

Provider | Update

PRODUCED FOR
GATEWAY HEALTH PLAN®
PROVIDERS AND
CLINICIANS



GatewayHealthPlan.com

OFFICE STAFF



RadMD

As you are aware, National Imaging Associates (NIA) provides utilization management services for non-emergent, high-tech outpatient radiology services for Gateway Health Plan®.

Prior-authorization is currently required for the following outpatient radiology procedures for Gateway.

- CT/CTA
- PET Scan
- MRI/MRA
- Nuclear Cardiology (MPI)

Effective May 1, 2011, ordering providers will now be able to obtain prior authorizations utilizing NIA's online provider tool, RadMD. NIA's provider website, www.RadMD.com, is a simple self-service environment. Here referring physicians can review NIA's clinical guidelines, initiate a new authorization, or check the status of an existing request. You can complete an authorization

without having to wait for someone to answer the phone, and you can follow your own pace as you answer the clinical algorithm questions.

Over half the time the authorization will be completed during the initial intake and you will be done with the process. You will have the opportunity to print the approval directly from the website. If you request an authorization through NIA's website and your request is pended, you will receive a tracking number. NIA will contact you to complete the process. RadMD affords you the ability to track the status of your pended request online as well.



We appreciate your support. Additional informational material regarding RadMD is available online at www.RadMD.com or the Gateway Health Plan® website. If you have any questions about this notice, please contact your Provider Relations Representative directly or Gateway Health Plan® Provider Services Department at 1-800-392-1145 for Medicaid or 1-800-685-5205 for Medicare Assured®.

I N T H I S I S S U E

OFFICE STAFF

- | | |
|--|---|
| <ul style="list-style-type: none"> 2 DIVA... Your Digital Voice Assistant! 2 Hours of Operation 3 How to Request an Addition to the Drug Formulary 3 Do You Have a Pharmacy Question? 4 UM Criteria | <ul style="list-style-type: none"> 4 Affirmative Statement about Incentives 4 Quality Improvement/ Utilization Management Program and Work Plan 14 2011 Practitioner and Provider Satisfaction Surveys 14 Peer Review Information |
|--|---|

CLINICAL

- | | |
|---|---|
| <ul style="list-style-type: none"> 5 Guidelines Online 6 Answering the Call! 6 Your Patient has Asthma— Is it Controlled? 7 Drug Specific Prior Authorization and Step Therapy Forms can now be accessed on the website 8 Referring Members to the Complex Case Management Program | <ul style="list-style-type: none"> 9 The Non-formulary Drug Exception Form Has Been Revised 9 Do you hit a roadblock in getting your patients to obtain an LDL-C test? 10 Pharmacy Formulary Updates 11 Gateway Health Plan® Covers Many Prenatal Vitamins 12 Healthy Habits 13 Disease Management Programs |
|---|---|



OFFICE STAFF

DIVA... YOUR DIGITAL VOICE ASSISTANT!

To further reduce our impact on the environment, Gateway will discontinue printing and distributing paper Referral Forms and require providers to use DIVA – Gateway’s Automated Telephone Referral System instead. This change will go into effect July 1, 2011 for our OB/GYN providers and October 1, 2011 for our Primary Care Physicians. Training will be provided by your Provider Relations Representative who will share with you the many benefits of using DIVA.

If you are not a DIVA user already you don’t have to wait until the implementation dates to begin. **Give it a try by calling 1-800-642-3515!**

We suggest for your initial try at entering a referral that you use the detailed Referral Entry instructions printed in the *Gateway At A Glance for Medicaid Providers* or you can view a DIVA video tutorial at www.GatewayHealthPlan.com. You’ll quickly find it only takes seconds to generate a DIVA referral versus the minutes it takes to manually write one. In addition, you can enter multiple referrals during the same call without having to hang up or re-enter your practice information. We’re convinced that you will find DIVA a faster and more economical alternative to paper.

Gateway understands that there may be instances when a provider is unable to use DIVA. A downloadable version of the PCP and OB/GYN Referral Form is available at www.GatewayHealthPlan.com. Each time a form is downloaded it is given a unique referral number. For claims payment purposes each referral you issue requires a NEW form to be downloaded and printed. Just print, complete and mail to the address on the form.



