

A collage of medical professionals in white coats, some with stethoscopes, in various clinical settings. The background is a mix of purple and green squares.

# PROVIDER

## Newsletter

## KEEP MRSA IN ITS PLACE

Methicillin-resistant *Staphylococcal aureus* (MRSA) has been making the news recently. The community-associated (CA) version has become an issue among student athletes and in other school settings.

CA-MRSA can be transmitted through skin-to-skin contact with colonized or infected persons, personal items, environmental surfaces and crowded living conditions. By informing your patients about this infection, you may be able to prevent the spread of MRSA.

### Some of the risk factors for MRSA skin and soft-tissue infection include:

- Physical contact/skin trauma
- “Turf burns” among football players
- Contact with uncovered skin lesions
- Sharing protective and sports equipment, clothing or towels
- Sharing personal hygiene items such as razors and soap
- Inadequate supplies of dispensable soap for hand washing or showering
- Poor personal hygiene practices
- Poor environmental cleaning of locker and sports rooms

Practicing good infection control may prevent the spread of CA-MRSA in these settings. If a patient has a skin infection that produces pus, inform them of the need to keep the wound covered with a clean, dry bandage to contain the drainage. Teach your patients the importance of good hygiene practices using either soap and water or an alcohol-based waterless hand sanitizer. All surfaces an infected person may have touched must be cleaned with a United States Environmental Protection Agency-registered disinfectant cleaner that meets the requirements of the bloodborne pathogens standard developed by the Occupational Safety and Health Administration.

Skin infections need to be recognized early and steps taken to prevent the spread of infection from one person to another. Members with open, weeping, or pustular lesions on the skin should be directed to see their primary care provider for appropriate treatment.

Source: Georgia Department of Education's "Methicillin-Resistant *Staphylococcus aureus* (MRSA) in Schools: Prevention and Control Recommendations," 2007

## THE TRUST PROGRAM IS HERE FOR YOU!

A culture of compliance and integrity is essential to WellCare. The *Trust* Program, our corporate ethics and compliance program, promotes the prevention, detection, and resolution of conduct that violates federal or state laws or our high standards of business ethics. The *Trust* Program applies to WellCare's associates, providers, and members.

As a provider partner, you agree to comply with and adhere to the principles of our *Trust* Program, including compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all state and federal laws, rules and regulations. Specifically, we endeavor to prevent fraud, waste and abuse. As a provider, you may not participate in any scheme or plan constituting fraud or abuse, and must report all suspected fraud or abuse, including deception or misrepresentation for financial gain, or conduct inconsistent with accepted business or medical standards that results in unnecessary cost.

To learn more about the *Trust* Program, or to report a possible violation, please contact WellCare's *Trust* Hotline at 1-866-678-8355.

# QUALITY IMPROVEMENT HIGHLIGHTS FOR 2007

The WellCare of Georgia Inc. Quality Improvement (QI) program is an ongoing, comprehensive and integrated system that exists to actively initiate, monitor and evaluate standards of health care practice and infrastructures essential to the delivery of quality clinical care and service to enrolled members.

## Some highlights from the 2007 QI program include:

- Mailed approximately 1.1 million letters to 45,567 members to remind them of their PCP's role and the importance of seeking preventive health care
- Assessed 804 PCP medical records from 309 providers, for compliance to practice guidelines from 2006 through 2007
  - Overall percent of providers who scored 80% or better increased from 86% to 98%
  - Early and Periodic Screening Diagnostic and Treatment (EPSDT) health education and counseling documentation increased from 98% to 100%
  - EPSDT—documentation of complete immunization status increased from 96% to 98%
  - Asthma—pulmonary assessment documentation increased from 98% to 100%
- Refined the program's focus on patient safety
  - Out of 11 complaints received, the Potential Quality of Care complaints is at 0.024/K (Michigan Medicaid benchmark: 0.31/K)
  - 91% of medical records assessed documented allergies or NKA
  - Audit program launched for patient safety programs in facilities
- Assessed network capacity
  - In 10 of the 11 areas for Georgia, the GeoAccess rate average is 96.2%
  - OB/Gyn GeoAccess at 100% for all segments
- Maintained Customer Service metrics that exceeded standards and benchmarks. For 2007,
  - Out of 484,520 member calls, the average speed to answer (ASA) was 91.2% answered within 30 seconds
  - Out of 227,628 provider calls, the ASA was 93.2% answered within 30 seconds
  - Out of 532,440 member and provider calls, the abandonment rate (ABR) was 1.0% for members and 0.3% for providers
  - Zero blocked calls for both members and providers
  - Out of 1,525,872 Web hits, the Web site records search time within five seconds was 99%
- Out of 4,703,640 claims for 2007, 99.61% were processed within 15 days and 99.85% within 30 days.

