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IN THIS ISSUE

P2 Changing to Provide Better Care for Your Patients

Calculating BMI

P3 Pediatric Obesity Assessments

P4 October NAS Training Program

P5 Billing for Blood Lead Level Tests

Guidelines & Review Standards on Gateway's Website

P6 Osteoporosis & Related Fractures

P7 Colon Cancer Screening for Smokers

P8 Postpartum Depression

P9 Continuity of Care for Your Asthma Patients

P10 ePrescribing Office Implementation Assistance

Prescribing Medications to the Elderly

Choices in Glucometers

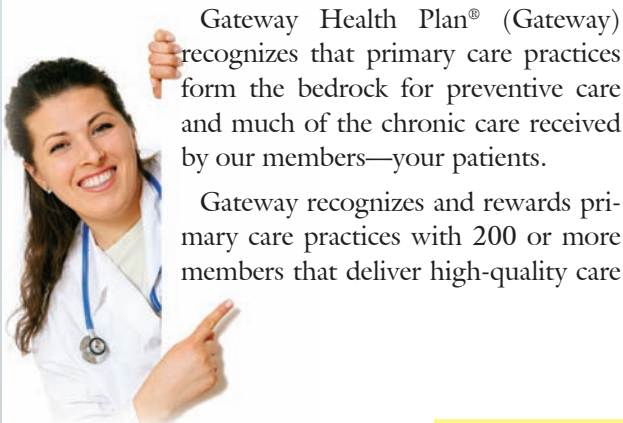
P11 Formulary Updates

P12 Information Central

Clinical Times

PHYSICIAN NEWSLETTER

Gateway to Physician ExcellenceSM: The Time is Now for Primary Care

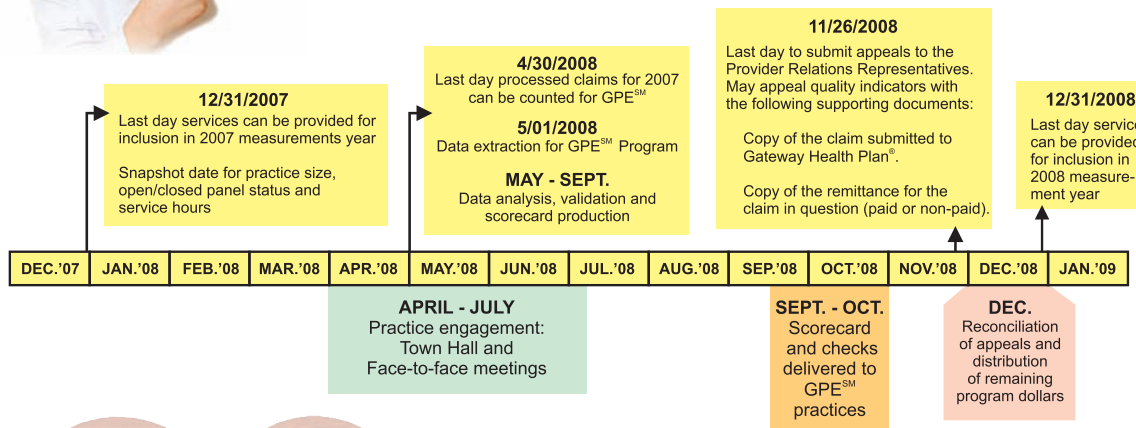


Gateway Health Plan® (Gateway) recognizes that primary care practices form the bedrock for preventive care and much of the chronic care received by our members—your patients.

Gateway recognizes and rewards primary care practices with 200 or more members that deliver high-quality care

that is accessible and efficient through the Gateway to Physician Excellence (GPE) program

In the March 2008 issue of *Clinical Times*, we introduced readers to the GPESM program and its 14 measures. In this issue, we would like to share the timeline for the program:



The GPESM program is projected to positively impact primary care practices caring for the needs of over three quarters of Gateway members.

Not yet at 200 members? Consider opening your practice to new members and increase your annual revenue by doing so.

Want more information on how quality can impact your practice? Visit our website (<http://www.gatewayhealthplan.com/gpe/>) and click on the Gateway to Physician ExcellenceSM link in the physicians' section.

(Related information on page 2)

<http://www.gatewayhealthplan.com/gpe/>

Billing for Blood Lead Level Tests

Edwin Kairis, MD, Medical Director

Medical Management

According to the Centers for Disease Control, all toddlers who receive Medicaid should have a blood lead level drawn by their first and by their second birthdays. The code for this test is 83655.

