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## PHYSICIAN NEWSLETTER

### Dedicated Dental Staff

A large portion of calls handled through the Gateway Health Plan® Member Services department are dental benefit inquiries. Although all member services representatives are able to assist callers concerning dental questions, there is a small group of representatives that make up the dedicated dental team. The dental team serves as the liaison between the member and United Concordia, Gateway's dental benefit contractor. They assist members in understanding their dental benefits, locating a participating provider and filing a complaint or

an appeal. The dental representatives can call directly to United Concordia if the situation requires them to do so. Additionally, these staff members are frequently involved in outreach initiatives to help members maintain good dental hygiene. These dental initiatives include: The Dental Sealant Program, EPSDT Dental Outreach, and National Child Dental Health Month. Member Services encourages providers to continue directing their patients to seek dental care and to contact Gateway with any questions on their dental coverage.



## Caring for our Older Adults

Kara Sperandio, PharmD

### Pharmacy

As the elderly population ages, individuals may experience a functional and cognitive decline. Providing them with comprehensive care is necessary to maintain their independence, provide early detection and intervention, and prevent unnecessary injury.

The new HEDIS® measure for Medicare Special Needs Plans, *Care for Older Adults* (COA), encompasses elements that help you care for elderly patients. This element requires chart documentation of the following components to illustrate appropriate care for an elderly patient.

- **Advanced care planning** – In the event the patient loses the ability to make educated decisions on their healthcare, an advance directive is strongly recommended. As people age, this topic may be difficult for some families to address on their own. It may be necessary for you, as a physician, to initiate the discussion of end-of-life planning so that these patients may make these difficult decisions when they are well.
- **A comprehensive medication review** – Many Gateway Health Plan *Medicare Assured*® HMO patients take medications to address many chronic diseases. The result is multiple physicians prescribing multiple medications which are being filled at multiple pharmacies. A comprehensive review of all the medications the patient is taking, including prescription strength medications, herbals, and over-the-counter medications, is necessary to prevent drug interactions and adverse events. If you are providing care

to a *Medicare Assured*® HMO members enrolled in Medication Therapy Management (MTM) you will receive this comprehensive medication list in a letter, which should be signed, dated, reviewed and placed in the patient's chart for future reference. If your member is not enrolled in the MTM program, an annual medication review and the date on which it was performed should be documented.

- **A complete physical functional status assessment** - Physical aptitude is an important indicator of a patient's overall health. Screening an elderly patient's physical functional status at each office visit is an effective way to determine physical decline, which may be indicative of a medical illness. Screening may result in early detection and intervention.
- **A comprehensive pain screening** – The American Geriatrics Society Panel on Persistent Pain in Older Adults suggests on initial presentation or admission to any healthcare service, a physician should assess the patient for evidence of persistent pain. Pain may be a symptom of illness and the elderly are more likely to have chronic disorders associated with pain. The consequences of under-treatment of pain can result in a decreased quality of life and a negative impact on overall health.

All of these elements are imperative in appropriate elder care and will prevent or identify further health decline while considering the patient's wishes. We ask that you document and date the above elements at least annually when Gateway Health Plan *Medicare Assured*® HMO patients are in for office appointments.

## Additional Study for HEDIS® 2010

Each February through May, Gateway Health Plan® gathers information from member records for the required HEDIS® (Healthcare Effectiveness Data & Information Set) studies. There is a new measure included in 2010 pertaining to adolescent immunizations that will assess the percentage of 13 year olds who had one dose of meningococcal vaccine and one Tdap or Td by their 13<sup>th</sup> birthday. The new indicator was established by the National Committee for Quality Assurance (NCQA), the accrediting organization for health plans.

Gateway hopes this information will be helpful as you continue serving our members. Please call the Quality Improvement department at 412-255-7162 with questions.

## The Appeal Process

Gateway Health Plan® offers a two-level process for all providers to appeal claim outcomes. Your request should be addressed to the Appeals Department and include all supporting documentation. Medical record documentation is required so that the services can be reviewed for medical necessity. We recognize that the cost of copying and mailing records can be considerable so we also accept appeal records in electronic format on disc.

