

PROVIDER

Newsletter

MODEL OF CARE

COLLABORATIVE PROGRAM IS DEDICATED TO IMPROVING MEMBERS' OVERALL HEALTH

The Model of Care for Medicare beneficiaries in Special Needs Plans (SNP) has evolved since 2003 to include health risk assessments (HRA) and individualized care plans (ICP).

WellCare reaches out to SNP members within 90 days of joining our plan and then annually to conduct an HRA. Then WellCare builds a team for each member that is dedicated to improving his/her health by coordinating care. This team, the interdisciplinary care team (ICT), works with a care manager to create an ICP by analyzing and incorporating the results of the HRA. An ICP will include short- and long-term goals and objectives as well as measurable outcomes.

The care manager may contact you to become part of the ICT.

Some Model of Care outcomes the ICT will strive to achieve are:

- Reduce hospitalizations and skilled nursing facility placements
- Improve self-management and independence
- Improve mobility and functional status
- Improve pain management
- Improve quality of life as self-reported
- Improve satisfaction with health status and health service

A member enrolling in one of WellCare's SNPs under the new Model of Care requirements for 2010 will receive:

- Health assessments to identify risks and concerns
- An individualized care plan
- Coordination of care through a care manager
- Transition of care across health care settings and providers

If you have any questions, please contact your Provider Relations representative or call Provider Services at 1-866-424-4963.

PROVIDER MATERIALS UPDATE

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

- Indiana's Fall Provider Newsletter
- Flu Vaccination Season Notice
- H1N1 Vaccination Update

To view these messages, go to www.wellcare.com and log on to the *Provider* portal on the right hand side of the page—*Member/Provider Secure Sign-In*. Then click on the Provider tab and you will see *Messages from WellCare* located in the right-hand column. Remember to check the messages regularly for new and updated information.

WEB RESOURCES

WellCare's Preventive and Clinical Practice Guidelines, Quick Reference Guide, Pharmacy Guidelines, Cultural Competency Plan and other helpful resources are available at www.wellcare.com/provider/resources.

PROVIDER SELF-SERVICE OPTIONS

GUIDE TO ACCESSING OUR SERVICES

WellCare is proud to offer our providers several self-service options. By having valuable information and features available online and via our newly enhanced interactive voice response (IVR) system, you are able to conduct transactions when it is convenient for you. The user-friendly solutions give you immediate access to pertinent information regarding member eligibility, your submitted claims, authorization requests and more.

OPTION 1 – WELLCARE'S WEB SITE

Visit our Web site at www.wellcare.com.

Once you become a registered user of the provider portal on www.wellcare.com, you can verify eligibility, check claims status and receive updates on authorization requests. If you still have questions, you can submit an e-mail form under the *Contact Us* option.

Members can also use the Web site for information such as submitting questions, requesting changes of information, printing temporary ID cards and much more.

OPTION 2 – AVAILITY'S WEB SITE

Register for free on Availity's Web site at www.availity.com to access real-time HIPAA 276/277 Claim Status Electronic transactions and HIPAA 270 Eligibility Request and 271 Payer Response transactions. You can check member eligibility and claim status information for all of the health plans partnered with Availity. Increased functionality will be coming in the future.

OPTION 3 – IVR

Call our WellCare automated IVR telephone system. This toll-free number can be found at the top of your WellCare **Quick Reference Guide**. Use the IVR system to check the status of authorizations and claims or verify eligibility.

You may also speak with a Customer Service representative by calling the toll-free number listed at the top of your **Quick Reference Guide** if you are unable to find answers on the Web or through the IVR system.

If you still need assistance, contact your local Provider Relations representative. Your representative can help with questions regarding contracts, credentialing/configuration and persistent claims/authorization issues.

E-PRESCRIBING ENABLES BETTER CLINICAL OUTCOMES

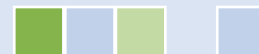
Are you familiar with e-Prescribing? E-Prescribing, or electronic prescribing, is an electronic way of communicating among prescribers, pharmacies, pharmacy benefit providers and health plans regarding prescription and prescription-related information. Various IT vendors provide this service.

E-Prescribing is a valuable resource that contributes to improved clinical outcomes and safety for patients. WellCare strongly encourages physicians to take advantage of this resource.