Gateway Health Plan® (Gateway) recognizes that there may be extenuating circumstances which make it difficult to obtain these test results. For example, the member may have had the test performed as part of a screening at a Women, Infants, and Children (WIC) appointment, rendering a repeat blood draw unnecessary. Also, a prescription for the laboratory test may be provided at the time of an EPSDT screening without the member ever reporting to the lab for the blood draw.

In all such instances, Gateway encourages its providers to bill 83655 with a -90 modifier when blood lead level testing is either considered or recommended during an office visit, regardless if the test is actually drawn in the office at the time of the visit.

Lead screening is now a metric in the Gateway to Physician ExcellenceSM pay-for-performance program. Credit is given for this service based on a claim documented on the outpatient visit encounter form that the test was either performed or recommended.

Get Noticed...

When ordering the following tests, bill a "90 Modifier" to make sure your order recommendation gets captured. This will allow us to study member adherence rates and design outreach strategies to improve them in the future.

Lead
83655

HbA1c
83036, 83067

Nephropathy screen
82042, 82043, 82044, 84156

Cervical cancer screen
88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88174-88175

LDL-C
80061, 83700, 83701, 87804, 83715, 83716, 83721

Chlamydia
87110, 87270, 87320, 87490, 87491, 87492, 87810

Strep tests
87070, 87071, 87081, 87430, 87650-87652, 87880

The Importance of Calculating BMI

Beth Nicholson, MSW, LSW

Body mass index (BMI) is a screening tool which is vital in identifying those patients who are overweight or obese. Obesity increases the risk of diabetes, hypertension, stroke, some forms of cancer, and heart disease. BMI calculations may not be accurate for the very athletic who may falsely read as overweight, or for the frail who may be underweight, but have increased body fat. Therefore, BMI should not be used as a diagnostic tool.

All that is required to calculate the BMI is the patient's height and weight, making it an easy and inexpensive tool for your practice to use. BMI can also be calculated for children and teens, but it has gender and age-specific guidelines. Knowing the results can help guide your discussion about healthy eating, the importance of ex-



ercise, and setting healthy weight loss goals.

Increasingly, government agencies such as the Centers for Disease Control (CDC) and the National Institutes of Health are using the BMI for data collection. In Pennsylvania, the Department of Public Welfare requires its Medicaid managed care organizations to conduct an annual study to identify if BMIs are being calculated

on children ages 2-20 years of age, and if those children are at a healthy weight. Your practice has most likely already received encouragement from outside agencies and HMOs to document BMIs in your records.

To help your practice track this data, the CDC offers this fast online resource for calculating BMI for both adults and children:

<http://www.cdc.gov/nccdphp/dnpa/bmi/>

Gateway Supports Pediatric Obesity Assessments

Edwin Kairis, MD, Medical Director



Medical Management

Last November, the Pennsylvania Department of Public Welfare published MA bulletin 99-07-19, which provides codes for which physicians may bill for an initial assessment when obesity has been diagnosed in a pediatric patient and for reassessments and counseling sessions for patients who have completed the initial assessment. Dietitians are also permitted to bill for pediatric obesity counseling sessions.

Data available to Gateway Health Plan® (Gateway) indicates that 46% of its members between the ages of 2 and 21 do not have a body mass index (BMI) calculated or recorded during EPSDT screenings. We continue to encourage our providers to incorporate the calculation of BMI into the

medical record for all children and adolescents between these ages.

Gateway believes that obtaining BMI results will naturally result in counseling focused on appropriate nutrition and activity. Therefore, Gateway has incorporated the above-mentioned codes into its own fee schedule. Gateway views this as one method to work toward addressing the pediatric obesity epidemic.

These services can be offered to any pediatric member with a body mass index (BMI) at or above the 85th percentile, or if the member's BMI is below the 85th percentile but has rapidly increased over the past several months. An EPSDT screen should be conducted in conjunction with the initial assessment. However, both services can be billed separately.

The entire bulletin and fee schedule can be found at: www.dpw.state.pa.us.

In the drop-down box for DPW Keywords, click on Bulletin Search. Type in Bulletin #99-07-19, then click on View Bulletin or to see the Fee Schedule, click on View.