*A note on consent:* Please remember that if appealing the denial of a service that has not yet been rendered, both state and federal regulations require that the member appeal processes be utilized. This may require a provider to have the member's written consent, depending upon the member's coverage (Medicaid or Medicare) for the service in question. Please refer to GatewayHealthPlan.com for details regarding consent requirements and the necessary forms.

## 2010 Gateway to Physician Excellence<sup>SM</sup> (GPE<sup>SM</sup>) PCP Pay-for-Performance Program

### Medical Management

The Gateway to Physician Excellence<sup>SM</sup> (GPE<sup>SM</sup>) program is now in its third year. Gateway values the important role providers play in serving members and believes that practices committed to providing quality healthcare that is accessible and efficient should be recognized and rewarded.

GPE<sup>SM</sup> is part of Gateway's mission to deliver quality programs that positively impact member health and support the Governor's Prescription for Pennsylvania.

GPE<sup>SM</sup> strives to:

- Improve the delivery of healthcare – including quality, access, and efficiency
- Reduce racial and ethnic disparities
- Improve the member experience
- Increase physician satisfaction.

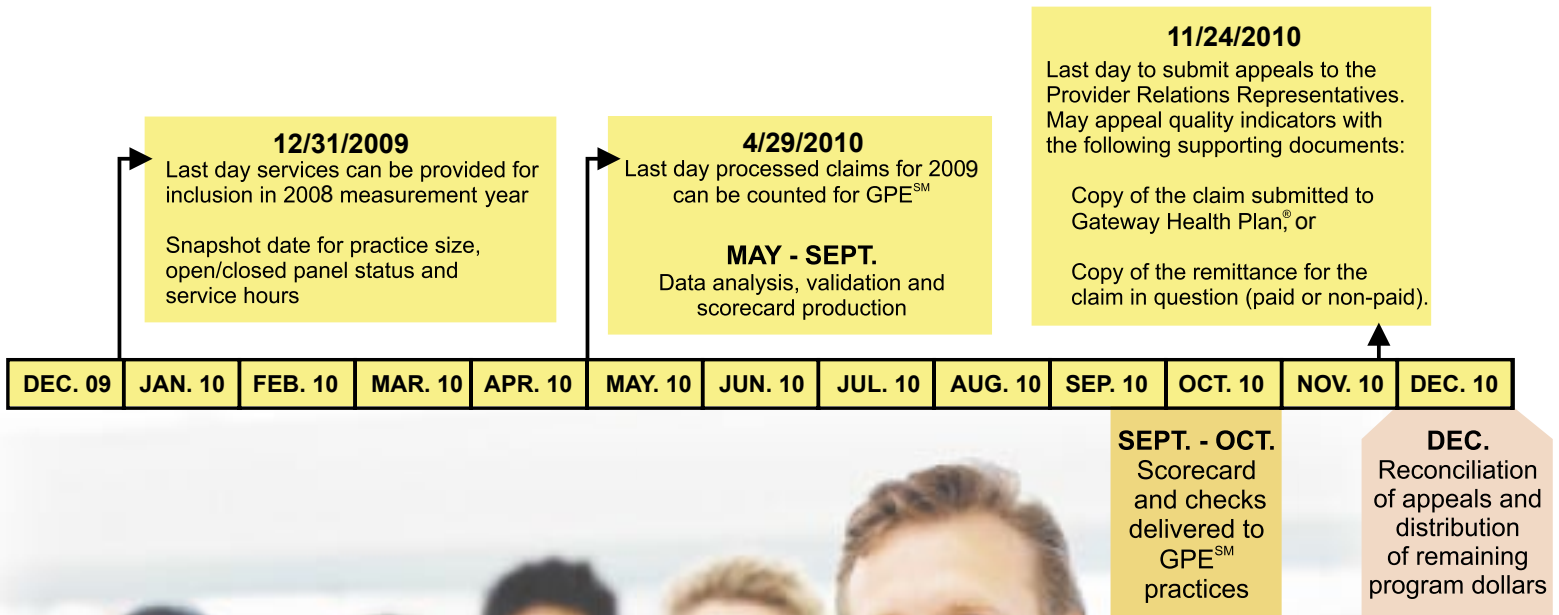
In 2009, the program involved 327 primary care practices across Pennsylvania, more than 1,239 primary care physicians and impacted 76% of Gateway's Medicaid membership. Additionally, Gateway's Medical Directors conducted approximately 50 visits with representatives from more than one-third of GPE<sup>SM</sup> practices.