E-Prescribing gives you the ability to:

- Enhance the clarity of prescription information by eliminating the need for hand-written prescriptions;
- Obtain formulary and benefit information directly from WellCare, providing you with information such as formulary alternatives, prior authorization contact information and co-payment information instantly;
- Obtain a patient's medication-fill history with WellCare, including the prescriptions written by specialists or other prescribers, decreasing the likelihood of drug-to-drug interactions;

Continued on next page



- Obtain fill-status notifications, alerting you when a medication has been picked up by your patient, partially filled or returned to stock by the pharmacy because of failure of the patient to pick up the prescription;
- Communicate with retail pharmacies electronically, reducing the number of phone calls and increasing the efficiency of office personnel; and
- Improve the overall quality of care that you provide to your patients.

It is important to note that e-Prescribing **does not apply to controlled substances**. All providers must have National Provider Identifier (NPI) numbers in order to participate in e-Prescribing. To obtain an NPI, or to get more information on NPI, please visit the National Plan and Provider Enumeration System at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.

WHAT IS HEDIS®?

Healthcare Effectiveness Data and Information Set (HEDIS®) consists of a set of performance measures utilized by more than 90 percent of American health plans. This information is used to 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 PROVIDERS

HEDIS can help save you 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 at-risk 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 PATIENTS

HEDIS works to ensure that members receive preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

WHAT YOU CAN DO

- Encourage your patients to schedule preventive exams.
- Remind your patients to follow up with ordered tests.
- Conduct outreach calls to members who do not get their annual screenings.

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

*HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).
Source: www.ncqa.org*

FORMULARY UPDATE

GENERIC NEWS:

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

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Augmentin® 250mg-62.5mg/5mL Suspension	Amoxicillin Trihydrate/Potassium Clavulanate 250mg-62.5mg/5mL Suspension	Anti-infective Agent
Casodex® 50mg Tablets	Bicalutamide 50mg Tablets	Antiandrogen Agent
Colazal 750mg Capsule	Balsalazide Disodium 750mg Capsule	Gastrointestinal Agent
Plan B® 0.75mg Tablet	Next Choice 0.75mg Tablets (Quantity Limit; 4 Tablets = 2 boxes/31 days)	Emergency Oral Contraceptive
Prograf® 0.5mg, 1mg, 5mg Capsules	Tacrolimus Anhydrous 0.5mg, 1mg, 5mg Capsules (Prior Authorization)	Immunosuppressive Agent

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

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

PA = Prior Authorization QL = Quantity Limit

2010 PLAN YEAR UPDATES

Listed below are some important changes that are going to be made to the WellCare Medicare Formulary for the 2010 plan year, effective January 1, 2010:

REMOVALS	
• Actonel® 5mg, 30mg, 35mg, 75mg, 150mg Tablets	• Benicar® 5mg, 20mg, 40mg Tablets
• Actonel® with Calcium 35mg/125mg Tablet	• Benicar HCT® 20/12.5mg, 40/12.5mg, 40/25mg Tablets
• Alendronate Sodium 5mg, 10mg Tablets	• Betimol® 0.25%, 0.5% Ophthalmic Solution
• Alphagan® P 0.1%, 0.15% Ophthalmic Solution	• Caduet® 2.5/10mg, 2.5/20mg, 2.5/40mg, 5/10mg, 5/20mg, 5/40mg, 5/80mg, 10/10mg, 10/20mg, 10/40mg, 10/80mg Tablets
• Androgel® 25mg/2.5gm, 50mg/5gm	• Celebrex® 50mg, 100mg, 200mg, 400mg Capsules
• Androgel® Pump 1%	• Clarinex® 5mg Tablet, 0.5mg/mL Syrup
• Android® 10mg Capsule	• Clarinex® Reditabs® 2.5mg, 5mg
• Avelox® 400mg Tablet	• Clarinex-D® 24 Hour 5/240mg Tablet

