

# PROVIDER

## Newsletter

## ACCESS AND AVAILABILITY SURVEY RESULTS

### REQUIREMENTS FOR PRIMARY CARE PROVIDERS

#### Appointment Scheduling

It is WellCare's policy to follow access and availability standards set by federal and state requirements. Participating primary care providers (PCPs) are to adhere to the following scheduling practices:

- Emergency cases shall be seen immediately or referred to an emergency facility;
- Urgent cases shall be seen within 48 hours of PCP notification;
- Routine cases shall be seen within 10 days of PCP notification;
- Well visits shall be scheduled within six weeks of PCP notification;
- Specialist visits should be scheduled within professionally accepted standards;
- Members should be seen within 30 minutes from the time of their scheduled appointment; and
- Triage requirements:
  - Members with emergency care needs must be triaged and treated immediately on presentation to the PCP site.
  - Members with persistent symptoms must be treated no later than the end of the following business day after their initial contact with the PCP site.

#### Provider Availability

When a member is in need of care, provider availability is a priority. WellCare PCPs must be available to members 24 hours a day, seven days a week. After-hours care may be provided in one of three ways:

1. 24-hour answering service;
2. Answering system with option to page the physician; or
3. Advice nurse with access to PCP or on-call physician.



#### Access and Availability Survey Results

The Access and Availability Survey demonstrates whether your practice is compliant with the access and availability standards for both appointment and after-hours availability.

WellCare of Ohio was surveyed in December 2007 by Results Technology through telephone calls to provider offices, during regular business hours and after-hours. The purpose of the survey was to determine if our providers are compliant with the access and availability standards for both appointment scheduling and after-hour availability.

The results from the survey are displayed in the accompanying chart.

Areas of concern from the Provider After-Hours Availability Survey are:

- 16 offices, 3.2 percent, declined to answer the survey;
- 20 offices, 4.4 percent, had an answering machine that only takes a message;
- 19 offices, 4.2 percent, had a message on their answering machine that recommends calling during business hours;

# WELLCARE OF OHIO TO PARTICIPATE IN HEDIS® DATA COLLECTION



The Healthcare Effectiveness Data and Information Set (HEDIS) is used by more than 90 percent of America's health plans to measure performance on dimensions of health care and service. HEDIS consists of 71 measures across eight domains of care.

Many health plans collect HEDIS data, and because the measures are so specifically defined, HEDIS makes it possible to compare the performance of multiple health plans. Health plans also use HEDIS results to evaluate what the focus of their quality improvement efforts should be.

WellCare of Ohio will participate in the HEDIS data collection in 2008 for the first time. We will gather data from members' medical records and through encounter data. A representative from WellCare may contact you to set up an appointment time to review your files. We appreciate your cooperation with this review process and are anticipating exceptional outcomes.

*Reference: (2008). What is HEDIS? Retrieved January 11, 2008, from <http://web.ncqa.org/tabid/187/Default.aspx>.*

## AMBULATORY MEDICAL RECORD REVIEW RESULTS

### Purpose of Review

Medical record review is conducted to assess the quality of care delivered, documented and in compliance with accreditation and/or regulatory bodies. Medical record reviews may include, but are not limited to: Early Periodic Screening, Diagnosis and Treatment (EPSDT) visits, members with special health care needs, adherence to clinical practice guidelines, adult preventive care, quality of care issues, compliance with coding practices, and medical record documentation. The review provides a performance profile to make recommendations for improving quality of care.

### Areas for Improvement

There were four standards from the audit that did not meet the 80 percent pass score. These standards were:

1. Documentation of an unclothed physical exam—pediatric;
2. Documentation of screening for domestic violence with appropriate counseling/referrals, if needed;
3. Documentation regarding whether the member has executed an advance directive (20 years or older); and
4. Immunization record is up-to-date (ages birth to 20 years) or an appropriate history made in the medical record (for adults).