In addition to financial awards, GPE<sup>SM</sup> practice participation is noted in both the provider directory and the online provider search tool.

The **2010 program criteria and design will remain unchanged** in order to establish a solid baseline for year to year comparison.

The timeline for the 2010 GPE<sup>SM</sup> Program is below.

For more information or questions about the GPE<sup>SM</sup> Program, please visit [GatewayHealthPlan.com/gpe](http://GatewayHealthPlan.com/gpe) or contact your provider relations representative.



## Obesity Prevention Resources – For Providers, Parents, Kids and Teens

Preventive Health

Do you need some new approaches to talk with patients about obesity prevention, exercise and healthy eating? Check out the resources on the Pennsylvania Nutrition Education Tracks (Tracks) website. Tracks is approved by DPW as the statewide program that provides educational resources to low-income individuals and families who are eligible for Supplemental Nutrition Assistance Program (SNAP), commonly called Food Stamp benefits. The link to Tracks is at: [www.panutritiontracks.org/public/target.asp](http://www.panutritiontracks.org/public/target.asp). From the Tracks' home page, you will find links to other pages designed to engage children, teens, parents and families, such as:



**Kidnetic** - Promoting healthy eating and active living in a way that is fun and relevant to kids aged 9 to 12, this site is designed for kids, families and the health professionals who work with them to talk about how to move toward healthier lifestyles.

[www.kidnetic.com](http://www.kidnetic.com)



**Fruit and Veggies – More Matters** – Introducing children to the Fruit & Veggie Color Champions™, this site provides printable illustrated coloring pages that explain the basic principles behind fruits and vegetables.

[www.fruitsandveggiesmorematters.org](http://www.fruitsandveggiesmorematters.org)



**MyPyramid Blast Off Game** – Highlighting an interactive computer game that challenges kids to reach Planet Power by fueling their rocket with food and physical activity, this site helps children aged 6 to 11 to track how food choices fit into MyPyramid.

[www.mypyramid.gov/Kids](http://www.mypyramid.gov/Kids)



**Eat Smart, Play Hard™** - Offering activity sheets, bookmarks, comics, stickers, brochures, mini posters and handouts for children and caregivers, this USDA's Food and Nutrition Service site encourages children, parents and caregivers to eat healthy and be physically active every day.

[www.teamnutrition.usda.gov/Resources/eatsmartmaterials.html](http://www.teamnutrition.usda.gov/Resources/eatsmartmaterials.html)



**Best Bones Forever** – Promoting the US Health & Human Services' bone health campaign, this site offers quizzes, jokes and recipes for girls.

[www.bestbonesforever.gov/index.cfm](http://www.bestbonesforever.gov/index.cfm)



**BrainPOP** - Offering a series of health videos about various topics such as “Asthma” and “Nutrition”, this site provides animated, curriculum-based content. BrainPOP was conceived by an immunologist and pediatrician as a creative way to explain difficult concepts to his young patients.

[www.brainpop.com/health](http://www.brainpop.com/health)



**BAM! Body & Mind** – Giving 9 to 13 year olds information about healthy lifestyle choices - such as stress and physical fitness – this CDC sponsored site uses kid-friendly lingo, games, quizzes, and other interactive features.

[www.bam.gov](http://www.bam.gov)

## HIV Update

### Care Management

According to the Centers for Disease Control (CDC), there was a 15% increase in HIV diagnoses in states that provided reporting from 2004 through 2007. The reasons for these increases could be due to a number of factors, including utilization of laboratory data that tracks CD4 and viral loads, increased testing in the community, data errors, and an increased incidence of disease. The methods of including lab work data may identify those individuals currently in care, but not reported officially to any state health entity.

In the 34 states reporting data, increases in diagnosis were seen in both

genders and across all age ranges and ethnic and racial groups. The federal government is increasing awareness by targeting gender, age and race/ethnicity based groups through awareness campaigns throughout the year. More information on these campaigns can be found at [www.aids.gov](http://www.aids.gov).