In general, assessments and reassessments can be billed at a rate of \$20.38 per 15-minute increment, up to a maximum of three assessments and four reassessments per year. Individual and group counseling can be billed at rates of \$19.60 and \$5.39, respectively, per 15-minute increment. A patient can receive up to six hours of counseling per year.

If you have additional questions about this new process, please contact your provider relations representative. Gateway remains committed to implementing new approaches to provide quality health care to all of our young members.

October Training Program to Focus on Opiate-Dependent Pregnancy & Newborn Care

Jan Kusserom, RN, BSN, CCM, Special Needs Care Manager
Nancy Stoehr, RN, BSN, NICU Utilization Care Manager

It has been estimated that approximately 16% of all babies born each year in Pennsylvania test positive for illicit drugs. There has been a shift in some areas to women using opiates. However, more frequently, women are using a combination of alcohol and other drugs. This has presented particular challenges to providers who do not feel comfortable assessing for addiction, prescribing medication, supporting the woman during pregnancy, and coordinating care with alcohol and other drug treatment providers, such as narcotic treatment programs. This is also true for assessing and managing their newborns who are most often also addicted and withdrawing.

For years, it has been widely known that pregnant women using opiates during pregnancy fare better when they are converted to methadone and are enrolled in a narcotic treatment program that can address their particular needs during pregnancy. Also, their newborns have improved outcomes when they are assessed and if indicated, treated for neonatal abstinence syndrome (NAS).

Gateway Health Plan® (Gateway) has endorsed the effective screening, identification, and treatment of pregnant, opiate-dependent women and

their newborns. After several years of collaboration with experts in the southwestern Pennsylvania area and other national experts, a document related to NAS management was developed. A two-part training program, called *Pregnant Women with Opiate Dependence: Identification and Treatment and Neonatal Abstinence Syndrome: Scoring and Treatment*, was held in May 2006 in Pittsburgh for doctors, nurses, social workers, addiction treatment professionals, and others. The feedback received from participants was favorable.

Gateway believes that it would be helpful to extend similar training to others in the state. As a result, Gateway—in conjunction with Penn State Children's Hospital, Lancaster General Women and Babies Hospital, Geisinger Health Systems, Wellspan, Western Pennsylvania Hospital and Magee Women's Hospital of UPMC, Thomas Jefferson University/MATER, and the PA Department of Health Division

of Drug and Alcohol Program Licensure—is pleased to announce an educational program at Hershey Medical Center/Conference Center on October 3, 2008 from 7:30 AM to 1:00 PM.

The conference will provide obstetricians and other clinicians the tools to assess and treat pregnant women who are using opiates and to coordinate their care with narcotic treatment programs for optimal pregnancy outcomes. In addition, information regarding NAS, its effective assessment, and evidence-based treatment protocols for the infant will be provided.

Applications are pending for continuing education credits for physician (CME), registered nurses (CEU), certified case managers (CCM), and licensed social workers. For reservations: call 717-531-6483; email ContinuingEd@hmc.psu.edu; or visit www.hmc.psu.edu/ce/register.htm.

Join us for a presentation of

The Identification and Treatment of Pregnant, Opiate Dependent Women and Their Newborns

Hershey Medical Center/Conference Center

Friday, October 3, 2008
7:30 AM to 1:00 PM

Reservations: See article



Changing to Provide Better Care for Your Patients

Recently, a change occurred at Gateway Health Plan® and a new department was created. The Case Management, Disease Management and Preventive Health departments were integrated to create the *Care Management Department*. The Care Management Department seeks to provide proactive, holistic coordination of care for members at risk for or experiencing chronic illnesses or serious and complex conditions. The goals of the Care Management Department are:

- To promote better care coordination and outcomes for Gateway members through enhanced communication and collaboration among the entire care management team
- To identify and assist members who are ready to make lifestyle changes and/or are in need of comprehensive care coordination and support
- To work collaboratively with the member, practitioner and other ancillary providers

- To have our most medically complex members supported by staff dedicated to serving at risk populations
- To offer members disease specific education, lifestyle management and preventive health counseling and support.
- To link members with the care manager or preventive health outreach staff who can best service them based on their needs.

Through these changes the Care Management Department is able to focus its care management efforts and provide our members with the best care coordination possible.

If you have any questions regarding the Care Management Department or would like to refer a member for **Care Management** services please call **1-800-642-3550**.