OFFICE STAFF

HOURS OF OPERATION

Please remember - Gateway Health Plan® has a requirement that our Provider’s hours of operations for their Medicaid patients are expected to be no less than what your practice offers to commercial members. Please reference your Provider contract regarding Provider availability.



OFFICE STAFF

HOW TO REQUEST AN ADDITION TO THE DRUG FORMULARY

Providers may request the addition of a medication to the formulary. Requests must include the drug name, rationale for inclusion on the formulary, role in therapy and the formulary medications that may be replaced by the addition. The Pharmacy and Therapeutics Committee will review and take into consideration these requests. All requests should be forwarded in writing to:

Gateway Health Plan®
 Pharmacy Department-P&T Committee
 US Steel Tower-Floor 41
 600 Grant Street
 Pittsburgh, PA 15219



OFFICE STAFF

DO YOU HAVE A PHARMACY QUESTION?

YOU CAN SPEAK TO SOMEONE DIRECTLY BY CALLING THE PHARMACY TECHNICAL LINE.

Gateway Health Plan® has a direct line to the Pharmacy Services Department just for providers.

If you are calling about a Medicaid issue, please call 1-800-528-6738, Monday through Friday, 8:30 a.m. to 4:30 p.m.

If you are calling about a Medicare issue, please call 1-800-685-5215, Monday through Friday, 8:30 a.m. to 4:30 p.m.



OFFICE STAFF



UM CRITERIA

Gateway's Utilization Management Criteria information is available to participating practitioners/providers via a telephone request to Gateway's Medical Director. Criteria information may also be requested via the telephone from the Utilization Care

Management Nurse during the authorization request process, at orientation sessions and/or by written request to the Medical Management Department.

Information about how to request criteria is also included on all denial notices.

As a reminder, the Utilization Management telephone number for Pennsylvania Medicaid practitioners and providers is 1-800-392-1146 and for Medicare practitioners and providers is 1-800-685-5207.

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AFFIRMATIVE STATEMENT ABOUT INCENTIVES

Gateway's UM decisions are based only on the appropriateness of care and services and existence of coverage. Gateway does not specifically reward practitioners or other individuals for issuing denials of coverage or service. Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.

Gateway monitors for both over and under utilization of care to prevent inappropriate decision-making, identify causes and corrective action, and to indicate inadequate coordination of care or inappropriate use of services. Gateway is particularly concerned about underutilization and monitors utilization activities to assure members receive all appropriate and necessary care.

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QUALITY IMPROVEMENT/ UTILIZATION MANAGEMENT PROGRAM AND WORK PLAN

Gateway's QI/UM Committee recently approved the program and work plan that outlines the 2011 Gateway Health Plan® activities for Medicaid and Medicare Assured® HMO SNP. The evaluations of the 2010 programs have been finalized. If you would like a written summary of any of these documents, please call the QI Department at 412-255-7162.



GUIDELINES ONLINE

Gateway Health Plan® has developed clinical and preventive care guidelines based on current national guidelines.

These guidelines are reviewed and approved annually by a board of peer reviewers. These guidelines can be viewed at www.GatewayHealthPlan.com.

Guidelines include:

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

To view these guidelines select your plan at the top of the page. If you are a provider click “here” on the left.

For *Medicare Assured® HMO SNP* providers click the arrow next to Quality Improvement in the left hand column. From the drop down list click Clinical Guidelines to view the list of guidelines.

For **Medicaid** providers click on Quality Improvement in the left hand column to view the list of guidelines.

To request a hard copy of an item, call the Quality Improvement Department at (412)255-1144.



CLINICAL

ANSWERING THE CALL !

Gateway Health Plan *Medicare Assured*® HMO SNP is proud to announce that we are now in our 2nd successful year of holding weekly interdisciplinary care team (ICT) meetings, as one of our many ongoing attempts to better meet the needs of those *Medicare Assured*® members identified as having medical and psychosocial concerns. These weekly case review meetings are in accordance with the regulations set forth by the Centers for Medicare and Medicaid (CMS), and primarily focus on inviting the member/caregiver and the member's primary care physician (PCP) to actively

participate in the team's development of a holistic, member based plan of care and the compilation of member driven goals, with the ultimate aim of empowering the member to autonomously and proactively function at their highest level of ability.