As a practitioner, the most effective way you can help prevent the spread of HIV/AIDS is to educate and encourage testing. Many agencies and health entities are available to provide assistance, materials or resources. Technology savvy patients may benefit from information via the internet, text message or social networking sites.

Gateway Health Plan® members can

contact the Care Management Department for help with locating testing sites, finding specialists and assisting with resources to keep them on-target with their medical needs.

Medicaid:  
1-800-642-3550

Medicare Assured® HMO:  
1-800-685-5212

[http://www.cdc.gov/hiv/topics/surveillance/resources/qa/surv\\_rep.htm](http://www.cdc.gov/hiv/topics/surveillance/resources/qa/surv_rep.htm)

## Continuity and Coordination of Care

### Quality Improvement

The PCP's role is to not only provide first-line care, but also to oversee and coordinate the care received by their patients from other providers. Communication of patient care information from other care providers back to the member's PCP is very important to help ensure safe care. Failure to share information about the care of a patient can result in suboptimal outcomes, increased costs, and medical errors.

This process can be especially difficult for Gateway's Medicaid members since they are permitted to self-refer for OB/Gyn care as well as to behavioral health specialists. When patients are admitted to hospitals or skilled nursing facilities, or are referred to home health agencies for care, managing their care can become even more fragmented for PCPs. Receiving reports of therapies and medications provided and concerns identified by other providers is essential to ensure that the patient's care is safe, proper, and unduplicated. This does not always occur, even when the referral process is utilized.

Gateway monitors continuity and coordination of care through medical record review (MRR) of high volume specialists and OB/Gyns, skilled nursing facilities and home health agencies every two years. The provider satisfaction survey and focus studies are also utilized for this purpose.

To improve the communication process, help from all providers is needed.



For PCPs:

- File all progress notes and visit and discharge summaries received from other care providers, including skilled nursing facilities or home health agencies.
- Ask your patients if they are receiving any other medical services.
- Document any verbal communications with other care providers in the patient's chart.

For Specialists and OB/Gyns offices:

- Verify member's PCP as listed on their ID card and send a report of consultation. Addresses are located in the PCP Provider Directory, or at [GatewayHealthPlan.com](http://GatewayHealthPlan.com), under Find a Provider
- Utilize the "Physician Communication Form" and the "Gynecology Patient Visit Summary" located at [GatewayHealthPlan.com](http://GatewayHealthPlan.com). These forms can be found under the Quality Improvement links in the For Providers section.
- Note that documentation has been faxed to the PCP.

Good communication will help to ensure safe and proper patient care.

## Preventing Preterm Birth with 17P

Patricia Soltan, RN, CLNC

### Disease Management

Based on articles and scientific literature available since 2003, it has been determined that 17 Hydroxy Progesterone (17P) may help prevent preterm labor.

Preterm birth is associated with significant neonatal morbidity (respiratory distress, CNS hemorrhage, sepsis, necrotizing enterocolitis), mortality, and a strain on non-medical resources.

According to the most recent PeriStats from the March of Dimes, 1 in 9 babies (11.8% of live births) are born preterm in Pennsylvania.<sup>1</sup>

It is important that your patients know the signs of early labor and are educated at their OB appointments. The signs of early labor are:

- Bleeding
- Uterine contractions
- Changes in vaginal discharge
- Pelvic pressure
- Low, dull backache
- Menstrual cramps
- Intestinal cramps
- Feeling that "something is not right"<sup>2</sup>

Healthcare providers do not have many tools to use once preterm labor has begun. Tocolytic therapy (Terbutaline, ritodrine, indomethacin, and magnesium sulfate) has proven to have only minimal impact on preventing preterm delivery.

Since 2003, research studies have found that treatment with the hormone progesterone reduces the rate of premature birth among some women.

Current candidates for progesterone (17P) must meet the following criteria:

- 1) Singleton pregnancy
- 2) Previous spontaneous preterm deliver (<37 weeks gestation) of a singleton pregnancy<sup>3</sup>

Initiating 17P treatments for Gateway members is easy.

