

PROVIDER

Newsletter

ARE YOUR PATIENTS IMMUNIZED?

Immunizations are an important part of preventive care for children and should be administered during well-child visits as needed.

WellCare endorses the same recommended childhood immunization schedule that is approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians (AAFP).

The updated schedule can be found by accessing the Centers for Disease Control and Prevention (CDC) Web site at www.cdc.gov/vaccines/recs/schedules, at georgia.wellcare.com, or by contacting your Provider Relations representative for a hard copy.

HELPING PARENTS WHO QUESTION VACCINES:

Most parents believe in the benefits of immunization for their children. However, health care providers may encounter parents who question the need for or safety of childhood vaccines. Such parents may choose to delay or forgo immunizing their children with some or all of the recommended vaccines. To assist parents in making fully informed immunization decisions, providers should try to understand differing views of vaccine risks and benefits, and be prepared to respond effectively to concerns and questions.

- **Ask questions**
 - Evaluate whether the child has a valid contraindication to a vaccine by asking about medical history, allergies and previous experiences
 - If parents have safety concerns or misconceptions about vaccination, ask them to identify the source of those concerns or beliefs
- **Respect and address concerns**
 - Provide factual information in understanding language that addresses the specific concerns or misconceptions the parent has about vaccination

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PROVIDER MATERIALS UPDATE

The following correspondences were placed on Banner Message or sent through fax blast since our last newsletter and can be found at georgia.wellcare.com. Click on the Provider tab, then on the Banner Messages link listed under Resources in the left column. Remember to check the Banner Messages and Web site regularly to receive such new and updated information as:

- Preferred Drug List Update
- Administrative Law Hearing Change
- Health Check Guidelines and Claims Submission
- 2008 Childhood Immunizations Schedule Updates
- AAP Child Preventive Health Schedule, revised in December 2007

IMPORTANT NPI INFORMATION:

SEE PAGE 5

GEORGIA PHARMACY UPDATE

ASTHMA PATIENTS WITH ALLERGIES



According to the Asthma and Allergy Foundation of America, approximately 50 percent of all asthma patients have the allergic subtype. In susceptible individuals, allergens such as dust mites, pollen and mold may cause an immunoglobulin E (IgE)-mediated inflammatory response, ultimately resulting in bronchospasm.

Omalizumab (Xolair) is a recombinant humanized monoclonal antibody to IgE that has been shown to limit the degree of release of inflammatory mediators. It is an option for long-term control adjunctive therapy for patients who have allergies and severe persistent asthma and who are inadequately controlled with the combination of high-dose inhaled corticosteroid (ICS) and long acting beta-agonist (LABA).*

WellCare requires a Drug Evaluation Review form be submitted to request authorization for Xolair use. Listed below are the criteria used to evaluate the request for Xolair authorization:

- Patient is more than 12 years of age
- Weight is between 30–150 kg (66–330 lbs.)
- Documented diagnosis of moderate to severe persistent asthma (defined using NAEPP/NIH guideline)
- Peak flow rate less than 80 percent of predicted with at least a 30 percent variability
- Continuous use of an inhaled corticosteroid with a long acting beta-agonist or leukotriene inhibitor for at least six months without disease control**
- Three or more episodes in the past 12 months where appropriate controller medication has failed to control the patient's symptoms resulting in treatment with high-dose oral (or injected) corticosteroids, emergency room (or urgent care or clinical office) visit for acute treatment or hospital admission
- Positive skin test or in-vitro reactivity to a perennial aeroallergen
- IgE level of 30 IU/ml to 700 IU/ml only
- Medication must be ordered by a pulmonologist or allergist
- Member enrolled in the WellCare Asthma Case Management program for at least six months

*The following inhaled corticosteroid/long acting beta-agonist combinations are on the WellCare Preferred Drug List: Advair®, Symbicort®.

