

PROVIDER

Newsletter

PROVIDER MATERIALS UPDATE

The following correspondence was sent to providers via fax or the Web site's *Messages* since our last newsletter. Click on the *Provider* tab, and you will see *Messages from WellCare* located in the right-hand column. Remember to check the messages regularly to receive new and updated information such as:

- Flu vaccination season
- Claims corrections, adjustments or appeals
- Synagis administration for 2009
- How the secure WellCare Web site can work for you

WEB RESOURCES

WellCare Preventive and Clinical Practice Guidelines, Early and Periodic Screening, Diagnostic and Treatment (EPSDT) documents, Pharmacy guidelines, the 2009 Cultural Competency Plan and other helpful resources are available at georgia.wellcare.com.

New Guidelines include:

- 2009 Pediatric Preventive Health Guidelines
- 2009 Adult Preventive Health Guidelines
- Obesity Clinical Practice Guidelines
- Asthma Clinical Practice Guidelines

While summaries of all these documents are also contained in the Provider Handbook, if hard copies of the entire content are desired, please contact your Provider Relations representative or the Provider Hotline at 1-866-231-1821 for Medicaid or 1-866-334-7730 for Medicare.

CDC GUIDELINES

The Centers for Disease Control and Prevention (CDC) has released the 2009 Advisory Committee on Immunization Practices (ACIP) schedule for immunizations. It can be viewed by accessing the CDC Web site at www.cdc.gov/vaccines/recs/schedules. Hard copies may be requested by contacting your Provider Relations representative.

WEB REGISTRATION IS FAST AND EASY

To take advantage of WellCare's Web site, go to www.wellcare.com or georgia.wellcare.com and follow these simple steps:

1. Create a new account using the *Sign Up Here* link that appears on the home page. The *Register Here* link on the top right side of the following page will direct you to the Provider Registration form.
2. Complete the registration form. Your WellCare-issued Provider ID appears in your welcome packet and on your Explanation of Payment copies.
3. Create a user name. A confirmation page will be displayed. You should print this page for your records.
4. Within 24 hours of registration, you will receive an e-mail with a temporary password that will expire in 30 days. Use this password to log onto the WellCare site and create a password of your preference.

Be sure to keep your user name and password information for future reference.



QUALITY IMPROVEMENT HIGHLIGHTS FROM 2008

The WellCare of Georgia 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 members.

Some highlights from the 2008 QI program include:

- Secured National Committee for Quality Assurance (NCQA) New Health Plan Accreditation
- Achieved full External Quality Review Organization (EQRO) compliance with an overall score of 99 percent
- Increased key Early and Periodic Screening, Diagnostic and Treatment (EPSDT) screening rates. For example, lead screening rates increased by 83 percent (from 24.2 to 44.5 percent), exceeding the state's 2013 target of 38.30 percent.
- Mailed 1,100,000 letters to members to remind them of their PCP's role and the importance of seeking preventive health care
- Created and revised member educational materials for EPSDT services
- Completed a CMS dental audit
- Assessed 914 PCP medical records from 176 providers, for compliance to practice guidelines

Some highlights include:

- Overall, 99 percent of providers scored 80 percent or better
- Evidence of appropriate EPSDT referral from the PCP to a specialist provider increased from 95 percent at end of 2007 to 100 percent at end of 2008
- Body Mass Index (BMI) documentation on EPSDT records increased from 50 percent at end of 2007 to 64 percent at end of 2008
- Asthma medication monitoring increased from 90 percent at end of 2007 to 98 percent at end of 2008
- A documented initial health screening was reflected on 98 percent of all medical records
- Refined focus on patient safety
 - Created and distributed a Patient Safety Tip Sheet to providers (available from your Provider Relations representative)
 - Supported a federal initiative to assist Georgia providers in obtaining electronic medical records
 - Created a Quality of Care/Quality of Service task force that revised the process for tracking and monitoring incidents, leading to greater process efficiency
- Assessed network capacity
 - Achieved a 95 percent primary care physician access rate average statewide
 - Launched a process improvement initiative to ensure correct provider contact information