In addition to the member/caregiver and PCP, our interdisciplinary care team is also comprised of our: Physician Adviser, ICT Coordinator, Behavior Health Physician Adviser, Pharmacist, Care Management Team and other members, as warranted.

We believe that the insight of the PCP, as the primary gate keeper of the member's care, is crucial and

invaluable to our ICT process. We also feel that the relationship between the PCP and the entire ICT team can be synergistic in nature and are hoping that if your office receives a call from our ICT Coordinator, you will consider telephonic participation in our process. Participation can be an opportunity to positively impact the lives and well being of our members.

If you or your designated office staff would like more information about our ICT process and how to refer members to Care Management, please feel free to contact us at 1-800-685-5212.

CLINICAL

YOUR PATIENT HAS ASTHMA---- IS IT CONTROLLED?

Does your patient have asthma? Remember to determine if your patient would benefit from a long term controller. Unless questioned specifically, your patient may think these symptoms are perfectly normal.

Does your patient:

- Cough wheeze or have a tight chest more than one time a week?
- Wake up more than 1-2 nights a month because of trouble breathing?

- Use quick relief medicines more than 2 times a week to stop asthma attacks?
- Have symptoms more than 2 days a week?
- Have trouble doing normal activities because of asthma?

We placed similar questions in the Gateway **member** newsletter as a reminder that these symptoms could potentially signify a need for a long

term controller and advised them to discuss these symptoms with you.

Gateway provides an asthma management program for any member you feel would benefit from additional education. The contact phone numbers are on the last page of the newsletter. We welcome referrals as a way to enforce your plan of treatment.

CLINICAL

DRUG SPECIFIC PRIOR AUTHORIZATION AND STEP THERAPY FORMS CAN NOW BE ACCESSED ON THE WEBSITE

Gateway's Pharmacy Department has enhanced the process for providers to request a prior authorization or step therapy medication.

Drug specific prior authorization (PA) and step therapy (ST) forms are **now** available right on our website at www.GatewayHealthPlan.com.

The drug specific PA and ST forms contain all of the necessary information we need from providers to process their request.

On the provider section of our website for either Medicaid or Medicare, providers should first **access** the searchable formulary. **Select** the PA or ST medication

being prescribed (e.g. Humira or Cymbalta). **Click** on the Notes section of the medication to download the PA or ST form.

Complete all requested information on the drug specific PA or ST form, and fax the form to Gateway's Pharmacy Department at **1-888-245-2049** for Medicaid and **1-888-447-4369** for *Medicare Assured*[®]. Please be sure to include progress notes, laboratory test results, or chart documentation as necessary or requested.

We understand the busy days in the life of our providers, and hope that you find using the drug specific PA and ST forms saves you time and reduce the number of office calls made by Gateway requesting additional information.

If you need to speak to a Pharmacy Representative, please call **1-800-528-6738** for Medicaid and **1-800-685-5215** for *Medicare Assured*[®], Monday through Friday 8:30 a.m. to 4:30 p.m.



CLINICAL

REFERRING MEMBERS TO THE COMPLEX CASE MANAGEMENT PROGRAM

Gateway Health Plan® provides Complex Case Management to eligible members based on specific disease or medical condition criteria. Care Managers at Gateway Health Plan® provide disease and condition specific education, lifestyle management, address preventive health issues, medication reconciliation, identify benefits and community resources to better serve the member, and help coordinate care with providers. Case Managers assist members to reach their healthcare goals by mailing a Self Management Guide to each participating member. Members with the following diseases and conditions are considered for services under the Complex Case Management program:

For Pennsylvania Medicaid:

- Cancers in active treatment
- Symptomatic HIV/AIDS
- Chronic Obstructive Pulmonary Disease (COPD)
- New Traumatic Brain Injury with significant cognitive deficits
- New spinal cord injury with paralysis

For *Medicare Assured*®:

- Cancers in active treatment
- Symptomatic HIV/AIDS
- Chronic Obstructive Pulmonary Disease (COPD)
- New Traumatic Brain Injury with significant cognitive deficits
- New spinal cord injury with paralysis
- Stage IV Heart Disease

The role of the practitioner in the Complex Case Management program is extremely important. Practitioners who have identified a member that may benefit from this program may make a referral by contacting the Care Management department to speak with a Care Manager at the following numbers:

- Pennsylvania Medicaid:
1-800-642-3550, Option 1
- Pennsylvania *Medicare Assured*®:
1-800-685-5212, Option 1

Gateway Health Plan® will review all referrals and make the final decision for inclusion in this program based on each member's unique needs and the potential to positively impact the member's health and well being. If the member is enrolled in the program, the referring practitioner will be faxed a care plan reviewing Care Management goals and requesting practitioner involvement. Thank you for your collaboration and participation.