**Disease control defined as number of exacerbations leading to increase in hospitalizations, ER visits or urgent care visits; worsening of symptoms and/or NIH classification, excessive use of a short-acting beta agonist with optimal management of inhalation steroid.

In February 2007, a black box warning was added to the product labeling due to new reports of serious and life-threatening reactions to Omalizumab.

References:

- Allergy and Asthma Foundation of America, www.aafa.org. Accessed March 24, 2008.*
- Clinical Pharmacology, www.clinicalpharmacology.com.*
- Xolair (package insert). South San Francisco, CA: Genentech, Inc.; 2007.*

ARE YOU HELPING TO GET RID OF LEAD?

At WellCare, we are concerned about the health of our children. Blood lead poisoning can cause learning, behavioral, hearing and developmental problems. It can cause damage to a child's brain, kidneys and other organs.

WellCare encourages physicians to do a simple blood lead test when the child is seen for a visit at the age of 1 and again at age 2. Children who are older than 24 months and have not received a blood lead test must receive one immediately.

Please help get the lead out of our state.

PEDIATRIC LEAD TESTING AND RISK ASSESSMENT QUESTIONS

Since 1989, federal law has required that children enrolled in Medicaid must have their blood lead level (BLL) measured at both 12 months and 24 months. Children three to six years old should be tested if they have not been previously screened and should also be assessed annually using the Lead Risk Assessment Questionnaire. The following questions are suggested, and any resulting risk should be documented in the medical record and acted on by obtaining a blood lead level.

The completed questionnaire should be placed in the child's medical chart as part of their record. This will be reviewed during the medical record review process. When using the questionnaire, blood lead tests should be done immediately if the child is found to be at high risk (one or more "yes" or "I don't know" answers on the risk assessment questionnaire) for lead exposure.

Lead Risk Assessment Questions

1. Do you live in or often visit a house/apartment/child-care center that may have been built before 1978?
2. Do you live in or often visit a house/apartment that is being remodeled or is having paint removed?
3. Does your child have a sibling or playmate who has or has had lead poisoning?
4. Does your child live with anyone that works at a job where lead may be found or has a hobby that uses lead?
5. Does your child chew on or eat non-food items like paint chips or dirt?
6. Do you live near an active lead smelter, battery recycling plant, or other industry likely to release lead?
7. Does your child receive medicines such as Greta, Azarcon, Kohl or Pay-loo-ah?
8. Does anyone in your family use ethnic or folk remedies, cosmetics or eat candies from Mexico?

*Any 'yes' answer indicates the child is high risk and should have a blood lead test. NOTE: All children ages 12 months and 24 months must have a blood lead test.

The Lead Risk Assessment Questionnaire is also available in the Provider Manual. Providers can request a hard copy by contacting their local Provider Relations representative.

WHEN HIGH BLOOD LEAD LEVELS ARE DETECTED

If a child is found to have blood lead levels equal to or greater than 10 µ/dL, physicians should use their medical discretion for follow-up care, referring to the current Centers for Disease Control and Prevention (CDC) guidelines concerning patient management and treatment. In addition, through our affiliation with the Georgia Childhood Lead Poisoning Prevention Program (GCLPPP), WellCare will receive notification of any member with a high BLL. These members will be followed through our Pediatric Lead Case Management Program, in which we assist with care coordination as needed to see that lead risk is removed.



FDA PATIENT SAFETY NOTICES

SIGN UP FOR HEALTH CARE NOTIFICATION NETWORK ALERTS

WellCare encourages providers to sign up for a new electronic service, Health Care Notification Network (HCNN), which furnishes clinicians with instantaneous Food and Drug Administration (FDA) patient safety alerts. The service provides a quick and systematic way for your practice to improve patient safety by getting important alerts, including product recalls and warnings.

To register for the free service, please go to www.hcnn.net/Registration/registration.aspx. You can designate other staff members to receive the online alerts, and you can opt out at any time.