Standard # (see list above)	Total Sample	Missed Percentage	Overall Percentage	Passing Percentage
1	126	39.01	60.99	80
2	110	34.06	65.94	80
3	93	28.79	71.21	80
4	88	27.24	72.76	80

The standards that did not successfully pass the audit are a requirement of the Ohio Department of Job and Family Services (ODJFS), the National Committee on Quality Assurance (NCQA), or a WellCare requirement. Education on the elements of the audit tool, particularly the items that failed, will be forthcoming in other newsletters or other means.

Thank you to all the Ohio providers and their staffs who participated in the 2007 audit.

*References:*  
*WellCare's Policies and Procedures.*  
*WellCare of Ohio's Medicaid Provider Handbook.*



### Congratulations Ohio Providers!

The Ohio Ambulatory Medical Record Review (AMMR) was conducted in November and December of 2007. There were 71 providers randomly selected for the audit and 363 medical records were audited. Overall the results were great! An 80 percent is required to successfully pass the review.

**All WellCare of Ohio providers passed the audit!**

# PROGRAM COVERAGE CHANGES FOR MEDICAID MEMBERS

WellCare of Ohio has made some Medicaid program changes for 2008. The following are services that are now covered for Medicaid members:

- Medically necessary chiropractic services for adults, ages 21 and older;
- Independent psychologist services for adults, ages 21 and older;
- Medically necessary developmental therapy services for children, ages birth to 6 years old; and
- Some advance practice nurses may be selected as primary care providers.

Primary care referrals or prior authorizations may be required for these services. Questions may be addressed to the Ohio Health Services department by calling 1-800-951-7719.

*References:*

*Memo: January 2008. ODJFS Model Language for Member Materials. Chiropractic (MHTL 3339-07-01 Revision Coverage Rule OAC 5101:3-8-11). Independent psychology (MHTL 3341-07-01 Revision Coverage Rule OAC 5101:3-8-05). Developmental therapy (MHTL 3340-08-01 Revision Coverage Rule OAC 5101:3-8-01).*



## 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 which 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.



# TACKLING DIABETES

## PARTNERSHIPS, EDUCATION AND PREVENTATIVE CARE CAN PAY OFF

### WellCare's Role

WellCare recognizes the importance of preventive care and the effect it can have on chronic conditions like diabetes. WellCare is committed to working with its partners to increase diabetes awareness and is confident that educational efforts and a focus on early screening and treatment will benefit the communities we serve.

The American Diabetes Association estimates that more than 20 million Americans have diabetes, but that 6.2 million of them have not been diagnosed.<sup>1</sup>

In addition, 10.3 million or 20.9 percent of all people 60 or older have diabetes. Also, ADA data shows that one in six overweight adolescents ages 12 through 19 has diabetes, and one in every 400 to 600 of them has Type 1 diabetes.

### Challenges: Disparities and Access

WellCare concentrates on health care disparity and access challenges associated with diabetes. Diabetes is a major clinical condition that affects many people in our communities.

Significant resources in diabetes are increasing to address the chronic condition. According to Mathematica Policy Research analysis, federal spending for diabetes prevention and health promotion in 2005 topped \$3.9 billion, and treatment costs soared past \$79 billion.<sup>2</sup>

### Health Care Disparities

Disparities in health care are found in the populations WellCare serves—minorities, children, women, low-income individuals, seniors, and people with special health care needs. Health disparities for these populations are observed in almost all aspects of health care, including quality of care, access to care, types of care and clinical conditions such as diabetes.

In addition to the millions of people among the general population with diabetes, according to a 2006 Institute of Medicine publication, diabetes affects minority populations disproportionately. Research has shown that:

- Diabetes rates are more than 30 percent higher among Hispanics than whites<sup>3</sup>
- 2.5 million, or 9.5 percent, of Hispanics 20 or older were diagnosed with diabetes in 2002<sup>4</sup>
- In 1999, 11,927 African-Americans died from diabetes—more than twice the number of whites<sup>5</sup>

### Access to Health Care

Many vulnerable populations are left out of the efforts to provide preventive care because they do not have access to the health care system.