chart continued on next page

REMOVALS—continued

<ul style="list-style-type: none"> Enbrel® 25mg Powder for Injection, 25mg/0.5mL & 50mg/mL Solution for Injection, SureClick™ 50mg/mL Autoinjector 	<ul style="list-style-type: none"> Nexium® I.V. 20mg, 40mg
<ul style="list-style-type: none"> Humalog® Insulin 	<ul style="list-style-type: none"> Nizatidine 150mg, 300mg Capsules
<ul style="list-style-type: none"> Humalog® Mix 50/50 Insulin 	<ul style="list-style-type: none"> Prevacid® 15mg, 30mg Capsules
<ul style="list-style-type: none"> Humalog® Mix 75/25 Insulin 	<ul style="list-style-type: none"> Prevacid Solutab™ 15mg, 30mg
<ul style="list-style-type: none"> Humulin® 70/30 Insulin 	<ul style="list-style-type: none"> Proair® HFA Metered Dose Inhaler
<ul style="list-style-type: none"> Humulin® N Insulin 	<ul style="list-style-type: none"> Rozerem® 8mg Tablet
<ul style="list-style-type: none"> Humulin® R Insulin 	<ul style="list-style-type: none"> Solaraze® 3% Gel
<ul style="list-style-type: none"> Humulin® R U-500 (Concentrated) Insulin 	<ul style="list-style-type: none"> Stalevo® 50mg, 75mg, 100mg, 125mg, 150mg, 200mg Tablets
<ul style="list-style-type: none"> Lipitor® 10mg, 20mg, 40mg, 80mg Tablets 	<ul style="list-style-type: none"> Travatan® 0.004% Ophthalmic Solution
<ul style="list-style-type: none"> Lofibra® 54mg Tablet, 67mg Capsule, 134mg Capsule, 160mg Tablet, 200mg Capsule 	<ul style="list-style-type: none"> Travatan Z® 0.004% Ophthalmic Solution
<ul style="list-style-type: none"> Loratadine 10mg Tablet 	<ul style="list-style-type: none"> Vesicare® 5mg, 10mg Tablets
<ul style="list-style-type: none"> Nexium 20mg, 40mg Capsules; 20mg, 40mg Packets 	

ADDITIONS PA = Prior Authorization QL = Quantity Limit

<ul style="list-style-type: none"> Cimzia® Kit (PA) 	<ul style="list-style-type: none"> Novolin® R Insulin (QL; 60mL/31 days)
<ul style="list-style-type: none"> Demeclocycline HCL 150mg, 300mg Tablets 	<ul style="list-style-type: none"> Novolog® Insulin (QL; 60mL/31 days)
<ul style="list-style-type: none"> Enjuvia™ 0.3mg, 0.45mg, 0.625mg, 0.9mg, 1.25mg Tablets 	<ul style="list-style-type: none"> Novolog® Mix 70/30 Insulin (QL; 60mL/31 days)
<ul style="list-style-type: none"> Granisetron HCL 1mg Tablet (QL; 31/31 days) 	<ul style="list-style-type: none"> Promacta® 25mg, 50mg Tablets (PA; new starts only)
<ul style="list-style-type: none"> Granisetron HCL 0.1mg/mL, 1mg/mL Solution for Injection (QL; 10mL/31 days) 	<ul style="list-style-type: none"> Tazorac® 0.05%, 0.1% Topical Cream and Gel
<ul style="list-style-type: none"> Lansoprazole 15g, 30mg Delayed-Release Capsules 	<ul style="list-style-type: none"> Testim® 1% Topical Gel (PA)
<ul style="list-style-type: none"> Mesalamine 4g/60mL Rectal Enema Suspension 	<ul style="list-style-type: none"> Vfend® 50mg, 200mg Tablets; 200mg Powder for Injection; 400mg/mL Powder for Suspension (PA)
<ul style="list-style-type: none"> Novolin® 70/30 Insulin (QL; 60mL/31 days) 	<ul style="list-style-type: none"> Xalatan® 0.005% Ophthalmic Solution (QL; 2.5mL/31 days)
<ul style="list-style-type: none"> Novolin® N Insulin (QL; 60mL/31 days) 	<ul style="list-style-type: none"> Xenazine® 12.5mg, 25mg Tablets (PA)
	<ul style="list-style-type: none"> Xolair® 150mg Powder for Injection (PA)

PLANNED MARKET DRUG WITHDRAWALS

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
King Pharmaceuticals	Intal® Inhaler	July 31, 2009	Intal® Inhaler will be available until current inventories are exhausted.
Targacept, Inc.	Inversine® 2.5mg Tablets	September 30, 2009	Inversine® 2.5mg Tablets will be available until current supplies are exhausted.
Novo Nordisk	<ul style="list-style-type: none"> Novolin® R InnoLet® Novolin® N InnoLet® Novolin® 70/30 InnoLet® Novolin® R PenFill® Novolin® N PenFill® Novolin® 70/30 PenFill® 	December 31, 2009	Effective January 1, 2010, the listed insulin delivery devices will no longer be available. Claims will adjudicate until supplies are exhausted.