The HCNN initiative is being launched by the iHealth Alliance and managed by Medem, a health information technology firm founded by the American Medical Association (AMA) and state medical societies. For more information, visit www.hcnn.net.



PROVIDER SURVEYS—WE WANT TO HEAR FROM YOU!

YOUR OPINION MATTERS

Participate in the Customer Service Survey!

Participate in a Customer Service survey today and tell us how we're doing. WellCare's goal is to provide excellent service to all physicians, providers and facilities. When you call us, you may be asked if you would agree to participate in a very brief customer satisfaction survey when your call has been completed. We encourage and appreciate your participation.

Simply follow these steps:

1. Press 1 on your telephone keypad when asked if you would like to participate.
2. Enter a 10-digit phone number where you can be reached.
3. You will then be connected to a Customer Service representative who is unaware if you chose to take the survey.
4. Once your call ends, you will be contacted shortly and asked the survey questions.

- Your feedback is valuable
- Your responses are critical to the enhancement of our service delivery
- Your input drives performance improvement through training and agent development

NPI STANDS ALONE

The May 23, 2008, federal deadline for National Provider Identifier (NPI) compliance has passed. If you are not yet in compliance, you must become compliant immediately to avoid rejection of claims.

WellCare's new claims submission policy took effect as of the federal deadline to comply with the Health Insurance Portability and Accountability Act (HIPAA) requirement to use only the NPI and taxonomy codes to identify providers on standard transactions like health care claims. This policy serves as a modification to your provider manual's specifications on claims submissions.

WELLCARE NPI CLAIM/ENCOUNTER SUBMISSION POLICY

The NPI is required in the primary and secondary provider fields for all electronic, direct data entry (DDE) and paper health care claims, and encounter submissions. Claims and encounter submissions will not be processed and will be rejected if they:

- Lack NPI when required per Implementation Guides and CMS requirements
- Contain an invalid NPI
- Contain only legacy identifiers (i.e. UPIN, Medicaid ID or WellCare ID)
- Contain both legacy identifiers and NPIs

STEPS PROVIDERS MUST TAKE TO ENSURE NPI COMPLIANCE

1. If you have not already done so, you **MUST** supply your NPI and taxonomy information to the Plan immediately.
2. Provide NPI information to your clearinghouse and/or software vendor and ensure problems evident in your billing systems and processes are quickly resolved.
3. For electronic claims, comply with electronic loop and data segment instructions. For paper claim submissions, utilize the new paper claims forms. You may download this information from WellCare's Web site, www.wellcare.com.
4. Consult the Electronic Data Interchange Transaction Set Implementation Guides for electronic claim transactions.

You may download instructions for submitting your NPI as well as information on claim submissions from the WellCare Web site at www.wellcare.com.

For questions regarding NPI, please access www.cms.hhs.gov/nationalproviderstand/.

NPI FAQs

Q: Which transactions require NPI?

A: Your NPI is required in all HIPAA transactions, including claim submissions, claim payment, coordination of benefits, eligibility, referrals and claim status.

Q: Does the NPI mean I need to change the way I bill WellCare?

A: Yes, the NPI should now be included for primary and secondary provider types on your claims and encounter submissions. Legacy identifiers should no longer be included on the claim or encounter submission.

Q: What legacy identifiers will NPI replace?

A: The NPI will replace all legacy identifiers that identify health care providers. This includes WellCare IDs, Medicaid and Medicare IDs and UPINs. It does not replace Tax IDs (TIN), which will continue to be required on all claims.

Q: What are the primary and secondary providers?

A: Providers are categorized as either "primary" or "secondary" providers. Primary providers include billing, pay-to, rendering or attending. Secondary providers include supervising and operating physicians, referring providers, facility, care plan oversight, purchase services and others.

Q: Can a provider or organization have more than one NPI?