WellCare excels in improving access to the populations we serve. The Agency for Healthcare Research and Quality defines access to health care as having “the timely use of personal health services to achieve the best health outcomes.” Racial and ethnic minorities and individuals of

lower socioeconomic status are “less likely to enter the health care system, establish a regular source of care, or receive care of similar quality to their more advantaged and non-minority peers.”<sup>6</sup>

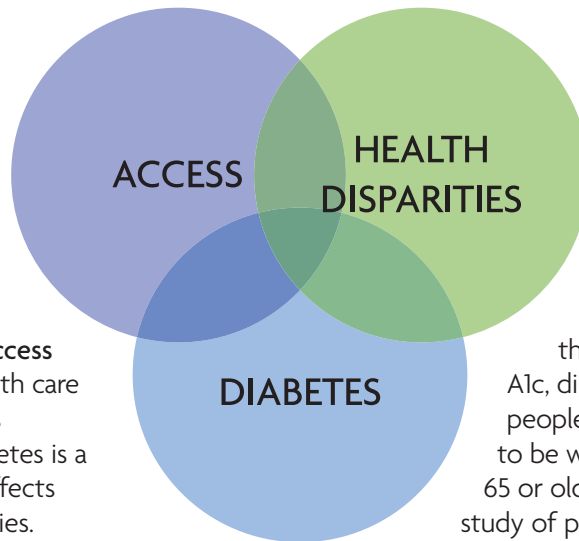
In addition to general access challenges for the Medicaid populations, health disparities are a specific problem for diabetics. For example, in 2003, only about 42 percent of diabetes patients got the three recommended tests: hemoglobin A1c, dilated eye exam, and foot exam; and people who got all three tests were more likely to be white, to have medical insurance, and to be 65 or older.<sup>7</sup> Also, a 2005 Commonwealth Fund study of public hospital-based diabetes care showed

that uninsured patients had the worst diabetes control, with 33 percent showing they did not have their condition under control, almost double the rate for Medicare patients.<sup>8</sup>

### WellCare's Response

WellCare is uniquely positioned to address disparities in access to health care for vulnerable populations because of our core operational competencies, such as experience with offering:

- Outreach and education to populations most affected by health disparities
- Assignment of PCPs to encourage preventive care
- Coordination of care for members with chronic conditions
- Increased access to specialists through case management and customer service





WellCare is currently enhancing grassroots efforts to better share information with and among providers, to educate members about healthy living, and to share stories with other community leaders. If you would like to share your story about outreach and education concerning diabetes or other health initiatives, or if you are interested in WellCare's grassroots programs, please e-mail [Ambassador@wellcare.com](mailto:Ambassador@wellcare.com).



- Disease-management programs to members with chronic conditions
- Measurement of geographic accessibility through analysis and reporting
- Measurement of timely availability through provider audits
- Measurement of perception of access through Consumer Assessment of Healthcare Providers and Systems® (CAHPS) satisfaction surveys

#### References:

1. American Diabetes Association Fact Sheet, 2005. [www.diabetes.org/uedocuments/NationalDiabetesFactSheetRev.pdf](http://www.diabetes.org/uedocuments/NationalDiabetesFactSheetRev.pdf). Accessed October 2007.
2. Gold, M., Briefel, R. (2007) Study of Federal Spending on Diabetes: An Opportunity for Change, Mathematica Policy Research.
3. Institute of Medicine of the National Academies (2006). Addressing Racial and Ethnic Health Care Disparities brochure. [www.iom.edu/Object.File/Master/33/249/BROCHURE\\_disparities.pdf](http://www.iom.edu/Object.File/Master/33/249/BROCHURE_disparities.pdf).
4. Health and Human Services Office of Minority Health Diabetes Data/Statistics. [www.omhrc.gov](http://www.omhrc.gov). Accessed October 2007.
5. HHS Office of Minority Health Fact Sheet, "Closing the Health Gap": Reducing Health Disparities Affecting African-Americans, November 19, 2001.
6. Lurie and Dubowitz. (2007) JAMA. Health Disparities and Access to Health. 297: 1118-1121.
7. National Healthcare Disparities Report, 2005. Agency for Healthcare Research and Quality.
8. Regenstein, M., Huang, J., Cummings, L., Lessler, D., Reilly, B. and Schillinger, D. (2005) Caring For Patients with Diabetes in Safety Net Hospitals And Health Systems. Commonwealth Fund, No. 826.