To receive a copy of our Quality Improvement Program guidelines, please fax a request to the Quality Improvement department at 1-877-277-1810.

## CDC GUIDELINES

The Centers for Disease Control and Prevention (CDC) has released the 2008 Advisory Committee on Immunization Practices (ACIP) schedule for immunization. It can be viewed by accessing the CDC Web site at [www.cdc.gov/vaccines/recs/schedules](http://www.cdc.gov/vaccines/recs/schedules), on the [georgia.wellcare.com](http://georgia.wellcare.com) portal or by contacting your Provider Relations representative.

# SEND THE RIGHT MESSAGE ON MEMBER CALLS

Prompt communication and responsiveness are critical parts of working with existing and new members. WellCare looks to its provider partners to enhance member satisfaction by ensuring that communication is handled appropriately.

WellCare member satisfaction survey results from Magellan indicate that there is opportunity for improvement regarding practitioner telephone responsiveness during and after office hours.

It is not always possible for providers in private practice to be available on a 24/7 basis. Existing and new members may call during times of crisis, after hours, or when you are seeing patients. In these instances, voicemail is often the first line of communication with a member. The use of informative and effective voice messages can create a positive first impression and may help alleviate the number of calls you need to return.

Your office's outgoing message should provide instructions for members seeking emergency services. It should also include routine office appointment information and a timeframe when you normally return calls.

This should help to facilitate reasonable member expectations about your office's telephone access. Member satisfaction is likely to increase when members know what to expect from you regarding their calls and phone messages.

Magellan offers a list of suggestions about what to include in your voice message. You can obtain this list by calling the Southeast Care Management Center Quality Improvement staff toll-free at 1-800-424-1535, ext. 42235.

# REMEMBER TO UPDATE

## YOUR PRACTICE'S INFORMATION WITH WELLCARE

To avoid any delay or interruption in timely claims processing, it is very important that you notify WellCare in advance of any changes to an address or tax identification number. Claims submitted with information that does not match what we have in our system will automatically generate a "front-end denial."

If you have an address change, remember that you must obtain and provide us with a Georgia Medicaid ID number specific to that address before we can pay claims for services rendered there. We are prohibited by law and by our contract with the State of Georgia from paying for services delivered at a location that does not have its own corresponding Medicaid ID. Also, if you will be performing lab services at the new address, remember that you must obtain the appropriate CLIA certificate for that location as well. Lastly, if you are a primary care provider, our credentialing standards require that we perform a site visit at the new location before the configuration process can be completed.

All of these changes require written requests from providers before we can make them in our system.

**Please submit your request on your practice's letterhead to:**

**WellCare of Georgia**

**ATTN: Provider Operations**

**211 Perimeter Center Parkway, Suite 800**

**Atlanta, GA 30346**

Be sure to include an effective date for the identified change.

**Questions?**

Call our Provider Hotline at 1-866-231-1821.

# MEDICAL RECORD REVIEWS

A strong network of providers is instrumental to WellCare's continuing success. In accordance with our goal to keep the network strong, WellCare conducts medical record reviews on a quarterly basis to assess our providers' performance against a variety of standards.

WellCare reviewed 498 charts that were selected from 180 providers. The areas surveyed include: Early and Periodic Screening Diagnostic and Treatment (EPSDT), diabetes, asthma and adult preventive health guidelines. In addition to these specialty surveys, there are 21 measures monitored in all reviews.