A: Yes. Some health care provider organizations are made up of components or business units that function somewhat independently of the "parent" health care organization of which they are a part of. These are referred to as "subparts" in the regulation and might be at the same or at a different address than the organization provider "parent," might conduct their own standard transactions and might furnish a type of service different than the organization provider "parent." These subparts might be required by federal regulations to have unique identifiers for billing purposes. Each organization must make a determination regarding the status of its subparts, and apply for NPIs as appropriate.

Q: My organization or group obtained its NPI. As a physician with this organization, do I have to also obtain an NPI?

A: Yes. Even though the organization that you are working with has enumerated, you need to obtain an NPI as an individual provider.

Q: How can I be sure I am providing the NPI in the correct format for electronic billing?

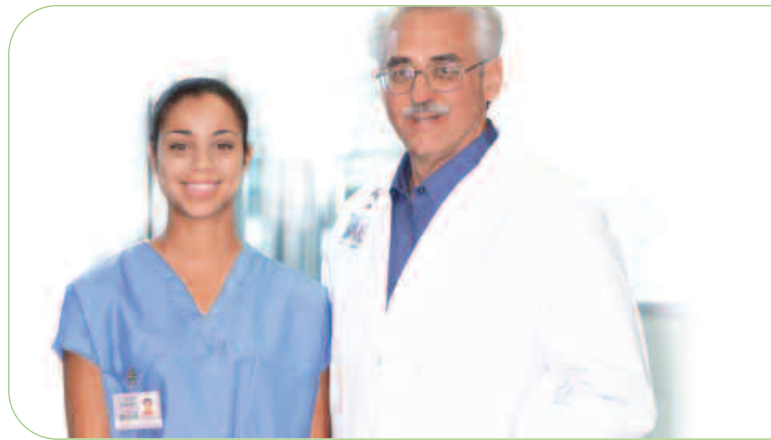
A: For electronic claim submissions, consult the Electronic Data Interchange Transaction Set Implementation Guides adopted as HIPAA standard requirements for compliant completion of transactions. Provide NPI information to your clearinghouse and/or software vendor. Additionally, you may access any published companion guides and related instructions on www.wellcare.com.

WELLCARE OF GEORGIA

MEMBER RIGHTS & RESPONSIBILITIES

WellCare members have the right:

- To get information about the plan, its services, and its doctors and providers.
- To get information about your rights and responsibilities.
- To know the names and titles of doctors and other health providers caring for you.
- To be treated with respect.
- To be treated with dignity.
- To have the right to privacy.
- To decide with your doctor on the care you get.
- To talk openly about care you need for your health, no matter the cost or benefit coverage, and the choices and risks involved. The information must be given in a way you understand.
- To have the risks, benefits, and side effects of medications and other treatments explained to you.
- To know about your health care needs after you get out of the hospital or leave the doctor's office.
- To refuse care, as long as you agree to be responsible for your decision.
- To refuse to take part in any medical research.
- To complain about the plan or the care it provides. Also, to know that if you do, it will not change how you are treated.
- To not be responsible for the plan's debts.
- To be free from any form of restraint or seclusion as a means of force, discipline, convenience, or revenge.
- To have access to your medical records.
- To have your records kept private.
- To make your health care wishes known through advance directives.
- To have a say in the plan's member rights.
- To appeal medical or administrative decisions by using the plan or the State's grievance process.
- To exercise these rights no matter your sex, age, race, ethnicity, income, education, or religion.
- To have all plan staff observe your rights.
- To have all the above rights apply to the person legally able to make decisions about your health care.