## OHIO PHARMACY UPDATE

### Asthma Medication Management

In 2007, the National Asthma Education and Prevention Program (NAEPP) in coordination with the National Heart Lung and Blood Institute (NHLBI) updated the asthma guidelines in Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma—Full Report 2007.

The report restated that patients with persistent asthma (symptoms more than twice a week in the day, or more than twice a month at night) need both long-term and quick-relief medications. It reaffirmed that inhaled corticosteroids (ICS) continue to be the most effective, long-term control medicine for asthma patients.



The report focuses on a stepwise approach to managing asthma. Medication doses should be stepped up or down as needed.

Included in the guide is the creation of a new age group for treatment: children ages 5 to 11, who were previously included in the adult group. Evidence on medication effects shows children do not respond in the same way as adults.

Long-acting beta2 agonists (LABAs) are to be used as an adjunct to ICS therapy for providing long-term control of symptoms. According to the panel, the most significant difference today is that LABAs are the preferred treatment in combination with ICS in patients 12 years of age or older and in adults who have persistent asthma or inadequately controlled asthma on low-dose ICS. Short-acting beta agonist (SABA) is the drug of choice for providing quick relief of bronchoconstriction. The guide is available online at [www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm](http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm).

If you have a member who has been diagnosed with asthma, WellCare offers a comprehensive case management program with personal health coaches to assist them. Please call **1-800-951-7719** and follow the prompts for case management.

#### Reference:

(2007). Expert Panel Report 3(EPR3): Guidelines for the Diagnosis and Management of Asthma. Retrieved January 11, 2008, from [www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm](http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm).

# WELLCARE OF OHIO SURVEY SUMMARY RESULTS

Region: All • Survey Date: December 2007 • Line of Business: Medicaid Only

Survey Results for: Timely Access	Count	Percentage	
Total Sample Size	949		
Total Calls Completed	518	54.6%	
Total Calls Incomplete	431	45.4%	
Reasons for Incomplete Calls			
Not Interested	0	0.0%	
Do Not Call	0	0.0%	
Wrong Number	178	41.3%	
Language Barrier	0	0.0%	
Deceased	0	0.0%	
Hung Up	53	12.3%	
Refused to Answer Survey	53	12.3%	
No Longer with Plan	20	4.6%	
No Longer with Office	43	10.0%	
Maximum Attempts (5 attempts)	84	19.5%	
Other - No Contact	0	0.0%	
Provider Type	Count	Percentage	Appointment Time Standard
PCP- Adult			
Total Completed Calls	400	77.2%	
Urgent Sick Care Pass	372	93.0%	< or = 24 hours
Urgent Sick Care Fail	28	7.0%	> 24 hours
Sick Care Pass	375	93.8%	< or = 48 hours
Sick Care Fail	25	6.3%	> 48 hours
Routine Care Pass	380	95.0%	< or = 6 weeks
Routine Care Fail	20	5.0%	> 6 weeks
PCP- Pediatric			
Total Completed Calls	112	21.6%	
Sick Care Pass	111	99.1%	< or = 24 hours
Sick Care Fail	1	0.9%	> 24 hours
Health Check Care Pass	112	100.0%	< or = 30 Calendar Days
Health Check Care Fail	0	0.0%	> 30 Calendar Days
Specialist			
Total Completed Calls	0	0.0%	
Next Available Appointment Pass	0	0.0%	< or = 30 Days
Next Available Appointment Fail	0	0.0%	> 30 Days
Specialist OB/GYN			
Total Completed Calls	6	1.2%	
OB/GYN Pass	6	100.0%	< or = 30 Days
OB/GYN only Fail	0	0.0%	> 30 days
Non OB	0	0.0%	
GYN Only Next Available Appointment Pass	5	83.3%	< or = 30 Days
GYN Only Next Available Appointment Fail	1	16.7%	> 30 Days
Survey Results for: After Hours	Count	Percentage	
Total Sample Size	496		
Total Calls Completed	455	91.7%	
Total Calls Incomplete	41	8.3%	
Reasons for Incomplete Calls			
Wrong Number	25	61.0%	
Language Barrier	0	0.0%	
Hung Up	0	0.0%	
Maximum Attempts	0	0.0%	
Operator Intercept	0	0.0%	
No Longer with Plan	0	0.0%	
Not Interested	0	0.0%	
Refused to Answer Survey	16	39.0%	
Complete Calls: Results			
Live Contact	133	29.2%	
Advice nurse with access to provider or on-call physician	46	10.1%	
Answering system that provides number to page physician	80	17.6%	
Answering system that pages the provider once a message is left	11	2.4%	
Answering system with option to page the physician	41	9.0%	
Answering machine that only takes a message	20	4.4%	
A message that recommends calling during business hours	19	4.2%	
A message recommending treatment through the E.R.	96	21.1%	
Answering service that is unable to reach provider or on call physician	2	0.4%	
A message to contact a participating urgent care center	7	1.5%	

