers to manage their accounts and services.

**Step 7:** Enter the ICD-9 *Diagnosis Code(s)* or *Description(s)*. If you type in the first three to four characters of the diagnosis code or description, the system will display a list of options with those characters for you to choose from quickly. Simply click the option you would like to select. The primary diagnosis is required. You may enter up to three additional diagnosis codes or descriptions.

*Please Note: If you click the Previous button, you will return to the previous screen and can edit your selections without losing what you have already completed. Click Next to save changes and move forward again.*

The screenshot shows a web form for medical authorization. At the top, it displays 'Requested visit(s): 1' and 'Place of Service: 22 Outpatient Hospital Diag. Tests'. Below this is a section titled '\*Required' with the instruction 'Select The Diagnosis Code(s)'. There are four rows for diagnosis selection: 'Primary Diagnosis:', 'Diagnosis 2:', 'Diagnosis 3:', and 'Diagnosis 4:'. A dropdown menu is open for the Primary Diagnosis, showing a list of ICD-9 codes and descriptions: 786, 786.7 - Abnormal Chest Sounds (highlighted), 786.4 - Abnormal Sputum, 786.03 - Apsnea, 786.5 - Chest Pain, 786.04 - Cheyne Stokes Respiration, and 788.2 - Cough.

**Step 8:** Enter the *Procedure Code(s)* or *Description(s)*. You may enter it in CPT code format. CPT 1 is required, but you may enter up to two more CPT codes. If you type in the first three to four characters for these codes, the list of options will appear again as described above. Click the code(s) you would like to select. Click *Next*.

**Step 9:** As your authorization information starts to fill up, you will need to scroll down to view next steps. Depending on your *Place of Service* selection, you may have to enter the *Servicing Provider* (treating provider) and the *Servicing Facility* (using Provider ID or Lookup Tool) and click *Next*.

**Step 10:** You can attach clinical documentation by clicking *Browse* and uploading those from your personal computer's Desktop or My Documents.

**Step 11:** You may also type in any relevant clinical information supporting your request in the text box.

**Step 12:** Enter the *Requestor Telephone* and *Requestor Fax* number in the required fields. The *Servicing Provider Fax* and *Facility Fax* are optional.

**Step 13:** Click *Submit* to process the authorization request.

**Step 14:** If approved, you will receive a thank-you message with an authorization number.

If not approved, you will receive a message explaining that a determination will be sent to the fax number provided in two to five business days.

**Step 15:** In either case, a copy of your authorization request will be sent to *Your Inbox* on the Provider home page. Click the *Provider* tab to navigate to the home page. *Your Inbox* is located in the *Messages from WellCare* portlet.

**Step 16:** Click on the message to view it. Scroll down to the *Click to Download* link to download the Authorization Form. This crisp and clean form will have all of the fields completed with what you submitted online and will have either the authorization number, or "pending," in the top right corner.

**Step 17:** We recommend you print this form and place it in the member's record. It will be easy to read and have all of the information needed to reference the authorization.

Log in to the Web site today to submit your authorizations online!