



GEORGIA | SUMMER 2009

MEMBER Focus

MAGELLAN HEALTH SERVICES QUALITY IMPROVEMENT PROGRAM ACTIVITIES

Magellan Health Services (MHS) works with WellCare of Georgia to give you behavioral health care. MHS has a Quality Improvement (QI) Program. It works to make the care you get even better. Each year MHS reviews its QI activities. They see what works and what can be better. Magellan reviews your answers to our satisfaction surveys to do this. They also look at our clinical activities and processes. They focus on improvement.

Here are some issues and results from 2008:

- Improved overall consumer satisfaction
- Increased the number of consumers enrolled in Magellan's Intensive Care Management (ICM) program
- Worked with WellCare of Georgia to provide preventive mental health screening and follow up
- Met customer service goals for telephone responsiveness
- Worked with consumers discharged from a mental health hospital to make sure they see a mental health provider within seven days for follow-up care
- Educated providers on consumer safety issues related to medication
- Monitored treatment decision turnaround time to make sure consumers received care as soon as needed

- Monitored routine appointment access to make sure consumers were able to see a provider within 14 days

Areas of focus for 2009 include:

- Work with WellCare to coordinate and improve treatment
- Educate providers on the importance of educating consumers regarding medication and monitoring medications prescribed
- Improve communication between behavioral health and primary care providers (PCPs)
- Address the treatment of consumers with substance abuse issues
- Support PCPs who are treating consumers with behavioral health issues
- Conduct screening for depression with expectant mothers

MHS continues to work making your care better. You can find out more about this program. Just call 1-800-424-1536, ext. 42235.



They see what works and what can be better.



MEMBER MATERIALS UPDATE

Check the WellCare Web site often. You can find new and updated information. Here are some of the things you can find at georgia.wellcare.com. Just click on "For Members."

- Member handbook
- Information about Georgia Families
- How to find a pharmacy
- How to find a dental provider
- Pregnancy health guidelines
- Health check guidelines
- Member Portal User guide

Call us to ask for a handbook.

You can call us at 1-866-231-1821 (TTY/TDD: 1-877-247-6272). Someone can help you Monday-Friday, 7am to 7pm Eastern.

IMPORTANT HEALTH INFORMATION

WellCare of Georgia cares about your health. Soon we will be calling members to tell them about screenings. These screenings are to spot things before they become health problems. They include:

- Breast cancer screening
- Cervical cancer screening
- Child and adolescent well visits
- Childhood immunizations
- Lead screening
- Glaucoma screening
- Post-partum visits

We want to encourage members to set up appointments to have these screenings and others done.

HAVE YOUR CHILD CHECKED FOR LEAD

WHAT IS LEAD?

Lead is a metal found in lead-based paints, soil, dust, food, drinking water and air. Continued exposure to lead can be harmful, especially to the health of infants and young children.

DOES LEAD AFFECT YOUR HEALTH?

Lead can be harmful to anyone. But children under the age of 6 are at the greatest risk of being harmed. Their bodies easily absorb lead, which can be bad for their developing brains and other organs and systems. Certain childhood activities, such as chewing on or eating non-food items like paint chips or dirt, can lead to lead poisoning. This could lead to very serious illnesses, such as:

- Speech, language and behavioral problems
- Learning disabilities and attention deficit disorder (ADD)
- Mental retardation
- Possibly death

THERE IS NO SAFE LEVEL OF LEAD!

Your child should be screened for lead risk if:

- You live in or often visit a house or apartment that may have been built before 1978

- You live in or often visit a house or apartment that is being remodeled or is having paint removed
- Your child has a sibling or playmate who has or has had lead poisoning
- You live with anyone who works at a job where lead may be found or has a hobby that uses lead
- You live near an active lead smelter, battery recycling plant or other industry likely to release lead
- You use home remedies such as greta, azarcon or pay-loo-ah, or cosmetics with kohl in them
- Your child chews on or eats non-food items like paint chips or dirt
- Anyone in your family uses ethnic or folk remedies, cosmetics or eats candies from Mexico
- Your child is a recent immigrant, refugee or a member of a minority group

Your primary care provider (PCP) should:

- Do a lead blood test on children 12 and 24 months of age
- Screen children between the ages of 3 and 6
- Ask you questions about your child's risk for lead poisoning at each visit from age 3 to 6



Lead can be harmful to anyone, but children under the age of 6 are at the greatest risk of being harmed.