# PAP TEST GUIDELINES

## REGULAR TESTING CAN SAVE LIVES

Women should know cervical cancer screening guidelines. Pap tests save lives!

Pap test recommendations:

- Have an initial Pap test within three years of first sexual activity or at age 21—whichever comes first.
- Subsequent cervical cancer screening should occur every year, until the woman has two to three negative Pap tests in a row, at which time Pap tests should continue every two to three years until age 65.
- Women older than 65 should discontinue Pap testing only after they have had several negative tests and are not otherwise at risk for cervical cancer.

Women living with HIV/AIDS should have a Pap test every six months until they have at least two negative Pap tests in a row, at which time Pap tests should continue at least every year.

A woman who has had a total hysterectomy (in which the cervix was removed) no longer needs Pap tests, unless the surgery was done as a treatment for cervical abnormalities or cancer.

Health care providers should encourage patients who may be less likely to get Pap tests to have regular screening.

- All primary care providers, not just gynecologists, should check if women need to have a Pap test and, if so, either perform the test or refer appropriately.
- Targeted outreach toward older, foreign-born, low-income and uninsured women is recommended.
- All women 21 and older should be screened at least every three years, regardless of sexual activity.

Source: New York City Department of Health and Mental Hygiene. *Vital Signs*. May 2006.



## UPDATED MEDICAID QUICK REFERENCE GUIDE ON THE WEB

Be sure to refer to the Ohio Medicaid Quick Reference Guide (QRG) posted under the Provider area of our Web site, [ohio.wellcare.com](http://ohio.wellcare.com). Click on the Resources tab, then the Forms & Documents text link under the tabs. Scroll to the Quick Reference section near the bottom. As these documents are updated, they are automatically posted to the Web site. Using the online version of the QRG ensures you are using the most up-to-date version.



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# ACCESS AND AVAILABILITY SURVEY RESULTS

- 96 offices, 21.1 percent, had a message on the answering machine that recommends treatment through the emergency room;
- Two offices, 0.4 percent, had an answering service that is unable to reach the provider or on-call physician; and
- Seven offices, 1.5 percent, had an answering machine that states to contact a participating urgent care center.

Areas of concern from the Adult Provider Access Scheduling Survey are:

- 28 offices, 7.0 percent, did not meet the standard for availability of urgent sick care visits, greater than 24 hours;
- 25 offices, 6.3 percent, did not meet the standard for sick care visits, greater than 48 hours;
- 20 offices, 5.0 percent, did not meet the standard for routine care visits, greater than six weeks.

An area of concern from the Pediatric Provider Access Scheduling Survey is:

- One office, 0.9 percent, did not meet the standard for sick care, greater than 24 hours.

An area of concern from the GYN Provider Access Scheduling Survey is:


- One office, 16.7 percent, did not meet the standard for GYN-only next available appointment, greater than 30 days.

Providers who did not meet these standards have received a letter from WellCare of Ohio asking for correction of the item(s).

*References: WellCare of Ohio's Medicaid Provider Handbook. WellCare's Policies and Procedures for Access and Availability.*

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