Guidelines & Review Standards on Gateway's Website



Throughout the year, Gateway Health Plan® (Gateway) reviews and revises its clinical guidelines, and presents them to our Physician Advisory Workgroups for approval. The most recent ones to go through this process were the Hypertension, Cardiac, Lead, Child Preventive, and Diabetes guidelines.

Our clinical and preventive care guidelines can be viewed by accessing Gateway's website, www.gatewayhealthplan.com, then selecting Pennsylvania Medicaid or Medicare Assured, Providers, and Clinical Guidelines. Gateway's Medical Record Review standards for PCPs and Specialists are also located under Providers. From that page, click on Medical Record Standards.

You can request a copy of the guidelines and standards by calling the **QI Department** (see back page).

Lowering Patient Risk for Osteoporosis & Related Fractures

Michael Coughlin, Ph. D.

Preventive Health

Osteoporosis is a condition resulting in an increased fracture risk. Because there are no symptoms, patients might not know they are affected until they have a fracture. In the US alone, 44 million have osteoporosis or low bone mass, 68 percent of whom are women. These 44 million represent 55 percent of the population aged 50 and over. It is estimated that by 2010 the number of people with osteoporosis or low bone mass will have increased to 52 million in the US.

Bone loss in women can begin as early as age 25. Worldwide, the lifetime risk for a woman to have an osteoporotic fracture is 30-40 percent.

Many people think of osteoporosis as only “an old woman’s disease.” Though many more women have osteoporosis, it is a gross misconception to think of osteoporosis as a woman’s disease as the risk is about 13 percent in men. In the United States, more than 14 million men have osteoporosis or low bone mass. Of these men, 80,000 will have a hip fracture each year and one-third of these will die within a year of the fracture.

Osteoporosis is a widespread public health problem. The costs to national healthcare systems from osteoporosis-related hospitalization are staggering. In the US, the cost to the health care

system associated with osteoporotic fractures is approximately \$14 billion annually. Each hip fracture represents an estimated \$40,000 in total medical costs.

Here are some suggested ways for patients to lower their risk for osteoporosis and osteoporosis-related fractures:

- Get the daily recommended amounts of calcium and vitamin D, either from diet (dairy products and dark leafy vegetables) or through vitamins and supplements.
- Engage in regular weight-bearing and muscle-strengthening exercise.
- Avoid smoking and excessive alcohol.
- Undergo bone mineral density testing if osteoporosis is suspected, and take bone-building medications as prescribed if low bone mass is diagnosed.
- Make the home safer to avoid accidental falls, which could lead to fractures. Keep floors free from clutter, loose rugs, and electric cords.
- Use a cane or walker as necessary.

It is important for patients to know the health of their bones and risk of fractures. If any of your Gateway Health Plan® patients would like more information on osteoporosis, please have them contact the **Preventive Health Department at 1-800-642-3550, Option 4.**



Source: http://www.niams.nih.gov/Health_Info/bone/Osteoporosis



New Study Recommends Earlier Colon Cancer Screening for Smokers

Rebecca Weiss, R.N., B.S.

Quality Improvement

Although smoking has been recognized as a major risk factor in the development of many types of cancer, it is only recently that researchers have been able to identify a correlation between smoking and colon cancer.

According to an article published online in the *Journal of Cancer Research and Clinical Oncology*¹, a new study at the University of Rochester Medical Center in New York reported that smokers and those with significant exposure to second-hand smoke should begin colonoscopy screening 5-10 years sooner than the current recommended age of 50. The study consisted of 3,450 colon cancer patients, and results showed that:

- Current smokers were diagnosed with this cancer an average of 6.8 years earlier than people who never smoked.

- Former smokers who had quit less than five years before were diagnosed 4.3 years earlier than people who never smoked.
- Smokers who had quit more than five years before were found to be the same as those who never smoked.
- Individuals who began smoking prior to age 17 years and those who smoked a pack a day or more were also more likely to be diagnosed with colon cancer at a younger age.

In addition, those persons exposed to second-hand smoke, particularly early in life, were noted to be younger when diagnosed with colon cancer.

Therefore, when screening for colon cancer, physicians should keep in mind the importance of their patients' smoking history, exposure to environmental smoke, and any family history of disease and age.*

Members can be referred to the **PA Free Quitline at 1-800-784-8669** (1-800-Quit Now). Information can also be obtained on the Quitline website by visiting the PA Department of Health website at www.dsf.health.state.pa.us and click on the "Quit Smoking Now" link.