- Supported a new Medicare initiative to better track and monitor geographic availability in compliance with CMS requirements
- Initiated a process improvement on telephonic appointment timeliness and after-hours audits in response to provider feedback
- Maintained Customer Service metrics that exceeded standards and benchmarks for 2007:
 - Out of 406,283 member calls, the average speed to answer (ASA) was 13 seconds
 - Out of 127,193 provider calls, the ASA was 20 seconds
 - Out of 533,476 member and provider calls, the abandonment rate (ABR) was 1.4 percent for members and 1.3 percent for providers

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

2009 QI FOCUS

- Maintaining state of readiness for annual EQRO
- Promoting activities and processes to prepare for a successful NCQA re-accreditation in 2011
- Performing HEDIS data collection and rate analysis, initiating improvement activities, as warranted
- Conducting aggressive outreach to members in need of clinical care services, such as those related to the diagnosis of asthma or diabetes, or experiencing the condition of pregnancy, and coordinating services as needed to promote the continuum of care
- Continuing emphasis on member/provider education regarding EPSDT/Health Check, lead screening and immunizations
- Monitoring compliance with preventive health and clinical practice guidelines through medical record review
- Collaborating with community agencies to promote and improve the care of our members
- Tracking and monitoring for effective processing of quality of care and service incidents
- Expanding the scope of patient safety surveillance
- Continuing efforts to decrease medication errors and increase utilization of electronic medical records
- Facilitating process improvement for ongoing provider appointment timeliness audits
- Increasing focus on sound data analysis, including examination of barriers and development of meaningful interventions that address identified opportunities to improve the level of health care and service delivery

BREAK THE CODE FOR BETTER CARE AND SERVICE

Medical records allow for chronological documentation of patient care. The record should reflect pertinent facts, findings and observations about the patient's health history, including past and present illnesses, examinations, tests, treatments and outcomes. Medical record documentation also assists physicians and other health care professionals in evaluating and planning the patient's immediate treatment and monitoring health care over time.

Concise medical record documentation is critical to providing the patient-specific information needed to facilitate uninterrupted and coordinated care throughout the patient's health care experience. It may also be reviewed to support reimbursement for rendered services.

To assist with the creation of adequate medical record documentation, the Centers for Medicare and Medicaid Services (CMS) offers the Evaluation and Management Services Guide, which includes CMS reference tools, publications and Web site links with documentation guidelines.

The 2008 version of the CMS guide for E&M Medical Record Documentation is available at www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf

Source: Evaluation & Management Services Guide, July 2008
www.cms.hhs.gov/MLNProducts/downloads/eval_mgmt_serv_guide.pdf



MAGELLAN AND WELLCARE FOCUS ON QUALITY

Magellan Health Services (MHS) works closely with WellCare of Georgia to provide appropriate behavioral health care to WellCare members when needed.

MHS has a Quality Improvement (QI) program that works to improve the care and services received by WellCare members. As part of efforts to increase the effectiveness of its QI program, Magellan conducts an annual evaluation of QI activities to determine accomplishments as well as opportunities for improvement. This information is available to providers.

Below are highlights of MHS accomplishments during 2008:

- Overall behavioral health provider satisfaction results improved to 95 percent
- Overall member satisfaction with Magellan services improved from the prior year for all three population groups and was at or higher than the threshold goal of 85 percent
- Formal quality improvement activities included interventions to improve:
 - Practitioner monitoring of second-generation antipsychotic medications
 - Member compliance with ambulatory follow-up requirements
 - Magellan provider utilization of online treatment requests resulting in immediate approval of higher number of treatment requests
 - Magellan provider use of electronic claims filing from 52 percent to 60 percent, resulting in more efficient claims processing and improved provider satisfaction

- Maintained or improved facility/patient safety monitoring in areas of focus including:
 - Pharmacist review of members on multiple medications
 - Monitoring use/overuse of restraints
 - Coordination of care across levels of care at discharge
 - Discharge summary and labs sent to PCP