CARE DURING PREGNANCY

See your doctor as soon as you know you are pregnant. Doctors can help you know if you may be at risk of having the baby too early. You can do things to keep you and your baby healthy. If the doctor finds problems early, he or she may be able to stop or slow down those problems.¹ If you see the doctor early and regularly, you are more likely to have a healthier baby.

THE DOCTOR SHOULD DO THE FOLLOWING:

At each visit:

- Take your weight and blood pressure.
- Ask for a urine sample.
- Measure your tummy to see how the baby is growing.
- Listen to your tummy to hear the baby's heart rate.
- Ask if you feel the baby moving.
- Ask if you are leaking any liquids.
- Ask if you are eating and taking your vitamins.
- Ask if you are walking, stretching and bending.
- Talk to you about not smoking, drinking alcohol or using drugs.
- Talk to you about what your body will do when the baby is coming.
- Ask you if anyone is hitting or hurting you.
- Ask how you and your family are feeling about the baby coming.
- Ask you about your safety.

At the first visit:

- Ask you about your other pregnancies or sicknesses.
- Ask you about your mom, dad and grandparent's health and sickness.
- Ask you if you have signed up for WIC.
- Look in your ears, nose and throat.
- Listen to your heart, lungs and tummy.
- Look at your ankles for swelling.
- Ask you to lie down and do an internal exam and Pap smear.
- Take blood to run some tests.
- Give you any shots that you did not get yet.
- Do an ultrasound to listen to the baby's heart rate and see how the baby is doing.
- Talk to you about further testing as needed.
- Teach you about what to eat, drink and do to have a healthy pregnancy.

Visit before the baby is born:

- Talk to you about what your body will do when the baby is coming.
- Talk to you about what it feels like to have a baby.
- Talk to you about work and going on trips away from home.
- Ask how you and your family are feeling about the baby coming.



First visit after the baby is born:

- Take your weight and blood pressure.
- Look at where the baby came from and do a Pap smear to be sure you are healing.
- Press on and listen to your tummy to be sure everything is back to normal.
- Press on your breasts to be sure everything is back to normal.
- Ask if you are eating and taking your vitamins.
- Ask if you are walking, stretching and bending.
- Ask how you and your family are feeling about the baby.
- Talk to you about future babies and planning.

Legal Disclaimer: Preventive health guidelines are based on information and recommendations of independent third parties available before printing. These guidelines are not a replacement for your doctor's medical advice. Your doctor may have more up to date information. Members should always talk with their doctor(s) about what care and treatment is right for them. The fact that a service or item is in these guidelines is not a guarantee of coverage or payment. Members should look at their own plan coverage papers to see what is or is not a covered benefit. WellCare does not offer medical advice or provide medical care, and does not guarantee any results or outcomes. WellCare does not warrant or guarantee, and shall not be liable for any information that is in these guidelines or that is not in these guidelines or for any recommendations made by independent third parties from whom any of the information was obtained.

¹Prenatal and Postpartum Care, *The State of Health Care Quality 2005*, National Committee for Quality Assurance

²Guidelines for Perinatal Care, Sixth Edition, ©October 2007 by the American Academy of Pediatrics (AAP) and The American College of Obstetricians and Gynecologists (ACOG)

Sources:

Guidelines for Perinatal Care, Sixth Edition, ©October, 2007 by the American Academy of Pediatrics and The American College of Obstetricians and Gynecologists and supported in part by March of Dimes and the Health Plan Employer Data and Information Set (HEDIS) Standards for Access and Availability, ©2007 by the National Committee for Quality Assurance.

Recommendations to Improve Preconception Health and Health Care—United States, *MMWR*, April 21, 2006/55(RR06); 1-23.

MEMBER DIVERSITY

WellCare knows our members come from different backgrounds. That is why we include your cultural and language needs when giving you health care. We want to make sure that:

- Doctors and Customer Service staff receive cultural competency training to help all members
- In addition to translation services for members in over a dozen languages, many doctors and Customer Service staff speak Spanish
- Members can choose between male and female doctors
- Special needs members can receive treatment

Many of our doctors come from different backgrounds. Many speak a second language. Six percent of our members speak Spanish. So we make sure Spanish-speaking doctors are available. The other languages our providers speak include Arabic, French, German and others.

WellCare also has more than the state average of female doctors in our network. Ninety-one percent of our adult members are women, who may want to go to a female doctor.

Since 88% of our members are under 20 years old, we have doctors who work with children.

We look at all the information we can to learn more about our members. The diversity of our members is what helps WellCare become great.



88% of our members are under 20 years old.



ARE YOU AT RISK FOR TUBERCULOSIS?