FOSTERING THE PHYSICIAN-PATIENT RELATIONSHIP TO IMPROVE QUALITY OF CARE

Establishing good relationships with patients, and especially new patients, can be a key factor to achieving improved quality of care. The following includes tips and considerations to keep in mind when interacting with patients:

- While physicians may tend to focus on the science and process of diagnosing an illness, it is important to remember that patients are concerned with their feelings and disruptions to their lives. Patients want to be known as human beings with psychosocial needs and not just the outer covering of an illness. It is possible for patients to have their feelings hurt if they perceive that their illness is being reduced to a mechanical process.
- Soliciting a patient's concerns through open-ended questions such as, "What's been going on since you were here last?" invites the patient to open up and volunteer information. This subtle encouragement may result in patients who are more forthcoming with information and ultimately facilitate a more accurate diagnosis.
- Working on a good patient-physician relationship builds mutual trust, which can translate to improved patient compliance. The patient-physician relationship is usually the best predictor of whether the patient will follow the physician's recommendations and advice.
- Patients should be respected as experts of their own bodies. A solid patient-physician relationship can foster mutual respect that opens the door to merge the physicians' scientific knowledge with patients' insights of what is going on with their health.
- It is not uncommon for patients to complain that their physicians do not offer explanations, answer questions or even notify them of test results. These complaints may be the result of miscommunication, but they can be reduced or even eliminated through a strong patient-physician relationship where both parties are comfortable in offering additional information and asking questions.
- A physician who is proactive in reaching out to patients who seldom or never come into the office for medical care may foster a better patient-physician relationship. Even if these are patients who do not suffer from chronic illness, it is important to communicate the importance of preventive screening. The education provided could help the physician's efforts and the patient's trust that quality care will be provided.

Source:

Charting the Doctor-Patient Relationship. Seaman, B. Available at:

<http://www.spiralnotebook.org/chartingthedoctorpatientrelationship/index.html>

2010 MEDICARE BENEFIT YEAR

CO-PAYMENT CHANGES

The 2010 benefit year is here. Many of WellCare's Medicare Advantage plans' co-payment amounts have increased for the 2010 year. This increase is the direct result of reductions in reimbursement from the Centers for Medicare & Medicaid Services (CMS) for Medicare Advantage plans in 2010.

Along with higher co-payment amounts in 2010, WellCare members may be responsible for more than one co-payment at a single provider on a single date of service. Multiple co-payments may be charged when certain diagnostic services are performed in a professional or outpatient hospital setting. There are five possible categories of services for which a co-payment may be charged in addition to the office or facility visit co-payment:

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

Members are only responsible for one co-payment per category of services listed above per provider and per date of service. Therefore, a patient who has multiple basic diagnostic tests during your office visit should be responsible for the appropriate office visit co-payment plus one \$20 co-payment for all basic tests.

Remember: An office or facility visit co-payment only applies when a consultation or procedure is performed.

Renewing Medicare Advantage members were advised of co-payment changes via their Annual Notification of Changes (ANOC) for the 2010 benefit year, which was mailed to members in October 2009.

For any questions about co-payment changes, please contact Provider Services at 1-866-424-4963 or call your Provider Relations representative.

FOLLOW THROUGH AND FOLLOW UP!

In the United States, mental health problems are the leading cause of people not being able to work, play or do well in school. Mental health problems also may lead to suicide. In many instances, this can be prevented.

Treatment of mental illness can reduce the length of time patients are ill. It can also lower the chance of reoccurring problems.

If a patient is hospitalized for a mental health issue, it is important that he/she follows up with a qualified mental health specialist. Please urge your patients to do this within seven days of getting out of the hospital. Timely, follow-up care can reduce the chance of re-hospitalization for a mental health problem.

If your patient misses the appointment within the first week, make sure you help him/her re-schedule his/her outpatient follow-up visit. It should be within 30 days of his/her recent hospital discharge.