WellCare members have the responsibility:

- To give information that the plan and its doctors and providers need to provide care.
- To follow plans and instructions for care that you have agreed on with your doctor.
- To understand your health problems.
- To help set treatment goals that you and your doctor agree to.
- To read the member handbook to understand how the plan works.
- To carry your member card at all times.
- To carry your Medicaid card at all times.
- To show your ID cards to each provider.
- To schedule appointments for all non-emergency care through your doctor.
- To get a referral from your doctor for specialty care.
- To cooperate with the people who provide your health care.
- To be on time for appointments.
- To tell the doctor's office if you need to cancel or change an appointment.
- To pay co-payments to providers as specified by the Georgia Families program.
- To respect the rights of all providers.
- To respect the property of all providers.
- To respect the rights of other patients.
- To not be disruptive in your doctor's office.
- To know the medicines you take, what they are for, and how to take them the right way.
- To make sure your doctor has copies of all previous medical records.
- To let your plan know within 48 hours, or as soon as possible, if you are admitted to the hospital or get emergency room care.

EPSDT MEDICAL RECORD REPORT CARD FOR 2007

Please use this information to compare your medical record documentation practices to the entire WellCare network surveyed in 2007.

Element Reviewed	Q1 2007	Q2 2007	Q3 2007	Q4 2007	2007 Average
Number of records reviewed	123	120	128	127	124.5
Documentation is legible	100	100	100	100	100
H&P and developmental history are updated	98	95	98	96	97
Allergies and adverse reactions properly displayed	100	92	94	94	95
Growth measured, plotted on graph and documented in progress	98	99	100	94	97
BMI documented in medical record	60	38	44	53	50
Vision measurement and method documented in chart	96	91	93	95	94
Hearing measurement and method documented in chart	97	92	93	95	95
Referral/treatment noted between the PCP and specialist	95	87	100	96	95
Follow-up for abnormal values documented in chart	97	97	100	93	96
Developmental/behavioral assessment documented in chart	97	87	97	88	92
Appropriate unclothed physical exam documented in the record	100	100	100	100	100
Immunization status completed for age	100	90	96	98	98
Tuberculin risk assessment completed and documented	62	33	68	61	58
Tuberculin test completed and documented	100	100	100	100	100
Hgb and/or Hct test documented	83	64	80	83	79
Lead blood screening documented at 12 and 24 months	84	66	73	79	78
Health education and counseling noted	100	100	100	100	100
Average Score	93	86	91	90	90
Percent of practitioners scoring higher than 80 percent	93%	93%	95%	89%	92%

WellCare would like all providers to improve documenting BMI, tuberculosis (TB) risk assessment, Hgb/Hct tests and lead blood screenings at 12 and 24 months. As part of the effort to have a higher compliance rate, TB Risk Assessment Questions are listed in this newsletter for your reference.

Continued on next page.

CONSULTANT NOTES

WellCare of Georgia would like to thank all of the practices we reviewed in the 2007 Medical Records Review. Because of the hard work and dedication of our providers, the average score on consultant notes documentation in a member's medical chart rose by 21 percent from quarter two to quarter four in 2007. This is a measure listed in the general Medical Record Review survey tool and not the EPSDT tool.

This measure is evaluated to ensure that once a member has been seen by a consultant, there is a note from the consultant in the medical record within 14 days after the completion of services. In addition, the primary care provider should acknowledge review of the document by signing or initialing and dating the document.

Consultant note documentation is needed in the member's medical record to prevent duplication of tests and medications and to provide information from the specialist to the member's PCP in the true "medical home" approach to health care.

This effort is something to be applauded. Keep up the good work!

CASE MANAGEMENT AND DISEASE MANAGEMENT

MAINTAINING THE MEMBER'S WHOLE HEALTH

WellCare encourages providers to advise members to take advantage of our Case Management and Disease Management programs to help enhance quality of life while managing overall health costs.

CASE MANAGEMENT

The WellCare Case Management team facilitates collaborative relationships among members, providers, members' support systems and the plan, ensuring continuity of care and a smooth transition for the member throughout the care process. The Case Management team advocates for member preferences and members' unique health service needs through assessment, planning and anticipating future health care requirements to promote positive outcomes, prevent complications and aid eventual recovery.