CLINICAL

THE NON-FORMULARY DRUG EXCEPTION FORM HAS BEEN REVISED

Providers can access the revised Non-formulary Drug Exception Form on the provider section of the website at www.GatewayHealthPlan.com.

In order to conduct a more comprehensive review of your exception request, we felt it necessary to revise our Non-formulary Drug Exception Form to include extra fields which will capture additional

data. For example, a new field has been designated for you to document hospitalization discharge information, if applicable.

Although the revised form does ask for more information, we hope it will allow us to process your requests quicker and decrease the number of calls your office may get from Gateway for additional information.

To request a non-formulary exceptions request, please fax the completed Non-formulary Drug Exception Form to the Pharmacy Department at 1-888-245-2049 for Medicaid and 1-888-447-4369 for *Medicare Assured*®. If you need to speak to a Pharmacy Representative, please call 1-800-528-6738 for Medicaid and 1-800-685-5215 for *Medicare Assured*®, Monday through Friday 8:30 a.m. to 4:30 p.m.

CLINICAL

DO YOU HIT A ROADBLOCK IN GETTING YOUR PATIENTS TO OBTAIN AN LDL-C TEST?

Promote One Stop Shopping and Order Direct LDL Testing-“No fasting required” may:
 = higher screening rates
 = more accurate results

AND

allow for more effective treatment



DO YOU ENCOUNTER ROADBLOCKS WHEN TRYING TO HAVE PATIENTS GET A FASTING LDL-C?

It doesn't have to be this hard...

DIRECT LDL-C

No fasting required

CLINICAL

PHARMACY FORMULARY UPDATES

The Gateway Health Plan® (Gateway) formulary is updated on a regular basis. The listed medication changes reflect the decisions made by Gateway's Pharmacy and Therapeutics Committee. Gateway's formulary is approved by the Department of Public Welfare (Medicaid) or the Centers for Medicare and Medicaid Services (*Medicare Assured*®). Please review the changes below and update your Gateway formulary book as necessary.

Please note that Gateway's formulary can be accessed online at www.GatewayHealthPlan.com. The website also provides additional information regarding prior authorization, step therapy requirements, and quantity limits when 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 or 1-800-685-5201 for *Medicare Assured*®.

Gateway also supports a comprehensive e-prescribing program through RxHub. Providers who use e-prescribing will have access to the plan formulary right at the point of service. **Electronic prescribing will enhance provider efficiency in handling prescriptions for initial coverage and refills, which will save on administrative time and effort.**

Medicaid Formulary Additions

Drug Name	Effective Date	Notes
Pegasys (peginterferon alfa-2A)	4/1/2011	PA, SNP

Medicare Assured® Formulary Additions

Drug Name	Effective Date	Notes
Aricept 23 mg (donepezil)	3/1/2011	PA, QL
Dacogen (decitabine)	3/1/2011	PA
Latuda (lurasidone)	3/1/2011	QL

Medicare Assured® Formulary Deletions

Brand name deleted (generic added to the formulary)	Effective Date	Notes
Aricept (donepezil)	7/1/2011	PA, QL
Arimidex (anastrozole)	7/1/2011	QL
Differin (adapalene) gel/cream	7/1/2011	-
Exelon (rivastigmine)	7/1/2011	PA, QL
Lovenox (enoxaparin) injection	7/1/2011	-
Merrem (meropenem) injectable	7/1/2011	-
Prevacid ODT	7/1/2011	ST, QL

Notes Key:

PA = Prior Authorization required
 QL = Quantity Limit applies
 ST = Step Therapy applies
 SNP = 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. The Pharmacy Department fax number is 1-888-245-2049 (Medicaid) or 1-888-447-4369 (Medicare).