A review of 2008 Magellan provider satisfaction survey results showed provider satisfaction in a number of areas, including:

- Availability of clinical staff
- Timeliness of communication regarding authorization determinations
- Experience with Magellan compared with other managed care behavioral organizations
- Accuracy of claims payment
- Timeliness of claims payment
- **MagellanHealth.com** Web site

Magellan looks forward to ongoing feedback from providers about how to continue to deliver better services. Provider participation and support of Magellan's quality improvement activities helps us to continue to provide members with quality care.

If you would like to obtain further detail or information about Magellan's Quality Improvement program and its activities, please contact the QI department at 1-800-424-5412.

MAGELLAN WEB ACCESS

As a participating WellCare of Georgia provider, you have access to a wealth of information regarding behavioral health and substance abuse care. After selecting the Magellan health link from the georgia.wellcare.com Web site, you are just a few

clicks away from current clinical practice guidelines on such topics as attention deficit hyperactivity disorder, bipolar disorder and depression. If you have any questions about the care of a specific WellCare member, please call Magellan at 1-800-424-5412.

COORDINATION OF CARE MAXIMIZES OUTCOMES

A recent Google™ search identified more than 11 million documents related to coordination of care. With so much information available, one might think that it is a commonly used phrase or practice, but it is not necessarily routinely utilized by all health care professionals. WellCare reminds providers that coordination of care is appropriate for all disciplines at all levels of care, including inpatient-outpatient, medical-behavioral, PCP-specialty and intra-disciplinary.

Communication and coordination/integration of care among medical and behavioral health providers is a best-practice principle essential to optimizing consumer safety and clinical outcomes.

Members with co-morbid medical and behavioral health conditions can be particularly vulnerable to complications that may result from inadequate coordination of care between treating providers. All providers, medical and behavioral, are expected to initiate communication that facilitates and enhances continuity of care, relapse prevention, member safety and satisfaction.

It must be noted, though, that health care providers can only coordinate care to the extent permitted by confidentiality requirements. There may be occasions when the member refuses to sign consent for release of information.

Keeping in mind the ultimate goal of enhanced member well-being, it behooves all parties to take the necessary steps for coordination of care.

Source: National Archives and Records Administration



MEDICAID

BREASTFEEDING: THE NATURAL CHOICE FOR HEALTH

SHOWS GREAT POTENTIAL TO ENHANCE MATERNAL AND CHILD HEALTH

With few medical exceptions, the American Academy of Family Physicians recommends that most mothers breastfeed their babies exclusively for the first six months and in combination with other foods until at least 12 months. Breastfeeding is not recommended for women with HIV and certain other conditions.

Promotion and support of breastfeeding should begin in prenatal care and continue after delivery and during pediatric care. Unless medical contraindications exist, babies should be put to their mother's breast within the first hour after birth.

The American Academy of Pediatrics recommends supplementing breastfeeding with Vitamin D drops until the infant begins to consume at least 500 ml of commercial formula. Pediatric providers should be able to refer families to local lactation consultants and support services. Structured educational programs are more effective than written materials alone. Refer to the resources listed in the accompanying box for more information.

FOR PROVIDERS:

- Breastfeeding policies and resources: www.aafp.org, www.acog.org, www.aap.org and www.apha.org
- Safety of maternal medications during breastfeeding: www.perinatology.com/exposures/druglist.htm
- International Lactation Consultant Association: www.ilca.org
- Academy of Breastfeeding Medicine: www.bfmed.org

FOR FAMILIES:

- The National Women's Health Information Center: www.4women.gov/breastfeeding or 1-800-994-9662

Source: American Academy of Family Physicians; American Academy of Pediatrics

NEW GLUCOMETER AND TESTING SUPPLY VENDORS

As of Jan. 1, 2009, our preferred glucometers and testing supplies have changed. We are no longer covering Bayer-brand glucometers and the corresponding testing supplies, including Ascensia Breeze®, Breeze® 2, Contour®, Elite® and Elite® XL. Our preferred glucometers and testing strips are the following:

ROCHE	ABBOTT
Preferred Glucometers	
Accu-Chek® Active Care Kit	FreeStyle Lite® Meter
Accu-Chek® Advantage Care Kit	FreeStyle Freedom® Lite Meter
Accu-Chek® Aviva Care Kit	Precision Xtra® Meter
Accu-Chek® Compact Plus Care Kit	
Preferred Test Strips	
Accu-Chek® Active Test Strips	FreeStyle Lite® Test Strips
Accu-Chek® Advantage Test Strips	Precision Xtra® Test Strips
Accu-Chek® Aviva Test Strips	
Accu-Chek® Comfort Curve Test Strips	
Accu-Chek® Compact Test Drums	

DENTAL SERVICES ARE VITAL FOR TOTAL HEALTH

WellCare encourages providers to reinforce the importance of dental services to our members.

Dental services are an important part of well-child screenings, which are completed twice a year from birth to 21 years of age. Dental services must be provided at intervals that meet reasonable standards of dental practice, as determined after consultation with recognized dental organizations involved in child health and at such other intervals, as indicated by medical necessity, to determine the existence of a suspected illness or condition.

Services must include, at a minimum, relief of pain and infections, restoration of teeth and maintenance of dental health. Dental services may not be limited to emergency services.

Oral screening may be part of a physical exam, but does not substitute for a dental examination performed by a dentist as a result of a direct referral to a dentist. A direct dental referral is required for every child in accordance with the periodicity schedule set by the state. All services coverable under the Medicaid program must be provided to recipients if determined to be medically necessary.

If a condition requiring treatment is discovered during a screening, the necessary services must be provided to treat that condition.

Please remind patients to make dental visits twice a year.

Sources: American Academy of Pediatrics

MEDICAID

VFC: THE RX FOR VACCINATIONS

The federally funded Vaccines for Children (VFC) program supplies free vaccines to VFC-participating physicians for use with Medicaid and PeachCare for Kids patients.

Because vaccines are available to physicians at no charge, please note that WellCare's reimbursement for immunization is limited to the administration fee only. The Medicaid reimbursement for administration is \$8 for a single-antigen vaccine and \$10 for a multiple-antigen vaccine. Providers may bill WellCare for

GENERIC DRUG NEWS AND FORMULARY UPDATES

The generic drugs listed below are now available to WellCare's **Medicaid** and **Medicare** members at the lowest cost-sharing benefit:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Cosopt® 2%-0.5% Ophthalmic Solution*	Dorzolamide HCl/Timolol Maleate 2%-0.5% Ophthalmic Solution	Antiglaucoma Agent
Imitrex® STATdose System*	Sumatriptan Succinate 4mg/0.5mL, 6mg/0.5mL Solution for Injection	Anti-Migraine Agent
Keppra® Tablet*	Levetiracetam Tablet	Anticonvulsant Agent
PhosLo® Gelcaps 667mg Capsule*	Calcium Acetate 667mg Capsule	Phosphate Binding Agent
Razadyne® Tablet*	Galantamine Hydrobromide Tablet	Cholinesterase Inhibitor
Razadyne® ER Extended-Release Capsule (Medicare only)	Galantamine Hydrobromide Extended-Release Capsule (Medicare only)	Cholinesterase Inhibitor
Retrovir® 50mg/5mL Syrup*	Zidovudine 50mg/5mL Oral Syrup	Antiviral Agent
Tobradex® 0.3%-0.1% Ophthalmic Suspension*	Tobramycin/Dexamethasone 0.3%-0.1% Ophthalmic Suspension	Ophthalmic Anti-infective/ Anti-inflammatory Combination
Trusopt Ocumeter® 2% Ophthalmic Solution*	Dorzolamide HCl 2% Ophthalmic Solution	Antiglaucoma Agent
Videx® EC Delayed-Release Capsule*	Didanosine Delayed-Release Capsule	Antiviral Agent