Through coordination of services, member education, improving access to quality services and maximizing the time members spend in productive, rewarding activities, case management ultimately helps lower overall health-related costs.

The case management process consists of four phases:

Evaluation—Upon entry into the program, a nurse will determine what the member's needs are and whether they are being met. The nurse case manager looks for available resources and family support. At this stage, the nurse case manager identifies possible gaps in care. This leads to the next phase of the case management process: planning.

Planning—The nurse case manager constructs and implements a member care plan and shares it with primary care physicians and specialists.

Facilitation—The nurse case manager works to ensure a member follows the established plan of care. This may include coordination of care, assistance in obtaining PCPs and/or specialists and any other services a member may need for follow-up care.

Advocacy—Understanding health care can be confusing for our medically and behaviorally challenged members. The nurse case manager can have a positive effect and guide the member throughout the case management process.



PCPs and specialty care providers are vital members of the Case Management team. Nurse case managers work with the PCPs and specialist's office staffs to ensure that all the member's needs are addressed and met. WellCare's Case Management team can save valuable time by guiding members to the right level of care at the right time.

DISEASE MANAGEMENT

The Disease Management (DM) program provides superior education and support systems to eligible members with certain chronic diseases. The disease manager empowers members to make behavioral changes that will improve health, reduce complications and decrease severity of illness, striving to prevent unnecessary medical complications whenever possible.

The disease manager educates the member on appropriate action plans, preventing reoccurrences, and takes all measures that will decrease the likelihood of adverse outcomes. Disease managers assist members in dealing with the stress of chronic illness, helping them understand how to manage the health care experience and working with their PCPs and specialists in the most effective ways.

Disease managers are sensitive to the emotional and psychological needs of members and their support systems to maximize their adherence to the treatment plan mutually agreed upon with their PCP and/or specialist.

To refer a member to Case Management or Disease Management, please call:
Toll-free: 1-866-635-7045 TTY/TDD: 1-888-505-1194

TB RISK ASSESSMENT QUESTIONS

The TB (tuberculosis) Risk Assessment questionnaire should be completed beginning at birth and at each screening thereafter, in order to determine risk.

Criteria for determining TB risk:

1. Is the child in close contact with a person who has infectious TB?
2. Is the child diagnosed with HIV or at risk for HIV infection?
3. Is the child a foreign-born refugee or a migrant?
4. Is the child in contact with an incarcerated person or a person who was incarcerated in the past 5 years?
5. Is the child exposed to the following individuals: HIV infected, homeless, residents of nursing homes, institutionalized adolescents or adults, users of illicit drugs or migrant farm workers?
6. Does the child have a medical condition or is the child receiving treatment for a medical condition that suppresses the immune system?
7. Does the child reside in a community that has been established as a high risk for TB?
8. Has the child traveled to any foreign countries since the last medical visit?

Any yes answer indicates the child is high risk and should have a TB test.





APPOINTMENT TIMELINESS STANDARDS

WellCare's agreement with the Georgia Department of Community Health (DCH) requires us to ensure that members have appropriate access to care and our provider network's appointment wait times do not exceed the standards outlined in the provider contract and provider handbook.

In order to assess our appointment timeliness among our provider network, WellCare is required to conduct phone audits in which 25 percent of the network is audited quarterly. Our vendor makes phone calls to the providers in the audit pool each quarter and assesses the compliance level to the appointment timeliness standards outlined below.

The providers who do not meet the standards are placed on a corrective action plan (CAP) and will be contacted by Provider Relations staff. The providers will then be audited a second time to ensure they are meeting the standards after completing their CAP.

If you have any questions about WellCare's appointment-availability requirements, or if you need assistance with other issues, please contact our Provider Hotline at **1-866-231-1821**. Additional information is available on our Web site at: georgia.wellcare.com/provider/default.