CLINICAL

GATEWAY HEALTH PLAN® COVERS MANY PRENATAL VITAMINS

A prenatal vitamin is an important part of the prenatal treatment plan for both the health of the mother and her child. There are numerous prenatal vitamins available, and your selection of a particular product may vary depending upon the individual needs of your pregnant or breastfeeding mother (i.e. chewable vs. tablets or capsules, iron content, DHA content, etc.)

Gateway Health Plan® covers a variety of prescription and OTC prenatal vitamin preparations as part of our pharmacy benefit. Simply provide your Gateway Health Plan® member with a written prenatal vitamin prescription and instruct her to have it filled at her pharmacy.

Some of the most commonly prescribed products available on Gateway's formulary are:

Rx Prenatal Vitamins:

- Advanced Natalcare
- Materna
- Natacaps
- Natafort
- Natatab
- NataChew
- Prenate Advance



- Prenate Elite
- Citranatal 90 DHA
- Citranatal Assure
- Citranatal DHA
- Duet DHA Complete

OTC Products:

- Stuart Prenatal
- Flintstones Chewable
- Prenatal Plus DHA

If you believe a non-formulary prenatal vitamin is medically

necessary, you can submit an exceptions request using the Non-formulary Drug Exception Form to the Pharmacy Department at 1-888-245-2049. The Non-formulary Drug Exception Form can be accessed on our website at www.GatewayHealthPlan.com.

If you need to request a form to be sent to you or if you need to speak to a Pharmacy Services Representative, please call, 1-800-528-6738 (PA Medicaid)

CLINICAL

Photocopy this page for your patients. Use it to reinforce the concepts you discuss during an exam.

Healthy Habits

Do

5 2 1 0

every day!

5 or more servings of fruits & vegetables. Limit how much 100% juice you drink.

2 hours or less of screen time (TV, videos, computer games)

1 hour or more of exercise. Exercise at a medium to high pace.

0 drinks with sugar! Don't drink soda or pop. Don't drink sports, energy or fruit drinks that contain sugar.

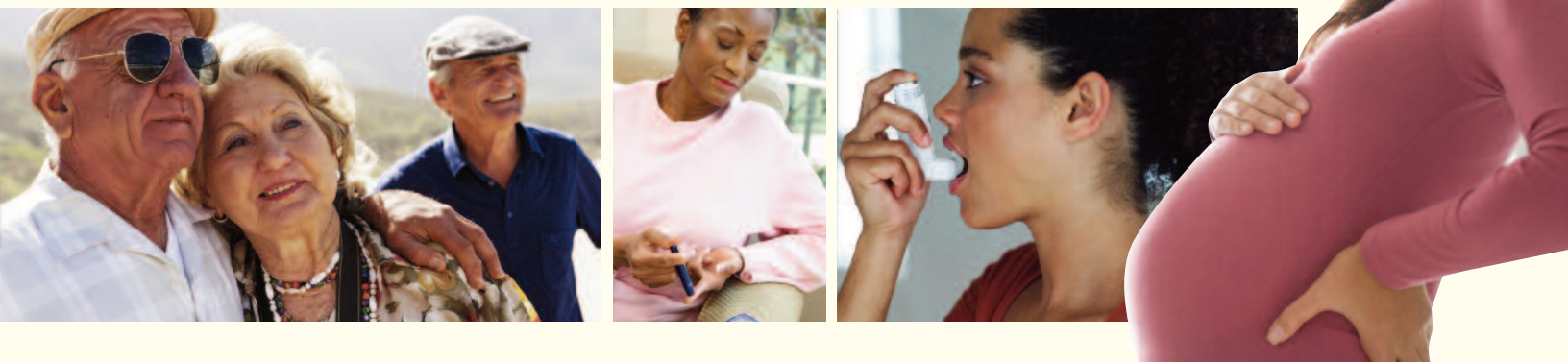
Adapted from the Maine Youth Obesity Collaborative
"Keep ME" Healthy for Gateway Health Plan®