*These brand-name drugs have been removed from WellCare's Medicaid Preferred Drug List

The following changes have been made to WellCare's **Medicare Formulary**:

ADDITIONS	REMOVALS
Alocril® 2% Ophthalmic Solution	Ketotifen Fumarate 0.025% Ophthalmic Solution
Azasite® 1% Ophthalmic Solution	✘ We have also removed the Step Edit associated with Januvia® Tablets and Janumet® Tablets
Bicillin® C-R and L-A Syringes	
Boniva® Tablet, 3mg/3mL Solution for Injection (PA* - Injection only)	
Crestor® Tablet	
GoLYTELY®	
HalfLytely®-Bisacodyl Bowel Prep Kit	
Pristiq® Extended-Release Tablet (with PA*)	
Stavzor™ Delayed-Release Capsule	
Voltaren® 1% Topical Gel	

*PA - Prior Authorization

The following changes have been made to WellCare's **Medicaid Preferred Drug List**:

ADDITIONS	REMOVALS
Bicillin® C-R and L-A Syringes	Avelox® Tablet
Budesonide Nebulizer Suspension	Avonex® 30mcg
Isentress® 400mg Tablet	Ribasphere Capsule
Levaquin® Tablet	Solaraze 3% Topical Gel
NuLYTELY® with Flavor Packets	
Pegasys® 180mcg	
Relenza® 5mg Powder for Inhalation	
Restasis® 0.05% Ophthalmic Emulsion	
Voltaren® 1% Topical Gel	

the corresponding administration fee, but it must be billed under the actual vaccine code (i.e., 90700, etc.) so that we can accurately track and report immunization types and patient compliance with the ACIP-recommended schedule.

For more information about VFC, go to the CDC's Web site at www.cdc.gov/vaccines/programs/vfc/default.htm, or to the Georgia Department of Human Resources VFC Web site at health.state.ga.us/programs/immunization/vfc/index.asp.



WellCare of Georgia, Inc.
211 Perimeter Center Parkway
Suite 800
Atlanta, GA 30346

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SEE THE VALUE OF ANNUAL EYE EXAMS

It is WellCare's goal for every member to receive a routine eye exam annually. If you have patients that have not yet had an annual eye exam, please remind them to schedule an appointment. This is especially important for diabetics.

Diabetics should be encouraged to see an eye-care professional for a diabetic retinopathy exam on an annual basis. Per the American Diabetes Association, diabetics should undergo an annual retinal examination by an ophthalmologist or optometrist who is knowledgeable and experienced in the management of diabetic retinopathy. Patients with any level of macular edema, severe non-proliferative retinopathy or any proliferative retinopathy require the prompt care of an ophthalmologist who is knowledgeable and experienced in the management of diabetic retinopathy.

For further discussion, see the American Diabetes Association's position statement (American Diabetes Association: Diabetic retinopathy [Position Statement]. *Diabetes Care* 23 [Suppl 1]:S73-76, 2000).

Consult the **Quick Reference Guide** in the Provider area of georgia.wellcare.com to refer members to the appropriate contracted vision vendor.



CHILD HEALTH CHECKUP TIPS

WellCare members are entitled to receive a comprehensive package of preventive health care through Health Check, Georgia’s Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program. Here are some questions and answers to help you conduct, document and bill for the Health Check exams.

Question: How often should a member receive a Health Check exam?

Answer: Health Check exams should be administered as follows:

- Newborn
- 3–5 days
- 1 month of age
- 2 months of age
- 4 months of age
- 6 months of age
- 9 months of age
- 12 months of age
- 15 months of age
- 18 months of age
- 24 months of age
- 30 months of age
- Every year from 3–21 years of age for Medicaid members
- Every year from 3–19 years of age for PeachCare members

Question: What must I do to perform a Health Check exam?