Appointment Type	Appointment Timeliness Standard
PCP—adult routine visit	21 calendar days
PCP—adult sick visit	72 hours
PCP—pediatric sick visit	24 hours
PCP—pediatric routine visit	Within 90 calendar days of enrollment with WellCare
OB initial visit	Within 14 calendar days
Specialist	30 calendar days
Dental providers	30 calendar days
Non-emergency hospital stays	30 calendar days
Mental health providers	14 calendar days
Urgent care providers	24 hours
Emergency providers	Immediately—24 hours a day, seven days a week and without prior authorization

CULTURAL COMPETENCY: “¿HABLA ESPAÑOL?”

CULTURAL COMPETENCY IS A KEY COMPONENT OF WELLCARE'S CONTINUOUS QUALITY IMPROVEMENT EFFORTS.



Based on information gathered from the November 2007 eligibility file, the majority of WellCare's members speak English (93 percent). Spanish is the second-highest reported language at 5.8 percent.

In response to that need, WellCare of Georgia recruited 17 additional Spanish-speaking practitioners in 2007. In addition, we increased the percentage of Spanish-speaking customer service representatives (CSRs) from 0.02 percent in the first quarter of 2007 to 6.3 percent in the fourth quarter. This represents a total of five CSRs that can say “Gracias por llamar Servicios al Cliente. Mi nombre es _____. ¿Me puede darel número de ID del miembro por favor?”

A review of 2007 call center reports shows that 41,176 of 706,691 total member calls (5.8 percent) were handled in Spanish. For callers needing interpretation service for languages other than Spanish, WellCare uses the services of the AT&T Language Line. A total of 299 calls were referred to this vendor for translation assistance in 2007. The accompanying chart shows a breakdown of the languages requested by those callers.

While AT&T Language Line data does not point to any particular need, use of translation services will continue to be tracked and trended as the demographics of the enrollee population grow and change. Member materials are routinely prepared in both English and Spanish. All are reviewed for readability and must be scored at a fifth-grade reading level or lower. In addition, for those members who are hearing-impaired, WellCare offers toll-free access to a TTY/TDD line. That phone number is **1-877-247-6272**.

AT&T Data 2007

Language Requested	Number of Calls
Haitian, Haitian Creole	48
Vietnamese	34
French	25
Cantonese, Chinese, Mandarin	23
Russian	22
Hindi	17
Korean	16
Bosnian	12
Albanian	6
Arabic	6
Farsi	6
Portuguese	6
Swahili	6
Romanian	5

The remaining languages referred for AT&T Language Line assistance, resulting in 2-4 calls each, include: Amharic, Bengali, Bulgarian, Burmese, Greek, Gujarati, Hebrew, Hmong, Indonesian, Khmer, Kurdish, Somali, Taiwanese, Telugu and Ukrainian.

“ARE YOUR PATIENTS IMMUNIZED?”


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- Educate parents about the dangers of vaccine-preventable disease and the risks of not vaccinating as they relate to the child, family and community.
- Provide educational materials
- **Educate about responsibilities**
 - Inform parents who defer vaccinations of their responsibilities to protect other family and community members
 - Parents also should be advised of state school or child-care entry laws, which might require that non-immunized children stay home from school during outbreaks of vaccine-preventable disease
- **Explore acceptable options**
 - Explore whether the parent is willing to allow the child to receive certain vaccines, to be immunized on an alternative schedule or delay vaccination and “catch up” if the parent changes his or her mind
- **Keep communication open**
 - Keep the line of communication open with parents who choose to defer or who refuse vaccination by expressing your desire to talk more about vaccines during future visits

CHILD PREVENTIVE HEALTH GUIDELINES

The American Academy of Pediatrics has revised and released the periodicity schedule to be more consistent with the Bright Futures initiative. The 2008 Recommendations for Preventive Pediatric Health Care (Periodicity Schedule) may be viewed on the AAP Web site at practice.aap.org/content.aspx?aid=1599, at georgia.wellcare.com, or you may contact your Provider Relations representative for a hard copy.

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