*Gateway at this time does not include smoking or exposure to environmental smoke as a risk factor for colonoscopy.

References:

¹Robert Preidt, (February 22, 2008) "Earlier Colon Cancer Screens Urged For Smokers"

HealthDay News, Source: University of Rochester Medical Center, news release, February 14, 2008

The findings were published online in the Journal of Cancer Research and Clinical Oncology.

Understanding & Addressing Postpartum Depression

Dr. Maria Moutinho, M.D., MMM, FAAP

Medical Management

Postpartum depression (PPD) affects one out of eight postpartum women or 10-15% of mothers within the first year of giving birth. The incidence is as high as 32% for adolescent mothers.

The continuum spectrum of PPD ranges from the mildest form, "baby blues," to the most serious form of postpartum psychosis. The symptoms of "baby blues," which occur within the first few weeks after delivery and resolve within that time period, are less severe and do not require treatment. On the other hand, more severe forms of PPD can occur up to one year after the child's birth and require treatment by a physician.

The causes of PPD are not well understood, but current literature suggests that hormonal, neurotransmitters, psychosocial, and psychodynamic factors are involved.

PPD has been associated with significant risk factors which include prior depression (30% likelihood), prior postpartum depression (50% likelihood), or psychosis (70% likelihood) as well as depression during pregnancy, hor-

monal risks, adolescent pregnancy, or a family history of depression or bipolar disorder. Other risk factors include recent stressful events such as marital/partner discord, loss of loved ones, family issues, and financial difficulties.

PPD has important consequences for the well-being of mothers and their children. Mothers with depression are less likely to engage their newborn/child and often demonstrate poor parenting behaviors, resulting in poor mother-infant attachment and behavioral difficulties with the child.

The American College of Obstetricians and Gynecologists include screening for PPD as an essential part of a women's 4-6 week postpartum visit. The Edinburgh Postnatal Depression Scale is a validated screening tool that is self administered, takes less than 5 minutes to complete, rates intensity of depressive symptoms, and is useful even in primary care settings. Women who are identified as having postpartum depressive symptoms should have a full diagnostic interview as they are most likely to develop PPD. Treatment for PPD includes anti-depressants with SSRIs, cognitive behavior or interpersonal therapy, support groups, and other therapies.

The Pennsylvania Department of Public Welfare recognizes PPD as a major public health problem and has implemented a perinatal depression initiative to address this high-risk population. The purpose is for early identification of depression in pregnant and postpartum women, to link women to culturally appropriate mental health services, and to address gaps in screening, assessment, and treatment for perinatal depression.

Gateway Health Plan® is fully committed to collaborating with the state to achieve these goals. If you need assistance in the coordination of care for these patients, please contact us at **1-800-642-3550, Option 2.**





Optimizing Continuity of Care for Your Asthma Patients

Disease Management

Gateway Health Plan® (Gateway) continually searches for ways to partner with our providers in order to assist in the delivery of high-quality care. One example is our asthma disease management program, “AIR” GatewaySM. This program has been successful in reaching out to your asthmatic patients. We currently have some level of communication with all 18,000 of our asthmatic members and strive to place information in your hands that will assist you in the care of our membership.

The asthma medication profile is one such tool. Mailed spring and fall, the report is patient specific and targets those patients who have filled fewer than 3

prescriptions for a long-term controller medication in the past 6 months. The patients identified on the report are also mailed a letter as well, encouraging them to see their provider to discuss medication adherence. This list is also color-coded so that a provider can easily detect those medications written by the PCP (in black) and those prescribed by other physicians (in red).

Last fall, the report was enhanced per recommendations from the Asthma Advisory Workgroup. Enhancements include: self-reported smoking status; use of nicotine replacement therapy and/or counseling claims; and inclusion of utilization data for inpatient, emergency room, and observation stays with asthma or pneumonia as the primary diagnosis.

Another highlight was the addition of the practice names and phone numbers of those providers listed on the report who are not PCPs. We believe this enhancement will help continuity and coordination of care between prescribing practitioners.

This report was most recently mailed in April 2008 and may be utilized as a chart document. We have found that a patient’s report on medication use may vary with our pharmacy utilization data. Our goal is that this report could serve as a starting point in discussing medication adherence.



ePrescribing Office Implementation Assistance

Dean Conti, PharmD.