CLINICAL

DISEASE MANAGEMENT PROGRAMS

Program	AIR Gateway® Asthma Program	Help Your Heart Cardiac Program	Healthy Returns Diabetes Program	MOM Matters® Maternity Program ¹
Eligibility	Ages 2-56 with a diagnosis of asthma	Ages 21 and older with CAD, MI or HF	All age groups with Type 1 or Type 2 diabetes	All pregnant females
Contact for Referrals and Information	PA Medicaid 1-800-642-3550 Option 3 <i>Medicare Assured®HMO SNP</i> 1-800-685-5212 Option 3	PA Medicaid and <i>Medicare Assured®HMO SNP</i> 1-866-366-9415	PA Medicaid and <i>Medicare Assured®HMO SNP</i> 1-866-366-9415	PA Medicaid 1-800-642-3550 Option 2 <i>Medicare Assured®HMO SNP</i> 1-800-685-5212 Option 2
Description and Enrollment	<ul style="list-style-type: none"> Provides patient education and self empowerment for medication, diet and lab adherence, reductions in inpatient utilization and emergency room utilization and may delay or prevent the onset of disease specific complications. The programs support the physician's plan of care Members are identified through claims, provider or member self referral <p><i>Provider referrals are welcome</i></p>			<ul style="list-style-type: none"> Prenatal program offers care coordination to reduce low birth weight, pre-term deliveries and NICU admissions. ONAF submission helps to identify high risk women for proactive intervention
Coordination of Care	<ul style="list-style-type: none"> Care managers will assist you and your patients with coordination of care for specialist visits Enrollment notification is faxed to the provider upon member enrollment into the program Home health, behavioral health, DME and community referral needs are coordinated through the Gateway Care Manager 			
Provider	<ul style="list-style-type: none"> Management in the programs may decrease inpatient and emergency room utilization; increase appropriate lab testing and medication adherence and encourage adherence to obtain flu and pneumonia immunizations Care management provides education to assist your patient in understanding their condition, life style implications and encourages motivation to assume a proactive role in their health The maternity program has a proven record of decreasing the number of premature deliveries The Physician Dashboard identifies your patients enrolled in the disease management programs and highlights testing they may need to manage their condition 			
Web-Based Education	www.GatewayHealthPlan.com			

¹ MOM Matters® — Maternity Outreach and Management



OFFICE STAFF



2011 PRACTITIONER AND PROVIDER SATISFACTION SURVEYS

Gateway Health Plan® will again be conducting both the Medicaid and Medicare Assured® practitioner and provider satisfaction surveys in August this year. If you participate in both plans and are chosen in the random sample, you will receive and need to complete only ONE survey. The survey will have a column for Medicaid responses, and a column for Medicare responses. This will alleviate having to complete two separate surveys.

If you participate in only Medicaid or only Medicare Assured®, you will receive a survey and only need to complete the column for the product in which you participate.

The survey results help us identify where we meet the needs of our network and where we need to improve. Your time to complete and return the survey is greatly appreciated.

If you have any questions about the 2011 survey, call your Provider Relations Representative directly.

OFFICE STAFF

PEER REVIEW INFORMATION

Gateway Health Plan® offers providers the opportunity for peer reviews whenever a decision is made to deny or reduce a service. The Utilization Management Staff will phone the ordering or attending physician's office to provide information regarding the Gateway member and the details of the request and the review decision. You will also be given the Gateway physician name and a phone number to discuss the reason you determined the service to be medically necessary.

When returning a call to a physician at Gateway, please have the following information on hand to ensure a timely discussion with the appropriate physician:

- Name of the physician you were directed to speak with
- Member information including the Gateway identification number and/or authorization number.



US Steel Tower, Floor 41; 600 Grant Street; Pittsburgh, PA 15219 | www.GatewayHealthPlan.com

PROVIDER SERVICES

Medicaid 1-800-392-1145
Medicare 1-800-685-5205

MEDICAL MANAGEMENT

Medicaid 1-800-392-1146
Medicare 1-800-685-5207

MEMBER ELIGIBILITY/DIVA VERIFICATION LINE

Medicaid and Medicare 1-800-642-3515

EPSDT

Medicaid 1-800-642-3550, Option 4

PHARMACY

Medicaid 1-800-528-6738
Medicare 1-800-685-5215

NATIONAL IMAGING ASSOCIATES

Medicaid and Medicare 1-888-879-5922

ICON KEY

MEDICAID ONLY



MEDICAID & MEDICARE



MEDICARE ONLY