KEEP AN EYE ON GLAUCOMA

WellCare's provider partners can help to prevent or delay the problems caused by glaucoma.

Glaucoma can lead to vision problems and may even cause blindness. The condition is more common in people older than 45 than it is earlier in life.

Early treatment—with medicine, surgery or both—can prevent or delay the serious vision problems caused by glaucoma.

People are more likely to get glaucoma and your patients should be tested for glaucoma if:

- They are severely near-sighted.
- They have diabetes mellitus.
- They have a family history of glaucoma.
- They are older than 65 (or older than 40 if African-American).

WellCare contracts with Advantica EyeCare for vision care services. Members may contact Advantica EyeCare at **1-866-424-4963**.

Source: www.ahrq.gov/ppip/50plus/checkups.htm



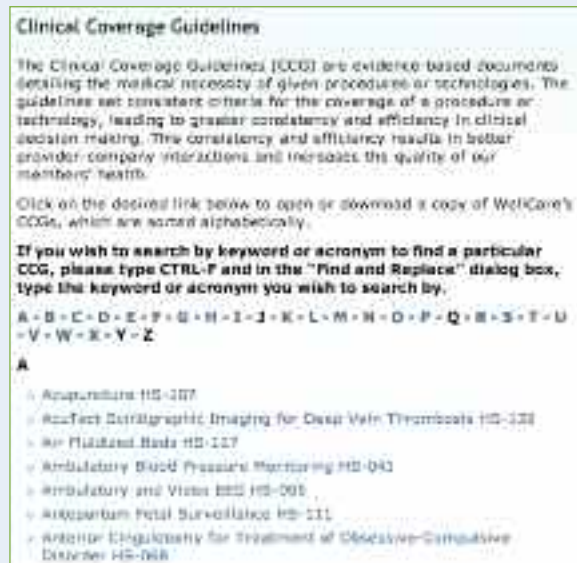
CLINICAL COVERAGE GUIDELINES AVAILABLE ON THE WEB

WellCare has made Clinical Coverage Guidelines (CCGs) available via our Web site, www.wellcare.com.

The CCGs are evidence-based documents detailing the medical necessity of given procedures or technologies. The guidelines set consistent criteria for the coverage of a procedure or technology, leading to greater consistency and efficiency in clinical decision making. This consistency and efficiency results in better provider-company interactions and increases the quality of our members' health.

Follow this path to access the guidelines:
www.wellcare.com > *Provider Resources* > *Clinical Coverage Guidelines*

The guidelines are arranged alphabetically and are formatted as PDF files. If you wish to search by keyword or acronym to find a particular CCG, please type CTRL-F and in the *Find and Replace* dialog box, type the keyword or acronym you wish to search by.



FREQUENTLY ASKED QUESTIONS ABOUT ELECTRONIC FUNDS TRANSFER (EFT)

WellCare offers EFT/ERA services to our providers. This free service is available through PaySpan Health and is managed by our partners Payformance and Chase.

Providers asked the following questions during the rollout of EFT/ERA services.

Q. How do I register for EFT?

A. Enrolling is quick and simple. Using the registration code sent to you in your WellCare enrollment letter, go to the PaySpan Health Web site, www.payspanhealth.com. It will take 5 to 10 minutes to complete the online enrollment process. You will then confirm the test deposit, usually within two business days. Once confirmed, all subsequent payments will be sent via EFT.

Q. I have forgotten my password; now what?

A. Call Payformance at **1-877-331-7154**, Monday–Friday, 7am to 9pm Eastern, to reset your password.

Payformance can also assist with:

- File processing inquiries
- Administrator account additions
- 835 posting questions

Q. What questions should I direct to WellCare?

A. WellCare Customer Service and/or Provider Relations can assist you with:

- Initial support concerning product inquiries
- Provider registration process
- Receiving account-management assistance
- User security questions
- Payment questions
- General process questions

For more information, please visit the PaySpan Health Web site at www.payspanhealth.com or call your Provider Relations representative or Provider Services with any questions at **1-866-424-4963**.

HARNESS THE POWER OF WELLCARE'S WEB CAPABILITIES

OVERVIEW

On the provider portal of www.wellcare.com, you and your staff will find secure Web access to a variety of easy-to-use tools, created to streamline your day-to-day administrative tasks.