1. Fax a request for the 17-HPG to Gateway Pharmacy Dept (412-255-4544) or call Medicaid phone number (800-528-6738) or

Medicare Assured® HMO number (800-685-5215)

2. Medmark Pharmacy will compound the drug and ship it overnight directly to your office or to the member's home. Contact Medmark by phone (888-347-3416) or fax (877-231-8302) or go to any contracted specialty pharmacy that can dispense 17P.
3. Medicare members can go to any pharmacy that can dispense 17P.

To learn more about the use of 17P, see the following resources:

[http://www.marchofdimes.com/prematurity/21236\\_19093.asp](http://www.marchofdimes.com/prematurity/21236_19093.asp) - July 2009

<http://mail.ny.acog.org/website/17PResourceGuide.pdf> - January 2009

New England Journal of Medicine, Volume 348:2379-2385, June 12, 2003, Number 24

### (Footnotes)

<sup>1</sup> March of Dimes, "Prevention & Treatment: Preventing premature Birth: Progesterone Treatment (17P)" [http://www.marchofdimes.com/prematurity/21236\\_19093.asp](http://www.marchofdimes.com/prematurity/21236_19093.asp)

<sup>2</sup> Know and Teach the Signs and Symptoms of Preterm Labor, <http://www.mombaby.org/index.php?c=2&s=58&p=403>

<sup>3</sup> About 17P, <http://www.mombaby.org/index.php?c=2&s=58&p=340>



## The Importance of Postpartum Visits

The postpartum visit is an important component to achieving optimum maternal outcomes following delivery. The American College of Obstetricians and Gynecologists (ACOG) recommends the postpartum visit should be completed three to eight weeks, or 21 to 56 days, after delivery. This time frame is also part of the HEDIS® (Healthcare Effectiveness Data and Information Set) performance measures increasingly used by managed care plans, employers, researchers, and government agencies to assess quality of care and improve performance.

The postpartum visit provides a physician the opportunity to:

- Complete a physical exam
- Review the patient's labor and delivery
- Talk about breastfeeding and offer support programs, as needed
- Address well child visits for the newborn
- Discuss birth control options and family spacing
- Screen for postpartum depression
- Recommend smoking cessation and counseling, as needed

As a practitioner, you are very influential in helping your patients to understand the importance of postpartum visits by:

- Discussing postpartum care during your visits to the hospital prior to discharge
- Having your staff schedule the appointment preferably prior to discharge from the hospital so she knows when to come back for this visit.
- Mailing a reminder card or placing a phone call

Gateway's MOM Matters® Program can help with scheduling postpartum visits and assisting with transportation through the Medical Assistance Transportation Program (MATP). Please feel free to contact the staff at 1-800-642-3550, option # 2 for assistance.



Gateway has four disease management programs to assist our members in becoming more responsible for their own care. The asthma, cardiac care, diabetes and maternity programs are described below.