**Of particular note were the results in the following categories:**

- General measures—98.4% of providers scored 80% or higher
- Allergies—91%
- Chronic problem list—95%
- Health history—93%
- Findings on exam—100%
- Plan of care/outcome—100%
- Appropriate care—100%
- Referral and treatment between PCP and specialist—95%
- Health education and counseling noted—100%
- Pulmonary assessment—100%

You may be contacted by our vendor, Managed Care Outsource, if you are selected for review. Providers are selected randomly from claims data from the previous quarter.

WellCare wishes to thank all providers for taking part in our Medical Record Reviews.

**Your assistance in this process helps to make our entire network stronger!**

## 2008 QI FOCUS

- Preparation for National Committee on Quality Assurance (NCQA) Survey
- Expanding scope of patient safety standards
- Emphasis on member education regarding EPSDT/Health Checks and immunizations
- Monitoring of compliance with Preventive Health and Clinical Practice Guidelines through the medical record review program
- Ongoing assessment of provider appointment timeliness and network adequacy
- Enhanced training of WellCare associates in all areas



## SERVICE REQUEST DENIAL RECONSIDERATION

WellCare reviews all requests for outpatient and inpatient services for medical necessity, appropriateness of care and place of service. The review determinations are made in accordance with nationally recognized criteria, which are objective and based on medical evidence. The review also takes into consideration the individual needs of the patient and the capabilities of the local health care delivery system.

### NOTICE OF PROPOSED ACTION

When the review determination results in an adverse determination (denial), a Notice of Proposed Action letter is mailed to the member and the requesting provider.

### PEER-TO-PEER RECONSIDERATION AVAILABLE

The provider has the option to request a peer-to-peer reconsideration of an adverse review determination. The option of peer-to-peer reconsideration and how to request one is offered in the Notice of Proposed Action letter that is sent to the provider. The provider may contact the Medical Director who made the adverse review determination by using the toll-free number listed in the letter. Reconsideration is available to providers within three business days of receipt of a Notice of Proposed Action letter.

Please use the number on the letter for *physician/provider* communications only.

WellCare believes this process gives providers the opportunity to present additional information supporting the request for services and facilitates timely authorization.



# PROVIDER MATERIALS UPDATE

The following correspondence was sent since our last newsletter and can be found at [georgia.wellcare.com](http://georgia.wellcare.com). Click on the Providers tab, then on the Banner Messages link listed under Resources in the left column.

Remember to check the Banner Messages on a regular basis to receive new and updated information.

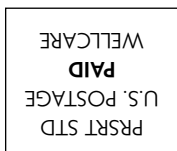
- Preferred Drug List Update
- Medicaid ID Required

- Vaccine Recall
- Claims Diagnostic Related Grouper (DRG) Payment Change
- Authorization and Notification Process for OB Hospital Services
- Durable Medical Equipment Authorization, Payment and Contracting Process
- Sterilization, Hysterectomy and Abortion Benefit and Authorization Update

## WEB RESOURCES

WellCare Preventive and Clinical Practice Guidelines, Early Periodic Screening, Diagnostic and Treatment (EPSDT) documents, Pharmacy Guidelines and other helpful resources are available at [georgia.wellcare.com](http://georgia.wellcare.com). Providers may also request hard copies by contacting their Provider Relations representative. For additional information, please contact the Provider Hotline at **1-866-231-1821**.

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# Recommendations for Preventive Pediatric Health Care

## Bright Futures/American Academy of Pediatrics



Bright Futures  
prevention and health promotion for infants,  
children, adolescents, and their families™