Tuberculosis (TB) is an infectious disease. It usually attacks the lungs. But it can attack almost any part of the body. The disease is spread from person to person through the air.

When people with TB in their lungs or throat cough, laugh, sneeze, sing or even talk, the germs that cause TB may be spread into the air. If another person breathes in these germs, there is a chance that they will become infected. Repeated contact is usually required for infection.

There is a difference between being infected with TB and having active TB.

- People who are infected with TB do not feel sick. They do not have any symptoms. They cannot spread TB. But they may develop TB disease at some time in the future.
- People with active TB will be sick and need to see a doctor for treatment. They can be cured if they get medical help.

WHO SHOULD GET THE TB TEST?

Anyone at high risk of TB should see their primary care provider (PCP) to get tested. You can be at high risk from coming into contact with people who:

- Have active TB
- Have been diagnosed with HIV or at risk for HIV infection
- Have or are being treated for a medical condition that suppresses the immune system
- Came from foreign countries with high TB rates
- Are of certain racial or ethnic minorities
- Work or live in long-term care facilities (nursing homes, prisons, hospitals)
- Have certain jobs, such as health care workers or prison guards
- Use illegal drugs
- Are homeless

A MAMMOGRAM CAN SAVE YOUR LIFE

Each year, about 185,000 women in the United States get breast cancer. About 44,000 die from it. You may be more likely to get breast cancer if you:

- Have a mother or sister who had breast cancer
- Had your first menstrual period before you were 12
- Stopped having periods after you were 50
- Never had children or had your first child when you were over 30
- Have had radiation treatments to your chest area

Also, the older you are, the more likely you are to get breast cancer. Remember, though, that one out of four women who get breast cancer does not have any of these risks. That is why mammograms are so important.

WHAT IS A MAMMOGRAM?

A mammogram is a special kind of X-ray of the breasts. Mammograms help find breast cancer early, when it can still be cured. You usually need to go to a special clinic to get a mammogram.

Mammograms are recommended for women over 40 years old even if they have no signs of breast cancer. They are also recommended for younger women who have symptoms of breast cancer or who have a high risk of getting breast cancer.

WHY ARE MAMMOGRAMS IMPORTANT?

A mammogram can save your life. Mammograms can show tumors that may be cancer long before they can be felt. Treating tumors when they are still small makes curing cancer easier.

WHAT IF MY MAMMOGRAM SHOWS A PROBLEM?

Mammograms can show if the inside of the breast looks normal. But a mammogram can't show for sure whether you have breast cancer.

If you have a mammogram that does not look normal, your doctor will probably suggest a biopsy. This is a tissue sample of the breast. A biopsy is minor surgery. The breast tissue from a biopsy is tested in a laboratory to see if it is cancerous.

Remember, just because a problem area shows up on your mammogram does not mean you have cancer. Cancer can only be diagnosed by a lab test on tissue from your breast.

DO YOU HAVE MORE QUESTIONS?

If you have more questions, talk to your doctor. Your doctor can arrange for you to have a mammogram. If you do not know your doctor's name or telephone number, call Customer Service at the number on the back of your ID card or 1-866-231-1821.

KNOW THE SIGNS AND REDUCE YOUR RISK OF HEART ATTACK

The leading cause of death for men in the United States in 2005 was heart disease. Every year, more than 1 million Americans have heart attacks.

It's important to know the signs of heart attack. They include:

- Pain or discomfort in the jaw, neck or back
- Feeling weak, lightheaded or faint
- Chest pain or discomfort
- Pain or discomfort in the arms or shoulder
- Shortness of breath

Heart attacks can cause death or permanent damage to your health. That's why you must act quickly if you think you or someone you know is having a heart attack. Call 911 or an ambulance service right way.



Every year, more than 1 million Americans have heart attacks.



REDUCE YOUR RISK

There are things you can do to keep your heart healthy. These include:

- Controlling high blood pressure
- Controlling high cholesterol
- Not using tobacco
- Controlling diabetes
- Exercising and eating a smart diet

Be sure to talk with your doctor about reducing your risk for heart attacks. He or she can advise you on things like diet and medication, if that is needed.

Source: Centers for Disease Control, www.cdc.gov/Features/HeartAttacks

ADULT PREVENTIVE HEALTH INFORMATION FOR WELLCARE MEMBERS

FREQUENCY OF PHYSICAL EXAMINATION

All new members should get a baseline physical exam in the first 90 days of enrollment. Pregnant members should be seen in the first 30 days. The Cleveland Clinic's recommendations for periodic health exam visits for asymptomatic adults are:

- **Age 19 to 39:** Every 1 to 3 years. (Women should get an annual Pap smear. If a woman has 3 normal smears in a row, then once every 3 years.)
- **Age 40 to 64:** Every 1 to 2 years based on risk factors.
- **Age 65 and older:** Every year.