## Disease Management Programs

Program	"AIR" Gateway® Asthma Program	Help Your Heart Program	Healthy Returns Diabetes Program	MOM Matters™ (Maternity Outreach and Management) Maternity Program
<b>Description</b>	<ul style="list-style-type: none"> <li>Provides patient education and self-empowerment for medication adherence, for reduction in Inpatient (IP) and ER utilization, and to delay the onset of cardiac complications.</li> </ul>	<ul style="list-style-type: none"> <li>Provides patient education and self-empowerment for medication adherence, for reduction in Inpatient (IP) and ER utilization, and to delay the onset of cardiac complications.</li> </ul>	<ul style="list-style-type: none"> <li>Emphasizes education and personal responsibility for diet, medication, and lab adherence, reduction in Inpatient (IP) and ER utilization, and prevention of diabetic complications.</li> </ul>	<ul style="list-style-type: none"> <li>A prenatal program offering maternity care coordination to improve frequency of prenatal and postpartum care, and to reduce the incidence of low birth weight, pre-term deliveries, and NICU admissions. Interventions are designed to identify and prospectively intervene with members at high risk for adverse pregnancy outcomes.</li> </ul>
<b>Eligibility &amp; Enrollment</b>	<ul style="list-style-type: none"> <li>Ages 2-56 are eligible for the program.</li> <li>Member and provider referrals</li> </ul>	<ul style="list-style-type: none"> <li>Age 21 or older with a diagnosis of CHF, MI, and CAD with a PTCA or CABG are eligible for the program.</li> <li>Member and provider referrals</li> </ul>	<ul style="list-style-type: none"> <li>Type 1 or 2 diabetes are eligible for this program.</li> <li>Member and provider referrals</li> </ul>	<ul style="list-style-type: none"> <li>All identified pregnant Gateway Health Plan® females are eligible for the program and are mailed educational materials.</li> <li>Member and provider referrals</li> </ul>
<b>Coordination of Care</b>	<ul style="list-style-type: none"> <li>Trained asthma care managers regularly contact your high-risk asthma patients via phone.</li> <li>Home care and DME needs are coordinated through the Gateway asthma care manager.</li> </ul>	<ul style="list-style-type: none"> <li>A trained cardiac care manager regularly contacts your cardiac patients with IP or ER utilization.</li> <li>Home care and DME needs are coordinated through the Gateway cardiac care manager.</li> </ul>	<ul style="list-style-type: none"> <li>A trained diabetic nurse care manager regularly contacts your diabetic patients with IP and ER admissions. Emphasis is placed on diabetic education and adherence with HbA1c, LDL-C, retinal eye exams, foot care, and microalbumin testing.</li> <li>Home care and DME needs are coordinated through the Gateway diabetic nurse care manager.</li> </ul>	<ul style="list-style-type: none"> <li>Trained maternity care managers contact members identified as high risk per the OB risk assessment form.</li> <li>Members are offered prenatal and post-partum home care visits; behavioral and social issue interventions and community referrals are coordinated through Gateway maternity care managers.</li> </ul>

## Disease Management Programs

<b>Patient Education &amp; Self-Management Tools</b>	<ul style="list-style-type: none"> <li>All asthma patients are mailed educational materials.</li> <li>In-queue asthma educational phone message</li> <li>Newsletter mailings</li> </ul>	<ul style="list-style-type: none"> <li>All cardiac members are mailed educational materials.</li> <li>Scales are provided as needed</li> <li>In-queue cardiac educational phone message</li> <li>Newsletter mailings</li> </ul>	<ul style="list-style-type: none"> <li>All diabetic members are mailed educational materials.</li> <li>Newsletter mailings</li> </ul>	<ul style="list-style-type: none"> <li>All pregnant members are mailed educational materials</li> <li>In-queue maternity educational phone message</li> <li>Newsletter mailings</li> </ul>
<b>Provider Benefits &amp; Supports</b>	<ul style="list-style-type: none"> <li>Biannual medication profile reports are mailed to assist with management.</li> <li>An enrollment notification form is faxed to the Provider upon member enrollment into the program.</li> <li>Patient education and assistance with medication compliance supports optimal self-management.</li> <li>In-queue educational phone message.</li> </ul>	<ul style="list-style-type: none"> <li>Cardiac specific educational materials are mailed to your patients.</li> <li>Medication profile reports are mailed to assist with optimal medication management.</li> <li>An enrollment notification form is faxed to the Provider upon member enrollment into the program.</li> <li>Patient education and assistance with medication compliance and weights.</li> <li>In-queue educational phone message.</li> </ul>	<ul style="list-style-type: none"> <li>Diabetic educational materials are mailed to your patients.</li> <li>Medication profile reports are mailed to assist with optimal medication management.</li> <li>An enrollment notification form is faxed to the Provider upon member enrollment into the program.</li> <li>Patient education and assistance with medication compliance and glucometer use.</li> <li>In-queue educational phone message.</li> </ul>	<ul style="list-style-type: none"> <li>All pregnant members are mailed educational materials</li> <li>Telephonic management occurs for patients with identified high risks.</li> <li>Patients are educated and assisted with maternity care coordination, home care, and community referrals.</li> <li>An enrollment notification form is faxed to the Provider upon member enrollment into the program.</li> <li>In-queue educational phone message.</li> </ul>
<b>Contact for Referrals &amp; Information – PA Medicaid</b>	<b>1-800-642-3550, Option 3</b>	<b>1-800-642-3550, Option 3</b>	<b>1-866-366-9415</b>	<b>1-800-642-3550, Option 2</b>
Web-Based Education	<a href="http://www.GatewayHealthPlan.com">www.GatewayHealthPlan.com</a>	<a href="http://www.GatewayHealthPlan.com">www.GatewayHealthPlan.com</a>	<a href="http://www.GatewayHealthPlan.com">www.GatewayHealthPlan.com</a>	<a href="http://www.GatewayHealthPlan.com">www.GatewayHealthPlan.com</a>