Each child and family is unique; therefore, these **Recommendations for Preventive Pediatric Health Care** are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. **Additional visits may become necessary** if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.  
These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE <sup>1</sup>	INFANCY					EARLY CHILDHOOD					MIDDLE CHILDHOOD					ADOLESCENCE												
	PRENATAL <sup>2</sup>	NEWBORN <sup>3</sup>	3-5 yr <sup>4</sup>	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr	18 yr	19 yr	20 yr	21 yr
<b>HISTORY</b>																												
Initial/Interval																												
<b>MEASUREMENTS</b>																												
Length/Height and Weight																												
Head Circumference																												
Weight for Length																												
Body Mass Index																												
Blood Pressure <sup>5</sup>																												
<b>SENSORY SCREENING</b>																												
Vision																												
Hearing																												
<b>DEVELOPMENTAL/BEHAVIORAL ASSESSMENT</b>																												
Developmental Screening <sup>6</sup>																												
Autism Screening <sup>7</sup>																												
Developmental Surveillance <sup>8</sup>																												
Psychosocial/Behavioral Assessment <sup>9</sup>																												
Alcohol and Drug Use Assessment <sup>10</sup>																												
<b>PHYSICAL EXAMINATION<sup>11</sup></b>																												
<b>PROCEDURES<sup>12</sup></b>																												
Newborn Metabolic/Hemoglobin Screening <sup>13</sup>																												
Immunization <sup>14</sup>																												
Hematoctrit or Hemoglobin <sup>15</sup>																												
Lead Screening <sup>16</sup>																												
Tuberculin Test <sup>17</sup>																												
Dyslipidemia Screening <sup>18</sup>																												
STI Screening <sup>19</sup>																												
Cervical Dysplasia Screening <sup>20</sup>																												
<b>ORAL HEALTH<sup>21</sup></b>																												
<b>ANTICIPATORY GUIDANCE<sup>22</sup></b>																												

1. It is a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the sup-  
 2. A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a compre-  
 3. The prenatal visit should include anticipatory guidance, pertinent medical history, and a discussion of benefits of  
 4. Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital.  
 5. To include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, encour-  
 6. Every infant should have an evaluation within 48 hours of discharge per AAP statement "Hospital Stay for Healthy Term  
 7. Measure measurement in infants and children with specific risk conditions should be performed at visits before age 3  
 8. Young Adults by Pediatricians" (2007) URL: <http://aappublications.org/doi/full/pediatrics/114/5/922>  
 9. Hearing Detection and Intervention Programs" (2000) URL: <http://aappublications.org/doi/full/pediatrics/110/4/1036>

10. It should come under care for the first time at any point on the schedule, or if any items are not accomplished at the sup-  
 11. AAP Council on Children With Disabilities, AAP Section on Developmental Behavioral Pediatrics, AAP Bright Futures Steering  
 12. Committee, AAP Medical Home Initiatives for Children With Special Needs Project Advisory Committee, Identifying Infants  
 13. and Young Children with Developmental Disabilities in the Medical Home: An Algorithm for Developmental Surveillance  
 14. Gupta VB, Hyman SL, Johnson CP, et al. Identifying children with autism early? Pediatrics. 2007;119:152-153 [URL:  
 15. <http://pediatrics.aappublications.org/doi/full/119/1/152>].  
 16. At each visit, age-appropriate physical examination is essential, with infant totally unclothed, older child undressed and suit-  
 17. able and appropriate retelling or rene done as needed annually in the January issue of Pediatrics. Every visit  
 18. and appropriate retelling or rene done as needed annually in the January issue of Pediatrics. Every visit  
 19. 13. Newborn metabolic and hemoglobinopathy screening should be done according to state law. Results should be reviewed at  
 20. should be an opportunity to update and complete a child's immunizations.  
 21. See AAP Pediatric Nutrition Handbook, 8th Edition (2003) for a discussion of universal and selective screening options. See  
 22. also Recommendations to prevent and control iron deficiency in the United States. (MMWR. 1982;31:31-36. and  
 23. Management" (2005) [URL: <http://aappublications.org/doi/full/pediatrics/116/4/1036>]. Additionally, screen-  
 ing should be done in accordance with state law where applicable.