Answer: A Health Check exam has three components that must be provided:

- A comprehensive health history—including an assessment of physical and mental development
- A comprehensive unclothed exam
- Health education, including anticipatory guidance

Question: How do I bill for Health Check exams?

Answer: Bill for a Health Check exam using these codes:

Age of Child	New Patient	Established Patient
0–1 years of age	99381	99391
1–4 years of age	99382	99392
5–11 years of age	99383	99393
12–17 years of age	99384	99394
18–20 years of age	99385	99395

Acceptable ICD-9 code: V20.2

Please be sure to use the correct CPT code based on the patient’s age.

Question: To ensure I get credit for doing a Health Check exam, how should I document it in my patient’s record?

Answer: Documentation in the medical record must include a note indicating a visit with a primary care practitioner, the date the Health Check visit occurred, and evidence of all three of the required components listed earlier.

There are several forms available that can assist you in ensuring you have documented correctly. You may find these forms:

- In your Provider Handbook at georgia.wellcare.com/Provider/ProviderManual
 - Section 3: Provider Responsibilities
 - Section 13: Medical Records
 - Section 19: Medical Record Tools
 - Medical Record Review EPSDT Definitions
 - Medical Record Review EPSDT Tool
- In Georgetown University’s Bright Futures program at: www.brightfutures.org/encounter/provider/index.html

Question: How should I bill when I perform a Health Check during a sick visit, say for a child with asthma?

Answer: Up to a level 2 Evaluation and Management code can be billed with a Preventive Medicine code, if appropriate modifiers and diagnoses codes are submitted. Using the asthma condition as an example, the claim should reflect the following elements:

CPT-4 Codes	Modifier	Diagnosis Code	Others
99393	EP	493 (asthma)	Referral Code S2 (identified asthma condition is under treatment by the PCP)
99212	25	493 (asthma)	

WellCare recently completed a medical record review on Health Check/well-child records and discovered a common theme.

Providers are conducting well-child visits; however the anticipatory guidance is not documented. Anticipatory guidance is a required part of a complete Health Check and well-child exam. Further, to receive credit for a Health Check exam, you must document guidance was given.

For more information on Health Check and well-child exams, please visit the WellCare Provider Resources posted on georgia.wellcare.com.

WHAT IS HEDIS®?

HEDIS® (Healthcare Effectiveness Data and Information Set) consists of a set of performance measures utilized by more than 90 percent of American health plans that compare how well a plan performs in these areas:

- Quality of care
- Access to care
- Member satisfaction with the health plan and doctors

WHY HEDIS® IS IMPORTANT

HEDIS® ensures health plans are offering quality preventive care and service to members. It also allows for a true comparison of the performance of health plans by consumers and employers.

VALUE OF HEDIS® TO YOU, OUR PROVIDERS

HEDIS® can help save you time while also potentially reducing health care costs. By proactively managing patients' care, you are able to effectively monitor their health, prevent further complications and identify issues that may arise with their care.

HEDIS® can also help you:

- Identify noncompliant members to ensure they receive preventive screenings
- Understand how you compare with other WellCare providers as well as with the national average

VALUE OF HEDIS® TO YOUR PATIENTS, OUR MEMBERS

HEDIS® ensures that members will receive optimal preventive and quality care. It gives members the ability to review and compare plans' scores, helping them to make informed health care choices.

WellCare of Georgia is concerned about our members' health. In the upcoming months, as part of our planned HEDIS® initiatives, we will be making outreach phone calls to members and/or parents or guardians of targeted members. These calls will inform and educate them about the importance of preventive health screenings. We will encourage the scheduling of appointments for breast cancer and cervical cancer screening, child and adolescent well visits, childhood immunizations, lead screening, glaucoma screening, postpartum visits and other preventive screenings.

Source: www.ncqa.org

WHAT YOU CAN DO

- Encourage your patients to schedule preventive exams
- Remind your patients to follow up with ordered tests
- Complete outreach calls to noncompliant members

If you have questions about HEDIS® or need more information, please contact your local Provider Relations representative.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