## Contracts/No Gag Clause

All of Gateway's contracts with practitioners and providers include an affirmative statement indicating that the practitioner can freely communicate with patients regarding available treatment options. This includes medication treatment options, regardless of benefit coverage limitations. There is no language in the contracts that prohibits open clinical dialogue between providers and patients.

## Coordinating Care Following a Hospital Admission

### Utilization Management

Gateway's Utilization Management department initiated a pilot program in October 2008 and started making outreach calls to Medicaid and Medicare Assured® members discharged to their home setting, following an acute care hospital admission. The efforts are designed to assist in coordinating post discharge care as documented in the member's discharge instructions. The nurses collaborate with both members and providers to assess medication adherence issues, coordinate follow up physician appointments, and arrange for home health and durable medical equipment needs. The nursing staff also assists in coordinating or referring members to transportation resources

to ensure follow-up appointments can be kept. Members are engaged in discussion about having preventive testing, such as mammograms and colorectal screenings, completed. The goal of the outreach effort is to enhance the member's understanding of their discharge instructions and reduce readmission rates. The outreach is designed to be short term, approximately 30 days. Members are referred to Care Management if they are already working with a care manager or if they need ongoing support in coordinating medical and psychosocial needs. Members discharged from Pinnacle, The Medical Center Beaver and UPMC Mercy were part of the initial pilot program and expansion of this initiative is planned for 2010.



## Guidelines Online

Gateway Health Plan® has developed clinical and preventive care guidelines based on current national guidelines. These guidelines can be viewed at [www.GatewayHealthPlan.com](http://www.GatewayHealthPlan.com).

Guidelines include:

- Adult with HIV
- Adult Preventive Care
- Asthma
- Cardiac Medical Management
- Child Preventive Care
- Diabetes 2010 ADA
- Hypertension
- Prenatal Care
- Lead Screening (Medicaid only)
- PCPs Treating Depression (Medicaid only)
- Bipolar Disorder (Medicare only)
- Schizophrenia (Medicare only)

To view these guidelines, select a plan, click the provider link and at the bottom of the left-hand column, choose Quality Improvement. Clinical Guidelines, as well as the Medical Record Review standards and Helpful Forms and Information are listed. To request a hard copy of an item, call the Quality Improvement Department at (412)255-4541.

## Pharmacy Denial Follow-Up Initiative

Lisa Nogrady R.Ph



Pharmacy Department

Gateway's staff of clinical pharmacists and technicians work together with the medical directors to review exception requests. These requests may include quantity limit overrides, non-formulary medication requests and clinical prior authorization requests for specialty medications. Of the approximately 3,000 requests received and reviewed each month, Gateway is able to approve about 60% upon initial review. Requests that are denied flow through an extensive telephonic and written notification process for both members and providers. Both telephonic and written notifications include specific reason(s) for denial as well as an offering of available and appropriate formulary alternatives when applicable.

A comprehensive review of pharmacy claims and database information indicated that despite our telephonic and written notifications, 24% of non-formulary type denials were never filled with an available formulary alternative. Gateway understands that there are many barriers to effective communication between providers, members and Gateway. In 2008, a targeted intervention for non-formulary denial types was piloted and a provider outreach component was implemented in 2009.

Providers are now notified via fax when our pharmacy claims data indicates that the member did not fill a formulary alternative within two weeks after a request for a nonformulary medication was denied. This fax is a one page document that can be placed on the patient chart. It is designed to

alert the provider of a potential need for member follow up and to provide a mechanism to return valuable information back to Gateway once the document has been reviewed. In some instances, providers did prescribe a formulary alternative but the member never had it filled. Provider responses will be analyzed to identify additional ways to enhance communications between providers, members and Gateway and assist in ensuring timely access to prescribed medications.