Five leading physician organizations recently joined forces in launching www.GetRxConnected.com, a website that provides guidance to physicians on how to adopt electronic prescribing within their practices. Produced in conjunction with the American Academy of Family Physicians, American Academy of Pediatrics, American College of Cardiology, American College of Obstetricians and Gynecologists, and the Medical Group Management Association, the website is aimed at the first and often most burdensome barrier to successful adoption of electronic prescribing: funding.

Physicians often face an early decision with respect to the implementation of electronic prescribing based upon start-up costs. The website can help physician offices assess the financial implications and provides information on acquiring the technology and deciding which software would be most appropriate for a specific physician practice.

Gateway Health Plan® is currently able to process electronic prescriptions via RxHub and is processing approximately 9000 prescriptions per month.



Safely Prescribing Medications to the Elderly

Kara Sperandio, PharmD

The advances of pharmacology over the past several years have led to life-saving and life-sustaining medications. These remarkable advances provide a critical role in maintaining the health of the elderly who often suffer from chronic illnesses. Many drug-related problems can be attributed to the aging process, which results in the body's decreased metabolism and elimination of medications. Polypharmacy, drug interactions, and inappropriate prescribing in the elderly all have the potential to cause a greater risk of falls, hospitalizations, and even death.

The absence of the elderly in clinical trials results in deficient data to guide prescribing practices. As a result, journals have published criteria for potentially inappropriate medication use in the elderly to guide prescribing patterns. Though some of the identified medications may have a place in practice for an abbreviated duration, there are proven concerns over their use in this population.

Many of the identified medications are associated with sedation, psychosis, delirium, orthostatic hypotension, renal impairment, and urinary retention. In some cases the benefit of the medication may outweigh the risk of the treatment. However, there are safe and effective alternatives to the medications identified as potentially inappropriate.

Please consider the following suggestions when prescribing the medications below for patients 65 years of age and older:

- Avoid propoxyphene.
- Avoid chronic or high-dose benzodiazepines.
- Avoid strong anticholinergics.
- Avoid barbiturates.
- Avoid meperidine.
- Avoid ticlopidine.

- Limit ketorolac use to 5 days.
- Limit muscle relaxant use to 1 week.
- Limit iron dosing to 1 tablet daily of low-dose oral iron for anemia.
- Assess response to an antipsychotic medication within 1 month.
- When prescribing loop diuretics, check electrolytes within 2 weeks of initiation, then yearly thereafter.
- When prescribing an ACE inhibitor, check serum creatinine and potassium within 2 weeks of initiation, then yearly thereafter.
- When prescribing NSAIDs, discuss the risk of GI bleeding.



More Choices in Glucometers

Gateway Health Plan® (Gateway) is now offering more options for its diabetic members with the addition of Accu-Chek blood glucose meters and supplies to its formulary. Accu-Chek has been available to both Gateway Medicaid and Medicare AssuredSM members since January 2007. Gateway will continue to cover LifeScan's One Touch products.

The availability of Accu-Chek along with LifeScan products gives members the opportunity to select the type of glucometer that is most appropriate to accommodate their specific needs. Members will also be able to receive a free glucometer directly at their participating pharmacies with a prescription from their physicians, giving them easier access to their product of choice.

Formulary Updates

The Gateway Health Plan® (Gateway) formulary is updated on a regular basis. The listed medication changes reflect the decisions made by the Gateway's Pharmacy and Therapeutics Committee. Please review the changes and update your Gateway formulary book as necessary.

Please note that Gateway's formulary can be accessed online at www.gatewayhealthplan.com. Additional copies may be printed directly from our website formulary, or requested through Provider Services by calling 1-800-392-1145 for Medicaid members or 1-800-685-5201 for *Medicare Assured*™ members.