KEY FEATURES & BENEFITS

Our Web site gives you immediate access to what you need most. All participating providers can leverage the following features:

- Claims submission status and inquiry
 - Submit a claim.
 - Check the status of a claim.
 - Customize and download reports.
- Member Eligibility & Co-pay Information—Our searchable member database provides you with member effective and term dates, plan type, PCP contact and co-pay information.
- Authorization Requests—You may submit authorization requests online, attach clinical documentation and check authorization status. You may also print and/or save copies of authorization forms once received in your online mailbox.
- Pharmacy Service & Utilization—View and download a copy of our preferred drug list, see drug recalls, access pharmacy utilization reports, and obtain information about our pharmacy services.
- Provider News—View and download our latest announcements.
- Your Inbox—A provider-specific inbox where you receive notices and key reports regarding claims, eligibility inquiries and authorization requests.
- Provider & Pharmacy Look-Up—Search the online Provider Directory by geographic location and medical specialty to refer members to in-network services.
- Provider Manuals—A complete copy of WellCare's Provider Manual is available online, including all necessary forms and educational materials.

YOUR REGISTRATION ADVANTAGE

The WellCare Web site provider portal allows you to add as many administrative users as needed and allows you to customize views, downloading options and e-mail details. You may also create individual sub-accounts for your staff, keeping separate billing and medical accounts. Once you have registered as a user of our provider portal, please keep your login and password information for future reference.

HOW TO REGISTER

To register, or to find out more information about our provider portal offerings, please contact your Provider Relations representative or our Customer Service department.

S*T*A*R*T THE NEW YEAR

ENCOURAGE PATIENTS TO QUIT SMOKING

Quitting smoking works best when the person is prepared. Help your patients start by communicating a new acronym: **START** and 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>, October 19, 2009.

PROMOTE COLORECTAL CANCER SCREENINGS

RESEARCH FROM AMERICAN CANCER SOCIETY

Health plans like WellCare, the Centers for Medicare & Medicaid Services (CMS) and other third-party payers are using physician's colorectal cancer screening rates as a quality measure.

HOW PHYSICIANS CAN IMPROVE SCREENING RATES

Your Recommendation

Regular recommendations by patients' physicians are the single most important factor in patient decisions whether to be screened for colorectal cancer.

An Office Policy

Research shows that creating an office policy that encourages all associates to promote screening is the foundation of a systematic approach to colorectal cancer screening. Ensure clinical practices are built on clear policies, well-designed systems, effective communication and quality reviews.

An Office Reminder System

Creating and implementing an office reminder system for physicians, your patients or both can help people with busy schedules and competing priorities to remember their screening appointments.

Effective Communication

Effective communication is a cornerstone of an excellent practice. A physician's communication skills are related to patient satisfaction, which could influence willingness to be screened.

RESOURCES FOR CLINICIANS

The "Primary Care Clinician's Evidence-Based Toolbox and Guide," which provides suggestions for more efficient screening practices, was created by clinicians for clinicians and may help improve colorectal cancer screening rates in actual practice.



This guide includes:

- A checklist for increased screenings, office policies, reminder systems and communication aids
- Sample office screening policies
- Template telephone scripts for patient follow-up
- Sample reminder letters to patients at average and increased risk
- A sample tracking sheet for preventive care examinations
- Descriptions of electronic reminder systems for patients and physicians

The guide is available online at the Web sites of the National Colorectal Cancer Roundtable (www.nccrt.org) and the American Cancer Society (www.cancer.org/colonmd).

If implemented, the best practices contained in this guide may help improve colorectal cancer screenings rates among your patients.

Sources:

American Cancer Society, Inc. No. 080152, 2009. Available at www.cancer.org.

National Colorectal Cancer Roundtable. Web site: www.nccrt.org.

Jefferson. Web site: www.jefferson.edu.



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REFERRING MEDICARE MEMBERS FOR SUPPLEMENTARY BENEFITS

The chart below outlines WellCare’s service vendors for routine dental, hearing and vision benefits in 2010. When you refer Medicare members for any of these services, please remind them that using in-network providers helps lower health care and member out-of-pocket costs.

Please note that availability of benefits and level of coverage varies by plan and county. For more information, please call WellCare Provider Services at **1-866-424-4963**.

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