If you have questions regarding this initiative, receive a fax in error, or would like to discuss a member's medication needs, please call Gateway's Pharmacy Department at 1-800-528-6738. The formulary can be viewed online at [www.GatewayHealthPlan.com](http://www.GatewayHealthPlan.com).

## Pharmacy Formulary Updates and Drug Benefit Changes

Natalie S. Yannotti, RPh

Pharmacy Department

The Gateway Health Plan® formulary is updated on a regular basis. The listed medication changes reflect the decisions made by Gateway's Pharmacy and Therapeutics Committee. Please review the changes and update your Gateway formulary book as necessary. The formulary can be accessed online at [www.GatewayHealthPlan.com](http://www.GatewayHealthPlan.com). The website also provides additional information regarding prior authorization or step therapy requirements as applicable.

Additional copies of the formulary may be printed directly from our formulary website, or requested through Provider Services by calling 1-800-392-1145 for Medicaid members or 1-800-685-5201 for Medicare Assured® HMO members.

### Medicaid 2010 Formulary Benefit Changes

Medicaid Formulary Additions		
Drug Name	Effective Date	Notes
Altace (ramipril)	11/1/2009	GC QL
Medicaid Formulary Deletions		
Drug Name	Effective Date	
Xyrem (sodium oxybate)	12/1/2009	

Notes Key: PA = Prior Authorization required      QL = Quantity Limits applies      GC = Generic covered  
 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® HMO members or fax to 412-255-4544 or 888-245-2049 (Medicaid) or 888-447-4369 (Medicare), Attn: Pharmacy Department.

## Medicare Assured® HMO 2010 Formulary Benefit Changes

Medicare Assured® HMO Formulary Additions		
Drug Name	Effective Date	Notes
Abilify Injection	1/1/2010	
Adacel (Tetanus, diphtheria, acellular pertussis)	1/1/2010	
Amikin (amikacin)	1/1/2010	GC
Azor (amlodipine/olmesartan)	1/1/2010	QL ST
Boostrix (Tetanus, reduced diphtheria, acellular pertussis)	1/1/2010	
Capastat (capreomycin sulfate)	1/1/2010	
Omeprazole	1/1/2010	GC QL
Paser (aminosalicylic acid)	1/1/2010	
Relistor (methylnaltrexone)	1/1/2010	PA
Sabril (vigabatrin)	1/1/2010	PA
Saphris (asenapine)	1/1/2010	PA
Suprax (cefixime) tablets and suspension	1/1/2010	
Trecator (ethionamide)	1/1/2010	
Vimpat (lacosamide)	1/1/2010	
Zofran injection (ondansetron)	1/1/2010	GC QL

Medicare Assured® HMO Formulary Deletions	
Drug Name	Effective Date
Alupent Inhaler	1/1/2010
Carisoprodol	1/1/2010
Cetirizine	1/1/2010
Cyclobenzaprine	1/1/2010
Dicyclomine	1/1/2010
Diphenhydramine	1/1/2010
Hydroxyzine HCL tablets and injection	1/1/2010
Hydroxyzine pamoate	1/1/2010
Loratadine	1/1/2010
Maxair Autohaler	1/1/2010
Metaproterenol inhalation solution	1/1/2010
Pantoprazole	1/1/2010
Prilosec OTC	1/1/2010
Procanbid	1/1/2010
Pronestyl	1/1/2010
Promethazine tablets and suppositories	1/1/2010
Promethegan	1/1/2010
Propoxyphene	1/1/2010
Propoxyphene/APAP	1/1/2010

Medicare Assured® HMO Additional Formulary Changes		
Drug Name	Effective Date	Utilization Management Change
Cymbalta	1/1/2010	Step therapy edit expanded to include Lyrica and Tri-Cyclic Antidepressants (TCA) as prerequisite therapy
Fexofenadine	1/1/2010	Step therapy removed



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# 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, GatewayHealthPlan.com. Under “For Providers”, click on the Plan. Phone numbers are also listed under “Contact Us” in the right hand column.

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)	412-255-4541	412-255-4541	412-255-4541
Care Management (formerly the Case Management & Disease Management departments) Special Needs & Complex Care Management MOM Matters® - Maternity “AIR” Gateway® - 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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