| Medicaid Formulary Additions / Updates | | | |
|--|--------------------------------|----------------|------------------|
| Brand Name | Generic Name | Effective Date | Notes |
| Isentress | Raltegravir | 3/1/08 | QL |
| ACTOpuls met | Pioglitazone/Metformin | 4/1/08 | ST edit addition |
| Actos | Pioglitazone | 4/1/08 | ST edit addition |
| Alferon N | Interferon Alfa-N3 | 4/1/08 | PA addition |
| Avandamet | Rosiglitazone/Metformin | 4/1/08 | ST addition |
| Avandaryl | Rosiglitazone/Glimepiride | 4/1/08 | ST addition |
| Avandia | Rosiglitazone | 4/1/08 | ST addition |
| Duetact | Pioglitazone/Glimepiride | 4/1/08 | ST addition |
| Exforge | Amlodipine/Valsartan | 4/1/08 | ST addition |
| Proleukin | Aldesleukin | 4/1/08 | PA addition |
| Restasis | Cyclosporine | 4/1/08 | ST addition |
| Medicaid Formulary Deletions | | | |
| Brand Name | Generic Name | Effective Date | |
| Granulex | Trypsin/Balsam Peru/Castor Oil | 4/1/08 | |
| Neupro | Rotigotine | 5/1/08 | |
| Medicare Assured™ Formulary Additions | | | |
| Brand Name | Generic Name | Effective Date | Notes |
| Isentress | Raltegravir | 3/1/08 | QL |
| Janumet | Sitagliptin/Metformin | 4/1/08 | QL |
| Pataday | Olopatadine | 4/1/08 | |
| Stalevo | Carbidopa/Levodopa/Entacapone | 4/1/08 | |
| Aromasin | Exemestane | 6/1/08 | PA removed |
| Medicare Assured™ Formulary Deletions | | | |
| Brand Name Deletion (Generic added to formulary) | | Effective Date | |
| Lamisil (terbinafine) | | 4/1/08 | |
| Fosamax (alendronate sodium) | | 5/1/08 | |
| Neupro – Removal due to FDA mandated market withdrawal | | 5/1/08 | |
| Ambien (zolpidem) | | 7/1/08 | |
| Omnicef (cefdinir) | | 7/1/08 | |
| Zantac syrup (ranitidine) | | 7/1/08 | |
| Precose (acarbose) | | 8/1/08 | |
| Requip (ropinirole) | | 8/1/08 | |
| Protonix (pantoprazole) | | 9/1/08 | |

Notes Key: PA = Prior Authorization required
 QL = Quantity Limit applies
 ST = Step Therapy applies
 SPN = Obtain through Specialty Pharmacy Network

Please contact Gateway's Pharmacy Department with all formulary questions, and other pharmacy benefit concerns at 1-800-528-6738 for Medicaid members or 1-800-685-5215 for *Medicare Assured*™ members or fax to 412-255-4544 or 888-245-2049 (Medicaid) or 888-447-4369 (Medicare), Attn: Pharmacy Department.



www.gatewayhealthplan.com

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Pittsburgh, PA 15219

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Office staff: Please forward to **physicians**

Information Central

You can contact the departments listed below directly or request paper copies of documents by calling the phone numbers provided. Information can be accessed on our website, www.gatewayhealthplan.com. Choose Providers, then the Plan. Phone numbers are also listed under "Contact Us" in the header.

| Information and Programs | Department | PA Medicaid Phone Numbers | PA Medicare Phone Numbers | Ohio Medicare Phone Numbers |
|---|--------------------------|--|--|--|
| Provider Manual (includes Environmental Assessment Standards, Confidentiality Policy, Patient Safety New Technology, Member Rights & Responsibilities Forms & Reference Materials (includes Living Will) Provider Satisfaction Survey Complaints/Grievance/Appeals Privacy Policy) | Provider Services | 800-392-1145 | 800-685-5205 | 800-685-5205 |
| Pharmacy Information (including Formulary) | Pharmacy | 800-528-6738 | 800-685-5215 | 888-447-4507 |
| Medical Record Review Standards Clinical Guidelines Newsletter | Quality Improvement (QI) | 412-255-1144 | 412-255-1144 | 412-255-1144 |
| Care Management (formerly the Case Management & Disease Management departments) Special Needs & Complex Care Management MOM Matters SM - Maternity "AIR" Gateway SM - Asthma Help Your Heart - Cardiac Preventive Health/Patient Education Healthy Returns (Diabetes) | Care Management | 800-642-3550 Option 1 Option 2 Option 3 Option 3 Option 4 800-366-9415 | 800-685-5212 Option 1 Option 2 Option 3 Option 3 Option 4 800-366-9415 | 888-447-4506 Option 1 Option 2 Option 3 Option 3 Option 4 800-366-9415 |
| Utilization Management | UM | 800-392-1146 | 800-685-5207 | 888-447-4375 |
| Fraud & Abuse | | 800-685-5235 | 800-685-5235 | 800-685-5235 |

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