AGE	SCREENING	FREQUENCY
18 years of age and older	Blood pressure, height, body mass index (BMI), alcohol use	Each year from age 18 to 21. Then, every 1 to 2 years or at PCP's recommendation.
Men 35 to 65 years of age	Cholesterol (non-fasting TC/HDL)	Every 5 years (More often if elevated)
Women 45 to 65 years of age	Cholesterol (non-fasting TC/HDL)	Every 5 years (More often if elevated)
High-risk men and women 20 years of age and older	Cholesterol (non-fasting TC/HDL)	Every 5 years (More often if elevated)
Women 18 to 25 years of age who are sexually active (consider at age 12 if sexually active)	Chlamydia	Each year and at PCP's recommendation
Women 18 to 65 years of age (or 3 years after onset of sexual activity, whichever comes first)	Pap smear	Every 1 to 3 years
Women 40 years of age and older	Mammography	Every 1 to 2 years
50 years of age and older	Colorectal	Periodically depending upon test and risk (e.g. colonoscopy every 10 years if low risk, 2 years if high risk)
Women 65 years of age and older (60 and older if at risk for fractures)	Osteoporosis	Bone mass measurement every two years
65 years of age and older	Vision, hearing	Periodically

IMMUNIZATION

Tetanus-Diphtheria and acellular pertussis (Td/Tdap)	19 years and older, Tdap: Substitute 1-time dose of Tdap for Td then boost with Td every 10 years
Varicella (VZV)	All adults without evidence of immunity to varicella should receive 2 doses of single-antigen varicella vaccine if not previously vaccinated or the second dose if they have received only 1 dose, unless they have a medical contradiction
Measles, Mumps, Rubella (MMR)	Adults born during or after 1957 should receive 1–2 doses unless they have a medical contradiction
Pneumococcal polysaccharide (PPSV)	65 years of age and older—1 dose
Influenza	Every year, 50 years of age and older
Hepatitis B vaccine (HepB)	Adults at risk, 18 years of age and older—3 doses
Meningococcal conjugate vaccine (MCV)	College freshmen living in dormitories and others at risk, 18 years of age and older—1 dose
Human Papillomavirus (HPV)	For eligible members through 26 years of age (3-dose series)*
Zoster	Age 60 and older—1 dose

PREVENTION

Aspirin to prevent cardiovascular events.	Men: 40 years of age and older Women: 50 years of age and older
Breast cancer (for women at high risk).	
Prostate specific antigen (PSA) test and rectal exam (for men 40–75 years of age per PCP's discretion).	

COUNSELING

Calcium: 1,000mg a day for women 18 to 50 years of age; 1,200 to 1,500mg a day for women 50 years of age and older
Folic acid: 0.4mg a day for women of childbearing age, 4mg a day for women who have had children with Neural Tube Defects (NTDs)
Breast feeding: Women after giving birth
Quitting tobacco; drug and alcohol use; STDs and HIV; nutrition; physical activity; sun exposure; oral health; injury prevention; polypharmacy

References:

- Guide to Clinical Preventive Services, 2007: Recommendations of the U.S. Preventive Services Task Force, 2007.
- *Press Release* CDC's Advisory Committee Recommends Human Papillomavirus Virus Vaccination June 29, 2006
- *Recommended Adult Immunization Schedule – United States, 2009*
- Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) May 2007
- Bone Health and Osteoporosis: A Report of the Surgeon General (2004)
- *Cleveland Clinic* [www.cchs.net/health/health-info/Periodic Health Exams and Cancer Screening](http://www.cchs.net/health/health-info/Periodic%20Health%20Exams%20and%20Cancer%20Screening)
- ACG Recommendations on Colorectal Cancer Screening for Average and Higher Risk Patients in Clinical Practice, April 2008.

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* Subject to individual state coverage.



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Para solicitar este documento en español, llame al Servicio al Cliente al 1-866-231-1821 (TTY/TDD: 1-877-247-6272).



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HEALTHY FOOD FINDS...

Find the missing words below in the word scramble. Remember, words can be forward, backward, up, or down. Here's a hint: These words are foods that are good for you and taste good.

1. APPLE
2. FISH
3. ORANGE
4. PEAR
5. BROCCOLI
6. MILK