16. Perform risk assessments or screens as appropriate, based on universal screening requirements for patients with Medicaid  
 17. Tuberculin testing per recommendations of the Committee on Infectious Diseases, published in the current edition of *Red  
 Book: Report of the Committee on Infectious Diseases*. Testing should be done on recognition of high-risk factors.  
 18. United Report of the National Child Education Program (NCEP) Expert Panel on Education, Evaluation, and Treatment  
 19. of Children with Autism Spectrum Disorders (2001) [URL: <http://www.ncep.org/autism/autism.htm>].  
 20. Child and Adolescent Overweight and Obesity: Supplement to Pediatrics. In press.  
 21. At sexually active patients should be screened for sexually transmitted infections (STIs).  
 22. If a patient is sexually active, it is appropriate as part of a pelvic examination beginning within 3 years  
 23. of onset of sexual activity or age 21 (whichever comes first).  
 24. Referral to dental home, if available. Otherwise, administer oral health risk assessment. If the primary water source is deli-  
 25. erious in fluoride, consider oral fluoride supplementation.  
 26. If a patient is sexually active, it is appropriate as part of a pelvic examination beginning within 3 years  
 27. of onset of sexual activity or age 21 (whichever comes first).  
 28. If the patient is sexually active, it is appropriate as part of a pelvic examination beginning within 3 years  
 29. of onset of sexual activity or age 21 (whichever comes first).  
 30. Refer to the specific guidance by age as listed in Bright Futures Guidelines (Hagan JF, Shaw JS, Duncan PH, eds. Bright  
 31. Futures Guidelines for the Clinical Care of Infants, Children, and Adolescents. 3rd ed. Elk Grove Village, IL: American  
 32. Academy of Pediatrics; 2008).

**KEY**

● = to be performed ★ = risk assessment to be performed, with appropriate action to follow, if positive ◀ = to be performed ▶ = risk assessment to be performed, with the symbol indicating the preferred age

# GEORGIA PHARMACY UPDATE

## PATIENT SAFETY INITIATIVES

Beginning July 2007, WellCare implemented a Point-of-Sale Drug Utilization Review Patient Safety Program. The program was created to provide a system for point-of-dispensing identification and notification of potential interactions by severity. It involves a review of the prescription and the patient's drug-claim history by the retail pharmacist prior to the prescription being processed. This review determines if there are potential drug therapy problems with a new prescription, including therapeutic duplication (TD) and drug-drug interactions (DD).

## PHARMACY LOCK-IN PROGRAM

WellCare's Clinical Pharmacy department has established a Pharmacy Lock-In Program, which limits over-utilizing members—i.e. multiple pharmacies, multiple physicians or multiple controlled substances—to a single pharmacy for all their prescription medication needs. The Clinical Pharmacy department analyzes, reviews and identifies members who meet the established criteria to be enrolled in the program. Members who meet the criteria will be assigned to the program and to a specific pharmacy. A letter is sent to the member and physician regarding the program. Those members who meet additional criteria will be assigned to the Case Management department for additional monitoring.

## ATYPICAL ANTIPSYCHOTIC MONITORING GUIDELINES

Atypical antipsychotics have some advantages over original, first-generation antipsychotics because of a lesser tendency to cause extrapyramidal symptoms and tardive dyskinesia. However, these medications have significant metabolic side effects, including weight gain, hyperglycemia, hyperlipidemia, agranulocytosis and prolactin elevation.

The American Diabetes Association, the American Psychiatric Association, the American Association of Clinical Endocrinologists and the North American Association for the Study of Obesity have recommended guidelines for safe prescribing of atypical antipsychotics.<sup>1</sup>

The guidelines include a health history, screening measurements and certain diagnostic tests that are to be monitored with regular frequency upon initiation of atypical antipsychotics.

Measure	Baseline	4 weeks	8 weeks	12 weeks	Annually
Personal/family history	X				X
Body Mass Index (BMI)	X	X	X	X	X
Waist circumference	X				X
Blood pressure	X			X	X
Fasting blood glucose	X			X	X

- There is also a need to monitor prolactin levels in patients prescribed risperidone, at baseline and follow-up intervals.
- Encourage all patients on atypical antipsychotics to follow a healthy diet and engage in a rigorous exercise program.

1. American Diabetes Association; American Psychiatric Association; American Association of Clinical Endocrinologists; North American Association for the Study of Obesity. Consensus development conference on antipsychotic drugs and obesity and diabetes. Diabetes Care 2004; 27(2):596-601

## FORMULARY UPDATES

The following medications were added to the Georgia Medicaid formulary in November and December 2007: Zaditor OTC, Prudoxin.

Effective January 1, 2008, Novolin and Novolog products are non-preferred for Medicaid and Medicare.

Non-Preferred	Preferred Alternative
Novolin	Humulin
Novolog	Humalog